



Central Australian
ABORIGINAL CONGRESS
ABORIGINAL CORPORATION | ICN 7823

BOARD COMMUNIQUÉ

Issue 6, February 2014

Board Meeting Wrap

At the last Congress Board of Directors meeting held 20 February 2014, the following topics were covered:

- New **Governance Charter**
- New **Organisation Risk Management Framework**
- **Board Sub Committees**
- New **Childcare funding**
- **CDU Governing Council**
- Congress **support for Lowitja Institute**
- New **National Diabetes Strategy**
- **CPHC Research Project**
- **Combined Aboriginal Organisations and Alcohol Protection Orders**
- Update on **AMSANT**
- The **Alice Springs Alcohol Reference Group**
- **OCHREStreams Data Collection**
- Review of **Alcohol Mandatory Treatment (AMT)**
- Defunding of **YSOS**
- **Minister Nash's visit to Congress and Central Australia**

The next Board Meeting will be held May 1 2014.

The Governance Charter

The CAACAC Governance Charter is a key Congress document that describes the governance framework for how the organisation and Board operates.

It establishes the guidelines within which Directors and officers work as they carry out their respective roles and jobs. "Officers" in this sense is defined in the Corporations (Aboriginal and Torres Strait Islander) Act 2006 as a person (other than a Director) in a position of significance, control, or influence on decision making. It includes the Chief Executive Officer and the Executive Management of the organisation.

The Charter is necessary for:

- Outlining the 'rules' within which everyone in Congress is to operate and work
- Separating the Board's role from the operational /management roles
- Working effectively with and through the CEO
- Allowing monitoring to be made against articulated policy criteria that express the Board's intention
- Leaving the Board free to spend most of its meeting time on important strategic issues outlined in the Strategic Plan including community engagement

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The Charter contains important information and procedures to ensure that Congress complies with its funding and legal responsibilities. It contains essential information under the following key headings and subheadings:

1. **The Congress Board** including its source of authority, role and functions and the differentiation between the role of the board and that of the CEO and Executive, the delegations the board makes to the CEO and the role and function of subcommittees
2. **The Composition of the Board** and operations including who makes up the Directors, term of office, election of office bearers, vacation of office, director competencies, vacation of office, new board member induction, Director development and board and director evaluation and insurance
3. **Board Directors** including a Director's code of conduct, access to professional advice, confidentiality agreements, communication and external and internal parties, Director access to corporate material, expense protocol, conflict of interest and related party transactions
4. **Governance Practice** including board meetings, meeting frequency, convening short notice meetings, meeting attendees, meeting cycle, conduct of meeting, Director attendance and conduct at meeting, Quorum and voting at meetings, minutes of board and committee meetings
5. **Board meeting agenda and papers** including the agenda, board papers and board calendar
6. **Role of the Chairman**
7. **Role of the secretary** including records
8. **Role of the Treasurer** including finances and finances reporting

Organisational Risk Management Framework

Dianne Ball from Communio attended the meeting to work through the draft document with the Board.

It was recognised that risk management processes and practices be included in all aspects of the organisation. This includes governance and accountability arrangements, planning, reporting, business processes and organisational culture.

The draft Congress Risk Management Framework consists of the following key elements:

- Risk Hierarchy
- Risk Governance
- Risk Systems
- Communication and Learning

It was agreed that the Board would continue working on the Risk Management Framework and this will be done on Thursday 3rd April 2014.

Board Subcommittees

Clinics Subcommittee

The Clinic Subcommittee was established by the Congress Board to provide input to the strategic direction of Congress Clinics.

The terms of reference for the Clinics subcommittee were discussed and a finalised version was approved by the Board. These approved terms of reference include:

- Providing and receiving community feedback on the operations of the clinic
- Providing and receiving staff feedback on the operations of the clinic
- Assisting in the development of strategic directions and recommendations for improvements for the clinic that could be incorporated in to the divisional operational plans
- Reviewing the outcomes of critical or high risk incidents or complaints relating to clinical services
- Receiving updates on AGPAL Accreditation

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A key major discussion point from the most recent Clinic Subcommittee was the refurbishment of the main clinic and the clinic at Ingkintja. This will be a significant investment in improving the layout and continued modernisation of our Clinics.

Plans have been developed and the Clinic Subcommittee will play an important role in determining the shape and physical layout of the new reception area that should commence towards the end of 2014.

Finance, Audit and Risk Subcommittee

The Finance Audit and Risk Sub Committee has changed its title to reflect its responsibility for advising the Board in respect of financial risk.

The February committee meeting noted the following:

- The improved solvency ratio, which has increased from 1.32 to 1.67; the greater the solvency ratio is above 1, the better
- The Committee also discussed enhancements to future financial reports that will create simplicity and greater transparency, the changes to debt collection and management of debtors, simplification of the Shared Services Report to present costs more clearly according to classification and provide narrative where necessary
- Financial management systems upgrade have proceeded as planned. The first phase of the Sun system upgrades were expected to be completed by March 1 with the second phase by May 19. The 2014/15 budget preparation cycle has commenced and the budget timetable anticipates the proposed budget being presented at the May Board meeting.

Research Subcommittee

The Research Subcommittee has been set up to provide more effective governance of research at Congress.

Since the last Board meeting in November there has been one meeting of the Subcommittee and the draft minutes were tabled.

- The subcommittee have suggested some amendments to the ToR previously approved by the Board in the areas of membership and responsibilities
- The subcommittee approved the revised Congress research policy with some suggested changes
- Additions have been suggested to the MOU with Uni SA as outlined in the minutes
- The Board approved STI Screening and Treatment project for young people has been funded and following a detailed planning process will be undertaken over 2 years in Alice Springs. The project includes evaluating the use of financial incentives and anonymous self-testing as new strategies to address the high rates of STIs
- The Alukura HPV study, the Vaccine Trial for the prevention of Otitis Media in Children, STRIVE plus, the Aboriginal women's chronic disease study, the Rheumatic Heart Disease in Pregnancy Qualitative Study and the Otitis Media study were all supported by the subcommittee
- The self-harm study and the Tangentyere Town Camp study were not approved pending further revisions and clarifications at the next meeting
- The subcommittee supported the development of research concepts into full proposals for the proposed longitudinal cohort studies in early childhood and adolescence and the AOD research partnership grant
- The MOU with Menzies will provide Congress with the capacity to better manage and assess research proposal due to the proposed secondment of a part time Aboriginal research officer to work under the direction of Congress.

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Human Resources Subcommittee

A briefing paper regarding the CAACAC Enterprise Agreement negotiations was tabled.

The following information was noted by the Board:

1. The status of negotiations of the Enterprise Agreement; and
2. The offer made by management in settlement of the Enterprise Agreement; and
3. A further report will be submitted to the Board for its May meeting.

New Childcare funding

New funding for Congress' Childcare Service has been identified by Price Waterhouse Cooper (PWC) following a review of funding.

The review examined several funding models; the most advantageous model for Congress is one that provides for full retention of grant funds currently received under the Multifunctional Aboriginal Children's Services (MACS). It also introduces full access to Child Care Benefit (CCB) funding.

This funding model has been approved by DEEWR; Congress will receive an additional \$750 000 to fund its childcare and early childhood service.

CDU Governing Council- Alice Springs Chapter

Congress has been invited to take part in Charles Darwin University's Governing Council in Alice Springs.

Congress accepted the offer to take part in the CDU Governing Council Alice Springs Chapter given the relationship between improving access to tertiary education, to long term, high income employment and improved health outcomes for indigenous people.

The Council aims to ensure greater responsiveness to the tertiary education needs of people in Central Australia.

Congress Support for Lowitja Institute

The Lowitja Institute has requested Congress' assistance in supporting its funding application.

Congress has assisted in all previous successful funding applications by the Lowitja Institute which incorporates the Cooperative Research Centre for Aboriginal health and continued to support this important national Aboriginal health research institute, currently chaired by Professor Pat Anderson.

The application was successful and the Lowitja Institute has received additional funding for a further 5 years as a CRC.

This is now a historic fourth iteration as a CRC and will enable it to continue to lead vital research on primary health care, continuous quality improvement, social determinants, chronic conditions, social and emotional well-being and empowerment and other areas.

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National Diabetes Strategy

Minister for Health, Peter Dutton recently announced the development of a new national diabetes strategy to address the epidemic of this preventable chronic disease for all Australians.

An expert advisory committee to be jointly chaired by Professor Paul Zimmet from Baker IDI and the former Coalition Senator, Judy Moylan, has been established to oversee the development of the National Diabetes Strategy.

Congress CEO, Donna Ah Chee has been appointed to the expert advisory committee. This reflects Congress' policy advocacy work in the primary prevention of diabetes, particularly its focus on early childhood and public health approaches. Congress is also recognised as a leader in best practice clinical management of diabetes.

Comprehensive Primary Health Care (CPHC) Research Project

Members of Congress' Board and Executive attended the annual symposium on Comprehensive Primary Health Care at Flinders University in Adelaide on Friday 21 March.

Congress Alukura Manager, Tahniah Edwards was a researcher involved in the project until its completion.

Following the symposium, the Flinders research team, including Professor David Sanders from South Africa and Prof Fran Baum from Flinders, travelled to Alice Springs to present the findings of the research project. Professor Ron Labonte from Canada was ill and unable to travel but was available to participate through Skype.

The presentation included the lessons learnt for best practice comprehensive primary health care and examples of successful methods of delivering primary health care programmes, to the Congress Board and Executive.

This workshop examined the Congress Comprehensive Primary Health Care program logic model in its final form and explained how the model is working to address chronic disease and depression.

Combined Aboriginal Organisation's meeting on APO's

The Combined Aboriginal Organisations (CAO) December meeting discussed the introduction of Alcohol Protection Orders (APO) and alternative alcohol policy options.

The meeting was attended by the Central Australian Aboriginal Legal Aid Service, The Central Australian Aboriginal Alcohol Programs Unit (CAAAPU), the Gap Youth and Community Centre, the Central Australian Aboriginal Family Legal Unit, Centrecorp and Congress.

These organisations generally opposed the Alcohol Protection Orders, expressing concerns about the government's overall approach to alcohol policy and recognised a need for an inquiry into alcohol policy.

Congress opposes Alcohol Mandatory Treatment primarily due to the criminal consequences faced by those leaving treatment, a view consistent with Congress' opposition to APO's. It is not appropriate to criminalise being drunk, possessing alcohol or any part of the alcohol treatment process as alcohol dependency needs to be treated as a chronic, relapsing medical condition.

Congress made it clear that we support a well evaluated trial of detention of some people for the purpose of assessment and commencement of treatment using non-criminal provisions as already exist under the Mental Health Act. It is likely, but not proven, that some people will benefit from this approach but the real question is how many, for how long and at what opportunity cost?

Congress welcomes the news at the meeting that some people have benefited from AMT and we believe that success will be only enhanced by the complete decriminalisation of the process.

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Alice Springs Alcohol Reference Group

Alcohol Policy Minister, David Tollner, has invited Congress' Chief Medical Officer, Dr John Boffa to represent Congress on the newly established Alice Springs Alcohol Reference Group.

Following consultation with the Chairman, it was decided that Dr Boffa should accept the invitation to represent Congress on the Reference Group.

The establishment of the Alice Springs Alcohol Reference Group is a positive development; it indicates the Government's willingness to consider significant alcohol policy reforms.

One of the main objectives of Congress' participation in the group is to try to gain support to reinstate the photo licensing point of sale system and the Banned Drinkers Register at a local level to phase out the need for a police presence at takeaway outlets.

Congress also aims to try to secure a commitment from hotel owners to raise minimum alcohol prices and a commitment from major sporting events to establish a set of agreed alcohol restrictions.

Congress will also advocate for the group to recommend to government the need to substitute alcohol advertising currently endorsed by local sporting clubs.

OCHREStreams, nKPIs and OSR

Minister Dutton has made the decision to refund the OCHREStreams system for web based reporting of national Key Performance Indicators (nKPIs) and On-line Service Report (OSR).

This was the result of lobbying carried in partnership by Congress and AMSANT.

Congress CEO Ms Ah Chee and Congress Chief Medical Officer, Dr John Boffa were invited to review the Australian Institute of Health and Welfare's first national report on nKPIs.

The report found the Northern Territory and Queensland to be stand-out jurisdictions for performance in the primary health care sector.

This was attributed to the fact that both jurisdictions focus on performance indicators in the provision of core services, striving for continuous quality improvement.

Both jurisdictions have adopted joint needs based planning approaches, working towards establishing effective working relationships with other organisations in the Aboriginal health sector, through participation in AMSANT, QAIHC and in government.

The report is also evidence that the significant investment in primary health care in the NT is working and contributing to the Aboriginal health improvement that is now evident.

The AIHW have agreed that for the next report they will separate the performance of the Aboriginal community controlled sector from government run Aboriginal primary health care services.

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Review of Alcohol Mandatory Treatment (AMT)

The NT Government is presently undertaking a review of the Alcohol Mandatory Treatment system.

It is the opinion of Congress that at present there is no reasonable level of data available to enable an accurate assessment of the outcomes of the AMT and in fact the government has been clear that the review is not attempting to assess outcomes

Congress' submission to the NT Government reinforced its own existing policy position and made the following points:

- Criminal sanctions should be removed in order for Congress to provide a comprehensive medical and psychological service to CAAAPU
- The jail option as a criminal sanction has not been used and therefore adds little value to the process but is a major ethical and practical barrier to effective treatment
- Currently, there is no advocate in the assessment process, which denies people their legal rights, leading to successful claims made by clients against the AMT order
- Families are not being notified when clients are detained for assessment, thereby causing great concern
- The assessment process has not always included adequate knowledge of medical histories.
- A process of joint assessment prior to discharge has commenced between Congress SSSS and CAAAPU and this has significantly improved the practicality of aftercare
- Clients should be detained for assessment for no more than 2 weeks (as per the Mental Health Act). After this, clients should be free to go if they chose, eliminating the need for prison styled facilities and creating a greater focus on the need to ensure that clients develop an active commitment to their own treatment which is an essential requirement of success.

- It is believed that the majority of clients accept further treatment at this point. For some a further 2 week extension may be needed but there needs to be a limit on the forced detention which at some point in the treatment process needs to become an active commitment on the part of the client.
- A significant number of clients have cognitive impairment and funding for disability services is required, including appropriate accommodation.

The Aboriginal Medical Services Alliance Northern Territory (AMSANT)

Congress CEO Ms Donna Ah Chee has been elected onto the AMSANT board, and as one of two AMSANT representatives on the NACCHO board, along with Marion Scrymgour, the newly elected AMSANT chair.

Ms Ah Chee and Congress Chief Public Health Medical Officer, Dr John Boffa participated in an AMSANT lobbying mission to Canberra last year to contribute to policy and planning development in Aboriginal comprehensive primary health care in the Northern Territory and nationally.

The AMSANT delegation met with numerous politicians including Senator Nigel Scullion, Minister for Indigenous Affairs and Senator Fiona Nash, the Assistant Minister for Health and responsible for Aboriginal and Rural Health.

They also met with Ms Jane Halton Secretary of the Department of Health and Ms Samantha Palmer, First Assistant Secretary of the newly created Indigenous and Rural Health Division. Some of the key outcomes of the trip included:

- An invitation to provide a submission outlining the case for no cuts to Aboriginal primary health care funding in the NT and the need for increased funding both here and nationally.

AMSANT has since released this submission and Aboriginal health services have been given some reassurance that funding levels will be largely maintained in what will be a very difficult budget.

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- A commitment to further consider the adoption of the National Aboriginal and Torres Strait Islander Health Plan by the government.
- A commitment to consider the benefits of My eHealth Record, the NT Shared Electronic Health Record system in the review of the proposed national Personal eHealth record recently announced.
- A commitment from the Senate Committee on Indigenous Affairs to hold a national inquiry into Alcohol use in Aboriginal communities adopting the terms of reference developed by AMSANT and APONT—the inquiry has since been publicly announced and the terms of reference are consistent with the AMSANT proposal.
- A commitment to undertake an analysis of the need for capital works on the Mutitjulu clinic. The Office of Indigenous and Rural Health has carried out assessment of the needs of the Mutitjulu clinic, since the trip.
- A commitment from Minister Nash to undertake a visit to Congress early in the new year has already eventuated, and a visit by the First Assistant Secretary of the Indigenous and Rural Health Services Division, Samantha Palmer will occur in April.

Youth Street Outreach Service defunded

Prior to the last Board meeting, Minister Elferink's government announced the defunding of the Youth Street Outreach Service (YSOS).

Previously, Congress was funded to provide an After Hours Youth Service, including a drop-in centre open until 10.30pm and foot patrol of the CBD until 1am. This service operated 3 nights per week and provided more than 5000 episodes of care to 'at risk' young people each year. Many of these young people were also provided with transport back home.

Minister Elferink removed funding for Congress' after hours Youth Patrol 12 months ago, with the explanation that the Congress service duplicated his government's own YSOS which also had some advantages over the Congress service from his perspective .

These advantages were:

- YSOS operated all night, seven nights per week
- its professionally trained staff had extra powers to facilitate co-operation by 'at risk' children and their carers
- As YSOS was part of the Department of Children and Families, it had extra powers to facilitate co-operation by children and carers when necessary
- YSOS worked with other relevant agencies (NGOs, Child Welfare, Police and Night Patrols) and thus was able to achieve quick follow-up and case management of problems.

After initial public objection, Congress reluctantly accepted that the YSOS service was able to continue to address the needs of at risk young people and there was some merit in the duplication argument.

Then, when Mr Elferink defunded the YSOS service this year, he gave the explanation that such a service is more appropriately the responsibility of an NGO in spite of the fact that funding had been withdrawn from an NGO just 12 months earlier to deliver the service.

Since the decision to defund YSOS was made, funding has not been offered to any NGOs and has instead, been transferred to Child Protection Services where there are already a large number of unfilled positions.

Congress will continue to advocate on behalf of the community, to refund a youth night patrol service as there is now a significant service gap in this critical area.

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Visit by Minister Nash

Minister for Health Senator Fiona Nash, undertook her previously announced visit to Central Australia on 17 February 2014.

Minister Nash travelled to Mutitjulu to visit the clinic to examine the need for major capital works following an assessment by the Indigenous and Rural Health Services Division.

Congress promoted the need for additional recurrent funding for the clinic and the replacement of its ambulance. Minister Nash also visited the Kintore clinic and Congress in Alice Springs.

During the visit to Congress the following issues were discussed:

1. The Aboriginal Health Improvement in the NT which has seen more than a 30% decline in the all cause mortality rate and a corresponding significant increase in Life Expectancy. The way in which the planned allocation of resources according to need through the NT Aboriginal Health Forum has led to improved access to primary health care was explained as this is a key reason for the health improvement. This was contrasted with the type of uncoordinated, competitive tendering that is allocating more resources at present.
2. The reason why the Aboriginal health sector lobbied for the transfer of administrative responsibility for Aboriginal health into the health department in 1994 was also explained as is vital that this is not moved again as this has been an important reason why the health system for Aboriginal people has been able to improve
3. The need to retain the full benefits of salary packaging in remote areas was stressed while at the same time acknowledging that action could be taken to stop access to this in capital cities
4. The decline in smoking prevalence rates here in Alice Springs was discussed with particular reference to the important role played by the Health Lifestyle Program in health promotion and the need to ensure that the funding for this program is not cut.
5. The critical role that healthy development in Early Childhood plays in school retention and success and the primary prevention of mental and physical illness later in life was also stressed. Key Congress programs were showcased such as the Pre-school Readiness Program and the Nurse Family Partnership Program
6. The need for Aboriginal community controlled health services to be able to pay Directors Fees with grant funds was raised in conjunction with the types of governance reforms that Congress has gone through which strengthen community control including the inclusion of three specialist, non-member directors on the board.
7. The critical importance of independent evaluations as well as continuous quality improvement using both the NT KPIs and the nKPIs was also highlighted
8. The need to ensure that nurse assisted home haemodialysis is further funded through the Purple House was discussed at length along with the important role that primary health care services have in the prevention of renal disease
9. The need to maintain 3 year funding agreements and the problems created for retention of good staff if there is a move back to single year agreements.

END.