



## Central Australian Aboriginal Congress

ABORIGINAL CORPORATION | ICN 7823

# BOARD COMMUNIQUÉ

## Issue 2, April 2013

### Board Meeting Wrap - April

The Board held their most recent meeting on Thursday 11 April 2013. Along with the items contained in the following pages of this Communiqué—including discussions with Minister Warren Snowdon and Baker IDI, a presentation on an integrated model for child and family services, discussion of the Teamsnet research project, and financial reports—the Board also discussed general business:

- Ratifying *Proof of Aboriginality* documents
- Sign off of the FPP Action Plan
- Accepting Leave Without Pay request
- Reviewing the Rule Book between now and the next Annual General Meeting

**The next meeting will be held on 6 June 2013.**



### CEO's Report

#### Diabetes Policy Forum

Congress was invited to present a paper at a National Policy Forum on Indigenous Diabetes, held in Canberra and organised by Diabetes Australia. The Forum was attended by senior politicians, including Warren Snowdon MP (Min. for Indigenous Health), Mal Washer MP and Andrew Laming MP (Shadow Parliamentary Secretary for Indigenous Health). Congress made four key policy recommendations which were well received.

#### Alice Springs Local Hospital Governing Committee

Congress was invited to present to this committee on key strategies needed to continue to Close the Gap in Aboriginal health in the NT. NT Hospitals are undergoing a restructure in accordance with the recommendation of the Health and Hospital Reform Commission Report, and new legislation will ensure that the former Hospital Networks become independent statutory bodies.

#### OATSIH Risk Assessment

A comprehensive assessment was conducted by OATSIH recently that looked at four domain areas: Management Structure; Management Systems; Control, Monitoring and Reporting; and Finance. Congress did exceptionally well

on the first three domains, however there were a number of issues that impacted on the finance assessment. An extended time was allowed in order for the organisation to finalise the financial audit. The result of this has been the withdrawal of the extreme ratings and an overall rating of medium granted—an excellent result which enables Congress to retain the right to three-year funding agreements.

#### Membership Drive

Suggestions were made in response to concerns about the small membership base of the organisation. These include letters of invitation to all Aboriginal resident patients over 18; community announcements; and notices and membership forms in Congress waiting areas.

#### Recruitment Update

The positions of Deputy CEO and Regional Health Services Division General Manager have recently been advertised and applications received. The level of interest in both positions is a good sign that Congress has built a great reputation. A focus on performance across the organisation continues as part of this rebuilding phase.

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## Integrated Model for Child and Family Services

The success of several early childhood and family programs has contributed to Congress developing a reputation as a leading service provider in this area. Programs have developed across several branches and in recent years there has been a focus on the need for a coordinated approach. Following the publication and dissemination of the *Rebuilding Family Life* document, Congress has been advocating for its full implementation at many conferences, seminars and meetings and in the media.

A presentation was made to the Board by Patrick Cooper, Clinical Psychologist and Team Leader for the Preschool Readiness Program, and Family Support Worker, Judith Ansell on the submission: *Integrated Model for Child and Family Services*. In preparing this submission, it became clear that there was an opportunity to better structure existing services and programs in this key area as well as expand our services into the key unmet need of Educational Day Care.

The Board has supported all three recommendations:

- A consistent program logic across child-focussed programs
- Changes proposed to enable more effective and efficient integration of children services
- A submission that will provide additional resources to enable existing child-focused services and programs to operate more effectively as well as the development of the key missing core service – an Abecedarian Educational Day Care Centre

## Minister Snowdon Visits

Warren Snowdon MP, Minister for Indigenous Health, was able to attend and officially meet the new Board. Minister Snowdon acknowledged the work that has been undertaken to strengthen the governance of Congress and praised the approach taken by Congress. In particular, Minister Snowdon was complimentary of our governance model, including the three positions of non-member experts to be appointed to the Board, and is looking to implement aspects of our model across the Indigenous health sector.

Minister Snowdon gave an overview of the work he has been doing in the past 18 months across the Aboriginal Community Controlled Health sector and the focus which he has given to inadequate governance and corruption, with the aim of strengthening the sector for positive outcomes.

He gave a report of his meeting with former NT Health Minister Dave Tollner, with discussions held about the support for regionalisation and the transfer of government clinics to community control; however, he outlined his wish for the NT government to improve the standards of these clinics prior to this taking place.

Also discussed was the announcement that Minister Snowdon had made that morning for \$2.4m to boost renal services across Central Australia.

Discussions were also held on perinatal mental health, which is about the emotional wellbeing of pregnant women and their child, partner and families. Consideration is being made as to whether this is an important area of focus for Congress in the future.





## Business Plan Report

A presentation was made to the Board on the Business Plan Report. This was well received, however there were several areas that the Board have instructed that they would like to see improvements:

1. The need to address the very low rate of STI screening, especially amongst young people
2. The need to address the issue of access to antenatal care; one-third of women who give birth each year are not accessing Alukura for antenatal care and of those that do access Alukura, one third are only being seen up to four times.
3. The need to address the increasing attrition rate from the FPP.
4. The need to ensure that data on employees separates Congress Alice Springs from remote services as well as further breakdown of data on Aboriginal employees.
5. The need to advocate for access to the PATS scheme for women who want to come to Alice Springs to access breast screening.

## Finance Report

A report was presented by the Finance Sub-Committee and overall it gave a positive picture of Congress' financial position.

The solvency levels of the organisation have improved since the February board meeting. Solvency is the degree to which the current assets exceed the current liabilities of an organisation, and is relevant to the organisation being able to meet its expenses and plan for growth. In many senses, the level of solvency is directly related to the financial health of an organisation.

Since the last board meeting, there has been a reduction of programs in deficit from 36 down to only four—a significant drop.

The Board have also signed off on the global budget.

A briefing was presented to the Board on the Remediation Plan, for which positive negotiations between Congress and OATSIH are underway. The Board have signed off on this proposal, which encompasses the following components:

- Payroll and financial systems
- Computer hardware upgrades
- New positions, including:
  - > Chief Financial Officer
  - > Grants Officer
  - > Payroll Assistant
  - > Risk Assessment position (HR)

## Research Projects Update

### TEAMSnet Research Project

Over the past eight years Congress has undertaken a range of strategies to improve chronic disease outcomes for our patients. From the period 2005 until about 2009 there were substantial gains made in outcomes. Since 2009 however, in spite of improved care planning rates, outcomes have remained constant and have not continued to improve, albeit at levels better than mainstream general practice. One of the key issues identified through file audits is that patients are coming to Congress and not always getting treatment according to best practice guidelines—a common problem across the Australian and international health system known as 'Clinical Inertia'. The TEAMSnet research project addresses this gap in our service system and has the potential to assist Congress to build on the substantial improvements that have already been made and go to the next level in chronic disease outcomes. The project is primarily designed to assist our practitioners to use the computer interface that they will provide into our Communicare system to help them provide CARPA-based, best practice care. The Board has approved the participation of Congress in the TEAMSnet research project for the next two years.

### Self-Harm Research Project

During consultations to develop a National Aboriginal and Torres Strait Islander Suicide Strategy in 2012, one of the most frequent issues raised was the lack of appropriate services for Indigenous people in or after discharge from hospital emergency departments. This study aims to examine the outcomes for Indigenous and other persons attending hospital emergency departments or admitted to hospital for deliberate self harm (DSH) and/or attempted suicide. It will ascertain those clients at greatest risk of adverse outcomes (repeat self harm, premature death) and will identify their patterns of service use, in order to ascertain where gaps in care arise, and where links between services in hospitals and within the community can be improved. Approval through the Central Australian Institutional Ethics Committee is being sought and Congress' participation is contingent on this approval.

### Baker IDI Develops MoU with Congress

Graham McGuire, James Ward and Helen Liddle from Baker IDI—an independent research facility with a focus on Indigenous health—attended to discuss the development of an MoU with Congress. This will be a 12-month process of development with a focus on mutual respect and partnership. Congress President, Mr William Tilmouth, commented on the partnership, saying, "It's not about kudos for either party. It's about overcoming entrenched health problems in the community. Data has to be something you can give back to the people, in the form of real outcomes." Director Chansey Paech agreed. "Data has historically been given in a negative way. We need to flip this around."



## Workshop: Comprehensive Primary Health Care

The Board will attend an inservice workshop on 2 May, focussing on Comprehensive Primary Health Care, which is defined as:

*socially appropriate, universally accessible, scientifically sound first level care provided by health services and systems with a suitably trained workforce comprised of multi-disciplinary teams supported by integrated referral systems in a way that: gives priority to those most in need and addresses health inequalities; maximises community and individual self-reliance, participation and control; and involves collaboration and partnership with other sectors to promote public health.*

(Source: Australian Primary Health Care Research Institute)

The workshop will be co-facilitated by John Paterson (CEO, AMSANT) and Dr John Boffa (PHMO, Congress), with the support of Congress CEO Donna Ah Chee.

## MoU drafted for Remote Auspiced Services

A briefing was presented to the Board regarding the now-expired MoUs between Congress and the communities for which it provides auspiced health services (Amoonguna, Utju/Areyonga, Mutitjulu, Santa Teresa and WAHAC). An MoU can have legal standing but provision has been included in the MoU for this not to be the case. The legal arrangements exist between OATSIH (the funding agency) and CAACAC (the service deliverer). The draft MoU was approved which provides the basis for commencing discussions with each auspiced community. The terms of reference for the Remote Health Service Advisory Group (RHSAG) were also approved and two CAACAC members (one being the CAACAC Chair) were nominated to attend the next meeting of this group scheduled for May.

## 40 Year Celebrations at Amoonguna

Amoonguna Health Service along with Central Australian Aboriginal Congress will celebrate the 40 year anniversary of Congress with a fun family day.

The theme for the day is Building families: strong children, strong future and it will be held at the Amoonguna School on Friday 14 June from 10am to 2pm.

The day's activities will include:

- Fun games for all the family
- Guessing games for the grown-ups and kids
- Soap-making activities for all the family
- Lunch (12:30pm)
- Cutting the anniversary cake

All are invited to attend and help celebrate this special occasion.

## CAACAC Membership Drive

Although Congress is a large organisation, its membership base is relatively small. Suggestions were made to the Board about ways to increase the membership base and address this concern. Suggestions put forward for consideration include:

- Letters to all Aboriginal resident patients 18 and over on Communicare (about 4,500 people), inviting them to become members and including a membership form for them to sign and return to Congress
- Community announcements on CAAMA and Imparja
- Notices and membership forms in all Congress waiting areas

President William Tilmouth commented, "It's not about the Board, or about doctors and directors—it's about you, the consumers and community.

"We are one community and as one community we must stand together and heal together because within that unity we are empowered."