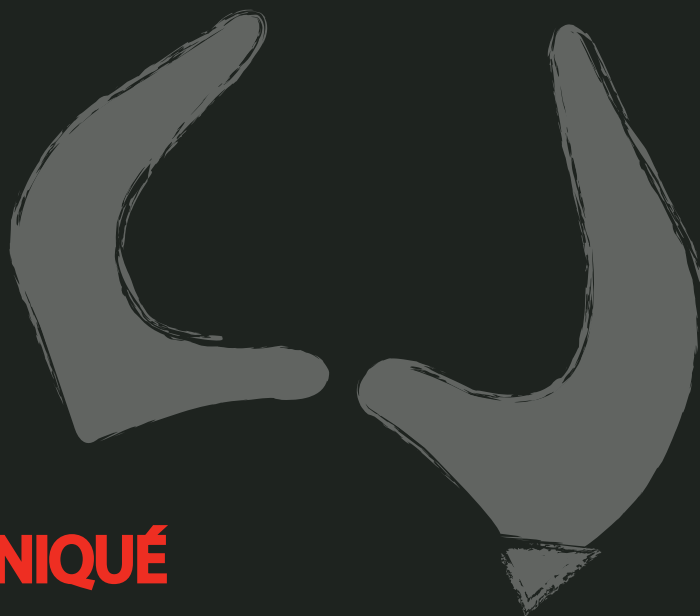




Central Australian Aboriginal Congress

ABORIGINAL CORPORATION | ICN 7823



BOARD COMMUNIQUÉ

ISSUE 19, August 2016

Board Meeting Wrap

The following topics were discussed at the last Congress Board of Directors Meeting held 12 August 2016:

- Youth Detention Crisis
- Medicare Benefits Scheme (MBS) Review
- Development of new clinics at Larapinta and Sadadeen
- Youth Detention Crisis
- Out of Home Care (OOHC) Forum
- Joint Congress remote and town boards meeting
- Western Aranda Health Aboriginal Corporation AGM
- CAAAPU
- Good Sports, Redtails & Pinktails
- Meeting with Lynn Walker re pharmacy proposal
- Visit by Wellington Aboriginal Health Service
- Targeted Family Support Service
- Health Care Homes
- Australian National Advisory Council on Alcohol and Other Drugs Meeting
- Finance
- Governance
- Human Resources
- Research
- Clinics
- Men's Health
- Women's Health

The next meeting will be held on 6 October 2016.

Youth Detention Crisis

The Congress board noted the success of the recent APO NT campaign, and related public rallies calling for the appointment of Aboriginal Co-Commissioners to lead a *Royal Commission (RC) into the NT Youth Justice System*.

The campaign and rallies were sparked by the release of ABC's Four Corners program detailing the systematic abuse of young people at Don Dale Juvenile Detention Centre, and the Prime Minister and the Attorney General's concerning decision to appoint Justice Brian Martin to lead an enquiry into the matter.

APONT publicly and privately expressed concerns with the appointment of Justice Brian Martin, including his connection to NTG despite recommendations to remove NTG from the investigation, and the conflict of interest given Mr Martin's role as former Chief Justice of the NT presiding over decisions that sent youth to Don Dale Centre.

As a result of these concerns, Justice Martin announced his resignation. APONT has publicly thanked Justice Martin for responding to its concerns.

The board has supported a proposal providing an overview of key necessary reforms, including the need to lift the minimum age for youth detention to 12 and to establish small, secure care youth rehabilitation centres as close to home as possible, including on Aboriginal land, where the focus is on treatment and not punishment. Such centres would need to be administered by the Health Department or Child and Family Services and not by Corrections.

A final submission to the Royal Commission (RC) into the NT Youth Justice System will be presented for endorsement at the November board meeting.

Medicare Benefits Scheme Review

The board resolved to support the development of a submission to the Medical Benefits Scheme (MBS) review recommending changes to the system to address issues concerning the inequitable access to Medicare due to the maldistribution of GPs in Australia and other issues.

The submission will be presented to the board at the next meeting in October.



BOARD COMMUNIQUÉ

ISSUE 19, August 2016



Development of new clinics at Larapinta and Sadadeen

The planning for Congress' new clinics is now in the final stages. All positions have been recruited to, and all staff were provided with in-service training including an opening address from our Chairman to ensure good understanding of strategic as well as operational goals.

Both clinics opened Monday 15 August as planned and planning for an official opening is underway.

It is a great achievement of the board, executive and staff to get us to this point where we are on the threshold of a new era in regards to the quality of our primary health care services provided to our community based on ensuring that a dedicated team of health professionals continue to work together to provide care to a defined population whom they can get to know on a first name basis. This provides a much better quality and more efficient service.

Youth Detention Crisis

While working on necessary strategic actions (see p1), Congress has also commenced working with CAALAS to organise an immediate response.

Donna Ah Chee and other senior staff visited the centre and following this, Congress was asked to submit a proposal to provide a service to continuously monitor the Youth Detention facilities operations and to provide independent support to young people inside. This will help to guarantee their safety in the immediate future.

Out of Home Care Forum

Congress participated in an Out of Home Care (OOHC) Forum in Alice Springs hosted by APO NT.

The forum found general agreement that if responsibility for OOHC can be contracted out to Aboriginal community controlled organisations in each region there would be better outcomes.

These organisations would be responsible for the employment, training and support of kinship carers and foster carers. The organisation would be required to be a certain size to have sufficient economies of scale to do the job properly.

In discussion with SNAICC, it was agreed to consider the possibility of SNAICC establishing an NT branch to provide training and support for the Aboriginal organisations providing OOHC evidence based policies and services given its necessary expertise and experience to do this work.

There was also support for the need to establish an Aboriginal Children's Commissioner to support the current NT Children's Commissioner as well as the need for better Family Support Services.

Joint Congress remote and town boards meeting

A joint board meeting was held 7 July.

Lawyer and CLC Leasing Coordinator, Stephanie Campbell, provided an overview of the history of leases in Aboriginal communities in the NT, the lease application process through CLC and specific information on Mutitjulu and Amoonguna.

Australian Lawyers for Remote Aboriginal Rights, Daniel Kelly, gave an update on the legal action at Santa Teresa. NT Department of Housing Director of Alice Springs, Graeme Eatts, provided an update on asbestos identification and removal, housing refurbishments, new houses and rent at all five communities. Following this very informative session he agreed to:

1. Do a check on the signage on the houses including all parts of houses that have asbestos.
2. Confirm that only white asbestos (chrysotile) remains.
3. Conduct annual audits and provide a report to the Health Board.
4. Check possible asbestos "hot spots" with Mr. Laurie Butcher (Director Santa Teresa Health Board) including the waste dump and five houses built by the Brothers.
5. Make the Register that was developed by the Department of Infrastructure publicly available.
6. Provide components of the Register for Mutitjulu, Amoonguna, Ntaria, and Utju to Congress so Congress Executive and Directors can check to see whether signage is a problem.

Following this he then gave key information on housing including refurbishments, new houses and rental issues. It was agreed that his visit was very useful and he will attend the next meeting on 22 September and present further information on the factors that lead to the setting of reduced rent up to full rent for remote housing.

BOARD COMMUNIQUÉ

ISSUE 19, August 2016

Western Aranda Health Aboriginal Corporation AGM

On 23 June the WAHAC board held its AGM after a significant delay due to sorry business.

The meeting was extremely well attended and a vibrant new board was elected with many young people. Acting Chairperson, Ms. Marion Swift was formerly elected unopposed as Chairperson.

The new board endorsed the MOU between Congress, WAHAC and the NT DoH and has agreed to review the Joint Service Agreement (JSA) between the same three parties. The JSA has led to major improvements in the quality of services provided and mitigated the clinical risk that was there prior to this agreement and will soon undergo its first annual review.

CAAAPU

On 28 June Congress attended the hand back ceremony of CAAAPU from the special administrator back to the newly appointed board.

Good Sports, Redtails & Pinktails

Congress CEO, Donna Ah Chee and Australian Drug Foundation CEO, John Rogerson have met to discuss a possible collaboration between the two agencies in delivering the Good Sports program to expand health promotion activities through sport in Aboriginal communities in Central Australia.

Proposed plans included the creation of two full-time positions to work with CAFL and local football teams to promote healthy lifestyle, health checks and good governance of football clubs in the interests of health promotion and reduced alcohol and other drug use.

At the same time, local football clubs *Redtails* and *Pinktails* contacted Congress to express interest in collaborating with Congress to deliver health promotion to the club. As such, Congress facilitated meetings with *Good Sports*, *Redtails* and *Pinktails* exploring the option of an arrangement whereby Good Sports might subcontract Congress to implement the *Good Sports* program through the employment of *Redtails* and *Pinktails* leadership. Negotiations are ongoing.

In the interim, Congress will work with *Redtails* and *Pinktails*, incentivising the sporting club for referring Aboriginal people to Congress for a 715 Health Check. There will be a requirement that if a player wants to play for either *Redtails* or *Pinktails* they will need to have completed a 715 health check. The same health checks will also be offered to non-Aboriginal players through the *headspace* service.

Congress will also work with the teams to promote opportunities for traineeships and cadetships to interested players.

Meeting with Lynn Walker re pharmacy proposal

Donna Ah Chee and John Boffa attended a meeting with Shadow Health Minister, Lynn Walker, to brief Ms Walker on Congress' pharmacy application.

Ms Walker was generally supportive but was clear that, should Labour win government, she will need to consult with the key stakeholders prior to making a decision.

Visit by Wellington Aboriginal Health Service

On 18-21 July, Wellington Aboriginal Health Service, CEO, Darren Ah See and other senior staff undertook a study tour of Congress including Congress town and remote services.

This followed on from the visit that Congress made to their service as part of the National ANFPP workshop held in Dubbo earlier this year.

They have since written to Congress thanking us for the visit and detailing the many things that they learnt and the importance of building greater collaboration in key areas.

Targeted Family Support Service

The Targeted Family Support Service (TFSS) funding from the NT government has been discontinued on the basis that it was not successful in a tender process due to the application being set aside and not considered as it was significantly above the "recommended price" for such a service.

The recommended price is based on a "secret" unpublished report by a consultancy firm and Congress has no way of challenging the assumptions or evidence base, if any, on which this report is based.

The TFSS program continues to operate with Commonwealth funding, however at a reduced rate of ten families rather than the former 30 families.

The great benefit of the Commonwealth funding is that it allows for community referrals and does not require a referral from Child Protection. The funding that was lost was for high needs families referred from Child Protection.

Congress is enquiring to review the tender documents prepared by consultants for the Department as it continues to advocate for this important service.

Health Care Homes

Dr John Boffa has been appointed by the Commonwealth Department of Health to the Evaluation Working Group which will oversee all aspects of the design and conduct of an evaluation of the roll out of the Health Care Home model.

The Health Care Home model is a trial of a new way of funding General Practices in Australia in accordance with achieving multidisciplinary team based care as is already provided by Aboriginal community controlled health services.

It is the most significant initiative happening in health care reform in Australia and NACCHO has agreed that it is important that some Aboriginal community controlled health services are part of the trial.

The evaluation could have significant implications for future funding models for general practice including the primary clinical care component Aboriginal community controlled health services.

BOARD COMMUNIQUÉ

ISSUE 19, August 2016

Australian National Advisory Council on Alcohol and Other Drugs meeting

ANACAD will convene in Alice Springs in October for their next meeting that will enable a visit to Congress.

The members will explore in action the benefits of the integration of AOD services into PHC including the benefits of easy access to other programs and services such as GPs and psychologists and maternal and child health programs.

This will be a great opportunity for Congress to showcase its unique service model to ANACAD.

Finance, Risk and Audit Subcommittee Report

The board resolved to approve the June 2016 financial accounts including the Profit and Loss Statement, the detailed Balance Sheet, the program balance report and the investment report, and noted the continued stability of Congress' solvency ratio and that Congress remain solvent.

Finance management have spent considerable time over the last month generating improved reporting around Medicare and Practice Incentive Payment (PIP) income. This reporting is designed to provide clarity around the major Medicare/PIP drivers and will clearly show areas where improvement can be achieved.

Directors requested that future reports include additional information on PIP revenue to ensure Congress is maximising this source of income so it can be reinvested into comprehensive primary health care. PIPs are incentive payments or "rewards" provided to a GP Practice for meeting quality targets for immunisations, care plan population coverage etc. whereas MBS items are paid on behalf of individual patients for services provided to them.

It was agreed that the employment level of Aboriginal staff should also be included in future reporting. The CEO advised that it is currently at around 45-47% of the total Congress workforce, including remote sites. The Congress Strategic Plan 2015-2018 has a target of 60% and this is being implemented through the Workforce Engagement and Development Plan which is reviewed annually.

Governance Subcommittee Report

Gender Balance

The Board approved a draft policy on Gender Balance on the Congress Board.

2016 Director Nominations

The GSC Chair advised that contact was made with the Australian Electoral Commission (AEC) who unfortunately was not able to commit to facilitating the director elections this year due to the timing of both the Federal and NT elections.

Nominations open 8 August closing on 2 September 2016.

Work will begin on fine tuning the next step in the process that involves advertising an invitation to vote, preparing for the ballot and preparations for the AGM. These matters will be discussed at the next GSC meeting scheduled for 20 September. A report will be provided to the board on 6 October.

Regionalisation

At the joint remote and Congress health board meeting held on 28 April there was unanimous support to establish a single service board consisting of a regional health board with representatives from both town and remote communities, summed up as 'One voice, One Mob'.

It has become clear since the meeting that there are many issues to consider in the development of this model and it will take longer to progress than was initially envisaged at the workshop.

Given the importance of the constitutional reform, the board approved to employ a project officer for 12 months to travel out to bush communities and consult more deeply about any proposed constitutional changes. It is not possible to meet the deadline of this year's AGM for constitutional change as originally planned.

Membership Charter

The board approved a proposed draft Membership Charter.

The charter outlines the rights and responsibilities of members as well as practical information regarding becoming a member, duration of membership and contact details for the Membership Engagement Officer – the point of contact for all membership enquiries.

Download a copy of the charter from the Congress website at www.caac.org.au.



BOARD COMMUNIQUÉ

ISSUE 19, August 2016

Human Resource Subcommittee Report

The HR Subcommittee Chair was invited to provide directors with an overview of the work of the committee since the last board meeting.

Work has begun on reviewing the Workforce Engagement and Development Plan with the aim of having an updated version for the following 12 months presented at the next HRSC.

Research Subcommittee Report

Mr Ricky Mentha assisted the CEO with providing directors with an overview of the work of the committee since the last board meeting.

A number of research projects seeking Congress participation were presented to the board for approval.

The Board approved the RSC recommendation to endorse the following projects:

- *The Aboriginal Cardiovascular Omega-3 Randomised Controlled Trial* (South Australia Health and Medical Research Institute, Prof. Alex Brown);
- *Tobacco Use and Control Initiatives* (Australian National University, Ms Alyson Wright Master Applied Epidemiology student);
- *ANFPP National Workforce Development Study* (CRANA, Chris Evans);
- *Predictors of Pre-school Readiness of Aboriginal Children in Central Australia: A retrospective study* (Charles Sturt University, Ms Bianka Schulz-Allen. Masters of Psychology student);
- *Strong Patrols and Programs in the hands of Aboriginal Peoples for Community Safety and Wellbeing* (University of Technology Sydney, Professor Harry Blagg);
- *Thriving Communities, Building Communities through social connection* SANE Australia (University of Sydney, Professor Gerard Goggin);
- *Needs analysis of midwifery and related services for Aboriginal women attending ACCHSs* (AMSANT, Dr Danielle Green); and,
- *Evaluation of the Tackling Indigenous Smoking Program* (Cultural & Indigenous Research Centre Australia (CIRCA)).

Clinics Subcommittee Report

The board considered the findings of an investigation into the demand for after-hours services provided by Congress' Gap Rd Clinic.

Key findings included:

- There has been no significant variation in the total number of clients visiting after hour's service in the last five years.
- There has been a reduction in the number of people arriving before 5pm and finishing after 5pm which suggests the day time service has become more efficient.
- On average about 6 clients per day present after 5pm on weeknights with 50% of these clients presenting between 5pm and 6pm. This means on average only 3 clients present after 6pm in the last 5 years.
- Patients utilising weekend and public holiday afterhours care are much higher as compared to weeknight afterhours care.
- There is capacity on most nights in the After Hours GP service at Alice Springs Hospital to meet the small demand for care after 6pm on weeknights.

The board agreed to reduce the Gap Rd Clinic operating hours until 6pm Monday to Friday allowing for pre-bookings in the last hour as well, and staggered shifts from 1 October 2016.

This reduces the after-hours service by two (2) hours per weeknight. The After Hours Service at Alice Springs Hospital operates from 6pm until 9pm on weeknights and this will remain unchanged.

The board agreed to continue the full weekend and public holiday service at Gap Rd Clinic.

Men's Health Subcommittee Report

Nil report as MHSC had not met since last board meeting.

Women's Health Subcommittee Report

The WHSC Chair was invited to provide directors with an overview of the work of the committee.

Subcommittee discussion has been focused on birthing and post natal care, increasing adult health checks including pap smears, addressing drug usage, providing STI education for young women and re-introducing smoking ceremonies.

Membership of the subcommittee was discussed with recommended changes presented to the board. The committee consists of the following senior Aboriginal women from community:

- Marjorie Lindner (Chair)
- Irene Davis
- Patricia Webb
- Annette Liddle
- Amelia Turner
- Bessie Liddle
- Phyllis Gorey