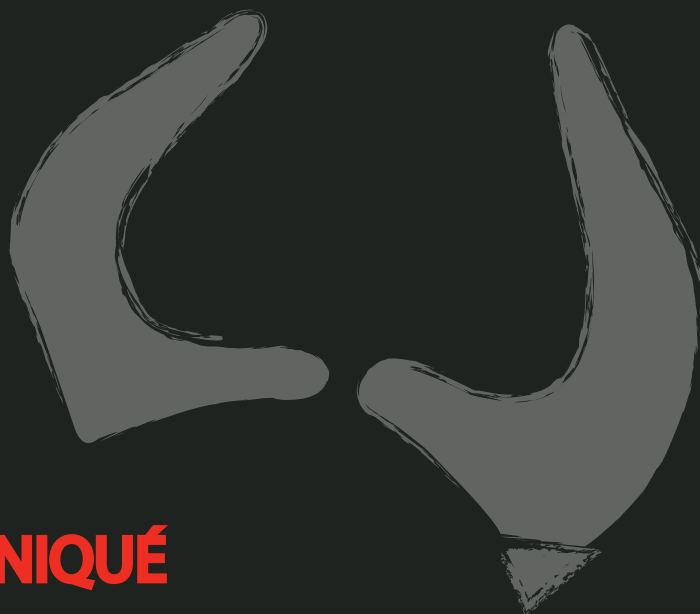




Central Australian Aboriginal Congress

ABORIGINAL CORPORATION | ICN 7823



BOARD COMMUNIQUÉ

ISSUE 20, October 2016

Board Meeting Wrap

The following topics were discussed at the last Congress Board of Directors Meeting held 6 October 2016:

- Congress 2015/16 Business Plan Report
- Medicare Benefits Scheme (MBS) Review
- Royal Commission into the Protection and Detention of Children in the NT
- 2015-16 Financial Statements
- Tender for External Auditors
- Cash Management and Cash Allocation Policy
- Satellite Clinics
- August Business Services Report
- Director Remuneration
- 2016 Director Nominations Applications
- Research
- Male Health
- Women's Health
- Resignation of Board Members

The next meeting will be held on 24 November 2016.

Congress 2015/16 Business Plan Report

The board noted the 2015/16 Business Plan report with particular focus on those areas for continued improvement.

The business plan activities for the preceding six months to June 2016 report against the five (5) Strategic Objectives outlined in the Congress Strategic Plan 2015-18.

The report outlined information on overall episodes of care, number of unique clients, including visitors, for each clinic, progress on negotiations with the Alice Springs Hospital on the Midwifery Group Practice, STI and pap smear coverage rates, childhood anaemia prevalence, waiting times, research activities, new programs, Human Resource data on staff turnover, vacancies and other important workforce matters including education and training and progress on enhancing sound financial management.

Noteworthy improvements compared to the previous reporting period included:

- An increase in the overall episodes of care provided at Congress services in Alice Springs (including headspace) (140,000 up from 132,000);
- An increase in the adult health check rate for men 15 to 54 years in Alice Springs (37% up from 36%) and women in Mutitjulu (67% up from 60%), remaining stable for male health checks in Mutitjulu (46%), women at Mpwelarre (90%) and men at Mpwelarre (89%);
- A reduction in the number of babies born of low birth weight in Alice Springs (10% from 12%), Mpwelarre (0% or no low birth weight babies from 8% or 1 low birth weight baby), Mutitjulu

(0% or no low birth weight babies from 14% or 1 low birth weight baby), Utju (33% or 1 of 3 babies born from 50% or 1 of 2 babies born) Ntaria (5% from 4% last period but down from 20% in 2010) and remaining stable in Amoonguna (0%);

- A decline in anaemia rates for Mpwelarre (2% from 20% with the high number in the previous period likely due to increased testing), Utju (6% from 10%), Amoonguna (13% from 28%, the lowest rate recorded);
- An increase in the overall immunisation coverage in Alice Springs (95% from 91%), remaining stable at Mpwelarre (100%) and Ntaria (94%); and,
- An increase in the pap smear coverage rate for Mpwelarre (61% from 55%), Mutitjulu (52% from 48%), and Amoonguna (56% from 27%).

Noteworthy improvements to Human Resources KPIs included:

- An increase in the number of employees (313 from 309);
- A stable Aboriginal workforce at a manager level ;
- A slight decline in Aboriginal staff turnover rate (9.5% from 10.3%); and,
- An increase in Aboriginal workforce (137 from 126).

Outcomes highlighted for further improvement in some services included Adult Health Checks, childhood anaemia, immunisation coverage, smoking, overweight and obesity and PAP smears.

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MBS Review

The board approved a Congress submission to the Medicare Benefits Schedule Review.

Main points made in the submission include:

- Recognise the value of primary health care and its contribution to population health outcomes especially the growing burden of chronic diseases such as diabetes;
- Ensure income generated by state and territory governments through S19(2) exemptions of the Health Insurance Act is reinvested back into primary health care in the community from which it is generated;
- Consider proposed strategies to address the undersupply of GPs in rural and remote areas;
- Introduce new item number for AHPs and Nurses in Aboriginal Health Services and remove or increase the cap for MBS items for AHPs providing follow up for health assessments and supporting chronic disease management;
- Introduce new items to support the uptake of clinical technology in rural and remote primary health care services and an Aboriginal specific MBS item for cardiovascular risk assessment; and,
- Ensure the continuation of existing chronic disease management (CDM) items until new financing mechanisms are in place.

The complete submission will be made available for viewing on the Congress website once finalised.

Royal Commission into the Protection and Detention of Children in the NT

The board approved a draft outline of Congress' submission to the Royal Commission into the Protection and Detention of Children in the NT subject to an addition of a new section on adult literacy based on the Literacy for Life Model.

The submission is organised around three key domains which are foundational to comprehensive primary health care. These are:

1. Promotion and protection of health and wellbeing (primary prevention): measures aimed at the whole population – addressing the social and cultural determinants of health.
2. Prevention (secondary prevention): measures aimed at 'at risk' populations to reduce the number of Aboriginal children entering the child protection, criminal justice or detention systems.
3. Treatment and rehabilitation: ensuring that those already within the child protection, criminal justice or detention systems have access to services to address the social and emotional wellbeing, physical and mental health issues they face, and to support them to reintegrate with their families and communities.

The submission will make 17 recommendations to address each of the three domains.

The closing date for the submissions is 28 October. A copy of the submission will be made available on the Congress website after the document has been finalised.

Finance, Risk and Audit Subcommittee Report

2015-16 Financial Statements

The directors approved the 2015-16 Financial Statements.

The result for the year has been a surplus of \$1.4m. The major drivers for this surplus have been:

- \$970K of capital grants revenue for the Mutitjulu Clinic refurbishment where the expenditure has been capitalized.
- \$190K of teaching allowance received from NTGPE to employ GP Registrars.

It was noted that Congress has improved its financial position over the 12 months due to an increase in investment in property, plant and equipment and a reduction in liabilities, in particular unexpended grants.

The board also noted significant changes in the disclosure notes that now provide extra detail within the Financial Statements. This is a welcomed development that demonstrates the boards continued commitment to improved transparency and accountability to not only Congress members and funding bodies but also to wider stakeholder groups and the broader community.

Tender for External Auditors

The Congress directors will recommend the appointment of RSM Australia as Congress external auditor to the Congress members at the 2016 AGM, for a further two (2) year period.

The decision follows a select tender completed by approaching a number of audit providers (i.e. 6) to submit a tender to conduct the required audit for the coming three years.

The select tender ensured compliance with Congress' external audit policy which requires it to tender its audit services after three (3) years accessing services by the same auditor. Congress policy allows the reappointment of an auditor for a further two year period, with the term not exceeding five years.

Cash Management and Cash Allocation Policy

The board approved a revised draft Cash Management and Cash Allocation Policy. This policy has been amended to deal with the increase in Practice Incentive Payment (PIP) income.

The updated policy will ensure that the primary purpose PIP revenue is for expenditure on those items which cannot generally be covered by Medicare or Grant revenue.

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Satellite Clinic Report

The board noted the activity report to 23 September 2016 since the opening of both clinics on 15 August which indicates that unique clients for each clinic have been steadily increasing.

The report indicates a very positive start to the two new clinics.

GPS Tracking System

The board approved the fitting of GPS tracking systems to the remaining fleet vehicles.

The decision is based on a rigorous selection process, including a financial analysis and a review of rural and remote worker safety requirements.

Congress will fit one or two test units onto vehicles to ensure that the system is fully tested and operable, before installing the system on remaining vehicles.

August Business Services Report

The board approved the August 2016 Financial accounts including the Profit and Loss Statement the detailed Balance Sheet, the program balance report and the investment report.

The board noted that the current ratio is 1.88 i.e. there is \$1.88 of current assets for every \$1 of current liabilities.

The GMBS noted that the PIP revenue numbers had increased by 300% (as a rate) and that Medicare revenue for the month of August was the highest month for the last three years.

Governance Subcommittee Report

Director Remuneration

The Board approved that a proposal be put to the Congress membership at the 2016 AGM recommending a move to the payment of annual Directors fees in line with common practice.

The Board approved the use of existing Directors meeting fees as already set by the membership as a basis for calculating annual fees.

The directors also approved the carrying out of an independent 'benchmarking process' to review the agreed fees, for presentation at the 2017 Annual General Meeting of members.

2016 Director Nominations Applications

The board endorsed the nominations of Ms Nicolette Dunn, Mr Michael Liddle, Mr William Tilmouth and Ms Sheralee Taylor for this year's three (3) member director vacancies.

As there were four (4) nominations with only three (3) vacant positions a vote by the members will be required. Voting materials will be distributed to members with this October edition of the Board Communique.

Research Subcommittee Report

Variations to two existing research projects were considered by the subcommittee and subsequently approved by the board.

One variation was to approve the use of one of Congress' dental chairs for a research project into the relationship between gum disease and kidney disease. The other was to expand the existing evaluation into the Congress Family Partnerships Program to enable a deeper analysis of the complexity of the families on the program and time required by program staff to implement the required services.

Male Health Subcommittee Report

The board noted the report of the Male Health Subcommittee.

An update was given on the progress of the Ingkintja review implementation.

A new clinic manager has been appointed and the AHP position has been funded.

The new name for Ingkintja is being implemented and it is now known as Ingkintja: *Wurra apa artwuka pmara* (a meeting place for boys and men).

Women's Health Subcommittee Report

The board noted the report of the Women's Health Subcommittee.

Alukura Women's Health Service is currently focussed on reactivating the process for a MoU with the Alice Spring Hospital to ensure continuity of care and safer birthing services for Aboriginal woman through the establishment of a midwifery group practice.

Resignation of Board Members

The meeting acknowledged the two resignations from Mr Rossingh and Mr Paech due to the outcome of the recent NT elections.

Recognition and a vote of thanks were given to acknowledge their demonstrated commitment and the dedication that they gave as directors on the Congress board. The board wishes them both all the very best with their new careers.