



Central Australian  
**Aboriginal Congress**  
ABORIGINAL CORPORATION | ICN 7823



## BOARD COMMUNIQUÉ

### ISSUE 21, APRIL 2017

#### Board Meeting Wrap

*The following topics were discussed at the last Congress Board of Directors Meeting held 13 April 2017:*

- Congress 2016/17 Business Plan Report
- Review of the Remote Indigenous Housing
- The Ross River Constitutional Recognition Meeting
- Joint Remote Boards Meeting
- The second submission to the Productivity Commission Inquiry
- Review of the National Health Performance Framework
- NT Expert Reference Panel on Early Childhood
- Ministerial Exemption for approval to establish a new pharmacy in Alice Springs
- Arrwekele akaltje-irretyeke ampere – Congress' Early Childhood Learning Centre
- The Royal Commission into the Protection and Detention of Children in the Northern Territory
- Board Subcommittee appointments
- Finance, Risk and Audit Subcommittee (FRAC) report
- Revised clinic structure for Gap Road
- The World Congress on Public Health
- Governance Subcommittee Report
- Research Subcommittee Report
- Clinics Subcommittee Report
- Male Health Subcommittee Report
- Women's Health Subcommittee Report

*The next meeting will be held on 15 June 2017.*

#### Congress 2016/17 Business Plan Report

***The Congress Board of Directors accepted the Corporate Business Plan Report on KPI outcomes for the 6 months preceding December 2016.***

*Key highlights included:*

- There has been a continued increase in Alukura episodes of care following the implementation of the recommendations of the internal review.
- Overall, there has been a continuing increase in episodes of care in town, Mutitjulu and Mpwelarre, with the other sites remaining consistent apart from a continuing decline at Wallace Rockhole. The episodes of care for Wallace Rockhole should start to improve as there are now regular GP visits to the community.
- The reporting indicated short waiting times, with the new clinics being a stand out.
- Early antenatal attendance improved in 5 out of 6 clinics, the other clinic maintaining existing attendance numbers.
- The overall trend in Anaemia in children is continuing to improve. This is a CQI focus area and audits will be undertaken to ensure that the strategies in the childhood anaemia Plan Do Study Act cycle (PDSA) are being implemented in all clinics.
- Care planning, blood tests, and health checks have all increased in town thanks to the new clinics model.
- Blood pressure control has improved in town.
- Sadadeen clinic has achieved more than 70% compliance for Rheumatic Heart Disease.
- Sexually Transmitted Infections (STI) screening improved in town, with a significant improvement in Ntaria. The results from remote communities appear to make the goal of 70% of young people screened each year achievable. The implementation of the Good Sports program and intervention research activities should see this further improve.
- STI testing rates for 15 to 25 year olds improved further.
- There has been a significant increase in Medicare revenue and PIP in the 6 months to date.
- Although the new pharmacy is not yet approved, the current pharmacy service has achieved savings of \$500,000 per annum.
- Staff turnover has declined to 24% per year overall from 30%, which is a significant improvement on the prior reporting period.
- 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.
- Ensure the continuation of existing chronic disease management (CDM) items until new financing mechanisms are in place.

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## Review of the Remote Indigenous Housing

The Commonwealth Minister for Indigenous Affairs, Nigel Scullion, announced a major review into remote Indigenous housing over the Christmas / New Year period. As an important social determinant of health, Congress was pleased to be able to make a submission containing the following key recommendations:

**1. The housing situation for remote Aboriginal and Torres Strait Islander communities remains very poor.**

**2. Sustained investment in housing is an important strategy to 'close the gap' in health and well-being for Aboriginal families in remote communities.**

An adequate supply of culturally appropriate, well-maintained housing will:

- support early childhood development, including school attendance
- address mental health and social issues, including suicide and family violence
- promote physical health, including through reducing infectious disease in childhood and the development of chronic disease later in life
- reduce the burden of disease from smoking
- reduce exposure to particulates from dust and smoke

**3. It is critical that the health and social returns on the investment in housing in remote Aboriginal communities and town camps are maximised.**

In the Central Australian context this means ensuring that housing:

- is designed to fit with local Aboriginal ways of living
- is well-constructed
- includes adequate resources for repairs and maintenance
- takes account of the needs of local Aboriginal health staff

**4. The effectiveness of recent housing investments in remote Aboriginal communities in the Northern Territory has been undermined by poor policy processes and service delivery structures.**

**5. To maximise the health and wellbeing returns, increased and on-going housing investments in remote Aboriginal housing must be coupled with:**

- The re-establishment of Aboriginal community-controlled housing organisations, to manage new and existing housing stock.
- The establishment of an NT Aboriginal Community Controlled Housing Body, guided by the Aboriginal Housing NT (AHNT) Committee established by APONT.
- The regular collection of data on housing stock and overcrowding to monitor implementation and drive strategic investment and planning.
- Environmental health officers in independent Aboriginal controlled organisations.

## The Ross River Constitutional Recognition Meeting

CEO Donna Ah Chee and Board representative Graham Dowling attended a consultation meeting at Ross River on Friday 31 March and Saturday 1 April along with about 70 invited delegates from Central Australia. This consultation was one of 12 Regional Dialogues being held across the country. The meeting was co-chaired by Barbara Shaw (Anyinginyi) and David Ross (Central Land Council) and discussed a range of alternative views about constitutional reform. A delegation of 10 was elected from this meeting to join a total of 120 to go to the national meeting of Aboriginal leaders held at Uluru from 23 – 26 May.

There was a strong view that the original idea to just add a preamble into the constitution will not be an effective way to achieve what is needed for Aboriginal Australia. The so called "minimalist" position is being rejected in favour of more significant changes in the constitution itself, mainly Section 51, which would remove the ability for any Australian government to make racially discriminative laws to the detriment of any racial group. It was these powers that were used in the Hindmarsh Island decision and may have been used for the NT Emergency Response.

In addition, there was a desire to establish some type of Aboriginal consultative council directly linked to both houses of parliament that would ensure Aboriginal people have the right to be consulted on all policies and programs that would impact on us. Finally, there was a desire to try to ensure that there are one or two seats set aside in the House of Representatives and the Senate for Indigenous representatives. The details of how these positions would be elected are still being worked on.

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There was a view that if these types of meaningful and significant reforms cannot get supported at this time in the nation's history that it would be better to leave these reforms to future generations than accept the original minimalist position which will not achieve anything significant for Aboriginal Australia.

The Congress position paper on constitutional reform and the potential impact that this could have to improve Aboriginal health, if done well, has been considered in the process.

### Joint Remote Boards Meeting

Delegates from town and remote health boards met on 22 March with all remote health boards represented.

This project is a review of governance arrangements intended to facilitate and improve remote representation on the Congress Board.

There was an update provided on the remote bakeries and the proposed Northern Territory Food Summit. The new Northern Territory Government halted the tender process for the 18 new remote bakeries in response to concerns raised by Congress and AMSANT. They are currently still considering alternative options for these funds. In the meantime, Congress has worked with AMSANT, NTCOSS and the NPY Women's Council to develop a proposal to go to the NTG to fund a food summit. In order to ensure that there is both adequate consultation with community leaders from remote communities prior to the summit and the capacity to act on recommendations from the summit it is proposed to employ a policy officer for a 2 year period. It is proposed that the first two days of the summit will be for Aboriginal communities and key organisations with the last day being to put agreed proposals for change to all of the store owners including Outback Stores, Mae Wiru, Coles, Woolworths and others. AMSANT will be the lead agency in the proposal.

An update on the successful funding for the collaboration between Congress, Redtails / Pinktails and Good Sports was also discussed. This will provide a significant new pathway to improve the health of young people through sport including more Adult Health Checks with a special focus on alcohol and other drug use, violence and sexual health amongst young people.

There was also an update on the employment of a consultant who will meet with each of the remote health boards and support the development of community specific cultural

protocols. The aim of such protocols is to ensure that the overall agreed Cultural Framework is able to be implemented in each community in ways that take into account specific, local cultural practices and needs.

### The second submission to the Productivity Commission Inquiry

This second submission responds to the requests for information contained in the Productivity Commission's *Reforms to Human Services Issues Paper* of December 2016. It builds upon Congress' earlier submission to the Productivity Commission's report *Introducing Competition and Informed User Choice into Human Services: Identifying Sectors for Reform*.

The main recommendations in the submission are:

**1. Commissioning for health and wellbeing services to remote Aboriginal communities should explicitly recognise Aboriginal Community Controlled Health Services (ACCHSs) as preferred providers.**

This is due to a range of inter-linked structural advantages they have in delivering services and hence improved health and wellbeing outcomes compared to non-Indigenous services (government or private). These advantages include:

- a comprehensive model of primary health care
- the provision of responsive, evidence-based care
- culturally secure services
- better access, based on community engagement and trust Aboriginal governance
- an Aboriginal workforce
- integrated services
- high levels of accountability

**2. Reforms must recognise that collaborative, needs-based planning and resourcing processes are essential to make population-level gains in health and wellbeing.** Reforms must recognise that:

- The recent policy emphasis on competition and contestability in the Northern Territory has stalled health gains.
- Competitive tendering has also led to a fragmented and disjointed service system and a lack of Aboriginal input and leadership into service delivery.



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- The commissioning cycle should therefore include collaborative needs-based planning, a focus on outcomes that contribute to closing the gap and direct/select tendering to ACCHSs.
- All health and wellbeing services in remote communities should be preferentially transitioned to Aboriginal community control.

## Review of the National Health Performance Framework

Congress supports the proposal to combine the National Health Performance Framework and the Performance and Accountability Framework in order to create a single source of information, identifying information gaps and addressing these in a coordinated way, as well as streamlining reporting processes.

The submission makes the key point that in doing this it is important that the Aboriginal and Torres Strait Islander Health Performance Framework (ATSIHPF) is not undermined or diluted in anyway within other reporting frameworks. The ATSIHPF is integral for monitoring progress towards achieving the targets identified for Closing the Gap in Aboriginal health outcomes, as well as the implementation of the National Aboriginal and Torres Strait Islander Health Plan.

The ATSIHPF and its processes acknowledge the vast inequities between Aboriginal and non-Aboriginal health outcomes that require additional efforts and resources to address. This includes health conditions that are rare in non-Aboriginal population yet frequent in Aboriginal populations, including Acute Rheumatic Fever, Rheumatic Heart Disease and Trachoma. Furthermore, the breadth of reporting on social determinants of health to factors such as racism and access to traditional lands which is vital for addressing the inequities between Aboriginal and non-Aboriginal Australians. The breadth and scope of performance measures in the ATSIHPF are much broader than in the mainstream frameworks and it is essential that this greater focus is maintained until such time as there is no health gap between Aboriginal and non-Aboriginal people.

## NT Expert Reference Panel on Early Childhood

Following the new NT government's election commitment to address Early Childhood, an Expert Reference Panel has been established with a mandate to provide analysis and advice in the preparation of the Northern Territory Government's Early Childhood Development Plan for all of the Territories children. It reports to the Early Childhood subcommittee of cabinet through Minister Madison, NT Minister for Children.

The panel includes 14 members with specific expertise in Early Childhood including experts from outside the NT such as Prof Collette Tayler, Prof Kerry Arabena, Prof Frank Oberklaid and Prof Fiona Arney, all of whom Congress knows well. NTCOSS and Anglicare are also represented.

CEO Donna Ah Chee and CMOPH Dr John Boffa were appointed to the Expert Reference Panel on Early Childhood after being nominated by the Aboriginal Peak Organisations NT (APONT) and Donna was appointed to be a co-chair of the group.

There has been broad support in the group for the core early childhood services model adopted by the NTAHF which includes universal antenatal and postnatal care, universal nurse home visiting, early childhood learning centres, 2 years of Pre-school and other services as well as supportive policies in key social determinants.

## Ministerial Exemption for approval to establish a new pharmacy in Alice Springs

The application to establish a pharmacy at Diarama Village in Larapinta is progressing with the next step of the application being the lodgement of a request for exemption with the CTH Health Minister. Congress expects to hear of the applications success within the next 6 months. If successful, the pharmacy will need to be completed and operational within 6 months of approval.

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## Arrwekele akaltie-irretyeke ampere – Congress' Early Childhood Learning Centre

On 20 March Arrwekele akaltie-irretyeke ampere, our new Early Childhood Learning Centre was opened at the former Teppa Hill Pre-School site. This project was the product of a strong collaboration across all 4 divisions of Congress, and the planning and logistics in preparation for opening was only made possible through a dedicated effort of an implementation team.

The Board Steering Committee members, Jo Hayes and Ricky Mentha, also played a key role in this development.



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## The Royal Commission into the Protection and Detention of Children in the Northern Territory

Congress attended a roundtable on alternatives to youth detention with the Royal Commission at the Convention Centre on 24 February. The Congress submission has been used extensively by the Commission in its deliberations and provides very clear recommendations for the Commission to consider and this was used as the basis for all discussion by the Congress representatives.

The Commission's interim report can be accessed at: <https://childdetentionnt.royalcommission.gov.au/about-us/Documents/RCNT-Interim-report.pdf>. There are no findings or recommendations in the interim report but it does demonstrate that the Commission has a good grasp of the key issues.

CEO Donna Ah Chee has also provided evidence at the most recent hearings of the Royal Commission held in Alice Springs.

## Board Subcommittee appointments

**Appointments were made to all of the Congress Board subcommittees for the next year. Congress has specialist subcommittees across the following areas:**

Governance, Finance, Risk and Audit, Human Resources, Research, Clinics, Male Health and Women's Health. Representatives were also named for the Joint Remote Health Board Advisory Committee. These committees provide advice to the Board on each of the specialist areas.

## Finance, Risk and Audit Subcommittee (FRAC) report

The Finance Risk and Audit Subcommittee reported a surplus to the end of February of \$1.2M, with an unexpended grant balance of \$3.2M (predominantly across 6 programs). An improvement in the number of vacant positions was noted (from 93 in August 2016 to 56 as at the end of February 2017).

A significant Practice Incentive Program receipt of \$603K in February has shown the recent focus on this within clinics is indeed providing benefits. The year to date increase in

Medicare revenue of 37% for in town clinics was noted with the continued focus on the new clinic model strategy.

The Subcommittee noted the Controlled Document Register as a focus area over the coming months.

### ***Proposed Northside Clinic***

Following the success of the Larapinta and Sadadeen clinics, an additional clinic based upon this model has been discussed and is proposed for the Northside area. Based upon data collected from the existing satellite clinics, the projected benefits of the establishment of a Northside clinic are notable, particularly the projected increase in the continuity of care. Further work was requested by the Board to ensure the right location was selected and this will occur over the coming months.

### ***Expansion of Sadadeen Clinic***

Since opening, the Sadadeen clinic has experienced higher than expected numbers that have continued to increase. In response to this, the Board discussed and agreed upon a proposal to expand the clinic site. This can be seen as a sign of the success of the new clinics.

## Revised clinic structure for Gap Road

The Board approved a restructure of the Gap Road clinic to match the new clinic model within Gap road which has proven to be very successful within the satellite clinics. The impetus for change came from the strong community support for the model as well as requests from staff. The restructure will result in an increase in clinical staff, particularly nurses and Aboriginal health practitioners.

The proposed restructure was deemed affordable and the change management process will commence soon. Further information will be available to clients in the coming months with the change expected in July 2017.



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## The World Congress on Public Health

In April, a team from Congress attended the 2017 World Congress on Public Health in Melbourne.

CEO Donna Ah Chee and CMOPH Dr John Boffa delivered presentations across 3 topics: our new clinics model, our Integrated Child and Family Services Model and Alcohol in the Northern Territory.

Congress Aboriginal Researcher, Roxanne Highfold also presented, on the experience of being an Aboriginal Researcher and early findings from the adolescent cohort study.

The World Congress was attended by more than 2700 people from 84 countries and focused on key national and global public health themes especially the relationship between economic inequality within and between countries and public health. There were 2500 abstracts submitted for the international event, of which less than a quarter were accepted. It was a credit to Congress to have all of our abstracts accepted by the international scientific committee.

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## Governance Subcommittee Report

**The board noted the Governance Subcommittee report.**

An update was given about the proposed timeline for recruitment to the position of Independent Director – Primary Health Care. The Board noted the aim was to have the position filled before the meeting of the Congress Board of Directors on 15 June 2017.

## Research Subcommittee Report

**Recommendations for participation in three research projects was recommended by the subcommittee, and subsequently approved by the Board.** These projects are:

'Optimizing Rotavirus Vaccine in Aboriginal Children (ORVAC)' through Telethon Kids Institute and Menzies School of Health Research, Dr Thomas Snelling contingent on the optional points on the consent form that request specimens be used for any future research to be removed;

'HTLV-1 Mother to Child Transmission Pilot Study' through Baker IDI, Dr Lloyd Einsiedel and Congress; and

'Process evaluation for 'Getting it right': The validation of a culturally specific measure for depression (aPHQ-9)' through the George Institute, Ms Sara Farnbach.

## Clinics Subcommittee Report

**The board noted the report of the Clinics Subcommittee**

The subcommittee discussed the Gap Road Clinic restructure and review of the Gap Road bus service. It was noted that this service would be positively impacted by the restructure. Reporting on the Cycle of Care was also discussed. This report provides a record of all town clinics progress against targets for MBS items using the traffic light system. It was noted that improvements are shown each week.

## Male Health Subcommittee Report

**The board noted the Male Health Subcommittee report.**

The report provided on the update of the implementation of the Ingkintja review. Highlights from this included the increase in GP sessions with one session being provided by the new Medical Director, the implementation of the new signage with the new name, the implementation of the new appointment system and monitoring of waiting times, the large increase in Medicare revenue and the implementation of the red box program.

## Women's Health Subcommittee Report

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

Alukura Women's Health Service is approaching its 30<sup>th</sup> anniversary event, and discussions and planning for this have commenced.