



CENTRAL
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CONGRESS
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Board Communiqué

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Werte!

Here are the latest updates following the Congress Board of Directors meeting held on 27 June 2024:

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- **CEO's Report to the Board**
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The next meeting of the Congress Board of Directors is on Thursday 22 August 2024.

Business Services Report

While some health services around the country are experiencing difficulties, Congress is in a good financial position. We experienced our strongest month of Medicare billings in May supporting us to be on budget for our Medicare income this financial year. This was due to a range of factors including the trebling of the bulk billing incentive, the reintroduction of Medicare indexation, improved recruitment of GPs enabling greater billing capacity, the impacts of the new Medicare incentive scheme as well as a concerted effort to increase Medicare income through audits, care planning and better Allied Health claiming. Importantly, these results mean more income can be reinvested into health services – which leads to better health outcomes for clients.

Budget 2024/25

The Budget for the new financial year 2024/25 has been prepared projecting a break-even basis with a decreased solvency ratio due to the large capital expenditure on 127 Todd Street. Most notably salaries will continue to be our highest cost at around 70% of expenditure as we prepare to increase our full-time equivalent staff to become 596 during the next financial year.

Human Resources Report

The rate of workforce turnover for permanent positions at Congress is stable, with the usual trend of higher turnover in remote locations continuing.

In line with the organisation's commitment to safety, we have completed many fire drills across various sites, implemented updates

for all site emergency boards, and ensured evacuation maps are correct.

Research

The Board supported and approved participation in the following research projects to be conducted through Congress:

- *Strengthening concussion care in Emergency Departments for Aboriginal and Torres Strait Islander Peoples in Remote Australia*; Prepared by Dr Michelle Fitts; WSU and Menzies.
- *MRFF - 2023 Multidisciplinary Models of Primary Care Grant Opportunity*; Dr John Boffa; Congress.
- *Intergenerational Diabetes: Pregnancy and Neonatal Diabetes Outcomes in Remote Australia (PANDORA) Wave 3*; Dr Anna Wood; Menzies School of Health Research.
- *Expression of Interest – Movenber's Indigenous Men's Health: A Community Empowerment Initiative Expression of Interest*; Dr John Boffa; Congress.
- *NACCHO COVID Co-evaluation*.

Mparntwe Health Hub update

Clearly visible as you pass by the site, work is progressing well at the Mparntwe Health Hub which remains on track to be finished in June 2025. In line with Congress' continued commitment to sustainability the building is being designed to achieve a Six Star Energy Rating. Due to an expanding fleet of electric vehicles, we are currently working to ensure adequate charging stations will be onsite at the new location.

Strategic Planning Process

The development process of our new Strategic Plan is now well underway. Congress has engaged consultant Edward Tilton to assist with this process and he provided an update at the meeting. The Board considered the vision and values of the organisation as well as a draft of the strategic plan that has emerged from Board workshops and several consultations with management and staff providing informative, useful and positive feedback.

The Strategic Plan is expected to be endorsed at the August board meeting.

CEO Report to the Congress Board of Directors

The following updates were made to the Board at the June meeting.

Prime Minister visits the Mparntwe Health Hub

The key public message of the Prime Minister's visit to the Congress Health Hub in April was that "concrete" progress is being made in implementing the additional funding that was announced for Central Australia.

Prime Minister Albanese was accompanied by Federal Minister Burney, MLA Marion

Scrymgour and NT Deputy Chief Minister Chansey Paech. Congress was represented by Chairperson Ebony Abbott-McCormack and Deputy Greg Drew along with the Executive Management team.

The visiting politicians were very impressed with the speed with which Congress has been able to implement such a major, strategic project in a remote centre. During the visit, the Directors and Executive took the opportunity to raise important issues, including the success of alcohol regulations in Alice Springs, ongoing workforce challenges and the need to do more for young people and their families.

Recommitment to full PALI coverage of the alcohol outlets and the Youth curfew

Congress advocated strongly against the removal of the Police Auxiliary Liquor Inspectors (PALIs), noting the harm that this created in the community. Since then, the Territory Government and the Police Commissioner have made it clear that they are again committed to full coverage of all take-away outlets during all trading hours.

Congress continues to advocate in this space, especially about the concerns that with the current model of only deploying uniformed police as PALIs means there will

continue to be times when a crisis of some sort on top of ongoing workforce shortages will risk gaps in police coverage at alcohol outlets. During a recent PALI shortage for example there was an increase in alcohol sales and resulting domestic violence (DV) harm in the community. To address this issue the People's Alcohol Action Coalition is urging Police Minister Potter to support the use of Licensing Inspectors or even Aboriginal Liaison Officers as the second PALI whenever there are two on an outlet as this will save police resources and maintain effectiveness. We are also encouraging government to buy back some take-away licenses as this will also reduce the demand for PALIs.

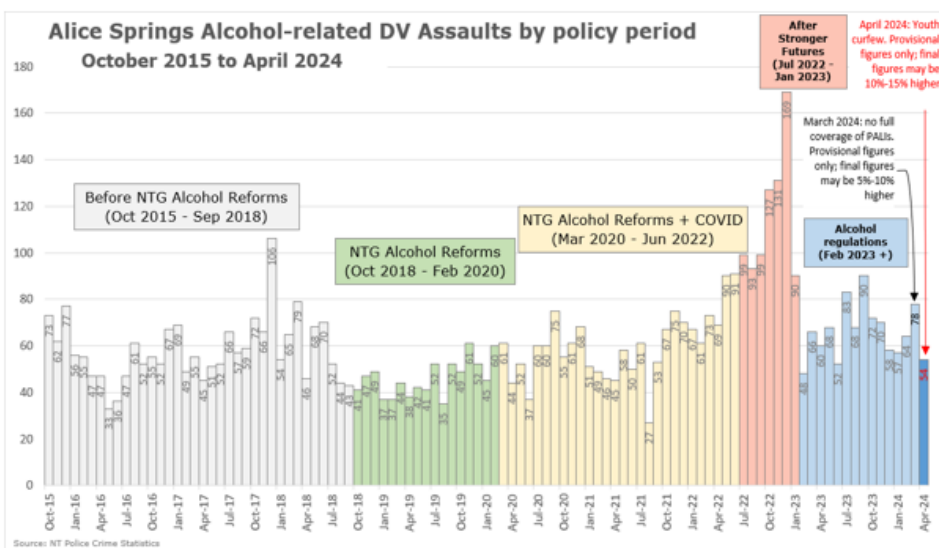
The recommendation is based on data showing domestic violence assaults spiking in March when the PALIs were removed (78 assaults) compared to when in April full coverage was restored (54 assaults).

Meeting with the NT Police Commissioner

Earlier in June, Congress Executive Management met with Police Commissioner Michael Murphy and some of his senior Executive Team. The meeting was for the Commissioner to outline changes being made in response to public concerns about racism in the police force. Among the measures, Police Commissioner Michael Murphy was clear that the police force wants to double its Aboriginal employment to 30% and to ensure that Aboriginal people get to the highest levels of the force – including Commissioner and Deputy Commissioner levels.

Congress' efforts to increase GP numbers

Following disappointing GP vacancy trends last year, Congress has explored models to improve this and ensure a strong clinical workforce, including a redesign of the Medicare incentives scheme to make GP



remuneration more competitive. This was negotiated with and supported by Congress GPs as per our EA obligations and it is now having an impact, with nearly all town GP positions filled. The GP Medicare incentive scheme has also contributed in part to a significant overall improvement in Medicare income which is positive for reinvestment into programs and services for our community.

Mparntwe Urgent Care Clinic (UCC) update

The Mparntwe UCC continues to go from strength to strength with many positive comments about the service coming from clients' experiences from across the community. At the time of reporting, the Mparntwe UCC has seen 3,461 clients at an average of 28 clients per day since it opened. It is already a highly valued service by the community and the Alice Springs Hospital – the emergency department has observed it is absorbing the additional urgent work they would have otherwise processed.

NACCHO Primary Health Care funding model project update

The current funding model being used for Aboriginal community controlled health services is based on the health service population and episodes of care with heavy weightings for premature death and remoteness. This year, the inputs into the model were updated based on current data for service population and episodes of care with the result that Congress received increased funding for town and remote clinics. NACCHO is undertaking work to further develop the needs-based funding model for ACCHS and has secured the services of consultancy firm Equity Economics, which includes health economists to assist them. NACCHO established a national steering committee to oversee this work and more recently a time limited working group was established.

Congress CMO Public Health, Dr John Boffa was appointed to this group which has met twice this year.

The Central Australia Regional Health and Executive Committee

After major modification by Congress this important new committee's terms of reference are close to being finalised. The terms will define that the group improve communication, including the flow of information between Alice Springs Hospital and primary health care services, and long-standing issues such as discharge summaries, pre-discharge care planning and access to at least four weeks of medication on discharge will be tackled.

Through its reporting to the NTAHF, the group is central to improving the key relationships between the primary, secondary and tertiary levels of the health system and drive health improvements. We believe the relationship between the stakeholder groups has matured to where progress can be made in areas that have been stagnant for many years.

100th NTAHF meeting

The NT Aboriginal Health Forum (NTAHF) held its 100th meeting since forming in 1998 in Alice Springs. There was a celebration dinner which enabled some reflection on what has been achieved since the NTAHF held its first meeting, now more than 25 years ago!

NTAHF and Aboriginal health services have come a long way since the then NT Health Minister, MLA Mick Reid, was quoted in the Weekend Australian magazine in 1998 saying that "Aboriginal community-controlled health services (ACCHS) were a waste of money and a duplication of the NT primary health care system" – he thought they should all be defunded! – a statement signifying that since self-government in 1977 the NT has moved on from being a one-party

jurisdiction believing that no-one had the right to seriously challenge their view of things.

This was something that ACCHS did very well over the years. We have now moved well beyond the public hostility in the nineties between the NT Department of Health and ACCHS over too many preventable deaths in the hospital system due to negligence which led to an independent review of the Central Australian Health system, led by the then Dean of Medicine and Head of Public Health at Sydney University Prof Charles Kerr.

The Kerr review made many important recommendations that underpin Congress' advocacy over the years and to this day. To look over some of our advocacy in this period, visit the Congress History Timeline at: www.caac.org.au/congress-arruleny/