

Barb Shaw – Keynote address for AMSANT 25th Anniversary Conference
Alice Springs Convention Centre, 7th August 2019

Good morning. My name is Barb Shaw.

I'd like to begin by acknowledging the Traditional Owners of the land on which we're meeting, the Arrerte, and particularly their elders, past, present and emerging, and to thank Kumalie for her warm welcome to country.

I'd also like to acknowledge some of our distinguished guests attending today including our inspiring women leaders, Pat Turner, Pat Anderson and June Oscar.

It is a privilege to be speaking at this special event as Chairperson of AMSANT.

Gathering together on an occasion such as this is a rare and important opportunity to reflect on our hard-won achievements, and on the relationships and collective experience and wisdom upon which these achievements are built. When we boil it all down, it is the relationships between us that are our strongest asset and without these relationships we would not be here today.

The story I would like to tell today is about how our commitment to the principles of Aboriginal community controlled comprehensive primary health care is, at its core, an act of self-determination.

This is a story about why we do what we do, but perhaps more importantly, how we do what we do. It's a story about grass roots, community leadership that has transformed our health care and that operates as effectively at the local level as it does at the national level.

It is a true success story that we should rightly be proud of.

Self-determination is about being proactive, about taking responsibility, and most importantly, acting on it. As a sector, we haven't sat back and waited for the government to *do to us* – we have actively driven the agenda, taken a leadership role and done the hard work to provide the evidence and substance to our objectives.

In this story, AMSANT has played a crucial role over the past 25 years, supporting our services and bringing our voices together in strong and effective advocacy.

AMSANT's role is, first and foremost, locally focused: to provide support to AMSANT member services in areas such as health service delivery, governance and leadership, finances, workforce, business management, information technology and other issues identified by members.

AMSANT's support has been instrumental in enabling our services to achieve best-practice, cutting edge enhancements in health service delivery. AMSANT has achieved well-earned respect among health bureaucrats and in the political sphere for our leadership in health.

For example, a notable achievement has been pioneering the adoption of centrally managed systems delivered over wide area networks to ensure maximum data security whilst delivering maximum availability of the data. This is 'tech speak' for enabling our clinicians to securely access data from their Communicare databases anywhere, including remote clinics. AMSANT has also supported development of the capacity to report on KPIs directly from Communicare – which has greatly reduced the burden of reporting and increased time available for clinical work.

It is worth noting that our services have been using electronic clinical records since 1998—well ahead of the curve—and our My eHealth Record in the NT pre-dated the national My Health Record by many years.

Another important area of local support provided by AMSANT has been to assist in growing Aboriginal community controlled health services across the NT.

For example, AMSANT has supported member services in their long struggles to have NT Government clinics transferred to their control, including the Red Lily Health Service Board in West Arnhem Land and Mala'la in Maningrida. In addition to direct support, AMSANT has a representation role on the regionalisation reference groups for these services.

In some other areas, long, drawn out struggles to achieve regionalised Aboriginal community controlled health services have proved frustratingly unsuccessful. An example is the Barkly region, where my health story began, where a fifteen-year struggle to gain support and funding to establish a regionalised Aboriginal community controlled health service has so far come to naught.

Since 2004, the Alyawarr Aboriginal Corporation sought to develop a regional authority for services delivered in the Alywarra region, including regional health services.

After a long period of unsuccessful activity, during 2009 to 2011, a series of consultation meetings were held to discuss health service regionalisation in Central Australia. These meetings were well attended by representatives from Aboriginal communities throughout Central Australia south of the Barkly and resulted in consensus about the boundaries of three Health Service Delivery Areas (HSDAs)

reflecting the cultural and language groups of Central Australia. One of these was Alyawarra.

In 2012, the Alyawarra Regionalisation Steering Committee was formed as part of the regionalisation project auspiced by AMSANT on behalf of the NT Aboriginal Health Forum. A consultant was appointed, however, although Commonwealth funding had been committed to this, it was withdrawn without explanation in late 2012 and the initiative lapsed.

In 2013, despite the absence of funding, Alyawarr reaffirmed their commitment to regionalisation and to develop action plans. In 2014, Alyawarr communities entered into a further planning process to outline their plans for a regionally representative Alyawarra Regional Health Board.

By this stage the Alyawarr had already been rebuffed many times through a lack of government commitment to support the community in moving forward on their plans. However, renewed activity by the NT Aboriginal Health Forum on regionalisation provided a glimmer of hope. The Alyawarr region was recognised as one of three priority areas for transition to community control.

A business case supported by the two ACCHSs in the region, was developed in late 2015 and submitted to Forum. Forum considered the business case, however, once again the goal posts were changed. Rather than accepting the Alyawarr's business case, government representatives proposed broadening consultation to further test community support. Crucially, no funding was provided to undertake consultations.

By early 2016, a new NT DOH CE was appointed, who unilaterally took the view that the Alyawarr were not ready for regionalisation and asked that they show cause why they shouldn't be removed from the regionalisation priority list. A new transition

process was also proposed, adding to the sense of shifting goal posts and inconsistency from government. A story we are all familiar with!

AMSANT was able to argue for Alyawarr to remain on the priority list. A revised business case was requested by Forum, however, without resources or a defined process outlined by Forum, progress again stalled. NT DoH announced that they were going to do their own community consultations, however, these did not eventuate.

By 2017, at a critical juncture when other regions were making cases to be included on the priority list, the Alyawarr were unable to demonstrate sufficient support to justify their place in the priority list and it was taken over by another region.

We have to ask ourselves, how is it that a community's expression of self-determination in wishing to run their own services has been frustrated and defeated for so long?

Of course, we here know only too well the answer. Beyond the obvious frustration, disillusionment and disempowering of community that is raised by this case study, it demonstrates the strong and insidious institutional barriers that exist to achieving support for transition to community control.

The Alyawarr are not alone in finding themselves seemingly always falling short when bureaucrats run the white gloved finger over the table at the point of having to make a decision whether to give the tick of approval to fund—or not to fund.

We have to remember also, that the Red Lily Health Board doggedly continued to meet without resources or funding for ten years before approval was finally given to fund their transition process. With AMSANT's support this process is now steadily

progressing and we are all very happy for the Board and cheering them on for the next phase of transitioning services across and taking over the service delivery role.

But this doesn't change the more obvious reality that the system itself is designed to marginalise and disempower Aboriginal people. It is hard not to look at the experience of the Alyawarr as anything other than a further example of the betrayal of the good faith and trust that Aboriginal communities continue to place in the governments that are charged with their welfare.

For without real power and control we are reduced to continually going cap in hand to government—'please Sir'—relying on their goodwill. We have come to know only too well not to expect too much of that!

So how is it that our sector has had the successes it has, as evidenced by the strong Aboriginal community controlled health services that exist across the Territory? The most recent Northern Territory Aboriginal Health Key Performance Indicator data shows that our services now provide over 60 per cent of all primary health care services to our people, pulling well ahead of the share provided by NT Government Aboriginal health clinics. This is also well in excess of the share of primary health care provided by ACCHSs in other jurisdictions. ACCHSs have become part of the national health service delivery landscape, although this is not something that you will hear governments say too often.

There are a number of reasons for why we have been able to achieve this success, however, a key reason I wanted to mention here is the effectiveness of AMSANT's jurisdictional role, particularly with regard to our membership of the NT Aboriginal Health Forum. Set up under a formal Framework Agreement signed between AMSANT and the Commonwealth and Northern Territory governments, the Forum is a high-level Aboriginal health planning body that brings together the key

stakeholders in Aboriginal health, which in addition to the health departments of the two levels of government, has more recently included the NT PHN and the Department of Prime Minister and Cabinet.

The significance of Forum is that while governments maintain ultimate decision-making control over funding and investment, the Forum partners are able to bring issues to the table and have an opportunity to find consensus outcomes that can inform how funding can be used in the most equitable and effective ways.

Forum has been critical in achieving some of the most important outcomes that have underpinned our ability to successfully develop as a sector.

One such important outcome was negotiating the Pathways to Community Control policy that establishes agreement between AMSANT, the NT and the Commonwealth that the Aboriginal community controlled health services are the preferred model for the delivery of primary health care to Aboriginal communities in the Northern Territory. This effectively establishes a cooperative partnership with government to expand and transition to community controlled health services.

Although, as we have seen, the pace of transition has been painfully slow, nonetheless, AMSANT is at the table to argue, debate and participate in health policy development and reform.

A second important outcome from Forum was agreement on defining the core services of primary health care that should be provided to Aboriginal communities, including expanding the range of services offered at a regional or hub level to include support services outside the usual boundaries of primary health care.

Further crucial outcomes achieved through Forum have included the development of system-wide performance indicators, the Northern Territory Aboriginal Health Key Performance Indicators, and implementation of an electronic clinical records system.

AMSANT and the ACCHS sector provided critical leadership and expertise in the development of these reforms. We have driven the agenda.

In the situation where health and other human services policies are constantly changing with the shifting winds of election cycles, political ideology and ministerial whim, it cannot be overstated how important it has been to have established a consistent long-term vision and messaging, backed by evidence, that positions our sector as central to the provision of Aboriginal primary health care, and that is mediated through a formal partnership that includes both levels of government.

An example of the significance of this was the ability of Forum to successfully argue that it should administer the Expanding Health Service Delivery Initiative or EHSDI, that was a 100 million dollar commitment in the 2008 Federal Budget to expand and improve health service delivery in remote NT Indigenous communities. The initiative came as part of the NT Emergency Response and AMSANT argued that it needed to be incorporated into the planning and reforms that the Forum was already working on.

The key focus of EHSDI included core PHC services, CQI, leadership, governance and regionalisation, NT Aboriginal Health KPIs, and workforce and infrastructure.

Allocation of the funding through a needs-based process under Forum translated into increased resources for our sector and the ability to deliver expanded services including in CQI.

AMSANT's role in leading CQI at the jurisdictional level, providing support to both community controlled and NT Government clinics, has been a success story.

None of this is to be taken for granted, as the other constant in our existence is that we as First Nations peoples and organisations will always be subject to greater scrutiny and accountability, and be required to provide more evidence to justify our existence, than non-Indigenous people and organisations (a flavour of colonisation remains).

Another measure of AMSANT's achievement at the jurisdictional level was the stake that we negotiated in the NT Medicare Local, later transitioned to the NT PHN, which has become a third layer of bureaucracy in our health landscape. As a one third shareholder and with representation on the board, AMSANT ensured our sector was in the best position influence outcomes. This was an important strategic move given that PHNs are too big to ignore. However, the reality of any bureaucracy is one of swings and roundabouts and the PHNs are no different, raising significant challenges to our mission to realise the dream of Aboriginal community controlled comprehensive primary health care.

The importance of AMSANT's contribution jurisdictionally and nationally has also been apparent in its membership of the Aboriginal Peak Organisations Northern Territory or APO NT alliance. APO NT emerged in late 2010, when AMSANT, the Central and Northern Land Councils, NAAJA and CAALAS saw the need for coordinated Aboriginal leadership in response to the disastrous policies and top down processes of the NT Intervention. At the time the Federal Labor Government was conducting consultations over its Stronger Futures policy.

APO NT quickly grew into an effective mechanism for addressing issues of mutual concern and advocating for the rebuilding of Aboriginal community controlled

organisations delivering services to our communities. This can be characterised broadly as action on the social determinants of health.

APO NT's achievements over the past nearly ten years have been impressive:

- Action on CDP, including building a broad alliance and developing an alternative CDP scheme that has garnered wide support.
- Bringing together the relevant Aboriginal stakeholders to develop an Aboriginal peak organisation on housing, Aboriginal Housing NT. After over three years' work we are finally seeing the new peak body incorporated and ready to find its feet.
- Bringing Aboriginal organisations together to discuss and set agendas on key issues such as alcohol policy and FASD.
- Providing leadership in the response to the Royal Commission into the protection and detention of children in the Northern Territory. APO NT's response, led by Olga Havnen, has seen APO NT represented on the new Children and Families Tripartite Forum that has an oversight role in relation to reforms in child protection and youth justice.
- Developing and securing funding for the APO NT's Aboriginal Governance and Management Program. The program has been a strong and quiet achiever in assisting Aboriginal organisations that are in need of support.

APO NT has also provided the NT's jurisdictional membership of the national Coalition of Peak Indigenous organisations that has developed to negotiate with the Commonwealth on the Closing the Gap refresh process. Strongly led by NACCHO

CEO, our very own Pat Turner, and supported through the NACCHO secretariat, the Coalition of Peaks has achieved the most impressive feat of being the first non-governmental member of a formal COAG body – the Joint Council on Closing the Gap.

We are honoured to have Pat here today to talk on this very topic after morning tea and I will leave it to her to take us through the achievements and challenges that the Closing the Gap COAG engagement has entailed.

It's important to note that AMSANT, through the Board and Members, has led action in relation many of these issues.

- The crisis that has been occurring in our communities in relation to CDP breaches was raised repeatedly in our meetings, particularly by Pintupi Homelands Health Service. I would like to thank the Board of Pintupi for their leadership on this issue.
- Prior to the Royal Commission, our Members workshopped our concerns about out of home care and developed an agenda on what was required, including the desired service provision roles that could be taken up by ACCHSs.
- We developed a strong response in relation to the Don Dale incidents that sparked the Royal Commission, and followed this with leadership to ensure an evidence-based, public health response was adopted by the Royal Commission.
- Housing has been a constant theme of concern at our General meetings and AMSANT will watch closely the developments with the new Aboriginal peak body, AHNT, as well as continue to advocate for recognition that housing and health must be integrated in policy and programs.

That AMSANT provides a strong and respected voice nationally, which is evidenced by the high regard that we are afforded by the politicians we seek to influence, the bureaucrats we spar with on a daily basis, and by our peers who we work with at the national level, including our national peak body, NACCHO. AMSANT has been a consistent and significant contributor to NACCHO.

I will finish by sounding a note of concern that we can't take our achievements or position for granted. We need to be forever vigilant, for despite all our efforts, the system has not fundamentally changed and is still configured to marginalise and disempower Aboriginal people. We have to work harder and smarter.

And we know we can because AMSANT is all of us. When we work together, when we combine our voices, and when we share a vision, then nothing is going to stop us.

May the next 25 years of AMSANT be as wonderful as the first.

Thank you.