

Inquiry Submission

To: The Public Accounts Committee Inquiry into Local Decision Making (LDM).
From: Jeff Hulcombe - Consultant
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NB **The views in this submission represent those of the Consultant involved and not necessarily those of the organisations mentioned within this submission.**

Background

The LDM process this submission refers to involved consultations with the Central Australian communities of Papunya, Amunturrngu (Mt Liebig) and Ikuntji (Haasts Bluff) regarding concerns over health service delivery to these communities.

These consultations emanated from concerns expressed by members of the boards of both Western Desert Nganampa Walytja Palyantjaku Tjutaku (WDNWPT) Aboriginal Corporation (the Purple House) and the Ngurratjuta/Pmara Ntjarra Aboriginal Corporation. The expressed anxieties of both these boards reflected their and their respective regional community membership as to the quality of health services being delivered to the communities listed and threats to the future level of services to be delivered.

For WDNWPT Directors the latter was of particular concern, not only for the risk it posed to the health and well-being of their family members but also to the ability of WDNWPT to deliver remote renal services in the region. Something these communities had fought long and hard to achieve.

Following a meeting in Darwin with the Chief Minister and respective CEOs of the two organisations mentioned, it was suggested that the LDM process would be the most appropriate approach to these expressed community concerns. The implication being that the LDM process would be able to satisfactorily address and resolve the publicised threat to their health services and improve the quality of delivery of such a service. To this effect WDNWPT placed an application for LDM funds with the office of the Chief Minister. The application for funds by WDNWPT was successful and an amount of \$50,000 set aside to undertake the LDM process within the three communities mentioned.

Consultation process

Prior to commencing the community consultations, WDNWPT and Ngurratjuta/Pmara Ntjarra Aboriginal Corporation held several meetings with officers of the Chief Minister's department in Alice Spring. During these meeting no caveats or information regarding the involvement of an external body in decision making over the final report was made. Further, prior to commencing the community consultation process, extensive research on all available information as to the purpose and process of the LDM policy was undertaken. Here again there was no indication or reference to the role of an external body being involved or having final jurisdiction over the results of the community consultations. However health was mentioned as one of those government services available to be considered under the LDM process.

Therefore, given this lack of detail and information, it therefore appears that the NTG was either remiss in providing this information or deliberately misleading. In either case though, without such information, the communities involved were placed in an invidious, inequitable and disadvantaged position without being privy to such detail.

Community consultations were then planned and organised with a number of community meetings as well as individual consultations undertaken. A record of these consults is detailed in the final report. The consultation process, as documented, was extensive with communities and individuals being actively engaged. During this process a number of painful memories were evoked and recalled by community members of experiences with their health services. Moreover current disquiet and suggestions for change were also recorded. Therefore, given the effort by the communities and individuals to engage with the consultant and the LDM process in a positive and constructive manner, the final response to the report was not only disappointing and disheartening, but also it would seem a waste of community time and NTG money.

Discussion

For the communities and individuals involved, it became just another frustrating and fruitless exercise, something they are all too familiar with. And more than ironically, as well understood within the research surrounding the social and cultural determinates of health, such disempowering processes are also a cause of ill health. As such, the outcome of this process reflects poorly on the LDM policy itself and potentially threatens any future interest the communities might have in engaging further in this process. In this case the final decision on the report was handed over to an external body, this body being the Primary Healthcare Network (PHN). Given the final negative response to this report by the PHN, therefore ultimately questions the authority and overall ability of the Northern Territory Government to deliver on its policy direction. In this instance it was a case of an external body effectively having the capacity to negate and thwart a policy initiative of the Northern Territory Government.

The implications of this fact are profound, particularly for community trust in the Northern Territory Government and its capacity to deliver on its policy pronouncements and commitments. And as the LDM process is linked to and advertised as a step towards achieving the NTG's initiative of achieving a Treaty or Treaties with First Nation Peoples within the NT, should also therefore be a cause of concern for the NTG.

Further, what this also represents is another example of external agencies thwarting community efforts to find solutions to the profound issues they confront in their everyday lives. Such outcomes merely reinforce the sense of overwhelming powerlessness impacting community and individual well-being. And to know that there were organisations involved in this decision to thwart these expressed community aspirations, who advocate for community control in health service delivery as they way to improve the health and wellbeing of people in such communities, is not only disappointing and doubly damaging, but also appears perverse and hypocritical.

Summation

In summary, concerns related to this specific engagement with the LDM process are:

- A lack of clear information and guidelines both on the NTG's LDM website and from officers of the Chief Minister's Department, as to how the final decision on this project would be made.
- A lack of understanding of and connection between the aspirations of the communities and the format of the LDM policy.

The history of the region and communities concerned in this project, as mentioned in the final report, reveals continued efforts to gain greater agency over their lives and control over the decision-making process which has impacted so detrimentally on their well-being. The establishment of the Purple House is one such example of these efforts.

The LDM process they saw in this context and not one solely connected to the delivery of a health service.

- Unfortunately the LDM process, as it is currently structured and focussed on individual service delivery, does not enable such a holistic view or approach. This in effect then puts the LDM process in contradiction to the impetus towards a Treaty or Treaties in the NT, which will require a holistic view if they are to be relevant and effective.
- The incongruous reinforcement of the powerless state of the communities and individuals involved that this process has evoked. A process meant to assist communities remove themselves from such a debilitating state.
- A waste of time and effort for the communities and individuals involved.
- A waste of government money.

Conclusion

As noted in the final report; The NT Government has stated; “we know governments can fall short” and that “local decisions are the best decisions.” Moreover, that the principles of the LDM process “... embody the spirit and substance of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)” (<https://ldm.nt.gov.au/home>).

Therefore the rejection of the community’s aspirations, expressed through the LDM process, not only leaves them bereft regarding a better decision-making process, but also fails to meet and achieve the NT Government’s stated principles on the Rights of Indigenous Peoples.

And given all the above and that the initial concerns of the communities, which led to their involvement in the LDM process, have now been realised with cuts to services and concerns over health service delivery remaining extant, one is left to wonder, what the point of the exercise was.

Yours Sincerely

Jeff Hulcombe