

12 August 2021

Legislative Assembly of the Northern Territory
Inquiry into Local Decision Making
pac@nt.gov.au

Dear Committee

Inquiry into Local Decision Making

Northern Territory Primary Health Network (NT PHN) welcomes the opportunity to make a submission to the Inquiry into Local Decision Making (LDM). NT PHN is funded by the Australian Government to support better coordination and integration of the health system and commission a range of programs and services across the Northern Territory that are responsive to local and regional needs. As the Territory's Rural Workforce Agency (RWA NT), we also attract, recruit, educate and retain a professional primary health care workforce across all regions of the NT.

NT PHN supports the vision of the LDM process in Aboriginal people determining their own futures. We note that Health is a community priority area for Local Decision Making. It may be further noted that other identified priority areas such as Housing, Law and Justice, Education, Training and Jobs are crucial social determinants of Health.

NT PHN appreciates the opportunity to outline some key recommendations for the Committee's consideration around future potential for LDM implementation across the NT:

Key Recommendations:

- 1. A more inclusive governance approach with key health agencies through the LDM process that supports collaborative planning, improved coordination and integration, effective engagement and reduces duplication of effort and community participation fatigue.**
- 2. NT PHN be formally considered a key partner in the LDM process.**

Again, we thank the Committee for the opportunity to contribute towards the Inquiry and welcome any opportunity to discuss our submission and recommendations further.

Kind regards,

Gill Yearsley
Chief Executive Officer



NT PHN role and alignment with LDM

Commissioning is the process we use to partner with a broad range of stakeholders in designing and implementing primary health services and systems across the Territory. This is an iterative cycle based on needs assessment, planning, co-design, procurement, monitoring and evaluation. To enable place-based commissioning that is regionally responsive, we seek to engage with local communities and services to support co-designed solutions that produce better outcomes. NT PHN has aligned its regional service delivery areas with that of LDM, the Northern Territory Government and National Indigenous Australian's Agency to better support improved collaboration and integration, joint partnership approaches and planning. We have regional offices in Darwin, Alice Springs, Katherine and Nhulunbuy and Aboriginal identified Regional Coordinators roles to support local cultural engagement to inform our work.

NT PHN has been very pleased to be recently engaging with the Big Rivers LDM office to work in joint partnership on development of a NT Regional Mental Health and Suicide Prevention Plan as mandated by the Australian Government for all PHNs to deliver for their jurisdictions. NT PHN will be progressing development of Regional Mental Health and Suicide Prevention Plans for all LDM designated regions, with the Big Rivers region being the first.

Through invitation and participation in one LDM process in the community of Baniyala in East Arnhem Land, we recognise the potential and opportunities for greater engagement that can support the achievement of our mutual vision. Through the LDM process in Baniyala we were able to hear the aspirations of the community which enabled immediate solution focussed approaches in partnership other key health partners present and further informed our health program commissioning to better respond to local needs and requests.

As a member of the Northern Territory Aboriginal Health Forum (NTAHF), NT PHN works with key partners to provide high level guidance and decision making aimed at ensuring that Aboriginal people in the NT enjoy health and wellbeing outcomes equal to that of the community as a whole. Maximising Aboriginal community participation and control is a key element of sustainable, viable, effective, and efficient health services.

As a member of NTAHF, we actively support the Pathways to Community Framework that supports Aboriginal communities' control in the planning, development and management of primary health care and community care services in a manner that is both commensurate with their capabilities and aspirations and consistent with the objective of efficient, effective and equitable health systems functioning. In this role we participate in NTAHF governance structures that identify and prioritise communities for transition within established criteria. This process includes eliciting community preferences, ensuring appropriate community consultation, supporting transition implementation and monitoring and evaluation. This process very clearly aligns with the LDM commitment to provide opportunities to transfer government service delivery to Aboriginal Territorians and organisations, based on community aspirations. Opportunities to ensure joint engagement and collaborative governance with NTAHF partners regarding any potential transfer of health services will deliver improved and more accurate information, coordinated engagement, joint planning and resourcing and management of community expectation. This further supports a more meaningful, robust and trusted engagement process with community. As quoted by the Local Decision Making Framework Policy (Department of Chief Minister) 'better use of resources available can achieve better outcomes for the community and government'.

Recommendations

In line with the Terms of Reference for the Inquiry, recommendations with particular regard to the future potential of LDM implementation across the Northern Territory have been addressed in our submission.

NT PHN have sought further engagement with LDM to progress the opportunities that joint partnership and alignment of efforts can provide in relation to NT PHNs role as outlined. Rather than duplicate regional engagement approaches with the same communities, in the same regions, for the same purposes, by multiple agencies, we see great opportunities to formally include NT PHN within future LDM processes to better improve engagement, service coordination, integration.

We recommend a more inclusive governance approach with key health agencies through the LDM process that supports collaborative planning, improved coordination and integration, efficient engagement and reduces duplication of effort and community participation fatigue.

In this regard, and with clear alignment of NT PHN and LDM roles, it is recommended that NT PHN be formally considered a key partner in the LDM process.

Again, we thank the Committee for the opportunity to contribute towards the Inquiry and welcome any opportunity to discuss our submission and recommendations further.

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