

# GROOTE ARCHIPELAGO

## LOCAL DECISION MAKING AGREEMENT

### SCHEDULE 3.5

– Health and Wellbeing Implementation Plan

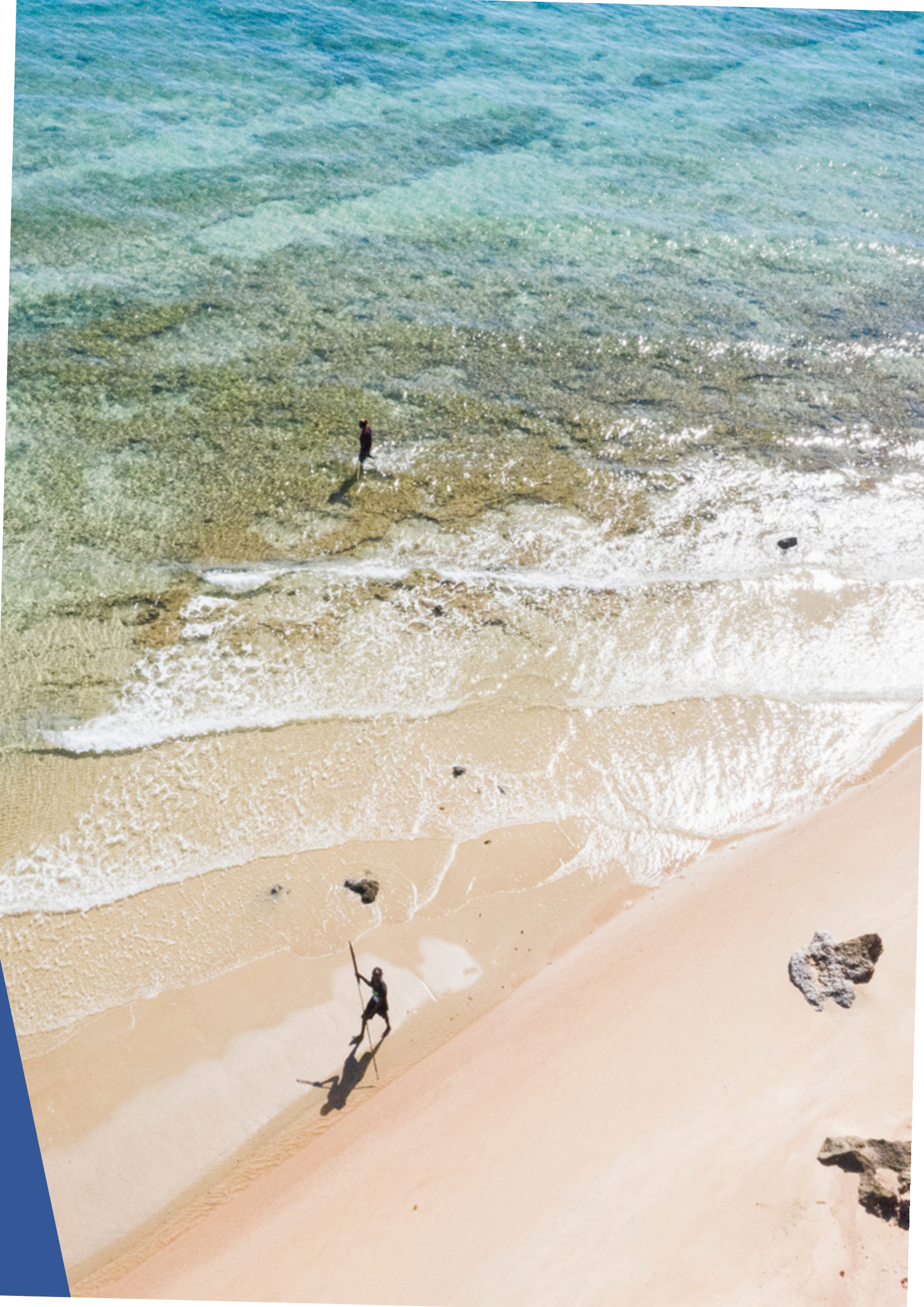


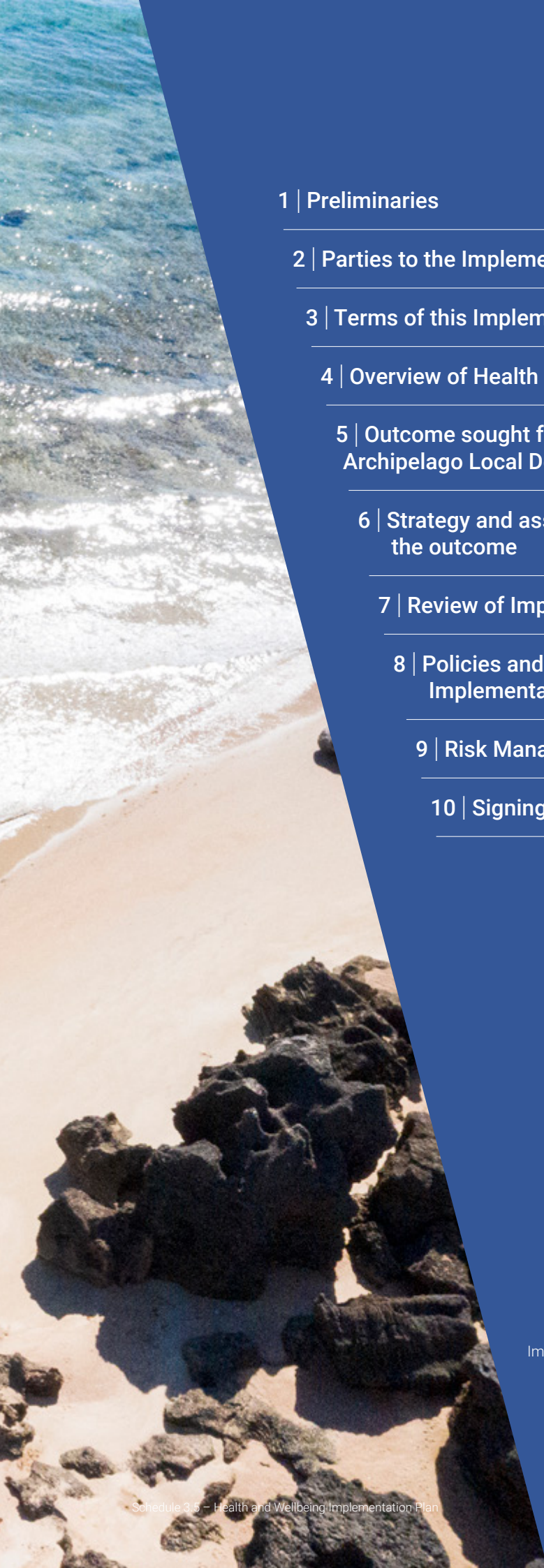
Anindilyakwa  
Land  
Council



NORTHERN  
TERRITORY  
GOVERNMENT

Made by the NORTHERN TERRITORY GOVERNMENT  
and the ANINDILYAKWA LAND COUNCIL.





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## 1 | Preliminaries

- (a) This Implementation Plan is a Schedule to the Groote Archipelago Local Decision Making Agreement (the Agreement) signed by the Northern Territory (NT) Chief Minister on behalf of the NT Government and the Chairperson and Chief Executive Officer (CEO) of the Anindilyakwa Land Council (ALC) on 14 November 2018 and should be read in conjunction with that Agreement and its Schedules.
- (b) The objectives of the Agreement include:
  - i. identifying the services and priorities which the Anindilyakwa people wish to have control over and take responsibility for; and
  - ii. committing NT Government agencies and, where agreed in the Implementation Plans, NT Government owned corporations, to collaborating with the ALC, including sharing information, to agree on how this control will be achieved.
- (c) To achieve its objectives, Section 8 of the Agreement contains an implementation framework which acknowledges that any transfer of responsibility to the Anindilyakwa people (through agreed entities) for a priority service delivery area:
  - i. will recognise and meet regulatory, legislative and Commonwealth requirements;
  - ii. may need to take a staged approach in order to ensure a successful transition over a period of time;
  - iii. will be supported by an agreed NT Government financial commitment in accordance with Clause 4(h) of the Agreement;
  - iv. will be captured in agreed Implementation Plans and, where appropriate, legally binding agreements between the ALC and the NT Government; and
  - v. will be monitored and evaluated for progress and performance using a transparent, consultative and participatory approach that promotes the resolution of emerging issues as they arise.
- (d) In accordance with Section 5 of the Agreement, constructive engagement with stakeholders is an important feature of the Agreement and the key stakeholders identified include all Anindilyakwa owned organisations that are involved in the social and economic development of the Anindilyakwa people. By agreement, the ALC and the NT Government may invite these stakeholders to participate in the development of relevant Implementation Plans.
- (e) Local Decision Making is the NT Government's 10 year plan that seeks to return local decision making to Aboriginal communities by empowering Aboriginal people to determine service delivery models that work best for their community and region.
- (f) Schedule 2 to the Agreement also provides that each Implementation Plan to deliver the outcomes for each of the priority Service Delivery Areas is to include a Work Plan that has key performance indicators and milestones which are linked to the transfer of responsibility and funding arrangements.
- (g) The priority Service Delivery Area which is the subject of this Implementation Plan is Health Services and it was decided in the Agreement that it would be agreed by 30 June 2020. A letter of variation for this Health Services Implementation Plan under the Agreement, signed by the ALC Chairperson and the Chief Minister on 8 April 2022, approved an extension to 30 September 2022 and agreed to amend the name of this Implementation Plan to 'Health and Wellbeing Services' to recognise that, for Anindilyakwa people, health is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity.
- (h) The purpose of this Implementation Plan is to demonstrate how the parties to the Agreement, and the additional parties to this Implementation Plan, intend to work together to achieve the outcome for Health Services as set out in the Agreement and its Schedules.

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## 2 | Parties to the Implementation Plan

- (a) The Parties to this Implementation Plan include the parties to the Agreement and other interested parties, being the NT Government, represented by the Department of Chief Minister and Cabinet (CM&C) and NT Health, the ALC and Warnumamalya Health Services Aboriginal Corporation (WHSAC).
- (b) While not a Party to the Implementation Plan, it is noted that some of the priorities identified within this Implementation Plan are the direct responsibility of the Commonwealth Government (e.g. Aged Care, National Disability Insurance Scheme (NDIS)) and as such the relevant Commonwealth Government agencies (including the National Indigenous Australians Agency (NIAA)) have been engaged in consultations to date concerning the agreed outcomes and strategies and supports them in-principle.

## 3 | Terms of this Implementation Plan

- (a) This Implementation Plan has been developed with consultation and input from relevant NT Government agencies.
- (b) The ALC, in signing this Implementation Plan, warrants that it has undertaken the necessary consultations with the Anindilyakwa Traditional Owners to obtain their consent to enter into the Implementation Plan, and engaged with other Anindilyakwa organisations and groups to take account of their views.
- (c) WHSAC, in approving this Implementation Plan, confirms that it has undertaken the necessary engagement with its members and Directors and the Board has approved WHSAC signing this Implementation Plan.
- (d) This Implementation Plan will commence on signing by all Parties and will cease when the Agreement concludes unless otherwise agreed by the Parties.
- (e) This Implementation Plan may be varied at any time by written agreement between the Parties.
- (f) This Implementation Plan, particularly section 6 - Strategy and Associated Actions to achieve the agreed outcomes, will be reviewed and, where appropriate, updated annually by the Parties before the commencement of the next financial year.
- (g) This Implementation Plan aligns with ALC's [15 year Strategic Plan 2012-2027](#), which represents the thoughts, visions and articulation of the Anindilyakwa people living on the Groote Archipelago. The Plan was endorsed by the ALC Board which represents all 14 traditional clan groups of the Groote Archipelago.



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## 4 | Overview of health and wellbeing in the Groote Archipelago

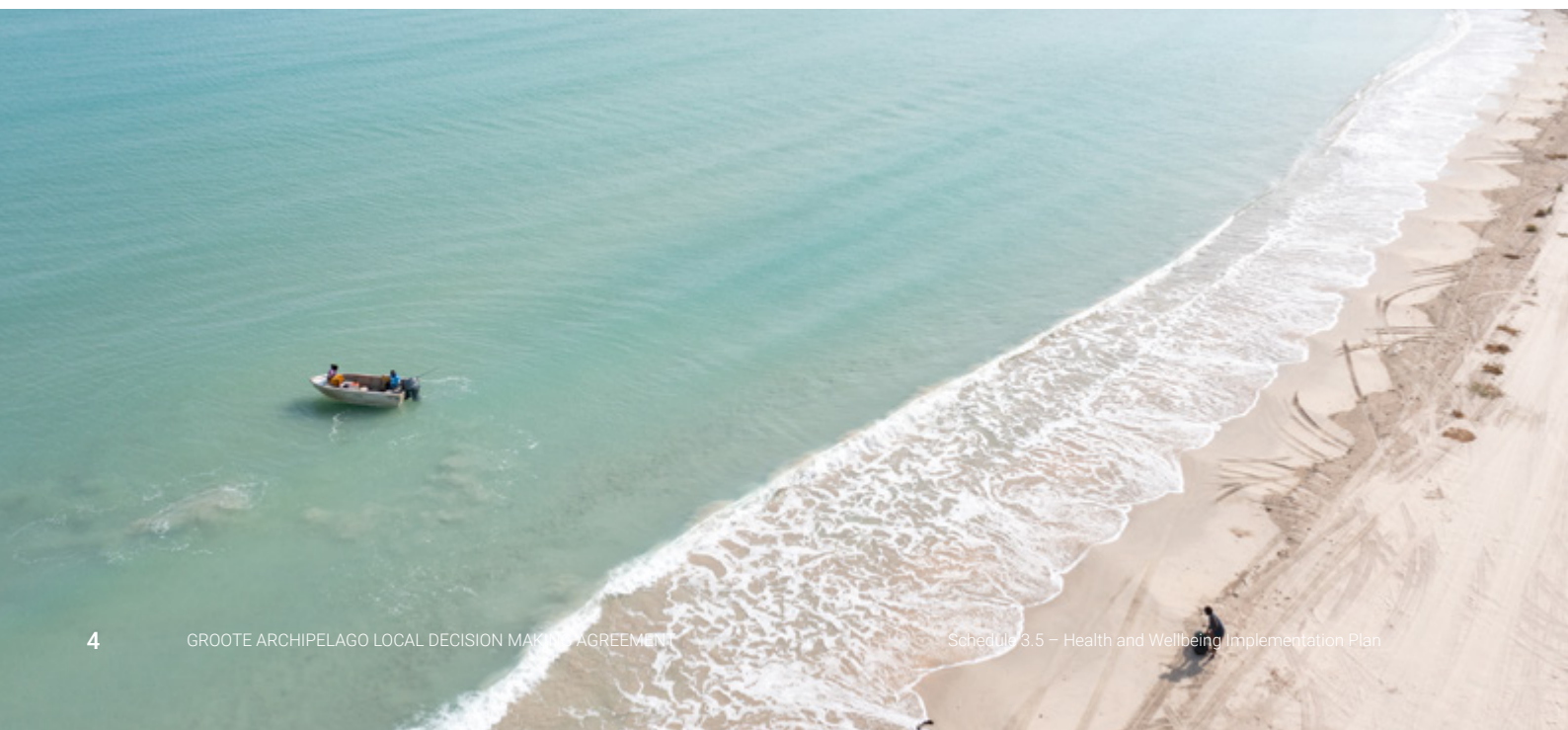
- (a) The Parties acknowledge that the Anindilyakwa people face a variety of significant and critical issues around health and wellbeing on the Groote Archipelago. Some of these issues are outlined below.

### 4.1. Housing to increase local service delivery capacity

- (a) The need for quality health care providers to be based on the Groote Archipelago is a key issue for Anindilyakwa people and must be the centrepiece of any health and wellbeing model.
- (b) A number of fully-funded NT Health positions are currently not based on the Groote Archipelago due to a severe under-supply of suitable housing. Some of these positions are currently based in Darwin or Nhulunbuy, while others are new or vacant positions that will be recruited to. These positions include:
- i. Aboriginal Health Practitioner (AHP) Coordinator
  - ii. Continuous Quality Improvement Facilitator
  - iii. Nurse Practitioner Chronic Conditions
  - iv. Clinical Nurse/Midwife Maternal and Child Health
  - vii. Health Promotion Officer
  - viii. Nurse Practitioner Child Health
  - ix. Connected Beginnings Nurse.
- (c) It is acknowledged by all Parties the importance of providing suitable housing for NT Health staff to be based on the Groote Archipelago in order to deliver consistent and sustainable health and wellbeing services to the Anindilyakwa people.

### 4.2. Population health

- (a) A recent study undertaken by the Australian National University on behalf of the ALC indicates a general decline in the population growth for the Groote Archipelago region. The Total Fertility Rate across the Groote Archipelago region is estimated to have fallen over 3.0 in 2000 to below 1.5 in 2020, which is considered low amongst world standards. The ALC Board have identified a need to understand the reason for this decline in fertility rates to ensure that the Anindilyakwa population is strong for generations to come.
- (b) Chronic disease is one of the main factors behind the gap in life expectancy between Aboriginal and Torres Strait Islander people and non-Indigenous Australians. In Groote Archipelago, the number of Anindilyakwa people diagnosed with a chronic illness or condition continues to be high. Commonly diagnosed conditions include, but are not limited to cardiovascular disease, diabetes, renal disease and lung disease.



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- (c) NT Health's most recent population health model for Groote Archipelago was determined in 2021. This model will see the creation of new regionally based positions and the delivery of a number of programs on the Groote Archipelago, including (but not limited to) the following:
- i. Healthy Under 5 Program for infants and children under 5 years of age, delivered at clinic level
  - ii. Childhood and adult immunisations, delivered at clinic level
  - iii. Healthy School Age Kids Program
  - iv. Preventable Chronic Conditions Program
  - v. Well women's and well men's screening
  - vi. Infectious and communicable disease prevention and control
  - vii. Rheumatic Heart Disease Client Care Coordination
  - viii. Child and Maternal Health Services
  - ix. Men's Health Care Promotion and Coordination.
- (d) Each clinic is currently running its own programs. Implementation of the new population health model will facilitate a consistent and coordinated approach to the delivery of these programs in communities across Groote Archipelago.
- (e) A key barrier to successful implementation of this model is the recruitment of regionally based staff to the new and vacant positions, and the availability of housing in Groote Archipelago.

#### **4.3. Primary Health Care**

- (a) NT Health operates four Primary Health Care (PHC) centres across the Groote Archipelago in Angurugu, Alyangula, Milyakburra (Bickerton Island) and Umbakumba.
- (b) The PHC centres at Alyangula, Angurugu and Umbakumba are open from Monday to Friday and Milyakburra is serviced by two nurses who visit every Wednesday.
- (c) Medical services are provided by locally based General Practitioners who share their time across all four communities.
- (d) Emergency medical response services are provided on a 24 hour, 7 days a week basis from Alyangula PHC centre. Emergency medical evacuations can be made to Darwin or Gove via Care Flight.
- (e) A variety of allied health and specialist medical services also visit the PHC centres providing care closer to home.
- (f) Mental Health, Alcohol and Other Drugs and Social Emotional Wellbeing Services are coordinated through Gove with various clinicians visiting and two based on Groote Eylandt.

#### **4.4. Aged Care and Disability**

- (a) A recent review in the region has found that aged care and disability services were only partially meeting the communities' needs. There is also knowledge of a substantial number of people, often family members, acting as unpaid carers, and concerns that some elders within the community are not being appropriately cared for.
- (b) The Aged Care Centre in Angurugu currently provides aged care services to all three communities. Currently, use is limited to occasional short-term overnight/period respite and palliative care short stays.
- (c) Groote Eylandt and Bickerton Island's senior population is expected to nearly triple in the next 15 years. There is expected to be a marked increase in the number of people requiring aged and/or disability care services as well as an increase in the number of carers needing to access respite services.
- (d) There are 206 NDIS participants currently residing in the East Arnhem region, inclusive of the Groote Archipelago, as of 30 June 2022. The average annualised NDIS plan budget for East Arnhem is \$91,700, with average payments only reaching \$47,200.

A person wearing a red beanie and a dark t-shirt is seen from behind, working in a greenhouse. They are surrounded by lush green plants, including tall stalks and leafy greens. The greenhouse structure is visible with black frames and green mesh covering. The lighting is bright, suggesting daytime.

**“ Anindilyakwa people have identified a need to develop a coordinated approach to fresh food security on the Groote Archipelago ”**

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- (e) The Groote Archipelago is a unique environment with reduced service delivery resulting from thin markets, remoteness and the additional complexities of cross cultural service provision and systemic and complex disadvantage. Further work is required to identify and address current gaps in the service delivery model for the Groote Archipelago. There are also opportunities for service providers to work with the community and key stakeholders to build a skilled and culturally competent workforce.

#### **4.5. Machado Joseph Disease**

- (a) Machado Joseph Disease (MJD) is a genetic neuro-degenerative disease. There is currently no cure, and individuals living with the disease are progressively unable to use their muscles until they become wheelchair bound and completely dependent on others.
- (b) Research indicates that Anindilyakwa people have an aggressive 'Joseph' strain of MJD, which affects each generation earlier. Recent evidence shows at least 25 confirmed cases of MJD within the Groote Archipelago in 2022, with a further 184 people at risk. Each of these people have a 25-50% chance of inheriting the gene.
- (c) In stark terms, this means that in 15 to 20 years, between 50 to 100 people could be symptomatic with MJD within the Groote Archipelago (i.e. up to 5% of the population). Each affected person will progress to being a wheelchair user and experience symptom onset at increasingly earlier ages, with many requiring high levels of support under the age of 50. It is realistic to project 100 wheelchair users, most of them under 50 years of age.
- (d) The main drivers for greater on-island high-need care facilities are:
  - i. In general, there is an understandable reluctance by chronically ill MJD patients to leave both family and the island. Unfortunately, poor access to community services and residential care has meant that some people experience substandard care and die prematurely at home in preference to being sent away for proper care; and
  - ii. As the next generation of MJD patients will be much younger, many of them will not have the same family structure available to provide them with care as these are the people who the current generation of sufferers rely on for their care. As a result, there will be multiple generations requiring significant support at the same time, placing major stress on existing services.

#### **4.6. Alcohol, drugs and tobacco abuse**

- (a) Substance abuse, particularly ganja (marijuana), has long been a problem in the Groote Archipelago, causing havoc and pain. Ganja use is considered to produce significant social, psychological and psychiatric harms for Anindilyakwa people, and compounds the negative effects of poverty, unemployment and disengagement from the community.
- (b) Witnesses also report an association between ganja use and high rates of suicide and domestic violence within remote communities. It is expected that the serious long-term effects of ganja use will become more evident over time, as effects take hold in populations currently engaged in habitual and heavy use.
- (c) Alcohol abuse on the Groote Archipelago was a significant issue up until 2005, when the Anindilyakwa people, through the ALC, made the decision to ban alcohol except under very tight regulation. As a result, the Groote Archipelago is a General Restricted Alcohol Area where a system of liquor permits enables possession and consumption of alcohol in selected localities.

#### **4.7. Food security and nutrition**

- (a) In the past, communities across Northern Australia, including the Groote Archipelago, have had to be self-sufficient, particularly in relation to fresh food. The Church Missionary Society established large farm-style gardens and kept livestock and was generally quite successful in supplying fresh food for the mission and the local population.
- (b) The demise of the missions ended most productive local gardens and saw the beginning of an almost total reliance on imported and mostly frozen produce.
- (c) Anindilyakwa people have identified a need to develop a coordinated approach to fresh food security on the Groote Archipelago.

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- (d) The issue of obtaining reasonably priced, fresh food in the region is expected to become a major problem once mining ends. It is considered that fully functioning market gardens could produce the majority of key food items (seasonally) for the residents of the Groote Archipelago.
  - (e) While the community market garden in Angurugu is currently operated by Groote Eylandt Aboriginal Trust, one garden cannot provide enough fresh food to feed all communities.

## **5 | Outcome sought for Health and Wellbeing in the Groote Archipelago Local Decision Making Agreement**

- (a) The LDM Framework outlined the agreed outcome for the priority of health as 'the transition of control and responsibility for health clinics in the Groote Archipelago from NT Health, to an Aboriginal Community Controlled Health Organisation'.
- (b) While Aboriginal community controlled primary health services remains a long term goal, Anindilyakwa leaders have expressed a desire for NT Health to continue providing primary health care and related services within the Groote Archipelago for the foreseeable future.
- (c) The agreed outcome for health and wellbeing is to increase involvement, capacity and leadership of Anindilyakwa people in the health and wellbeing sector, and support their long term aspirations of transitioning to community control and responsibility.
- (d) This includes working constructively with all stakeholders to strengthen the current provision of health and wellbeing services delivered within the Groote Archipelago, in line with priorities identified by the Anindilyakwa people.
- (e) For the Parties, this means:
  - i. working together to increase Anindilyakwa participation in the strategic and planning and program development for primary health care and related health services in the Groote Archipelago including the provision of advice and recommendations to NT Health and Commonwealth agencies on the effective (and culturally appropriate) delivery of health and wellbeing services;
  - ii. working together to strengthen, increase and expand health and wellbeing services and programs delivered in the Groote Archipelago, in line with expected demand, to ensure Anindilyakwa people can receive the health and wellbeing care they need, whilst remaining in community and with family;
  - iii. increasing local service delivery capacity through the planned regionalisation of health and wellbeing services based in the Groote Archipelago. This will be achieved through recruitment of locally based health care professionals and, where applicable, the provision of appropriate housing to accommodate them;
  - iv. establishing an ongoing program to develop and grow Anindilyakwa health and wellbeing workers; and
  - v. collaborating to progress the vision of the Anindilyakwa Traditional Owners, utilising the ALC's 15 Year Strategic Plan and the priorities identified by the WHSAC Board, as the basis for all work undertaken in the health and wellbeing space.

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## 6 | Strategy and associated actions to achieve the outcome

- (a) The broad strategy to achieve the agreed outcomes is set out below. The Parties may also develop Project Management Plans for those actions where more detail is needed to inform decisions.

### 6.1. Housing to increase local service delivery capacity

- (a) To support the planned regionalisation and expansion of current NT Government health services delivered on Groote Archipelago, the ALC, NT Health, Department of Territory Families Housing and Communities and CM&C will work together to identify the number of houses needed to accommodate health professionals on Groote Eylandt via leasing arrangements, negotiated through Groote Holdings Aboriginal Corporation (GHAC) and the NT Government.
- (b) These houses will be accounted for in GHAC's residential housing estate at Little Paradise, which is being supported by private sector investment.
- (c) The housing estate will offer a range of appealing housing styles and residential amenities, comparable to other regional and remote centres across Australia, and will help attract and retain critical workers and their families to the Groote Archipelago. Building work is expected to commence in 2023.

### 6.2. Population health

- (a) WHSAC, ALC and NT Health commit to talking further about the issue of low population and fertility rates across Groote Archipelago.
- (b) NT Health will work with WHSAC and local health care providers to:
  - i. implement and regularly review the population health model for the Groote Archipelago in a collaborative and coordinated manner; and
  - ii. strengthen the delivery of primary health care programs across the Groote Archipelago.

### 6.3. Aged Care and Disability

- (a) ALC and WHSAC will work together to undertake planning and community consultations on the expansion of current aged and disability care services. This includes whether Anindilyakwa people want services for aged, disability and MJD centralised into one complex for the whole of Groote Archipelago.
- (b) ALC and WHSAC will continue to work with MJD Foundation on appropriate support and care for MJD clients.
- (c) ALC, WHSAC, the Commonwealth Department of Health and NT Health will work together to increase community engagement with the current aged and disability services.
- (d) ALC and WHSAC will work together to advocate for more extensive lifestyle programs integrated with the residential care facility, which distinguish and target 'aged needs' versus 'disability needs'.
- (e) ALC, WHSAC and NT Health will work together to arrange a suitable transport vehicle to ensure wheelchair and other mobility aid users who are unable to access appropriate transport can be brought into the clinic to access health services and programs.
- (f) ALC and WHSAC will work together to increase and expand home and community care services (primarily meals on wheels) to meet higher demand.
- (g) WHSAC have raised concerns that some elders within the community are not being appropriately cared for by family or their allocated carer. WHSAC, ALC, and NT Health, in consultation with relevant stakeholders, commit to:
  - i. exploring opportunities to provide additional programs, services or support for elders in the community; and
  - ii. working together, to explore and identify appropriate ways to address cases of elder abuse.

#### 6.4. Infrastructure to support health and wellbeing needs

- (a) The Parties will work together, and with relevant stakeholders, to develop plans and proposals for infrastructure funding that will support the health and wellbeing priorities of Anindilyakwa people. This includes proposals for:
- the Angurugu Flexible Aged Care Centre to become a multi-functional 24/7 residential care facility. This includes plans for the expansion of number of beds required in the future;
  - upgrading of the dialysis unit in Angurugu and better utilisation of the self-service renal facility in Umbakumba which is currently not operational;
  - auditing existing community buildings to determine accessibility; and
  - ensuring community buildings adhere to Australian building code standards for accessibility.
- (b) NT Health and ALC commit to working together on upgrading the existing Alyangula morgue to increase its capacity for the benefit of all communities on the Groote Archipelago.
- (c) NT Health and WHSAC commit to working together to explore options for future morgue facilities in communities on Groote and Bickerton Island.
- (d) NT Health commit to undertake clinical service planning to identify and outline current and future projected health needs to cater for the Groote Archipelago population including an investigation into the development of a multi-purpose facility in Angurugu (i.e. what services could be provided from a multi-purpose building design).
- (e) NT Health to work with WHSAC to improve building and IT infrastructure to accommodate tele-health services across all three main communities. This includes ensuring the rooms used are large enough to accommodate the inclusion of family members.
- (f) NT Health to establish a separate wellbeing space in Angurugu for Anindilyakwa people to access counselling and psychological support services. NT Health commit to working with WHSAC to ensure that the wellbeing space is culturally appropriate and enables both men and women to access counselling and psychological support services in a culturally safe environment.



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## 6.5. Forming strong partnerships

- (a) WHSAC and NT Health commit to forming a strong partnership and working together with other service providers to improve and strengthen the health and wellbeing services delivered within Groote Archipelago.
- (b) NT Health commits to working with WHSAC to establish the Health and Wellbeing Advisory Group. The objective of the Advisory Group will be to:
  - i. increase Anindilyakwa participation in the strategy and planning development for primary health care and related health services in the Groote Archipelago, including the provision of advice and recommendations to NT Health and other relevant agencies on the effective (and culturally appropriate) delivery of health and wellbeing services;
  - ii. oversee the progress on this Implementation Plan;
  - iii. support and build capacity of WHSAC board to address/meet priorities outlined in this Implementation Plan; and
  - iv. strengthen the NT Health services delivered within the Groote Archipelago in line with the priorities identified by WHSAC and NT Health.
- (c) WHSAC and NT Health acknowledge that working together, with the aim of improving health and wellbeing outcomes for all Anindilyakwa people, including those with complex health and wellbeing issues, will involve a process of two-way learning, that facilitates mutual respect, exploration, collaboration, problem solving, understanding and trust.
- (d) The Commonwealth commits to participating in the Health and Wellbeing Advisory Group to support the capacity building of WHSAC to address and meet priorities, particularly in the areas of aged care and disability.
- (e) The Parties commit to making the necessary arrangements to share data, subject to requirements of relevant privacy legislation, to inform decision making.
- (f) NIAA, NT Health and CM&C commit to supporting ALC's Baseline Data Project, which will see the development of ALC's locally managed data unit of key community indicators to support informed, evidence-based decision making by Anindilyakwa leaders.

## 6.6. Building capacity of WHSAC

- (a) The Parties recognise the importance of ensuring that WHSAC is properly resourced and capable of supporting the agreed strategies under this Implementation Plan through adequate funding, strong governance and financial management, systems and capabilities.
- (b) To support the resourcing and capacity building of WHSAC, including the resourcing of an executive/project officer position within WHSAC for an initial three year period, it is agreed that:
  - i. NT Health commit to providing a total of \$150,000 in funding support over three years (\$50,000 per year);
  - ii. CM&C commit to providing a total of \$150,000 in funding support over three years;
  - iii. ALC commit to providing a total of \$300,000 in funding support over three years; and
  - iv. NIAA commit to providing \$150,000 in funding support over three years.
- (c) The funded WHSAC executive/project officer position will be responsible for:
  - i. providing secretariat support for the Health and Wellbeing Advisory Group;
  - ii. providing secretariat support for WHSAC Board and member meetings; and

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- iii. supporting and building capacity of WHSAC board to address/meet priorities outlined in this Implementation Plan. This includes supporting activities, including:
- o developing project plans;
  - o undertaking community consultations;
  - o engaging with relevant service providers and Government Agencies to raise issues and make proposals to improve service delivery;
  - o applying for grants for WHSAC to deliver some health and wellbeing programs and services;
  - o explore further opportunities for transition to community control; and
  - o facilitate community led strategies that promote better health and wellbeing outcomes.

#### **6.7. Transition to community control**

- (a) The Parties acknowledge and support WHSAC's aspirations to deliver health and wellbeing programs within the Groote Archipelago, and commit to exploring further opportunities to transition these programs to community control in the future.
- (b) The NT Government, represented by CM&C and NT Health, commits to providing support to meet these aspirations, including developing the capacity of WHSAC, providing contacts, identifying opportunities for WHSAC members to undertake corporate governance and other relevant training, and facilitating introductions to relevant organisations, companies and peak bodies.

#### **6.8. Developing a local workforce**

- (a) The Parties will work together to support the planned regionalisation and expansion of current NT Government health and wellbeing services through development and upskilling of a local Anindilyakwa workforce.
- (b) The ALC and WHSAC will look at avenues to promote local residents, and in particular young people, to work in the health sector and to take up training that can lead to a job in the field. This includes working with local schools and families to ensure school aged students have opportunities to undertake work experience in the health and wellbeing sector. Building a workforce now will provide the opportunity to expand services in the future and empower people to be independent.
- (c) The Parties will work together to advocate for programs which build a care workforce of local community members.
- (d) The Parties will work together to advocate for an analysis to determine the best means to support Certificate II/IV aged/disability care and Aboriginal Primary Health Care education.
- (e) The Parties will work together to look at providing disability employment opportunities for those people living with disabilities in the community.

### 6.9. Alcohol, drugs and tobacco abuse

- (a) The ALC and CM&C have engaged an expert consultant to undertake an independent and timely review of the current alcohol permit system in the Groote Archipelago in consultation with key stakeholder groups and the wider community. CM&C commits to providing \$20,450.65 towards the review. The review is expected to be completed in late 2022 and the Parties will work together with stakeholder and community groups to consider and, where appropriate, implement any recommendations.
- (b) WHSAC will lead the development of a holistic strategy and action plan to tackle substance misuse, specifically ganja, within Groote Archipelago, in consultation with community and relevant stakeholders.
- (c) WHSAC will lead the implementation of the substance misuse strategy and action plan, in consultation with community and relevant stakeholders.
- (d) WHSAC will lead the development of a holistic approach to tackle high rates of smoking within Groote Archipelago, in consultation with community and relevant stakeholders.

### 6.10. Child health and dental care

- (a) NT Health commits to the continued integration of health and wellbeing services in the Groote Archipelago Community Schools under an agreement with the NT Department of Education (DoE).
- (b) The ALC, WHSAC and NT Health commit to working together to ensure a Child Health Nurse is based at the Independent Boarding School on Bickerton Island.
- (c) NT Health commit to working with WHSAC in supporting parents and communities to educate children on dental care, including the use of bush medicine.
- (d) WHSAC and NT Health commit to working together to establish a dental health program across all local schools, that includes:
  - i. visiting all local schools to provide additional education on the importance of oral hygiene. This includes interactive activities to demonstrate the damage caused by consuming too much sugar; and
  - ii. ensuring that all children at school have access to a toothbrush and toothpaste.
- (e) NT Health and WHSAC will work together to increase community awareness around the prevalence of medical conditions that can affect Anindilyakwa children. This includes educating parents and families on ways to prevent, manage or treat these medical conditions.



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### **6.11. Food security and nutrition**

- (a) The Parties will work together, in consultation with community groups and key stakeholders, to develop a coordinated approach to food security and nutrition for the Groote Archipelago.
- (b) This will include the following commitments:
  - i. the ALC will continue to review other potential sites for market garden locations on the Groote Archipelago and will work to ensure Anindilyakwa people take ownership of any future market garden enterprise;
  - ii. the Parties will work together, in consultation with stakeholders and community groups, to support the continued delivery of nutrition programs and vegetable garden projects in the Umbakumba, Angurugu and Milyakburra community schools;
  - iii. NT Health, CM&C and WHSAC will work, in consultation with key stakeholders and community groups, to ensure more healthy options are available in community stores and takeaways; and
  - iv. the ALC, GHAC and WHSAC will work together to progress plans to construct a community kitchen which is capable of providing freshly cooked and healthy meals to community members.

### **6.12. Mental health**

- (a) The Parties will work together to improve access to mental health services, social and emotional wellbeing and support across all communities.
- (b) WHSAC and NT Health will work together to identify and implement actions that focus on suicide prevention, intervention and ongoing support for Anindilyakwa people living across Groote Archipelago.

### **6.13. Improved access to care**

- (a) NT Health commits to working with WHSAC, through the Health and Wellbeing Advisory Committee, to identify options and implement ways to improve timely access to health care and medical intervention for Anindilyakwa people across Groote Archipelago.
- (b) A particularly important issue for the WHSAC Board is that there are currently no nurses permanently located in Umbakumba and on Bickerton Island. NT Health acknowledges that this is an important and complex issue. At this time, NT Health cannot guarantee that nurses can be permanently located in Umbakumba and Milyakburra; however, NT Health commits to working closely with WHSAC, through the Health and Wellbeing Advisory Group, to identify and understand any barriers, explore options to resolve issues and, where possible, implement an appropriate solution.

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## **7 | Policies and Reforms that may impact the Implementation Plan**

- (a) The Parties agree that this Implementation Plan may require review from time to time following changes to ALC, Commonwealth and NT Government policy, strategy and legislation, and the annual review process in clause 3(f) should be used as the mechanism to review relevant aspects of this Implementation Plan if required.
- (b) The NT Government signed a Memorandum of Understanding with the four NT Land Councils in 2018 to progress discussions on the possible development of a Treaty or Treaties and is currently reviewing the Final Report handed down by the NT Treaty Commissioner. This ongoing discussion may interact with this Implementation Plan.
- (c) The Northern Territory Aboriginal Health Forum (Forum) recently undertook a review of the Pathways to Community Control Framework and processes (this work is being led by the Commonwealth Department of Health on behalf of Forum). Forum are currently reviewing the final report. The outcomes and recommendations of the final report may interact with this Implementation Plan and the ongoing work to support WHSAC to build capacity to become the primary health care and wellbeing service provider within the Groote Archipelago.

## **8 | Risk Management**

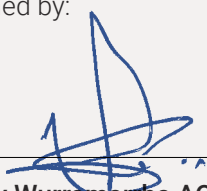
- (a) The Parties will adopt a risk management approach which identifies and mitigates undue risk to achieving the agreed outcomes and strategies.

## **9 | Signing**

- (a) As is the case with the Agreement, the Parties to this Implementation Plan acknowledge that its provisions are not legally enforceable. However, that does not lessen the commitment of the Parties to achieve the agreed outcomes and strategies.
- (b) The Parties agree that the transfer of health and wellbeing responsibilities and control on the Groote Archipelago to WHSAC will be supported by legally binding processes (e.g. the transfer of legal title, contracts and/or funding agreements for services, or other legal agreements).

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Signed by:



**Tony Wurramarrba AO**

Chairman

Anindilyakwa Land Council

Date: 14 / 11 / 2022

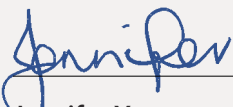


**Mark Hewitt**

Chief Executive Officer

Anindilyakwa Land Council

Date: 14 / 11 / 2022

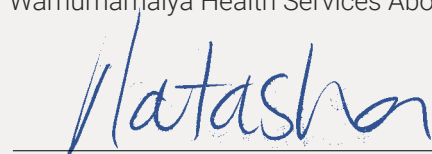


**Jennifer Yantarrnga**

Chairperson

Warnumamalya Health Services Aboriginal Corporation

Date: 14 / 11 / 2022



**The Hon Natasha Fyles MLA**

Chief Minister of the Northern Territory and

Minister for Health, on behalf of the

Northern Territory Government

Date: 14 / 11 / 2022



**The Hon Selena Uibo MLA**

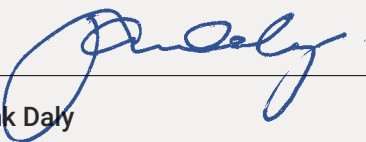
Minister for Treaty and Local Decision Making,

on behalf of the Northern Territory Government

Date: 14 / 11 / 2022

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Witnessed by:



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**Dr Frank Daly**

Chief Executive Officer

Department of the Chief Minister and Cabinet

Northern Territory Government

Date: 14 / 11 / 2022



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**Dr Marco Briceno**

Acting Chief Executive Officer

Department of Health

Northern Territory Government

Date: 14 / 11 / 2022

