NACCHO
www.naccho.org.au

National Aboriginal Community Controlled Health Organisation

Annual Report
2015–2016

Artist recognition: Artist Tahnee Edwards (Yorta Yorta) and Toby Dodd Ngarrindjeri/Narungga/Kaurna Dreamtime Public Relations, 2013, www.dreamtimepr.com/artwork/

Story: The waves in the pattern mimic those in the ochre pits. The colours represent Aboriginal and Torres Strait Islander peoples. The meeting places represent NACCHO Affiliates (Peaks) and the larger meeting place is NACCHO.

Design and layout: Paper Monkey

Images: Courtesy National Aboriginal Community Controlled Health Organisation or supplied, unless otherwise noted.

Level 3, 221 London Circuit Canberra City ACT 2601
PO Box 5120 Braddon ACT 2612

T: (02) 6246 9300
E: reception@naccho.org.au
W: www.naccho.org.au

ABN 89078949710

NACCHO acknowledges the financial support of the Australian Department of Health.

"NACCHO acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Owners of country throughout Australia and their continuing connection to both their lands and seas. In the spirit of respect, NACCHO recognises the Aboriginal and Torres Strait Islander peoples' past, present and future cultural, spiritual, physical and emotional connection with their lands and seas. NACCHO honours and pay respects to all elders, both past and present, and all generations of Aboriginal and Torres Strait Islander peoples, now and into the future."

Contents

Our Vision, Our Values

NACCHO's core values are embedded in the following:

- Aboriginal Community Control
- A holistic, comprehensive Primary Health Care approach
- A ground-up approach to planning, policy development and implementation
- Aboriginal cultural integrity
- Co-ordinated and integrated activity
- Strategic partnerships and alliances
- Proactive and responsible action
- Respect and loyalty
- Equity
- Quality

NACCHO Chairperson's Report

"Without our people's health being a priority, our children will continue to fall behind in school attendance, our adults will remain under-represented in employment, and as a result community wellbeing will suffer."
Matthew Cooke

The past year has seen the National Aboriginal Community Controlled Health Organisation (NACCHO) rise to meet the many challenges our Sector is being faced with at a time when the architecture of the nation's health care system is in a continuous state of reform and change. As we chart forward into 2017, it is how we continuously assess the impact on these reforms and opportunities that will determine the significant role our Sector will continue to play now and into the future in improving the health and wellbeing of Aboriginal and Torres Strait Islander people and communities.

The Australian Institute for Health and Welfare's third "Healthy Futures Report Card" has been published. The detailed facts in this "Report Card" demonstrate that the Aboriginal Community Controlled Health Organisations are way out in front of the other components of the health system doing the 'heavy lifting' to Close the Gap. Our network of 140 members in over 300 clinics and health settings have delivered almost 3 million episodes of care that was provided by close to 6,000 staff whom are mostly Aboriginal and Torres Strait Islander Australians.

NACCHO's advocacy and representative role is about the sustainability and enhancement of our Sectors position within Australia's health care system in order to protect and promote the 'brand' of Aboriginal Community Controlled Health service providers. The reputation of our 'brand' is essential if the advocacy and the representation is to have any credibility.

In 2015–2016, NACCHO continued to make Governance a top priority including the recruitment of the Chief Executive Officers position; the development of the strategic plan and we commenced a governance review of the NACCHO Constitution being facilitated by consultant Mick Reid. The Secretariat will continue to build and enhance our organisational capacity and I look forward to the outcomes of the national consultations that will inform our future directions as the national Secretariat.

Additionally, over the last 12 months NACCHO has continued to consolidate and improve its working relationships with the Australian Government. This has resulted in NACCHO providing regular briefings with senior departmental staff and also witnessed the establishment of the formal Peak Bodies Workshops. These workshops bring together all the key government stakeholders who have a responsibility to Close the Gap in Aboriginal and Torres Strait Islander health and wellbeing to meet and discuss reform agendas with NACCHO and State Affiliate Peak Bodies Chairpersons and Chief Executive Officers.

There have been a considerable number of highlights in 2015–2016 with our advocacy and representation role. The following activities identify the significant contribution NACCHO has made during the course of the year through the preparation of Submissions to:

- Support for the release of the implementation phase of the National Aboriginal and Torres Strait Islander Health Plan (2013–2023)
- Primary Health Care Advisory Group September 2015
- Senate Select Committee on Health, Health policy, administration and expenditure, (8 October 2015) (December 2015)
- Medical Benefit Scheme Review October 2015
- DoH – Resource Allocation Modelling Paper November 2015
- Productivity Commission into Human Services (2016)
- Health Care Homes (May 2016)
- Pre Budget Submission: Bridging the Gap – *A Practical Solution to help Closing the Gap in Four Identified Regions of Acute Access Disadvantage*, January 2016
- Pharmacy Guild – Pharmacy Trials Program June 2016 (Tranche 1 and 2)
- Australian National Audit Office — *Inquiry into Indigenous Advancement Strategy*
- Australian Hospital and Healthcare Association — *Culturally Appropriate Services in mainstream health with a focus on Emergency Departments*;
- 2nd wave of Komandu under a Memorandum of Understanding with the RAAF.

Participated in the following Research Activities:

- Heart Foundation — *Lighthouse Project focused on Coronary Care*
- CREATE research into best practice and funding for *Comprehensive Primary Health Care in ACCHOs*
- AMA Indigenous Taskforce and Annual Report Card 2015
- RACGP *Revision of the Guidelines for early interventions in Aboriginal and Torres Strait Islander Health* 2016

Furthermore, technical advice was provided to:

- 3rd AIHW Healthy Futures Report Card 2016
- Indigenous Burden of Disease (AIHW)
- Indigenous Health Performance Framework (PM&C)
- OCHREStreams delivery and performance issues and the OCHREStreams Advisory Group (DoH)
- Tackling Indigenous Smoking (TIS) Review (DoH)
- Evaluation of potentially preventable hospitalisations Indigenous (National Health Performance Authority)
- Indigenous Excellence (IDX) Strategy (National Centre of Indigenous Excellence)

The Board will continue to closely monitor the progress of our programs, provide advice to government, liaise with Ministers, make departmental submissions, apply for grants and plan for the future care needs of Aboriginal and Torres Strait Islander people.

NACCHO continues the communications outreach plan through active engagement with stakeholders, the public and our members on social media platforms such as Facebook, Twitter and YouTube. During the year the website was redesigned, made more user friendly and went live in April 2016.

It has been a privilege to be part of this organisation and together we can achieve long-term improvements in Aboriginal and Torres Strait Islander health. Thanks to our committed and passionate staff during the last year who devote countless hours to improving conditions in their community.

I look forward to working with members, state and territory peak bodies, NACCHO Board and Secretariat staff in assuring we continue to improve our services, work collectively with other stakeholders and have a meaningful and mature interaction with governments and ministries. In doing so our highest priority must be in maintaining the fundamental principles of self-determination assuring we close the gap and making a sustained difference to the health and wellbeing of our people.

Matthew Cooke
Chairperson

Chief Executive Officer's Report

"I have recently been appointed to this new role and look forward to this exciting challenge. I have held senior leadership positions in government, business and academia for more than 40 years and have extensive experience in Aboriginal and Torres Strait Islander affairs."
Pat Turner

I thank Ms Lisa Briggs for her work as the previous CEO and wish her well in her future endeavours.

Having recently been appointed as the CEO, I note that some contentious issues have resolved themselves like the proposed introduction of a Medicare co-payment. This ill-considered policy change has now been discarded.

I look forward to working with the re-elected Federal Government to identify areas of new funding activity that will enhance health outcomes for our people. I will strive to encourage greater self-determination in the delivery of Aboriginal and Torres Strait Islander health services and promote their effectiveness to create enhanced awareness within government departments.

I will adopt and implement NACCHO's Strategic Directions for 2016–2021. I am keen to improve the governance of our organisations, but note that governments must also be held to account for the provision of health services that they provide in our communities. The health disadvantage statistics speak for themselves.

Our community controlled health services provide improved health care but still require resources to expand our range of services to alleviate the known and recognised health problems in our varied communities. The social and cultural determinants of health matter and we continue to advocate for a fully resourced strategy from governments to redress these.

Our holistic approach to health care results in funding arrangements proven to work as our experienced staff deliver quality health care in all locations. We must tailor all facets of care for an individual not just in the cities but in isolated outback communities by providing the same level of care that patients deserve and expect.

I would like to thank our Chairperson Matthew Cooke and the NACCHO Board members for their warm welcome and look forward to working with them.

Pat Turner
Chief Executive Officer


220
grandopening

About the National Aboriginal Community Controlled Health Organisation

The National Aboriginal Community Controlled Health Organisation (NACCHO) is the national peak body representing Aboriginal health. NACCHO represents its Membership of over 140 Aboriginal Community Controlled Health Services (ACCHOs), at the Commonwealth government level.

It is important to highlight and acknowledge the different understandings of health between a western context and an Aboriginal cultural context. The western understanding of health is an absence of disease; someone is healthy if they do not have a disease, or illness.

The Aboriginal understanding of health is holistic and includes land, the physical body, the mind, clan, relationships, and lore. Health, in an Aboriginal cultural context, is the social, emotional, cultural and spiritual wellbeing of the whole community, not just the individual.

As the voice of its Members, NACCHO is the national authority on Aboriginal comprehensive primary health care. NACCHO's authority comes from over decades of engagement with health care services that have been established and operated by local Aboriginal communities, through locally elected Boards of Management, to deliver holistic, comprehensive and culturally appropriate health care. The Redfern AMS celebrated its 45 Anniversary in 2016.

Also guided by a Board of Directors, elected from its Members to embody community control, NACCHO has been pivotal in improving circumstances for Aboriginal and Torres Strait Islander people. It has achieved this by working with its Members and its State and Territory peak Aboriginal Community Controlled Health bodies to agree upon, then work to address a national agenda for Aboriginal and Torres Strait Islander health and relevant social justice matters.

NACCHO advocates to government for evidence-supported, community-developed responses and solutions to the deep-seated social, economic and political conditions that prevail in many Aboriginal communities. These conditions affect the holistic health of people within those communities. NACCHO strives to maintain the highest levels of professionalism and to remain apolitical in its leadership.

About the ACCHO sector

The ACCHO sector was established in the early 1970s in response to Aboriginal and Torres Strait Islander peoples finding that mainstream services could not provide adequate health care. ACCHOs provide innovative, high-quality, multidisciplinary and culturally-safe models of holistic comprehensive primary health care in response to community needs.

Those models of care are distinctive mixes of local community and cultural authority, blended with a broad span of service responses. Those responses range from the promotion of healthy life choices and chronic disease prevention and management, through to enabling personally-empowered and smooth client journeys supported by comprehensive electronic health records. The unique synthesises of those community-controlled care models cannot be replicated in public or private-for-profit mainstream systems of primary health care.

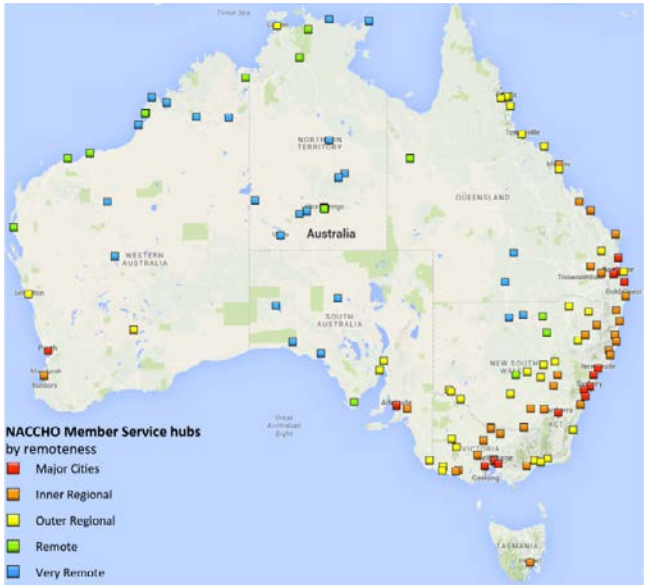
ACCHOs operate in urban, regional, remote and very remote Australia. They range from large multi-functional services employing a number of medical professionals and health workers who provide a wide range of comprehensive primary care services, often with a preventative, health-education focus to smaller rural and remote health care facilities.

ACCHOs form a network, but each is autonomous and independent of one another and of government.

Characteristics Indigenous primary health care service delivery model[1]

[1] Modified form 'Characteristics of Indigenous primary health care service delivery models: a systematic scoping review.' CREATE, Adelaide Harfield, S., C. Davy, E. Kite, A. McArthur, Z. Munn, A. Brown, and N. Brown. 2016.

NACCHO Member Service hubs by remoteness



Remote Allied Health Services ACCHO Workers

Governance

The NACCHO Board of Directors

NACCHO members directly elect the 16-person NACCHO Board of Directors (The Board). The Board is made up of one delegate each from the Australian Capital Territory and Tasmania, two delegates each from the remaining six jurisdictions, a Chairperson and Deputy Chairperson.

Elections for delegates to The Board are held annually to coincide with each State and Territory peak Annual General Meeting. The Membership elects a Chairperson and a Deputy Chairperson for three-year terms at the Annual General Meeting of NACCHO Members.

The Board meets regularly throughout the year to:

- Make decisions regarding the strategic policy directions of the organisation
- Develop, monitor and review the NACCHO Strategic Plan, approve the annual business plan, and monitor its implementation through six monthly reports against agreed key performance indicators
- Maintain and strengthen connections between the Affiliates, Members and The Board
- The Members' Meeting and Annual General Meeting last convened at Crowne Plaza, Terrigal, New South Wales from the 24th–26th of November 2015.

The Board

Matthew Cooke, **Chairperson**

Sandy Davies, **Deputy Chairperson**

Christine Corby, **New South Wales**

Scott Monaghan, **New South Wales**

Marcus Clarke, **Victoria**

Jill Gallagher AO, **Victoria**

Shane Mohor, **South Australia**

Vicki Holmes, **South Australia**

Elizabeth Adams, **Queensland**

Adrian Carson, **Queensland**

Michelle Nelson-Cox, **Western Australia**

Laurence Riley, **Western Australia**

Dave Warrener, **Tasmania**

Donna AhChee, **Northern Territory**

John Paterson, **Northern Territory**

Julie Tongs, **Australian Capital Territory**[2]

Below: The Board regularly meets in Canberra.

[2] For the names of all the Directors during the financial year please refer to the Financial Report on page 49.

Our partners

NACCHO partners with organisations that have an interest in and commitment to developing and maintaining health care services for Aboriginal and Torres Strait Islander people. NACCHO acknowledges the work each partnership provides.

Department of Health

The Department of Health is the major funding contributor to NACCHO. In 1997 the Commonwealth Government funded NACCHO to establish a Secretariat in Canberra which greatly increased the capacity for Aboriginal and Torres Strait Islander peoples involved in Aboriginal Community Controlled Health Organisations (ACCHOs) to participate in national health policy development.

Australian Healthcare and Hospitals Association

NACCHO's partnership with the Australian Healthcare and Hospitals Association (AHHA) harnesses the strength of both organisations to reverse the differences in the health of Aboriginal and Torres Strait Islander Australians. Our partnership explores new opportunities for collaboration on policies, research and public health campaigns to Close the Gap and address health issues in Aboriginal and Torres Strait Islander communities. In December 2015 NACCHO and the AHHA Chairpersons signed a Memorandum of Understanding to facilitate communication, joint planning and collaboration between the two organisations regarding Aboriginal and Torres Strait Islander Health.

Royal Australian Air Force

NACCHO's five year partnership (2015–2020) with the Royal Australian Air Force (RAAF) delivers ongoing affordable and accessible health care to Aboriginal and Torres Strait Islander people through the Kummundoo (the Kalkadoon word for eagle) program initiatives by deploying Air Force personnel to assist local communities.

RAAF's Dental personnel work alongside Aboriginal Health Workers in Aboriginal Community Controlled Health Organisations (ACCHOs). Their work reduces waiting times for ACCHOs and allows more Aboriginal people to access the dental care they need. Demand for health care is growing with the demand for dentistry at an all-time high. This is why our partnership with the RAAF is so important.

Royal Australian College of General Practitioners

NACCHO and the Royal Australian College of General Practitioners (RACGP) have worked together for over 20 years to improve the health of Aboriginal and Torres Strait Islander people. Our collaboration has established the standards, guidelines, funding models and resources to equip general practitioners, health professionals and ACCHOs to maximize health outcomes for Aboriginal and Torres Strait Islander people and developed initiatives that attract and retain a skilled workforce for the ACCHO sector.

NACCHO's Lead Clinicians Group and the RACGP met with other practitioners from organisations to attend a one day workshop in Melbourne in March 2016 to review and provide feedback on the draft 5th Edition of the RACGP Standards for General Practices. NACCHO and the RACGP were also successful in obtaining funds for the *National Guide to Preventive Health Assessments for Aboriginal and Torres Strait Islander People — 2nd edition.* The National Guide is intended for all health professionals delivering primary health care to the Aboriginal and Torres Strait Islander population. This includes General Practitioners (GPs), Aboriginal health workers, nurses and those specialists with a role in delivering primary health care.

Our Project partners

NACCHO has a number of programs which include project partners such as the Australian Trachoma Alliance, Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander Peoples (QUMAX) program with the Pharmacy Guild of Australia and Fetal Alcohol Spectrum Disorder (FASD) with the Menzies School of Health Research.

Memoranda of Understandings

NACCHO has a number of Memoranda of Understanding (MoUs) and acknowledges the support each provides. Our relationships are with peak bodies such as the Australian Medical Association, Pharmacy Guild of Australia, Pharmaceutical Society of Australia, the Royal Flying Doctor Service and the National Rural Health Alliance.

Research partnerships

NACCHO also has research partnerships with organisations such as, Lowitja Institute, CREATE, Lighthouse Health Foundation, the Australian Healthcare and Hospitals Association, Council of the Ageing (COTA), the Menzies School of Health Research with the Telethon Kids Institute (TKI) and the Australian National University.


Weipett Aboriginal
Medical Ser

Programs

NACCHO Health Information

One of the major pieces of work carried out by NACCHO this year was the production of the *NACCHO Report Card 2016*, which will be published by the Australian Institute of Health and Welfare (AIHW) and released at the Members' Conference in December 2016. The Report Card will consolidate information about the levels of activities, performance and outcomes achieved by the ACCHO Sector.

Data is critical in providing detail about the role and contribution to the delivery by our Member Services and the Sector to the national health system within this evolving funding environment.

Last year in order to support NACCHO, Peaks and Member Services continuing efforts to focus on detailing our existing strengths and capacities, the NACCHO Activity Plan established an Information Communications Technology and Information Management (ICT/IM) Forum.

Key outcomes of the ICT/IM Forum were provided in a workshop at the 2015 Members' Conference in Terrigal. The Forum was convened to bring together staff from each of the Affiliates to describe and share their knowledge and experience. The meeting and follow-up teleconferences confirmed our collective efforts and collaboration to improve data gathering and information management. There was also emphasis on the importance of data quality and gaining access to data provided to Governments by the Sector. The Board, through the then Acting CEO set OCHREStreams as a priority. OCHREStreams is the process by which all organisations receiving Indigenous Primary Health Funding are required to report under their Standard Funding Agreement (SFA) with the Department of Health.

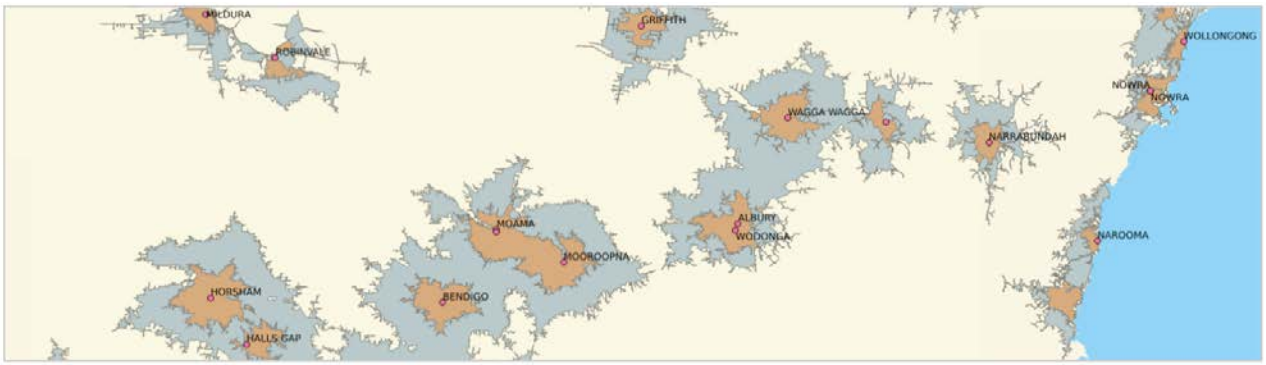
NACCHO raised concerns about accessing the Sector's own data submitted under the SFA with the Department of Health and the Senate Select Committee on Health, Health Policy, Administration and Expenditure. Concerns were also raised about the mechanism by which the Department of Health was collecting critical data required by the Council of Australia Governments (COAG).

NACCHO has also collected, analysed data and information to support the following Submissions to:

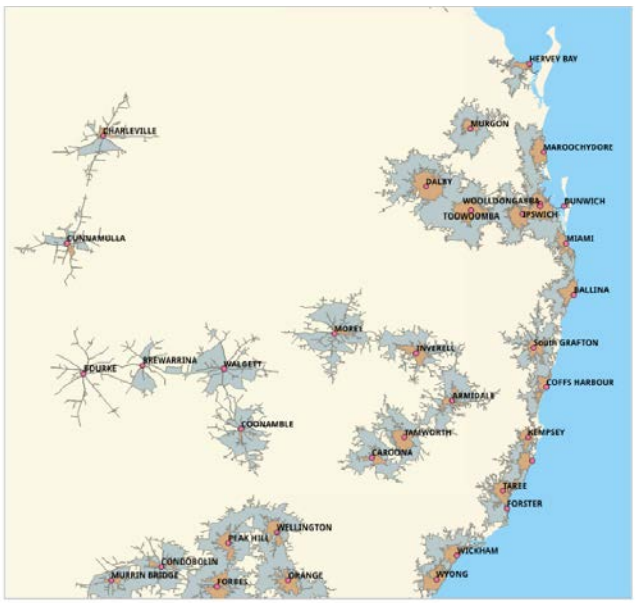
- Primary Health Care Advisory Group September 2015
- Senate Select Committee on Health, Health policy, administration and expenditure, 8 October 2015
- Department of Health — Resource Allocation Modelling Paper November 2015
- Senate Select Committee on Health, Health policy, administration and expenditure, 11 December 2015
- Pre Budget Submission: *Bridging the Gap — A Practical Solution to help Closing the Gap in Four Identified Regions of Acute Access Disadvantage*, January 2016
- Pharmacy Guild — Pharmacy Trials Program June 2016.

Information was provided from NACCHO in its role on numerous Committees including:

- Burden of Disease, Australian Institute of Health and Welfare
- Program of work for the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data
- Indigenous Health Performance Framework, Prime Minister and Cabinet
- Online Service Report, Australian Institute of Health and Welfare
- National Key Performance Indicators Report, Australian Institute of Health and Welfare
- Tobacco Cessation Review, Department of Health
- Indigenous Conditions, National Health Performance Authority
- OCHREStreams Advisory Group
- Indigenous Excellence Strategy, National Centre of Indigenous Excellence.

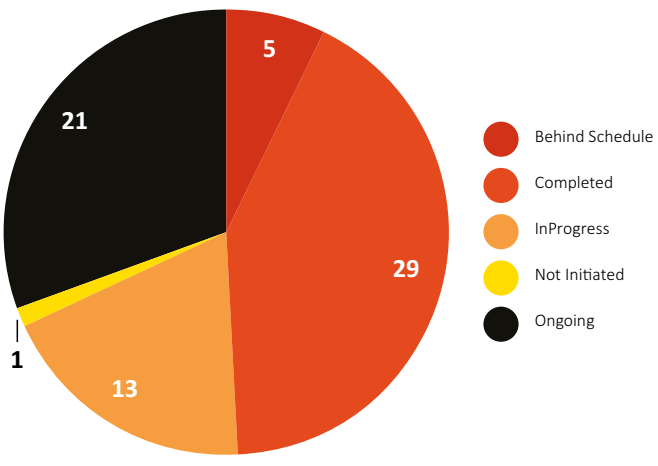


Access zones to ACCHOs – 30 (brown) and 60 (grey) minute drive times from main clinics



Access zones to ACCHOs – 30 (brown) and 60 (grey) minute drive times from main clinics

Administration Systems online — pie-chart showing status of Tasks for the NACCHO Activity Plan for Department of Health Funding Agreement.



National Programs and Project Partners

Ear and Hearing Health Project

Aboriginal and Torres Strait Islander people experience some of the highest levels of ear disease and hearing loss in the world, with rates up to 10 times more than those for non-Indigenous Australians.

Children and adolescents are particularly vulnerable to ear infections. The most common ear disease among Aboriginal Children is otitis media (OM), which is inflammation or infection of the middle ear, typically caused by bacterial and viral pathogens.

Ear infections are responsible for the bulk of hearing problems with lifelong consequences, many of which are preventable or treatable if diagnosed early.

Project Overview

NACCHO's Ear and Hearing Health Project, aimed to coordinate the development and delivery of Ear and Hearing Health Skill Set Training for up to 115 Aboriginal and Torres Strait Islander Health Workers.

The Project was funded under the Commonwealth Government's '*Improving Eye and Ear Health Services for Indigenous Australians for Better Education and Employment Outcomes*' — a COAG measure, which also supported its implementation. The overall measure aimed to improve the early detection and treatment of eye and ear health conditions in Aboriginal and Torres Strait Islander people, leading to improved education and employment outcomes.

NACCHO received funding for five phases of the project from the Aboriginal and Torres Strait Islander Health Workforce Section of the Department of Health.

Selecting Registered Training Organisations

Registered Training Organisations (RTOs) were selected through a rigorous selection panel process with representatives from NACCHO, Department of Health and Hearing Services Australia.

The selection process was strict and services had to meet the following criteria:

- Be a registered training provider — preference was given to Aboriginal and Torres Strait Islander Health Registered Training Organisations (RTOs)
- Have the capacity and scope to deliver the Ear and Hearing Skill Set for Aboriginal and Torres Strait Islander Primary Health Care training
- Provide qualified trainers and assessors to deliver Ear and Hearing Skill Set training
- Deliver the training within the required timeframe: April – October 2015
- Provide confirmation of training dates
- Accept bursary scheme participant/s as part of the delivery of training
- Train eligible students to complete the course (list supplied by NACCHO)
- Deliver training within the allocated timelines and budget
- Supply RTO details and provider number to the panel.

Outcomes

Four Registered Training Organisations were rated as suitable to deliver training on behalf of NACCHO.

The successful organisations were:

- Central Australian Remote Health Development Service Ltd, Alice Springs, Northern Territory
- Aboriginal Health Council of Western Australia, Perth, Western Australia
- The Aboriginal Health College, Sydney, New South Wales
- Nunkuwarrin Yunti of South Australia Inc.

Ear and Hearing Health Training

The Ear and Hearing Health Skill Set Training was conducted over a two-week period and provided a pathway for Aboriginal and Torres Strait Islander health workers to specialise in the provision of ear and hearing health. Additionally, the skill set units provide credit towards Aboriginal and Torres Strait Islander Primary Health Care qualifications at the Certificate IV level or higher.

NACCHO coordinated the training of 100 Aboriginal Health Worker Ear and Hearing staff which was delivered in Brisbane, Darwin, Melbourne, Cairns, Perth, Dubbo, Sydney, Kalgoorlie, Albany and Adelaide. Due to Sorry Business, minimal trainees participated in Darwin with training in Katherine cancelled all together.

National Aged Care Alliance

Representatives from the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and the Institute for Urban Indigenous Health (IUIH) represent NACCHO on the National Aged Care Alliance (NACA). The Alliance has been a key source of Aged Care policy advice to the Commonwealth Government. Recommendations and advice are shared between the Alliance and NACCHO on a regular basis.

NACCHO and the Council of the Ageing (COTA) entered into a partnership project — *Strengthening Aboriginal and Torres Strait Islander Consultation Mechanisms* regarding Federal aged care policy.

The project was able to identify that ongoing consultation mechanisms have to be developed for the future having recognised that community engagement with Aboriginal and Torres Strait Islander Individuals and communities, as stakeholders within aged care reform, has been identified as a gap in the current (aged care) reform strategies and processes.

A second objective was to co-produce, with Aboriginal communities and service providers the most effective methods for dissemination of information about aged care reforms to service providers and community members.

NACCHO decided to focus the Project's funding on the two major jurisdictions where its Member Organisations were most active in the provision of aged care services — Queensland and Victoria — and to collaborate with the two jurisdictional peak bodies — the Queensland Aboriginal and Islander Health Council (QAIHC) and the Victorian Association of Aboriginal Community Controlled Health Organisations (VACCHO).

Additionally, NACCHO acknowledged that the IUIH in south-east Queensland, a regional incorporated company that is a Member of both NACCHO and QAIHC — is not only the largest single provider of home-based aged care services of all 140 NACCHO Member Organisation's but is also recognised as a leading innovator in the way it manages to combine aged care; Consumer Directed Care (CDC) with clinical primary health care.

NACCHO, VACCHO, QAIHC and IUIH co-badged a Strategy Round Table convened in Queensland, to explore, discuss and try to define new strategies for strengthening Aboriginal and Torres Strait Islander consultation mechanisms for policy contributions on Aged Care at the national level. The Program was designed:

- To share the current stock of knowledge about the National Aged Alliance (NACA) — how it is structured, NACCHO's involvement, and its principal processes
- To share the current stock of knowledge about engagement of ACCHOs with the aged care reform agenda and to identify key timelines, opportunities and risks
- To share some of the effective strategies of IUIH for engaging in program policy at regional and state levels
- To discuss practical measures for strengthening Aboriginal and Torres Strait Islander consultation mechanisms for policy contributions on Aged Care at the national level.

On completion of the Strategy Round table NACCHO member services in Queensland, Victoria and the ACT were invited to attend a one day workshop Aged Care Consultation Workshop on Aboriginal and Torres Strait Islander Aged Care issues.

The workshops aimed to:

1. Provide an opportunity to share authoritative and up-to-date information about the roll-out of the Government's Aged Care Reforms.
2. Seek member services comments on two issues:
   - Suggestions for better ways of communicating to elderly Aboriginal and Torres Strait Islander men and women their eligibility for aged care services and what those services were
   - Suggestions for more effective input of Aboriginal and Torres Strait Islander contributions to aged care policy and program policy at regional, state and national levels.

The workshop was attended by 29 member services from Queensland and Victoria.

Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander People

The Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander Peoples (QUMAX) program is a collaboration between NACCHO and the Pharmacy Guild of Australia (PGoA). The funding was provided by the Commonwealth Department of Health (DoH) under the Sixth Community Pharmacy Agreement (6CPA). Through the 6CPA, the QUMAX program received 12 months funding.

What is QUMAX?

The QUMAX Program aims to improve health outcomes of Aboriginal and Torres Strait Islander people who attend participating Aboriginal Community Controlled Health Organisations (ACCHOs) in major cities, inner and outer regional areas.

QUMAX achieves this through the allocation of funding to participating ACCHOs to reduce barriers experienced by their clients to Quality Use of Medicines. There are seven support categories specified under the 6CPA:

1. a) Dose Administration Aids Agreements b) Flexible Funding
2. Quality Use of Medicine Pharmacy Support
3. Home Medicine Reviews (HMR) models of support
4. Quality Use of Medicine Devices
5. Quality Use of Medicine Education
6. Cultural Education
7. Transport.

In 2015–2016, QUMAX engaged with 76 ACCHOs across each State and Territory participating in the program. This assisted 219,486 Aboriginal and Torres Strait Islander clients.

Challenges

The 2015–2016 QUMAX cycle has been particularly challenging. The delay in notification of the 6CPA caused significant disruption to the time sensitive QUMAX program cycle, placing an additional administrative burden on NACCHO from a National Coordination stand point, and also at the ACCHO grassroots service delivery level.

The QUMAX program team supported ACCHOs through the completion and submission of their work plans and reporting requirements for this period. Despite these challenges, all program deliverables were met.

The *QUMAX Programme: Quality use of Medicines Maximised for Aboriginal and Torres Strait Islander People* report was published in March 2016 highlighting the value and effectiveness of QUMAX for Aboriginal and Torres Strait Islander clients of participating ACCHOs.

Funding for QUMAX is and remains capped at $11 million dollars for the five year (2010–2015) 5CPA agreement. Although funding has increased annually, it has not been sufficient in meeting the ongoing needs of patients requiring support through the program. Coupled with additional financial investment provided by ACCHOs across the 2013–2015 financial years, the report indicated that a higher level of funding is required.

Key outcomes from the report:

- 81 organisations participated in the QUMAX program from 2010 to 2015
- ACCHOs reported greater uptake of QUMAX supported activities for which funding has not kept pace
- Program participants are evenly distributed across major cities and inner and outer regional areas
- Across the seven support categories:
  - The highest proportion has been allocated to Dose Administration Aids for complex medications (50 per cent)
  - Asthma masks and spacers, nebulisers and peak flow meters are the most highly used device with over 22,500 being provided
  - 21 per cent of funds have been used for transport assistance for clients to acquire medications. It was noted that 80 per cent of contracted pharmacies are located over one kilometre away from ACCHO clinics.
- 508 community pharmacies participated as Dose Administration Aids contracted pharmacies
- Community Pharmacies actively participated in improving their own cultural awareness and support for client education on medications.

NACCHO is committed to ensuring the QUMAX Program to be funded in the 6CPA.

The full report is available on the NACCHO website www.naccho.org.au/wp-content/uploads/QUMAX-Report-Final-2016-04-10-hiq.pdf

Fetal Alcohol Spectrum Disorder Prevention and Health Promotion Resources Project

NACCHO partnered with the Menzies School of Health Research and the Telethon Kids Institute (TKI) to develop and implement health promotion resources and interventions to prevent and reduce the impacts of Fetal Alcohol Spectrum Disorders (FASD) on Aboriginal and Torres Strait Islander families and young children.

FASD is an umbrella term used to describe the range of effects that can occur in individuals whose mother consumed alcohol during pregnancy. These effects may include physical, mental, behavioral, developmental, and or learning disabilities with possible lifelong implications.

Fetal Alcohol Spectrum Disorder Prevention and Health Promotion Resources (FPHPR) were developed for the 85 *New Directions: Mothers and Babies Services (NDMBS)* across Australia. These resources primarily focused on the prevention of FASD, but also provide information about sexual and reproductive health, smoking and substance abuse.

The FASD project was announced by Federal Minister for Rural Health Senator the Hon Fiona Nash in June 2014 and forms part of the *National FASD Action Plan* to address the harmful impact of FASD on children and families.

Below: Facilitator Dr Jason Agostino with staff at the FASD workshop, Darwin and the FASD Project Team, Melbourne.

Below right: Menzies School of Health Research and the Telethon Kids Institute.

The FPHPR Project seeks to achieve the following broad outcomes by 30 June 2017:

- Reduced alcohol consumption during pregnancy
- Reduced tobacco smoking and substance misuse during pregnancy
- Reduced unplanned pregnancies.

The Project Partnership and Research team developed and implemented a flexible and modular package of health promotion resources and interventions based on the key components of the approach developed by the Ord Valley Aboriginal Health Services.[3] This includes a set of discrete FASD education and awareness modules targeting key New Directions: Mothers and Babies Services (NDMBS) client groups, such as:

- Pregnant women accessing NDMBS antenatal and other services, including their partners and families
- Aboriginal and Torres Strait Islander women of childbearing age
- Aboriginal and Torres Strait Islander grandmothers
- NDMBS staff (including but not limited to administrative and clinical staff)
- Aboriginal and Torres Strait Islander men.

The package of FASD Prevention and Health Promotion resources also include data system resources to facilitate routine screening and monitoring for alcohol and tobacco use in pregnancy, and screening of non-pregnant women of childbearing age, who are at risk of having a prenatal alcohol-exposed pregnancy. Participating NDMBS use this system to evaluate the impact of the FPHPR on target groups of pregnant women using NDMB antenatal and other services, including their partners and families and Aboriginal and Torres Strait Islander men.

The FPHPR Project team facilitated FASD train-the-trainer workshops with participants from NBMBS in each State and Territory. Approximately 100 NDMBS staff — a diverse combination of clinical service providers and administrative staff, actively participated. Workshops were held in Darwin, Cairns, Perth, Sydney and Melbourne (this combined VIC, TAS and SA staff). Information on FASD and its prevention was delivered by content experts; orientation to the FPHPR package; interactive training and rehearsal in the use of each component of the FPHPR package developed for each key NDMBS target groups; networking opportunities and strengthening links with other relevant service providers within each jurisdiction to reduce the impact of FASD.

[3] Refer to: www.ovahs.org.au

Australian Trachoma Alliance — Safe Eyes Program

"It is disappointing that Australia remains the only Western country affected by the disease. If trachoma is left untreated it can lead to corneal scarring and eventually to blindness."
Matthew Cooke
NACCHO Chairperson

In 2014 the Australian Trachoma Alliance (ATA)[4] assembled a forum of Aboriginal Community Controlled Health Organisations (ACCHOs) in Alice Springs to develop an Aboriginal led and community owned action plan to address hygiene and environmental health factors in order to reduce the incidence of trachoma and other communicable diseases.

In 2015 three trial community sites were selected with guidance from the NACCHO Board of Directors in agreement with the relevant ACCHO:

- Yalata (South Australia) — services provided by Tullawon Health Services Inc.
- Kiwirrkurra (Western Australia) — services provided by Ngaanyatjarra Health Service
- Utju (Areyonga, Northern Territory) — services provided by Central Australian Aboriginal Congress.

The criteria for the selection of each site included trachoma prevalence rate, population and available facilities (e.g. school, health service and sporting activities).

Below left: *Parents and Babies* program delivered by the Tullawon Health Services at Yalata Community in South Australia.

Below: Kiwirrkurra community public health workers make sure the kids blow their noses and wash their faces and hands before entering the bouncing castle at the Ngaanyatjarra Health Service Expo April 2016.

Bottom: Children at Kiwirrkurra community in Western Australia blow their noses and wash their faces and hands before going on the bouncing castle at the Health Expo 20 April 2016.

[4] On behalf of the Queen's Diamond Jubilee Trust Australia, Major General the Honourable Michael Jeffery established the Australian Trachoma Alliance (ATA) in 2014. The Alliance includes senior representatives from NACCHO, Queen's Diamond Jubilee Trust Australia, The Fred Hollows Foundation, Vision 2020 Australia and Indigenous Eye Health, University of Melbourne.

The Model: Engagement, Ownership and Leadership

The Safe Eyes trial program relies on the effective facilitation of engagement, ownership and leadership within each community to address hygiene and environmental health factors that lead to the spread of trachoma and other communicable disease. The Safe Eyes program has been developed and implemented by each community with the success of each program evaluated and owned by those communities.

Moving from ownership of the problem to leading the development of a solution, empowers each community to drive the change process. Furthermore, owning the problem as well as understanding the benefits of addressing it are both necessary elements to embed behaviour change processes within families, organisations and whole communities.

The Safe Eyes program model continues to require a methodical and principled approach to its ongoing implementation.

The following three program stages demonstrate the continuing commitment to community engagement, ownership and enabling Aboriginal Leadership.

1. The three trial community program sites were selected with the direct guidance of the national Aboriginal health leadership through the NACCHO Board of Directors and then through following the direction and agreement of the relevant Aboriginal Community Controlled Health Organisation (ACCHO).
2. Following the site selection phase, each trial community program has been developed through the engagement, ownership and leadership from the relevant ACCHO and other key community organisations.
3. All three trial community sites have developed their own Safe Eyes Action Plan to address the elimination of trachoma and other hygiene-related disease. These action plans will also include locally-developed, owned and led program indicators to ensure each community will measure its own success.

The key elements of this approach undertaken by the Safe Eyes facilitators involve:

- Demonstrating an ongoing commitment to reinforce community ownership of the action planning
- Respecting traditional knowledge and values
- Supporting rather than directing the change process
- Allowing time for change to occur.

The Safe Eyes program assumes that each community's attempt to lead and own the elimination of trachoma and other communicable disease through hygiene and environmental health actions is based on the following principles:

- Long term investment in, and commitment to change in public health behaviours at the individual, family (home) and broader community levels
- Community-led and owned solutions are sustainable because they are embedded in the community itself, since these solutions have actively valued and included local context within their development.

Evaluation

An external consultant has been engaged to evaluate the Safe Eyes model of Aboriginal leadership, community engagement and ownership within the three trial community sites.

This evaluation is essential to understanding and articulating how such a model of engagement, ownership and leadership may be applied and replicated within the 140+ trachoma-at-risk communities throughout remote and regional Australia.[5] The evaluation will document and assess the significant contextual factors at each of the three trial sites that have contributed to the successful development of community engagement, ownership and Aboriginal leadership in regard to the Safe Eyes program.[6]

[5] Australian Trachoma Surveillance Report 2013. Kirby Institute. University of New South Wales: p.10.

[6] The external evaluation of the ATA's model of engagement, ownership and leadership will be completely distinct from the identification and development of measures of success undertaken within each trial community's action plan.


BOWLERS WKTS RUNS BATSMEN OUT B RUNS FALL OF WKTS
1 FOR
MARNI NAA
BUDNI
NACCHO
OCHRE DAY
ADELAIDE
2015
OVERS R'QD
BORN AND BREWED


NACCHO
OCHRE DAY

Ochre Day

"Aboriginal males have arguably the worst health outcomes of any population group in Australia."

Ochre Day allows Aboriginal males of all ages to share knowledge and explore ways to engage with their local Aboriginal Community Controlled Health Service (ACCHOs).

Ochre Day aims to:

- Build on the recommendations and outcomes from the male only sessions at the NACCHO AGM/Members meeting
- Provide an opportunity to draw national public awareness to Aboriginal male health, and social and emotional wellbeing.

Commencing in 2013, Ochre Day is an important NACCHO Aboriginal male health initiative.

NACCHO has long recognised the importance of addressing Aboriginal male health as part of Close the Gap by 2030.

To address the social and emotional needs of males in our communities, NACCHO proposed a positive approach to male health and wellbeing by celebrating Aboriginal masculinity, and upholding traditional values of respect for our laws, respect for Elders, culture and traditions, responsibility as leaders and men, teachers of young males, holders of lore, providers, warriors and protectors of our families, women, old people and children.

NACCHO's Adelaide Ochre Day 2015

NACCHO Ochre Day 2015 was held in Adelaide 3–4 September on the lands of the Kaurna Peoples of the Adelaide Plains, in partnership with the Aboriginal Health Council of South Australia (AHCSA).

The event welcomed 180 delegates and provided an opportunity to showcase exemplars of best practice in Aboriginal male health service delivery within the Aboriginal Community Controlled Health Organisation sector (ACCHOs).

The opening ceremony began with a "Welcome to Country" by Taikurtinna Palti who also delivered the smoking ceremony and Ochre Day dedication ceremony at the close of day one.

Top: NACCHO Ochre Day 2015, group photo.

Far left: NACCHO Ochre Day 2015, Adelaide Oval.

Left: NACCHO Chairperson Matthew Cooke and AHCSA Chairperson John Singer attended the Ochre Day activities.

NACCHO Ochre Day 2015, Adelaide Oval

The traditional NACCHO Ochre Day male-only breakfast was held at Adelaide Oval, followed by a walk to the South Australian Indigenous War Memorial to allow delegates to pay their respect to those who have passed. A subsequent walk was undertaken along King William Street to Victoria Square — known as Tarndanyangga to the Kaurna people — where speeches, presentations and a lunch were held.

The second day's workshop focused on the health risks associated with the use of the drug Ice. Health care workers talked about the best approach in dealing with the drug within their own community. The workshop also allowed for delegates to share how the drug had affected their own families.

On the final night, the Jaydon Adams Memorial Oration Dinner was held at the Port Power Football Club. Uncle Lewis O'Brien opened the evening with a "Welcome to Country" followed by an inspiring speech from former Australian Football League player and recipient of the 1993 Brownlow Medal, Gavin Wanganeen, who spoke for over an hour about his illustrious career.

The Jaydon Adams Memorial Oration was delivered by Aboriginal youth case worker Aaron Ken who spoke of his life journey. Following his speech, Mark and Lizzy Adams presented Aaron with the Jaydon Adams Memorial Oration Plaque.

NACCHO would like to thank Mark Saunders for organising the event and the following guest speakers:

- Matthew Cooke, NACCHO Chairperson
- Uncle Philip Matsumoto, NACCHO Ochre Day Patron
- John Singer, Chairperson Aboriginal Health Council of South Australia (AHCSA)
- Troy Combo from Bulgarr Ngaru Medical Aboriginal Corporation, Casino Clinic
- Mark and Lizzy Adams from the Jaydon Adams Memorial Foundation
- Frank Campbell and Patrick Johnson from the Aboriginal Medical Services Alliance Northern Territory (AMSANT)
- Uncle Tauto Sansbury, National NAIDOC Lifetime Achievement Award 2015
- Damian Rigney, Aboriginal Health worker and nurse
- Dwayne Bannon-Harrison, Ngaran Ngaran Culture Awareness and
- Emrhan Sultan, Oxfam.


Barcoast Graduation 2007

Stakeholder Engagement

NACCHO has taken the lead in advocating and developing partnerships with its State and Territory peaks, industry partners and government to deliver holistic and comprehensive primary health care support and advice to its members and Aboriginal and Torres Strait Islander people.

NACCHO does not always endorse proposed changes to government health programs, projects or grants. NACCHO will always advocate for its members to advance the best possible outcomes for the Sector through submissions to government that highlight NACCHO expertise and practical insights. NACCHO aims to increase or sustain current measures and contest any reductions in funding or services that will negatively impact the health of Aboriginal and Torres Strait Islander people. In 2015–2016, NACCHO collaborated with a number of healthcare partners on several policy reform issues through the submission of position papers to the Commonwealth Government. Our recent papers, agreements, roundtables, forums and workshops have been extensive and effective for the Sector.

Position papers

NACCHO and the Pharmacy Guild of Australia

Activity	A Joint Position Paper between NACCHO and the Pharmacy Guild of Australia was developed regarding Closing the Gap Pharmaceutical Benefits Scheme Co-payment Measure. This Measure would improve access to Pharmaceutical Benefits Schedule Medicines for Aboriginal and Torres Strait Islander people.
Aim	The Paper highlights the gaps in access to the Closing the Gap (CTG) Pharmaceutical Benefits Scheme (PBS) Co-payment measure and supported needs-based eligibility criteria for Aboriginal and Torres Strait Islander peoples living with, or at risk of, chronic disease who would experience setbacks in the prevention or ongoing management of chronic disease through medicine misuse. The five key issues in the Joint Position Paper were: 1. Interaction between programs and mobility of people living in remote areas 2. CTG eligibility status and requirement of annotation on the prescription 3. Coverage of medicines under the CTG co-payment measure 4. Improving Quality Use of Medicines (QUM) support services 5. Promotion of the CTG co-payment measure.
Outcome	A Joint Position Paper between NACCHO and the Pharmacy Guild of Australia (the Guild) was signed on 28 October 2015.

Left: NACCHO Chairperson Matthew Cooke and National President George Tambassis from the Pharmacy Guild of Australia sign the Closing the Gap Pharmaceutical Benefits Scheme Co-Payment Measure position paper.

NACCHO and the State and Territory Peak Bodies Position Paper

Activity	Provide advice to the Department of Health on the Australian General Practice Training (AGPT) Salary Support Program Policy 2016.
Aim	To advocate for no change. NACCHO and seven State and Territory Peak Bodies advocated for an immediate abandonment of the proposed draft policy. The *NACCHO and the State and Territory Peak Bodies Position Paper* was submitted to the Commonwealth Department of Health on 15 December 2015 and contained an agreed position between NACCHO and the following State and Territory Peak Bodies: • Aboriginal Health Council of Western Australia (AHCWA) • Aboriginal Medical Services Alliance of the Northern Territory (AMSANT) • Aboriginal Health and Medical Research Council of New South Wales (AHMRC) • Victorian Aboriginal Community Controlled Health Organisation (VACCHO) • Aboriginal Health Council of South Australia (AHCSA) • Winnunga Nimmityjah Aboriginal Health Service (Winnunga Nimmityjah AHS ACT) • Queensland Aboriginal and Islander Health Council (QAIHC).
Outcome	Through this published position paper, NACCHO and the State and Territory Peak Bodies asserted that the proposed policy would have a detrimental impact on ACCHOs and the wider community.

Medicare Benefits Schedule Review Taskforce Stakeholder Consultation

Activity	NACCHO provided a Submission to the Medicare Benefits Schedule (MBS) Review Taskforce.
Aim	The Minister for Health and Aged Care, The Hon Sussan Ley MP announced the Healthier Medicare initiative and the establishment of the Medicare Benefits Schedule (MBS) Review Taskforce on 22 April 2015. The NACCHO Submission included five propositions about MBS Items, preventative health education, health promotion and social marketing for behavioural and lifestyle change in our communities. NACCHO also provided advice on a series of reform initiates for operating systems and procedures.
Outcome	A Submission was sent but any impact is not yet known as the Taskforce will provide its recommendations to the Minister in December 2016.

Roundtable discussions

Methamphetamine (Ice) Roundtable

Activity	NACCHO brought together expert speakers from around Australia to advise NACCHO on current health methods in dealing with Methamphetamine (Ice) usage and convened a National Roundtable at Canberra in Parliament House in October 2015 to identify culturally appropriate, preventive programs and treatment options.
Aim	Ice usage is a major concern for NACCHO member services and Aboriginal and Torres Strait Islander communities. The Roundtable for over 50 delegates was formally opened by Senator the Hon Fiona Nash, (former) Minister for Rural Health. The discussion canvassed a wide range of views and ideas based on the action areas highlighted by the Commonwealth Government's National Ice Taskforce which included: 1. Target primary prevention 2. Improve access to early intervention, treatment and support services 3. Support local communities to respond 4. Improve tools for frontline workers 5. Focus law enforcement actions 6. Improve and consolidate research and data.
Outcome	The Roundtable equipped members with information and best practice examples to guide service delivery.

Organisational Accreditation Roundtable

Activity	An Organisational Accreditation Roundtable was held in March 2016 consistent with the NACCHO 2015–16 Activity Plan.
Aim	The Roundtable was convened for NACCHO Members and Affiliates with funding levels and scales of service delivery that are indicative of warranting organisational accreditation. The discussions canvassed issues such as: • The need for coordinated and planned funding for accreditation • The need for more clarity around costs and cost benefits — not only for Organisational Accreditation, but more broadly, to meet 'quality' objectives • The need for NACCHO, Affiliates and the Department of Health to have a shared, clear and consistent understanding of 'quality' and how those components interact • The need for Key Performance Indicators and other measures relating to quality to reflect the reality of the ACCHO environment • The value and potential for quality improvement that could be derived from service benchmarking and robust research conducted by the industry through data collection.
Outcome	A roundtable was convened and '*Guidelines for Organisational Accreditation — A Practical Toolkit*' was published.

Political leadership

Political leadership during the year proved challenging with many changes in the political landscape, including a change of Prime Minister and the announcement on 8 May of a double dissolution election for Saturday 2 July 2016. This proved to be one of the longest election campaigns in history and the Liberal/National Party Coalition was ultimately returned with a reduced majority of one in the House of Representatives.

NACCHO Chairperson Matthew Cooke and other NACCHO board members spoke with many parliamentarians during the election campaign and encouraged them all to focus their attention on Closing the Gap in Aboriginal Health. Also the NACCHO communications team provided numerous articles in NACCHO Health news that demonstrated why politicians should support Aboriginal Controlled Health Services.

Our bipartisan political engagement strategy has evolved and developed over the years to make NACCHO an effective advocate for the Sector. NACCHO meets regularly with Ministers and shadow ministers. NACCHO coordinates and facilitates meetings, roundtables, discussions and events regarding Aboriginal health care. We invite all Members of Parliament and are often joined by senior public servants from Australian and other public sector agencies, health practitioners, organisations and media representatives.

NACCHO consistently advocates that the Government adopt measures that encourage Aboriginal and Torres Strait Islander peoples' participation in their own community development and reinforce the human rights of Aboriginal and Torres Strait Islander people. The Community Controlled sector embodies these aspirations, combining the best of clinical know-how with culturally enriched local knowledge and wisdom.

We influence public policy decisions, strategies, programs and research outcomes through robust analysis, a common sense approach to discussing complex Aboriginal health issues and by employing national statistics to reinforce the strength of our arguments like the Australian Institute of Health and Welfare [AIHW] Report Card that will be released in 2016.

NACCHO has already produced and distributed an *Invite your local MP action kit* to all Affiliates with a simple step-by-step guide to inviting a politician to visit their service and take the time to meet with staff. NACCHO encourages Federal politicians and their state and territory counterparts to meet with their local Aboriginal Community Controlled Health Services and spend time in these health settings to witness for themselves the level of care provided and how funds are expended. We ask that they respect and value the decisive contributions ACCHO staff make in ensuring the local community is accessing quality care from our members. Health budgets are always under enormous financial pressures and we continue to remind politicians from all parties of the work our Aboriginal Community Controlled Health Services provide throughout Australia. NACCHO encourages all members to devote time to this important initiative to further develop relationships with their local politicians.

Left to right: Current Federal Aboriginal parliamentarians are Assistant Minister for Health and Aged Care Ken Wyatt MP, Hon Linda Burney MP, Senators Patrick Dodson and Malarndirri McCarthy.





YALATA

Communication

NACCHO's media and communications strategy continued to be employed to good effect. Our communication goals and objectives have ensured Aboriginal and Torres Strait Island health issues are elevated in the national arena.

NACCHO's communication goals were achieved through:

- Press releases and media interviews
- Publishing a daily online Aboriginal Health News Alert
- Extensive social media engagement
- Publishing three NACCHO Aboriginal Health Newspapers
- Continued production of a 20 part 'Aboriginal Health in Aboriginal Hands for Healthy Futures' video series to be screened on National Indigenous Television (NITV).

NACCHO's communication objectives involved educating ACCHO staff regarding NACCHO programs, sharing success stories between members, and educating our sector and the broader community of NACCHO's successes.

Media Engagement

Essential Media Communications (EMC) continued to provide media services through the publication of media releases and alerts, attracting considerable national coverage for our activities and events through online, print, broadcast and radio outlets.

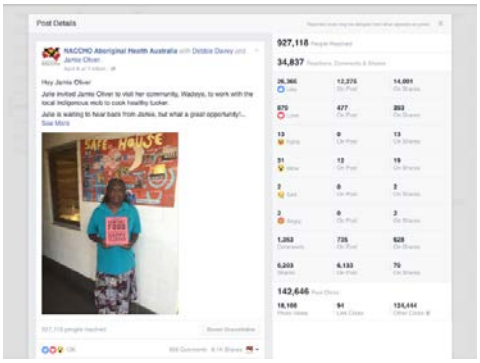
Social media

NACCHO continued communicating with members, stakeholders and the community through the Aboriginal Health News Alert Communique of 385 alerts that have attracted a readership of 3,973 subscribers.

Our social media platforms — Facebook, Twitter and YouTube (NACCHO TV), allow NACCHO to engage with the community, delivering a steady stream of information concerning health issues affecting Aboriginal and Torres Strait Islander people.

A social media highlight this year came after receiving 17,114,375 views on Twitter for our Federal #HealthElection16 eight-week election campaign.

We reached 927,118 people through our Jamie Oliver Facebook campaign inviting him to teach the Wadeye Community in the Northern Territory to cook a healthy meal.



NACCHO's social media in numbers

Downloads
from NACCHO website
1,302,030

Videos produced
for NACCHOTV
20

Most Successful Twitter #
17,114,375
#HealthElection16

Most people reached Facebook
927,118
Jamie Oliver campaign

NACCHO Aboriginal Health newspaper

In partnership with the *Koori Mail*, NACCHO continued to publish Australia's first Aboriginal Health News newspaper which is published three times each year. This year, we attracted major advertising support for our special 2016 Federal Election edition.

This 24 page supplement was distributed nationally in 14,000 copies of the *Koori Mail*, with additional copies directed to NACCHO member organisations.

NACCHOs newspaper reached 100,000 readers and is available for download on the *Koori Mail* app.

NACCHO
ABORIGINAL HEALTH NEWSPAPER
EDITION 6 JUNE 2016 PHONE: (02) 6246 9309

Self-determination is key to Closing the Gap

By MATTHEW COOKE, NACCHO Chair

OPPORTUNITY
NACCHO ABORIGINAL HEALTH NEWSPAPER
Positive news stories and Advertising wanted for next edition distributed at NACCHO AGM / Members Meeting 6-8 December 2016

National Aboriginal Community Controlled Health Organisation
Contact : NACCHO Newspaper Editor Tel: 02 6246 9300
Email : nacchonews@naccho.org.au
Download rate card and more info http://www.naccho.org.au/contact-us/newspaper/

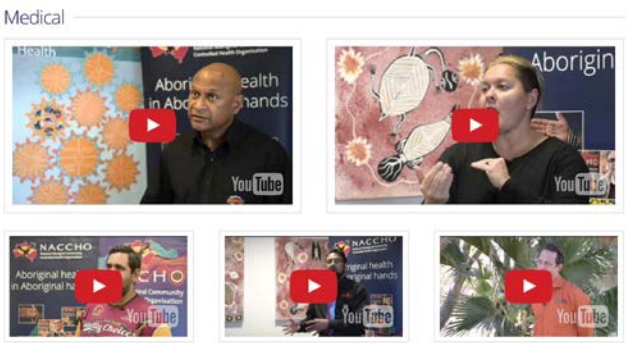
Aboriginal Health in Aboriginal hands video series

NACCHO engaged a video production team to produce twenty 30 minute interviews with Aboriginal health leaders and workers, the NACCHO Board, ACCHO CEOs, and community members in urban, rural and remote member locations throughout all states and territories of Australia. The 'Aboriginal Health in Aboriginal Hands for Healthy Futures' videos were made available through NACCHO TV, NACCHOs YouTube channel. All episodes will be made available to NITV and other Aboriginal media groups for broadcast.

Below: NACCHO Chairperson Matthew Cooke introduces the NACCHO video series.

Middle: YouTube NACCHO TV screenshots.

Bottom: Aboriginal Health in Aboriginal Hands for Healthy Futures' videos cover.



State and Territory Affiliates (Peak) Reports

Aboriginal Health and Medical Research Council (AH&MRC)

Address: Level 3, 66 Wentworth Avenue, Surry Hills, NSW 2010

PO Box 1565 Strawberry Hills, NSW 2012

T: (02) 9212 4777
F: (02) 9212 7211
E: ahmrc@ahmrc.org.au
W: www.ahmrc.org.au

Victorian Aboriginal Health Community Controlled Health Organisation (VACCHO)

Address: 17–23 Sackville Street, Collingwood VIC 3066

PO Box 1328 Collingwood VIC 3066

T: (03) 9411 9411
F: (03) 9411 9599
E: enquiries@vaccho.org.au
W: www.vaccho.org.au

Queensland Aboriginal and Islander Health Council (QAIHC)

Address: Level 2, 55 Russell Street, South Brisbane QLD 4101

PO Box 3205 South Brisbane QLD 4101

T: (07) 3328 8500
F: (07) 3844 1544
W: www.qaihc.com.au

Aboriginal Health Council of South Australia (AHCSA)

Address: 220 Franklin Street, Adelaide SA 5000

PO Box 719 Adelaide SA 5001

T: (08) 8273 7200
F: (08) 8273 7299
E: ahsca@ahsca.org.au
W: www.ahsca.org.au

Aboriginal Health Council of Western Australia (AHCWA)

Address: 450 Beaufort Street, Highgate WA 6003

PO Box 8493 Business Centre WA 6849, Sterling Street Perth WA 6000

T: (08) 9227 1631
F: (08) 9228 1099
E: reception@ahcwa.org
W: www.ahcwa.org.au

Tasmanian Aboriginal Centre (TAC)

Address: 198 Elizabeth Street, Hobart TAS 7001

GPO Box 569 Hobart TAS 7001

T: (03) 6234 0700
F: (03) 6234 0799
E: hobart@tacinc.com.au
W: www.tacinc.com.au

Aboriginal Medical Services Alliance Northern Territory (AMSANT)

Address: Moonta House, 43 Mitchell Street, Darwin NT 0800

GPO Box 1624, Darwin NT 0801

T: (08) 8944 6666
F: (08) 8981 4825
E: reception@amsant.org.au
W: www.amsant.org.au

Winnunga Nimmityjah

Address: 63 Boolimba Crescent, Narrabundah ACT 2604

T: (02) 6284 6222 or free call 1800 120 859 or 1800 110 290
F: (02) 6284 6200
W: www.winnunga.org.au

Aboriginal Health and Medical Research Council (AH&MRC)

Over the past year the Aboriginal Health and Medical Research Council (AH&MRC) has succeeded in meeting the many challenges that confront our sector in the new funding, policy and operating environment, where significant changes are taking place.

Despite the challenges the AH&MRC has achieved important outcomes consistent with our strategic objectives, by providing ongoing support to members and continuing to promote the interests of the ACCHS's sector, to achieve better health outcomes for Aboriginal people in NSW.

In 2015 AH&MRC celebrated our 30th year and in light of the many changes over recent years AH&MRC engaged consultants to conduct an organisation review. The review recognises that 'given the longevity of AH&MRC operations and extensive achievements, the AH&MRC is well placed to set a platform for its next period of operation'. The AH&MRC has reviewed its strategic plan and is reviewing its constitution.

Similar political uncertainty affects our Members and AH&MRC is currently working with Primary Health Networks (PHNs) to establish a strong foundation for their work with the ACCHS's sector as well as raising issues around planning, commissioning and quarantining of Aboriginal health funding which is vital to our model of comprehensive primary health care. Undoubtedly, new funding models and a dwindling reserve of Aboriginal identified funding will create further challenges. AH&MRC will continue to support Members with services and systems to meet the new environment. AH&MRC has made some significant changes to establish a more collaborative and integrated program delivery and training approach to support members.

In 2015–2016 AH&MRC has provided support to our Members through key activities, including:

- Visits to Members by the CQI Team to support approaches to CQI activities, adopting a cultural framework to convey the *Plan Do Study Act* methodology
- Strengthening relationships with other Affiliates of NACCHO to exchange program and service models
- Convening the combined Aboriginal Tobacco Resistance and Control (A-TRAC) and Chronic Disease Conference held in May with over 150 delegates attending. The distribution of 2000 Living Longer Stronger Resource Kits for Aboriginal Health Workers to assist patients to understand how disease affects their body. A total of 56 delegates attended the AH&MRC Aboriginal State-wide Cancer Forum in March and 500 copies of the A-TRAC Yarning tool have been disseminated.
- The development of a digital kit to increase Aboriginal community members awareness of Hepatitis C treatment and also distributed waiting room displays which included a GP information kit on new hepatitis C treatments. Posters, pamphlets, beanies and other giveaways promoting Hepatitis C treatment were provided for community events. AH&MRC also co-developed a new campaign aiming to improve the sexual health of young Aboriginal (15–29 years) across NSW called 'Take Blaktion', which employed comedy to overcome shame and stigma around sexual health. It aims to educate and empower Aboriginal young people to get informed, take action and get tested for Sexually Transmissible Infections (STIs).[7]
- The distribution of 357 child restraint seats across NSW. AH&MRC was funded by Roads and Maritime Services to develop and implement a project to increase Aboriginal communities access to affordable motor vehicle child seat restraints and increase Aboriginal communities knowledge of appropriate use and fitting of child seats. 12 AH&MRC member services participated in the project and held community events or education sessions for a total of 363 people. As a result 357 child seats were distributed.

[7] Whilst AH&MRC is no longer funded for a sexual health program, AH&MRC is currently undertaking a pilot project to assist members with the reporting of sexual health KPIs. This project is an example of the new approach that AH&MRC is committed to.

- Continuing to provide forums in the area of Social Emotional Well Being, for specialised training to support the SEWB workforce. AH&MRC has adopted a train the trainer model as research indicates that Aboriginal people learn better from Aboriginal peer trainers. Three training packages are now delivered by Aboriginal workers across the state, these being Peer Supervision, Motivational Interviewing and the Indigenous Risk Impact Screening Tool (IRIS). Another key activity was holding the Stolen Generation Workforce Forum with over 20 'Bringing them Home' and SEWB workers attending.
- The approval for the HLT40213 Certificate IV in Aboriginal &/or Torres Strait Islander Primary Health Care Practice delivered at the AH&MRC Aboriginal Health College (AHC) means that our students can apply for Aboriginal Health Practitioner registration which could potentially present opportunities for Member Services to increase Medicare revenue. We are currently looking at different ways to develop a project that would utilise our Aboriginal Health Practitioners within our sector and services. Our Registered Training Organisation (RTO) licence has been renewed for 7 years (to 2023), and all of the superseded courses have been replaced by the new courses and added to scope, along with the 10506NAT Certificate IV in Stolen Generations Family Research and Case Management. A very successful 9th graduation occurred in May with 140 Qualifications or Statement of Attainments were presented.

In conclusion, AH&MRC is committed to supporting Member ACCHSs to achieve improved health and wellbeing outcomes for Aboriginal people and promoting the ACCHSs model of holistic culturally appropriate primary health care to achieve these outcomes.

We take this opportunity to thank the staff of the AH&MRC for their hard work in what has been a difficult year and we acknowledge the commitment and leadership of the Board of Directors to meet the challenges in this time of change.

Victorian Aboriginal Community Controlled Health Organisation

The Victorian Aboriginal Community Controlled Health Organisation (VACCHO) celebrated 20 years of operation in 2016. Our Members drove the establishment of VACCHO and continue to be the driving force of the work we do.

We launched our mural on 15 April 2016 to enhance our cultural footprint, and installed a time capsule to recognise and showcase our Members.

In November, we commenced our mid-term review of our Strategic plan.

Reflecting on the work we do, it was clear that VACCHO had been working across a much wider subject base than just primary health — which was not formally recognised in our Strategic plan. Previously, our Members requested that VACCHO expand into areas related to the Aboriginal definition of health, reflecting the vast range of services they provide to their communities. Our work in aged care, disability, mental health, child protection, housing, justice, infrastructure and family violence, are some examples.

VACCHO has 27 Aboriginal Community Controlled Health Organisation (ACCHO) members and the number is growing annually. Our Members offer a holistic and unique model of culturally appropriate, high quality service delivery across a range of social elements of health for individuals, families and communities. These service delivery agencies, provide a prominent cultural footprint and are often a major employer of Aboriginal people in their region.

Many of our members are undertaking major infrastructure renovations including new purpose built facilities which will raise their profile as a vibrant, diverse and thriving health service provider.

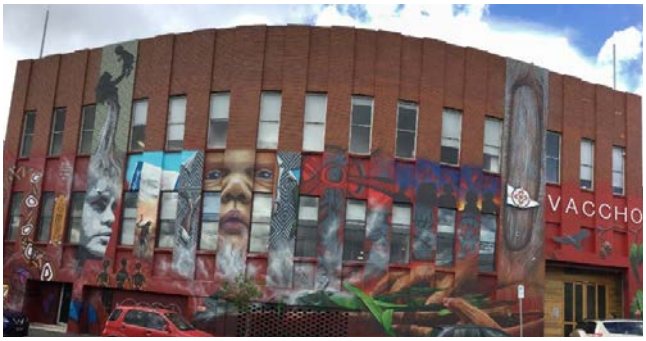
VACCHO Member meetings continue to take place regularly. These forums ensure VACCHO speaks with the collective wisdom of our Members, taking a bottom-up approach to policy and advocacy, service delivery design and workforce and training responses.

VACCHO and our CEO Professional Network Forum actively engaged in the provision of leadership, advice and assistance to the Victorian Government on a number of key reform issues. The '*Roadmap for Reform: Strong Families, Safe Children*' and the recommendations coming from the '*Royal Commission into Family Violence (Victoria)*,' will provide new opportunities to improve outcomes for the Aboriginal Community and for our Member ACCHOs. Both reforms will see a significant investment in a range of programs and a whole of system change to support vulnerable families and address the overrepresentation of Aboriginal children and young people entering out of home care.

VACCHO is NACCHO's representative on the National Aged Care Alliance (NACA), which has been the key source of aged care policy advice to the Commonwealth Government. This enables the Australian Aboriginal community the opportunity to participate and engage in providing quality, culturally safe service delivery.

The imminent enactment of the '*Increasing Choice in Home Care*' legislation and other aged care reforms, is a continued focus for VACCHO. We provided a submission to the Commonwealth Government for the first stage of these reforms, which will see aged care packages directly allocated to consumers allowing them to choose their preferred provider from 2017. Both the Aged Care reforms and the transition to the National Disability Insurance Scheme, provide many opportunities for our Members to improve their health.

VACCHO



VACCHO continues to auspice the Victorian Aboriginal Children and Young People's Alliance (The Alliance), which was created by 14 VACCHO Members. The advocacy work undertaken by The Alliance has been highly successful and is visible through a number of Ministerial budget announcements and commitments, such as the development of a transition team to develop and implement a strategy to transition support services for Aboriginal children and young people who are involved with child protection to ACCHOs; increased staff throughout Victoria for Aboriginal Cultural Support Plans; expansion of the Aboriginal Child Specialist Advice and Support Service program to ACCHOs; and provided additional funding to assist ACCHOs applying for Targeted Care Packages. The State Government acknowledged the success of The Alliance by doubling their investment for policy and advocacy roles this financial year.

The Victorian Government is embracing 'co-design' in Victoria. This ensures policy frameworks, plans and strategies are designed and implemented 'by Aboriginal people, for Aboriginal people'. Whilst it can be demanding for our member ACCHOs to participate in the co-design forums, it is the start of a journey that will lead to improved outcomes and a genuine partnership with government.

We have significantly increased our fee-for-service and self-generated income which will allow us to invest in our members' long-term sustainability and provide member support in areas that do not attract government funding.

As of 30 June 2016, VACCHO delivered a total of 159 workshops and trained 2,842 people in cultural safety. This will have a significant impact on access to culturally safe services for our communities.

VACCHO's reputation as the peak body for Aboriginal Health in Victoria continues to grow. We are currently involved in an unprecedented number (over 150) of ongoing expert panels, steering committees and policy framework forums which occur regularly with politicians, senior government officials and stakeholders. Engagement at this level, across a broad range of topics, enables VACCHO the opportunity to ensure the co-design process with Government is genuine and truly reflects 'Aboriginal health in Aboriginal hands'.

Our data strategy was implemented with 100 per cent of eligible members providing information each month to VACCHO. The provision of the monthly de-identified health service data representing 20,000 Aboriginal people living in Victoria makes this one of the largest and most significant Aboriginal health data sets in Victoria. We will continue to build on the rich knowledge captured through this data to advocate for, and drive Government policy planning and funding decisions, based on Member and Community health priorities and an irrefutable evidence base.

Our *Yarnin' Health* radio program celebrated two years on air during NAIDOC week in 2016. Since its inception, *Yarnin' Health* has delivered over 200 interviews and audio segments promoting services and issues related to the Victorian Aboriginal Community.

VACCHO designed and implemented short training courses in governance for our Members and the community more broadly. *Strong Governance in Aboriginal Organisations — Workshops for Boards*, individuals and community was rolled out across Victoria.

Our inaugural Board Forum provided an opportunity for Board members from all Victorian ACCHOs to network, learn about the reform environment and refresh specific skills and knowledge of the complex regulatory environment they operate in.

We continue to build the profile of our ACCHO workforce with stakeholders recognising their expertise and high quality service delivery models. Professional development for ACCHO staff continues to provide opportunities for career progression and service delivery excellence.

VACCHO welcomes the state conversation for developing a treaty in Victoria. We look forward to the opportunities for self-determination and improved outcomes this will provide Aboriginal Victorians into the future.

Aboriginal Health Council of Western Australia

Kaya Wanjoo from me, Michelle Nelson-Cox, Chair of the Aboriginal Health Council of Western Australia [AHCWA].

Strategic observations and outcomes

Nous Review

A few months after a very challenging financial year, the anxiety of the Nous Review process has reduced but is still very much in the air. AHCWA, our fellow Affiliates and our national colleagues at NACCHO, anticipate a positive set of recommendations from the Review to the Federal Government. We await the Federal Government's response, which we expect will result in a shift of responsibilities at a state and national level.

Services of concern

One of AHCWA's proudest achievements this year was AHCWA's staff supporting Puntukurnu Aboriginal Medical Service based in Newman, who also manage small and very remote clinics, Carnarvon Medical Services Aboriginal Corporation, and at the tail-end of the reporting period, Derbarl Yerrigan Health Service Perth. Our efforts stabilised governance at PAMS, and brought CMSAC back to surplus. We are confident that over time our support will prove crucial in recovering good governance at DYHS during the 2016–17 financial year. Although contentious for a few people in the WA Sector, we are confident that Western Australian ACCHOs' 'self-governance' is strongly supported by the majority of AHCWA's members and was recommended by the draft Nous Review.

New strategic planning

AHCWA staff, in consultation with The Board and Member Services, began the process that will lead to a new AHCWA Strategic Plan. It is unanimously considered that a key future threat to our sector, is the level of Federal Government investment in the new and untested Primary Health Networks (PHNs). The funds for Aboriginal health being held by the Western Australian PHN are already dominating strategic discussions between WA Aboriginal Medical Service CEOs and the meetings of the AHCWA Board. AHCWA has also worked closely with other Affiliates and NACCHO about these emerging concerns, and possible solutions for them.

Operational observations and outcomes

Doing business better

AHCWA has boosted staff retention rates and productivity levels through improved hiring practices, strengthened staff culture, and enhancing communication of shared organisational goals. We also retained our Quality Innovation Performance organisational accreditation.

Training and community programs

AHCWA is a Registered Training Organisation and has introduced a number of training-related programs to advance Aboriginal health in WA. Our team of trainers offer both generalist and specialist training. AHCWA has continued to be a major contributor to the development of the WA Child Ear Health Strategy which provides training to young Aboriginal children through 'Koobarniny' — a giant inflatable ear.

The uptake by our Member Services for our immunisation program has been high. The program teaches Aboriginal Health Workers how to administer immunisations, and in the last financial year was delivered at four different sites throughout Western Australia.

Reducing smoking rates among Aboriginal people remains another key objective for AHCWA. The Tackling Indigenous Smoking team continued to provide its well-received healthy lifestyle workshops throughout the financial year.

State Sector Conference

Our annual State Sector Conference was held in March, which provided an opportunity for delegates from across our massive State to participate in a number of robust discussions. Participants also heard presentations from numerous Aboriginal clinicians and experts.

Youth Program

Our Youth Committee facilitated a series of Social and Emotional Wellbeing events across the State. The Committee also facilitated a Youth Workshop run in conjunction with the State Sector Conference. It was inspiring to hear the views of our future Aboriginal leaders.

Policy and Communications

Our policy and communications unit produced a number of written and verbal submissions to Parliamentary inquiries. AHCWA made 10 Federal policy submissions (including to one Senate inquiry), and 10 State policy submissions (including to two State Parliamentary inquiries). Our communications team worked alongside Campaign Capital to develop news stories that highlight Western Australia's Sector achievements. Extensive media coverage was achieved, particularly through print news media and radio outlets.

Aboriginal Health Council of South Australia (AHCSA)

The past twelve months have been a hectic time for the organisation with mixed emotions along the way tinged with sadness and happiness. We would like to acknowledge the contribution our former CEO, friend and colleague Mary Buckskin made to Aboriginal health, NACCHO, the Sector and AHCSA for over thirty years. Her legacy will continue to live on through AHCSA.

We began the financial year with uncertainty with our funding agreements and we had to say goodbye to five retirees and ten colleagues whilst we waited for Agreements to be finalised. We were also preparing our new building with a fresh refurbishment to cater to our needs, which included a lift and a Simulated Learning Environment for our Registered Training Organisation Arm.

We moved into the new building in August 2015, whilst conducting a recruitment drive for our positions funded through the Department of Health. We had a new Continuous Quality Improvement (CQI) Team who provide accreditation, governance, policy, data and IT, Medicare and practice manager support to our Members.

These new additions have been well received by our Members and the Team have been linking into the other State Peaks sharing and gaining knowledge to support the Sector. Our Public Health Medical Officer continues to play an important role in supporting the CQI and Sexual Health Teams, our Public Health Registrars as well as supporting our Members and linking into National committees and priorities such as immunisation.

In November 2015, we received notification we were successful in the tender for the national delivery of the Cancer Australia resources: *Our Lungs Our Mob* and Women's Business. It was a new venture for AHCSA and it was hard work coordinating at a national level but with a great team at AHCSA and great support from the State Peaks we were on track to complete the subscribed 60 workshops by 30 November 2016.

In December 2015, we held our AGM with the continuation of the previous office bearers and Executive Members and some new faces joined the Board of 13 Member representatives. The week held the opportunity to hold the launch of the Rising Spirits website and *Grief and Loss* booklet for community and stakeholders; and the Tackle the Triggers website which is a resource and toolkit for Managers to assist their staff with giving up smoking.

The Board and Member CEOs participated in the first session of governance training through the Australian Institute of Company Directors (AICD), which was continued in March and May 2016. The week finished with the opening of the new building with Minister for Health Jack Snelling; Warren Snowden, Shadow Parliamentary Secretary for Indigenous Affairs; NACCHO Chairperson Matthew Cooke and VACCHO CEO Jill Gallagher attending. AHCSA Chairperson John Singer and Deputy Chairperson Polly Sumner-Dodd cut the ribbon with AHCSA CEO Shane Mohor and Minister Snelling. There were many people in attendance from our Members, key stakeholders, partners and funders. It was especially poignant to have Mary's family, the Buckskin and Karpany families, in attendance to share this occasion.

In February 2016, AHCSA was successful with our grant application for the Tackling Indigenous Smoking Programme, which enabled us to continue the work previously undertaken over the past five years, with a new team of five. It also allowed us to expand to support our Members with capacity building on the ground with the addition of five positions in five health services. By the 30 June 2016 the programme was getting underway with the recruitment processes, planning and training sessions. There is a strong data and evaluation component which will enable us to capture two years worth of data and information to both assess changes in this area and to advocate for further funding post 2018.

Over the past twelve months AHCSA's Registered Training Organisation (RTO) has maintained it's fast pace to keep up with the ever-changing Vocational Education and Training (VET) sector. Over this period the RTO continued in its delivery of the three Aboriginal and/or Torres Strait Islander Primary Health Care qualifications, as well as the Aboriginal Maternal and Infant Care and Burns Prevention, Management and Rehabilitation specialisations.

In February 2016, the RTO enrolled 36 new students across the three Primary Health Care qualifications, two classes commencing their Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care and one class of both the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care and Practice programs. The Certificate III students are due to complete their training at the end of 2016, with the Certificate IV students training through until June 2017 and the Certificate IV Practice students set to complete at the end of 2017.

In May 2016 the RTO held a Student Graduation of 41 graduates for the classes of 2016. The event was held at the Adelaide Pavilion on South Terrace and was a great success. Our application for AHPRA accreditation is still being processed and we are anticipating the successful review of our application towards the end of 2016.

We look forward to many new ventures into the next financial year with research, education and training and Member support and also building our business arm of the organisation. We thank NACCHO and the other State Peaks for their continued support over the past 12 months and we look forward continuing this into the future.

Aboriginal Medical Services Alliance Northern Territory (AMSANT)

The year has seen AMSANT's core work continue to consolidate and our sector continue to grow amidst ongoing changes in the health system and uncertainties surrounding review processes; notably for the year, the Commonwealth's review of NACCHO and the State Peaks.

During the year in the Northern Territory Aboriginal Health Key Performance Indicators (NTAHKPI) 2014/15 report revealed that the Aboriginal community controlled health sector is the largest provider of primary health care to Aboriginal people in the NT. Over half of all the episodes of care (53%) and contacts (55%) in the Aboriginal PHC sector in the Northern Territory are provided by ACCHOs.

The 3rd National Aboriginal Health Summit, hosted by AMSANT and the NT Department of Health, was held in Darwin in July. The occasion was used to announce the signing of the new NT Framework Agreement by Minister Nash, NT Health Minister, John Elferink, and AMSANT Chairperson, Donna Ah Chee. A communiqué for the Summit was produced.

The signing of the new Framework Agreement reflected a renewed commitment by the NT Aboriginal Health Forum partners to ensure that Aboriginal health planning issues are directed through the Forum. An example of this was the agreement between the NT Government and AMSANT for the Back on Track program to develop the AHP workforce to be referred through the Forum alongside workforce issues in general.

During the year the Forum has reinvigorated discussion on regionalisation and progress was made in three agreed priority areas: Miwatj, Red Lily and Alyawarr. The business case for the three areas, which was coordinated by AMSANT, was considered and funding released to assist with the transition of Milingimbi clinic to Miwatj. Formal transition occurred on 1 July 2016. Further development of the Red Lily business case was completed by a working group and funding released to begin transition, including the recruitment of Red Lily's first employee — a transition manager. This was an historic moment for Red Lily, having waited in limbo without operational funding for eight years. The funding is being auspiced by AMSANT until Red Lily's corporate structure is in place.

A further significant development in the NT's health system occurred during the year with the transition to the new NT PHN. AMSANT is a one third shareholder in the PHN, with three Board positions reserved for Aboriginal directors and a constitution that includes a principal object to support the development of the Aboriginal community controlled health sector (ACCHS). We hope that AMSANT's involvement in the NT PHN will assist in avoiding the sidelining of the ACCHO sector that was experienced with many Medicare Locals and continues to be experienced with new PHNs around the country.

The relationship between PHN and ACCHO sectors is both a key area of opportunity and risk, and AMSANT attended a number of meetings and forums during the year that addressed these issues. While the *PHN and ACCHOs Guiding Principles*, that AMSANT and other peak bodies contributed to, is a strong document, its non-binding status and lack of Commonwealth oversight significantly lessens its utility.

The issue of commissioning processes is of central concern. AMSANT responded to the PHN draft commissioning guidelines and made a strong case for direct or preferential funding of ACCHOS.

The jury is still out on how the NT PHN will respond, however, instances over the past year of Aboriginal core health services funding being directed by the PHN to non-Aboriginal NGOs is cause for concern.

Meanwhile, AMSANT has contributed to PHN planning processes, such as the Integrated Mental Health Care Discussion Paper and the Needs Assessment.

An important initiative during the year was a forum in Darwin in December hosted by AMSANT, bringing together eleven ACCHOS from across northern Australia to discuss our deep concerns regarding the current syphilis epidemic in remote areas, ongoing and unacceptably high rates of other STIs, and the potential for HIV to rapidly escalate in remote and regional communities across northern and central Australia. The forum released a statement calling for urgent, coordinated action from governments to effectively resource and respond to these issues. AMSANT subsequently participated in a joint tender for STI education funding which was successful.

AMSANT was a partner in a joint submission (led by the NTG) to the MBS review — with a key recommendation being increased Medicare item number access for nurses and Aboriginal Health Practitioners and a telehealth Medicare item number for GPs providing support to nurses and Aboriginal health practitioners remotely. AMSANT also responded to significant national inquiries into chronic disease and mental health. In the lead-up to the completion of the National Mental Health Commission's report of its Review of Mental Health Programmes and Services in April 2016, AMSANT hosted a workshop for the Commissioners in Darwin and accompanied their visit to remote NT communities.

AMSANT continues to provide strong eHealth support for our member services including support with Communicare, the NT and national KPIs, My eHealth Record as well as uptake of Telehealth and Secure Messaging. Support is provided through the IHPO and WPO to the Aboriginal health workforce including Aboriginal Health Practitioners, Allied health professionals, chronic disease workforce, health promotion workforce and GP Registrars. AMSANT also provided a submission on proposed changes to GP registrars' funding that would significantly impact on ACCHOS.

Bagot Community Health Clinic was admitted as an Associate Member during the year and AMSANT participated in discussions about the future of the clinic which resulted in a request for AMSANT to auspice the clinic till June 2017. Negotiations on an auspicing agreement are in progress and AMSANT has been providing ongoing support to the Clinic.

The year has seen particular focus for AMSANT on research and data issues. A research and data workshop for AMSANT members was held in April 2016. The workshop discussed AMSANT's and members' views and needs in regard to research capacity, data governance and use, and engagement with research. The workshop provided strong direction from members on the need to increase the research capacity of AMSANT and the sector and to better support members in relation to data governance and use.

AMSANT became a partner in three health research projects in 2015/16 — the Data Linkage Partnership Project managed by Menzies School of Health Research; the StrivePlus project managed by the Kirby Institute; and partnering with other Affiliates and the South Australian Health and Medical Research Institute (SAHMRI) on a tender to improve STI testing and treatment in remote communities. The Data Linkage and StrivePlus projects have provided funding for a Health Research Officer employed by AMSANT that has enabled us to work on expanding our sector's research capacity.

In September, AMSANT and Charles Darwin University partnered to host the *Healthy Kids Smart Kids Conference* at the Darwin Convention Centre — the first collaboration of its kind that AMSANT has undertaken. It was very successful in bringing the sectors together, with many good news stories, including from schools, and joint recognition of the need to establish an Aboriginal peak body for education in the NT.

AMSANT continues to play a leading role in the Aboriginal Peak Organisations NT (APO NT) alliance and auspices APO NT's programs and staff. APO NT has continued to develop as a respected Aboriginal leadership body in the NT and nationally, with its scope of work broadly covering the social determinants of health. During the year AMSANT contributed to APO NT's submission on the Commonwealth's Community Development Program (CDP) Bill 2015 and to the Senate inquiry on the Indigenous Advancement Strategy (IAS) tendering process. The AMSANT's CEO gave evidence along with other APO NT CEOs to the Senate hearing on the IAS in Darwin.

APO NT's strategic work in Aboriginal housing over the past two years resulted in the establishment of an NT Aboriginal housing committee — Aboriginal Housing NT — that has helped to spur significant policy change. In May 2016, the Giles government initiated a process of reviewing the NT remote Aboriginal housing system with a view to handing back control of remote housing to Aboriginal community organisations, managed through a new NT Remote Housing Development Authority. $1 million has been provided for a 12-month consultation process, initially to propose a structure for the RHDA and then the local Aboriginal bodies. The Government has sought to include APO NT as a key stakeholder and partner in the consultation process.

AMSANT and APO NT have also been active during the year in relation to the crisis-wracked child protection and out of home care system in the NT.

AMSANT held a members' workshop on child protection and out of home care in April 2016. This was followed in May with an APO NT sponsored out of home care forum in Alice Springs which brought together relevant Aboriginal organisations and NGOs to discuss the development of an Aboriginal controlled out of home care sector in the NT.

A further milestone was passed during the year with the AMSANT Indigenous Leadership Program, now in its 10th year, after having started in 2006 as a pilot project to build Aboriginal leadership within the NT ACCHO sector.

QAIHC Affiliate Report

QAIHC has had a very busy, productive and successful year in working towards our goal of supporting and driving a sustainable and responsive Aboriginal and Torres Strait Islander Community Controlled Health Sector in Queensland.

Our focus during the year has been on consolidating our organisation so as to ensure that our functions are aligned to the national and state health reform agendas, while also being responsive to the needs and expectations of our Member Services.

This included finalising the organisational restructure; stabilising our financial position; reviewing and establishing external stakeholder relationships and responding to new and evolving policy positions. We also prioritised the implementation of structured member engagement activities.

A significant body of work for QAIHC Board of Directors in 2015–2016 was the finalisation and approval of the QAIHC Strategic Plan 2016–2019 (Strategic Plan). This process included determining the strategy, through initiating and reviewing strategic priorities and setting the corporate direction and goals of the organisation. The process was influenced by the outcomes of the Members' Workshop in 2014 in Cairns and also responded to the evolving policy environment that our sector is confronted with today.

The adoption of the new QAIHC Strategic Plan conveys our strategy and lays a strong foundation for the Aboriginal and Torres Strait Islander Community Controlled Health Sector for the forthcoming years.

Importantly, QAIHC has continued to develop and improve its governance mechanisms over the past year by providing a firm governance platform for the organisation and the sector. Projects completed include the convening of a constitutional workshop which resulted in the removal of the Ethics Council; and the formalising of our relationship with the Australian Institute of Company Directors (AICD) for the provision of world-class courses in governance, finance, strategy and risk for Directors of the Aboriginal and Torres Strait Islander Community Controlled Health Sector. Plans are under way in 2016–2017 to add additional skills-based Director roles to the QAIHC Board of Directors, which will enable us to broaden our representation and collaboration with the broader human and social services sectors.

As a membership organisation, we have continued our focus on enhancing the delivery of comprehensive primary health care through the establishment of the Queensland State-wide Lead Clinicians Group. The Lead Clinicians Group strengthens our Members' clinical governance and provides a professional environment to share innovation and quality practice in order to deliver high quality patient centered care.

QAIHC recognises that in order to Close the Gap in health inequality for Aboriginal and Torres Strait Islander Queenslanders we must also be cognisant of other significant health and human services which impact on our Member Services' ability to provide holistic and comprehensive primary health care services. In 2015, QAIHC developed the Preparedness for National Disability Insurance Scheme (NDIS) Strategy that provided recommendations to QAIHC and its Members about how to best prepare for key changes this reform will have on health service delivery.

The establishment of Primary Health Networks (PHNs) throughout the year provided QAIHC with an opportunity to forge relationships with the Queensland Primary Health Network (QPHN). As two nationally funded primary health care entities we share a number of common interests, but most important is the need to ensure that primary health care services that are commissioned are planned, designed and delivered in accordance with clinical excellence and cultural practice in order to meet the current and future health needs of Aboriginal and Torres Strait Islander Queenslanders.

The drug Crystal Methamphetamine (ICE) was a key issue raised by Members and various communities during the past year. QAIHC advocated on behalf of our communities and Members which resulted in the sector receiving funding by Queensland Health to develop evidence-based education and training to support and upskill health professionals in dealing with ICE users and assisting family members seeking support.

QAIHC remains an active partner on the Queensland Aboriginal and Torres Strait Islander Health Partnership (QATSIHP) which has undergone a review of its membership due to the establishment of PHNs and program responsibilities that fall under the Department of Prime Minister & Cabinet (PM&C). During 2015–2016, QAIHC developed a QATSIHP Work Plan and re-signed the new Partnership Agreement in February 2016.

I would also like to make special mention of our Chief Executive Officer Matthew Cooke and his management team for their passion, drive and leadership, and our staff for their hard work, dedication and commitment to improving Aboriginal and Torres Strait Islander Health outcomes.

In closing, my final expression of gratitude goes to the staff and volunteers across our sector throughout Queensland who make such an enormous contribution to improving the health of Aboriginal and Torres Strait Islander people in our communities.

Elizabeth Adams
Chairperson, QAIHC 2016

Tasmanian Aboriginal Centre Inc

Accreditation

All three Tasmanian Aboriginal Health Services are accredited under the Australian General Practice Accreditation Limited (AGPAL) guideline and align with the organisation's strategic priorities. We also maintain our eligibility to provide services under the Practice Incentive Program Indigenous Health Incentive and the Practice Nurse Incentive Program. The Tasmanian Aboriginal Centre (TAC) is also accredited with the Quality Improvement Council.

Aboriginal Health Service

This year we provided 41,000 episodes of health care to individuals. This was provided by fully qualified Aboriginal Health Workers, GPs, counsellors, dieticians, speech pathologists, diabetes educators, aged care workers, pregnancy support workers and a paediatrician.

Our 'Healthy Community' approach to illness prevention continued this year. Our heart and lung program operated in each region and although targeted at those with an existing chronic disease, the follow up maintenance program ensured a new approach to health and illness prevention. Some of our clients told us that exercise has become their new addiction. The nutrition program provided group work in healthy eating, drawing on the existing skills within the community, as well as providing individual nutrition advice. Our physical activity promotion starts with outdoor activities in our children's program and includes access to gym facilities. We have much work to do in this area as only 30 per cent of Aboriginal Health Service clients are in the healthy weight category.

Chronic Disease workforce

Aboriginal Health Services (AHS) employed more general practitioners to improve chronic disease prevention and care, screening, and management, and provided acute care alongside Aboriginal health workers. In the period 1 July 2015 to 30 June 2016, 538 Aboriginal Health Checks (MBS Item 715), 112 General Practice Management Plans (GPMP), 93 Team Care Arrangement (TCA) and 282 GPMP and/or TCA reviews were delivered by our services.

Care Coordinators

Our Care Coordinators, employed under the Care Coordination and Supplementary Services (CCSS) Program, work closely with AHS general practitioners, dietitians, nutritionists, counsellors, physiotherapists, diabetes educators, and external allied health providers and specialists. This allows for complete coordination of patient care. During the financial year, the Care Coordinators provided assistance to 217 Aboriginal patients.

Chronic Disease Project Officer

The Chronic Disease Project Officer (CDPO) works in conjunction with the AHS and Medical Director to provide information and explanation of programs aimed at addressing Indigenous chronic disease to new and existing clinical staff. The CDPO provides support to the CCSS Program, Aboriginal Outreach Workers (AOW) and Care Coordinators and administers the QUMAX and Medical Outreach Indigenous Chronic Disease Program (MOICDP).

Aboriginal Outreach Workers

The TAC employs three Aboriginal Outreach Workers (AOWs) on a part-time basis; one based in Hobart and Burnie and two in Launceston. The AOWs have assisted 274 clients and provided transportation for 1,590 clients to an AHS and 591 clients were transported using external providers.

Programs

A number of our programs are funded to address chronic disease. The CCSS program is a useful source of funding that assists patients with defined chronic diseases. The administration costs are burdensome, however the Medical Outreach Indigenous Chronic Disease Program brings specialists and allied health providers to the AHS.

Medical Outreach Indigenous Chronic Disease Program

TAC's Medical Outreach Indigenous Chronic Disease Program (MOICD) provides allied health and specialist clinics in Hobart, Launceston and Burnie. The cardiopulmonary rehabilitation program and ongoing maintenance program is offered in Hobart, Launceston and Burnie with the support of MOICDP funding.

Practice Incentive Payment Indigenous Health Incentive

There are 161 general practices in Tasmania of which 108 are registered for Practice Incentive Program (PIP) Indigenous Health Incentive (IHI). Medicare data indicates there are 124 general practices registered for PIP. For the quarter ending February 2016, Medicare statistics indicate 127 general practices received a PIP payment, of which only 34 received the PIP IHI Tier One payment, 97 received the PIP IHI Tier Two payment and 62 received the PIP IHI patient registration payment.

Care Coordination and Supplementary Services Program

The TAC provides assistance to Aboriginal and Torres Strait Islander patients who have heart or lung disease, renal, cancer, diabetes, or are obese through Care Coordination and Supplementary Services Program (CCSS) funding. This funding allows Aboriginal and Torres Strait Islander patient's access to specialists including, but not limited to, cardiologists, gastroenterologists, ophthalmologists, oncologists and respiratory physicians within a clinically-acceptable timeframe.

Patients also accessed allied health providers including, but not limited to, podiatrists, physiotherapists, osteopaths, diabetes educators and exercise physiologists. Without the assistance of the CCSS funding, patients would remain on public health waiting lists.

QUMAX

The QUMAX program covered the cost of a total of 2,971 Dose Administration Aids (DAA) for 74 clients from flexible-funded pharmacies. The cost per DAA ranged from $4.00 to $9.50 depending on what each pharmacy charged. The formal QUMAX agreement with Chemist Warehouse Hobart, covered the cost of DAAs at $8.50 each for a total number of 25 patients.

Member Services

The TAC continues to provide assistance to member organisations including the delivery of training and workshops. A Continuous Quality Improvement (CQI) workshop was held in Hobart in May 2016 which provided an opportunity to learn about national developments and to participate in the practical application of CQI principles and practices relating to alcohol and other drug programs. We have been an active member of the National CQI network and have been members of the Lowitja CQI project reference group.

Our public health medical officer continues to provide advice on policy and assessing which continuous quality improvements research projects to address. Cultural awareness training for medical students has also been provided, strengthening our connection with the University of Tasmania's Medical School.

We would like to thank our previous NACCHO Director Dave Warrener for his contribution. TACs' regional manager from Burnie, Allison Cann, has now replaced Dave Warrener as our new Director.

Winnunga Nimmityjah Aboriginal Health Service Australian Capital Territory

In 2015–16, Winnunga Nimmityjah chief executive officer (CEO) Julie Tongs continued as a member of the NACCHO Board of Directors providing ongoing advocacy for Winnunga and the Aboriginal and Torres Strait Islander community in the ACT region and nationally.

Ms Tongs met regularly with decision makers and key stakeholders within the ACT and Commonwealth Governments, academic institutions and non-Government organisations to improve policies and services at local and national levels. This continued lobbying, and increased media attention in 2015–16, has raised the profile of Winnunga in the ACT and contributed to ongoing improvements in service delivery.

Through much of the year, Winnunga's CEO advocated for the investigation over the assault of a young Aboriginal man — Steven Freeman, who was held in the Alexander Maconochie Centre (Canberra's gaol). He was left in a coma after the assault which occurred just hours after his remand in April 2015. Sadly, Steven passed away in custody in May 2016.

Aboriginal and Torres Strait Islander people are vastly over-represented in both the Alexander Maconochie Centre and the Bimberi Youth Detention Centre. While Winnunga provides some services to both centres, we are negotiating to provide a much more comprehensive holistic in-reach and transitional care system. Winnunga has also employed a Justice Reinvestment Officer.

For a number of years Winnunga was involved in the planning and development of the Ngunnawal Bush Healing Farm — a drug and alcohol residential rehabilitation service built on a rural property near Canberra. This service will open in late 2016 and will be staffed and managed by Winnunga. We are currently negotiating with the ACT Government regarding taking on the management and redevelopment of Boomanulla Oval, a substantial community facility that has been unused for several years.

Winnunga Clinical Services were expanded to provide more comprehensive care. Specialist medical clinics were run this year and include: Dermatology, Endocrinology, Gastroenterology, Ophthalmology, Obstetrics and Gynaecology and General Medicine.

Our current focus has been the treatment of Hepatitis C, facilitated by an outreach service from the Liver Clinic of the Canberra Hospital.

This year, we commenced a Healthy Weight Program, funded through an ACT Government Health Canberra Grant. This program works with overweight and obese clients through weekly support groups, counselling, education, clinical support, referrals to both internal and external services, as well as by hosting community events.

Mental health, drug and alcohol services are an ongoing and important focus for Winnunga. This year Winnunga Clinical Services have increased Level 2 Mental Health training for GPs, and developed a specific Aboriginal and Torres Strait Islander Level 2 training course currently being delivered by our own Winnunga staff.

Winnunga has significantly outgrown its existing building and infrastructure. There were plans for an extension, however this has now progressed to planning for a new building as the existing building is no longer fit for purpose. We are also currently negotiating the possibility of a satellite clinic in Canberra's north.

Robust data analysis has supported both strategic planning and ongoing improvements to service delivery. Regular analysis of clinical and Medicare data provide quality improvement feedback to clinical services, and broader population analysis informs strategic planning and service delivery staffing and infrastructure. Research projects at Winnunga supplement internal data analysis with more detailed and in-depth work on specific subjects.

Winnunga was fully re-accredited through Australian General Practice Accreditation Limited (AGPAL) and Quality Innovation Performance (QIP). As part of maintaining accreditation, a range of clinical governance and quality improvement activities have been undertaken.

These have included policy developments where gaps are identified, and clinical audits with feedback cycles to improve aspects of service delivery. Winnunga has also provided ongoing workforce support and professional development for staff.

Winnunga has continued to contribute at the national level to the NACCHO ICT/IM Forum and Network, the National Continuous Quality Improvement (CQI) Network, the National CQI Framework Project Team and the National OchreStreams Advisory Group.


speedo

Financial statements

National Aboriginal Community Controlled Health Organisation

ABN 89 078 949 710

General purpose financial report for the year ended 30 June 2016

Contents

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

DIRECTORS' REPORT

Your directors present their report on the company for the financial year ended 30 June 2016.

Directors

The names of the directors in office at any time during or since the end of the financial year are:

Matthew Cooke
Sandy Davies
Marcus Clarke
Laurence Riley
Julie Tongs
Michelle Nelson-Cox
Vicki Holmes
Sandra Bailey (Resigned: 03/11/15)
Elizabeth Adams (Resigned: 30/05/16)
Jason King (Resigned: 21/09/15)
John Singer (Resigned: 01/03/16)
David Warrener (Resigned: 11/05/16)
Jan Burns (Appointed: 30/05/16)
Christine Corby (Appointed: 03/11/15)
Scott Monaghan (Appointed: 09/11/15)
Jill Gallagher (Appointed: 26/10/15)
John Paterson (Appointed: 05/11/15)
Donna AhChee (Appointed: 04/11/15)
Adrian Carson (Appointed: 01/03/16)
Allison Cann (Appointed: 02/05/16)
Shane Mohor (Appointed: 18/05/16)

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

Operating Results

The profit of the company for the financial year after providing for income tax amounts to $189,186 (2015: $180,679).

Review of Operations

A review of the operations of the company during the financial year, and the results of those operations, found that during the year, the company continued to engage in its principal activity, the results of which are disclosed in the attached financial statements.

Significant Changes in State of Affairs

No significant changes in the state of affairs of the company occurred during the financial year.

Principal Activity

The principal activity of the company during the financial year was to act as the national umbrella organisation representing Aboriginal Community Controlled Health Services relating to Aboriginal health and wellbeing. This comprises the running of the National Secretariat and the provision of secretarial services to the National Executive Committee and the full membership. No significant change in the nature of these activities occurred during the year.

Objectives

The establishment or conduct of all or any of the following objectives are within the context of the Aboriginal understanding of health within the Aboriginal community: to ameliorate poverty within the Aboriginal community; the advancement of Aboriginal religion; to provide constructive educational programmes for members of the Aboriginal community; and to deliver holistic and culturally appropriate health and health related services to the Aboriginal community.

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

DIRECTORS' REPORT (CONTINUED)

Strategy for Achieving the Objectives

NACCHO provides leadership and direction in policy development and aims to shape the national reform of Aboriginal health. This is so that our people can access the highest quality; culturally safe community controlled health care in a way that builds our responsibility for our own health.

NACCHO builds the capacity of Aboriginal Community Controlled Health Services and promotes and supports high performance and best practice models of culturally appropriate and comprehensive primary health care.

NACCHO develops more efficient and effective services for its members and promotes research that will build evidence-informed best practice in Aboriginal health policy and service delivery.

Meetings of Directors

DIRECTORS	DIRECTORS' MEETINGS	
	Number eligible to attend	Number attended
Matthew Cooke	4	4
Sandy Davies	4	4
Sandra Bailey (Resigned: 3/11/2015)	1	1
Elizabeth Adams (Resigned: 30/5/2016)	4	3
Jason King (Resigned: 21/09/2015)	1	1
Marcus Clarke	4	4
Laurence Riley	4	4
Julie Tongs	4	4
Michelle Nelson-Cox	4	3
Vicki Holmes	4	3
John Singer (Resigned: 1/3/2016)	3	1
David Warrener (Resigned: 11/5/2016)	3	2
Jan Burns (Appointed: 30/5/2016)	2	1
Christine Corby (Appointed: 3/11/2015)	3	2
Scott Monaghan (Appointed: 9/11/2015)	3	2
Jill Gallagher (Appointed: 26/10/2015)	3	3
John Paterson (Appointed: 5/11/2015)	3	3
Donna AhChee (Appointed: 4/11/2015)	3	2
Adrian Carson (Appointed: 1/3/2016)	2	2
Allison Cann (Appointed: 2/5/2016)	1	1
Shane Mohor (Appointed: 18/5/2016)	1	1

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

DIRECTORS' REPORT (CONTINUED)

Contributions on wind up

The company is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the company is wound up, the constitution states that each member is required to make a maximum contribution of $10 towards meeting any outstanding obligations. At 30 June 2016, the total maximum amount that members of the company are liable to contribute if the company is wound up is $10.

Auditor's Independence Declaration

The lead auditor's independence declaration for the year ended 30 June 2016 has been received.

Signed in accordance with a resolution of the Board of Directors:

Director _____ Director _____

Vicki Holmes Matthew Cooke

Dated: 6th September 2016

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

STATEMENT OF PROFIT OR LOSS AND COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2016

	Note	2016 $	2015 $
Revenue from ordinary activities	3	5,783,511	6,097,249
Employee benefits expense		(1,969,175)	(2,402,923)
Depreciation & amortisation expenses	4	(54,447)	(60,652)
Other expenses from ordinary activities	4	(3,570,703)	(3,452,998)
Profit from ordinary activities		**189,186**	**180,676**
Other comprehensive income			
Total comprehensive income		**189,186**	**180,676**

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2016

	Note	2016 $	2015 $
CURRENT ASSETS			
Cash and cash equivalents	5	1,865,065	2,201,212
Investments	6	97,542	95,438
Receivables/Other receivables	7	126,764	408,355
TOTAL CURRENT ASSETS		2,089,370	2,705,005
NON-CURRENT ASSETS			
Property, plant and equipment	8	164,085	219,590
TOTAL NON-CURRENT ASSETS		**164,085**	**219,590**
TOTAL ASSETS		**2,253,455**	**2,924,595**
CURRENT LIABILITIES			
Payables	9	314,678	645,228
Employee Provisions	10	113,460	100,817
Other	11	483,794	1,033,154
TOTAL CURRENT LIABILITIES		**911,933**	**1,779,199**
NON-CURRENT LIABILITIES			
Employee Provisions	10	6,937	-
TOTAL NON-CURRENT LIABILITIES		**6,937**	**-**
TOTAL LIABILITIES		**918,870**	**1,779,199**
NET ASSETS		**1,334,585**	**1,145,396**
EQUITY			
Retained profits		1,334,585	1,145,397
TOTAL EQUITY		**1,334,585**	**1,145,397**

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

STATEMENT OF CHANGE IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2016

	Retained surplus	Total
	$	$
Balance at 1 July 2014	964,721	964,721
Net Surplus for the year	180,676	180,676
Balance at 30 June 2015	**1,145,397**	**1,145,397**
Balance at 1 July 2015	1,145,397	1,145,397
Net Surplus for the year	189,186	189,186
Balance at 30 June 2016	**1,334,583**	**1,334,583**

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2016

	Note	2016 $	2015 $
CASH FLOW FROM OPERATING ACTIVITIES			
Receipts from customers		860,455	708,928
Operating grant receipts		5,233,857	5,332,683
Payments to suppliers and employees		(6,522,722)	(6,391,289)
Interest received		34,001	38,712
Net cash provided by/(used in) operating activities	14(b)	**(394,409)**	**(310,966)**
CASH FLOW FROM INVESTING ACTIVITIES			
Payment for property, plant and equipment		(27,673)	(20,515)
Proceeds from sale/write-off of property, plant and equipment		88,035	-
Investment in Term Deposits		(2,104)	(3,034)
Net cash used in investing activities		**58,259**	**(20,515)**
Net increase/(decrease) in cash held		(336,150)	(334,515)
Cash at beginning of financial year		2,201,212	2,535,727
Cash at end of financial year	14 (a)	**1,865,062**	**2,201,212**

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016

NOTE 1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

Basis of preparation

The financial statements are general purpose financial statements that have been prepared in accordance with *Australian Charities and Not-for-profits Commission Act 2012* and *Australian Accounting Standards and Interpretations* of the Australian Accounting Standards Board. The company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement of fair value of selected non-current assets, financial assets and financial liabilities.

Accounting Policies

a) Income Tax

No provision for income tax has been raised as the company is exempt from income tax under Division 50 of the Income Tax Assessment Act 1997.

b) Property, Plant and Equipment

Each class of property plant and equipment is carried at cost or fair value less, where applicable, any accumulated depreciation.

Property
Freehold land and buildings are measured on the fair value basis, being the amount which an asset could be exchanged between knowledgeable willing parties in an arm's length transaction. It is the policy of the company to have an independent valuation every three years, with annual appraisals being made by the directors.

Plant and equipment

Plant and equipment is measured on the cost basis.
The carrying amount of plant and equipment is reviewed annually by the directors to ensure it is not in excess of the recoverable amount from those assets. The recoverable amount is assessed on the basis of the expected net cash flows which will be received from the assets employment and subsequent disposal. The expected net cash flows have not been discounted to present values in determining recoverable amounts.

Depreciation
The depreciable amount of all fixed assets including buildings and capitalised leased assets, but excluding freehold land, are depreciated over their estimated useful lives to the company commencing from the time the asset is held ready for use. Properties held for investment purposes are not subject to a depreciation charge. Leasehold improvements are amortised over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciation rates and useful lives used for each class of depreciable assets are:

Class of fixed asset	Depreciation rates	Depreciation basis
Office Equipment	3 - 18%	Straight Line
Furniture Fixtures and Fittings	9 - 15%	Straight Line
Computer Equipment	10 – 24%	Straight Line
Motor Vehicles	20 – 25%	Straight Line

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016

NOTE 1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (continued)

c) Employee benefits

Provision is made for the company's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits expected to be settled within one year, together with benefits arising from wages and salaries, annual leave and sick leave which will be settled after one year, have been measured at the amounts expected to be paid when the liability is settled plus related on-costs. Other employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits.

Contributions are made by the company to an employees' superannuation fund and are charged as expenses when incurred.

d) Cash

For the purposes of the Statement of Cash Flows, cash includes cash on hand and at call deposits with banks or financial institutions, investments in money market instruments maturing within less than two months and net of bank overdrafts.

e) Revenue

Grants are recognised as revenue to the extent that the monies have been applied in accordance with those conditions of the grant. Grant funds received prior to year-end but unexpended as at that date are recognised as unexpended grants (other current liabilities).

Interest revenue is recognised on a proportional basis taking into account the interest rates applicable to the financial assets and all other revenue is recognised when the right to receive the revenue has been established.

All revenue is stated net of the amount of goods and services tax (GST).

f) Goods and services tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of expense. Receivables and payables in the Statement of Financial Position are shown inclusive of GST.

g) Comparative Figures

Where required by Accounting Standards comparative figures have been adjusted to conform with changes in presentation for the current financial year.

h) Financial Instruments

Initial recognition and measurement
Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions to the instrument. For financial assets this is equivalent to the date that the company commits itself to either purchase or sell the asset (i.e. trade date accounting is adopted). Financial instruments are initially measured at fair value plus transactions costs except where the instrument is classified "at fair value through profit or loss", in which case transaction costs are recognised in profit or loss immediately.

Classification and subsequent measurement
Financial instruments are subsequently measured at fair value, amortised cost using the effective interest rate method, or cost. *Fair value* represents the amount for which an asset could be exchanged or a liability settled, between knowledgeable, willing parties. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Amortised cost is the amount at which the financial asset or financial liability is measured at initial recognition less principal repayments and any reduction for impairment, and adjusted for any cumulative amortisation of the difference between that initial amount and the maturity amount calculated using the *effective interest method*.

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016

NOTE 1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (continued)

i) Financial Instruments (continued)

Financial assets at fair value through profit or loss

Financial assets are classified at 'fair value through profit or loss' when they are held for trading for the purpose of short-term profit taking, or where they are derivatives not held for hedging purposes, or when they are designed as such to avoid an accounting mismatch or to enable performance evaluation where a group of financial assets is managed by key management personnel on a fair value basis in accordance with a documented risk management or investment strategy. Such assets are subsequently measured at fair value, with changes in fair value (i.e. gains or losses) being recognised in profit or loss.

Loans and receivables

Loans and receivables are non-derivate financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost.

Held-to-maturity investments

Held-to-maturity investments are non-derivate financial assets that have fixed maturities and fixed or determinable payments, and it is the entity's intention to hold these investments to maturity. They are subsequently measured at amortised cost.

Available-for-sale financial assets

Available-for-sale financial assets are non-derivative financial assets that are either not capable of being classified into other categories of financial assets due to their nature, or they are designated as such by management. They comprise investments in the equity of other entities where there is neither a fixed maturity nor fixed or determinable-payments.

They are subsequently measured at fair value with changes in such fair value (ie gains or losses) recognised in other comprehensive income (except for impairment losses and foreign exchange gains or losses). When the financial asset is derecognised, the cumulative gain or loss pertaining to that asset previously recognised in other comprehensive income is reclassified into profit or loss.

Financial liabilities

Non-derivative financial liabilities (excluding financial guarantees) are subsequently measured at amortised cost.

NOTE 2. NEW, REVISED OR AMENDING ACCOUNTING STANDARDS AND INTERPRETATIONS ADOPTED

The company has adopted all of the new, revised or amending Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

Any new, revised or amending Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

New Accounting Standards and Interpretations not yet mandatory or early adopted

Australian Accounting Standards and Interpretations that have recently been issued or amended but are not yet mandatory, have not been early adopted by the company for the annual reporting period ended 30 June 2016. The company's assessment of the impact of these new or amended Accounting Standards and Interpretations, most relevant to the company, are set out below.

AASB 9 Financial Instruments

This standard is applicable to annual reporting periods beginning on or after 1 January 2018. The standard replaces all previous versions of AASB 9 and completes the project to replace IAS 39 'Financial Instruments: Recognition and Measurement'. AASB 9 introduces new classification and measurement models for financial assets.

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016

NOTE 2. NEW, REVISED OR AMENDING ACCOUNTING STANDARDS AND INTERPRETATIONS ADOPTED (continued)

AASB 9 Financial Instruments (continued)
A financial asset shall be measured at amortised cost, if it is held within a business model whose objective is to hold assets in order to collect contractual cash flows, which arise on specified dates and solely principal and interest. All other financial instrument assets are to be classified and measured at fair value through profit or loss unless the entity makes an irrevocable election on initial recognition to present gains and losses on equity instruments (that are not held-for-trading) in other comprehensive income ('OCI'). For financial liabilities, the standard requires the portion of the change in fair value that relates to the entity's own credit risk to be presented in OCI (unless it would create an accounting mismatch). New simpler hedge accounting requirements are intended to more closely align the accounting treatment with the risk management activities of the entity. New impairment requirements will use an 'expected credit loss' ('ECL') model to recognise an allowance. Impairment will be measured under a 12-month ECL method unless the credit risk on a financial instrument has increased significantly since initial recognition in which case the lifetime ECL method is adopted. The standard introduces additional new disclosures. The company will adopt this standard from 1 July 2018 but the impact of its adoption is yet to be assessed by the company.

AASB 15 Revenue from Contracts with Customers
This standard is applicable to annual reporting periods beginning on or after 1 January 2018. The standard provides a single standard for revenue recognition. The core principle of the standard is that an entity will recognise revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The standard will require: contracts (either written, verbal or implied) to be identified, together with the separate performance obligations within the contract; determine the transaction price, adjusted for the time value of money excluding credit risk; allocation of the transaction price to the separate performance obligations on a basis of relative stand-alone selling price of each distinct good or service, or estimation approach if no distinct observable prices exist; and recognition of revenue when each performance obligation is satisfied. Credit risk will be presented separately as an expense rather than adjusted to revenue. For goods, the performance obligation would be satisfied when the customer obtains control of the goods. For services, the performance obligation is satisfied when the service has been provided, typically for promises to transfer services to customers. For performance obligations satisfied over time, an entity would select an appropriate measure of progress to determine how much revenue should be recognised as the performance obligation is satisfied. Contracts with customers will be presented in an entity's statement of financial position as a contract liability, a contract asset, or a receivable, depending on the relationship between the entity's performance and the customer's payment. Sufficient quantitative and qualitative disclosure is required to enable users to understand the contracts with customers; the significant judgments made in applying the guidance to those contracts; and any assets recognised from the costs to obtain or fulfil a contract with a customer. The company will adopt this standard from 1 July 2018 but the impact of its adoption is yet to be assessed by the company.

AASB 16 Leases
This standard is applicable to annual reporting periods beginning on or after 1 January 2019. The standard replaces AASB 117 'Leases' and for lessees will eliminate the classifications of operating leases and finance leases. Subject to exceptions, a 'right-of-use' asset will be capitalised in the statement of financial position, measured as the present value of the unavoidable future lease payments to be made over the lease term. The exceptions relate to short-term leases of 12 months or less and leases of low-value assets (such as personal computers and small office furniture) where an accounting policy choice exists whereby either a 'right-of-use' asset is recognised or lease payments are expensed to profit or loss as incurred. A liability corresponding to the capitalised lease will also be recognised, adjusted for lease prepayments, lease incentives received, initial direct costs incurred and an estimate of any future restoration, removal or dismantling costs. Straight-line operating lease expense recognition will be replaced with a depreciation charge for the leased asset (included in operating costs) and an interest expense on the recognised lease liability (included in finance costs). In the earlier periods of the lease, the expenses associated with the lease under AASB 16 will be higher when compared to lease expenses under AASB 117. For classification within the statement of cash flows, the lease payments will be separated into both a principal (financing activities) and interest (either operating or financing activities) component. For lessor accounting, the standard does not substantially change how a lessor accounts for leases. The company will adopt this standard from 1 July 2019 but the impact of its adoption is yet to be assessed by the company.

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016

NOTE 3. REVENUE

	2016 $	2015 $
Grant funding	5,233,857	5,332,683
Other income	515,654	725,854
Interest income	34,001	38,712
	5,783,511	**6,097,249**

NOTE 4. EXPENDITURE

Advertising and promotion	78,407	154,483
Computer expenses	186,218	147,894
Consultancy fees	927,726	951,163
Entertainment costs	6,636	10,935
Legal fees	741	31,029
Management fees	187,169	232,987
Meetings, workshops & seminar costs	356,414	488,256
Postage, printing and stationary	61,463	61,758
Provision for bad debt	-	49,956
Publications	89,474	23,714
Rent & other occupancy costs	358,277	345,563
Repairs and maintenance	-	7,792
Staff costs	62,901	74,386
Telephone	44,332	58,894
Training and development	482,589	22,123
Travel expenses	570,969	616,139
Other expenses	139,084	175,926
	3,552,403	**3,452,998**
DEPRECIATION OF NON-CURRENT ASSETS	54,447	60,652
Plant and equipment	**54,447**	**60,652**
AUDITORS' REMUNERATION		
- Audit Services	18,300	17,250
	18,300	**17,250**

NOTE 5. CASH AND CASH EQUIVALENTS

Cash on hand	165	281
Cash at bank	1,864,899	2,200,931
	1,865,065	**2,201,212**

NOTE 6. INVESTMENTS

Term deposits	97,542	95,438
	97,542	**95,438**

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016

NOTE 7. TRADE AND OTHER RECEIVABLES

	2016	2015
	$	$
Trade and other debtors	86,012	397,561
Provision for doubtful debts	(8,670)	(26,983)
Other current assets	49,422	37,777
	126,764	**408,355**

NOTE 8. PROPERTY, PLANT AND EQUIPMENT

Plant and equipment		
At cost	103,309	139,486
Less accumulated depreciation	(27,950)	(38,637)
	75,360	**100,849**
Motor vehicles		
At cost	31,395	31,395
Less accumulated depreciation	(10,465)	(4,168)
	20,930	**27,227**
Office equipment		
At cost	159,352	72,250
Less accumulated depreciation	(97,907)	(23,118)
	61,446	**49,132**
Computer equipment		
At cost	13,409	124,698
Less accumulated depreciation	(7,059)	(82,316)
	6,349	**42,382**
Total property, plant and equipment	**164,085**	**219,590**

Movements in carrying amounts
Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year is as follows:

	Plant & equipment	Motor vehicles	Office equipment	Computer equipment	Total
	$	$	$	$	$
Balance at the beginning of the year	**100,849**	**27,227**	**49,132**	**42,382**	**219,590**
Additions	11,709	-	15,964	-	27,673
Disposals	(47,885)	-	(7,469)	(32,681)	(88,035)
Depreciation expense	(15,053)	(6,297)	(29,743)	(3,352)	(54,445)
Write back depreciation on disposal	25,740	-	33,562		59,302
Carrying amount at end of year	**75,360**	**20,930**	**61,446**	**6,349**	**164,085**

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016

NOTE 9. TRADE AND OTHER PAYABLES

	2016	2015
	$	$
Trade creditors and accruals	259,015	585,445
Sundry creditors (ATO)	55,663	59,783
	314,678	**645,228**

NOTE 10. PROVISIONS

CURRENT		
Employee benefits - annual leave	91,012	75,086
Employee benefits - long service leave	11,907	11,247
Employee benefits - time in lieu	10,542	14,484
TOTAL CURRENT	**113,460**	**100,817**
NON-CURRENT		
Employee benefits - long service leave	6,937	-
TOTAL NON-CURRENT	**6,937**	**-**

NOTE 11. OTHER LIABILITIES

CURRENT		
Unspent grants	483,794	1,033,154
	483,794	**1,033,154**

NOTE 12. RETAINED EARNINGS

Total retained profits at the beginning of the financial year	1,145,397	964,721
Net profit/(loss) for the year	189,186	180,676
Total retained profits at the reporting date	**1,334,583**	**1,145,397**

NOTE 13. RELATED PARTY TRANSACTIONS

No material related party transactions took place during the year.

Key Management Personnel

Any person(s) having authority and responsibility for planning, directing and controlling the activities of the company, directly or indirectly, including any director (whether executive or otherwise) is considered key management personnel.

Short term benefits	296,267	454,407
Post-employment benefits	25,158	37,652
Other long term benefits	-	-
Termination benefits	-	-
	321,424	**492,059**

The annual stipend paid by National Aboriginal Community Controlled Health Organisation in respect of services provided by the Chairman, and costs associated with providing those services, during the financial year was $150,000.

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016

NOTE 14. CASH FLOW INFORMATION

a) Reconciliation of cash:

Cash at the end of the financial year as shown in the statement of Cash Flows is reconciled to the statement of financial position as follows:

	2016	2015
	$	$
Cash on hand	165	281
Cash at bank	1,864,899	2,200,931
	1,865,065	**2,201,212**

b) Reconciliation of cash flow from operations with (loss)/profit from ordinary activities after income tax:

Profit/(Loss) from ordinary activities	189,186	180,676
Non-cash flows in profit from ordinary activities:		
Depreciation	54,445	60,652
Disposal of property, plant & equipment	(59,302)	(9,880)
Changes in assets and liabilities:		
(Increase)/decrease in receivables	293,236	(135,123)
(Increase)/decrease in other assets	(11,645)	64,288
Increase/(decrease) in grants received in advance	(549,360)	118,197
Increase/(decrease) in payables	(330,550)	(473,493)
Increase/(decrease) in provisions	19,580	(116,285)
Cash flows from operations	**(394,409)**	**(310,968)**

NOTE 15. FINANCIAL INSTRUMENTS

The company's financial instruments consist mainly of cash and deposits at bank, trade debtors, trade creditors and secured commercial credit facilities. The Board of Directors meet on a regular basis to assist the company in meeting its financial targets, whilst minimising potential adverse effects on financial performance. The total of each category of financial instruments, measured in accordance with AASB139 as detailed in the accounting policies to these financial statements, are detailed below:

Financial Assets		
Cash and cash equivalents	1,865,065	2,201,212
Investments	97,542	95,438
Trade and other receivables	126,764	408,355
	2,089,370	**2,705,005**
Financial Liabilities		
Trade and other payables	314,678	645,228
	314,678	**645,228**

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016

NOTE 15. FINANCIAL INSTRUMENTS (continued)

a) Interest rate risk

Exposure to interest rate risk arises on financial assets and financial liabilities recognised at reporting date whereby a future change in interest rates will affect future cash flows or the fair value of fixed rate financial instruments.

b) Credit risk

Exposure to credit risk relating to financial assets arises from the potential non-performance by counterparts of contract obligations that could lead to a financial loss for the company.

Credit risk is managed through the maintenance of procedures (such procedures include the utilisation of systems for the approval, regular monitoring of exposures against such limits and monitoring of the financial stability of significant customers and counterparties), ensuring to the extent possible, that customers and counterparties to transactions are of sound credit worthiness. Such monitoring is used in assessing receivables for impairment.

Risk is also minimised through investing surplus funds in financial institutions that maintain a high credit rating, or in entities that the executive committee has otherwise cleared as being financially sound.

The maximum exposure to credit risk by class of recognised financial assets at the end of the reporting period is equivalent to the carrying value and classification of those financial assets (net of any provisions) as presented in the statement of financial position.

The company has no significant concentration of credit risk exposure to any single counterparty or group of counterparties.

c) Liquidity risk

Liquidity risk arises from the possibility that the company might encounter difficulty in settling its debts or otherwise meeting its obligations related to financial liabilities. The association manages this risk through the following mechanisms:

- preparing forward looking cash flow analysis in relation to its operational, investing and financing activities;
- maintaining a reputable credit profile;
- managing credit risk related to financial assets;
- only investing surplus cash with major financial institutions; and
- comparing the maturity profile of financial liabilities with the realisation profile of financial assets.

NOTE 16. COMMITMENTS

Lease commitments – Finance
Committed at the reporting date and recognised as liabilities payable:

	2016	2015
	$	$
Within one year	2,932	2,932
One to five years	6,841	9,773
	9,773	**12,705**

Finance lease commitments relate to a lease taken out on a motor vehicle secured under a finance lease expiring within one to five years.

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016

NOTE 16. COMMITMENTS (continued)

Lease commitments – Operating
Operating leases as lessee (office space and car parking)
Non-cancellable operating lease rentals are payable as follows:

Within one year	326,988	312,851
One to five year	155,914	379,172
Later than 5 years	-	-
	482,901	**692,023**

The company moved into the premises in 2014. The company leases the office and car parking spaces under non-cancellable operating leases expiring within five years. The company also took out a 4 year lease on a Toshiba printer as of 30th May 2016.

NOTE 17. COMPANY DETAILS

The registered office of the company is:
National Aboriginal Community Controlled Health Organisation
Level 3, 221 London Circuit
CANBERRA ACT 2601

NOTE 18. CONTINGENT LIABILITIES

The company had no known contingent liabilities as at 30 June 2016.

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
ABN 89 078 949 710

DIRECTORS' DECLARATION

The directors of the company declare that:

1. The financial statements and notes, as set out on pages 6 to 19 are in accordance with the Corporations Act 2001:

   (a) comply with Accounting Standards and the Corporations Regulations 2001; and

   (b) give a true and fair view of the financial position as at 30 June 2016 and of the performance for the financial year ended on that date of the company.

2. In the directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the directors.

Director _____ Director _____

Vicki Holmes Matthew Cooke

Dated: 6th September 2016

RSM Australia Pty Ltd

Equinox Building 4, Level 2, 70 Kent Street Deakin ACT 2600
GPO Box 200 Canberra ACT 2601

T +61 (0) 2 6217 0300
F +61 (0) 2 6217 0401

www.rsm.com.au

INDEPENDENT AUDITOR'S REPORT

TO THE MEMBERS OF

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

We have audited the accompanying financial report of National Aboriginal Community Controlled Health Organisation ("the entity"), which comprises the statement of financial position as at 30 June 2016, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

Directors' Responsibility for the Financial Report

The directors are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the Australian Charities and Not-for-profit Commission Act 2012, and for such internal control as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.
Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

In conducting our audit, we have complied with the independence requirements of the Australian professional accounting bodies.

Opinion

In our opinion the financial report of National Aboriginal Community Controlled Health Organisation is in accordance with the Australian Charities and Not-for-profit Commission Act 2012, including:

a) Giving a true and fair view of the entity's financial position as at 30 June 2016 and of its performance for the period ended on that date; and

b) Complying with Australian Accounting Standards and the Australian Charities and Not-for-profit Regulation 2013.

RSM Australia Pty Ltd

Canberra, Australian Capital Territory
Dated: 6th September 2016

Ged Stenhouse
Director


bidding
indigenous
chronic
disease

Appendix A

Members

Organisation	State
Winnunga Nimmityjah Aboriginal Health Service	ACT
Aboriginal Medical Service Co-op Ltd Redfern	NSW
Albury Wodonga Aboriginal Health Service Inc.	NSW
Armajun Aboriginal Health Service Inc.	NSW
Armidale Aboriginal Health Service	NSW
Awabakal Newcastle Aboriginal Cooperative Limited	NSW
Bourke Aboriginal Health Service Limited	NSW
Brewarrina Aboriginal Health Service Limited	NSW
Coonamble Aboriginal Health Service Incorporated	NSW
Coomealla Health Aboriginal Corporation	NSW
Orange Aboriginal Medical Service Incorporated	NSW
Walgett Aboriginal Medical Service Cooperative Limited	NSW
Wellington Aboriginal Corporation Health Service	NSW
Biripi Aboriginal Corporation	NSW
Brungle Aboriginal Health Service	NSW
Bulgarr Ngaru Medical Aboriginal Corporation	NSW
Bullinah Aboriginal Health Service Aboriginal Corporation	NSW
Condobolin Aboriginal Service Inc	NSW
Cummeragunja Housing and Development Corporation (Viney Morgan Aboriginal Medical Service)	NSW
Durri Aboriginal Corporation Medical Service	NSW
Galambila Aboriginal Health Service Incorporated	NSW
Griffith Aboriginal Medical Service Incorporated	NSW
Illawarra Aboriginal Medical Service Aboriginal Corporation	NSW
Katungul Aboriginal Corporation Community & Medical Service	NSW
Bega Clinic	NSW
Murrin Bridge Aboriginal Health Service Incorporated	NSW
Peak Hill Aboriginal Health Incorporated	NSW
Pius X Aboriginal Corporation	NSW

Organisation	State
Riverina Medical & Dental Aboriginal Corporation	NSW
South Coast Medical Service Aboriginal Corporation	NSW
Tamworth Aboriginal Medical Service Incorporated	NSW
Tharawal Aboriginal Corporation	NSW
The Oolong Aboriginal Corporation	NSW
Tobwabba Aboriginal Medical Service Incorporated	NSW
Walhallow Aboriginal Corporation	NSW
Weigelli Centre Aboriginal Corporation	NSW
Yerin Aboriginal Health Services Inc	NSW
Yoorana-Gunja Family Healing Centre Aboriginal Corporation	NSW
Werin Aboriginal Corporation Medical Centre	NSW
Ampilatawatja Health Centre Aboriginal Corporation	NT
Anyinginyi Health Aboriginal Corporation	NT
Central Australian Aboriginal Congress Aboriginal Corporation	NT
Amoonguna Health Service Aboriginal Corporation	NT
Mpwelarre Health Aboriginal Corporation (Santa Teresa Health Centre)	NT
Mutitjulu Health Service	NT
Utju Health Service Aboriginal Corporation	NT
Western Aranda Health Aboriginal Corporation	NT
Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation	NT
Katherine West Health Board Aboriginal Corporation	NT
Miwatj Health Aboriginal Corporation	NT
Ngaanyatjarra Health Service Aboriginal Corporation	NT
Nganampa Health Council Incorporated	NT
Pintubi Homelands Health Service Aboriginal Corporation	NT
Sunrise Health Service Aboriginal Corporation	NT
Urapuntja Health Service Aboriginal Corporation	NT
Wurli Wurlinjang Health Service Aboriginal Corporation	NT

Organisation	State
Malabam Health Board Aboriginal Corporation	NT
Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Aboriginal Corporation	NT
Red Lily Health Board	NT
Western Desert Nganampa Walytja Palyantjaku Tjutaku Aboriginal Corporation	NT
Apunipima Cape York Health Council	QLD
Aboriginal and Torres Strait Islander Community Health Service Brisbane Limited	QLD
Aboriginal and Torres Strait Islander Community Health Service Mackay Ltd	QLD
Bidgerdii Aboriginal & Torres Strait Islander Corporation Health Service Central Queensland Region	QLD
Darling Downs Shared Care Incorporated (Carbal Medical Centre)	QLD
Charleville & Western Areas Aboriginal Torres Strait Islander Community Health Limited	QLD
Cunnamulla Aboriginal Corporation for Health	QLD
Galangoor Duwalami Primary Health Care Service	QLD
Girudala Community Cooperative Society Ltd	QLD
Goolburri Aboriginal Health Advancement Company Limited	QLD
Goondir Aboriginal and Torres Strait Islanders Corporation for Health Services	QLD
Gurriny Yealamucka Health Service Aboriginal Corportion	QLD
Injilinji Aboriginal and Torres Strait Islander Corporation for Children and Youth Services	QLD
Kalwun Health Service	QLD
Kambu Aboriginal and Torres Strait Islander Corporation for Health	QLD
Mamu Health Service Limited	QLD
Mount Isa Aboriginal Community Controlled Health Service (Gidgee Healing)	QLD
MudthNiyleta Aboriginal and Torres Strait Islander Corporation	QLD
Mulungu Aboriginal Corporation Medical Centre	QLD
Gladstone Regional Aboriginal and Islander Community Controlled Health Service Limited (formerly Nhulundu Wooribah Indigenous Health Organisation Incorporated)	QLD

Organisation	State
North Coast Aboriginal Corporation for Community Health	QLD
Townsville Aboriginal and Torres Strait Islander Corporation for Health Service	QLD
Wuchopperen Health Service Limited	QLD
Yulu Burri-Ba Aboriginal Corporation for Community Health	QLD
Institute for Urban Indigenous Health (Administration)	QLD
Cherbourg Regional Aboriginal and Islander Community Controlled Health Service (formerly Barambah Regional Medical Service Aboriginal Corporation)	QLD
Northern Aboriginal and Torres Strait Islander Health Alliance Limited	QLD
Aboriginal Sobriety Group Incorporated	SA
Ceduna Kooniba Aboriginal Health Service Aboriginal Corporation	SA
Kalparrin Community Incorporated	SA
Nunkuwarrin Yunti of South Australia Limited	SA
Nunyara Aboriginal Health Service Incorporated	SA
Oak Valley (Maralinga) Incorporated	SA
Pangula Marnamurna Incorporated	SA
Pika Wiya Health Service Aboriginal Corporation	SA
Tullawon Health Service Incorporated	SA
Umoona Tjutagku Health Service Aboriginal Corporation	SA
Port Lincoln Aboriginal Health Service Incorporated	SA
Tasmanian Aboriginal Health Centre Incorporated	TAS
Tasmanian Aboriginal Centre	TAS
Ballarat & District Aboriginal Cooperative — CDEP	VIC
Bendigo District Aboriginal Cooperative Limited	VIC
Budja Budja Aboriginal Cooperative Limited	VIC
Dandenong & District Aboriginal Cooperative Limited	VIC
Gippsland & East Gippsland Aboriginal Cooperative Limited	VIC
Goolum Goolum Aboriginal Cooperative Limited	VIC

Organisation	State
Gunditjmara Aboriginal Cooperative Limited	VIC
Kirrae Health Services Incorporated	VIC
Lake Tyers Health and Children's Services Association Incorporated	VIC
Moogji Aboriginal Council East Gippsland Incorporated	VIC
Mungabareena Aboriginal Corporation	VIC
Murray Valley Aboriginal Cooperative	VIC
Ngwala Willumbong Cooperative Limited (Telkaya Drug and Alcohol Network)	VIC
Njernda Aboriginal Corporation (Echuca Health House)	VIC
Ramahyuck District Aboriginal Corporation	VIC
Rumbalara Aboriginal Cooperative	VIC
Victorian Aboriginal Health Service Cooperative Limited	VIC
Wathaurong Aboriginal Cooperative	VIC
Winda-Mara Aboriginal Corporation	VIC
Aboriginal Community Elders Services Incorporated	VIC
Dhauwurd-Wurrung Elderly and Community Health Service Incorporated	VIC
Mildura Aboriginal Corporation Incorporated (Mallee District Aboriginal Services)	VIC
Bega Garnbirringu Health Service Incorporated	WA
Carnarvon Medical Service Aboriginal Corporation	WA

Organisation	State
Derbarl Yerrigan Health Service Incorporated	WA
Geraldton Regional Aboriginal Medical Service	WA
Kimberley Aboriginal Medical Services Council Incorporated	WA
Beagle Bay Community Incorporated	WA
Bidyadanga Aboriginal Community La Grange Incorporated	WA
Broome Regional Aboriginal Medical Service Aboriginal Corporation	WA
Derby Aboriginal Health Service Council Aboriginal Corporation	WA
Jurrugk Aboriginal Health Service	WA
Ord Valley Aboriginal Health Service Corporation	WA
Yura Yungi Medical Service Aboriginal Corporation	WA
Mawarnkarra Health Service Aboriginal Corporation	WA
Nindillingarri Cultural Health Service Incorporated	WA
Puntukurnu Aboriginal Medical Service Aboriginal Corporation	WA
South West Aboriginal Medical Service	WA
Spinifex Health Service	WA
Wirraka Maya Health Service Aboriginal Corporation	WA
Nganggawili Aboriginal Health Service	WA

Appendix B

Representation on Committees

NACCHO represents our sector on a wide range of bodies:

ABS — ATSI Demographic Statistics Expert Advisory Group

AMLA Australian Primary Care Collaboratives APCC Quality Improvement Programs Advisory Group

ASHM National HBV Reference Committee

ATSIHRTONN

ATSIHWWG

Aust Medical Assoc Indigenous Health Task Force

Better Cardiac Care for Aboriginal and Torres Strait Islander People Forum

Broadband for the Bush Alliance

Cancer Australia

Centre for Excellence in Indigenous Tobacco Control Advisory Group

Chronic Disease Campaign (Social Marketing) Technical Reference Group (Tobacco ICDP measure)

Close the Gap Steering Committee

COAG Mental Health Expert Reference Committee

eMHPrac eMental Health in Practice Project

Health Training Advisory Group

Good Medicines Better Health Project Steering Committee

KidsMatter — Advisory Group for KidsMatter Framework

Lowitja Institute

Medicare Telehealth Technical Advisory Group

NACCHO Tackling Smoking Advisory Committee (NTSAC)

National Aboriginal and Torres Strait Islander Health Equality Council (NATSIHEC)

National Aged Care Alliance

National Aboriginal and Torres Strait Islander Women's Alliance

National Advisory Committee for Cardiovascular Disease absolute risk assessment

National Advisory Group for Aboriginal and Torres Strait Islander Health, Information and Data (NAGATSIHID)

National Aged Care Alliance

National Committee Medical Specialist Outreach Assistance Program (MSOAP) Eye Health Teams for Rural Australia

National e-Health Independent Advisory Group

National Health Leadership Forum

National Health Performance Authority — Child and Maternal Health Report Advisory Committee

National Health Performance Authority — Immunisation Report Advisory Committee

National Immunisation Committee

National Indigenous Drug and Alcohol Committee (NIDAC)

National Indigenous Health Equality Council

National Key Performance Indicators (NKPI) Advisory Working Group

National Lead Clinicians Group

National Medicines Policy Forum

National Rural Health Alliance

NPS MedicineWise

OCHREStreams Advisory Group

OSR Advisory Group

Pharmaceutical Society of Australia

Practice Incentive Payment (PIP) Advisory Group

QUMAX Program Reference Group

QUMAX Reference Group

RACGP — NACCHO Reference Group for the National Guide

RACGP Aboriginal and Torres Strait Islander Faculty Board

Remote Vocational Training Scheme Advisory Group

Talking about the Smokes (TATS) Research Project Reference Group — Menzies School of Health Research Project

University of Melbourne — Indigenous Eye Health eHealth and Technology Roundtable

Vision 2020 Australia — Aboriginal and Torres Strait Islander Committee

Appendix C

Abbreviations and Acronyms

ABS	Australian Bureau of Statistics
AC	Aboriginal Corporation or Congress
ACCHRTOs	Aboriginal Community Controlled Health Registered Training Organisations
ACCH	Aboriginal Community Controlled Health
ACCHOs	Aboriginal Community Controlled Health Organisations
ACRRM	Australian College of Rural and Remote Medicine
ADNs	Aboriginal Disability Networks
AF	Asthma Foundation
AGM	Annual General Meeting
AHAC	Aboriginal Health Advisory Committee
AHCSA	Aboriginal Health Council of South Australia
AHCWA	Aboriginal Health Council of Western Australia
AH&MRC	Aboriginal Health and Medical Research Council of NSW
AHMAC	Australian Health Ministers Advisory Council
AHS	Aboriginal Health Service
A&TSIHW	Aboriginal and Torres Strait Islander Health Worker
AHHA	Australian Healthcare and Hospitals Association
AIHW	Australian Institute of Health and Welfare
AIDA	Australian Indigenous Doctors Association
AIDS	Acquired Immune Deficiency Syndrome
AMA	Australian Medical Association
AMSs	Aboriginal Medical Services
AMSANT	Aboriginal Medical Services Alliance of the Northern Territory
APHC	Aboriginal Primary Health Care
APHCRI	Australian Primary Health Care Research Institute
ATA	Australian Trachoma Alliance
CCAHP	Collaborative Centre for Aboriginal Health Promotions
CCSS	Care coordination and Supplementary Services Program
CEO	Chief Executive Officer
COAG	Council of Australian Governments
CRCAH	Cooperative Research Centre for Aboriginal Health
CRIAH	Coalition for Research to Improve Aboriginal Health
CS&HISC	Community Services and Health Industry Skills Council
CSTDFA	Commonwealth, State and Territory Disability Funding Agreement
DAAs	Dosage Administration Aids
DoH	Department of Health
EPC	Enhanced Primary Care
FASD	Fetal Alcohol Spectrum Disorders
GMBH	Good Medicines, Better Health Project
GP	General Practitioner
IASHC	Indigenous Australian Sexual Health Committee
KPI	Key Performance Indicators
MA	Medicare Australia
MAAPs	Medication Access and Assistance Packages
MACBBVSTI	Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmitted Infections
MBS	Medical Benefits Schedule
MOU	Memorandum of Understanding
NACCHO	National Aboriginal Community Controlled Health Organisation
NATSIHC	National Aboriginal and Torres Strait Islander Health Council

NATSINSAP	National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan
NCHECR	National Centre for HIV Epidemiology and Clinical Research
NCIRS	National Centre for Immunisation Research and Surveillance
NHMRC	National Health and Medical Research Council
NIDAC	National Indigenous Drug and Alcohol Committee
NIHEC	National Indigenous Health Equality Council
nKPIs	National Key Performance Indicators
NPS	National Prescribing Service
NRHA	National Rural Health Alliance
NSFATSIH	National Strategic Framework for Aboriginal and Torres Strait Islander Health
OATSIH	Office of Aboriginal and Torres Strait Islander Health
OIPC	Office of Indigenous Policy Coordination
OSCAR	OATSIH Support Collection, Analysis and Reporting
PBAC	Pharmaceutical Benefits Advisory Committee
PBS	Pharmaceutical Benefits Scheme
PSA	Pharmaceutical Society of Australia
PCEHR	Personally Controlled Electronic Health Record
PGA	Pharmacy Guild of Australia
PHCAP	Primary Health Care Access Program
PIP	Practice Incentive Payment
PIRS	Patient Information Recall System
QAIHC	Queensland Aboriginal and Islander Health Council
QUM	Quality Use of Medicine
QUMAX	Quality Use of Medicines Maximised
RAAF	Royal Australian Air Force
RACGP	Royal Australian College of General Practitioners
RACP	Royal Australian College of Physicians
RFDS	Royal Flying Doctor Service
RDAA	Rural Doctors Association of Australia
RTO	Registered Training Organisation
RWA	Rural Workforce Agency
SAMSIS	Secure Aboriginal Medical Services Information Systems
SAR	Service Activity Reporting
SCARF	Support, Collection, Analysis and Reporting Function
SDRF	Service Development Reporting Framework
SEWB	Social and Emotional Well Being
SFA	Standard Funding Agreement
SFA	Single Funding Agreement
STI	Sexually Transmitted Infection
TAC	Tasmanian Aboriginal Centre
VACCHO	Victorian Aboriginal Community Controlled Health Organisation
WACRRM	Western Australian Centre for Remote and Rural Medicine
WELL	Workplace English Language and Literacy
WIPO	Workforce Issues Policy Officer
WSF	Aboriginal and Torres Strait Islander Health Workforce Strategic Framework

NACCHO

National Aboriginal Community Controlled Health Organisation

Aboriginal health in Aboriginal hands

www.naccho.org.au

Contact:
National Aboriginal Community Controlled Health Organisation
Level 3, 221 London Circuit,
Canberra City ACT 2601

All correspondence to:
PO Box 5120
BRADDON ACT 2612

T: (02) 6246 9300
F: (02) 6248 0744

Connect:
naccho.org.au/connect

NacchoAboriginalHealth

NACCHOAustralia

NACCHOTV

Aboriginal health in Aboriginal hands