

NACCHO



NACCHO

www.naccho.org.au

**National Aboriginal Community
Controlled Health Organisation**

ANNUAL REPORT

2016–2017

ARTIST RECOGNITION: Artist Tahnee Edwards (Yorta Yorta) and Toby Dodd. Ngarrindjeri/Narungga/Kurna Dreamtime Public Relations, 2013
<http://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 our affiliates and the larger meeting place is the National Aboriginal Community Controlled Health Organisation (NACCHO).

DESIGN AND LAYOUT: Dreamtime Creative.



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Level 5, 2 Constitution Avenue, Canberra City ACT 2601
P.O. Box 130, Civic Square ACT 2608

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."

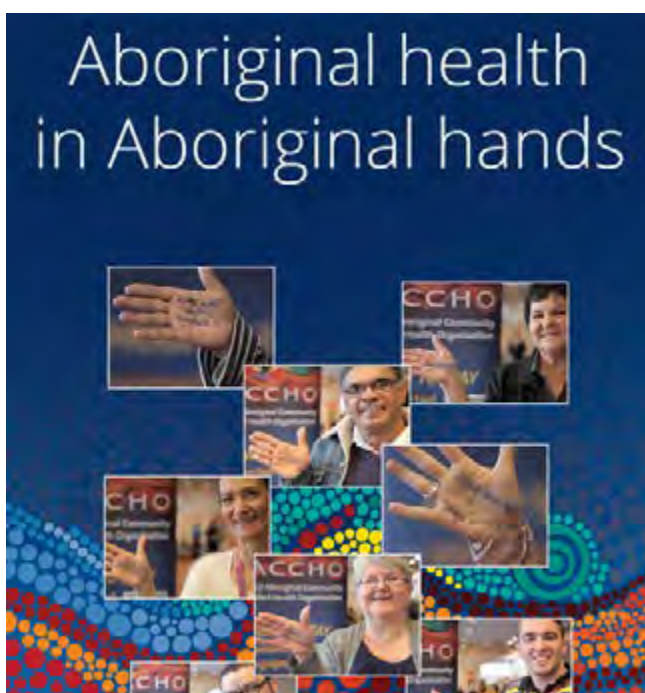
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OUR VISION, OUR VALUES

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.



Professor Talley from The Council of Presidents of Medical Colleges shake hands after signing a collaborative agreement with The Federal Minister for Indigenous Health, Ken Wyatt, Health Minister Greg Hunt, Assistant Minister for Health David Gillespie, Craig Dukes CEO Australian Indigenous Doctors' Association and NACCHO Chair Matthew Cooke. The Council of Presidents of Medical Colleges is committed to working with our partners and the Australian Government to reduce the current gap in health outcomes and life expectancy between Indigenous and non-Indigenous Australians

Bobbi Campbell First Assistant Secretary, Indigenous Health Division, Department of Health, signs the network funding agreement with NACCHO CEO Pat Turner



CHAIRPERSON'S REPORT



"Our services have a proven track record at meeting key Closing the Gap targets."

- Matthew Cooke

NACCHO Chairperson Matthew Cooke

THE NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION (NACCHO) HAS HAD YET ANOTHER BUSY AND EXCITING YEAR. OUR NETWORK OF 143 MEMBERS' IN 302 CLINICS AND HEALTH SETTINGS HAVE DELIVERED MILLIONS OF EPISODES OF CARE THAT WERE PROVIDED BY ALMOST 6,000 STAFF.

I'm proud to have served for a long period of time as either the Chairperson or Deputy Chairperson of NACCHO. In that time, I have seen NACCHO grow and prosper as a member organisation committed to a new governance structure, developing new models of primary health care and always striving to adopt and create a continuous series of quality improvements for our people. We now have in place a sustainable, honest, accountable, transparent and professional management structure at NACCHO.

Over the last 12 months NACCHO continued to maintain and undergo an Organisational Accreditation renewal process. The Standards against which

NACCHO is accredited are those of the Quality Improvement Council (QIC) and can be reviewed in the *QIC Health and Community Services Standards: 6th Edition*. NACCHO also undertakes Continuous Quality Improvement (CQI) activities throughout the organisation.

The NACCHO leadership group regularly meets with the Secretary of the Department of Health or their senior staff. We are engaged in high-level, strategic consultations to ensure our policy objectives are supported, clear and appropriately align with our *Strategic Directions for 2016-2021*. NACCHO expertise in the health sector is highly valued by the Turnbull Government and the Opposition.

As Chairperson, I always ask, are the social determinants of health improving, are Aboriginal people experiencing any socio-economic improvement, are cultural patterns being better known and acknowledged within the general population, are new ways of communication and health service provision being made available to the most needy, is health and digital

literacy and numeracy improving?

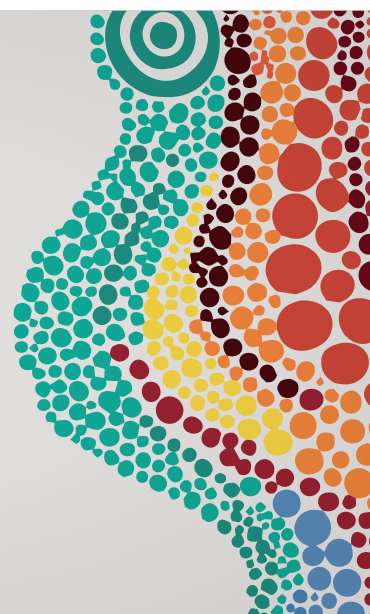
The Board and I will continue to hold people in government to account for all of these important measures.

NACCHO welcomed several of the broader health measures announced in the last Budget, namely, the lifting of the freeze on the indexation of the Medicare rebates, the restoration of bulk billing incentives for diagnostic imaging and pathology services and funding for the Indigenous Australians' Health Program. Without additional funds, Aboriginal Community Controlled Health Sector services (ACCHs's) cannot consolidate and expand their core services and provide more healthcare to more Aboriginal people. The Budget also included good initiatives which could most effectively be delivered by our ACCHs' services who have a proven track record at meeting key Closing the Gap targets.

The past year was also notable for its significance to Aboriginal people as we have celebrated many milestones and historic occasions; it was the 50th anniversary of the successful 1967 Referendum and the 25th anniversary of



**NACCHO Chairperson
Matthew Cooke signing a
collaborative agreement with
The Council of Presidents
of Medical Colleges and
Commonwealth Ministers**



the momentous Mabo decision. Also, it was the 20th anniversary of the *Bringing Them Home Report*. The resilience of Aboriginal people continues to inspire me and helps focus NACCHO to enhance our service delivery across Australia.

The Board continues to 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. It is once again pleasing to report, for the third year in a row, a modest surplus of over \$150,000 for the NACCHO financial year budget. As always, the Board and finance staff remain vigilant against ever rising fees and costs in our sector. I welcome the new national network funding agreement for supporting Aboriginal Community Controlled Health services. NACCHO and the Commonwealth signed the agreement which increased our budget from \$3 to \$21 million. The agreement heralds an exciting new stage for

NACCHO and our Affiliates to support the ACCHs's and improve the health outcomes for our people.

I also welcome the new NACCHO governance arrangements and the new draft Constitution approved by the Board. The draft Constitution is aimed at strengthening Aboriginal Community Control of health services. It will be voted on at the Canberra AGM on the 2 November 2017. I strongly urge all Members' to adopt it.

I'd like to pay appreciation to, and acknowledge Ms Lisa Briggs, former NACCHO CEO, for her significant contribution to NACCHO during my time as Chairperson, particularly the development of the *Healthy Futures Report Card's* on the National Key Performance Indicators (nKPI's). These Report Cards demonstrated the significant performance of our National Network of ACCHs' in providing preventative healthcare to the largest proportion of Aboriginal and Torres Strait Islander people – more than any Government run services and Private General Practice. Importantly,

these evidenced based Report Cards demonstrated that our National Network of ACCHs' are a key part of the overall Australian Healthcare architecture.

I also congratulate Patricia Turner on her continuing role as Chief Executive Officer (CEO) of NACCHO. Ms Turner has been appointed by the Board for a further three years from July 2017 until July 2020. Pat will help create real, meaningful and lasting change for NACCHO that will strengthen community control and keep Aboriginal health in Aboriginal hands. Finally, thanks to our committed and passionate staff during the last year who devote countless hours to improving conditions in our many communities. I would also like to thank all the Directors who have assisted me as Chairperson. My time at NACCHO has been both rewarding and personally fulfilling and I thank the NACCHO Membership for the opportunity.

Matthew Cooke | **Chairperson**

CHIEF EXECUTIVE OFFICER'S REPORT



"Governments at all levels must do more to join the dots between education, housing, employment and other social determinants if we are to significantly improve health outcomes for our people and Close the Gap they have spoken about for the best part of a decade."

- Patricia Turner

NACCHO CEO Pat Turner

AS OUTLINED IN LAST YEAR'S ANNUAL REPORT WE HAVE CONTINUED TO EXPAND AND ENHANCE OUR ROLE IN THE HEALTH SECTOR AS THE NATIONAL VOICE REPRESENTING AND ADVOCATING ON BEHALF OF ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES. I AM PLEASED TO REPORT THAT THE ORGANISATION HAS RESTRUCTURED THE NATIONAL SECRETARIAT AND OUR FINANCIAL POSITION HAS IMPROVED CONSIDERABLY.

The Secretariat will continue to build and enhance organisational capacity through the new policies and procedures that have now been implemented.

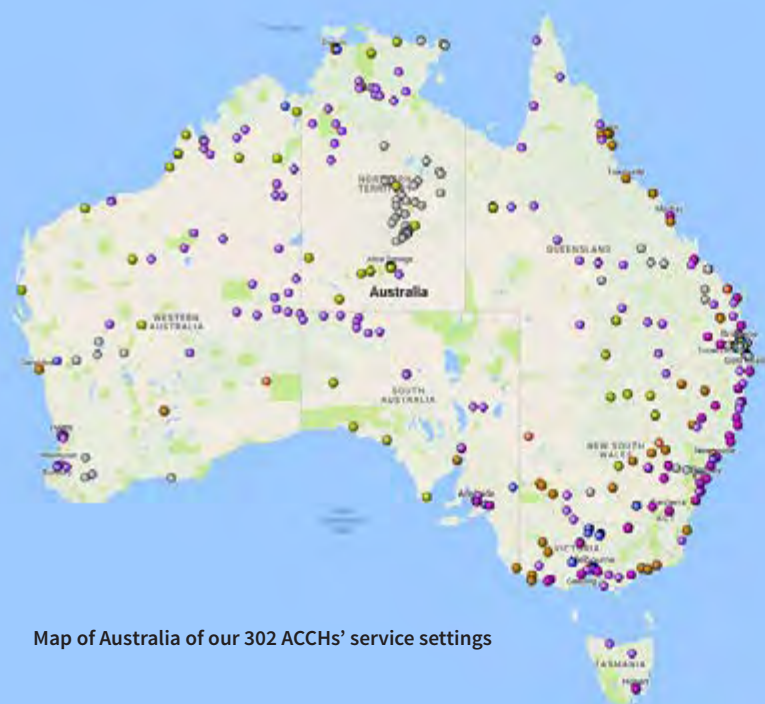
As you all know the national NAIDOC theme was that *Our Languages Matter* which was in recognition of the vital role Indigenous languages play in promoting community wellbeing and culture. At almost the same time Ken Wyatt MP was appointed as the first Indigenous Australian to be a Federal Minister and we currently have four Aboriginal members of Parliament.

A new network funding agreement for supporting community controlled Aboriginal health services with the Commonwealth was signed which increased our budget from \$3 to \$21 million. This will allow for better, more targeted investment in efforts to close the health gap for Aboriginal people. I have been delivering on the Board's agenda for the last 12

months to consult with Members to update our NACCHO Constitution and have spent the last few months criss-crossing the nation to obtain the views and opinions of our Members' and Affiliates about new constitutional changes. What I heard was a great diversity of views about the proposed changes to the NACCHO Constitution and I thank everyone so far I've had the chance to talk with. The proposals deserved serious consideration by all our Members' which will be voted on at our next Annual General Meeting in Canberra in November 2017.

Last year our staff continued to work on strengthening and expanding the Aboriginal Community Controlled Health Sector, maintaining its strategic directions, cutting unnecessary red





Map of Australia of our 302 ACCHS' service settings

“The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.”

- World Health Organisation

tape and building a closer relationship between all our organisations. NACCHO has continued to advocate to the government to renegotiate the Closing the Gap targets with the various state and territory jurisdictions every year. I continued as CEO to implement a full year of the *NACCHO Strategic Directions 2016-2021*.

At the same time the social determinants of health matter and NACCHO continued to advocate for a fully resourced strategy from governments to redress these. NACCHO welcomes proposed reforms that assist the Government to *Close the Gap* by implementing evidence-based and Aboriginal-community supported recommendations and programs in areas like incorporating justice targets into COAG.

The NACCHO workforce provides a multi-million-dollar economic injection into the Australian economy and includes many struggling rural and remote locations.

These professional career orientated roles are exactly what local communities need, expect and enhance their overall standard of living. While NACCHO's Members are the largest employer of Aboriginal people in Australia it should also be noted that we have created over 2,000 jobs for non-Indigenous Australian in parts of Australia where unemployment is high.

This creates significant positive impacts in rural and remote towns. From a funding perspective, our ACCHS's are known to already operate on barely sustainable financial margins and this affects the service delivery of all our

patients, carers, health care providers, doctors and other health professionals. NACCHO has a determination to increase the number of ACCHS's in the sector and will continue to create thousands of jobs and drive economic growth across the nation.

Our staff team work is always based on current best-practice, evidence-based research in the Aboriginal Community Controlled Health Sector and supports equitable access to accessible, economically affordable, locally available, and culturally appropriate comprehensive primary health care, in urban, rural and remote locations. I would like to thank our Chairperson Matthew Cooke and the NACCHO Board members for their continued support.

Pat Turner | **Chief Executive Officer**

ABOUT NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION



THE NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION (NACCHO) IS THE NATIONAL PEAK BODY REPRESENTING ABORIGINAL HEALTH.¹ NACCHO REPRESENTS ITS MEMBERSHIP OF OVER 143 ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES (ACCHS') AT THE COMMONWEALTH GOVERNMENT LEVEL AND SPEAK WITH ONE CLEAR, UNITED AND DISTINCT VOICE. THE ACCHS', WHICH ARE PRINCIPALLY FUNDED BY THE DEPARTMENT OF HEALTH (DOH), ARE THE LEADING AND PREFERRED PROVIDER OF CULTURALLY SAFE AND COMPREHENSIVE MULTIDISCIPLINARY PRIMARY HEALTH CARE TO ABORIGINAL AND TORRES STRAIT ISLANDER CLIENTS, FAMILIES AND COMMUNITIES. THIS INCLUDES TARGETED ACTIONS TO CLOSE THE GAP. ACCHS' REMAIN THE FOREMOST HOLDER OF EXPERT KNOWLEDGE AND 'KNOW HOW' FOR THESE HEALTH PURPOSES.

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.

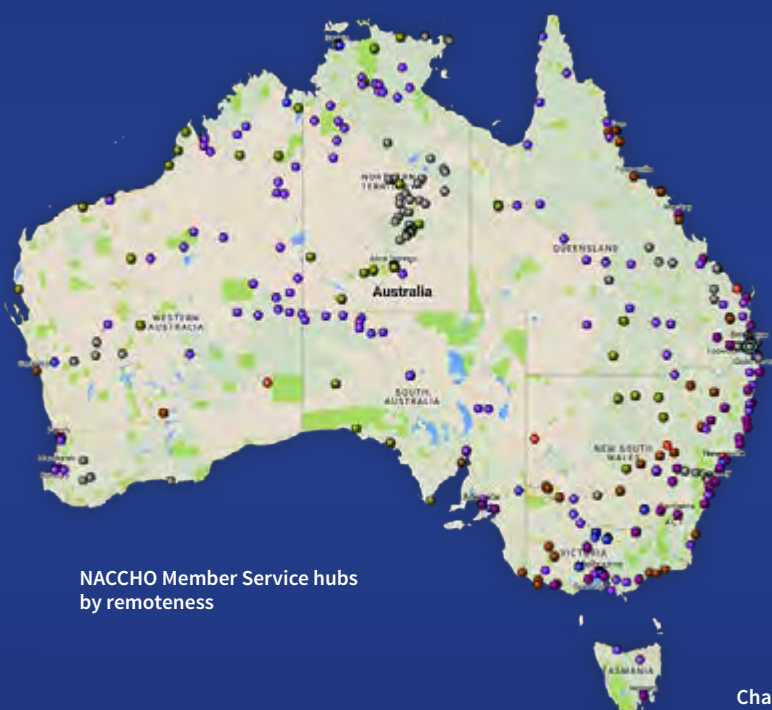
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The Aboriginal understanding of health is holistic and includes land, the physical body, the mind, clan, relationships, and lore. Health, in an Aboriginal cultural context, is the social, emotional and cultural wellbeing of the whole community, not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

.....

Our health care services have been established and operated by local Aboriginal communities, through locally elected Boards of Management, to deliver holistic, comprehensive and culturally appropriate health care. ACCHS' form a network, but each is autonomous and independent of one another and of government.

The culturally safe and multidisciplinary models of comprehensive primary care provided by the Sector have evolved over the last 40 years and represent its enduring and continuously innovating strengths. These include distinctive mixes of local community and cultural authority, the promotion of healthy life choices, chronic disease prevention and management to enabling personally empowered and smooth client/patient journeys. The unique syntheses of these community controlled care models cannot be replicated in public or private-for-profit mainstream systems of primary health care.



NACCHO Member Service hubs by remoteness



Characteristics Indigenous primary health care service delivery model²

NACCHO is guided by a Board of Directors, with the Chair and Deputy elected from its Members to embody community control and they have 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 and address a national agenda for Aboriginal and Torres Strait Islander health and associated 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 advocacy.

ABOUT THE ACCHS' SECTOR

The ACCHs' were established in the early 1970s in response to Aboriginal and Torres Strait Islander people finding that mainstream services could not provide adequate health care.

ACCHs' 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.

- 1 Aboriginal and Torres Strait Islander: is the term NACCHO uses in all documentation when referring to the original inhabitant of all the lands now known as Australia. Aboriginal is used if referring to the original inhabitants of mainland Australia.
- 2 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



GOVERNANCE



Matthew Cooke,
NACCHO Chairperson,
Sandy Davies,
Deputy Chairperson
meet with NACCHO
Board in Canberra²

THE NACCHO BOARD OF DIRECTORS

THE NACCHO 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 TRIENNIAL ANNUAL GENERAL MEETINGS 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 NACCHO's Strategic Directions, 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
- Organise The Members' Conference and Annual General Meeting that last convened at the Grand Hyatt Hotel in Melbourne Victoria from 6-8 December 2016.

THE BOARD

Our NACCHO Board has met six times in the last year and keeps the Federal Minister for Indigenous Health Ken Wyatt informed.

The Board reconfirmed with the Minister our support of the National Health Plan and Implementation Plan. It also committed to work with the Minister and Department to bring to fruition, the next iteration of the Implementation Plan whilst seeking the bipartisan support of the Labor opposition, the Greens and crossbenchers.

These Board members bring their diverse expertise and stakeholder perspectives to assist NACCHO further advance health policy and best practice in our sector. The Chairperson, CEO and staff at NACCHO extend our thanks to outgoing Board members – Allison Cann, Marcus Clarke and



Laurence Riley – for their dedication, time, insights, passion and hard work. NACCHO welcomed Kieran Chilcott, Lesley Nelson, John Mitchell and Raelene Foster to the Board.

NACCHO BOARD APPROVES OF NEW GOVERNANCE ARRANGEMENTS TO ITS MEMBERS'

Last year the NACCHO Board agreed to update the NACCHO Constitution to reflect contemporary Board good practice and meet our regulator's requirements. Changes to NACCHO's past governance arrangements and the need for a review of governance was identified as a key priority by the Board. NACCHO carefully and collaboratively consulted with, Affiliates and Members to improve Commonwealth funding arrangements, reword redundant terminology and improve governance.

To assist Members understand the full implications of the changes, several state-based consultations were held across Australia with Members to discuss the need for changes to NACCHO's governance. This was followed by a detailed description of some possible options for change with a pros and cons of each change highlighted to our membership that will be formally voted on at the AGM on 2 November this year.

The Board requested that the NACCHO CEO consult further with Members' during 2017 on the proposed changes and how this will best position NACCHO to be a strong and influential voice for Aboriginal Community Controlled health with governments and other key stakeholders.

Meetings with Member services have been held in Perth, Melbourne, Adelaide, Darwin, Canberra Sydney and Brisbane and engaged in productive discussions. NACCHO have been working closely with the excellent legal team at Gilbert and Tobin who have provided their services pro bono to draft proposed changes and are working towards members voting on the changes at the AGM.

³ For the names of all the NACCHO Board Directors during the financial year please refer to the Financial Report on page 65.

OUR PARTNERS



Former Federal Minister for Health, The Hon Sussan Ley MP speaking with RAAF Wing Commander Janine Tillott at a mobile dental clinic

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.

During the last year NACCHO has continued to deliver on its numerous successful partnership activities and innovative programs and collaborated with health providers to publish papers and submissions. NACCHO roundtables, workshops and forums have been enthusiastically received by the network and advice from them was provided to federal and state governments. NACCHO have also provided information and data sets for national institutional based researchers that are vital for government resource allocation and facilitation of effective Aboriginal health service delivery across Australia. NACCHO championed the provision of our community controlled health services across communities but also continued to state a case for increased resources from governments to build enhanced capacity and effective health outcomes for Aboriginal and Torres Strait Islander people. NACCHO acknowledges the important work that each partnership provides.

OUR PARTNERSHIPS

DEPARTMENT OF HEALTH

The Department of Health (DoH) 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 ACCHs' to participate in national health policy development. Last year, NACCHO and DoH signed a new single funding agreement for three years which has secured our role in the ACCHs' sector.

ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS

NACCHO and the Royal Australian College of General Practitioners (RACGP) have an existing MoU that dates from 2014 and there are defined projects that both agencies develop and participate in to improve the health of Aboriginal people. ACCHs' and the mainstream service providers liaise with the RACGP National Aboriginal Health Faculty, Committee and the Secretariat in the development of Clinical Accreditation

Standards to ensure that their scope benefits the ACCHs' in the evolution of clinical accreditation. The College also conducted a national survey with ACCHs' as part of the RACGP Accreditation Standards to provide national advice to RACGP on the Accreditation Standards and the impacts on the cultural provisions of the model of ACCHs'.

RACGP and NACCHO prepared and submitted an application for funding to DoH (with RACGP as funds holder) to develop the 3rd edition of the *National Guide to a Preventative Health Assessment for Aboriginal and Torres Strait Islander People*. NACCHO and RACGP will develop a plan for implementing and embedding the National Guidelines into Patient Record systems and within health professionals' curriculum. NACCHO collaboration has established the standards, guidelines, funding models and resources to equip general practitioners, health professionals and ACCHs' to maximise health outcomes for Aboriginal and Torres Strait Islander people and developed initiatives that attract and retain a skilled ACCH sector workforce.

RAAF Air Force personnel were recognised for their professionalism in delivering full clinical dental services and in implementing governance measures in sterilisation and infection control during four hours of training for ACCHs's staff. In total 199 patients were treated, dental officers' extracted 137 teeth and provided 805 services to the communities.

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. In December 2015 NACCHO and the AHHA Chairpersons signed a Memorandum of Understanding to facilitate policy development, advocacy, communication, joint planning and collaboration between the two organisations regarding all aspects of Aboriginal and Torres Strait Islander Health. Together NACCHO and AHHA now share resources, skills and explore opportunities to build the capacity and extend the reach of both organisations.

ROYAL AUSTRALIAN AIR FORCE

Exercise Kummundoo was a health initiative conducted under a joint five year agreement between the Royal Australian Air Force (RAAF) and NACCHO

with the goal to improve the lifestyles of rural Indigenous populations. Two dental officers and three dental assistants conducted dental clinics for Indigenous people from communities surrounding Port Hedland and Roebourne in Western Australia. Dental services were delivered at Mawarnkarra Health Service Clinic (MHS), Roebourne and Wirraka Maya Health Service Clinic (WMHS), South Hedland.

RAAF Air Force personnel were recognised for their professionalism in delivering full clinical dental services and training ACCHs' staff to implement new clinical measures in sterilisation and infection control during four hours of training for ACCHs' staff. Dental officers provided 805 services to the communities and treated 199 patients which included the extraction of 137 teeth. Health education and promotion were also provided by two Indigenous liaison officers. The RAAF considered it a positive experience because it helped deliver a noticeable and tangible difference to Close the Gap in Indigenous health and more Aboriginal people were able to access the dental care they need.

OUR PROJECT PARTNERS

NACCHO has many programs which involve 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, 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, 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.



National Congress of
Australia's First People's
co-chair Dr Jackie Huggins
presented a Coolamon
holding the Redfern
Statement to Prime Minister
Malcolm Turnbull and
Opposition Leader Bill
Shorten in Canberra

NACCHO AND OTHER ORGANISATIONS

REDFERN STATEMENT

The Redfern Statement, first launched just prior to the June 2016 federal election, represented an urgent call for a more just approach to Aboriginal and Torres Strait Islander Affairs. The Redfern Statement gained national attention as it was the first-time national Aboriginal and Torres Strait Islander leadership organisations had come together to call on all parties to tackle inequality and disadvantage facing Australia's First People as a federal election priority. Following the federal election, meetings were held with Redfern Statement leadership and funding was secured (from the federal government) for a series of workshops to tackle the five areas of concern highlighted in the statement.

This encouraged the Prime Minister and parliament to positively engage with key Aboriginal and Torres Strait Islander organisations in 2017 – recognising that working with Aboriginal and Torres Strait Islander peoples is the most effective way to close the gap. The Redfern Statement parliamentary breakfast was held at Parliament House on 14 February 2017.

On 15 June 2017, representatives of National Aboriginal and Torres Strait Islander Health organisations met in Melbourne for the Redfern Statement Workshop on Health.

The Aboriginal and Torres Strait Islander leaders developed and agreed solutions for improving Indigenous health for implementation by COAG and the Australian Government by mid-2018. The following solutions have been proposed by Aboriginal and Torres Strait Islander health leaders:

- Fully cost the next iteration of the National Aboriginal and Torres Strait Islander Health Implementation Plan (2018-2023) and extend it to 2031
- Improve delivery of services to Aboriginal and Torres Strait Islander people in the areas of health, aged care, mental health and disability
- Protect and expand mainstream funding of Aboriginal and Torres Strait Islander health
- Support the reform of the Indigenous Advancement Strategy
- Develop and fund innovative, evidence-based services for Aboriginal and Torres Strait Islander mental health, including suicide prevention
- Support the development of a National Social Determinants of Health Strategy
- Support the development of a sustainable Aboriginal and Torres Strait Islander Health Workforce and
- Establish a National Inquiry into Institutional Racism.



NACCHO representatives regularly attend national Change the Record campaign meetings

THE NATIONAL CONGRESS OF AUSTRALIA'S FIRST PEOPLES

NACCHO is represented at National Congress of Australia's First Peoples meetings. As the fourth iteration of a national representative body for Aboriginal and Torres Strait Islander people, Congress began operations in 2011, and now counts over 180 organisations and almost 9,000 individuals as members. Congress was established with bipartisan support, and has been endorsed as the voice of Aboriginal people in the Kirribilli Statement.

CHANGE THE RECORD CAMPAIGN

NACCHO is represented at Change the Record meetings. Aboriginal people are among the most marginalised groups in Australia. Australia has a crisis of over-incarceration. This national crisis warrants a nationally co-ordinated response, which is why the Change the Record Campaign has been calling for the Government to set national justice targets through COAG. Justice targets must now be developed in partnership with Aboriginal and Torres Strait Islander communities, their organisations and representative bodies. Federal targets would provide an important national accountability mechanism and drive co-ordinated action to address these issues.



PROGRAMS



Assistant Minister for Health David Gillespie regularly attends and tweets about ACCHS' events and health campaigns: visit to the Barunga Festival in the NT

DATA IS CRITICAL FOR NACCHO TO PROVIDE DETAIL ABOUT THE ROLE AND CONTRIBUTION TO THE DELIVERY OF OUR MEMBER SERVICES TO THE NATIONAL HEALTH SYSTEM. ACCHS' HAVE HAD ELECTRONIC HEALTH SYSTEMS FOR THEIR PATIENTS AND THEIR FAMILIES FOR NEARLY 20 YEARS, PROVIDING INTEGRATED WELL-BEING AND CARE RECORDS WHEN SERVICES ARE PROVIDED WITHIN THE SECTOR. OBTAINING INFORMATION FROM PUBLIC AND PRIVATE PROVIDERS CAN BE PROBLEMATIC. THE ACCHS' ARE ENDORSING THE NATIONAL MY HEALTH RECORDS AS A VEHICLE FOR CROSS-SECTOR DATA AGGREGATION OF HEALTH DATA AT THE LEVEL OF THE INDIVIDUAL.

Recently in order to sustain and support this work, NACCHO, Affiliates and ACCHS' continued to focus on detailing our collective strengths and capacities. To this end, the NACCHO Activity Plan established an *Information*

Communications Technology and Information Management (ICT/IM)

Forum. Data is analysed at the Forum twice a year and it is critical in providing detail about the role and contribution to the delivery of our Member Services, its settings and in the sector.

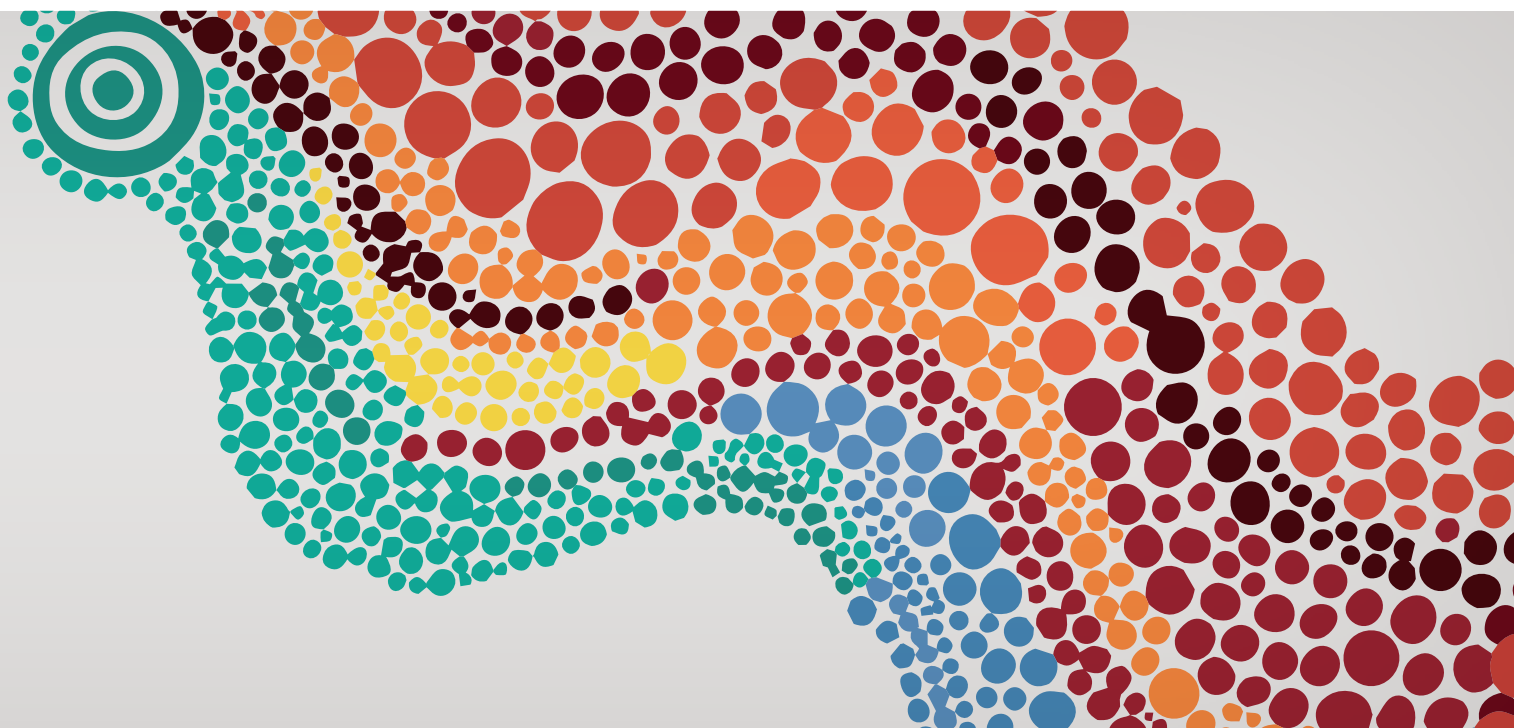
The Forum and its members are heavily reliant on a robust evidence base to support their advocacy efforts and, in turn, the realisation of better outcomes and circumstances for Aboriginal people through the ongoing provision of informed, quality primary health care service provision. NACCHO considered the use of data as a vital facilitator and enabler of research and integral to increasing our evidence base.

The data both informs and validates current and future quality practice in the provision of the sector's culturally safe, multidisciplinary and comprehensive models of primary care. It also helps to ensure that proposals to conduct primary care research within Aboriginal communities reflect needs identified by, and are instigated and approved by, those communities. NACCHO places a high value upon the research from the

Forum and it helps inform work plans and strategic directions.

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

- Indigenous Health Performance Framework (PM&C)
- NACCHO Submission to the Productivity Commission Inquiry into Data Availability and Use
- Implementation for the *National Data Collection for the Online Service Report* and National Key Performance Indicators meetings
- Out of session advice to Indigenous Health Service Data Advisory Group
- Burden of Disease Report, Australian Institute of Health and Welfare
- Program of work for the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data
- 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
- OCHRE Streams Advisory Group and
- Indigenous Excellence (IDX) Strategy (National Centre of Indigenous Excellence).

NACCHO was also nominated to become a Board member of the Broad Band for the Bush Alliance which was accepted by the CEO of NACCHO and confirmed in August 2016. NACCHO provided input to the Alliance submission to the Productivity Commission on Telecommunications Universal Service Obligation in July 2016. NACCHO also attended the Council of Remote Area Nurses of Australia Remote Safety and Security Taskforce. This Advisory Committee was researching, reviewing and developing guidelines for staff safety when

working in remote locations including urban and rural sites where there are limited clinical staff on duty. NACCHO attended Tackling Indigenous Smoking Evaluation Advisory Group meetings. This Group Reviewed and commented on the evaluation of the Tackling Indigenous Smoking programme including their current methodologies.

NACCHO has also continued to analyse and map Aboriginal and Torres Strait Islander peoples' access to ACCHs', redesigned the NACCHO website as our main information sharing platform, enhanced the information systems supporting QUMAX operations and reporting, developed better online administration support systems and designed a less complex way for the secretariat to access the evolving NACCHO evidence base. This improves the sharing of quality information and knowledge translation with our staff and Member services. Our Members' can expect that the ICT team will continue to develop improved information system infrastructure and online functionality.

.....
The NACCHO online administration system was enhanced with new options that include monitoring of progress on specific tasks like the NACCHO Activity and Quality Improvement Plan.



QUMAX

QUALITY USE OF MEDICINES MAXIMISED FOR ABORIGINAL & TORRES STRAIT ISLANDER PEOPLE

NATIONAL PROGRAMS AND PROJECT PARTNERS

QUALITY USE OF MEDICINES MAXIMISED (QUMAX) FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

The QUMAX Program is a collaboration between NACCHO and the Pharmacy Guild of Australia, and funded by the Commonwealth Department of Health. QUMAX is delivered by ACCHS' and community pharmacies, and contributes to better health outcomes through improved Quality Use of Medicines (QUM). To support QUM activities and services at the local level, funding is available to eligible ACCHS' in inner and outer regional areas, urban areas and major cities.

QUALITY USE OF MEDICINES MAXIMISED FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

The QUMAX program is a collaboration between NACCHO and the Pharmacy Guild of Australia (PGoA) and funded by DoH. To support QUM activities and services at the local level, funding is available to eligible ACCHS' in inner and outer regional areas, urban areas and major cities.

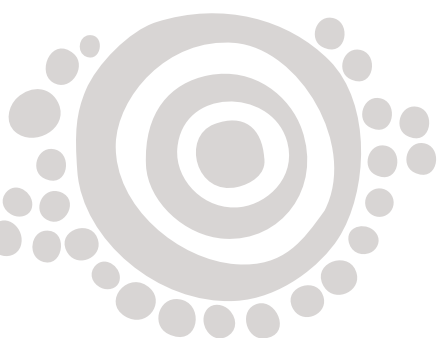
WHAT IS QUMAX?

The QUMAX Program aims to improve health outcomes by improving the QUM through seven support categories under the Pharmaceutical Benefits Scheme (PBS):

- Dose Administration Aids Agreements and Flexible Funding
- QUM Pharmacy Support
- Home Medicine Reviews (HMR) models of support
- QUM Devices
- QUM Education
- Cultural Education and
- Transport.

In 2016-2017, nearly 60 per cent of NACCHO members participated in the QUMAX program. This equated to 76 ACCHS' across each State and Territory participating in the program reaching 219,486 Aboriginal and Torres Strait Islander clients. The registration for the 2017-2018 QUMAX cycle was completed in May 2017, with one new ACCHS' registering, taking numbers to 77 for that period.

The 2016-2017 QUMAX cycle ran on schedule. This is primarily due to improved administrative process and management from NACCHO and the ongoing support of the PGoA. Acceptance by participating ACCHS' in the use of manual excel spread sheets for work plans and reporting has contributed to this outcome. The QUMAX Program Coordinator supported ACCHS' through the completion and submission of work plans and reporting requirements for this period. All contract reporting deliverables have been met for this period.





Work continued on the eQUMAX project (previously NACCHO Communication Network NCN) which was due for completion in December 2016 but delayed due to changing requirements. The purpose of this project was to redevelop an online QUMAX management portal, following on from the decommissioning of the NCN. In taking on board lessons learned, NACCHO will build a platform for the continuation of eQUMAX in line with the operational and service delivery needs of QUMAX.

Four workshops were held as part of the 2016-2017 QUMAX cycle. The first two workshops were held in Sydney and Brisbane in November 2016. The second two workshops were held in Melbourne and Adelaide in March 2017. Overall 50 people participated in the workshops, with 41 of the 77 ACCHS' taking part in QUMAX attending. The purpose of the workshops was to:

- learn more about QUMAX and the 6CPA, funding and budget allocation
- understand the QUMAX Program Specific Guidelines, including eligibility and the seven support areas
- understand potential and practical benefits of QUMAX and
- tailor QUMAX to the needs of community/clients.

Evaluations indicated participants found the Workshops useful and informative, with the vast majority rating the overall quality of the Work Shops 'high' or 'very high'. Participants were asked in the evaluation feedback to provide work highlights these included:

- HMR information, group discussions, QUMAX work plan information
- More insight/understanding of QUMAX
- Networking with other services and people
- Better understanding of the seven support areas
- Face to Face with NACCHO and Pharmacy staff and
- Sharing of QUMAX experience with other member representatives.

The QUMAX Coordinator participated in NACCHO's response to DoH's Review of Indigenous Pharmacy Programs (IPP). QUMAX is one of the four IPPs under review. Specifically, the Coordinator developed the online questionnaire for NACCHO Members as part of the broader consultation process, and also helped draft the submission.

NACCHO SUBMISSION TO THE REVIEW OF PHARMACY REMUNERATION AND REGULATION – DISCUSSION PAPER

Aboriginal and Torres Strait Islanders face significant barriers to access and efficient use of PBS medicines including financial, cultural and geographical factors. Two programs within the 6th Community Pharmacy Agreement (6CPA) aim to support access and the Quality use of Medicines (QUM) for Aboriginal and Torres Strait Islander people – the QUMAX Program and the s100 Remote Areas Aboriginal Health Services Program (RAAHS). However, evidence shows that there are amendments, or reform required, to improve both access and the quality use of medicines. The total amount of PBS expenditure for Aboriginal and Torres Strait Islander people was around 44 per cent of the amount spent per non-Indigenous person (\$369 compared with \$832) in 2010-11. While there are benefits to these Programs, there are a number of limitations and barriers outlined within this Submission and proposed solutions to increase both access to medicines and the quality use of medicines for Aboriginal and Torres Strait Islander people.

INDIGENOUS PHARMACY PROGRAMS (IPP) REVIEW

PHARMACY TRIALS PROGRAM (PTP) TRANCHE 2: ACCHO EMBEDDED PHARMACISTS (JOINT NACCHO- PSA)

Under the Sixth Community Pharmacy Agreement, \$50 million has been allocated for the Tranche 2 Pharmacy Trial Programme. The trials seek to develop new and innovative community pharmacy practices to improve clinical outcomes for consumers by extending the role of pharmacists in the delivery of primary healthcare services. In that context, NACCHO and the Pharmaceutical Society of Australia (PSA) have begun working together to develop a model of care for pharmacists to work within ACCHs'.

NACCHO has invested considerable resources into medicines and pharmacy policy over the last 18 months. A range of policies and programs have been developed in the context of several national reviews related to medicines and the Pharmacy Trial Program. This has involved employing a consultant pharmacist, building a NACCHO medicines policy working group, engaging with ACCHs' and reviewing medicines research. NACCHO has also formed a policy and support network for pharmacists employed by NACCHO's Member Services in collaboration with the Pharmaceutical Society of Australia.

PHARMACY TRIAL PROGRAM

NACCHO has co-designed two trials within the Pharmacy Trial Program, these are:

1. An Aboriginal medication review service, in collaboration with PGoA, and
2. The integration of non-dispensing pharmacists into ACCHs', in collaboration with the PSA.

The approval of these trials is the result of considerable work from NACCHO and reflects what Members and research have been requesting for some time. Both trials have been announced by the Minister for Health, will receive several million dollars in funding and are planned to involve around 25 of NACCHO's Member services. NACCHO is currently working closely with DoH and respective organisations to ensure these trials are implemented.

PHARMACY REVIEWS

There are two reviews relating to medicines and ACCHs' that NACCHO has primarily focused on:

- The Pharmacy Regulation and Remuneration Review (King Review) and
- The Indigenous Pharmacy Programs (IPP) Review.

The IPP Review involves the remote s100, CTG prescription and QUMAX programs and was completed by Urbis Consulting in June 2017.

NACCHO provided a comprehensive submission and is now working through recommendations with DoH, emphasizing the importance of continuing and enhancing medicines programs for our Members.

The *King Review Interim Report* was released in June 2017 and provided a range of 'Options' that closely align with NACCHO's advice so far. This includes endorsing non-dispensing pharmacists to be embedded directly into ACCHs' and trialling pharmacies owned and operated by ACCHs'. NACCHO has responded to the Interim Report and awaits the final Report due later in 2017.

NATIONAL AGED CARE ALLIANCE

Representatives from the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and the Institute for Urban Indigenous Health (IUIH) continued to represent

NACCHO on the National Aged Care Alliance (NACA). This 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.

The NACA understands the importance of working closely with consumers and providers. They continue to advocate for quality care for older people, and ongoing government funding to service providers.

FETAL ALCOHOL SPECTRUM DISORDER

The Fetal Alcohol Spectrum Disorder Prevention and Health Promotion Resources Project ended at 30 June 2017. 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 has consumed alcohol during pregnancy. These effects may include physical, mental, behavioural, 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* across Australia. These resources primarily focused on the prevention of FASD, but also provide information about sexual and reproductive health, smoking and substance abuse. An example of a successful Member program in the Ord Valley Aboriginal Health Service's is at the end of this annual report.



#FASDAwarenessDay

fare  **PREGNANT PAUSE**



Dr Dawn Casey COO
NACCHO and the
Australian Trachoma
Alliance: Safe Eyes Program
meeting in Canberra with
former Governor General,
Major General Michael Jeffery
AC, CVO, MC.

AUSTRALIAN TRACHOMA ALLIANCE – SAFE EYES PROGRAM

IN AUSTRALIA, TRACHOMA CAN STILL BE FOUND AT ENDEMIC LEVELS IN A NUMBER OF REMOTE ABORIGINAL COMMUNITIES IN THE NORTHERN TERRITORY (NT), SOUTH AUSTRALIA (SA) AND WESTERN AUSTRALIA (WA). AUSTRALIA IS A SIGNATORY TO THE WORLD HEALTH ORGANIZATION'S (WHO) ALLIANCE FOR THE GLOBAL ELIMINATION OF BLINDING TRACHOMA BY THE YEAR 2020 (GET 2020) AND IS COMMITTED TO ENSURING THAT TRACHOMA LEVELS DECREASE TO BELOW ENDEMIC LEVELS IN AT RISK COMMUNITIES.

These hotspots need particular attention and all communities require additional support to sustain reduced prevalence and eliminate trachoma by the comprehensive implementation of the SAFE (surgery – antibiotics - facial cleanliness - environmental improvements) strategy. Only then, will Australia eliminate trachoma by 2020.

To that end, leading organisations across Australia have formed the Australian Trachoma Alliance (The Alliance), whose objective is to eliminate blinding trachoma in Australia by the year 2020. The organisations include: The Diamond Jubilee Trust Australia (DJTA), National Aboriginal Community Controlled Health Organisation (NACCHO), Indigenous Eye Health Unit at the University of Melbourne (IEHU), and Vision 2020 Australia.

The Alliance aims to bring together and advance national and community based Aboriginal and Torres Strait Islander leadership, to build community ownership and to further progress the success of trachoma programs implemented to date.

Up to mid-2017 NACCHO had employed the Canberra based, Safe Eyes Implementation Manager. The Alliance then employed Gwen Troutman-Weir as Program Implementation Manager with responsibility to engage with Aboriginal leaders in remote communities to eliminate trachoma, by facilitating engagement in the development and implementation of community plans. Gwen also works to support the Alliance in developing cross-sectoral coordination with related levels of government, ACCHs' and other relevant organisations, councils and service providers.

.....
"This program is an exemplar on how to engage and involve communities in finding solutions to community identified problems."

- ATA Principals Meeting 27 July 2016
.....



Safe Eyes

Dawn Casey attended The Close the Gap for Vision by 2020 National Conference 2017 which held in Melbourne on 16 and 17 March 2017. 107 attendees from all jurisdictions and representing national, state and territory, regional and local organisations and interests across Australia gathered to share learnings and experiences to improve Indigenous eye health.

It was also a time to discuss and plan what needs to be done to close the gap for vision by 2020. Data from the *National Eye Health Survey* (2016) and *National Trachoma Surveillance Report* (2016) indicates that the inequity gap for vision between Indigenous and non-Indigenous Australians is closing. Further work is required to improve performance monitoring at the national, state/territory and regional levels.



TOP: Delegates at a workshop at the 2016 Annual NACCHO Ochre Day in Perth and Michelle Nelson Cox Chair AHCWA welcomed the delegates to Perth

OPPOSITE PAGE: The men take a traditional walk to Langley Park – on the side of Derbarl Yerrigan which the locals call the Swan River



OCHRE DAY



OCHRE DAY ALLOWS ABORIGINAL MALES OF ALL AGES TO SHARE KNOWLEDGE AND EXPLORE WAYS TO ENGAGE WITH THEIR LOCAL ACCHS¹.

Ochre aims to:

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

Commencing in Canberra 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 OCHRE DAY PERTH 2016

Ochre Day is an important Aboriginal male health initiative to help raise awareness as well as provide an opportunity to draw national public awareness to Aboriginal male health, and social and emotional wellbeing. The NACCHO Ochre Day was held on the lands of the Noongar people in Perth. The 2016 annual NACCHO Ochre Day activities were hosted in Perth on 15 and 16 September in partnership with the Aboriginal Health Council of Western Australia (AHCWA) and Derbarl Yerrigan Health Service Incorporated (DYHS). The Ochre Day Hoodies presentation lunch was by Associate Professor James Ward from SAHMRI and Ms Michelle Nelson Cox from AHCWA, the traditional male-only breakfast was also held and afterwards delegates walked to Langley Park where speeches, presentations and a lunch were held.

Speakers included Mr Troy Combo (Bulgarr Ngaru Medical Aboriginal Corporation), Mr Neville Bartlett and Mr Stan Master (Derbarl Yerrigan Health Service), NACCHO Deputy Chair Sandy Davies (Geraldton Regional Aboriginal Medical Service, Laurence Riley (AHCWA), John Paterson (AMSANT), Associate Professor Ted Wilkes and Professor Dennis Gray from the National Drug Research Institute (NDRI). Panel discussions were held with, Normie Grogan, Russell Butler, Daniel Morrison, Ben Gorrie, Shaun Nannop, Jonathon Ford, Patrick Johnson, Rod Little, Laurence Riley, Brad Hart, Brett Walley and Uncle Philip Matsumoto NACCHO Ochre Day Patron.

“Ochre Day was an awesome platform for our men to share and discuss important health issues”

- Perth Ochre Day Delegate

Last year NACCHO Ochre Day provided an opportunity to draw national public awareness to Aboriginal male health for over 100 participants. The Day showcased exemplars of best practice in Aboriginal male health service delivery within the Aboriginal Community Controlled sector, as well facilitating Q&A opportunities in workshops discussing issues of concern, relevance and encouraged increased participation of Aboriginal and Torres Strait Islander males of all ages in health promotion and healthy lifestyle activities.

An emphasis was also placed on encouraging individual health checks by delegates in accessing their local Aboriginal Community Controlled Health Organisation. Mr Kelvin Lawrence delivered the Jaydon Adams Memorial oration at the closing Day dinner. NACCHO acknowledges the assistance of the Jaydon Adams Memorial Foundation, South Australia Health Medical Research Institute (SAHMRI), Oxfam, Wathaurong Glass, Mercure Hotel and JB'S Fleecy Hoodies in making the conference so successful. In 2017 NACCHO is hosting Ochre Day in Darwin.

STAKEHOLDER ENGAGEMENT



World No Tobacco Day function at Winnunga Nimmityjah Aboriginal Health Service in Narrabundah, ACT (Photo credit Geoff Bagnall)

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 MEMBER SERVICES AND ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE.

In 2016-2017, NACCHO collaborated with several healthcare partners on several policy reform issues through the submission of position papers to the federal government. Our recent papers, agreements, roundtables, forums and workshops have been extensive and effective for the Sector.

- Participation in the Central Australia Remote Area Nurse Association Expert Committee on Safety and Security
- Member of the Review Panel for the Tackling Indigenous Smoking Program

- Attended the Canada-Australia roundtable on Indigenous Health and Wellness
- Aboriginal health and justice project to discuss and address the issues of racism in health care settings/ Racism in Health Forum and
- 14th National Rural Health Conference.



NACCHO AND MENTAL HEALTH PROFESSIONALS' NETWORK WEBINAR

Activity	Mental Health Professionals' Network hosted a national webinar in collaboration with NACCHO where an all Indigenous panel explored and discussed youth suicide.
Aim	<p>Working collaboratively to support the social and emotional well-being of Aboriginal and Torres Strait Islander youth in crisis webinar was broadcast. The webinar was organised and produced by the Mental Health Professionals Network and provided participants with the opportunity to identify:</p> <ul style="list-style-type: none"> • Key principles in the early identification of youth experiencing psychological distress • Appropriate referral pathways to prevent crises and provide early intervention and • Challenges, tips and strategies to implement a collaborative response to supporting Aboriginal and Torres Strait Islander youth in crisis.
Outcome	<p>This professional development opportunity proved effective with 680 participants across Australia of whom 27 people identified as Aboriginal and Torres Strait Islanders. After watching the 90-minute webinar participants surveyed said that their learning objectives were met and that this was relevant to their clinical practice and that their work practice would be improved.</p> <p>This also helped in improving interdisciplinary mental health practice and collaborative care across the ACCHs' sector. The panel was described as excellent and that the collaborative nature of the conversation was welcoming and effective. Ultimately the ACCHs' consumers and patients will obtain a better service after the practitioners viewing of the online material.</p>

POSITION PAPERS

- NACCHO Submission to the Productivity Commission Inquiry into Human Services: Identifying sectors for reform July 2016
- NACCHO Submission to the Productivity Commission Inquiry into Data Availability and Use August 2016
- NACCHO participation in the Human Services Roundtable: Services in Remote Indigenous Communities October 2016
- NACCHO Submission to the Department of Health inquiry into The Practice Incentives Program Redesign December 2016.



Screenshot of the Mental Health Professional Network Webinar for Supporting the social and emotional well-being of Aboriginal and Torres Strait Islander youth in crisis



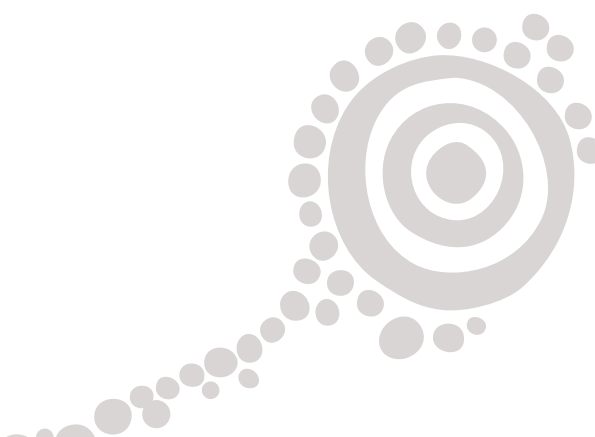
NACCHO Director of Medicines Policy and Programs Mike Stephens discussing dispensing iron tablets at a Pharmacy in Hobart

SUBSIDISED CONTINUOUS GLUCOSE MONITORING INITIATIVE IMPLEMENTED

Activity	NACCHO provided the Australian Government with advice about an initiative for subsidised continuous glucose monitoring products.
Aim	As part of an expert Advisory Group that included other stakeholder organisations NACCHO achieved outcomes that assisted in identifying and implementing the new initiative. NACCHO helped the federal government with public policy priority given to support people in need.
Outcome	<p>After extensive consultation with NACCHO, The Hon Greg Hunt, Minister for Health, announced an Australian Government initiative for subsidised continuous glucose monitoring products for eligible children and young people aged under 21 years with Type 1 diabetes.</p> <p>The development has now been completed and the project moves to the implementation stage.</p>

CLOSING THE GAP ON MEDICATIONS: ACCESS GRANTED TO IRON TABLETS ON THE PBS

Activity	Access granted to iron tablets on the PBS.
Aim	NACCHO Pharmacist policy advisor Mike Stephens and Chairperson Matthew Cooke convinced the Department of Health to relist oral iron and folate tablets that had been delisted. Their successful advocacy occurred after multiple stakeholder concerns were communicated to the Department and also after NACCHO wrote to the General Manager of AFT Pharmaceutical.
Outcome	Iron and folate was relisted on the PBS as a restricted benefit only for the treatment of patients identifying as Aboriginal and/or Torres Strait Islander.





BROAD BAND FOR THE BUSH ALLIANCE SUBMISSION

Activity	Broad Band for the Bush Alliance submission that includes promoting and advocating for improved telecommunications connectivity for remote and regional Australia and demonstrating impacts of improved internet access in social, economic, educational and health contexts.
Aim	<p>Support of the Remote Outback Satellite Infrastructure Enablement (ROSIE).</p> <p>Contributions to the Broadband for the Bush Alliance (B4BA) conference June 2016 (Brisbane) included a discussion about ROSIE project providing fast reliable managed satellite internet for remote and very remote ACCHs's in WA and SA.</p> <p>ROSIE is seen as a way of including service delivery locations where internet access is limited in terms of reliable access to bandwidth and speed in Telehealth, video-conferencing in support of mental health and social and emotional well-being programs, and de-identified health related data sharing.</p>
Outcome	NACCHO provided input to the Broad Band for the Bush Alliance submission to the Productivity Commission on Telecommunications Universal Service Obligation 19 July 2016.

REMOTE HOUSING REVIEW ADVICE JANUARY 2017

The first part of the NACCHO submission to the Remote Housing Review concentrated on the social determinants of health and the disproportionate health disadvantages Aboriginal people experience today. Many of these can in part, be traced back to colonisation, however the ongoing nature of this disadvantage is embodied in the social determinants of health. The second half of the submission was the response to remote housing needs and highlighted:

- The content of the new remote housing/infrastructure agreement is the most important health issue facing remote Communities
- When considering the NPARIH was a ten year program with an outlay of \$5.5 billion it appears that the training and continued employment outcomes for local people have been dismal to date
- The evidence of the link between poverty and poor health is overwhelming and is a core explanation for Aboriginal ill health. While some of the disparity factors can be construed as being within the control of the tenant, the lack of training and education of not only the tenant but the broader community renders the tenant incapable of dealing with the issues.



Speakers at the Marking of 50 Years of Commonwealth Administration in Indigenous Affairs

NACCHO POSITION PAPER ON SUICIDE PREVENTION AND THE ABORIGINAL AND TORRES STRAIT ISLANDER SUICIDE PREVENTION EVALUATION PROJECT (ATSISPEP)

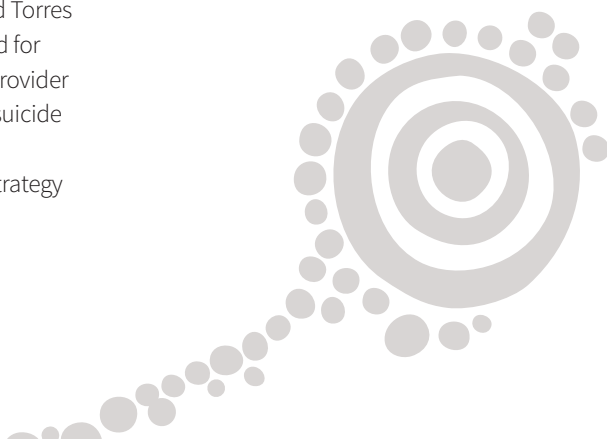
NACCHO SUPPORTS CONTINUED ADVOCACY AND INFORMATION SHARING ACROSS THE ACCHS' SECTOR. THE REPORT FINDS THAT COMMUNITY-LED ACTIONS ARE THE MOST EFFECTIVE APPROACH TO SUICIDE PREVENTION.

The acute and immediate need is action to address suicide rates among Aboriginal and Torres Strait Islander populations, and in particular, our young people. The time for talking is over. Governments, mainstream health organisations and the community controlled sector now have the evidence and tools they need to invest immediately in effective suicide prevention activity.

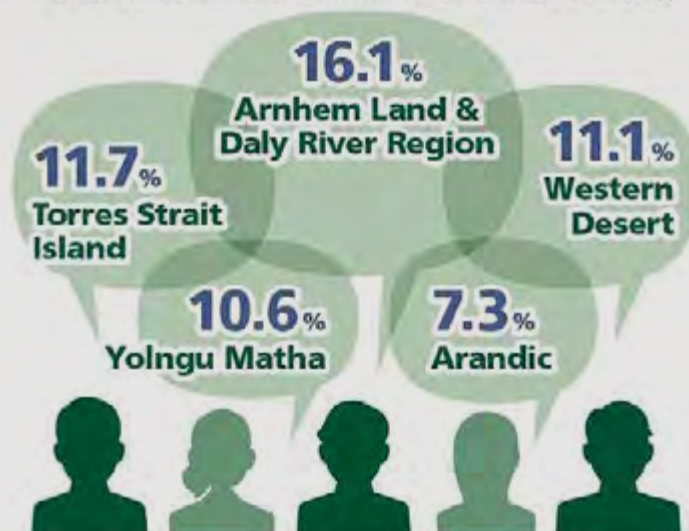
NACCHO requested the immediate allocation of funds for the implementation of new services in line with the Australian Government's undertakings in the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy. NACCHO called for community controlled organisations to be the preferred provider and facilitator for all Aboriginal and Torres Strait Islander suicide prevention activities, including the rollout of the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy and the National Suicide Prevention Strategy.

NACCHO supported the immediate adoption of the planning, assessment and evaluation tools developed by ATSISPEP for all government programs relating to suicide prevention, including programs and initiatives funded under the Indigenous Advancement Strategy that address Aboriginal and Torres Strait Islander people's emotional and social wellbeing and those funded through the Primary Health Networks.

NACCHO seek an urgent development of a national strategy to address the social and cultural determinants of Aboriginal health including 'upstream' risk factors for suicide. NACCHO also called for the urgent adoption of justice reinvestment principles by all levels of government as one mechanism for securing additional funding for upstream diversionary activities for Indigenous young people.

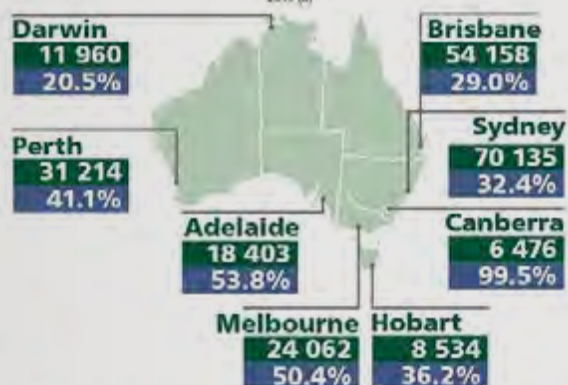


TOP FIVE AUSTRALIAN INDIGENOUS LANGUAGE GROUPS SPOKEN AT HOME, 2016(a)



(a) Usual residence Census counts. Excludes overseas visitors. Includes Other Territories.
Source: ABS Census of Population and Housing, 2015

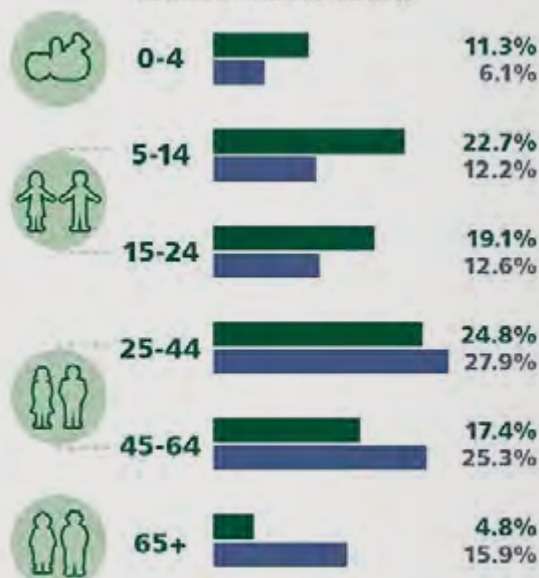
PROPORTION OF ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE LIVING IN CAPITAL CITIES, 2016 (a)



- No. of Aboriginal and Torres Strait Islander people within capital city
- Proportion of Aboriginal and Torres Strait Islander people within capital city

(a) Usual residence Census counts. Excludes overseas visitors. Includes Other Territories.
Source: ABS Census of Population and Housing, 2015

PROPORTION OF POPULATION BY AGE, 2016 (a)



- Aboriginal and Torres Strait Islander people
- Non-Indigenous people

(a) Usual residence Census counts. Excludes overseas visitors. Includes Other Territories.
Source: ABS Census of Population and Housing, 2016

POLITICAL LEADERSHIP



"I offer the IPAA and APS an open invitation to send their secondees across to us, or email me for advice and we can all work on public Aboriginal Health policy outcomes together."

- NACCHO CEO Pat Turner

NACCHO CEO Pat Turner

PARLIAMENT HOUSE STANDS ON LAND TRADITIONALLY OWNED BY THE NGUNNAWAL AND NGAMBRI PEOPLE.

Ministerial leadership during the past year proved challenging with many changes in the political landscape, including a change of Health Minister. NACCHO Chairperson Matthew Cooke spoke with many ministers and parliamentarians and encouraged them all to focus their attention on closing the gap in Aboriginal health.

NACCHO consistently advocates the Government to 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. Our bipartisan political engagement strategy has evolved and developed over the years to make NACCHO an effective and influential advocate for the sector.

NACCHO continues to lead, shape and advocate for national health policy reform in areas like the social determinants of Aboriginal health, insist on an inquiry into Institutional Racism and increase funding to Aboriginal mental health services. The NACCHO Board has been resolute in advancing the interests of Members and their services footprint. The last federal budget was a relative non-event for Aboriginal people, although the government did make sector changes that over the next few years will see some positive Health revenue forecasts.

Nevertheless NACCHO remains vigilant and will have a great presence and provide submissions to the budget policy implications of the future.

NACCHO is constantly asked to provide advice to the government whilst seeking support from other parties and the crossbench for a variety of legislative issues which are discussed and voted on. NACCHO provided substantial advice to the three Health Ministers about our portfolio concerns, proposed legislation or new government initiatives.

Our public health policy positions are constantly being tested, discussed, updated if required and new policy proposals developed. NACCHO are always seeking to integrate data sources to assist in providing the evidence base NACCHO require to present our new findings to DoH, Ministers and in the media. NACCHO builds and maintains relationships with government ministers and other parliamentary representatives.





National Congress of Australia's First People's co-chair Mr Rod Little speaking at the presentation of the Redfern Statement to Prime Minister Malcolm Turnbull and Opposition Leader Bill Shorten



Assistant Minister for Health and Aged Care Ken Wyatt speaking to NACCHO Conference delegates 2016

NACCHO now speaks with one voice in Canberra. NACCHO works with our Affiliates to provide support and advice to organisations aligned with our strategic priorities like the Australian Medical Association (AMA), Australian Healthcare and Hospitals Association (AHHA), Royal Australian College of General Practitioners (RACGP), Royal Australian College of Surgeons (RACS), Pharmacy Guild of Australia (PGA), Pharmaceutical Society of Australia (PSA), Royal Australian Air Force (RAAF), Close the Gap, Justice Reinvestment, Redfern Alliance and Change the Record. NACCHO also coordinates and facilitates meetings, roundtables, discussions and events regarding Aboriginal health care with these groups.

Yanggugulanyinngalawiri, dhunayi, Ngunawaldhaw-ra. Wanggaralijinyin-marinybulanbugarabang.

- Prime Minister Turnbull

NACCHO has built a strong relationship with the Department of Health as well as Prime Minister and Cabinet staff. The Commonwealth provided \$433 million to our Aboriginal Medical Services across the country last financial year.

NACCHO aspires to increase our services in the sector and support the new Indigenous Procurement policy that will see millions of new funds paid to supply nation firms. This empowering of our local communities is a key driver in our quest for self-determination as one vital component in advancing the financial interests and economic opportunities of our people. NACCHO is an example of this with our increased funding enhancing our capacity to serve our membership. NACCHO influences public policy decisions, strategies, programs and research outcomes through robust analysis, a common-sense approach to discussing complex Aboriginal health issues and use national statistics to reinforce the value of our opinions.

What a phenomenal role model the Hon Ken Wyatt, Minister for Indigenous Health and Minister for Aged Care is. He's the first Aboriginal person to be elected to the House of Representatives. He's now been joined by Linda Burney, the first Aboriginal woman on the Labor side. Minister Wyatt is the first Aboriginal Australian to be appointed a Minister in a Federal Government.

"This current generation of parliament [has] ...to do more than just commemorate. 'Less paternalism, more empowerment. Less rhetoric, more action.'"

- Leader of the Opposition Bill Shorten

Next year planning begins for a NACCHO meets senior politicians from the House and Senate that will focus on challenges specific to Aboriginal and Torres Strait Islander people. NACCHO meets regularly with Ministers and shadow ministers. An inaugural day in mid-2018 has been set aside that will (future plan-evidence, research, and reason). The year ahead will see greater engagement with parliament and enhanced collaboration with the AMA to eradicate Rheumatic Heart Disease (RHD) by 2031. NACCHO will be harnessing modern technology, data management and economics to plan evidence based future public policy. For more information about the year ahead you can read online at

www.naccho.org.au

Source: Ngunnawal language of the traditional owners of the Canberra region. Prime Minister - Transcript - Remarks at the Indigenous Youth Parliamentarians' Reception - Parliament House, Canberra - Wednesday, 24 May 2017 and BILL SHORTEN - SPEECH - ADDRESS TO THE HEALING FOUNDATION: 20TH ANNIVERSARY OF THE 'BRINGING THEM HOME' REPORT - CANBERRA - TUESDAY, 23 MAY 2017



MEDIA AND COMMUNICATION ACTIVITIES



**NACCHO Aboriginal Health
Communique Subscribers**

4,314

2016-17

2012-13	2013-14	2014-15	2015-16
850	1203	3,740	3,973



**NACCHO Aboriginal Health
Communique Views**

628,887

2016-17

2012-13	2013-14	2014-15	2015-16
156,000	245,599	375,804	506,603

OVERVIEW

IN 2016/17 NACCHO'S STRATEGIC MEDIA AND COMMUNICATIONS CONTINUED TO BE EMPLOYED TO GOOD EFFECT SUPPORTING NACCHO'S GOALS AND ENSURING ABORIGINAL HEALTH ISSUES WERE ELEVATED IN THE NATIONAL ARENA. THESE GOALS WERE ACHIEVED BY:

- Disseminating press releases, speeches, member alerts and organising media interviews
- Publishing a daily online Aboriginal Health Information News Alert
- Organising events, press conferences, workshops, roundtables and backgrounding journalists
- Media monitoring and writing newspaper editorials, speeches and background briefs
- Extensive social media engagement on various platforms like Twitter and YouTube.

NACCHO's communication objectives involved educating ACCHs' staff regarding NACCHO programs, branding, marketing, event management, sharing success stories between members, and educating our sector, the media and the broader community about NACCHOs' successes.

SOCIAL MEDIA ENGAGEMENT

NACCHO continued to regularly communicate with members, stakeholders and community 24/7 via a wide range of integrated social media platforms delivering a steady stream of up to date information on Aboriginal national, regional and remote health issues. Our communications emphasis is on sharing positive stories and information from all our ACCHs' members' services. Downloads from the NACCHO website was tracking at over 1 million hits per year. 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.

The NACCHO communications team continued to provide numerous press and editorial articles in various media platforms, wrote speeches and organised parliamentary events for NACCHO and its partners that demonstrated why politicians should support Aboriginal Controlled Health Services. Our Board continues to remind politicians from all parliamentary parties of the important work our Aboriginal Community Controlled Health Services provide.

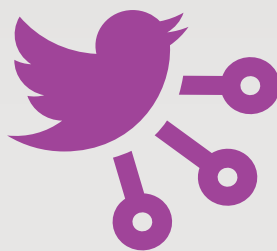


NACCHO Australia Twitter followers

24,200

2016-17

2012-13	2014-15
5,236	15,604
2013-14	2015-16
9,907	20,600



NACCHO Australia Tweets to date

64,500

2016-17

2012-13	2014-15
10,600	23,100
2013-14	2015-16
23,100	51,400



NACCHO Facebook Followers

9,561

2016-17

2012-13	2014-15
2,320	5,154
2013-14	2015-16
3,131	8,736

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.

1. Daily Aboriginal Health News Alert: (www.nacchocommunique.com) continues to be major online publisher of Aboriginal Health News in Australia having posted over 1,920 informative news alerts over the past 5 years to our 4,314 subscribers. Besides our subscribers our posts have been read over 628,887 times (Daily record 2,373) with the Aboriginal Health and Racism having the most readers (4,615) of this one post. This year NACCHO have focused and consolidated our posts by servicing our ACCHO members with weekly Save a Date, ACCHs' job alerts and Deadly ACCHs' good news stories.
2. Twitter: NACCHO this year was awarded a prestigious Blue Tick from Twitter for our bona fides health sector contributions and engagement. Our followers grew to 24,200 and with 64,550 posts to date NACCHO are now leaders in the dissemination of Aboriginal health and social determinant news.



3. Facebook restricted our corporate account with limited distribution this year (forcing us to advertise). Therefore, our posts this year did not have the same reach and impact as previous years when some of our posts reached over 1 million Facebook followers nationally and internationally.
4. Instagram: In 2017 NACCHO opened an integrated NACCHONEWS account and this has a huge potential to reach our ACCHs' community Members in the future.
5. NACCHOTV : NACCHO continued to utilise our NACCHO YouTube account with ACCHO member interviews embed in our communiqués. 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.



Dave Gillespie visit to the Barunga Festival in the Northern Territory



ABC News 24 interviews NACCHO CEO Pat Turner about the Redfern Statement

NACCHO continued the communications outreach plan through active engagement with stakeholders, non-government organisations, senior public servants, lobbyists, the media, the public and our members. The CEO delivered over 20 major speeches that included;

- Recognise Leader's Forum
- National Aboriginal and Torres Strait Mental Health Forum
- NACCHO Melbourne Conference and AGM
- Close the Gap-Redfern Statement Alliance at Parliament House
- Racism in Health Forum
- Allied Health Forum
- Violence Against Women meeting
- Oxfam speech in Alice Springs
- Indigenous Leadership Day of the Australian Public Service and
- Marking 50 Years of Commonwealth Administration in Indigenous Affairs. A joint event with IPAA and the Department of the Prime Minister and Cabinet to mark the 1967 Referendum.

Publications issued or launched for the year included:

- *NACCHO Strategic Directions 2016-2020*
- *NACCHO Annual Report 2015-2016*
- *NACCHO Melbourne Conference and AGM program guide and*
- *Healthy Futures Report Card 2016.*

NACCHO CEO Pat Turner launched the Aboriginal and Torres Strait Islander HIV Awareness Week (ATSIHAW) website during the HIV Awareness week for ATSI, 30 November 2016 at Parliament House. The Hon. Sussan Ley, Minister for Health and Aged Care, Senator Dean Smith, Senator Pat Dodson and the Hon Ken Wyatt MP attended.

MINISTERIAL LAUNCH AT THE AGM

The Minister launched the second *Healthy Futures Report Card* that was published by the Australian Institute of Health and Welfare and commissioned by NACCHO. The Minister Ken Wyatt said that the Report was an invaluable resource because it provides a comprehensive picture of a point in time.

These report cards allow the sector to track progress, celebrate success, and see where improvements need to be made. This is critical for the continuous improvement of the Aboriginal Community Controlled Health Sector as well as a way to maintain focus and achieve goals. We need to acknowledge the great system in place that comprises the network of Aboriginal Community Controlled Health Organisations, and recognise the role you play to build culturally responsive services in the mainstream system. Our people need to feel culturally safe in the mainstream health system; the Aboriginal Community Controlled Health sector must continue to play a central role in helping the mainstream services and the sector to be culturally safe.



Assistant Minister for Health and Aged Care Ken Wyatt at the NACCHO Conference with Chair Matthew Cooke launched the *Healthy Futures Report Card 2016*



NACCHO CEO Pat Turner and NACCHO Chair Matthew Cooke presented a certificate to Sol Bellear acknowledging Redfern AMS 45 year contribution to Indigenous Health services at the NACCHO National Conference.

NATIONAL MEMBERS' CONFERENCE AND AGM IN MELBOURNE 2016

On 6–8 December 2016, NACCHO held our annual Members' Conference and AGM in Melbourne on Wurundjeri land. NACCHO thanked Wurundjeri for welcoming us to their land for this important work.

The theme for the Conference and AGM was “*Strengthening our Future through Self-Determination*”. Delegates had the opportunity at the conference to celebrate self-determination in community controlled health by acknowledging the 45th anniversary of the Redfern Aboriginal Medical Service, their years of dedicated service and the outstanding contribution to our Aboriginal community the Service has made. The Chair of NACCHO Mathew Cooke presented a certificate acknowledging this great milestone to the Chair of Redfern AMS, Mr Sol Bellear. The more than 300 participants from our member services, peak bodies, governments, research bodies, academics and other organisations involved in Aboriginal health enjoyed a high quality program of speakers and events that covered the gamut of issues of interest to our sector:

- strategic directions of government
- practical experiences of member services

- the latest research findings and academic observations
- strategic issues within our sector including future governance arrangements and
- broader contextual issues like Treaty negotiations in Victoria and the Redfern statement.

The Conference was opened by Matthew Cooke, Chair of NACCHO, who set the scene and talked about the importance of self-determination. Then the Master of Ceremonies, Mr Garry Goldsmith began to introduce the speakers. The morning focused at the strategic level with presentations from the Shadow Minister for Health and Medicare Catherine King MP and a discussion of progress with the Medicare Review.

In the afternoon, the focus moved to our member services with the opportunity to explore ways to use Medicare billing to generate income for our services, using data to inform service design and delivery and a range of workforce issues. Delegates finished the day with a presentation from the Youth Justice Alliance and justice reinvestment – a very topical issue with the Royal Commission into the *Northern Territory's* youth detention and child protection systems currently underway.

On day 2, the Conference explored further experiences from member services but also heard very useful presentations on broader health issues of interest to the whole sector including about sexual health, the “First 1,000 Days project”, best practice in chronic disease and suicide prevention and mental health.

The Conference also explored important issues for the sector related to governance, and heard from the Chief Executive Officer of NACCHO Ms Patricia Turner with an Overview of NACCHO Strategic Directions and Priorities, and later the audience heard about how NACCHO define comprehensive primary health care and the contextual issues of the Redfern Statement and the establishment of a Treaty in Victoria.

The feedback from participants is that it was a great and productive conference full of useful and interesting information for member services. The Annual General Meeting was held the next day and a few hundred delegates heard from The Honourable Ken Wyatt AM, MP, Assistant Minister for Health and Aged Care who launched our *Healthy Futures Report Card 2016*. NACCHO look forward to an even bigger and better Conference and AGM in Canberra in 2017. Julie Tongs, Chief Executive Office, Winnunga Nimmityjah Aboriginal Health Service is the host.

STATE AND TERRITORY

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 OF NSW REPORT

2016-2017 WAS A YEAR OF CHANGE FOR THE ABORIGINAL HEALTH AND MEDICAL RESEARCH COUNCIL (AH&MRC) OF NSW, WHICH INCLUDED SAYING GOODBYE TO MS SANDRA BAILEY, AH&MRC'S CEO FOR 25 YEARS, IN JUNE 2017. WE WOULD LIKE TO THANK SANDRA FOR HER COMMITMENT AND DEDICATION TO THE AH&MRC, AND THE ACCHS'S SECTOR.

In addition to leadership changes, the recent political and funding landscape has precipitated a period of review and adaptation for the AH&MRC, to ensure we best support our Member Services to deliver comprehensive primary health care. AH&MRC has 48 members, which is the most of any state or territory and this year we welcomed new members; Waminda – South Coast Women's Health & Welfare Aboriginal Corporation, Ungooroo Aboriginal Corporation and Ngaimpe Aboriginal Corporation.

AH&MRC held three members meetings throughout the year to discuss the impact of national and state policy and program reforms. AH&MRC's Meeting Ground 2017 – Members Workshop themes were Renewal, Unity and Strength and was a pivotal forum where our members shared and built on strategies to ensure a strong and sustainable NSW ACCHs' sector. It was also an opportunity for members to renew partnerships with key stakeholders in Aboriginal health such as PHNs and Local Health Districts through workshop sessions.

AH&MRC also continued to deliver workforce development opportunities, CQI projects, led preventative program delivery, and continued to build on partnerships. Key achievements include:

- Resigned a Memorandum of Understanding between the AH&MRC and the NSW Mental Health Commission. The initial MoU was signed in 2013, shortly following the establishment of the Commission.
- Ongoing partnership with the NSW STI Programs Unit to deliver 'Take Blaktion', a social marketing campaign aimed at young Aboriginal people to increase testing and management of STIs, and increase use of condoms. Four Aboriginal ambassadors (Ian Zaro, Matty Fields, Carly Wallace and Bjorn Stewart) promoted comedy skits and messages through their own and Take Blaktion social media sites, reaching 1.3 million people and achieving an engagement rate of 9%. The Ambassadors also attended community events during NAIDOC and Yabun.
- Ongoing distribution and training around "Doin IT Right!" - a resource developed by AH&MRC for Health Professionals working with young Aboriginal people around sexual and reproductive health, including activities, resources and factsheets.
- Co-hosting the Aboriginal Medical Health and Wellbeing Forum with the NSW Ministry of Health, held 14-15 June.
- Development of training resources for Mental Health Units to be delivered at Aboriginal Health College, including the Cert IV PHC (Mental Health) to be delivered in 2018. The Cert IV includes mental health care plans and suicide prevention.
- Hosted three NSW Aboriginal Residential Healing Drug & Alcohol Network (NARHDAN) meetings for the seven Aboriginal community controlled residential rehabilitation services in NSW.
- Completed the Brief Interventions (BIs) Project, a CQI Collaborative aimed at supporting BIs for smoking cessation. Nine ACCHs's participated in the Collaborative, and the evaluation found that the project led to delivery of significant short-term outcomes that will contribute to medium and longer-term efforts to strengthen delivery of BIs by the ACCHs' sector in NSW.
- We partnered with 12 Member Services to deliver the Aboriginal child seat project.
- 20 Aboriginal Health Workers received accredited training on fitting and installing child seats as part of the project. More than 453 child seats were distributed and approximately 497 Aboriginal people participated in face to face education across 25 communities.
- The AH&MRC Ethics Committee is one of the few Aboriginal community controlled ethics committees in Australia. This year the committee reviewed 63 new applications and 292 amended proposal, extension requests and draft publications for review.
- The Aboriginal Health College held its 10th graduation ceremony where approximately 200 people attended, including graduating students, their guests, VIPs, current students and staff. Actor Luke Carroll was the M.C and College Patron Hon Prof Dame Marie Bashir and Brien Hold Vision Institute's Prof Brian Layland attended the event

In conclusion, 2017 – 2018 AH&MRC looks forward to rebuilding our team and working with our Members to ensure they are in the best possible position in an evolving and competitive funding environment. AH&MRC would like to thank the Board for their ongoing commitment and leadership.





Victorian Aboriginal
Community Controlled
Health Organisation
building

VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

VACCHO REFLECTED ON 20 YEARS OF OPERATION AS THE PEAK ORGANISATION FOR THE HEALTH AND WELLBEING OF VICTORIAN ABORIGINAL PEOPLE THIS YEAR.

Our Members are thriving, sustainable organisations delivering high quality holistic health and wellbeing wrap around services to our communities. With VACCHO as a strong voice for our Members, we have been able to influence the policy agenda at both State and National levels, advocating for the best solutions to the issues that face our communities.

At VACCHO, everything we do is underpinned by the vision that we share with our Members: that we have vibrant, healthy self-determining communities. This means supporting our Members to provide quality services in housing, employment, education, justice, disability, aged care, child protection, primary health care, mental health and family services. Our member ACCOs expect VACCHO to be able to advocate effectively across this range of issues affecting an Aboriginal Victorian people's lives. And we do.

.....
The value of this holistic approach can be seen in the growth of our Members' services and in our membership numbers. VACCHO has 23 full Members and 7 Associate Members.
.....

The sweeping reforms to Aged Care funding and the NDIS will have significant impact on the way that our Members run their businesses, and VACCHO has undertaken a significant amount of advocacy work to influence the national policy agenda, and to assist our Members to prepare for those two initiatives. VACCHO have also had great success in influencing the Productivity Commission's recommendations to government regarding funding arrangements. VACCHO's influence contributed to the reversal of their decision to recommend a funding arrangement that would be detrimental to our Members and our communities, and we have been invited to present our evidence based position at a hearing to this Commission.

VACCHO demonstrated the value of culture and cultural understanding through the continued success of Cultural Safety training programs. This year, in addition to providing cultural awareness training, VACCHO developed a new program, Managing Aboriginal Peoples and Programs, tailored to Executive management and Human Resources Officers. The Cultural Safety team delivered training to approximately 1,300 participants across the State, in 94 sessions delivered to over 60 organisations and services. Through these programs VACCHO is building a bridge of understanding between Aboriginal people and health and wellbeing service providers.

In April 2017, VACCHO was involved in the 15th World Congress on Public Health in Melbourne, as the hosts of the First People's Networking Space. This space was celebrated at the conference as a culturally safe place for First Nations' delegates to network and engage with each other and with other conference delegates. It was a space of respectful engagement and dialogue, and was celebrated by the World Congress. The establishment of an Indigenous Working Groups within the World Federation of Public Health Associations, and the commitment to continuing the presence of a First People's Networking Space at future conferences were just some of the outcomes of this event.

In September 2016, VACCHO became accredited with the Australian Health Practitioner Regulation Agency as a provider of the Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care Health Practice. VACCHO are the only Registered Training Organisation (RTO) in Victoria to offer this training, which allows Aboriginal health workers to become registered Aboriginal health practitioners, and have their skills and experience recognised.

VACCHO supports the Aboriginal Drug and Alcohol workforce through the provision of support, training, and resource development. The links between Drug and Alcohol issues and Mental Health are well understood, they go hand in hand. This year, VACCHO successfully lobbied to have the Drug and Alcohol sector funding come back in alignment to be supported as a single sector by both Commonwealth and State funding. This allows for better strategic planning across the whole Social and Emotional Wellbeing sector of VACCHO and our Members' services.

VACCHO ran a series of National Disability Insurance Scheme (NDIS) capacity building workshops in November 2016 and March 2017 to help our Members to understand the implications of the NDIS' individualised funding model on their sustainability, and consider what training and infrastructure they will need to be able to deliver disability services to their communities.

VACCHO continued its successful accreditation support and development program which provides tailored, on the ground support for our Members pre, post and during re-accreditation audits. Our staff assist Member Services to achieve the multiple accreditation requirements for the various programs across their organisation. VACCHO is currently assisting its Members with seven different accreditation frameworks.

A vital part of VACCHO's support for its Members is governance training. VACCHO's governance training supports Members to operate and plan effectively. This year VACCHO developed accredited training units which can be applied to the Certificate IV in Business (Governance) and the Certificate IV in Business Administration. Delivery of these will occur next financial year.

VACCHO and two of its Members were featured as best practice case examples in the Department of Health's interim evaluation of the national Tackling Indigenous Smoking (TIS) program published in June 2017. This achievement recognises the outstanding work that VACCHO and the Member ACCHs' are doing in this area. The study relating to VACCHO's work recognised the achievement of reducing smoking rates in the community by 2% per annum statewide.

VACCHO is a member of the Rethink Sugary Drink Alliance and has collaborated with Cancer Council Victoria to create and build the Aboriginal Rethink Sugary Drink Project. VACCHO was a finalist in the Australian Marketing Institute (AMI) Awards in the

Social marketing and Social change category, and won the AMI Victorian award for this deadly campaign.

VACCHO launched the 'Sports Drinks are Gammin!' campaign in July 2016 and ran the Aboriginal Rethink Sugary Drink and 'Sports Drinks are Gammin!' ad on a regional television network, and a selfie competition using the hashtag #DrinkWaterUMob, which reached 22,666 people through social media platforms.

This year VACCHO launched a book *Yarning about Breastfeeding: Celebrating our stories*; a collection of stories from mothers, fathers and grandparents about their breastfeeding experiences, and key information to help promote the importance of breastfeeding our young boorais.

This year VACCHO commenced analysis of data being collected through Member Services. VACCHO use this data to benefit Members by analysing statistics and statewide trends in health outcomes, and build the evidence base to advocate for improved funding and programs throughout communities. Members drive the topics of the VACCHO Improvement Cycles, regular webinars, training, and resource development.

VACCHO celebrated the conclusion of the three-year HR capacity building project, which built the HR knowledge and skills within our membership. The positions implemented through this project have significantly built the HR knowledge and experience in the Member ACCHs'. The positions are now almost 100% self-funded by the ACCHs'.

Minimising risk and increasing efficiencies in back of office operations is a focus of Shared Business Services model offered at VACCHO. This includes a solution for our Members' Information, Communication and Technology (ICT) needs. VACCHO expanded its model to establish a shared finance solution, as well as the existing hosted services solution. Through this hosted service resource, Member ACCHs' have all of their ICT needs covered, with a helpdesk, system security, backups and any other ICT support they require. VACCHO's model has been

recognised by overseas companies as an international example of best practice. Several interstate not-for-profit companies have also looked at the example that VACCHO have set, in particular around the finance business systems, and at the benefits that Members receive through this business model.

VACCHO was successful in securing funding through the NDIS Information, Linkages and Capacity building (ILC) stream to deliver a program to build Members' awareness and capacity to meet the needs of people in their communities who have a disability. The project will build the capacity of ACCCHs', mainstream health and community services to provide more inclusive and responsive services to Aboriginal community members who have a disability. The project is being formally evaluated so the learnings can be shared across Australia.

There are several funding reforms in the National Policy arena that threaten the safety nets for Aboriginal peoples. Through the excellent relationship with the Victorian Department of Health and Human Services (DHHS), VACCHO has ensured that Victoria's voice is heard at the national policy table by providing advice and information from our Members' to DHHS to take to the standing committees under the Australian Health Ministers' Advisory Council, to the Advisory Council itself and the Council of Australian Governments Health Council. By working in partnership with DHHS the policy priorities of VACCHO's Members have reached the ears of the federal decision-making bodies. This is seen in the communication coming out of the COAG Health Council. VACCHO have also seen the results of the advocacy reflected in the Productivity Commission's recommendations to Commonwealth Government for the funding of social welfare services.

VACCHO's productive relationship with State government is also demonstrated through participation in numerous co-design of policies. The State Government is now formulating all of their agencies' new policies under the co-design principle – by Aboriginal people, for Aboriginal people, and in the recently released Aboriginal Health, Wellbeing and Safety Plan, VACCHO saw 100% of their contribution and recommendations included in the final version of the strategic document, demonstrating the value that the government sees in VACCHO's contributions in these processes.

.....

VACCHO have continued to play a lead role in aged care advocacy. VACCHO is a NACCHO representative on the National Aged Care Alliance, and through that forum, have been able to advocate for an adequate 'safety net' for Aboriginal Elders who need Aged Care services

.....

The Indigenous Australians Health Program Primary Health Care funding model has seen significant proposed changes this year. VACCHO has actively participated in the Funding Model Review Advisory Committee to determine a new model to determine funding for our Member ACCOs.

VACCHO has undertaken significant work in the space of Family Violence. In response to the outcomes and recommendations of the Report of the Royal Commission into Family Violence, released last year, the State Government committed to fully implement all 227 recommendations.

VACCHO sits on a range of expert panels and advisory committees in rolling out the recommendations and provided a 2-day workshop for our Members to explain all of the family violence reforms, the impacts and opportunities for the ACCOs.

This year we strengthened our relationship with Dental Health Services Victoria (DHSV), and VACCHO now hosts an Aboriginal Community Liaison Officer employed by DHSV. The Aboriginal Community Liaison Officer provides support to our members to build capacity within their services, and identify funding to deliver improved dental health services in the Members.

VACCHO signed a Memorandum of Understanding with the Royal Flying Doctors Service (RFDS) this year, for them to provide a telehealth platform that allows ACCCHs' to set up consultations with specialists. VACCHO worked with them to train the ACCCHs' staff to access and use the telehealth platform.

VACCHO's connection to Community is also strengthened through their innovative and award winning radio program, Yarnin' Health, run by Dylan Clarke. Yarnin' Health gets messages into Communities, shares community members' stories, and links up people in the community with their local health services. VACCHO promotes its Members through the program, and shares important health messages and stories about eye and ear health, dental health, diabetes, and many other key focus areas for VACCHO and its Members. This program is the only radio show based on the health and wellbeing of Aboriginal peoples living in Victoria and runs weekly. It has over 180,000 listeners across Victoria, Australia and internationally.



Michelle Nelson-Cox,
Ben Wyatt and Elder,
Ted Wilkes with Wadumbah
Dance Group

ABORIGINAL HEALTH COUNCIL OF WESTERN AUSTRALIA

WHERE DID THAT YEAR GO? I CANNOT BELIEVE I AM ALREADY PRESENTING AHCWA'S ANNUAL REPORT AGAIN, THIS TIME FOR THE 2016/17 YEAR.

The Nous Review, and then the Network Funding Agreement

In early 2016/17 the Nous Review consultative processes finished, and for a time we faced a nervous wait to see firstly what the consultants would say about the National Aboriginal Community Controlled Health Organisation (NACCHO) and the Affiliates, and then what the Federal Government might do in response. As it happened Nous had many positive things to say about both AHCWA and the Aboriginal Community Controlled Health Sector (ACCH Sector) more broadly. In particular, Nous found WA's approach to services of concern to be a model for the whole country.

One of the key things that happened after the Nous Review was a Federal Government decision to move toward funding NACCHO and all of the Affiliates through a single contract with NACCHO. This proposed 'Single Funding Agreement' – now called the Network Funding Agreement – was quite controversial with some Affiliates in the early stages of consultation. But AHCWA's view was always that, in principle, community control was increased if AHCWA was to deliver on its core Federal grant for a national Aboriginal corporation rather than directly for the Government.

Each part of the new, formalised network agreed to the Network Funding Agreement in the last two weeks of June 2017. The shift to a Network Funding Agreement did not result in any loss of funding for NACCHO or any Affiliate, and in fact resulted in longer-term funding for all members of the network: a five-year contract.

Proposed funding formula for all Australian ACCHs's

Each Australian Aboriginal Community Controlled Health Service (ACCHs') is unique. The whole basis for the ACCHs's' model of care is that all communities of Aboriginal and Torres Strait Islanders around the country deserve fair access to locally customised and culturally safe health care, and that can be achieved if each of those communities can form their own community controlled health services.

The Federal Government has occasionally tried to introduce more consistency as to how and why each of those ACCHs's is funded. It is happening again now; a controversial attempt to reduce the complexity of all Australian services to a fairly simple formula connected directly with the number of clients and number of episodes of care of each particular ACCHs'. The AHCWA Board and AHCWA staff have been very active in challenging this latest Federal Government push, which as I write this message we see as posing a substantial risk to the viability and sustainability of the Sector.



Cert IV Graduates
celebrating graduation

CEO REPORT (DES MARTIN)

Services of concern continue to be well-supported.

AHCWA continues to work very hard to support any WA ACCHs' that needs support to work through difficulties with operating smoothly and sustainably. This work is very challenging but AHCWA receives long hours of effort from a number of AHCWA's highly-skilled staff. The AHCWA staff have also needed to seek the direction of the AHCWA Board much more often than normal, so I thank all of the Board very much for those extra efforts.

Health Systems Improvement Unit is working hard

In addition to its detailed work with CMSAC and in particular DYHS, the HSIU has continued to support the WA ACCHs' generally with areas such as Continuous Quality Improvement (CQI); maintaining clinical accreditation; reporting summarised clinical data; and optimising Medicare revenue. Key 2016/17 achievements include continuing to build the WA Clinical Leadership Group (CLG); developing a detailed HSIU calendar; and getting iron tablets and chloramphenicol (an important eye drop) back on the Pharmaceutical Benefits Scheme (PBS).

New: Outreach Services Project Officer and the MAPPA Project

A new role, the Outreach Services Project Officer (OSPO) seeks to improve the mobile and outreach services accessed by rural and remote WA, including by having those services coordinate more effectively with the communities they assist as well as with each other service. The OSPO also pushes each mobile and outreach service to build the capacity of ACCHs's' staff in those rural and remote areas.

An important part of the OSPO role has been attending numerous Regional Aboriginal Health Planning Forums, plus leading the development of a totally new web-based interactive tool to improve the patient journey of rural and remote patients. That proposed database has been named the MAPPA Project, and it has the potential to be a real game-changer for the WA health sector.

Tackling Indigenous Smoking has evolved

The Tackling Indigenous Smoking (TIS) work at AHCWA has entered a new phase, with a partnership with DYHS allowing a presence at their East Perth clinic. This has been well-received, and has the potential to grow to DYHS's other clinics too.

Sector Development is growing

In 2016/17 Sector Development grew, including with the addition of two new sexual health programs: Young, Deadly and Free; and the Birds and the BBVs [blood-borne viruses]. Demand for first aid training is increasing, and the RTO's Cert IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice is now accredited with the Australian Health Practitioner Regulation Authority (AHPRA) so that graduates can register with AHPRA if they wish.



Ear health program artwork

ABORIGINAL HEALTH COUNCIL OF SOUTH AUSTRALIA AHCSA

ONE OF THE MOST EXCITING DEVELOPMENTS OVER THE PAST TWELVE MONTHS HAS BEEN THE CHANGE IN INCORPORATION FOR AHCSA TO THE AUSTRALIAN SECURITIES AND INVESTMENT COMMISSION (ASIC) AND NOW AHCSA IS A COMPANY BY GUARANTEE AND OFFICIALLY KNOWN NOW AS THE ABORIGINAL HEALTH COUNCIL OF SOUTH AUSTRALIA LIMITED.

It continues to be a busy time for the Sector with the various Agreement discussions with funders at a State and National level and the preparation for the new Indigenous Australian Health Programme funding through NACCHO from the 1 July 2017 through to the 30 June 2020. AHCSA has been working with NACCHO and the other State and Territory Affiliates to provide leadership for the Sector on the new Funding Model for the ACCHs'.

The AHCSA Secretariat has been providing support to the AHCSA Members through the core positions and the program/programme support roles. Our Chief Finance Officer and HR Officer have been supporting the CEOs and Senior Managers where required with financial, HR and employment when requested.

AHCSA's RTO is expanding with AHCSA to provide Training both in Queensland and the Northern Territory and the CEO has been working with Dr Roianne West from Griffith University in Queensland's and their 5 sites to deliver Cert III and Cert IV Clinical and Practice to pre enrolled students to gain access into direct entry Midwifery and Nursing.

The Program Managers spend a majority of their times out on the ground visiting the ACCHs's with the many and varied program support as required from Communicare and MBS audits and training to our GP Supervisor and PHMO providing a GP Service. Some of the program/ programme support have been:

PUBLIC HEALTH AND PRIMARY HEALTH CARE

Public Health Medical Officer

The AHCSA PHMO continues to provide public health advice and support to AHCSA and to improve comprehensive primary health care for its member services. This involves a range of activities including

- Coordination of a support and information network between AHCSA staff and ACCHs' through monthly Public Health Network meetings
- Supporting health service clinical governance including leading a project with SA ACCHs' to define the concept of clinical governance and develop resources that ACCHs' can use to strengthen clinical governance activities
- Supporting a range of quality improvement initiatives with ACCHs' including data collection, PDSA CQI cycles and improved use health information systems.

The AHCSA Eye Health Programme

This has been a particularly busy year for the Eye program:

- In addition to existing twice-yearly community visits with optometrists and ophthalmologists to twelve core recipient ACCHs's, increased funding support has enabled two extra optometrist-only travel circuits to five of the twelve core locations;
- Increased delivering of on-site training to ACCHs' clinic staff in Primary Eye Health and Vision Testing, toward primary level capacity building, early detection and timelier patient referrals for eye health concerns.

AHCSA Ear Health Programme Reinvented

- The AHCSA Ear Health Program has strategically rebranded the program with a new name and logo 'Deadly Sounds'. The Deadly Sounds program aims to appeal to the wider community to improve the profile and outcomes of ear health within our communities.
- The Deadly Sounds new logo and artwork "Yuri Pamanthi" is a Kaurna word meaning "to reach one's ear".
- It's a story about AHCSA's Deadly Sounds Program aims to support members to develop and deliver comprehensive primary ear and hearing health services to reduce the prevalence and incidence of otitis media in Aboriginal populations.
- The artwork depicts the journey on how the program will assist and support the development and enhancement of ear health services/ programs ensuring members services have the capacity to identify, monitor, manage and resolve middle ear conditions of clients ensuring that our children have good ear and hearing health.

Puyu Blaster Tackling Indigenous Smoking (TIS) Programme

The Puyu Blasters Team offers the following programmes and support:

- Community based tobacco awareness and education, quit referral and information
- Workplace capacity building through Health Promotion, training and community engagement
- brief intervention and Quit Skills
- The development of a SA specific tackling tobacco tab in Communicare
- Supporting smoke-free environments.

For further information about the Puyu Blasters Tackling Indigenous Smoking Programme please visit our Puyu Blasters website www.puyublasters.com.au or check us out on Facebook www.facebook.com/PuyuBlastersAHCSA/

Sexual Health Program

The AHCSA Sexual Health Program is funded through the South Australian Sexually Transmissible Infection and Blood Borne Virus Programs, Dept. of Health and Ageing until 30 June 2019. Some activities undertaken by the team have included:

- Hosting the *Taboo or not Taboo 2 - STI and BBV* two day training workshop delivered at AHCSA to 48 workers and students from 9 ACCHS' across SA in April 2017
- Working with Members in Adelaide to supply them with resources including staff education and supporting Annual STI screening and health promotion with over 5000 condoms distributed
- Working with the SAHMRI STI Project Officer focus testing with young people in Coober Pedy, Port Lincoln and Ceduna for new STI Commonwealth Health Promotion resource as well as with the Young, Deadly and Syphilis Free and GOANNA2 with SAHMRI
- UTHS and CKHS in a national point of care for Chlamydia and Gonorrhea research project, Test, Treat and Go 2 (TTANGO2) being implemented by Flinders University International Centre for Point-of-Care Testing, the Kirby Institute (UNSW Australia) and other research organisations, in collaboration with government and ACCHS'
- Development and delivery of pilot Sexual Health Module for RTO planned for September 2017.

MEMBER SUPPORT

Quality Systems Team

The team have been supporting the members through organisational accreditation, data, patient information management systems and clinical accreditation and governance. Some of the projects have included:

- Clinical Governance Project
- AHCSA Website Portal - *General Information; My Health Service; AHCSA Community*
- Medicare Resource:
- SA Quality Improvement Data (SQID) Cycles.

RESEARCH

Building Safe Communities for Women

- Mapped services in communities across South Australia that work to support Aboriginal women and their children and keep them safe from violence
- Conducted a literature review into best practice for supporting Aboriginal women and their children experiencing violence, and creating safer communities.



The Aboriginal Gender Study

- This project is working on developing a strength-based understanding of contemporary gender roles and relationships in Aboriginal communities. The project aims at understanding multiple gender roles and relationships across the life span, and working to define gender equity in a contemporary Aboriginal context.
- This work will have a South Australian focus and contribute to knowledge about the building of respectful relationships through a gender equity lens.

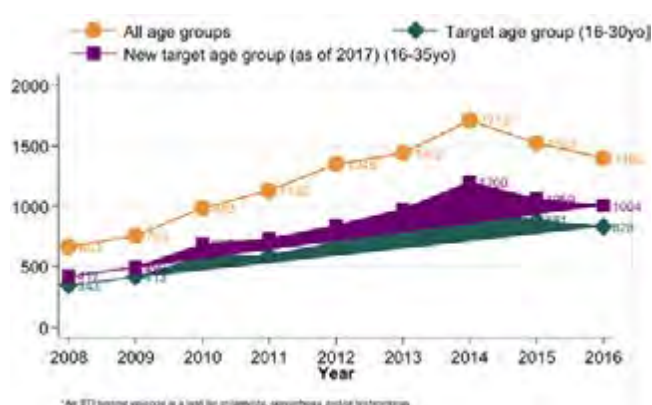
- Research is currently in the community engagement phase, working to establish relationships with already existing groups within Member Services (i.e. parent groups, men's groups, grandmother groups etc.). The project will commence yarning circles shortly which will focus on storytelling and shared narratives.
- The project is funded by the Lowitja Institute and is operating in partnership with University of Adelaide and South Australian Health and Medical Research Institute (SAHMRI).

Select data from the 2016 AHCSA Annual STI Screening Report

As part of AHCSA's sexual health program, SA Pathology provides AHCSA with de-identified sexually transmissible infection (STI) testing data from all SA Aboriginal Community Controlled Health Services (ACCHS's) except Nganampa Health Council. This data is then analysed and reported back to ACCHS's.

Across all participating ACCHS's in 2016 1402 STI tests were performed on 1160 unique clients. The number of STI tests performed has more than doubled since 2008, however, there has been a downward trend in the number of tests since 2014.

Figure 1: Number of STI testing episodes*, 2008 – 2016, all participating ACCHS's



Since 2012 there have been downward trends in test positivity for chlamydia, gonorrhoea and trichomonas (Figures 2-4).

Figure 2: Chlamydia test positivity for clients aged 16 – 30 years, 2012 – 2016, by sex, all participating ACCHS's

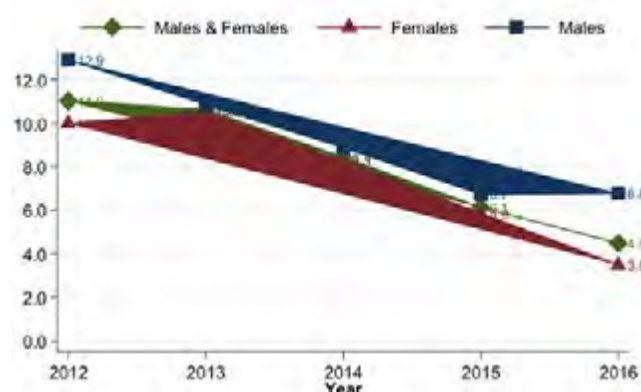


Figure 3: Gonorrhoea test positivity for clients aged 16 – 30 years, 2012 – 2016, by sex, all participating ACCHS's

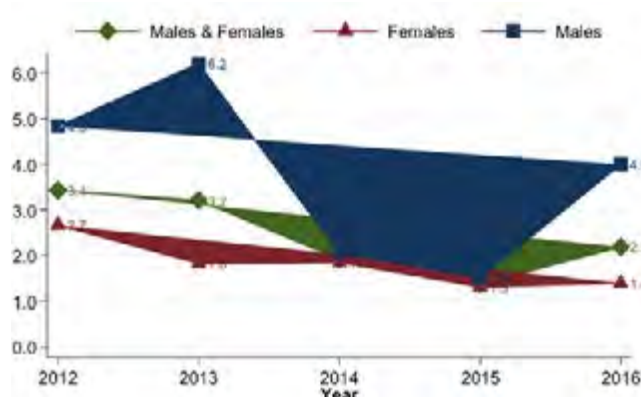
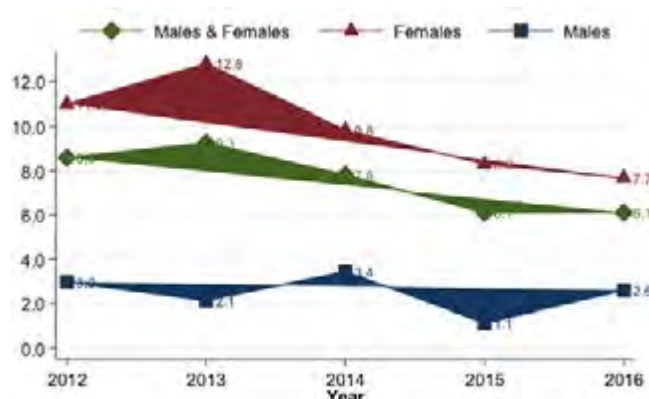


Figure 4: Trichomonas test positivity for clients of all ages, 2012 – 2016, by sex, all participating ACCHS's





CEO of the
Aboriginal Medical
Services Alliance of
the NT John Paterson
with the Federal
Minister for Indigenous
Health, Ken Wyatt and
Dr Mick Adams at Ochre
Day which aims to raise
awareness of issues in
Aboriginal men's health,
celebrate the work being
done by Aboriginal medical
services on the ground.

ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY (AMSANT)

THE PAST YEAR HAS BEEN A MOMENTOUS ONE FOR AMSANT AND, EQUALLY, FOR THE TERRITORY AS A WHOLE. IT HAS BEEN A YEAR IN WHICH A WATERSHED CHANGE OF GOVERNMENT THAT BROUGHT LABOR BACK INTO POWER WAS ALL BUT OVERSHADOWED BY THE AFTERMATH OF REVELATIONS ON ABC'S FOUR CORNERS PROGRAM IN JULY OF THE SHOCKING TREATMENT OF YOUTH AT THE DON DALE DETENTION CENTRE. THE REVELATIONS SPARKED NATIONAL OUTRAGE AND PRECIPITATED A SWIFT ANNOUNCEMENT BY THE PRIME MINISTER OF A ROYAL COMMISSION INTO THE PROTECTION AND DETENTION OF CHILDREN IN THE NORTHERN TERRITORY.

The Royal Commission has intersected with the reform agenda of the new Government, with a process of reform of child protection and youth justice occurring alongside broader reform of policies focused on children and families. AMSANT and its Members, along with other Aboriginal organisations, have engaged with the Government in the reform process, and have also provided submissions to the Royal Commission, due to report later in 2017.

A further area of reform of the new Government is a ten-year Local Decision-Making policy aimed at progressively re-empowering Aboriginal communities through increasing community decision-making over services provided by government. This will involve delivering control of a range of services to Aboriginal controlled organisations and enterprises. This includes out of home care and housing that are areas of critical concern for AMSANT and its Members.

An out of home care workshop coordinated by Aboriginal Peak Organisations NT (APO NT) and AMSANT was held in July 2016. AMSANT led APO NT's subsequent proposal to the NT Government for resources to develop a strategy to create an Aboriginal-led and controlled out of home care sector in the NT. Territory Families have committed to providing resources for the project, including a seconded position to APO NT to coordinate development of the strategy.

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Meanwhile AMSANT, together with Member Services Congress and Danila Dilba, have been represented on the NT Government's Experts Group and Working Group developing an Early Childhood Strategy for the NT.
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A milestone celebrated during the year was the 10-year anniversary of AMSANT's Indigenous leadership program, held in May in Alice Springs. The event recognised the people and the innovative work of the ACCHS's sector which are the program's inspiration. The 10-year leadership celebration brought together thirteen Member Services and nine key stakeholders to showcase leadership initiatives in health.

The year saw the completion of Commonwealth Department of Health-commissioned Nous Review of NACCHO and its Affiliates with the release of the final report providing acknowledgement of AMSANT's work in supporting members and its effective stakeholder engagement as a peak body for the sector.

AMSANT has continued to provide leadership as a member of the NT Aboriginal Health Forum, with three Forum meetings held during the year. Special meetings were also convened around developing a structured process for the prioritisation of regionalisation applications, and also to consider Malabam Health Service's application for funding to begin the transition process to take full control of primary health care services for Maningrida.

On 1 July, another successful transition was completed with Miwatj Health Service taking over control of the Milingimbi clinic, with a further two clinics scheduled for transition over the next 18 months. Meanwhile, the Red Lily Health Board has continued to progress on its transition path, with continued auspicing and other support provided by AMSANT.

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Support for Member Services is core business for AMSANT, delivered by dedicated teams specialised in key areas of services' needs.

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Workforce support has included initiatives to build the capacity of and support the Aboriginal Health Practitioner workforce as well as other key workforce areas. AMSANT is working in partnership with Indigenous Allied Health Australia (IAHA) and other key stakeholders to set up a pilot 'NT Aboriginal Health Academy' for VET in Schools (VETiS) School Based Traineeships to grow the allied health workforce in the NT. AMSANT worked closely with NTPHN to assist with the transition for the ITC Workforce Development Plan for the newly formed Integrated Team Care (ITC) commissioned to nine of our Member Services. The team has coordinated successful Medicare Training Workshops for Member Services in the Top End and Central Australian regions and provided comprehensive Cultural Awareness training to GPRs.

AMSANT has provided strong eHealth support with business and information management systems, as well as access to remote infrastructure. AMSANT are working with Laynhapuy Homelands to install infrastructure and implement telehealth services in three of their community health clinics, with installation to commence in September 2017. The eHealth team provides ongoing support with Communicare, QMS systems and reporting on the NTAHKPIs and the nKPIs, as well as support in registering to participate in the My Health Record system.

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The AMSANT Continuous Quality Improvement (CQI) Coordinators support health service teams with their ongoing CQI priorities, and held a CQI Collaborative in November 2016 in Alice Springs. A CQI data working group has been established to look at identified Northern Territory Aboriginal Health Key Performance Indicator (NTAHKPI) data at service level across the NT from both ACCHS's and Northern Territory Government and Primary Health Care services for quality improvement.

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AMSANT is an active member of the Steering Committee and the clinical and technical working groups to assist in developing and defining the NTAHKPI system. AMSANT led a workshop to develop strategic directions for the NTAHKPIs, with a key outcome being the need to develop non-clinical indicators.

The latest pooled data reveal that the ACCHS' sector in the NT provides 57% of all episodes of care and 60% of contacts with Aboriginal Primary Health Care (PHC). The sector had 62% of the regular clients, building on an ongoing trend as the largest provider of PHC to Aboriginal people in the NT. This rapid growth – 11.6% growth in clients, including 14% growth in remote areas – brings with it a challenge for the sector in that the increased workload for health services is having to be achieved with no increase in funding.

Over the past year, AMSANT has also responded to the rollout of major national health policies, including Health Care Homes (HCHs) and the National Disability Insurance Scheme (NDIS). In the NT, ACCHs's represent over half of the trial sites for Health Care Homes. AMSANT has supported this by providing information and working closely with NT Primary Health Network (PHN) on supporting the trial sites. In relation to NDIS, AMSANT canvassed Member views where NDIS trials have rolled out, consulted experts and has developed a set of recommendations that have been put to the Commonwealth.

AMSANT has provided submissions to a broad range of inquiries and reviews including the Productivity Commission inquiry into human services, MBS review consultations, the Royal Commission into the protection and detention of children, and the NT Renal Strategy as well as submissions on pharmacy, take-own-leave, Indigenous Practice Incentive Program (PIP) and interpreter services, to name a few.

The year has also seen changes in arrangements for mental health funding. AMSANT successfully argued for the new mental health money provided through PHNs to be subject to a needs-based allocation process managed by the NT Aboriginal Health Forum. This has resulted in a needs-based expansion of SEWB in Aboriginal Primary Health Care.

AMSANT's Trauma Informed Care team has continued engagement with Member Services, including the development and delivery of Trauma Informed Care training to Congress, Danila Dilba and Wurli Wurlijang. Development of a Trauma Informed Primary Health Care Action Group with a purpose to consult, collaborate and lead trauma informed care across the NT. Members include key people working within primary health care from ACCHs's and the Northern Territory Government, as well as Aboriginal leaders working nationally within the trauma informed care field.

Driving improvement in Aboriginal health research to ensure it is culturally safe and responsive to priorities set by Aboriginal communities has continued to be a strong focus for AMSANT. The leadership provided by AMSANT and Congress in the Central Australian Academic Health Science Centre was undoubtedly an important factor in the Centre's successful bid to become one of only five Centres for Innovation in Regional Health (CIRH) approved by the National Health and Medical Research Council (NHMRC) across the country. The Centre's model, with Aboriginal community controlled health at its centre, will ensure that the significant health research investment that is anticipated to flow to the Centre, will be well-targeted.

AMSANT is a partner in a number of significant health research projects, including the Mayi Kuwayu National Study of Aboriginal and Torres Strait Islander Wellbeing and the NHMRC Data Linkage Partnership Project. AMSANT, in partnership with Human Capital Alliance (HCA), has also been successful in its application to the Lowitja Institute to undertake a national workforce research project on career pathways for Aboriginal & Torres Strait Islander health professionals. AMSANT's research governance has been bolstered during the year with the establishment of a Board Research Subcommittee.

AMSANT also continues to work as a member of the Aboriginal Peak Organisations NT (APO NT) alliance as part of our commitment to intersectoral activity on the social determinants of health. During the year, the alliance has achieved significant outcomes in issues of concern raised by AMSANT's Member Services. APO NT has supported the Aboriginal Housing NT (AHNT) Committee and established a formal role in advocating on housing reform with the NT Government. APO NT has also successfully intervened in relation to the disastrous Community Development Programme (CDP) and has brokered the development of an alternative model which has garnered considerable interest in the policy debate on reforming CDP.

TOP: Winnunga Nimmityjah once again hosted the National Sorry Day Bridge Walk in Canberra

BOTTOM: Winnunga Nimmityjah chief executive Julie Tongs launched the Family and Domestic plan at Winnunga Health service





25
years
QAIHC



QAIHC
celebrated its 25
year anniversary

QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL (QAIHC)

QAIHC HAS EXPERIENCED SEVERAL EXCITING AND SIGNIFICANT CHANGES OVER THE PAST 12 MONTHS, AS THE ORGANISATION CONTINUES TO DRIVE A SUSTAINABLE AND RESPONSIVE COMMUNITY CONTROLLED HEALTH SECTOR. QAIHC WORKS IN PARTNERSHIP WITH GOVERNMENTS AND OTHER SERVICE PROVIDERS TO ENHANCE THE DELIVERY OF PRIMARY HEALTH CARE SERVICES TO ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE, FAMILIES AND COMMUNITIES ACROSS QUEENSLAND.

ANNIVERSARY CELEBRATIONS

In October 2016, QAIHC celebrated 25 years of successful leadership and service to the sector, with a gala event held in Brisbane. Over 200 people joined the QAIHC Board, management and staff to acknowledge the tireless efforts of both the original founders of QAIHF, and now QAIHC, as well as the many people who have contributed throughout the years in building a solid and successful, community controlled health sector foundation.

NEW BOARD APPOINTMENTS

The October 2016 QAIHC AGM saw the retirements of long serving QAIHC Chairperson, Elizabeth Adams and Deputy Chairperson, Janice Burns. Both of these women have made significant contributions toward shaping and directing the organisation to ensure it is responsive to the needs and expectations of Member Services

and QAIHC are grateful for their support and guidance. These two vacancies allowed QAIHC the opportunity to welcome to the Board Kieran Chilcott, CEO of Kalwun Health Service as the new QAIHC Chairperson, and Kerry Crumblin, CEO of Cunnamulla Aboriginal Corporation for Health as the new Deputy Chair.

KEY APPOINTMENTS

In January 2017, Matthew Cook resigned as Chief Executive Officer (CEO) of QAIHC and in April 2017, Neil Willmetts was appointed as the new CEO. Neil brings to QAIHC extensive senior management experience and expertise in both the private and public sectors in Australia and overseas.

COORDINATION OF SIGNIFICANT MEMBER EVENTS

QAIHC has 25 Member Services and three regional members as part of its Queensland network. QAIHCs goal is to support and drive a sustainable and responsive Aboriginal and Torres Strait Islander Community Controlled Health Sector in Queensland. In alignment to this goal, QAIHC coordinated three key Member forums/consultations in 2016-2017.

1. The October 2016 QAIHC Members Conference was a two-day event and was attended by some 130 delegates from across the ACCHS' Sector in Queensland.
2. The QAIHC Member CEO Forum had an emphasis on the National Disability Insurance Scheme (NDIS), Aged Care funding and policy, workforce recruitment and retention and governance reform.
3. The QAIHC Member Governance Review Consultation was a dedicated consultation in relation to the Governance Review being undertaken by NACCHO. QAIHC has continued to engage with its Members and actively participate in the NACCHO consultations.

STRONG STRATEGIC PARTNERSHIPS

The Queensland Aboriginal and Torres Strait Islander Health Partnership continues to foster strong collaboration between QAIHC, the Commonwealth Department of Health and Queensland Health. This year the Partnership met four times and deliberated over priority issues such as Mental Health, AOD/Substance Misuse, Child & Maternal Health, sharing and coordinating data collection and Indigenous Health Funding. The Partnership also engaged on key topics with invited guests from Prime Minister & Cabinet, Primary Health Networks and Hospital and Health Services.

HEALTH PROGRAMS AND EDUCATION

With a focus on hearing health, QAIHC shares the vision articulated in the Deadly Kids | Deadly Futures Queensland's Aboriginal and Torres Strait Islander Child Ear and Hearing Health Framework 2016-2026, which is:

.....
All Aboriginal and Torres Strait Islander children in Queensland have healthy ears and can listen, learn and reach their full potential.
.....

Over the last 12 months QAIHC has continued to participate a member of the Implementation Steering Committee for the Deadly Kids | Deadly Futures Framework and contributed to the development of its 2017-2018 Action Plan. In addition, QAIHC has facilitated Hearing Health forums, linked research with Member Services, developed procedures and resources, assisted with school based screening projects, including an overseas university initiative that was conducted with



QAIHC Graduates of Cert III in Business Administrations for medical receptionists

Gurriny Yealamucka Health Service at Yarrabah. QAIHC also participated at the National Ear Disease Roundtable in November 2016, co-presented with Australian Hearing at the NACCHO Members Conference in December 2016 and assisted with the 19th International Symposium on Recent Advances in Otitis Media that was held in June 2017 on the Gold Coast. QAIHC made a submission to the Standing Committee on Health, Aged Care and Sport for the Report on the

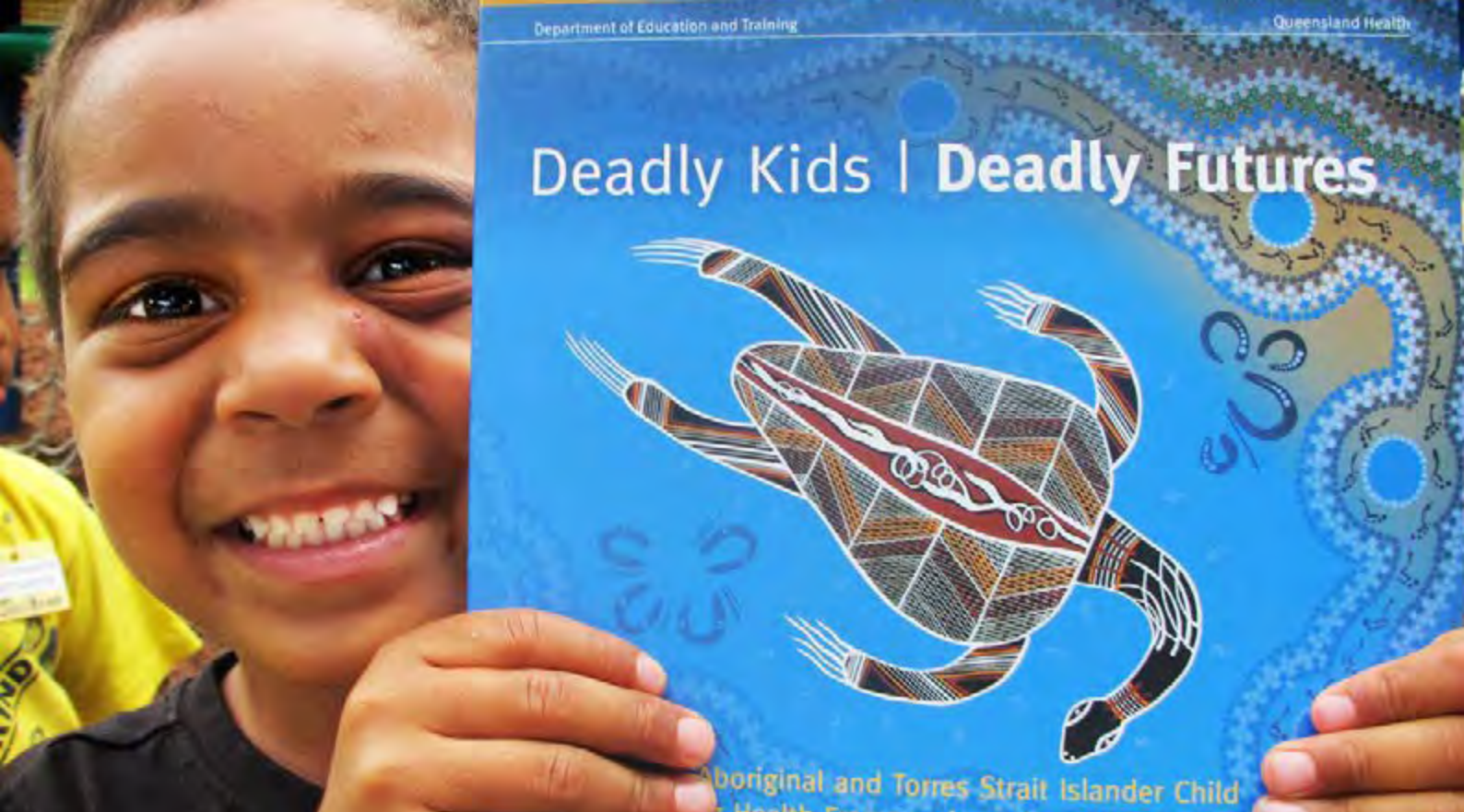
Hearing Health and Wellbeing of Australia and also appeared at one of its public hearings.

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Through funding from Queensland Health, QAIHC has been able to focus on issues such as immunisations and crystal methamphetamine (ICE).

The QAIHC immunisation nurse co-ordinator provided 16 training and education sessions to member services regarding policy and procedures, cold chain management, and the use of the Australian Immunisation Register (AIR), its functions, and data management. Member Services were provided with educational resources such as power point presentations and step-by-step guides to use to assist in educating patients as well as new and existing staff. Assistance was also provided in reviewing policy and procedure manuals and auditing of cold chain management in line with best practice and accreditation standards. The development of an immunisation animation was commenced and is expected to be completed and released in 2017-18. The rate of immunisation has been improving in Queensland with a 4.18% increase in Indigenous children (ages 1, 2, 5) who are fully immunised.

With the prevalence of the ICE epidemic, QAIHC developed and delivered 23 professional development training workshops to 471 Aboriginal and Torres Strait Islander community frontline staff working in Alcohol and other drugs (AOD), primary health care and other services. This included seven sites that were specifically for QAIHC Member Services and their staff. QAIHC was also part of the working group to develop a national ICE e-toolkit and represented the sector on the National Indigenous AOD Experts panel and the Queensland Health and Queensland Mental Health AOD Commission Advisory Committees. QAIHC also collaborated with the Queensland Mental Health Commission for an Aboriginal and Torres Strait Islander Stigma and Discrimination Research project for people experiencing problematic substance use issues.

QAIHC is recognised by General Practice Training Queensland as the deliverer of the mandatory Aboriginal and Torres Strait Islander Cultural Education program for 120 General Practice Registrars.



Cover of the QAIHC publication, *Deadly Kids/Deadly Futures* hearing health framework

RESEARCH

QAIHC is actively engaged in supporting research, programme and policy development in the area of sexual health. Through the participation on a consortia with South Australian Health & Medical Research Institute (SAHMRI), QAIHC is developing the capacity of our Member Services, influential community representatives and young people to provide appropriate services, support and knowledge in relation to sexual health, specifically STI/BBVs. Innovatively, the project will allow QAIHC to engage young people in the delivery of peer-to-peer education about sexual health. QAIHC continues to provide feedback, on behalf of its' Members, in relation to the support, education, prevention and treatment of HIV in Queensland.

SUPPORTING THE QUEENSLAND COMMUNITY

In 2016, QAIHC supported the sixth *Queensland Murri Rugby League Carnival* (MRLC) which was held over four days in Redcliffe, and involved a total 48 teams and approximately 1,200 players. That year, the MRLC included events for children aged 10 years and over and importantly, included netball for girls. The MRLC is a smoke, drug, alcohol & sugar free event and it is delivered in collaboration with the Arthur Beetson Foundation and the Institute for Urban Indigenous Health. To be eligible to participate in the MRLC, it is mandatory for all players and officials to complete a 715-health check at their local AICCHO or participating private/public primary health care service. Children also had to achieve a 90% school attendance rate as well as meet appropriate standards of behaviour while at school.

CONCLUSION

While it has been a time of great change, it is a credit to the professionalism and commitment of QAIHC staff that we have continued to achieve and improve during 2016-17. QAIHC looks forward to the future challenges and continuing the journey of supporting Members to create a vibrant and modern community controlled health sector in Queensland.

A group of Aborigines visiting pilri
as part of Preminghana Camp 2017
(TAC website photo)



TASMANIAN ABORIGINAL CENTRE INC

THE TASMANIAN ABORIGINAL CENTRE (TAC) REMAINS DEDICATED IN ADVOCATING FOR ABORIGINAL PEOPLES' RIGHTS AND PROVIDED SERVICES IN THE AREAS OF HEALTH, LEGAL, CULTURAL MAINTENANCE, CHILDREN'S PROGRAMS AND LAND MANAGEMENT. THE TAC REMAIN COMMITTED TO PROTECTING ABORIGINAL HERITAGE; MAINTAINING AND STRENGTHENING ABORIGINAL CULTURE AND TRADITIONS, AND ENSURING ABORIGINAL CULTURE UNDERPINS PROGRAM ACTIVITY.

ACCREDITATION

All three Aboriginal Health Services (AHS) are accredited under Australian General Practice Accreditation Limited (AGPAL) standards and align with the organisations strategic priorities. The AHS maintain eligibility to provide services under the Practice Incentive Program and the Practice Nurse Incentive Program. While the TAC is also accredited with the Quality Improvement Council.

CHRONIC DISEASE WORKFORCE

The AHS employed more general practitioners to improve chronic disease prevention, screening, and management, and to provide acute care and chronic disease care alongside the AHWs. In the period 1 July 2016 to 30 June 2017, 610 Aboriginal Health Checks (MBS Item 715), 126 General Practice Management Plans (GPMP) and 103 Team Care Arrangement (TCA) were undertaken.

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 provided support to the Care Coordination and Supplementary Services (CCSS) program and the Integrated Team Care Program (ITC) and administered the QUMAX and Medical Outreach Indigenous Chronic Disease Program (MOICDP).

PROGRAMS

There are a number of programs aimed at addressing Aboriginal chronic disease which the TAC is funded to deliver. CCSS is a useful source of funding to assist patients with defined chronic diseases but the administration is extremely burdensome while the Medical Outreach Indigenous Chronic Disease Program (MOICDP) brings specialists and allied health providers to the AHS.

MEDICAL OUTREACH INDIGENOUS CHRONIC DISEASE PROGRAM (MOICDP)

The TAC's MOICDP 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 (PIPIHI)

By the end of June 2017 there were 161 general practices in Tasmania of which 108 are registered for Practice Incentive Program (PIP) Indigenous Health Incentive (IHI). Medicare data indicate there are 124 general practices registered for PIP.

CARE COORDINATION AND SUPPLEMENTARY SERVICES PROGRAM (CCSS) AND INTEGRATED TEAM CARE ARRANGEMENT (ITC)

The TAC provides assistance to Aboriginal and Torres Strait Islander patients who have heart disease, lung disease, renal, cancer, diabetes, or are obese through Care Coordination and Supplementary Services (CCSS) and now the Integrated Team Care (ITC) funding. Through this funding Aboriginal and Torres Strait Islander patients receive care coordination to assist in the access to specialists including, but not limited to, cardiologists, gastroenterologists, ophthalmologists, oncologists and respiratory physicians in a clinically acceptable timeframe. This program also provides access to Supplementary Services funding in which the Care Coordinator can use these resources to access resources that normally would be inaccessible due to cost or waitlist times.

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

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QUMAX

In 2016/2017 the QUMAX program operated in 39 Pharmacies and they covered the cost of 2,911 Dose Administration Aids (DAA) for 66 clients. The cost per Dose Admission Aid (DAA) ranged between \$4.00 and \$9.50 depending on what each pharmacy charged. The formal QUMAX agreement with Chemist Warehouse Hobart covered the cost of DAAs at \$5.00 each for a total number of 25 patients.

TAKAMUNA PAKANA (RECREATIONAL AND SPORTING ASSISTANCE FUND)

In the 2016/17 financial year takamuna pakana provided financial assistance to 287 community members.

- **50% of these participants were female (49% male)**
- **7 Aboriginal people with a disability participated in the project**
- **10% of the participants related to elite/ representational activities**
- **3 recipients are umpires: 1 AFL, 1 cricket and 1 netball.**

The grants were used to pay for sports fees, uniforms, footwear, and fitness equipment, enabling community members of any age to increase their physical activity and pursue a healthier lifestyle. The grants were extended to cover travel and accommodation for elite Aboriginal athletes to participate in their sport at a regional, state, national or international level.

MEMBER SERVICES

The TAC continues to provide assistance to Member Services when requested. Member Services are invited to any relevant training and workshops delivered by the TAC.

CONTINUOUS QUALITY IMPROVEMENT

TAC continued to contribute to the development of a CQI framework for Aboriginal health services. The draft framework has been simplified by having four domains as the focus of CQI: Client and Community Centred Care, Leadership and Partnership Whole of Organisation Capability and Evidence Approach. TACs work in the CQI network has been to further define and clarify these domains and the elements within domains before the framework is released to ACCCHs' as a guide to their CQI work.

POLICY DEVELOPMENT AND PARTNERSHIPS

TAC has contributed to many areas of policy and program advice over the year. The Tasmanian Tobacco Coalition, the Tasmanian Suicide Prevention Network, Breastfeeding Coalition, the South Australian Institute of Health and Medical Research, Child Safety and Family Violence, and many others have provided opportunities for the TAC to contribute on behalf of the Tasmanian Aboriginal Community.

DATA AND DATA GOVERNANCE

This area has had its challenges over the year with changes to definitions that influence what data ACCCHs' provide in their reporting. Ensuring that Primary Health Networks have adequate data governance protocols before TAC sends detailed data has ensured that our AHS continues to make the privacy of patient information the highest priority. TAC have also offered to support other services in their data governance.



Federal Minister for Indigenous Health and Minister for Aged Care, the Hon. Ken Wyatt AM attended the 2017 World No Tobacco Day function at Winnunga

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH SERVICE AUSTRALIAN CAPITAL TERRITORY

MS JULIE TONGS, CEO OF WINNUNGA AHCS CONTINUED IN HER POSITION ON THE NACCHO BOARD AS WELL AS IN THE HEALTH AND COMMUNITY SERVICES AND AFFILIATE CEO ROLE. MS TONGS CONTINUED TO ADVOCATE FOR WINNUNGA AHCS AND THE ABORIGINAL COMMUNITY IN THE ACT, THE SURROUNDING REGION AND NATIONALLY. JULIE MET REGULARLY WITH SENIOR OFFICIALS, DECISION MAKERS, KEY STAKEHOLDERS, ACT GOVERNMENT, COMMONWEALTH GOVERNMENT, ACADEMIC INSTITUTIONS AND NON-GOVERNMENT AGENCIES, WORKING ON CONTINUING TO TRY AND IMPROVE POLICIES AND SERVICES AT BOTH LOCAL AND NATIONAL LEVELS. THIS CONTINUED LOBBYING AND INCREASED MEDIA ATTENTION AGAIN IN 2016-17, HAS RAISED THE PROFILE OF WINNUNGA AHCS IN THE ACT.

Following on from 2015-16, the bashing of Steven Freeman, a young Aboriginal man in custody in the AMC, followed by Steven Freeman's tragic death in custody in May 2016, continued to require a significant amount of advocacy in this reporting period. Support and advocacy for Steven's mother and family has needed a consistent commitment from Winnunga AHCS, including the CEO. The Moss Inquiry, meetings with corrections officials, the Australian Federal Police, lawyers, Human Rights Commission and medical experts have continued to be extremely difficult for the family not only to navigate but to be present throughout their tragic loss – hence the trust and unconditional support particularly by Winnunga AHCS's CEO and the Social Health

Team has been critical for the family and the community as a whole. Winnunga AHCS are pleased to report the family and the community have all benefited from this ongoing support and without it the current situation would be far more problematic for all involved, including government and non-government agencies.

Ongoing advocacy with government officials and ministers particularly around the social determinants of health (including cultural and spiritual determinants) has continued to be high on the agenda. As a direct result of these conversations, negotiations have commenced on the role Winnunga AHCS should play in the delivery of services at the Alexander Maconochie Centre (ACT adult prison), for both clinical and social health services.

Winnunga AHCS successfully secured a pilot Justice Reinvestment Trial program which will be rolled out in the 2017-2018 financial year. The Program will work with 10 identified families (with children) who are in contact with the criminal justice system. The aim of the Program is to through intensive case management, wrap around holistic services/ supports for the families to give them the best possible opportunity to make positive life changes in a range of areas. If the Pilot proves to be successful there is the possibility for this work to continue in an ongoing capacity.

A review has been announced for the ACT on children in out of home care. This announcement is welcomed by Winnunga AHCS, however, disappointingly it is intended to be undertaken over a two-year period. Winnunga AHCS will keep a close eye on the progress and development of the review. It is worth noting that in the almost three years since the ACT Government committed to 'A Step Up for Our Kids' (a government initiative to improve the alarming removal rate of Aboriginal children), without Aboriginal participation, that the rate of removal of Aboriginal children in Canberra has increased 1% a year and is now, at over 26% from a population base of just 1.5%.

Disappointingly Aboriginal and Torres Strait Islander peoples continue to be grossly over represented in all areas of life. The ACT has the highest incarceration rate of Aboriginal people nationally, has the second highest rate of homelessness nationally, and continues to remove Aboriginal and Torres Strait Islander children from families at alarmingly high rates.

Priorities identified have remained the same as per the previous reporting period:

- Bashing of Steven Freeman whilst incarcerated in the AMC, sadly followed by the death of Steven Freeman in custody
- Alcohol and Other Drugs, including continuing to advance the Ngunnawal Bush Healing Farm Residential Drug and Alcohol Rehabilitation Service
- Mental Health, including for children and young people
- Distribution of commonwealth and ACT funding for Aboriginal and Torres Strait Islander specific purpose
- Access to services and service system response, including systemic discrimination and racism
- Continuous Quality Improvement
- Comprehensive primary health care
- Significant over representation of Aboriginal people in Out of Home Care, the justice system and homelessness.

It is Winnunga AHCS observation that the burden of reporting and requests for additional data have increased significantly. This includes reporting directly to the Australian Government, indirectly through the PHN (Capital Health Network) and through ACT Health. Winnunga AHCS have spent considerable time negotiating appropriate reporting, and configuring systems to accommodate reporting. Increasing requests for clients' personal health information through minimum datasets is a concern and is providing legal, ethical, operational and technical problems. Winnunga AHCS would like a review of the burden of reporting as a continued increase in reporting is not sustainable within current resources.

Winnunga AHCS is concerned that program changes are being implemented without adequate consultation with the Aboriginal Community Controlled Health Sector, and without adequate consideration of implications and unintended negative consequences. These include changes to the OSR episodes of care reporting, direct load of reporting data to the Department of Health, the Primary Mental Health Care Minimum Dataset and the Indigenous Australians Health Program (IAHP) Funding Model. Some of these changes may encourage health care delivery which is less than best practice, despite a parallel government focus on quality improvement. Winnunga AHCS is committed to providing best practice service delivery and will not compromise in this regard. Winnunga AHCS encourages funders to adhere to the AHMAC (Australian Health Ministers' Advisory Council) National Aboriginal and Torres Strait Islander Health Data Principles.

The ACT Government's decision to abandon its commitment to an Aboriginal Drug and Alcohol Residential Rehabilitation service is to say the least disappointing. Winnunga AHCS is utterly dismayed at what the decision says about the level of interest which the current ACT Government has for the welfare and circumstances of the ACT Aboriginal community.

The ACT Government made an admission that the Ngunnawal Bush Healing Farm facility built by the ACT Government, at a cost of many millions of dollars, cannot operate as intended, as a drug and alcohol residential rehabilitation service, because that use is not permitted under the Territory Plan. The decision to abandon the proposal that the Healing Farm be an Aboriginal drug and alcohol residential rehabilitation service is devastating for the local Aboriginal community which continues to reel under the impact of alcohol and drug misuse. It is particularly distressing for Winnunga AHCS and Gungan Gulwan Aboriginal Youth Corporation which as the only Aboriginal managed and led services in Canberra and the region are at the coal face in supporting Aboriginal people and families affected by alcohol and drug addiction.

.....

A model of care, funded by the ACT Government was developed and Winnunga AHCS signed a service delivery agreement, drafted by the ACT Government, for the management of the Bush Healing Farm drug and alcohol residential rehabilitation service. The good faith which Winnunga AHCS brought to the negotiations on the establishment of the rehabilitation service was disappointingly not matched by the ACT Health Directorate.

.....

The Aboriginal community is understandably angry and upset that once again its needs have been by-passed. On this occasion, however, the Government not only acknowledged the need for an Aboriginal drug and alcohol residential rehabilitation service, it also constructed a purpose build facility and funded the development of a model of care for its operation as a drug and alcohol residential rehabilitation service.

The ACT Government has walked away from its commitment to the Healing Farm being an Aboriginal drug and alcohol residential rehabilitation service, however we will continue to advocate for the ACT Government to recommit to the establishment of such a service elsewhere in the ACT.

MEMBER CASE STUDIES

WUCHOPPEREN QLD: AN ACCHO-LED APPROACH TO SERVICE DELIVERY

The Wuchopperen Health Service is an Aboriginal Community Controlled Health Service, with two sites in the Far North Queensland city of Cairns, and another site in Atherton to the west. It is a “one-stop shop” providing a wide range of medical treatments. Since 2010, Wuchopperen has had an optometrist and an optical assistant on staff, working 27 hours over five days. Patient visits to Wuchopperen for eye examinations in 2015 totalled 1,146.

The optometrist, Vicki Sheehan, sees patients who predominantly have been referred by general practitioners and diabetes educators. Ms Sheehan said that as ‘recalls’ – getting patients to return for their biennial check-ups can be difficult, she will often keep an eye on which patients are attending the Medical Service for other reasons and takes the opportunity to do an eye check while they are there. Wuchopperen have found it important that the optometrist does her 27 hours across five days, in order to have a better chance of catching patients who only attend on a certain day of the week. Wuchopperen also undertake fortnightly children and families clinics, which enable them to screen the eye health of both the children and their parents.

The Queensland Government, through the Spectacle Supply Scheme (QSSS), provides a free pair of basic spectacles once every two years to holders of a concession card, health care card or Queensland Government Seniors Card. Wuchopperen is a provider for this scheme, as are a large number of private optometrists across Queensland. Wuchopperen provided 433 clients with glasses under the QSSS and referred a further 197 clients to either an external ophthalmologist, one of two private clinics, or Cairns or Townsville hospitals for specialist treatment. Ms Sheehan stated that Wuchopperen have a very good relationship with local ophthalmologists who are prepared to accept referrals of patients to initial appointments at no cost to the patient.

However where eye surgery is required, Cairns Base Hospital has a considerable waiting list, as do most public hospitals in Australia. Wuchopperen have found the secret to having their patient seen in a reasonable time period is to “keep pushing.” This takes the form of regularly writing letters and speaking to the hospital, outlining reasons that make their patients deserving of priority in the surgery queue. Examples include: diabetics who require good eye-sight to read the ingredients on food packets; those taking medication who need to be able to read labels to ensure they are taking the right type and dose; older Aboriginal and Torres Strait Islander people who are much more likely to be carers of younger children than older people in the wider community.

With an optometrist and assistant on staff, Wuchopperen is making a big difference to the sight of Aboriginal and Torres Strait Islander people in the Cairns and Atherton regions. The optometrist-on-site model works very well for Wuchopperen and it is recommended that an in-house optometrist model is one worth considering by other services.

ORD VALLEY ABORIGINAL HEALTH SERVICE’S (OVAHS)

Preventing Fetal Alcohol Spectrum Disorders FASD among Aboriginal and Torres Strait Islander communities in Australia: Where the rubber hits the road

Australian research indicates most health professionals do not ask pregnant women about alcohol use or provide information about the effects of alcohol on fetal development.

Barriers for health professionals include limited knowledge and resources and lack of confidence in advising clients.

Funded by the federal Department of Health, Menzies School of Health Research developed and delivered a package of FASD prevention training and resources to staff from New Directions: Mothers and Babies Services across Australia.

The package was modelled on the Ord Valley Aboriginal Health Service’s (OVAHS) FASD prevention program and promoted a whole of community approach. It was designed to equip health professionals with knowledge and skills to develop, implement and evaluate community-driven solutions to reduce FASD in their communities.

Partners included OVAHS, the National Aboriginal Community Controlled Health Organisation and Telethon Kids Institute. Ethics approval was obtained from all relevant state and local ethics committees. Eighty staff attended two-day training workshops held across five locations. Post-workshop surveys indicated increased knowledge of the effects of alcohol during pregnancy and confidence to deliver brief interventions for alcohol consumption during pregnancy. Despite some barriers, most attendees reported conducting FASD prevention activities e.g. awareness raising with clients or peers, improving data collection systems. Community target groups included women, men and school students. The training workshops appear to have increased the capacity of some NDMBS to take steps towards preventing FASD in Aboriginal and Torres Strait Islander communities.

WESTERN AUSTRALIA: SOUTH WEST ABORIGINAL MEDICAL SERVICE (SWAMS)

Mental health services in the South West have been boosted with the South West Aboriginal Medical Service (SWAMS) obtaining funds to increase capacity to help Aboriginal people experiencing mental illness. Country WA Primary Health Network has funded SWAMS to boost its delivery of mental health services with a new mental health coordinator and mental health Aboriginal outreach worker.

Country WA Health regional manager Dianne Ritson said the new initiative delivered by SWAMS would provide culturally appropriate and safe services to meet the mental health and healing needs of Aboriginal people in the South West. “We know that coordinating care for people who have complex health issues, including mental health, is critical so that they get the care they need,” Ms Ritson said. “The additional services delivered by SWAMS will build on their existing programs, promote service integration and support Aboriginal people in navigating mental health programs including suicide prevention and stolen generation counselling.”

SWAMS’ new mental health coordinator Jacqui Davis started in January this year and will lead the mental health services team while being supported by Aboriginal health workers Elizabeth Narkle and Jenny Wallam. Chief Executive Officer Lesley Nelson said the health network’s support was vital in enabling the centre to continue providing best-practice and culturally appropriate health services for the Aboriginal community.

“It’s about building the capacity of our mental health services, so our clients have more opportunities to access support,” she said. “The team will help clients through their journey of getting a proper diagnosis, getting to appointments on time, and being educated on ways to manage their mental health needs through support and understanding. “It’s the first important step in SWAMS being able to increase its reach in a service that is much-needed for our community.

“We recognise the impact mental health issues can have on families and carers and we want to help our clients through education, counselling and open communication.”

Ms Nelson said the positions would be funded until June 2018, however the roles would be ongoing to meet the needs of the community.

VICTORIA: BUDJA BUDJA MEDICAL CLINIC

Patient care at Halls Gap’s Victoria Budja Budja Medical Clinic was rewarded after it received a national award of accreditation. Australian General Practice Accreditation Limited chair Dr Richard Choong said accreditation showed the practice made a significant investment and commitment to quality on a day-to-day basis and across all levels of the practice team.

“Achieving accreditation is a major achievement for any practice and a clear demonstration that Budja Budja Medical Clinic is striving to improve their level of care to both patients and the community,” he said. “Practices seek accreditation because they want to do their best and view this as another step towards excellence in patient care.

The Victorian Aboriginal Spectacles Subsidy Scheme (the Scheme) commenced in 2010 after the Australian College of Optometry (ACO), the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and the Victorian Aboriginal Health Service (VAHS) identified the need for the provision of spectacles to the Aboriginal Community, at minimum cost to the patient. Blindness is 6.2 times more prevalent in Aboriginal and Torres Strait Islanders than in the rest of the Australian population and vision impairment is 2.8 times more prevalent. There is 20 times the rate of blindness in the Aboriginal and Torres Strait Islander than in the non-Aboriginal and Torres Strait Islander population. 35 per cent of Aboriginal and Torres Strait Islanders have never had an eye-exam and 39 per cent cannot see normal print. It was found that 94 per cent of this vision loss is preventable. As part of the Closing the Gap initiative, in July 2010 the Victorian Department of Health provided new funding of \$180,000 for a three-year program to make spectacles more affordable for Aboriginal Victorians. The Victorian Aboriginal Spectacles Subsidy Scheme (the Scheme) was introduced in July 2010 initially to provide 1,800 subsidised visual aids to Aboriginal Victorians over a three year period. It has subsequently been extended and expanded. The program is delivered by the Australian College of Optometry (ACO), and optometry consultations are subsidised by Medicare. Development of the scheme is overseen by the Koolin Balit Eye Health Advisory Group.

FINANCIAL STATEMENTS

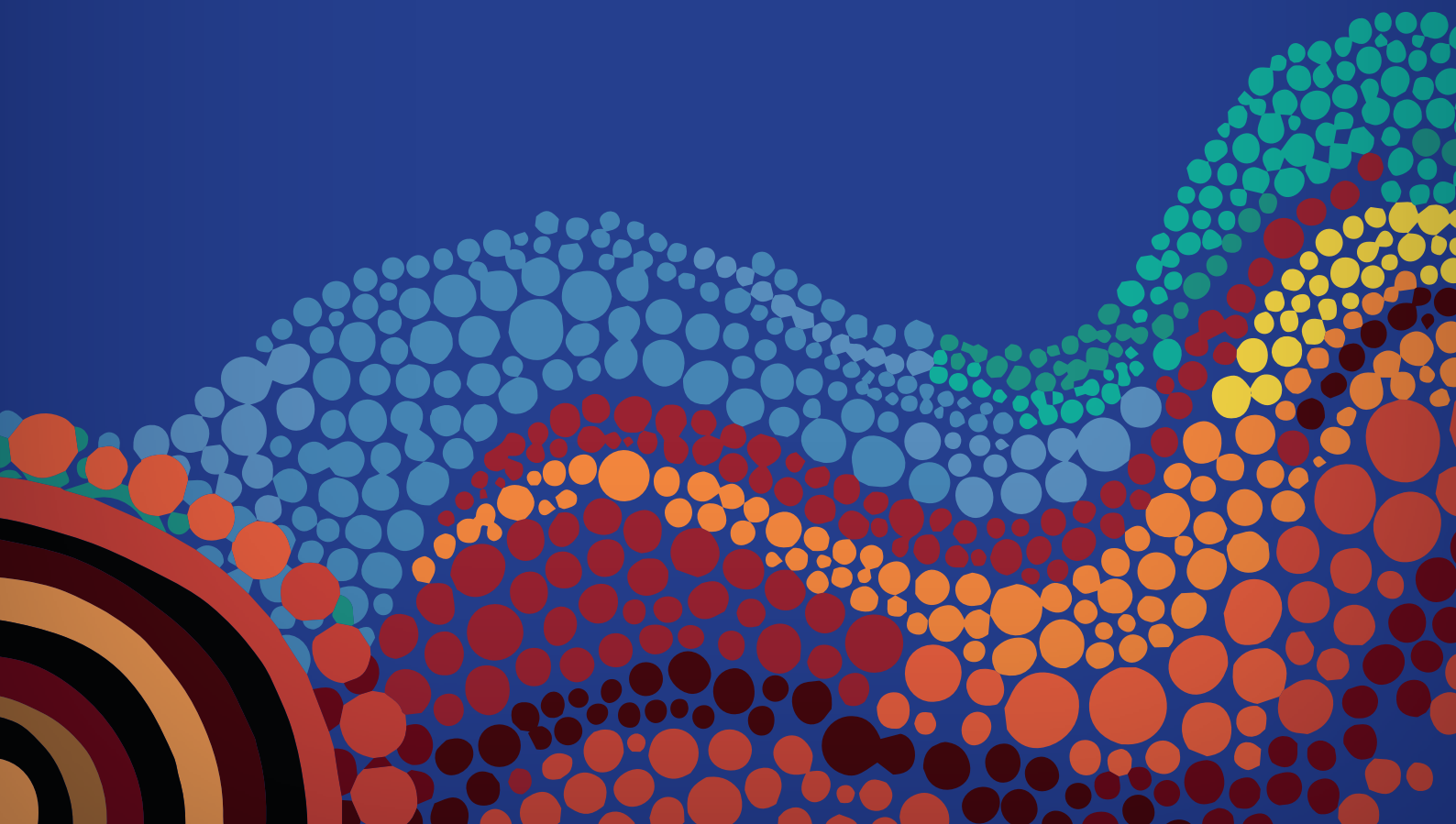
NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

ABN 89 078 949 710

GENERAL PURPOSE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2017

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DIRECTORS' REPORT

Your directors present their report on the company for the financial year ended 30 June 2017.

Directors

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

Matthew Cooke	Vicki Holmes
Sandy Davies	Kieren Chilcot (Appointed: 15/11/16)
Adrian Carson	Lesley Nelson (Appointed: 15/11/16)
Julie Tongs	John Mitchell (Appointed: 15/11/16)
Michelle Nelson-Cox	Raelene Foster (Appointed: 15/3/17)
Christine Corby	Allison Cann (Resigned: 15/03/17)
Scott Monaghan	Marcus Clarke (Resigned: 15/11/16)
Jill Gallagher	Laurence Riley (Resigned: 15/11/16)
John Paterson	
Donna AhChee	
Shane Mohor	

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 \$ 150,965 (2016: \$189,186).

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

There are significant changes in the state of affairs of the company occurred during the financial year. Following significant consultation with Affiliates and members, a new three year single National Network Funding Agreement between the Department of Health and National Aboriginal Community Controlled Health Organisation (NACCHO) has now been signed and commenced from 1 July 2017. From this date, reporting to the Department of Health will move away from Activities Reporting to Outcome Reporting.

The company has signed a new 3 year non-cancellable operating lease with 2 year renewal option with ISPT Pty Ltd for the premise at Level 5, 2 Constitution Avenue, Canberra and car parking spaces starting from 1 September 2017. This lease comes with a 20% incentive which may be used as contribution towards the fitout or applied as a rent free period or rent abatement over the term of the lease.

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.

DIRECTORS' REPORT (CONTINUED)

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.

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	6	5
Sandy Davies	6	5
Adrian Carson	6	5
Julie Tongs	6	5
Michelle Nelson-Cox	6	5
Christine Corby	6	0
Scott Monaghan	6	6
Jill Gallagher	6	4
John Paterson	6	5
Donna AhChee	6	5
Shane Mohor	6	4
Vicki Holmes	6	4
Kieren Chilcot (Appointed: 15/11/16)	5	3
Lesley Nelson (Appointed: 15/11/16)	5	5
John Mitchell (Appointed: 15/11/16)	5	5
Raelene Foster (Appointed: 15/3/17)	3	3
Allison Cann (Resigned: 15/03/17)	3	2
Marcus Clarke (Resigned: 15/11/16)	1	0
Laurence Riley (Resigned: 15/11/16)	1	1

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 2017, the total maximum amount that members of the company are liable to contribute if the company is wound up is \$10 per member.

Auditor's Independence Declaration

The lead auditor's independence declaration for the year ended 30 June 2017 has been received.

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

Director



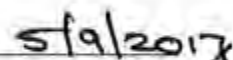
Vicki Holmes

Director



Matthew Cooke

Dated:



**STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2017**

	Note	2017 \$	2016 \$
Revenue from ordinary activities	3	4,844,097	5,783,511
Employee benefits expense		(2,203,829)	(1,969,175)
Depreciation & amortisation expenses	4	(100,638)	(54,447)
Other expenses from ordinary activities	4	(2,388,665)	(3,570,703)
Profit from ordinary activities		150,965	189,186
Other comprehensive income			
Total comprehensive income		150,965	189,186

The accompanying notes form part of these financial statements.

**STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2017**

	Note	2017 \$	2016 \$
CURRENT ASSETS			
Cash and cash equivalents	5	2,707,770	1,865,065
Investments	6	99,871	97,542
Receivables/Other receivables	7	305,327	126,764
TOTAL CURRENT ASSETS		<u>3,112,968</u>	<u>2,089,371</u>
NON-CURRENT ASSETS			
Property, plant and equipment	8	82,635	164,084
TOTAL NON-CURRENT ASSETS		<u>82,635</u>	<u>164,084</u>
TOTAL ASSETS		<u>3,195,603</u>	<u>2,253,455</u>
CURRENT LIABILITIES			
Payables	9	334,749	314,678
Employee Provisions	10	121,845	113,461
Other	11	1,242,423	483,794
TOTAL CURRENT LIABILITIES		<u>1,699,017</u>	<u>911,933</u>
NON-CURRENT LIABILITIES			
Employee Provisions	10	11,036	6,937
TOTAL NON-CURRENT LIABILITIES		<u>11,036</u>	<u>6,937</u>
TOTAL LIABILITIES		<u>1,710,053</u>	<u>918,870</u>
NET ASSETS		<u>1,485,550</u>	<u>1,334,585</u>
EQUITY			
Retained profits		1,485,550	1,334,585
TOTAL EQUITY		<u>1,485,550</u>	<u>1,334,585</u>

The accompanying notes form part of these financial statements.

**STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2017**

	Retained profits	Total
	\$	\$
Balance at 1 July 2015	1,145,399	1,145,399
Net Profit for the year	189,186	189,186
Balance at 30 June 2016	1,334,585	1,334,585
 Balance at 1 July 2016	 1,334,585	 1,334,585
Net Profit for the year	150,965	150,965
Balance at 30 June 2017	1,485,550	1,485,550

The accompanying notes form part of these financial statements.

**STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2017**

	Note	2017 \$	2016 \$
CASH FLOW FROM OPERATING ACTIVITIES			
Receipts from customers		1,340,529	860,459
Operating grant receipts		4,272,794	5,233,857
Payments to suppliers and employees		(4,784,480)	(6,522,722)
Interest received		35,378	34,001
Net cash provided by/(used in) operating activities	14(b)	864,221	(394,405)
CASH FLOW FROM INVESTING ACTIVITIES			
Payment for property, plant and equipment		(19,187)	(27,673)
Proceeds from sale/write-off of property, plant and equipment		-	88,035
Investment in Term Deposits		(2,329)	(2,104)
Net cash used in investing activities		(21,516)	58,258
Net increase/(decrease) in cash held		842,705	(336,147)
Cash at beginning of financial year		1,865,065	2,201,212
Cash at end of financial year	14 (a)	2,707,770	1,865,065

The accompanying notes form part of these financial statements.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

NOTE 1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The principal accounting policies adopted in the preparation of the financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

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 and Computer Equipment	3 - 25%	Straight Line
Furniture Fixtures and Fittings	9 - 15%	Straight Line
Intangibles	10 - 25%	Straight Line
Motor Vehicles	20 - 25%	Straight Line

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

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 grants received in advance (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*.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

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-derivative 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-derivative 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 2017. 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.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

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

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. 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.

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017**

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

AASB 16 Leases (continued)

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.

NOTE 3. REVENUE

	2017	2016
	\$	\$
Grant funding	4,272,796	5,233,857
Other income	535,923	515,653
Interest income	35,378	34,001
	<u>4,844,097</u>	<u>5,783,511</u>

NOTE 4. EXPENDITURE

Depreciation of non-current assets

Plant and equipment	100,638	54,447
	<u>100,638</u>	<u>54,447</u>

Other expenses from ordinary activity

Advertising and promotion	34,301	78,407
Computer expenses	76,452	186,218
Consultancy fees	466,627	927,726
Entertainment costs	-	6,636
Legal fees	-	741
Management fees	103,673	187,169
Meetings, workshops and seminar costs	427,349	356,414
Postage, printing and stationary	72,293	61,463
Publications	16,763	89,474
Rent and other occupancy costs	356,499	358,277
Staff costs	155,038	62,901
Telephone	39,008	44,332
Training and development	5,102	482,589
Travel expenses	409,008	570,969
Other expenses	202,552	139,087
	<u>2,364,665</u>	<u>3,552,403</u>

Auditor's remuneration

- Audit Services	24,000	18,300
	<u>24,000</u>	<u>18,300</u>
	<u>2,489,303</u>	<u>3,625,150</u>

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

NOTE 5. CASH AND CASH EQUIVALENTS

	2017 \$	2016 \$
Cash on hand	566	165
Cash at bank	2,707,204	1,864,899
	<u>2,707,770</u>	<u>1,865,065</u>

NOTE 6. INVESTMENTS

Term deposits	99,871	97,542
	<u>99,871</u>	<u>97,542</u>

NOTE 7. TRADE AND OTHER RECEIVABLES

Trade and other debtors	106,110	86,012
Provision for doubtful debts	(8,670)	(8,670)
Other current assets - prepayments	207,887	49,422
	<u>305,327</u>	<u>126,764</u>

NOTE 8. PROPERTY, PLANT AND EQUIPMENT

Plant and equipment		
At cost	108,453	103,309
Less accumulated depreciation	(87,285)	(27,950)
	<u>21,168</u>	<u>75,359</u>
Motor vehicles		
At cost	31,395	31,395
Less accumulated depreciation	(16,744)	(10,465)
	<u>14,651</u>	<u>20,930</u>
Office equipment		
At cost	173,395	159,352
Less accumulated depreciation	(129,577)	(97,907)
	<u>43,818</u>	<u>61,445</u>
Computer equipment		
At cost	13,409	13,409
Less accumulated depreciation	(10,411)	(7,059)
	<u>2,998</u>	<u>6,350</u>
Total property, plant and equipment	<u>82,635</u>	<u>164,084</u>

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

NOTE 8. PROPERTY, PLANT AND EQUIPMENT (CONTINUED)

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	75,359	20,930	61,445	6,350	164,084
Additions	5,144	-	14,043	-	19,187
Depreciation expense	(59,336)	(6,279)	(31,671)	(3,352)	(100,638)
Carrying amount at end of year	21,167	14,651	43,817	2,998	82,633

NOTE 9. TRADE AND OTHER PAYABLES

	2017	2016
	\$	\$
Trade creditors and accruals	291,740	259,015
Sundry creditors (ATO)	43,009	55,664
	<u>334,749</u>	<u>314,679</u>

NOTE 10. PROVISIONS

CURRENT

Employee benefits - annual leave	100,705	91,012
Employee benefits - long service leave	-	11,907
Employee benefits - time in lieu	21,140	10,542
TOTAL CURRENT	<u>121,845</u>	<u>113,461</u>

NON-CURRENT

Employee benefits - long service leave	11,036	6,937
TOTAL NON-CURRENT	<u>11,036</u>	<u>6,937</u>

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

NOTE 11. OTHER LIABILITIES

	2017 \$	2016 \$
CURRENT		
Unspent grants	441,260	483,794
Grants Received in Advance	801,163	-
	<u>1,242,423</u>	<u>483,794</u>

NOTE 12. 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	356,413	296,267
Post-employment benefits	32,497	25,158
	<u>388,910</u>	<u>321,425</u>

The annual stipend paid by National Aboriginal Community Controlled Health Organisation in respect of director services provided by the Chairman, and costs associated with providing those services, during the financial year was \$150,000. Other directors do not receive any forms of remuneration.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

NOTE 13. 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:

	2017 \$	2016 \$
Cash on hand	566	165
Cash at bank	2,707,204	1,864,899
	<u>2,707,770</u>	<u>1,865,064</u>

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

Profit/(Loss) from ordinary activities	150,965	189,186
Non-cash flows - Depreciation	100,638	54,447
Disposals of property, plant & equipment	-	(59,302)
Changes in assets and liabilities:		
(Increase)/decrease in receivables	(20,098)	293,236
(Increase)/decrease in other assets	(158,465)	(11,641)
Increase/(decrease) in grants received in advance	758,629	(549,360)
Increase/(decrease) in payables	20,069	(330,550)
Increase/(decrease) in provisions	12,483	19,580
Cash flows from operations	<u>864,221</u>	<u>(394,405)</u>

NOTE 14. 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:

	2017 \$	2016 \$
Financial Assets		
Cash and cash equivalents	2,707,770	1,865,065
Investments	99,871	97,542
Trade and other receivables	305,327	126,764
	<u>3,112,968</u>	<u>2,089,371</u>
Financial Liabilities		
Trade and other payables	334,749	314,679
	<u>334,749</u>	<u>314,679</u>

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

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 15. COMMITMENTS

Lease commitments – Finance

Committed at the reporting date and recognised as liabilities payable:

	2017	2016
	\$	\$
Within one year	2,932	2,932
One to five years	3,909	6,841
	<u>6,841</u>	<u>9,773</u>

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2017

NOTE 15. COMMITMENTS (continued)

Lease commitments – Operating

Operating leases as lessee (office space and car parking)

Non-cancellable operating lease rentals are payable as follows:

	2017	2016
	\$	\$
Within one year	61,366	326,988
One to five year	11,491	155,914
	72,857	482,902

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 16. COMPANY DETAILS

The registered office of the company is:

National Aboriginal Community Controlled Health Organisation
Level 3, 221 London Circuit
CANBERRA ACT 2601

NOTE 17. CONTINGENT LIABILITIES

The company had no known contingent liabilities as at 30 June 2017.

NOTE 18. Events after the reporting period

There are significant changes in the state of affairs of the company occurred during the financial year. Following significant consultation with Affiliates and members, a new three year single National Network Funding Agreement between the Department of Health and National Aboriginal Community Controlled Health Organisation (NACCHO) has now been signed and commenced from 1 July 2017. From this date, reporting to the Department of Health will move away from Activities Reporting to Outcome Reporting.

The company has signed a new 3 year non-cancellable operating lease with 2 year renewal option with ISPT Pty Ltd for the premise at Level 5, 2 Constitution Avenue, Canberra and car parking spaces starting from 1 September 2017. This lease comes with a 20% incentive which may be used as contribution towards the fitout or applied as a rent free period or rent abatement over the term of the lease.

There will also be some additional expenses to be incurred this year in relation to the make good of the current premises.



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 2017 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

Vicki Holmes

Director

Matthew Cooke

Dated:

5/9/2017

* Company Secretary Christopher G Chenoweth was appointed by NACCHO on 15 March 2017 by a board resolution. Until recently Chris was a retired solicitor who had a long career previously practicing in corporate and commercial law.



RSM**RSM Australia Partners**

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

AUDITOR'S INDEPENDENCE DECLARATION

As lead auditor for the audit of the financial report of National Aboriginal Community Controlled Health Organisation for the year ended 30 June 2017, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

- (i) the auditor independence requirements of the *Australian Charities and Not-for-profit Act 2012* in relation to the audit; and
- (ii) any applicable code of professional conduct in relation to the audit.

*RSM***RSM AUSTRALIA PARTNERS***G Stenhouse*

GED STENHOUSE
 Partner

Canberra, Australian Capital Territory
 Dated: 06 September 2017

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GPO Box 200 Canberra ACT 2601

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INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF
NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION
Opinion

We have audited the financial report of National Aboriginal Community Controlled Health Organisation ("the entity"), which comprises the statement of financial position as at 30 June 2017, the statement of comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, the financial report of National Aboriginal Community Controlled Health Organisation has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (a) giving a true and fair view of the registered entity's financial position as at 30 June 2017 and of its financial performance and cash flows for the year ended on that date; and
- (b) complying with Australian Accounting Standards and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the National Aboriginal Community Controlled Health Organisation in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Other Information

Those charged with governance are responsible for the other information. The other information comprises the information included in National Aboriginal Community Controlled Health Organisation's annual report for the year ended 30 June 2017, but does not include the financial report and the auditor's report thereon.



Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of Management and Those Charged with Governance for the Financial Report

The Management of the registered entity are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act) and for such internal control as the Management determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, Management are responsible for assessing National Aboriginal Community Controlled Health Organisation's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate National Aboriginal Community Controlled Health Organisation or to cease operations, or has no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: <http://www.auasb.gov.au/Pronouncements/Australian-Auditing-Standards/Auditors-Responsibilities.aspx>. This description forms part of our auditor's report.

Canberra, Australian Capital Territory
Dated: 06 September 2017



RSM AUSTRALIA PARTNERS



GED STENHOUSE
Partner



Canberra Marist College
Under 15 AFL team wearing
their Indigenous jumpers
celebrating NADIOC WEEK
round games



NACCHO CEO Pat
Turner and Senator
Dodson at Parliament
House Canberra for
the HIV Awareness
week TSI launch of
ATSIHIV.com

APPENDIX A

MEMBERS

Organisation Name	State
Winnunga Nimititjya Health and Community Centre	ACT
Aboriginal Medical Service Cooperative Redfern	NSW
Albury Wodonga Aboriginal Health Service	NSW
Armajun Aboriginal Health Service	NSW
Awabakal Newcastle Aboriginal Cooperative Limited	NSW
Bega Clinic	NSW
Biripi Aboriginal Corporation Medical Centre	NSW
Bourke Aboriginal Health Service Limited	NSW
Brewarrina Aboriginal Health Service Limited	NSW
Brungle Aboriginal Health Service	NSW
Bulgarr Ngaru Medical Aboriginal Corporation	NSW
Bullinah Aboriginal Health Service Aboriginal Corporation	NSW
Condobolin Aboriginal Service Inc	NSW
Coomealla Health Aboriginal Corporation	NSW
Coonamble Aboriginal Health Service Incorporated	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
Murrin Bridge Aboriginal Health Service Incorporated	NSW
Ngaimpe Aboriginal Corporation	NSW
Orange Aboriginal Medical Service Incorporated	NSW
Peak Hill Aboriginal Medical Service	NSW
Pius X Aboriginal Corporation	NSW

Organisation Name	State
Riverina Medical & Dental Aboriginal Corporation	NSW
South Coast Medical Service Aboriginal Corporation	NSW
Tharawal Aboriginal Corporation	NSW
The Oolong Aboriginal Corporation	NSW
Tobwabba Aboriginal Medical Service Incorporated	NSW
Ungooroo Aboriginal Corporation	NSW
Walgett Aboriginal Medical Service Cooperative Limited	NSW
Walhallow Aboriginal Corporation	NSW
Waminda - South Coast Women's Health and Welfare Aboriginal Corporation	NSW
Weigelli Centre Aboriginal Corporation	NSW
Wellington Aboriginal Corporation Health Service	NSW
Werin Aboriginal Corporation Medical Centre	NSW
Yerin Aboriginal Health Services Incorporated	NSW
Yoorana Gunya Family Healing Centre Aboriginal Corporation	NSW
Amoonguna Health Service Aboriginal Corporation	NT
Ampilatwatja Health Centre Aboriginal Corporation	NT
Anyinginyi Health Aboriginal Corporation	NT
Central Australian Aboriginal Congress Aboriginal Corporation	NT
Danila Dilba Biluru Butji Binnitlum Health Service Aboriginal Corporation	NT
Katherine West Health Board Aboriginal Corporation	NT
Malabam Health Board Aboriginal Corporation	NT
Miwatj Health Aboriginal Corporation	NT
Mpwelarre Health Aboriginal Corporation (Santa Teresa Health Centre)	NT
Mutitjulu Health Service	NT
Ngaanyatjarra Health Service Aboriginal Corporation	NT

APPENDIX A

Organisation Name	State
Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Aboriginal Corporation	NT
Nganampa Health Council Incorporated	NT
Pintubi Homelands Health Service Aboriginal Corporation	NT
Red Lily Health Board	NT
Sunrise Health Service Aboriginal Corporation	NT
Urapuntja Health Service Aboriginal Corporation	NT
Utju Health Service Aboriginal Corporation	NT
Western Aranda Health Aboriginal Corporation	NT
Western Desert Nganampa Walytja Palyantjaku Tjutaku Aboriginal Corporation	NT
Wurli Wurlinjang Health Service Aboriginal Corporation	NT
Aboriginal and Torres Strait Islander Community Health Service Brisbane Limited	QLD
Aboriginal and Torres Strait Islander Community Health Service Mackay Ltd	QLD
Apunipima Cape York Health Council	QLD
Bidgerdii Aboriginal & Torres Strait Islander Corporation Health Service Central Queensland Region	QLD
Carbal Medical Services (Darling Downs)	QLD
Charleville & Western Areas Aboriginal Torres Strait Islander Community Health Limited	QLD
Cherbourg Regional Aboriginal and Islander Community Controlled Health Service (formerly Barambah Regional Medical Service Aboriginal Corporation) (CRAICCHS)	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 Health Services	QLD
Gurriny Yealamucka Health Service Aboriginal Corporation	QLD

Organisation Name	State
Injilinj Aboriginal and Torres Strait Islander Corporation for Children and Youth Services	QLD
Institute for Urban Indigenous Health (Administration)	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
Mudth Niyleta Aboriginal and Torres Strait Islander Corporation	QLD
Mulungu Aboriginal Corporation Medical Centre	QLD
Nhulundu Wooribah Indigineous Health Organisation Inc.	QLD
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
Aboriginal Sobriety Group Incorporated	SA
Ceduna Kooniba Aboriginal Health Service Aboriginal Corporation	SA
Kalparrin Community Incorporated	SA
Nunkuwarrin Yunti of South Australia Inc	SA
Nunyarra Aboriginal Health Service Incorporated -Nunyarra Wellbeing Centre	SA
Oak Valley (Maralinga) Incorporated	SA
Pangula Marnamurna Incorporated	SA
Pika Wiya Health Service Aboriginal Corporation	SA
Port Lincoln Aboriginal Health Service Incorporated	SA
Tullawon Health Service Incorporated	SA
Umoona Tjutagku Health Service Aboriginal Corporation	SA

Organisation Name	State
Tasmanian Aboriginal Health Centre Incorporated	TAS
Aboriginal Community Elders Services Incorporated	VIC
Ballarat & District Aboriginal Co-operative Ltd	VIC
Bendigo & District Aboriginal Cooperative	VIC
Budja Budja Aboriginal Co-operative	VIC
Dandenong & District Aboriginal Cooperative Ltd	VIC
Dhauwurd-Wurrung Elderly and Community Health Service Inc	VIC
Gippsland & East Gippsland Aboriginal Cooperative-GEGAC	VIC
Goolum Goolum Aboriginal Cooperative	VIC
Gunditjmara Aboriginal Co-operative Ltd	VIC
Kirrae Health Services Inc.	VIC
Lake Tyers Health and Children's Service	VIC
Lakes Entrance Aboriginal Health Association	VIC
Mallee District Aboriginal Services	VIC
Moogji Aboriginal Council East Gippsland Inc.	VIC
Mungabareena Aboriginal Corporation	VIC
Murray Valley Aboriginal Cooperative	VIC
Ngwala Willumbong Cooperative Limited (Telkaya Drug and Alcohol Network)	VIC
Njernda Aboriginal Corporation - Njernda Aboriginal Women's & Children's Health Centre	VIC
Ramahyuck and District Aboriginal Corporation	VIC
Rumbalara Aboriginal Cooperative Ltd	VIC
Victorian Aboriginal Health Service Cooperative Limited	VIC
Wathaurong Aboriginal Co-operative Health Service	VIC
Winda-Mara Aboriginal Corporation	VIC

Organisation Name	State
Beagle Bay Community Incorporated	WA
Bega Garnbirringu Health Service Incorporated	WA
Bidyadanga Aboriginal Health Service	WA
Broome Regional Aboriginal Medical Service	WA
Carnarvon Medical Service Aboriginal Corporation	WA
Derbarl Yerrigan Health Service Incorporated	WA
Derby Aboriginal Health Service Council Aboriginal Corporation	WA
Geraldton Regional Aboriginal Medical Service	WA
Jurrugk Aboriginal Health Service	WA
Kimberly Aboriginal Medical Services Limited	WA
Mawarnkarra Health Service Aboriginal Corporation	WA
Ngangganawili Aboriginal Health Service	WA
Nindillingarri Cultural Health Service Incorporated	WA
Ord Valley Aboriginal Health Service Corporation	WA
Puntuturnu Aboriginal Medical Service	WA
South West Aboriginal Medical Service	WA
Spinifex Health Service	WA
Wirraka Maya Health Service Aboriginal Corporation	WA
Yura Yungi Medical Service Aboriginal Corporation	WA

APPENDIX B

REPRESENTATION ON COMMITTEES

NACCHO represents our sector on a wide range of bodies:

Aboriginal and Torres Strait Islander Suicide Evaluation
Project National

Aboriginal and Torres Strait Islander Health Workforce
Working Group

Aged Care Leadership Group

AMA Taskforce on Indigenous Health

Australian Trachoma Alliance Principals

BeyondBlue Advisory Group

Cancer Australia

Change the Record

Close the Gap Steering Committee

CREATE - Research Project

CQI Project Team

Deeble Institute Research

Funding Model Advisory Committee

Health Care Home Advisory Group

Indigenous Health Faculty

IPAG Forum

Leadership Group on Indigenous Cancer Control

Lighthouse Research Project

MBS Review Taskforce

National Health Leadership Forum

National Immunisation Committee

National Trachoma Surveillance and Reference Group

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

NATSILMH

OCHREStreams Advisory Group

OSR Advisory Group

Practice Incentive Programme Advisory Group

Pharmacy Trials Programme Trials Advisory Group

QUMAX Program and also the QUMAX Reference Group

Racism in Health Forum

Redfern Statement Alliance meetings and workshops

Remote Vocational Training Scheme Advisory Group

Royal Australian College of General Practitioners Reference
Group and Faculty Board

Stop. Think. Respect Campaign

Talking about the smokes – Menzies School of Health
Research Project

Tackling Indigenous Smoking Best Practice Management Unit

Taskforce on Indigenous Health

University of Melbourne-Indigenous Eye Health, eHealth and
Technology Roundtable

Vision 2020 Australia Aboriginal & Torres Strait Islander Committee

APPENDIX C

ABBREVIATIONS AND ACRONYMS

ABS	Australian Bureau of Statistics	AIDS	Acquired Immune Deficiency Syndrome
AC	Aboriginal Corporation or Congress	AMA	Australian Medical Association
ACCHRTOs	Aboriginal Community Controlled Health Registered Training Organisations	AMSS	Aboriginal Medical Services
ACCH	Aboriginal Community Controlled Health	AMSANT	Aboriginal Medical Services Alliance Northern Territory
ACCHs'	Aboriginal Community Controlled Health Services	APHC	Aboriginal Primary Health Care
ACRRM	Australian College of Rural and Remote Medicine	APHCRI	Australian Primary Health Care Research Institute
ADNs	Aboriginal Disability Networks	ATA	Australian Trachoma Alliance
AF	Asthma Foundation	CCHS	Community Controlled Health Services
AGM	Annual General Meeting	CEO	Chief Executive Officer
AHAC	Aboriginal Health Advisory Committee	COAG	Council of Australian Governments
AHCSA	Aboriginal Health Council of South Australia	CS&HISC	Community Services and Health Industry Skills Council
AHCWA	Aboriginal Health Council of Western Australia	CSTDA	Commonwealth, State and Territory Disability Funding Agreement
AHMRC	Aboriginal Health and Medical Research Council of NSW	DAAs	Dosage administration aids
AHMAC	Australian Health Ministers Advisory Council	DoH	Department of Health
AHS	Aboriginal Health Service	EPC	Enhanced Primary Care
AHW	Aboriginal and Torres Strait Islander Health Worker	FASD	Fetal Alcohol Spectrum Disorders
AHHA	Australian Healthcare and Hospitals Association	GP	General Practitioner
AIHW	Australian Institute of Health and Welfare	KPI	Key Performance Indicators
AIDA	Australian Indigenous Doctors Association	MA	Medicare Australia
		MAAPs	Medication Access and Assistance Packages
		MBS	Medical Benefits Schedule

APPENDIX C



MOU	Memorandum of Understanding	PGA	Pharmacy Guild of Australia
NACCHO	National Aboriginal Community Controlled Health Organisation	PHCAP	Primary Health Care Access Program
NATSIHC	National Aboriginal and Torres Strait Islander Health Council	PIP	Practice Incentive Payment
NATSINSAP	National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan	PIRS	Patient Information Recall System
NCHECR	National Centre for HIV Epidemiology and Clinical Research	QAIHC	Queensland Aboriginal and Islander Health Council
NCIRS	National Centre for Immunisation Research and Surveillance	QUM	Quality Use of Medicine
NHMRC	National Health and Medical Research Council	QUMAX	Quality Use of Medicines Maximised for Aboriginal peoples and Torres Strait Islanders
NIDAC	National Indigenous Drug and Alcohol Committee	RAAF	Royal Australian Air Force
NIHEC	National Indigenous Health Equality Council	RACGP	Royal Australian College of General Practitioners
NKPIs	National Key Performance Indicators	RACP	Royal Australian College of Physicians
NPS	National Prescribing Service	RDAA	Rural Doctors Association of Australia
NRHA	National Rural Health Alliance	SFA	Standard Funding Agreement
NSFATSIH	National Strategic Framework for Aboriginal and Torres Strait Islander Health	SEWB	Social and Emotional Well Being
OATSIH	Office of Aboriginal and Torres Strait Islander Health	SFA	Single Funding Agreement
PBAC	Pharmaceutical Benefits Advisory Committee	STI	Sexually Transmitted Infection
PBS	Pharmaceutical Benefits Scheme	TAC	Tasmanian Aboriginal Centre
PSA	Pharmaceutical Society of Australia	VACCHO	Victorian Aboriginal Community Controlled Health Organisation
PCEHR	Personally Controlled Electronic Health Record	WACRRM	Western Australian Centre for Remote and Rural Medicine
		WSF	Aboriginal and Torres Strait Islander Health Workforce Strategic Framework



Federal Minister for Indigenous Health, Ken Wyatt in his kangaroo skin cloak was congratulated by Prime Minister Malcolm Turnbull after he was sworn in at Government House in Canberra



ACCHO's representatives attended the Federal Education Minister Simon Birmingham NITV/SBS launch of a new animated series Little J & Big Cuz which explores Indigenous culture, country and language



NACCHO

www.naccho.org.au

Contact:

National Aboriginal Community
Controlled Health Organisation
Level 5, 2 Constitution Avenue,
Canberra City ACT 2601

All correspondence to:

P.O. Box 130
Civic Square ACT 2608

T (02) 6246 9300

E reception@naccho.org.au

W www.naccho.org.au

Connect:

naccho.org.au/connect



NacchoAboriginalHealth



NACCHOAustralia



NACCHOTV

Aboriginal health in Aboriginal hands