



**AHCWA**  
Aboriginal Health Council  
of Western Australia

# Annual Report

## 2016-17

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**Disclaimer:**

The term 'Aboriginal' includes both Aboriginal and Torres Strait Islander peoples throughout this document.



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Aboriginal Health Council  
of Western Australia

Designed By: Harley Richards

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**Disclaimer:**

The term 'Member Services' is inclusive of all ACCHSs in Western Australia.

# Who We Are and What We Do

## Vision Statement

The health status of Aboriginal people in Western Australia will be at least equal to that of the non-Aboriginal population by 2025 through the acknowledged leadership of the Aboriginal Health Council of Western Australia (AHCWA).

## Mission Statement

To lead the development of Aboriginal health policy, to influence and monitor performance across the health sector, to advocate for and support community development and capacity building in Aboriginal communities, to support the continued development of Aboriginal Community Controlled Health Services (ACCHS) and to build the workforce capacity to improve the health, social and emotional wellbeing of Aboriginal people in Western Australia.



# Our Member Services



# Chairperson Report

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 period of 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). 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 partner 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 ACCHSs

Each Australian Aboriginal Community Controlled Health Service (ACCHS) is unique. The whole basis for the ACCHSs' 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, which can be achieved if each community can form their own community controlled health service.

The Federal Government has occasionally tried to introduce more consistency as to how and why each of those ACCHSs 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.

## Possible reform of NACCHO's rules

Also, as I write, all Australian affiliates and all Australian ACCHSs are just about to consider the exact wording of proposed changes to the NACCHO constitution. I have been involved in the various stages that have led up to those proposed changes, both as the AHCWA Chair and a NACCHO Board member. AHCWA staff have been actively involved in those various stages too, considering issues which have included: the size of the NACCHO Board; eligibility for that Board; and giving Affiliates the right to be voting members of NACCHO.



## AHCWA continues to increase the public profile of the WA ACCH Sector

In 2016/17 I oversaw a great deal of media releases and subsequent media interviews, which was undertaken with our media partner CGM Communications (previously called Campaign Capital).

### A brief overview of that media activity is below:

Media releases issued:	16
Facebook likes:	up from 680 to 976
Twitter followers:	up from 382 to 509
Stories in The West	6
Stories in The Sunday Times / Perth Now	3
Stories in regional community newspapers	18
Stories on regional radio	6
Stories in metro community newspapers	6
Stories in Aboriginal newspapers	16

AHCWA has also been successful in increasing staff retention despite another year of above-and-beyond levels of work on various big endeavours including two Services of concern. One strategy that helped retain our talent was the introduction of a regular all-staff team-building day.

I could not be happier about the passion and professionalism put in by all our staff, including the Executive Management team and the AHCWA Board of Directors.

## Thank you all for your support over the last 12 months and I wish you well.

Michelle Nelson-Cox

Chairperson

# CEO Report

## Services of concern continue to be well-supported

AHCWA continues to work very hard to support any Member Service that needs support addressing difficulties with operating smoothly and sustainably. This work is very challenging but AHCWA has achieved this through 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 more often, 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 Carnarvon's Medical Service (CMSAC) and in particular Perth's Derbal Yerrigan Health Service (DYHS), the Health Systems Improvement Unit (HSIU) has continued to support the WA ACCHSs 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).



## CEO Report (Continued)

### 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, by having those Services coordinate more effectively with the communities they assist as well as with other Services. The OSPO also pushes each mobile and outreach service to build the capacity of ACCHSs' staff in those rural and remote areas.

An important part of the OSPO role has been attending numerous Regional Aboriginal Health Planning Forums, and leading the development of a totally new web-based interactive tool to improve the patient journey of rural and remote patients. The 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) team 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 the Sector Development division continued to grow, including 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 has increased, and the AHCWA Registered Training Organisation's (RTO's) Certificate 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.

### Expanded Grants and Submissions support

In 2017 we were excited to appoint our first full-time Grants and Submissions Officer, enabling AHCWA to expand the support we give to ACCHSs in their fundraising efforts. The talented officer has hit the ground running, achieving new funding for a range of projects in her first few months, with a range of others expected to be successful in 2017/18.

### Expanded Youth Program

In 2016/17 AHCWA strongly pursued, and was successful in obtaining, funding to both solidify and expand AHCWA's work with Aboriginal young people. Our Youth Program Coordinator is continuing her efforts into 2017/18, this time working alongside our new Youth Policy Officer.

It's exciting to watch the youth of today start to become the senior Aboriginal leaders of tomorrow.

Des Martin  
Chief Executive Officer

## Board of Directors

### Executive Committee

#### Chairperson

Michelle Nelson-Cox

#### Deputy Chairperson

Raymond Christophers

#### Secretary

Maxine Armstrong

#### Treasurer

Susan Oakley

### Regional Representatives

#### South West

Michelle Munns

#### Metropolitan

Vacant

Metro Region  
Vacant

#### Pilbara

Ashley Councillor

#### Goldfields

Fabian Tucker

#### Gascoyne Murchison

Rachel Mallard

#### Kimberley

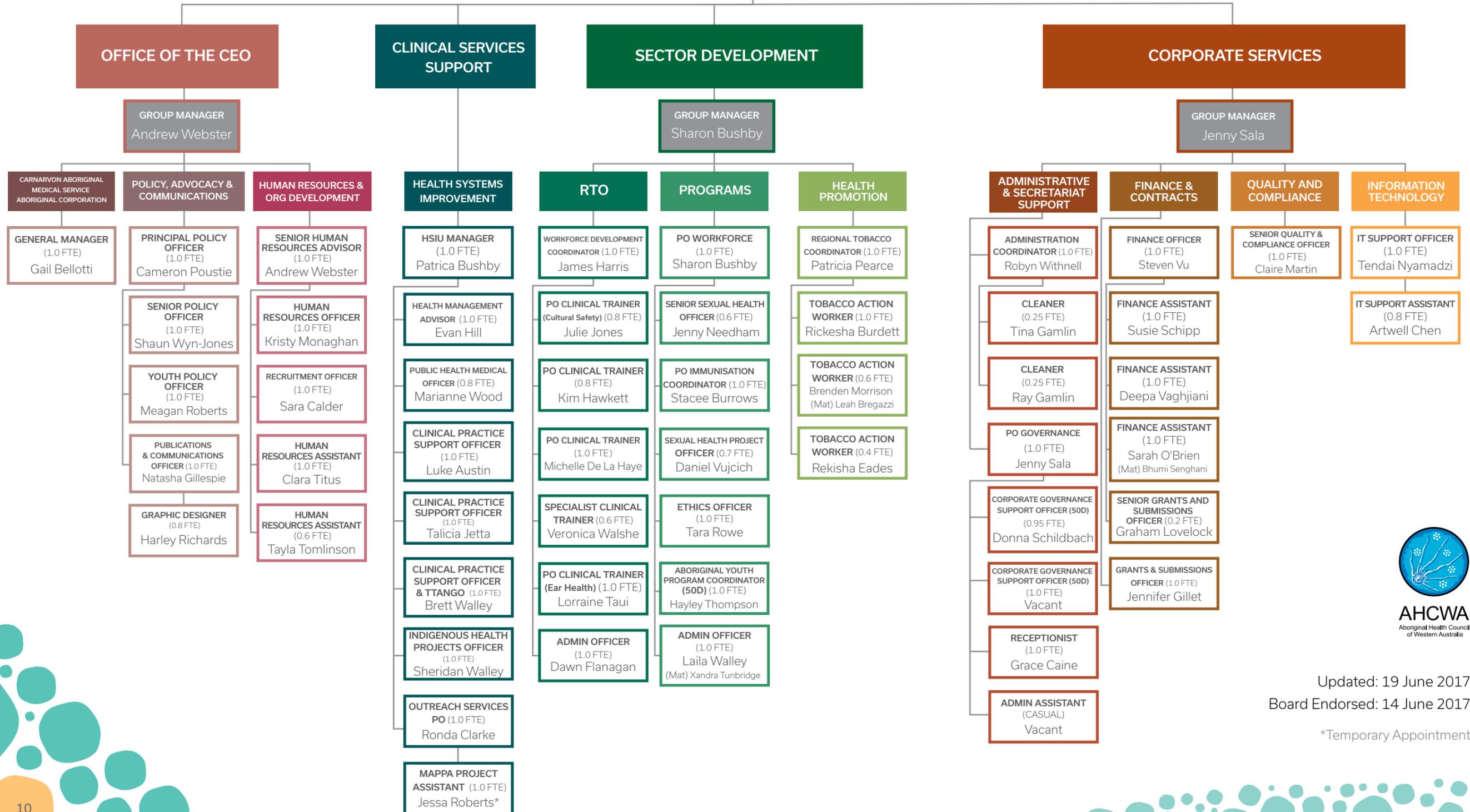
Vicki O'Donnell

#### Central Desert

Preston Thomas

PERSONAL ASSISTANT CEO (1.0 FTE)  
Jo Kennedy

CHEIF EXECUTIVE OFFICER  
Des Martin (1.0 FTE)



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Updated: 19 June 2017  
Board Endorsed: 14 June 2017

\*Temporary Appointment

# Office of the CEO

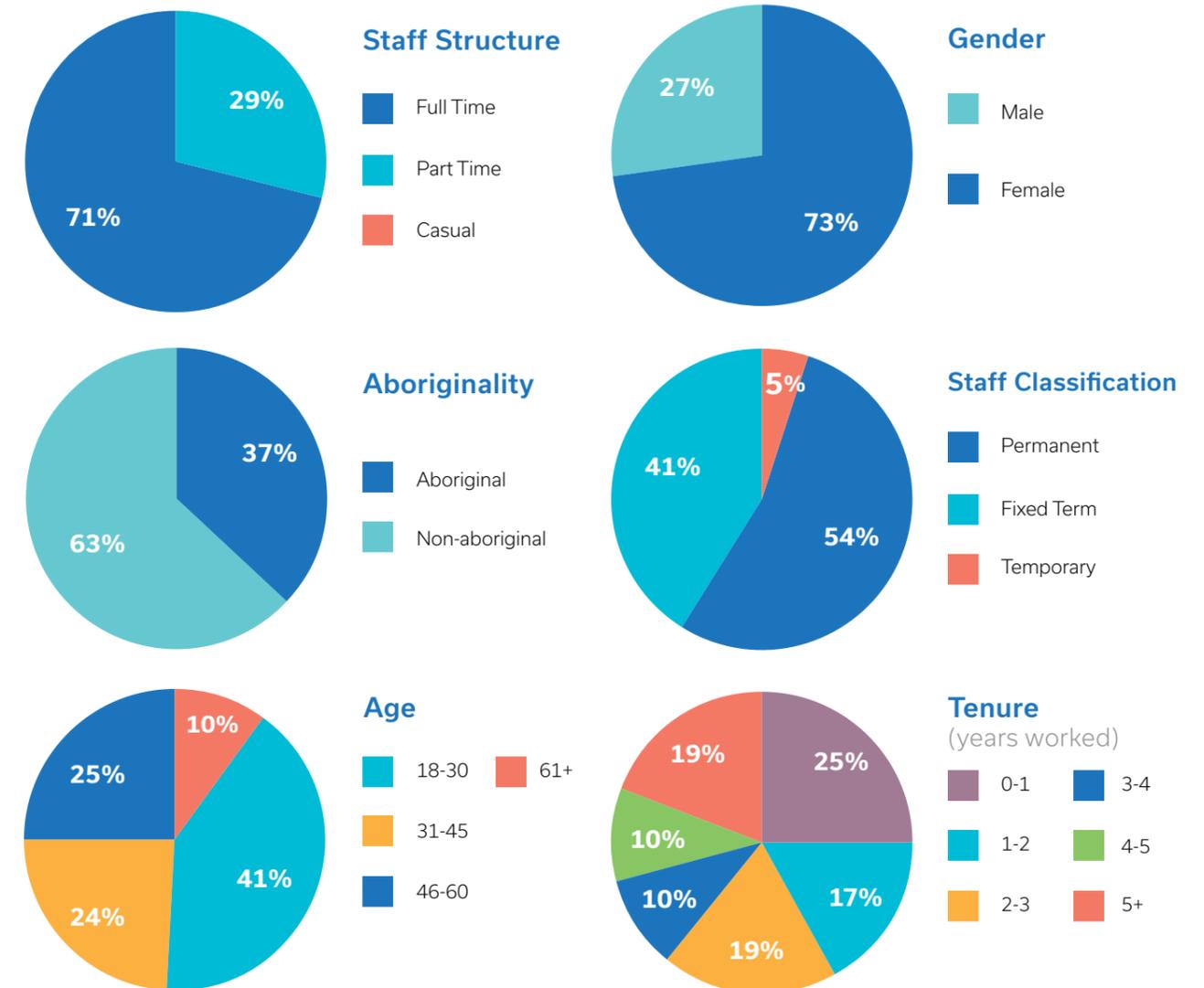
## Human Resources

The Human Resources (HR) team continued to deliver high quality, timely and sector-specific HR support for our Member Services, by using innovative solutions to address unique workforce problems. This included the provision of comprehensive support across all HR functions to empower and strengthen the Sector's workforce capacity to achieve key organisational strategic objectives.

### 2016/17 Achievements

- The development of a sector-specific HR Network Group designed to provide timely, consistent and effective HR support across our Member Services. This helps build capacity and allows for easy dissemination and discussion of key HR tools, policies, legislation and best practice standards.
- A continued commitment to streamline the recruitment and candidate management process, creating greater recruitment efficiencies for AHCWA and our Member Services.
- Development and implementation of an organisational Employee Recognition Program designed to foster a high performing and positive workplace culture.
- Key focus on streamlining HR processes and encouraging the use of technology to eliminate forms, automate manual processes and provide easy access to information.
- A noticeable reduction in employee turnover from 12% to 10% with a renewed focus on reducing dysfunctional turnover.
- Successful roll-out of an external salary sacrifice provider (RACV) to improve payroll efficiency and create greater benefits for individual employees.
- Development of an industry-specific candidate database inclusive of GPs, Remote Area Nurses, Registered Nurses, Child Health Nurses and Home and Community Care Workers.
- A renewed emphasis on professional and career focussed development activities designed to improve capacity and empower our workforce to achieve individual and organisational-specific goals.
- The implementation of a revised performance management system designed to proactively align, monitor and measure performance against clearly defined organisational based indicators.
- A continued commitment to foster greater team collaboration, knowledge sharing and innovation throughout the organisation.
- Continued commitment to achieve exceptional compliance (80%) in HR record keeping.

## Workforce Demographics



Employee Status	Number of Employees
Full-time	42
Part-time	17
Casual	0
Total	59

## Policy, Advocacy, Youth and Communications

### Policy & Advocacy

The 2016/17 financial year has continued to see substantial growth in AHCWA's capacity to lead Aboriginal health policy in WA. AHCWA have further collated and developed the evidence base in support of the ACCHSs' model, and this has been achieved by harnessing our Members' collective expertise and knowledge. The Policy, Advocacy and Communications team has also recently welcomed a Youth Policy Officer, who is working alongside AHCWA's Youth Coordinator to consolidate and grow AHCWA's Youth Program.

#### In total, in 2016/17, AHCWA made:

- 13 Federal policy submissions; and
- 8 State policy submissions (including one to a State Parliamentary Inquiry).

Topics covered by these submissions included the following:

#### ○ Compulsory Alcohol and Other Drug Treatment (WA) [October 2016 to February 2017]

In what has turned out to be a potential win for the Sector, AHCWA vigorously engaged with the previous State Government's proposed introduction of Compulsory Alcohol and other Drug Treatment. Some key points made during the two consultation processes (and two written submissions) included the following:

- It did not address current shortages experienced in voluntary treatment services.
- It did not provide a culturally appropriate model of service.
- It did not provide holistic wrap-around support to individuals and their families.
- The model of service was lacking evidence of its effectiveness, particularly for Aboriginal people.
- It was being developed within a short time frame that did not allow for robust community consultation.

#### ○ Service delivery into remote Aboriginal communities (Cth) [November 2016 to February 2017]

AHCWA met with the Productivity Commission, regarding their inquiry to consider introducing more providers, or at least contestable access, to the delivery of human services (including to remote Aboriginal communities). AHCWA then provided two separate written submissions to different points in the consultation process. Some of the key points we made in the submission are as follows:

- Being artificially exposed to competition with culturally-insecure alternative providers has not been necessary for the ACCH Sector to be innovative and efficient.
- Competition is also not necessary to make individual ACCHSs accountable to their members; accountability comes instead from the ability of any ACCHS member to question their Board and potentially even run for the Board themselves.
- 'Fly-in fly-out' service delivery by non-Aboriginal service providers simply does not work.
- Existing, high-functioning ACCHSs should be considered 'preferred providers' without the need to tender.

#### ○ Genomics (Cth) [February to March 2017]

After AHCWA attended a half-day consultation event about the draft National Health Genomics Policy Framework, we also made a written submission to the process. Some of the key points we made in the submission are as follows:

- Aboriginal concepts of 'family' are generally different to the mainstream community, and often different between one Aboriginal community and another.
- While AHCWA accept the need to boost the understanding of genomics and health in the general and even clinical community, the need in Aboriginal communities requires even more attention because health literacy is generally lower.
- That health-related literacy will best be boosted with culturally appropriate education systems and materials, designed and delivered alongside Aboriginal communities.

#### ○ The National Aboriginal and Torres Strait Islander Health Plan's Implementation Plan [May 2017]

AHCWA continued our ongoing involvement in the implementation of the National Aboriginal and Torres Strait Islander Health Plan 2013-2023. Some key points made in our most recent submission included the following:

- That self-determination is provided to Aboriginal people and their communities.
- That adequate funding is provided to all activities and targets outlined within the Plan.
- That contract lengths – at least to long-term, proven service providers – are extended to a minimum of 5 years.
- That contract deliverables are outcomes focussed and flexible to meet the needs of individual communities.
- That ACCHOs and ACCHSs – or at least the long-term, proven service providers – are provided with preferred provider status when tendering for Aboriginal-specific funding.

#### ○ Representative and stakeholder engagement

With significant change occurring at both State and national levels, it has been integral for AHCWA to continue to build strong collaborative partnerships with key government departments, non-government organisations and the wider community services sector. Over the past year, we have been involved in key consultative/coordinating groups such as:

- WA Aboriginal Health Partnership Forum;
- AHCWA's/the Health Consumers' Council of WA's Patient Journey Working Group; and
- the WA Peaks' Forum.

#### ○ Internships and student placements

With the intent of providing students the opportunity to gain policy development, advocacy experience, and hopefully pursue a career in the Aboriginal health sector, AHCWA have continued our involvement in the Aurora Project and Murdoch University's Aboriginal Studies placement program. In 2016/17, four students from Aurora and one from Murdoch completed placements at AHCWA. The work undertaken by the students included submission development, data analysis, strategy development, literature reviews and stakeholder engagement. Students also assisted the AHCWA team at community events. AHCWA's involvement in these programs continues our intention to increase awareness of the Sector, particularly in our future generations, and also build the capacity of our own employees through leadership and management opportunities.

*"Overall I believe this experience has helped further my understanding of Aboriginal health and really inspired me to want to work in this sector in the future." – Aurora student intern.*

## Youth Policy & Advocacy

The Youth Policy program commenced in January 2017. Since the start of the program, AHCWA has submitted three policy submissions on Aboriginal youth related issues. **These include:**



### March 2017 - Review of the Children and Community Services Act 2004 (WA)

#### Key points include:

- The operation and effectiveness of the Act must be urgently improved to ensure the safe treatment of Aboriginal children in care.
- Member Services should be recognised as the preferred provider of services to Aboriginal children within the care system.
- There is a lack of funding invested in holistic wrap-around community services.

### May 2017 - Review the Young Offenders Act 2004 (WA)

#### Key points include:

- The principle of diversion should be significantly enhanced across the Act.
- Planning for reintegration must commence as soon as a young person enters detention.
- Detention facilities must be an environment where quality supervision and rehabilitation occurs.

### June 2017 - Co-design of a Parent and Baby Support Service Model (WA)

#### Key points include:

- The parent and baby service model must be culturally secure.
- The model should reflect other successful programs and initiatives run in Aboriginal communities.
- The proposed model seems reflective of historical government policies such as the removal of children from communities, which the Child Protection and Family Support (CPFS) section of the Department of Communities needs to take into consideration.

### Aboriginal Youth Health Strategy

AHCWA is extremely excited to commence work on developing a WA Aboriginal Youth Health Strategy, the first to be developed in Australia. This project will aim to inform and guide Member Services to optimise the health and wellbeing of young Aboriginal people in WA.

### Promoting Young Aboriginal people

AHCWA are pleased to report that the AHCWA Youth Facebook page has had an increase of 169% in page 'likes' since May 2017, as well as a huge boost in page engagement.

## Publications & Communications

In the 2016/17 reporting period, the Publications and Communications team continued to produce outstanding work in both the collation and design of many publications for AHCWA and our Member Services.

This year's AHCWA newsletters continued to report on what is happening in and around AHCWA and our Member Services, with an overwhelming number of articles submitted for publication from our Member Services. The AHCWA newsletter is produced quarterly and is distributed to all of our Member Services, fellow NACCHO Affiliates, government agencies, and other stakeholders.

AHCWA have also produced a fortnightly e-Bulletin to update our Member Services, AHCWA staff and stakeholders on key issues that are occurring now, and it also advertises current vacancies available at AHCWA and throughout our Member Services.

During this period, our Graphic Designer has worked on a multitude of different creative jobs, including training booklets, annual reports, business cards, posters and promotional material. Over the past year we've had the pleasure of working on projects with external partners, including SAHMRI (South Australian Health and Medical Research Institute), and a logo branding project with the ANU (Australian National University) for a new longitudinal survey study into Aboriginal and Torres Strait Islander health and wellbeing.

The team have strived for quality and consistency with the implementation of the new AHCWA Style Guide, which aims to provide employees with a reference point that sets standards for writing documents and reporting within AHCWA. It also contains information about AHCWA's Logo, on how and when to use it, and a helpful guide for photography and video.

With the Publications and Communications team having strong backgrounds in different areas, AHCWA produced quality documents through collation and development, artwork, and the inclusion of high quality images to create unique designs for all AHCWA documents.

The Publications and Communications team have had the opportunity to promote AHCWA through social media and have been working closely with the AHCWA website editor and Campaign Capital to distribute information electronically.



# Clinical Services Support



## Summary

The Health Systems Improvement Unit (HSIU) aims to support all Member Services with aspects of their health system(s) and clinical practices. This includes specifically designed positions within the HSIU team, to ensure appropriately qualified and experienced staff are available to support Member Services, in the delivery of their quality holistic health services for Aboriginal patients and communities.

### The team includes:

- HSIU Manager
- Public Health Medical Officer (PHMO)
- 3x Clinical Practice Support Officers (CPSOs)
- Indigenous Health Projects Officer (IHPO)
- Outreach Services Project Officer (OSPO)
- MAPPA Project Assistant
- HSIU Admin Officer.

### The HSIU team have supported our Member Services with projects such as:

- Continuous Quality Improvement (CQI) Action Plans and activities
- accreditation assistance i.e. mock accreditation reviews, reviewing policies and procedures
- reviewing national key performance indicators (nKPIs) and other relevant clinical information, and disseminating to ACCHSs where appropriate
- OCHREStream reporting assistance and other data reporting requirements
- clinical audits and benchmarking
- Medicare reviews and refresher workshops
- clinical legislation changes and updates
- developing resources
- maintaining the HSIU Resource Portal with relevant educational modules on topics requested by our Member Services' employees for their access and upskilling.

The HSIU team have been visiting our various Member Services to see what services they provide and to discuss opportunities for the team to provide support. This support can be through general phone and email support, site visits, and teleconferencing/videoconferencing.



### Some key achievements for the HSIU team over this period include:

- continued development of the AHCWA Clinical Leadership Group (CLG), including establishing the first face-to-face CLG Workshop held at the conclusion of the WA Aboriginal Community Controlled Health Sector Conference. It is planned to hold these annually.
- AHCWA Booklet that describes the support each unit within AHCWA can offer all of our Member Services.
- AHCWA HSIU 2017 Calendar that outlines clinical standards of health provision for each month, with each month representing a particular age group and gender. General community health is included within the last month of the calendar. It is planned to update and print these annually.
- monthly Noongar Radio 'Yorgas Yarning' sessions to outline health related messages to the community.

The HSIU team also supports AHCWA and the ACCH Sector by participating on various expert reference groups, committees, and various other meetings relating to clinical areas where representation for the Sector is required. These include:

National CQI Resources & Tools Working Party	ANU: Mayi Kuwayu – A national study of Aboriginal and Torres Strait Islander Wellbeing
National CQI Project Committee	AHCWA HSIU Resource Portal Reference Group
TTANGO2 Executive Group (Kirby Institute)	WAGPET / Rural Health West GP Stakeholder Sub-committee
AHCWA Clinical Leadership Group (State-wide)	WAPHA Networking Meetings / Forums
Squeaky Clean Kids Trachoma Project (WACHS)	National Indigenous Bowel Screening Project Working Group
PHN ITC Committee	Cancer Workshops Project Reference Group – 'Our Lungs Our Mob & Women's Business'
WA GP Stakeholders Group	State-wide Regional Planning Forums
Rural Health West Education & Training Steering Committee	Trachoma Screening Advisory Committee
Rural Health West Workforce Planning Committee	Communicare Users Group Committee
Rural Health West Outreach Services Planning	Communicare Clinical Advisory Group
Aged Care Community Consultation Group	WA State Ear Health Strategy Working Group
Aboriginal Health Research Translation Group	Aboriginal Regional & Remote Eye Health Planning Group Meetings
PHN Patient Journey Committee	

## Public Health Medical Officer

AHCWA's Public Health Medical Officer (PHMO) provides a wide range of clinical advice and support to the entire organisation as well as to individual Member Services. This includes representing the WA ACCH Sector at a regional, State and national level, where clinical advice and input is required to support policy development.

Support the PHMO can offer our Member Services ranges from:

- GP support – including the use of Patient Information & Recall Systems (PIRS) such as Communicare and MMEx
- clinical advice
- data support
- CQI support
- specialist outreach support and advocacy
- Medicare billing and Pharmaceutical Benefits Scheme (PBS) advice
- clinical systems and processes reviews, including best practice standards
- Senior Medical Officer performance appraisals – assisting Chief Executive Officers (CEOs) from our Member Services in this process
- improving patient journey by facilitating access to electronic discharge summaries
- outbreak/notification support
- immunisation support
- resource and knowledge sharing.

The PHMO also sits on various expert reference groups, committees, and planning forums, and attends a large variety of clinical meetings and consultations.

The PHMO also works with the HSIU to develop quick guides, resources and tools to assist our Member Services in their delivery of services to clients.

### Some key achievements for the PHMO over this period include:

- successful lobbying for the return of iron and chloramphenicol to the PBS (Aboriginal and Torres Strait Islander listing)
- increased Member Services support
- improving templates and processes within PIRS systems (Communicare)
- improving the process for 'outbreak notifications' to our Member Services, including follow up notifications for vaccines
- working with State peak agencies on the Child Ear Health Strategy
- working with our Member Services on acquiring Outreach Services, including tele-health.

## Indigenous Health Projects Officer

The current Indigenous Health Projects Officer (IHPO) role has continued to focus on key areas of Medicare, Chronic Disease Management and the HSIU Resource Portal to ensure that our Member Services are supported through:

- ongoing work on the HSIU Resource Portal with consultation, development and promotion of what has been achieved with the support and direction of the Portal Reference Group and other HSIU Staff; the Portal is accessible to all of our Member Services' employees via the AHCWA website
- tailored information and resources regarding complex Medicare billing systems and Practice Incentive Payments (PIP), including assisting in submissions to government of the redesign of PIP and input into the possible impact for changes to the PIP Indigenous Health Incentive to the Sector
- the research and development of an AHCWA 2017 HSIU Clinical Calendar to include clinical messages, key events during the year and key reporting dates for our Member Services.

### The IHPO also participated and supported other AHCWA staff with the following activities:

- presented Yorgas Yarning program with 100.9fm Noongar Radio discussing tobacco cessation, ear health, sexual health – sexually transmitted infections (STIs) and blood borne viruses (BBVs), WA Aboriginal Health Ethics Committee (Research), immunisation, the role of our Aboriginal Health Worker/Practitioner, iron and anaemia; ANZAC Day (Aboriginal and Torres Strait Islander participation), and Reconciliation
- attended the National Empowerment Project Social Emotional Well-being (SEWB) workshop on behalf of AHCWA
- delivered Cultural Safety Training to Kingston College with an AHCWA Tackling Indigenous Smoking Officer
- attended the WA Primary Health Alliance (WAPHA) Aboriginal and Torres Strait Islander Mental Health Advisory Committee meeting/workshops
- represented AHCWA as a panellist for the WAPHA ITRC-Metro Funding Outcomes
- gave input and supported other AHCWA staff relating to the Information & Communications Technology (ICT)/ Information Management (IM) Roundtable with NACCHO and AHCWA's nKPI Data Validation Tender
- facilitated a meeting for Helping Minds Mental Health Services & Carer Support to meet with an Aboriginal Women's Refuge in Perth to discuss childhood trauma and supports
- advocated for Cultural Safety Training (CST) for Foster Care Association of WA through AHCWA's CST modules
- represented AHCWA at the CPFS Children Out of Homecare Reform stakeholder engagement workshops
- gave support and input into the Memorandum of Understanding (MoU) between Derbarl Yerrigan Health Service (DYHS) & AHCWA's Smoking Cessation Support Services
- attended a consumer forum with the Digital Health Agency on behalf of AHCWA.



## Clinical Practice Support Officers

The Clinical Practice Support Officers (CPSOs) at AHCWA are a key part in relationship building for the HSIU team when liaising with our Member Services. The CPSOs endeavour to conduct site visits to all of our Member Services annually, and offer ongoing assistance throughout the year when required.

### Key support items that the CPSOs deliver are:

- clinical accreditation review and ongoing support
- reviewing clinical policy and procedures, including updating clinical regulations through the promotion of the AHCWA suite of policies and procedures
- update of medical resources and new initiatives
- clinical audits
- CQI plan development, implementation and evaluation
- Medicare claiming processes
- advice regarding workforce barriers and strategies
- service reporting i.e. individual program reporting and State/national reporting
- advice on streamlining service provision i.e. optimal appointment scheduling.

In the 2016/17 reporting period, the CPSOs have attended 15 of our Member Services across the State, ranging from the South West to the Kimberley region. The CPSOs have also visited and worked extensively with some of these Services multiple times, at the request of those Member Services.

Over the past 12 months, Medicare claiming and education has been a recurring issue as it can be quite complex with the requirements and prerequisites before the claim can be made. The CPSOs, along with the PHMO, have a strong relationship with Medicare and relay all knowledge that is acquired to our Member Services, and vice versa with questions from our Member Services to Medicare.

The CPSOs attend multiple national conferences and forums so all information that is delivered is current and appropriate to our Member Services' needs, including working within the HSIU team to develop quick guides, resources and tools to assist our Member Services in their delivery of services to their clients.

The CPSOs at AHCWA will continue to provide support to our Member Services in a professional and timely manner, and will ensure that all support, advice and education is to the best practice standards.

### Some key achievements for the CPSOs over this period include:

- increased Member Services support
- improved templates and processes within PIRS systems (Communicare)
- development of tailored Medicare upskilling to our Member Services staff, as requested
- completing clinical audits for our Member Services, as requested.

## Outreach Services Project Officer

The Lotterywest funded Outreach Services Project Officer (OSPO) helps build linkages and partnerships between funding organisations and community based health services across WA, as well as provide a coordinated State-wide approach to outreach service provision as a high priority.

### Key responsibilities of the OSPO include:

- coordinating mobile and outreach services to ensure the health care needs of people living in rural and remote communities are met
- eliminating barriers to delivering and sustaining mobile and outreach health services within rural and remote communities
- ensuring mobile health service providers and outreach specialists in regional and remote communities advance primary health care by integrating and collaborating with existing locally based services
- building the capacity of local workforce to enhance continuity of care and follow-up
- providing a point of contact for mobile and outreach health services to coordinate the delivery of their services into regional and remote communities
- liaising with Lotterywest and working together to prioritise areas and regions of need, as well as highlight areas of duplication of services.

**Since late December 2016, the OSPO has attended 14 Regional Planning Forums in five regions throughout WA. These were:**

- **3x** South West Aboriginal Health Planning Forum (**Bunbury**)
- **3x** Kimberley Aboriginal Health Planning Forum (**2x Broome, 1x Kununurra**)
- **3x** Pilbara Aboriginal Health Planning Forum (**Port Hedland**)
- **2x** Yamatji Aboriginal Health Planning Forum (**1x Geraldton, 1x Carnarvon**)
- **1x** Goldfields Aboriginal Health Planning Forum (**Kalgoorlie**)
- **2x** WACHS Executive Regional Planning Forums (**1x Kununurra, 1x Broome**)

An important function of the OSPO's role is to attend the AHCWA CEO Network meetings to provide an outline of trends and issues stemming from the various Aboriginal Health Planning Forums attended. Two comprehensive briefing papers have been submitted to the CEO meetings, AHCWA Executive Management Team and Lotterywest, for the purposes of mapping the gaps and needs of the regions, which also provides them with support for funding applications received.

**Key Achievements**

One of the key achievements of the OSPO included the establishment of partnerships through the Aboriginal Health Regional Planning Forums, including the sharing of information and working collaboratively across the regions, on what is working in one region and could be implemented in another. This sharing of resources has added value to the outcome of programs and services across WA.

**Some of the areas that the Outreach program has been working in are:**

- reporting on outcomes
- My Health Record
- trauma information
- identifying gaps and crossover of services
- how the follow-up and referral services work
- tele-health
- discharge summaries
- service providers
- Fetal Alcohol Spectrum Disorder (FASD)
- aged care
- the National Disability Insurance Scheme (NDIS) services
- suicide prevention
- Home and Community Care (HACC) services and funding.
- the Patient Assisted Travel Scheme (PATS)/ patient transport, patient accommodation, specialist appointments

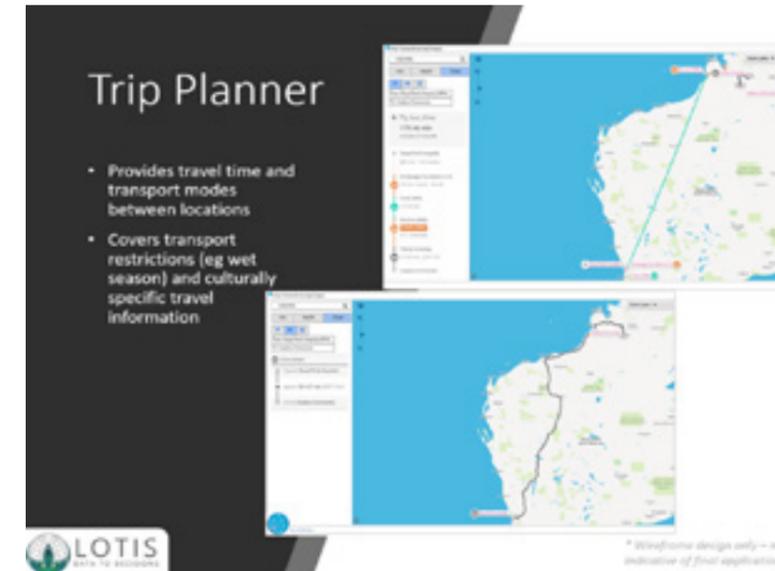
The Outreach program recognised a need for more comprehensive, safer, efficient and more integrated health care for rural and remote Aboriginal patients. The idea for the development of a comprehensive web-based data tool (the AHCWA MAPPA Project) was to provide easily accessible information about services, travel routes and communities for the patient journey, specialists visiting rural and remote, the distances, complications and barriers that clients/patients face when travelling, etc. This would allow for hospitals and health services to understand community issues and concerns when discharging and arranging follow up appointments. Funding for the web-based data tool was secured through the WA Department of Health (WADoH), with the vision to assist in getting the "right care at the right time in the right place".

Concept Design of the **MAPPA App**  
 "Right care at the right time in the right place"



**The AHCWA MAPPA Project**

The goal of the AHCWA MAPPA project is to establish a single, comprehensive database of available health services throughout the State of WA delivered by multiple Service providers including the Member Services, WA Country Health Service (WACHS), Rural Health West, Royal Flying Doctors Service (RFDS) and private providers. This database will inform and improve the client/patient experience for all rural and remote WA clients, in particular Aboriginal clients, and will help to ensure they receive optimised health care as close as possible to family, home and Country, by engaging local health service providers i.e. Member Services. Access to the database will be through an online visualisation platform developed and hosted by AHCWA.



AHCWA will commission a Computer and Data Visualisation Engineer within the next reporting period to create an online mapping tool hosted and owned by AHCWA with royalty free access to the funding provider. AHCWA will manage the ongoing implementation of data onto the tool and this information would be adapted and visualised through a web-based mapping platform. The platform will provide timely, comprehensive and reliable information for Member Services; nurses; Aboriginal Health Workers/Practitioners (AHWs/Ps); GPs; allied health staff; pharmacists; external stakeholders and organisations; specialists; and aged care/HACC providers, to better coordinate discharge and travel and improve the patient outcomes and experiences in the WA health system.

AHCWA will collect data from clinical sites and outreach clinics from all WA providers to identify and annotate the clinic sites and outreach clinics with information relating to travel including seasonal, cultural, and Lore issues relevant to discharge and access. AHCWA will maintain, curate, update and integrate information on a regular basis including providing alerts on the weather or other access issues for the period of the grant while developing a sustainable business case.

Once the AHCWA MAPPA is ready for trial, it will be piloted within Royal Perth Hospital (RPH) and their catchment areas (Kimberley and Pilbara regions). An evaluation of this pilot project will be conducted to check on the usage and quality of the tool, and to iron out any glitches prior to releasing the tool for use across WA.

The AHCWA MAPPA project will be an exceptional achievement for AHCWA, our Member Services and their communities across WA.

## Sector Development

### Summary

The Sector Development Unit continues to develop programs that will assist the Member Services to meet the needs of their communities. Over the past twelve months the team has grown to include the return of the Youth Coordinator, as well as two new sexual health programs (the Young, Deadly & Free program; and the Birds and the BBVs program).

The team has been in negotiation with both the Mental Health Commission and the WA Primary Health Alliance to develop two new projects focussed on mental health and alcohol and other drugs. Both projects will commence in the second half of 2017.

### Committees that the team represent AHCWA on include

WA Aboriginal Health Ethics Committee	ECU Indigenous consultative committee
WA Health Children and Youth Advisory Committee	[WA] Metropolitan Sexual Health Action Group (MSHAG)
Breast Screen WA's Picnic In the Park reference group	WA Aboriginal Tobacco Reference Group - Australian Council on Smoking and Health (ACOSH)
Play Groups WA Committee	WA Homeless Connect Committee
WA Immunisation Strategy Implementation Committee	National Aboriginal Torres Strait Islander Immunisation Network
Metro Aboriginal Immunisation Working Group	State Ear Health Strategy Working Group
[WA] Aboriginal Health Worker/Practitioner Immunisation Review Committee	[WA] Rural Health West Outreach Services Planning Group
[WA] Aboriginal Regional and Remote Eye Health Planning Group	WAGPET Cultural Advisory Committee
[WA] Executive Advisory Group for the Child and Youth Health Network	[WA] Ear Health Steering Committee
Sexual Health Quarters (SHQ) Training Partnership Group	WACBBVS Viral Hepatitis Subcommittee (SiREN) Project Steering Group
Sexual Health and Blood Borne Virus Applied Research and Evaluation Network	SHQ Annual Sexual Health Forum Working Party
[National] Tackling Indigenous Smoking Advisory Committee	[WA] Education Department Preferred Service Provider Committee
National Aboriginal and Torres Strait Islander HIV Awareness Week (NATSIHAW) Committee	Australasian HIV and AIDS Committee

## Registered Training Organisation

### Training & Development

Throughout 2016/17, the Training and Development Centre continued to deliver the HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice course qualification.

AHCWA successfully achieved accreditation with the Australian Health Practitioner Regulation Authority (AHPRA) on the 1st September, 2016. This accreditation will allow our graduates to have their qualification recognised by AHPRA when they apply for registration.

Training commenced in Carnarvon in partnership with the Carnarvon Medical Service Aboriginal Corporation (CMSAC) in February to deliver the HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice course with 17 students enrolling.

The demand for HLT40213 Provide First Aid Training is increasing within our Member Services. The training is delivered to a variety of staff, including doctors, nurses, remote nurses, Aboriginal Health Workers/Practitioners (AHW/Ps), cleaners and gardeners.

AHCWA will be delivering CPR/Defibrillation training in the near future. This is a requirement that everyone who holds a current first aid certificate must complete refresher training for CPR and Defibrillation.

### HLT40213 Cert IV Aboriginal and/or Torres Strait Islander Primary Health Care Practice

Venue:	Day:	Commenced:	To date:
AHCWA	Tuesday	11 students Aug 2015	4 graduated Dec 2016
AHCWA	Tuesday	10 students Feb 2017	6 students current
AHCWA	Wednesday	11 students Aug 2015	3 graduated Dec 2016
AHCWA	Wednesday	6 students Feb 2016	3 students current
AHCWA	Thursday	7 students Feb 2016	1 graduated Jun 2017
Carnarvon	1 week blocks	17 students Feb 2017	12 students current
Bunbury	1 week blocks	19 students June 2017	13 students current

### HLTAID003 Provide First Aid 2016

Venue:	Dates:	Student Numbers
GRAMS	18 - 19 July	9
AHCWA Staff & Students	14 - 15 September	5
AHCWA-DYHS Staff	1 - 2 December	14

HLTAID003 Provide First Aid 2017

Venue:	Dates:	To date:
AHCWA - Tuesday Class	7 - 8 March	11
AHCWA - DYHS Staff	29 - 30 March	7
CMSAC students	10 - 11 May	11
Newman	30 - 31 May	9
Newman	1 - 2 June	10
AHCWA - DYHS & Moorditj Koort	14 - 15 June	3

**Cultural Safety Training**

Cultural Safety Training (CST) continues to be delivered to a variety of Member Services and health organisations. The provision of cultural advice has also emerged as an important component of the program. The CST package aims to improve the quality of services delivered by health care providers.

The team continues to review and develop the modules and has been successful in negotiating with the WA Primary Health Alliance to develop a sixth module which will focus on mental health, alcohol and other drugs. This module will commence roll out in early 2018.

The CST Modules are currently in the process of applying for reaccreditation by the Royal Australian College of General Practitioners (RACGP).

Ultimately, CST should lead to better health outcomes for Aboriginal people. Of the five modules the first two are the main modules that have been delivered during the past twelve months.

**CST has been delivered to 59 people from the following organisations:**

- AHCWA staff and AHW students
- Neami National
- Western Australian General Practice Education and Training (WAGPET)
- Ord Valley Aboriginal Health Service (OVAHS)
- Puntukurnu Aboriginal Medical Service (PAMS)
- Bunbury AHW students.

**Ear Health Training**

AHCWA has been fortunate to have regular representation in various ear health forums across the State. Working collaboratively with our Member Services and numerous stakeholders, we have made initial steps toward maintaining consistency and to working within the ear health models of care across the regions.

The WA Child Ear Health strategy is building on the significant endeavours in WA, acknowledging the need for actions targeted specifically in seven priority areas of:

1. Enhanced Prevention
2. Standardised Surveillance
3. Consistent Treatment
4. Workforce Development
5. Program Evaluation
6. Coordination and Partnerships
7. Comprehensive Evidence

Identification of these target areas ensures that resources are focussed on achieving positive ear health outcomes.

In addition, AHCWA ear health training (2016-17) has increased considerably as a contribution to the priority area of the workforce development. Training has resulted in 48 participants successfully completing the program and being awarded certificates for their achievements.

AHCWA would like to thank the Kimberley Aboriginal Medical Services (KAMS) Training Centre in Broome, and the Bega Garnbirrungu Nindula Training Centre in Kalgoorlie, both whom hosted those training sessions not held at AHCWA's head office. Students from KAMS, Ord Valley Aboriginal Health Service (OVAHS), Broome Regional Aboriginal Medical Service (BRAMS), Bega Garnbirrungu, Ngangganawili Aboriginal Health Service (NAHS) and DYHS, along with external services in the regions, attended the training.

AHCWA has actively engaged in health promotion events within the metropolitan region and showcased a giant inflatable ear-shaped bouncer named "Koobarniny" meaning 'Big' in Noongar language. Koobarniny assists when working with communities to address ear health issues that impact on child health by using it as an educational tool and activity to empower communities to prevent ear problems as well as maintaining healthy ears for the future. AHCWA is devoted to continually supporting all health professionals and Member Services to nurture ear health promotion and make a difference for all communities.



## WAGPET Partnership

AHCWA and WAGPET work actively together on a range of Aboriginal Health Training activities aimed at supporting quality GP training.

Over the last 12 months the partnership has worked together to increase the effectiveness of GP registrar placement within the ACCH Sector. The following activities were completed:

- New guidelines for Cultural Mentors were developed. Nine Cultural Mentors were employed, with the Perth and Kimberley regions prioritised, as they have the largest number of Registrars. The metropolitan area was split into separate groups with the Cultural Mentor offering one-on-one support to the GPs. The Cultural Mentors also provide support through phone calls, emails and regional introduction training to the Registrars. This approach focuses more on area-specific cultural protocols that the registrar may come across in their specific areas of work.
- Work was undertaken to increase the number of placement opportunities for Registrars by working with our Member Services to become accredited by WAGPET and increase the numbers in our Member Services.
- A submission was prepared to the Commonwealth regarding the changes in wage supplements for our Member Services. A position paper was submitted in December 2016 with a follow up support paper to be submitted in July 2017.
- CST was provided to new staff members of WAGPET.
- Events were attended to promote our Sector as placement opportunities.

## Sexual Health

### Summary

Rates of sexually transmitted infections (STIs), including chlamydia, gonorrhoea, infectious syphilis and trichomonas as well as HIV remain unacceptably higher among Aboriginal people than the general population.

Fifteen to twenty-five year olds are at greater risk, as well as the mobile population, and people who are located geographically regionally and remotely. Those at greater risk of contracting HIV are intravenous drug users and people with a history of STIs.

New evidence suggests dangerous increases in injecting drug use in Aboriginal communities. AHCWA is currently working with the West Australian Substance Users' Association inviting our 22 Member Services to work in partnership with these lead organisations to look at health promotion of hepatitis prevention and management, including harm minimisation strategies.

Hepatitis C notifications have also risen and new hepatitis C treatments became available in 2016. AHCWA is currently in partnership with Hepatitis WA to collaborate on educational resources and blood-borne virus (BBV) training for the Aboriginal community, as well as supporting our clinical staff to continue to deliver education and support around hepatitis management.

The reduction of STI prevalence and incidence is urgently required to reduce HIV and hepatitis risk. AHCWA is working with our Member Services across the regions to help reduce the burden of diseases through STI and BBV training, as well as Youth Mental Health first aid training. AHCWA's Birds and BBV training has been promoted through emails, phone, face to face contact and the quarterly AHCWA newsletter.

Resource development has been a high priority for AHCWA with collaborating agencies, and resource distribution of condoms, educational books/DVD/pamphlets and poster resources. AHCWA continues to work with our Member Services across all regions to establish sexual health contacts and faces the challenge of high staff turnover in maintaining consistency in contact and educational needs identified by the regions.

## Sexual Health Officer

During the 2016/17 reporting period, the AHCWA Sexual Health Officer was involved in several committees including: the National Aboriginal and Torres Strait Islander HIV Awareness Week (NATSIHAW); SiREN; and Test, Treat And GO 2 (TTANGO2) Operational Group meetings and CQI project. These committees promote testing, treatment and management of STIs and BBVs, with AHCWA promoting the AHW/P role and professional relationship with clients as fundamental within the clinical setting to gain medical history and the screening, treatment and follow-up process.

The Sexual Health Officer also participated in the WA Aboriginal Community Controlled Health Sector Conference team meetings; Clinical Leadership Teleconferences and face to face; WADoH's Hepatitis Steering Group; and the Working Party for the Sexual Health Quarters (SHQ) Forum. The Sexual Health Officer also maintained positive relationships with collaborating sexual health providers and organisations such as: SHQ; Pilbara Sexual Health Forum in alliance with SHQ; WA AIDS Council; Hepatitis WA; Western Australian Substance Users Association (WASUA); and the Department of Health Sexual Health and Blood Borne Virus Program.

## Sexual Health (TTANGO2 Program)

The TTANGO2 program has serviced 15 sites over the past 12 months in collaboration with the AHCWA Sexual Health team. This included the recruitment of past TTANGO phase one Member Services and the recruitment of six new Member Services to the TTANGO2 program in WA. The program also delivered training and retraining to 13 sites over the past year and will continue to do this going forward to complete the number of agreed Member Services to the program.

The TTANGO2 staff are trying to implement the installation of the data extraction tool 'GRHANITE'. This has not been received well by the Member Services with only one Member Services agreeing to the installation of the tool. TTANGO2 staff are continuing to encourage the Member Services to install the tool with the assistance of the Kirby Institute.

The test numbers are currently low due to some of those staff in the Member Services who are trained to carry out the tests not feeling confident in performing the test. The TTANGO2 Coordinator has been working with these Member Services to retrain staff. Turnover of Practice Managers in some of the Member Services has meant that the TTANGO point-of-care testing wasn't fully understood and tests were doubled up in the clinic.

Both AHCWA and the Flinders team continue to support our Member Services through telephone calls, emails and resources to finalise the pilot program. Once completed the need will be recognised in the Sector due to the remoteness and lack of access to timely treatment for sexual health issues in our regions.

## Sexual Health (Young, Deadly & Free Program)

The Young, Deadly & Free project is a joint partnership between the South Australian Health and Medical Research Institute (SAHMRI), AHCWA, KAMS and peak bodies in South Australia, Northern Territory and Queensland. The aim of the project is to increase testing and treatment of STIs and BBVs for Aboriginal youth living in remote and very remote areas.

### The project involves:

- recruiting, training and supporting youth to be peer educators in eight remote Western Australian communities (four in the Kimberley, one in the Murchison/Gascoyne, one in the Ngaanyatjarra lands and two in the Goldfields)
- developing and evaluating health promotion resources for youth, parents and other persons of influence in the community
- developing and evaluating resources to support AHW/Ps, nurses and doctors to deliver high quality, culturally appropriate STI and BBV services in remote communities.

In the last year, AHCWA has consulted closely with participating Member Services and community members to ensure that the project meets local needs. In collaboration with national partners, a new website has been developed [youngdeadlyfree.org.au](http://youngdeadlyfree.org.au) with input from youth across the regions. The website contains a number of useful resources, including animated videos and fact sheets.

A training package for peer educators has been developed to provide them with the skills and knowledge that they need to pass on key messages to other young people. The package is evidence-based and culturally safe. Peer educators will be trained in the later part of 2017, and will then be supported by AHCWA's Young, Deadly & Free Coordinator to run health promotion events in their own communities.

Members of 'Young Deadly & Free' project show off their new promo material



## Sexual Health (The Birds and BBVs Training)

Over the past 12 months AHCWA (in partnership with SHQ, Mental Health Commission and Hepatitis WA) has delivered the Birds and BBVs Sexual Health training at Member Services throughout WA. The Birds and the BBVs is a two day training course which aims to bring together AHW/Ps and others who work with Aboriginal people in a clinical setting to increase their knowledge, skills, motivation and confidence to routinely offer and undertake opportunistic testing for STIs, HIV and BBVs. The training also includes further information on harm reduction strategies.

Over the past 12 months, 35 staff from our Member Services and other services that work with young Aboriginal people in Broome, Roebourne, Kalgoorlie, Perth and Bunbury have participated in the sexual health training, with evaluation and feedback from participants being extremely positive.

### Feedback from participants included:

- makes a lot more sense and training provided knowledge in a way that was more understanding
- feel more confident to ask patients as I understand more
- developed my own way of talking about things once I got used to it
- less embarrassed
- I wasn't doing testing before the training, I now offer it daily.

Further delivery of the sexual health training for the remainder of 2017 is planned for Northam, Carnarvon and Perth.

"U and Me Can Stop HIV"  
Members of AHCWA supporting HIV awareness.



### Ethics

The Western Australian Aboriginal Health Ethics Committee (WAAHEC) is one of three Aboriginal-specific Human Research Ethics Committees in Australia and is recognised and registered with the National Health and Medical Research Council.

WAAHEC was established to promote and support quality research that will be reflective of the needs of the community, as there were concerns with the increased research being conducted in Aboriginal communities in Western Australia. WAAHEC's objectives are to effectively monitor ethically sound and culturally appropriate research, determine research priorities, and ensure there are benefits for Aboriginal people.

WAAHEC is comprised of a Chairperson, two Aboriginal Elders, two community members (male and female), two medical professionals, a law professional, and two research professionals. The committee meets every six to eight weeks, with a minimum of six meetings per year between Perth and Broome locations. The committee is currently seeking representatives from the Goldfields and Pilbara locations.

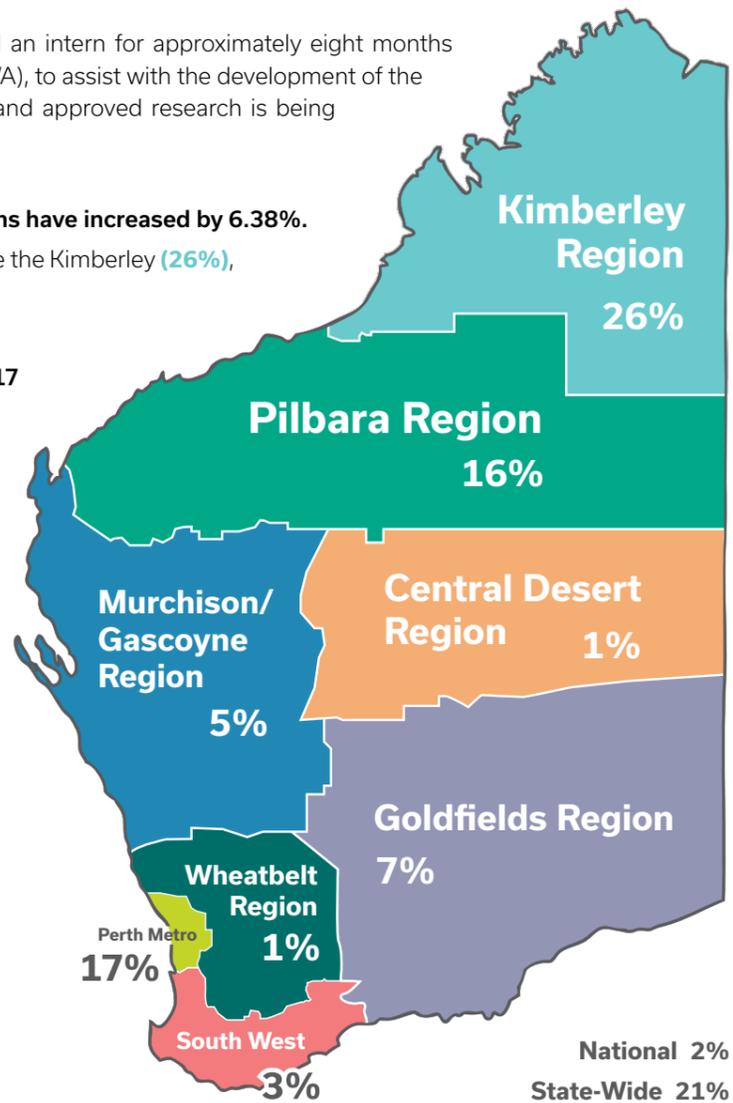
In November 2016 the committee recruited an intern for approximately eight months from the University of Western Australia (UWA), to assist with the development of the WAAHEC database, ensuring all proposed and approved research is being recorded and managed.

**Since the last financial year new applications have increased by 6.38%.**

The main regions for approved research were the Kimberley (26%), Pilbara (16%) and metropolitan area (17%).

**The most researched topics for 2016/17 were:**

- Smoking cessation
- Youth social and emotional wellbeing
- STIs & BBVs and
- Diabetes



### Immunisation Training

The past 12 months has seen the immunisation training delivered to AHW/Ps at three different sites, DYHS in Perth metropolitan region, South West Aboriginal Medical Service (SWAMS) in Bunbury and Bega Garbarringu Health Service in Kalgoorlie. In total seven AHW/Ps successfully completed the immunisation training.

In 2016 the new Medicines and Poisons Regulations were introduced. This brought with it a lot of confusion as to what AHW/Ps can legally do in regards to handling and administering drugs including vaccinations. This uncertainty proved to be a deterrent for our Member Services to allow their AHW/Ps to participate in the immunisation training. However, after multiple meetings with the Communicable Disease Control Directorate and the Poisons Department at WADoH, clarification of these matters has been established and confidence restored in our Member Services as to what their AHW/Ps can and cannot do.

The introduction of the WA Country Health Service (WACHS) Aboriginal Health Practitioner Pilot in the Kimberley has led to a high demand for the training course to be delivered in the Kimberley for WACHS employed AHW/Ps. By completing the course, WACHS AHW/Ps will have a greater scope of practice. This will benefit the Aboriginal community, especially in the Kimberley; community members will have additional access to immunisations as both WACHS and Member Services employed AHW/Ps will be trained to immunise.

This flu season, in WA only, all Aboriginal people are eligible for the free flu vaccine. A recent immunisation graduate from DYHS and the Immunisation Coordinator were guests on the "Health Matters" segment on 100.9 Noongar Radio. Together with a PHMO from the Department of Health, the importance of getting the flu immunisation, where to get immunised and childhood immunisations were discussed. Hopefully this segment encouraged the Aboriginal community to get their free flu vaccines, and to ensure their children are up to date with their immunisations.

Immunisation training is scheduled for the remainder of 2017 to be delivered in Broome, Carnarvon and the Perth metropolitan area. Continuing to upskill AHW/Ps in how to immunise will increase the accessibility of the Aboriginal community to receive immunisations, and potentially increasing the immunisation rates. This is particularly necessary in the metropolitan area where Aboriginal immunisation rates are still at concerning levels.



## Aboriginal Youth Program

During the past year, AHCWA has worked extremely hard to develop and expand the Youth Program, acknowledging the importance of having a Youth Program Coordinator role as well as a partnering Youth Policy Officer role. The two roles work together to form the AHCWA Youth Program. (see *Policy, Advocacy & Communications* section for update on the Youth Policy Officer)

In January 2017 AHCWA signed a contract with the Federal Department of Health, who are supporting the AHCWA Youth Program to continue the ongoing provision of, and investment into, Aboriginal-specific youth programs, run through the Member Services in WA.

### In 2017, the AHCWA Youth Program has been working hard on the following projects:

- building a strong foundation for the AHCWA Youth Committee, including incorporating a youth Board member to represent the youth on the AHCWA Board
- consultation with Aboriginal youth - providing an opportunity to develop a formal feedback mechanism for gathering information, targeting message effectiveness and application, as well as identifying any potential issues associated with strategies targeted to Aboriginal youth across Australia in order to maximise target market engagement
- developing Aboriginal Youth Mentors - AHCWA is striving for a Youth Committee with one male and one female representative from each of the seven regions in Western Australia, with a view to providing the opportunity for these representatives to be trained as Youth Health Mentors within their respective communities
- platform for Aboriginal Youth Leadership training - provide the youth representatives with the opportunity to develop and enhance their personal skills, work collaboratively with other team members, plan and contribute in a team environment, learn techniques for effective communication and identify the rights and responsibilities of others
- participating in the program equips representatives with skills that are required to work in a team and to undertake work that benefits not only their work team and community, but also contributes to their own skills development and achievements
- strengthening existing partnerships and exploring opportunities for new partnerships. The community partnership strategy aims to prioritise engagement with a number of groups and organisations, including the AHCWA Youth Committee and the communities they represent, State and national government departments, non-government organisations including State peaks (e.g. Youth Affairs Council of Western Australia), and local community-based organisations in all regions of WA.

### Other initiatives AHCWA Youth have been involved in the past year:

- AHCWA youth gained a licence to deliver Youth Mental Health First Aid training
- guest speaking at multiple community events on behalf of AHCWA
- advocated for Aboriginal youth health at community consultations
- participated in planning committees for multiple other community youth events.



(above) Youth Committee Members presenting at the State Sector conference.  
(right) Working group session

Youth Mental Health  
First Aid Training (below)

## Health Promotion

### Tackling Indigenous Smoking (TIS)

In 2016/17 the AHCWA Tackling Indigenous Smoking (TIS) Program have continued to expand the quality and reach of community engagement with the program's ongoing contribution to increase the awareness of the health impact of smoking to the Aboriginal community throughout the Perth metropolitan area.

The AHCWA TIS Program currently provides smoking cessation support, assistance, information and resources to clients seeking to quit smoking.

Under new TIS funding directions, the AHCWA TIS Program have moved into a new phase which has enabled the Program to work closely in partnership with the DYHS (East Perth Clinic). DYHS Quit Smoking Clinics are currently held on Monday and Tuesdays, with the opportunity to expand the program to DYHS's outer clinics to provide smoking cessation support to clients living in Midland, Mirrabooka and Maddington areas in the not too distant future.

AHCWA TIS Program continues the working partnership with the King Edward Memorial Hospital (KEMH) Women and Newborn Health Service with ongoing promotion associated with the 'Effects of smoking during pregnancy'. KEMH Quit Smoking Clinics are currently held on Wednesdays for clients and family to access.

The TIS program continues to also promote the awareness on the 'Effects of Smoking' to the general community, with educational sessions provided to youth, seniors, men, women, disadvantaged, and Mums' and Bubs' groups.

### Community Sessions

The TIS team conducted several community sessions throughout the 2016/17 financial year, including sessions at Cecil Andrews Senior High, Clontarf Academy, Role Models Australia Senior and Junior Girls Academies, Melville Senior High School and the Midland Learning Academy.

### Community Events

The TIS team attended community events during the year, providing health promotion. The team was pleased to be able to attend the following NAIDOC events in July 2016: NAIDOC Mirrabooka; NAIDOC Midland; NAIDOC Netball; NAIDOC Armadale; NAIDOC Ashfield; and NAIDOC Women & Newborns Health Service at KEMH.

Other events that the team attended included: the National Aboriginal and Torres Strait Islander Children's Day in Armadale; Indigenous Women's All Star Softball Carnival in Mirrabooka; Breast Screen WA Annual Picnic in the Park in Kings Park; Homeless Week in Midland; NACCHO Ochre Conference in Perth; Playgroup WA Annual Fun Day at Whiteman Park; Warlung Festival at Murdoch University; World NO Tobacco Day at Derbarl Yerrigan's East Perth Clinic; and National Sorry Day in Perth.

### New Resources

The AHCWA TIS Program created a long overdue new Aboriginal-specific resource titled 'Follow the Path to a Healthy Body: links between tobacco, heart disease, diabetes and stroke' in partnership with: the Australian Council of Smoking and Health (ACOSH); Quitline Aboriginal Liaison Team WA (QALT); Heart Foundation WA; Diabetes WA; Stroke Foundation; South Metropolitan Health Service 'Yarning It Up, Don't Smoke It Up' program; UWA; Bega Garnbirringu Health Service TIS Team; BRAMS TIS; Geraldton Regional Aboriginal Medical Service (GRAMS) TIS; OVAHS TIS; PAMS TIS; Wirraka Maya Health Service TIS; SWAMS; and Southern Aboriginal Corporation Tobacco Program. This new publication is received well in the community. This has enabled key stakeholders to continue working collaboratively in Aboriginal tobacco control throughout WA.





# Corporate Services

## Summary

The 2016/17 year has once again been a busy period for the Corporate Services team at AHCWA with:

- administrative and secretariat support to AHCWA and our Member Services
- funding and grants submissions (the team was boosted in 2016/17 with the addition of a Grants & Submission Officer)
- increased corporate governance and finance support to members.

Throughout the reporting period, the Finance team provided payroll and accounting functions to PAMS and CMSAC under MoUs, as a fee for service.

### Corporate Services consists of the following roles:

- administration and executive support
- finance
- funding and submissions
- corporate governance
- quality and compliance
- information and communication technology.

## Administration

The role of the Administration team is to provide administrative and secretariat support to the AHCWA Chairperson, Board of Directors (BoDs) and CEO Network, as well as the AHCWA CEO and Senior Managers.

### The team is also responsible for:

- front desk reception
- meeting management including minute taking, organising travel and accommodation
- event co-ordination of the annual AHCWA Members' Planning Day, Youth Conference and WA Aboriginal Community Controlled Health Sector Conference, workshops and various seminars
- organisation of the Annual General Meetings (AGMs) and Special General Meetings (SGMs) as required
- secretariat responsibility for the WA Aboriginal Health Partnership Forum
- secretariat support for our various Member Services as required
- management of office cleaning, purchasing consumables and various other tasks.
- coordinating AHCWA CEO Network meetings and subsequent activities
- extensive administration support with a focus on regional travel for key events and stakeholder meetings around Australia
- WA Aboriginal Community Controlled Health Sector Conference design and development strategies, considering feedback and recommendations to continually improve the event

The workload and timeframe of projects for the Administration section is fast paced and ever increasing, however the staff work enthusiastically to achieve the best possible outcomes for AHCWA, our Member Services and the broader ACCH Sector.

Number of Finance Sub Committee Meetings held: **4**

Number of AHCWA Board meetings held (including teleconferences): **19**

## Funding & Submissions

Prior to the end of 2016, the Grants and Submissions team assisted the Policy, Advocacy and Communications team on the AHCWA Youth Project Business Case to increase the scope and capacity of the AHCWA Youth Program. This submission was successful and has resulted in the increased reach of the AHCWA Youth Program in 2017.

AHCWA also assisted in the development of a report to identify the gaps in access to ACCHSs for Aboriginal people in the WA. This report will be very useful to build the case for new ACCHSs in WA.

An area of significant focus for the Funding and Submissions team over the past year has been the development of a proposal to initiate a dedicated and comprehensive Governance Program within the AHCWA organisational framework. This proposal has gained significant traction more recently from a range of interested funding partners and AHCWA is hopeful that funding will be forthcoming for an 18-month trial "Governance Task Force" program to be implemented in early 2018, ahead of the roll out of a fully implemented and resourced Governance and Risk Management Program.

A major development for the Funding and Submissions team in 2016/17 was the appointment of a fulltime Grants and Submissions Officer based at AHCWA, who will work alongside the current part-time Senior Grants and Submissions Officer.

The commencement of a Grants and Submissions Officer has meant that AHCWA has been able to increase the support to our Member Services in terms of funding assistance and information, with a significant amount of work in developing a thorough grants strategy and some significant improvements in funding advice.

### These include:

- compiling an active grant list and data source for currently available grants applicable to our Member Services
- sending regular emails to CEOs advising of upcoming grant and other funding opportunities
- provision of support with application writing and funding advice to SWAMS, GRAMS, CMSAC and PAMS
- Site visits to Bega Garribirringu Health Service, SWAMS and CMSAC.

### Recently successful grant assistance provided by AHCWA has included:

- a grant for the Jigalong Community internet – AHCWA worked with Fortescue Metals Group (FMG), along with PAMS, to install internet to Jigalong
- CMSAC building repairs funding through the Commonwealth Government.

AHCWA has recently applied for national funding around cervical smear training and immunisation training for programs that could potentially be rolled out across the State through our Member Services, if successful.

Some significant new networking partnerships have been developed since January 2017, including MoUs signed with Neami National, St John Ambulance, Hope Community Services, WA AIDS Council, Hepatitis WA and WA Substance Users' Association.

In a move to reduce the overheads associated with management and administration, the Grants and Submissions team arranged for AHCWA's head office to have solar panels installed on the roof. With this system it is estimated that 46% of AHCWA's current consumption could be provided by solar. It is anticipated that the system will have paid for itself in just over two years, by which time AHCWA will have saved the equivalent of 50,000 CO<sub>2</sub>/year (which equates to roughly 100 trees over the two years).

The team have also provided support to the AHCWA MAPPA Project which is working jointly with the WA Genomics Project (an initiative of the WADoH). This is a very exciting project and has resulted from the work instigated by the Outreach Services Project Officer.

## Information and Communications Technology

AHCWA extensively supports our Member Services with information and communication audits ensuring network implementation, hardware and data security standards meet best practices. During the 2016/17 financial year, AHCWA IT worked closely with CMSAC to implement their Lotterywest funded IT upgrade; PAMS with their high speed internet connection to Jigalong; and DYHS to audit and review their IT services.

### The following are areas that AHCWA have provided support to our Member Services regarding their IT Environment:

#### Website

- security checkups and patching of websites
- domain name and web hosting assessments
- redesigning of websites and branding.

#### Servers and Peripherals

- server health checks
- disaster recovery planning
- best practices of Microsoft Exchange
- PC health checks
- server backups.

#### Network Implementation and Security

- network security checks
- local network and internet speeds
- antispam and antivirus checks
- firewall configurations
- content filtering
- video conferencing capabilities.



## Corporate Governance

The AHCWA Governance team have had a busy year assisting our Member Services at-risk to refine their governance structures and protocols. The role of governance support is an important one within AHCWA as it encourages our Member Services to be transparent and compliant with their legal and financial responsibilities. Good governance within our regional communities fosters trust and productive business practice.

Whilst governance may be perceived as working only with Boards of Directors and high level management, it is also the staff on the ground that benefit from governance education. AHCWA continues to provide this education to our Member Services to ensure good change management protocols are adopted and that all stakeholders within our Member Services understand the importance of these structures.

In April 2017 the Corporate Governance Support Officer received the ASF/Bankwest Foundation Scholarship for the short course Governance Foundations for NFP Directors. The course included networking with numerous Directors from across various not-for-profit sectors allowing the Officer to learn a lot and gain an invaluable perspective on governance issues.

### Some highlights of this year include:

- Board Governance and Orientation Manual development with numerous Member Services
- continued support to CMSAC and PAMS Board members and CEOs in conjunction with the AHCWA management team
- online updates with the Office of the Registrar of Indigenous Corporations (ORIC), Australian Securities and Investments Commission (ASIC) and Australian Charities and Not-for-Profits Commission (ACNC)
- support with membership registers, mail-out preparation and documentation for our Member Services requiring assistance for their AGMs
- assistance in record management for our Member Services, including archiving and auditing various records and seeking advice on legal obligations relating to the retention of patient information.

## Quality & Compliance

In 2016/17 the AHCWA Quality and Compliance team strengthened our continuous quality improvement strategies. This was demonstrated with our mid-accreditation cycle audit with Quality Innovation Performance (QIP), with AHCWA successfully maintaining certification to the Quality Improvement Council (QIC) Health and Community Services Standards until June 2018.

With the continued focus on Risk Management protocols in various industry standards, this is currently an area of attention for AHCWA and our Member Services. Working closely with the Member Services in need this year has allowed us to identify high risk activity and put forward recommendations to mitigate these risks.

There has been a great deal of work completed this year for specific Member Services in relation to Clinical Governance and particularly Royal Australian College of GPs (RACGP) and the International Organisation of Standardisation (ISO) 9001 certification. AHCWA have worked collaboratively with numerous affiliates including Australian General Practice Accreditation Limited (AGPAL), GPA Accreditation Plus, Australian Dental Association (ADA), RACGP, Accreditation Specialists and the Department of Health.

### Some highlights of this year include:

- review and recommendations put forward regarding copyright and intellectual property for our Member Services
- collaboration with Dental Health Services to ensure continuity of service in regional hubs
- implementation of various Business Continuity Plans across the Sector
- assisting our Member Services with action plans and timelines for identified non-compliances with external auditors
- successful application and acceptance of the AHCWA Health Promotions team's trademark for Tomorrow's Dream
- research and development of immunisation expectations and protocols within the health sector
- development of standard data breach and response plans relating to confidentiality or privacy violations
- involvement in the QIP Consultation regarding the 7th Edition of the QIC Health and Community Service Standards
- implementation of online feedback mechanisms for all AHCWA stakeholders to ensure the capture of suggested improvement ideas
- various work health and safety initiatives have been proposed and accepted by AHCWA Executive Management Team (EMT).

## Conference Reports

### WA Aboriginal Community Controlled Health Sector Conference

On 4, 5 and 6 April 2017, AHCWA hosted the annual Members' Planning Day, Youth Conference and two day WA Aboriginal Community Controlled Health Sector Conference at the International on the Water Hotel in Ascot.

The conference was themed Aboriginal Holistic Care and Wellbeing Approach and more than 180 delegates from throughout WA attended. The Welcome to Country was delivered on the banks of the Derbarl Yerrigan (Swan River) by Noongar Elder, Ted Wilkes and was celebrated with music and dance by the Wadumbah Dance Group.

The newly appointed Treasurer and Minister for Aboriginal Affairs, Finance and Energy, the Hon. Ben Wyatt MLA, officially opened the conference and the Hon. Roger Cook MLA (Deputy Premier; Minister for Health; Minister for Mental Health) also addressed the delegates. Pat Turner, the CEO of NACCHO, and Bobbi Campbell, First Assistant Secretary of the Federal Department of Health, were also valuable contributors to the three day event.

Workshops were held throughout the conference, focusing on the Circle of Life from pre-birth to life's end. Other topics presented related to environmental health, youth policy, changes to the National Disability Insurance Scheme (NDIS), and the personal journey of a young Aboriginal medical student.

Breakout sessions were also held and covered topics such as the birthing journey; immunisation; the ACCHSs' model of care; increasing awareness and knowledge when working with the unique needs of LGBTI people; Elders – the custodians of our culture; strengthening family safety; living with HIV; empowering patients and families to make end of life decisions; and a personal journey of suicide.

AHCWA's Youth Committee also held a panel discussion titled Youth Employment in the Health Sector, which was contributed to by Youth Committee members, Pat Turner, Wendy Casey and Ross Wortham (CEO of the Youth Affairs Council of WA).

The annual WA ACCHSs Awards were held on Day 2. The Awards were presented in recognition of an Elder, Youth and Employee Contribution in our Sector, all as nominated by our Member Services.

These annual events are bigger and better every year and we look forward to what is currently being planned for 2018.



## Youth Conference

On the 4th of April 2017, the AHCWA Youth Committee held their annual Youth Conference, in parallel with the WA ACCHSs' Members Planning Day. Held at the International on the Water Hotel in Ascot, 14 delegates from our Member Services from around WA participated in the workshop.

The day began with an introduction by all participants including a brief description of who they are and where their families come from, before the group engaged in other get-to-know-you activities.

The AHCWA Youth Committee presented the current Terms of Reference document, which required updating, before the AHCWA Youth Committee invited expressions of interest from the delegates to join the committee. A total of seven new members were recruited!

A new committee structure was formed including a Board of three members who have pledged their commitment to advocating on behalf of the committee. A Youth Committee Board Member has also pledged to be on the AHCWA Board to advocate for the Youth Committee in relation to any youth-related topics which may be discussed at that level of governance. (This motion was passed two days later at the WA Aboriginal Community Controlled Health Sector Conference and it was agreed that a youth representative would sit on the AHCWA Board as soon as possible.)

Delegates at the Youth Conference engaged in a focussed discussion on what they would like to accomplish over the next 12 months and in particular what they could do to progress the Committee's approach to being a strong advocate for Aboriginal youth in Western Australia.

After morning tea an open discussion on the current issues affecting young Aboriginal people commenced and the delegates got to yarn about what the causes of these issues are, with the delegates coming to the conclusion that: 'We as a community need to work on building strong families by focussing our effort on providing support to our families on "How to be a family"! This can be done by showing compassion, teaching life skills/street smarts, education, support, culture, discipline and respect.

To finish off the day, guests from the WADoH Sexual Health and Blood Borne Virus Program attended the conference to gain feedback from the participants, in regards to draft advertising material that was subsequently launched to target Aboriginal youth. These ads were typically about being safe, preventing the spread of STIs, and testing/treatment.

On Day 2 of the WA Aboriginal Community Controlled Health Sector Conference, the Youth Committee presented a wrap-up of their Conference to the delegates, followed by a youth panel discussion which included NACCHO CEO, Pat Turner, YACWA CEO, Ross Wortham, and A/Director of Aboriginal Health (WADoH), Wendy Casey.

The AHCWA Youth Committee hope to have a successful year and look forward to working with each other and closely with the WA Member Services in the coming months.



# Summary Financial Report

For the year ended 30 June 2017

The attached summary financial statements and other specific disclosures are an extract of, and have been derived from the full audited financial statements of the Aboriginal Health Council of Western Australia ("Organisation") for the financial year ended 30 June 2017.

Other information included in the Summary Financial Statements is consistent with the full Annual Financial Report.

A copy of the Aboriginal Health Council of Western Australia's Annual Financial Report, including the independent Audit Report, is available to all members on the Organisation's website: [www.ahcwa.org.au](http://www.ahcwa.org.au)

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## ABORIGINAL HEALTH COUNCIL OF WA DIRECTORS REPORT FOR THE YEAR ENDED 30 JUNE 2017

The directors of the Aboriginal Health Council of WA ("AHCWA") ("Organisation") ("Corporation") present their report together with the financial statements for the financial year ended 30 June 2017.

### Directors

The name of each person who acted as a director during the year and as at the date of this report are:

- Michelle Nelson-Cox (Chairperson)
- Maxine Armstrong (Secretary)
- Laurence Riley (Director – Perth Metro) Resigned
- Ashley Councillor (Director – Pilbara)
- Vicki O'Donnell (Director – Kimberley)
- Rachel Mallard (Director- Murchison/Gascoyne)
- Fabian Tucker (Director – Goldfields)
- Preston Neil Thomas (Director – Central Desert)
- Marelda Tucker (Alternate Director – Goldfields)
- Dorothy Bagshaw (Alternate Director – Perth Metro)
- Raymond Christophers (Deputy Chairperson)
- Susan Oakley (Treasurer)
- Phyllis Simmons (Alternate Director – Pilbara)
- Philip Matsumoto (Alternate Director – Kimberley)
- Maria Poland (Alternate Director – Murchison/Gascoyne)
- Harvey Murray (Alternate Director – Central Desert)
- Michelle Munns (Director – South West)
- Lesley Nelson (Alternate Director – South West)

At the date of this report, there is currently one position on the board that is vacant:

- Director - Metro

### Principal Activities

During the year, the principal activity of the entity was the provision of primary health care services and associated health programs to the Indigenous communities.

There have been no significant changes in the nature of these activities during the year.

### Operating Results

The entity recorded a surplus of \$156,608 (2016: deficit of \$127,683) as reported in the statement of profit or loss and other comprehensive income.

### Significant Changes in State of Affairs

Upon request from the Australian Government Department of Health, AHCWA assumed all rights and responsibilities under the Corporation's Head Agreement for Multi-Project Funding and Schedule 3A – Indigenous Australians' Health Program 2016 – 2018 for Carnarvon Medical Service Aboriginal Corporation ("CMSAC") via a deed of novation and variation issued on 15 February 2016. The total amount of funding for the provision of the health services in Carnarvon for the period 2015 – 2018 is \$8,786,864 (GST Inclusive).

Intensive governance and finance support was provided by AHCWA to CMSAC in the 2016-2017 period. One-off funding of \$300,000 was provided in the 2015-16, financial year, and supplemented in 2016-17 by a further \$40,000 from the Department of Health to contribute to the costs incurred by AHCWA in the provision of this support. The Board of the AHCWA resolved to continue to utilise AHCWA resources to support CMSAC beyond the funding amount, acknowledging the adverse impact on the profit and loss of AHCWA during the 2016-17 financial period.

Upon request from the Australian Government Department of Health ('Commonwealth'), AHCWA assumed all rights and responsibilities under the Corporation's Head Agreement for Multi-Project Funding and Schedule 3A – Indigenous Australians' Health Program 2016 – 2018 – Deed of Variation 3 for Derbarl Yerrigan Health Service ("DYHS") via a deed of novation and variation issued on 28th April 2017. The total amount of funding for the provision of the health services in the Perth Metro Area for the period 2015 – 2018 is \$16,216,950 (GST Inclusive).

## ABORIGINAL HEALTH COUNCIL OF WA DIRECTORS REPORT FOR THE YEAR ENDED 30 JUNE 2017

### Significant Changes in State of Affairs (Continued)

Further to this, the State Department Of Health Novated the WA Footprints to Better Health and Primary Health Care Program to AHCWA. These rights and responsibilities were relinquished through a separate Deed of Novation with the State which was executed on the 21<sup>st</sup> of June 2017.

Intensive governance and finance support was provided by AHCWA to DYHS in the 2016-2017 period. One-off funding of \$537,300 was provided by the Department of Health to contribute to the costs incurred by AHCWA in the provision of this support for the contract period. The Board of the AHCWA resolved to continue to utilise AHCWA resources to support DYHS beyond the funding amount, acknowledging the adverse impact on the profit and loss of AHCWA during the 2016-17 financial period.

### Environmental Issues

The entity's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a state or territory.

### Auditor's Independence Declaration

A copy of the Auditor's Independence Declaration as required under s.60-40 of the *Australian Charities and Not-for-profits Commission Act 2012* is included on page 5 of this financial report.

### Information on directors

Number of director meetings held for the year ended 30 June 2017 was 23.

Name	Position	Directors meetings	
		Number eligible to attend	Number attended
Michelle Nelson Cox	Chairperson	23	21
Raymond Christophers	Deputy Chairperson	23	18
Maxine Armstrong	Secretary	23	15
Susan Oakley	Treasurer	23	21
Michelle Munns	Director	11	10
Lesley Nelson	Alternate Director	11	11
Laurence Riley	Director	5	4
Fabian Tucker	Director	23	15
Marelda Tucker	Alternate Director	-	-
Vicki O'Donnell	Director	23	23
Phillip Matsumoto	Alternate Director	-	-
Ashley Councillor	Director	23	21
Phyllis Simmons	Alternate Director	-	-
Rachel Mallard	Director	23	19
Maria Poland	Alternate Director	-	-
Preston Neil Thomas	Director	23	16
Harvey Murray	Alternate Director	-	-
Dorothy Bagshaw	Alternate Director	-	-

Corporation Secretary during the year was Maxine Armstrong.

Treasurer during the year was Susan Oakley.

### Indemnifying Officers or Auditor

No indemnities have been given or agreed to be given or insurance premiums paid or agreed to be paid, during or since the end of the financial year, to any person who is or has been an officer or auditor of the entity.

**ABORIGINAL HEALTH COUNCIL OF WA  
DIRECTORS REPORT  
FOR THE YEAR ENDED 30 JUNE 2017**

**Proceedings on Behalf of the Entity**

No person has applied for leave of Court to bring proceedings on behalf of the entity or intervene in any proceedings to which the entity is a party for the purpose of taking responsibility on behalf of the entity for all or any part of those proceedings.

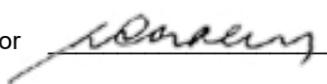
The entity was not a party to any such proceedings during the year.

**Distributions**

No distributions have been paid to members during the year.

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

Director  \_\_\_\_\_

Director  \_\_\_\_\_

**ABORIGINAL HEALTH COUNCIL OF WA  
DIRECTORS DECLARATION  
FOR THE YEAR ENDED 30 JUNE 2017**

Dated this 20<sup>th</sup> day of October 2017

In the opinion of the Board of Directors of the Aboriginal Health Council of WA:

- a. The financial statements and notes of the Aboriginal Health Council of WA are in accordance with the Corporations Act 2001 and *Australian Charities and Not for profit Commission Act*, including:
  - i) Giving a true and fair view of its financial position as at 30 June 2017 and of its performance for the financial year ended on that date; and
  - ii) Complying with Australian Accounting Standards (including the Australian Accounting Interpretations and the Corporations Regulations 2001; and
- b. There are reasonable grounds to believe that the Aboriginal Health Council of WA will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of the Board of Directors



Chair Person – Michelle Nelson Cox  
Dated 20<sup>th</sup> October 2017



Treasurer – Susan Oakley  
Dated 20<sup>th</sup> October 2017

**ABORIGINAL HEALTH COUNCIL OF WA  
INCOME STATEMENT  
FOR THE YEAR ENDED 30 JUNE 2017**

	2017	2016
	\$	\$
<b>INCOME</b>		
Bank Interest	12,100	13,362
Donation	-	1,766
Fee for Service	953,524	1,116,280
CST Training Delivery	3,000	21,000
Member Support Contracting	457,918	240,000
RTO Course Fees	57,683	12,975
Conference Registrations	49,060	36,164
Transfer of discretionary income to fund program deficits	89,270	90,778
PHCAP Funds Transfer	(89,270)	(90,778)
Profit/(Loss) disposal NC Assets	(5,257)	(11,642)
<b>GRANT INCOME</b>		
WA Health Dept (OAH)	974,982	1,036,621
WA Health Dept (SH & BBV)	226,863	336,315
IR&HD	3,816,795	3,052,280
WACHS	-	120,000
Lotterywest	355,043	-
SAMHRI	198,000	-
Miscellaneous Income	7,786	13,918
WAGPET Funding	305,000	137,500
Unexpended grants b/fwd	331,903	521,896
University of WA	46,089	92,178
WA Dept of Workforce Training	163,822	325,527
WA Primary Health Alliance	80,000	-
Mental Health Commission	102,000	-
WA Health Dept (MAPPA)	82,600	-
<b>TOTAL INCOME</b>	<b>8,218,911</b>	<b>7,066,140</b>
<b>EXPENDITURE</b>		
<b>Salaries &amp; Wages Expenses</b>		
Wages & Salaries	4,064,210	3,430,778
Superannuation	375,469	367,663
FBT Taxation for employees	66,226	25,040
Workers Compensation Insurance	42,758	46,959
Staff Training & Development	40,693	62,278
Staff Recruitment	11,942	23,516
Other Employer Expenses	1,032	-
<b>Operating Expenses</b>		
Accounting Fees	8,500	2,600
Administration Fees	953,524	919,280
Amortisation Expense	52,266	78,419
Audit Fees	24,000	7,560
Advertising & Promotion	114,547	303,347
Bank Charges	7,286	2,577
Borrowing Costs	-	4,669
Computer, Equip & Furniture	228,742	93,549

**ABORIGINAL HEALTH COUNCIL OF WA  
INCOME STATEMENT  
FOR THE YEAR ENDED 30 JUNE 2017**

	2017	2016
	\$	\$
<b>EXPENDITURE (Continued)</b>		
Computer & Equipment Repair	2,262	1,530
Computer Software	70,623	35,169
Couriers and Transport	4,309	6,480
Consultants Fees	253,256	329,523
Depreciation - Buildings	42,136	43,144
Depreciation - Furn & Equip	106,080	78,972
Depreciation - Motor Vehicle	5,187	6,384
Equipment Hire	5,523	8,657
Fees and Permits	10,801	9,951
Interest Expense	53,322	37,064
Internet Costs	34,718	76,520
Legal Expenses	32,848	-
Scholarships	5,600	-
Bad Debts Expense	23,944	-
Provision for Doubtful Debts	12,964	-
<b>Meeting/Seminar/Workshops</b>	113,116	127,343
<b>Insurance Costs</b>		
Business Insurance	16,251	10,168
Directors Liability	1,777	5,103
Public Liability	39,528	35,640
Professional Indemnity	11,709	10,745
<b>Motor Vehicle Expenses</b>		
Car Hire	18,879	16,132
Fuel & Oil	5,080	11,828
Lease of Vehicle	774	26,255
Insurance MV	7,180	9,046
Parking Costs	1,390	2,310
License & Rego	1,485	2,069
Repairs & Maintenance	2,454	4,497
<b>Office Supplies and Consumables</b>		
Office Supplies	14,667	13,033
Printing & Stationery	71,088	84,602
Postage	7,669	6,767
Publications and Books	4,603	10,048
<b>Premises Costs</b>		
Cleaning & Gardening	21,264	17,671
Electricity	32,783	32,058
Lease/Rent Payments	-	-
Outgoings	16,544	15,485
Premises Repairs & Maintenance	19,456	20,329
Premises Security Monitoring	8,720	6,241
Storage Expenses	5,017	-
Telephone	53,898	51,953
Staff Amenities	8,644	6,252

**ABORIGINAL HEALTH COUNCIL OF WA  
INCOME STATEMENT  
FOR THE YEAR ENDED 30 JUNE 2017**

<b>EXPENDITURE (Continued)</b>	<b>2017</b>	<b>2016</b>
	<b>\$</b>	<b>\$</b>
<b>Travel Expenses</b>		
Plane and Train Fares	202,477	173,400
Mileage Allowance	29,728	17,211
Accommodation	119,796	122,838
Meals Allowances	88,212	100,620
Taxi fares	18,479	18,733
<b>TOTAL EXPENDITURE</b>	<b>7,597,436</b>	<b>6,960,005</b>
<b>Less: Unexpended Grants Cfwd</b>	<b>814,879</b>	<b>331,903</b>
<b>Plus: Capitalisation of Buildings at Cost</b>	<b>-</b>	<b>-</b>
<b>Plus: Capitalisation of Building Improvements</b>	<b>30,990</b>	<b>-</b>
<b>Plus: Capitalisation of Motor Vehicles expensed</b>	<b>-</b>	<b>-</b>
<b>Plus: Capitalisation of Equipment expensed</b>	<b>197,112</b>	<b>40,912</b>
<b>Plus: Capitalisation of intangible Assets - Software</b>	<b>29,667</b>	<b>8,734</b>
<b>Plus: Stock on hand</b>	<b>-</b>	<b>-</b>
<b>Plus: Prepayments expenses Workers Comp</b>	<b>23,451</b>	<b>15,287</b>
<b>Plus: Prepayments expenses Business Insurance</b>	<b>9,140</b>	<b>4,933</b>
<b>Plus: Prepayments expenses Public Liability</b>	<b>21,140</b>	<b>18,333</b>
<b>Plus: Prepayments expenses Prof Indemnity</b>	<b>6,410</b>	<b>5,300</b>
<b>Plus: Prepayments expenses MV Insurance</b>	<b>2,595</b>	<b>4,585</b>
<b>Plus: Prepayments expenses Computer Software</b>	<b>21,863</b>	<b>-</b>
<b>Plus: Prepayments of Expenses</b>	<b>7,645</b>	<b>-</b>
<b>SURPLUS / (DEFICIT)</b>	<b>156,608</b>	<b>(127,683)</b>

**ABORIGINAL HEALTH COUNCIL OF WA  
STATEMENT OF FINANCIAL POSITION  
AS AT 30 JUNE 2017**

	<b>Notes</b>	<b>2017</b>	<b>2016</b>
		<b>\$</b>	<b>\$</b>
<b>CURRENT ASSETS</b>			
Cash at bank	4	1,069,395	1,058,584
Accounts receivable	5	664,388	632,911
Petty cash		582	500
Leased property bond	6	925	1,075
Prepayments	7	83,907	55,945
		<b>1,819,197</b>	<b>1,749,015</b>
<b>NON CURRENT ASSETS</b>			
Property, plant & equipment	8	6,787,698	6,678,393
Intangible Assets	9	99,953	122,552
		<b>6,887,651</b>	<b>6,800,945</b>
<b>TOTAL ASSETS</b>		<b>8,706,848</b>	<b>8,549,960</b>
<b>CURRENT LIABILITIES</b>			
Trade creditors & accruals	10	1,152,067	1,480,205
Bank Loan	14	427,394	407,428
Provision for employee entitlements	11	673,964	509,872
Unexpended grants		814,880	331,903
		<b>3,068,305</b>	<b>2,729,408</b>
<b>NON CURRENT LIABILITIES</b>			
Bank loan	14	447,662	872,789
Provision for employee LSL entitlements	11	195,647	149,000
		<b>643,309</b>	<b>1,021,789</b>
<b>TOTAL LIABILITIES</b>		<b>3,711,614</b>	<b>3,751,197</b>
<b>NET ASSETS</b>		<b>4,995,234</b>	<b>4,798,763</b>
<b>EQUITY</b>			
Start up capital		11,020	11,020
Accumulated surplus		4,984,214	4,787,743
<b>TOTAL EQUITY</b>	12	<b>4,995,234</b>	<b>4,798,763</b>

**ABORIGINAL HEALTH COUNCIL OF WA  
NOTES TO THE FINANCIALS STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2017**

**1. REPORTING ENTITY**

The Aboriginal Health Council of Western Australia ("AHCWA") is a not-for-profit organisation which is an unlisted public company limited by guarantee. The entity's principal activity of the entity is the provision of primary health care services and associated health programs to the Indigenous communities.

**2. BASIS OF PREPARATION OF SUMMARY FINANCIAL REPORT**

**(a) Basis of Preparation**

The Financial Statements and specific disclosures included in this Summary Financial Report have been derived from the full Annual Financial Statements for the financial year. Other information included is consistent with the full Annual Financial Statements. The Summary Financial Report does not, and cannot be expected to, provide as full an understanding of the financial performance, financial positions and financing and investing activities of the organisation as the full Annual Financial Statements.

A full description of the accounting policies adopted by the group may be found in the full Annual Financial Statements, which was approved by the Directors on the 20<sup>th</sup> October 2017.

**(b) Basis of Measurement**

The financial statement has been prepared on an accruals basis and is based on historical costs.

**(c) Functional Currency**

All amounts disclosed are presented in Australian dollars which is both the functional and presentation currency of the entity.

**ABORIGINAL HEALTH COUNCIL OF WA  
RECONCILIATION OF UNEXPENDED GRANTS/FUNDS  
FOR THE YEAR ENDED 30 JUNE 2017**

	BALANCE 2016	RELEASE 2017	OTHER INCOME 2017	EXPENDED 2017	BALANCE 2017
	\$	\$	\$	\$	\$
<b>Indigenous and Remote Health Division (IRHD)</b>					
IRHD Continuous Clinical Improvement	-	242,675	-	242,675	-
IRHD Corporate Governance	-	261,675	8,054	269,729	-
IRHD Ear Health Project Officer	-	143,140	1,060	144,200	-
IRHD Establishing Quality Health Maintenance	-	20,000	-	20,000	-
IRHD Hosting Sectors Engagement Workshops	-	201,644	-	201,644	-
IRHD Human Resources	-	201,075	4,825	206,499	-
IRHD ICT Part 2	-	253,438	8,319	261,757	-
IRHD IHPO	-	138,613	167	138,980	-
IRHD Policy & Advocacy	-	296,000	3,976	299,976	-
IRHD Public Health Officer	-	296,500	4,598	300,098	-
IRHD Practice Manager Setup	-	138,613	3,351	142,163	-
IRHD Workforce Education & Training	-	209,716	-	209,716	-
IRHD Tackling Indigenous Smoking	-	493,206	-	493,206	-
IRHD Youth	-	315,550	-	250,580	64,970
<b>Building the Aboriginal Workforce</b>	50,000	-	-	21,985	28,014
<b>Office of Aboriginal Health</b>					
Core Funding	-	622,623	33,721	656,545	-
WAAHEC	7,912	182,880	2,169	192,960	-
<b>State Government Department of Health</b>					
Immunisation Co-ordinator	-	159,279	-	153,413	5,866
STI + BBV	-	116,863	-	116,863	-
TTANGO	43,379	110,000	-	150,379	3,000
Birds and the Bees	107,969	-	-	51,918	56,052
<b>WA Country Health Service</b>					
Squeaky Clean Kids	120,000	-	-	60,000	60,000
<b>WAGPET 2</b>	42,800	-	-	42,800	-
<b>WAGPET 3</b>	-	210,000	-	210,000	-
<b>WAGPET 17/18</b>	-	95,000	-	65,275	29,725
<b>Lotterywest</b>					
LotteryWest Regional health Coordinator	-	10,000	-	10,000	-
LotteryWest Regional health Coordinator	-	136,000	-	138,049	(2,049)
LotteryWest Capital Works	-	217,133	-	217,133	-
<b>MS1 - Wirraka Maya Health Service</b>	-	20,000	-	20,000	-
<b>MS4 - Puntukurnu Aboriginal Health Service</b>	-	217,625	-	217,825	-
<b>MS6 - Member Support Contract for CMSAC</b>	-	270,662	-	270,662	-
<b>MS7 - DYHS Support Funding</b>	-	537,300	-	237,300	300,000
<b>SAHMRI</b>	-	198,000	-	187,060	10,940
<b>Mental Health Commission</b>	-	102,000	-	-	102,000
<b>MAPPA</b>	-	82,600	-	6,240	76,360
<b>WAPHA - CST</b>	-	80,000	-	-	80,000
<b>UWA</b>	-	46,089	-	46,089	-
<b>TOTAL</b>	<b>372,059</b>	<b>6,679,498</b>	<b>70,240</b>	<b>6,306,918</b>	<b>814,879</b>

## INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE ABORIGINAL HEALTH COUNCIL OF WESTERN AUSTRALIA

### Report on the Summary Financial Statements

#### Opinion

The summary financial statements, which comprise the statement of financial position as at 30 June 2017, the income statement, the reconciliation of unexpended grants/funds and the directors' declaration are derived from the audited financial report of the Aboriginal Health Council of Western Australia for the year ended 30 June 2017.

In our opinion, the accompanying summary financial statements are consistent, in all material respects, with the audited financial report, on the basis described in Note 2.

#### Summary Financial Statements

The summary financial statements do not contain all the disclosures required by the Australian Charities and Not-for-profits Commission Act 2012 and the Corporations Act 2001.

Reading the summary financial statements and the auditors' report thereon, therefore, is not a substitute for reading the audited financial report and the auditor's report thereon.

#### The Audited Financial Report and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial report dated 20 October 2017.

#### The Directors' Responsibilities of for the Summary Financial Statements

The directors of the Organisation are responsible for the preparation of the summary financial statements.

#### Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary financial statements are consistent, in all material respects, with the audited financial report based on our procedures, which were conducted in accordance with Auditing Standard ASA 810 Engagements to Report on Summary Financial Statements.

BUTLER SETTINERI (AUDIT) PTY LTD



LUCY P GARDNER  
Director

Perth  
Date: 20 October 2017

# Notes

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**AHCWA**

Aboriginal Health Council  
of Western Australia

