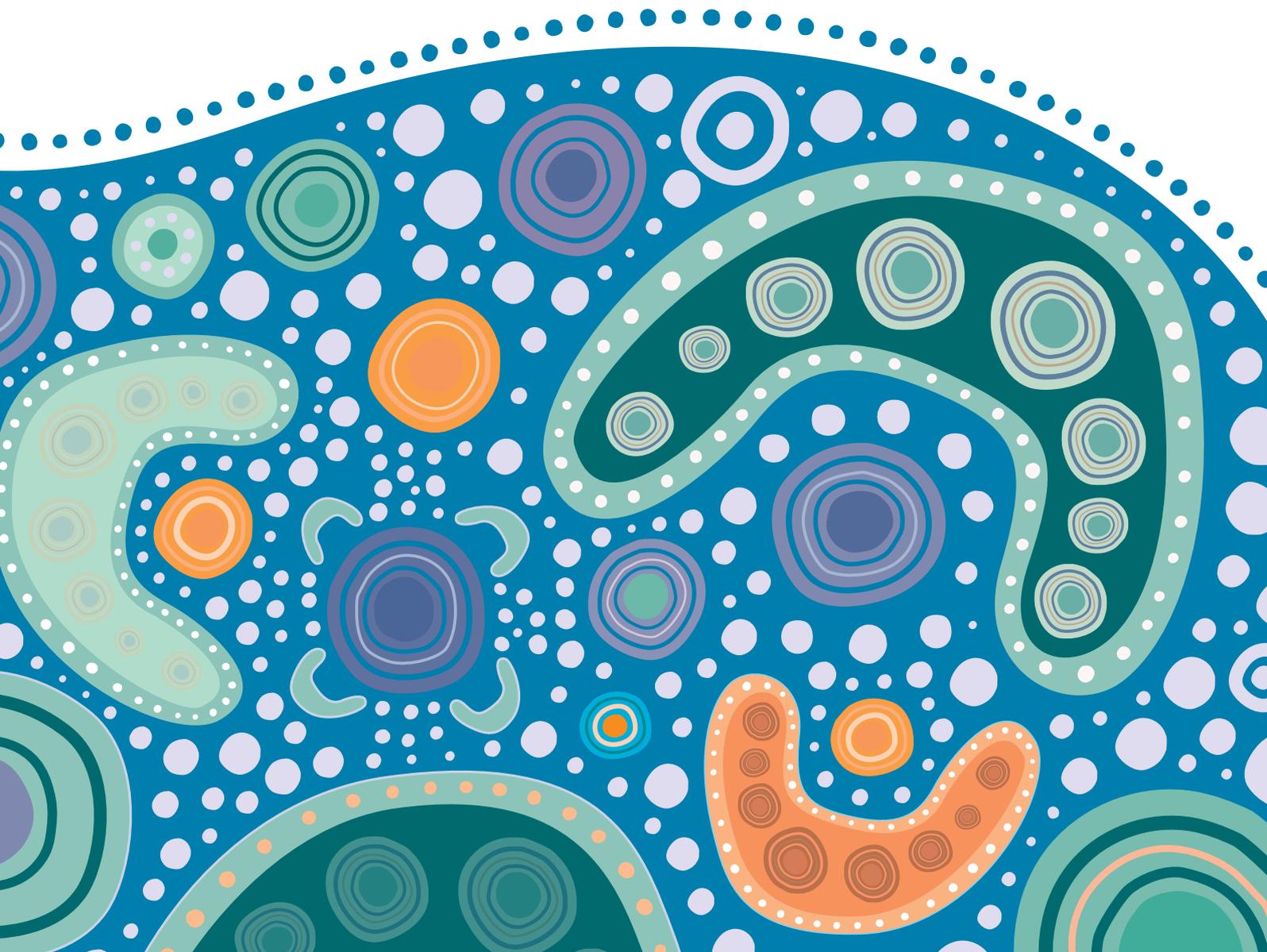


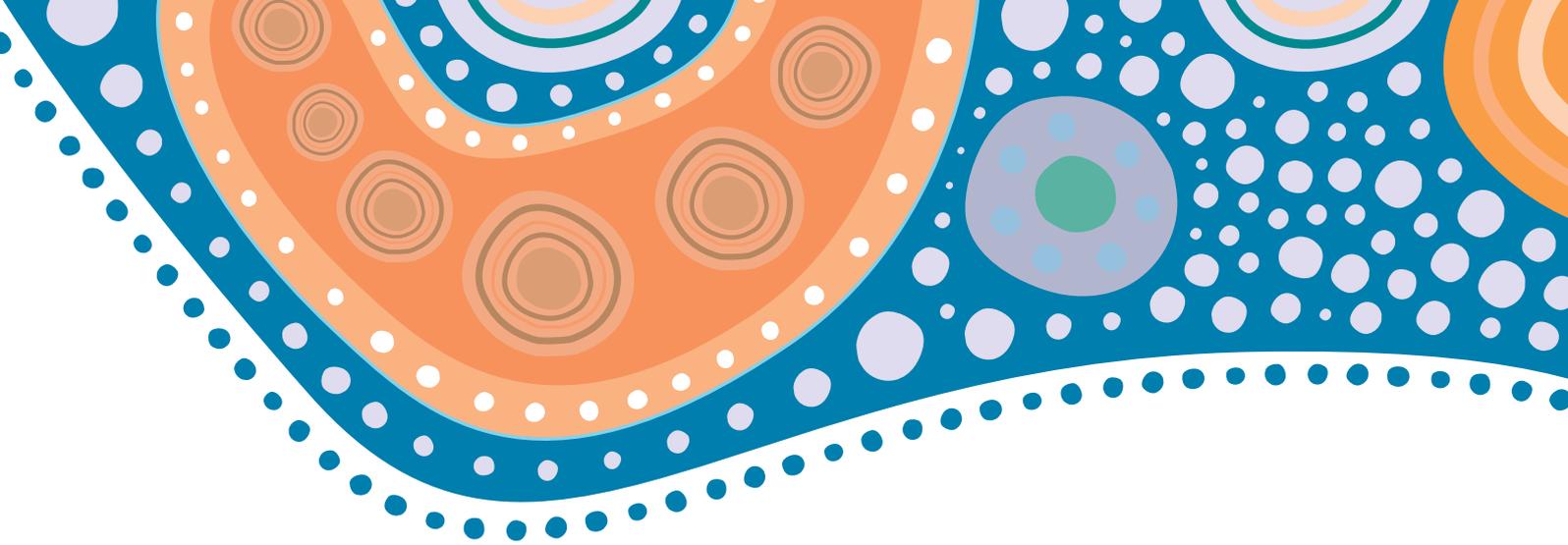


AHCWA
Aboriginal Health Council
of Western Australia

Annual Report

2017 | 18





Disclaimers

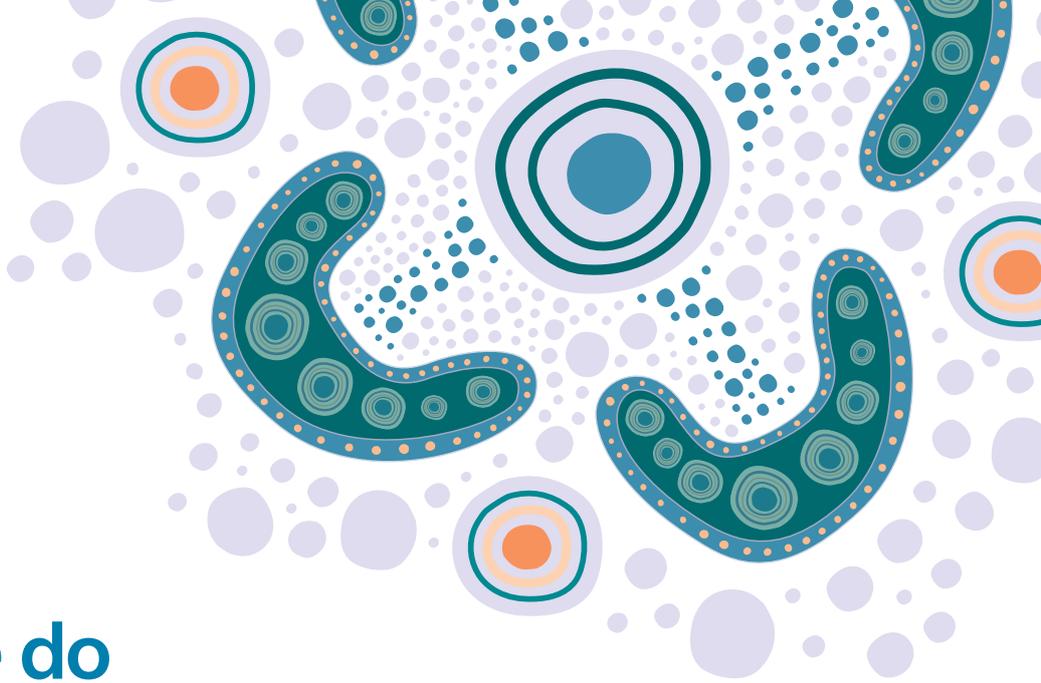
- A. The term 'Member Services' is inclusive of all Aboriginal Community Controlled Health Services (ACCHS) in WA.
- B. The word 'Aboriginal' has been used throughout this document. When referring to 'Aboriginal' we are referring to all Aboriginal and Torres Strait Islander peoples.





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Who we are and what we do

Vision Statement

Aboriginal people in Western Australia enjoy the same level of health and wellbeing as all Western Australians.

Mission Statement

As the leading authority for Aboriginal health in Western Australia, we strive to strengthen and promote the ACCHSs' model of care, empowering Aboriginal people to achieve health equality in their communities.

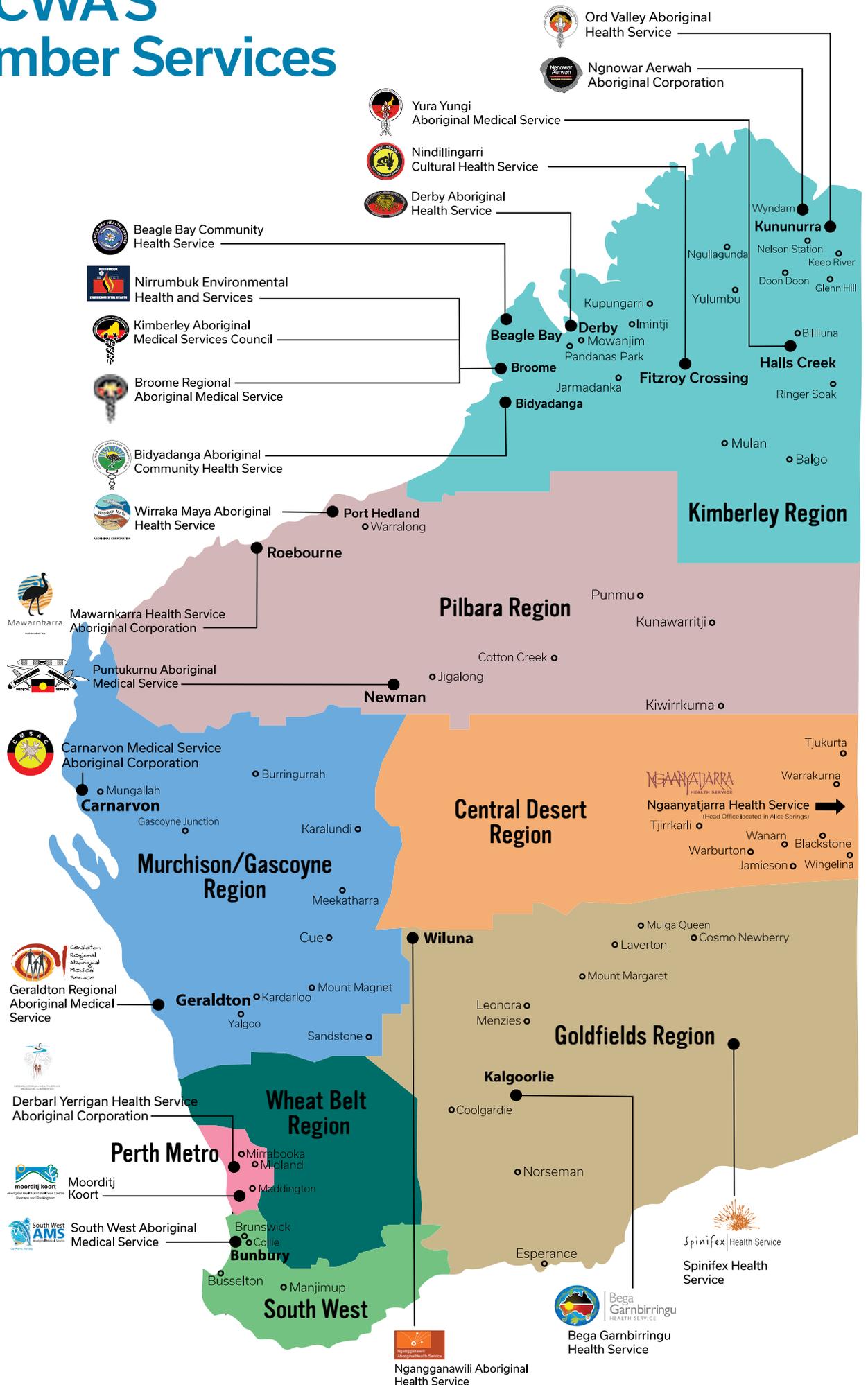
Organisational Values

AHCWA operates on the foundational pillars of Aboriginal leadership, self-determination and cultural diversity that underpin and shape the way the organisation conducts its business. These values are designed to guide and promote a strong and high-performing organisational culture that is responsive to the state-wide needs of its Members.

AHCWA's Organisational Values



AHCWA'S Member Services





Chairperson's Report

As Chairperson of the Aboriginal Health Council of Western Australia (AHCWA), it gives me great pleasure to share some highlights of the 2017/18 year. Every year, AHCWA the Aboriginal Community Controlled Health Sector Conference and a Member's Planning Day and Youth conference. The theme for the April 2018 conference was Aboriginal Health: Our Culture, Our Community, Our Voice, Our Knowledge and we were grateful that both the Hon. Ken Wyatt AM, MP and The Hon. Roger Cook MLA gave us their time to attend. Some exciting initiatives from the conference included:

- Launch of the AHCWA Strategic Plan 2018 – 2020: This new plan clearly identifies our Vision, Mission and Values and demonstrates the six strategic goals of the organisation.
 - o Articulate, Enhance and Promote the ACCHS' Model of Care
 - o Lead and Influence the Development of Aboriginal Health Policy
 - o Support and Strengthen Our Sector
 - o Empower and Support our Members
 - o Enhance Workforce Capacity
 - o Build and Maintain a Sustainable and Effective Model to Meet the Needs of our Members
- The Aboriginal Community Controlled Health Services (ACCHS) Model of Care: The Model was demonstrated to the audience through a short play, performed by a cast of four young local Aboriginal actors at the state-wide conference.

The Model is designed and underpinned by eight fundamental dimensions pivotal to the health and wellbeing of Aboriginal people and their communities. These dimensions we refer to as the foundations/ cornerstones for Aboriginal Health and Wellbeing. A disconnection from the eight dimensions can cause an individual to experience an imbalance in their overall health and wellbeing, not only from a medical point of view but also an Aboriginal and cultural point of view.

The WA ACCHS acknowledge the importance of timely, accessible, affordable, acceptable and appropriate health care for Aboriginal people/communities, that is strongly aligned and connected to country and cultural heritage and recognises the integral role that family and community play to the overall physical, mental and spiritual wellbeing of an Aboriginal person and community. There has been a great deal of interest in this Model with other states developing similar Models, using the WA ACCHS's Model as a point of reference.

- Launch of the West Australia Aboriginal Youth Health Strategy 2018 – 2023: This Strategy was launched by The Hon. Ken Wyatt AM, MP - Minister for Aged Care; Minister for Indigenous Health. The Strategy titled Today's Young People, Tomorrow's Leaders encapsulates the central features of the Strategy and underpins the Health Domain Areas, Key Priorities and the Strategic Actions. The Strategy accentuates the rights of all young Aboriginal people to look to the future with cultural pride and strength, and to embrace life's experiences, including the challenges, with optimism and resilience.
- Listening to the Voices of Young Aboriginal People in Western Australia: One of the recommendations from this year's Youth Conference was to appoint a young AHCWA Youth Committee member to join the organisation's Board meetings. The Directors and Members accepted this recommendation and since June 2018, the appointed Youth Advocate, Wade Garwood, has been attending all Board meetings. Wade has been a valuable contributor and his insight into the needs of young Aboriginal people has been invaluable to the Board of Directors.



To take this recommendation one step further, the West Australian Aboriginal Health Ethics Committee (WAAHEC), which is managed by AHCWA, appointed two young Aboriginal people; Heidi Thompson and Dennis Simmons, as full committee members of WAAHEC.

AHCWA Board meetings are held bi-monthly and four of these meetings are preceded by a CEO Network Meeting, with CEOs travelling to Perth from all over the state. A new initiative has been introduced with all CEOs being invited to attend the morning session of the Board meeting. During this session, the CEOs and Directors have the opportunity to discuss local, state and national matters of interest and/or concern and guest speakers are able to address both groups at the one time. This has proven to be a terrific initiative.

In 2017, the National Aboriginal Community Controlled Health Organisation (NACCHO) signed a Network Funding Agreement with the Commonwealth Department of Health to distribute grant funding to its Affiliates. This saw the need to amend the NACCHO Constitution to acknowledge the new Agreement. Initial efforts by NACCHO to have a proposed new constitution passed by members at the 2017 Annual General Meeting (AGM) failed and a second draft will be tabled later in the year at the 2018 NACCHO AGM.

AHCWA continues to be a member of the West Australian Aboriginal Health Partnership Forum (WAAHPF) and host a meeting every quarter. Membership of the Forum comprises the signatories to the Agreement on the WA Aboriginal and Torres Strait Islander Health and Wellbeing 2015-2020 (the Framework Agreement), which includes AHCWA, the Commonwealth Department of Health and the West Australian Department of Health. Standing Guests include representatives from the WA Primary Health Alliance, the Department of Prime Minister and Cabinet and the Mental Health Commission. The forum meetings focus on sharing information and updates on key priorities and activities.

I would like to take this opportunity to thank our key stakeholders for a productive working year where we had challenges that we discussed but always with a strong focus on Aboriginal Health and the Aboriginal Community Controlled sector.

A number of our WA Member Services celebrated significant anniversaries during the 2017/18 year including the Carnarvon Medical Service Aboriginal Corporation (CMSAC), Wirraka Maya Health Service Aboriginal Corporation (WMHSAC), Derby Aboriginal Health Service (DAHS), the South West Aboriginal Medical Service (SWAMS), Derbarl Yerrigan Aboriginal Health Service Aboriginal Corporation (DYHSAC) and Broome Regional Aboriginal Medical Service (BRAMS). Congratulations to you all and we can expect more celebrations to take place during the 2018/19 year.

Early in 2018, we lost two dearly loved and respected long term Directors of AHCWA. The dedication and commitment of the late Gloria Khan (RIP) who was Chairperson of AHCWA for many years and the late Maxine Armstrong (RIP) who had been AHCWA's Secretary for more than 10 years, is acknowledged and will never be forgotten.

In closing, I would like to recognise the support I have been given in my role as Chairperson by the Membership and AHCWA Directors and say a huge thank you to AHCWA staff for another very productive and successful year.

Vicki O'Donnell
CHAIRPERSON

CEO Report



2017/2018 has been a year that has presented highlights, challenges and uncertainties. We have done our best to navigate a changing health landscape and meet the needs and expectations of our Membership and key stakeholders.

The Nation's Health System is in a continuous state of reform and change and as the architecture of the Health System undergoes change we are very mindful that the voice of the Aboriginal Community Controlled Health Sector cannot afford to be silent at this particular time.

Work continues with the Commonwealth to finalise the funding formula for Member Services under the Indigenous Australians' Health Program (IAHP) to provide primary health care services and it is hoped that this is completed in a timely manner. A great deal of lobbying has been done to ensure the final formula acknowledges the needs of Aboriginal Western Australians living in WA, especially in remote and very remote locations.

My Health Record continues to be a priority, with much work needed to be done by the Commonwealth Government and the Australian Digital Health Authority (ADHA) to ensure AHCWA and therefore, Members Services are fully informed; concerns addressed and to ensure the scheme operates in the very best interest of Aboriginal people and clients.

The policy work undertaken by AHCWA over the last twelve months has been quite substantial, in particular with the National Disability Insurance Scheme (NDIS) which will inevitably create new challenges for our Member Services. Progress to date includes negotiations and discussion with the State-wide Manager for the National Disability Insurance Agency for ACCHS engagement; meeting with the Western Australian community connector of the First Peoples National Disability Network and lobbying the Minister for Disability Services to secure representation on the Western Australia NDIS Transition Governance Advisory Group. This is currently a work in progress.

One of the highlights of the 2017/2018 year was AHCWA's State-wide Aboriginal Community Controlled Health Sector Conference. The focus of the conference was to promote the excellent work of our Member Services and this was achieved by each region delivering a presentation that was both engaging and interesting. Members Planning Day, held prior to the Conference attracted 130 delegates and saw the launch of the new AHCWA Strategic Plan.

Officially opened by the Hon. Ken Wyatt who also launched the Aboriginal Youth Health Strategy, the Conference itself attracted 280 delegates, concluding in a Dinner/Awards evening whereby both the Hon. Ken Wyatt and the Hon. Roger Cook presented trophies and certificates to award recipients and Lifetime Achievement Awards.

Another exciting highlight for AHCWA is the development of the Mappa platform to address gaps in service planning and discharge throughout rural and remote Western Australia. The aim of Mappa is improve and inform patient experience and journey by providing reliable and up to date information about ACCHSs and how they can be accessed by patients living rural and remote, particularly Aboriginal people and their communities. Mappa Phase 2 (Controlled Live Trial) has consisted of the team visiting Royal Perth Hospital (RPH) and selected sites in the Kimberley and Pilbara. Feedback from these visits have been overwhelmingly supportive and positive.

AHCWA also recently underwent, and successfully achieved ISO Accreditation of which the team can be justifiably proud.

We continue as we should, to support our Member Services in areas such as Operational Management, Clinical Governance, Human Resource Management, Organisational culture and change management and Audit and Compliance. Whilst this support has seen AHCWA personnel make huge commitments, spending time away, we aim to ensure that Services are able to continue functioning with limited or no disruption to service delivery.

Finally, I would like to thank the AHCWA Board for their continued support during the past twelve months and the AHCWA staff who have worked hard this year to implement the strategic intent of the Board and meet the needs and expectations of our membership.

Des Martin
CEO



Chairperson
Vicki O'Donnell



Deputy Chairperson
Raymond Christophers



Secretary
Fabian Tucker



Treasurer
Susan Oakley

Regional Representatives



South West
Lera Bennell



Pilbara
Phyllis Simmons



Goldfields
Eric Simpson



Gascoyne Murchison
Rachael Mallard



Kimberley
Chris Bin Kali



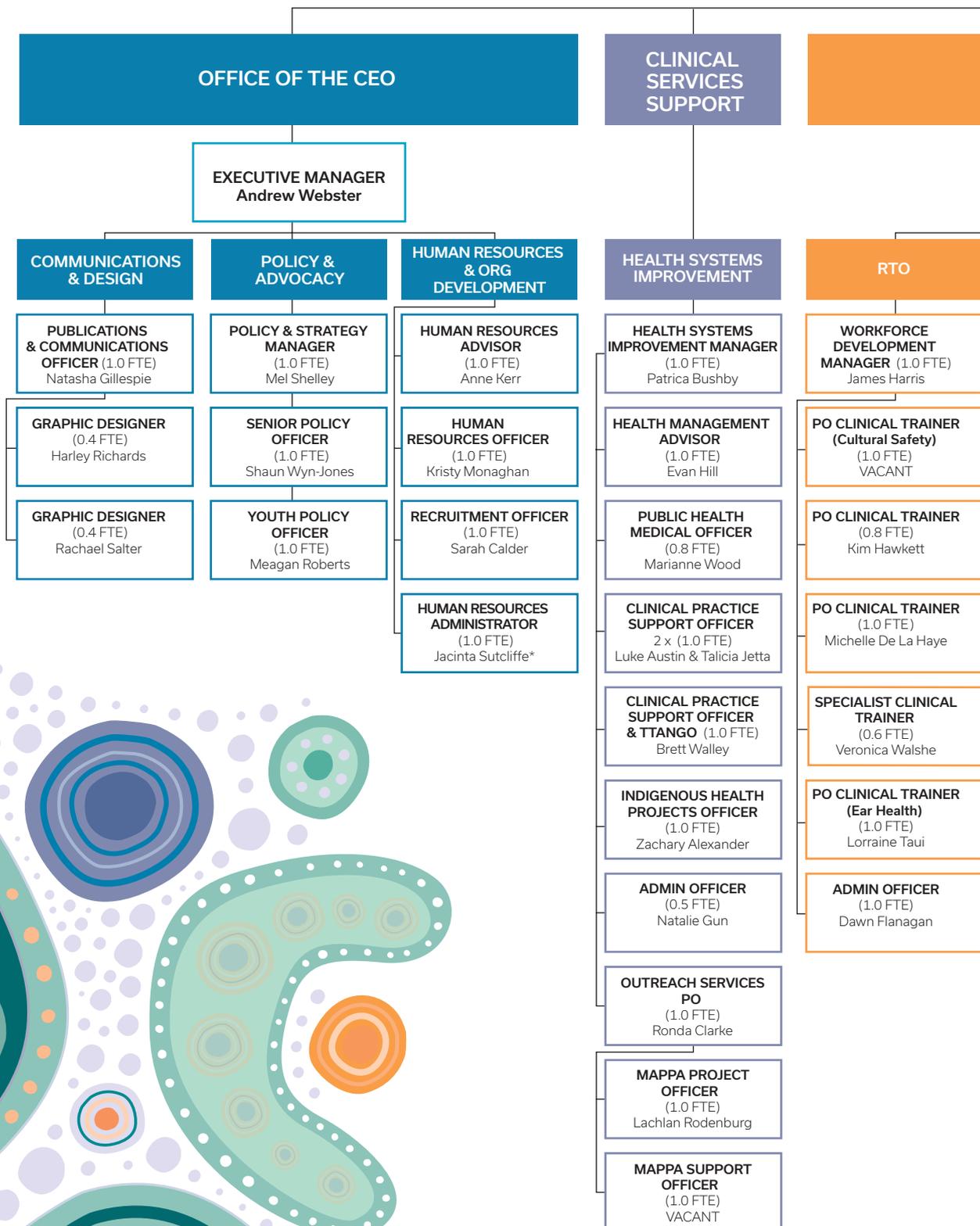
Central Desert
Preston Thomas



Metro
TBA

AHCWA

Organisational Chart



BOARD OF DIRECTORS
CHAIRPERSON (0.5 FTE) – Vicki O'Donnell

PERSONAL ASSISTANT CEO
(1.0 FTE)
Kerry Mann

CHIEF EXECUTIVE OFFICER – Des Martin

VACANT

SECTOR DEVELOPMENT

CORPORATE SERVICES

EXECUTIVE MANAGER
Sharon Bushby

EXECUTIVE MANAGER
Jenny Sala

PROGRAMS

HEALTH PROMOTION

ADMINISTRATIVE & SECRETARIAT SUPPORT

FINANCE & CONTRACTS

QUALITY & COMPLIANCE

INFORMATION TECHNOLOGY

SENIOR SEXUAL HEALTH OFFICER
(0.6 FTE)
Jenny Needham

TACKLING INDIGENOUS SMOKING (TIS) COORDINATOR (1.0 FTE)
Patricia Pearce

ADMINISTRATION COORDINATOR
(1.0 FTE)
Robyn Withnell

FINANCE OFFICER
(1.0 FTE)
Steven Vu

SENIOR QUALITY & COMPLIANCE OFFICER
(1.0 FTE)
Clara Titus*

IT SUPPORT OFFICER
(1.0 FTE)
Ben Mason

PO IMMUNISATION COORDINATOR
(1.0 FTE)
Stacey Burrows

TOBACCO ACTION WORKER
(0.93 FTE)
Rickesha Burdett

SECRETARIAT SUPPORT OFFICER
(1.0 FTE)
Meredith Lee-Curtis

FINANCE ACCOUNTANT
(1.0 FTE)
Deepa Vaghjiani

IT SUPPORT ASSISTANT
(1.0 FTE)
Artwell Chen

SEXUAL HEALTH PROJECT OFFICER (SAHMRI) (0.7 FTE)
Daniel Vujcich

TOBACCO ACTION WORKER
(0.67 FTE)
Sylvia Lockyer

RECEPTIONIST
(1.0 FTE)
Grace Caine

FINANCE ASSISTANT
(1.0 FTE)
Susie Schipp

FAMILY WELLBEING COORDINATOR (50D) (1.0 FTE)
Ken Nicholls

TOBACCO ACTION WORKER
(0.4 FTE)
Rekisha Eades

CLEANER
(0.27 FTE)
Tina Gamlin

FINANCE ASSISTANT
(1.0 FTE)
Bhumi Senghani

ETHICS OFFICER
(1.0 FTE)
Tara Rowe

CLEANER
(0.27 FTE)
Ray Gamlin

FINANCE ASSISTANT
(1.0 FTE)
Sanela Tajic

ABORIGINAL YOUTH PROGRAM COORDINATOR (50D) (1.0 FTE)
Hayley Thompson

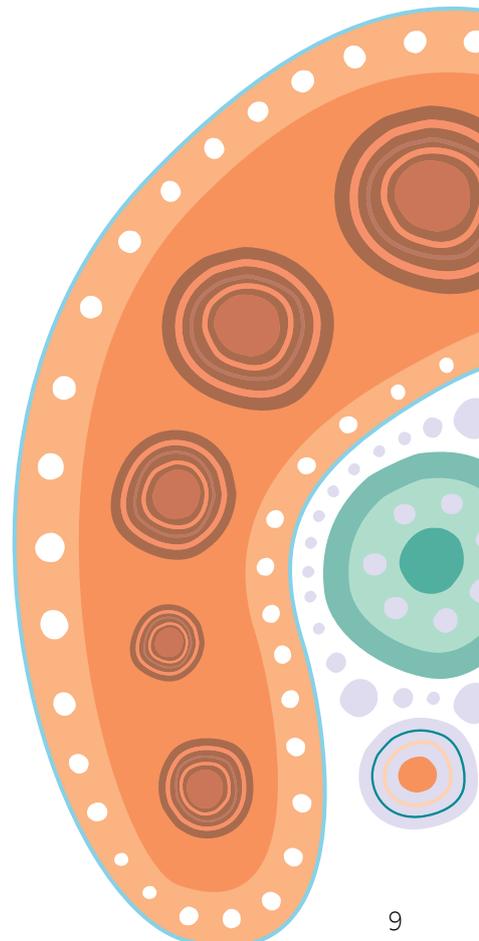
CORPORATE GOVERNANCE SUPPORT OFFICER (50D) (.95 FTE)
Donna Schildbach

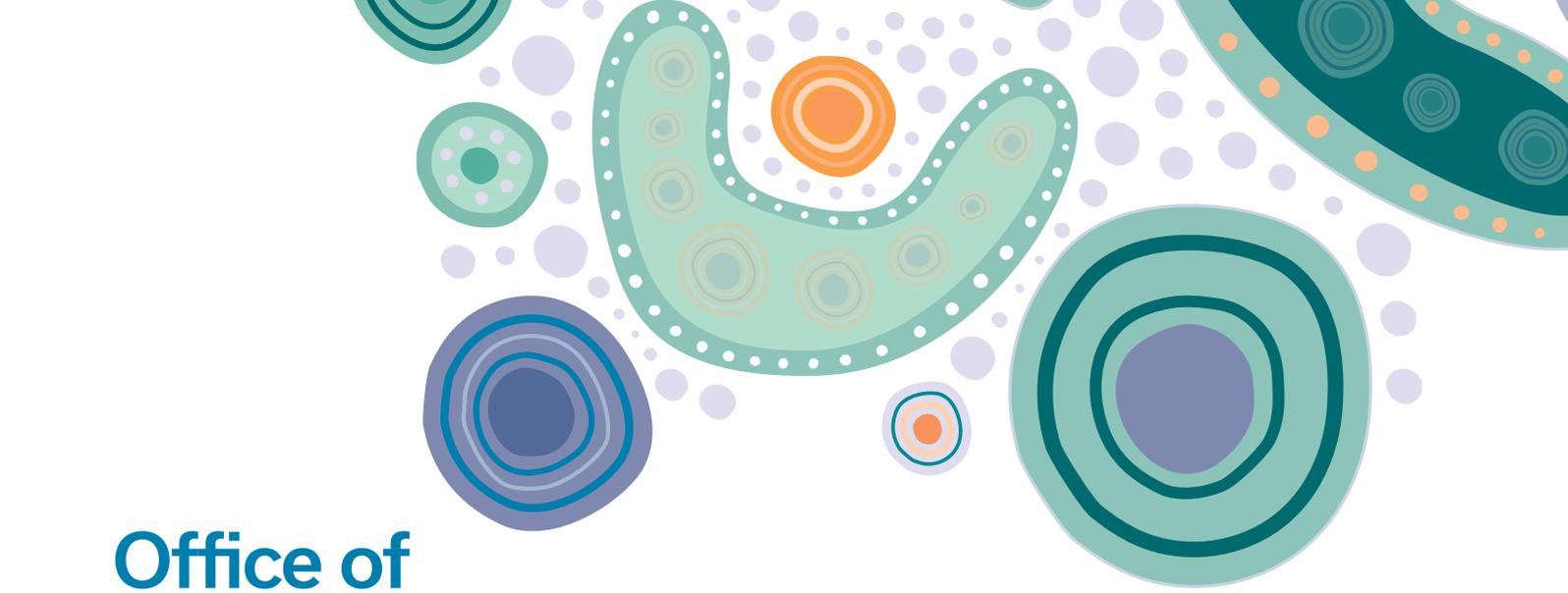
SENIOR GRANTS & SUBMISSIONS OFFICER
(0.2 FTE)
Graham Lovelock

ADMIN OFFICER
(0.4 FTE)
Xandra Coverly

GRANTS & SUBMISSIONS OFFICER
(1.0 FTE)
Jennifer Gillett

ADMIN OFFICER
(0.6 FTE)
Laila Walley





Office of the CEO

Human Resources

The Human Resources (HR) team delivered effective, timely and industry specific HR support for our Member Services throughout the State.

This included the provision of comprehensive and culturally appropriate workforce solutions across all HR functions to empower and strengthen the sector's workforce to achieve key strategic organisational objectives.

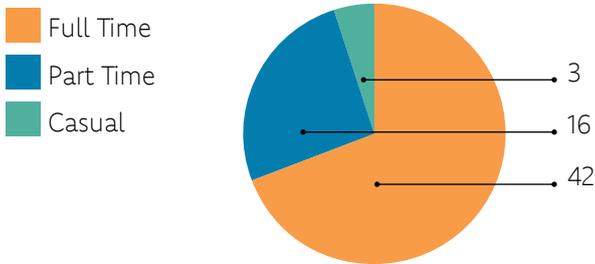
2017/18 Achievements

- A significant increase in the provision and extent of HR and Industrial Relations (IR) support.
- A renewed commitment to develop, implement and disseminate comprehensive and sector specific HR resources and toolkits relevant to the needs of our Member Services. This includes HR policies, procedures, guidelines, flowcharts and templates.
- A focus on talent management across the organisation and Sector, with a noticeable improvement in employee retention and a renewed focus on reducing dysfunctional turnover.
- The implementation of online candidate assessment tools used to assess and measure candidate suitability through the recruitment process for AHCWA and our Member Services.
- Continued effort to expand and streamline recruitment and candidate management processes, creating greater recruitment efficiencies for AHCWA and our Member Services.
- A sustained focus on continuous quality improvement for HR processes and practices to ensure they are appropriate to the ever changing environment.
- A comprehensive review of the training and development process, with the implementation of a mandatory training framework and the implementation of an online e-learning platform specific to the Aboriginal Community Controlled Health (ACCH) sector.
- A focus on streamlining HR processes and encouraging the use of technology to create greater efficiencies in people management.
- The creation and implementation of Organisational Values based on the foundational pillars of Aboriginal leadership, self-determination and cultural diversity that underpin and shape the way the organisation conducts its business.
- A concerted effort to guide and promote a strong and high-performing organisational culture that is responsive to the state-wide needs of its Member Services.
- The creation and implementation of an Aboriginal Workforce Engagement and Development Strategy that aims to build a sustainable, skilled and knowledgeable workforce and is committed to increasing and retaining its Aboriginal employees.
- Two successful team building days throughout the year that focused on communication, team work, collaboration and fun.
- Sustained compliance (80%) in HR record keeping.

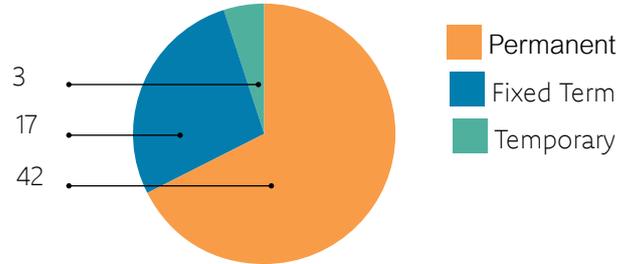


| Employment Status | Number of Employees |
|-------------------|---------------------|
| Full-time | 43 |
| Part-time | 16 |
| Casual | 3 |
| Total | 62 |

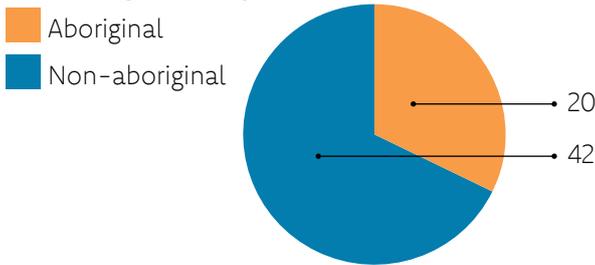
Staff Structure



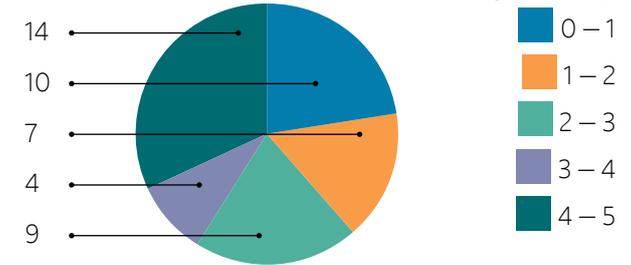
Staff Classification



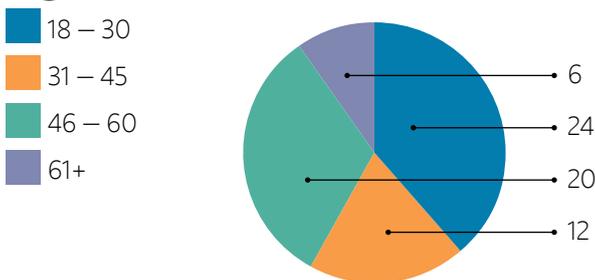
Aboriginality



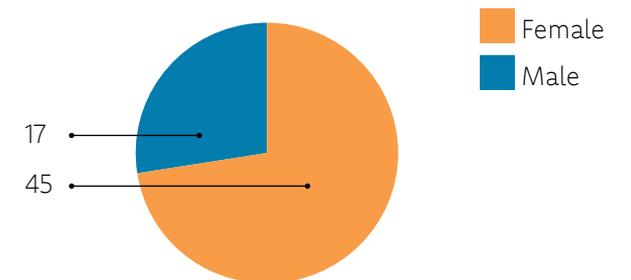
Tenure (years)

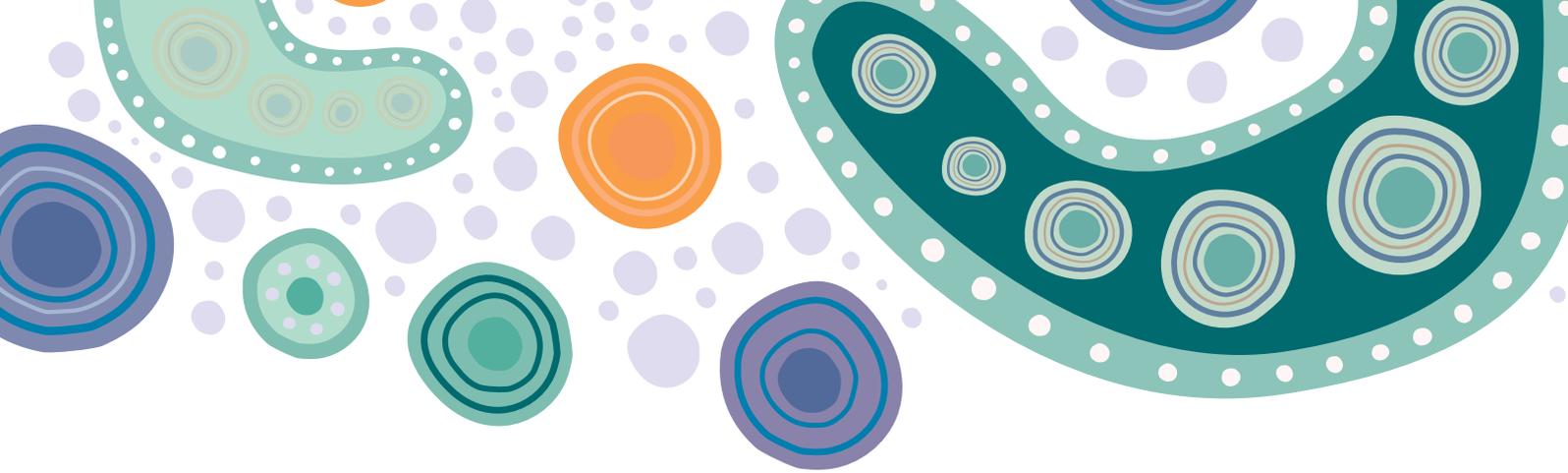


Age



Gender





Office of the CEO

Policy and Advocacy

The AHCWA Policy and Advocacy team contributed to the important advancement in State and National Aboriginal health policy in the 2017-18 reporting year. The launch in April 2018, of the Western Australia Aboriginal Youth Health Strategy 2018 – 2023, ‘Today’s young people, Tomorrow’s leaders’, was a particular highlight at the State level, and a significant accomplishment for AHCWA. It is anticipated that the implementation of the key actions will lead to more effective ways of working with young Aboriginal people to improve their health and wellbeing.

Improved Approach

In addition to the advancements made in Aboriginal youth policy, it was a busy time more broadly for the Policy and Advocacy team. An internal review of the team’s operations in early 2018, informed new approaches for engaging with government, stakeholders and our Member Services, and led to improved internal processes for facilitating more timely responses and submissions to emerging policy issues. These changes improved the participation of AHCWA and our Member Services across many areas of Aboriginal health planning and policy, heralding important opportunities to promote AHCWA, and influence and advance the Aboriginal health policy agenda.

State and National Policy

A number of significant policy issues have taken precedent in the first half of 2018.

At the National level this has included the roll-out of the National Disability Insurance Scheme (NDIS), the My Health Record roll-out, and the proposed future changes to the Indigenous Australians Health Programme funding model. The revised funding model will affect ACCHSs and AHCWA is working with our stakeholders to strengthen the position of ACCHSs in the discussion. AHCWA adopted a strategic approach to these policy issues, advocating for the views of our Member Services, and applying pressure to influence government decision-making. AHCWA will continue to lobby on these issues to achieve better outcomes for Aboriginal people and our Member Services.

Sustainable Health Review

The State Government’s Sustainable Health Review was an important opportunity for many stakeholders to come together to evaluate the sustainability of the State’s health system and examine ways to improve it. Engaged in the Review from the outset, and represented on a number of the Review working groups, AHCWA had an important role in highlighting the continuing health inequities experienced by Aboriginal people, and recommending strategies to address these. The findings of the Review Interim Report underscored the significance of AHCWA’s advocacy role, with one of the key preliminary directions prioritising the need to develop more effective partnerships to improve Aboriginal health outcomes. ACCHSs were identified as a critical stakeholder in these partnerships. Feedback on the findings of the Review Interim Report are being collated by the State Government, with the final report due in November 2018.

AHCWA will continue to advocate for strategies that will advance the role of our Member Services in Aboriginal primary health care delivery, which are proven to achieve better health outcomes for Aboriginal people. The State government are progressing a number of other reforms in Aboriginal policy, including a proposal to establish an independent statutory office for advocacy and accountability in Aboriginal affairs in WA. The intention is to strengthen government’s accountability to Aboriginal people in WA.

AHCWA is collaborating with Member Services and stakeholders on a response to influence the development of the future model for the proposed office.



Communications and Design

This year the Communications and Design team continued to collate and design many publications for AHCWA and our Member Services to a high standard.

The AHCWA Newsletter has received an upgrade with a new design this period. The newsletter continues to report on what is happening in and around AHCWA and our Member Services. Produced quarterly, the AHCWA Newsletter is distributed to all of our Member Services, fellow NACCHO Affiliates, government agencies, and other stakeholders.

The AHCWA e-bulletin has moved to a new monthly issue and has also received a new design that complements the AHCWA Newsletter. The e-Bulletin provides an update to our Member Services, AHCWA staff and stakeholders on key issues that are occurring now, including training and workshop opportunities and current vacancies available at AHCWA and throughout our Member Services.

The Communications and Design team collectively contributed to the collation, edit, and design of the 2016-17 Annual Report.

During this reporting period, our Graphic Designer returned to study part-time providing AHCWA with the opportunity to engage a second part-time Graphic Designer. Both Graphic Designers have worked on an array of different creative jobs, including training booklets for our RTO, posters, training course flyers and promotional material for events such as the Closing the Gap festival. We have also published a new E-Bulletin for the AHCWA Youth Committee and provided the design for a range of material for the 2018 WA Aboriginal Community Controlled Health Sector Conference and the design of the 2018-20 Strategic Plan.

Over the past year our Graphic Designers have developed a brand identity and logo for the Mappa Project, designed the Deadly Dads Book for the Tomorrows Dream team and a logo and journal for the new Cert II in Family Wellbeing course and so much more.

All three members of the Communications and Design team have strong backgrounds in different areas, which has allowed AHCWA to produce quality documents through collaboration and development, artwork, and the inclusion of high quality images to create unique designs for all AHCWA documents.

The Communications and Design team have also had the opportunity to promote AHCWA through digital media, including the AHCWA website, Facebook and Twitter.



Top Left: Family Wellbeing Student Journal.

Top Right: AHCWA Newsletter, June 2018 Edition.

Bottom: Deadly Dad's Tips, Handbook for New Dads.



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 team to ensure appropriately qualified and experienced staff are available to direct the Service and support Member Services in the delivery of their quality holistic health services for Aboriginal patients and communities.

The HSIU team has continued to support 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 our Member Services 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;
- Dissemination of Outreach Notifications to all of our Member Services;
- Dissemination, discussion and support with key new initiatives that affect Aboriginal Health i.e. My Health Record, new Indigenous Medicare Benefits Schedule (MBS) Items, etc.;
- Continued work with Communicare in improving reporting pathways for our Member Services; and
- Maintaining the HSIU Resource Portal with relevant educational modules on topics requested by Member Service staff for their access and up-skilling.

Support from the HSIU Team can be through general phone and email support; site visits; and teleconferencing/videoconferencing.





The HSIU Team continues to also support AHCWA and the ACCH Sector by participating on various Expert Reference Groups; Committees; and various other meetings relating to clinical areas; either being nominated to attend or requested to attend by AHCWA Senior Management, where representation for the Sector is required.

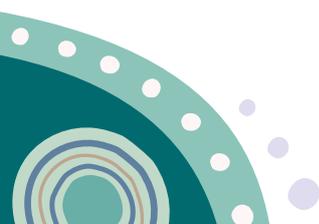
Examples of these included:

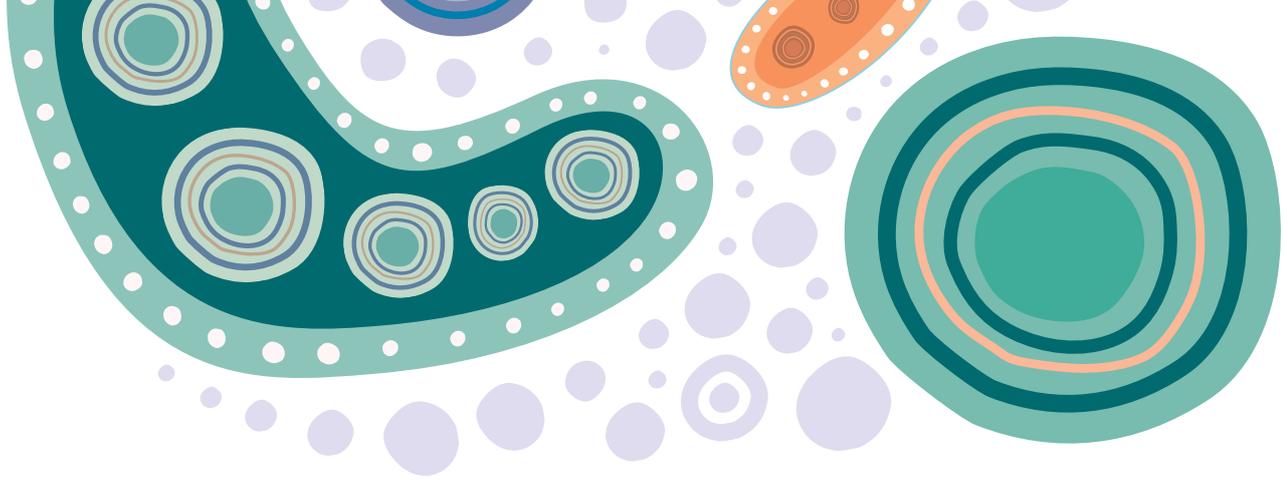
| | |
|---|---|
| National Indigenous Bowel Screening Project Working Group | ANU Mayi Kuwayu – A national study of Aboriginal and Torres Strait Islander Wellbeing |
| National CQI Project Committee | Rural Health West Outreach Services Planning |
| TTANGO2 Executive Group (The Kirby Institute) | WAGPET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

Some key achievements for the HSIU Team over this period include:-

- Continued coordination of the AHCWA Clinical Leadership Group (Tele/Video conferences held every 3 months plus 1 x Face-to-Face Workshop);
- Completed 3 x Clinical Audits for our Member Services (1 x on Diabetes and 1 x on Smoking and 1 x on all clinical programs provided by the Member Service);
- Working with Patient Information and Recall Systems providers in quality improvements with reporting and data entry functionalities;
- Completed ‘Communicare Super Users’ Training;
- Commencement of updating all resources, including ‘modernising’ materials to include animation; and
- Participation in Edith Cowan University (ECU) Research and Training partnership re: Brain Injury and Stroke – includes co-presenting 4 x 1 hour training sessions to Royal Perth Hospital (RPH) and their specialists.

The HSIU look forward to supporting our Member Services in the future, including booking in a site visit to each Member Service in the upcoming year.





Clinical Services Support

Public Health Medical Officer

The big issues over the past 12 months for the Public Health Medical Officer (PHMO) have included infectious diseases management, the My Health Record (and clinical information sharing more generally), increasing regional access to specialist services (including through telehealth), increasing CQI activities at the service level and improving MBS billing for the sector.

AHCWA's strong focus on infectious diseases control has included responses to:

- the meningococcal W outbreak in Central Australia
- the syphilis outbreak in the North
- the emerging issue of HTLV-1 virus
- sexually transmitted infection more generally
- trachoma elimination from endemic communities
- improving prevention and control of rheumatic heart disease

CQI support has been wide-ranging with involvement, in some instances, from senior students from Notre Dame Medical School. Topics of note include: screening for ear disease in pre-school children, routine diabetes care (eye checks, foot checks and immunisations), management of early renal disease and the quality of discharge letters from public hospitals to our Member Services.

There has also been ongoing work around medication supply and access; and AHCWA successfully lobbied for the essential myocardial infarction drug, Tenecteplase, to be returned to the Pharmaceutical Benefits Scheme (PBS).

One of the most important aspects of the PHMO role is facilitating clinical collaboration between our diverse and widely separated Member Services. This collaboration is supported through AHCWA's Clinical Leadership Group meetings (by video conference and face-to-face) and through a very active system of email and telephone communications. For some Member Services, the PHMO is an active member of the Clinical Governance Committee.

First he had to drive

PJ left home, but along the way the car broke down.

He had to wait 3 hours before the community bus came.



Indigenous Health Projects Officer

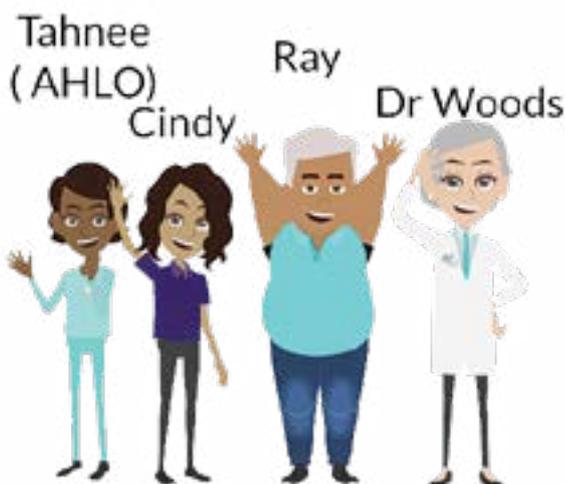
The Indigenous Health Project Officer (IHPO) position has seen changes in staffing throughout the 2017/18 reporting period, including a vacancy for a number of months, as well as a full review and restructure of the position to align more strategically with gaps within service delivery and Member Service support needs, whilst keeping in line with funding requirements. The newly appointed IHPO commenced in March 2018 with an understanding to take on the role with a new focus on 'modernising' resources through the new IHPO's skills in animation. This included the redesign of key resource 'Modules' available to our Member Services through the HSIU Resource Portal. These 'Modules' included topics such as:-

- Features of an ACCHS;
- Cultural Safety;
- CQI
- Medicare;
- Chronic Disease Management; and
- Other Modules now being developed.

Other activities that the IHPO has been involved in during the year include:-

- Participated in the Cultural Safety Training (CST), including making recommendations to update and animate the materials used within the CST presentations;
- Reviewed the HSIU current resources and provided development advice, particularly around animation;
- Assisting the Sector Development Unit in updating and 'modernising' all training resources, including overheads, etc.;
- Designed new characters for the Deadly Dad's booklet, based on images of fathers holding their babies with new colour schemes and layouts;
- Developed an animated video clip describing 'Clinical Yarning' within a 'good consult' V's 'bad consult' setting – this was utilised during presentations for CST Module 6 (Mental Health/SEWB, Alcohol and Other Drugs), as well as a training presentation for brain injury and stroke to be delivered in partnership with ECU and delivered to specialists working within the area at RPH; and
- Developed animation materials for AHCWA's Mappa Project, particularly an animated video clip of the Mappa tool and how it would work in a patient journey situation. This was utilised at the State-wide Aboriginal Community Controlled Health Sector Conference in April 2018 to officially launch the Mappa Project.

Moving forward into the next reporting period, the position will merge into the Digital Health Resources Officer (DHRO) role and include a large amount of work in resource development, including animation.



Top: Patient Journey Issues Animation

Left: Clinical Yarning: Good consult Vs Bad Consult Animation



Clinical Services Support

Clinical Practice Support Officers

The Clinical Practice Support Officers (CPSOs) at AHCWA have been working extremely hard in assisting our Member Services in WA. The CPSOs have travelled across the state to provide a face-to-face service, and an on the ground service within the community to assist where necessary.

The CPSOs have the skills and knowledge to assist in all areas of clinical practice, including, but not limited to:—

- Reviewing and providing ongoing support for clinical accreditation;
- Reviewing clinical policy and procedures, including updating clinical regulations through the promotion of the AHCWA suite of policies and procedures;
- Updating medical resources and new initiatives;
- Clinical audits;
- CQI planning, development, implementation and evaluation;
- Support and advice regarding Medicare claiming and processes;
- Advice regarding workforce barriers and strategies;
- My Health Record updates and information disseminations;
- Service reporting i.e. individual program reporting and State/national reporting (Footprints to Better Health (FBH), and OCHREStreams); and
- Advice on streamlining service provision i.e. optimal appointment scheduling.

Within the past 12 months, the CPSOs have assisted Member Services with queries regarding Medicare claiming and education, which has been a reoccurring issue as within the year prior. The CPSOs, along with the PHMO, have a strong relationship with Medicare and relay all knowledge and resources that is acquired to our Member Services, and vice versa with questions from our Member Services to Medicare.

The CPSOs have also provided education to the community and Member Services around the implementation of the 'My Health Record'. The 'My Health Record' has generated multiple questions by Member Services, due to its complexity and new innovative ways to record medical data. The CPSOs have looked at the 'My Health Record' in detail, and will continue to provide assistance in this area to the state.

The CPSOs have attended multiple workshops and forums throughout the year, ranging from state/regional focused, to the national setting. The CPSOs then filter the information to the organisations that would benefit from the information. The workshops that the CPSOs have attended include the Australian General Practitioners Accreditation Limited (AGPAL) accreditation 5th edition focused workshop and the Lighthouse project Phase 3 rollout.

All three CPSOs have extensive knowledge and experience within the Communicare Patient Information System and provide support to those Member Services using the Communicare system in any data entry and reporting requirements. They have also recently completed the Communicare Super-Users Training, equipping them with further skills to support our Member Services.

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.



Outreach Services Project Officer

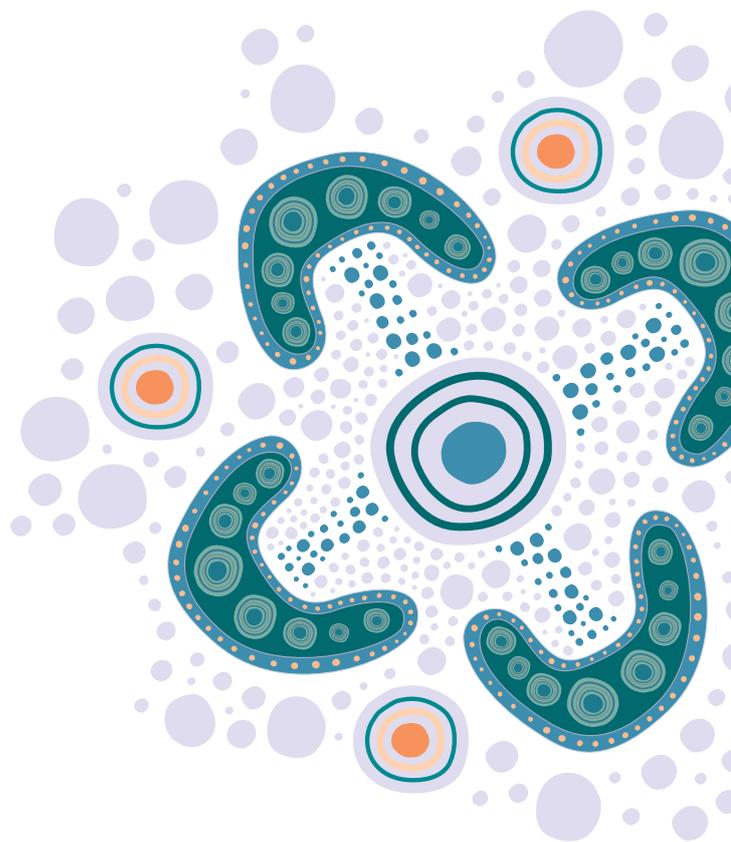
The Outreach Services Project Officer (OSPO) has had a successful year this reporting period, having the opportunity to provide a valuable level of coordination between regional planning forums; provide linkages, not just to AHCWA, but also to other forums across WA; enable continuity of work, connection of services and Member Services across different regions, and to strengthen communication with key stakeholders, improving quality of support and the ability to share learnings, resources and best practice beyond the regional forums.

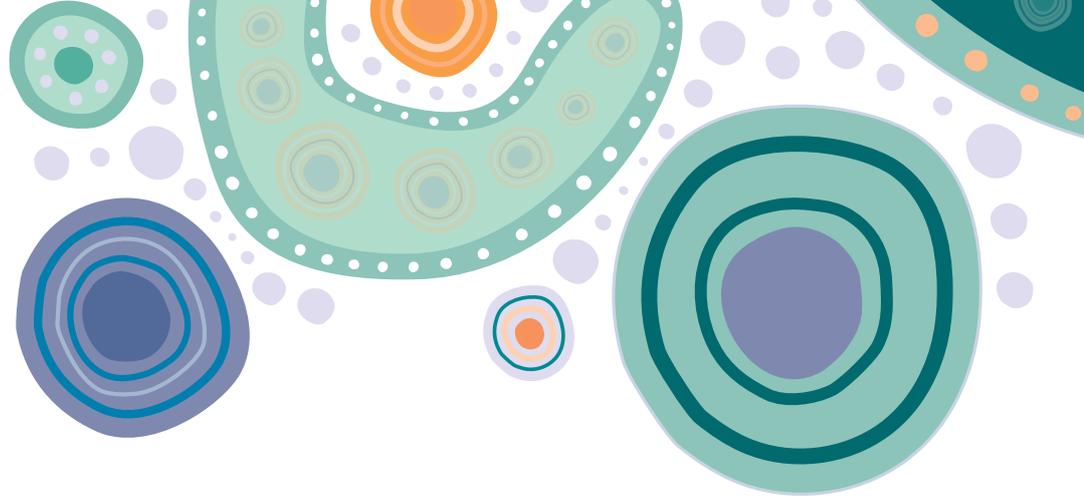
AHCWA's Member Services have had a voice and presence at 24 Aboriginal Health Regional Planning forums across seven regions in WA.

Attending the forums has enabled AHCWA to build a state-wide depiction regarding issues, concerns and solutions to common problems. Outcomes, actions and recommendations have been shared through a variety of means to improve the holistic health view across WA. This has been via AHCWA's Board Meetings, AHCWA's bi-monthly CEO Networking meetings, email circulars, key stakeholder meetings, sharing of resources, newsletter and briefing papers.

The Forums covered by AHCWA were:

| | |
|-----|---|
| 4 X | South West Aboriginal Health Planning Forum (Bunbury) |
| 4 X | Kimberley Aboriginal Health Planning Forum (Broome and Kununurra) |
| 4 X | Pilbara Aboriginal Health Planning Forum (Port Hedland and Roebourne) |
| 4 X | Yamatji Aboriginal Health Planning Forum (Geraldton) |
| 3 X | Goldfields Aboriginal Health Planning Forum (Kalgoorlie) |
| 2 X | Wheatbelt Aboriginal Health Planning Forum (Northam) |
| 1 X | Greater Southern Aboriginal Health Planning Forum (Albany) |
| 1 X | WA Country Health Service (WACHS) Executive Regional Planning Forum (Perth) |
| 1 X | State Regional Planning Forum (Perth) |



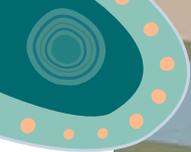


Clinical Services Support

A snapshot of some of the work identified and undertaken over the past 12 months include:

- The Patient Assisted Travel Scheme (PATS) – issues identified at a local and State level;
- WA Country Health Connect Services – new expansion of services and the impact this will have on rural and remote WA;
- Patient Transport / Patient Journey – identifying issues and concerns across all seven regions of WA, and how AHCWA can advocate for change;
- Patient Accommodation – identified gaps, issues and solutions;
- WA Primary Health Alliance (WAPHA) Integrated Team Core (ITC) Country to City Project – recommendations for improvement and engagement of the program;
- Kimberley Mum’s Mood Scale (KMMS) – adapting and sharing of resources across WA;
- Trauma Information – policies discussed across WA and Australia, and implementation into organisational policies;
- State-wide Mental Health, Alcohol and Other Drug Consumer, Carer and Family Engagement Framework – best practice and framework developed, around principles of Authenticity, Humanity, Safety and Equality;
- Fetal Alcohol Spectrum Disorder (FASD) – sharing of resources and awareness across WA;
- FBH reporting on outputs and outcomes – identifying concerns and issues with the reporting process;
- Hot North (research) – exploring how to support research translation and the community perception of research;
- My Health Record – concerns regarding opt-out, also the consultation and communication process;
- Telehealth – awareness and promotion towards telehealth service (ensuring services are culturally appropriate);
- End of Life Choices – how this impacts on Aboriginal people and their communities across WA;
- ACCHSs Model of Care – promotion for all to better understand the importance of timely, accessible, affordable, acceptable and appropriate health care for Aboriginal people/communities, that is strongly aligned and connected to country and cultural heritage, and recognise the integral role that family and community play to the overall physical, mental and spiritual wellbeing of an Aboriginal person and their community;
- Promotion of useful tools beyond the ACCHSs – communicating current hot topics, opportunities identified, sharing helpful information and supporting and connecting services across WA; and
- Support and development of more culturally appropriate services – working with mainstream services to help support cultural competency, including: Rural Health West, Lifeline Suicide Prevention Governance Committee, Neami National, Sustainable Health Review, Climate Change Review, RPH, Mental Health Commission, Department of Health, WACHS, WAPHA, City of Vincent, Noongar Radio and our Member Services. The cumulative impact has improved communication, connection and greater awareness of projects and services available and throughout all regions across WA.

AHCWA has been able to improve the flow of information, build on already strong partnerships, and collaborate with community based health services, identify opportunities, share best practices regionally and be better informed to support, advocate and communicate on behalf of our Member Services and their communities.



MAPPA Project

The Mappa Project has gone forward leaps and bounds in the past 12 months.

Towards the end of the 2017/18 period, AHCWA began the 'Controlled Live Trial' phase of the project, also known as the 'Mappa Roadshow'. AHCWA will be acquiring nearly 120 people from over 30 organisations throughout the Pilbara and Kimberley regions, as well as RPH and other Perth-based partner organisations to test the functionality and practicality of the Mappa website.

Mappa is a free-to-use online mapping tool that will help patients and communities better-access health services as close as possible to family, home and country by breaking down barriers and silos across the health sector to display travelling and outreach health service schedules no matter the funding body or organisation. AHCWA want Mappa to be the one-stop shop for health service and community information, as well as the go-to platform for organisations to display their schedules.

Mappa also features strong cultural safety and appropriateness through aspects such as cultural notices, lore times, seasons, community access and travel notes, alternate community names, and language.

AHCWA will continue to trial the platform into the next reporting period as we are receiving an overwhelming amount of support and positive feedback, with the trial set to cease in December 2018. During the trial phase, AHCWA trained users and demonstrated how Mappa works, to which we received positive reports of 'goose bumps' from clinicians and practitioners, as well as heart-warming sighs of relief.

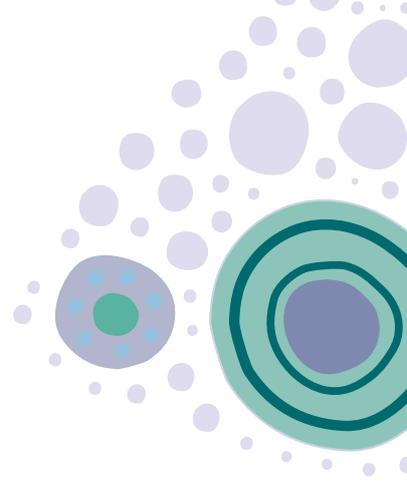
People from across the health sector are as excited as AHCWA are, as we continue to embark on a project that is finally taking the leap in creating a tool that is working to end health service disparity, and unite people once again through streamlined interconnectivity and integration via an easy to use communication tool.

If funding permits, the next few months will see AHCWA continue to build Mappa and improve on what is already a very strong foundation. The Mappa Project Management team, along with the Mappa Steering Committee and Project Directorship, will continue to build Mappa, and grow it into a platform that will benefit all people in a way that is culturally appropriate and safe for everyone.

AHCWA are still in the early phases of Mappa, yet we are seeing endless possibilities, potential, and opportunity. Mappa has the potential to save staff hours in busy hospital wards and community clinics, save the entire health system millions of dollars, and save the lives of our most vulnerable and overlooked populations.



Top: Mappa Animation.
Above top: Mappa software
Above: Mappa User Manual



Sector Development

Summary

The Sector Development team has spent the past 12 months consolidating the programs within the Unit. Over the year we have seen the commencement of the rollout of Certificate II in Family Wellbeing; the continued success of the Young Deadly and Free program; and the Youth program engage with a larger number of youth from the regions.

The Registered Training Organisation (RTO) team continued to deliver training throughout the State, with the delivery of Aboriginal Health Worker (AHW) training for Perth, Carnarvon and Bunbury students.

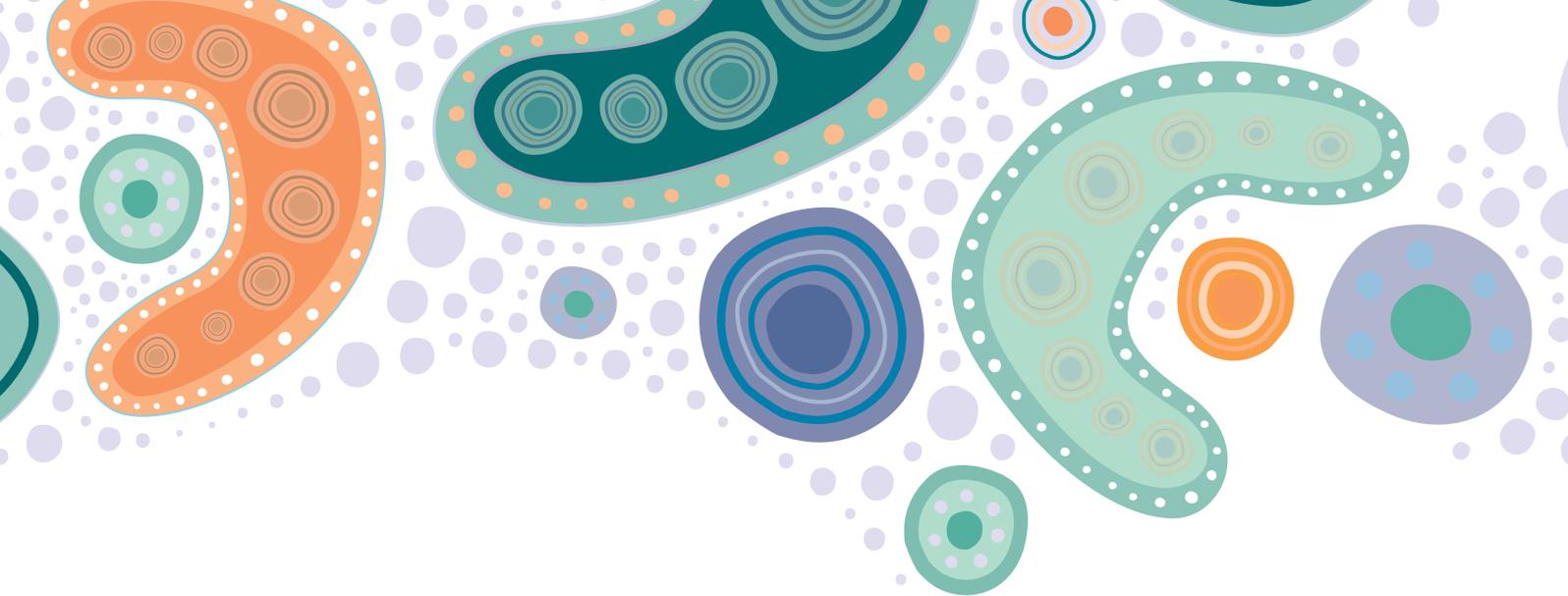
The Immunisation and Birds and BBV training has been delivered in several regions, with the Birds and BBV program completing a review of the program and successfully securing another 12 months of funding for the project. CST has continued to grow, reaching a wider range of organisations and commencing the delivery of the new Module 6, which focuses on social and emotional wellbeing and Alcohol and Other Drug (AOD) issues.

The sexual health team has continued to contribute to a variety of issues around sexual health such as the syphilis outbreak, HLTV-1 and the treatment of Hep C, while the Ethics committee continues to grow, including membership from 2 youth members.



Above: Ear Health Training graduates





Committees that the Sector Development team represent AHCWA on:

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

Sector Development

Registered Training Organisation

On the 12th April 2018, AHCWA's Registered Training Organisation (RTO) successfully achieved re-accreditation with the Training Accreditation Council (TAC) of Western Australia. This accreditation will allow our graduates to have their qualification recognised by the Australian Health Practitioner Regulation Agency (AHPRA) when they apply for registration.

Also as a result of the audit we have successfully added the following courses to our scope:

- 10272NAT Certificate II in Family Wellbeing
- 10681NAT Immunisation Training for Aboriginal Health Practitioners and Aboriginal Health Workers (AHP/Ws)
- HLTAID001 Provide Cardiopulmonary resuscitation (CPR) - Half day course
- BSB41915 Certificate IV in Business (Governance)

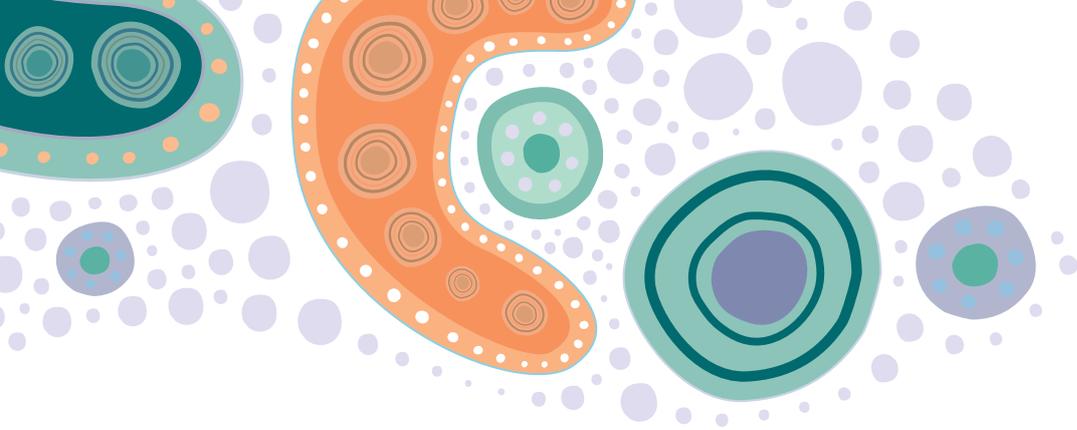
Throughout the 2017/18 reporting period, the AHCWA RTO continued to deliver the HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice course to students at our head office in Highgate.

AHCWA also had the opportunity to deliver the training course in Carnarvon. In February 2017, in partnership with CMSAC, seventeen students enrolled in the course, with 8 students set to graduate in October 2018.

The demand for Provide First Aid Training HLTAID003 is also increasing within our Member Services, with the training delivered to a variety of staff, including Doctors, nurses, remote area nurses, AHWs, cleaners and gardeners.



Above: Health Worker Training



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

| Venue: | Day: | Student Numbers: | Date Commenced: | Current Status: | Students Numbers: |
|-----------|---------------|------------------|-----------------|-----------------|-------------------|
| AHCWA | Thursday | 6 | February 16 | Graduated | 1 |
| AHCWA | Wednesday | 5 | August 16 | Graduated | 1 |
| AHCWA | Tuesday | 10 | February 17 | Current | 3 |
| AHCWA | Thursday | 9 | August 17 | Current | 6 |
| AHCWA | Wednesday | 4 | February 18 | Current | 4 |
| CARNARVON | 1 week blocks | 17 | February 17 | Current | 8 |
| BUNBURY | 1 week blocks | 16 | August 17 | Current | 10 |

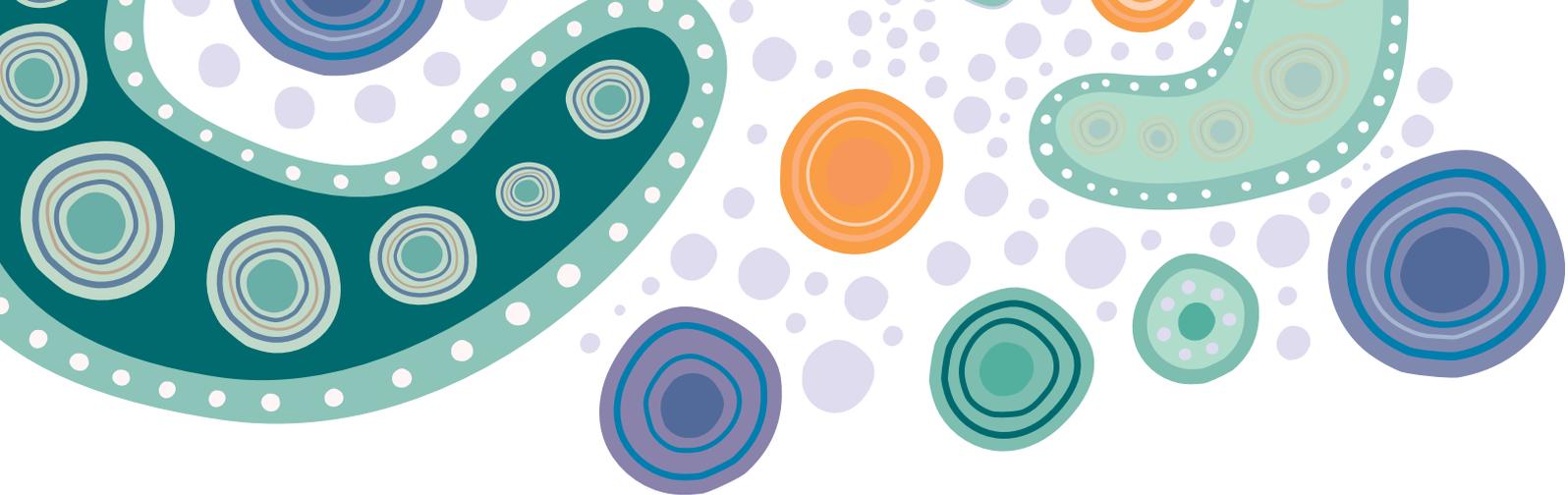
HLTAID003 Provide First Aid 2017

| Venue: | Date: | Student Numbers: |
|--|------------------------------|------------------|
| Geraldton Regional Aboriginal Medical Service | 12th – 13th July | 5 |
| South West Aboriginal Medical Service | 7th – 8th August | 5 |
| AHCWA and Derbarl Yerrigan Health Service Aboriginal Corporation | 13th – 14th September | 10 |
| Ord Valley Aboriginal Health Service | 31st October | 5 |
| Ord Valley Aboriginal Health Service | 1st November | 5 |
| Ord Valley Aboriginal Health Service | 2nd November | 9 |
| Nindilingarri Cultural Health Service | 21st – 22nd November | 10 |
| Nindilingarri Cultural Health Service | 23rd November | 6 |
| Derby Aboriginal Health Service | 27th – 28th November | 9 |
| Derby Aboriginal Health Service | 29th November | 5 |
| Derby Aboriginal Health Service | 30th November – 1st December | 6 |

HLTAID003 Provide First Aid 2018

| Venue: | Date: | Student Numbers: |
|---|-------------------|------------------|
| AHCWA/Metro Students | 13th – 14th March | 6 |
| Geraldton Regional Aboriginal Medical Service | 6th April | 7 |
| Nyoongar Outreach | 12th – 13th June | 13 |

In August 2018, AHCWA will be delivering the HLTAID001 Provide Cardiopulmonary Resuscitation for the first time. The half day CPR course is a requirement for anyone who currently holds a first aid certificate who must complete refresher training for CPR and Defibrillation every 12 months.



Sector Development

WAGPET Partnership

AHCWA has continued to be involved with the WA General Practitioners Education and Training (WAGPET) organisation with the rollout of its Cultural Mentors. These mentors are allocated different regions within the metropolitan area as well as the Southwest, Kimberley and Pilbara regions.

The Cultural Mentors are allocated general practitioner's (GP's) within their regions who engage and run workshops with other GP's to educate them on Cultural Protocol from a grassroots level. Although it is still in its early days, this approach has proven to be quite successful, as the ongoing support to the GP's has been invaluable.

One positive outcome from the project was a smooth transition for a GP based in a General Practice in Broome to an ACCHSs with the support from the Cultural Mentor. Fortunately for the GP, because there was also another Mentor located in Broome, the support for this GP was able to continue.

AHCWA also continues to be involved with WAGPET on a number of policy submission papers.

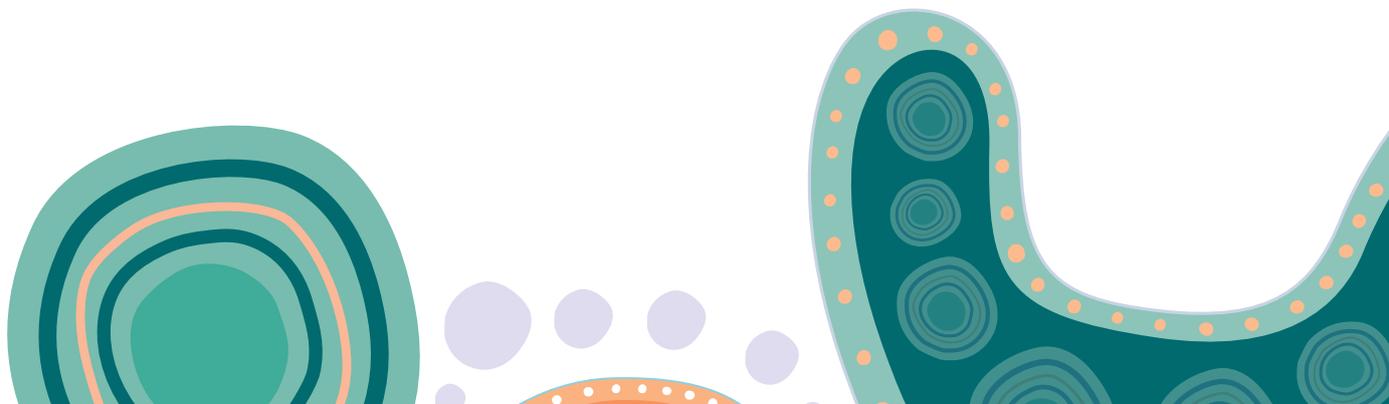
Cultural Safety Training

CST continued to be delivered to a variety of services over the past 12 months. The team continues to review and develop the modules and has developed a sixth module which will focus on social and emotional wellbeing, alcohol and other drugs.

In 2017/18, the CST Modules achieved re-accreditation by the Royal Australian College of General Practitioners (RACGP).

The CST package aims to improve the quality of services delivered by health care providers. Ultimately, CST should lead to better health outcomes for Aboriginal and Torres Strait Islander people.

During this period, the team has also provided a number of talks to universities and other training facilities, and the requests for provision of feedback on resources and program development continues to grow.





The following table outlines the delivery of CST over the past 12 months.

| Module | Organisation | Participants |
|--------|--|--------------|
| 1 | <ul style="list-style-type: none"> • Neami National • South West Aboriginal Medical Service • WA General Practice Education and Training • AHCWA • Department of Health • Rural Health West • Carnarvon Medical Service Aboriginal Corporation • Ruah Community Service • Ord Valley Aboriginal Health Service • Boab Health • Australian Medical Association | 182 |
| 2 | <ul style="list-style-type: none"> • Neami National • AHCWA • Department of Health • Rural Health West • Ruah Community Service • Ord Valley Aboriginal Health Service • Boab Health • Australian Medical Association | 121 |
| 3 | <ul style="list-style-type: none"> • Great Southern • Metro | 27 |
| | Total | 330 |

Top: CST Strings game contextualising intergenerational trauma.

Sector Development



Ear Health Training

The 2017/18 reporting period was a very busy year for Ear Health at AHCWA. Our Ear Health Trainer had the opportunity to work with our Member Services to implement the priorities set out in the WA Child Ear Health Strategy, and to deliver on improving the Ear Health Service targets to achieve more equitable health outcomes for priority population groups.

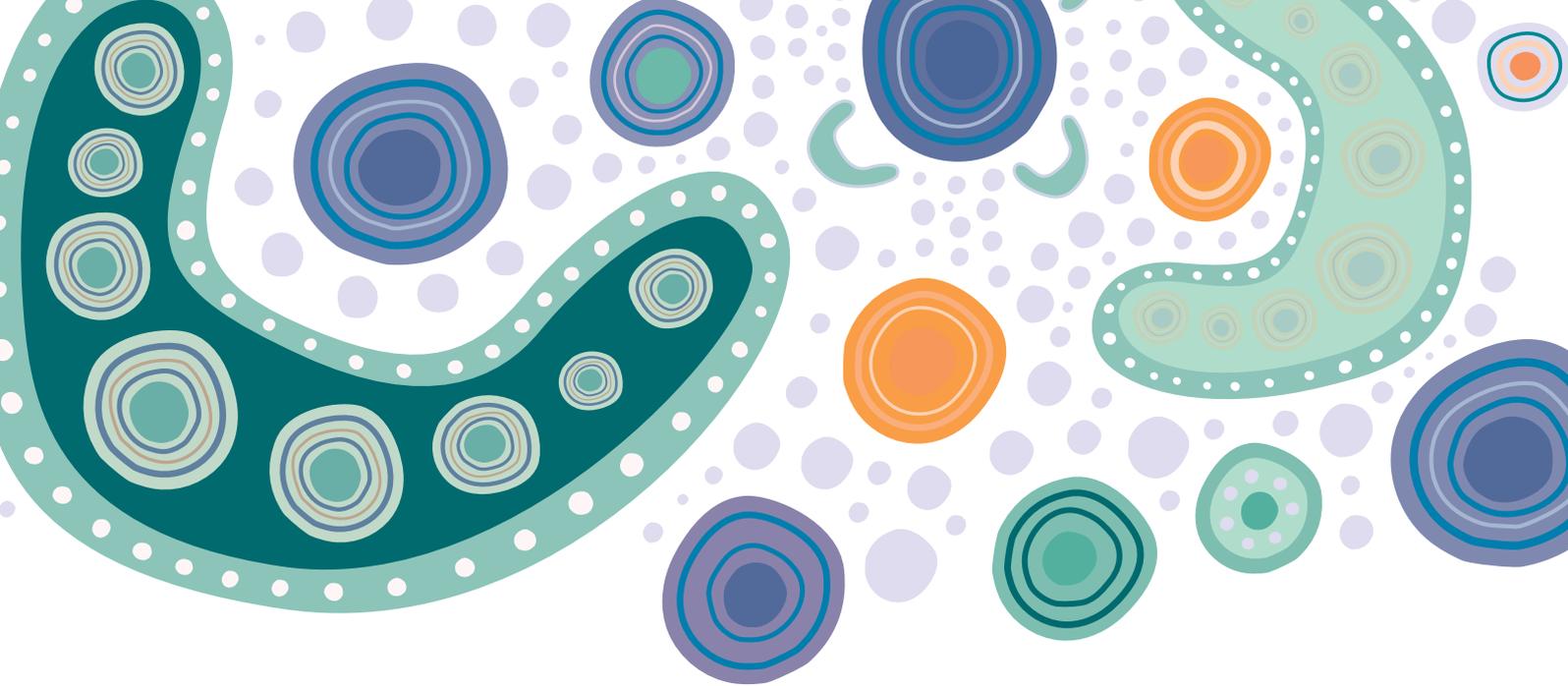
The Ear Health Trainer also assisted our Member Services to develop their workforce in Ear Health training with a considerable increase in demand for the training to be presented. The training has attracted 76 participants throughout the health sector in 2017/18, with 68 students successfully graduating from the Ear Health training course. Congratulations to all of the students who graduated, enabling them to continue to deliver strong ear health education throughout our Member Services.

The year has not been without its challenges as AHCWA has needed to provide assistance to our Member Services who required further support in ear and hearing equipment, specialist referral pathways along with Ear, Nose and Throat (ENT) clinic support in the regions. The nature of these challenges is to work collectively with our Member Services to make a difference in the regions.

The Ear Health Trainer is currently planning a one day convention in 2018 for our Member Service delegates to come together to implement strategies and reduce the prevalence of ear health problems throughout WA. In the future, AHCWA aims to continue this forum throughout the regions and looks forward to continuing to work together with our Member Services.



Top: (Big) Inflatable Ear, Koorbaniny
Middle and bottom: Ear Health Training Students



Programs

Sexual Health Officer

This year, the Senior Sexual Health Officer (SSHO) completed site visits to the Kimberley Aboriginal Medical Service (KAMS), Beagle Bay Health Service, Ngaanyatjarra Health Service – Blackstone clinic, Moorditj Koort Aboriginal Health and Wellness Centre, BRAMS, SWAMS, and CMSAC.

Regional support has increased in the Pilbara with phone and email contact requested from Puntukurnu Aboriginal Medical Service (PAMS) in Newman, and WMHSAC in Port Hedland.

The SSHO has also been working with external stakeholders, such as WA Aids Council, Hepatitis WA, Peer Based Harm Reduction, Women's and Family Services WA, the Pink Box Project, AHCWA clinical leadership group, the South Australian Health and Medical Research Institute (SAHMRI), SiREN, and TTANGO. The SSHO has also been required to attend meetings to discuss health matters to improve sexual health outcomes for the Aboriginal community within the metro and regional areas.

More recently support has been extended to High Schools, mainly Mirrabooka Senior High School which has required resource and education support for their student's health promotion activities based on sexual and reproductive health.

Resource distribution continues to increase with resources distributed to our Member Services and WACHS for events that promote sexual health screening of chlamydia, gonorrhoea and syphilis. AHCWA is able to continue to distribute condoms, posters, Us Mob and HIV booklets, She's Chill booklet, Young Deadly and Syphilis Free posters, clinician links, and sexual health manuals for community sporting events. In the next coming months, a white board video animation for sexual health screening that aims to encourage people to come into the clinic and get a test will be released.

Sexual Health (TTANGO)

Over the last 12 months, the TTango2 Pilot Program has supported the 13 TTango2 pilot sites and GeneXpert operators within our Member Services. As the recruiting of sites was completed in early 2017, AHCWA's main target for the 2017/18 period was to review the program.

Support was provided to our Member Services by:-

- Fortnightly emails and phone calls;
- Staff training; and refresher training, where required;
- TTango Presentations at STI/BBV conferences, Professional Development and Aboriginal Health Practitioners/Worker (AHP/W) courses;
- Reviewing testing reports from each site, and
- CQI processes to review and help Member Services do more testing for syphilis, gonorrhoea and Trichomonas.

As a team, AHCWA review the processes and progress of the program by:-

- Monthly TTango Organisational Group Meetings;
- Fortnightly sub –committee teleconferencing;
- Follow-up requests from our Member Services; and
- Data extraction reports from TTango Point of Care Testing (POCT) against Pathology tests, and time of treatment.

Of the 13 sites participating in the TTango POCT, more than half of the sites are performing well, while others have had very little impact in their regions. Some of the issues for the low testing numbers are staff turnover; lack of support from senior staff; and lack of confidence or 'shame' to raise the subject by clinic staff. The program has 12 months to go and will be reviewed by the sector to see if the GeneXpert TTANGO2 program will be a permanent fixture within our Member Services.



Sector Development

Sexual Health (Young, Deadly, Free Project)

The Young, Deadly, Free project is a partnership between 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 sexually transmitted infections (STIs) and blood-borne viruses (BBVs) for Aboriginal youth living in remote and very remote areas.

In the past year, AHCWA has worked with our Member Services and other agencies in Warburton, Leonora and Carnarvon to recruit young people as peer educators. Peer educators received three days of training by AHCWA staff, and were then supported to pass on what they had learnt to other young people in their community.

In Carnarvon, peer educators went on to successfully organise events for World AIDS Day and National Condom Day, and a local health promotion video was developed. In Warburton, peer educators held a successful basketball carnival incorporating STI messages, and women's community education sessions have also been held. Peer educators in Leonora plan to host an art competition around the theme of STI prevention and testing, and the winning design will be incorporated on a t-shirt to be distributed to youth through local clinics.

AHCWA also supported a number of peer educators to travel to Perth for the 2018 AHCWA Youth Conference to build leadership skills and knowledge about youth health issues.

In addition to peer education activities, AHCWA has collaborated with project partners to develop resources for youth, community people and health professionals. The resources include info-graphics, videos, animations and fact sheets to raise STI and BBV knowledge and awareness and can be accessed via the website youngdeadlyfree.org.au.

Commonwealth funding for the project has been extended to June 2019.



Top: Peer education Training, Carnarvon.
Middle: Workshop, Leonora.
Bottom: Basketball Competition, Carnarvon.



Sexual Health (the Birds and the BBV's)

AHCWA, in partnership with Hepatitis WA have delivered the Birds and BBVs training to staff working in our Member Services and other organisations who work with Aboriginal people in WA.

The aim of the training is to increase knowledge, skills, motivation and confidence to discuss and/or offer routine opportunistic testing for STIs and BBVs to clients aged 15 to 35 years. The training includes many important components related to STI's and BBV's, such as transmission and prevention strategies, treatment regimes, harm reduction strategies, and practical skills for discussing testing, positive diagnosis, and providing referral pathways.

The training has been delivered in Northam, Carnarvon, Perth, Kalgoorlie, Broome and Wiluna. Sixty people have participated in the training with 50% of the participants working in a clinical setting and 50% of the participants youth workers and Health Promotion staff.

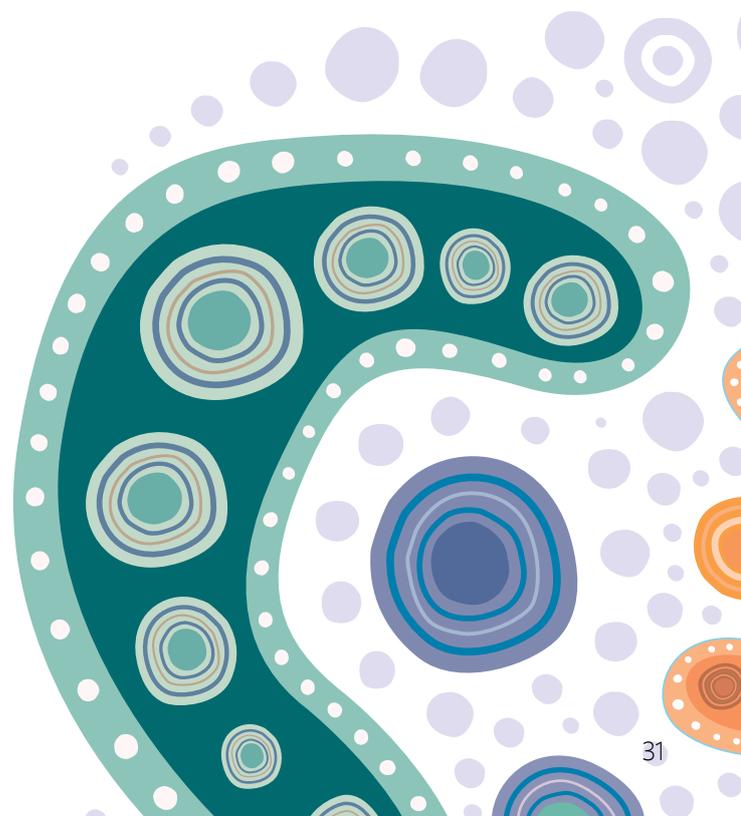
Most people with STIs and BBVs have no symptoms therefore early detection and treatment is an important part of overall Sexual Health and Wellbeing. While people of any age can get a STI or BBV, young people aged 15 to 30 years are at high risk. The current rates of chlamydia and gonorrhoea remain highest in this age group and WA has seen a dramatic increase in syphilis infections in the Kimberley region and increasing numbers in the Pilbara region.

Offering testing can be uncomfortable and confronting for both clients and practitioners and its very important that it is done in the right way using a sensitive informative approach and normalising testing as part of a routine health check.

Early detection and treatment of STIs and BBVs needs to be a whole of clinic practice alongside prevention education. Opportunities exist for Health Services to incorporate STI/BBV testing as part of a holistic health check making it more acceptable to both the client and the practitioner.

Overall evaluation from participants of the Birds and BBVs training has been very positive with a high proportion reporting an increase in confidence to discuss and/or offer STI/BBV testing to their clients.

Top: Birds and the BBVs training, Wiluna.



Sector Development

Immunisation

The last reporting period has seen the Immunisation training delivered to 3 different sites. These include; Kalgoorlie with Aboriginal Health Practitioners (AHPs) from the Bega Garnbirringu Health Service; 3 blocks of training in Broome for AHPs from WACHS - Kimberley region and BRAMS; and also training at WMHSAC in Port Hedland. In total, 21 AHP/W's have successfully completed the Immunisation training this year.

The New Medicines and Poisons Act (2014) and the introduction of Structured Administration and Supply Arrangements (SASAs) has continued to cause confusion over the legalities surrounding vaccinations. Continued meetings with the Communicable Disease Control Directorate and the Poisons Department at WA Health, has helped to clarify some of these matters and restored confidence in our Member Services as to what their AHP/W's can and cannot do.

A Meningococcal W outbreak in central Australia in November 2017 saw two Registered Nurses from AHCWA assist nurses from the Department of Health in the vaccination response campaign. The vaccination campaign was a success, with high numbers of people in central communities including (but not limited to) Warburton, Jigalong, Parnngurr and Wingellina vaccinated against Meningococcal ACWY.

Planning is underway for the next reporting period with the Immunisation training to be delivered in Geraldton and the Perth Metro area. By continuing to upskill AHP/W's in how to immunise, this will increase the accessibility of the Aboriginal community to receive immunisations thus hopefully increasing the immunisation rates. This is particularly necessary in the metro area where Aboriginal immunisation rates are still at concerning levels.



Ethics

The Western Australian Aboriginal Health Ethics Committee (WAAHEC) is 1 of 3 Aboriginal specific Human Research Ethics Committee's (HREC) and is recognised and registered with the National Health and Medical Research Council (NHMRC), the peak ethics body in Australian Health and Ethics Committee (AHEC).

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

The WAAHEC currently have a full membership in accordance with the National Statement on Ethical Conduct in Human Research (2007) – Updated 2018. The Committee extended their membership for regional representatives and this reporting period, have successfully filled the positions from Pilbara and Goldfields.

The secretariat provides 6 monthly approved project summaries to the AHCWA website for the public to view and monitor quality research projects currently being undertaken in the regions.

For the 2017/18 reporting period, the committee approved 31% of the proposed new applications, and the two main regions for research were the Kimberley's (7.5%) and State- wide. Four percent (4%) of the primary focus was in – Health and Wellbeing, Prison/Family Safety and Immunisations.

Top: Vaccination Clinic, Warburton.



Family Wellbeing Training

AHCWA began a partnership with the Mental Health Commission of Western Australia in July 2017 to address the impact of social and emotional burdens faced by Aboriginal people and to recognise these as significant contributors to poor mental health and suicide. To address the concerns of wellbeing in Aboriginal communities, AHCWA engaged in developing and delivering a training program suitable for Aboriginal people and their communities.

As part of the program, AHCWA purchased a license from TAFE South Australia (TAFE SA) to promote and deliver the Certificate II in Family Wellbeing. This certificate was constructed in the early 1990's by Aboriginal people for Aboriginal people.

Training began in August 2017, providing 8 AHCWA staff members the opportunity to receive training to become Facilitator's for the Certificate II in Family Wellbeing from TAFE SA. The accreditation to facilitate training in Western Australia was completed in late April 2018.

Since April, AHCWA has secured training and commenced delivery with several of our Member Services with the inclusion of community members eager to participate in the training. So far, AHCWA has received interest from many of our Member Services and has begun to secure dates for training in Perth Metro, Goldfields, Central Desert, South West and the Murchison/Gascoyne regions. Training commenced in the Central Desert Region and will see the participants complete their certificates in late August 2018.

AHCWA has also engaged with other associated services that work with Aboriginal people and communities for additional training to be scheduled to accommodate the increasing demand of the training.

Several youth groups with representatives from the Kimberley, Pilbara, Goldfields and Perth Metro regions have also participated in workshops based on the teachings of Family Wellbeing. AHCWA aim to increase the awareness of social and emotional wellbeing with the younger Aboriginal population over the course of the project.

This project is funded until June 2019, however AHCWA hope with the increasing demand of the training, the project can continue.



Sector Development

Aboriginal Youth Program

It has been another busy year for the Aboriginal Youth Coordinator with workshops, meetings, consultations, training, forums, and the Youth Conference where the Western Australia Aboriginal Youth Health Strategy 2018 – 2023, 'Today's young people, Tomorrow's leaders' was launched. The Aboriginal Youth Coordinator also coordinates the Youth Committee which has grown to 17 members with representatives from each region. For the first time, a Youth Committee member was appointed to the AHCWA Board as a Youth Advisor, providing positive feedback from a youth perspective in all Board meetings.

Hot Issues workshops

The AHCWA Youth Program held more than 12 Hot Issues workshops around the state over the last 12 months. Most of these workshops were in-conjunction with the WA Aboriginal Youth Health Strategy consultations, some aligned with AHCWA Youth Committee meetings and one during the annual AHCWA Youth Conference.

Some of the issues identified throughout the workshops included; mental health issues, alcohol and drug use, lack of cultural connection, feeling unsafe in certain communities because of racism, and negative relationships (family relationships, personal relationships and friendships) interfering with a person's well-being and life goals.

Some of the strengths identified included; resilience, determination to succeed, and more young leaders coming through in the regions.



Building Resilience workshops

Youth Resilience workshops delivered by the AHCWA Youth Program provided the opportunity for AHCWA to hear the concerns of the community and included young Aboriginal people coming together to discuss a range of recommendations; and undertake a range of activities. These activities included opportunities for; upskilling and skill building, education sessions, peer education, promoting general and shared experiences to enhance the skills of peer-youth mentors, building community resilience, and attending short courses or conferences where young Aboriginal people had the opportunity to have their say and to be heard.

During the reporting period, Youth Resilience workshops were held in Perth, Bunbury, Kalgoorlie and Broome with 85 participants in total attending the workshops.

Youth Committee Upskilling

The Youth Committee also engaged and supported 51 females and 19 males in leadership opportunities within this period, with eight Youth Committee members receiving upskilling in training courses including; Youth Mental Health First Aid, Accidental Counsellor training, and Ethics training.

Youth Mental Health First Aid training was provided free of charge to youth committee members in Perth, Bunbury and Mandurah. Youth committee members have also been supported to develop and deliver mental health workshops, with a youth focus within their own communities. These workshops received excellent feedback from the community, and some of the workshops have evolved into ongoing programs that will be delivered on a regular basis by our Member Services and community groups who attended the training.



AHCWA Youth

Let us empower, Let us inspire, Let us lead



Top Left: Matthew Bill and Dennis Simmons Jnr
Top Right: Meagan and Hayley in Broom Drop-In Centre, Youth Strategy Consult Workshop.
Middle: 2018 Youth Conference Participants
Bottom Left: AHCWA Board Youth Delegates, Dennis Simmons Jnr and Wade Garwood



Sector Development

Health Promotion

Tackling Indigenous Smoking

The AHCWA Tackling Indigenous Smoking (TIS) program continued to promote the ‘health impact of smoking’ and ‘smoke free environments’, in its tobacco control campaign in reducing the ‘harms of tobacco smoke’ throughout the Aboriginal community within the Perth Metropolitan and wider Western Australian regions.

The AHCWA TIS team provides smoking cessation support, assistance, information and resources to persons who are seeking to quit smoking.

We have been able to continue our fantastic partnership with DYHSAC - East Perth and Maddington Clinics, and the King Edward Memorial Hospital (KEMH). Working in partnerships and broadening community engagement has been a great strength in providing our expertise in tobacco control to our clients. It has also enabled clients to have a yarn with the TIS team, and share their smoking stories.

The AHCWA TIS program continues to provide awareness with educational sessions provided to pregnant women, mums and bubs, youth, men’s, seniors and the disadvantaged groups.

Community Events

The AHCWA TIS team have had another amazing year of celebrations around the community, teaming up with key partners to provide information and awareness around significant events, and to spread the ‘smoke free’ message.

Firstly, the AHCWA TIS team hosted a ‘Corporate Volleyball Challenge’, with team representation from Yorgum Aboriginal Corporation, Noongar Health and Wellbeing, Cancer Council WA ‘Making Smoking History’, and AHCWA’s ‘Young Deadly and Free’, with winners being the AHCWA ‘Young Deadly and Free’ team.

The National Close the Gap Day event, in partnership with the City of Vincent enabled community members from all walks of life to share great entertainment, food, health promotion stalls, and fun activities.

A major highlight of the year was the AHCWA WA Aboriginal Community Controlled Health Sector Conference, with WA TIS Grant Recipients providing an insight into ‘how they are contributing to reducing tobacco intake’ in their regions.

Celebrating ‘World NO Tobacco Day 2018’ at the DYHSAC – Heart Health Program, was an empowering achievement with the launch of the WA TIS Grant Recipients combined community ‘World NO Tobacco Day’ messages relating to the heart.

Other great events the AHCWA TIS team attended included: NAIDOC Mirrabooka, NAIDOC Midland, NAIDOC Netball, NAIDOC Armadale, NAIDOC Bassendean, NAIDOC WAFL Round (HBF Stadium), Volunteer WA: Homeless Connect, Playgroups WA: Annual Fun Day, Softball WA: Aboriginal Womens Softball Carnival, Breastscreen WA: Annual Picnic in the Park, Swan Emergency Accommodation – Karnany Service: Annual Homeless Awareness Week, La Salle Senior High School Health Expo and National Sorry Day.





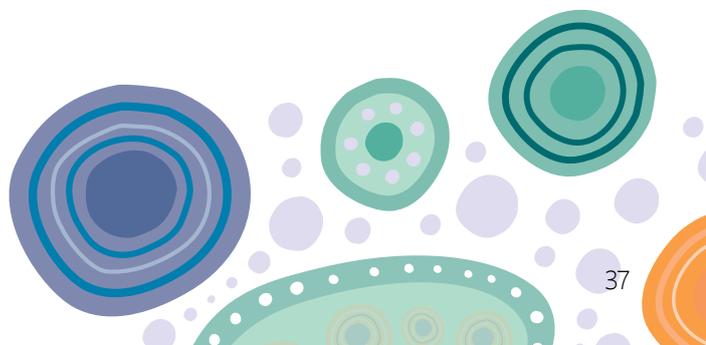
New Initiative

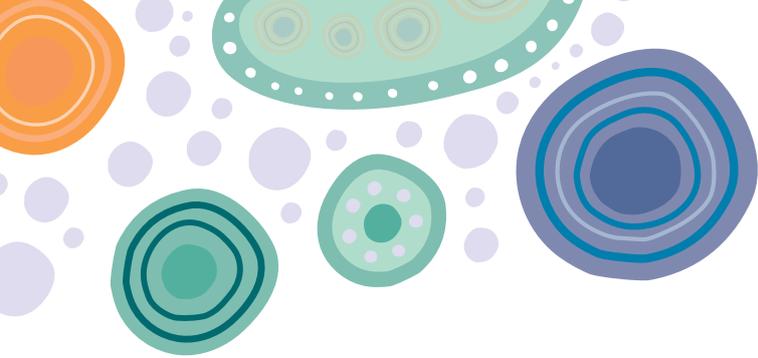
A major new initiative the AHCWA TIS program have had is the opportunity to be involved in the creation of the 'WA Aboriginal Smoking Cessation Brief Intervention Training Package'. The strong ongoing partnership with the BRAMS TIS team to deliver training across WA, not only to other WA TIS grant recipients, but to other health professionals working with Aboriginal clients, has been a huge success.

The training has provided just over 300 participants with new skills or upskilling in brief intervention. This has provided them with; updated information, awareness on how to access smoking cessation support, and most importantly, the confidence to have a yarn with their clients about their smoking. We leave you with our motto: 'Quit Today for a Healthier Tomorrow – Promoting Smoke-free Western Australian Aboriginal Communities, protecting our next generation'.

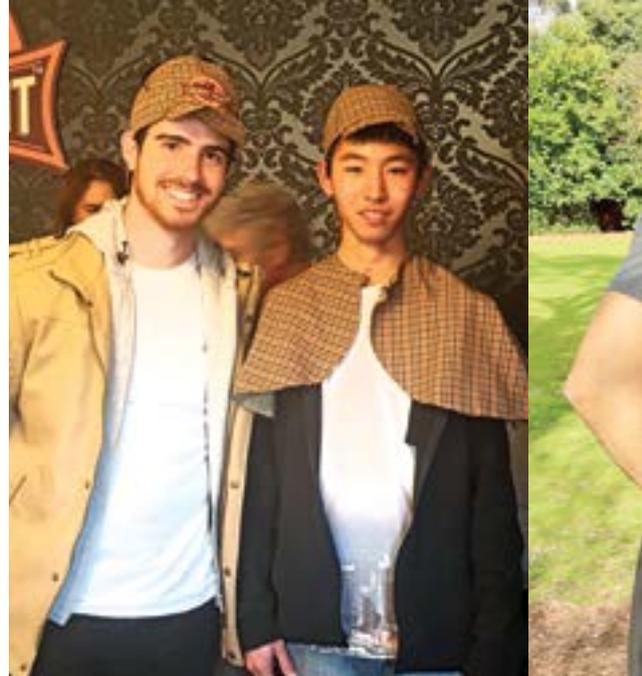


Top Left: TIS team members, Rickesha and Tricia with Mille Penny (centre)
 Top Right: Close the Gap Community Event
 Middle right: WA Aboriginal Smoking Cessation Brief Intervention Training
 Bottom Right: Sorry Day Netball Carnival
 Above: Corporate Volleyball Challenge





Corporate Services



Administration and Secretariat Support

The Administration team provides administrative and secretariat support to the AHCWA CEO, Senior Managers, Chairperson, Board of Directors, CEO Network and the West Australian Aboriginal Health Planning Forum (WAAHPF).

The team carries out the following tasks:

- Providing secretarial support and diary management to senior management;
- Meeting management including preparation, planning and minute taking;
- Liaising with external stakeholders, Member Services, Directors and partners;
- Maintaining excellent governance standards;
- Providing support to AHCWA Member Services;
- Front desk reception including assisting students, visitors, deliveries, post;
- Booking travel, accommodation and car hire;
- Organising Annual General and Special General meetings;
- Management of office cleaning and consumables; and
- Event co-ordination of the annual AHCWA Members' Planning Day, Youth Conference and WA Aboriginal Community Controlled Health Sector Conference and various other key events.



Corporate Governance

The AHCWA Governance team had a busy year assisting Member Services with their governance procedures and protocols. We continue to provide support and education to our Member Services ensuring positive change management protocols are adopted and that all stakeholders within our Member Services understand the importance of these structures.

Some highlights of this year include:

- AHCWA welcomed new Board members in 2017 and we thank outgoing Directors for their valuable contributions to the Service;
- Board Governance and Orientation Manual development with our Member Services, including Yura Yungi Medical Service Aboriginal Corporation (YYMSAC), Carnarvon Medical Services Aboriginal Corporation (CMSAC), Puntukurnu Aboriginal Medical Service (PAMS), Derbarl Yerrigan Health Service Aboriginal Corporation (DYHSAC) and the Ord Valley Aboriginal Health Service (OVAHS);
- Continued support to CMSAC Board and staff in conjunction with the AHCWA Management Team;
- Coordinating AHCWA CEO Network meetings and subsequent activities;
- WA Aboriginal Community Controlled Health Sector Conference design and development strategies, considering feedback and recommendations to continually improve the event;
- Online updates with the Office of the Registrar of Indigenous Corporations (ORIC), the Australian Securities and Investments Commission (ASIC) and the Australian Charities and Not-for-profits Commission (ACNC);
- Support with membership registers, mail out preparation and documentation for Member Services requiring assistance for their Annual General Meetings; and
- Assistance in record management for Member Services, including archiving and auditing various records and seeking advice on legal obligations relating to the retention of patient information.

*Top Left: Top: AHCWA Team Building Day – Escape Hunt
Top Right: Top: AHCWA Team Building Day – Zoomazing Race*





Corporate Services

Grants and Submissions

This year the Grants and Submissions team have supported the development of 32 funding applications, securing \$1,649,800 in funding across the sector (with 12 applications still pending a decision).

The team have provided:-

- Training to 5 Member Services : Broome Regional Aboriginal Medical Service (BRAMS), Kimberley Aboriginal Medical Service (KAMS), Yura Yungi Medical Service Aboriginal Corporation (YMSAC), Derbarl Yerrigan Health Service Aboriginal Corporation (DYHSAC) and Derby Aboriginal Health Service (DAHS) on how to write a funding application and the difference between inputs, outputs and outcomes;
- Assistance or advice with writing funding applications to 7 Member Services : Carnarvon Medical Service Aboriginal Corporation (CMSAC), DYHSAC, Puntukurnu Aboriginal Medical Service (PAMS), South West Aboriginal Medical Service (SWAMS), the Geraldton Regional Aboriginal Medical Service, Bega Garnbirringu Health Service, and the Ngangganawili Aboriginal Health Service;
- Information on available grants via the bi-monthly grants list; and
- Support to the bi-monthly CEO Network meetings by developing projects in response to CEO-identified network-wide opportunities.

Some notable projects that the team have supported over the course of the year have included:

| | |
|--|---|
| Needle and Syringe Programs and Hepatitis: | With the renewal of state funding contracts for Hepatitis and Injecting Drugs this year, AHCWA worked with the state to increase the level of support provided to Aboriginal people. One trial area for investment is to develop an understanding amongst Aboriginal communities around the Needle and Syringe Programs (NSPs), and the risks and benefits of running programs from our Member Services. Some Member Services have received funding to work with Peer Based Harm Reduction WA to run workshops on NSP processes and values, and to discuss injecting drug use in general. |
| Social and Emotional Wellbeing (SEWB) and Mental Health (MH): | AHCWA listened to our Member Services who repeatedly highlighted the lack of culturally appropriate SEWB/MH services in their region despite a WAPHA funding round which saw regional money go to mainstream organisations. AHCWA has commissioned a project, led by Professor Pat Dudgeon, to establish an 'ideal' SEWB/MH model in WA for Aboriginal people, and to develop clinical governance guidance notes which can be used by Services to ensure clinical safety and compliance. The final report is anticipated in November 2018. |
| NDIS: | AHCWA won a small grant from the WA Council of Social Services (WACOSS) to build capacity in the sector around the National Disability Insurance Scheme (NDIS). AHCWA considered what work has been undertaken by NACCHO and other Aboriginal Community Controlled Health Organisation (ACCHO) Affiliates in the NDIS space, as AHCWA might be able to tap into the current resources that exist for roll out with our Member Services. The recently formed NACCHO NDIS Working Group has been useful in bringing together the respective individuals working on NDIS issues to discuss the work that has been undertaken and the work that is still required to be done. |
| State Procurement Policies: | 2018 saw the introduction of the State Aboriginal procurement policy which potentially provides greater opportunities for Member Services to secure funding from the state. The State 'Delivering Community Services in Partnership' policy was also revised and AHCWA has actively contributed to the development of the policy to better support equitable access for our Member Services. |
| Internships: | Four University Interns worked in the unit over the course of the year. Each brought specialist knowledge of the courses they were studying and worked on specific projects of interest to the sector. AHCWA's support of interns through the McClusker Foundation and Aurora project was to raise awareness of Aboriginal Health and Community Control and to support the development of a culturally secure workforce. |



Top: AHCWA Team Building Day - Drumming Workshop

Quality and Compliance

The AHCWA Quality and Compliance department continues to strengthen our continuous quality improvement strategies. This is evident with AHCWA successfully attaining ISO 9001 Accreditation with 4 observations and no non-conformances.

The organisation has renewed its focus on utilising our Quality Management System (QMS) LOGIQC software to its full capacity as well as increasing employee interaction with the software.

The AHCWA Quality and Compliance team continues to provide assistance to our Member Services in the areas of:-

- Quality Management Systems and Document Control;
- Development and review of organisational policies and procedures;
- Risk Management
- Audits; and
- Accreditation

Information and Technology

The Information Technology (IT) department have delivered a number of changes to the internal IT infrastructure to improve AHCWA's security and provide more flexible arrangements for staff.

IT security today is more important than ever. The biggest threat to an organisation is not a hacker from across the world hiding behind an IP address, in most cases it is someone closer to home. The use of Smart devices such as tablets and phones have increased over the past few years leading to more data being freely available. Most users will have company emails or documents stored on a device, they may also have personal data such as credit card details, addresses etc. In the event the device is stolen, this data becomes available to whoever has the device and in most cases it can be easily accessed even if there is a PIN or password in place.

In February 2018, the Australian government introduced the Data Breach legislation. This legislation is in place to help ensure that in the event of a data breach all relevant parties are notified and the data breach is reported to the Privacy Commission. An organisation must also meet certain standards to ensure that data is kept safe in the event of a device being lost or stolen.

To meet these requirements, AHCWA IT implemented a Mobile Device Management solution. This solution provided IT with the ability to remotely wipe a device, in the event it is stolen, which will remove any documents or emails that may be sensitive. Bitlocker Drive security was also implemented on all AHCWA laptops. Previously, if a laptop was stolen, the hard drive could simply be removed and all data would be accessible. By introducing a drive encryption solution, all data is now secured by an encryption key and is inaccessible to any third party without the appropriate credentials.

These 2 solutions ensure that AHCWA data continues to remain secure and out of the wrong hands.



Conference Reports

WA Aboriginal Community Controlled Health Sector Conference

The 2018 WA Aboriginal Community Controlled Health Sector Conference was held at the Esplanade Hotel in Fremantle on 11 and 12 April.

The Welcome to Country was delivered by Assoc. Professor Ted Wilkes and accompanied by a dance and stage play directed by Ian Wilkes. The play included audience interaction and storytelling based on the Model of Care themes.

The Hon. Ken Wyatt AM MP, Minister for Aged Care and Indigenous Health, officially opened the Conference before MC, Gary Goldsmith invited Kate Wallace, A/First Assistant Secretary, Australian Government Department of Health to the stage to deliver her Keynote Address noting that strategic planning and information is a key feature of the partnership forum in WA. The second keynote address was delivered by Pat Turner, CEO of NACCHO. Pat touched on constitutional reform as a key priority, as well as building a new NACCHO brand and improving and securing the funding for the sector.

Margaret Denton, Executive Director of Health Programs, WACHS discussed WACHS directions for Aboriginal Health, the development of new strategies and an update on key projects.

The successful launch of the Mappa Project was a highlight on day one. The Mappa project is an online platform designed for better patient journey management, with the main purpose to assist providers to better understand who they are providing services to, where they live and what is available for them for their discharge, journey and ongoing condition management arrangements.

After lunch the Tackling Indigenous Smoking (TIS) state-wide teams presented on current initiatives in their areas before Jenny Bedford, CEO of DYHSAC gave an insight into what has been happening at DYHSAC over the last year.

Rounding out day one was a presentation from Lesley Nelson, CEO of SWAMS. Lesley gave an update on what is happening at SWAMS including a new dental service that is coming soon, a new maternal and child health service called 'Kwilenu' and the 'Youth Standing Up' program that started in February 2018, working with Head Space.

Day two of the conference started with AHCWA's Youth Coordinator, Hayley Thompson and the AHCWA Youth Committee providing an update from this year's Youth Conference which was a huge success. A highlight of the presentation was the launch of the WA Youth Strategy by the Hon. Ken Wyatt AM MP.

The day progressed with presentations from AHCWA and our Member Services. AHCWA began with a presentation on the new training program, the Certificate II in Family Wellbeing, before Rob McPhee and William (Tonchi) McIntosh, from KAMS, gave an overview of Aboriginal men's health activities being undertaken in the Kimberley as well as an update on the WA government's plans to develop a WA Men's Health Policy.

Louise McKenna and Joanna Martin, also from KAMS, presented on Balgo Bush Medicine. Louise and Joanna are pharmacists who work with the senior Balgo women to develop traditional bush medicines into products that can be properly presented in containers, well labelled and stored and distributed to patients from the health clinic.



After lunch, Professor Charles Watson, the Senior Health Advisor, WA Health, addressed the ‘hype and reality’ around medicinal cannabis including the matter of access limitations and authorisations, before Lesley-Ann Conway from GRAMS described the ‘Our Spirit and Rest’ program and the work that the team at GRAMS do in order to repatriate deceased people home to their families for funerals.

June Councillor, CEO of WMHS, Joan Hicks, CEO of Mawarnkarra Health Service Aboriginal Corporation and Robby Chibawe, CEO of PAMS spoke about delivering innovative holistic healthcare in remote settings in the Pilbara followed by Jonathon Ford and Zane Hughes from Mooditj Koort who presented on client management methodology – including their purpose which is to help people to access a service.

AHCWA Chairperson, Vicki O’Donnell closed the 2018 Conference expressing a huge congratulations to all of the previous night’s award winners and to Des and the AHCWA staff on another successful State Conference.



Top Left: Johnathon Ford, CEO, Mooditj Koort
 Top Right: Model of Care Performance
 Above Right: Conference Delegates
 Middle Right: Model of Care Performance
 Bottom Right: AHCWA and Rural Health West Conference delegates



AHCWA Youth Conference

2018 marked a historical event for AHCWA as we hosted the biggest annual AHCWA Youth Conference to date, with 30 young Aboriginal people from around the state coming together to participate in the event.

AHCWA's Youth Program Coordinator, Hayley Thompson facilitated the day which included guest speakers from Sexual Health Quarters WA, delivering the "Hot Issues" workshop. This workshop coincides with their current research for the development of their Moorditj 2 training program. The Moorditj2 program helps young people learn about identity, respectful relationships, understanding feelings, speaking up, goals, staying on track, puberty, what becoming a young parent might mean, making decisions about sex, consent and their rights, and contraception and STI prevention.

The AHCWA Youth team also brainstormed their ideas for a state-wide sexual health project being developed by SAHMRI. The team watched an amazing plenary production film, before they began working on their ideas and recommendations for the 2018 AHCWA Youth Presentation at the WA Aboriginal Community Controlled Health Sector Conference.

The AHCWA Youth presentation was once again a success and included updates on activities they have been working on since the 2017 Conference. The updates included promoting the Youth Conference, work on getting a youth representative onto the AHCWA Board, the distribution of their own Youth Newsletter, and youth events.

The AHCWA Youth team also released the WA Aboriginal Youth Health Strategy, *Today's Young People, Tomorrow's Leaders* which was officially launched by The Hon. Ken Wyatt AM, MP. The Aboriginal Youth Health Strategy is the culmination of almost a decade of AHCWA's commitment and strategic advocacy in Aboriginal youth health. The Aboriginal Youth Health Strategy is specifically tailored for improving the health of young Aboriginal people, and in particular young Aboriginal people living in Western Australia.

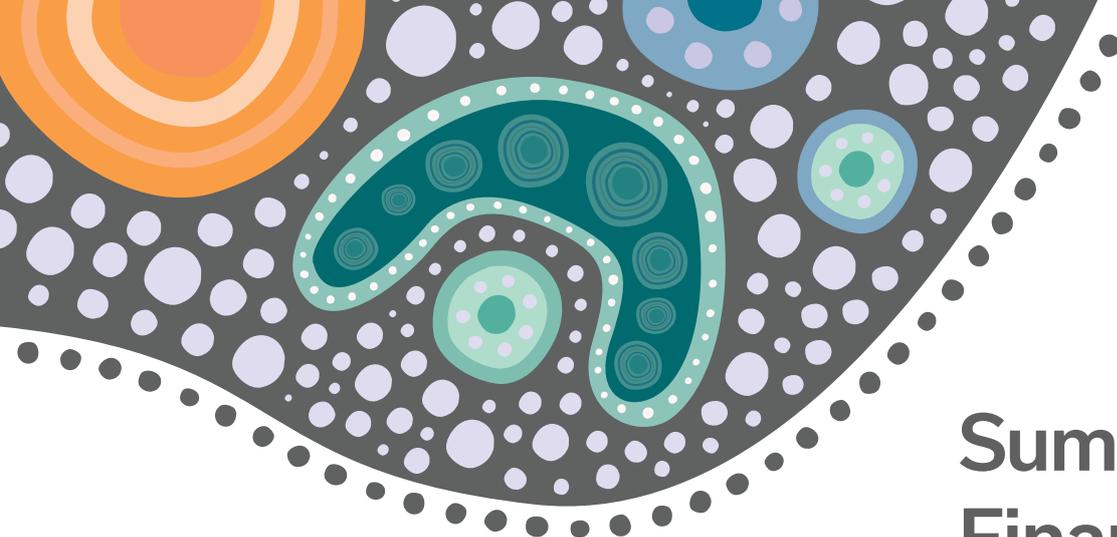
The Youth Committee would like to congratulate Wade Garwood who was appointed Youth delegate on the AHCWA Board and also to Dennis Simmons for being appointed Deputy Youth delegate.



AHCWA Youth

Let us empower. Let us inspire. Let us lead

Top: The Hon. Ken Wyatt AM MP and AHCWA Chairperson Vicki O'Donnell launching the Youth Health Strategy (with the Youth Delegates).



Summary Financial Report

For the year ended June 30 2018

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 2018.

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

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Summary Financial Report

For the year ended June 30 2018

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 2018.

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 to 4.11.17)

Vicki O’Donnell (Director – Kimberley to 4.11.17 & Chairperson from 4.11.17)

Raymond Christophers (Deputy Chairperson)

Susan Oakley (Treasurer)

Maxine Armstrong (Secretary to 4.11.17 & Alternate Director – Kimberley to 23.3.18)

Fabian Tucker (Director – Goldfields to 4.11.17 & Secretary from 4.11.17)

Michelle Munns (Director – South West to 4.11.17)

Lera Bennell (Director – South West from 4.11.17)

Lesley Nelson (Alternate Director – South West)

Eric Simpson (Director – Goldfields from 4.11.17)

Marelda Tucker (Alternate Director – Goldfields to 4.11.17)

Josie McArthur (Alternate Director – Goldfields from 4.11.17)

Christopher Bin Kali (Director – Kimberley from 4.11.17)

Philip Matsumoto (Alternate Director – Kimberley to 4.11.17)

Ashley Councillor (Director – Pilbara to 4.11.17)

Phyllis Simmons (Alternate Director – Pilbara to 4.11.17 & Director – Pilbara from 4.11.17)

June Councillor (Alternate Director – Pilbara from 4.11.17)

Rachel Mallard (Director- Murchison/ Gascoyne)

Maria Poland (Alternate Director – Murchison/ Gascoyne to 4.11.17)

Preston Neil Thomas (Director – Central Desert)

Harvey Murray (Alternate Director – Central Desert to 4.11.17)

Derek Harris (Alternate Director – Central Desert from 4.11.17)

At the date of this report, there are currently four positions on the board that are vacant:

Director – Metro

Alternate Director – Metro

Alternate Director – Murchison/Gascoyne

Alternate Director – Kimberley

Principal Activities

During the year, the principal activity of the Organisation was to network, provide support, advocate, influence policy, monitor performance, build work capacity, improve and strengthen the social and emotional wellbeing of Aboriginal people and their communities.

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



Operating Results

The Organisation recorded a loss of \$83,136 (2017: profit of \$156,608) as reported in the statement of profit or loss and other comprehensive income. The loss is a result of the cost associated with supporting member organisations throughout the 2018 financial period.

Significant Changes in State of Affairs

Providing Support to the Carnarvon Medical Service Aboriginal Corporation

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 \$8,786,864.66 (GST exclusive).

Intensive governance and finance support was again provided by AHCWA to CMSAC in the 2017-2018 period. One-off funding of \$300,000 was provided by the Department of Health to contribute to the costs incurred by AHCWA in the provision of this support in the 2015-2016 period and ongoing funding of \$40,000 per annum was provided from 2016-2018. The Board of the AHCWA resolved to continue to utilise AHCWA resources to support CMSAC beyond the funding amount from 2015-2018, acknowledging the adverse impact on the profit and loss of AHCWA during these financial periods.

Providing Support to the Derbarl Yerrigan Aboriginal Medical Service Aboriginal Corporation

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 for Derbarl Yerrigan Health Service Aboriginal Corporation ("DYHSAC") 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 \$16,161,603 (GST exclusive).

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 21st of June 2017.

Intensive governance and finance support was provided by AHCWA to DYHS in the 2017-2018 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. 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 or loss of AHCWA during the 2017-18 financial period.

Environmental Issues

The Organisation'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 33 of this financial report.

Summary Financial Report

For the year ended June 30 2018

Information on directors

Number of director meetings held for the year ended 30 June 2018 was 14.

| Name | Position | Region | Directors meetings | |
|----------------------|--------------------|--------------------|-----------------------|-----------------|
| | | | No eligible to attend | Number attended |
| Michelle Nelson Cox | Chairperson | | 7 | 7 |
| Vicki O'Donnell | Chairperson | | 14 | 14 |
| | Director | Kimberley | | |
| Raymond Christophers | Deputy Chairperson | | 14 | 11 |
| Maxine Armstrong | Secretary | | 8 | 6 |
| | Alternate Director | Kimberley | | |
| Fabian Tucker | Secretary | | 13 | 9 |
| | Director | Goldfields | | |
| Susan Oakley | Treasurer | | 14 | 13 |
| Michelle Munns | Director | South West | 6 | 2 |
| Lera Bennell | Director | South West | 6 | 2 |
| Lesley Nelson | Alternate Director | South West | 8 | 8 |
| Eric Simpson | Director | Goldfields | 6 | 5 |
| Marelda Tucker | Alternate Director | Goldfields | - | - |
| Josie McArthur | Alternate Director | Goldfields | 1 | 1 |
| Christopher Bin Kali | Director | Kimberley | 7 | 7 |
| Phillip Matsumoto | Alternate Director | Kimberley | - | - |
| Ashley Councillor | Director | Pilbara | 7 | 7 |
| | Director | Pilbara | 6 | 6 |
| Phyllis Simmons | Alternate Director | Pilbara | | |
| | Alternate Director | Pilbara | 1 | 1 |
| Rachel Mallard | Director | Murchison/Gascoyne | 14 | 12 |
| Maria Poland | Alternate Director | Murchison/Gascoyne | - | - |
| Preston Neil Thomas | Director | Central Desert | 12 | 9 |
| Harvey Murray | Alternate Director | Central Desert | - | - |
| Derrek Harris | Alternate Director | Central Desert | 1 | 1 |

Corporation Secretary during the year was Maxine Armstrong to 4/11/17 and Fabian Tucker from 4/11/17.

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 Organisation.

Proceedings on Behalf of the Organisation

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

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

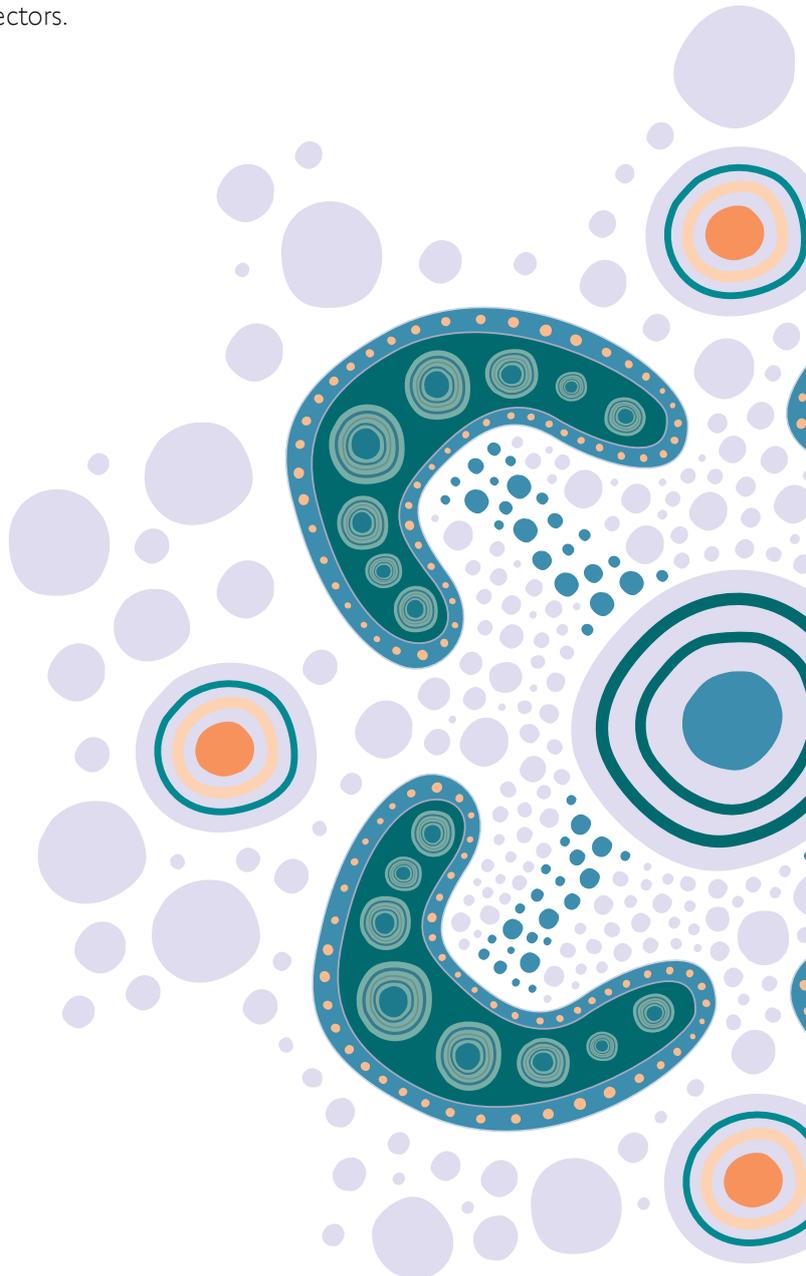
Distributions

No distributions have been paid to members during the year.

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

Director Abuel

Director Sealy



Summary Financial Report

For the year ended June 30 2018

Dated this 11th day of October 2018

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 2012, including:
 - i) Giving a true and fair view of its financial position as at 30 June 2018 and of its performance for the financial year ended on that date; and
 - ii) Complying with Australian Accounting Standards (including the Australian Accounting Interpretations), the Corporations Regulations 2001 and the Australian Charities and Not-for-profits Commissions Regulation 2013; 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 – Vicki O'Donnell

Dated 11th October 2018



Treasurer – Susan Oakley

Dated 11th October 2018



Income Statement

| | 2018 \$ | 2017 \$ |
|---|------------------|------------------|
| INCOME | | |
| Bank Interest | 11,288 | 12,100 |
| Donation | 770 | - |
| Sponsorship | 9,091 | - |
| Fee for Service | 1,102,635 | 953,524 |
| CST Training Delivery | 40,000 | 3,000 |
| Member Support Contracting | 568,178 | 457,918 |
| Parental Leave Funds | 25,020 | - |
| RTO Course Fees | 81,068 | 57,683 |
| Conference Registrations | 146,327 | 49,060 |
| Transfer of discretionary income to fund program deficits | - | 89,270 |
| PHCAP Funds Transfer | - | (89,270) |
| Insurance Claim Refunds | 1,286 | - |
| Telstra Motif Fund | 10,931 | - |
| Profit/(Loss) disposal NC Asts | (1,223) | (5,257) |
| Australian Digital Hlth Agency | 250,000 | - |
| GRANT INCOME | | |
| WA Health Dept (OAH) | 1,107,993 | 974,982 |
| NACCHO | 2,396,956 | - |
| WA Health Dept (CDCD) | 110,000 | - |
| WA Health Dept (SH & BBV) | 287,987 | 226,863 |
| IR&HD | 1,092,628 | 3,816,795 |
| Lotterywest | 138,120 | 355,043 |
| SAHMRI | 238,000 | 198,000 |
| Miscellaneous Income | 3,327 | 7,786 |
| WAGPET Funding | 95,000 | 305,000 |
| Unexpended grants b/fwd | 814,879 | 331,903 |
| University of WA | - | 46,089 |
| WA Dept of Workforce Training | 469,723 | 163,822 |
| WA Primary Health Alliance | 216,600 | 80,000 |
| Mental Health Commission | 401,550 | 102,000 |
| WA Health Dept (MAPPA) | 327,163 | 82,600 |
| WACOSS | 15,000 | - |
| TOTAL INCOME | 9,960,299 | 8,218,911 |

Summary Financial Report

For the year ended June 30 2018

Expenditure

| | 2018 \$ | 2017 \$ |
|--------------------------------------|------------|------------|
| Salaries & Wages Expenses | | |
| Wages & Salaries | 4,689,541 | 4,064,210 |
| Superannuation | 437,692 | 375,469 |
| FBT Taxation for employees | 63,148 | 66,226 |
| Workers Compensation Insurance | 47,332 | 42,758 |
| Staff Training & Development | 160,922 | 40,693 |
| Staff Recruitment | 41,316 | 11,942 |
| Relocation costs | 1,913 | - |
| Other Employer Expenses | 3,587 | 1,032 |
| Paid Parental Leave | 25,020 | - |
| Operating Expenses | | |
| Accounting Fees | 800 | 8,500 |
| Administration Fees | 1,102,035 | 953,524 |
| Amortisation Expense | 41,047 | 52,266 |
| Audit Fees | 21,945 | 24,000 |
| Advertising & Promotion | 169,420 | 114,547 |
| Bad Debts written off | 11,108 | 23,944 |
| Bank Charges | 7,454 | 7,286 |
| Computer, Equip & Furniture | 33,627 | 228,742 |
| Computer & Equipment Repair | 5,984 | 2,262 |
| Computer Software | 62,593 | 70,623 |
| Couriers and Transport | 7,901 | 4,309 |
| Consultants Fees | 572,509 | 253,256 |
| Depreciation - Buildings | 41,764 | 42,136 |
| Depreciation - Furn & Equip | 125,841 | 106,080 |
| Depreciation - Motor Vehicle | 4,215 | 5,187 |
| Donations | 200 | - |
| Equipment Hire | 18,111 | 5,523 |
| Fees and Permits | 20,414 | 10,801 |
| Interest Expense | 33,076 | 53,322 |
| Internet Costs | 43,358 | 34,718 |
| Legal Expenses | 25,322 | 32,848 |
| Provision for Doubtful Debts | 78,601 | 12,964 |
| Scholarships | - | 5,600 |
| Staff Uniforms | 9,586 | - |

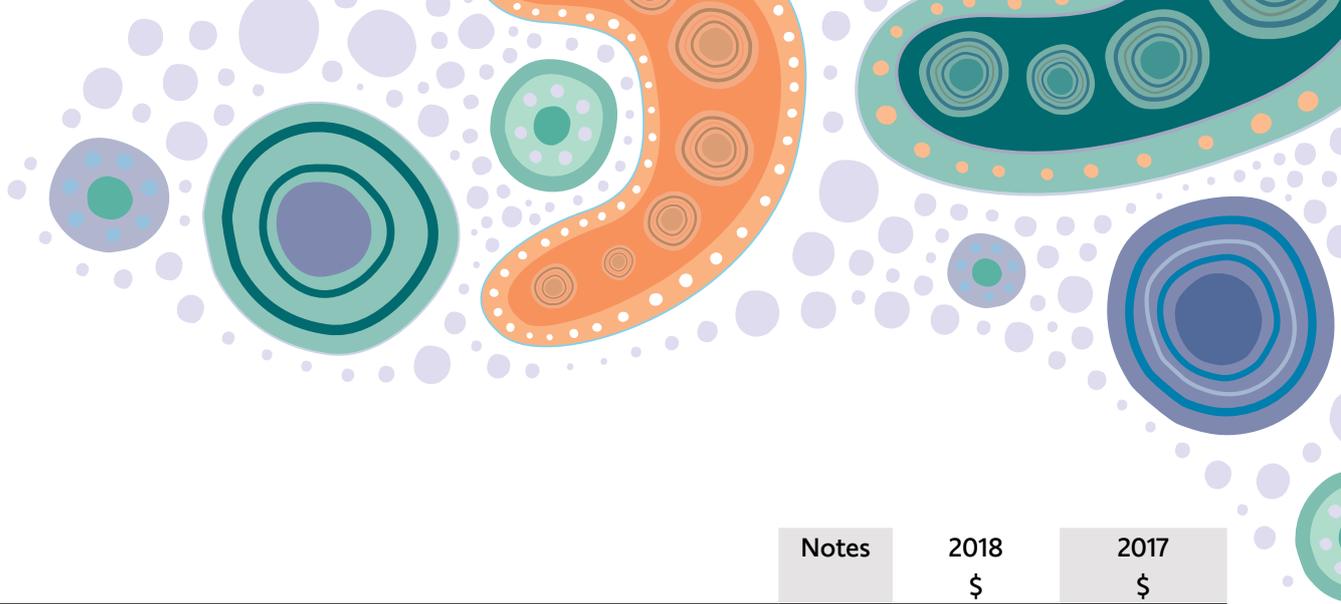


| Expenditure (Continued) | 2018 | 2017 |
|--|-------------|-------------|
| | \$ | \$ |
| Meeting/Seminar/Workshops | 241,963 | 113,116 |
| Insurance Costs | | |
| Business Insurance | 11,078 | 16,251 |
| Directors Liability | 4,247 | 1,777 |
| Public Liability | 21,535 | 39,528 |
| Professional Indemnity | 12,196 | 11,709 |
| Cyber & Privacy Protection | 12 | - |
| Motor Vehicle Expenses | | |
| Car Hire | 22,917 | 18,879 |
| Fuel & Oil | 7,844 | 5,080 |
| Lease of Vehicle | - | 774 |
| Insurance MV | 2,594 | 7,180 |
| Parking Costs | 1,968 | 1,390 |
| Licence & Rego | 1,547 | 1,485 |
| MV Repairs & Maintenance | 2,134 | 2,454 |
| Office Supplies and Consumables | | |
| Office Supplies | 8,249 | 14,667 |
| Printing & Stationery | 69,335 | 71,088 |
| Postage | 6,503 | 7,669 |
| Publications and Books | 4,490 | 4,603 |
| Premises Costs | | |
| Cleaning & Gardening | 15,413 | 21,264 |
| Electricity | 20,059 | 32,783 |
| Outgoings | 20,612 | 16,544 |
| Premises Repairs & Maintenance | 29,910 | 19,456 |
| Premises Security Monitoring | 11,504 | 8,720 |
| Storage Expenses | 10,334 | 5,017 |
| Telephone | 47,028 | 53,898 |
| Staff Amenities | 9,658 | 8,644 |

Summary Financial Report

For the year ended June 30 2018

| Expenditure (Continued) | 2018 \$ | 2017 \$ |
|---|------------------|------------------|
| Travel Expenses | | |
| Plane and Train Fares | 191,918 | 202,477 |
| Mileage Allowance | 18,966 | 29,728 |
| Accommodation | 171,646 | 119,796 |
| Meals Allowances | 112,604 | 88,212 |
| Taxi fares | 22,522 | 18,479 |
| TOTAL EXPENDITURE | 9,008,165 | 7,597,436 |
| Less: Unexpended Grants Cfw | 1,113,871 | 814,879 |
| Plus: Capitalisation of Building Improvements | - | 30,990 |
| Plus: Capitalisation of Equipment | 33,627 | 197,112 |
| Plus: Capitalisation of intangible Assets - Software | 20,537 | 29,667 |
| Plus: Prepayments expenses Workers Comp | 6,928 | 23,451 |
| Plus: Prepayments expenses Business Insurance | 1,035 | 9,140 |
| Plus: Prepayments expenses Public Liability | 172 | 21,140 |
| Plus: Prepayments expenses Prof Indemnity | 2,530 | 6,410 |
| Plus: Prepayments expenses Directors Liability | 1,352 | 2,595 |
| Plus: Prepayments expenses Computer Software | 12,419 | 21,863 |
| Plus: Prepayments of Expenses | - | 7,645 |
| SURPLUS / (DEFICIT) | (83,136) | 156,608 |



| | Notes | 2018 \$ | 2017 \$ |
|---|-----------|------------------|------------------|
| CURRENT ASSETS | | | |
| Cash at bank | 4 | 1,349,382 | 1,069,395 |
| Accounts receivable | 5 | 765,017 | 664,388 |
| Petty cash | | 745 | 582 |
| Leased property bond | | 925 | 925 |
| Prepayments | 6 | 97,944 | 83,907 |
| | | 2,214,013 | 1,819,197 |
| NON CURRENT ASSETS | | | |
| Property, plant & equipment | 7 | 6,659,213 | 6,787,698 |
| Intangible assets | 8 | 79,444 | 99,953 |
| | | 6,738,657 | 6,887,651 |
| TOTAL ASSETS | | 8,952,670 | 8,706,848 |
| CURRENT LIABILITIES | | | |
| Trade creditors & accruals | 9 | 1,455,978 | 1,152,067 |
| Bank Loan | 12 | 246,459 | 427,394 |
| Provision for employee entitlements | 10 | 835,238 | 673,964 |
| Unexpended grants | | 1,113,871 | 814,880 |
| | | 3,651,546 | 3,068,305 |
| NON CURRENT LIABILITIES | | | |
| Bank Loan | 12 | 203,103 | 447,662 |
| Provision for employee LSL entitlements | 10 | 185,923 | 195,647 |
| | | 389,026 | 643,309 |
| TOTAL LIABILITIES | | 4,040,572 | 3,711,614 |
| NET ASSETS | | 4,912,098 | 4,995,234 |
| EQUITY | | | |
| Start up capital | | 11,020 | 11,020 |
| Accumulated profit | | 4,901,078 | 4,984,214 |
| TOTAL EQUITY | 11 | 4,912,098 | 4,995,234 |

Summary Financial Report

For the year ended June 30 2018

1. Reporting Organisation

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 11th October 2018.

(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.

| | Balance 2017 \$ | Grant Funds Released 2018 \$ | Member Support Funds Released | Other Income | Expended 2018 \$ | Balance 2018 \$ |
|---|-----------------------|--|--|-----------------|------------------------|-----------------------|
| Indigenous and Remote Health Division (IRHD) | | | | | | |
| IRHD Ear Health Project Officer | - | 140,485 | - | 2,461 | 142,946 | - |
| IRHD Tackling Indigenous Smoking | - | 596,593 | - | 18,724 | 615,317 | - |
| IRHD Youth | 64,970 | 315,550 | - | 263 | 380,782 | - |
| NACCHO Affiliates Funding | | | | | | |
| NACCHO HSIU | - | 894,910 | - | 11,407 | 906,317 | - |
| NACCHO Corporate Governance | - | 274,560 | - | 3,352 | 277,912 | - |
| NACCHO Hosting Sectors Engagement Workshops | - | 195,762 | - | 40,820 | 236,582 | - |
| NACCHO Human Resources | - | 274,560 | - | 9,931 | 284,491 | - |
| NACCHO ICT Part 2 | - | 287,234 | - | 7,695 | 294,929 | - |
| NACCHO Policy & Advocacy | - | 314,312 | - | 34,525 | 348,837 | - |
| NACCHO GRANTS | - | 180,618 | - | 8,722 | 189,341 | - |
| Australian Digital Health Agency | | | | | | |
| My Health Record | - | 250,000 | - | - | - | 250,000 |
| Building the Aboriginal Workforce | | | | | | |
| | 28,014 | 300,000 | - | - | 170,072 | 157,942 |
| Office of Aboriginal Health | | | | | | |
| Core Funding | - | 627,992 | - | 16,240 | 644,232 | - |
| WAAHEC | - | 184,399 | - | - | 172,404 | 11,994 |
| RTO Governance Project | - | 125,000 | - | - | - | 125,000 |
| WA Health (CDCD) | | | | | | |
| Youth Peer Educator | - | 110,000 | - | - | - | 110,000 |
| State Government Department of Health | | | | | | |
| Immunisation Co-ordinator | 5,866 | 160,602 | - | - | 159,749 | 6,720 |
| STI + BBV | - | 117,987 | - | - | 117,987 | - |
| TTANGO | 3,000 | 120,000 | - | - | 119,505 | 3,495 |
| Birds and the Bees | 56,052 | 50,000 | - | - | 104,727 | 1,326 |
| WA Country Health Service | | | | | | |
| Squeaky Clean Kids | 60,000 | - | - | - | 60,000 | - |
| WAGPET 17/18 | | | | | | |
| | 29,725 | 95,000 | - | - | 82,792 | 41,933 |
| LotteryWest Regional health Coordinator | | | | | | |
| | (2,049) | 138,120 | - | 451 | 136,523 | - |
| MS4 - Puntukurnu Aboriginal Health Service | | | | | | |
| | - | - | 180,000 | - | 180,000 | - |
| MS6 - Member Support Contract for CMSAC | | | | | | |
| | - | 40,000 | 388,178 | (1,303) | 426,875 | - |
| MS7 - DYHS Support Funding | | | | | | |
| | 300,000 | - | - | 32,078 | 332,078 | - |
| SAHMRI | | | | | | |
| | 10,940 | 238,000 | - | 2,700 | 251,641 | - |
| Mental Health Commission | | | | | | |
| | 102,000 | 401,550 | - | - | 485,263 | 18,287 |
| MAPPA | | | | | | |
| | 76,360 | 127,163 | - | - | 203,523 | - |
| MAPPA - Phase 2 | | | | | | |
| | - | 200,000 | - | - | - | 200,000 |
| WAPHA | | | | | | |
| WAPHA - CST | 80,000 | 120,000 | - | - | 109,425 | 90,575 |
| WAPHA - SEWB | - | 96,600 | - | - | - | 96,600 |
| TOTAL | 814,879 | 6,976,997 | 568,178 | 188,067 | 7,434,251 | 1,113,871 |

Independent Auditor's Report

To the Members of Aboriginal Health Council of WA

Report on the audit of the summarised financial report

Opinion

We have audited the summary financial report of Aboriginal Health Council of WA, which comprises the statement of financial position as at 30 June 2018, the income statement, reconciliation of unexpended grants / funds, and notes to the financial statements, including a summary of significant accounting policies, and the Directors' declaration. The summary financial report does not contain all the disclosures required by the Australian Accounting Standards and accordingly, reading the summary financial report is not a substitute for reading the audited financial report.

In our opinion, the accompanying summary financial report of Aboriginal Health Council of WA complies with the Accounting Standards AASB 1039 Concise Financial Reports and, in all material respects, are in accordance with the audited financial report of Aboriginal Health Council of WA dated 11 October 2018 on the basis described in Note 2 of that report.

Basis for opinion

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

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

Responsibilities of management and the Board of Directors for the summary financial report

Management and the Board of Directors of the Aboriginal Health Council of WA are responsible for the preparation and fair presentation of the summary financial report in accordance with Accounting Standard AASB 1039 Concise Financial Reports. This responsibility includes establishing and maintaining internal control relevant to the preparation and fair presentation of the summary financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

The Board of Directors are responsible for overseeing the Aboriginal Health Council of WA's financial reporting process.

Auditor's responsibilities for the audit of the summary financial report

Our objectives are to obtain reasonable assurance about whether the summary financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Auditing Standards ASA 810 Engagements to Report on Summary Financial Statements will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this summary financial report.

A further description of our responsibilities for the audit of the summary financial report is located at the Auditing and Assurance Standards Board website at: http://www.auasb.gov.au/auditors_files/ar3.pdf.

This description forms part of our auditor's report.

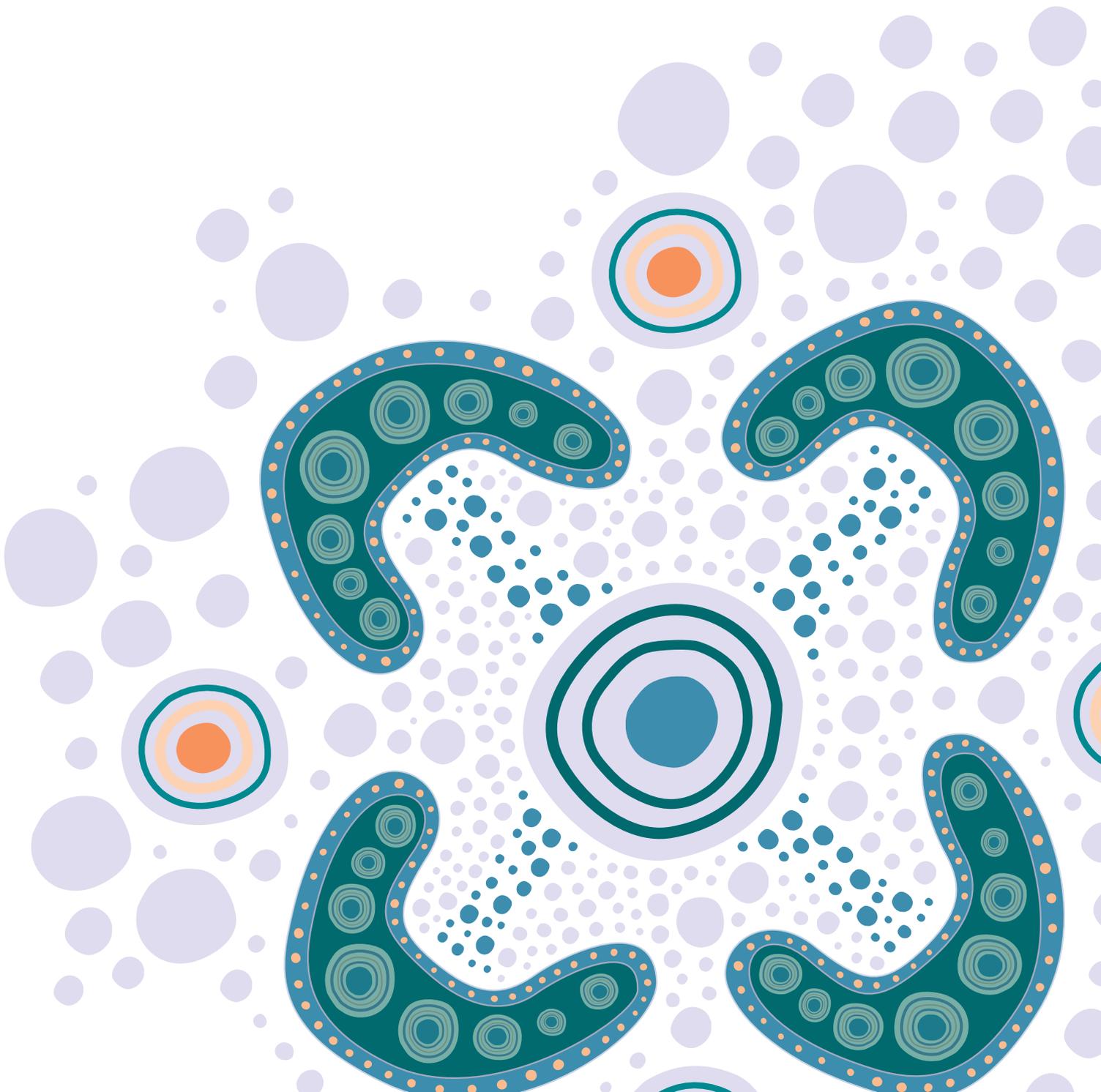


GRANT THORNTON AUDIT PTY LTD
Chartered Accountants



C A Becker
Partner – Audit & Assurance

Perth, 11 October 2018





AHCWA
Aboriginal Health Council
of Western Australia

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