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Annual Report 2022–2023

Artist recognition

Artists Tahnee Edwards (Yorta Yorta) and Toby Dodd (Ngarrindjeri/Narungga/Kaurna). Dreamtime Public Relations, 2013

http://dreamtimepr.com/artwork/

Story

The waves in the pattern mimic those in the ochre pits. The colours represent Aboriginal and Torres Strait Islander peoples. The meeting places represent our affiliates and the larger meeting place is the National Aboriginal Community Controlled Health Organisation (NACCHO).

The cover illustration symbolises NACCHO as the peak body for Aboriginal and Torres Strait Islander health working together with its members and affiliates delivering on all aspects of comprehensive and culturally competent primary health care.

Design and layout

Studio Elevenses

The report may contain images of Aboriginal and Torres Strait Islander people who have passed away.

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NACCHO acknowledges the financial support of the Australian Government Department of Health and Aged Care

Acknowledgment of Country

NACCHO acknowledges all Aboriginal and Torres Strait Islander peoples as Custodians of Country and recognises their continuing connection to land, sea, culture and community. We pay our respects to Elders past and present.



3 October 2023

Sue Woodward AM Commissioner Australian Charities and Not-for-profits Commission Parliament House Canberra ACT 2600

Dear Commissioner Woodward,

We are pleased to present the National Aboriginal Community Controlled Health Organisation (NACCHO) 2022–23 Annual Report to the Australian Charities and Not-for-profits Commission.

NACCHO's Annual Report is an accurate account of the organisation's activities and financial performance in accordance with the requirements under the *Charities Act 2013.* Included in the 2022–23 Annual Report are NACCHO's audited financial statements for the period 1 July 2022 to 30 June 2023.

Yours sincerely,

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Donnella Mills Chair

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Patricia Turner CEO

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The Organisation



Aboriginal and Torres Strait Islander people enjoy quality of life through whole-of-community self-determination and individual, spiritual, cultural, physical, social and emotional wellbeing. Our health in our hands.

NACCHO's Core Values and Behaviours

Our values and behaviours drive how we interact with each other, and how we work together to achieve results. They aren't descriptors of the work we do or the strategies we employ to accomplish our vision, they are the unseen drivers of our behaviour.

> Innovation and Continuous Improvement

> > Teamwork and Collaboration

Leadership

Our values & behaviours

Respect

Integrity

Transparency and Accountability

Report from the NACCHO Chair Donnella Mills

In this year's report, I would like to reflect on some upcoming challenges as well as noting the significant funding success we have brokered for our sector in the last two Federal Budget Statements.

In October 2022 we saw \$111 m of new funding announced for 500 Aboriginal and Torres Strait Islander health trainees, rheumatic heart disease (RHD) measures, and dialysis resources. In the May 2023 Budget the government invested \$238.5m to improve cancer outcomes responding to the top policy priority presented in NACCHO's pre-Budget submission. We also supported a range of other funding proposals relevant to our members, including the \$263m Family Safety Package.

Congratulations are in order for NACCHO's CEO, Pat Turner AM, and her Deputy, Dr Dawn Casey, for their steely work in advocating for new measures such as these. I would also like to acknowledge the efforts of Rebecca Rees, Dr Kate Armstrong and others in developing the cancer proposal, in particular. Cancer is the number one killer of our people and the gap in cancer outcomes is widening.

Despite recent successes such as these, and just when we were thinking that we might be able to draw breath, after almost three years of pandemic, additional challenges have emerged. There have been significant cost-of-living pressures and the minimum-wage and superannuation decisions have affected the operating costs of our clinics. There have also been new health challenges such as the reemergence of tuberculosis. But, if there is a word that describes our sector, it is 'resilience'. We have proved ourselves, ever since the first Aboriginal Community Controlled Health Organisation (ACCHO) was established in Redfern 52 years ago, and we will continue to deliver the best health outcomes for our people for the next half century no matter what circumstances we find ourselves facing.

Another new challenge in 2023 is the impact of the Voice to Parliament referendum on the mental health of our people. We have all experienced the pressures placed on us when we are expected to explain the issues to non-Indigenous people, often in the context of misinformation and racist attacks. The burden of this process sits heavily on many of us. Therefore, I was pleased to see that our sector received \$10m for mentalhealth support during the referendum, even though we expect that much more will be required.

In last year's annual report, I noted the amazing work of our sector during the pandemic. So many lives were saved by the collective effort of NACCHO, affiliates and members. I won't go into detail again here, but I do wish to emphasise what a remarkable achievement it was and how good it is to see that this work has started to be recognised internationally. A NACCHO delegation was even invited (via the Department of Foreign Affairs and Trade) to visit Dili in Timor-Leste to meet health teams there, to share with them our experiences and to describe the operation of the community-controlled model.

<image>

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Left: Donnella Mills connecting with youth leaders at the 2022 NACCHO Youth Conference.

Right: Jenny Morison, former Audit and Assurance Committee Chair with Donnella Mills, NACCHO Chair.

Recently a colleague of mine struck up a conversation with a member of the Pueblo Nation of New Mexico about their community's success in combatting COVID-19, given that our two populations experience similar disadvantages and disease burdens. The Pueblo responded to COVID-19 in much the same way as our sector and saved many lives, just as we did here. Yet their neighbours, the Navajo, did not. As a result, the Navajo suffered the highest death rate of any ethnic group in the U.S.A., losing more than 2,000 people. When we hear this, we realise how successful our ACCHOs were in 2020–2022. Having conversations like these with other First Nations people, the lesson becomes personalised and carries greater weight.

But we should not rest on our laurels. A critical challenge flowing from the pandemic is vaccination fatigue. Our immunisation numbers are alarmingly low. We need to find a way to get vaccinations up, so that our people remain protected against influenza, COVID-19 and other pathogens. The rate of severe COVID-19 illness (resulting in intensive care unit (ICU) admission or death) among Aboriginal and Torres Strait Islander people is two-to-three times higher than non-Indigenous Australians of the same age. Only 7 per cent of the adult Aboriginal and Torres Strait Islander population received a COVID-19 vaccination in the past six months, despite the recommendation in February 2023 for all adults to receive a booster. Less than 30 per cent of Aboriginal and Torres Strait Islander people older than 65 have received a booster in the past six months, despite the higher risk in this age group. NACCHO has offered additional grant funding to all eligible ACCHOs and affiliates to support the sector's COVID-19 transitional planning and continued vaccination efforts for next financial year. Now is not the time to relax. I urge you all to continue working with your communities to address the ongoing dangers of COVID-19.

The CEO is covering off the many other program and policy achievements of NACCHO during the last financial year. However, there is one area where I have been particularly involved and which I wish to highlight separately in my report. It is the Sector Strengthening Governance Program. If we are to weather what is coming before us, we must have our house in order. Compared to non-Indigenous non-government organisations there is a heavier weight of scrutiny resting on Aboriginal and Torres Strait Islander organisations.

This governance program has three elements. The first part is developing a suite of downloadable resources and tools to support leaders. For example, a job-description template for CEOs; a framework for setting and evaluating CEO remuneration; a financial-delegations framework; and guidance on establishing board committees. The second part is a series of up to 25 governance workshops, delivered in conjunction with King & Wood Mallesons, targeting ACCHO directors and senior staff from around the country. The first two workshops in Cairns and Townsville were a resounding success. I urge all our ACCHOs to attend any future workshops, if they can. The third element, the Executive Leaders Program, brings together CEOs and Deputy CEOs (or equivalent) from the sector for a residential program (with expenses paid) to collaborate and learn in an informal setting. It was tested successfully in South Australia. The program is delivered over three days and brings in specialist guest speakers, with an emphasis on core management skills in areas such as finance, human resources, government relations and working with boards. There will also be a focus on building peer networks. Through this work, NACCHO is helping strengthen the ACCHO sector so we continue to be well-positioned into the future.

While I am on the topic of governance, I would like to recognise the work of the Governance Committee of the NACCHO Board, which has begun an ambitious program to strengthen NACCHO's own governance arrangements. A note of appreciation needs to go to our retiring longserving Company Secretary, Christopher Chenoweth. Anne Cregan and Nicole Lojszczyk of Gilbert + Tobin have also been important figures in supporting the Board's work in governance and in reforming our NACCHO constitution.

It has been an extraordinary year for NACCHO. NACCHO staff together with clinical advisors have worked hard, building on evidence provided by our members. In addition to increases in funding for much-needed programs, the trial on embedding pharmacists in our ACCHOs has been deemed successful and we look forward to the government's roll out of this important initiative.

The success and growth of NACCHO and progress on the work of the National Agreement are a result of the extraordinary leadership of NACCHO's CEO, Pat Turner. On behalf of the Board, our thanks go to Pat and all of the NACCHO staff for their amazing work and commitment to improving health outcomes for our Aboriginal and Torres Strait Islander peoples.

To end I would like to recognise the anniversaries falling in 2022–23:

25	Cunnamulla Aboriginal Corporation for Health
years	Derby Aboriginal Health Service Council Aboriginal Corporation
	Goolburri Aboriginal Health Advancement Company Limited
	Katherine West Health Board Aboriginal Corporation
	Umoona Tjutagku Health Service Aboriginal Corporation
20	Coomealla Health Aboriginal Corporation
years	Katungul Aboriginal Corporation Regional Health and Community Services
	Moogji Aboriginal Council East Gippsland Inc
40	Bega Garnbirringu Health Services Incorporated
years	Goolum Goolum Aboriginal Co-operative Limited
	South Coast Medical Service Aboriginal Corporation
	Tullawon Health Service Incorporated
50	Aboriginal and Torres Strait Islander Community Health Service Brisbane Limited
years	Central Australian Aboriginal Congress Aboriginal Corporation

Congratulations to you all for the remarkable work you do.

Professor Ngaire Brown (with Donnella Mills – right) at her investiture as Chancellor of James Cook University on 1 June 2023.

I need to acknowledge publicly my colleagues on the NACCHO Board. In particular, I want to thank Chris Bin Kali, my deputy, who is coming to the end of his term. It is rare that you find someone in an elected position with whom you are able to work so closely and whose skills and methods so effectively complement your own. I have been privileged to share the leadership role with him over the past three years.

Another pleasing aspect of the Board's work was our ability to hold one of our meetings outside Canberra. In July 2023, we met in Darwin, and I thank Rob McPhee and his colleagues for helping organise ancillary meetings with the boards of AMSANT, Danila Dilba Biluru Butji Binnilutlum Health Service Limited and Kimberley Aboriginal Medical Services Limited (in Darwin at the same time). We also met with the Northern Territory Chief Minister, the Hon Natasha Fyles, and some of her senior colleagues. The Darwin meeting was not just a valuable experience for the NACCHO Directors personally; it also gave our sector the opportunity to showcase its talents in the Top End.

I acknowledge also the expertise and leadership of the affiliate CEOs and their senior staff who attend regular forums and policy meetings. And, of course, the 145 indefatigable members of NACCHO who roll up their sleeves, day-in and day-out, and have delivered such an effective and innovative model of healthcare to our people across the country since the model was initiated in Sydney in 1971.

This leads me to the subject of anniversaries. I understand that NACCHO itself will be turning 50 soon. In 2018, the NACCHO Board agreed to recognise member anniversaries at Annual General Meetings (AGMs) as follows: 25-year and 30-year anniversaries with a framed certificate; 40year anniversaries with a Wathaurong Platter; and 50-year anniversaries with a plaque. It is important to note that the anniversaries are calculated according to financial year, as our AGMs cover the July-to-June timeframe.

Report from the NACCHO CEO Pat Turner AM

Over the course of my seven years as CEO of NACCHO, it has been heartening to see our sector grow so substantially. Funding from the Australian Government for the Indigenous Australians' Health Programme (IAHP) has increased by more than 25 per cent. During that time, we have also seen a stronger NACCHO emerge—its voice is now more influential than ever before.

We use our voice to advocate for Aboriginal and Torres Strait Islander people. For example, we continue to call for the return of Social and Emotional Wellbeing (SEWB) funding to ACCHOs. We have argued for better Registered Training Organisation (RTO) capacity in our sector, as recruitment and workforce development are existential challenges for us in coming years.



We do not just advocate for the health sector. We were active in opposing draconian measures such as the cashless welfare card and proposed changes to voter ID laws. Last year, NACCHO supported AMSANT in warning governments against the removal of alcohol restrictions in the Northern Territory. When this advice was ignored, we all saw the consequences and, subsequently, how the hasty reinstatement of those restrictions brought stability back to the affected communities, including Alice Springs, my hometown. But the long-term future in Central Australia – and other areas, for that matter – will never be resolved until investment in programs and social housing is properly addressed, after decades of neglect.

NACCHO also speaks in support of positive initiatives including the 60-day prescription changes that will benefit so many of our people, despite opposition from vested commercial interests. The investment of:

\$3.5 billion

to support more doctors to bulk bill consultations for concession-card holders and children under 16 is a very positive development for

310,000 eligible Aboriginal and Torres Strait Islander people.

The Coalition of Peaks, a signatory to the National Agreement on Closing the Gap (National Agreement), has now grown to include more than 80 organisations, an alliance that NACCHO continues to auspice today.

We need to see much stronger action by all jurisdictions in progressing the implementation plans flowing from the National Agreement. Some agencies still do not seem to realise that the Prime Minister, Premiers and Chief Ministers signed up to binding commitments. All agencies need to engage with and action the four Priority Reforms underpinning the National Agreement. The days of token consultation are over. It is time for genuine collaboration and for all departments to share control of their programs with us. Another priority issue for NACCHO has been the identification of the funding gap. Equity Economics was commissioned to undertake research in 2022 and found that the gap is \$4.4b a year, or \$5,000 for each Aboriginal and Torres Strait Islander person. Let me be clear: the health gap will not close until this funding gap closes. NACCHO will continue to argue for a bigger IAHP appropriation and increased health funding for our people in the mainstream. Our sector accounts for about 13 per cent of funding for Aboriginal health, yet we service more than half the Aboriginal and Torres Strait Islander population. We are punching well beyond our weight. There are still too many government-run services that need to be transitioned to community control. Some regions do not even have access to primary healthcare.

Over the past 12 months, we have seen substantial progress in workforce development. Work commenced on the First Nations Health Worker Traineeship program, which will deliver 500 Certificate III and IV traineeships. A new Health Worker Training Package was published and NACCHO has been working closely with our 11 Aboriginal Community Controlled RTO members to identify the assistance they

Below: Dan Bourchier, ABC journalist and Pat Turner, NACCHO CEO on ABC's 'One Plus One – The Elders', 2023.

require. A National Workforce Census identified the key workforce gaps and training needs across the sector and the support needed for a national Community of Practice led by NACCHO. A National Workforce Summit was held in Brisbane, attended by 136 sector representatives as well as Aboriginal and Torres Strait Islander peaks (Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, IAHA, National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners and several government agencies.

I would like to make special mention of Mike Stephens, our pharmacist and the longest-serving officer in NACCHO. He and his team have also been consulting with members on emerging pharmacy policies, including 60-day dispensing and the new Opioid Dependence Program.

A key development in 2022–23 was the Elder Care Support program to assist Elders and their families access aged-care services. Tranche 1 of the program has seen 27 ACCHOs enrol, which includes the deployment of 28 Aged Care Support Coordinators and 40 Aged Care Connectors. A separate Home Care Workforce Support program continues to address growing demand for home-care services. NACCHO has partnered with five providers (AHCWA, AHCSA, KAMS, Apunipima Cape York Health Council Limited and AMSANT) to roll out the program across remote and very remote areas. The program will recruit 96 new trainees for the care sector.

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Top: Pat Turner on 7.30 Report, 2023. Bottom-left: Pat Turner, NACCHO CEO in the NACCHO office, Canberra, 2023. Bottom-right: University of Canberra 'Voice to Parliament Lecture with Pat Turner'. Left to right: Michelle Grattan, journalist, Professor Maree Meredith, Pro Vice-Chancellor Indigenous Leadership and Pat Turner, NACCHO CEO.

NACCHO has supported 31 ACCHOs and six affiliates to increase testing and treatment of priority blood borne viruses (BBVs) and sexually transmissible infections (STIs) and increase the capacity of our sector's sexual-health workforce. Our Medical Advisory Team is also undertaking a project exploring barriers to delivering and accessing immunisations on the National Immunisation Program Schedule, including state and territory variation in publicly-funded vaccines. In addition, NACCHO has been invited to join the newlyassembled HIV Taskforce.

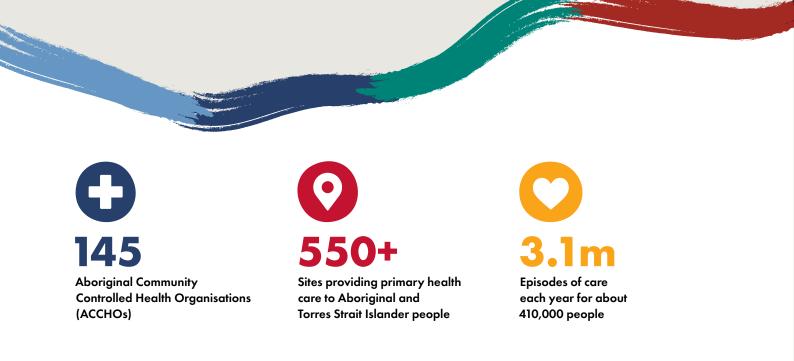
NACCHO supports a sector-led response to acute rheumatic fever (ARF) and rheumatic heart disease (RHD) in our communities. We secured further funding to that announced in September 2022 to deliver ARF and RHD prevention and treatment programs (an additional \$13.5m) and worked with key stakeholders to enable access to national ARF and RHD data to support planning and develop training opportunities. We also brokered about \$9m in RHD funding from BHP. Another important achievement in the last financial year has been the coordination of the Culture Care Connect program which saw the commencement of a phased roll out of 31 Community Controlled Suicide Prevention Networks, aftercare services and Mental Health First Aid Training. In partnership with AMSANT, NACCHO also supports *Suicide Story*, a unique prevention, education and training program operating in the Top End since 2011. NACCHO distributed a SEWB consultation survey to affiliates and ACCHOs in August 2022, and we continue to work in partnership with the research team led by Professors Pat Dudgeon and Helen Milroy at the University of Western Australia.

I would like to thank the NACCHO Board and Chair, Donnella Mills for their support of me as CEO. I would also like to thank the senior executive of NACCHO and the amazing staff for their tireless work.

Annual Report 2022–23

About NACCHO

NACCHO is the national peak body representing 145 Aboriginal Community Controlled Health Organisations (ACCHOs) across Australia. Our primary healthcare network represents a national footprint of more than 550 sites. ACCHOs provide 3.1 million episodes of care a year for 410,000 people across Australia, including about one million episodes of care in remote regions.

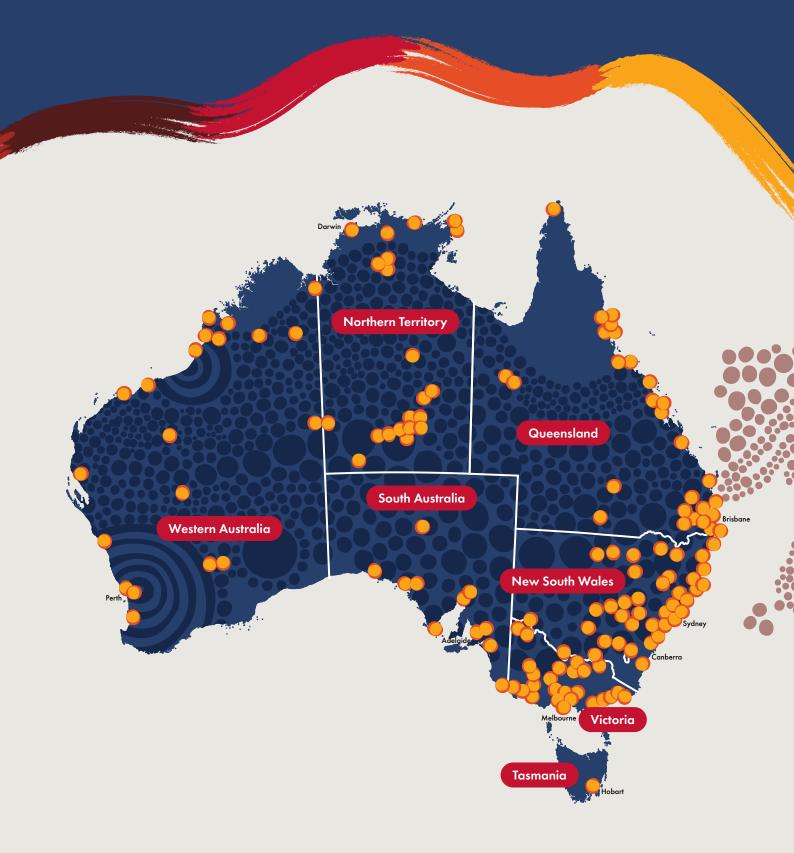


ACCHOs are not-for-profit dynamic organisations controlled by local Aboriginal and Torres Strait Islander communities. They specialise in providing comprehensive primary healthcare consistent with clients' needs, including home visits; chronic disease, medical, public-health and health-promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; assisting with income support; and much more.

The ACCHO model is proven and value for money. The model was developed more than 50 years ago when the very first Aboriginal medical service was established in Redfern, Sydney in 1971. ACCHOs are community organisations with all revenue re-invested into our clinics. Our model of community-controlled effective healthcare was proven in the COVID-19 pandemic. With the higher incidence of comorbidities among Aboriginal and Torres Strait Islander people, a death rate equivalent to that experienced by other First Nations peoples around the world had been feared; however, swift action to protect communities meant that the impact was significantly lower than might have been expected and an estimated 2,000 lives were saved.

Aboriginal Community Controlled Health Organisations (ACCHOs)

There are 145 ACCHOs throughout Australia.



About the ACCHO sector

The first ACCHOs were established in the early 1970s in response to Aboriginal and Torres Strait Islander people finding that mainstream services could not provide adequate and culturally appropriate health care services. Many of NACCHO's members have almost 50 years of experience in the delivery of comprehensive multidisciplinary primary healthcare. ACCHOs form a network, but each is autonomous and independent of one another and the government. Services are delivered through fixed, outreach and mobile clinics operating in urban, rural and remote settings across Australia. They range from large multi-functional services employing several medical professionals and health workers who provide a wide range of comprehensive primary health care services with a preventative, health-education focus, to smaller rural and remote health care facilities.



Characteristics of the Indigenous primary health care service delivery model¹



 Modified from 'Characteristics of Indigenous primary health care service delivery models: a systematic scoping review.' NHMRC CREATE, S. Harfield, C. Davy, A. McArthur, Z. Munn, A. Brown and N. Brown, 2018.

NACCHO Strategic Directions

NACCHO is guided by a Board of Directors, with the Chair and Deputy elected by its members to embody the principle of community control. The NACCHO Board has been pivotal in improving health outcomes for Aboriginal and Torres Strait Islander people. It has achieved this by working with its members and eight state/territory-based affiliates to agree upon and address a national agenda for Aboriginal and Torres Strait Islander health and wellbeing.

Strategic priority 1

Further strengthen NACCHO's national influence to increase investment in Aboriginal and Torres Strait Islander comprehensive primary healthcare.

This involves the development of a strong brand and NACCHO's further growth as a trusted and well-connected national institution. NACCHO will continue to create a national agenda, be agile in responding to opportunities, and secure necessary funding and stability for the sector well into the future.

Actions

- Champion and support the expansion of Aboriginal community-controlled health services to meet the health needs of Aboriginal and Torres Strait Islander people.
- 2 Continue to secure funding for the sector and to work with governments to begin closing the health-funding gap (\$4.4b). This will involve fairer access to our share of **existing** funding and appropriations, but will also need to include:
 - increased Australian Government funding for the Indigenous Australians' Health Programme (IAHP) and funds accessed from the mainstream
 - increased state/territory funding
 - better access to private health insurance
 - increased philanthropic contributions and partnership opportunities for the sector.
 - Develop and maintain effective partnerships with all stakeholders (including Memorandums of Understanding–MOUs).
 - Renew the NACCHO brand by developing and implementing a strategic communication and marketing plan.

- In collaboration with state and territory peaks, advocate on behalf of communities who are seeking to access community-controlled health programs and help with the transition of more government-run Aboriginal medical services into ACCHOs.
- Build NACCHO into critical national health architecture e.g. the Pharmaceutical Benefits Advisory Committee.

Key performance indicators

- Measures of the reduction of the funding gap, include:
 - increased level of funding and financial security for the sector over the forward estimates
 - increased access to existing funding appropriations in mainstream services
 - increased funding for infrastructure renewal and capital works across the sector
 - the extent of the takeup of proposals outlined in public and pre-budget submissions.

Extent of NACCHO representation on key national advisory groups and committees.

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Increased media coverage and social media profile.
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Strategic priority 2

Together, with members, deliver excellent services.

This involves leadership, recruiting, training and retaining the workforce, providing cultural intelligence, better access to Medicare, the implementation of a core services framework and the strengthening of key preventative measures.

Actions

- Continue to develop and implement a National Health Framework.
- 2 Strengthen measures focused on prevention to avoid long-term health issues and maximise existing health investments.
- 3 Continue to support ACCHOs so that the sector remains well-positioned to respond to pandemics and emerging crises (e.g. fires, floods and the impact of climate change).
- 4 Continue to support emerging and new ACCHOs.
- 5 Continue to support ACCHOs in making better use of Medicare.
- 6 Address workforce supply and retention issues, so that a highly trained workforce is supported across the sector and in key new related areas (e.g. aged care and the National Disability Insurance Scheme (NDIS)).
- Continue to support the Coalition of Peaks and its work in progressing the National Agreement on Closing the Gap.

Key performance indicators

- Successful co-design and rollout of 500 Aboriginal and Torres Strait Islander health traineeships.
- 2 Improved RTO funding arrangements in the sector.
- 3 Implementation of the Core Services and Outcomes Framework.
 - Increased access to Medicare.

Strategic priority 3

Promote strong governance practices.

This involves the implementation of robust governance processes for the NACCHO Board, executive and staff and the development of a strongly aligned sector with clear shared priorities and accountability.

Actions

- Ensure the principles of community control are imbued in all levels of governance in the organisation.
- Facilitate leadership opportunities and succession planning in NACCHO and across the sector.
- Governance reform to meet future requirements in a changing landscape to facilitate effective leadership and protect the reputation of the sector.



Provide advice and training to members on governance issues and mechanisms.

Build a focused and capable trusted organisation which has national credibility and the gravitas of a national leader and expert.



Grow the capacity of the Secretariat to drive the strategy, including in marketing, policy, evidence, and network collaboration.

Strengthen the relationships with state and territory peaks (including data sharing and the ability to promulgate best practice).

Key performance indicators

Board members offered governance training, are involved in the Board committees, and participate in an annual Board performance review.

- Successful annual national youth conferences and national members' conferences held annually.
 - Engagement of state peaks via the NACCHO CEOs' Forum, Medical Advisory Group, and policy officers' network.
- Provision of leadership development opportunities, governance resources, training and workshops for ACCHO boards and CEOs across Australia.

Strategic priority 4

Further strengthen NACCHO's knowledge-base and capability of the sector.

This involves increased access to medical technologies, business technology, the development of a strong evidence base, good data governance practices, and the capacity to extend the ACCHO model into related sectors (e.g. aged care and NDIS).

Actions

- Lead the development of a national strategy on the social determinants of health that identifies key evidence-based policies and programs.
- 2 Build stronger data capacity and ensure improved data governance arrangements are in place.
- 3 Support digital-health initiatives and technologicallyenabled care (medical and business).
- Continue to develop and implement the National Framework for Continuous Quality Improvement (CQI) in Primary Health Care for Aboriginal and Torres Strait Islander people.
- 5 Improve NACCHO's capacity to undertake national service mapping of the community-controlled sector to identify areas with high need, primarily through levels of preventable admissions and deaths and inadequate servicing.
- 6 Ensure a central role for ACCHOs in national initiatives that enable improved service integration and access to quality care at local levels.

Key performance indicators

- Improved engagement of NACCHO in national initiatives, such as My Health Record, Primary Health Networks, integrated care models, telecommunications initiatives, and leading nationally funded health research.
- Ensuring data sovereignty is secured in all research and that the integrity of data in the sector is maintained and is under Aboriginal and Torres Strait Islander control.
- 3
- Improved performance reporting.
- Conduct satisfaction surveys of all members and the development of an effective database to improve NACCHO's knowledge of the membership base.

Federal and state Indigenous Affairs ministers and Aboriginal and Torres Strait Islander leaders meet in Kaurna Country (Adelaide) for a Closing the Gap meeting. Photo by: Richard Davies. Image source: ABC.



NACCHO governance

The NACCHO Board met regularly throughout the financial year. Its final meeting was in Darwin, where it took the opportunity to meet with NT Chief Minister, the Hon Natasha Fyles and senior members of her government and Health Department as well as meetings with the boards of the Northern Territory affiliate, AMSANT, and two ACCHOs, Danila Dilba Biluru Butji Binnilutlum Medical Service (Danila Dilba) and Kimberley Aboriginal Medical Services Limited (KAMS).

With pandemic travel restrictions having ended, members were able to come together for the first time since 2019 at the National Members' Conference, Youth Conference and NACCHO Annual General Meeting (AGM) and Extraordinary General Meeting (EGM) held in Canberra in October 2022. More than 550 delegates attended. The Board also continued to engage closely with its members, the affiliates and NACCHO staff in response to numerous policy and program initiatives and the preparation of a range of public submissions, including NACCHO's pre-Budget submission to Treasury.

NACCHO has four sub-committees reporting to its Board:

- Audit and Assurance Committee
- Finance Committee
- Remuneration Committee
- Governance Committee.

The first three have independent chairs. The Governance Committee was convened during the year to strengthen NACCHO's governance arrangements; it will be in place until at least June 2024. The sub-committees all meet on a regular basis to meet the objectives set out in their respective charters. There are also external audit reports and a rigorous program of internal audits.

In early 2023, the NACCHO Board reviewed NACCHO's Strategic Directions, setting new goals and priorities for the 2023 to 2025 period. In June 2023, to operationalise the Strategic Directions document, senior staff developed an Operational Plan for the 2023–2024 financial year. The Operational Plan sets out the key activities for the period; it will be updated annually.

NACCHO and affiliate CEOs and other team members meet regularly throughout the year to share knowledge and expertise. These meetings include a collaboration summit with representatives from the Australian Government Department of Health and Aged Care. NACCHO has coordinated many national projects involving affiliates, demonstrating a longstanding history of collaboration to achieve shared goals that result in benefits at a jurisdictional and national level.

NACCHO and affiliate staff provide advice and support to the community-elected boards of ACCHOs in relation to good governance practices, accreditation and financial capabilities. This support is provided in response to direct requests from the sector.

The NACCHO Chair, CEO and the Secretariat extend thanks to outgoing Board members in the 2022–23 financial year for their dedication, expertise and guidance.

NACCHO Affiliate CEO Forum and Collaboration Summit with Department of Health and Aged Care. Ngunnawal and Ngambri Country (Canberra) 2023.



Our CEO and Board

NACCHO's Board consists of one delegate each from Tasmania and the Australian Capital Territory (ACT) and two from each of the remaining jurisdictions. They are nominated by their respective affiliates and endorsed by members at the Annual General Meeting. The Chair and Deputy Chair are directly elected by members every three years.



Pat Turner AM

NACCHO CEO and Lead Convenor of the Coalition of Peaks

Pat is the daughter of an Arrente man and a Gurdanji woman and was raised in Alice Springs, Northern Territory. As CEO of NACCHO, she is at the forefront of community efforts in Closing the Gap in health outcomes for Aboriginal and Torres Strait Islander people. Pat has over 40 years of experience in senior leadership positions in government, business and academia, including being the only Aboriginal person and longest-serving CEO of the Aboriginal and Torres Strait Islander Commission.



Donnella Mills

NACCHO Chair

Donnella Mills is a proud Torres Strait Islander woman with ancestral and family links to Masig and Nagir. She is Chair of the National Aboriginal Community Controlled Health Organisation (NACCHO), Chair of Wuchopperen Health Service, a member of James Cook University Council and appointed to the Australian Government's Advisory Council on Family, Domestic and Sexual Violence. From 2014 to 2021, she worked as a Cairns-based lawyer with LawRight, a community legal centre which coordinates the provision of pro-bono services for vulnerable people. She was also the managing lawyer for the innovative Wuchopperen Health Justice Partnership, in which lawyers and health professionals partnered to achieve improved health, wellbeing and justice outcomes for Aboriginal and Torres Strait Islander people. In 2020-21 she served as the Partnerships Director at Health Justice Australia. In August 2021 she was appointed First Nations Lead at King & Wood Mallesons.



NACCHO Deputy Chair

Christopher (Chips) Bin Kali was born in Derby, Western Australia and is a Gija/Bardi man from the Kimberley region. Chris started in the health field as Director/Chairperson of Kimberley Aboriginal Medical Services Limited (KAMS) and the Broome Regional Aboriginal Medical Service (Aboriginal Corporation) (BRAMS) before being appointed as the CEO of BRAMS. Chris is currently on the boards of BRAMS (local), KAMS (regional) and AHCWA (state). Previously Chris worked in the education, alcohol rehabilitation and Community Development Employment Projects (CDEP) sectors.



CEO Institute for Urban Indigenous Health

Adrian Carson is a Cobble Cobble man from Queensland's Western Downs region; however, he was born and has spent most of his life on Turrbal and Jagera Country in Brisbane. Adrian has almost 30 years' experience in the Aboriginal and Torres Strait Islander health sector. He is CEO of the Institute for Urban Indigenous Health (IUIH) Ltd in south-east Queensland, a position he has held for more than 10 years. Adrian is a former CEO of QAIHC, director of the Aboriginal and Torres Strait Islander Community Health Service Brisbane Limited—Queensland's first community-controlled health service—and is a founder member of the Galangoor Duwalami Aboriginal and Torres Strait Islander Corporation (Primary Health Care Service) in the Fraser Coast region. Adrian holds a Graduate Certificate in Health Service Management from Griffith University and is completing a Master of Business. Adrian left the NACCHO Board in October 2022.



CEO Gladstone Region Aboriginal and Islander Community Controlled Health Service trading as Nhulundu Health Service

Matthew

Cooke

Matthew is a proud Aboriginal man from the Byellee people in Gladstone, Queensland. He has a strong background in Aboriginal and Torres Strait Islander affairs having served as both company director and CEO for more than 15 years. His active involvement spans all jurisdictions: local, regional, state and national, including representation at the United Nations Permanent Forum on Indigenous Issues in New York. Matthew chairs NACCHO affiliate QAIHC. He is also Executive Chairman of the First Nations Bailai, Gurang, Gooreng Taribelang Bunda peoples Prescribed Body Corporate and a member of the Central Queensland Hospital and Health Service Board, as well as being CEO of Nhulundu Health Service. During the construction of the liquified natural gas facility on Curtis Island he was appointed as the Indigenous Affairs Manager for Bechtel Oil Gas and Chemicals, a worldwide engineering, procurement, and construction company. Matthew left the NACCHO Board in October 2022.



David Dudley

Director Aboriginal Health Council of South Australia

David Dudley is a proud Kokatha/Mirning man from the Far West Coast of South Australia. He has been involved in Aboriginal health for more than 20 years and is currently a director of the Port Lincoln Aboriginal Health Service, as well as a member of the AHCSA and NACCHO boards.

David worked as a Drug and Alcohol Support Worker/ Counsellor for close to ten years. He has a Diploma in Social Work and is very passionate about improving the health and wellbeing of Aboriginal and Torres Strait Islander people. His hobbies are fishing, camping and enjoying time with his family and grandchildren. He is a passionate Adelaide Crows supporter and enjoys watching his beloved local team, Mallee Park Football Club, playing on weekends (especially when they win).



CEO Illawarra Aboriginal Medical Service Aboriginal Corporation

Graduating in 1998, Kane started as a health worker at Danila Dilba Biluru Butji Binnilutlum Medical Service (Danila Dilba) in Darwin, Northern Territory (NT), then moved to a community health clinic (Bagot) for two years. Kane ran the men's health program in the NT at the Heart Foundation before moving into the Clinic Manager's role at Danila Dilba for seven years, during which he acted as the CEO for a period of six months. Kane then moved to Wollongong, New South Wales, commuting to Sydney to work at the Aboriginal Legal Service as the Regional Manager of the South-Central Region and acting for a period as the legal service's CEO. Kane returned to his original passion when he took on the role of Comprehensive Care Practice Unit Manager at NACCHO affiliate, the AH&MRC. He is currently CEO of Illawarra Aboriginal Medical Service and a proud board member of both the AH&MRC and NACCHO.



COO Tasmanian Aboriginal Centre

Raylene represents lutruwita (Tasmania) on the NACCHO Board. She has a deep and historical understanding of the Aboriginal and Torres Strait Islander health sector, at national and local levels. For more than 25 years, Raylene has worked for the Tasmanian Aboriginal Centre in various leadership roles building the capacity of the organisation, staff and community to provide health services for Aboriginal and Torres Strait Islander people.



Michael Graham

Chairperson Victorian Aboriginal Community Controlled Health Organisation

Michael is a Dja Dja Wurrung and Waywurru man who has been part of various Aboriginal and Torres Strait Islander organisations since the age of 16. He was raised by a politically proud family who prompted him to empower and make positive changes for his community. Michael is the CEO of the Victorian Aboriginal Health Service Co-operative Limited and Chairperson of the Victorian Aboriginal Community Controlled Health Organisation.



Wilhelmine Lieberwirth

Chair Aboriginal Health Council of South Australia

Appointed to the NACCHO Board in November 2022, Wilhelmine is a Kokatha and Antakirinja woman from the northern region of South Australia (SA) who honours her rich family ancestry. She has spent the better part of her adult life working in community-service roles, currently as an Aboriginal Cultural Consultant for 13 years with the Child and Family Health Service SA. She has been instrumental in the Safely sleeping Aboriginal babies in SA - Doing it together project for newborns and mums, involving the sector, government and academic researchers. Wilhelmine and her family have lived in Whyalla for generations, actively advocating on local Aboriginal health matters including establishment of and support for the local Nunyara Aboriginal Health Service Incorporated. Wilhelmine is passionate about ensuring better outcomes for all Aboriginal and Torres Strait Islander people and making sure that the next generation has positive foundations to build on into the future.



Dr Leisa McCarthy

CEO Anyinginyi Health Aboriginal Corporation

Leisa is a Warumungu woman with strong family ties to Tennant Creek and surrounding Barkly region of the Northern Territory. Leisa commenced as Anyinginyi Health Aboriginal Corporation CEO in February 2022, based in Tennant Creek. Leisa has worked in Aboriginal and Torres Strait Islander health for close to 30 years and held positions in policy, management, coordination and service delivery at the national, state/territory and local levels across the government, non-government and Aboriginal communitycontrolled sectors. She has also worked in a research institute. Leisa has formal training in Public Health Nutrition; she holds a Bachelor of Applied Science in Nutrition, Masters of Community Nutrition and PhD in Public Health.



CEO Danila Dilba Biluru Butji Binnilutlum Health Service Limited

Rob McPhee is the CEO of Danila Dilba in Darwin, NT. Prior to this, he was Deputy CEO and Chief Operating Officer (COO) at KAMS in Broome, WA. He is currently Deputy Chairperson of AMSANT. His people are from Derby in the West Kimberley and from the Pilbara region, WA. He has an undergraduate degree in Aboriginal Community Management and Development and a Graduate Certificate in Human Rights. He is passionate about social justice for Aboriginal and Torres Strait Islander people and has spent the past 30 years working in Aboriginal and Torres Strait Islander affairs.



CEO Dubbo, Gilgandra and Coonamble Aboriginal Health Service

Phillip Naden is a proud Aboriginal descendant of the Gamilaroi people from north-western New South Wales (NSW) near Coonabarabran where his mother grew up on Burrabadee Mission. Phil is also a proud descendant of the Wiradjuri people from Peak Hill/Condobolin, NSW (Bogan River People). Phil is well qualified, a panel beater/spray painter by trade, a former sworn Queensland Police Officer, former CEO of Australia's largest Aboriginal legal service, former CEO with Bourke Aboriginal Medical Service, Bila Muuji Regional Consortia, and now the CEO of Coonamble Aboriginal Health Service, Dubbo Aboriginal Medical Service (AMS), and Gilgandra AMS. Phil finished his master's degree in business and is the current Chairperson of the AH&MRC and of Dreamtime Housing, director with the Rural Doctors Network and director with the Justice Reinvestment Project, Maranguka at Bourke.

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Vicki O′Donnell

CEO Kimberley Aboriginal Medical Services

Vicki is a Nyikina Mangala woman from Derby who has worked as a strategic leader in Aboriginal communitycontrolled health for 15 years. Currently CEO of KAMS in Broome, WA, Vicki was instrumental in the establishment of both the Derby Aboriginal Health Service dialysis unit and the Kimberley Renal Service. Vicki has been a board member of AHCWA for over 15 years (eight years as chair) and chairs the WA Aboriginal Health Ethics Committee. She is an advisor on numerous state and federal ministerial committees involved in Aboriginal health including the WA Aboriginal Advisory Committee and the Coalition of Peaks. Vicki's passion for Aboriginal and Torres Strait Islander health is recognised at a regional, state and national level. She has gained enormous respect for her knowledge, attention to detail and communication skills at a grassroots level.



Chair Winnunga Nimmityjah Aboriginal Health and Community Services

Craig Ritchie is a Dhunghutti man who was until recently CEO of the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) on Ngunnawal Country (Canberra), Craig's career spans senior roles that include work heading Aboriginal and Torres Strait Islander higher education, university access and participation for people from low socio-economic backgrounds and international student mobility. He was founding Director, Aboriginal and Torres Strait Islander Health in the ACT Government and has served as NACCHO CEO. He is a director of the Lowitja Institute.



Polly Sumner-Dodd

Director Aboriginal Health Council of South Australia

Now retired, Polly was CEO of Nunkuwarrin Yunti of SA Incorporated for over 30 years. Polly advocates strongly for Aboriginal community control, self-management and selfdetermination. She has participated on a wide and varied range of committees and boards, including NACCHO, Aboriginal Sobriety Group, Aboriginal Legal Rights Movement, Women's Legal Service, Pharmacy Board SA and the Women's Art Movement, to name a few. Polly's involvement with NACCHO affiliate, AHCSA has spanned more than 38 years, beginning with the Aboriginal Health Organisation that underwent major transformations, giving birth to ACHSA and, more importantly, moving to Aboriginal community control. Polly believes that ongoing improvements to the health and wellbeing of all members of the Aboriginal and Torres Strait Islander community are crucial if our people are to reach and maintain a quality of life equal to that of the wider community. Polly left the NACCHO Board in November 2022.



Deputy Chair Ngaanyatjarra Group

Preston Thomas, known as 'Mr T', is a former Deputy Chairperson of the Aboriginal Land Trust of Western Australia (WA). He is currently Deputy Chair of the Ngaanyatjarra Group, which includes the Ngaanyatjarra Council (Aboriginal Corporation), Ngaanyatjarra Services (Aboriginal Corporation) and Ngaanyatjarra Health Service (Aboriginal Corporation). Mr T also chairs the Kanpa Community Council. He is an active member of the Aboriginal Legal Service of WA and has been on the board of AHCWA since 2015. He is committed to the development of Aboriginal and Torres Strait Islander people in WA.



Executive Director Bendigo & District Aboriginal Co-operative Ltd

Dallas Widdicombe is a proud Darug man who holds a Bachelor of Social Work and an Advanced Diploma of Business (Governance). Dallas previously worked in the remote Western Australian community of Balgo for more than seven years where he held positions including CEO of the Wirrimanu Aboriginal Corporation. Most recently Dallas has worked for the Bendigo and District Aboriginal Co-operative Ltd (BDAC) as the Executive Director overseeing the Medical Clinic and Family and Community Services teams. In this time BDAC staff numbers and resourcing have grown. Dallas has developed several programs to help his community with substance addiction, family violence and positive health.

Coalition of Aboriginal and Torres Strait Islander Peaks

Things are ramping up this year for the Coalition of Peaks. Earlier this year, Pat Turner AM, the Coalition of Peaks Lead Convenor, briefed National Cabinet on the National Agreement on Closing the Gap (National Agreement) and invited all Australian cabinets to meet directly with the Coalition of Peaks.

Since then, the Lead Convenor and jurisdictional leads have been meeting with cabinets across the country to make government ministers aware of the commitments made under the National Agreement and to ensure that structural change is taking place to embed the National Agreement's four Priority Reforms.

The Joint Council on Closing the Gap met on 7 June 2023 on Larrakia Country (Darwin). The meeting was co-chaired by the Minister for Indigenous Australians, the Hon Linda Burney and Deputy Lead Convenor of the Coalition of Peaks, Catherine Liddle. Joint Council members shared updates from their respective jurisdictions and discussed opportunities to build Closing the Gap into the Federation Funding Agreements Framework and government budget processes. Joint Council also endorsed the Justice Policy Partnership Strategic Framework and agreed a revised Joint Communications Strategy. The interim Partnership Health Check report was discussed, including how the partners can work together more effectively to implement the National Agreement and improve the lives of Aboriginal and Torres Strait Islander people.

Following Joint Council, the Coalition of Peaks Secretariat team held a stall at the Barunga Festival, in conjunction with Aboriginal Peak Organisations Northern Territory. The festival provided a valuable opportunity to engage with a range of community members, with 5,000 Indigenous and non-Indigenous people in attendance.

The Partnership Working Group on Closing the Gap (Partnership Working Group) met on 3 August 2023 on Meanjin Country (Brisbane). The meeting was co-chaired by Lead Convenor, Pat Turner, and the CEO of the National Indigenous Australians Agency (NIAA), Jody Broun. The group discussed findings in the draft report of the Productivity Commission's Closing the Gap Review, released in July 2023. The draft report found there is some evidence of governments' demonstrating ability and willingness to partner in shared decision-making, but change is not occurring quickly enough, accountability is limited, and progress is falling short of expectations. To realise the full potential of the Priority Reforms, governments need to change the way directorates operate and engage with our people. It's about partnership based on shared decision-making and our self-determination.

Below: Indigenous leaders at the 10th Joint Council on Closing the Gap on Larrakia Country (Darwin), 2023.



Progress on the National Agreement

Priority Reform 1 Formal partnerships and shared decision- making	Childhood Care and Development, Housing, and priorities and prepared draft workplans and mee Place-based partnerships implement the Nationa community-development approach. The agreed Wales (NSW); Kunibidji Country (Maningrida an	Strait Islander representatives. All five policy er Languages, Social and Emotional Wellbeing, Early d Justice—have now been established, identified sting schedules. Il Agreement in a specific location, taking a long-term sites are Kamilaroi Country (Tamworth), New South and Homelands), Northern Territory (NT); Gunaikurnai and Waanyi Country (Doomadgee), Queensland	
Priority Reform 2 Building the community- controlled sector		National Agreement. These clauses set out a lelivered by Aboriginal community-controlled lequately funded and that sectors are strengthened. ury and other central agencies to review their budget	
Priority Reform 3 Transforming government organisations	The establishment of an independent mechanism, or mechanisms, is a significant policy development under the National Agreement. The proposed mechanism/s would support, monitor and report on the transformation of mainstream agencies and institutions. The Australian and New Zealand School of Government (ANZSOG) has been selected to conduct research and provide advice to the Partnership Working Group on independent mechanisms. A national working group, comprising Partnership Working Group members, will accelerate progress on the establishment of independent mechanisms.		
Priority Reform 4 Shared access to data and information at a regional level		untry (Doomadgee), Qld; Kimberley region, WA; rbs of Kaurna Country (Adelaide), SA and (recently /ic.	
Socio-economic	Community infrastructure	Inland waters	
targets Two new targets are in development, in addition to the 17 originally set out in the National Agreement.	A working group has been formed with government data custodians, NIAA and the Coalition of Peaks to progress work on the community infrastructure target, including establishing indicators for the new target.	There remain several complexities associated with the development of the inland waters target. The Coalition of Peaks contracted the University of Melbourne to conduct a peer review on the inland water baseline report developed by PricewaterhouseCoopers (PwC's) Indigenous Consulting. This review will assist the Coalition of Peaks in ongoing negotiations on the inland waters target.	
Knowing we are	Priority Reform Data Development	Monitoring and Evaluation Framework	
making a difference: data development and modelling	NIAA has engaged ANZSOG to work with the Australian National University to deliver the core analytical work on indicator specification and data sources that can measure progress of the four Priority Reforms.	The Coalition of Peaks is continuing work with NIAA to adjust and improve the draft framework for measuring and reporting progress on Priority Reform 4 activities developed by PwC's Indigenous Consulting.	

A short photo break at the 10th meeting of the Joint Council on Closing the Gap.

Our highlights of the last 12 months



The impact our Peaks are making by meeting national and jurisdictional cabinets across the country and reminding government of their commitments to the National Agreement and how they can embed the Priority Reforms into the decision-making processes of government. Meeting face-to-face for Joint Council in Larrakia Country (Darwin), with the Secretariat team continuing on to the Barunga Festival to help our communities understand how the National Agreement can benefit our people and communities.

Our partnership activities

At the Coalition of Peaks, we lead by example with our government partners by demonstrating a commitment to consensus decision-making and respectful engagement. Our Coalition of Peaks governance model brings all our members' voices to the table to discuss, debate and agree our shared policy positions and priorities. This is achieved through fortnightly teleconferences chaired by our Lead Convenor and open to all Peaks members.

Strengthening key sectors

In Clause 49 of the National Agreement, the parties commit to identify sectors for joint national strengthening efforts every three years, through Sector Strengthening Plans. The intention of the plans is to identify sectors that should be prioritised for a joint, national effort. The National Agreement gives guidance on what these plans should cover, including the strong sector elements and additional areas of workforce, capital infrastructure, service provision and governance. All plans for the initial sectors of focus are now online:



There is also a commitment in the National Agreement for additional sectors to be identified for Sector Strengthening Plans in 2023. Discussions among the parties are yet to occur.

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NACCHO media, communications and stakeholder engagement



NACCHO CEO says new measures recognise the CRITICAL ROLE ACCHS PLAY in delivering health services



NACCHO continues to have a strong media presence with a combined online following of almost 72,000 people.

In the last financial year, NACCHO's online media platforms have increased by more than 5,000 followers. LinkedIn attracted the highest engagement with 3,585 new followers, an increase of 104 per cent.

NACCHO's media and communications are guided by NACCHO's Strategic Directions, the National Agreement on Closing the Gap (National Agreement), the NACCHOdeveloped Core Services and Outcomes Framework for the sector, and NACCHO members and affiliates. There are three core functions:

NACCHO communications

focusing on communications that support the organisation's strategic direction, communications support for members and affiliates, and aid in the quality control and provision of communications guidance and advice across the organisation. NACCHO's national profile, brand, reputation and public perception are critical to upholding its credibility with stakeholders. Government, affiliates and members look to NACCHO as a model for structural reform, advocacy, policy and the rollout of programs. Other stakeholders look to NACCHO for guidance in all areas of Aboriginal and Torres Islander health.

Program-area communications

focusing on communications that support programspecific needs, across areas including health promotion and social and behavioural change.

Member and affiliate support

focusing on the promotion of good news stories occurring in ACCHOs across the country; this involves writing stories for news media, engaging journalists on stories of interest, interviewing stakeholders, ongoing engagement through our Deadly Health Champs initiative, and covering news and events as they emerge. Members and affiliates are increasingly seeking to engage and collaborate. In 2022–23, NACCHO's strategic media and communications activities continued to support NACCHO's goals and ensured Aboriginal and Torres Strait Islander health issues were elevated in the national arena by:

- disseminating media releases, statements, newspaper editorials and member alerts in relation to important announcements and commemoration of health and Aboriginal and Torres Strait Islander dates and events such as National Close the Gap Day, National Reconciliation Week, National Aborigines and Islanders Day Observance Committee (NAIDOC) Week, as well as announcements around the National Agreement
- facilitating and organising national media interviews and placement across news platforms
- publishing daily Aboriginal health news for the sector, delivering a steady stream of information on national, regional and remote Aboriginal and Torres Strait Islander health and related issues.
- extensive social-media information sharing and engagement across platforms including on health issues such as COVID-19 and national issues of importance to Aboriginal and Torres Strait Islander people.

NACCHO and the broader media

Overall, there has been a strong positive sentiment in the news media towards NACCHO and the sector, as it leads the rollout of key health-related campaigns and pursues its advocacy work.

NACCHO undertook regular media appearances—on ABC Radio National Breakfast, ABC News Breakfast (television), National Indigenous Television, ABC The Drum, The Guardian Australia, The Australian and Sydney Morning Herald capturing and spreading vital messages for the sector.

NACCHO has consolidated a central role in advocating not just for better health and wellbeing but also on broader issues of importance for Aboriginal and Torres Strait Islander people and communities. NACCHO CEO, Pat Turner is the principal spokesperson. She has commented on developments in relation to the National Agreement, the proposed Indigenous Voice to Parliament and Aboriginal housing, in addition to numerous health-related matters. NACCHO overall social media following

		2022–23	2021–22	Difference
9	Twitter followers	38,310	38,799	-489
f	Facebook followers	21,804	21,158	+646
in	LinkedIn followers	7,011	3,426	+3,585
C	Daily Health News subscribers	6,422	6,264	+158
0	Instagram followers	4,841	4,308	+533
Tot	al	78,388	73,955	+5,411

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The Organisation

NACCHO event highlights

National Workforce Summit

On 21–22 March 2023, NACCHO and the Human Services Skills Organisation (HSSO) hosted the National Workforce Summit in Meanjin (Brisbane) to work towards a national solution for a sustainable Aboriginal and Torres Strait Islander health workforce. The summit brought together 111 people from ACCHOs, 17 people from affiliates, 12 from sector Peaks and 12 representatives from government. It focused on identifying challenges and opportunities to increase capacity in the multidisciplinary ACCHO workforce across primary healthcare, disability, aged care, allied health and social and emotional wellbeing (SEWB).

Pat Turner, NACCHO CEO and Lead Convenor of the Coalition of Peaks, opened the summit with a keynote address, followed by a Q&A session. Across the first day, ACCHOs and affiliates shared their unique workforce journeys, highlighting both innovative solutions that are generating positive results and challenges they are facing on the ground.

Following the presentations, attendees engaged in an interactive panel discussion led by Katrina Fanning AO PSM, Coolamon Consulting Director, and Jodi Schmidt, HSSO CEO, to further explore topics of interest from the presentations. 66 Your communities, our people, are counting on us.

Pat Turner, NACCHO CEO

We can't rely on others to fix this – we need to lead, as we always have in this sector.

Donella Mills, NACCHO Chair

The second day started with a keynote address from Jodi Schmidt, followed by Donnella Mills NACCHO Chair. Both talks highlighted the importance of our community-controlled Registered Training Organisations and how critical they are to upskilling the existing workforce and bringing new people into the sector. The second day also featured a lunch-time session, hosted by the University of Sydney, focusing on the critical role of the disability workforce.

The summit's activities culminated in attendees setting SMART goals (Specific, Measurable, Achievable, Relevant, and Time-Bound) based on the 10 strongest themes or challenges from

Visual scribe of the National Workforce Summit workshop, March 2023.







Top: Inaugural cancer roundtable meeting, May 2023. Bottom-left: National Workforce Summit delegates. Bottom-right: National Workforce Summit NACCHO representative (middle) and delegates.

the two days. When sharing back to the room, many stated they would be able to take immediate actions and deliver on their goals within the next 12 months.

66 It was great bringing everyone together to address our collective workforce needs.

ACCHO representative

Echo in ACCHOs Program

NACCHO held an ultrasound familiarisation session to understand the best way to teach ACCHO staff how to conduct cardiac ultrasound, or echocardiography, as part of the Echo in ACCHOs Program. Community of Practice (CoP) members representing ACCHOs participating in the Acute Rheumatic Fever (ARF) and Rheumatic Heart Disease (RHD) Program joined the NACCHO team and the University of Melbourne on Larrakia Country (Darwin) on 19–20 June 2023 to launch the program. This was the first face-to-face national meeting for the CoP. In addition to practical sessions learning how to perform an echocardiogram, members had an opportunity to discuss their priorities for improving ARF and RHD outcomes in their communities.

Inaugural cancer roundtable

In May 2023, NACCHO hosted the first cancer roundtable in its Canberra offices. Cancer peak bodies and the Department of Health and Aged Care (DHAC) were invited to attend the face-to-face meeting, designed to discuss:

- cancer experiences of Aboriginal and Torres Strait Islander people
- the draft Aboriginal and Torres Strait Islander Cancer Plan currently under development (see part 4 of this report)
- the foundation for working together set by the National Agreement to achieve real changes in cancer outcomes.

The meeting, chaired by NACCHO Deputy CEO, Dr Dawn Casey was attended by 10 organisations. Outcomes included an agreement to share priorities and resources and to meet regularly to identify collaboration opportunities.

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NACCHO agreements and partnerships

NACCHO partners with organisations that have an interest in, and commitment to developing and maintaining culturallyappropriate health services and better outcomes for Aboriginal and Torres Strait Islander people.

Formal MOUs are entered into with agencies and organisations where relevant (see pages 32–33). NACCHO also participates in more than 130 committees and other forums addressing Aboriginal and Torres Strait Islander health and health-related issues (see pages 33–36).

Network Funding Agreement

NACCHO entered the first Network Funding Agreement (NFA), a contract with the Department of Health in June 2017. This agreement enshrined the department's commitment to the Aboriginal and Torres Strait Islander community-controlled health sector and enabled NACCHO to support ACCHOs in delivering primary healthcare services. In June 2019 a twoyear extension to this agreement was signed.

Over 2021–22, NACCHO negotiated a new NFA with the Department of Health and Aged Care (DHAC), initiated at the start of this reporting year. For the first time the NFA provides more flexible funding to the sector through four-year rolling funding agreements with indexation.

The NFA outlines the relationship between NACCHO and its affiliates in each state and territory. This group is collectively known as the Sector Support Network (SSN). The agreement provides a framework within which the SSN and the Australian Government work together to achieve a shared vision of optimised health outcomes for Aboriginal and Torres Strait Islander people.

The NFA identifies three outcomes, as set out below in summarised affiliate reports on each outcome.

Outcome 1

A strong and sustainable Aboriginal and Torres Strait Islander community-controlled health sector delivering high-quality services to meet the health needs of the Aboriginal and Torres Strait Islander people across the country.

Affiliate	Strategies/Activities
AH&MRC	Partnered with three services to deliver Community Health and Wellbeing Expos as part of the Our Health Our Future campaign raising health literacy.
	Visited numerous ACCHO sites delivering Clinical Continuous Quality Improvement (CQI), Medicare and digital- health training; held three regional Patient Information Management Systems training sessions.
	Held the annual CQI Forum to showcase quality-improvement activities and enable networking.

Affiliate	Strategies/Activities
AHCSA	Worked with members to encourage data knowledge and transition; provided a Health Infomatics Coordinator to answer data-related requests.
	Supported ACCHOs in relation to grant funding, clinical accreditation, client surveys, MBS claiming, training, CQI, etc.
	Advanced its strong focus on eye health with selected ACCHOs; supported the South Australia (SA) Aboriginal Eye Health Working Group.
AHCWA	Met monthly with members to discuss issues including workforce, Medical Benefits Schedule (MBS) billing items, national Key Performance Indicators (nKPIs), etc.; responded to 174 information requests.
	Represented the WA sector at regular meetings with key agencies, state and federal, and through significant projects.
	Provided telehealth advocacy, support and education.
AMSANT	Leads the NT Aboriginal Health Forum.
	Undertook data analysis; assisted members with data/online reporting matters.
	Advocated strongly on the workforce crisis affecting members and on addressing low immunisation rates.
	Maintained a network of CQI facilitators to assist members.
	Is working to strengthen ACCHO governance.
QAIHC	Supported members in relation to governance, corporate functions, clinical frameworks, model-of-care development, workforce planning and support, accreditation, advocacy and research.
	Re-established and strengthened the QAIHC CQI network.
	Assisted members with data needs including training.
TAC	Is using nKPI data to inform work and CQI processes; engaged a skilled CQI Contract Manager; provided information technology (IT) training to staff.
	Assisted in the development of 20 successful funding proposals.
	Supported program planning and evaluation in areas including SEWB, alcohol and other drugs, Culture Care Connect.
VACCHO	Ran a multimedia health-promotion campaign, Don't Miss a Moment, encouraging clients to get health checks.
	Established a new state-wide network for Aboriginal Health Workers/Practitioners to identify training needs and advance sector reform.
	Advocated for and worked closely with the Victorian Department of Health to implement default four-year funding for ACCHOs.
	Focused on monitoring and evaluation and trialled its first Impact Report.
WNAHCS	Is a stand-alone health service.

Outcome 2

An accessible, responsive and culturally-safe healthcare system for Aboriginal and Torres Strait Islander people.

Mapped child and maternal health services provided by members, identifying gaps/opportunities; advocated for
greater resourcing.
Chaired the NSW Primary Health Network (PHN)–ACCHO Working Group, advocating transition of services to community control.
Drafted a refreshed policy priorities booklet to outline key sector needs.
Held discussions with PHNs across multiple areas.
Made recommendations to SA Health on Voluntary Assisted Dying in the ACCHO context.
Contributed to development of HealthPathways SA, an online portal on viral hepatitis and health assessments.
Responded to 85 formal policy advice and information requests (31 from members); consulted with the sector on policy and advocacy across multiple health issues, including at the AHCWA State Sector Conference.
Maintains active engagement with the WA and Australian Governments.
Developed a WA ACCHO Workforce Strategy.
Participated in numerous key alliances, forums and strategic projects.
Supported development of a national remote food security strategy.
Is a member of major committees on communicable disease and chronic disease.
Is developing a Workforce Strategy with the NT Workforce Alliance.
Maintained strong strategic and operational relationships with government, non-government-organisations (NGOs) peaks and other Aboriginal and Torres Strait Islander/health-based entities across Queensland.
Partnered in the state's Health Equity process and other reform projects.
Supports the Torres and Cape Health Care pilot, aimed at regional funding reform.
Participated on the First Nations Funding Transition Committee, advising DHAC.
Maintains an active Cultural Awareness Unit providing cultural-competency training across the mainstream.
Participated in workforce strengthening at state and national levels.
Worked to improve Aboriginal and Torres Strait Islander people's access to mental-health and paediatric care in Tasmania.
Is Secretariat to the Victorian Aboriginal Health and Wellbeing Partnership Forum (AHWPF); developed an Action Plan with ACCHOs signed off by Victoria's Cabinet.
Advanced reform with the state government—multi-year and outcomes-based funding for ACCHOs.
Led and continues to lead the Improving Care for Aboriginal Patients program, aimed at cultural safety in mainstream health settings.

Affiliate Strategies/Activities

WNAHCS Advocated strongly on health-system reform.

Maintained a successful health service for Aboriginal and Torres Strait Islander inmates of the Australian Capital Territory (ACT) prison.

Successfully sought funding for an ACT residential drug and alcohol rehabilitation service for Aboriginal and Torres Strait Islander people, currently under development.

Outcome 3

National positions delivering high-quality expertise and advice at a national level that lead to structural reform.

Affiliate	Strategies/Activities
AH&MRC	Maintained the Policy Advisory Group with members; provided policy input to state and national forums/strategies/inquiries.
	Co-chairs several NSW health-related working groups.
	Is leading and developing Closing the Gap initiatives under the jurisdictional Implementation Plan.
AHCSA	Coordinated AHCSA and member responses to 18 inquiries/reviews/consultations.
	Attended monthly SA Council of Social Service meetings as a member of the SA Policy Council.
	Continued partnerships with PHNs in areas such as IT and mental health.
	Engaged with a broad range of mainstream health organisations to advocate for reform and integration.
AHCWA	Contributed to the NACCHO Policy Sub-committee and NACCHO submissions; participated in 150 formal working groups/forums/committees.
	Frequently engaged with government agencies, including the WA Health Planning Forum and Regional Planning Forums.
	Influenced programs/policies developed in relation to workforce, chronic conditions, dental services, environmental health.
	Advanced its data-analysis capacity.
AMSANT	Participated on the NT Aboriginal Health Forum, including the Primary Health Care Funding Reform Working Group; engaged with the NT Government at multiple levels.
	Strengthened access to and analysis of Online Services Report (OSR) and nKPI data; continued IT workforce support.
	Commenced an ACCHO immunisation network.
	Supported the roll out of new programs across workforce, aged care/disability, Culture Care Connect.
QAIHC	Provided numerous responses and made 10 submissions to government.
	Participated in the Queensland Health Alliance and Health Equity process.
	Launched the Growing Deadly Families Maternity Services, funded by the state.
	Worked on better data utilisation.

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Affiliate	Strategies/Activities
TAC	Held community workshops to explore needs.
	Through the TAC Health Information Team, used data to improve healthcare and address emerging issues.
	Developed modelling and guidelines for a new Health Justice Program.
	Received funding and worked with the community to reform child welfare and safety in Tasmania, including transition to community control.
VACCHO	Submitted 11 responses to consultations or requests for information; strengthened its approach to policy development in collaboration with members.
	Advocated on justice issues, including better Aboriginal and Torres Strait Islander healthcare in custody.
	Secured the Victorian Government's commitment to the AHWPF Action Plan; co-convened two AHWPF forums.
	Mounted a vigorous advocacy campaign in the lead up to the state election.
	Led national advocacy on Aboriginal and Torres Strait Islander aged-care provision.
WNAHCS	Made numerous submissions and representations; regularly published a newsletter on health matters and advocacy.
	Successfully concluded its campaign for a new ACT alcohol/drug rehabilitation service.

Department of Health and Aged Care partnership

The Australian Government Department of Health and Aged Care (DHAC) is the major funding contributor to NACCHO and the sector. Among other programs, it administers the Indigenous Australians' Health Programme (IAHP), providing basic resourcing for ACCHOs. The Department of Health initially funded NACCHO to establish a secretariat in Canberra in 1997, greatly increasing ACCHOs' capacity to participate in national health-policy development. This financial year saw the initiation of the new Network Funding Agreement (NFA) between DHAC and the sector.



Australian Government

Department of Health and Aged Care

Royal Australian College of General Practitioners partnership

The NACCHO–Royal Australian College of General Practitioners (RACGP) partnership continues to work together in developing the fourth edition of the National Guide to Preventive Health Assessment for Aboriginal and Torres Strait Islander people. The fourth edition has had significant changes including increased input from Aboriginal and Torres Strait Islander people across all aspects of the project, with 28 chapters involving Aboriginal and Torres Strait Islander authors or expert reviewers. The fourth edition, to be published in 2024, will also include new chapters on racism, climate change, preconception care and vaping. It has greater focus on implementation with an additional section on key messages and implementation tips.

The project team is also reviewing and updating health-check recommendations alongside the guidelines. This has involved yarning about health checks with services in the Northern Territory and South Australia and a roundtable on health checks attended by over 20 leaders in Aboriginal and Torres Strait Islander primary healthcare. Major themes emerging from these consultations are the importance of embedding cultural safety, the capacity to adapt health checks to local needs, and supporting patient-centredness and shared decision-making in health-check actions. Looking ahead to implementing health checks, the project team continues to work with the Commonwealth Scientific and Industrial Research Organisation (CSIRO) on the Medicare Benefits Schedule (MBS) development of Specific, Measurable, Achievable, Relevant, and Time-Bound (SMART) healthcheck forms that can interact with all types of electronic medical software; this involves liaison with each of the key software vendors. NACCHO also advocates for greater alignment of MBS criteria for health checks with the best available evidence.

Memorandums of Understanding (MOUs)

AIR FORCE

Royal Australian Air Force

The purpose of the original MOU with the Royal Australian Air Force (RAAF) was to deliver ongoing affordable and accessible healthcare to Aboriginal and Torres Strait Islander people, in particular dental care delivered by RAAF personnel working alongside Aboriginal Health Workers (AHWs) in ACCHOs. The MOU has been extended for another five years from 2020 to 2025 and during this period the partnership will be extended to include non-health services for our NACCHO members.



National Prescribing Service MedicineWise

(MOU ceased in December 2022)

In January 2021 NACCHO and National Prescribing Service (NPS) MedicineWise signed an MOU committing both organisations to working collaboratively to improve Quality Use of Medicines and clinical decision-making to achieve better health outcomes for Aboriginal and Torres Strait Islander people. The MOU incorporates an annual activity schedule, with NACCHO and NPS MedicineWise working together to co-design and implement priority projects and activities that meet the needs of Aboriginal and Torres Strait Islander people.

NACCHO external committee representation

13 YARN - Lifeline Advisory Board

7th Community Pharmacy Agreement Pharmacy Stakeholder Consultation Committee

Aboriginal and Torres Strait Islander Health Industry Reference Committee (ATSIHIRC)

Aboriginal and Torres Strait Islander Health Protection (NATSIHP)

Aboriginal Advisory Group – Western Australia Aftercare Model

Aboriginal and Torres Strait Islander Advisory Council on Family, Domestic and Sexual Violence – appointed to June 2024, works with government on meeting National Agreement Target 13

Aboriginal and Torres Strait Islander GP Training Advisory Group

Aboriginal and Torres Strait Islander Social and Emotional Wellbeing (SEWB) Measurement Consortium

Aboriginal Health Worker Training Package Industry Reference Committee

Activating pharmacists to reduce medication related problems (ACTMed) Project Advisory Group

Advisory Group on Market Oversight National Disability Insurance Scheme (NDIS) Advisory Group for the development of National Guidelines for Wellbeing Indicators in Early Childhood Health Checks (chaired by Ngiare Brown, National Mental Health Commission)

Aged Care Quality and Safety Commission Consultative Forum

Aged Care Quality and Safety Standards Sector Reference Group – oversees development of standards, led by the Department of Health and Aged Care (DHAC)

Allied Health Industry Reference Group – a national forum to discuss allied-health issues and support the Australian Chief Allied Health Office

Assessment and Diagnosis of Autism Spectrum Disorders in Australia Reference Group – responsible for updating guidelines

Australian Commission on Safety and Quality in Health Care – Aboriginal and Torres Strait Islander Committee

Australian Commission on Safety and Quality in Health Care – Aged Care Clinical Standards Advisory Committee

Australian Commission on Safety and Quality in Health Care – Health and Medical Research Advisory Group

Australian Council of Social Service

Australian Digital Health Agency Council for Connected Care – provides advice on matters related to interoperability Australian Health Protection Principal Committee (AHPPC)

Australian Indigenous HealthInfoNet Advisory Board

Australian Institute of Health and Welfare (AIHW) Indigenous Statistical and Information Advisory Group

Australian Medical Association Taskforce on Indigenous Health

Australian Strep A Vaccine Initiative Indigenous Advisory Board

AusVaxSafety Advisory Group

Blood Borne Viruses (BBVs) and Sexually Transmissible Infections (STIs) Standing Committee

Cancer Australia's Leadership Group for Aboriginal and Torres Strait Islander Cancer Control

Child Safe Sectors Leadership Group

Civil Society Advisory Group

Close the Gap Indigenous Health Campaign

Closing the Gap Implementation Plan Joint Working Group

Coalition of Peaks

Colorectal Cancer Clinical Guidelines Committee

Comprehensive Primary Health Care (Sustainability Advisory Committee)

Connected Beginnings Advisory Group – advises on expansion of a grant program for children's and families' engagement with health and early childhood education and care

Coronial Responses to Indigenous Suicide – Project Governance Group

Dementia Expert Reference Group

Early Childhood Care and Development Policy Partnership

Expert Advisory Group for the Elimination Response – advises on the National Cervical Cancer Elimination Strategy Expert Advisory Group for the Review of Sector Funding Arrangements and Service Provider Capability for Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Services and the Integrated Team Care

Family, Domestic and Sexual Violence Expert Working Group – advises DHAC in relation to the Supporting Recovery pilot program

First Nations Aged Care Plan Working Group

First Nations Health Funding Transition Advisory Group

First Nations Heritage Protection Alliance

First Secretary's Group – Improving Care Pathways Project for National Cabinet

Foundation Skills Advisory Group

Gayaa Dhuwi Proud Spirit Australia Declaration Governance Committee

Good Medicine Better Health Advisory Group

GP Peak Body COVID-19 Response

Healing for Families Indigenous Expert Group

Health Performance Framework Steering Committee – oversees data reporting

Health Sector Co-Design Group

Health Sector Strengthening Plan Working Group

Health Services Data Advisory Group

Health Technology Assessment Policy and Methods Review Committee

HIV Taskforce

Housing Policy Partnership

Independent Health and Aged Care Pricing Authority Interim Aged Care Working Group

Indigenous Aged Care Governance Group – a forum for advice on aged-care reforms that impact Aboriginal and Torres Strait Islander people

Indigenous Assessment Advisory Committee – to inform the design and delivery of a new aged-care assessment tool and process

Indigenous Australians' Health Programme (IAHP) YARNES Health Sector Co-Design Group

Indigenous Eye Health Advisory Group

Indigenous Mental Health and Suicide Prevention Clearinghouse Steering Committee – chaired by Professor Pat Dudgeon, with AIHW secretariat support

Indigenous Vaccine Preventable Diseases Advisory Group

Joint Council on Closing the Gap

Justice Policy Partnership - Closing the Gap

Kimberley Aboriginal Suicide Prevention Working Group

Living Evidence for Australian Pregnancy and Postnatal care Guidelines Leadership Group – updating guidelines for pregnancy care

Lung Learning Project Consortium – developing a national health training and education framework for primary healthcare professionals

Mayi Kuwayu Study – national longitudinal study of culture, health and wellbeing for Aboriginal and Torres Strait Islander people

Medical Research Future Fund Indigenous Health Research Fund Expert Advisory Panel

Medical Services Advisory Committee

Medicare Review Advisory Committee

Ministerial Advisory Committee BBVs and STIs

NACCHO Royal Australian College of General Practitioners (RACGP) Project Reference Group

National Aboriginal and Torres Strait Islander Ear and Hearing Health Partnership Committee

National Aboriginal and Torres Strait Islander Health Protection Sub-committee of the Australian Health Protection Principal Committee (AHPPC)

National Aboriginal and Torres Strait Islander Suicide Prevention Strategy Steering Committee

National Alcohol and other Drug Workforce Development Strategy Project Advisory Group

National COVID-19 Guidelines Leadership Group

National Disability Insurance Agency (NDIA) First Nations Advisory Council National Food Security Strategy – Project Reference Group

National Health Leadership Framework on Aboriginal and Torres Strait Islander Health Workforce

National Office for Child Safety – Child Safe Sectors Leadership Group

National Plan Advisory Group to End Violence against Women and Children Advisory Group 2022–2032

National Roadmap to Improve the Health and Mental Health of Autistic People Working Group

National Rural Health Alliance

National Strategic Roadmap for an Aboriginal and Torres Strait Islander Environmental Health Workforce Steering Committee

National Suicide Prevention Leadership and Support Program Alliance

National Suicide Prevention Strategy – Governance and Social Determinants Working Group

National Suicide Prevention Strategy – Jurisdictional Advisory Group

National Suicide Prevention Strategy – Service Systems

National Tuberculosis (TB) Advisory Committee

National Women's Health Advisory Council

NDIS Commission Industry Consultative Committee

NDIS Workforce Industry Reference Group

Nurse Practitioner 10 Year Plan Steering Committee

Opiate Dependence Treatment Program – Reference Group

Partnership Working Group on Closing the Gap

Pharmaceutical Society of Australia (PSA) and NACCHO–ACCHO Pharmacist Leadership Group

Pharmacy Stakeholder Consultation Committee

Practice Incentives Program (PIP) Advisory Group – advises DHAC on the development/implementation of the Primary Care PIP

PSA guidelines committees – multiple advisory groups for PSA pharmacist guidelines

PSA Pharmacist Professional Practice Standards Advisory Group

RACGP Aboriginal and Torres Strait Islander Health Council

RACGP National Guide Project Reference Group

Rapid Applied Research Translation Management Group

Reducing Structural Stigma and Discrimination Technical Advisory Group – guidance to the National Mental Health Commission

Referendum Working Group and Referendum Engagement Group

Replanting the Birthing Trees Governance Group

Rheumatic Fever Strategy Joint Advisory Committee

Rheumatic Heart Disease Expert Working Group

Road Safety Stakeholder Advisory Group

Services Australia Disability Peak Bodies Forum

SEWB4 Gathering Committee

Social and Emotional Wellbeing Policy Partnership

South Australia Health Operational Project Committee

STI and BBV Annual Surveillance Report Advisory Group

Stillbirth Centre for Research Excellence Project Management Group

Strengthening Medicare Taskforce

Supporting Telehealth in Primary Care Project

TB Executive Coordination Committee

Vision 2020 Australia Independence and Participation Committee

WA Aboriginal Environmental Health Program Review Steering Group

Watch and Inflate Steering Committee

Women's Health Products Working Group

Wound Consumable Scheme Scoping Study Expert Advisory Group

Younger People in Residential Aged Care System Coordinator Steering Committee

Left to right: Rob McPhee, CEO Danila Dilba Health Service, Dr Odete Maria Freitas Belo, Minister for Health, Timor-Leste, Pat Turner, NACCHO CEO and Lead Convenor of the Coalition of Peaks, Jenny Bedford, Executive Manager, Kimberley Aboriginal Health Services and Donnella Mills, NACCHO Chair.



Policy

The National Agreement on Closing the Gap has provided NACCHO and the community sector with a strong framework for advocating program and policy reform.



NACCHO

2022 NACCHO Members' Conference presentation by Dr Kelvin Kong, ear, nose and throat specialist.

NACCHO policy and advocacy

Policy Sub-committee

NACCHO's Policy Sub-committee comprises NACCHO and affiliate policy representatives, meeting monthly from February to November. The sub-committee provides evidence-based information and advice to the national network of ACCHO CEOs and boards on key policy and reform topics to inform national policy positions and responses to important initiatives relating to Aboriginal and Torres Strait Islander health.

Key topics discussed this year have included: food security and the commercial determinants of health, COVID-19 reviews, justice health, environmental health and housing, poverty, workforce, aged care, dental services, medications management, and child and maternal health.

National Dementia Action Plan consultations

NACCHO has been funded to develop key actions and priorities to support Aboriginal and Torres Strait Islander people living with dementia for inclusion in the National Dementia Action Plan to be released later in 2023. To support this, a series of online consultations across the sector took place in May 2023. Invitations were sent to affiliates through the Policy Sub-committee, and to identified ACCHOs that deliver dementia and/or aged-care services to their communities.

Nurse practitioner consultations

In partnership with the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives and the Department of Health and Aged Care (DHAC), NACCHO supported a series of online Yarning Circles across the sector with nurse practitioners and ACCHOs providing input into the Nurse Practitioner 10 Year Plan released in May 2023.

Parliamentary hearings

NACCHO gave evidence at two parliamentary inquiries this year. In February 2023, Dr Kate Armstrong gave evidence to the Inquiry into universal access to reproductive healthcare and Dr Jason Agostino gave evidence to the Inquiry into long COVID-19 and repeated COVID-19 infections.

Workforce

In December 2022, advocacy work around the Aboriginal and Torres Strait Islander Health Worker (AHW) training package came to fruition, with the new qualifications being endorsed by state/territory skills ministers and published on <u>training.gov.au</u>. This was the result of significant work by representatives from the community-controlled sector who came together in March 2022 for a two-day workshop hosted by NACCHO to develop a proposal for new Certificate IV and Diploma qualifications. The proposal ultimately formed the basis for the new qualifications, an outcome that would not have been possible without the expertise, support, and tenacity of our sector. NACCHO continues to work with the Registered Training Organisation (RTO) Community of Practice (CoP) to design and develop resources to deliver the new qualifications.

NACCHO has also been working closely with the Department of Employment and Workplace Relations to advocate for increased support to community-controlled RTOs. This will help ensure their ongoing ability to deliver vocational education and training (VET) qualifications to Aboriginal and Torres Strait Islander students, and meet the sector's workforce needs.

NACCHO policy submissions 2022–23

Our policy submissions universally include recommendations that remind all Australian governments of their commitment to the National Agreement on Closing the Gap (National Agreement) and its four Priority Reforms. This includes sharing decision-making with the Aboriginal and Torres Strait Islander community-controlled service sector and ensuring accountability measures for all initiatives to fund, design and deliver services to improve outcomes for Aboriginal and Torres Strait Islander people.

The Executive Summaries below outline key recommendations included in each submission.

Title	Executive summary	Date submitted
Inquiry into Provision of and Access to Dental Services	NACCHO recommended needs-based funding for ACCHOs to deliver oral-health services to Aboriginal and Torres Strait Islander communities. We advocated for ACCHO-led care, and for Aboriginal and Torres Strait Islander Health Practitioners to have access to Child Dental Benefits Schedule items for fluoride applications and other preventative measures.	29/06/2023
Inquiry into Early Childhood Education and Care	NACCHO recommended that Aboriginal and Torres Strait Islander children receive culturally-safe and affordable education and care that meets the needs of the child and his/her family. NACCHO recommended sustainable, flexible funding for the community- controlled sector to build a skilled, culturally-safe workforce that understands the fundamental need to embed culture and languages in all services that support children.	9/06/2023
Review of Sector Funding Arrangements and Service Provider Capability for the First Nations Integrated Team Care (ITC) Program and Mental Health and Suicide Prevention Services	NACCHO recommended that Public Health Networks (PHNs) not be funded to deliver Aboriginal and Torres Strait Islander mental health/suicide-prevention services or programs and that funding should be directed through the community-controlled sector. PHNs have a role in holding mainstream organisations to account for delivering culturally-safe, whole-of-population programs.	9/06/2023
Early Years Strategy	NACCHO recommended aligning with and funding of the National Aboriginal and Torres Strait Islander Early Childhood Strategy, and funding for community-controlled RTOs to grow a trauma-informed, early-childhood education and care workforce. We supported funding bilingual education, and community-led playgroups that promote both mainstream and Aboriginal and Torres Strait Islander learning styles.	2/06/2023
South Australia Royal Commission into Early Childhood Education and Care	NACCHO recommended early childhood education and care for Aboriginal and Torres Strait Islander children centred on the cultural determinants of health and wellbeing, with greater system integration, increased funding to community-controlled RTOs and culturally safe, trauma-informed training for educators.	31/05/2023

Title	Executive summary	Date submitted
Draft Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard	NACCHO broadly supported the clinical care standards and welcomed the inclusion of cultural safety and equity throughout the standard. The quality indicators adequately defined the standards required for person and family-centred care. NACCHO noted the need for more emphasis on rural and remote contexts, minor terminology changes and made suggestions about using Medicare Benefits Schedule (MBS) item numbers for audits.	08/05/2023
Foundation Skills Study – Department of Employment and Workplace Relations (DEWR)	NACCHO emphasised the impact low English literacy has on health outcomes for Aboriginal and Torres Strait Islander communities and recommended that the National Survey be informed by the Feasibility Study for First Nations People and not the reverse.	24/04/2023
Inquiry into Disruption in Australian Classrooms	NACCHO recommended a culturally-safe education environment and recruiting more Aboriginal and Torres Strait Islander educators; developing culturally-safe, trauma-informed training for educators about neurodevelopmental disorders; in-language learning; and investing to reduce young peoples' likelihood of interacting with the criminal-justice system.	21/04/2023
Australian Universities Accord	NACCHO noted the importance of cultural safety to improve outcomes for Aboriginal and Torres Strait Islander students, recommended providing strong wrap-around supports, and identified a need for stronger VET-to-higher-education pathways as a long-term collaborative investment.	18/04/2023
Aboriginal and Torres Strait Islander Action Plan: National Plan to End Violence Against Women and Children	NACCHO advocated for more streamlined funding; a national governance structure to support more holistic policymaking and funding; and explicit alignment with the National Agreement Priority Reforms rather than focusing on a single target.	14/04/2023
Inquiry into the Extent and Nature of Poverty in Australia	NACCHO noted the pervasive impact of colonisation on the extent of poverty and disadvantage for Aboriginal and Torres Strait Islander people; it emphasised the importance of structural reform, recognition, and self-determination in arresting poverty.	3/03/2023
Future Delivery of Foundation Skills Training in Remote Australia	NACCHO recommended that DEWR allow open eligibility to foundation skills support, wider funding of informal learning, and priority funding of community-led learning projects.	24/02/2023
Draft National Stigma and Discrimination Reduction Strategy	NACCHO was largely supportive of the strategy, but recommended against incentivising general practitioners (GPs) to provide stigma-free services.	10/02/2023
Measuring What Matters	NACCHO recommended that indicators developed as part of the National Agreement be included in the Measuring What Matters Statement.	31/01/2023
Australia's Disability Strategy	NACCHO highlighted how Aboriginal and Torres Strait Islander people have historically faced systemic barriers and exclusion from decision-making processes. Allowing for community-led programs will ensure cultural safety is central.	23/01/2023

Title	Executive summary	Date submitted
Defining the Public Health Workforce	NACCHO recommended that equity be positioned as a key public health objective; that the objectives specifically identify adequate housing as a key primordial prevention measure; that the paper include a more nuanced discussion of the determinants of health; and that the National Agreement is centred in design considerations and recommendations for action.	13/01/2023
Inquiry into Universal Access to Reproductive Health Care	NACCHO recommended that reproductive health services be readily accessible and affordable for Aboriginal and Torres Strait Islander people. NACCHO noted the importance of building the capacity of ACCHOs to provide reproductive health services and support Aboriginal and Torres Strait Islander pregnancy and maternal care, particularly in regional and remote settings.	16/12/2022
Inquiry into Food Security in Australia	NACCHO highlighted the importance of culture, traditional food sources and community-led initiatives in achieving food security for Aboriginal and Torres Strait Islander people; additional subsidies for remote food stores were recommended to reduce the need to pass costs on to customers.	15/12/2022
Expansion of Newborn Bloodspot Screening	NACCHO recommended the program be developed in genuine partnership with key stakeholders, including the ACCHO sector, to ensure screening is culturally safe and accessible. NACCHO supports meaningful commitment to achieve national consistency in funding models and transparency around processes including shared data access.	12/12/2022
Aged Care Quality Standards	NACCHO noted that the current draft of the Quality Standards fails to adequately identify, or leverage, the National Agreement as a leading driver. NACCHO also recommended that the standards identify the need for workers across cultural, clinical, and non-clinical areas to meet the needs of Aboriginal clients.	9/12/2022
Employment White Paper	NACCHO recommended strategies to improve employment outcomes for Aboriginal and Torres Strait Islander people, including funding to implement the National Aboriginal Health Workforce Plan 2021–31. Ongoing support for community-controlled RTOs, and changes to the delivery of Language Literacy Numeracy and Digital skills training are required.	7/12/2022
Accessibility and Quality of Mental Health Services in Rural and Remote Australia	NACCHO strongly recommended that government engages in meaningful dialogue with the sector in relation to the proposals canvassed in the submission, and works in partnership to address Aboriginal and Torres Strait Islander people's significant and continuing inequity of access to culturally-safe mental health and social and emotional wellbeing services.	28/11/2022
In-Home Aged Care consultation	NACCHO noted that the current aged-care program is not fit for purpose for the delivery of culturally-safe and trauma-informed care to Aboriginal and Torres Strait Islander people. NACCHO recommended implementing an integrated model of care for the Aboriginal and Torres Strait Islander community-controlled sector, as set out in NACCHO's paper Integrated Model of Care: Establishing an Aboriginal and Torres Strait Islander Aged Care Pathway.	25/11/2022

Title	Executive summary	Date submitted
nquiry into Long COVID	NACCHO recommended development of an investment strategy to support workforce challenges exacerbated by COVID-19 and long COVID-19, and funding research into the potential for COVID-19 to precipitate chronic conditions or exacerbate pre-existing medical conditions. NACCHO also emphasised the need for structural changes to mediate the long-term incidence of long COVID-19.	21/11/2022
National Suicide Prevention Strategy Scoping Paper consultation	NACCHO noted the over-representation of Aboriginal and Torres Strait Islander people and communities impacted by suicide and self-harm; responses (design, implementation, and evaluation) must be led by Aboriginal and Torres Strait Islander people and the community-controlled sector.	14/11/2022
Inquiry into Online Gambling	NACCHO recommended resourcing for co-designed, culturally- safe awareness-raising campaigns addressing problem gambling, including online gambling, for Aboriginal and Torres Strait Islander people. NACCHO also recommended ACCHOs be funded to develop and deliver culturally-safe supports for problem gambling.	11/11/2022
Aged Care Legislation Amendment (Governance and Reporting for Approved Providers) Principles 2022	NACCHO welcomed the exemption of ACCHOs from new requirements for governing body composition; however, many of the proposed changes will place new, onerous burdens on ACCHOs and their capacity to deliver much-needed aged-care services to Aboriginal and Torres Strait Islander people.	9/11/2022
Aged Care Pricing Framework	The new framework needs to account for the increased costs of caring for Aboriginal and Torres Strait Islander people across all areas of Australia (remote, rural, regional, and metropolitan).	10/10/2022
Aged Care On-site Pharmacists	NACCHO recommended a flexible funding model and approach to ensure the measure can be rolled out in rural and remote locations; it should also apply to services provided through the National Aboriginal and Torres Strait Islander Aged Care Program.	15/09/2022
National Guideline for Supporting Learning, Participation, and Wellbeing of Autistic Children	NACCHO recommended the Autism Cooperative Research Centres initiate a partnership with the ACCHO sector. NACCHO also recommended capacity and capability building to expand ACCHO National Disability Insurance Scheme service delivery.	30/08/2022
Carer Leave	NACCHO recommended amending the National Employment Standards to better support employees to take on unpaid caring responsibilities for older Australians, embedding support for carers into a new aged-care system, improving aged-care support services for carers, and review of the rate of the Carer Payment and Carer Allowance and the process of applying for them and support for carers wishing to undertake part-time work while caring.	25/08/2022

Title	Executive summary	Date submitted
Fifth Review of the Child Dental Benefits Schedule (CDBS)	Aboriginal and Torres Strait Islander children have much higher rates of dental disease than their non-Indigenous counterparts across Australia, which can be largely attributed to the social determinants of health. NACCHO recommended needs-based resourcing of ACCHOs to improve access to dental services and increase uptake of the CDBS, including the provision of programs that promote preventative child dental health and assist clients with access to the CDBS.	25/08/2022
Gayaa Dhuwi (Proud Spirit) Declaration Draft Implementation Plan	NACCHO recommended better alignment of the plan with the National Agreement, that the background and introduction need strengthening, and that action areas need to be feasible and clear (including timing and responsibility); NACCHO submitted that the plan overall lacked clarity.	22/08/2022
Aged Care Amendment Bill – 24/7 Registered Nurse (RN)	NACCHO recommended that this requirement be implemented over a longer period, as recommended by the Aged Care Royal Commission. NACCHO also recommended exemptions for ACCHOs and other small providers that have access to co-located medical care, and where an RN is not able to be on site.	12/08/2022
Royal Australian College of General Practitioners (RACGP) Standards for Health Services in Australian Prisons	NACCHO recommended the RACGP consult with ACCHOs that deliver health services to prisons to ensure the standards better reflect the prison context and delivery of health care to Aboriginal and Torres Strait Islander people. NACCHO also recommended the RACGP ensure surveyor teams undertaking accreditation assessments include at least one Aboriginal and Torres Strait Islander member.	12/08/2022
Review of Phase Four of the National Bowel Cancer Screening Program	NACCHO recommended ongoing funding for ACCHOs to implement the 'alternative' pathway, support the workforce, and create health-promotion resources; improved communication between primary health care staff and the National Cancer Screening Register; and improved access to testing kits for Aboriginal and Torres Strait Islander people through distribution by ACCHOs.	11/07/2022



Sector strengthening

NACCHO was instrumental in co-developing the Health Sector Strengthening Plan (H-SSP), approved in November 2021, one of four such plans initially flowing from the National Agreement on Closing the Gap.

Of the 17 Key Actions in the H-SSP, the National Indigenous Australians Agency (NIAA) is funding NACCHO for four projects out of the H-SSP Virtual Funding Pool:

- a governance program
- strengthening Registered Training Organisations (RTOs) in the ACCHO sector
- developing a strategic roadmap for an environmental health workforce
- Medical Benefits Schedule (MBS) optimisation.

Progress on these projects is reported in this chapter, along with other projects to build a stronger sector and better outcomes for Aboriginal and Torres Strait Islander people.

Governance

In July 2022, NACCHO received funding from NIAA to develop and implement a national **Governance Training and Support Program** that will build sector capacity and capability and strengthen and support governance bodies and leadership, noting the latter's importance in setting the strategic direction of their respective organisations and overseeing service performance, culture, and impact.

The program includes services that are NACCHO members as well as Aboriginal and Torres Strait Islander medical services (AMSs) outside NACCHO's membership.

The program is being delivered in three parts (running simultaneously):

Part

A suite of governance resources to support ACCHO/AMS boards and leadership

A national program of governance training for boards and leadership

A Health Executive Leaders' Program bringing together CEOs and Deputy CEOs (or equivalent) to support high-level leadership and succession planning across the sector.

Below: NACCHO and King & Wood Mallesons' Governance Workshop, 8-9 September 2022.

Inset: Governance training with Donnella Mills, NACCHO Chair and





Smoking ceremony with Ngambri custodian Paul Girrawah House on Ngunnawal and Ngambri Country (Canberra).

Part 1

Health Sector Governance Resources Project

The first part of the program is developing a suite of downloadable governance resources and tools to support CEOs and Boards of ACCHOs. It is currently in its discovery phase, with NACCHO undertaking a sector-wide assessment and consultation to understand needs and capacity.

The project will move into its creation phase from September 2023 to December 2024 as resources are developed and trialed in collaboration with the sector, before moving to launch in early 2024 when digital and hard-copy resource packs will be disseminated, their takeup evaluated, and project sustainability measures put in place.

Some of the things ACCHOs said about their governance needs

The more resources you could make available to us, the better.

Even though we have resources and tools available, some are somewhat outdated. Limited resources sometimes hinder our capacity to keep up with changes etc. to improve all areas of governance in our service.



Governance workshop on Bindal and Wulgurukaba Country (Townsville) with representatives from Mulungu Aboriginal Corporation Primary Health Care Service, North Coast Aboriginal Corporation for Community Health, King & Wood Mallesons and NACCHO staff.

Part 2

Health Sector Governance Training

The second part of the program is delivering a series of two-day governance workshops targeting directors, senior staff, and other nominated individuals of ACCHOs located around the country. NACCHO reached formal agreement in January 2023 with King & Wood Mallesons to co-deliver the workshops.

The first two sessions were successfully held in May 2023, on Gimuy Country (Cairns) and Bindal and Wulgurukaba Country (Townsville), Queensland. Attendees at these workshops included directors, CEOs, business managers, finance managers and independent directors from ACCHOs located from the Sunshine Coast to Far North Queensland.

A range of governance topics was examined, including:

- role of boards vs management
- conflicts of interest
- managing conflicts on the board
- duties of directors
- delegation of powers
- relationships between internal and external parties.

Case studies using de-identified, real-world examples were used to facilitate interactive discussions in groups. These discussions saw participants raise issues and ideas around improving interactions. Issues identified included:

- the need for more youth participation due to the aging demographic of directors
- a clearer delineation between the duties of the directors and the role of the CEO

- updated policies and procedures being made available to members and directors, worded in a way that is clear to all
- a greater focus on conflict resolution.

What participants said post-workshop

Good selection of people with skillsets to explain from experience and knowledge. Gimuy Country (Cairns) workshop participant.

Well done. Great flow and dissemination of information and workshop discussions. Gimuy Country (Cairns) workshop participant.

Amazing workshop. Very professional and knowledge and confidence of facilitators was obvious. Thank you.

Bindal and Wulgurukaba (Townsville) workshop participant.

Very informative and very professional workshop. Thank you

Bindal and Wulgurukaba (Townsville) workshop participant.

National Health Executive Leaders' Program

The National Health Executive Leaders' Program brings together CEOs and Deputy CEOs (or equivalent) from the ACCHO sector in a residential program, with expenses paid. Participants come together to learn, collaborate, and share in an informal setting. The program is delivered over three days, bringing in inspirational guest speakers to reinforce learnings, with an emphasis on core management skills in areas such as finance, human resources management, government relations and working with boards. The focus on peer group learning harnesses the collective experience of participants, building networks of support post the program, and enhancing selfawareness of personal strengths.

A pilot program was held over three days (14–16 June 2023) in Kaurna Country (Adelaide), with 12 participants from six ACCHOs also attended by NACCHO's Chair, Donnella Mills and Deputy CEO, Dr Dawn Casey.

Huge interest was generated for subsequent programs:

- August 2023 on Gimuy Country (Cairns)
- February 2024 on Ngunnawal and Ngambri Country (Canberra)
- May 2024 in Naarm (Melbourne).

What participants said of the pilot program in Tarntanya (Adelaide)

I thoroughly enjoyed the three-day leadership pilot. Keep up the interactivity – this was key for maintaining engagement.

In my view, it was an excellent program and I took a lot from it. The 'Healing' process was fantastic and also all the activities were eyeopeners and very helpful. 5 stars.

> Top: National Health Executive Leaders' Program, Gimuy Country (Cairns) 2023.

Bottom: National Health Executive Leaders' Program, Tarntanya (Adelaide) 2023.

Infrastructure and practice improvements

Major Capital Works Program

\$140m

142 EOIs

received and assessed, totalling \$554m applications invited to apply to stage 2

Service Maintenance Program

\$25.5m

85 applications assessed

approved for funding

Closing the Gap Infrastructure Program

In August 2021, the Australian Government announced \$254.4m to address deteriorating or non-existent health infrastructure across the ACCHO sector. NACCHO surveyed its members and identified a \$1b capital-works backlog. Over the past two years NACCHO has worked in full partnership with DHAC to co-design and implement two programs, including co-chairing assessment processes.

In its first year (2021–22) the **Service Maintenance Program** had \$25.5m available; 85 applications were assessed and 79 approved for funding. A further grant opportunity, with \$10m available, opened on 16 March and closed 27 April 2023; 92 applications were received totaling \$28.4m; outcomes will be advised next financial year.

Round 1 of the **Major Capital Works Program** was finalised in March 2023. \$140m was available, and 142 Expressions of Interest (EOIs) were received totaling \$554m. Of these, 70 were invited to apply to stage 2, and 61 were ultimately approved at a value of \$138.6m. Round 2 will open later in 2023, offering a further \$70m. For the Major Capital Works Program, NACCHO was funded to support ACCHOs that would not normally have access to staff who can write a competitive grant application or EOI. This facility was provided through a panel arrangement established by NACCHO.

Infrastructure needs in the sector remain a critical issue and NACCHO will continue to advocate for additional funds to address the backlog of works.

Based on feedback from the first rounds of the two programs, NACCHO is continuing to develop resources and provide advice to support ACCHOs with their grant applications. This includes a dedicated sector grants page on the NACCHO website providing regular updates on grant funding opportunities across the health, Indigenous and mainstream sectors including federal, state/territory and non-government sources. It also includes tips and tricks to support grant applications.

The Closing the Gap Infrastructure Program is a best-practice example of the National Agreement's Priority Reforms in action and demonstrates how—when governments listen and genuinely involve us in the whole funding process—great results can be achieved.



Attendees at the NACCHO-RACGP roundtable on health checks.

Strengthening Medicare – General Practice (GP) Grants Program

As part of the October 2022 Budget, the Australian Government announced \$220m over two years from 2022– 23 to 2023–24 to support Medicare general practices and ACCHOs to make improvements to their practices to expand patient access and provide better and more accessible care through a one-off grant of up to \$50,000. Originally the program was to be administered through Primary Health Networks (PHNs); however, following negotiations, DHAC agreed that NACCHO would manage the program in relation to ACCHOs.

NACCHO worked closely with DHAC's Primary Care Access Branch to co-design the ACCHO grant agreement template and supporting documentation. Grant offers of between \$25,000 to \$50,000 were sent to 127 eligible ACCHOs, with the allocations based on Medicare GP Full Time Equivalent data, Online Services Report (OSR) data and Royal Australian College of General Practitioners (RACGP) accreditation status. NACCHO was able to negotiate a top-up payment for ACCHOs with the inclusion of OSR data due to the ACCHO model of care and Medicare throughput compared to mainstream GPs.

As of 26 June 2023, 95 per cent of ACCHOs had returned their signed grant offers, compared with 88 per cent of mainstream general practices. ACCHOs have until 30 June 2024 to spend the funds which can be used to enhance digital-health capability, upgrade infection-prevention and control arrangements, and maintain and/or achieve accreditation against the RACGP Standards for General Practice.

Medicare Benefits Schedule Optimisation

NIAA awarded NACCHO \$4.226m over three years (2021 – 22 to 2023–24) to work with the Aboriginal and Torres Strait Islander community-controlled sector to develop and implement an optimal utilisation of the MBS project. In August of the new financial year the contract was varied to end 2024–25 in order to undertake further preliminary community consultations.

The project will involve dedicated support for ACCHOs, building a Community of Practice (CoP) in the sector and strengthening networks with NIAA, DHAC and Services Australia. The project objectives are to:

- identify (and where necessary develop) sustainable resources and systems that ACCHOs must have in place to capitalise on MBS revenue
- support affiliates and ACCHOs to improve the efficient claiming of MBS and Practice Incentives Program (PIP) services and ensure this is sustainable and aligns with a nationally-consistent framework
- increase ACCHOs' service and workforce capability and capacity to support comprehensive multi-disciplinary healthcare
- increase the number of staff, specifically Aboriginal and Torres Strait Islander staff, with appropriate knowledge of efficient MBS and PIP claiming practices, ensuring this is sustainable and nationally consistent.

NACCHO will contract an expert advisor to provide the project with MBS-claiming insights. A Project Evaluation Plan will be developed as an early milestone. The project evaluation will determine whether the project has been implemented as expected and objectives have been achieved, as well as identify any additional costs associated with the project. NACCHO has contracted consultant Beyond, to develop a monitoring and evaluation framework, and is currently reviewing a draft program logic for the framework.

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Workforce and training

Workforce is a critical issue for the future of the sector.

Registered Training Organisation capacity building

With NIAA's support, NACCHO progressed work to develop a roadmap to build the capacity and capability of its 11 member Aboriginal Community Controlled Health Registered Training Organisations (ACCHRTOs).

A national ACCHRTO CoP was established to promote collaboration and resource sharing, with four meetings held to date. The RTO Expert Advisory Group also held its inaugural meeting to provide sector expertise.

As part of this project, technical mapping of essential vocational education and training (VET) health qualifications was undertaken, and the National Workforce and Training Census was co-designed with the sector and sent to all NACCHO members and ACCHRTOs—82 members, including all 11 ACCHRTOs, completed the census, inclusive of follow-up interviews.

The technical mapping and quantitative and qualitative results from the census will inform the development of an ACCHRTO Workforce and Training Gap Analysis and ACCHRTO Capacity Building Implementation Plan. This critical work will provide the evidence base for NACCHO's continued advocacy to support ACCHRTOs and ACCHOs to grow and develop a multi-skilled workforce.

Home Care Workforce Support

NACCHO continued to deliver the Home Care Workforce Support Program as part of the Australian Government's investment in better care for older Aboriginal and Torres Strait Islander people. The program aims to attract, train, and retain 96 trainees in remote/very remote regions across the Northern Territory, Queensland, South Australia, and Western Australia to boost the Aboriginal and Torres Strait Islander care workforce to support the growing demand for Elders and older Aboriginal and Torres Strait Islander people to access home-care services.

First Nations Health Worker Traineeship Program

DHAC is investing \$54.3m over five years (2022–23 to 2026–27) to support up to 500 Aboriginal and Torres Strait Islander trainees to complete Certificate III or IV accredited training to gain employment as Aboriginal Health Workers or Practitioners.

From January to June 2023, NACCHO finalised the establishment phase, through the formation of governance structures, recruitment, program planning and logistics to enable formal commencement on 1 July 2023. Multiple consultations with ACCHOs and ACCHRTOs were held to inform program design and implementation, including the National Workforce Summit in March 2023 (see pages 26–27). This led to the delivery of an implementation plan and the First Nations Health Worker Traineeship Framework to guide implementation, developed in collaboration with Human Services Skills Organisation (HSSO).

NACCHO and HSSO are further collaborating with ACCHRTOs to develop culturally-appropriate national course materials to support the delivery of accredited training. So far 92 ACCHOs have identified an interest in the program, with at least 30 ACCHOs commencing in the 2023 calendar year.

Mapping an environmental health workforce

The World Health Organization recognises 12 categories of environmental factors affecting health. When these factors are unmitigated, preventable poor health and inequity result. Many diseases disproportionately affecting Aboriginal and Torres Strait Islander peoples are environmental in origin. Community-led and integrated approaches encompassing ACCHOs, social housing organisations and environmental health service providers are crucial in overcoming poor health outcomes for communities, families and individuals.

In June 2022 NACCHO was awarded funding to develop a co-designed National Strategic Roadmap for an Aboriginal and Torres Strait Islander Environmental Health Workforce. This project will:

- provide a plan, in line with the project objectives, to establish a permanent, highly skilled, and nationally credentialed Aboriginal and Torres Strait Islander environmental health workforce including validated workforce planning tools to support potential investment in this workforce
- provides an evaluation and monitoring framework that outlines data requirements, key performance indicators for tracking and improving service delivery, and potential governance arrangements necessary to monitor the impact of any potential future environmental health workforce.

To support this work, NACCHO has established a National Aboriginal and Torres Strait Islander Environmental Health Expert Steering Committee. The committee's purpose is to provide technical and cultural advice to guide the development of the roadmap.

In September 2022, the NACCHO team kicked off national consultations with environmental health stakeholders by hosting an Aboriginal-led workshop at the National Aboriginal and Torres Strait Islander Environmental Health Conference on Larrakia Country (Darwin). Conversation at the workshop centered on Aboriginal and Torres Strait Islander perspectives of environmental health, and the identification of priorities and potential opportunities to strengthen the Aboriginal and Torres Strait Islander environmental health workforce.

Case study

KAMS Solid Connections Program

Kimberley Aboriginal Medical Services (KAMS) under the Home Care Workforce Support Program has established the Solid Connections Program which aims to provide Aboriginal and Torres Strait Islander applicants with an opportunity to discover new skills and explore career pathways in the care and support workforce. The program commenced in May 2023, and focuses on:

- discovering training and career pathways in the care and support workforce
- developing new skills when completing the Community Support Skillset
- assisting applicants to meet the minimum requirements prior to being enrolled in any formal training or employment
- supporting participants in a flexible and culturallysafe learning environment.

Solid Connections Program Are you interested in learning more about the Care and Support Workforce? Register today! About the Program The Solid Connections Program aims to provide Aboriginal and Torres Strait Islander applicants with an opportunity to discover new Be supported in flexible and culturally safe learnin skills and explore career pathways in the Care and TO BE ELIGIBLE VOLUMUST BE Support Workforce. 18 years of age or older boriginal or Torres Strait Isl Must be able to provide a police

Sophie Kelly



9194 3236

Key needs that emerged throughout the workshop included:

- **Training** career pathways in environmental health and national consistency in assessing needs, training and credentialing
- Funding more sustainable funding for training and employment, long-term contracts and decent wages
- Workforce increased job opportunities through permanent funding as well as recruitment and retention so the workforce is connected to the communities where they are working
- Environmental health partnerships, understanding and coordination – increased understanding of the importance of environmental health and its scope, increased coordination and partnership between environmental health and other sectors, increased funding and strengthened Aboriginal and Torres Strait Islander leadership and control.

Specialist Training Program

The majority of affiliates and some ACCHOs across Australia are accredited and receive funding from the Australian Government to host Public Health Registrars—medical doctors specialising in Public Health Medicine through the Australasian Faculty of Public Health Medicine (AFPHM), part of the Royal Australasian College of Physicians (RACP). Funding is provided to accredited ACCHOs and affiliates through the Specialist Training Program (STP), and registrars are usually supervised by Public Health Medical Officers (PHMOs). Since 2021 NACCHO has been working to support STPfunded training in the ACCHO sector. Key achievements in this last financial year have included:

- recruitment support assistance with advertising available positions and raising awareness of opportunities among Public Health Registrar networks
- **supervisor support** development and dissemination of a Supervisor Toolkit, to assist PHMOs and CEOs with reporting and funding-agreement requirements
- ongoing professional development facilitation of professional and personal development sessions, during which Public Health Registrars present on priority topics (thereby meeting training needs of participating Public Health Registrars, and supporting professional development of broader ACCHO staff who attend)
- strengthening mainstream services working with RACP and AFPHM to ensure senior Aboriginal and Torres Strait Islander people are involved in all aspects of the training and assessment of Public Health Registrars in Australia, so that future fellows are best placed to contribute to Community efforts to improve health outcomes.

Top: Participants at the workshop shared their experience and advice to NACCHO.

Bottom: Expert panel members share their experience and set the scene for delegate discussions at the workshop held during the National Aboriginal and Torres Strait Islander Environmental Health Conference. Left to right: Phillip Graham, Gemina Corpus, John Paterson, Ray Christophers, Chicky Clements, Monica Barolits-McCabe.





Targeting health areas

Cancer

Cancer has been the leading cause of death of Aboriginal and Torres Strait Islander people since 2017.

Cancer outcomes have been improving for non-Indigenous Australians, while declining for Aboriginal and Torres Strait Islander people. However, the ACCHO sector has not received cancer-specific funding nor has there been national cancer coordination—including national governance structures—for Aboriginal and Torres Strait Islander cancer issues. Over recent years NACCHO has set out to address this challenge.

Aboriginal and Torres Strait Islander Cancer Plan

Recognising the importance of addressing cancer, NACCHO initiated and sought funding to assist with the development of an Aboriginal and Torres Strait Islander Cancer Plan to drive meaningful change in cancer outcomes for all Aboriginal and Torres Strait Islander people. The first of its kind, the Cancer Plan considers all cancer-related activities needed to remove cancer inequities and improve health outcomes for Aboriginal and Torres Strait Islander people.

NACCHO engaged with both the ACCHO sector and external stakeholders to determine the cancer needs of communities and inform the Cancer Plan. Consultations encompassed member and affiliate cancer surveys, concurrent sessions at the 2022 NACCHO Annual Members' Conference, external stakeholder surveys, a cancer roundtable (see page 27) and ongoing cancer-related discussions. Applying the principles of the National Agreement on Closing the Gap (National Agreement), the Cancer Plan highlights strategies to improve cancer outcomes and the pivotal role the community-controlled sector must play in achieving meaningful change. It takes a comprehensive and holistic approach that extends from prevention to end-of-life care, and will inform the new NACCHO Cancer Program.

The draft Cancer Plan was shared with members and affiliates for comment in June 2023. The feedback received is shaping the final version, due for completion later in 2023.

New cancer program

In response to discussions with NACCHO and other cancer stakeholders, the Australian Government announced the First Nations Cancer Package in May 2023. The package included \$197.9m over four years allocated to the sector. NACCHO will spend the first 12 months co-designing the program with ACCHOs and other stakeholders.

The program will lay the foundation for scalable, national solutions to improve all cancer-related health outcomes for all Aboriginal and Torres Strait Islander people, supporting the ACCHO sector to:

- promote prevention through primary healthcare, health and wellbeing activities and tackling the underlying factors that increase/decrease cancer risk (e.g. smoking, diet, exercise)
- deliver **screening** and targeted initiatives that increase the uptake of screening services
- provide cancer support for Aboriginal and Torres Strait Islander communities impacted by cancer at all stages of the cancer journey
- provide access to ongoing culturally-safe, follow-up care and supports for cancer survivors.

Bowel-cancer screening



NACCHO has been working with ACCHOs to increase the number of eligible Aboriginal and Torres Strait Islander people aged 50–74 years participating in the National Bowel Cancer Screening Program.

From October 2022, ACCHOs were able to bulk order bowel-cancer screening kits through the National Cancer Screening Register and issue them directly to community members. The success of this approach comes from discussions between community members and their trusted healthcare professionals about the importance of bowelcancer screening, as well as the opportunity to ask questions and receive support to complete screening.

Program data collected from October 2022 to July 2023 highlighted



7,940

ACCHOs had ordered a total of

16

ACCHOs had kits returned to them from community members

72%

of Aboriginal and Torres Strait Islander people who participated in screening through this option were first-time screeners.

ACCHOs were offered a small amount of funding to deliver bowel-cancer awareness-raising events or activities in their communities. A broad range of resources, promotional activities and community-awareness events were delivered, including:

- community BBQs and other events
- banners, posters, information pamphlets and newsletters
- health-promotion campaigns across various platforms such as local radio stations, social media and clinic noticeboards
- staff in-service training including education on how to issue the kits and how to look for screening results
- gift hampers including polo shirts, healthy foods and gift cards provided to community members when they returned their completed kit.

Canteen partnership

In 2022 Canteen Australia and NACCHO entered an agreement to work together to improve the support provided to young Aboriginal and Torres Strait Islander people impacted by cancer. The project has the following broad objectives:

- to engage young people, their families and communities to determine the support they require after a cancer diagnosis, to contribute to development of ACCHO-sector cancer policies and programs
- to work collaboratively and provide mutual support to ensure positive outcomes for communities.

NACCHO has spent time identifying the existing supports for young people and their families, and advocates for an agreed evidence base on the health needs and wants of young Aboriginal and Torres Strait Islander people.





Top: Bowel-cancer-screening promotion at Werin Aboriginal Corporation, Guruk (Port Macquarie).

Bottom: Left to right: Peter, Cara and Renae of Carbal Aboriginal and Torres Strait Islander Health Services Ltd, Jagera, Giabal and Jarowair Country (Toowoomba), rocking their bowel-cancer-screening polos.

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Communicable diseases

Blood borne viruses (BBVs) and sexually transmissible infections (STIs), including syphilis, continue to affect Aboriginal and Torres Strait Islander people at disproportionately higher rates than non-Indigenous Australians.

It is important to note that this gap results not from differing patterns of sexual behaviour and condom use but rather complex social factors including poverty, lack of access to culturally-safe health services, shame, stigma and discrimination.

Syphilis notifications continue to increase in Aboriginal and Torres Strait Islander communities, including cases of congenital syphilis. Congenital syphilis is preventable with increased awareness, education, culturally-safe health services, testing and treatment. NACCHO continues to build the capacity of the ACCHO sexual-health workforce and enable access to appropriate care through innovation and education. Recruitment challenges, in addition to health workers balancing a range of competing priorities, remain the biggest barriers for ACCHOs and affiliates within the program.

Despite the many challenges, the sector's sexual-health workforce has continued to show innovation in community engagement activities and in working together to overcome shame and stigma. In the coming year, the NACCHO team will be building on past successes by supporting ACCHOs and affiliates through our Sexual Health Community of Practice (CoP), aligning with the NACCHO conference theme for 2023, Working together, we are stronger.

Enhanced Syphilis Response

An outbreak of infectious syphilis began in Northern Queensland (Qld) in January 2011; the outbreak spread to the Northern Territory (NT) in 2013; the Kimberley, Western Australia (WA) in 2014; Eyre and the Western and Far North regions of South Australia (SA) in 2016; Kurrama (Pilbara), WA in 2018; and Kaurna (Adelaide), the Goldfields region, WA and Central Qld in 2019.

The last 12 months saw 6,648 cases of infectious syphilis reported to the National Notifiable Diseases Surveillance System (to end of quarter 2, 2023). Aboriginal and Torres Strait Islander males and females are disproportionately represented in the notification data, with notification rates in the previous 12 months reported as 151 and 159 per 100,000 respectively. In remote and very remote areas Aboriginal and Torres Strait Islander men and women represented 93 per cent of cases reported over the previous 12 months. Across all remoteness areas, notification rates were highest in Aboriginal and Torres Strait Islander men and women, particularly in the 15–24 age group. Since the outbreak began, a total of 5,511 infectious syphilis outbreak cases have been reported from the four jurisdictions (2,020 QLD; 2,021 NT; 1,262 WA; 208 SA).

In response, NACCHO has played an active role in designing the overall approach of the Enhanced Syphilis Response (ESR), working with members, affiliates and other ACCHOs to cost and co-design an ESR delivery model with the Department of Health and Aged Care (DHAC),

Below: Syphilis Point of Care Testing training at the Rural Health West Conference.

Inset: AHCWA Sexual Health Promotion Officer Ragilan presents on 'Go Along Phil and Phillis'.





TAIHS mobile outreach clinic, including PoCT devices. Left to right: TAIHS staff member, Stacey Holtz (enrolled nurse), NACCHO's ESR Coordinator, Kate Alexander, TAIHS staff member Neil Kaigey (Aboriginal Health Practitioner).

Flinders University's International Centre for Point of Care Testing (PoCT), the Kirby Institute and the South Australian Health and Medical Research Institute (SAHMRI). As a result of NACCHO's strong advocacy, the Australian Government committed a further \$21.7m to continue the ESR program for the period of July 2021 – June 2024.

The ESR supports ACCHOs to provide locally appropriate and culturally-safe services in affected regions. Program funding has been used: to increase the size and capacity of the workforce; to train staff to implement syphilis PoCT; to support the development and delivery of community education, engagement and health-promotion resources; and to purchase testing equipment and supplies. After a successful evaluation in 2021, the program was transferred from DHAC management to NACCHO, which has continued the coordination and distribution and supply of syphilis PoCT materials and the 'train-the-trainer' model in collaboration with Flinders University.

Since the commencement of ESR, 99,957 people have been tested for syphilis (National syphilis surveillance report), including serology, PoCT or both. However, COVID-19 significantly impacted the workforce, resulting in a decline in testing across the country. NACCHO is now focusing on supporting ACCHOs to return to a business-as-usual servicedelivery model, embedding sexual health in everyday clinical delivery, supporting the uptake of syphilis PoCT and sexualhealth training, and strengthening the Sexual Health CoP.

NACCHO is strongly advocating for the continuation and expansion of the ESR program, including to regions outside the declared outbreaks as early intervention measures, and increasing enrolment in the syphilis PoCT 'test-and-treat' model. PoCT reduces the time to initiate treatment and contact tracing, minimises individuals lost to follow-up and provides access to testing for those uncomfortable with having, or unable to have, a blood test.

Blood Borne Viruses and Sexually Transmissible Infections

In 2022–23, NACCHO continued to coordinate the Blood Borne Viruses and Sexually Transmissible Infections (BBVSTI) program, which funds 31 ACCHOs in high-prevalence regions to increase workforce capacity and testing and treatment of BBVs and STIs. Additionally, six affiliates were funded to assist members with training, reporting and crossjurisdictional support. This ensured jurisdictional concerns were identified and remained a priority.

The ACCHO sector has once again shown great resilience and innovation in the BBVSTI space in the face of staffing shortages and reallocations, recruitment issues and returning to business-as-usual post COVID-19. The BBVSTI funding continues to be flexible in scope, to enable ACCHOs to develop their own community-specific programs to tackle the disproportionate BBVSTI burden.

NACCHO welcomed the DHAC announcement of a further \$5m to the BBVSTI program to fund ACCHOs and affiliates until 30 June 2024. NACCHO will continue to advocate for BBVSTI funding to expand the program beyond the current contract end date of July 2024.

Many ACCHOs continue to focus on the hard-to-reach and disengaged people within communities to ensure as close to complete coverage for testing as possible. One example of this is the Townsville Aboriginal & Torres Strait Islander Health Service (TAIHS) mobile outreach clinic, which operates within Bindal and Wulgurukaba Country and other communities to ensure equity of access to services and to raise awareness of the need for (and ease of) testing and treatment for BBVs and STIs.



Left: World Aids Day poster, December 2022. Right: HIV Awareness Campaign, created by Aboriginal Health Council of South Australia in partnership with ShineSA and Country SA Primary Health Network.

Youth engagement remains a high priority, with many ACCHOs working to increase youth awareness and decrease the stigma associated with BBVs and STIs. Gurriny Yealamucka (Good Healing) Health Services Aboriginal Corporation (GYHSAC) in Yarrabah, Qld has been successfully running the Yarrie Young Person Check (YPC) for 10 years. YPC is a strategy for early identification of and intervention for chronic disease and associated risks, mental-health disorders and STIs in those between 15 and 24 years of age. The model includes youth recruiters who give respectful and friendly encouragement to Yarrabah's young people to participate in the YPC. Peer-led programs and incentives have proven to be highly effective within the sector.

Sixth National Aboriginal and Torres Islander BBV and STI Strategy

NACCHO led consultations with the ACCHO sector and national BBV and STI peak bodies to develop a draft Sixth National Aboriginal and Torres Strait Islander BBV and STI Strategy for 2023–2030. In addition, NACCHO drafted the first three-year National Action Plan 2023–2026, both of which are expected to be endorsed by the National Aboriginal and Torres Strait Islander Health Protection (NATSIHP) Sub-committee and the BBVs and STIs Standing Committee (BBVSS). They will be published by early 2024 following further consultation.

Sexual Health Community of Practice

NACCHO continues to strengthen the Sexual Health CoP to support ACCHO health workers and affiliates in their role by providing a platform to share their learnings, including common issues and practical solutions, as well as identify training and development needs. NACCHO held webinars, online 'drop-in sessions' and worked with five affiliates to deliver collaborative regional workshops to facilitate training/education based on jurisdictional needs. Attendance at the workshops is subsidised to ensure funding/financial barriers do not prohibit ACCHO sexual-health staff from participating. The workshops have been highly successful with positive feedback received from attendees. There has been an additional positive outcome—by bringing ACCHOs together, inter-ACCHO relationships have formed within jurisdictions.

Multiple drop-in sessions and workshops identified the need for a centralised repository for sexual-health resources, training and upcoming events notices. Several NACCHO teams are now in the process of developing this sexual-health portal.

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COVID-19

As we move into a new period of living with COVID-19, the Aboriginal and Torres Strait Islander community-controlled health sector continues to play a significant role in supporting Aboriginal and Torres Strait Islander people to access COVID-19 vaccinations and treatments.

The sector has tirelessly advocated for equitable access to vaccinations for Aboriginal and Torres Strait Islander people aged five years and over, personal protective equipment (PPE), rapid antigen tests (RATs), and oral anti-viral treatments. The sector also provides medically-accurate and culturallysafe information around how and when to get a COVID-19 vaccination.

NACCHO and DHAC have continued to work together to support ACCHOs and the wider community-controlled health sector to access necessary COVID-19 resources and funding. As a result, more than 115 ACCHOs are participating in the COVID-19 vaccination program with access to a range of vaccination types. To date, more than \$60m has been committed to ACCHOs and affiliates to ensure those who want to be vaccinated can do so.

Given the efficacy of the Aboriginal and Torres Strait Islander COVID-19 Advisory Group in 2021–2022, the group transitioned into the National Aboriginal and Torres Strait Islander Health Protection Sub-committee in October 2022. The sub-committee provides culturally-safe advice for Aboriginal and Torres Strait Islander people and communities on communicable and chronic diseases, environmental health and disaster management in primary health settings. The group is co-chaired by NACCHO Deputy CEO, Dr Dawn Casey and DHAC First Assistant Secretary.

Despite frequent COVID-19 outbreaks across the country since the beginning of the pandemic, there have been fewer than 400 COVID-19-associated deaths among Aboriginal and Torres Strait Islander people, largely due to the proactive and collaborative efforts of the community-controlled primary healthcare sector.

HTLV-1

Human T-lymphotropic Virus type 1 (HTLV-1) is a retrovirus that causes serious lifelong infection. In Australia, it predominately affects Aboriginal people in Central Australian communities.

At the request of the Central Australian Aboriginal Congress Aboriginal Corporation, NACCHO arranged a workshop in November 2022, in Alice Springs that was cochaired by Dr Dawn Casey and Dr Lucas de Toca (DHAC). Key stakeholders discussed the need to respond to ongoing concerns around HTLV-1, including devising a culturallyappropriate public health response. From the workshop deliberations, NACCHO developed a 12-month HTLV-1 workplan, underpinned by:

- cultural safety Aboriginal self-determination, leadership and control will be prioritised, while encouraging mainstream stakeholders and non-Indigenous health professionals involved in HTLV-1 to partner effectively with Aboriginal people
- Indigenous data sovereignty Indigenous 'governance of data' and Indigenous 'data for governance' in HTLV-1 service development and research will be strengthened and secured.

These underpinning principles will strengthen the impact of activities to be undertaken in three complementary streams:

Knowledge Translation and Clinical Practice Guidelines – to accelerate awareness and use of current knowledge about HTLV-1 (with knowledge gaps being met through research) across communities, healthcare professionals, community-controlled organisations and mainstream health services

- 2 Community Engagement and Health Promotion – to facilitate effective, evidence-based community development and health promotion around HTLV-1, determined by Aboriginal and Torres Strait Islander people
- 3

Evidence Generation – to maximise the value of results of current and upcoming HTLV-1 research funded through public sources.

Each workstream outlines actions to assist in developing culturally-safe frameworks, resources, and strategies, with NACCHO taking the lead on many actions. NACCHO has established two working groups to progress the work, with the first meetings of both convened on Larrakia Country (Darwin) in March 2023. A second workshop in April 2023 brought together stakeholders from the November 2022 workshop as well as ACCHOs located in the NT, SA and WA where HTLV-1 mainly impacts.

NACCHO submitted the workplan to DHAC in February 2023 and has now drafted a funding proposal for the initial 12 months of work outlined in the plan. To keep all parties accountable, NATSIHP will monitor progress of the workplan. It is anticipated that the 2024 HTLV-1 workplan will be focused on community engagement and community education involving all ACCHOs in Central Australia.

Elder Care Support – Affiliate and regional workforce training teams in Canberra

Training for Trainers

17 Elder Care Support (ECS) Workforce Coordinators and Project Officers from affiliates and regional partners attended the Train the Trainer week at NACCHO in Canberra from 16–30 June 2023 to complete eight modules of training.

These jurisdictional trainers are now delivering this training and ongoing support to their local ECS workforce.

The ECS non-accredited training is centred around four key themes of the unique, holistic ACCHO model of care:





The context of this training is as follows:

Ageing of our community

- Reluctance to access services
- Difficulties in accessing services on Country

Royal Commission into Aged Care Quality and Safety

 Aboriginal and Torres Strait Islander people are entitled to receive support and care that is culturally-safe and recognises the importance of their personal connection to Community and Country.



- The aged-care system is in a state of change.
- The priority is to enable Elders to access services in their home—'age in place'.
- My Aged Care is now the primary way to access agedcare support services.

The training provides participants with up-to-date information on the types of aged-care services, how to access services via My Aged Care, and the aged-care quality and safety standards. Using case studies and tools, participants consider cultural considerations and challenges faced by communities, including current access barriers to aged-care services and how to manage changing situations and challenging conversations. The training also features links to important resources including information, emerging research and assessment tools.

Yarning Circles and communities of practice (CoP) support this new ECS network of skilled professionals in aged care across ACCHOs to share and inspire best practice, find solutions to challenges, and facilitate access to professionals for advice and advocacy.

Elder Care Support – Community-led pathways to care

"I love the work because I'm the voice for the people in the Communities. I hear the people's concerns, the barriers that they are having, and I love being at the level where I can share it and get the proper solutions for our mob. I would like to see the health outcomes increase for the better for our Elders, our Communities and our little ones and I would like to see more young Aboriginal staff in the high positions and roles."





- Shellander Champion*, South Australian West Coast ACCHO Network (SAWCAN)

Implementation of the \$86m, three-year ECS program (formerly known as Trusted Indigenous Facilitators) is well advanced in the second of a three-stage roll out to fund and recruit 250 staff nationally across the sector. NACCHO's Aged Care Team works collaboratively with advisory group members from affiliates and ACCHOs to develop and deliver training and communications resources to support the development of a strong, sustainable workforce.

Through this program Workforce Training Coordinators and Project Officers within affiliates and regional partners have also been funded to provide non-accredited training and support to their jurisdictional ACCHO ECS Coordinators and Connectors. Predominantly drawn from local communities, this growing ECS workforce is now helping Aboriginal and Torres Strait Islander Elders and older people, their families and carers to navigate the complex aged-care system and connect to the care and support they need.

Tranche 1 of this program delivered funding to 27 services for 66.5 full time equivalent (FTE) staff. Indicative of the program's growing momentum, the tranche 2 Expression of Interest (EOI) invitation in June 2023 for 100 FTE resulted in an overwhelming response that far exceeded the allocation. Tranche 2 ECS recruitment is expected to begin from September 2023, with the third and final tranche EOI invitations for 82 FTE scheduled for October 2023.

Increasing workforce capacity in the care sector during one of the most difficult recruitment environments in decades is challenging. Nevertheless, NACCHO members remain undaunted. All are dedicated to finding the right people for these vital positions designed to improve culturally-safe access to the aged-care system for older Aboriginal and Torres Strait Islander people against the backdrop of a rapidly growing demand for these services.





Top: Elder Care Support resources. Bottom: Orange Aboriginal Corporation Health Service celebrated NAIDOC Week 2023 'For Our Elders' with an Elders' Lunch and introduced their ECS service and new team.

* Shellander Champion, proud Adnyamathanha Kuyani Kapurn Mirning woman is the Regional Integrated Care Coordinator working at SAWCAN. Shellander is leading the implementation and training of the ECS program across the SAWCAN network. Shellander is a NACCHO #DeadlyHealthChamp who featured on NACCHO's Facebook channel during NAIDOC Week.

Disability

NACCHO advocates for ACCHOs to build their capacity to become service providers to their communities in disability and aged care, given increasing demand for these services and the need for local, culturally-safe care.

Aboriginal Disability Liaison Officers

The Aboriginal Disability Liaison Officer (ADLO) program, a \$9m initiative funded by the National Indigenous Australians Agency (NIAA) through to December 2024, is well into its delivery phase. The program currently enables more than 40 ACCHOs to employ over 55 ADLOs. ADLOs provide a critical service for Aboriginal and Torres Strait Islander peoples with a disability, supporting better access and utilisation of the National Disability Insurance Scheme (NDIS). The program includes a nationwide Community of Practice (CoP) monthly forum, where ADLOs can come together to share learnings and build networks across the sector.

NDIS Ready campaign

In June 2023, although officially concluded, the NDIS Ready program launched the NDIS is part of my story campaign.

The campaign, created in consultation with the NDIS Ready Communications Initiative Working Group, shares the personalised stories of five Aboriginal and Torres Strait Islander NDIS participants. The campaign includes short video and audio stories and customisable posters, brought to life with artwork from Aboriginal and Torres Strait Islander artists in a story-telling format. The videos can be accessed here:

https://www.youtube.com/@NACCHOTV

and all the campaign materials here:

https://www.naccho.org.au/disability/ndis-is-part-of-mystory/

Care and Support Ready

With the winding down of NDIS Ready on 30 June 2022, DHAC provided a further year's funding to NACCHO to continue its work in disability advocacy. The Care and Support Ready program incorporated an added focus on integration of care across the disability and aged-care sectors. Project officers were employed in the affiliates to build ACCHOs' capacity across these service areas. They assisted in identifying potential and existing delivery models that integrated aged care, disability and primary healthcare. NACCHO actively advocated for further investment in capacity building; however, the Care and Support Ready program is now complete.



Left: NDIS is part of my story resources. Right: Carbal NDIS Support Services – Toowoomba.

Eye and vision health

NACCHO continues to lead programs and advocate for reform and resourcing in relation to eye and vision health programs for Aboriginal and Torres Strait Islander people.

PrioritEYES

PrioritEYES is a national ACCHO survey, sent to all members last financial year, designed to understand the priorities and gaps for eye and vision care in their services. NACCHO has now been funded by Vision2020 Australia to commence phase two of the project: five online eye-health modules and a national eye-health campaign, both currently under development.

National Subsidised Spectacle Scheme

The National Subsidised Spectacle Scheme (NSSS) provides subsidised spectacles to Aboriginal and Torres Strait Islander people. In 2021–22 the NSSS implemented pilot projects in five ACCHOs across Australia. The pilots, despite the challenges presented by COVID-19, have been successful, and a final report on the trial has been provided to DHAC with recommendations on how the NSSS could be structured in the future.

National Trachoma Workshop Planning Group

NACCHO has been working with the National Trachoma Workshop Planning Group in preparation for a two-day workshop on the elimination of trachoma, to be held later in 2023 with representatives from across the sector.

Eye and vision health is critical. Photo by: Brian Koellish.



Ear and hearing health

National Ear and Hearing Health Strategy

In 2022 NACCHO was contracted to develop an Aboriginal and Torres Strait Islander National Ear and Hearing Health Strategy and implementation plan. A National Ear and Hearing Health Survey were conducted and the report was completed early in 2023. Additional stakeholder interviews and surveys will further inform the development of thestrategy.

Ear Health Summit

An Ear Health Summit was held on 5 May 2023 in Gadigal Country (Sydney), bringing together representatives from the community-controlled sector and other stakeholders from the ear and hearing health sector including governmentand researcher institutions. Dr Dawn Casey and Professor Kelvin Kong opened the event, highlighting the urgent need for structural reform, equity and sector partnerships to improve ear and hearing health for Aboriginal and Torres Strait Islander people.

Ear Health Coordinators

NACCHO has coordinated the national Ear Health Coordinator Program and Care for Kids' Ears resources since July 2022.

The Ear Health Coordinator Program's focus is on access to high-quality, culturally-safe ear and hearing health for Aboriginal and Torres Strait Islander children and young people. It supports primary healthcare clinics:

- to implement best practice in ear-health detection, treatment and management for Aboriginal and Torres Strait Islander children
- to strengthen data-management systems to collect clinical data on otitis media and the treatments provided
- to establish place-based partnerships with external services, upholding the principles of shared decisionmaking and co-design.

Australian Society of Otolaryngology Head and Neck Surgery Surgical Pathways Project

NACCHO was contracted by the Australian Society of Otolaryngology Head and Neck Surgery (ASOHNS) and Professor Kelvin Kong to support the project, Improving Access and Pathways to Care for Aboriginal and Torres Strait Islander Children with Otolaryngology Disease.

An important aspect of the project was to identify and understand the systemic bottlenecks that cause extremely long wait times for ear, nose and throat services, from first consultation to referral to surgical procedures. The project has been completed and a draft report prepared.

Listen to Learn

NACCHO collaborated with Hearing Australia on the co-design of Listen to Learn, a program to improve hearinghealth and education outcomes for Aboriginal and Torres Strait Islander children, terminating in December 2023. Listen to Learn aimed to increase awareness, knowledge and screening for ear and hearing health among Aboriginal and Torres Strait Islander children enrolled in early childhood education and early primary school. To date, Listen to Learn has screened 467 Aboriginal and Torres Strait Islander children and has provided upskilling and knowledge of ear health/disease to 1,321 primary school, early childhood and care-sector educators. NACCHO has been approached to participate in co-design of the Listen to Learn evaluation.

Aboriginal and Torres Strait Islander Ear and Hearing Health Partnership Committee

Established in 2021, the Aboriginal and Torres Strait Islander Ear and Hearing Health Partnership Committee provides a culturally-safe partnership structure to identify and drive reforms to improve the ear and hearing health of Aboriginal and Torres Strait Islander people. The committee is co-chaired by Dr Dawn Casey, NACCHO Deputy CEO and a DHAC First Assistant Secretary, with representation from members, industry, academic experts and Hearing Australia. NACCHO assumed secretariat duties for both the committee and the working group in June 2022

Maternal and child health

NACCHO partners with the Australian Government Departments of Education and Health and Aged Care and the communitycontrolled peak body, the Secretariat of National Aboriginal and Islander Child Care (SNAICC) to support coordination and delivery of a range of maternal and child health programs and policies, including the Connected Beginnings and Healthy Mums, Healthy Bubs measures.

NACCHO continued to work closely with affiliates, providing a platform for sharing knowledge and discussing issues and challenges. NACCHO advocates for greater coordination and integration of maternal and child-health services to help achieve stronger outcomes for Aboriginal and Torres Strait Islander women, children and families. It contributed to development of key policies, including the Australian Government's Early Years Strategy through submissions and facilitation of an affiliate-specific roundtable. Expansion of the Australian Nurse-Family Partnership Program was supported, with the Pilbara Aboriginal Health Alliance Limited receiving funding.

NACCHO visit to Mawarnkarra Health Service. Left to right: Anna-Louise Kimpton, Lesley Cunningham, Dr Dawn Casey, Joan Hicks, Rebecca Rees and Jodi Knight.

Connected Beginnings

NACCHO and SNAICC co-authored a Connected Beginnings site-selection methodology which promotes a focus on community need, organisational readiness and presence of an ACCHO with capacity to deliver the program and that has been endorsed by the Connected Beginnings Advisory Group. NACCHO has actively participated and provided significant feedback on the Post Implementation Review and Mid-Term Evaluation of the Connected Beginnings program to advocate for greater alignment with the National Agreement on Closing the Gap (National Agreement) and Priority Reforms. NACCHO continues to support ACCHOs being considered for funding as well as supporting participating health services in their delivery of the program.

Replanting the Birthing Trees

NACCHO continues to work with the University of Melbourne on their Medical Research Future Fund, Aboriginal and Torres Strait Islander-led project entitled *Replanting the Birthing Trees.* The project will enable the scaling up of culturally-grounded, safe, holistic, trauma-integrated, transdisciplinary continuity-of-care in the first 2,000 days of a babies' life, to ensure Aboriginal and Torres Strait Islander babies have the best possible start to life and parents achieve their aspirations for a safe and healthy family.



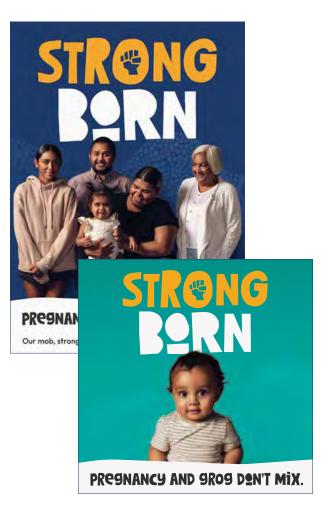
Left to right: Holly Kemp, Dr Robyn Williams and Annabel Campbell presenting on Strong Born at the Lowitja Conference, Cairns, June 2023.

Since 2022, NACCHO has facilitated meetings of the Replanting the Birthing Trees Governance Group, which includes representatives from community-controlled peak organisations, ensuring the outcomes of the project are in line with the National Agreement and are accountable to the community. NACCHO works closely with the project investigators and wider team on other activities including the development of a resource repository to house any educational resources relevant to, or produced as part of the project. Other activities include the development of a knowledge translation plan and policy briefing topics to ensure the research is translated into policy and practice.

This program continues to support NACCHO's broader suite of work in the maternal and child health area.

Strong Born

NACCHO has partnered with the Foundation for Alcohol Research and Education to develop and implement the National Fetal Alcohol Spectrum Disorders (FASD) campaign to raise awareness of the harms of drinking alcohol while pregnant and breastfeeding. In collaboration with the National FASD Working Group, NACCHO has led the development of Stream 4 Strong Born to raise awareness of this issue among Aboriginal and Torres Strait Islander people. The Strong Born campaign was launched by NACCHO CEO, Pat Turner on 22 February 2023. It includes resources such as posters, booklets, animations and t-shirts for all NACCHO members. This event also launched a grant opportunity for NACCHO members to extend the Strong Born campaign through development of place-based communication and engagement activities. In the 2023 May budget, additional funding was announced to expand delivery of Strong Born.



Mental health

NACCHO continues to place a high priority on improving services in relation to the mental health and social and emotional wellbeing of Aboriginal and Torres Strait Islander people, through services controlled by the community.

Culture Care Connect

NACCHO continued to lead the national implementation of the Culture Care Connect (CCC) program, funded by DHAC until 30 June 2025. NACCHO is coordinating the national roll out and supporting affiliates and members in the program to improve suicide prevention planning, response activity and integration while building a sustainable and supported workforce.

As of July 2023, CCC had achieved the following milestones:

- established 26 networks (including affiliate networks) across the country
- established 27 aftercare sites
- delivered three program onboarding training sessions and linked program coordinators and aftercare workers
- established CoPs for CCC staff and held four meetings for Network and Jurisdictional Coordinators, aftercare workers and Aboriginal and Torres Strait Islander Mental Health First Aid (ATSIMHFA) trainers
- developed and begun community consultation for jurisdictional and network suicide prevention planning and coordination
- delivered the ATSIMHFA 'train the trainer' program to a group of 13 trainer staff—in July 2023, 16 ATSIMHFA trainers had been trained within the program
- begun roll out of ATSIMHFA training to program sites throughout 2023.

Over the past year of program implementation there have been many highlights. ACCHOs leading suicide prevention networks have reflected positively on the facilitation of local network strengthening and engagement from mainstream services (e.g. police, hospitals, local services). ACCHOs leading aftercare services are supported to improve access and engagement of self-determined and locallyappropriate care to community members in crisis. Affiliates and network-leading ACCHOs also value the program scope which encourages community-controlled activity through consultation and co-design.

Comments received from affiliates and CCC communitycontrolled suicide-prevention sites include:

It is too early in program implementation to provide significant data for program impact; however, early indications are that the CCC model of care is creating new ways of thinking (particularly among government agencies) about how the suicide-prevention Aboriginal patient journey is conceived and the terminology that is used.

Suicide Story

NACCHO partners with AMSANT in the expansion of the community suicide prevention education program, Suicide Story, to northern Australia. In 2022–23 AMSANT established a team to support delivery of activities, developed and disseminated a communications strategy, and undertook consultation with relevant stakeholders, including the Suicide Story Aboriginal Advisory Group (SSAAG).

NACCHO continues to engage with stakeholders to ensure genuine partnership with AMSANT and the SSAAG. There has been continued collaboration on the links between Suicide Story and Culture Care Connect (CCC) and efforts to align roll out. Where an area is serviced by both programs, they can interface to bolster overall suicide-prevention support and resources. The alignment of *Suicide Story* and CCC is a critical process that requires time for collaboration and co-design.



Culture Care Connect aftercare staff attending the NACCHO Aftercare Onboarding Workshop in Canberra, June 2023.

Social and emotional wellbeing (SEWB)

NACCHO's Mental Health Team plays a lead role in advocating on behalf of our members to improve mental health and social and emotional wellbeing (SEWB) for Aboriginal and Torres Strait Islander people, families and communities.

NACCHO continues to partner with the Transforming Indigenous Mental Health and Wellbeing Project, based at the University of Western Australia (WA). NACCHO collaborated with project leader Professor Pat Dudgeon on a consultation survey to better understand the SEWB services, workforce and coordination provided to communities by affiliates and ACCHOs. The survey was distributed in July 2022, and NACCHO received 60 responses, 55 from members and five from affiliates. Survey responses have helped to build a national picture of what SEWB services are available, and identified service gaps. This evidence base will inform NACCHO's continued advocacy to government for improved support to the sector to deliver SEWB services.

This year, NACCHO also advocated for reform of mentalhealth policies and programs through multiple committees, consultations and submissions, including submissions on:

- Review of Sector Funding Arrangements and Service Provider Capability for First Nations Integrated Team Care (ITC) Program and Mental Health and Suicide Prevention Services
- Accessibility and quality of mental health services in rural and remote Australia
- National Stigma and Discrimination Reduction Strategy
- Gayaa Dhuwi (Proud Spirit) Declaration Implementation Plan
- Submission to the Inquiry into Mental Health and Suicide Prevention.

Support for flood-affected communities

NACCHO managed funding to ACCHOs impacted by the devastating flooding events in February 2022, July 2022 and October 2022 that occurred across the eastern states. The funding enabled ACCHOs to provide additional mental-health and counselling supports to individuals, families, staff and communities affected by the floods. Supports could be tailored to community needs, including locally-designed, culturally-appropriate activities that contribute to the healing of flood-affected communities. Funding was also provided to the AH&MRC and VACCHO to enable them to support their members affected by the flooding.

ACCHO activities in this area include:

- employment of a trauma counsellor and mental health worker
- social activities, such as outdoor activities, yarning sessions, monthly women's and men's groups, to improve connectedness within communities and boost social and emotional wellbeing
- increased access to wellbeing support groups, and counselling and mentoring supports
- access to training on trauma-informed care, facilitated yarning circles and storytelling to increase staff capacity to cope with trauma
- increased access to culturally-safe psychosocial services
- increased access to supervision for ACCHO mental-health staff.

Acute rheumatic fever and rheumatic heart disease

Acute rheumatic fever (ARF) and rheumatic heart disease (RHD) are entirely preventable conditions, and occur in high-income countries only when the social and cultural determinants of health are not equitably addressed.

In 2021–2022 NACCHO partnered with the Department of Health and Aged Care (DHAC) to establish the ARF and RHD National Coordination and Implementation Program. This year further investment was made by both the Australian Government and BHP.

The program is designed to deliver the structural reform required to reduce the burden of ARF and RHD in Aboriginal and Torres Strait Islander communities. The agreed priority for investment is the ACCHO sector is to increase their ARF/ RHD workforce to deliver prevention, screening, early diagnosis and treatment, as well as care services tailored to community needs. The program also funds training, support for ACCHO RHD staff through a Community of Practice (CoP), and development of the Echo in ACCHOs Program to address the lack of echocardiography in regional and remote communities. In the 2022-23 financial year, NACCHO has:

- welcomed 12 additional ACCHOs to the program using the needs-based funding model developed in 2021–22; the 15 participating ACCHOs collectively employ the equivalent of over 63 full-time healthcare workers dedicated to preventing, treating and managing ARF/ RHD in their communities; the ACCHOs also undertake local activities including awareness campaigns, clinical audits of their ARF/RHD patient care, and increasing adherence to secondary prophylaxis
- established the ARF/RHD CoP which provides support and professional development for Aboriginal and Torres Strait Islander healthcare workers, practitioners and environmental health workers, and other primary health professionals employed by ACCHOs to design and implement program activities. The CoP met four times during the year including a meeting on Larrakia Country (Darwin) in June 2023
- partnered with the University of Melbourne to co-design an echocardiogram course suitable for training Aboriginal and Torres Strait Islander health and community workers to perform echocardiography on patients living in areas where this service is not otherwise available
- secured a partnership with BHP that enhances the Australian Government's investment in the program, enabling participation of additional ACCHOs, and finalised further funding from the Australian Government
- continued to meet with the Rheumatic Fever Strategy Joint Advisory Committee and the RHD Expert Working Group.

NACCHO's Acute Rheumatic Fever (ARF) and Rheumatic Heart Disease (RHD) Program held an ultrasound familiarisation session, as part of the Echo in ACCHOs Program. Larrakia Country (Darwin), 19–20 June 2023.

NACCHO Research Committee

The NACCHO Research Committee's approach and processes for streamlining and standardising appraisal of research-related requests were approved by the NACCHO Board in late 2022. In 2022–23 the NACCHO Research Committee reviewed 46 research-related requests. Of these, NACCHO supported 24 projects via letters of support, participation in governance mechanisms, research partnerships and/or becoming part of the investigator team. Projects that NACCHO supports and will be involved in include a project aiming to reduce the burden of hepatitis B-related disease in Aboriginal and Torres Strait Islander communities, a project aiming to better integrate early childhood services for Aboriginal and Torres Strait Islander families, and multiple projects targeting suicide prevention.

Top: First program consultation with ACCHOs participating in the ARF and RHD program. Representatives are from Mala'la Health Service Aboriginal Corporation, Sunrise Health Service, Miwatj Health Aboriginal Corporation, Kimberley Aboriginal Medical Service, Nirrumbuk Environmental Health and Services.

Bottom: It's a thumbs up for kids at the Roebourne district school for advice on the importance of good dental hygiene, during a RAAF Kummundo Exercise.



Medicines and pharmacy



66 NACCHO continues to work closely with members and stakeholders to ensure ongoing access to medicines for all Aboriginal and Torres Strait Islander people across Australia continues. We also remain focused on ensuring that programs associated with safe and quality use of medicines continue to meet the needs of our mob.

Dr Dawn Casey, Deputy CEO, NACCHO

This financial year has been a productive and relatively stable year for NACCHO's Medicines Team. Longer-term medicines programs have continued largely unchanged, as has the medicines policy environment. The team has continued to manage several smaller projects.

We welcomed new staff member Miranda Batten to the team, who brings a depth of experience in medication policy and research, and said farewell to longserving team member Fran Vaughan (inset photo). We pass on our thanks to Fran for her years of service to NACCHO—her broad sector knowledge and experience working with many of our members and communities will be missed. We also pass on our congratulations for her lifetime achievement award through the Pharmaceutical Society of Australia (PSA).

This year Deputy CEO, Dr Dawn Casey has led many medicines stakeholder discussions and participated in key forums related to medicines. This includes participation in the national Health Technology Assessment (HTA) Review Reference Committee, the Pharmacy Stakeholder Consultation Committee, monthly Department of Health and Aged Care (DHAC) Pharmacy Branch meetings and more.

The new iteration of Australia's National Medicines Policy is now finalised. NACCHO coordinated input across member organisations and affiliates to ensure the final policy adequately reflects Aboriginal and Torres Strait Islander perspectives. This policy now includes specific reference to Aboriginal and Torres Strait Islander traditional medicines, as well as a stronger focus on equity.

NACCHO's participation in the Inquiry into approval processes for new drugs and novel medical technologies in

Australia contributed to recommendations that Aboriginal and Torres Strait Islander people be appointed to positions that influence decisions on listing of Medical Benefits Scheme (MBS) and Pharmaceutical Benefits Scheme (PBS) items. The process has contributed to Dr Lorraine Anderson's participation as the first Aboriginal person on a national HTA committee—the Australia Medical Services Advisory

Committee (MSAC). The team completed consumer submissions on PBS listing of selected medications that may be of particular benefit to Aboriginal and Torres Strait Islander people, including for chronic kidney disease (dapagliflozin), systemic lupus erythematosus (anifrolumab) and diabetes (tirzepatide).

Perhaps the most exciting news of the year was the formal support of the Integrating Pharmacists into Aboriginal Community Controlled Health Services (IPAC) project from the MSAC, based on the model's demonstrated value and impact in embedding non-dispensing pharmacists into

ACCHOs. This milestone is the culmination of several years' work within the project and subsequent work by NACCHO and its project partners to develop a model for a national program.

Several opportunities are on the horizon, including building on current quality use of medicines (QUM) programs and resources, as well as responding to the sector's need for new programs or measures including reform in medication review services for Aboriginal and Torres Strait Islander people. NACCHO remains focused on ensuring such reforms are congruent with sector priorities, needs and ongoing feedback.

We continue to respond to emerging issues such as medicines shortages and antibiotic stewardship. The ACCHO medicines networks, email groups and leadership committees help NACCHO to stay connected to sector priorities.

Programs, projects and training

Indigenous Health Services Pharmacy Support Program

The 2022–23 year was the second cycle of the Indigenous Health Services Pharmacy Support (IHSPS) Program, a national Quality Use of Medicines (QUM) Program. The IHSPS Program has been running in various forms for well over a decade (previously the QUMAX Program) and aims to improve QUM and health outcomes for Aboriginal and Torres Strait Islander people. The IHSPS Program is funded under the Seventh Community Pharmacy Agreement and administered by the Pharmacy Programs Administrator with support from NACCHO through a dedicated Program Officer.

To achieve program aims, funding is allocated among participating Indigenous Health Services (IHSs) on an annual basis. IHSs include both ACCHOs and state/territory government-run services. The QUM support categories are: QUM Pharmacy Support, QUM Devices, QUM Education, and Patient Transport.

ACCHOs can choose two options on how to manage the program, either:

- ACCHO managed receive payments directly to commission any of the four QUM support categories and report against the activities, or
- service-provider managed enter an agreement with an eligible service provider (independent pharmacist or community pharmacy) to provide QUM support activities, with the service provider submitting documentation and receiving payments on behalf of the ACCHO.

Once funding is allocated, an annual workplan is completed for each cycle, outlining local QUM objectives for one or more QUM support category. Six-monthly reporting of activities against the workplan is required.

Indigenous Health Services Pharmacy Support cycle

For the 2022–23 the IHSPS cycle, the annual registration period ran over April–May 2022. 128 ACCHOs registered and were approved to participate in the 2022–23 cycle, including three new participants. One withdrew resulting in 127 ACCHO participants, along with around 100 IHSs. NACCHO's Program Officer, backed by the NACCHO Medicines Team, supported ACCHOs through all stages of the IHSPS Program cycle, including workplan development and six-monthly reporting, as well as answering general program queries. During this period, the Program Officer also provided one-on-one online information sessions for ACCHO staff.

In April 2023, Medicines Policy and Programs Director, Mike Stephens and Program Officer, Prue Spence, visited Umoona Tjutagku Health Service Aboriginal Corporation (UTHSAC) in Umoona (Coober Pedy), South Australia (SA). This was an opportunity to meet and support the ACCHO and pharmacy staff, talk through the IHSPS Program and services provided by the pharmacy, as well as hear about remote-service issues and needs more generally. UTHSAC has noted improvements since the visit.

NACCHO's Prue Spence and Mike Stephens visit Umoona Tjutagku Health Service Aboriginal Corporation.





Clockwise from top-left: IHSPS workshops in Brisbane, Darwin, Melbourne and Sydney.

Indigenous Health Services Pharmacy Support Program review

During this period, DHAC undertook a review of the IHSPS Program to review its effectiveness, objectives, procedures and participant experience. A review team was established within DHAC to undertake qualitative interviews with stakeholders and a geospatial analysis of program data.

Throughout IHSPS implementation during 2021 and 2022, NACCHO has consulted with ACCHOs, IHSs and other stakeholders. NACCHO conducted formal sector consultation through IHSPS Program workshops and a national online survey, as well as receiving ongoing and rich feedback through conversations with ACCHOs and other sector representatives. ACCHO feedback is generally supportive of the program. However, key themes emerging from the consultations included:

- insufficient total program funding
- the need to improve the funding algorithm, including base and travel components
- the burden of ACCHO administration is disproportionate to funds received
- deficiencies in program administration and communication.

NACCHO provided a written submission to DHAC addressing these themes. A draft report of the IHSPS Program review will be released in the new financial year.

Medicines and Our Mob workshops

Since NPS MedicineWise was decommissioned in December 2022, NACCHO has been funded by DHAC to understand the fundamental medicines program needs of the sector. This project has involved reviewing the relevant literature, conducting nation-wide workshops, talking with stakeholders and peak bodies, and running a national survey for Aboriginal and Torres Strait Islander patients and health staff.

In March 2023, the Medicines and Our Mob workshops were promoted via the IHSPS Program Update through an expression of interest to gauge numbers and assess preferred locations and content. Based on the responses, it was decided to hold four full-day, face-to-face workshops, promoted through the April 2023 IHSPS Program Update, as well as an email from the NACCHO Deputy CEO to members and affiliates. The workshops were held on the lands of the Eora Nation (Sydney) (May 2023) and Eastern Kulin (Melbourne), Meanjin (Brisbane) and Larrakia Country (Darwin) (June). Their aims were, broadly, to share information and insights, understand the IHSPS guidelines and deliverables, and examine the program's practical and potential benefits including adaptation to local Community needs.

A total of 75 participants from nearly 50 ACCHOs across Australia participated in the four workshops with representation from every state and territory. The Darwin workshop had the highest attendance with 25 participants, followed by Sydney with 24 participants, Brisbane had 14 participants and Melbourne with 12. Workshop participants mainly comprised practice managers, nurses, pharmacists and CEOs.

The agenda was consistent for all workshops to ensure relevant information was captured objectively, but the workshops were also responsive to participants' needs/ emerging issues on the day. Sector leader and Wiradjuri woman Katrina Fanning AO PSM, a director at Coolamon Advisors facilitated the workshops and NACCHO staff presented on specific topics. The morning session explored through group activities what QUM means, who should be involved and the needs for the sector, while the afternoon session presented on the IHSPS Program in detail and other interacting pharmacy programs and resources to improve and support QUM. The afternoon session also provided an opportunity for ACCHOs to share informally their QUM activities-for each workshop, at least two ACCHOs presented on their activities. Participants often continued conversations into the breaks and exchanged contact details to extend networking beyond the workshop.

A brief evaluation with eight questions was provided to participants at the end of each workshop—65 of the 75 participants completed the evaluation. Overall, both formal and informal evaluations confirm the workshops were successful, particularly the networking and informationsharing opportunities. The workshops were also a means for NACCHO staff to strengthen relationships with ACCHOs and hear feedback on the program and QUM needs.

Integrating Pharmacists within Aboriginal Community Controlled Health Services Project

The Integrating Pharmacists within Aboriginal Community Controlled Health Services (IPAC) to Improve Chronic Disease Management was a collaborative partnership involving NACCHO, James Cook University and the Pharmaceutical Society of Australia (PSA) which took place from August 2018 until October 2019. It integrated 26 pharmacists into 18 ACCHOs across Queensland (Qld), Victoria and the Northern Territory with a total of 1,733 clients consenting to participate.

MSAC has now recommended the model for public funding, given the significant impact pharmacists can have when integrated into ACCHOs' comprehensive primary healthcare teams. MSAC considered that the model was safe and effective compared to usual care, and that this integrated, collaborative, culturally-appropriate patient-centred care to improve health outcomes for Aboriginal and Torres Strait Islander peoples represented good value for money.

Key findings from the project included: a significant improvement in self-reported adherence to medicines; clinically significant improvements in the control of cardiovascular disease (CVD) risk factors and glycaemic control in patients with type 2 diabetes; and reduced risk of chronic disease patients developing CVD.

NACCHO is grateful to the ACCHO staff, clients and pharmacists who participated in the project, and is looking forward to working with government on rolling out this important service nationally. Having the support of MSAC confirms when pharmacists are present within our services, both patients and staff at the clinic are better supported to provide safe and effective use of medicines. Our members have been calling for support and funding for non-dispensing pharmacists integrated into ACCHOs for years, this endorsement further validates their requests and demonstrates the impact of team-based community-controlled healthcare.

NACCHO Chair, Donnella Mills

For more information from MSAC see

http://www.msac.gov.au/internet/msac/publishing.nsf/ Content/1678-public

Activating Pharmacists to Reduce Medication-related Problems trial

Activating Pharmacists to Reduce Medication-related Problems (ACTMed) is a Qld-based trial which works within existing models of care to refocus medicine safety as a proactive and team-based process through enhanced collaboration across patients attending general practice, pharmacists, GPs and other health practitioners. It uses innovative IT solutions and an interactive real-time dashboard to support pharmacists to work with GPs in both mainstream practices and ACCHOs. The aim is to reduce risks of medicine-related harm, reduce healthcare costs, enhance person-centred care and streamline practitioner workflows. IPAC and ACTMed are designed to be complementary – ACTMed has already been piloted in a Qld ACCHO that participated in the IPAC project.

Cherbourg Regional Aboriginal and Islander Community Controlled Health Service, Wakka Wakka (Cherbourg, Qld) was involved in the co-design pilot phase of the trial. Three Qld ACCHOs will participate in the six-month trial in the second half of 2023: Carbal Aboriginal and Torres Strait Islander Health Services Ltd. Jagera, Giabai and Jarowair (Toowoomba, Qld), Mulungu Aboriginal Corporation Primary Health Care Service, Kanjini (Mareeba, Qld) and Townsville Aboriginal & Torres Strait Islander Health Service, Bindal and Wulgurukaba (Townsville, Qld). The trial is co-led by Dr Jean Spinks and Professor Lisa Nissen from the University of Queensland's Centre for the Business and Economics of Health. Project collaborators and partner organisations include NACCHO, the PSA, the Pharmacy Guild of Australia, Brisbane South Primary Health Network, Australian Digital Health Agency, the University of Melbourne, Monash University and Griffith University.

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Artwork by Wiradjuri artist, Lani Balzan for the Deadly Pharmacist training program.

Deadly Pharmacists training course

NACCHO undertook a co-design process with the PSA to develop the Deadly Pharmacists foundation training course, to equip pharmacists across Australia with the skills they need to work with Aboriginal and Torres Strait Islander primary healthcare services. Supported by DHAC under the Indigenous Australians' Health Program (IAHP), the course was released in October 2022 and is available free of charge to pharmacists, via the PSA learning platform (<u>https://my.psa.org.au/s/training-plan/</u> a11000000HZM8yAAH).

The course comprises seven online modules—seven hours of Continuing Professional Development (CPD)-accredited, self-paced learning. Instructional design elements feature videos of pharmacists and other staff within ACCHO settings, custom illustration, plus bespoke animation. The course covers topics such as Aboriginal and Torres Strait Islander culture, communication skills including how pharmacists can use clinical yarning in their practice, and conditions prevalent in some Aboriginal and Torres Strait Islander communities. It also includes practical aspects of the pharmacist role, such as important MBS and PBS information. All content was authored and/or reviewed by Aboriginal and Torres Strait Islander people. In addition to NACCHO's involvement in the co-design process, NACCHO staff provided narration for the modules.

NACCHO has disseminated the Deadly Pharmacists training course through its networks and forums. This has included interactive presentations at NACCHO's and the PSA's respective conferences, maintaining web content, promotion through email and online networks and more. Around 1,000 pharmacists are currently registered for the program that aims to promote and complement local cultural training. NACCHO supports any ACCHO working with pharmacies to recommend this free course to pharmacists and other staff.

Produced on Tubbagah Wiradjuri, Nyangbul Budjalung, Ngarkat, Gubbi Gubbi, Wathaurong, Boon Wurrung, Ngunnawal and Whadjuk Noongar Countries, the course prepares pharmacists for work in any Aboriginal and Torres Strait Islander primary healthcare service, from inner city services to those in remote locations.

Reimagined NACCHO-led medicines programs

From early 2023, DHAC redesigned the Quality Use of Diagnostics, Therapeutics and Pathology (QUDTP) Program. Two competitive grant opportunities are being made available every two years.

In March 2023, NACCHO was successful in its NACCHOled QUDTP Health Professional Education Grant application. This will continue to deliver and expand three established and complementary nation-wide QUDTP programs targeted at health professionals in Aboriginal and Torres Strait Islander health settings. From late 2023, NACCHO will lead the following:

- Good Medicine Better Health (GMBH) QUM training and resources program
- 2 NACCHO Antimicrobial Stewardship Academy (AMS Academy)
- QUDTP Web Resources an online comprehensive collection of up-to-date evidence-based QUDTP resources, curated for health professionals and consumers in Aboriginal and Torres Strait Islander health settings.

We look forward to working with the respective program advisory groups and members to implement these programs. NACCHO can provide these groups with sector feedback from the NACCHO QUM workshops and survey to make sure the content and format remains relevant to the sector's needs.

NACCHO also joined a University of SA consortium, with NACCHO's role to focus on adapting Veterans' MATES materials for ACCHOs and the broader Aboriginal and Torres Strait Islander health sector.

Members gather from the original Hot North Antimicrobial Academy's Academic Leadership Team and Evaluation Panel.

Aboriginal and Torres Strait Islander Pharmacist Scholarship

In May 2023, NACCHO was excited to announce the six successful recipients of the 2023 Aboriginal and Torres Strait Islander Pharmacist Scholarship, which is proudly supported by a grant from Sanofi Australia. The scholarship provides subsidy and support for Aboriginal and Torres Strait Islander pharmacy students and aims to build the Aboriginal and Torres Strait Islander pharmacist workforce.

The 2023 Aboriginal and Torres Strait Islander Pharmacist Scholarship recipients are:

Bryony Forrest,
 Darumbal/Kanolu

Jai-ann Eastaughffe

 James Sowter, Yorta Yorta

Jason Coleman

- Chelsea Corbett, lutruwita
 - Macy Poke.

At the announcement Dr Dawn Casey said, "This year's scholarship recipients are impressive young Aboriginal students. We are so proud to provide these opportunities and to ensure increased representation of Aboriginal and Torres Strait Islander pharmacists in the health sector."

2023 scholarship recipient, Jai-ann Eastaughffe commented, "I believe this scholarship will allow me to connect with Aboriginal and Torres Strait Islander leaders in health and particularly within the pharmacy industry. The mentors and connections I make will be valuable as I enter my last year of the degree and prepare to enter the workforce. The scholarship will also help financially, as I complete my final six weeks of placement." The scholarship program began in 2022 and has been expanded from two to six recipients and extended till 2025, demonstrating Sanofi's commitment to Aboriginal and Torres Strait Islander communities.

Karen Hood, Sanofi Australia and New Zealand Country Lead said, "Our warmest congratulations to this year's recipients, the judging panel and the team at NACCHO for their ongoing leadership of this important scholarship program. Building the skills of future Aboriginal and Torres Strait Islander pharmacists is a crucial part of ensuring that pharmacy and pharmacists can support culturally-safe care. We have been enormously impressed by NACCHO and the judging panel's leadership of this program and couldn't be more pleased to confirm our expanded support."

National datasets reveal that, out of a total of 27,000 pharmacists in Australia, only 85 identify as Aboriginal and Torres Strait Islander, representing just 0.3 per cent of the pharmacist workforce. Currently Aboriginal and Torres Strait Islander people working in the health sector account for only 1.8 per cent of the total health workforce, despite accounting for 3.2 per cent of the Australian population. This disparity impacts patients, policy and pharmacists themselves. The scholarship is a step in the right direction to increasing the number of Aboriginal and Torres Strait Islander people graduating from pharmacy studies and entering the workforce.

Associate Professor Faye McMillan, a proud Wiradjuri Yinaa woman, Deputy National Rural Health Commissioner and pharmacist said, "I am so delighted that the Aboriginal and Torres Strait Islander pharmacy scholarship program has been extended and expanded. This further reflects NACCHO's commitment to increasing the Aboriginal and Torres Strait Islander pharmacy workforce."



Left: Successful pharmacy scholarship recipient, James Sowter. Right: Left to right: Dr Faye McMillan, Deputy National Rural Health Commissioner and Briony Forrest, pharmacy scholarship recipient and Chastina Heck, Chair of Pharmacy Community of Specialty Interest, at the 2022 NACCHO Members' Conference.

James Sowter Yorta Yorta

Since entering the pharmacy field in 2017 as a pharmacy assistant I have developed a passion for the industry and caring for the needs of the Community. Two years ago, I made the choice to follow this passion and head back to university to become a pharmacist. Receiving this scholarship has taken a source of financial stress away from me and has allowed me to focus more of my time to my studies. I am incredibly thankful for this opportunity and am incredibly grateful that Sanofi and NACCHO have made this available and made it possible for a greater Aboriginal and Torres Strait Islander representation in the pharmaceutical industry.

Bryony Forrest Darumbal/ Kanolu

I am honoured to be considered for the second year for this scholarship. The differences this scholarship and its community connections made to my journey as an Aboriginal pharmacist are invaluable, and I look forward to what the future holds with this continued support from NACCHO, generously supported by Sanofi Pharmaceuticals.

Chelsea Corbett lutruwita

Earning this scholarship is such an achievement that is going to help me go further with my degree. I feel incredibly grateful for this opportunity to receive this scholarship ... not only will it help me to better my studies, but it also makes me feel so lucky to be part of this community. Thank you for this opportunity to not only further my studies but help me grow as a person.



Conferences and events

The NACCHO Medicines Team attended and	PSA22 – the national conference for the PSA
presented at several conferences through the year:	16th National Rural Health Conference – presenting on the NACCHO Medicines Managemen Guidelines
	2022 APMN Conference, GP Synergy – presenting Indigenous Pharmacy Program updates for ACCHO practice managers
	Australian Ethical Health Alliance national symposium
	Natural Products Futures Forum 2022 – discussing traditional Aboriginal and Torres Strait Islander medicines
Several events were hosted or convened:	a dedicated Medicines Stream at NACCHO's national conference (see below)
	HTA International (HTAi) conference, Kaurna Country (Adelaide). Indigenous Populations and Health Technology Assessment – International Collaboration to Improve Knowledge, Health Policy and Equity
	influenza and oseltamivir update for ACCHOs webinar
	two HTA and ACCHOs webinars



At the NACCHO Members' Conference 2022, the Medicines Team convened a two-hour stream of medicines-related presentations and conversations. The stream featured Aboriginal pharmacist and chair of the NACCHO–PSA leadership group, Chastina Heck who presented 'Medicine management in COVID-19 – Old ways, new ways, both ways in East Arnhem Land'. This was followed by a discussion involving Chastina, Bryony Forrest and Professor Faye McMillan 'In conversation – pharmacy education and careers through an Aboriginal and Torres Strait Islander perspective'. Central Australian Aboriginal Congress Aboriginal Corporation pharmacist Lisa Wark spoke on 'Medicine management Congress style – town and remote – a grab bag of how to manage your medicines and their delivery in Central Australia. What concerns us, what about the future?'. Megan Tremlett and Hannah Loller from the PSA presented on the IPAC project, Deadly Pharmacists and PSA collaborations. Finally, NACCHO's own pharmacists Alice Nugent and Fran Vaughan provided an update on medicines resources for ACCHOs, while team leader, Mike Stephens gave an overview of the NACCHO Medicines Management Guidelines in the main presentation room.

Top: Mike Stephens presenting the NACCHO Medicines Management Guidelines at National Rural Health Conference, August 2022. Bottom: Traditional smoking and welcome ceremony. Report from Chastina Heck Chair of Pharmacy Community of Specialty Interest

In 2022–23 the NACCHO–PSA Leadership Group transitioned under the PSA's Communities of Specialty Interest (CSI) structure while retaining the collaboration with NACCHO.

This move had much careful consideration to ensure the Aboriginal and Torres Strait Islander voice remained elevated within the governance structures and terms of reference. The principal focus of the CSIs is to provide a pharmacist's perspective in a defined practice area and support the vision and mission of the PSA relating to that practice. The new structure has provided a platform in the closed CSI Facebook group to share ideas and news and give people access to knowledge holders to ask questions. I look forward to continued collaboration and the progressive work this group facilitates.

At the NACCHO Members' Conference 2022 it was wonderful to again connect in person with colleagues from around the country. The Conference Team facilitated a varied and well-attended program in the Medicines Stream. The session on 'Medicine management in COVID-19 – old ways, new ways, both ways in East Arnhem Land' demonstrated the importance of Aboriginal leadership in decisionmaking positions within organisations. The presentation also highlighted the importance of making brave decisions in a timely manner, applying first principles to complex clinical scenarios where research is yet to provide guidance, and the importance of never forgetting we are all working towards the best outcome for real people. The 'in conversation' discussion between Bryony Forrest (Sanofi scholarship recipient), Professor Faye McMillan (Deputy Rural Health Commissioner) and myself provided the opportunity for sharing between two deadly pharmacists and a pharmacist in-training; it also provided insights into lived journeys in becoming a pharmacist and how that co-exists with our Aboriginal and Torres Strait Islander identities. Thank you to the NACCHO Team for giving us the forum to do this.

It is heartening to see how the profession of pharmacy has progressed exponentially in the Aboriginal and Torres Strait Islander health sphere, with the creation of programs such as Deadly Pharmacists and the continuing advance and adaptation of programs relating to best-practice medicines management for Aboriginal and Torres Strait Islander people. It is certainly a different space compared to when I was at university, where I struggled to see myself as belonging in pharmacy. The pharmacy profession, in education, industry and healthcare, is more and more working as a collective to create networks and connections, much like a dot painting with a view to meaningful change.

The Sanofi scholarship is in its second year and again the response has been very positive. This scholarship is reaching beyond financial assistance and facilitating genuine opportunities for growth in leadership through valuable mentoring by people in the Aboriginal and Torres Strait Islander healthcare space.

I must express my personal gratitude for the ongoing work being undertaken by Mike Stephens and the Medicines Team at NACCHO. Working with the team gives me energy and confidence for the future. Together we are contributing to initiatives that I know will benefit individual pharmacists, their families and ultimately the health and wellbeing of Aboriginal and Torres Strait Islander communities.



NACCHO affiliates

AH&MRC



Aboriginal Health & Medical Research Council of New South Wales

AH&MRC's commitment to enhancing the health and wellbeing of Aboriginal communities in New South Wales (NSW) remained steadfast this year. Our comprehensive approach, encompassing health promotion, education, training, advocacy and business support, continues to yield ongoing benefits for member services.

In 2022–23 AH&MRC underwent a restructure to better serve our members and communities. Alongside this, new branding and guidelines were established to create heightened awareness of the affiliate's work.

Key outcomes 2022-23

Health programs

Our health programs team comprises nine distinct health units, now collectively referred to as the Member Engagement Unit; two to three Member Engagement Coordinators will be assigned to each region. This unit actively pursues the acquisition and dissemination of best-practice knowledge, while working closely with ACCHOs to execute impactful activities. Key areas of focus include sector engagement, resource development, program enhancement and information sharing and training.

Throughout the year the team conducted 16 member site visits, hosted seven forums/training sessions/conferences, and provided training to more than 1,000 individuals. Notably, eight Aboriginal Mental Health First Aid Training sessions were conducted, involving over 100 participants. Additionally, 12,000 condoms were distributed across 18 ACCHOs, and \$160,000 was allocated to 40 services for nicotine-replacement therapy.

Four Community Health and Wellbeing Expos were organised. The expos are part of the AH&MRC *Our Health Our Future* campaign which seeks to enhance health literacy, increase awareness and knowledge of annual health checks, and provide further engagement at a community level in collaboration with members.

CULTURE CARE CONNECT

Enjoying conversations about health at AH&MRC.

Top: Workshop with AH&MRC staff. Inset: Engaged in meaningful work at AH&MRC.

Supporting members

The service performance and quality team, now referred to as Compliance, is dedicated to enhancing ACCHO capabilities through programs and training. The team conducted seven site training visits and organised a Continuous Quality Improvement (CQI) State Forum with participation from 30 ACCHOs, hosting 65 attendees. As part of an ongoing initiative, the team assisted four members with their Royal Australian College of General Practitioners (RACGP) Accreditation.

Upskilling the ACCHO workforce

AH&MRC Training saw remarkable progress this year, with the NSW Government committing \$1.365m to AH&MRC for the building upgrade at Little Bay. Redevelopment of the training department, bolstered by a skilled team of trainers and administrative staff, allowed AH&MRC Training to implement new processes and structures. A total of 130 students were enrolled, achieving a commendable completion rate of 65 per cent, the highest achieved so far.

Ethics, policy and research

A significant milestone was achieved with the inaugural Ethics Forum, the first of its kind. This event exceeded expectations, drawing 180 attendees from various universities and government departments. The positive feedback received and the high demand for more frequent events demonstrate the success of the forum and align with the expansion plans of AH&MRC's Human Research Ethics Committee.

Advocating for policy reform

The Policy Team dedicated itself to advocating for policy reform on behalf of the AH&MRC and members. This financial year six policy submissions were submitted. An Indigenous Health Summit saw participation from 200 attendees. The summit served as a platform for comprehensive discussions on pressing sector issues and innovative solutions in line with the Closing the Gap agenda.

Public health

To align with the growth of the public health sector, AH&MRC established a dedicated division. This focus is channeled through a commitment to public health and evidence-based primary healthcare within ACCHOs. An additional highlight was convening the Deadly Doctors Forum, which brought together 30 GPs from ACCHOs across the state. The team also contributed to the creation of six publications and resources.



AHCSA Aboriginal Health Council of South Australia

AHCSA continues to participate in a wide range of meetings, activities, and projects to provide input, advice, and advocate on behalf of member services and Aboriginal and Torres Strait Islander communities. AHCSA continues to have strong working relationships with its key stakeholders, as it responds to the health needs of, and improves health outcomes for Aboriginal and Torres Strait Islander people in South Australia.

Key outcomes 2022-23

COVID-19

Over the last year, the AHCSA COVID-19 team included Public Health Medical Officers (PHMOs), the Media and Communications Manager, and the COVID-19 Pandemic Coordinator. COVID-19 activities have now been incorporated into individual staff members' usual work roles, in keeping with the return to a COVID-safe, business-as-usual environment. With the removal of government-mandated requirements in October 2022, health services had to develop local policies relating to visitors and workforce, and consider their own risk-mitigation measures such as mask wearing, with advice and support from AHCSA. Information about how to reduce the risk of COVID-19 transmission is available on the AHCSA website. The COVID-19 team developed a number of brochures, on long COVID-19 and encouraging vaccination, to assist members and the community to stay safe.

Public Health Medical Officers

AHCSA has had a PHMO position for many years. This medical-practitioner role provides support to the CEO and all AHCSA public health/primary healthcare programs in the areas of advocacy, public-health guidance, clinical advice, research and education, and stakeholder engagement. The role is also intended to support identified needs of members, including through resource development, information provision and support for a systematic approach to health protection and primary healthcare.

During 2022–23 the Aboriginal and Torres Strait Islander Health Practitioner Clinical Governance Framework and Minimum Scope of Practice developed by AHCSA was distributed to the sector. Members endorsing this framework can apply to SA Health for an amendment to their pharmacy licences that allows Aboriginal Health Practitioners (AHPs) to administer Schedule 4 medication (prescriptiononly medicines). It has been very exciting to see these licence amendments enabling AHPs to work at their full scope of practice.

AHCSA's Public Health and Primary Health Care Team supports the provision of comprehensive primary healthcare in member services across the state. The team's focus is on strengthening systems for the delivery of culturally-appropriate, best-practice care through the provision of evidence-based advice, supporting CQI, and advocacy across the broader health sector. The day-to-day work of the team is heavily guided by specific needs identified by members.



Kelly Treloar and Jade Millerick from the First Peoples Disability Network presenting at AHCSA's NDIS event, August 2022.



Eye health

The Eye Health Program continues with its overarching goal of improving all eye health and vision outcomes for Aboriginal and Torres Strait Islander people across the state, eliminating inequities in treatment and outcomes.

The Eye Health Project Officer pivots across:

- on-the-ground support to ACCHOs, their communities and visiting eye-health provider services
- on-site training to ACCHO staff in primary eye health, vision testing and retinal photography
- addressing local/regional/sector-wide issues affecting Aboriginal and Torres Strait Islander eye health
- facilitating the South Australian Aboriginal Eye Health Working Group (SAAEHWG)
- active stakeholder collaborations and partnerships, and other non-recurrent initiatives.

The program continues to support development of the Far West ophthalmology treatment hub based in Wirangu (Ceduna), including thrice-yearly local eye surgeries. It was recently able to acquire an optical coherence tomography (OCT) scanning machine to enable the local health service to perform in-house screening for macular complications arising from diabetes.

The SAAEHWG meets quarterly and works on broad reforms and system change to improve sector outcomes. The SAAEHWG is a well-rounded, practical and diverse group of key players in Aboriginal and Torres Strait Islander eye-health service delivery.

Sexual health and blood borne viruses

AHCSA's Sexual Health and Blood Borne Virus Program focuses on community engagement and development of clinical capacity to address BBV and STI issues in the community. The program assists ACCHOs and collaborates with key partners across the government and non-government sectors. The program collaborated with the Northern Territory Aboriginal Sexual Health Workforce to hold the Mparntwe Aboriginal Sexual Health Workshop at the Desert Knowledge Precinct in Mparntwe (Alice Springs) in August 2022. The workshop brought together workers from both jurisdictions, blending practical clinical skills sessions with community stories and yarning spaces. The workshop was a collaboration involving AHCSA, NACCHO, AMSANT, Central Australian Aboriginal Congress and Clinic 34. It provided an Aboriginalled, culturally-safe space for 40 AHPs and non-clinical Aboriginal and Torres Strait Islander workers to share successes, challenges, experiences, and learnings from their work responding to the syphilis outbreak in Central and southern Australia.

Disability and aged care

In August 2022 AHCSA held a two-day NDIS event. The event was in response to the fact that many thousands of Aboriginal and Torres Strait Islander people with disability and eligible for the NDIS are not yet participants, often because of a lack of culturally-safe providers. There are also considerable unspent funds in Aboriginal and Torres Strait Islander participant NDIS plans.

During the year NDIS Ready transitioned to the Care and Support Ready program, designed to help equip ACCHOs to become sustainable providers across both disability and aged care. AHCSA supported five member services to become NDIS providers: Nunyara Aboriginal Health Service Incorporated, Aboriginal Sobriety Group Indigenous Corporation, Moorundi Aboriginal Community Controlled Health Service Limited, Tullawon Health Service Incorporated and Umoona Tjutagku Health Service Aboriginal Corporation. AHCSA also developed a range of culturallyappropriate NDIS resources.

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NACCHO affiliates

AHCWA Aboriginal Health Council of Western Australia



As the only Western Australian representative on the Coalition of Peaks, AHCWA continued its work on implementation of the National Agreement on Closing the Gap, including the jurisdictional Implementation Plan and the Sector Strengthening Plans for Health and Disability. ACHWA was called on to provide emergency support to Kimberley Aboriginal Medical Service (KAMS) in the face of unprecedented flooding in January 2023.

ACHWA would like to thank its board, staff, funders, partners and key stakeholders for their work over the past year in supporting our 23 member services and pursuing continuous improvement in Aboriginal and Torres Strait Islander health outcomes across the state.

Key outcomes 2022-23

Council of Aboriginal Services WA

Establishment of the new Western Australian social services peak body has progressed with the Council of Aboriginal Services WA Limited (CASWA) becoming a registered company under the Corporations Act 2001 in March 2023. CASWA is not affiliated with any one sector; its elected board must comprise directors from members across the key social-service sectors, representing all WA regions. Its vision is of a community-controlled sector that is *united by a strong* and collective voice, that enables [delivery of] place-based, community-led and culturally-appropriate services to achieve better outcomes for Aboriginal people and their communities. CASWA is currently recruiting a CEO.

Conference and corporate services forum

Following cancellation of the 2022 gathering, AHCWA was delighted to host the 2023 Conference in March 2023, with the theme of Our future, our way – We are the leaders for our communities. More than 550 attendees engaged in at least one aspect of the program across four days, whether as a Youth delegate, Members Planning Day attendee, State Sector Conference delegate, Award Dinner guest, Sponsor, Exhibitor, Speaker or AHCWA staff member. The Youth Conference was a one-day event attended by 58 young people, providing a forum for information sharing, networking and support. Conference sessions were mostly plenary style, with workshops that included traditional dance, traditional food tasting and an activity 'Letter to my future self'. Delegates particularly enjoyed the workshops' interactivity and cultural elements.

In June 2023 AHCWA held the first full-day, face-toface Corporate Services Forum, under the theme People and Processes. The forum, attended by 32 ACCHO representatives, featured keynote speakers, panel discussions, 023. interactive workshops and networking opportunities. Topics covered included human resources, corporate governance, key workforce remuneration, compliance, risk management, and data and privacy. ong

WA Aboriginal Youth Conference 2023.

OF

WA ABORIGINAL

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AHCWA's 2022 Environmental Health Conference, October 2022.

Innovative pilot programs

AHCWA commenced two unique and innovative pilot programs:

- a Social and Emotional Wellbeing (SEWB) Model of Service Pilot, funded by the WA Mental Health Commission; five regional sites commenced service delivery, in the Kimberley, Pilbara, Goldfields, Midwest and South West regions. The pilot is contracted for two years and seven months with options to extend for a further two years. The University of Western Australia, School of Indigenous Studies is conducting an independent evaluation of the pilot to build a business case for ongoing funding of SEWB programs in the WA sector
- a Capacity Building: Family, Domestic and Sexual Violence (FDSV) Support Pilot, funded over 18 months by the WA Department of Communities. The objective is to provide culturally-appropriate case management and wrap-around support to improve the safety and wellbeing of Aboriginal and Torres Strait Islander women, children and families impacted by violence. Six sites commenced service delivery across the Perth Metro, Kimberley, Pilbara, Goldfields and South West regions. Edith Cowan University is engaged to provide an independent evaluation of the project to assist future planning of FDSV programs in WA.

Aboriginal Environmental Health Forum

The Aboriginal Environmental Health Forum was held in October 2022 to promote environmental health as a priority for the community-controlled sector. It followed on from the inaugural 2021 forum and provided an opportunity to consider recommendations of the final report of the WA Aboriginal Environmental Health Program review, commissioned by the WA Government. The forum had 58 participants from across the Perth, Goldfields, Central Desert, Kimberley, Murchison/Gascoyne, Pilbara and South West regions who discussed how the sector's advocacy and governance in this area should proceed. AHCWA is seeking funding to engage in a co-design process for an Aboriginal Environmental Health Model of Service.

Aged care and disability

AHCWA and members expanded their support for agedcare services over the year, recruiting specialist staff and delivering new programs; seven services are currently involved. AHCWA delivered NACCHO's Care and Support Ready program, assessing current services across aged care and disability and members' interest in, or barriers to, service delivery. AHCWA also began implementation of the Home Care Workforce Support program and Elder Care Support program. Engagement with the Department of Health and Aged Care (Aged Care Stewardship) occurred throughout the year, including commencement of an Aged Care Co-design Integrated Care and Commissioning project with KAMS. The WA Department of Health engaged with the sector in the ACCHO Transition Care Program Pilot. AHCWA also advocated with WA Health for more involvement of ACCHOs in Aged Care Assessment Teams.

AHCWA alongside member services participated in a review of the National Disability Insurance Scheme (NDIS) in WA, which followed from the earlier formal submission to the inquiry into the capability and culture of the National Disability Insurance Agency (NDIA). AHCWA continues to monitor developments.

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AMSANT Aboriginal Medical Services Alliance Northern Territory



During the year AMSANT continued to provide strong health leadership in the Northern Territory and nationally, leading the NT Aboriginal Health Forum (NTAHF) and providing guidance to the Closing the Gap (CtG) partnership in the NT through Aboriginal Peak Organisations NT (APONT). We ensured that the NTAHF's Strategic Framework aligns with CtG and that its action plan was incorporated into the NT CtG Implementation Plan.

Expansion of community control continued during the year with active transition processes occurring in the West Arnhem region and Central Australia.

Key outcomes 2022-23

Public health

COVID-19 continued to put pressure on primary healthcare, though its impact lessened considerably in 2023. Services faced ongoing recruitment challenges and very high workforce turnover, exacerbated by border closures and federal government decisions that weakened incentives for overseas trained doctors to work in very remote areas. Most clinical indicators declined over the year, although diabetes control did improve.

AMSANT supported senior clinicians with up-to-date information on COVID-19 developments and vaccine schedules, and supported services with health promotion on vaccinations and antiviral medications. Over 20 educational webinars were provided to clinicians on diverse subjects.

AMSANT's two CQI coordinators supported a network of CQI facilitators in both ACCHOs and government services recognition of the need for community-controlled leadership in this area. The coordinators focused on supporting services with practical strategies to improve clinical indicators in the face of workforce shortages, and on improving childhood immunisation indicators in response to a concerning decline in immunisation timeliness. AMSANT formed an ACCHO immunisation network and hosted regular immunisation meetings with NT Government agencies.

Ear and hearing health

The ear coordinators held a very successful ear and hearing health workshop focusing on building primary healthcare (PHC) capacity. Skill building, using equipment such as tympanometers, was very popular with staff. A paper was developed on the critical role of primary healthcare in detecting and managing ear disease which will inform further support to services.

AMSANT partnered with NACCHO and Professor Kelvin Kong on a project mapping the ear, nose and throat (ENT) pathway for Aboriginal and Torres Strait Islander children in the NT. The project identified key themes—Integrated Systems, Community Engagement and Resources—with a significant barrier being the ENT pathway itself, which is complex, confusing and difficult to access and navigate. A further finding was the need for one PHC staff member to take responsibility for ear health.



Hearing health workshop.

Sexual health

The sexual health coordinator continued to support ACCHOs with a particular focus on services in Central Australia and the Barkly where the syphilis outbreak is most active and STI rates high. STI testing declined over the reporting period, but there has been substantial support for services to improve management, including through incorporation of best-practice templates in Communicare and training in Point of Care Testing.

Remote food security strategy

The National Indigenous Australians Agency (NIAA) is partnering with the community-controlled health sector to develop a remote Aboriginal and Torres Strait Islander food security strategy. With the support of NACCHO and building



Left: Successful workshop on practising clinical skills. Right: Cultural health and healing gathering.

on AMSANT's successful Food Summit in 2021, AMSANT has been funded to facilitate community input into this important work. The strategy will be developed over 12 months with a consultation phase in late 2023 and 2024. AMSANT will ensure the community-controlled sector is an equal partner in the strategy, in design, implementation and evaluation.

Workforce

AMSANT developed a Workforce Crisis policy paper setting out AMSANT's position on challenges and solutions through a raft of short-, medium- and longer-term recommendations. Equitable distribution of workforce including to remote and very remote regions is paramount in ensuring equitable access to health and care services.

AMSANT's workforce team took on new initiatives this year including:

- Care and Support Ready, scoping aged and disability supports and providers, building on NDIS Ready workforce supports
- a scoping paper on the feasibility of a community-based Aboriginal Environmental Health Workforce, to inform design of this much-needed workforce
- a new suite of NACCHO-funded aged-care workforce support programs including Elder Care Support and Home Care Workforce Support
- partnership with Charles Darwin University, Menzies School of Health Research and Central Australian Aboriginal Congress to launch the Better Health Futures Health Workforce Symposium series
- a new partnership with NT Primary Health Network (NTPHN) and the Australasian Society of Lifestyle Medicine, trialling implementation of a Shared Medical Appointment Model with three member services from 2023 to 2025
- participation in a screening and treatment campaign targeting skin disease and rheumatic heart disease (RHD) in Central Australia.

The tobacco control team continued to support member services. Aboriginal smoking rates are improving in towns and cities, but not in remote areas, though small improvements have occurred in these areas.

Social and emotional wellbeing

The SEWB team's work encompasses workforce support and development, Culturally Responsive Trauma Informed Care (CRTIC) training, the *Suicide Story* program, clinical and cultural supervision and research, policy, and evaluation. The team supported staff across AMSANT member services and delivered workshops, partnering with a variety of organisations, to build capacity in areas such as domestic, family, and sexual violence, case notes and management, and suicide prevention and post-vention.

Trauma-informed practice underpins all training and workshops with a focus on increased safety for workers so they are able to provide high-quality care to clients. The team hosts monthly meetings with SEWB managers from across the Northern Territory to share concerns and stories of success. A network meeting for the broader SEWB workforce provides presentations and learning opportunities and helps AMSANT to maintain contact with the SEWB workforce at all levels.

The Suicide Story program has grown over the past year, allowing the team to better meet the high demand for workshops. New support facilitators continue to be trained through train-the-trainer workshops, empowering community members to act as champions for their local communities. The team also welcomed a new role under the Culture Care Connect program and is excited to begin delivery of Aboriginal and Torres Strait Islander Mental Health First Aid training in the second half of 2023. Both programs build on our existing capacity and knowledge in these areas of critical importance to AMSANT member services.

Digital health

AMSANT supports member services with their Communicare clinical information systems. The need for staff training increased, given high staff turnover exacerbated by an increase in short-term agency contracts where staff often lack Communicare experience. AMSANT also supported non-clinical digital systems, including developing intranets and refreshing websites for member services while providing remote training and support to develop internal capacity.

AMSANT continued to work with our partners, the NT Department of Health and the NTPHN through the joint digital health 'Strengthening Our Health System Strategy'. The current focus is on the secure transfer and access to data.

QAIHC Queensland Aboriginal and Islander Health Council



In 2022–23 QAIHC focused on moving back to business as usual as a peak leadership and policy organisation, building our capability while successfully transitioning from a focus on COVID-19.

This has involved looking ahead to the next ten years and building foundations that will enable our sector to achieve the goals members have set for us. QAIHC continued to work with key stakeholders such as Queensland Health, state peak organisations, other health service providers and the incoming Queensland Minister for Health, the Hon Shannon Fentiman.

Key outcomes 2022-23

Member engagement

QAIHC hosted six state-wide member gatherings to refresh and strengthen our relationship with members and to set our priorities for the next ten years.

Our first priority, agreed with members, is to take advantage of emerging reform opportunities, both mainstream and Aboriginal and Torres Strait Islander-specific, at national and state levels. Work with members has allowed us to refresh QAIHC's Blueprint for Aboriginal and Islander Health Reform in Queensland, first developed in 2011. The refreshed blueprint identifies what QAIHC needs to do to position the sector to take advantage of ongoing reforms.

Our second priority is to review our sector's governance and to strengthen our organisation by enhancing and strengthening local leadership, governance structures, data integrity and our strategic focus on workforce and funding reform. Work on these key areas will inform the work QAIHC undertakes with our members over the next decade.



QAIHC Team in the office, on-site and at the National Workforce Summit, 2022.

Public Health Medical Officer

Associate Professor Sophie Couzos has joined QAIHC as our Public Health Medical Officer. Her appointment gives QAIHC the ability to provide senior clinical and publichealth leadership on a range of issues to senior clinicians and key partners. She will lead future COVID-19 work and be responsible for any public-health issues arising in the future.

Health programs

QAIHC delivered programs with areas of focus being:

Sexual health	Worked with Queensland Health on the state-wide Syphilis Plan
Immunisation	Working with Queensland Health and members on increasing flu vaccinations and immunisation rates
Cancer	Working with Professor Gail Garvey and Queensland Health on a strategy to address high rates of cancer among Aboriginal and Torres Strait Islander Queenslanders
Diabetes	Working with mainstream peak organisations and Diabetes Australia on reviewing and developing new ways to address diabetes
Palliative care	Secured funding to support member services and pilot sites to develop appropriate models of palliative care
Digital health	Working with the Australian Government to expand the digital health footprint through capacity development of members and working with the Australian Institute of Health and Welfare (AIHW) to build members' data capacity and knowledge

Queensland Health – Q32 and First Nations Workforce Strategy

The Queensland Government's Health Q32 Vision and Strategic Plan sets the key priorities for the state's health system, including to increase Aboriginal and Torres Strait Islander workforce opportunities across the health sector. Focus areas of the Strategic Plan include maximising the wellbeing of Queenslanders, strengthening access to care in the community and closer to home, and optimising the delivery of safe, appropriate and timely hospital care. QAIHC has worked closely with Queensland Health to ensure that, as the strategy is implemented, the state government can deliver on its commitment to build a strong workforce to deliver a healthy future for Aboriginal and Torres Strait Islander Queenslanders, and that the critical role of community-controlled comprehensive primary healthcare is recognised and resourced.

Torres and Cape Health project

The proposed Torres and Cape Health (TORCH) Commissioning Entity has the potential to transform healthservice commissioning and service provision in the Torres Strait and on Cape York. In 2022–23 QAIHC led community engagement to support the design of the entity and contributed to complex policy design and research tasks. QAIHC will continue to engage with the Community and advocate strongly for the creation of a commissioning entity that is communitycontrolled and appropriately resourced to commission for regional health services that are safe, culturally-appropriate and comprehensive.

TAC Tasmanian Aboriginal Centre



The Aboriginal Health Service across lutruwita (Tasmania) has significantly increased the number of clients accessing its services, in part due to reduced access to bulk billing and other general health services in the state. More than 180 new clients have been added in the past six months.



Left: Aunty Cheryl Mundy. Right: Numani Sculthrope-Green, on Country.

Key outcomes 2022-23

Service expansion

An extra registrar position has been established at the nipaluna (Hobart) clinic. Flexibility for appointments has also been introduced to meet client expectations. The Tasmanian Health Service continued to place registrars in their training year with the health service; this has helped address higher service demands and provided valuable experience working in the community-controlled sector for doctors-in-training.

Increased need for mental-health support has seen the relocation of the counselling team to a separate nearby building. Extra counselling staff have been recruited; however, there is still a waiting list for these services.

TAC successfully applied for Australian Government funding to build an extension to the clinic in nipaluna. Planning is in the final stages, with ongoing staff and community consultation to ensure we are providing appropriate spaces and encouraging a sense of community ownership and pride.

Long-term GPs working in the service have started training in specialist areas, significantly benefiting clients. These areas include alcohol and other drugs, skin care, obstetrics, paediatrics, and women's health. The appointment of a specialist in chronic pain has seen high demand for this service. TAC supported a Palawa health worker to complete training to become our first Aboriginal Child Health Nurse in December 2022. Over the past six months, she has contributed to the pakata-baby and takariliya-family groups by creating opportunities to explore socialisation, education, community connection and cultural learning, increasing the number of participants in these groups.

While the wider community has relaxed rules around COVID-19, concern about the virus spreading and a resurgence of influenza means the health service remains vigilant at all clinics. High cases have been seen in young people aged between six months and 15 years. A targeted campaign has encouraged parents and carers to get children vaccinated, and immunisation discussions are included in all consultations.

Connected Beginnings

The Connected Beginnings program in lutruwita has expanded over the past year. Along with the successful Kutalayna Collective in Bridgewater, Gagebrook and Brighton in southern Tasmania, we also have the Pataway and Kanamaluka Collectives in the north-west and north. The Kutalayna Collective has seen an increase in clients, and medical resources will be increased as a result, including recruitment of a GP and registrar.

A key event was hosting ChangeFest23, a national celebration of place-based change in Australia held in Kutalayna. This gathering highlighted the positive impact of community-led initiatives and of deepening our connection to place. It was a sold-out event with over 500 participants and 60 speakers flying in from across Australia to experience interactive workshops, reflective spaces, field trips and cultural activities.

Closing the Gap

TAC's Closing the Gap (CtG) Policy Officer supported our response to the National Agreement on Closing the Gap and the Tasmanian Implementation Plan. Focus over the past year has been on supporting partnership arrangements across the TAC, the five jurisdictional CtG Policy Partnerships, the state government and its agencies, the private sector and the Palawa community. The policy partnerships meet monthly, with a working group now supporting each. TAC also participates in three National Policy Partnerships: Language, Housing, and Early Childhood Care and Development.

A combined peak–government workshop resulted in a commitment to additional joined-up workshops, development of a new, more 'honest' CtG Tasmanian Implementation Plan and a formal CtG Partnership Agreement that will provide an overall CtG framework for Tasmania, including a formal agreement with Treasury. Extensive and regular Palawa community-based regional CtG workshops have been held in a joined-up approach with Policy Partners. These have enabled partners to gain a deeper understanding of the needs and priorities of Palawa people.

A successful grant application (CtG Infrastructure Program) has resulted in funding to progress the return of Palawa child safety back to community control. An additional Round 2 Capacity Building funding application has been submitted, to continue this vital work to reduce the over-representation of Palawa children in out-of-home care.

National Indigenous Legal and Health Justice Conference

In December 2022, TAC hosted the National Indigenous Legal and Health Justice Conference. Expert speakers from across the nation flew into nipaluna to reflect, inspire, challenge and motivate delegates on some of the critical issues facing our communities today. Leaders such as Pat Turner AM, NACCHO CEO, Donnella Mills, NACCHO Chair and Catherine Liddle, SNAICC CEO explored justice-reinvestment possibilities and solutions for keeping children out of care and detention. Conversations on the Voice, Treaty, Truth Telling, Aboriginal heritage laws, the future of legal aid, land rights, cultural training protocols and climate change were also held with a diverse line up of speakers and Palawa leaders.

Feedback from the conference was positive, with many saying it was a unique experience. Delegates commented on the range of topics covered, the refreshingly open conversations in a supportive environment, and the immersive welcome event held on Aboriginal land at piyura kitina (Risdon Cove). The final night of the conference saw outstanding leaders recognised for their lifetime commitment to the advancement of First Nations people.

Land and sea, language, Treaty

Healthy people come from healthy Country, and community involvement in the care of land and sea Country has been a significant focus over the past 12 months. On lungtalanana (Clarke Island) community members and rangers are working to heal the island through cultural burning and managing invasive species, including feral cats. A Sea Country Indigenous Protected Area has been proposed for the tayaritja (Bass Strait Islands) area and the state's north-east waters. This project will support the Palawa community to connect with, and partner with others to protect and manage, milaythina muka (sea country). A team of Aboriginal rangers is carrying out community consultations to create a community vision and develop a management plan.

This year Palawa people celebrated the 30th anniversary of the palawa kani language, gathering at piyura kitina to hold a ceremony. Of note is the growth of the place-names map, which now has over 200 palawa kani names across the state.

In July 2022, the community elected a delegation to represent them in negotiations for a Treaty and Truth Telling in Tasmania. Following extensive community consultations, the delegation presented a draft Treaty Lutruwita Bill to the state government in December 2022. The delegation has also met with other parties and independents to discuss the process and progress throughout the year. Treaty and Truth Telling are essential to the state government's commitment to Closing the Gap.

Below: Hunting yula (muttonbird). Inset: Bub enjoying the day.



VACCHO

Victorian Aboriginal Community Controlled Health Organisation



VACCHO continues to be a leading voice for the betterment of Aboriginal and Torres Strait Islander health and wellbeing in Victoria, while further strengthening its foundations to secure the sustainability, efficiency and impact of a First Nations self-determining future.

VACCHO recognises the leadership, dedication and hard work of its board and of its 33 members. Members drew on culture as a protective factor and championed Aboriginal ways of knowing and doing to be proactive and innovative in advancing the health and wellbeing of our community.

Key outcomes 2022-23

Flood response

In November 2022 rapid flooding events had a major impact on First Nations communities in the state. Members and their staff provided much-needed assistance to families in extremely difficult circumstances. The community showed great generosity during VACCHO's flood-donation drive; hundreds of people came forward to donate important items. Members did inspiring work—assisting with community BBQs for Emergency Service workers, while working with VACCHO to distribute donated supplies.

Victorian Aboriginal Cancer Journey Strategy

VACCHO was proud to be joined by the Victorian Minister for Health, the Hon Mary-Anne Thomas, to launch the *Victorian Aboriginal Cancer Journey Strategy 2023–2028*. The strategy provides a roadmap for improving cancer outcomes for Aboriginal and Torres Strait Islander Victorians, who are twice as likely to be diagnosed and three times more likely to die from cancer than other Victorians. With support from the Victorian Department of Health, VACCHO undertook wide-ranging research and community engagement in the development of a pathway to closing the cancer gap. VACCHO thanks the community for sharing their cancer journey experiences and personal stories; these were instrumental in guiding and informing the strategy's development.

Powerful advocacy on justice issues

VACCHO worked closely with members and the Victorian Aboriginal Legal Service (VALS) to provide advocacy in the justice-health space. VACCHO urges strong action to end Aboriginal and Torres Strait Islander deaths in custody and the completely avoidable loss of lives that shatters Victorian Aboriginal and Torres Strait Islander families and communities.

VACCHO CEO,

Jill Gallagher on the steps of Victorian Parliament House ahead of the Incarceration Nation parliamentary screening panel event.

Inset: VACCHO staff and members on the shores of Tae Rak (Lake Condah).



Clockwise from top: VACCHO staff gathered at the front of the VACCHO building on Wurundjeri Country; Gunditjmara man Brandon Saunders speaks to VACCHO members and staff during a special visit to the UNESCO World Heritage-listed Budj Bim Cultural Landscape; Peek Whurrong Elder Uncle Robbie Lowe shares powerful truth telling at VACCHO's staff In-service.

CEO Jill Gallagher AO was part of an important panel discussion on the impacts of the over-imprisonment of Aboriginal and Torres Strait Islander people in youth and adult prisons, following a screening of the landmark documentary Incarceration Nation at the Parliament of Victoria.

In December 2022 the CEO also gave evidence at the Yoorrook Justice Commission's hearings into systemic injustices in Victoria's child-protection and criminal-justice systems. She provided a detailed and painful submission on failings in the care of Aboriginal and Torres Strait Islander Victorians in both systems. Around 50 witnesses provided evidence during the hearings, including representatives from community-controlled organisations, service providers and experts. VACCHO pays tribute to Professor Eleanor Bourke and the team at the Yoorrook Justice Commission for their leadership, commitment and dedication in seeking truth and justice for the community.

RTO graduates

VACCHO extended its warmest congratulations to all 65 students who graduated and received their qualifications at VACCHO's Registered Training Organisation (RTO) Graduation Ceremony at the Melbourne Museum in October 2022. More than 170 people attended the special event— VACCHO's first celebration of student success for three years due to the impact of COVID-19 lockdowns. The graduates studied a range of health-related and business courses at a range of levels, Certificate III, Certificate IV and Diploma. VACCHO's Education and Training Unit continues to play a key role in achieving the short- and long-term goals of VACCHO's membership, as well as in development of a highly-skilled Aboriginal and Torres Strait Islander health workforce.

Koori Maternity Services 21 st anniversary

VACCHO celebrated 21 years of culturally-responsive maternity care in Victoria at the 2022 Koori Maternity Services (KMS) Gala Dinner at Melbourne Museum. The event paid tribute to KMS's founding members and inspirational leaders. KMS is uniquely community driven, offering holistic and flexible care for Aboriginal and Torres Strait Islander mothers, boorai and families.

VACCHO says 'Yes'

VACCHO released a public statement urging all Australians to be part of a defining moment in the nation's history by voting 'Yes' to the establishment of a First Nations Voice to Parliament. VACCHO believes the proposed Voice is critical to addressing health and wellbeing inequalities. The CEO and leadership team are collaborating with the Yes23 Campaign, providing expertise and advocacy at information sessions across the state.

Winnunga AHCS Winnunga Nimmityjah Aboriginal Health and Community Services



In 2022–23 Winnunga Nimmityjah Aboriginal Health and Community Services (WNAHCS) maintained support for culturallysafe, community-controlled, comprehensive health and community services, and advocated for the health and wellbeing of Aboriginal and Torres Strait Islander people in the Australian Capital Territory (ACT) and surrounding regions. We have worked on improving service delivery, sharing knowledge, and connecting with other organisations to improve outcomes.

Key outcomes 2022-23

Consultations and advocacy

WNAHCS has continued to provide substantial advice to government and key stakeholders by participating in committees, networks and consultations. The WNAHCS CEO continued to advocate for greater government effort in addressing the myriad social and economic issues that impact on Aboriginal and Torres Strait Islander individuals and families in the region. These include poverty, racism, homelessness, unemployment, mental illness, poor health, substance use, child protection, poor educational outcomes, and imprisonment. WNAHCS publishes a monthly newsletter which provides information to the community, stakeholders, and the media on what is happening at the service, including information about programs and success stories. The newsletter also highlights broader issues of concern and provides a mechanism for advocacy. Recent topics raised have included: poverty, selfdetermination, care and protection, gendered violence and human rights, racism, and the age of criminal responsibility.

Justice and prison health

WNAHCS has continued to highlight the massive overrepresentation of Aboriginal and Torres Strait Islander people in contact with the justice system, and the failure of ACT Corrections to manage the Alexander Maconochie Centre (AMC – the ACT adult prison) as it was intended, as a prison focused on rehabilitation. In particular the lack of training, education and a functioning transitional-release program means detainees are under-prepared for release and more at risk of recidivism.

WNAHCS has been operating the stand-alone WNAHCS Health and Wellbeing Service in the AMC since 2019, within our own model of care. The service provides high-quality holistic care for Aboriginal and Torres Strait Islander people in prison and continuity on a client's release from prison. The service has grown in 2022–23 with increased client numbers and more GPs and Nurse Practitioners providing healthcare at the AMC.



Left: The Justice Policy Partnership group with WNAHCS CEO, Julie Tongs OAM (sixth from the right), and the WNAHCS Justice Reinvestment team. Right: Winnunga CEO, Ms Julie Tongs OAM.

The AMC is transitioning to smoke free in 2023. While we disagree with this change, WNAHCS has worked to make the transition as smooth as possible for our clients. We have also advocated for better evaluation of the impacts of the prison going smoke free.

In addition to the prison health service, WNAHCS runs a Justice Reinvestment Program which provides intensive case management to Aboriginal and Torres Strait Islander families who have high and complex needs, with the aim of improving life outcomes and reducing or preventing contact with the justice system.

In December 2022 WNAHCS hosted a meeting of the Attorney-General's Department and the Justice Policy Partnership (JPP), the latter established in 2021 as the first of five policy partnerships under Priority Reform 1 of the National Agreement on Closing the Gap. The JPP brings together representatives from governments across Australia, the Coalition of Peaks and Aboriginal and Torres Strait Islander experts to take a joined-up approach to Aboriginal and Torres Strait Islander justice policy, with a focus on reducing adult and youth incarceration. WNAHCS was able to showcase our prison health service and Justice Reinvestment Program to the JPP.

Drug and Alcohol Residential Rehabilitation Centre

WNAHCS developed a model of care for a much-needed Aboriginal and Torres Strait Islander residential drug and alcohol rehabilitation centre in the ACT. Work towards realising this service is continuing with funding from the ACT Government. Architects have been engaged and plans developed. The centre will be designed, built, and managed by WNAHCS, ensuring it is fit for purpose and meets the needs of our community.

New building official opening

December 2022 marked the official opening of the new WNAHCS building, attended by hundreds of community members, politicians, staff, and friends of WNAHCS. The building is the culmination of a decades-long campaign by WNAHCS for the Aboriginal and Torres Strait Islander community of Canberra to have a health facility equal in design, appearance, and utility to other Canberra health centres. Design and construction were managed by WNAHCS, resulting in a fit-for-purpose building that we can proudly call our own.

The official opening included a Welcome to Country from Ngambri Elders, a smoking ceremony, and speeches by Senator Patrick Dodson; Craig Ritchie, longstanding chair of the WNAHCS board; WNAHCS CEO, Julie Tongs OAM; and Rachel Stephen-Smith, ACT Minister for Health. The opening also included a community celebration with plenty of entertainment and food for children and adults.

Below: Senator Patrick Dodson speaking at the opening of the new WNAHCS building, December 2022.



Left to right: Donna Ah Chee, Congress CEO, Jenny Bedford, Deputy CEO, KAMS, Michael Newman, OAMS CEO, and Tracey Brand, Derbarl Yerrigan CEO at the 2022 NACCHO Members' Conference.

VACCHO Members gather at the 2023 VACCHO Members Meeting on Gunditjmara Country.

No Vietna

The NT–SA Mparntwe Aboriginal Sexual Health Workshop, August 2022.

SWE



NACCHO Members Good News Stories

Australian Capital Territory

Winnunga health service comes a long way from the Tent Embassy

Winnunga Nimmityjah Aboriginal Health and Community Services Ltd (WNAHCS) was established in 1988, as a temporary medical service at the Aboriginal Tent Embassy. Over the years, WNAHCS became a pivotal healthcare provider for Aboriginal and Torres Strait Islander people in the national capital and recently moved to a purpose-built health facility.

The new \$20m facility boasts a comprehensive array of clinical services, such as dental care, optometry, mentalhealth services and diabetes clinics, led by a team of doctors and nurses. Importantly, the facility offers services free of charge to Aboriginal and Torres Strait Islander clients, reflecting a commitment to self-determination and closing the health gap. WNAHCS's holistic approach, combining healthcare services with social programs, reflects a dedication to providing comprehensive support to its community.

Winnunga CEO, Julie Tongs, envisions WNAHCS as a leader in primary healthcare, improving the wellbeing of Aboriginal and Torres Strait Islander people. With more than 30 years' experience in Aboriginal and Torres Strait Islander affairs, Ms Tongs acknowledges the enormous challenges faced in Aboriginal and Torres Strait Islander health, including a life expectancy gap of 8 to 10 years compared to non-Indigenous populations. Despite these obstacles, WNAHCS remains committed to making a difference.

Source: The information and images for this story are from a Canberra CityNews article Winnunga health service comes a long way from the Tent Embassy published on 10 July 2022.



WNAHCS social health team. Left to right: Wayne Sloan, Sarah Jarrett, Jason Kair, Ambrose House and Craig Williams. Photo source: *Canberra City* News.

Northern Territory

Aboriginal healthcare management encourages self-determination in West Arnhem's Warruwi community

West Arnhem's Warruwi community has taken control of primary healthcare in the region. The arrangement will see the Red Lily Health Board assume management of Warruwi Community Health Care, the community's primary healthcare clinic. The Red Lily Health Board comprises representatives from Warruwi and other Aboriginal and Torres Strait Islander communities, including Minjilang, Gunbalanya, Jabiru and surrounding homelands.

Welcoming the announcement, Red Lily Health Board chair, Reuben Cooper said the structural change to healthcare services in the region was a positive step towards selfdetermination. 'The transition of Warruwi represents another major step for the people of West Arnhem, in having greater control over their own health and the related services,' he said. 'Red Lily has had great support from the wider ACCHO sector, including from AMSANT, Mala'la Health Service Aboriginal Corporation, Miwatj Health Aboriginal Corporation, Katherine West Health Board Aboriginal Corporation and Sunrise Health Service Aboriginal Corporation.

'Work on the transition of the remaining West Arnhem health centres will continue to be a goal for the Board,' Mr Cooper said.

Source: This information has been extracted from a National Indigenous Times article Aboriginal healthcare management encourages self-determination in West Arnhem's Warruwi community published on 3 October 2022.

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Coonamble Aboriginal Health Service launch new health app

The Coonamble Aboriginal Health Service (CAHS) has broken new ground by developing a mobile app to connect people to health services and promotion. The Fair Dinkum Choices ™ app was launched in October 2022 at Western Plains Zoo in Dubbo with a bevy of high-profile supporters on hand.

Glen Inglis, former NRL International, has signed on to help champion the app. He spoke at the launch about his personal journey and the Goanna Academy, the first accredited and Aboriginal and Torres Strait Islander-owned mental-health organisation in Australia. He was joined by current NRL player Brett Naden, former National Basketball League star Tyson Demos, the Hon Mark Coulton MP, AH&MRC CEO, Rob Skeen, Western Public Health Network CEO, Andrew Coe, the CAHS Board of Directors and other government officials and community members. Comedian Sean Choolburra was the Master of Ceremonies for the launch.

CAHS CEO Phil Naden said that CAHS had been working on the app for at least 18 months.



Left to right: CAHS CEO Phil Naden with Board member Gloria Fernando and comedian Sean Choolburra at the official launch of the Fair Dinkum Choices app. Image: *Coonamble Times*.

'It came out of a grassroots health promotion conversation we had in the community,' Mr Naden said. 'We got the idea for the wording – Fair Dinkum Choices – from Jonathan Knight out in Bourke.

'He talks a lot on social media about making – Fair Dinkum Choices – and so I rang and asked him if we could turn this into a health promotion and he said, "Go for it".'

Source: The information and image above are from a Western Plains App article CHAS launch health app published on 30 October 2022.

Western Australia

KAMS shares award for research excellence

Researchers from the Kimberley Aboriginal Medical Services (KAMS) and the Rural Clinical School of the University of WA (RCSWA) are thrilled to have won the prestigious Ray James Memorial Award, presented for the best article published in the Health Promotion Journal of Australia over the previous year. The award is given for excellence and innovation in healthpromotion research.

The research explored 10 Aboriginal men's experiences during their partners' antenatal period. The study found that participants valued supporting their partners through pregnancy and having access to information on pregnancy, and making positive changes to their own lifestyles. Participants described experiencing multiple stressors during the antenatal period that affected their social and emotional wellbeing. This study demonstrated that this group valued engagement with antenatal services and highlighted strategies to improve Aboriginal and Torres Strait Islander paternal involvement with these services.



Left to right: Emma Carlin (Research Fellow, RCSWA/Senior Research Officer KAMS); Erica Spry (Research Fellow, RCSWA/Research Officer KAMS); Zac Cox (Manager Social and Emotional Wellbeing, KAMS).

Erica Spry, Bardi and Kija woman and researcher commented, 'I was having a conversation with an Elder, talking about our other research and recruiting participants and this Elder said to me "it takes two to make a baby, you should be talking to the men too". She was right."

Source: This information and image are from a Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention media release Yarning with Aboriginal men: Kimberley research wins a best article of the year award.

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South Australia

Yadu Health's dreams come true with a \$15m+ upgrade

Yadu Health Aboriginal Corporation (YHAC) received \$ 13.35m from the Australian Government to invest in a new health facility. The funding adds to the \$2.5m already committed by the state government and will be used to replace YHAC's 50-year-old building, which is deemed unsafe due to water damage, black mould and asbestos. Service leaders claim one staff member received an electric shock after water seeped into electrical wiring.

YHAC supports about 3,000 people in Ceduna and surrounding communities such as Kooniba and Scotdesco in the state's west, had repeatedly raised the clinic's dilapidated condition with state and federal ministers.

The funding comes after multiple rejected grant applications to state and federal governments, which left the health service in limbo.



A render of Yadu Health's new clinic. Image: Das Studio + MDLR.

SA Health last year granted YHAC a 99-year lease on the land, allowing it to construct a new building. This and the new funding have been a welcome relief.

Source: This information and image are from an INDaily article 'Dreams come true': Dilapidated Aboriginal health clinic gets \$15m upgrade published on 1 November 2022.

Queensland

Thimithi Nhii Primary Health Care Centre opens in Mapoon

The Apunipima Cape York Health Council's (ACYHC) Thimithi Nhii Primary Health Care Centre in Mapoon was officially opened. This is ACYHC's fourth standalone Primary Health Care Centre built under the Federal Government's Rural and Remote Health Infrastructure Project and the result is a win for the community of Mapoon and Cape York communities in general.

Mayor of Mapoon and ACYHC Chair, Mrs Aileen Addo officially opened the new facility. 'This is something very positive, it's been a long time coming but it's finally here. This community is growing, and we have to build infrastructure to go with that growth,' Mrs Addo said.

Mrs Addo commented that the flow-on effects of having the new centre will resonate for years to come. 'This is about more than just health, this is another strategy we've put in place to close the gap. This is about getting everything in order and seeing better outcomes like more community-based jobs, better infrastructure and community development.'

Source: This information is from ACYHC's 22 August 2022 media release, *Thimithi Nhii Primary Health Care Centre opens in Mapoon* and is accompanied by images from ACYHC's website.



Community-based staff member Eli Tabuai cooking up a feast on the BBQ.

Gunditjmara Aboriginal Cooperative helping men reconnect with culture

In the south-west of Victoria, many Aboriginal and Torres Strait Islander men are disconnected from their culture and identity, impacting on their mental wellbeing. Levi Geebung, a caseworker at Gunditjmara Aboriginal Co-operative Limited, experienced this first hand but found solace in reconnecting with his culture through woodworking and art passed down by his late father.

In an attempt to help others in a similar situation, Mr Geebung decided to support the Gunditjmara Men's Group, a safe space for Aboriginal and Torres Strait Islander men to connect with, discuss and practice their culture. This initiative is considered crucial, given Victoria's alarming Aboriginal and Torres Strait Islander suicide rates which are three times higher than the non-Indigenous population.



Levi Geebung (third from left) and Gunditjmara Men's Group.

The Gunditjmara Men's Group provides a judgment-free environment where men can gather, bond and engage in cultural practices. They are currently working on a mentalhealth-focused cultural camp, combining mental wellbeing, cultural connection and traditional practices on their ancestral lands. This holistic approach aims to support men in their journey towards better mental health while reconnecting with their heritage and Country.

Source: The information and image are from a National Indigenous Times article Victorian Aboriginal men's group hones in on yarning in a culturally safe environment published on 17 June 2023.

Tasmania

First Nations quit-smoking program helping people to break the habit



TAC program coordinator Jay McDonald teaches people about good and bad smoke. Photo source: ABC News: Craig Heerey.

The Tasmanian Aboriginal Centre's (TAC's) stop smoking initiative, *makara patapa*, has proven instrumental in assisting community members to overcome nicotine addiction. The program's success is exemplified by Tamara Styles's personal journey. She was a former long-time smoker who triumphed over her habit with TAC support. Makara patapa utilises a podcast format to share stories of quitting, reflecting the oral tradition of Aboriginal and Torres Strait Islander culture. Notably, it emphasises the positive use of smoke in ceremonies while highlighting the harm caused by tobacco smoke.

Coordinator Jay McDonald said the program's comprehensive approach addresses social cues and triggers and equips individuals with the tools needed for lasting change.

The latest National Tobacco Strategy underscores the importance of expanding partnerships to combat smoking issues effectively. By combining cultural appreciation, storytelling and practical guidance on nicotine-replacement products, *makara patapa* empowers individuals to embark on their quitting journey with community support. This approach not only tackles addiction but also resonates with Aboriginal and Torres Strait Islander cultural values, underlining the value of a community-controlled approach to achieving improved health outcomes.

Source: This information is from an ABC News article First Nations quit smoking program reaching into the Aboriginal community to help people break the habit published on 30 July 2023.

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What is it that drives you? The determination to achieve justice for my people.

Pat Turner, One Plus One – The Elders on ABC iview



Financial statements

Directors' report

Your directors present their report on the company for the financial year ended 30 June 2023.

Directors

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

- Donnella Mills (Chair)
- Chris Bin Kali (Deputy Chair)
- Adrian Carson (resigned October 2022)
- Matthew Cooke (resigned October 2022)
- David Dudley
- Kane Ellis
- Raylene Foster
- Michael Graham
- Wilhelmine Lieberwirth (appointed November 2022)
- Leisa McCarthy
- Rob McPhee
- Phil Naden
- Vicki O'Donnell
- Craig Ritchie
- Polly Sumner-Dodd (resigned November 2022)
- Preston Thomas
- Dallas Widdicombe

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

Operating Results

The profit of the company for the 2022-23 financial year after providing for income tax amounts was \$1,988,224 (2021–22: \$257,514).

Review of Operations

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

Significant Changes in State of Affairs

NACCHO continues to receive funding from the Commonwealth Government to undertake specific programs to improve health outcomes for Aboriginal and Torres Strait Islander people. In the 2022-23 financial year, NACCHO has continued to be successful in securing funding for programs to be run in our sector by Aboriginal and Community Controlled Health Organisations.

Principal Activity

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

Objectives

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

Strategy for Achieving the Objectives

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

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

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

Meetings of Directors

Directors Directors' mee		tors' meetings
	No. attended	No. eligible to attend
Donnella Mills (Chair)	4	4
Chris Bin Kali (Deputy Chair)	4	4
Adrian Carson (resigned October 2022)	1	1
Matthew Cooke (resigned October 2022)	1	1
David Dudley	2	4
Kane Ellis	3	4
Raylene Foster	3	4
Michael Graham	1	4
Wilhelmine Lieberwirth (appointed November 2022)	3	3
Leisa McCarthy	2	4
Rob McPhee	4	4
Phil Naden	3	4
Vicki O'Donnell	3	4
Craig Ritchie	1	4
Polly Sumner-Dodd (resigned November 2022)	1	1
Preston Thomas	4	4
Dallas Widdicombe	3	4

Contributions on Wind Up

If the company is wound up, NACCHO's Constitution states that each member is required to make a maximum contribution of \$10 towards meeting any outstanding obligations. As at 30 June 2023, the total maximum amountthat members of the company are liable to contribute if the company is wound up is \$10 per member. Financial statements / National Aboriginal Community Controlled Health Organisation / ABN: 89 078 949 710

Auditor's Independence Declaration

The lead auditors' independence declaration for the year ended 30 June 2023 has been received.

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

0 R

Donnella Mills Director

Chris Bin Kali Director

20 September 2023

Date

20 September 2023

Date

Statement of profit and loss and other comprehensive income

For the year ended 30 June 2023

	Note	2023 (\$)	2022 (\$)
Revenue			
Revenue from Ordinary Activities	3	72,950,188	48,149,315
Expenses			
Employee benefits expenses	4	10,563,696	7,501,272
Depreciation and amortisation expense	4	793,265	754,909
Grant payments	4	51,410,365	35,896,797
Other expenses	4	8,194,638	3,738,823
		70,961,964	47,891,801
Profit/(Loss) from ordinary activities		1,988,224	257,514
Other Comprehensive Income/(Loss) for the year, net of tax			
Total Comprehensive Income/(Loss) for the year attributable to the members of National Aboriginal Community Controlled			
Health Organisation		1,988,224	257,514

Statement of financial position

As at 30 June 2023

	Note	2023 (\$)	2022 (\$)
Assets			
Current assets			
Cash and cash equivalents	5	99,015,564	49,880,730
Investments	7	349,117	329,564
Receivables and Other Current Assets	8	32,386,976	8,141,656
Total current assets		131,751,657	58,351,950
Non-current assets			
Property, plant and equipment	9	3,497,656	1,813,861
Total non-current assets		3,497,656	1,813,861
Total assets		135,249,313	60,165,811
Liabilities			
Current liabilities			
Payables	10	3,101,402	2,962,384
Employee Provisions and other liabilities	11	715,082	506,966
Contractual Obligations – Affiliates, ACCHOs and Others	12	92,983,467	39,028,031
Contractual Obligations – Operations	12	30,948,193	13,804,500
Grants Repayable	12	24,286	832
Revenue In Advance	12	33,600	8,590
Lease Liability	12	558,310	610,938
Total current liabilities		128,364,340	56,922,241
Non-current liabilities			
Employee Provisions and other liabilities	11	81,645	84,058
Non-Current Lease Liability	12	2,497,354	843,071
Provision for Make Good	12	205,858	204,549
Total non-current liabilities		2,784,857	1,131,678
Total liabilities		131,149,197	58,053,919
Net assets		4,100,116	2,111,892
Equity			
Retained profits		4,100,116	2,111,892
Total equity		4,100,116	2,111,892

Statement of changes in equity For the year ended 30 June 2023

	Retained surpluses (\$)	Total equity (\$)
Balance at 1 July 2021	1,854,378	1,854,378
Net profit/(loss) for the year	257,514	257,514
Balance at 30 June 2022	2,111,892	2,111,892
Balance at 1 July 2022	2,111,892	2,111,892
Net profit/(loss) for the year	1,988,224	1,988,224
Balance at 30 June 2023	4,100,116	4,100,116

Cash flow statement

For the year ended 30 June 2023

	2023 (\$)	2022 (\$)
Cash flows from operating activities		
Receipts from customers	49,702,396	42,994,678
Grant receipts	82,567,121	39,102,913
Receipt of agent funds for disbursement	19,271,490	17,164,590
Interest received	859,636	10,980
Donations	18,930	59,862
Operating activity receipts	152,419,573	99,333,023
Payments to suppliers and employees	(27,609,769)	(14,667,530)
Payment of grant and fee for service funds	(55,464,547)	(39,355,204)
Payment of agent funds	(19,271,490)	(17,164,590)
Interest paid on lease liability	(72,074)	(85,765)
Operating activity payments	(102,417,880)	(71,273,089)
Net cash provided by operating activities	50,001,693	28,059,934
Cash flows from investing activities		
Payments for property, plant and equipment	(249,565)	(349,179)
Proceeds from sale of property, plant and equipment	-	-
Investment in Term Deposits	(19,553)	-
Net cash used in investing activities	(269,118)	(349,179)
Cash flows from financing activities		
Repayment of Lease Liabilities	(597,741)	(559,872)
Net cash used in financing activities	(597,741)	(559,872)
Net increase/(decrease) in cash held	49,134,834	27,150,883
Cash at beginning of financial year	49,880,730	22,729,847
Cash at end of financial year	99,015,564	49,880,730

Notes to the financial statements

For the year ended 30 June 2023

Note 1

Statement of significant accounting policies

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

Basis of preparation

These general-purpose financial statements have been prepared in accordance with Australian Accounting Standards – Simplified Disclosures and Interpretations issued by the Australian Accounting Standards Board ('AASB') and the Australian Charities and Not-for-Profits Commission Act, as appropriate for not-for-profit oriented entities.

Historical cost convention

The financial statements have been prepared under the historical cost convention.

Comparative Figures

Where necessary, comparative figures have been adjusted to conform to changes in presentation in the financial statements.

Critical accounting estimates

The preparation of the financial statements required the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying the company's accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements, are disclosed in note 2.

New or amended Accounting Standards and Interpretations adopted

NACCHO has adopted all of the new or amended Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

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

The adoption of these Accounting Standards and Interpretations did not have any significant impact on the financial performance or position of NACCHO.

Revenue Recognition:

Revenue from contracts with customers

Revenue is recognised at an amount that reflects the consideration to which NACCHO is expected to be entitled in exchange for transferring goods or services to a customer. For each contract with a customer NACCHO: identifies the contract with a customer; identifies the performance obligations in the contract; determines the transaction price which takes into account estimates of variable consideration and the time value of money; allocates the transaction price to the separate performance obligations on the basis of the relative stand-alone selling price of each distinct good or service to be delivered; and recognises revenue when or as each performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised.

Variable consideration within the transaction price, if any, reflects concessions provided to the customer such as discounts, rebates and refunds, any potential bonuses receivable from the customer and any other contingent events. Such estimates are determined using either the 'expected value' or 'most likely amount' method. The measurement of variable consideration is subject to a constraining principle whereby revenue will only be recognised to the extent that it is highly probable that a significant reversal in the amount of cumulative revenue recognised will not occur. The measurement constraint continues until the uncertainty associated with the variable consideration is subsequently resolved. Amounts received that are subject to the

Grants

Grant funding that contains specific conditions and enforceable obligations on the use of those funds are recognised as and when NACCHO satisfies its performance obligations stated within the grant agreements.

A contractual liability is recognised for both unspent grant funds for which a refund obligation exists in relation to the funding period and for performance obligations that have not yet been met.

General grants that do not impose specific performance obligations on NACCHO are recognised as income when NACCHO obtains control of those funds, which is usually on receipt.

Fee for Service Income

NACCHO receives funding under contractual agreements to manage the procurement of services from member organisations, Affiliates, and other health organisations to meet Government priorities. In addition to this, NACCHO is contracted directly to provide services relevant to Aboriginal health outcomes by Government and other external organisations.

Funding received under contractual agreements are recognised to the extent that NACCHO has satisfied its performance obligations and specified services have been procured from member organisations, Affiliates and other health organisations.

Payments for the procurement of services, by means of grant agreements, are recognised as expenses in the relevant financial year, to the extent these funds have been disbursed. Any remaining funds at year end, where the intent is to procure further services from member organisations, Affiliates and other health organisations in the next financial year are shown as a contractual liability.

General fee for service income agreements that do not impose specific performance obligations on NACCHO are recognised as income when NACCHO obtains control of those funds, which is usually on receipt.

Sponsorships

Funding for special purpose projects via sponsorship is recognised as revenue to the extent that the monies have been applied in accordance with the conditions of the funding.

Donations and bequests

Donations and bequests that contain specific conditions and enforceable obligations on the use of those funds are recognised as and when NACCHO satisfies its performance obligations stated within the donation agreements. Otherwise, revenue from donations and bequests is recognised when the income is received.

Interest

Interest income from a financial asset is recognised when it is probable that the economic benefit will flow to NACCHO, and the amount of revenue can be reliably measured. Interest income is accrued on a time basis by reference to the principal and the effective interest rate applicable.

Internal revenues

Internal revenues and expenses have been eliminated as part of preparing the consolidated figures for NACCHO.

Income tax

As the company is a charitable institution in terms of subsection 50-5 of the Income Tax Assessment Act 1997, as amended, it is exempt from paying income tax.

Current and non-current classification

Assets and liabilities are presented in the statement of financial position based on current and non-current classification.

An asset is classified as current when: it is either expected to be realised or intended to be sold or consumed in the company's normal operating cycle; it is held primarily for the purpose of trading; is it expected to be realised within 12 months after the reporting period; or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least 12 months after the reporting period. All other assets are classified as non-current.

A liability is classified as current when: it is either expected to be settled in the company's normal operating cycle; it is held primarily for the purpose of trading; it is due to be settled within 12 months after the reporting period. All other liabilities are classified as non-current.

Deferred tax assets and liabilities are always classified as non-current.

Cash and cash equivalents

Cash and cash equivalents include cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

Trade and other receivables

Other receivables are recognised at the amortised cost, less any allowance for expected credit losses.

Inventories

Inventories are stated at the lower of cost and net realisable value on a 'first in first out' basis. Cost represents the price to NACCHO to purchase the inventories from independent suppliers. Net realisable value is the estimated selling price less the estimated costs necessary to make the sale.

Property, plant, and equipment

Plant and equipment are stated at historical cost less accumulated depreciation and impairment. Historical cost includes expenditure that is directly attributable to the acquisition of the items.

Depreciation is calculated on a straight-line basis to write off the net cost of each item of property, plant, and equipment (excluding land) over their expected useful lives as follows:

Right of Use Asset	3–5 years
Leasehold improvements	3–5 years
Plant and equipment	3–8 years
Office equipment	3–5 years

Impairment of non-financial assets

Non-financial assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount.

Recoverable amount is higher of an asset's fair value less costs of disposal and value-in-use. The value-in-use is the present value of the estimated future cash flows relating to the asset using a pre-tax discount rate specific to the asset or cash-generating unit to which the asset belongs. Assets that do not have independent cash flows are grouped together to form a cash-generating unit.

Trade and other payables

These amounts represent liabilities for goods and services provided to the company prior to the end of the financial year and which are unpaid. Due to their short-term nature, they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

Contractual Obligations

Contractual obligations represent NACCHO's obligation to transfer goods and services on behalf of a customer and are recognised when the customer pays consideration to NACCHO, or when NACCHO recognises a receivable to reflect its unconditional right to consideration (whichever is earlier) prior to the goods and services being transferred to the recipient(s).

Employee benefits

Short-term employee benefits

Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave expected to be settled wholly within 12 months of the reporting date and are measured at the amounts expected to be paid when the liabilities are settled.

Other long-term employee benefits

The liability for annual leave and long service leave not expected to be settled within 12 months of the reporting date are measured at the present value of expected future payments to be made in respect of services provided by employees up to the reporting date using the projected unit credit method. Consideration is given to expected future wage and salary levels, and experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

Defined contribution superannuation expense

Contributions to defined contribution superannuation plans are expensed in the period in which they are incurred.

Fair value measurement

When an asset or liability, financial or non-financial, is measured at fair value for recognition or disclosure purposes, the fair value is based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date: and assumes that the transaction will take place either: in the principal market; or in the absence of a principal market, in the most advantageous market.

Fair value is measured using the assumptions that market participants would use when pricing the asset or liability, assuming they act in their economic best interests. For non -financial assets, the fair value measurement is based on its highest and best use. Valuation techniques that are appropriate in the circumstances and for which sufficient data are available to measure fair value, are used, maximising the use of relevant observable inputs, and minimising the use of unobservable inputs.

Goods and Services Tax ('GST') and other similar taxes

Revenues, expenses, and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the tax authority. In this case it is recognised as part of the cost of the acquisition of the asset or as part of the expense. Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the tax authority is included in other receivables or other payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the tax authority, are presented as operating cash flows.

Commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to, the tax authority.

Leases

At inception of a contract, NACCHO assesses whether a contract is, or contains, a lease. A contract is considered to contain a lease if it allows NACCHO the right to control the use of an identified asset over a period in return for consideration.

Where a contract or arrangement contains a lease, NACCHO recognises a right-of-use asset and a lease liability at the commencement date of the lease.

A right-of-use asset is initially measured at cost, which is the present value of the future lease payments adjusted for any lease payments made at or before the commencement date, plus any make-good obligations. Lease assets are depreciated using the straight-line method over the shorter of their useful life and the lease term. Periodic adjustments are made for any re-measurements of the lease liabilities and for impairment losses.

Impact of COVID-19

Like most organisations NACCHO has not been immune from the impact of the COVID-19 pandemic on its operations with an overall significant increase in the workload for NACCHO.

NACCHO has continued to Co-Chair the Commonwealth Department of Health's National Aboriginal and Torres Strait Islander Health Protection Committee (previously the Indigenous COVID-19 Advisory Committee) in addition to negotiating and receiving funds on behalf of its member services, Affiliates and other Aboriginal and Torres Strait Islander organisations for responding to the pandemic, including funding for administering vaccines, raising awareness of the importance of vaccinations and preparatory work for ensuring its member services can respond to what is an ongoing issue.

This work has resulted in NACCHO obtaining more than \$62.45 million over three years for disbursement to its member services, Affiliates and other health organisations, which has enabled these organisations to increase their workforce, develop communication campaigns for the response, and also for the vaccination roll out, and make improvement to facilities to enable the organisation to test, treat and vaccinate clients.

NACCHO's work has been done predominantly from within existing staffing resources, which has meant some funding for other programs has not been fully spent at year end.

NACCHO will be seeking approval to carry forward this funding to complete work on the respective programs in the 2023-24 financial year.



Critical accounting judgements, estimates and assumptions

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements, estimates and assumptions on historical experience and on other various factors, including expectations of future events, management believes to be reasonable under the circumstances. The resulting accounting judgements and estimates will seldom equal the related actual results. The judgements estimate and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities (refer to the respective notes) within the next financial year are discussed below.

Estimation of useful lives of assets

The company determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment and finite life intangible assets, including right -of -use assets. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non -strategic assets that have been abandoned or sold are written off or written down.

Impairment of non-financial assets other than goodwill and other indefinite life intangible assets

The company assesses impairment of non -financial assets other than goodwill and other indefinite life intangible assets at each reporting date by evaluating conditions specific to the company and to the particular asset that may lead to impairment. If an impairment trigger exists, the recoverable amount of the asset is determined. This involves fair value less costs of disposal or value -in -use calculations, which incorporate a number of key estimates and assumptions.

Employee benefits provision

As discussed in note 1, the liability for employee benefits expected to be settled more than 12 months from the reporting date are recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

Recognition of Revenue from Contracts with Customers

In determining the amount of revenue to be recognised from its contracts with customers, in accordance with AASB15, NACCHO has assumed the performance obligations associated with these contracts are satisfied over time. Performance obligations under these contracts, and the associated transfer of benefits to Aboriginal and Torres Strait Islander people generally occur over a number of financial years, with performance obligations and associated budgeted expenditure to meet these obligations for the respective programs agreed each financial year. The pattern of benefits transfer and satisfaction of performance obligations is often uneven across a financial year. In determining the dollar value for the relevant percentage of performance obligation that has been met for the program, NACCHO uses the input method and has assessed that actual expenditure for the financial year is a fair measure of the transaction price for performance obligations completed.

Contractual Obligations Remaining with Affiliates, ACCHOs and Other Aboriginal Medical Services

NACCHO provides funding to external Aboriginal organisations to provide services on its behalf, as part of its contractual obligations to its funding body(s). In estimating the balance of performance obligations remaining with external organisations at year end in accordance with AASB15, NACCHO has assumed performance obligations attached to funding provided in the last two months of the financial year, ie May and June, and where the timeframe for performance extends past 30 June of the relevant financial year remain outstanding at year end. The value of these performance obligations has been recorded in NACCHO's balance sheet to reflect these grants are repayable if performance obligations are not met and form part of NACCHO's overall contractual obligations to its funding body(s).

Note 3

Revenue

	2023 (\$)	2022 (\$)
Grant Funding	44,841,008	32,667,457
Fee for Service Income	26,399,167	15,341,014
Other income	831,447	70,002
Interest income	859,636	10,980
Donations	18,930	59,862
	72,950,188	48,149,315
Grant funding consists of:		
Funding from Government	43,404,242	32,162,185
Funding from Non-Government	1,436,766	505,272
	44,841,008	32,667,457

Grant funding includes amounts paid to NACCHO for services to facilitate improved health outcomes for Aboriginal and Torres Strait Islander people and delivery of government priorities in identified areas. This funding includes amounts received for payment of grants to Affiliates, ACCHOs and other health organisations.

Fee for Service income consists of:

Funding from Government	25,266,542	14,907,311
Funding from Non-Government	1,132,625	433,703
	26,399,167	15,341,014

Fee for service income includes amounts paid to NACCHO to deliver, and manage the procurement of, services to facilitate improved health outcomes for Aboriginal and Torres Strait Islander people and delivery of government priorities in identified areas. This funding includes amounts received to facilitate the procurement of these services.

Note 4

Expenses

	2023 (\$)	2022 (\$)
Employee Benefits Expenses		
Wages and Salaries	9,107,831	6,378,820
Superannuation	1,341,737	947,517
Leave Entitlements	114,128	174,935
	10,563,696	7,501,272
Depreciation and Amortisation Expenses		
Plant and Equipment	14,732	13,618
Office Equipment	32,434	17,934
Intangibles	-	-
Leasehold Improvements	138,983	111,761
Right-of-use assets – leased property	607,116	611,596
	793,265	754,909
Grant Payment Expenses		
Grants – Affiliates	8,350,854	4,973,214
Grants – Aboriginal Community Controlled Health Organisations (ACCHOs)	42,282,511	30,311,988
Grants – Other	777,000	611,595
	51,410,365	35,896,797

Note 4 / Expenses (continued)

	2023 (\$)	2022 (\$)
Other expenses from ordinary activities		
Advertising and Promotion	22,283	259,362
Auditor Remuneration	113,993	84,248
Board Remuneration	107,200	85,468
Computer Expenses	159,971	101,818
Contractors and Consultants	4,087,358	1,659,345
Interest	73,382	87,009
Meetings, Workshops and Seminar costs	717,874	161,148
Minor Equipment	30,290	76,799
Postage, Printing and Stationery	148,361	38,197
Program Resources	431,220	254,800
Occupancy Costs	103,275	70,341
Repairs and Maintenance	6,770	3,721
Staff Costs	142,981	42,186
Telephone	70,845	56,194
Training and Development	36,389	36,584
Travel Expenses	1,638,679	427,970
Workers Compensation	60,825	38,648
Other Expenses	242,942	254,985
	8,194,638	3,738,823

Note 5

Cash and cash equivalents

	2023 (\$)	2022 (\$)
Cash at Bank	99,015,564	49,880,730
	99,015,564	49,880,730

Note 6

Deposits held in trust (as agent)		
	2023 (\$)	2022 (\$)
Deposits Held in Trust		

As part of its program activities NACCHO receives funding for ACCHOs and Affiliates where it is considered to be acting as an agent, and as such is responsible only for on-passing the funding. Details of these programs and amounts paid out in 2022–23 are as follows:

Program	Receipts (\$) (GST exclusive)	Payments (\$) (GST exclusive)	Balance (\$) 30 June 2023
Network Funding Agreement	17,519,537	17,519,537	-
	17,519,537	17,519,537	
Add GST	1,751,953	1,751,953	-
Total	19,271,490	19,271,490	

Note 7

Investments

	2023 (\$)	2022 (\$)
Term Deposits	349,117	329,564

Funds are held as a term deposit to match a bank guarantee issued by NACCHO's banker, which is required as part of NACCHO's lease arrangements for its premises at 2 Constitution Avenue, Canberra. Any movement in the amount of the term deposit will equate to changes in lease requirements and the associated bank guarantee.

Note 8

Receivables and other current assets

	2023 (\$)	2022 (\$)
Trade and Other Debtors (Refer Note 12)	15,451,961	1,883,843
Accrued Income	24,750	2,498
Inventory	56,623	85,608
Grants Receivable	16,623,544	5,991,744
Prepayments	230,098	177,963
	32,386,976	8,141,656

Note 9

Property, plant and equipment

Property, plant and equipment comprises both owned and leased assets which do not meet the definition of investment properties.

	2023 (\$)	2022 (\$)
Plant and equipment		
At cost	90,369	90,369
Less accumulated depreciation	(70,273)	(55,541)
	20,096	34,828
Office equipment		
At cost	189,104	102,468
Less accumulated depreciation	(105,756)	(73,322)
	83,348	29,146
Intangibles		
At cost	13,409	13,409
Less accumulated depreciation	(13,409)	(13,409)
		_
Leasehold improvements		
At cost	1,394,158	1,291,578
Less accumulated depreciation	(1,056,765)	(917,782)
	337,393	373,796
Right-of-use Asset – Land and Buildings (Leases)		
At cost	3,371,837	2,470,859
Less accumulated depreciation	(403,466)	(1,094,768)
	2,968,371	1,376,091
Capital Works in Progress	88,448	-
Total Property, Plant and Equipment	3,497,656	1,813,861

	Right-of-use- assets-land	Leasehold	Plant &	Office	Work in	
	and buildings (\$)	Improvements (\$)	equipment (\$)	equipment (\$)	Progress (\$)	Total (\$)
Balance at the beginning of the year	1,376,091	373,796	34,828	29,146	I	1,813,861
Adjustment to fair value	I	I	I	I	I	I
Additions	2,199,396	102,580	I	86,636	88,448	2,477,060
Less: Capitalisation of Work In Progress	I	I	I	I	I	I
Disposals	(1,298,418)	I	I	I	I	(1,298,418)
Write back depreciation on disposals	1,298,418	I	I	I	I	1,298,418
Depreciation expense	(607,116)	(138,983)	(14,732)	(32,434)	I	(793,265)
Carrying amount at end of year	2,968,371	337,393	20,096	83,348	88,448	3,497,656
Total Property, Plant and Equipment	2,968,371	337,393	20,096	83,348	88,448	3,497,656
As disclosed in Note 1 and Note 13, the Company early adopted AASB 16 at 30 June 2018. Adopting AASB 16 resulted in the Company creating a right-of-use asset and a corresponding lease liability (refer Note 13). This right-of-use-asset is being depreciated over the expected term of the lease. The right-of-use asset was initially revalued in June 2020 to reflect the NACCHO Board decision to further extend the term of its lease on premises at Level 5, 2 Constitution Avenue, Canberra and was further revalued in	Company early adop y creating a right-o d over the expected d the term of its leas	sted AASB 16 at 30 f-use asset and a cc term of the lease. Th e on premises at Lev	June 2018. srresponding lease eright-of-use asset el 5, 2 Constitution	liability (refer Note was initially revalı Avenue, Canberr	≥ 13). June 2020 t a and was further r	o reflect the evalued in

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

Movements in carrying amounts

July 2021 and April 2023 following the NACCHO Board decision to lease additional premises at level 5, 2 Constitution Avenue, Canberra and/or

extend the term of its leases.

Note 10

Current liabilities – trade and other payables

	2023 (\$)	2022 (\$)
Trade creditors and accruals	1,533,582	446,519
Sundry Creditors	422	1,623
Australian Tax Office (Inc GST)	1,567,398	2,514,242
	3,101,402	2,962,384

Note 11

Current and non-current liabilities – employee benefits

	2023 (\$)	2022 (\$)
Current		
Employee benefits – annual leave	468,191	424,091
Employee benefits – long service leave	54,659	-
Accrued salaries and other employee benefits	192,232	82,875
Total current	715,082	506,966
Non-current		
Employee benefits – long service leave	81,645	84,058
Total non-current	81,645	84,058

Note 12

Current liabilities – other

	2023 (\$)	2022 (\$)
Contractual Obligations – Operations	30,948,193	13,804,500
Contractual Obligations – Affiliates, ACCHOs and Others	92,983,467	39,028,031
Revenue In Advance	33,600	8,590
Grants Repayable	24,286	832
Lease Liability (see Note 13)	558,310	610,938
	124,547,856	53,452,891

Contractual Obligations – Affiliates, ACCHOs and Others includes Cash Held at Bank of \$99.01 million (Refer Note 5) and Trade Debtors and Grants Receivables of \$32.06 million (Refer Note 8). These funds will be disbursed to relevant organisations consistent with contractual obligations.

Non current liabilities – other

	2023 (\$)	2022 (\$)
Lease Liability (see Note 13)	2,497,354	843,071
Provision for Make Good	205,858	204,549
	2,703,212	1,047,620



Lease liabilities

The company leases its premises at 2 Constitution Avenue, Canberra ACT. Under the lease terms, the rent payable under the lease increases each year by 3.75%. In 2022-23 the company has entered into a further lease agreement to extend its lease on these premises until 30 June 2028 to provide operational certainty. Its original lease on the premises was due to expire on 31 September 2024. The cost of this lease extension will be \$2.975 million, which is partially offset by a lease incentive of \$422,976.

Lease liabilities included in the statement of financial position as at 30 June:

	2023 (\$)	2022 (\$)
Current	558,310	610,938
Non-current	2,497,354	843,071
	3,055,664	1,454,009

Total cash outflow from leases during the year was \$597,741. The maturity analysis of the company's lease, based on the contractual undiscounted cash flows, is set out below.

	2023 (\$)	2022 (\$)
Less than one year	694,967	669,848
One to five years	3,152,386	871,606
Less: lease incentive (One to five years)	(422,976)	-
Less: finance charges	(368,713)	(87,445)
	3,055,664	1,454,009

Note 14

Related party transactions

No related party transactions took place during the year.

Key Management Personnel

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

	2023 (\$)	2022 (\$)
Short term benefits	1,242,597	1,137,737
Post-employment benefits	179,828	160,791
Other long term benefits	6,289	-
	1,428,714	1,298,528

The annual fees paid by National Aboriginal Community Controlled Health Organisation in respect of director services provided by the Chairperson and Company Secretary, and their costs associated with providing those services, during the financial year was Chairperson \$90,942 (2022: \$83,967) and Company Secretary \$16,258 (2022: \$1,500). Other directors do not receive any forms of remuneration.

The increase in short term benefits and post-employment benefits reflects an increase in the number of key management personnel following an organisational restructure.



Company details

The registered office of the company is:

National Aboriginal Community Controlled Health Organisation Level 5, East Tower, 2 Constitution Avenue CANBERRA ACT 2601

Note 16

Contingent liabilities

The company had no known contingent liabilities as at June 2023.

Note 17

Events after the reporting period

No matter or circumstance has arisen since 30 June 2023 that has significantly affected, or may significantly affect the company's operations, the results of those operations, or the company's state of affairs in future financial years.

Note 18

Economic dependence

The Company receives significant financial support from the Commonwealth Department of Health in the form of grant funding. The major funding contract with the Department of Health for NACCHO operational expenditure has been renewed through to June 2026. This new contract provides 4 year rolling funding for NACCHO and was signed by both parties on 1 April 2022, and this funding combined with significant other program funding provided by the Commonwealth provides an increased level of economic certainty for NACCHO going forward.



Auditor remuneration

During the financial year the following fees were paid or payable for services provided by RSM Australia Partners, the auditor of the company:

	2023 (\$)	2022 (\$)
Audit services – RSM Australia Partners		
Audit of the financial statements	41,500	51,000
Other fees	18,500	10,100
	60,000	61,100

Directors' declaration

The Directors of the Company declare that:

- 1 The financial statements and notes, are in accordance with the Australian Charities and Not-for-profits Commission Act 2012 and:
 - a Comply with Australian Accounting Standards Simplified Disclosures;
 - **b** Give a true and fairview of the financial position as at 30 June 2023 and of the performance of the Company for the year ended on that date.
- 2 In the Directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

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

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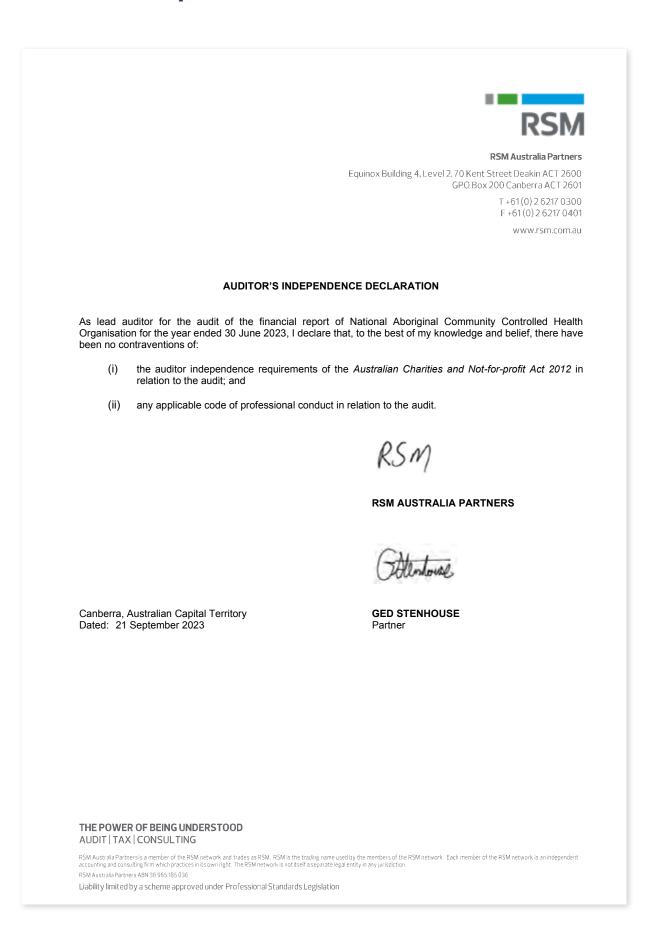
Donnella Mills Director

Chris Bin Kali Director

20 September 2023

Date

Auditor's independence declaration





RSM Australia Partners

Equinox Building 4, Level 2, 70 Kent Street Deakin ACT 2600 GPO Box 200 Canberra ACT 2601 T +61(0) 2 6217 0300 F +61(0) 2 6217 0401 www.rsm.com.au

INDEPENDENT AUDITOR'S REPORT

TO THE MEMBERS OF

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

Opinion

We have audited the financial report of National Aboriginal Community Controlled Health Organisation, which comprises the statement of financial position as at 30 June 2023, the statement of comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

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

- (a) giving a true and fair view of National Aboriginal Community Controlled Health Organisation's, financial position as at 30 June 2023 and of its financial performance and cash flows for the year ended on that date; and
- (b) complying with Australian Accounting Standards Simplified Disclosures under AASB 1060 General Purpose Financial Statements and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013.

Basis for Opinion

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

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

Other Information

Those charged with governance are responsible for the other information. The other information comprises the information included in National Aboriginal Community Controlled Health Organisation's annual report for the year ended 30 June 2023 but does not include the financial report and the auditor's report thereon.

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

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Liability limited by a scheme approved under Professional Standards Legislation



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

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

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

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

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

Auditor's Responsibilities for the Audit of the Financial Report

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

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: <u>http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf</u>. This description forms part of our auditor's report.

RSM

RSM AUSTRALIA PARTNERS

Canberra, Australian Capital Territory Dated: 21 September 2023

GED STENHOUSE Partner



Appendices

Appendix A NACCHO Members

Australian Capital Territory

Winnunga Mimmityjah Aboriginal Health and Community Services Ltd.

New South Wales

Aboriginal Medical Service Co-operative Limited

Albury Wodonga Aboriginal Health Service Incorporated

Armajun Health Service Aboriginal Corporation

Awabakal Ltd

Biripi Aboriginal Corporation Medical Centre

Bourke Aboriginal Health Service Ltd

Brewarrina Aboriginal Corporation

Brungle Health and Community Aboriginal Corporation

Bulgarr Ngaru Medical Aboriginal Corporation

Bullinah Aboriginal Health Service Limited

Condobolin Aboriginal Health Service Inc

Coomealla Health Aboriginal Corporation

Coonamble Aboriginal Health Service Limited

Durri Aboriginal Corporation Medical Service

Galambila Aboriginal Corporation

Griffith Aboriginal Medical Service Aboriginal Corporation

Illawarra Aboriginal Medical Service Aboriginal Corporation

Katungul Aboriginal Corporation Regional Health and Community Services

Murrin Bridge Aboriginal Health Service Incorporated

Ngaimpe Aboriginal Corporation – The Glen

Orange Aboriginal Corporation Health Service

Peak Hill Aboriginal Medical Incorporated

Pius X Aboriginal Corporation

Riverina Medical & Dental Aboriginal Corp

South Coast Medical Service Aboriginal Corporation

South Coast Womens Health & Welfare Aboriginal Corporation

Tamworth Aboriginal Medical Service Inc

Tharawal Aboriginal Corporation

The Oolong Aboriginal Corporation

Tobwabba Aboriginal Medical Service

Ungooroo Aboriginal Corporation

Walgett Aboriginal Medical Service Ltd.

Walhallow Aboriginal Corporation

Weigelli Centre Aboriginal Corporation Inc

Wellington Aboriginal Corporation Health Service

Werin Aboriginal Corporation

Yerin Aboriginal Health Services Limited

Yoorana Gunya Family Healing Centre Aboriginal Corporation

Northern Territory

Amoonguna Health Service Aboriginal Corporation

Ampilatwatja Health Centre Aboriginal Corp

Anyinginyi Health Aboriginal Corporation

Central Australian Aboriginal Congress Aboriginal Corporation

Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation

Katherine West Health Board Aboriginal Corporation

Laynhapuy Homelands Aboriginal Corporation

Mala'la Health Service Aboriginal Corporation

Miwatj Health Aboriginal Corporation

Mpwelarre Health Aboriginal Corporation

Mutitjulu Community Health Service (Aboriginal Corporation)

Ngaanyatjarra Health Service (Aboriginal Corporation)

Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council (Aboriginal Corporation)

Nganampa Health Council Inc

Pintupi Homelands Health Service Aboriginal Corporation

Red Lily Health Board (Aboriginal Corporation)

Sunrise Health Service Aboriginal Corporation

Urapuntja Health Service Aboriginal Corporation

Utju Health Service Aboriginal Corporation

Western Aranda Health Aboriginal Corp

Western Desert Nganampa Walytja Palyantjaku Tjutaku Aboriginal Corporation

Wurli Wurlinjang Aboriginal Corporation

Queensland

Aboriginal and Torres Strait Islander Community Health Service Brisbane

Aboriginal and Torres Strait Islander Community Health Service Mackay Ltd

Apunipima Cape York Health Council Limited

Bidgerdii Aboriginal & Torres Strait Islanders Corp Com Service Central QLD

Carbal Aboriginal and Torres Strait Islander Health Services Ltd

Centre for Rural and Regional Aboriginal and Torres Strait Islander Health Ltd

Charleville and Western Areas Aboriginal and Torres Strait Islanders Community Health Limited

Cherbourg Regional Aboriginal and Islander Community Controlled Health Services Ltd

Cunnamulla Aboriginal Corporation for Health

Galangoor Duwalami Aboriginal and Torres Strait Islander Corporation (Primary Health Care Service)

Girudala Community Co-operative Society Ltd

Gladstone Region Aboriginal and Islander Community Controlled Health Service

Goolburri Aboriginal Health Advancement Company Limited

Goondir Aboriginal and Torres Strait Islanders Corporation for Health Services

Gurriny Yealamucka (Good Healing) Health Services Aboriginal Corporation

Injilinji Aboriginal and Torres Strait Islanders Corporation for Children and Youth Services

Institute for Urban Indigenous Health Ltd

Kalwun Development Corporation Limited

Kambu Aboriginal and Torres Strait Islander Corporation for Health

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Mamu Health Service Limited

Mount Isa Aboriginal Community Controlled Health Services Limited

Mudth-Niyleta Aboriginal and Torres Strait Islanders Corporation

Mulungu Aboriginal Corporation Primary Health Care Service

NPA Family & Community Services Aboriginal and Torres Strait Islander Corporation

The North Coast Aboriginal Corporation for Community Health

Townsville Aboriginal and Torres Strait Islander Corporation for Health Services

Wuchopperen Health Service Limited

Yulu-Burri-Ba Aboriginal Corporation for Community Health

South Australia

Aboriginal Sobriety Group Indigenous Corporation

Moorundi Aboriginal Community Controlled Health Service Limited

Nunkuwarrin Yunti of South Australia Incorporated

Nunyara Aboriginal Health Service Incorporated

Oak Valley (Maralinga) Aboriginal Corporation

Pangula Mannamurna Aboriginal Corporation

Pika Wiya Health Service Aboriginal Corporation

Port Lincoln Aboriginal Health Service Inc

Tullawon Health Service Incorporated

Umoona Tjutagku Health Service Aboriginal Corporation ICN 7460

Yadu Health Aboriginal Corporation

Tasmania

Tasmanian Aboriginal Corporation

Victoria

Aboriginal Community Elders Services Incorporated

Ballarat and District Aboriginal Co-operative Limited

Bendigo and District Aboriginal Co-operative Ltd

Budja Budja Aboriginal Co-operative Limited

Cummeragunja Housing & Development Aboriginal Corp

Dandenong & District Aborigines Co-operative Limited

Dhauwurd-Wurrung Portland & District Aboriginal Elderly Citizens Inc

Gippsland & East Gippsland Aboriginal Co-operative Ltd

Goolum Goolum Aboriginal Co-operative Limited

Gunditjmara Aboriginal Co-operative Limited

Kirrae Health Service Inc.

Lake Tyers Health & Childrens Services Association Inc.

Lakes Entrance Aboriginal Health Association Inc

Mallee District Aboriginal Services Limited

Moogji Aboriginal Council East Gippsland Inc

Mungabareena Aboriginal Corporation

Murray Valley Aboriginal Co-operative Limited

Ngwala Willumbong Co-operative Ltd

Njernda Aboriginal Corporation

Oonah Health and Community Services Aboriginal Corporation

Ramahyuck District Aboriginal Corporation

Rumbalara Aboriginal Co-operative Limited

The Victorian Aboriginal Health Service Co-operative Limited

Wathaurong Aboriginal Co-operative Limited

Winda-Mara Aboriginal Corporation

Western Australia

Beagle Bay Community Inc

Bega Garnbirringu Health Services Incorporated

Bidyadanga Aboriginal Community La Grange Inc

Broome Regional Aboriginal Medical Service (Aboriginal Corporation)

Carnarvon Medical Service Aboriginal Corporation

Derbarl Yerrigan Health Service Aboriginal Corporation

Derby Aboriginal Health Service Council Aboriginal Corporation

Geraldton Regional Aboriginal Medical Service

Kimberley Aboriginal Medical Services Limited

Mawarnkarra Health Service

Moorditj Koort Aboriginal Corporation

Ngangganawili Aboriginal Community Controlled Health and Medical Services Aboriginal Corporation

Nindilingarri Cultural Health Services Inc

Ord Valley Aboriginal Health Services Aboriginal Corporation

Paupiyala Tjarutja Aboriginal Corporation

Puntukurnu Aboriginal Medical Service Aboriginal Corporation

South-West Aboriginal Medical Service Aboriginal Corporation

Wirraka Maya Health Service Aboriginal Corporation

Yura Yungi Aboriginal Medical Service Aboriginal Corporation

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Appendix B Glossary of terms

Aboriginal Community Controlled Health Organisation (ACCHO) or Aboriginal Community Controlled Health Service (ACCHS) or Aboriginal Medical Service (AMS)	A healthcare service operated by the local Aboriginal and Torres Strait Islander community to deliver holistic and culturally-appropriate comprehensive primary healthcare to the local community, controlled by a locally elected board of management. They provide a range of services dependant on the needs of their community, including access to specialist, allied health and dental services; advocacy, research and policy; clinical services; corporate services; health promotion; maternal and child health; and social and emotional wellbeing. This document acknowledges that acronyms such as ACCHO, ACCHS and AMS are used interchangeably and they all refer to a type of organisation from which a community receives Aboriginal and Torres Strait Islander community-controlled comprehensive primary healthcare.	
Aboriginal health	Considered as a holistic and culturally-safe comprehensive primary healthcare model. The principles of this model refer to health as not just the physical wellbeing of the individual, but the social, emotional, and cultural wellbeing of the whole community. Healthcare services should strive to achieve the state where every individual can achieve their full potential as a human being, and thus bring about the total wellbeing of their community.	
Accreditation	Recognition that an organisation meets the requirements of a defined set of criteria or standards. Accreditation standards used in primary healthcare include those of the Royal Australian College of General Practitioners, Quality Improvement Council and the International Organization for Standardization.	
Affiliates or Sector Support Organisations (SSOs)	The eight representative bodies for the ACCHO sector representing each state and territory. Affiliates are not members of NACCHO but all members of NACCHO are required to be members of the affiliate based in their state or territory jurisdiction.	
Closing the Gap (CtG also used as CTG)	Refers to the new National Agreement on Closing the Gap (National Agreement) which was negotiated between the Coalition of Aboriginal and Torres Strait Islander Peak Organisations and Australian Governments and signed in July 2020. The National Agreement is built around what is important to Aboriginal and Torres Strait Islander people to improve their lives. It includes four Priority Reforms for action, new accountability measures for governments and shared monitoring and implementation arrangements to collaborate with Aboriginal and Torres Strait Islander people in every aspect.	
Coalition of Peaks	Refers to the Coalition of Aboriginal and Torres Strait Islander Community Controlled Peak Organisations. The Coalition of Peaks is a representative body consisting of Aboriginal and Torres Strait Islander national and state/territory community controlled peak organisations that work to improve life outcomes for Aboriginal and Torres Strait Islander people.	
Community control	Refers to the community control initiated autonomously by Aboriginal and Torres Strait Islander communities. It involves governance by bodies elected by the local community to deliver holistic and culturally-appropriate health and health-related services to the community.	
Continuous Quality Improvement (CQI)	Part of a range of activities that support and improve quality in healthcare. CQI drives service improvements through continuous and repeated cycles that are guided by teams using data to identify areas for action, develop and test strategies, and implement service redesign.	
Continuous Quality Improvement Framework	Abbreviations for the National Framework for Continuous Quality Improvement (CQI) in Primary Healthcare for Aboriginal and Torres Strait Islander People, 2018–2023.	

Cultural respect	The recognition, protection, and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander people. Cultural respect is achieved when the health system is accessible, responsive and safe for Aboriginal and Torres Strait Islander people and cultural values, strengths and differences are respected.	
Cultural safety	Involves ensuring that Aboriginal and Torres Strait Islander people are respected for their identity, rights, cultures and traditions, and that this is observed in service delivery, eliminating the power imbalance that often exists between the majority non-Indigenous position and Aboriginal and Torres Strait Islander people's needs. Cultural safety in healthcare means recognising and nurturing the unique identities of Aboriginal and Torres Strait Islander people, deviating from mainstream norms if necessary. Only the Aboriginal and Torres Strait Islander people, person receiving the service or interaction can determine whether it is culturally safe.	
National Aboriginal Community Controlled Health Organisation (NACCHO)	The national leadership body for the ACCHO sector. It represents eight affiliates and 145 members. Its membership consists of ACCHOs, operating over 550 service delivery sites to provide holistic and culturally-safe comprehensive primary healthcare to Aboriginal and Torres Strait Islander people in urban, regional and remote areas throughout Australia. In representing its membership, the role of NACCHO is to provide advice and guidance to the Australian Government on policy and budget matters and advocate for community-developed solutions that contribute to the quality of life and improved health outcomes for Aboriginal and Torres Strait Islander people.	
Primary Health Care (PHC)	According to the principles of the World Health Organization (WHO) Declaration of Alma-Ata, primary healthcare is defined as 'essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work and constitutes the first element of a continuing health care process.' (source: WHO website).	
Primary Health Networks (PHNs)	PHNs are independent organisations funded by the Australian Government to coordinate primary health care in their region. PHNs assess the needs of their community and commission health services so that people in their region can get coordinated health care where and when they need it. PHNs Play a critical role in connecting health services across local communities to patients, particularly those who need coordinated care. They have the best access to a range of healthcare providers, including practitioners, community health services and hospitals.	
Social and economic determinants	Refers to the disadvantages or other factors affecting Aboriginal and Torres Strait Islander people that may impact on their health and wellbeing, resulting in significant health inequities in relation to non-Indigenous Australians. These determinants include the social and economic conditions, and in some cases, the locations, in which Aboriginal and Torres Strait Islander people live. Among the factors influencing the health status of Aboriginal and Torres Strait Islander people are: connection to family, community, country and culture; criminal justice systems; educational attainment; employment and income; health behaviours; housing; interaction with government systems and racism.	

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Appendix C Abbreviations and Acronyms

AC	Aboriginal Corporation	
ACCHS	Aboriginal Community Controlled Health Service	
АССНО	Aboriginal Community Controlled Health Organisation	
ACCHRTOs	Aboriginal Community Controlled Health Registered Training Organisations	
ACCO	Aboriginal Community Controlled Organisation	
ACTMed	Activating Pharmacists to Reduce Medication-related Problems	
ADLO	Aboriginal Disability Liaison Officer	
AFPHM	Australasian Faculty of Public Health Medicine	
AGM	Annual General Meeting	
AHCSA	Aboriginal Health Council of South Australia	
AHCWA	Aboriginal Health Council of Western Australia	
AH&MRC	Aboriginal Health and Medical Research Council of New South Wales	
AHS	Aboriginal Health Service	
AHW/P	Aboriginal and Torres Strait Islander Health Worker/Practitioner	
AHWPF	Aboriginal Health and Wellbeing Partnership Forum (Victoria)	
AIHW	Australian Institute of Health and Welfare	
AIDA	Australian Indigenous Doctors Association	
AMA	Australian Medical Association	
AMS	Aboriginal Medical Service	
AMSANT	Aboriginal Medical Services Alliance Northern Territory	
ANZSOG	Australian and New Zealand School of Government	
APONT	Aboriginal Peak Organisations Northern Territory	
ARF	Acute Rheumatic Fever	
BBV	Blood-Borne Virus	

CASWA	Council of Aboriginal Services Western Australia	
CATSINaM	Congress of Aboriginal and Torres Strait Islander Nurses and Midwives	
СВ	Connected Beginnings	
ссс	Culture Care Connect	
CDBS	Child Dental Benefits Scheme	
CEO	Chief Executive Officer	
СоР	Community of Practice	
CQI	Continuous Quality Improvement	
CSI	Community of Specialty Interest	
CIG/CTG	Closing the Gap	
DEWR	Department of Employment and Workplace Relations	
DHAC	Department of Health and Aged Care	
ECS	Elder Care Support	
EGM	Extraordinary General Meeting	
EOI	Expression of Interest	
ESR	Enhanced Syphilis Response	
FASD	Fetal Alcohol Spectrum Disorder	
FDSV	Family, Domestic and Sexual Violence	
FTE	Full-time Equivalent	
GP	General Practitioner	
HSSO	Human Services Skills Organisation	
H-SSP	Health Sector Strengthening Plan	
НТА	Health Technology Assessment	
HTLV-1	Human T-Lymphotropic Virus Type 1	
IAHP	Indigenous Australians' Health Program	
ICU	Intensive Care Unit	
IHS	Indigenous Health Service	
IHSPS	Indigenous Health Services Pharmacy Support	
IMRS	Indigenous Medicines Review Service	

IPAC	Integrating Pharmacists within Aboriginal Community Controlled Health Services to Improve Chronic Disease Management	
п	Information Technology	
KAMS	Kimberley Aboriginal Medical Services Limited	
КРІ	Key Performance Indicator	
MBS	Medical Benefits Schedule	
MOU	Memorandum of Understanding	
MSAC	Medical Services Advisory Committee	
NAATSIHWP	National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners	
NACCHO	National Aboriginal Community Controlled Health Organisation	
NATSIEH	National Aboriginal and Torres Strait Islander Environmental Health	
NATSIHP	National Aboriginal and Torres Strait Islander Health Protection (Sub-committee)	
NDIA	National Disability Insurance Agency	
NDIS	National Disability Insurance Scheme	
NFA	Network Funding Agreement	
NGO	Non-Government Organisation	
NHMRC	National Health and Medical Research Council	
NIAA	National Indigenous Australians Agency	
nKPI	national Key Performance Indicator	
NRHA	National Rural Health Alliance	
NSSS	National Subsidised Spectacle Scheme	
NSW	New South Wales	
NT	Northern Territory	
NTAHF	Northern Territory Aboriginal Health Forum	
NTPHN	Northern Territory Primary Health Network	
ост	Optical Coherence Tomography	
OSR	Online Services Report	
РВАС	Pharmaceutical Benefits Advisory Committee	
PBS	Pharmaceutical Benefits Scheme	
PGA	Pharmacy Guild of Australia	
РНС	Primary Healthcare	
PhD	Doctor of Philosophy	

рнмо	Public Health Medical Officer	
PHN	Primary Health Network	
PIP	Practice Incentives Program	
PIRS	Patient Information Recall System	
ΡοϹΤ	Point of Care Testing	
PSA	Pharmaceutical Society of Australia	
QAIHC	Queensland Aboriginal and Islander Health Council	
Q&A	Question and Answer	
Qld	Queensland	
QUDTP	Quality Use of Diagnostics, Therapeutics and Pathology Program	
QUM	Quality Use of Medicines	
QUMAX	Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander People	
RAAF	Royal Australian Air Force	
RACGP	Royal Australian College of General Practitioners	
RACP	Royal Australian College of Physicians	
RDAA	Rural Doctors Association of Australia	
RHD	Rheumatic Heart Disease	
RN	Registered Nurse	
RTO	Registered Training Organisation	
SA	South Australia	
SACOSS	South Australian Council of Social Service	
SEWB	Social and Emotional Wellbeing	
SMART	Specific, Measurable, Achievable, Relevant, Time-bound	
SSN	Sector Support Network	
STI	Sexually Transmissible Infection	
STP	Specialist Training Program	
ТАС	Tasmanian Aboriginal Corporation	
UN	United Nations	
VACCHO	Victorian Aboriginal Community Controlled Health Organisation	
VET	Vocational Education and Training	
Vic	Victoria	
	Western Australia	

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Appendix D NACCHO directory

NACCHO	Corporate Directory Australian Business Number ABN 89 078 949 710	
Directors 2022–23	 Donnella Mills (Chair) Chris Bin Kali (Deputy Chair) Adrian Carson (resigned October 2022) Matthew Cooke (resigned October 2022) David Dudley Kane Ellis Raylene Foster Michael Graham Wilhelmine Lieberwirth (appointed November 2022) 	 Leisa McCarthy Rob McPhee Phil Naden Vicki O'Donnell Craig Ritchie Polly Sumner-Dodd (resigned November 2022) Preston Thomas Dallas Widdicombe
Company secretary	Erin McMullan	
Principal place of business	Level 5, 2 Constitution Avenue Canberra City ACT 2601	GPO Box 299 Canberra ACT 2601
Contact details	 T (02) 6246 9300 E reception@naccho.org.au W www.naccho.org.au 	
Bankers	Westpac	
Auditors	RSM Australian Partners	
Annual Report	NACCHO thanks all its affiliates, members and partners that have provided content and images used in this report.	

Our health in our hands.

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