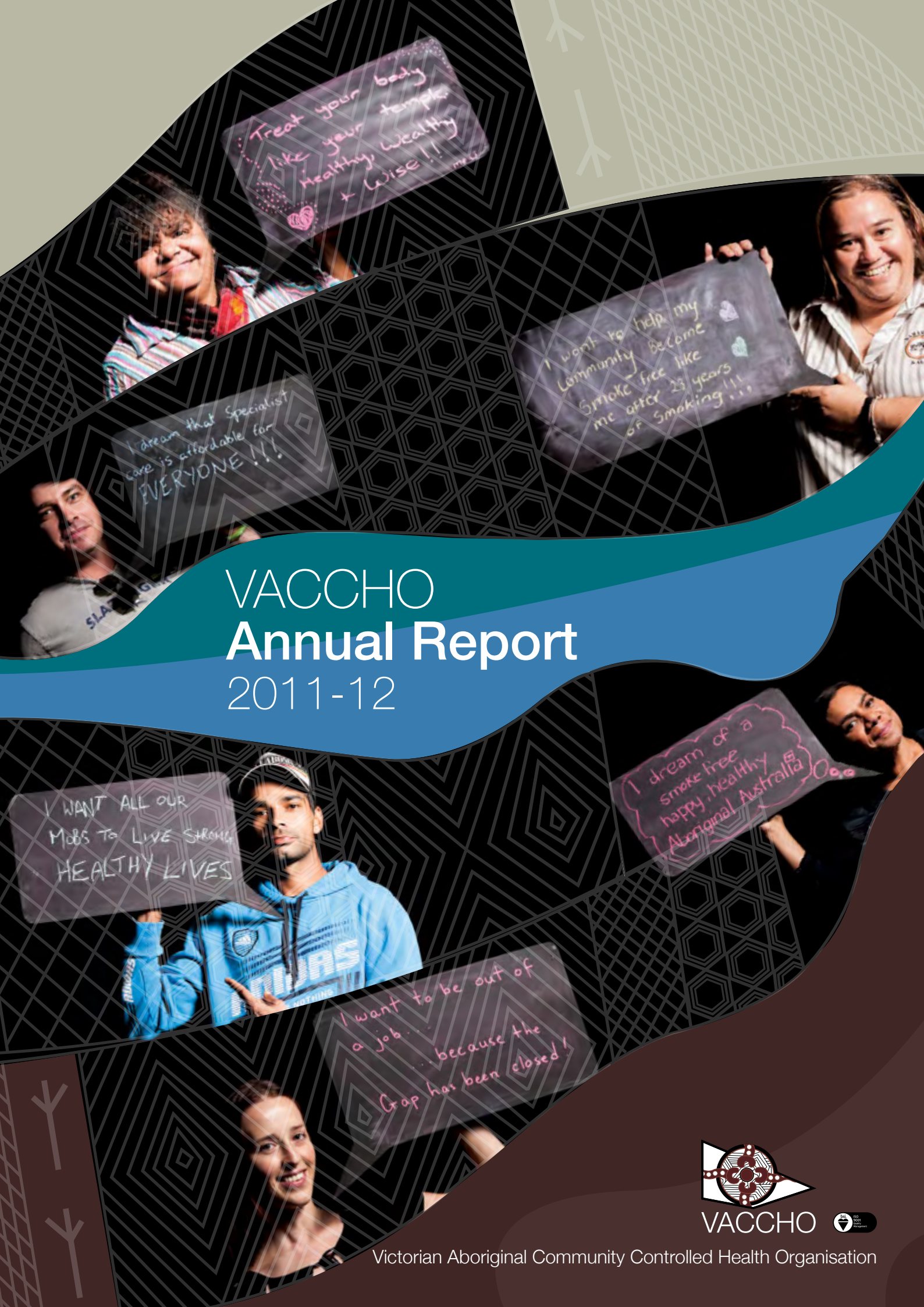

VACCHO
Annual Report
2011-12

VACCHO

Victorian Aboriginal Community Controlled Health Organisation

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Aboriginal health is everybody's responsibility.

It is VACCHO's core business.

Our Board

Jason B. King - Chairperson

Gippsland & East Gippsland Aboriginal Cooperative

Jason has worked in Aboriginal Health for over six years and has been a VACCHO Board Member since 2009.

Andrew Gardiner - Board Member

Dandenong & District Aborigines Co-operative Ltd

Andrew is a proud descendant of the Wurundjeri people and has over six years experience in Aboriginal Health and is currently the CEO of Dandenong & District Aborigines Co-operative Ltd.

Andrew was elected to the VACCHO Board in 2008 and has served as Chairperson and Deputy Chairperson in that time.

Lyn McInnes - Board Member

Wathaurong Aboriginal Cooperative

Lyn has worked in Aboriginal Health for over 30 years and continues to take a leadership role. Lyn has been on the VACCHO Board since 1998.

Lyn is the Chairperson of Wathaurong Aboriginal Co-operative.

Lorraine Sellings - Board Member

Lake Tyers Health & Children Service

Lorraine has been involved in Aboriginal Health for over 20 years and was elected onto the VACCHO Board in 2007.

Karlene Dwyer - Board Member

Njernda Medical Cooperative

Karlene has over 20 years experience working in Aboriginal Health and joined the VACCHO Board in 2010. Karlene has had previous experience on the VACCHO Board 2001-07.

Joanne Badke - Board Member

Bendigo & District Aboriginal Cooperative

Joanne has been involved in Aboriginal Health for over 15 years and has been a member of the VACCHO Board since 2008.

Daphne Yarram - Board Member

Ramahyuck District Aboriginal Corporation

Daphne Yarram has been involved in Aboriginal Affairs in Victoria since she was 16 years of age and was co-opted to the VACCHO Board in March 2012.

Front cover: photographs from VACCHO's *Healthy Lifestyle Dreams* project

Chairperson's report

MRP Dancers performing at the Opening Ceremony of the Rumbalara Health Centre

VACCHO is a unique organisation within the Victorian health care sector and over the past year has had to respond to many significant changes in the political and economic climate.

A key component of the Board's activities has been to develop and monitor our strategic directions in this complex and changing environment. In many ways the role of the Board has become increasingly challenging as we grapple with understanding the implications of new initiatives and governance requirements while at the same time ensuring that we remain truly representative of the Aboriginal community controlled health sector.

During the last two years governments at both State and Federal levels have continued to express their commitment to closing the health gap for all Aboriginal Australians. We have been working hard to make sure that governments recognise that Victoria has a large and rapidly growing Aboriginal population, with a distinct identity and with distinct needs. Our member organisations are dedicated to serving the interests of their communities and we are committed to ensuring the provision of high quality, culturally appropriate and easily accessible services. We have to demonstrate that our services are absolutely necessary in order to 'close the gap' but we also have to convince governments that it will take longer than a generation and this is going to require an ongoing commitment of funding and resources.

A challenge for us is to ensure that funding directed towards closing the health gap is targeted to the right services. Experience has shown that while funding bodies have demonstrated the best of intentions, we have and will continue to argue that the Aboriginal community controlled sector should be central to providing solutions to the recognised problem. We understand that mainstream stakeholders are ready and willing to improve their responses to addressing the inequities and to do so require a share of the limited dollars available. However, we need to constantly remind policy makers and funding bodies that Aboriginal community controlled services are best placed to facilitate the necessary links between service providers and the community.

In the past year I have had the privilege of stepping into the Acting CEO role of NACCHO. From this position I can honestly say that through the efforts of Justin Mohammed, NACCHO Chair, and Donna Ah Chee in her time as CEO, Aboriginal health is definitely back as a priority for the Federal Government. The ten year Federal commitment now needs to translate into ten year funding agreements for all ACCHOs across the nation. VACCHO will continue to support NACCHO and the State and Territory Affiliates in keeping the pressure on governments to keep Aboriginal health in the spotlight.

Changes are occurring in the health sector that mean we have to engage at different levels than we might have in the past. The introduction of Medicare Locals as a key player in regional service delivery means that we have to consider how this might impact on our role in the service system. The outcomes expected of both National and State Aboriginal health plans will require that we forge meaningful relationships with mainstream organisations. Over the past year VACCHO has responded to these developments by formalising new partnerships with a range of organisations to ensure that the community controlled sector remains central to the delivery of services to Aboriginal people.

With regard to Medicare Locals I would like to take this opportunity to encourage CEOs and ACCHO Board members to engage with their Medicare Local. They are going to be an important player in the development of the health service system in the foreseeable future and I would strongly encourage people from the ACCHO sector to apply to join Medicare Local boards or at least to become involved in the relevant decision making and planning processes that will occur.

VACCHO has responded to the increasing expectation of funding bodies that our members are able to demonstrate effective governance and management through establishing the Sector Quality Improvement Unit. Having spent part of this year being involved in the National arena, it is my opinion that this response means VACCHO is at the forefront in supporting our members by providing much needed timely and sage governance advice to organisations that request it.

The Unit has also meant that our member organisations have been prepared for the changes in the OATSIH risk assessment process. When unexpected changes to the risk assessment model were suddenly imposed at the beginning of 2012 our team was able to respond quickly and effectively to ensure that Victorian ACCHOS could demonstrate high levels of good governance and policy implementation.

Preparation for risk assessments and accreditation is extraordinarily time consuming. Through the Sector Quality Improvement Unit and the accreditation support staff our members can be reassured that VACCHO will be able to assist when services are understaffed and under continual pressure from Government departments to perform. As well as providing a security net we provide these services to increase the capacity of our members to be able to respond independently and effectively in the future.

Having said that, I still have some questions about the fact that governance and accreditation standards are generic and have largely been designed for mainstream services. A challenge we face is applying these in the unique environment of ACCHOs. I hope that over the next year we can exert greater influence in the process of establishing a case for the need for a cultural overlay that recognises and embraces differences in providing services to Aboriginal and Torres Strait Islander clients. I believe that more specific standards would demonstrate that we can deliver services comparable with the mainstream, while having greater accountability for the quality of services delivered to our own community.

At the time of writing this report, on behalf of the VACCHO Board I am able to congratulate Lisa Briggs in becoming the CEO of NACCHO. Lisa's experience and professionalism will continue to ensure that NACCHO, as peak body for the Aboriginal community controlled health sector will be an important and influential advocate to policy and funding bodies with direct access to those that make decisions on Aboriginal health and wellbeing.

This has been a big year for VACCHO with many exceptional achievements – not the least being moving in to our own premises with the potential for growth and even more support for our members. I'm excited, and I say bring on 2013.

Jason B. King
Chairperson

VACCHO Members Meeting in Mildura

Bunjil's Nest now housed at the new VACCHO premises in Collingwood

Chief Executive Officer's report

The past 12 months has been a significant period in VACCHO's evolution as the peak body for Aboriginal health in Victoria. In particular, we have experienced new levels of growth and maturity in our physical presence through our new building and through establishing more sophisticated operations. This has been achieved in an environment where extensive changes are occurring in the National and State political arenas and across the health service system. On behalf of our members we have been able to provide a strong and recognisably Aboriginal voice to push for better health services for our community.

We have watched with interest as the Federal and State Governments have attempted to redress health inequities for Aboriginal people through a range of Closing the Gap initiatives and, as much as possible, have used our position to influence both the strategic directions of these initiatives as well as the actions that must follow. During the past year we were a key informant in developing Koolin Balit, the Victorian plan for Aboriginal health for the next ten years. As I said in my introduction to that plan,

> *Koolin Balit incorporates the holistic definition of health used by the community-controlled sector. This acknowledges that there are broader social determinants of health and that addressing Aboriginal health is also a priority issue.*

We broadly support the direction that the Government is taking with this plan and recognise the value of its focus on Aboriginal health across the health system and across all stages of life. We will continue our efforts in ensuring the metropolitan and regional plans that are being developed involve our input and reflect the needs and priorities of our membership. We will continue to advocate for the close involvement of our members in developing local plans and service systems, ensuring that the ACCHO sector is seen as the source of expertise and knowledge regarding the health needs of our community.

This year we established the Sector Quality Improvement Unit with the purpose of helping boards to take a stronger role in strategic development and risk management. As this unit develops we would expect that our member services can grow in confidence to participate in local and regional planning and service development forums. We want to support our members to become recognised as centres of excellence as well as expertise.

We have been working closely with our members to help improve their capacity to use their service data more effectively. VACCHO staff have been out in the field supporting members using tools such as the Practice Health Atlas to analyse patient data for service planning and development. We can best argue our case for resources and infrastructure when we have reliable and accurate information about our community.

A big challenge for both VACCHO and our members is to find a balance between these types of activities and maintaining our sense of Aboriginality. The systems we have had to adopt, such as accreditation and quality assurance, are important to us inasmuch as we need to be seen to be operating effectively in the eyes of our funding bodies. However, our strength remains in highlighting and celebrating our culture. It is important to VACCHO, and to me personally, to continually listen to our members and to the community we support so that we can translate bureaucratic needs into meaningful actions.

This year we worked closely with the Aboriginal Health Branch, Victorian Department of Health, to conduct the first state conference on Aboriginal health. This was a hugely significant and hugely successful event, held at the MCG and drawing together a wide range of organisations and individuals under the theme of *Aboriginal health – everyone's responsibility*. As well as having the opportunity to dance with the Premier the conference resulted in sitting down with CEOs from major hospital networks and gaining their commitment to the *Statement of Intent*. This was a major outcome, bringing

us a step closer to ensuring that these crucial services will become more accessible and more effective for Aboriginal people.

By broadening engagement with mainstream service providers we are able to expand opportunities to develop partnerships for better service delivery. Partnering up with policy makers, researchers and service providers is time consuming and sometimes frustrating, but it continues to be an essential role for VACCHO to make sure that our members and consequently the Aboriginal community are well served and can gain better health outcomes.

Smoking Ceremony at the new Sackville Street premises before fit-out

One of the highlights for the year was finally moving into our new building in Collingwood. The purchase and fit-out of the building is the culmination of much hard work by many people. However, the result is that we can now offer significantly improved training facilities such as the clinical training room. The building has been a milestone for us in many ways. It provides us with security. It provides us with the potential to grow. Most of all it provides us with a home – a place where members can meet and where staff can enjoy an environment of light and laughter.

I would like to thank the VACCHO Board and staff for an eventful and successful year and thank the members for their continued support. Together we will make a difference.

Jill Gallagher
CEO

Workforce

VACCHO has a strong commitment to supporting the development of a skilled and specialised workforce in the community controlled sector. This continues to be demonstrated through the provision of accredited training for health service staff in key areas including Certificate 3 and 4 Aboriginal Health Workers and, more recently, additional courses in management and administration.

Increasing demand from other areas has also seen VACCHO providing accredited training outside our membership base, such as programs for Aboriginal Hospital Liaison Officers (AHLOs), and developing cultural awareness training modules for delivery by members to mainstream services. Such activities are in recognition of the fact that Aboriginal people will receive better services when the workforce in mainstream services is better skilled and knowledgeable.

Our commitment to improving the quality of service delivery to the Aboriginal community underpins our ongoing program support and advocacy through convening a range of state-wide networks and forums for workers in the Aboriginal health sector. We continue to support our members across a wide range of health program areas including Social and Emotional Well Being, Drug and Alcohol, Justice, Koori Maternity Services, Sexual Health, Nutrition, Tobacco and Chronic Disease Management.

We continue to support management and administrative roles within member services by providing training and coaching in accreditation and quality improvement. This year we have extended our support to member organisations through the Sector Quality Improvement Unit which offers coaching and strategic support for boards and CEOs.

The new building has enabled our **Education and Training Unit** to establish a first class clinical learning environment which replicates a clinical treatment room. Being able to offer clinical education in this type of environment will also optimise learning experiences for our students by providing a realistic and relevant setting in which to develop and refine their skills. This type of fit-out will also help us meet the requirements for adding Diploma of Health Nursing to our scope of registration in the future.

Our **Public Health and Research Unit** has provided a range of professional development activities for health service program staff. Our well-established Sexual Health and Nutrition teams have conducted many site visits to support workers in the field to learn additional skills, gain new information and to take advantage of new resources. Specific activities for the Sexual Health team have targeted hepatitis and blood-borne viruses, sexual diversity and needle and syringe programs. The Nutrition team has conducted activities including nutrition modules in AHW training and diabetes education programs, as well as continuing to provide resources and support to workers. The Tobacco team has worked closely with member services to develop policies and procedures aimed at reducing smoking related illness and establishing smoke free environments. The Quality Use of Medicine program has provided training across the State to assist workers in understanding medication issues and improving the management of medication by clients. The **Public Health Medical Officer** has led the development of member GP networks, distributing public health and primary care information and is exploring the possibility of further networks for practice nurses, Aboriginal health workers and other service clinicians/staff.

The **Health Programs Unit** has also conducted professional development activities. The New Beginnings team delivered two Maternity Services Education Program (MSEP) Professional Development sessions and held the state-wide Koori Maternity Strategy Women's Business Forum as well as supporting service staff through site visits. The Social Emotional and Wellbeing Workforce Support team has conducted site visits and regional gatherings as well as two state-wide SEWB gatherings. Images of the SEWB workforce in action were included in a calendar, distributed to all VACCHO member ACCHOs and key stakeholders at the end of 2011. The Koori Mental Health Program conducted three forums during the year for KMHLOs and has identified the need to provide further Aboriginal Mental Health First Aid (AMHFA) training. The Improving Care for Aboriginal Patients (ICAP) has convened network meetings and a state-wide forum for AHLOs, as well as coordinating provision of AMHFA training for AHLOs. The Palliative Care program has supported Aboriginal Health Workers in undertaking clinical placements within a palliative care setting.

Koori Maternity Strategy Women's Business Forum participants holding the Possum Skin Cloak created for the Gunditjmara Ceremony *Marrang Leenyoong Kooyoom* (Great Name Meeting) - Lakes Entrance

The **Workforce Issues Unit** has been integral to promoting a quality workforce within member services. This has included high level advocacy and support for the professionalisation of the Aboriginal Health Worker role. This has included:

- completion of the AHW Scope of Practice Implementation Pilot - identified as a priority project of the VACKH workforce sub-committee
- promoting of the National Aboriginal and Torres Strait Islander Health Worker Association
- encouraging Aboriginal Health Practitioner registration - commencing 1 July 2012
- input into the Health Workforce Australia National Aboriginal and Torres Strait Islander Health Worker final project
- finalising of the NACCHO National workforce plan.

coordinated AOW and IHPO/Supervisor forums during the year, engaged AOWs in professional development training (motivational interviewing, report writing). The forums included accredited AHW training, coordinated delivery of the AOW Orientation Package and engaged ACCHOs in activities and elements under the Indigenous Chronic Disease Package.

Training to other workforces

Our **Education and Training Unit** expanded its training target market through securing funding to offer training to specific workforces. These were for:

- the development and delivery of a new short course for Aboriginal Hospital Liaison Officers which saw 38 AHLOs from regional and metropolitan services participate and receive their certificates and statements of attainment

Nareida Wyatt (VACCHO Education & Training Unit) delivering a component of the Certificate IV in Aboriginal and/or Torres Strait Islander Health Care (Community Care) training at Warakoo Rehabilitation Hostel

Within the Workforce Issues Unit, the General Practice Education and Training (GPET) Project Officer has assisted ACCHOs to train GP Registrars by helping with the Aboriginal and Torres Staright Islander Health Training post accreditation process and supporting all stakeholders with the GP Registrar training. The GPET Project Officer works with the Victorian Regional GP Training Providers (RTP) and other GP stakeholders to promote career paths in Aboriginal health. The GPET Project Officer has provided support for ACCHSs with GP recruitment, support and retention strategies. This has involved a collaborated effort with the Rural Workforce Agency Victoria (RWAV), tertiary institutions and Medicare Locals. It is notable that this position has recently secured funding until 2015.

The Indigenous Health Project Officer (IHPO)

- a training needs analysis on over 90 OATSIH-funded Social and Emotional Wellbeing workers. This resulted in the development and delivery of a series of short courses as well as the Certificate IV in Aboriginal and or Torres Strait Islander Primary Health Care (Community Care) with electives in either Alcohol and Drugs or Mental Health. This program continues into 2013
- redesign and resourcing of the Health Promotion Short Course in collaboration with the AHPACC Program Workforce Support Unit
- Aboriginal Outreach Workers
- non-accredited programs to Aboriginal In-Home Support Workers
- Aboriginal Mental Health First Aid.

Services

VACCHO is committed to providing quality in our services to our members and our ISO accreditation ensures that we are accountable and continue to improve our practices. As a peak body our capacity to provide leadership and advocacy on behalf of our members is guided by and responsive to member needs. Our regular interaction with our members, through engagement and support of a wide range of programs and activities, keeps us in touch with current and emerging issues within the sector. This enables us to structure our support and advocacy functions within a quality framework.

The concept of quality services also extends to assisting our membership to achieve recognised quality standards. Victorian ACCHOs have a diverse foundation of services and may have multiple (up to 20) accreditation and compliance standards. New government models of funding are being introduced in aged care and disability as well as in primary health. These will impact on the future viability and successful business models of ACCHOs. Optimising ACCHOs' business models requires a whole-of-organisation approach to quality improvement in order to support the holistic health care model unique to ACCHOs, while at the same time demonstrating compliance with the quality standards required by models of government funding and service delivery.

VACCHO's support for service-level quality improvement and accreditation is conducted through the **Workforce Issues Unit** as part of the Australian Government initiative - *Establishing Quality Health Standards Continuation (EQHS-C)*. The VACCHO Quality and Accreditation team assists member services with their individual accreditation requirements and has recently been approved by OATSIH as a Facilitator to assist ACCHOs with their specific requirements in attaining accreditation.

The accreditation status of Victorian ACCHOs stands at 19 eligible health services accredited or re-accredited under RACGP standards with a further three services currently working towards achieving accreditation. Additionally, seven eligible services have achieved whole-of-organisation accreditation under QIC standards, with a further two services currently working towards achieving accreditation. Two services have been certified under ISO standards with one eligible service working towards certification.

The Practice Health Atlas (PHA) Project Officer has been assisting member services to undertake better data collection and analysis to support improved service planning. Three PHA reports are near completion and will be followed up with assistance to members in their strategic planning based on the findings of the report and comparative analysis with the first PHA rounds carved out in June 2011. The findings from the report can be utilised to develop recommendations and assist with implementation relevant to streamlining operations, expanding health programs, creating workforce enhancements, engaging in training opportunities, improving practice revenue and meeting accreditation requirements.

The Medicare Enhancement Officer (MEO) actively engages with member ACCHSs to provide ongoing support and assistance with Medicare related activities. The MEO convenes and chairs the VACCHO Medicare Advisory Committee. In addition to providing direct support through site visits, the MEO has provided a range of resources and information sessions to workers and has also been involved in the inclusion of Medicare billing reports as part of implementing the Practice Health Atlas.

The **Sector Quality Improvement Unit** was established in January 2012, enabling VACCHO to respond to the demand for on-site coaching to boards and senior management of member services with a particular focus on risk management, strategic planning and governance systems relevant to the community controlled sector. The Unit provides strategic and practical advice, tools and resources to allow boards and executive managers to have access to the best available information when making decisions, planning or negotiating and positioning the organisation within their community and the broader service system. The Unit has been able to provide responsive and immediate support where organisations require specific, focused project-like work to resolve immediate risk issues. The Unit has achieved several successful outcomes for members both individually and

Kat Byron and Andrew Bamblett (VACCHO Sexual Health Team) presenting at the Healthy Lifestyles Forum

at the state-wide level. The work of the Unit is aligned with both Quality (ISO9001:2008) and Risk Management (ISO31000:2009) standards to ensure transferrable and best practice systems are implemented within the unique context of the community controlled model.

The **Public Health and Research Unit** has contributed significantly to support for quality improvement both within VACCHO and in member services. Internally the PHRU are engaged in program evaluations across the organisation, including with Workforce Issues Unit (AHW Scope of Practice, Indigenous Outreach Workers initiative), Health Programs Unit (SEWB, Koori Maternity Services) and Public Health programs (Tobacco, Nutrition).

Through the PHRU, VACCHO has surveyed all member services regarding information technology needs and capacity, provided training in Program Information Report Systems (PIRS) and training in the use of Pen Computer Systems Clinical Audit Tool (PenCat). The **Public Health Medical Officer** (PHMO) chairs the internal multi-unit group established to improve VACCHO's capacity to support member services with data use and access. This has included working with sites to identify QI activities (Koori Maternity Services) and use of the Practice Health Atlas (Workforce Issues Unit).

The PHMO has also been involved in working with NACCHO and other stakeholders in responding to developments in information technology as it affects member services. In particular, the PHMO has been working with NACCHO and other state affiliates in advocating to government for support and meaningful feedback with respect to on-line web-based reporting using OCHRE Streams and reporting KPIs. The PHMO has also been working with NACCHO to maximise support to members to become involved in E-Health and Telehealth. Workshop and resources for telehealth should be available later in 2012.

A key area of work for the **Health Programs Unit** has been participation in the KMS Developmental Review (DH Newborn and Maternity Branch, Aboriginal Health Branch and VACCHO) and the development of an implementation plan from the findings of that review. Other areas where we have worked closely with external agencies to ensure that Aboriginal people have access to culturally appropriate services include palliative care, through the Victorian Indigenous Palliative Care Program (VIPCP).

Ross Morgan (previous Program Manager - Maya Healing Centre), Renai Dean (previous Health Programs Manager - VACCHO) and participant at the SEWB State-wide Torquay Gathering

Internally VACCHO **Corporate Services Unit** supports staff in all areas of operations, finance and human resources in working toward meeting the goals for our members. Our biggest challenge for the year was moving premises while ensuring that VACCHO continued providing services to members with minimal disruption.

The Corporate Services Unit is responsible for our internal quality systems, and has established a wide range of policies and processes which can be monitored and audited to ensure that we fulfil our obligations and requirements as an ISO accredited organisation.

Infrastructure

The infrastructure of the membership is under great pressure and VACCHO continues to advocate for improved infrastructure support. Infrastructure funding remains limited in the Closing the Gap funds in spite of a commitment to adequate infrastructure for Aboriginal health by 2018 in the *Statement of Intent*. In spite of this bipartisan commitment there is still no strategic or systemic approach to meeting the infrastructure needs of ACCHOs.

VACCHO continues to improve our collection and use of data. We know our members and our members know their communities. We need the evidence to prove what we know and to make the case for scarce resources in a competitive environment. This means not just making the case for need in the community but making the clear case that a dollar invested in an Aboriginal community controlled health service or program is the best investment in health equality and improved health outcomes that a government can make.

Our use of the Quality Coordinator quality management system gives us a strong foundation for ensuring that we can maintain accreditation. VACCHO continues to be engaged in discussions at the state and national level and the **Policy and Media Unit** ensures Aboriginal health is maintained as a government priority through our support of the operations of the Victorian Advisory Council on Koori Health (VACKH) and its subcommittees. Since 2008, VACCHO has held a leadership role in pushing for action from the organisations, known as the Coalition of the Intentional, committed to the *Statement of Intent*. This group has committed to furthering advocacy for the implementation of Aboriginal health equality strategies and to hold government to account. A current priority for the Coalition is to advocate for improved systems to identify infrastructure needs and provide an evidence base to demonstrate the importance of investing in infrastructure in order to achieve health equality.

The Practice Health Atlas Project Officer in the **Workforce Issues Unit** assists member services to collect and analyse data, including making a case for increased infrastructure resourcing. The Practice Health Atlas (PHA) provides ACCHOs with a comprehensive report relying on data analysis generated from activity reporting, including Medicare claiming, and a comprehensive data analysis of a community's patient population and demographics. More ACCHOs are getting involved in Practice Health Atlas (PHA) data analysis reporting, with eight health services currently at varying stages of implementation.

The **Public Health and Research Unit** has undertaken a range of research activities to assist in advocating for improved infrastructure and resources. These have included working with the Koori Maternity Services program (infant mortality), the Sexual Health program (young peoples' service needs, service development related to chlamydia), the SEWB team (Koori prisoners and mental health) and Policy Unit (grant for funds for supervision of Aboriginal Health Workers). The **Sector Quality Improvement Unit** is currently developing a research project with La Trobe University to examine the compliance requirements for Aboriginal community controlled cooperatives in Victoria, with a view to informing further advocacy for infrastructure and resources.

Staff at Gunditjmara Aboriginal Cooperative receiving their Certificate of Accreditation

Partnerships

Partnerships are crucial to the work we do and VACCHO has been working towards best practice in partnership and to support progress in a positive direction in each of our relationships. VACCHO continues to build and maintain relationships with appropriate government departments, political representatives, peak bodies and key organisations.

ACCHOs experience high levels of demand for partnership from a range of organisations, government departments and levels of government. There are some excellent guiding resources which can support this work which VACCHO is able to promote as best practice for both ACCHOs and mainstream services. We have seen many examples where partnerships have led to improved referral and support pathways, as well as better models of care and improved health outcomes for community members. However, the capacity of ACCHOs to participate effectively and authoritatively in partnership is limited by the availability of time and people required to maintain those relationships.

The **Policy and Media Unit** has, through a range of mechanisms, been instrumental in establishing important partnerships in order to raise the profile of Aboriginal health within the political arena and the wider policy landscape. Current developments including the new *Aboriginal Health Strategy*, the federal funding review, the forward commitments to Closing the Gap and the ongoing implementation of the health reform agenda will continue to have a bearing on VACCHO and its members. Elements of these will be best achieved in partnerships with other health sector partners while others will require direct engagement with State and Commonwealth governments and through NACCHO.

Our funding arrangements with all levels of government require formal service agreements with key departments at both State and Federal levels.

Each Unit within VACCHO has established relationships with a wide range of organisations in order to undertake various aspects of program development and delivery. For example, the **Workforce Issues Unit** has close ties with a number of relevant organisations involved in GP training and placement, the **Health Programs** and **Public Health** teams work with a wide range of subject-specialist organisations and service providers and the **Education and Training Unit** engages with a number of key training boards and providers.

Andrew Gardiner (Acting Chair - VACCHO), Jill Gallagher (CEO - VACCHO) sign MOU with Todd Harper (CEO - Cancer Council Victoria)

VACCHO has more than 20 formal Memoranda of Understanding with a range of key organisations and peak bodies. These partnerships, by definition, are a two-way process. They ensure that our programs are informed by current expertise and best practice while our partners in return are more able to be culturally aware and responsive to the needs of the Aboriginal community.

We have established formal arrangements with a number of universities, particularly through the **Public Health and Research Unit**. These partnerships mean that we can be influential in setting the wider research agenda in Aboriginal health, while also being able to access expertise and receive in-kind support from the academic sector.

VACCHO programs will continue to identify and nurture appropriate partnerships in order to facilitate improvements in service delivery at national, state and local levels.

Culture

VACCHO continues to ensure that Aboriginal culture is part of everything we do. It is an outstanding feature of the design and decoration of our building. We have built Aboriginal culture in to our strategies and relationships. We are building our members' capacity to take a leading role in cultural training in their regions and to do so as a sustainable business.

VACCHO is proud of its standing as an Aboriginal community controlled organisation. Our staff recruitment policies and practices illustrate our commitment to attracting candidates from diverse backgrounds. However, it is fundamental to our processes that we employ suitably qualified and experienced individuals with a demonstrated commitment towards achieving our objectives and who desire to make a positive difference to the lives of Aboriginal people and Aboriginal communities. All staff members are expected to participate in cultural awareness training and our human resource policies reflect our support for staff members to fulfil their community and family commitments.

are achieved; and tailoring professional development activities to ensure that they are culturally relevant. This year we have embarked on developing cultural awareness training modules that can be adapted to local environments and delivered through our member services.

In all we do, VACCHO is acutely aware of our Aboriginal history and our purpose in supporting and advocating for Aboriginal organisations and the Aboriginal community. It is a core value of this organisation to celebrate and promote Aboriginal culture.

Detail from the *Walking On Country* installation in the VACCHO Sackville Street reception floor

Our new building has enabled us to showcase art and artefacts celebrating Aboriginal culture and history. The floor of the entrance foyer features an installation, *Walking on Country*, made with soil collected from throughout Victoria. We are proud to have acquired the magnificent *Bunjil's Nest*, made of sticks bearing messages of support, hope and encouragement for reconciliation.

Through our programs and partnerships we are able to promote an Aboriginal perspective to service development and delivery. VACCHO has achieved this in many ways, including representing an Aboriginal perspective to the Senate Inquiry into Palliative Care, supporting the development of new Aboriginal Maternity Services at Sunshine and Northern Hospitals to ensure culturally appropriate services

Financial report end of June 2012

Committee's report

Your committee members present this report of Victorian Aboriginal Community Controlled Health Organisation Incorporated (VACCHO) for the financial year ended 30th June 2012.

Committee members

The names of committee members throughout the year were:

Jason B. King	Chairperson
Andrew Gardiner	
Lyn McInnes	
Rod Jackson	Resigned 12/01/12
Lorraine Sellings	
Joanne Badke	
Karlene Dwyer	
Daphne Yarram	Appointed 27/03/12

Each committee member has been in office since the start of the financial year to the date of this report unless otherwise stated.

Principal activities

The principal activity of the entity during the financial year is to be the peak Victorian Aboriginal health body representing 27 Aboriginal Community Controlled Health Organisations (ACCHOs) in Victoria, building the capacity of its membership and advocating for issues on their behalf.

Significant changes

No significant changes occurred in the nature of this activity during the year.

Objectives

VACCHO aims to be the advocate for the health of Aboriginal people:

- Promotion and support of members as centres of excellence in the provision of Aboriginal health services and as centres of their community and enabling expertise in the priorities, needs and models of service for those communities and as centres of excellence to advocate on their behalf
- To ensure quality workforce, quality services, quality infrastructure and quality assurance to achieve health equality for Aboriginal people

Strategy for achieving the objectives

VACCHO will achieve its objectives through the following strategies:

- Assisting the development of an experienced, knowledgeable, skilled and committed workforce in Aboriginal community controlled and mainstream organisations including the public service
- Ensuring the Aboriginal community controlled health sector continues to be well-positioned to function in, and respond to, changes in the national and state social, economic and political environments
- Securing necessary infrastructure to maintain and enhance the activities of VACCHO and its members
- Ensuring that all VACCHO's services meet the needs of stakeholders
- Working collaboratively with stakeholders to achieve equality in health status and Aboriginal life expectancy.

Performance measures

If VACCHO is achieving its goals, outcomes that can be expected include:

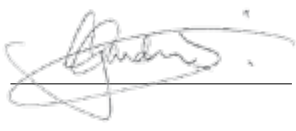
- Increase in skills and knowledge of the workforce by supporting networks and training
- Engagement in partnerships and relationships with key organisations and individuals
- Consultation with members on developments and priorities for advocacy

Operating result

The surplus (deficit) for the year amounted to $5,331,718.65 (2011 $246,865.50).

We note that due to a significant capital grant of $4,471,287.07 being received this year the surplus is much greater than normal.

Signed in accordance with a resolution of the members of the Committee.



Constructing the *Walking On Country* installation in VACCHO's new Sackville Street reception floor

Concise Statement of Compehensive Income for year ended 30 June 2012

REVENUE	2012	2011
	$	$
Grants & Funding	6,331,355.77	7,289,780.60
Capital Grants	4,471,287.07	0.00
Grants B/F from previous year & grants in advance	3,455,802.48	2,803,991.76
Grants C/F to next year & grants in advance	(1,934,252.92)	(3,455,802.66)
Interest Income	120,005.57	99,025.22
Profit (Loss) on Sale of Assets	(24,476.06)	6,294.42
Other Income	255,354.72	147,141.40
TOTAL REVENUE	**12,675,076.63**	**6,890,430.74**
EXPENDITURE		
Audit fee for Audit of Financial Statements	15,340.00	13,573.00
Occupancy Costs	205,624.09	202,136.01
Depreciation	146,080.80	131,404.51
Telephone & Internet Services	115,411.28	114,843.82
Postage, Stationery & Printing	146,346.15	175,057.13
Other Office & General Expenses	153,145.87	259,739.15
Consultants Fees	445,840.37	382,296.80
Motor Vehicle Expenses	55,400.65	49,082.05
Employee Benefit Expenses	4,641,559.97	4,031,424.69
Other Program Expenses	1,348,262.47	1,198,858.63
Finance Costs	70,346.33	85,149.45
TOTAL EXPENDITURE	**7,343,357.98**	**6,643,565.24**
Surplus (Deficit) Before Income Tax Attributable To Members of the Entity	**5,331,718.65**	**246,865.50**
Income Tax	0.00	0.00
Surplus (Deficit) After Income Tax Attributable To Members of the Entity	**5,331,718.65**	**246,865.50**
OTHER COMPREHENSIVE INCOME	**0.00**	**0.00**
Total Comprehensive Income (Loss) For The Year Attributable To Members of the Entity	**5,331,718.65**	**246,865.50**

Statement of Financial Position as at 30 June 2012

CURRENT ASSETS	2012	2011
	$	$
Cash & Cash Equivalents	4,118,608.42	4,966,885.03
Trade and other Receivables	468,093.12	420,022.00
Other Current Assets - Prepayments	52,430.34	83,177.83
TOTAL CURRENT ASSETS	**4,639,131.88**	**5,470,084.86**
NON-CURRENT ASSETS		
Property Plant & Equipment	7,164,693.44	4,976,802.66
TOTAL NON-CURRENT ASSETS	**7,164,693.44**	**4,976,802.66**
TOTAL ASSETS	**11,803,825.32**	**10,446,887.52**
CURRENT LIABILITIES		
Trade and Other Payables	1,230,429.33	1,030,938.05
Short-term Provisions payable	315,385.73	254,284.24
Financial Liabilities:-		
Funds Carried forward for future activities	1,152,183.89	2,122,684.73
Grants Received in Advance	861,876.20	1,338,665.60
TOTAL CURRENT LIABILITIES	**3,559,875.15**	**4,746,572.62**
NON-CURRENT LIABILITIES		
Long Term Loans	0.00	2,800,000.00
Long-term Provisions payable	33,941.38	22,024.76
TOTAL NON-CURRENT LIABILITIES	**33,941.38**	**2,822,024.76**
TOTAL LIABILITIES	**3,593,816.53**	**7,568,597.38**
NET ASSETS	**8,210,008.79**	**2,878,290.14**
EQUITY		
General Building Reserve	1,500,000.00	1,500,000.00
Retained Earnings	6,710,008.79	1,378,290.14
TOTAL EQUITY	**8,210,008.79**	**2,878,290.14**

Statement of Changes in Equity for year ended 30 June 2012

	General Building Reserve	Retained Earnings	Total Reserves and Retained Earnings
	$	$	$
Balance at 30 June 2009		1,599,198.66	1,599,198.66
2010			
Transfer of Deferred Capital Grant		571,275.41	571,275.41
Surplus attributable to members		460,950.57	460,950.57
Balance at end of year		2,631,424.64	2,631,424.64
2011			
Surplus attributable to members		246,865.50	246,865.50
Transfer to General Building Reserve	1,500,000.00	(1,500,000.00)	0.00
Balance at end of year	1,500,000.00	1,378,290.14	2,878,290.14
2012			
Surplus attributable to members		5,331,718.65	5,331,718.65
Balance at end of year	1,500,000.00	6,710,008.79	8,210,008.79

Statement of Cash Flows for year ended 30 June 2012

	2012 $	2011 $
Cash Flows from Operating Activities		
Receipt of Grants	11,830,029	7,744,225
Interest received	120,006	99,025
Miscellaneous Income	255,354	147,141
	12,205,389	7,990,391
Payments to Suppliers and Employees	7,824,872	6,784,356
Finance costs	70,346	85,149
Net Cash Generated by Operating Activities	**4,310,171**	**1,120,886**
Cash Flows From Investing Activities:-		
Sale Of Property Plant & Equipment, Motor Vehicles	909	29,545
Payments for Property Plant & Equipment, Motor Vehicles	(2,359,357)	(4,636,837)
Net Cash Generated by (used in) Investing activities	**(2,358,448)**	**(4,607,291)**
Cash Flows From Financing Activities:-		
NAB Loan	(2,800,000)	2,800,000
Net Cash Generated from Financing Activities	**(2,800,000)**	**2,800,000**
Net increase (decrease) in cash held	(848,277)	(686,405)
Plus cash at beginning of financial year	4,966,885	5,653,290
Cash at the end of financial year	**4,118,608**	**4,966,885**

Notes of the concise Financial Report for the year ended 30 June 2012

Note 1. Basis of Preparation of the Concise Financial Report

The concise financial report is an extract for the full financial report for the year ended 30 June 2012. The concise financial report has been prepared in accordance with Accounting Standard AASB 1039; Concise Financial Reports, and the Corporations Act 2001.

The financial statements, specific disclosures and other information included in the concise financial report are derived from, and are consistent with, the full financial report of the Victorian Aboriginal Community Controlled Health Organisation Incorporated. The concise financial report cannot be expected to provide as detailed an understanding of the financial performance, financial position and financing and investing activities of the Victorian Aboriginal Community Controlled Health Organisation Incorporated as the full financial report. A copy of the full financial report and auditor's report will be sent to any member, free of charge, upon request.

The financial report of the Victorian Aboriginal Community Controlled Health Organisation Incorporated complies with all Australian equivalents to International financial Reporting Standards (AIFRS) in their entirety. The presentation currency used in this concise financial report is Australian dollars.

Note 2: Events after the Balance Sheet Date

There have been no material non-adjusting events after the reporting date, nor has any information been received about conditions at reporting date that have not been included in this report.

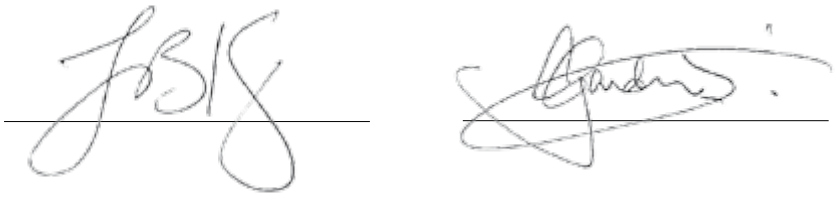
Committee's Declaration

The Members of the Committee declare that the concise financial report of the Victorian Aboriginal Community Controlled Health Organisation Incorporated for the financial year ended 30 June 2012, as set out on the preceding pages:

1 Complies with Accounting Standard AASB 1039: Concise Financial Reports; and

2 Is an extract from the full financial report for the year ended 30 June 2012 and has been derived from and is consistent with the full financial report of the Victorian Aboriginal Community Controlled Health Organisation Incorporated.

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



Date this: 28th day of September 2012

Independent Auditor's Report to the members of the Victorian Aboriginal Community Controlled Health Organisation Incorporated

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE VICTORIAN ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION INCORPORATED

Report on the concise financial report

The accompanying concise financial report of the Victorian Aboriginal Community Controlled Health Organisation Incorporated comprises the statement of financial position as at 30 June 2012, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended and related notes, derived from the audited financial report of the Victorian Aboriginal Community Controlled Health Organisation Incorporated for the year ended 30 June 2012, as Ill as the discussion and analysis. The concise financial report does not contain all the disclosures required by Australian Accounting Standards.

Committee Member's responsibility for the concise financial report

The committee is responsible for the preparation and presentation of the concise financial report in accordance with Accounting Standard AASB1039; Concise Financial Reports (including Australian Accounting Interpretations), statutory and other requirements. This responsibility includes establishing and maintaining internal control relevant to the preparation of the concise financial report; selecting and applying the appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

My responsibility is to express an opinion on the concise financial report based on my audit procedures. I have conducted an independent audit, in accordance with Australian Auditing Standards, of the financial report of the Victorian Aboriginal Community Controlled Health Organisation Incorporated for the year ended 30 June 2012. My Auditor's Report on the financial report for the year was signed on September 2012 and was not subject to any modification. Australian Auditing Standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report for the year in free from material misstatement.

My procedures in respect of the concise financial report included testing that the information in the concise financial report is derived from, and is consistent with, the financial report for the year, and examination on a test basis, of evidence supporting the amounts, discussing and analysis, and other disclosures which Ire not directly derived from the financial report for the year. The procedures have been undertaken to form an opinion whether, in all material respects, the concise financial report complies with Accounting Standards AASB1039; Concise Financial Reports, and whether the discussion and analysis compiles with the requirements laid down in AASB1039.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Independence

In conducting my audit, I have complied with the independence requirements of the Corporations Act 2001. I confirm the that independence declaration provided to the Committee of the Victorian Aboriginal Community Controlled Health Organisation Incorporated on September 2011, will be in the same terms if provided to the Committee as at the date of the Auditor's Report.

Auditor's Opinion

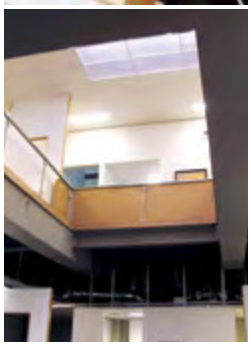
In my opinion, the concise financial report including the discussion and analysis of the Victorian Aboriginal Community Controlled Health Organisation Incorporated for the year ended 30 June 2012 complies with Accounting Standard AASB1039; Concise Financial Reports.

E Townsend & Co

Eric Townsend

35 Mereweather Avenue, Frankston Vic 3199

Date this: 28th day of September 2012



SMITH ST

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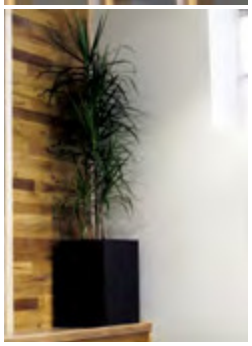
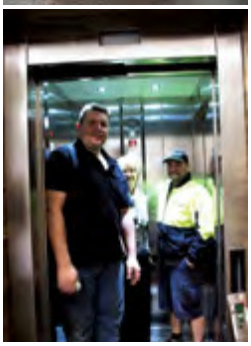
VACCHO





ABOVE: Jill Gallagher (CEO, VACCHO), Hon. Premier Ted Baillieu and Aunty Melva Johnson launch the new VACCHO Sackville Street building
BELOW: VACCHO 2012 graduating students

VACCHO Annual Report 2011-12

Who we are

VACCHO is the peak organisation for Aboriginal health in Victoria. It is the leading advocate for the health of Aboriginal people and a peak organisation to its membership.

VACCHO promotes and supports its members as centers of: excellence in the provision of Aboriginal health services; their community; expertise in the priorities, needs and models of service for those communities; and excellence to advocate on their behalf.

Nationally, VACCHO represents the Community Controlled Health Sector through its affiliation and membership on the board of the National Aboriginal Community Controlled Health Organisation (NACCHO).

State and Federal Governments formally recognise the leadership that VACCHO provides as the peak representative organisation on Aboriginal Health in Victoria.

Our vision

VACCHO's vision is that Aboriginal people will have a high quality of health and wellbeing, thus enabling individuals and communities to reach their full potential in life.

Aboriginal health is everybody's responsibility.

It is VACCHO's core business.

VACCHO Annual Report 2011-12 ©
Victorian Aboriginal Community Controlled Health Organisation Incorporated 2012

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