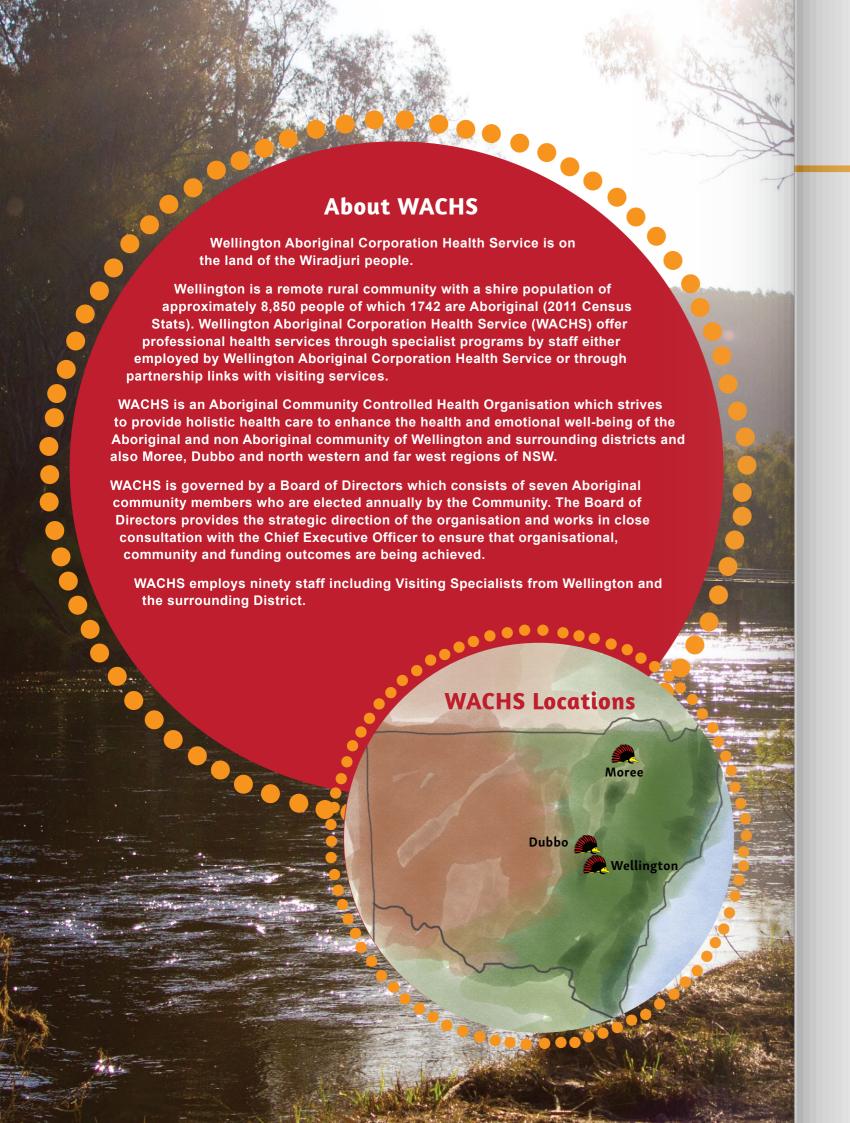


# **ANNUAL REPORT 2016**

www.wachs.net.au







# **WACHS Vision**

WACHS is acknowledged and respected as an organisation of excellence which is demonstrated by a healthier Aboriginal community.

### **WACHS Mission Statement**

To advocate for and facilitate the achievement and maintenance of health outcomes consistent with Aboriginal peoples' evolving notion of cultural well being.

# **Purpose**

WACHS plans, delivers, co-ordinates and advocates for effective clinic and community-based primary health care services to the Aboriginal community.

# **WACHS Objectives**

- a) Provide culturally appropriate primary health care service for Aboriginal people and the wider community within the Wellington shire.
- b) Administer and operate an Aboriginal Medical Service within the legal framework, funding agreements and the capacity of WACHS.
- c) Enhance the health status of the Aboriginal community in Wellington shire including, Nanima Reserve.
- d) Involve Aboriginal people in the planning and provision of primary health care services.
- e) Provide professional development for our Aboriginal Board and staff to support their roles and responsibilities within WACHS.
- Support and assist Aboriginal people to better utilise existing holistic health care services.





# The WACHS Board



**Chairperson** Marsha Hill



**Secretary** Phillipe Bell



**Treasurer** Graham Blackhall



**Public Officer** Linda Baxter



**Director** John Ah See



**Director** Adam Ryan



**Director** Glenda Bell



# Chairperson's Report

As Chair of the Board of Directors for the Wellington Aboriginal Corporation Health Service it is my pleasure to present the 2015-2016 Annual Report.

The past year has been abundant with amazing achievements and growth of our services at the Wellington Aboriginal Corporation Health Service. The ongoing success of our service is attributed to the hard work and dedication of our staff – both clinical and non clinical. On behalf of the Board of Directors I would like to extend sincere appreciation to all of the staff at WACHS for making a difference in the health outcomes of our people. Particular mention goes to our GP team who made 16173 client contacts in the last financial year! Thank you to:

- Dr Bijay Pandey- full time GP
- Dr Kayavily Useelanthanan- Full time GP registrar
- · Dr Caroline Ivey- Part time GP registrar
- · Dr Yuanying Peng- Part time GP registrar

I would also like to acknowledge the community of Wellington – both Aboriginal and non Aboriginal who continue to use our services and support us.

WACHS has become so much more than the Clinic. We are proud to be one of the most respected and credible Aboriginal Community Controlled Health Services in NSW delivering services to better health outcomes for Aboriginal people in other communities across the Central West, Far West, and New England regions.

There are so many achievements and highlights to recognise. Below is an overview of a few of them:

 The Aboriginal Children's Therapy Team (ACTT) - speech pathology team has

- developed a new partnership with West Dubbo Infants Preschool. They have over 50% indigenous enrolments and each week small group of 5 children participate in a language playgroup. This helps with identifying future referrals as well as teaching language and literacy skills.
- In January 2016 ACTT recruited three new staff to the Aboriginal Health Worker Roles and Therapy Aide position. Our statistics reflect a major increase in engagement and attendance across the entire program by having these positions filled.
- Healthy for Life Data: As reported under the National Key Performance Indicators the program has delivered 605 health checks to Aboriginal clients.
- · Immunisation rates:

12-24months = 100% 24-36months = 100%

60-72months = 98%

- Healthy for Life staff supported the Hear Our Heart bus to provide hearing screenings through out the year at Wellington Public and Wellington High Schools and hearing screenings at St Mary's Central school. This partnership with the Hear Our Heart Bus allows not only screenings but follow up with GP's and Specialists for our children in the community.
- · Integrated Care has enrolled 65 patients.
- Integrated Care and the social Emotion Well Being team have been working on a model of care/"Decision Tree" to assist with managing Mental Health cases when they present to WACHS. Once it is completed and endorsed it will help not only to streamline mental health needs through WACHS but in the local community and districts.

Integrated Care Support Worker Chloe

- Mulholland has been busy studying for her Certificate 3 in Aboriginal Health, and will have this qualification completed by the end of the year 2016.
- Tackling Indigenous Smoking program (TIS) coordinated and ran a QUIT B FIT tour to raise awareness to individuals about support available to them to reduce or quit their smoking.
- The TIS team has also supported major Aboriginal population events including the NSW Rugby League Knockout.
- MomenTIM targets young male Aboriginal and Torres Strait islanders who have disproportionately and unacceptably high rates of mental health issues, leading to self harm and suicide. The project is in it's 3rd year.
- MomenTIM facilitator, Jay Forrester
  has continued to work and collaborate
  across the three sites to improve access
  to mental health services and has been
  involved in collaborating with the QUIT
  B FIT team to deliver a whole of health
  school based education program. As part
  of this program, MomenTIM was pleased
  to host Shea Spierings, youth ambassador
  for Australia to the United Nations.
- Congratulations to Maayu Mali Moree Aboriginal Residential Rehabilitation Service for securing 3 years more funding from the Commonwealth.
- This year has seen a significant increase in the number of telehealth consults. In July 2015 to July 2016 there were 12 clients seen via telehealth consults. A further 10 clients have had telehealth since July 2016. The clinic now has a room and equipment designated for telehealth consults. We are very excited about the future of telehealth and the potential impact it has on health outcomes.

The many highlights and achievements of WACHS over the past year is a result of the steady and inspiring leadership of the Chief Executive Officer, Darren Ah See and on behalf of the Board, I wish to extend my sincere appreciation to him and to his executive team.

I now wish to express my heartfelt appreciation to my fellow Board of Directors for their support and commitment. As community representatives we are often challenged with local issues and concerns and at times this can take its toll but the commitment of the Board is a testament to their passion about improving the health of Aboriginal people in our community.

I wish you all a very safe and happy Christmas and New Year and wish all of our extended family and community good health in 2017.

Regards

Marsha Hill Chairperson

WACHS Annual Report 2016



# **Chief Executive Officer Report**



Every year am truly honoured to have worked along side a dedicated and talented team who strive to improve health outcomes for Aboriginal people in Wellington, as well as other communities across the Central West, Far West and New England regions of NSW.

The value of the Wellington Clinic in supporting not only the Aboriginal but also the non-Aboriginal people in the local community has once again been demonstrated in the number of clients accessing our services in 2016. Of particular note are the services that we are able to provide to address critical issues in the community including chronic disease, social and emotional well being, as well the primary health care services that are supported through WACHS clinic.

Services available at the Clinic are diverse including GP services, eye health, podiatry,

counselling, dietetic, and transport. The Integrated Care program has been very successful in enrolling Aboriginal patients and providing a coordinated care pathway to support the holistic health care of the patients accessing this program.

The Healthy for Life program which focuses on maternal and child health as well as whole of life care has once again played a significant role in health promotion, prevention and screening. The team has had a busy schedule of screening in partnership with the early childhood screening bus and has attended many community events in the last year.

As mentioned, WACHS are also very fortunate to be able to provide a key service in the Social and Emotional Well Being program providing support for Aboriginal community on family health, drug and alcohol, sexual health and general counselling. WACHS are also in progressed discussions with the Western NSW Local Health District in enhancing the mental health and drug and alcohol services into Wellington, which will see a number of new specialist positions in these fields being funded and located in Wellington.

In addition to caring for the needs of the local Wellington community WACHS continues to grow its capacity to deliver services across a large section of NSW.

The Aboriginal Children's Therapy Team and the Australian Nurse Family Partnership teams are located at the Hub in Dubbo and deliver unique child and family and allied health support services, as well as specialist nurse led intense home visiting program for expectant new Aboriginal mums, or mums who are pregnant to an Aboriginal father. This program also offers this service to Wellington, Gilgandra and Narromine.

The Tackling Indigenous Smoking program, also based in Dubbo has the task of delivering coordinated health promotion activities directed at quitting or reducing smoking intake. This program covers the Central West, Far West and North West regions of the State. In 2016 the team has continued to focus on the successful delivery of the Deadly Choices health promotion school based program and has also successfully coordinated and participated in large population health events including a QUIT B FIT tour of the North West and partnership with major sporting events like the NSW Rugby League Knockout.

The Moree Residential Rehabilitation Service recently celebrated its first year of operation under WACHS management. The Commonwealth also announced commitment of a further 3 years of funding. Maayu Mali has cemented its place as a mainstream part of WACHS operations.

The past 12 months has been a time for rapid growth and in response the internal structure of the corporate arms of WACHS has also undergone some transformation with changes to the executive structure and the commencement of new positions. I wish to thank the Executive team for their support and guidance over the last year.

I would also like to reflect on the continued enthusiasm and commitment that all of our staff brings to work every day. WACHS are only as good as our support team will allow us to be so it is with sincere appreciation that I acknowledge the backbone of WACHS which includes every Staff member whether they are permanently employed, permanent part time or casual for their commitment, dedication and hard work.

Finally, I would like to pay tribute to the WACHS Board of Directors who continues

to provide me with ongoing support and professionalism to undertake my role as CEO of WACHS.

Regards

Darren (Ah See

WACHS Annual Report 2016 WACHS Annual Report 2016



# **Executive Manager of Operations Report**



Participants have completed Certificate IV through to Advanced Diplomas.

Likewise staff have also been training in the area of Aboriginal Health with a number of staff completing their Certificate IV in Aboriginal Health. This is a great reflection on the upskilling of staff in our community sector.

Regards

Melissa Mills

Executive Manager

Operations

WACHS again has provided support to build a stronger community with the support of the Wiradjuri United Children's Teams for the 2016 knockout hosted by Redfern All Blacks.

- Ove<mark>r 60 children</mark> were supported to attend the event, acting as ambassadors for the Tackling Indigenous Smoking Team.
- WACHS supported with their travel, accommodation, players gear and meals whilst they were away. A big thanks to those parents who supported in the care and supervision of the children.

BCA Training has been high on the agenda with WACHS staff for a number of years.

Several Aboriginal staff have completed or continuing their studies with the BCA National Training group in the area of Leadership and Management.

# Executive Manager Primary Health Services Report



Accreditation has created a true sense of pride and achievement for WACHS

- The whole organisation has benefitted from the accreditation process. With the move towards complying with the RACGP Standards there was the need to develop each and every department of our organisation
- All of our departments have benefitted by reaching the Standards requirements. Systems and processes have been enhanced and maintained which is designed to make the client journey more efficient and meaningful.

Service Level Agreements with Wellington Aged Care Facilities

· Delivering a service that supports a

relationship between Wellington Aboriginal Corporation Health Service and Bellhaven Aged Care Facility and Maranatha Retirement Village. We have been working in partnership to ensure that the service obligations and performance requirements can be met.

Providing a supportive Registrar Training program here at WACHS

- Our main focus is working together as a team with our Aboriginal community and focusing on their health needs.
- The main aim is being able to develop and deliver meaningful initiatives that improve primary healthcare outcomes for local Aboriginal communities. WACHS provides each new Registrar with the required support and ensures that they are supported on a daily basis. All our staff are here to make their experience a rewarding one.

Regards

Robyn Gunter
Executive Manager
Primary Health Services



# **Executive Manager Communication & Engagement Report**



A new role that commenced in June 2016 bringing a focus of corporate communication across WACHS, including media, marketing and public relations. Engagement with partners and marketing is a priority focus for the role which is based with the Tackling Indigenous Smoking program. Bila Muuji IT officer, Darren Marcus also reports to this position to also manage Information

Highlights to date include;

- Social media platforms for the Tackling

#### IT achievements include:

- Assistance with IT Network refresh of most of the Bila Muuji services including Server & workstation environments through planned upgrades;
- eHealth: Technical, Training and Support of the My Health Record System (MyHR) and maintaining Electronic Practice Incentive Payments (ePIP);
- Telehealth: Implementation of fit for purpose environments with the practical application of Health at a distance where clinically suitable.

#### Regards

Rebekah Bullock **Executive Manager** Communication and Engagement

Technology for the organisation.

#### Development of a social media and media policy

- Enhanced media exposure for WACHS
- Indigenous Smoking Program

# **Executive Manager of Human Resources & Special Projects Report**



#### Human Resources Update:

- The majority of WACHS policies and templates have been reviewed throughout 2016 and staff across the service have contributed to this process. There will be a systematic process for reviews in the future to ensure this become a part of usual practice.
- Recruitment and selection across the service has yielded some good results with there being a number of new staff joining the organisation.
- · There is a more streamline process of employing and inducting new staff.
- · The Team Leaders have embarked on the Team Leader development program facilitated by members of the WACHS Executive.

#### Special Projects:

- Moree Aboriginal Residential Rehabilitation Program secured a further three years of funding.
- The program is unique in that the drug and alcohol addiction issues are addressed through the usual therapeutic strategies however this is alongside working towards social and cultural connectedness.
- Two staff have completed their TAFE program, and all others (5) are due to finish by the end of October.
- There is an abundance of fruit and vegetables grown on site at Maayu Mali and the Cook and residents use this produce for their meals as part of the Living Skills program.

#### Regards

Janet Curran **Executive Manager Human Resources and Special Projects** 

WACHS Annual Report 2016 WACHS Annual Report 2016



# **Finance Report**

We are pleased to provide this finance report, which outlines the main aspects of the operation of the finance team for the 2016 financial year.

In 2016 the finance team comprised three finance officers supported by an external consultant. Highlights in relation to the work undertaken by the finance team in 2016 include:

- Significant work has been undertaken in consolidating financial information to ensure that reporting more closely reflects funding requirements;
- The way in which we account for capital acquisitions has been reviewed and aligned with relevant accounting standards;
- Bi-monthly budget meetings with Executive Managers and Team Leaders have been undertaken:
- We have continued to implement policies and practices which strengthen WACHS financial performance and position

In terms of the policies and practices which we have adopted, the implementation of employee contributions for private use of motor vehicles has seen a significant reduction in the overall operating cost of vehicles. In 2015, the net cost of operating our fleet of vehicles was \$108,478 (motor vehicles expenses less employee contributions). In 2016, the net cost was \$44,975. From the 2017 Fringe Benefits Tax year forward, this measure will further save WACHS Fringe Benefits Tax estimated at \$60,000 per annum, meaning more funds are available for direct service delivery.

#### Contribution to local economy

A surplus of \$1,151,269 is reported, with \$1,140,184 attributable to Management Fund. Of note, sensible financial management

enabled increased self funded investment in our local community, including:

- Funeral and Medical assistance: which increased from \$26,663 to \$35,834 (an increase of 34%). This assistance is provided to assist with the cost of funerals or to assist with travel costs where a person is required to travel for medical assistance or to support someone who is travelling for medical reasons;
- Board sponsored community initiatives: which increased from \$14,224 to \$31,055 (an increase of 118%) with this increase attributable to self funded sponsorships (such as first aid kits for sporting clubs, the Elders Olympics and the Mick Brown Memorial Cricket Day).

Overall, we invested an estimated \$3.8 million into the local Wellington community. A significant driver of this investment is our ability to self generate income and to utilise that income to employ local people, particularly local Aboriginal people. In 2016, over \$3m was paid in wages and to contractors who live locally, with a little over \$1m of that investment being self funded. This self generated income is used to support 15 unfunded or partially funded positions in Wellington – of which 11 are occupied by Aboriginal employees.

#### **Comparative Performance**

WACHS have a number of key strategic objectives in terms of financial management. The purpose of these objectives is:

 To develop our capacity to self fund priorities which we identify

- To ensure we hold sufficient funds to invest in our capital needs, without compromising our liquidity
- To grow our business by developing new revenue streams

 To manage funds appropriately and in accordance with the high expectations rightfully placed on community organisations by funding providers

To achieve these objectives a range of financial benchmarks have been established. These benchmarks inform decision making and guide growth. The following objectives are of particular importance:

- We will maintain a strong net asset position, with assets at least five times the value of all our liabilities;
- We will maintain strong liquidity, with current assets at least twice the value of current liabilities;
- We will develop our revenue streams, with target growth in revenue of 3% per annum
- We will maintain our profitability, with target surpluses in our Management Fund of \$500,000 after capital acquisitions

We are pleased to report that the 2016 Balance Sheet indicates that WACHS is in a very strong financial position. Net Assets of \$11,024,768 are reported, representing annual growth in net assets of \$1,248,481 (12.7%).

The organisation's ability to meet debts as and when they fall due, and to manage fluctuations in cash flow, has improved substantially over the past two years. As at the 30 June 2016 WACHS had \$3.45 in current assets for every \$1 in current liabilities, indicating that the organisation is in a very strong cash position. Building reserves is a strategic objective of WACHS, and will enable our future investment in capital items.

In 2016 there was continued growth in our revenue streams, with an additional \$430,601 in revenue before losses on the disposal of capital items (an increase of 3.47%).

#### **Future Priorities**

Our priorities over the next twelve months include:

- Implementing a fully operational plant fund as part of the Management Fund, acquiring assets required for the operation of services, and removing the one off capital cost of these items from our funded programs. This will free up more money within funded programs, and allow greater investment in front line service delivery.
- Continuing to grow our revenue streams, enabling more self funded investment in local priorities.

Joseph Holloway & Co









# **VALUE OF ASSETS FOR EVERY \$1 IN LIABILITIES**















The WACHS clinic and reception team have shown dedication to the health needs of Wellington and the surrounding community. It has been a busy 2015-2016 and the team is constantly striving to improve the health care journey for WACHS clients.

Our aim is to create a welcoming and comfortable environment and promote access to holistic health. Quality health care is embedded into the every day practice at WACHS clinic. We constantly strive to improve and evolve as a health care provider. Client contact numbers total 24361 for 2016.

## Reception

Our reception and administration team includes Kath Richards, Fallon Ah See, Kerry Hudson and Kristy Lee Cornish. Glenn Carr is our transport driver.

#### Clinic Nurses

Jemma Stanley Endorsed Enrolled Nurse/ Aboriginal health worker/ WACHS Infection Control.

Jinnara Tyson- Endorsed Enrolled Nurse/ Aboriginal health Worker



#### GP team

Our current GP team consists of;

- Dr Bijay Pandey- full time GP
- Dr Kayavily Useelanthanan- Full time GP registrar
- · Dr Caroline Ivey- Part time GP registrar
- Dr Yuanying Peng- Part time GP registrar

#### Partnership links

WACHS clinic continues to maintain strong partnerships with Allied health services. These relationships promote access to services providing holistic health care.

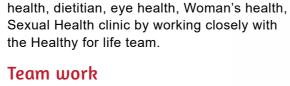
Services available at the WACHS clinic include;

- Psychologist- Collette Mills (Marathon Health)- Three visits per fortnight.
- Pharmacist- Alice Nugent (Marathon Health)- weekly. Alice provides Home Medicine Reviews for WACHS clients.
- Diabetic Educator- Wendy Nour (Marathon Health) – Monthly
- Specialist Respiratory Physician Dr Michael Dally (Every 2 weeks) and Dr Robert Read, General physician visits bi monthly. The visiting specialists are supported by Marathon Health.

WACHS Clinic has access to Child and family









Within the clinic setting the Reception/ clinic, healthy for life team and Integrated Care team work closely to ensure we meet the health care needs of clients through a collaborative approach. WACHS clinic and the WACHS Social Emotional Wellbeing team work together and have monthly meetings to support client needs.

#### General Clinic News

WACHS clinic and reception participated in mandatory and skills based training in 2016. Kerry Hudson has attended





Aboriginal Health College for Certificate III in Aboriginal Health – Primary Health Care. Fallon Ah See is completing BCA frontline management. Jemma Stanley attended the QAAMS conference in Darwin, BCA frontline management and Infection Control conference. Jo Edwards completed TAFE recruitment and selection.

WACHS clinic and reception participated in the "Close the Gap" and "Donate Life" campaigns. A day was held in the reception area for each cause with staff wearing their shirts and water and fruit supplied in the waiting area.

WACHS clinic and reception staff represented WACHS Donate Life campaign at the 2016 City 2 Surf in Sydney.

Staff also supported Donate Life by wearing their Jerseys on Jersey Day.











Scan the QR code to read the Wellington Times Article or visit: http://www.wellingtontimes.com.au/ story/4080540/donating-life-time-to-talk/?cs=1546





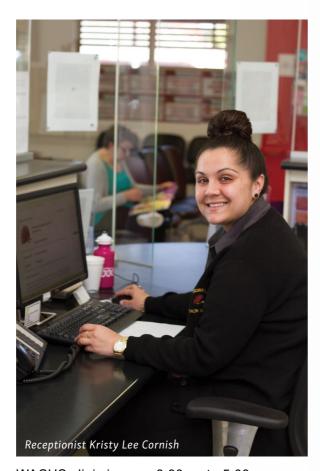
On 20th September 2016 Clinic and reception staff attended "Breaking the Ice" forum at Wellington. This information session was provided by the Australian Drug Foundation.



Two medical Students from UWS in Sydney spent 5 weeks at WACHS in August/ September 2016. We received great feedback from the students. They enjoyed coming to the Wellington Community and working with WACHS staff to experience Aboriginal Health.

The waiting area has seen some changes in 2016. The new children's play and reading area has been utilised by many who visit WACHS. Comfortable chairs and books are available for use. Tonic on demand TV is now in the waiting area which provides evidenced based health information through a video library.

In 2016 WACHS clinic received some medical equipment through quality funding. This included new vital signs machines, equipment for doctor's bag and scales. The funding also provided a children's play centre for the wall in the children's area.



WACHS clinic is open 8.30am to 5.00pm Weekdays Monday to Friday. We encourage feedback. There is a suggestion box in the waiting room or people are encouraged to provide both written and verbal feedback.



Clinic Program Stats 2015/2016



**528** INFLUENZA IMMUNISATIONS





4,901 **CLIENT CONTACTS** 

**GP SERVICES** 



16,173 **CLIENT CONTACTS** 





#### Telehealth

This year has seen a significant increase in the number of telehealth consults. In July 2015 to July 2016 there were 12 clients seen via telehealth consults. A further 10 clients have had telehealth since July 2016. The clinic now has a room and equipment designated for telehealth consults. Here at WACHS clinic we are very excited about the future of telehealth and the potential impact it has on health outcomes.



# **Podiatry Clinic**



The WACHS Podiatrist, Sreenathudu Arshanapalli (SAM) continues to provide high standard specialist care to our clients and really enjoys coming to our Health service and helping our community.

The services provides information and care of acute and chronic foot problems. Also general nail care, hygiene and especially regular DIABETIC assessments and specialist foot care.

Sam also provides advice and services about supports for your feet, including comfortable shoes, fitting of orthotics and specialist moulding and fitting of supports to suit your individual requirements.

Podiatry is integral part of your Annual Health Checks and your Chronic Disease Management plans and reviews, and care of your feet is very important. Regular checks, at least 2 per year, will help delay and may even prevent problems with your feet and the development of diabetic complications.

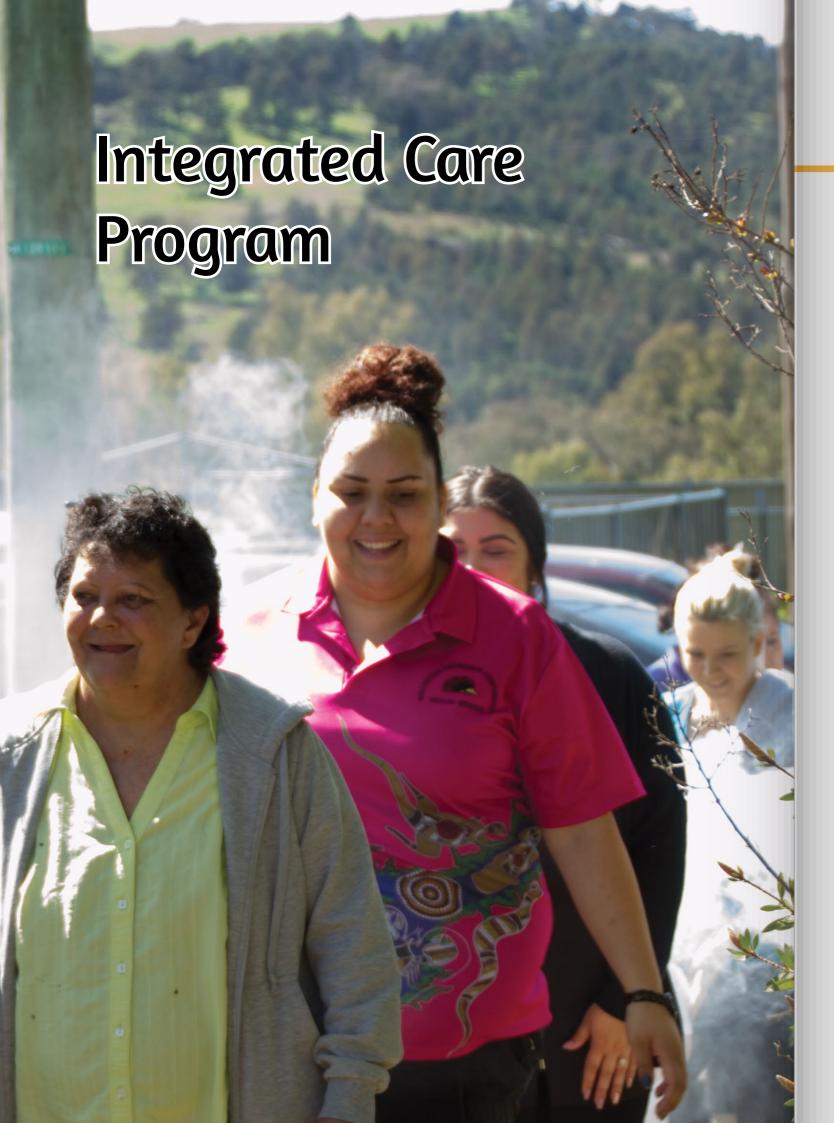
Remember to book your next appointment with our Reception after your service, or give Kath a call for any further help or information.

Podiatry Clinic Stats 2015/2016

1,177
TOTAL CLIENTS BOOKED

57%
OF PATIENTS WERE DIABETIC

14 CLIENTS WERE ABORIGINAL







Integrated Care continues to focus on patients aged 15yr to 55yrs with a chronic disease.

Since last annual report we have enrolled 65 patients into the program and we have been working closely with these patients to get their health and social needs addressed by engaging them with not only our service but other services providers and programs as well.

Half a dozen of our Integrated care patients attended Men and Women Camps that were held out the Burrendong Dam in June this year. These camps were a good opportunity for patients to share stories and empower patients to take control of their lives with a strong focus on culture and healing in self determination.

We have been working on improving communication between the Hospitals in the area around patient discharge summaries.

Recalling patients for follow-up appointments and testing has also been a focus for us to try and empower patients to contact us and make regular appointments.

It hasn't been easy with all patients, some patients are more engaging than others and



we have been trying to work on ways to motivate patients and address their concerns into why they may not want to come in and see a GP or other Health Care providers.

Integrated Care works closely with Healthy for Life, Social Emotional Well Being and Clinic Teams to provide a holistic approach to patient's needs and concerns.

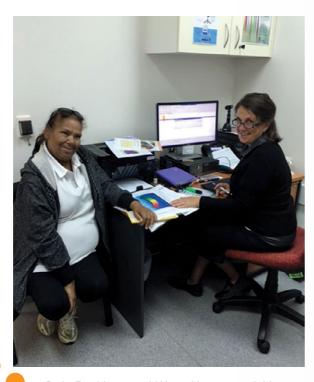
Integrated Care and The social Emotion
Wellbeing team have been working on a
model of care "Decision Tree" to assist with
managing Mental Health cases when they
present to WACHS. Once it is completed and
endorsed we believe it will help not only to



One particular gentle man this year came in to the service through the Integrated Care Program and after having a thorough health check it was found that he had not had an eye check or glasses for about 10 years.

We got him an eye appointment and it was found that he had a serious eye condition that would have eventually seen him go blind if he did not seek urgent specialist treatment. We were able to assist him to his specialist appointment in Orange and then to Sydney for surgery. He is now on the road to recovery and in the process of getting new glasses which will improve his health and wellbeing, and he is very thankful to the staff involved in getting him seen so promptly.

The patient is now also more confident in coming in to see staff if he has any concerns about his health and believes through his experience he has built a great rapport with the Integrated Care Team.



Dale Peckham and Weny Nour ,our visiting Diabetes educator from Marathon Health.

streamline mental health needs
through WACHS but also in the
local community and districts.

Integrated Care Support
Worker Chloe Mulholland
has been busy studying
for her Certificate III
in Aboriginal Health,
and will have this
qualification completed
by the end of the year
2016.

Chloe has also
been supporting the
Regional Eye Clinics
and Diabetes Clinic in
Wellington.

Exciting new Wellington Integrated Care posters and flyers were launched in March this year in partnership with Western NSW Local Health District, along with a video that showcases Wellington Integrated Care that is on the Western NSW Local Health District You Tube link.



Chloe Mulholland and Tania Button.

A local services meeting was also held at WACHS to give other services the chance to find out about Integrated Care and was also a good opportunity for networking within the Wellington Community about available services and programs and how to refer.

The My Health record has been a part of Integrated Care and at WACHs we have currently have 549 patient registered for an electronic health record and these are including all Integrated care patients.

Integrated Care has had 951 contacts with patients over the financial year.



Glen Carr, Kath Richards, Jinnara Tyson, Tori Towney, Jemma and Sam our Podiatrist are all apart of providing care to our Integrated care patients.



Anita Dwyer (Integrated Care Team leader), Bijay Pandey (GP Lead), Chloe Mulholland (Support Worker), Andrew Whale



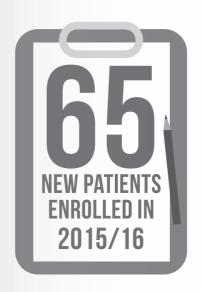
NAIDOC DAY 2016 at Wellington Primary school teaching kids about dental care

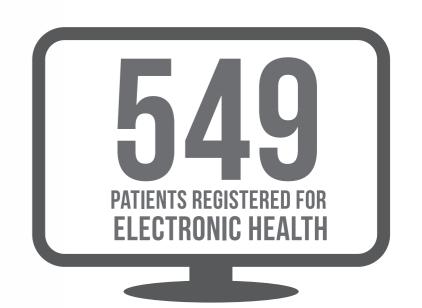






Integrated Care Stats 2015/2016











The objectives of the Healthy for Life Program

- Improve chronic disease care by prevention, early detection and management of chronic disease
- Improve the availability and quality of child and maternal health services

2016 continued to be a busy year supporting both Chronic Disease and Child and Maternal Health Services.

#### **Staffing Profile**

- Senior Aboriginal Health Worker Lai Peckham
- Aboriginal Health Worker Angela Frail
- Youth and Sexual Health Worker Denise Barwick
- Dietitian
   Susanna Hope
- Maternal and Child Health Nurse Trish Thorne
- Eye Health Coordinator Tori Towney
- Healthy for Life Team Leader Trish George

Eye Health screenings were provided at eye clinics at WACHS and regional communities in NSW. Support was also provided to eye health workers to help facilitate clinics in regional towns

Dietetic support continued via one on one and group education locally at WACHS and within the community.

Youth Week activities were conducted in April in conjunction with Sexual Health Workers from Dubbo. Sexual Health clinics continue at WACHS with support from the LHD.

Health checks continued through out the year both in the community and within WACHS. Health checks were conducted at Nanima Preschool, DET Preschool, Yeoval Playgroup, Healing Camp-Burrendong Dam.

WACHS had its last visit from the School of Health Sciences/Oral Health Discipline

Faculty of Health and Medicine Newcastle University on the 23rd February 2016 to follow up 19 children on the very successful Smiles not Tears program.

The Healthy for Life team supported the Quit B fit tour on the 30th May where health information was given to school children and the general public.

Healthy for Life staff supported the Hear Our Heart bus to provide hearing screenings through out the year at Wellington Public and Wellington High Schools and hearing screenings at St Mary's Central school. This partnership with the Hear Our Heart Bus allows not only screenings but follow up with GP's and Specialists for our children in the community.

Staff participated in Close the Gap, Jeans for Genes day and Donate Life with relevant information provided.





Staff participated in *Working with WACHS* policy development day which included staff developing a video relating to a WACHS policy.

A highlight for the program has been the great success we have with a multidisciplinary approach to client care with clients accessing Health Workers, Dietitian, Youth Sexual Health Workers to provide a holistic approach to their health care needs.











# **Healthy for Life Statistics**

141 CLIENT CONTACTS

MATERNAL & CHILD HEALTH WORKER

**426 CLIENT CONTACTS** 

CLIENT CONTACTS 2,410 CLIENT CONTACTS ^25%

YOUTH HEALTH WORKER

ABORIGINAL HEALTH WORKERS



B39 CLIENT CONTACTS

839 CLIENT CONTACTS ^ **174**%



56 CLIENT CONTACTS

2015
46%

2014 40%

2016 **47**%

FIRST ANTENATAL VISIT BEFORE 13 WEEKS

# **IMMUNISATION RATES**

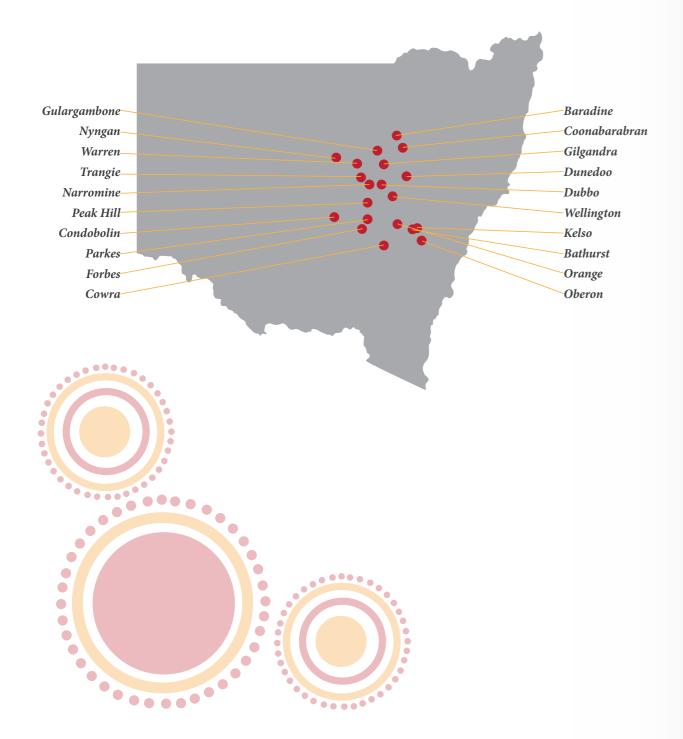


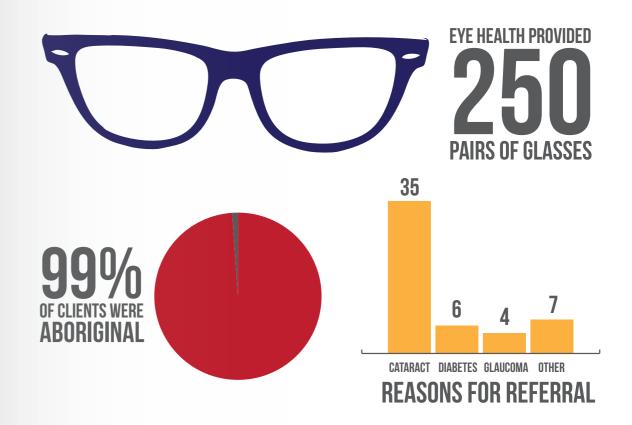
100% 24-36 MONTHS 98% 60-72 MONTHS



# **Eye Health Program Statistics**

**Outreach Centres** 





162 DIABETIC
EYE HEALTH CHECKS

55% OF CLIENTS WERE FEMALE



# Australian Nurse -Family Partnership Program







The Australian Nurse Family Partnership Program (ANFPP) is based on the Nurse family Partnership (NFP) model developed by professor David Olds in the United States of America from his initial research in 1977. ANFPP is part of the Australian Governments Commitment to improve the health of Aboriginal and Torres Strait Islander people. The program has been adapted to be culturally appropriate to meet our community needs. The program is evidence based and targets vulnerable first time mums expecting an Aboriginal or Torres Strait Islander baby. Each expectant mother is allocated a Nurse Home Visitor (NHV), and Aboriginal Family Partnership Worker (AFPW). Visits are predominately conducted in their own homes and aims to help improve health, wellbeing, and self sufficiency. Visits commence during pregnancy and continue until the child reaches two years of age.

ANFPP is well supported by WACHS
Executive Manager of Clinical Services Robyn
Gunter, and consists of:

- Nurse Supervisor
   Ken Pascoe
- Nurse Home Visitors
   Emma Ramsay, Ingrid Vanderspek and
   Chloe Inder
- Aboriginal Family Partnership Workers
   Darlene Herbert, Frances Kelly and Nikkita
   Chatfield.
- Senior Administration Officer
   Sue Merritt whom we are fortunate to share with Aboriginal Children Therapy Team (ACTT).

ANFPP is co-located with ACTT at the "HUB" in Macquarie Street Dubbo. The team services the townships of Wellington, Dubbo, Narromine, and Gilgandra.



Throughout the year, ANFPP team members have participated in a number of educational opportunities to ensure the service continues to deliver current and evidence based material to our clientele, families and the community. We have partnered with Neami National to delivery Indigenous Healing workshops at Buninyong SaCC (Schools as Community Centres). ANFPP joined Tackling Indigenous Smoking Team to delivering the Tackling Smoking and Healthy Lifestyles Roadshow. We participated in the delivery Stay Strong and Healthy Working Party.

Over the past twelve months the program received 67 new referrals of which 31 met criteria. Forty percent of all referrals were hospital based; we had 1165 successful client contacts, with 631 Home visits conducted. There were 40 graduations from the program, with a combine graduation Christmas party conducted at Kids Zoo in Dubbo.

This year the Inaugural ANFPP Community of Practice (COP) meeting was held at Taronga Western Plains Zoo Dubbo. We were fortunate enough to engage local Aboriginal Artist Lewis Burns of the Tubba-Gah-Wiradjuri Nation to perform Welcome to Country and a Smoking Ceremony. This event provided an opportunity for all staff from the five current sites (Darwin, Alice Springs, Cairns, Strathpine and Dubbo) to come together, along with the ANFPP Support Service, ANFPP Leadership Group, and representatives from the Commonwealth Indigenous Rural Health Division. The purpose of COP is to share knowledge, lessons learnt, and education about the implementation of ANFPP in Australia, particularly as the program is set to expand from five to thirteen national sites over the next two years. WACHS ANFPP team looks forward to continued involvement in the further development of the program, for the benefit of our clients and our community.

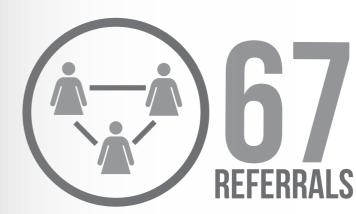


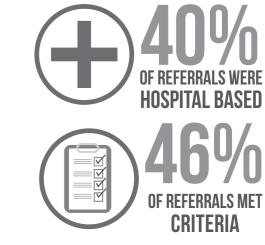
Australian Nurse-Family Partnership Program Stats 2015/2016















The Social and Emotional Wellbeing Team consists of the following:

- Team Leader Cherie Colliss
- Aboriginal Family Health Worker
   Loretta Stanley
- Social & Emotional Well Being Program Jody Chester & Tiffany Walker
- Drug And Alcohol Worker Position Vacant
- Child & Family Team
   Jennah Dungay & 1 position Vacant
- Local Support Coordinator Position Vacant

The SEWB team provides a culturally appropriate and safe environment for community members to come and 'yarn with the team' to find support and/or options available for them to address their current needs ranging from family violence issues, drug & alcohol support, mental health support, family support to name a few.

Our building is separate from the clinic to enable clients to feel at ease immediately and provide a safe environment for them to be able to seek the assistance they require.

The team consists of all Aboriginal staff whom work with the community. All positions within the team are currently identified positions.

WACHS have been successful in gaining a new position to the SEWB Team the Local Support Coordinator to work alongside the Aboriginal family health Worker for victims of Domestic and family Violence.

## **Programs and Partnerships**

Some programs that the SEWB Team have delivered or worked in partnership with other services this year include:

- · Child Restraint Project
- FASD Workshop (Year 7&8)

- White Ribbon Day
- Yinaar Healing Camp
- Girl Power (Yr 3-6)
- Mums to Mentors
- Homeslessness BBQ
- Brother Talk (Yr 3-6)
- · Yinaar Healing Circle
- Hippy Day
- SistaSpeak (Yr 7&8)
- Ice Forum workers/elders
- Harmony Day
- Love Bites (Yr 9&10)
- · Weaving The Net
- SNAICC Day
- Healthy relationships Year 7-10
- Quit B Fit Tour
- NAIDOC Celebrations
- · Holiday Program (all ages)

#### Staff Training

Jody Chester will complete her Bachelor of Community Development and Social Welfare at Western Sydney University by the end of 2016.

Jody Chester & Tiffany Walker attended the SEWB Conference in Hunter valley.

Tiffany Walker completed Diploma Leadership & management BCA and is currently enrolled in Advanced Diploma Leadership & Management with BCA.

Jennah Dungay is enrolled in Certificate IV Alcohol & Other Drugs / Mental Health at Aboriginal Health College and Diploma Leadership & Management with BCA

Loretta Stanley & Cherie Colliss completed the Certificate IV Leadership & Management with BCA.

Cherie Colliss will have completed a Graduate Certificate in Human and Community Services at University of Sydney.

# Yinaar Healing Camp

A culturally competent theoretical framework was designed to support the delivery of the program. Therefore the camp provided a culturally safe space to enable local Aboriginal women to support each other promoting the well being and healing of all participants. Promoting cultural healing and self determination focusing on the strengths of each participant to contribute and share skills and knowledge with one another.. The camp enabled women a space to develop their own program, allowing them the opportunity to determine the program that can support their needs.

The program incorporated education and awareness building on knowledge and capacity to develop strategies in the prevention of family violence, addictions, grief and loss and other social determinants identified by the group



"A really good day. Some very good ideas came out today. Hope we can move forward to benefit and heal the community"

- Aunty Glenda Bell





















# Social & Emotional Wellbeing Team Stats 2015/2016

SOCIAL & EMOTIONAL WELL BEING TEAM



552 CLIENT CONTACTS **^53.3**%

DRUG & ALCOHOL WORKER



ABORIGINAL FAMILY HEALTH WORKER



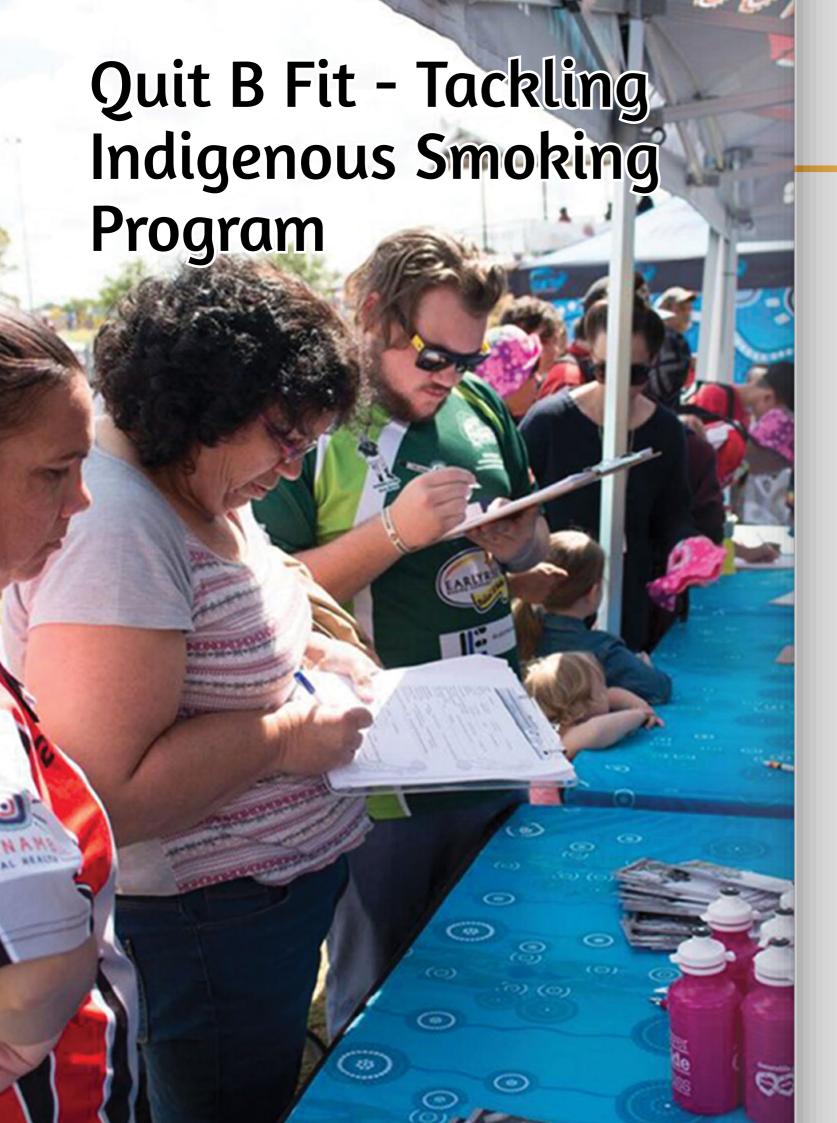
221 CLIENT CONTACTS **^53.5**%

# CHILD & FAMILY WORKER



**TEAM LEADER** 







Tackling Indigenous Smoking Program has undergone changes in the last 12 months with an updated funding agreement from the Commonwealth Department of Health after a review of the programme. Tackling Indigenous Smoking, formerly Tackling Smoking & Health Lifestyle still has the same fundamental goals of reducing the prevalence of tobacco smoking among indigenous communities and education of the harmful effects of tobacco smoke. With the review and new agreements came a set of new Key Performance Indicators for the program. We have named our Tackling Indigenous Smoking Program - QUIT B FIT. With the aim of developing a brand and message that is easily recognisable within communities in our region.

Quit B Fit Tackling Indigenous Smoking Program have been proud sponsors for the 4th consecutive year of the NSW Aboriginal Rugby League Knockout event, which is a smoke-free & alcohol free community event. TIS staff along with staff from WACHS clinic worked the long weekend event gathering data from participants promoting anti smoking messages with the help of our high profile ambassadors, as well as providing health screenings for participants. WACHS & TIS worked closely with Sydney Local Health District to ensure the event was well staffed. Clinic staff completed 400 health screens. TIS Quit B Fit team have worked with 8 school groups in the past 12 months to deliver our 'Deadly Choices' Education Program. So far this year 110 students have commenced the Deadly Choices Education program. TIS will continue to work with local schools within the region during term 4 to continue with the program.

In June 2016, Quit B Fit Tis team held a 2 day Men's Health Camp at Lake Burrendong for 15 local Wellington Indigenous Men who were either suffering from a chronic illness, at risk of developing a chronic illness or affected by

chronic illness in some way. Over the 2 days the men participated in educational sessions on ways to manage chronic illness as well as ways of reducing the risks of developing further chronic illness. Special guest Sally Bembrick from WNSWLHD delivered a smoking cessation session to participants. The groups also enjoyed some physical activities over the 2 days including archery and completing a ropes course.

TIS have also attended several NAIDOC events across the region as well as hosting a QUIT B FIT Tour in Wellington, Gilgandra, Bourke & Moree with Ambassadors Street Warriors and Shannon Noll attending to help promote smoke free communities, homes and environments across the region.







# MomenTIM

WACHS in partnership with the Institute of Urban Indigenous Health (IUIH) in Brisbane has developed a program targeted at young Aboriginal and Torres Strait Islander males at risk of mental health issues in Wellington. The project name MomenTIM is a play on the word "momentum" meaning: "Mo" (acknowledging Movember, the funding body), "Men" (the focus), "TIM" (acronym for Tomorrow's Indigenous Men).

MomenTIM targets young male Aboriginal and Torres Strait islanders who have disproportionately and unacceptably high rates of mental health issues, leading to self harm and suicide. The project is in it's 3rd year.

In February this year a gathering brought together the three MomenTIM regions. A cohort of Deception Bay, Mount Isa and Wellington (NSW). MomenTIM participants and facilitators came together in Brisbane for 3 – 4 days of activities including health and recreation activities, a Yarning Circle, Youth Mental Health Forum, Family Research and Leadership/Role Model opportunities. The gathering coincided with the Murri versus Koori Annual Interstate Rugby League Challenge and the NRL All Stars Game 2016 held in Brisbane. The gathering presented an ideal opportunity for the Wellignton MomenTIM participants to meet other young men who shared their experiences through life.

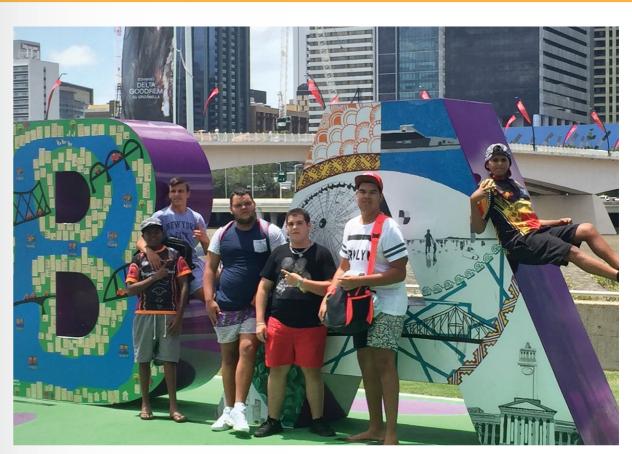
MomenTIM facilitator, Jay Forrester has continued to work and collaborate across the three sites to improve access to mental health services and has been involved in collaborating with the QUIT B FIT team to deliver a whole of health school based education program. As part of this program, MomenTIM was pleased to host Shea Spierings, youth ambassador for Australia to the United Nations.

In August Jay was able to join the other MomenTIM facilitators on a visit to Mt Isa Gidgee Healing for a workshop to look into their services, logistics and issues facing young men.











# Aboriginal Children's Therapy Team







Tessa Morrissey (Speech Pathologist), Brittany Hill (Therapy Aide), Wendy Peachey (AHW), Sarah Crombie (Occupational Therapist), Lisa Hall (Speech Pathologist), Jinnara Tyson (AHW) Sue Merritt (Administration) and Lindsey Stewart (Team Leader).

The Aboriginal Children's Therapy Team known as ACTT services birth to 8 year old Aboriginal children that live in Dubbo for Speech Pathology, Psychology and Occupational Therapy. Our service works in partnerships with our Aboriginal Health Workers and a Therapy Aide to provide an allied health service within a culturally relevant framework. The team of 8 are busy providing sessions at The Aboriginal Child and Maternal Hub as well as within schools and preschools across Dubbo. Our primary service partners include Buninyong Preschool and Allira Child Care. At these centres each child receives Speech Pathology and Occupational Therapy Screening in term one followed by weekly groups to assist in school readiness

and developmental skills for kindergarten. The children are then screened at the end of the year so we can track their progress and give parents and class teachers an update on their improvement and any areas that need further therapy. ACTT have also worked in partnership with DPaCH to offer a kindergarten articulation program at West Infants Primary School as well as language play groups at West Infants Preschool.

# Team Highlights from the year

Establishing a program at West Infants
Preschool – ACTT Speech Pathology Team
has developed a new partnership with West
Dubbo Infants Preschool. They have over 50%
indigenous enrolments and each week small



group of 5 children participate in a language playgroup. This helps with identifying future referrals as well as teaching language and literacy skills.

Participating in Close The Gap Day – ACTT and ANFPP teams participated in community Close The Gap celebrations with Buninyong SACC, The Walkabout Elders Groups and the Buninyong Men's Cooking Club. This was a great day of food, song and art.



Charlotte has been accessing Speech Pathology with ACTT since 2012. She was originally referred to Speech Pathology as her speech was difficult to understand. Her brother, Richard, was accessing Speech Pathology, Occupational Therapy and Social Work with the service at the time of her referral.

Charlotte has received individual sessions, family sessions with her brother and a home program. All these models have targeted speech and language goals which were identified by her parents, ACTT and the school. She has made great progress with therapy correcting 7 different speech sounds. Well done Charlotte! We have also been liaising with Charlotte's school to ensure her literacy skills remain age appropriate. While Richard has been discharged from our service, he enjoys attending sessions with Charlotte. Richard says that a highlight of coming to Speech Pathology is playing games with each other. Charlotte likes coming to Speech Pathology because it helps her say words better. Sarah, Charlotte's mother, finds our service to be approachable, flexible and family centred.

New Aboriginal Health Workers staff - In January 2016 ACTT recruited three new staff to the Aboriginal Health Worker Roles and Therapy Aide position. This saw a dramatic shift in the way we could deliver a culturally relevant service. Our statistics reflect a major increase in engagement and attendance across the entire program by having these positions filled.

Psychology Service - In May 2016 we developed a working partnership with Psychologist Tanya Forster. Our clients have been able to access individual weekly therapy with her as well as parenting support. This has been a successful addition to our program.

Community Partnerships - We continue to work closely with our service partners Buninyong Preschool and Allira Child Care. Staff attend community networking meetings including; The Dubbo Early Years Group, The Communities for Children Meeting and The Paediatric Allied Health Meeting. Our service delivery model has expanded further into schools across Dubbo which has built great working relationships with Teachers, Aboriginal **Education Officers and** Principals.

# **Key Statistics**

We received 155 new referrals into the service. Staff completed 86 Comprehensive Allied Health Assessments and 156 Preschool Screenings. 471 clients accessed weekly blocks and 232 participated in home programs or a consultative service. There were a total of 1121 appointments offered with a 77% attendance rate.

Aboriginal Children's Therapy Team Stats 2015/2016

# OCCUPATIONAL THERAPY



97 ACTT HUB | 84 OUTREACH

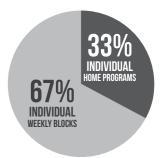
# **SPEECH THERAPY**



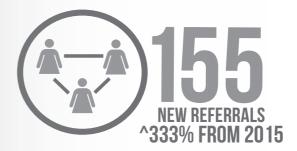
# **PSYCHOLOGY**



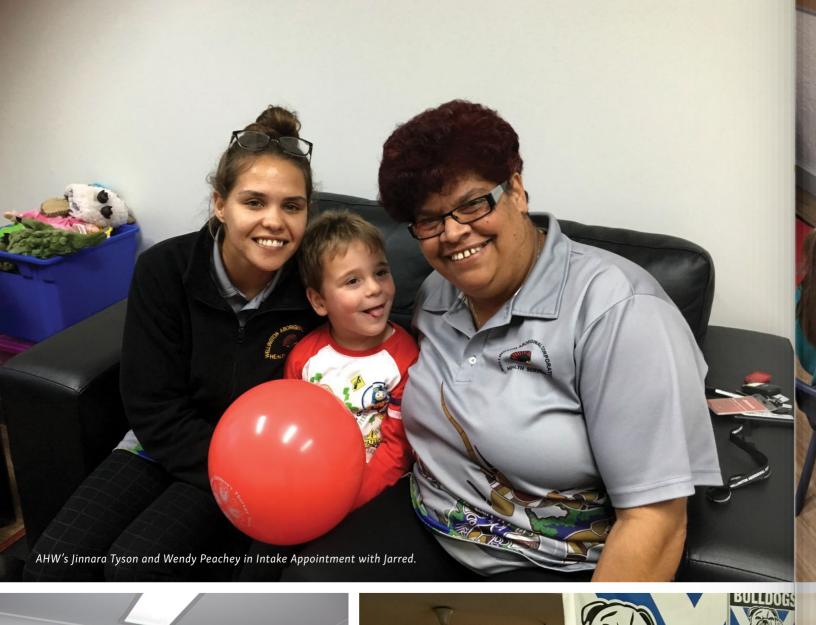
# **SERVICE DELIVERY TYPE**



23% **APPOINTMENTS** 





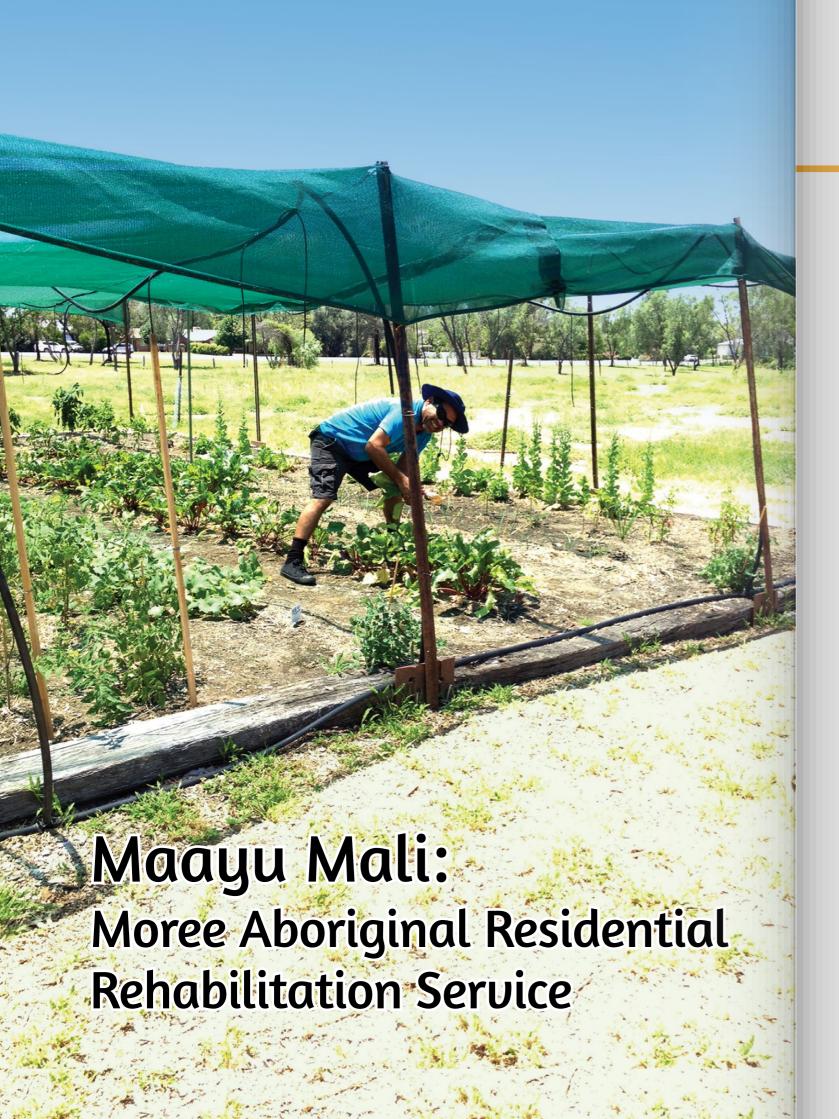




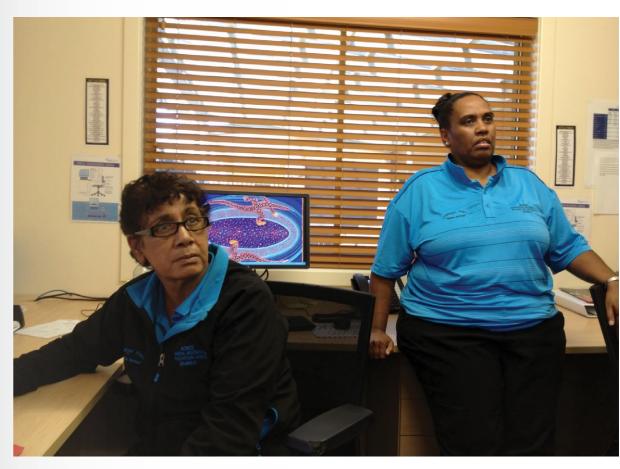












The Moree Aboriginal Residential Rehabilitation Service is a partnership program with St Vincent de Paul that opened on the 13 July 2015. The program is a 2 year commitment to clients which is designed to provide drug and alcohol support to clients in a culturally appropriate and safe way that allows them to deal with the very difficult and challenging issues impacting on their lives, their families and the communities in which they come from. There are three distinct phases in this program.

Phase one is the 3 month residential program where clients participate in individual and group therapy, incorporating educational and cultural activities. The focus is to address the reasons behind the substance misuse and develop some strategies and resilience to resist in the future.

The second phase is the intensive outreach component when a client first leaves residential care and are adjusting to being back home in familiar surroundings and likely exposed to the triggers of the past. The comprehensive case planning prior to exit and the continuous contact and support is intensive in order to support the client through any number of social challenges.

The third phase is the continued support and assistance however the links forged during the intensive phase are established enough to take on a greater responsibility. Whilst our Service remains in contact and offers support and case management, this is less intensive and is building the client to independence.



## **Client Story**

One of our major success stories is of a young man 24 years of age who attended our Centre for a range of both alcohol and drug related issues and who also had very low numeracy and literacy skills as well as low self-esteem. This client's family had all but given up on him. During this young man's stay we provided him with the support through our group work and also through oneone work to address his drug and alcohol issues. Furthermore, in partnership with TAFE, assisted and supported him with his numeracy and literacy skills. The young man was also provided with counselling support to deal with his issues of grief and loss and past issues of trauma. He slowly and steadily started to deal with his issues and gradually became more confident in himself and his work with staff. With the support of Staff he completed two TAFE certificates; Cert III Horticulture and Cert II Kitchen Operations on site at Maayu Mali. The young man completed his program at our Centre and has now been supported within his own community and maintains contact with our service and staff regularly. He has reconnected with his family who are now very supportive of him and his recovery. He has obtained his driver's licence since returning home and is currently attending TAFE recently completing his White Card, First AID and is currently enrolled in a Small Motors Course. The young man also attends a support group with others struggling addicts and is hoping to establish a NA meeting in his own community with the support of other members who attend the support group. 

The staffing compliment is as follows:

- Manager
- Two Senior Drug & Alcohol Workers
- Five Drug & Alcohol workers
- One Support Worker
- One Administration Officer
- One Cook
- One Cleaner (18 hrs per week)

83% of staff are local Aboriginal people (10 out of 12). We take clients from throughout NSW and south east QLD. Our first intake took place on 23rd August 2015. The referrals that we have received have come from all around the state from as far out as Broken Hill through to the South Coast of NSW back down through Western NSW and through to North Coast and Far North Coast and South East Qld. During this time the service and Manager Chris Binge has valued the support and input of the WACHS Executive, David Kelly and Lisa O'Brien from St Vincent's, members of our

# Highlights from 2015/16

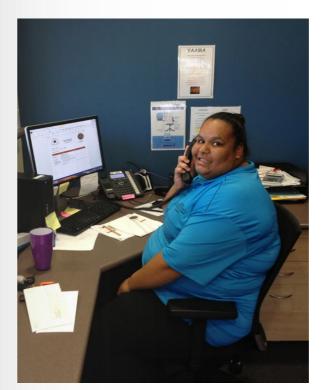
WACHS Board.

Clinical Advisory Group (CAG)

Janet Curran Project Manager,

CEO Darren Ah-See and the

- The High Number of Referrals that have come through and continue to come through to our Centre
- The over whelming feedback received from community, Service providers clients and their families regarding Maayu Mali and how its



Maayu Mali Stats 2015/2016



3 YEARS FUNDING
\$4.5
MILLION
PRIME MINISTER & CABINET



run and the support it provides to clients and their families

 The Service receiving a further 3 years of funding through Prime Minister & Cabinet of \$4.5 Million.

#### **Key Statistics**

- From June 2015-June 2016, approximately 100 referrals received and assessed
- From June 2015-June 2016, Approximately 54 residence attended the Centre
- From June 2015-June 2016, 9 clients fully completed the program
- From June 2015-June 2016, All clients who were accepted completed full health checks and full health screenings



83% OR 10/12 STAFF ARE ABORIGINAL





62

WACHS Annual Report 2016
WACHS Annual Report 2016



