

# Winnunga Nimmityjah Aboriginal Health Service 2015-2016 ANNUAL REPORT



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### *Acknowledgement:*

*The cover artwork was painted by Felicia Fletcher. We thank Felicia for her contribution and support.*

## Chairperson's Report

This year, Winnunga provided culturally safe services to over 4,400 people in the ACT and surrounding region, with over 45,000 occasion of service. The extent of our service reach is well demonstrated by the fact clients access Winnunga from 330 different postcodes. With the adoption of the clinical staffing structure from 1 July 2015, we have started to see the rewards and benefits gained by clients from the strategic policy decision to employ full time GPs. This has been particularly evident in the January to June 2016 period. Continuity of care has been enhanced and the new GPs have built good rapport and trust with individuals, families and the community. Clients are reporting increased access to be seen to by the doctor of their choice on any day of the week.



Winnunga continued to engage with ACT Government on returning Boomanulla Oval to Aboriginal community control and management. I am pleased to report Winnunga has been selected through the ACT Government tender process for the management of Boomanulla Oval to proceed to stage two of the tender. Winnunga was the only organisation invited to proceed to stage two and we are now engaged in negotiations with the tender team about the basis on which future management arrangements might proceed. We will keep the community informed as the negotiations progress into the coming financial year.

Work has continued on progressing the Ngunnawal Bush Healing Farm. Meetings have been held with ACT Health and the United Ngunnawal Elders Council Chairperson Roslyn Brown, as well as Karralika Programs and ATODA. We look forward to further conversations on the proposed model of care in the coming financial year, and the realisation of this Drug and Alcohol Rehabilitation Service, with a view to opening towards the beginning of 2017. Winnunga held a number of community events in 2015-16 including the annual Sorry Day Bridge Walk in May which was attended by over 2,500 people and a Children's Christmas Party in December with around 800 people present. Community days are an important way of bringing people together and Winnunga will continue to deliver these in 2016-17.

With new requirements being introduced as part of the PM&C's Indigenous Advancement Strategy (IAS), Winnunga sought for and was granted an exemption to obtain funding under the IAS within its current incorporation structure. The new requirement for organisations securing more than \$500k is to be a company limited by guarantee. This obligation prompted the Board of Directors to revisit the previously identified benefits of Winnunga shifting to the Australian Securities & Investments Commission (ASIC) structure. Legal advice has been obtained from Anita Whitelum, who has assisted in a constitutional review process for Winnunga, as well as Pricewaterhouse Coopers (PwC) who have generously provided Winnunga with their expertise in moving towards transitioning to ASIC, on a pro bono basis. We will continue to progress this work keeping our members informed of next steps.

I together with the CEO actively participated in the review and reform of NACCHO which was undertaken by Nous Group, a leading management consulting and leadership development firm. We look forward to the outcomes of the review and our future work together with NACCHO.

Julie Tongs, Winnunga's CEO for the last 18 years has again lead the organisation through another successful year. Julie's vigilance ensured all financial, legal, accreditation and performance obligations have been met in line with all our contracts and the Board's strategic plan for Winnunga. This year we entered our third cycle of accreditation and I am proud to be the Chairperson of a robust, well governed Aboriginal Community Controlled Health Service, which again met all accreditation requirements with AGPAL and QIC, as well as exceeded these national standards in the area of case management and internal research. I sincerely thank you Julie for your tireless effort to make Winnunga what it is today for our community.

Finally I thank the Board Directors, Ethel Baxter, Alana Harris, Lynette Goodwin and Shanaye Baxter for their support, expertise and governance throughout the year.

*Craig Ritchie, Chairperson*

## Chief Executive Officer's Report

It has been a challenging year for us all, and I would firstly like to acknowledge the tragic death of a young Aboriginal man, Steven Freeman, in the Alexander Maconochie Centre (AMC). I advocated strongly for investigation of the severe assault in prison Steven was subjected to many months prior to his death, and for his ongoing safety. Unfortunately he was not kept safe and died in custody in May 2016. I have and will continue to support Steven's family and actively lobby for a transparent investigation of these events. We hope that justice will prevail and no other families experience this kind of tragic loss.



Aboriginal and Torres Strait Islander people continue to be over-represented in both the AMC and Bimberi Youth Detention Centre. While Winnunga provides some services to both institutions, we are negotiating to provide a much more comprehensive in-reach and transitional model of care to be implemented. We have also employed a Justice Reinvestment Officer.

As noted in last year's Annual Report, Winnunga tendered for the Strengthening Families program under the Government's 'Step up for Our Kids' out of home care strategy. We are disappointed to inform Winnunga was not successful with this application. The ACT Government failure to engage with the ACT Aboriginal community in the design and implementation of 'A Step Up for Our Kids' is magnified by the fact mainly non Indigenous organisations have been funded to manage the program and are anchored by interstate NGO's including an Aboriginal organisation based somewhere on the central coast of NSW that has no connection with the ACT or the Aboriginal people who live here in the ACT. A Step Up for Our Kids is a classic example of 'doing it to us, not with us', and I will continue to hold the ACT Government and services to account.

Winnunga is a one stop shop providing comprehensive primary health care to clients. Space allocation has continued to be problematic, however, in mitigating this issue, we are continuing to work together with the ACT Government on securing a purpose built building to suit Winnunga's patient flow needs and model of care. A building condition and functionality audit is scheduled to be carried out in 2016-17, which will provide a set of recommendations for consideration.

Winnunga has observed negative impacts people have encountered as a result of long waiting times when referred to specialists. Our clients do not have private health insurance in order to secure timely access to specialists, however present with numerous health complexities. The long waiting times have ended with deteriorating health matters for clients. To mitigate this issue Winnunga has continued to engage a range of specialists to provide in reach services to clients at Winnunga, however the time lapse between clients being seen to at Winnunga and the specialists being able to treat the client beyond the initial appointment at Winnunga remains an issue for many.

Our annual client satisfaction survey continues to be an important tool to ensure we are meeting the needs of the community in the best possible way, as well as working continuously to improve services. This year, 89% of survey respondents stated they were either very satisfied or satisfied with Winnunga's services. 7% reported their satisfaction as being neutral and 4% reported being unsatisfied or very unsatisfied. 98% reported they would recommend Winnunga to others. This reinforces our culturally safe and comprehensive model of care is responding to our community.

I thank all Winnunga staff for another year of quality service delivery and commitment to the community. The contribution each one of you brings to Winnunga is what makes the service a world class facility.

*Julie Tongs OAM, Chief Executive Officer*

## Affiliate

The Winnunga CEO, Julie Tongs has continued in her position on the NACCHO Board as well as Health Service and Affiliate CEO. Ms Tongs provides ongoing advocacy for Winnunga and the Aboriginal and Torres Strait Islander community in the ACT region and nationally. Julie met regularly with decision makers and key stakeholders at ACT Government, Australian Government, academic institutions and non-Government organisations to work on improving policies and services at local and national levels. This continued lobbying, and increased media attention in 2015-16, has raised the profile of Winnunga in the ACT and contributed to ongoing improvements in service delivery.

A range of identified priorities for stakeholder engagement were again identified in this reporting period. Disadvantage in relation to all areas impacted on by Aboriginal and Torres Strait Islander people, continues to be grossly over represented, and this is not a trend which is diffusing in the ACT, but alarmingly continuing to increase in a range of areas.

Priorities identified included:

- Alcohol and Other Drugs, including continuing to advance the Ngunnawal Bush Healing Farm Residential AoD rehabilitation Service
- Mental Health
- Continuation of the Review of NACCHO and Affiliates
- Distribution of commonwealth funding for Aboriginal and Torres Strait Islander specific purpose
- Access to services and service system response, including systemic discrimination and racism
- Continuous Quality Improvement (CQI)
- Comprehensive primary health care
- Significant over representation of Aboriginal people in Out of Home Care and in the justice system
- Data collection (OCHREstreams), reporting and red tape reduction

For many years The United Ngunnawal Elders Council (UNEC) through the Chairperson Roslyn Brown and Senior Ngunnawal Elder Auntie Agnes Shea along with other Aboriginal individuals and services have advocated for the Ngunnawal Bush Healing Farm which is about to come to fruition. UNEC along with a number of key stakeholders including Aboriginal Community Controlled Services, individuals and government representatives have been involved in the planning and development of the Ngunnawal Bush Healing Farm, a drug and alcohol residential rehabilitation service built on a rural property near Canberra. This service is finally ready to open in 2017 and Winnunga is in negotiation with ACT Health officials to be the lead agency/service to provide a drug and alcohol rehabilitation service at the site which will be staffed and managed by Winnunga. The service will incorporate the living web which was designed to include the Ngunnawal Elders for cultural guidance and other Aboriginal and mainstream services to provide the social determinants component of a comprehensive model for rehabilitation. Winnunga is also negotiating with ACT Government around taking on the management and redevelopment of Boomanulla Oval, a substantial community facility that has been unused for several years.

Winnunga Clinical Services have been expanding to provide more comprehensive care. Specialist medical clinics have been running in Dermatology, Endocrinology, Gastroenterology, Ophthalmology, Obstetrics and Gynaecology and General Medicine. A current focus has been treatment of Hepatitis C, facilitated by an outreach service from the Liver Clinic of The Canberra Hospital.

Winnunga commenced a Healthy Weight Program, funded through an ACT Government Healthy Canberra Grant. This Program works with overweight and obese clients through a weekly support group, activities, counselling, education, clinical support, referrals to both internal and external services as well as hosting community events.

Mental health and drug and alcohol services are an ongoing and important focus. This year Winnunga Clinical Services have increased Level 2 Mental Health training for GPs, and developed a specific Aboriginal and Torres Strait Islander Level 2 accredited training course which will be delivered to providers by Winnunga staff.

Winnunga services have significantly outgrown the existing building and infrastructure. While initially there were plans for an extension, this has now progressed to planning for a totally new building, as the existing building is not fit for purpose. With an ACT election pending, both parties have made commitments to improving Winnunga infrastructure so we are hopeful of this progressing. We are also negotiating the possibility of a satellite clinic in the north of Canberra as this area has the furthest travel times to the current Winnunga site.

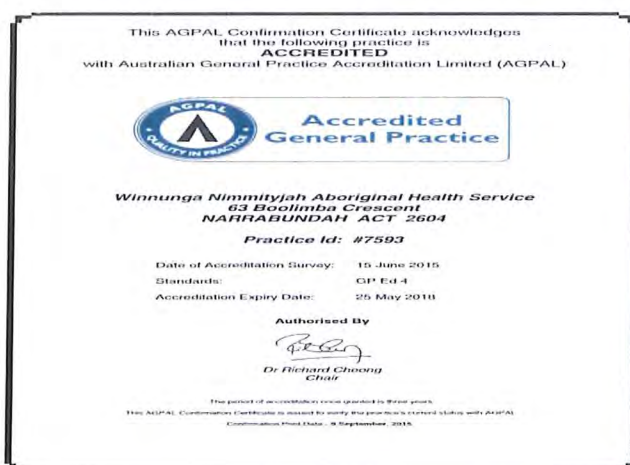
Robust data analysis has supported both strategic planning and ongoing improvements to service delivery. Regular analysis of clinical and Medicare data provide quality improvement feedback to Clinical Services, and broader population analysis informs strategic planning and service delivery staffing and infrastructure. Research projects at Winnunga supplement internal data analysis with more detailed and in-depth work on specific subjects.

Winnunga has been fully re-accredited through AGPAL and QIP. As part of maintaining accreditation a range of clinical governance and quality improvement activities are undertaken. These have included policy developments where gaps are identified, and clinical audits with feedback cycles to improve aspects of service delivery. Winnunga has also provided ongoing workforce support and professional development for staff.

## Winnunga Updates

### Accreditation

Winnunga obtained National Quality Improvement Council (QIC) Accreditation for yet another three years. This achievement was a whole of Winnunga effort, a big congratulations to Kacey Boyd our Accreditation Manager and all the staff of Winnunga on undertaking the QIC Assessment Cycle. Winnunga is committed to ensuring we provide a best practice Aboriginal community controlled holistic health service, with accreditation playing a significant part in this commitment.



### Accredited Mental Health Training

Winnunga developed an RACGP accredited mental health training package for GPs together with the Australian Society for Psychological Medicine (ASPM). The aim of the training is early intervention, to avoid people reaching crisis wherever possible. The training has been rolled out to some Winnunga GPs (all GPs will be Accredited in 2016-17) with another session to be delivered in October 2016. ASPEN will be in attendance in an observer capacity. The training package is designed to enhance clinical services when seeing clients with complex matters. The training will also be rolled out Nationally to interested GPs and other clinical staff. This is the first accredited training Nationally to be developed and delivered by an Aboriginal Community Controlled Health Service.

To further complement mental health care to clients, a *Mind Wellbeing Clinic* has been established (2 x half days/week). The clinic is delivered by a GP and is designed to enhance client's psychological strategies, building early intervention/preventative strategies before people develop a mental illness.

### Multidisciplinary Outreach

Winnunga GPs and the Social Health Team (SHT) have commenced outreach visits together to clients who need social health and clinical issues to be attended to. This multidisciplinary approach is carried out weekly for example to residential homes, the Tent Embassy and institutions.

### Continuity of Care

Winnunga has started to see the rewards and benefits gained by clients from the strategic policy decision to employ full time GPs (we currently have 9 full time GPs). This has been particularly evident in the January to June 2016 period. Continuity of care has been enhanced and the new GPs have built good rapport and trust with individuals, families and the community. Clients are reporting increased access to be seen to by the doctor of their choice on any day of the week.

### National Disability Insurance Scheme (NDIS)

With the support of a Business Investment Package, Winnunga commenced investigating possibilities for the organisation and clients around the NDIS. Winnunga is currently not a registered NDIS provider and understood careful consideration of what the NDIS means and could potentially provide to Aboriginal and Torres Strait Islander people needed to be confirmed in order for the Board and CEO to make an informed decision on whether there is a role for Winnunga in this space, and if so, what this may look like.

The NDIS exploration has to date revealed the process for Winnunga to deliver services under the scheme, coordinate plans for clients, and/or manage plans is not as straight forward as anticipated. We need to be cautious clients are not set up to fail. Investigatory work will continue in order for recommendations to be made to the CEO and the Board of Directors in the first quarter of the 2016-17 financial year.

### Governance and Corporate Structure

Winnunga is pleased to announce the engagement of PricewaterhouseCoopers (PwC) to provide strategic advice on the governance and corporate structure of the organisation. Over the past two decades, the scale and scope of services provided by Winnunga has grown significantly, and it is appropriate for the Board to consider advice on the governing structures and capacity requirements for the ongoing delivery of services to our community. Adrian King (Partner) and Danny Jowers (Senior Manager) from PwC have commenced work with the Winnunga team on a pro bono basis. They



bring strong background and knowledge, supported by PwC's depth of experience in this area. Winnunga is grateful for PwC's invaluable support.

#### **Boomanulla Oval – possible future arrangements**

Winnunga continued to engage with the ACT Government on returning Boomanulla Oval to Aboriginal community control and management. We are pleased to report that Winnunga has been selected through the ACT Government tender process for the management of Boomanulla Oval to proceed to stage two of the tender. Winnunga was the only organisation invited to proceed to stage two and we are now engaged in detailed negotiations with the tender team about the basis on which future management arrangements might proceed. We will keep the community informed as the negotiations progress into the coming financial year.

#### **Aboriginal and Torres Strait Islander Women's Safety Project**

Minister Berry notified funding for Winnunga to deliver an Aboriginal and Torres Strait Islander Women's Safety Project. The project includes the development of a policy and safety plan for Aboriginal and Torres Strait Islander women and children in the ACT, and the launch of both the plan and policy through one of Winnunga's Community Events. The project will be used as a platform to raise awareness of safety matters within the community, provide education, and refer clients into appropriate internal and external services. The project enables Winnunga to provide advice to the ACT Office for Women on an appropriate model of integration that would work for Aboriginal and Torres Strait Islander women and children around safety, based on Winnunga's in-reach model of services with external specialist providers. The Project commenced in January 2016 and is due to be completed in January 2017. We welcome this resourcing from the ACT Office for Women to be able to focus on safety matters for women, children and the Community as a whole.

## **Our Women**

#### **Women's Group**

The Women's Group provides a culturally safe space for Aboriginal and Torres Strait Islander women to come together and talk about health and wellbeing issues, receive support and engage in activities. The Group is based on providing a respectful and non-judgemental environment and is open to all Aboriginal and Torres Strait Islander women.

This year we continued to see an increase in numbers coming along to the weekly group with 12 to 14 women consistently attending - the main focus being arts and crafts. The group invited a number of guest speakers, to talk about the importance of Women's health (including organising breast screening), how to look after your mental wellbeing and learning more about lung cancer.

A Tharawal Land Council's Elders Group came along to the group to showcase their art and crafts and pass on their skills. The Tharawal Elders enjoyed their visit so much the Winnunga Women's Group were invited to go and visit them sometime and share their art and craft skills with them.

In the warmer months, the Women's Group went to the Cotter Dam for a BBQ lunch excursion, and organised picnics and BBQ's at local parks. The Women's Group is a safe and caring environment where women can discuss what is happening in their lives and come together to support each other.

## Midwifery, Mums and Bubs/Parenting Group

The Aboriginal Midwifery Access Program (AMAP) aims to provide flexible, culturally safe midwifery care to Indigenous families. The program has full access to all antenatal clinics in Canberra and Queanbeyan hospitals.

The Winnunga Midwifery Team provided services to 222 individuals with 2,313 episodes of care in 2015-2016. Antenatal care was provided to 96 women and there were 56 births recorded on the AMAP Program, including one set of twins. Of the babies born, 91% had a normal birth weight and 9% had a low birth weight (<2500g). 72% of women breastfed at birth and 46% of women were still breastfeeding at 6 weeks post birth.



Women continue to access healthy pregnancy and birth education through the program but can also access hospital based education in order to provide flexibility. These programs are delivered on as needed, and are the choice of the woman as to whether she would prefer one-on-one or group education.

The Midwifery Team provided 135 home visits, 72 hospital visits and 252 telephone services.

The Mums and Bubs/Parenting Group has continued weekly on Wednesdays. The Group has been enhanced again in this reporting period with allied health input through the introduction of child services such as speech therapy. There were 28 Mums and Bubs/Parenting groups delivered.

Our care for high risk women has continued this year where midwives, GPs, obstetricians and other specialists work in conjunction with each other to provide appropriate care and improve clinical outcomes. Midwives continue to provide social and clinical support to women who may need to have appointments at the hospital which ensures culturally safe continuity of care. A varying number of clinics are accessed during antenatal care but the most frequented clinics include Foetal Medicine Unit and the Pregnancy Diabetes Clinic. The midwives continue to have a good working relationship with staff within these clinics which can provide comfort and confidence for clients.

Midwives have actively engaged with clients during the six week postnatal care period. The six week period has provided intensive support to clients through for example home visits and provision of transport to appointments.

The Midwifery Access Worker whom had been with the Program for numerous years retired in this reporting period. Although we were sad to see her leave after many years of service, we are pleased to report a new Midwifery Access Worker was employed and has been welcomed by the community.

The Aboriginal Access Worker provides a link for the women and assists in supporting and engaging women in their pregnancy care. The Access Worker also assists with engaging women in other Winnunga AHS programs such as the Child Health Clinic. Importantly, the Access Worker provides transport for women who would otherwise not be able to access antenatal care through mainstream

services due to financial, transport and family difficulties.

Two University of Canberra Midwifery Students provided continuity of care (antenatal, intrapartum and postnatal) for four women, and we continued to have 4th year ANU Medical Students attend the program on two week rotations.

## Our Men

### *Men's Group - Healing the Warrior Within*

The Men's Group continued to be held every Monday at Winnunga between 11.30am and 3.30pm. The group focuses on creating a culturally appropriate, safe and non-judgemental environment for Aboriginal men to discuss health and lifestyle concerns.

The group has focused on a number of key areas throughout the year including, healthy eating, reducing alcohol consumption, importance of physical activity, managing depression and anxiety, connecting with community and self-care. Throughout the year, the group undertook a number of excursions within the Canberra region and held workshops to make their own didgeridoo's, visit Booroomba Rocks at Namadgi National Park and other areas of cultural significance in Canberra and the region.

The group hosted guest speakers from Centrelink, Aboriginal Legal Service, ACT National Resource Management, student doctors in attendance and Our Mob who spoke about the risk factors involved with lung cancer.

## Our Youth and Young Adults

Winnunga's Youth Diversion and Schools Program has continued to be well received. Young people have actively engaged and mentoring has had many positive impacts on participants through a number of opportunities ranging from direct liaison with students at schools, at Bimberi Youth Detention Centre, and structured sporting activities. The Healthy Cooking Group has continued to be attended by young people residing at Ted Noffs (AOD rehabilitation centre), and workers have spent significant time with individuals one on one as well as in group settings talking through issues faced by Aboriginal and Torres Strait Islander youth.

For many young people the interactions they have with Winnunga workers (positive, culturally safe role models), makes a big difference in their lives. Social and emotional wellbeing, identity and learning how to make positive life changes, have been worked through with trust and mutual respect. The Program provides a safe space for young people to discuss issues and this has assisted many to be able to continue to be engaged/attend school, and to stay 'out of further trouble'.

The Program delivered nine school visits in this reporting period, with some sessions tailored to meet needs identified directly by schools including anger/social and emotional and mental health issues, and AOD matters. Activities undertaken with Ted Noffs students include:

- \* Basketball in the gym
- \* Ice skating
- \* Touch football
- \* Laser tag
- \* AMF Bowling
- \* Skyzone
- \* Putt putt golf
- \* Flip out trampolines

72 groups were delivered at Bimberi Youth Detention Centre and 35 groups with young people using Ted Noffs Foundation services was provided in this financial year, with an average of 11 participants per each session.

Winnunga's Social Health Team (SHT) continued to engage with young people at Bimberi Youth Detention Centre twice a week to undertake sporting activities. The young people look forward to this interaction and it assists in creating a positive attitude among the youth whilst embracing cultural values and practices when playing traditional Aboriginal sporting games and through conversations. Winnunga staff additionally meet with the young people individually to discuss any concerns or worries they may have in relation to family on the outside.

When the young people are released, some are released to a half-way house where Winnunga's SHT workers engage with the young people in this setting to ensure they are supported socially and emotionally. A number of the young people at the half way house have engaged with playing touch football and also attend Winnunga for their health care.

It has taken much longer than anticipated to engage a suitable RTO who can provide a flexible rolling Automotive program to young people with complex issues. We did not foresee this to be such a problematic matter as dealing with RGT whom previously provided this certificate to Winnunga clients was easy. We are pleased to report however that we have found an RTO provider through CIT who is able to deliver the course in the way it is needed for young Aboriginal and Torres Strait Islander people who are disengaged from schools. The provider is able to accommodate students with Winnunga's support who have limited literacy and numeracy skills due to complex situations and hence whom have had minimal engaged with education. Winnunga continues to support this target group of young people and break down barriers of systemic cycles encountered.

## Getting Healthy and Staying Healthy

### Dietitians

Winnunga's dietitians continued to work with passion and commitment focussing largely on the holistic treatment of chronic diseases, most commonly Type 2 Diabetes, Dyslipidaemia, obesity and on their prevention. They also provided general healthy eating advice to clients without chronic disease who are looking to improve their nutritional status.

The dietitians worked closely with the Healthy Weight Program (HWP) to assist with developing meal ideas, meal plans, healthy snack ideas and appropriate portion sizes for the Program participants. They have seen some HWP participants in the clinic for one on one consultations. Some of these clients have also been given access to VLCDs (very low calorie diets), constituting meal replacements, which can otherwise be expensive, and we are seeing some great results with this.

Winnunga's dietitians follow up with a phone call to 'touch-base' if appointments are missed, and rebook if clients would like to do so. When needed phone consults are carried out, and where appropriate clients are seen outside the building as well as in a café, outside bench, or during a walk.

Work has been conducted with families to improve the overall family food patterns and especially focussing on healthy food choices for children, to support with general health and wellbeing, and providing clients with a good understanding of healthy eating.

### Healthy Weight Program

Minister Corbell confirmed in the latter part of 2015, Winnunga's application for a Healthy Weight Program—prevention and support, had been successful through an ACT Health Grant. The Program spans over approximately a three year period. The Program includes a clinical component for Winnunga clients who are overweight or obese, education/information material, case management by the Healthy Lifestyle Worker, coordination, resources to alleviate high costs associated with joining fitness programs, a weekly support group and assistance with transport. Dr Nadeem Winnunga's Executive Director of Clinical Services, successfully liaised with The Canberra Hospital's (TCH) Chronic Disease Management Unit for the provision of in-reach services to support clients of this program.

The Healthy Weight Program was implemented in early April 2016. At 30 June 2016 the Healthy Weight Program had provided 335 services for 42 clients. The Program also provided 15 group activities with 139 episodes of participation.

### Healthy Cooking Group

The Healthy Cooking group is held on a weekly basis at Winnunga and attended by many members of the local community. 35 Healthy Cooking Groups were delivered in this reporting period.

The group cooks a different meal each week and focuses on cooking healthy and affordable meals. A dietician also regularly attends the group to discuss food alternatives and the nutrition content of the food being used. The group is hands on, and clients go shopping with Winnunga staff to purchase the food, they prepare it and are involved all the way throughout the cooking process.

Many of our clients in the community experience a high rate of chronic disease and through education and support at this group we are able to address some of the factors around poor nutrition whilst providing healthy and alternative options.

### Diabetics Clinic

59 Diabetes Cycles of Care were completed in this reporting period. The Diabetes Clinic is run on the second Wednesday of the month in Winnunga's Boardroom.

The Clinic provides information on managing your diabetes via healthy cooking and eating, regular exercise, and health checks. Winnunga also provides access to a podiatrist, diabetes educator and dietician and can link participants with other services at Winnunga.

Our weekly Diabetes Clinics are held on a Friday 9.30am to 12.00pm for access to a doctor, to have bloods done, medicine review, Diabetes Annual Cycle of Care, eye checks and referrals to specialist services.

- Diabetes is higher in Aboriginal people (1 in 16)
- Diabetes is more common among Indigenous people living in remote areas (that is, communities/small towns) (around 1 in 11) than among people living in non-remote areas (around 1 in 20)
- Diabetes is more than 3 times more common among Indigenous people than among non-Indigenous people
- The difference of diabetes between Indigenous and non-Indigenous females is greater than the difference between Indigenous and non-Indigenous males
- Indigenous people are more likely to get diabetes at younger ages than non-Indigenous people



*Diabetes Clinic Christmas Lunch*

### **Touch Football**

The Winnunga Sista's women's touch football participated in their first season with the local touch football competition at Deakin ovals in Canberra.

Some of the girls have never played touch football but are all loving the challenge of playing, enjoying great exercise and the social side of playing sport in a team environment.

The girls are already building for the future and wanting to keep the team going for the next season as well.



*Winnunga players at the Mungga-Iri Touch Football Carnival*



*Winnunga Sista's*

Our touch football teams continued to be coordinated by Winnunga's Healthy Lifestyle Worker and Social Health Team Manager Ian Bateman, with five Winnunga teams through Winter 2015, four in the summer competition 2015 and four Winter teams again in 2016. 105 Touch Football activities were delivered in this reporting period. Tournaments we participated in, in this reporting period

included Country Championships, Wagga Wagga Tournament, Yass Tournament, Leeton Tournament, Batemans Bay Knockout and Mungga-Iri Carnival in the ACT.



*The Winnunga Dhinawans mixed touch football team*

The Winnunga Dhinawans mixed touch football team got through to the Grand final with stars like Dr Sean, Lez Bateman and Marley (Gun) Powell leading the charge to the finals but we lost 5 to 4. It was a high pace game and the team really enjoyed the season.

### **Road to Recovery**

The six week Road to Recovery (RTR) program has delivered some good outcomes. Participants of the Men's Group have continued to focus on Alcohol and Other Drugs (AOD), looking at not only the impacts this has on the individual but also on families and the community as a whole. Winnunga's Anxiety/Wellbeing group has also engaged on AOD issues working with the SHT and two psychiatrists to ensure continuity of not only social and emotional wellbeing but also clinical AOD support.

Crisis interventions have continued to be provided to clients promoting harm minimisation - particularly for individuals who are not ready to make changes to their current AOD misuse. Workers have raised awareness for many with the hope they will shift from a pre-contemplative to a contemplative position, however in the interim it is important to ensure individuals receive adequate non-judgemental support and remain safe.

Winnunga's SHT provided case management to all clients engaged. This has been delivered in a client centred and culturally safe manner including for individuals and families needing support around their AOD issues. Information on the harms and impacts of AOD misuse as well as looking at the underpinning causes which often lead to 'self-medicating' have been discussed. Intergenerational trauma continues to be identified by many who engage with Winnunga programs. Referrals and advocacy has been carried out, and wherever possible this is done through either other existing Winnunga services including the mental health nurse, GPs, psychiatrist and dietitians, or advocating on clients' behalf around housing, care and protection or legal matters.

### **School Audiology Visits/Otitis Media**

Winnunga provided 30 school visits to 242 students in 2015-2016. The hearing and ear health services at Winnunga aim to provide early diagnosis and management of ear disease and hearing loss. The audiologist provides a diagnostic service for community members who have hearing concerns and also trains an Ear Health Worker for the Otitis media program. The focus of this

program is to identify children who have Otitis media (ear disease), which can affect a child's hearing, general development and learning. Children are identified through health checks at Winnunga and through the Indigenous Hearing Surveillance Program, conducted at Koori Preschools and schools. After consultation with the ACT Education Department, this year the school program extended to include Indigenous students who attend smaller schools. This has enabled a number of students to be identified who have not been tested in the past.



As the hearing services are based at Winnunga, clients benefit from coordinated hearing health care. In addition to diagnosis and medical management, Australian Hearing have increased their visits to Winnunga so that clients are able continue their audiological management with hearing aid fittings.

### Smoking Cessation

The Winnunga Tobacco Cessation Workers provided services to 365 clients with 1,490 encounters, and conducted 47 No More Boondah group activities in 2015-2016.

Workers pride themselves on providing the best possible service to individual clients and the local Aboriginal Torres Strait Islander community and regularly seek feedback from clients to see what else they would like to see within the program. This allows us to find out what is working and what isn't. The program is tailored for each client's needs as we acknowledge no two quit attempts are ever the same.

In this year's annual client feedback survey, three questions were allocated specifically for smoking cessation support, which were answered by 96% of survey participants. 22% reported they had received support from Winnunga with smoking cessation, with 58% stating the most useful support was Nicotine Replacement Therapy, followed by the No More Boondah Group at 42%, phone contact by workers at 42%, counselling at 33%, information/education at 29% and visits to workplaces at 13%. One respondent noted the most useful support for them was transport.

When asked what Winnunga's smoking cessation program could do to make it even better, 30% provided feedback stating:

- I feel that what's already offered would be it
- I have cut down
- N/A x2
- Tea and coffee
- Nothing, its very good
- More facilitators



Workers have attended a number of schools, workplaces and community events to promote smoke free messages and to provide education around quitting. It is through the links of the Workers and their involvement within the local Aboriginal and Torres Strait Islander community that they are able to reach many clients within the community. The Team is regularly invited to attend events, hold stalls and talk about the program.

Tobacco Control Workers provided services to 442 clients through 565 face-to-face encounters. 13 school visits were conducted by the Tobacco Control Workers, 19 workplace sessions and 926 telephone encounters.

The Winnunga Tobacco Workers were invited to attend and present at a number of national conferences throughout the year. Workers attended the Oceania Tobacco Conference in Perth in September 2015 and presented on findings for the region as part of 'Talking About the Smokes' research undertaken by the school of Menzies. The team reported on their successes and discussed smoking trends of Aboriginal and Torres Strait Islanders within the Canberra region. The Tobacco Team were also invited to present at the Aboriginal Health and Medical Research Council of NSW Tobacco Chronic Conditions Conference. Workers presented on the 'No More Boondah' program and how it engages with the community and supports clients throughout their quit attempts as well as remaining smoke free. Tobacco Workers attended the Tackling Indigenous Smoking National Workshop that was run by the National Best Practice Unit in Adelaide, in May 2016.

The Team engaged extensively with the Last Kinection around producing the local media campaign. The campaign has been finalised and will be aired via television and radio commencing August 2016. The messages created are culturally appropriate and will reach a wide audience, ensuring the quit smoking message is disseminated further than previously.

Print material is being finalised to promote the quit smoking message and educational information to the community. The material is expected to be ready for dissemination in 2016-17. The flyers and posters will also be used within schools, workplaces and at events to further raise awareness.

### **Winnunga Boxing Club/Gym**

It has been a huge year for Winnunga's Boxing Club/Gym. We have seen a surge in new members, and the resurface of some old faces. The volunteers and administrators continue to endeavour to provide a welcoming and productive space for people of all ages, genders and backgrounds to come and build their skills, fitness, and character.

Within this last year, thanks to the staff at Winnunga, the Boxing Club secured a one-off funding grant for the purchasing of large equipment and education training resources, including new bag facilities, non-consumable fitness items, first AID training, and information on new exercise routines, nutrition and coaching.

The Gym has faced and overcome many challenges, from a coaching and administration restructure, to the increased health/infection control measures introduced in different states for participants in combat sports. Winnunga has worked closely with the boxing club to ensure that participants and competitors are always cleared medically, and comply with local and national requirements.

The boxing competitor team has made frequent trips to Sydney to maintain good relationships with external gyms. These visits allow boxers to gain more experience and get used to competing away from home. In addition to the visits to neighbouring gyms, Winnunga Boxing has sent competitors to participate in the National's and also the annual Golden Gloves (this year held in Brisbane), with the latter earning them eight silver medals, and one gold, out of a team of 10 participants.



*Left: Rory Booth, Mitch Steward, Ben McMahon, Riley Vine,  
Kyle Harvey, Ateleite Apineru  
Front: Lorenz Daly*

## Our Community

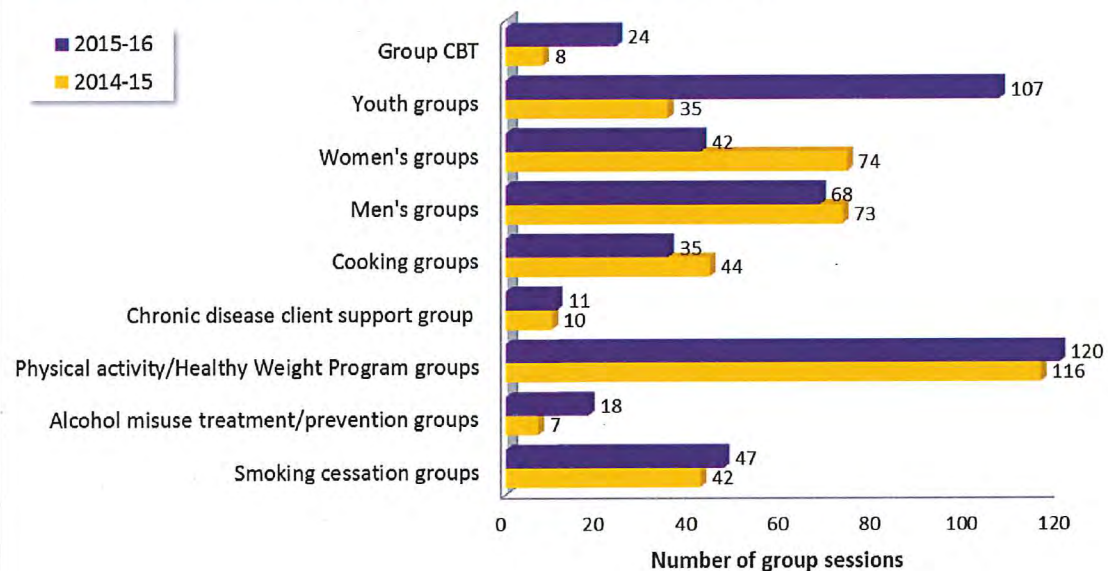
### Social Health Team

The Social Health team recorded 8,106 occasions of service with 1,800 individual clients in 2015-2016.

#### Group activities

The Social Health Team conducted 472 group activities over the year. This was an increase of 15% from the previous financial year. Winnunga ran 47 No More Boondah sessions, 18 Road to Recovery groups, 120 physical activity and healthy weight sessions, 11 diabetes clinics, 35 cooking sessions, 68 Men's groups, 42 Women's groups, 107 youth groups and 24 mental health group sessions (Figure 1).

Figure 1: Social Health Team group sessions, 2014-15 and 2015-16



### Prison Health and Wellbeing Services

The Social Health Team provided 168 clients with 917 occasions of service at the Alexander Maconochie Centre and Bimberi Youth Detention Centre.

### Winnunga Healthy Christmas Event

Approximately 800 people attended this event which provided opportunities for participants to learn about Winnunga's programs and services. Some for example who may not otherwise had their hearing tested were able to do so on the day. Two children were picked up by the audiologist requiring significant follow up treatment, both of whose parents made arrangements to return to Winnunga the following Monday.



The clinical team together with the Social Health Team engaged with a vast range of people, some for whom it was their first time at the service. By incorporating the Children's Christmas Party to this

event (a significant attraction), we were able to engage with Aboriginal and Torres Strait Islander people who are not well known to the service, and who may be new to the ACT region.

For some families the event was the only opportunity they had to celebrate Christmas. Every child received a gift from Santa and there were plenty of activities and food for all. Johnny Huckle provided entertainment throughout the day and a magician provided many laughs for children and adults alike.

The AFP was invited with the aim of starting to break down some of the barriers the community has experienced when dealing with the police. The AFP brought with them some vehicles for the children to explore, and mingled with the community in a relaxed and safe environment.

ACT and Commonwealth Government officials also attended, many commenting on what a fantastic event Winnunga had once again provided for the community.

### Sorry Day Bridge Walk

Eighteen years after the first Sorry Day, Aboriginal and Torres Strait Islander children are being removed at greater rates than ever before. The decrease in positive health outcomes and increase in incarceration rates have shown governments across Australia are still not listening to First Nations People, which is clearly shown by the continuing failure of their own Closing The Gap targets.



Although it is 16 years since the first National Aboriginal Sorry Day Bridge Walk occurred, the reasons for Sorry Day events are now more relevant and important than ever – including in the ACT.

The first Sorry Day was held on 22 May 1998 – one year after the tabling of the report *Bringing Them Home*. The report was the result of an inquiry by the Human Rights and Equal Opportunity Commission into the removal of Aboriginal and Torres Strait Islander children from their families.

Removal levels were a national disgrace then and they are even more of a disgrace today. Removal rates are increasing exponentially. They are worse today than 16 years ago. In Canberra 25 percent of all children in Out of Home Care in the 0 to 17 age bracket are Indigenous children. An Aboriginal child born in the ACT is 20 times more likely to be taken into care than a non-Indigenous child. Indigenous people make up only around two percent of the ACT population.

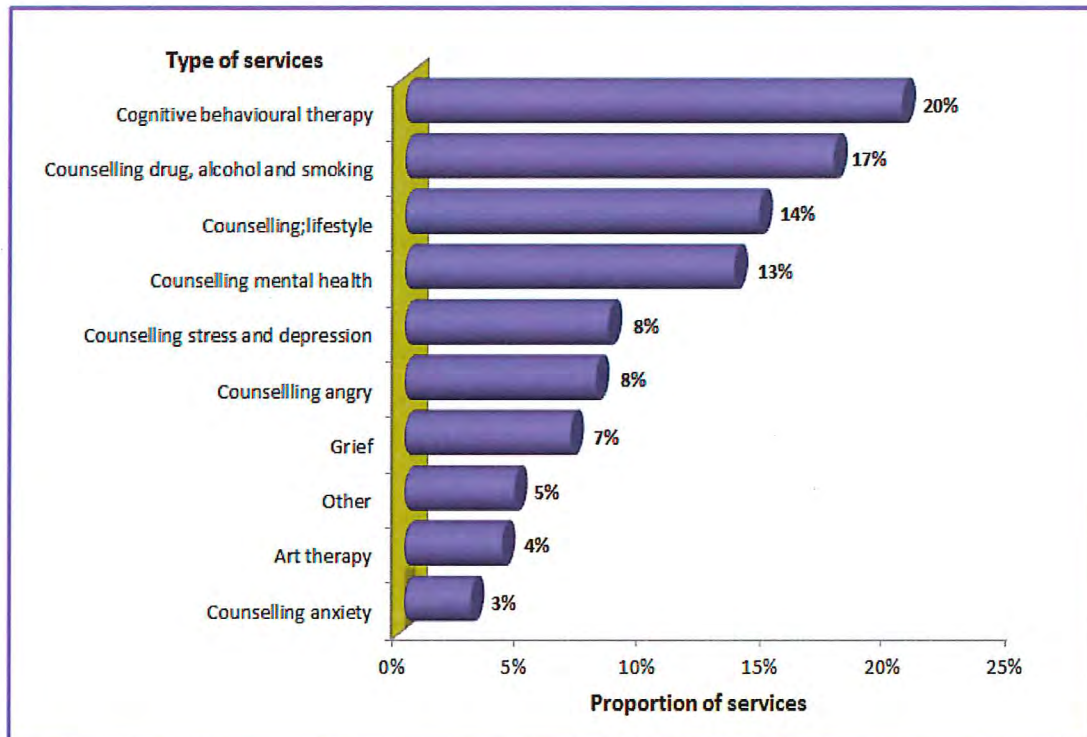
Aunty Agnes (pictured right with Winnunga Chairperson Craig Ritchie) delivered the Welcome to Country. Over 2,500 people joined in the walk, which provided an opportunity for all to walk together in the spirit of reconciliation, of healing and remembering. Many schools participated in the School Banner Competition, with beautiful interpretations of 'what Sorry Day means to you and your school' displayed on the day.



### Mental Health Services and Support

The Social Health Team provided mental health services to 177 individual clients (395 encounters). Of those, 20% were cognitive behavioural therapy, 17% drug, alcohol and smoking counselling and 13% for mental health counselling.

**Figure10: Type and proportion of mental health services provided by Social Health Team, 2015-2016**



### Home Maintenance and Housing Liaison Support

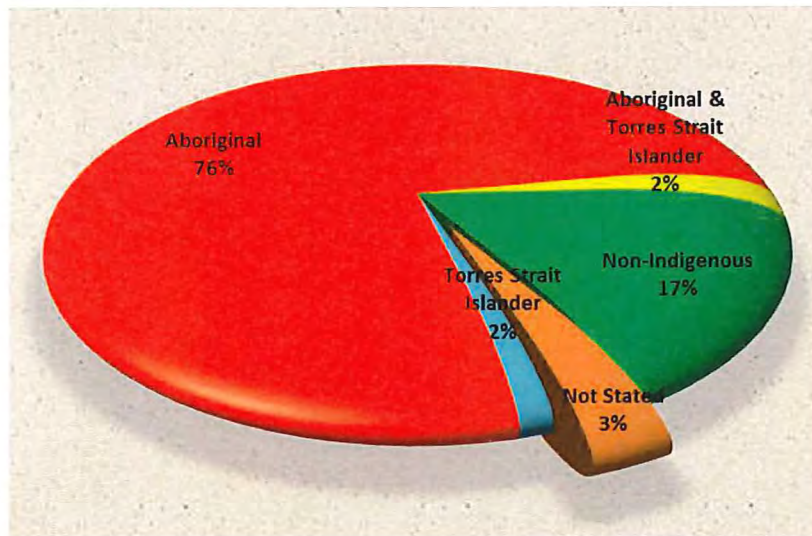
The Social Health Team continued to provide Home Maintenance Services to clients in public housing properties who were at risk of being evicted. A total of 660 instances of home maintenance assistance was delivered in the 2015-16 financial year. The Social Health Team also provided advocacy and support to 167 individuals through 314 occasions of service, who were either homeless or at risk of being homeless.



## Our Service Reach

In 2015-2016 there were 4,410 individual clients seen by Winnunga. This was a decrease of 1% from the previous financial year. Eighty percent of clients were Aboriginal and Torres Strait Islander, 17% were non-Indigenous and for 3% their Indigenous status was unknown (Figure 1).

**Figure 1: Proportion of clients by Aboriginal and Torres Strait Islander status, 2015-2016**

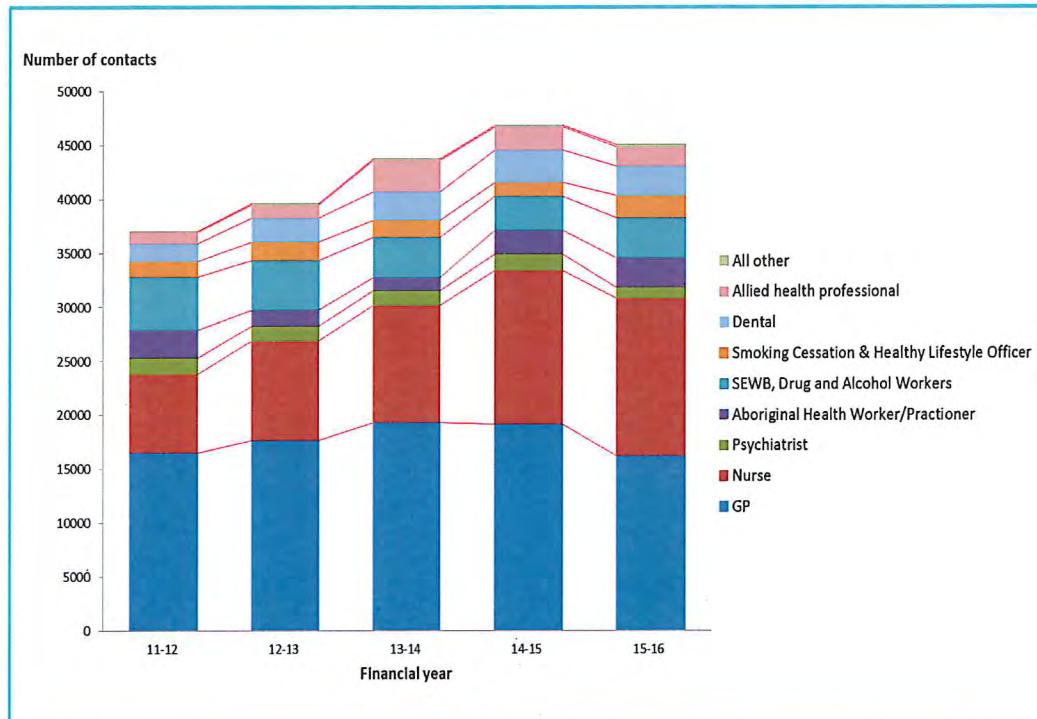


### Occasions of service

In 2015 - 2016 there were 45,049 occasions of service provided by Winnunga (excluding transport and administrative services) (Figure 2). There were also 4,746 transport episodes recorded. General practitioners provided 36% of client services, followed by nurses at 32%. The Social Health Team provided 19% of occasions of service. Visiting medical specialists (including the Dermatology, Endocrinology, Gastroenterology, Ophthalmology, Obstetrics and Gynaecology and General Physician) provided 218 services to Winnunga clients.



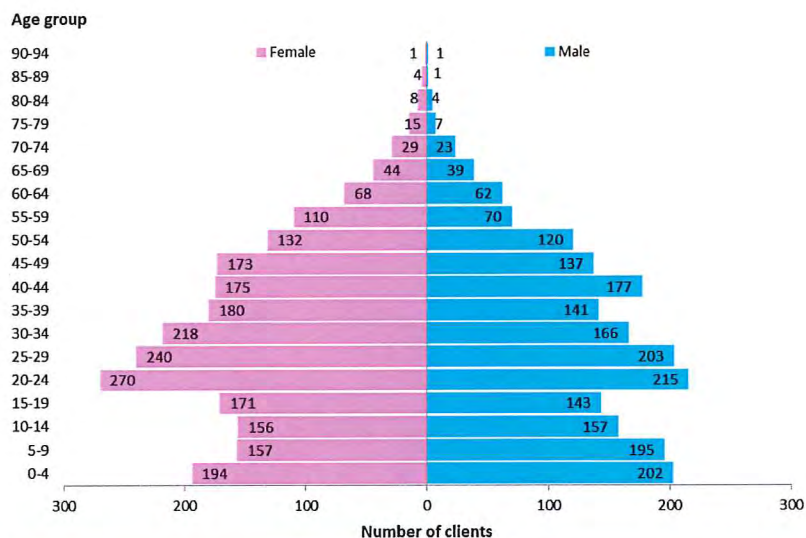
Figure 2: Number of client contacts by financial year and provider type, 2011-2016



### Age distribution

There were 4,408 clients with their age recorded in Communicare. Of those, 24% of clients were aged less than 15 years, 18% were aged between 15 and 24 years and 17% were aged 50 years or more (Figure 3). Females comprised 53% of clients and 47% were male.

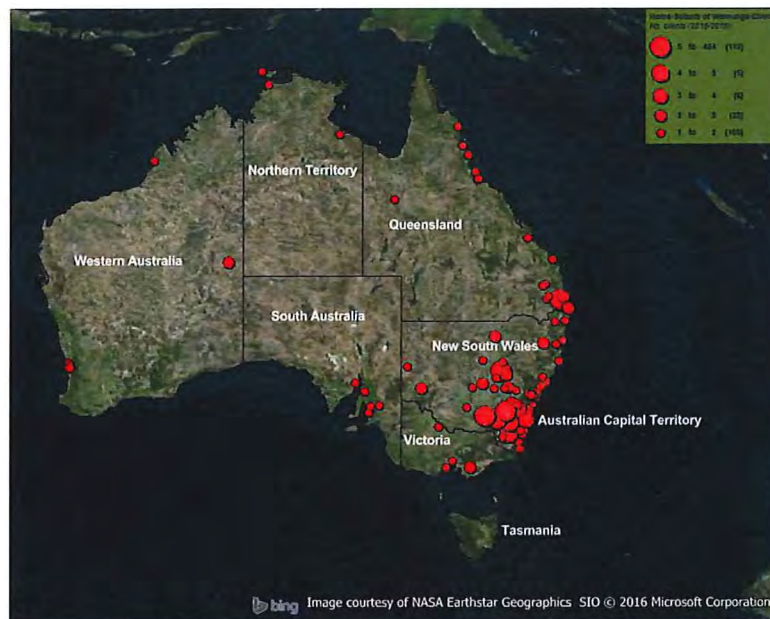
Figure 3: Age and sex distribution of Winnunga clients, 2015-2016



Winnunga clients in 2015-2016 came from 246 suburbs around Australia (Map 1). Residents of the ACT comprised 81% of clients, with 18% coming from NSW and 1% from other States or the Northern Territory.

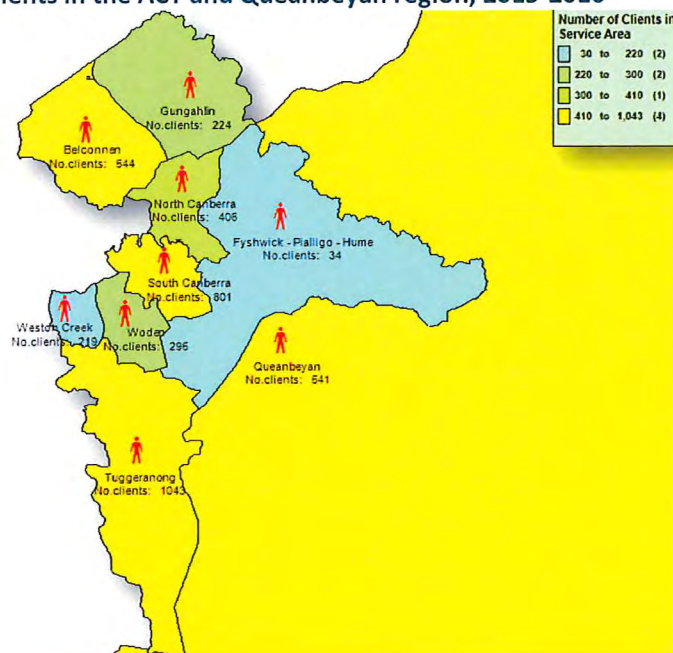
#### Map 1: Home suburb of Winnunga clients, 2015-2016

*Note: 4,373 of 4,410 (99.2%) clients' suburb of residence were able to be geocoded and included in this map.*



There were 4,107 clients (93%) resident in the Winnunga Health Service Area of the ACT and surrounding regions of NSW. Of those, 1,043 clients (25%) lived in Tuggeranong, 801 (20%) in South Canberra, 544 (13%) in Belconnen and 541 (13%) in Queanbeyan (Map 2).

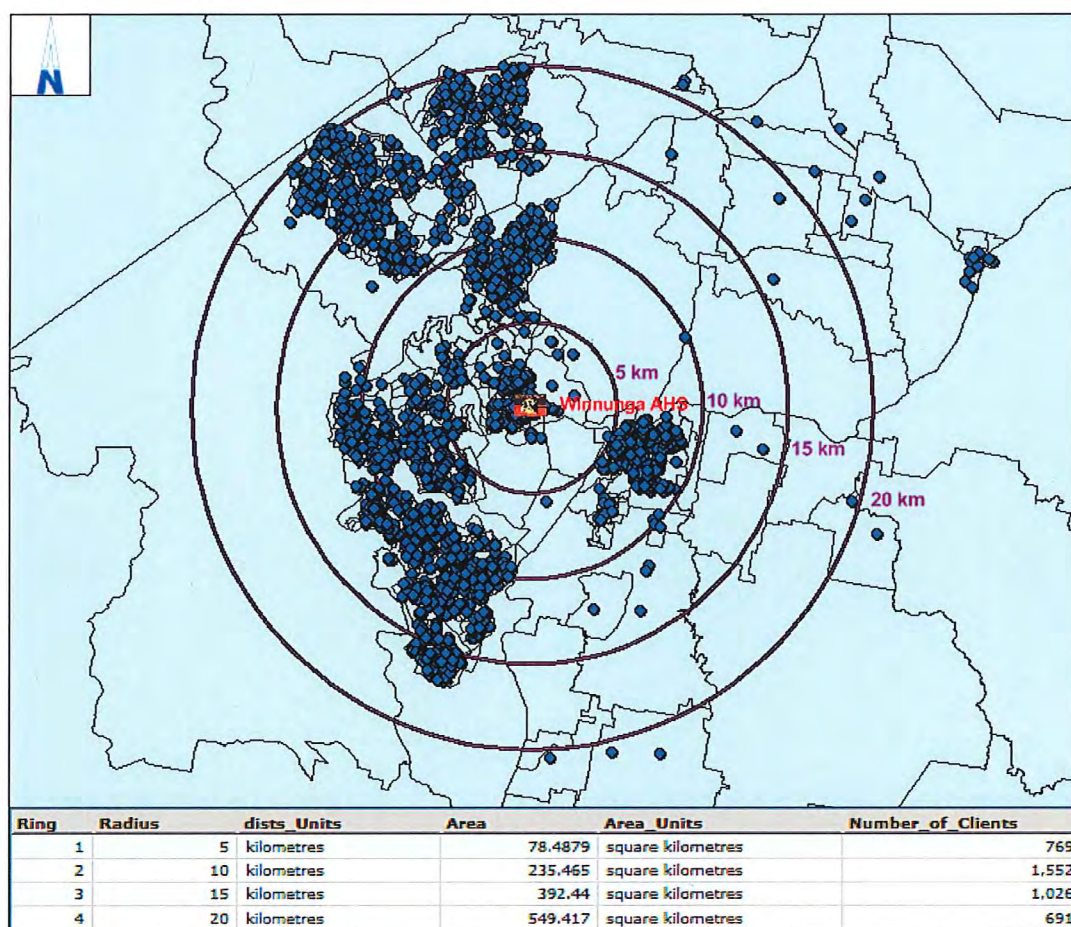
#### Map 2: Winnunga clients in the ACT and Queanbeyan region, 2015-2016



### Travel distance to Winnunga

Client residential addresses were mapped to look at travel distance to Winnunga (Map 3). There were 4,301 residential addresses able to be geocoded. Of those, 4,038 clients (94%) lived within a 20 Kilometres radius of Winnunga and 54% lived within a 10km radius. Clients living between 15km and 20km (16%) were mostly residents of Gungahlin and West Belconnen, with a smaller number in South Tuggeranong. There were 6% of clients living outside the 20km radius of Winnunga.

**Map 3: Distribution of Winnunga clients living within a 5, 10, 15 and 20 kilometre radius of Winnunga, 2015-16**

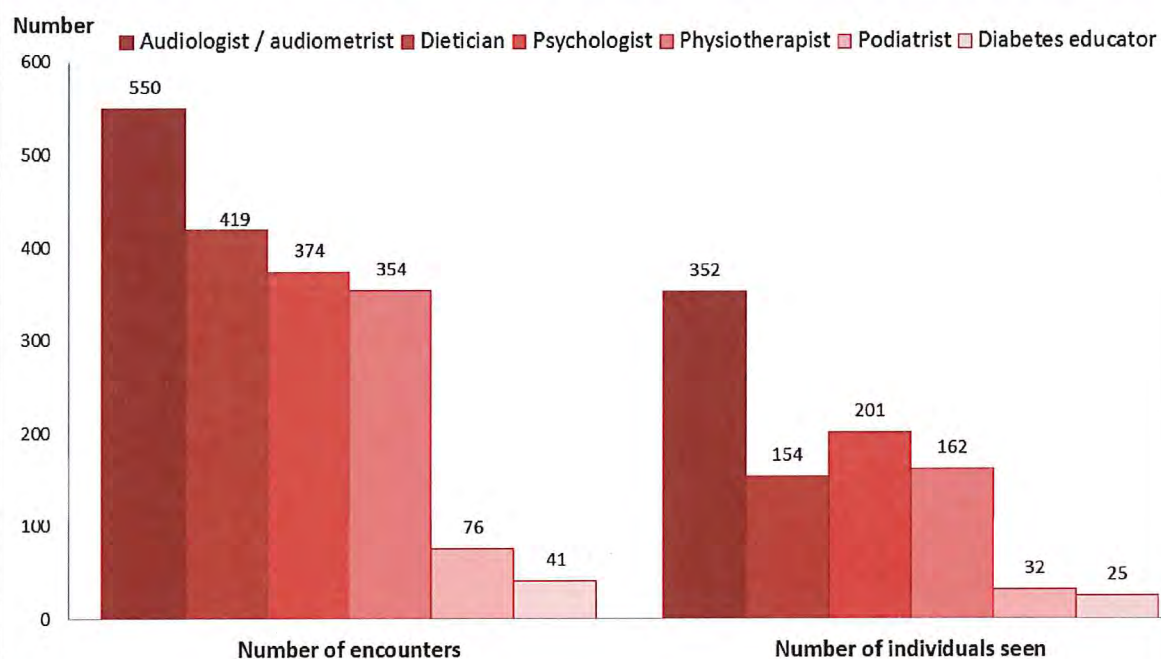


*Note: 4301 of 4410 (97.5%) of clients' residential addresses were able to be geocoded and included in this map.*

### Allied health services

There were 1,818 services with 765 individual clients provided by Allied Health professionals at Winnunga in 2015-2016 (Figure 4). Of those, Audiology provided 352 individuals with 550 services and Dieticians provided 154 clients with 419 services.

Figure 4: Allied Health services, Winnunga, 2015-2016



### Nursing Team

Winnunga provided 3,698 Nursing Assessments to 1,735 individuals in 2015-2016.

Winnunga nursing staff recorded providing 185 individuals with opiate program support, through 254 episodes of care.

Throughout the year, the nurses have maintained a client focused, culturally safe model of care, initiating assessments and acting as client's advocates, ensuring meeting the needs of individuals has been the priority.

The diabetes clinic has been continued on a monthly basis, with support from ACT Health Allied Health, where the numbers of clients attending continue to increase. The nurses are also involved in the clinics of visiting Specialists and the Hepatitis Clinic, supporting the client journey, as well as in co-ordinating client's care before and after case conferencing.

Health checks and GP Management Plans have remained a priority in order to ensure the necessary KPI's are being completed, meaning that clients have access to appropriate extended care and enabling clients to have timely, appropriate referrals to both other services at Winnunga and external specialists.

The uptake for the Flu Vaccine reduced this year, despite all clients being offered either before, during or after consultation with the GP's.

Recalls continued to be attended to which informs clients when they are required to attend reviews with a GP (especially if not previously planned) and reminders for appointments.

When necessary, with the client's consent, nurses liaised with the Social Health Team for improved attendance, health and wellbeing support matters.

The Drug and Alcohol program is well supported; overall assisting to improve the health and stability of clients. Due to the need for regular attendance, physical, general and mental health is assessed regularly – with the aim to increase both the dignity and confidence of clients.

The nurses continued to support Student Nurses from the University of Canberra at all year levels.

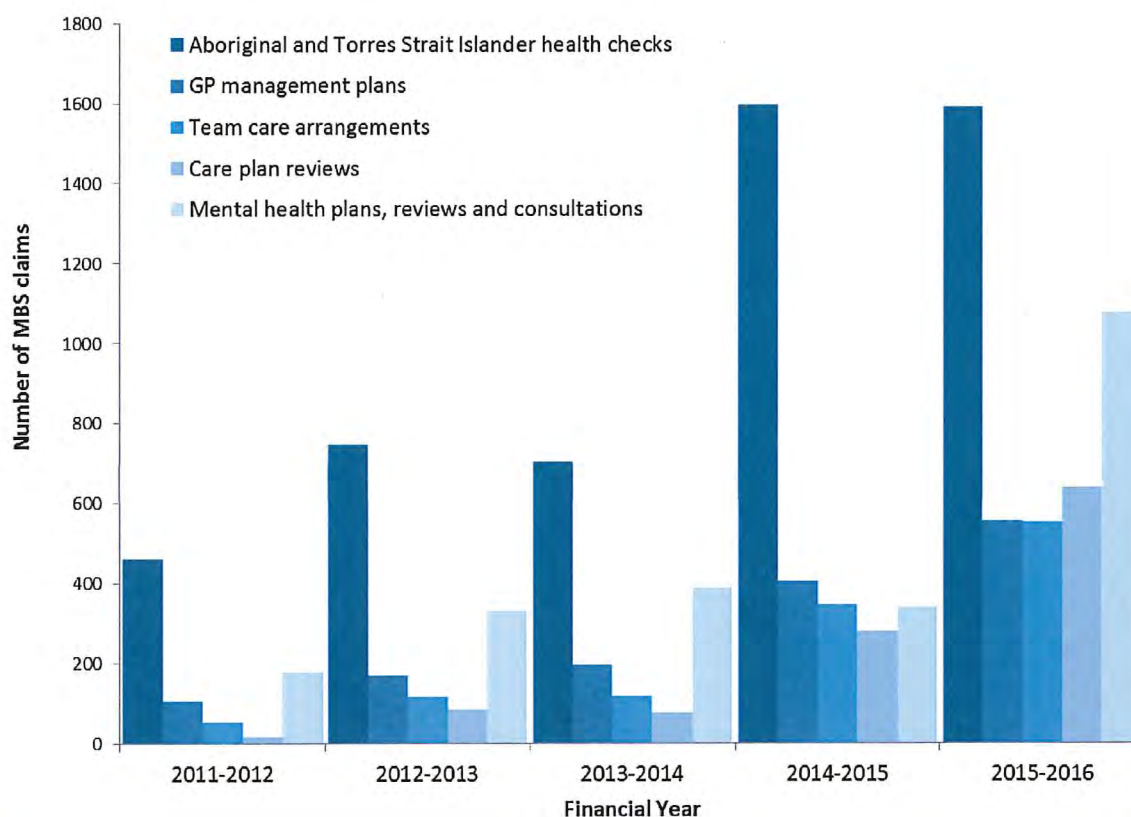
Chronic disease clients:

Winnunga provided 961 individuals who registered as Winnunga Chronic disease clients with 20,181 encounters in 2015-2016.

### Health checks and care plans – Medicare services

In 2015-2016 there were 1,591 Aboriginal and Torres Strait Islander health checks (Medicare Item 715) conducted at Winnunga. GP chronic disease management plans (Medicare item 721) increased by 37%, team care arrangements (Medicare item 723) increased by 59% and care plan reviews (Medicare item 732) increased 129% compared to the previous financial year (Figure 5). The completion of mental health plans, reviews and consultations tripled those of the 2014-2015 financial year.

**Figure 5: Aboriginal and Torres Strait Islander health checks, chronic disease management and mental health Medicare services, 2011-2016**



### Dental services

In 2015-2016 the Winnunga dental team provided services to 779 clients with 2,709 occasions of service (Figure 6). The largest proportion of services was for check-up /prophylaxis (38%), followed by dental fillings (20%) (Figure 7).

Figure 6: Number of clients seen by Winnunga Dental Team, 2011-2016

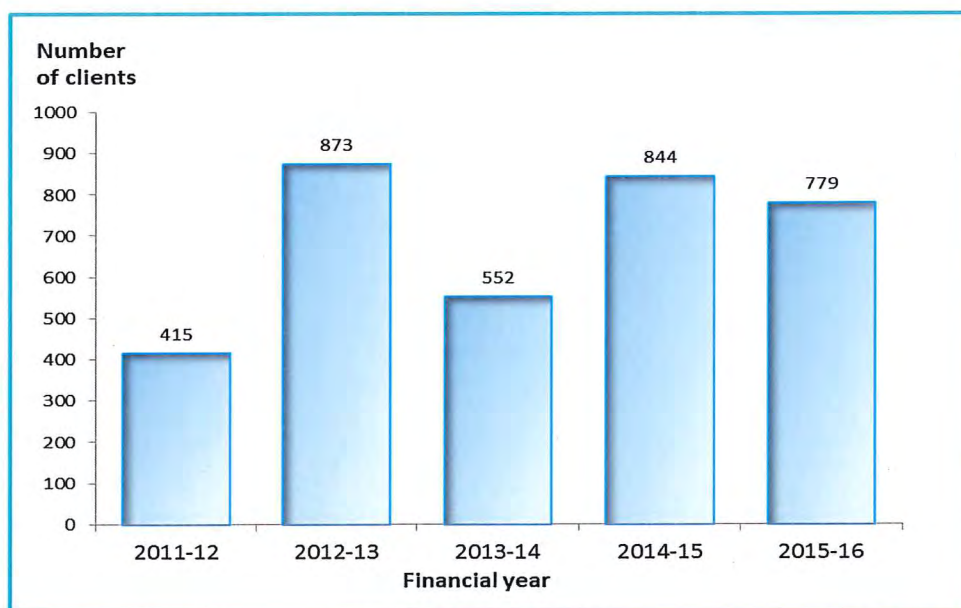
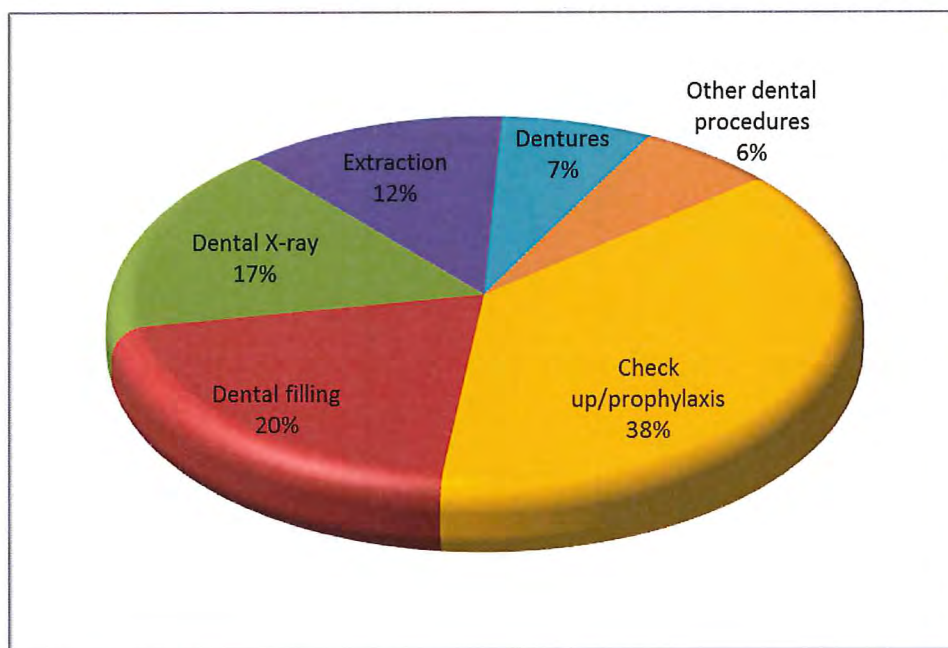


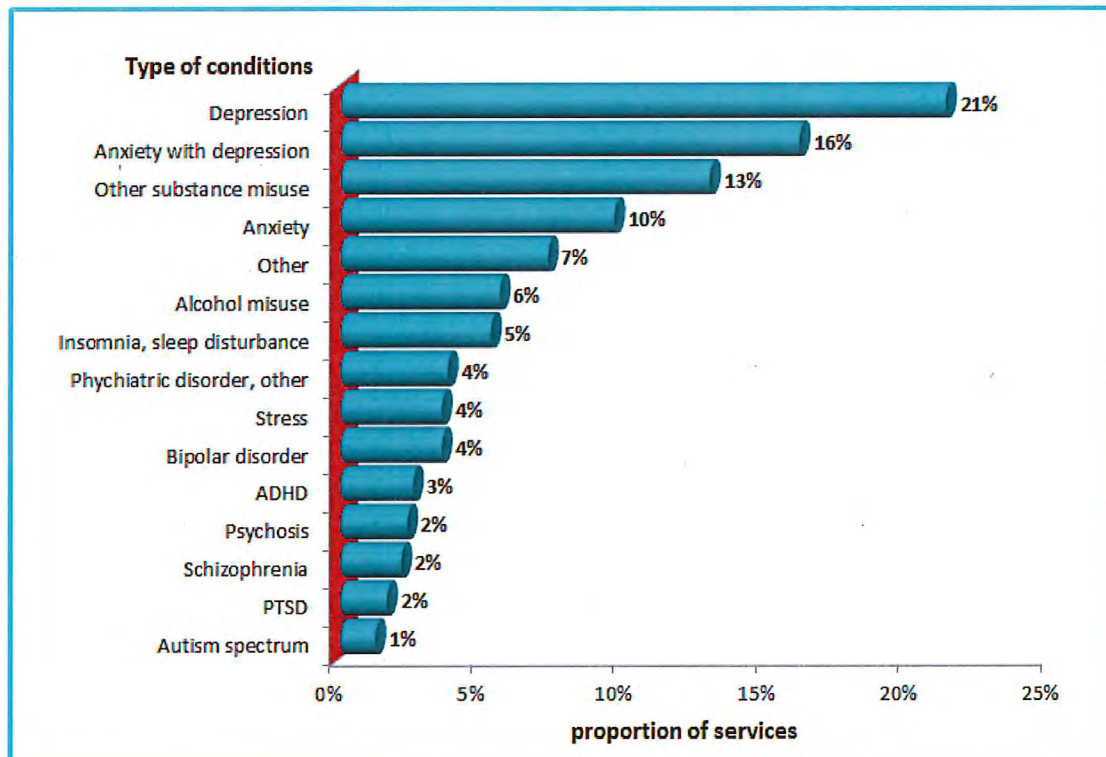
Figure 7: Types of dental services provided at Winnunga, 2015-2016



### Mental health conditions diagnosed by doctors and psychiatrists

In 2015-2016 there were 624 clients (992 encounters) with mental health conditions seen by GPs and psychiatrists. Of those, 21% had depression, 13% substance misuse and 16% both depression and anxiety recorded.

**Figure 9: Type and Proportion of mental health conditions recorded in Communicare by GPs and Psychiatrists, 2015-2016**



## Section 2 – Financial Report

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WINNUNGA NIMMITYJAH ABORIGINAL  
HEALTH CLINIC/HEALTH SERVICE (ACT)  
INCORPORATED

FINANCIAL REPORT

30 JUNE 2016

MCS Audit Pty Ltd  
CHARTERED ACCOUNTANT

**WINNUNGA NIMMITYJAH ABORIGINAL  
HEALTH CLINIC/HEALTH SERVICE (ACT) INCORPORATED**

**FINANCIAL REPORT**

**FOR YEAR ENDED 30 JUNE 2016**

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**WINNUNGA NIMMITYJAH ABORIGINAL  
HEALTH CLINIC/HEALTH SERVICE (ACT) INCORPORATED**

**CERTIFICATE FROM THE BOARD**

We, the undersigned, being two members of the Board of the Association state on behalf of the Board:

- (i) that the Board of the Association during the year ended 30th June 2016 were:

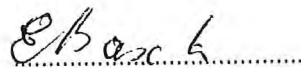
Craig Ritchie	Chairperson
Shanaye Baxter	Deputy Chairperson
Alana Harris	Secretary/Public Officer
Ethel Baxter	Treasurer
Lynette Goodwin	Ordinary Member

- (ii) the principal activities of the Association during the year was the provision of health care services to members of the Aboriginal and Torres Strait Islander Community. There has been no significant change in the activities during the year.

- (iii) the net Surplus of the Association for the year ended 30 June 2016 is \$19,163.76 (2015: Surplus \$385,160.62).

- (iv) that all grants received by the Association have been or will be expended in accordance with the purposes for which they were provided.

  
Board Member

  
Board Member

Dated at Canberra this 23rd day of August 2016.

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE  
(ACT) INCORPORATED

STATEMENT OF PROFIT AND LOSS AND OTHER COMPREHENSIVE INCOME  
FOR THE YEAR ENDED 30TH JUNE 2016

	2016 \$	2015 \$
Revenue from Operating Activities	<u>9,103,068.81</u>	<u>8,566,632.16</u>
Less Expenses:		
Employee Expenses	7,278,164.41	6,403,548.40
Depreciation and Amortisation	150,279.70	125,614.77
Other Expenses from Operating Activities	1,655,460.94	1,652,308.37
	<u>9,083,905.05</u>	<u>8,181,471.54</u>
Net Ordinary Surplus/(Deficit) for the year	<u>19,163.76</u>	<u>385,160.62</u>

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE  
(ACT) INCORPORATED

STATEMENT OF FINANCIAL POSITION  
AS AT 30TH JUNE 2016

	Notes	2016 \$	2015 \$
CURRENT ASSETS			
Cash	3	5,298,106.21	5,292,400.68
Receivables	4	11,359.55	23,963.04
Other	5	<u>169,977.08</u>	<u>136,252.41</u>
TOTAL CURRENT ASSETS		<u>5,479,442.84</u>	<u>5,452,616.13</u>
NON-CURRENT ASSETS			
Property Plant & Equipment	6	<u>1,680,213.00</u>	<u>1,653,156.80</u>
TOTAL NON-CURRENT ASSETS		<u>1,680,213.00</u>	<u>1,653,156.80</u>
TOTAL ASSETS		<u>7,159,655.84</u>	<u>7,105,772.93</u>
CURRENT LIABILITIES			
Creditors & Accruals	7	667,972.44	836,668.56
Grants In Advance	7	1,300,000.00	1,300,000.00
Unexpended Grants	7	172,651.81	41,124.15
Provisions	8	<u>863,632.83</u>	<u>831,686.98</u>
TOTAL CURRENT LIABILITIES		<u>3,004,257.08</u>	<u>3,009,479.69</u>
NON-CURRENT LIABILITIES			
Provisions	8	<u>157,534.76</u>	<u>117,593.00</u>
TOTAL NON-CURRENT LIABILITIES		<u>157,534.76</u>	<u>117,593.00</u>
TOTAL LIABILITIES		<u>3,161,791.84</u>	<u>3,127,072.69</u>
NET ASSETS/LIABILITIES		<u>3,997,864.00</u>	<u>3,978,700.24</u>
EQUITY			
Accumulated Funds	10	2,858,787.85	2,780,482.27
Accumulated Capital Grants	10	<u>1,139,076.15</u>	<u>1,198,217.97</u>
TOTAL EQUITY		<u>3,997,864.00</u>	<u>3,978,700.24</u>

The accompanying notes form parts of these financial statements

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE  
(ACT) INCORPORATED

STATEMENT OF CHANGES IN EQUITY  
FOR THE YEAR ENDED 30TH JUNE 2016

ACCUMULATED MEMBERS FUNDS

	Accumulated Surplus	Accumulated Capital Grants	Total
	\$	\$	\$
Balance at 30th June 2014	2,335,299.83	1,258,239.79	3,593,539.62
Current Year Surplus attributable to members for 2015	385,160.62	0.00	385,160.62
Add: Transfer of Capital Grants Depreciation for 2015	60,021.82	-60,021.82	0.00
Balance at 30th June 2015	<u>2,780,482.27</u>	<u>1,198,217.97</u>	<u>3,978,700.24</u>
Current Year Surplus attributable to members for 2016	19,163.76	0.00	19,163.76
Add: Transfer of Capital Grants Depreciation	59,141.82	-59,141.82	0.00
Balance at 30th June 2016	<u>2,858,787.85</u>	<u>1,139,076.15</u>	<u>3,997,864.00</u>

The accompanying notes form part of these financial statements

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE  
(ACT) INCORPORATED

STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDING 30TH JUNE 2016

	Notes	2016 \$	2015 \$
Cash Flows from Operating Activities:			
Grants & Other Income Received		10,005,344.86	10,703,324.86
Interest Received		72,243.99	85,247.56
Payments to Suppliers & Employees		<u>-9,894,547.44</u>	<u>-8,777,913.13</u>
Net Cash Provided by Operating Activities	(16b)	<u>183,041.41</u>	<u>2,010,659.29</u>
Cash Flows from Investing Activities :			
Payments for Property Plant & Equipment		-177,335.88	-104,971.58
Sales for Property Plant & Equipment		<u>0.00</u>	<u>20,454.55</u>
Net Cash Provided by (Used in) Investing Activities		<u>-177,335.88</u>	<u>-84,517.03</u>
Net Increase/(Decrease) in cash held		5,705.53	1,926,142.26
Cash at beginning of Financial Year		<u>5,292,400.68</u>	<u>3,366,258.42</u>
CASH AT END OF FINANCIAL YEAR	(3)	<u><u>5,298,106.21</u></u>	<u><u>5,292,400.68</u></u>

The accompanying notes form part of these financial statements

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE  
(ACT) INCORPORATED

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2016

**1 STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES**

The financial statements cover Winnunga Nimmityjah Aboriginal Health Clinic/Health Service (ACT) Inc. as an individual entity. Winnunga Nimmityjah Aboriginal Health Clinic/Health Service (ACT) Inc. is an association incorporated in the Australian Capital Territory under the (ACT) Associations Incorporation Act 1991.

**(a) Basis of Preparation**

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) and the (ACT) Associations Incorporations Act 1991.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions to which they apply. Material accounting policies adopted in the preparation of these statements are presented below and have been consistently applied unless otherwise stated.

The financial statements have been prepared on an accruals basis and based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

The financial statements were authorised for issue on 23 August 2016 by members of the Board of the Association.

**(b) Revenue**

Revenue is measured as the fair value of the consideration or contributions received or receivable. Where revenue is received in the form of cash the fair value of the consideration is the amount received. Where revenue is received in a form other than cash, for example, equipment, it is only recognised when the value can be measured reliably. All revenue is stated net of goods and services tax (GST).

**(c) Grants**

Grants are brought to account as income in the year they are required to be expended.

**(d) Income Tax**

The board believes the Association is exempt from income tax under the Income Tax Assessment Act 1997. The association is not exempt from the Goods and Services Tax and remits 10% of sales, grants received and certain other income less 10% of payments to certain suppliers.

**(e) Impairment of Assets**

At each reporting date, the association reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the income statement.

**(f) Depreciation and Amortisation**

Property, plant and equipment are depreciated at variable rates using either the diminishing value or straight line method based on the expected useful lives of the assets. Additional impairment losses may be applied where they are relevant to a particular asset.

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE  
(ACT) INCORPORATED

NOTES TO AND FORMING PART OF THE FINANCIAL REPORT  
FOR THE YEAR ENDED 30 JUNE 2016 (Cont'd)

(g) **Leases**

Operating lease payments, where substantially all the risks and benefits of ownership remain with the lessor, are charged to expense in the periods in which they are incurred.

(h) **Employee Entitlements**

Provision is made for the Association's liability for employee entitlements arising from services rendered by employees to end of the financial year. Employee entitlements from salaries, annual and long service leave which are expected to be settled within one year have been measured at determined salary rates and include on-costs. Long service leave entitlements, which are not expected to be settled within one year have been measured at the present value of the estimated future payments in relation to such entitlements.

(i) **Financial Instruments**

Receivables are stated at the amount due and are normally settled within 60 days. The collectibility of debts is assessed and specific provision is made for any doubtful debt. Listed Shares and Franking Credit are stated at the fair value at the last date the dividend is declared as the Association has elected to reinvest under a Dividend Reinvestment Plan instead of receiving a cash payment. The number of shares allocated is rounded down to the nearest share and any residual cash balance is carried forward to the next share allocation date. The Dividend Reinvestment Plan share issue price and Franking credit is known at the time the dividend is declared. Cash includes deposits which are either at call or for terms of less than 3 months. They are stated at cost. Interest income is brought to account on an accruals basis. Accounts payable are stated at the amount to be paid in the future for goods or services and are normally settled within 30 days.

(j) **Going Concern**

These financial statements have been prepared on the assumption that the Association is a going concern. In making this assumption regard has been given to all the aspects of the Association's business.

(k) **Comparative figures**

Where necessary comparative figures have been adjusted to facilitate changes in presentation and disclosure requirements in the current year.

(l) **Critical Accounting Estimates and Judgements**

Management evaluate estimates and judgements incorporated into the financial report based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the association.

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE  
(ACT) INCORPORATED

NOTES TO AND FORMING PART OF THE FINANCIAL REPORT  
FOR THE YEAR ENDED 30 JUNE 2016 (Cont'd)

	2016 \$	2015 \$
<b>2 REVENUE &amp; EXPENSE</b>		
<b>Revenue</b>		
<i>(a) Operating activities</i>		
Grant Income	6,872,904.51	6,148,433.51
Medicare & Medical Income	2,065,316.57	2,194,032.00
Other Income	92,603.74	138,919.09
	<u>9,030,824.82</u>	<u>8,481,384.60</u>
<i>(b) Non-operating activities</i>		
Interest Received	72,243.99	85,247.56
Profit on Sale of Assets	0.00	3,835.75
	<u>72,243.99</u>	<u>89,083.31</u>
	<u>9,103,068.81</u>	<u>8,566,632.16</u>
<b>Profit from Ordinary Activities</b>		
Profit from ordinary activities has been determined after:		
<b>Expenses</b>		
Remuneration of Auditors		
-audit	32,500.00	30,000.00
-other services	0.00	0.00
Depreciation of Property Plant & Equipment	150,279.70	125,614.77
Loss on Disposal of Non-Current assets	0.00	582.70
Rental Expense	18,647.15	18,731.25
Provisions:		
-Employee Leave Entitlements	63,069.50	34,878.39
Salaries, On Costs and Contractors	7,215,094.91	6,368,670.01
Motor Vehicle Running	259,122.61	247,935.97
Consultants	42,305.83	71,200.00
Buildings & Facilities Costs	159,096.24	150,470.84
Equipment & Computing Running Costs	184,256.23	127,128.92
Medical Expenses	61,431.79	82,720.99
Operations & Office Costs	354,374.30	318,886.21
Travel Support & Training Costs	79,611.72	63,509.01
Workshops & Promotions Costs	287,187.42	220,437.21
Client Assistance	176,927.65	174,825.72
All Other Expenses	0.00	145,879.55
	<u>9,083,905.05</u>	<u>8,181,471.54</u>
<b>3 Cash Assets</b>		
Cash at bank		
Westpac Everyday Account	140,078.18	1,517,155.77
Westpac Surplus Account	3,081,884.17	3,730,390.87
Westpac Donations Account	44,214.75	42,078.69
Westpac Warriors Basketball Team	1,570.10	2,075.35
Funds from Dept of Health	1,498,746.65	0.00
Funds from PMC	530,727.32	0.00
Community Solutions Account	0.04	0.00
Cash on Hand	700.00	700.00
Undeposited Funds Clearing	185.00	0.00
	<u>5,298,106.21</u>	<u>5,292,400.68</u>

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE  
(ACT) INCORPORATED

NOTES TO AND FORMING PART OF THE FINANCIAL REPORT  
FOR THE YEAR ENDED 30 JUNE 2016 (Cont'd)

	2016 \$	2015 \$
<b>4 Receivables</b>		
Trade Debtors	0.00	12,107.59
	<u>0.00</u>	<u>12,107.59</u>
Deposits Paid/ Refunds Owed	978.00	0.00
Accrued Income	10,381.55	11,855.45
	<u>11,359.55</u>	<u>23,963.04</u>
Trade Debtors Ageing:		
- less than 30 days	0.00	2,993.00
- 30 to 60 days	0.00	9,114.59
	<u>0.00</u>	<u>12,107.59</u>
<b>5 Other Assets</b>		
Prepayments	160,821.08	127,542.03
Listed Shares	9,156.00	8,710.38
	<u>169,977.08</u>	<u>136,252.41</u>

The Association has listed shares which are classified as available for sale financial assets value. They are measured subsequent to initial recognition at fair value and grouped into levels 1 to 3 based on the degree to which the fair value is observable.

- Level 1 fair value measurements are those derived from quoted prices (unadjusted) in active markets for identical assets or liabilities.
- Level 2 fair value measurements are those derived from inputs other than quoted prices included within level 1 that are observable for the asset or liability, either directly (i.e. as prices) or indirectly (i.e. derived from prices).
- Level 3 fair value measurements are those derived from valuation techniques that include inputs for the asset or liability that are not based on observable market data (unobservable inputs).

The shares are Level 1 financial instruments and are valued at their closing price on 30 June 2016.

The Association has elected to reinvest under a Dividend Reinvestment Plan instead of a receiving cash payment. The number of shares allocated are based on the Dividend Reinvestment Plan issue price which is known when the dividend is declared.

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE  
(ACT) INCORPORATED

NOTES TO AND FORMING PART OF THE FINANCIAL REPORT  
FOR THE YEAR ENDED 30 JUNE 2016 (Cont'd)

	2016 \$	2015 \$
<b>6 Property, Plant and Equipment</b>		
Leasehold Improvements - Narrabundah - at cost	242,820.92	240,270.92
Less accumulated depreciation	<u>-45,339.92</u>	<u>-34,844.92</u>
	<u>197,481.00</u>	<u>205,426.00</u>
Leasehold Improvements - Fyshwick - at cost	98,500.00	98,500.00
Less accumulated depreciation	<u>-24,568.00</u>	<u>-21,486.90</u>
	<u>73,932.00</u>	<u>77,013.10</u>
Plant & Equipment - at cost	140,817.07	93,662.55
Less accumulated depreciation	<u>-59,296.07</u>	<u>-57,913.57</u>
	<u>81,521.00</u>	<u>35,748.98</u>
Office Furniture & Equipment - at cost	90,669.88	76,002.83
Less accumulated depreciation	<u>-14,810.88</u>	<u>-11,181.83</u>
	<u>75,859.00</u>	<u>64,821.00</u>
Computer Equipment - at cost	338,532.63	280,029.14
Less accumulated depreciation	<u>-214,407.63</u>	<u>-181,288.14</u>
	<u>124,125.00</u>	<u>98,741.00</u>
Medical Equipment - at cost	96,678.53	79,810.89
Less accumulated depreciation	<u>-42,385.53</u>	<u>-37,466.89</u>
	<u>54,293.00</u>	<u>42,344.00</u>
Capital Grant Equipment & Leasehold Improvements - at cost	1,770,030.09	1,770,030.09
Less accumulated depreciation	<u>-697,028.09</u>	<u>-640,967.37</u>
	<u>1,073,002.00</u>	<u>1,129,062.72</u>
<b>Total Plant and Equipment</b>	<u>1,680,213.00</u>	<u>1,653,156.80</u>
 (a) Movement in the carrying amounts of property, plant and equipment between the beginning and end of the current year		
Balance at start of the year	1,653,156.80	1,691,001.47
Additions - Current Year	177,335.88	104,971.58
Proceeds of Asset Disposals	0.00	-20,454.55
Depreciation expense	-150,279.70	-125,614.77
Gain on Disposals	0.00	3,253.05
	<u>1,680,213.00</u>	<u>1,653,156.80</u>

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE  
(ACT) INCORPORATED

NOTES TO AND FORMING PART OF THE FINANCIAL REPORT  
FOR THE YEAR ENDED 30 JUNE 2016 (Cont'd)

	2016 \$	2015 \$
<b>7 Current Liabilities</b>		
Trade Creditors	105,930.82	79,790.60
ATO BAS Liability	138,999.98	372,603.39
Accrued Salaries & Wages	267,223.98	232,492.25
Other Accrued Expenses	118,872.44	108,366.47
Other Creditors	36,945.22	43,415.85
	<u>667,972.44</u>	<u>836,668.56</u>
Trade Creditors Ageing:		
- less than 30 days	105,930.82	78,901.41
- 30 to 60 days	0.00	789.19
- 60 to 90 days	0.00	100.00
- greater than 90 days	0.00	0.00
	<u>105,930.82</u>	<u>79,790.60</u>
Grants		
Capital Grants in Advance	1,300,000.00	1,300,000.00
Unexpended Grants	172,651.81	41,124.15
	<u>1,472,651.81</u>	<u>1,341,124.15</u>
<b>8 Provisions</b>		
Current		
Provision for Annual Leave	406,223.77	402,622.26
Provision for Long Service Leave	386,634.34	358,290.00
Repayable Grants	70,774.72	70,774.72
	<u>863,632.83</u>	<u>831,686.98</u>
Non-Current		
Provision for Long Service Leave	<u>157,534.76</u>	<u>117,593.00</u>
<b>9 Leasing Commitments</b>		
Finance Lease Commitments:		
Payable - minimum lease payments:		
- not later than one year	153,631.37	182,922.55
- later than one year but not later than two years	24,490.48	21,682.91
- later than two years but not later than five years	66,996.00	2,917.94

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE  
(ACT) INCORPORATED

NOTES TO AND FORMING PART OF THE FINANCIAL REPORT  
FOR THE YEAR ENDED 30 JUNE 2016 (Cont'd)

	2016 \$	2015 \$		
9 <b>Leasing Commitments (Cont'd)</b>				
Operating Lease Commitments:				
Payable - minimum lease payments:				
- not later than one year	20,432.52	18,575.00		
- later than one year but not later than two years	20,800.31	19,076.53		
- later than two years but not later than five years	64,674.43	60,375.97		
 <b>Other Commitments</b>				
Payable:				
- not later than one year	176,827.17	5,712.66		
	<u>176,827.17</u>	<u>5,712.66</u>		
10 <b>Retained Members' Funds</b>				
(a) Surplus/(deficit) and Accumulated Funds				
Retained funds at the beginning of the year	2,780,482.27	2,335,299.83		
Add: Transfer of Capital Grants Depreciation	59,141.82	60,021.82		
Net Surplus/(Deficit) for the year	19,163.76	385,160.62		
Retained funds at the end of the year	<u>2,858,787.85</u>	<u>2,780,482.27</u>		
(b) Accumulated Capital Grants				
Accumulated Surplus/(deficit) brought forward	1,198,217.97	1,258,239.79		
ADD: Capital Grant Renovations brought to account	0.00	0.00		
Less: Transfer to Capital Gains Depreciation	-59,141.82	-60,021.82		
Accumulated Capital Grants at end of year	<u>1,139,076.15</u>	<u>1,198,217.97</u>		
11 <b>Contingent Liabilities</b>				
The Board is not aware of any contingent liabilities involving the Association.				
12 <b>Events Subsequent to Reporting Date</b>				
There have been no events subsequent to the reporting date, which would have a material impact upon the financial report.				
13 <b>Related Parties</b>				
Remuneration received or receivables by members of the organisation who served on the board during the year, from the Association or any related party in connection with the management of the Association:				
	2016 \$	2016 \$	2015 \$	2015 \$
	Remuneration	Expenses	Remuneration	Expenses
Judith Harris	0.00	0.00	2,455.00	600.00
Ethel Baxter	3,354.00	325.00	2,955.00	300.00
Lynette Goodwin	4,763.82	847.00	3,319.00	395.00
Alana Harris	3,898.60	350.00	2,483.00	250.00
Craig Ritchie	4,918.83	900.00	3,274.00	375.00
Rodney Little	0.00	0.00	972.00	100.00
Shanaye Baxter	2,656.50	300.00	1,086.00	125.00
	<u>19,591.75</u>	<u>2,722.00</u>	<u>16,544.00</u>	<u>2,145.00</u>

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE  
(ACT) INCORPORATED

NOTES TO AND FORMING PART OF THE FINANCIAL REPORT  
FOR THE YEAR ENDED 30 JUNE 2016 (Cont'd)

**14 Segment Reporting**

The Association operates in the health care section providing health care to members of the Aboriginal and Torres Strait Islander Community in the Australian Capital Territory and surrounding region.

**15 Association Details**

The principal place of business of the Association is:  
63 Boolimba Crescent  
Narrabundah ACT 2604

**16 Cash Flow Information**

	2016 \$	2015 \$
<b>(a) Reconciliation of cash</b>		
Cash on Hand	700.00	700.00
Cash at bank - Westpac Bank Accounts	5,297,406.21	5,291,700.68
	<u>5,298,106.21</u>	<u>5,292,400.68</u>
<b>(b) Reconciliation of Net cash provided by /(used in) Operating Activities to surplus/(deficit) from Ordinary Activities</b>		
Operating surplus / (deficit)	19,163.76	385,160.62
<b>Non-cash flows in surplus / (deficit) from ordinary Activities</b>		
Profit on Sale of Non Current Assets	0.00	-3,835.75
Loss on Sale of Non Current Assets	0.00	582.70
Depreciation expense	150,279.70	125,614.77
<b>Changes in assets and liabilities</b>		
Increase/(Decrease) in Receivables	12,603.49	-1,999.54
Increase/(Decrease) in Other Assets	-33,724.67	-52,914.74
Increase/(Decrease) in Creditors	-168,696.14	222,385.15
Increase/(Decrease) in Repayable and Unexpended Grants	131,527.66	1,300,787.69
Increase/ (Decrease) in Provisions	71,887.61	34,878.39
Net cash (used) / provided by operating activities	<u>183,041.41</u>	<u>2,010,659.29</u>

(c) The association has no credit stand-by or financial facilities in place other than a credit card facility with a limit of \$40,000.00.

(d) There were no non-cash financing or investing activities during the period

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE  
(ACT) INCORPORATED

NOTES TO AND FORMING PART OF THE FINANCIAL REPORT  
FOR THE YEAR ENDED 30 JUNE 2016 (Cont'd)

**17 FINANCIAL INSTRUMENTS**

- (a) **Credit risk** is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss. All of the following financial assets of the company are unsecured and subject to credit risk.

	2016 \$	2015 \$
<u>Financial assets</u>		
Cash	5,298,106.21	5,292,400.68
Receivables	10,381.55	23,963.04

- (b) **Interest rate risk** is the risk that the value of a financial asset or liability will change due to interest rate fluctuations. The exposure of the company to interest rate risk, repricing maturities and the effective interest rates on financial assets and liabilities at balance date is as follows.

	Weighted average effective interest rate	Variable interest rate	Fixed interest rate maturing within 1 year	Fixed interest rate maturing within 1-5 years	Non- Interest Bearing	Total carrying amount as per balance sheet
<b>30 June 2016</b>	%		\$	\$		\$
<u>Financial assets</u>						
Cash	2.01%	5,298,106.21	0.00	0.00	0.00	5,298,106.21
Receivables			0.00	0.00	10,381.55	10,381.55
<b>Total Financial Assets</b>		5,298,106.21	0.00	0.00	10,381.55	5,308,487.76
<u>Financial liabilities</u>						
Accounts & Provisions payable		0.00	0.00	0.00	3,161,791.84	3,161,791.84
<b>Total Financial Liabilities</b>		0.00	0.00	0.00	3,161,791.84	3,161,791.84
<b>Net Financial Assets/(Liabilities)</b>		5,298,106.21	0.00	0.00	-3,151,410.29	2,146,695.92
<b>30 June 2015</b>	%		\$	\$		\$
<u>Financial assets</u>						
Cash	1.97%	5,292,400.68	0.00	0.00	0.00	5,292,400.68
Receivables			0.00	0.00	23,963.04	23,963.04
<b>Total Financial Assets</b>		5,292,400.68	0.00	0.00	23,963.04	5,316,363.72
<u>Financial liabilities</u>						
Accounts & Provisions payable		0.00	0.00	0.00	3,127,072.69	3,127,072.69
<b>Total Financial Liabilities</b>		0.00	0.00	0.00	3,127,072.69	3,127,072.69
<b>Net Financial Assets/(Liabilities)</b>		5,292,400.68	0.00	0.00	-3,103,109.65	2,189,291.03

- (c) **Market Price Risk:** Is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in market prices, whether those changes are caused by factors specific to the individual financial instrument or its issuer, or factors affecting all financial instruments traded in the market.

The association does not actively trade in available for sale financial instruments. It has elected to reinvest under a dividend reinvestment plan instead of receiving a cash payment. The risk associated with this investment is managed with established and approved governance guidelines and principles approved through the Board. Based on the value of the investment it is considered the risk associated with this investment would not cause any significant impact on the operations or the viability of the Association, and would result in an immaterial change in the financial result.

- (d) **Net Fair Values:** The net fair value of the financial assets and liabilities are not materially different from the carrying amounts shown in the Income Statement.

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH  
CLINIC/HEALTH SERVICE (ACT) INCORPORATED

ABN: 33 612 033 770

RESPONSIBLE PERSONS' DECLARATION

- *PER SECTION 60.15 OF THE AUSTRALIAN CHARITIES AND NOT-FOR-PROFITS COMMISSION  
REGULATION 2013*

The responsible persons declare that in the responsible persons' opinion:

- (a) there are reasonable grounds to believe that the registered entity is able to pay all of its debts, as and when they become due and payable; and
- (b) the financial statements and notes satisfy the requirements of the *Australian Charities and Not-for-profits Commission Act 2012*.

Signed in accordance with subsection 60.15(2) of the *Australian Charities and Not-for-profit Commission Regulation 2013*.

Board Member:



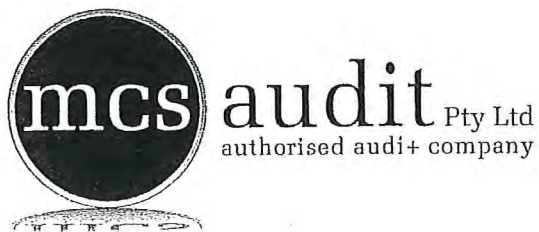
Name CASSIE RITCHIE

Board Member:



Name Ethel Baxter

Dated this 23rd day of August 2016



CHARTERED ACCOUNTANTS  
AUSTRALIA • NEW ZEALAND

Principal Phillip W Miller CA  
Address Unit 1/37 Geils Court, Deakin ACT 2600  
PO Box 105, Deakin West ACT 2600  
Suite 1.3, 33 Hibberson Street  
Gungahlin ACT 2912  
Phone (02) 6215 7600  
Fax (02) 6281 7708  
Web [www.mcsaudit.com.au](http://www.mcsaudit.com.au)  
ASIC Authorised Audit Company No. 408893

**AUDITOR'S INDEPENDENCE DECLARATION  
UNDER SECTION 60-40 OF THE AUSTRALIAN CHARITIES  
AND NOT FOR PROFITS COMMISSION ACT 2012  
TO THE BOARD MEMBERS OF  
WINNUNGA NIMMITYJAH ABORIGINAL HEALTH  
CLINIC/HEALTH SERVICE (ACT) INCORPORATED  
ABN: 33 612 033 770**

As lead auditor for the audit of Winnunga Nimmityjah Aboriginal Health Clinic/Health Service (ACT) Incorporated for the year ended 30 June 2016, I declare that to the best of my knowledge and belief, there have been:

- i. no contraventions of the auditor independence requirements of the *Australian Charities and Not for Profits Commission Act 2012* in relation to the audit; and
- ii. no contraventions of any applicable code of professional conduct in relation to the audit.

**MCS Audit Pty Ltd**

**Phillip W Miller CA  
Director**

**Dated in Canberra on:** 23 August 2016

Principal Phillip W Miller CA  
Address Unit 1/37 Geils Court, Deakin ACT 2600  
PO Box 105, Deakin West ACT 2600  
Suite 1.3, 33 Hibberson Street  
Gungahlin ACT 2912  
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ASIC Authorised Audit Company No. 408893

**INDEPENDENT AUDITOR'S REPORT  
TO THE MEMBERS OF  
WINNUNGA NIMMITYJAH ABORIGINAL HEALTH  
CLINIC/HEALTH SERVICE (ACT) INCORPORATED  
ABN: 33 612 033 770**

***Report on the Financial Report***

I have audited the accompanying financial report of Winnunga Nimmityjah Aboriginal Health Clinic/Health Service (ACT) Incorporated, which comprises the statement of financial position as at 30 June 2016, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the responsible entities' declaration.

***Responsible Entities' Responsibility for the Financial Report***

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

***Auditor's Responsibility***

My responsibility is to express an opinion on the financial report based on my audit. I conducted my audit in accordance with Australian Auditing Standards. Those standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the responsible entities' preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the registered entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the responsible entities, as well as evaluating the overall presentation of the financial report.

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

**Opinion**

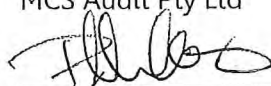
In my opinion the financial report of Winnunga Nimmityjah Aboriginal Health Clinic/Health Service (ACT) Incorporated has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (a) giving a true and fair view of the registered entity's financial position as at 30 June 2016 and of its financial performance and cash flows for the year ended on that date; and
- (b) complying with Australian Accounting Standards and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Name of firm:

MCS Audit Pty Ltd

Name of director:



Phillip W Miller CA

Address:

Unit 1/37 Geils Court, Deakin ACT 2600

Dated:

23 August 2016

**WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE  
(ACT) INCORPORATED**

**COMPILATION STATEMENT FOR  
THE FOLLOWING DETAILED STATEMENT OF INCOME**

We have compiled the accompanying special purpose financial statements for a Winnunga Nimmityjah Aboriginal Health Clinic/Health Service (ACT) Inc., which comprise the attached detailed income statement for the year ended 30 June 2016. The specific purpose for which the special purpose financial statements have been prepared is to provide financial information to the board of management.

*The Responsibility of the Board of Management*

The board of management is solely responsible for the information contained in the special purpose financial statements and has determined that the basis of accounting adopted is appropriate to meet the needs of the board of management, for the purpose of complying with the association's constitution.

*Our Responsibility*

On the basis of information provided by the board of management, we have compiled the accompanying special purpose financial statements in accordance with the basis of accounting and APES 315: Compilation of Financial Information.

Our procedures use accounting expertise to collect, classify and summarise the financial information, which the directors provided, in compiling the financial statements. Our procedures do not include verification or validation procedures. No audit or review has been performed and accordingly no assurance is expressed.

The special purpose financial statements were compiled exclusively for the benefit of the board of management. We do not accept responsibility to any other person for the contents of the special purpose financial statements.



**Phillip W Miller CA  
MCS Audit Pty Ltd**

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE  
(ACT) INCORPORATED

DETAILED STATEMENT OF INCOME  
FOR THE YEAR ENDED 30TH JUNE 2016

	2016 \$	2015 \$
<b>INCOME</b>		
Grant income	\$6,872,904.51	\$6,148,433.51
Medicare Income		
Medicare Benefits & Rebates	1,474,108.70	1,505,112.25
Medicare PIP & Other Incentives	302,703.12	261,190.24
Medical Income Other	1,477.00	5,449.33
Medical Practitioner Trainee	287,027.75	422,280.18
Total Medicare Income	<u>2,065,316.57</u>	<u>2,194,032.00</u>
Other Income		
Donations	1,682.20	7,604.35
Membership	48.00	120.00
Basketball Income	0.00	1,886.35
Reimbursement of Expenses	23,512.32	41,862.18
Telephone Reimbursements	488.42	1,206.22
Sundry Income	62,580.08	45,221.68
Revaluation of Assets	0.00	-152.02
Boxing Income	4,292.72	37,334.58
Interest Received	72,243.99	85,247.56
Profit on Sale of Assets	0.00	3,835.75
Total Other Income	<u>164,847.73</u>	<u>224,166.65</u>
Total Income for Year	<u><u>9,103,068.81</u></u>	<u><u>8,566,632.16</u></u>

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE  
(ACT) INCORPORATED

DETAILED STATEMENT OF INCOME

	2016 \$	2015 \$
<b>GROSS INCOME</b>	9,103,068.81	8,566,632.16
<b>EXPENDITURE</b>		
Wage & Salary Expenses		
Wages & Salaries	5,846,761.37	5,511,588.69
Medical Consultants	0.00	0.00
Contract Worker	372,685.82	53,484.55
FBT Paid	<u>187,621.98</u>	<u>145,879.55</u>
Total Wage & Salary Expenses	<u>6,407,069.17</u>	<u>5,710,952.79</u>
Salary Related On Costs		
Leave Loading	74,320.35	89,035.61
Superannuation	586,875.05	521,368.68
Worker's Compensation	35,782.55	104,449.79
Recruitment Costs	64,570.37	14,256.89
Advertising	4,763.02	43,200.00
Leave Adjustments	63,069.50	34,878.39
Other Employer Expenses	<u>41,714.40</u>	<u>31,285.80</u>
Total Salary Related on Costs	<u>871,095.24</u>	<u>838,475.16</u>
Motor Vehicle Costs		
Vehicle Repairs, Cleaning, Parking	5,154.47	3,498.59
Fuel Expenses	38,535.58	44,090.95
Lease of Vehicle	198,295.27	184,834.73
Motor Vehicle, Insurance, Registration	17,137.29	15,511.70
Total Motor Vehicle Costs	<u>259,122.61</u>	<u>247,935.97</u>
Buildings & Facilities Costs		
Cleaning & Rubbish Removal	74,286.56	74,597.60
Security	6,358.95	4,930.32
Building Repairs & Maintenance	35,819.06	25,540.09
Consumables & Supplies	380.86	900.54
Rent	18,647.15	18,731.25
Electricity & Rates	36,675.13	40,467.74
Internet & Website	<u>5,575.68</u>	<u>4,034.55</u>
Total Building Costs	<u>177,743.39</u>	<u>169,202.09</u>

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE  
(ACT) INCORPORATED

DETAILED STATEMENT OF INCOME

	2016	2015
	\$	\$
Brought forward	7,715,030.41	6,966,566.01
Equipment		
Computer Software Licences	49,109.35	1,454.72
Equipment	43,771.34	15,236.61
Computer Equipment	2,753.49	1,372.22
Equipment Repairs & Maintenance	25,356.35	27,239.18
Hiring Costs	3,192.60	6,970.02
Artwork Purchase	4,350.00	541.36
Furniture	7,993.29	0.00
Computer Support	47,729.81	74,314.81
Total Equipment	<u>184,256.23</u>	<u>127,128.92</u>
Medical Expenses		
Medical Supplies & Fees	29,221.01	33,406.03
Dental - Materials	15,182.29	13,122.20
Waste Removal	5,724.91	7,502.89
Laundry	11,303.58	8,855.82
Medical Practitioner Trainee Salary/Levies	0.00	19,834.05
Education Resource Purchases	0.00	0.00
Diabetic Clinic	0.00	0.00
Resources and Reference Materials	<u>0.00</u>	<u>0.00</u>
Total Medical Expenses	<u>61,431.79</u>	<u>82,720.99</u>
Operation Expenses		
Domestic Supplies	12,660.69	8,865.93
Bad Debts	0.00	463.70
Doubtful Debts Provision	0.00	0.00
Stationery & Office Supplies	36,312.76	37,677.08
Sponsorship	13,100.00	454.54
Donations	0.00	0.00
Subscriptions/Membership Fees	35,010.22	29,817.88
Telephone	63,774.02	69,183.69
Postage	5,654.53	4,108.72
Freight	2,243.64	2,167.85
Removals & Storage	8,406.07	4,189.74
Advertising - General	0.00	4,648.26
Audit Fees	32,500.00	30,000.00
Accounting Fees	20,000.00	32,565.00
Accreditation	10,502.00	16,331.24
Interest & Late Fees	0.00	406.79
Bank Charges and Government Taxes	1,523.44	1,427.99
Directors Fees	18,010.00	16,544.00
Other Director's payments	0.00	0.00
Director's Fuel Allowances	<u>2,722.00</u>	<u>2,145.00</u>
Sub-Total Operation Expenses	<u>262,419.37</u>	<u>260,997.41</u>

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE  
(ACT) INCORPORATED

DETAILED STATEMENT OF INCOME

	2016 \$	2015 \$
Brought forward	7,960,718.43	7,176,415.92
Operation Expenses (C/fwd)	<u>262,419.37</u>	<u>260,997.41</u>
Catering	1,406.95	1,942.81
Staff Activities	8,922.29	359.45
Insurance	43,015.33	36,842.47
Legal Consultation Fees	8,036.14	2,700.00
Consultation	42,305.83	71,200.00
Bereavement	48,622.81	41,078.26
Sundry Expenses	4,616.89	2,229.27
Uniforms	<u>9,834.52</u>	<u>2,736.54</u>
Total Operation Expenses	<u>429,180.13</u>	<u>420,086.21</u>
Travel Support & Training		
Accommodation	15,395.73	11,188.45
Conferences & Training	18,757.88	21,213.03
Travel and Meals	42,428.33	28,236.65
Meeting Expenses	3,029.78	2,870.88
Steering C'ttee	<u>0.00</u>	<u>0.00</u>
Total Training Support & Travel	<u>79,611.72</u>	<u>63,509.01</u>
Workshops & Promotion		
Research Project	0.00	0.00
Publicity and Promotions	0.00	378.73
Promotional Materials/function	159,305.69	87,683.01
Self Funded Youth Programs	0.00	0.00
Workshops/Client Programs	127,881.73	132,375.47
Cultural Awareness	<u>0.00</u>	<u>0.00</u>
Total Workshops and Promotion	<u>287,187.42</u>	<u>220,437.21</u>

WINNUNGA NIMMITYJAH ABORIGINAL HEALTH CLINIC/HEALTH SERVICE  
(ACT) INCORPORATED

DETAILED STATEMENT OF INCOME

	2016 \$	2015 \$
Brought forward	8,756,697.70	7,880,448.35
Client Assistance		
Client Medical Rererral	64,170.32	32,078.87
Clients Travel Costs	365.70	195.95
Food	0.00	0.00
Client Assistance	80,379.77	57,132.10
Medical - Scripts	500.00	5,740.00
Bus/Taxi	31,511.86	17,604.03
Medicare Local Referral	0.00	62,074.77
Total Client Assistance	<u>176,927.65</u>	<u>174,825.72</u>
Other Expenses		
Renovations - Capital Works	0.00	0.00
Proceeds on Asset Disposals	0.00	0.00
Grant Funds Carried Forward	0.00	0.00
Depreciation	91,137.88	65,592.95
Depreciation - Capital Grants	59,141.82	60,021.82
Losses on Disposal of Assets	0.00	582.70
Management Overhead Costs	0.00	0.00
Accumulated surplus on grants	0.00	0.00
Grants in Deficit Loss Provisi	0.00	0.00
Total Other Expenses	<u>150,279.70</u>	<u>126,197.47</u>
TOTAL EXPENSES	<u>9,083,905.05</u>	<u>8,181,471.54</u>
OPERATING PROFIT	<u>19,163.76</u>	<u>385,160.62</u>
SURPLUS/(DEFICIT) FOR THE YEAR	<u>19,163.76</u>	<u>385,160.62</u>

