Danila Dilba
Health Service
HEALTH FOR LIFE

Danila Dilba Health Service

Annual Report 2014–2015

Danila Dilba
Health Service

Our name, our logo, our people, our region

Our full name, Danila Dilba Biluru Butji Binnilutlum, was given by the Larrakia people, who are the traditional owners of the land where Darwin and Palmerston are situated. In the Larrakia language Danila Dilba means 'dilly bag used to collect bush medicines' and Biluru Butji Binnilutlum means 'blackfella (Aboriginal people) getting better from sickness'.

The Danila Dilba logo was designed by Larrakia elder Reverend Wally Fejo and represents a number of things – the jumping fish convey an exciting, healthy life; the turtle represents the people going back to lay their eggs; and the stick represents a hunting tool used to find the eggs. The overall circle is like looking inside a dilly bag from above, while the snake suggests the threat of danger to our wellbeing and reminds us that we should always be aware of the role of good health in sustaining ourselves.

Torres Strait Islander and Aboriginal people from around Australia have visited Larrakia country for generations. Some of the visitors stayed and we are now blessed with a rich cultural diversity.

When we describe ourselves in the 2014–2015 Annual Report, we use the words Biluru, Aboriginal, Torres Strait Islander and Indigenous.

Front cover

Artist: Peter Garamanak Browne
Title: Barramundi Dream
Medium: Lino print
Year: 2010

Supplied by Larrakia Nation Aboriginal Corporation
www.larrakia.com

Vision

A society in which the health, wellbeing and quality of life of Aboriginal and Torres Strait Islander people is equal to that of non-Indigenous Australians.

Mission

To improve the physical, mental, spiritual, cultural and social wellbeing of the Biluru community of the Yilli Rreung region through innovative comprehensive primary health care programs, community services and advocacy that are based on the principles of equity, access, empowerment, community, self-determination and collaboration.

Core Values

The core values of Danila Dilba Health Service underpin our activities:

- provision of and advocacy for services that are equitable, accessible, professional, high quality and responsive to local needs
- working with our community to ensure a culturally appropriate environment that promotes safety, trust and respect
- supporting a workplace culture based on honesty, integrity, fairness, transparency and accountability.

Danila Dilba Service Area

Yilli Rreung Region

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1 About us


Working at Dan
Aboriginal Health Practitioner
General Practitioner
Support Worker
Counsellor
Customer Service Offic
Medical Receptionist
Transport Officer
Registered Nurse
HEALTH FO

1.1 Danila Dilba overview

Danila Dilba Health Service was established in 1991 as an Aboriginal community-controlled organisation. Our aim is to improve the physical, mental, spiritual, cultural and social wellbeing of Biluru (and Torres Strait Islander) people in the Yilli Rreung (greater Darwin) region.

Danila Dilba is primarily funded by the Australian Government through the Department of Health's Indigenous and Rural Health Division. We employ 127 people and provide services from five locations in Darwin and Palmerston, including four medical clinics, a mobile clinic, a dental clinic, Social and Emotional Wellbeing Centre, and Community Programs, including Alcohol and Other Drugs program, Tackling Tobacco program and Health Promotion.

More than 30% of the Northern Territory population identifies as Aboriginal and/or Torres Strait Islander, which includes around 14,600 people living in the Yilli Rreung region. This figure is the Australian Bureau of Statistics population estimate based on the 2011 Census data for the Darwin Indigenous Region (IREG 703), which closely matches our service area.

'Aboriginal and Torres Strait Islander health outcomes are influenced by a complex range of factors.'

Allowing for two per cent per annum increase in the 2011 population, Danila Dilba clinics serve most of the Indigenous population of the region with 14,786 clients claiming residency in our service area in 2014–15. We also had 574 people using our services who were visitors to the region, bringing our total client numbers to 15,360. Demand for our services has increased significantly over the past five years, with episodes of care almost doubling from 29,770 in 2009–10 to 58,376 in 2014–15.

Danila Dilba provides comprehensive, high-quality, culturally appropriate primary health care and community services. Our clinics are guided by an 'Aboriginal Health Practitioner first' policy to ensure clients' cultural safety. Patients are seen by an Aboriginal Health Practitioner (AHP) before a doctor.

AHPs are the cultural interface between clients and GPs, and are essential in ensuring culturally appropriate treatment and care. As well as being medically trained, AHPs often have extensive networks and knowledge of the local community and can help make clients feel more comfortable, ensuring that they get appropriate, high quality care and treatment.

Preventable health inequalities arise because of the circumstances in which people grow, live, work and age, as well as the systems put in place to deal with illness. The World Health Organisation notes that there is a social gradient in health so that life expectancy is shorter and disease is more common further down the social ladder.

Aboriginal and Torres Strait Islander health outcomes are influenced by a complex range of environmental, social, economic, family and community factors.

These determinants include:

- connection with land
- education
- employment, income and economic opportunity
- housing and infrastructure
- access to services
- stress
- social networks and connectedness
- racism
- incarceration.

To address the inequities in the Yilli Rreung region, Aboriginal people organised for a health service that would be controlled by the community it served. Since then, the Directors and staff of Danila Dilba Health Service have built a holistic framework of care and community services. These services include:

- targeted clinical care for children, women and men
- health promotion that supports people to have more control over their health
- specialist and allied health professionals
- care coordination for clients with complex health needs
- dental care
- targeted mental health, and social and emotional wellbeing services
- drug and alcohol services
- youth services.

To support our services we have made a significant investment in our workforce, including:

- priority for building our Aboriginal and Torres Strait Islander workforce across all levels of the organisation
- innovations in the recruitment, remuneration and retention of staff
- ongoing professional development opportunities for all staff to maintain professional accreditations, build cultural competencies and self-improvement.

1.2 Board report

The 2014–2015 financial year saw Danila Dilba continue to deliver on the priorities identified in our three-year strategic plan. This year, the focus was on consolidating and aligning current programs and services, and planning for targeted growth and expansion.

We made some important decisions to ensure our sustainability, including the development of a property strategy to address long-term growth and ensure our clinics continue to be easily accessible to our clients across the Darwin region.

Changes to the organisation's rules to improve our governance have enabled us to appoint two independent directors to the Board. The independent directors bring wide-ranging expertise to the Board, including community development, law and accounting to help improve our capacity to manage the increasing complexity in Aboriginal health care.

Our Board governance was further strengthened and consolidated with the appointment of Phyllis Mitchell as our Larrakia Officer, who brings strong community knowledge and experience with several other boards.

Demand for our services continues to grow with more than 15,000 people using our services in the 2014–15 financial year, including the majority of Aboriginal and/or Torres Strait Islander people in the Yilli Rreung (greater Darwin) region. Our episodes of care have almost doubled from 29,770 in 2009–10 to 58,376 in 2014–15.

'It's crucial that we listen and respond to the community...'

This growing demand for our services led the Danila Dilba Board to pass new policies on who can use our services. The client eligibility policies mean our services are generally restricted to Aboriginal and Torres Strait Islander people or non-Indigenous people who have an Indigenous partner, or are caring for an Indigenous child. Danila Dilba dental services and subsidised medicines programs are restricted to Indigenous clients due to the large demand on them.

To keep up with the growing demand on our services we have recruited additional staff, such as nurses and doctors, with a focus on employing and retaining Aboriginal and Torres Strait Islander staff.

A major achievement has been a move to make our community programs more integrated with, and complementary to, our clinical services in line with a review of our Community Services division. As a result the Danila Dilba Board made the very difficult decision to phase out the Youth Service in Palmerston, which closed at the end of June 2015. We will continue to work with young people through health promotions and more activities in schools, and work with families to access services.

It's crucial that we listen and respond to the community we serve. In addition to our Board and members being from the local community, formal feedback forms have been introduced to gauge clients' impressions about our service and identify areas for improvement.

Feedback has been positive with 90% of respondents ranking 'confidentiality of personal information' as 'excellent'. Friendliness of staff, the reception area and follow up/support also rated highly.

In March of this year, Danila Dilba received a positive review from the Quality Improvement Council, which assessed the organisation against 18 standards specifically designed for the community health sector. This endorsement complements our clinical accreditation last year and demonstrates that the processes and systems we have put in place across the organisation are effective in ensuring high quality services.

I would like to thank all directors and staff for their work and support during the last year, particularly during disruptions as we undertook some much-needed renovations, upgrades and relocations.

Patrick Stephensen
Chair

1.2 Board bios

Our Directors

Patrick Stephensen (Chair) holds a Bachelor of Sports Science and Exercise Science, as well as a Graduate Diploma of Business Administration. He is a Senior Policy Officer at the Men's Policy Unit in Community Services, Northern Territory Government and is also actively involved with local rugby union, rugby league and AFL football.

Erin Lew Fatt (Deputy Chair) is the Programs Manager at the Aboriginal Medical Services Alliance of the NT and has more than 15 years' experience in the Aboriginal health sector. She has been a Danila Dilba Director for seven years. Erin has a keen interest in and commitment to Aboriginal workforce development, education and training and is studying for a Bachelor of Health Science.

Carol Stanislaus is the Engagement Coordinator, Darwin Town Communities with the Department of Prime Minister and Cabinet, and has worked in a variety of Indigenous positions in tourism, local government and justice throughout the NT. She holds a Bachelor of Applied Science in Aboriginal Community Management and Development.

Edward Boyd Scully has been a Director for 14 years and continues to be involved in a range of community activities. He brings extensive knowledge of community issues, relationships and networks. In 2013, Edward was inducted into Queensland's Boxing Hall of Fame in recognition of his support for the sport.

Phyllis Mitchell (Larrakia Officer) has served on the boards of Larrakia Development Corporation, Larrakia Nation and Radio Larrakia. She worked with the NT Government for 35 years in construction, transport, parliamentary education, finance, and at Port Keats as a manager of Interpreter Services. Phyllis retired in 2014 and has also been Vice President of the Brothers Junior Rugby League. She was also an exceptional softball player where she made a number of representative sides.

Gloria Corliss worked for the NT Government for 30 years in various departments, including NT Administration, Primary Industries, Lands and Housing, Community Services, and Health and Community Services, before retiring in 1999. Post-retirement, Gloria worked for Batchelor Institute of Indigenous Tertiary Education and has been a Director on its Board. Gloria holds a Bachelor of Arts (Creative Writing).

Braiden Abala has extensive experience in public policy, child protection and health promotion and is Project Manager at the Australian Commission on Safety and Quality in Health Care. Braiden has a Bachelor of Behavioural Science and a Masters of Health and International Development.

Sarina Jan holds a Bachelor of Arts (Public Relations) and Bachelor of Business (Marketing), and is a consultant specialising in public relations. She also has certificates in workplace training, small business, and occupational health and safety. Sarina's experience ranges from working in the private sector, and local and state government in the NT and WA.

Non-member Directors*

Priscilla Collins is Eastern Arrernte from Central Australia and mother of six children. She is the CEO of the North Australian Aboriginal Justice Agency. Previously Cilla was the CEO of the CAAMA Group and has been on the Boards of Indigenous Business Australia, Imparja Television, National Indigenous Television Service and Indigenous Screen Australia, and Chairperson of the Australian Indigenous Communications Association.

David Pugh is the CEO of NT Anglicare and has a Masters of Business degree. Before that he was the CEO of St Luke's Anglicare in Bendigo, Victoria, has held senior government positions and worked in Milingmbi and Nhulunbuy. David is on the Anglicare Australia Board, Aboriginal Peak Organisations Northern Territory–APO NT NGO Partnership Steering Group and the NT Government NGO Consultative Committee.

* Non-member Directors were introduced to the Board under changes to the Danila Dilba constitution adopted by members at the 2014 Annual General Meeting. They are independent, Board-appointed Directors who are not members of Danila Dilba and whose family members have no financial or other interest in Danila Dilba. They might bring special experience to the Board like community development, health, finance, the law and accounting to add to the skills of elected Directors.

1.3 CEO report

In 2014–15 Danila Dilba Health Service continued to focus on improving delivery of high-quality, culturally-appropriate comprehensive primary health care and community services to Biluru (Aboriginal and Torres Strait Islander) people in the Yilli Rreung (greater Darwin) region.

Much work was done in 2014–15 to review our facilities and understand our property needs. A consultant's report looking at where our clients live, and where population growth is likely to be, found that less than 5% of clients live in the CBD/city where the bulk of our services are located.

A property strategy was devised to ensure that our clinics are fit for purpose and located closer to where clients live. The Knuckey St and Men's Clinics in central Darwin are aged, not fit for purpose and will be expensive to maintain. Reports by specialist consultants all recommend that Danila Dilba sell its CBD properties and reinvest funds in new facilities. This will be implemented in 2015-2016.

'Danila Dilba continued to focus on improving services.'

To cater to the growing Indigenous population in Palmerston the GP clinic moved to a newly refurbished building in July 2015, the culmination of many months hard work during the reporting period. This will allow the remaining Family Centre to provide greater service delivery by the women's and children's teams. The extra space will also allow more allied health services, such as specialists and renal streams.

There has been a major change to the operation of Danila Dilba's mobile health unit following a new funding agreement with the Northern Territory Government. Aboriginal and Torres Strait Islander people in the Yilli Rreung region will receive a new model of health care that allows staff increased capacity to respond to and help control the social causes of chronic disease through health promotion and education.

This planning, consolidation and review happened while there was a significant increase in demand on our services. Our episodes of care have almost doubled from 29,770 in 2009–10 to 58,376 in 2014–15. To keep up with this increase, the Knuckey Street Clinic employed eight new staff and had a makeover, including a new store room, medication fridge, and back-up generator and water tank insert that can operate for three days in case of emergency.

A review of Community Programs identified the need to enhance client access to a number of services and programs, leading to a range of innovations.

Danila Dilba clients can now access the Alcohol and Other Drugs and Tackling Tobacco programs, and child and family counselling service, at the Knuckey Street Clinic, Palmerston Health Centre and Men's Clinic. The Healthy Kids Stronger Futures program has moved to the Child Health Team at the Palmerston Health Centre. We also redesigned youth services to deliver structured, wide-reaching health promotion and education to young people across the greater Darwin region.

New Work Partnership Agreements were introduced and are jointly developed between Danila Dilba staff and their supervisors as part of a six-monthly performance review, which includes identifying training and development needs.

Danila Dilba's Aboriginal Health Practitioner-first policy has ensured our Aboriginal and Torres Strait Islander clients receive culturally appropriate treatment and care. Strong leadership from Danila Dilba Aboriginal staff in coordinating the care of clients with chronic illness and running day-to-day operations in clinics will see this successful model rolled out in future.

We now have a number of Indigenous nurses and two Indigenous trainees at our Dental Clinic graduated with their Certificate IV in Dental Assisting.

Danila Dilba leased a second disabled bus in 2014–2015, and there is now one for the Darwin area and one for the Palmerston area. These buses have improved access to the clinics for frail, aged and disabled clients.

A focus on GP management plans saw a decrease in the number of clients progressing to moderate and severe kidney disease from an average of 30 clients in 2008 to last year's average of 20.

For those who participated or plan to participate in the Royal Commission Into Institutional Reponses to Child Sexual Abuse we provided a range of effective, culturally safe, practical and therapeutic support.

I look forward to the next year and would like to sincerely thank the staff, members and Board for your hard work and ongoing support throughout this year.

Olga Havnen
Chief Executive Officer

1.4 Key data

Table 1

Visits by postcode

This table shows the number of clients who have accessed services throughout the 2014–15 financial year based on their postcode at the time of the service.

Residency	Numbers	%
Darwin – CBD and surrounds	924	6%
Northern suburbs – Coconut Grove and surrounds	2,382	16%
North Eastern suburbs – Malak and suburbs	2,338	15%
Fannie Bay to Berrimah	2,703	18%
Palmerston and surrounds	5,022	33%
Rural Areas	1417	9%
Rest of NT (outside of service area)	574	4%
Total	**15,360**	

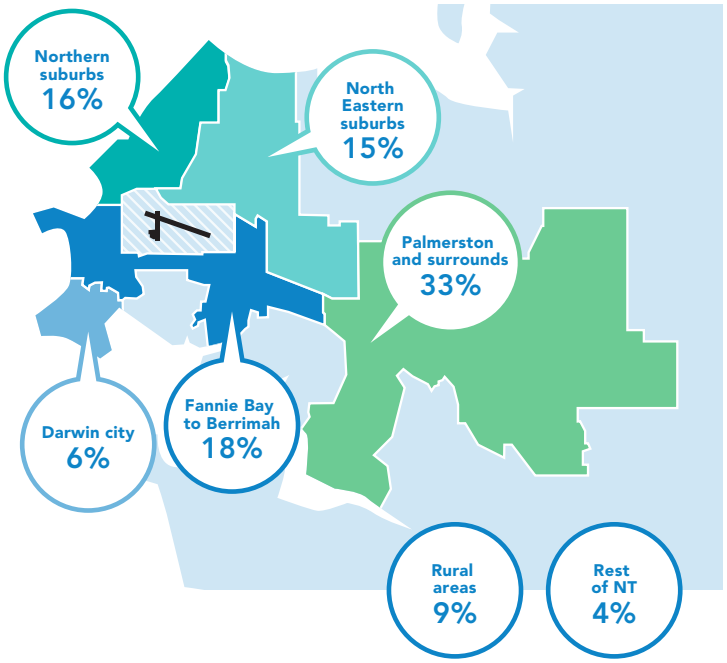


Figure 1

Active clients

This figure shows Danila Dilba Health Service's regular Aboriginal and Torres Strait Islander clients, who used our services at least three times in the past two years.

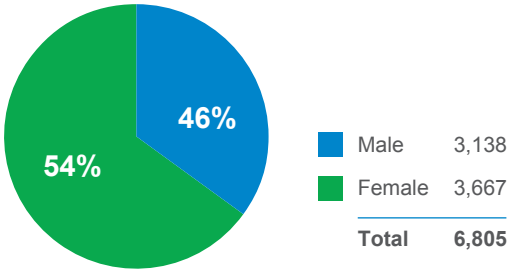


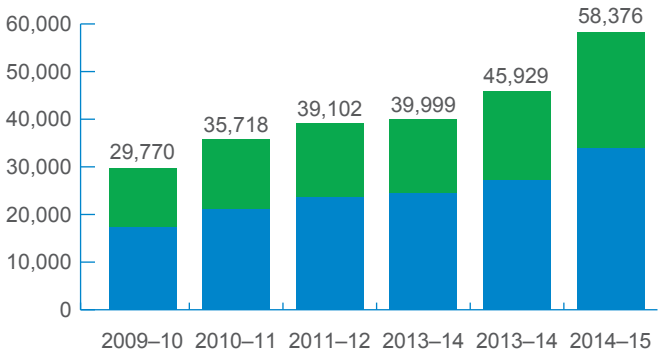
Figure 2

Episodes of primary care

Danila Dilba has experienced a significant growth in clients using its primary health care services over the past six years, with this chart showing episodes of care almost doubling since 2009. More than 58,000 episodes of care were delivered in 2014–15.

This chart also shows that more episodes of care were provided to women (58%) than men (42%). This suggests that more women than men are accessing Danila Dilba services, a trend that is common for most health services.

An episode of care is a unique visit to one of our clinics and each visit may involve accessing one or more services or providers.



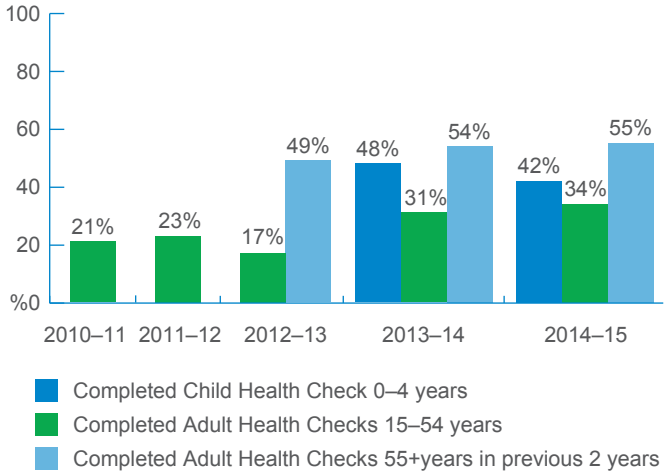
	2009–10	2010–11	2011–12	2013–14	2013–14	2014–15
Male	17,386	21,006	23,588	24,376	27,137	33,834
Female	12,384	14,712	15,514	15,623	18,792	24,542
Total	**29,770**	**35,718**	**39,102**	**39,999**	**45,929**	**58,376**

Figure 3

Health checks

Danila Dilba Health Service is focusing on completing health checks. A full checkup can help early detection of conditions such as diabetes and high blood pressure.

The number of Danila Dilba clients with a completed adult health check continues to grow. Completed health checks reached 34% for the 15–54 year age group and 55% for the 55+ age group over the past financial year. A full checkup for children includes looking at developmental stages and helping parents and carers with information to help in the early years.



Reports Child from National KPI 15–54 and 55+ from NTKPI

Figure 4

Mobile clinic episodes of care

The Danila Dilba Mobile Clinic provides outreach services. An episode of care is a unique contact with the mobile clinic by a particular client – it may involve seeing more than one provider on that visit.

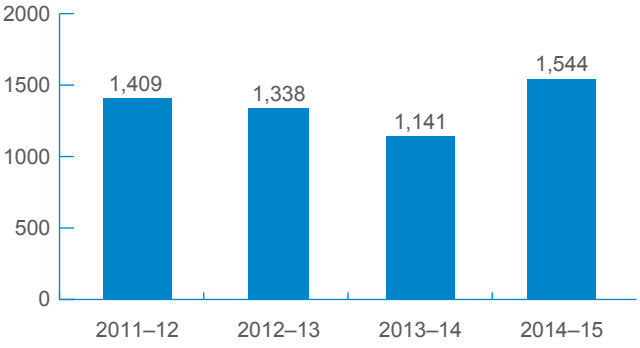


Figure 5

Dental health episodes of treatment

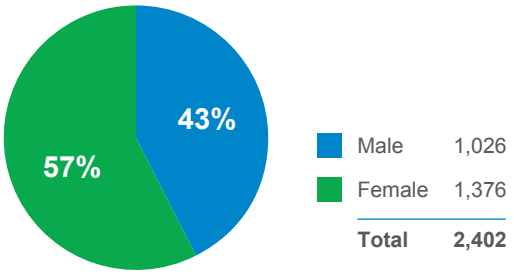


Table 2

Specialist clinics

A number of different specialists visit Danila Dilba Health Service. This table shows the number of clients who saw a specialist within the reporting period.

Having specialist services located at Danila Dilba makes it easier for our clients to have their conditions managed.

Specialist	2012–13	2013–14	2014–15
Cardiac Educator	152	5	74
Diabetes Educator	143	873	862
Dietitian	0	53	211
Obstetrician and gynaecologist	20	90	122
Ophthalmologist	27	84	24
Optometrist	152	325	253
Paediatrician	56	150	89
Sonographer	14	0	33
Physiotherapist	0	34	239
Specialist Medical Practitioner	380	499	357
Total	**944**	**2113**	**2264**

Table 3

Pap smear testing

Pap smear tests are important for women for the early detection of illnesses such as cervical cancer.
More than 50% of Danila Dilba female clients have had a Pap smear in the past five years.

2014–15		
Had screen in last 2 years	802	33%
Had screen in last 3 years	1008	41%
Had screen in last 5 years	1260	51%
Total eligible	**2448**	

Figure 6

Pregnancy health

Women who are seen early in the pregnancy (before 13 weeks) are able to better prepare for the birth both physically and emotionally. A normal birth weight is between 2500–3500gms. Having a good birth weight is a good start to life.

In a slight increase from last year, 88% of babies born to Danila Dilba clients were a normal birth weight. While the number of first antenatal visits before 13 weeks are decreasing, the numbers of women using pregnancy services at Danila Dilba increased from 101 (in 2013–14) to 155 (in 2014–15).

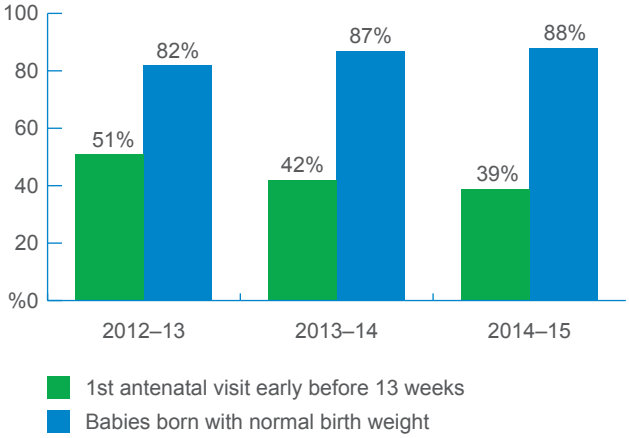


Figure 7

Child health

This table shows key indicators for children who are being seen at Danila Dilba. The majority of children under five years are growing well.

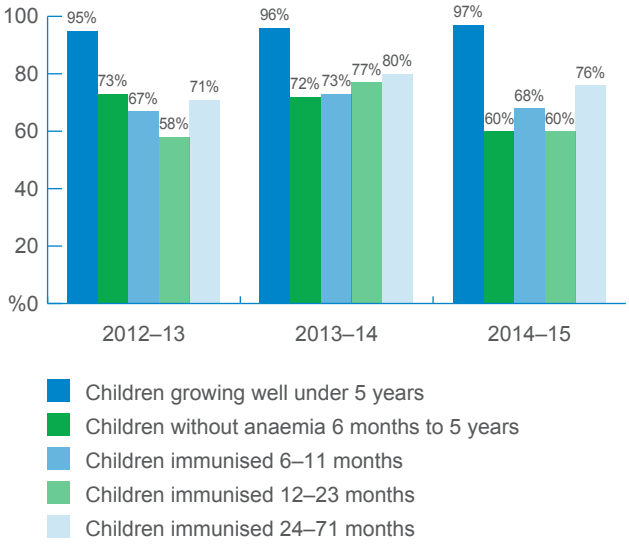


Table 4

Chronic disease

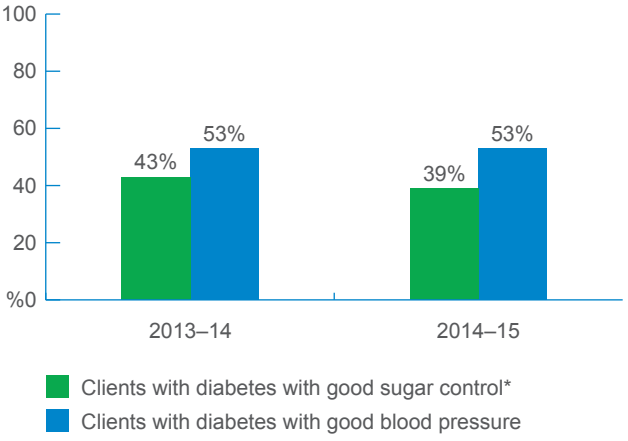
This table shows the percentage of Danila Dilba clients with specific chronic conditions as a percentage of active (regular) clients over 15 years of age. Active clients are those who used our services at least three times in the past two years.

Cardiovascular disease	10%	483
Diabetes	21%	1046
Kidney disease	17%	838
Total active clients over 15 years of age		**5065**

Figure 8

Diabetes

This table shows two measures that tell us how well clients with diabetes are. Despite an increase in the number of Danila Dilba clients diagnosed with diabetes, the proportion of clients with good sugar and blood pressure control remains steady.



* The HbA1c test is a test that measures blood glucose control for a client with diabetes over a 3-month period.

Good sugar control is considered as when the HbA1c level is below 7%.

Having a poorly controlled HbA1c above 7% can put extra pressure on the kidney and lead to early kidney disease.

Table 5

Chronic disease plans

Chronic Disease Management Plans are plans that the GP, nurse and Aboriginal Health Practitioner devise with clients who have a chronic disease. The plans are to work with clients to provide long-term care and help prevent complications that can occur when people have chronic diseases.

The Chronic Disease Management Plan includes goals that the client has set for their own care.

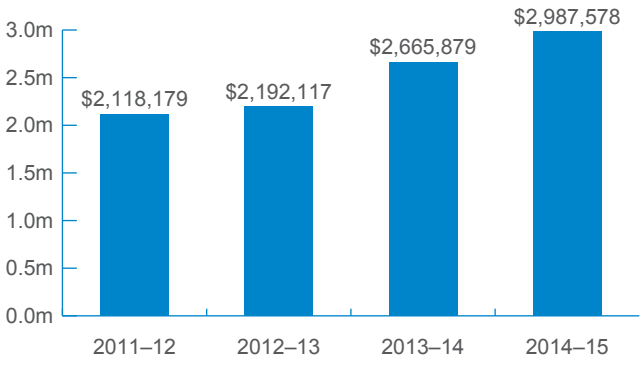
	2010–11	2011–12	2012–13	2013–14	2014–15*
Clients with chronic heart disease on a plan	67%	71%	64%	65%	63%
Clients with type 2 diabetes on plan	66%	73%	66%	64%	63%
Clients with type 2 diabetes and chronic heart disease on a plan	75%	77%	72%	68%	66%

* percentage of clients with the condition with a plan

Figure 9

Medicare income

Medicare income generated by Danila Dilba has continued to grow over the past four years. Danila Dilba earns income from Medicare bulk billing for many clinical services. We also receive Medicare income for improvements in our care, particularly for people with chronic illness. This income is in addition to our grant funding and allows us to provide extra services to meet community needs.



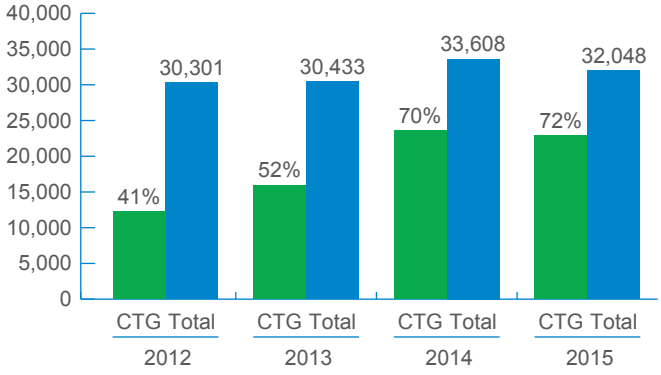
Increases overall can be attributed to increase of Chronic Disease Plans, Aboriginal and Torres Strait Islander Health Checks, Closing The Gap registration and staff education, monitoring and auditing processes.

Figure 10

Pharmacy

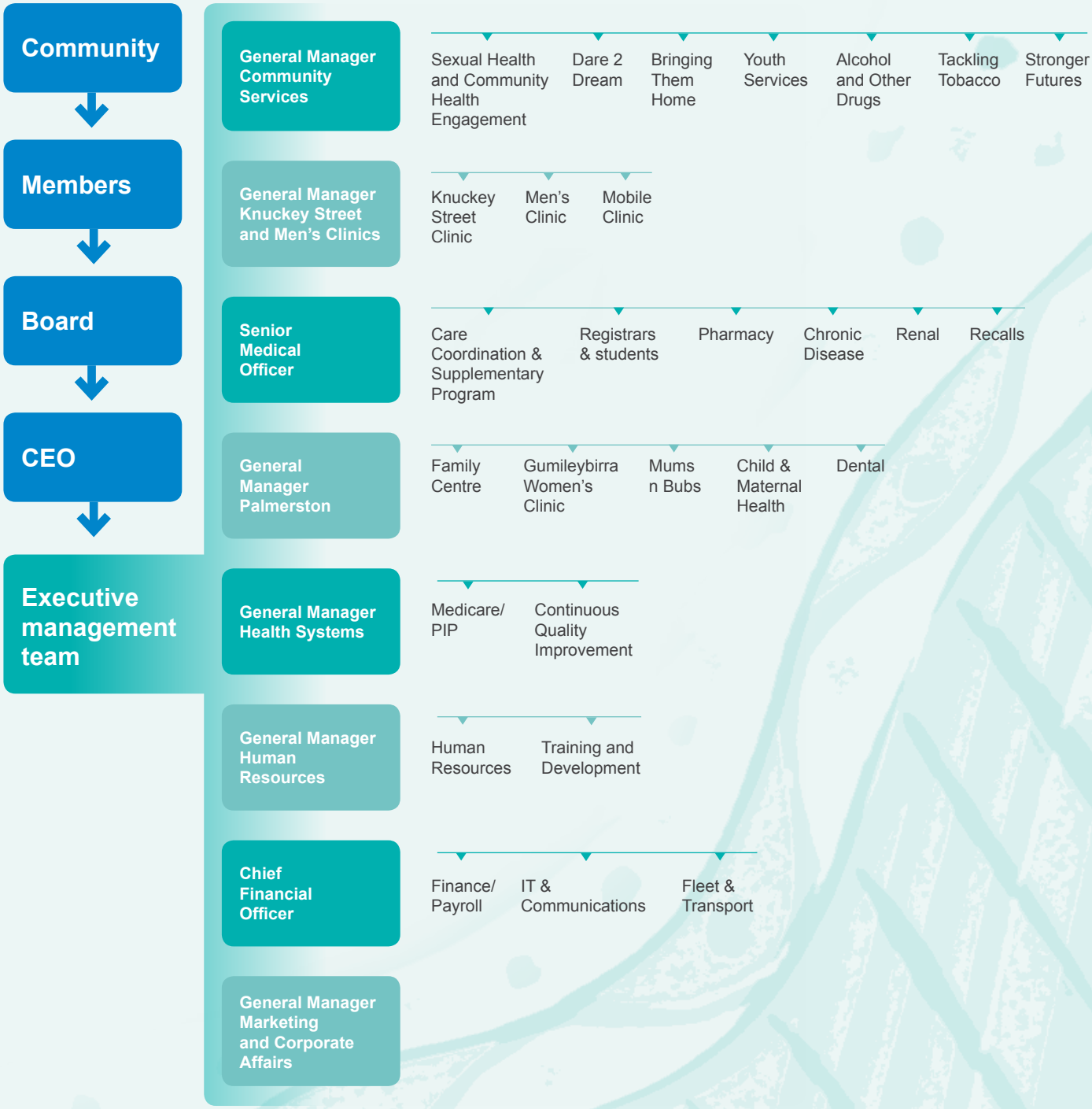
This chart shows the number of scripts issued by Danila Dilba. The Closing the Gap prescription program (CTG) is a national measure to improve Aboriginal and Torres Strait Islander people's access to medicines. Clients are registered through their clinics and then are eligible for further reductions in prices of medicines beyond the standard PBS rates. In many cases the medicines will cost nothing to the client.

In 2014–15, 72% of scripts written by Danila Dilba were CTG scripts, the highest level since the program began.



	2012	2013	2014	2015
CTG	12,285	15,918	23,557	22,927
Total	30,301	30,433	33,608	32,048

1.5 Our organisation



1.6 Our staff

Figure 11

Staff breakdown

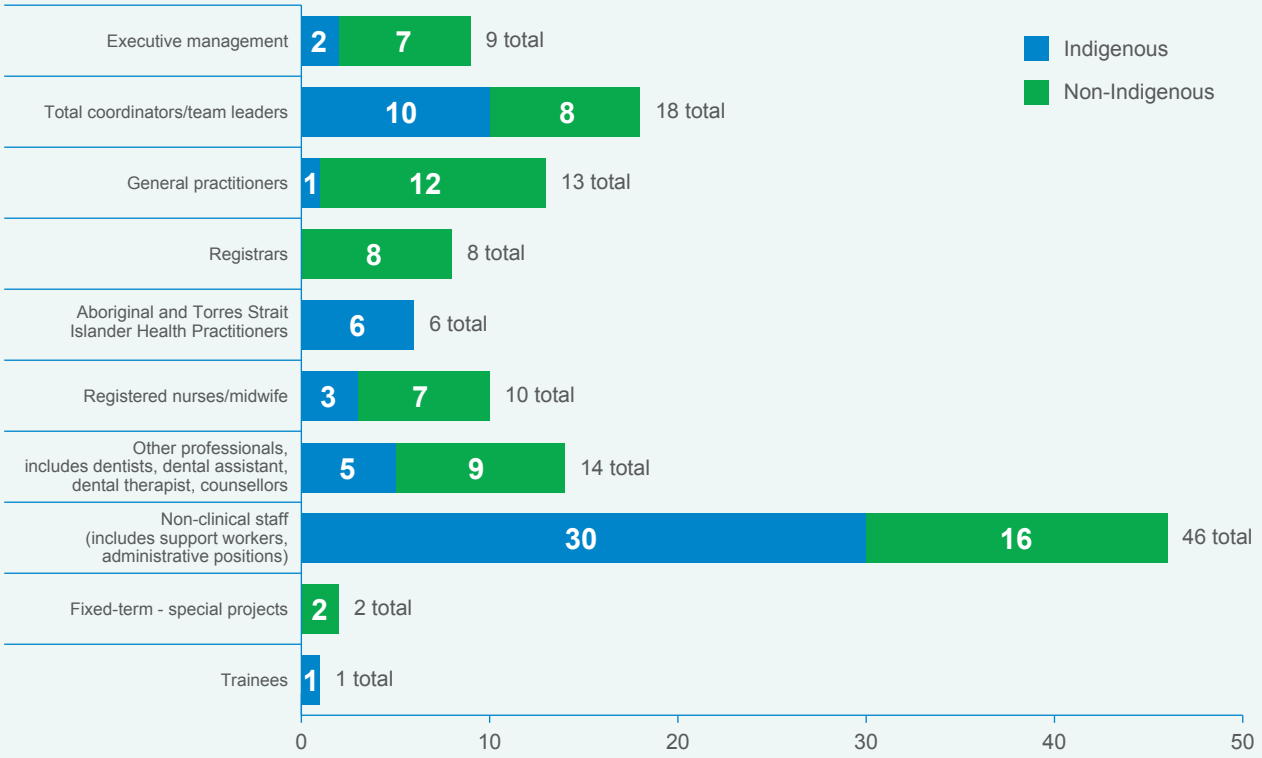


Table 6

Organisation overview

	Indigenous	%	Non-Indigenous	%	Male	%	Female	%	Total staff	Total FTE*	Salary range	
Executive management**	2	25%	7	75%	5	56%	4	44%	9	7.8	$113,000	$224,564
Total coordinators/team leaders	10	56%	8	44%	3	17%	15	83%	18	17.4	$68,622	$113,000
General practitioners	1	7%	12	93%	5	38%	8	62%	13	8.0	$182,785	$203,674
Registrars	0	0%	8	100%	2	25%	6	75%	8	6.6	$150,092	$171,191
Aboriginal and Torres Strait Islander health practitioners	6	100%	0	0%	0	0%	6	100%	6	5.4	$58,437	$82,664
Registered nurses/ midwife	3	30%	7	70%	1	10%	9	90%	10	9.5	$81,893	$114,733
Other professionals, includes dentists, dental assistant, dental therapist, counsellors	5	36%	9	64%	2	14%	12	86%	14	13.9	$54,753	$121,560
Non-clinical staff (includes support workers, administrative positions)	30	65%	16	35%	17	37%	29	63%	46	45.5	$43,992	$$95,952
Fixed-term - special projects	0	0%	2	100%	1	50%	1	50%	2	1.3	$130,000	$130,000
Trainees	1	100%	0	0%	0	0%	1	100%	1	1.0	$42,152	$42,152
Total	**58**	**46%**	**69**	**54%**	**36**	**28%**	**91**	**72%**	**127**	**116.3**	**$42,152**	**$224,564**

* FTE (full-time equivalent)

** Two executive managers are also general practitioners

Figure 12

Indigenous staff

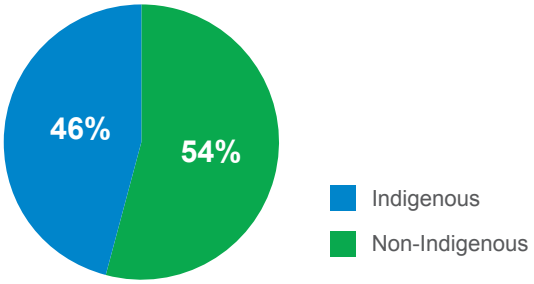


Figure 13

Staff gender ratio

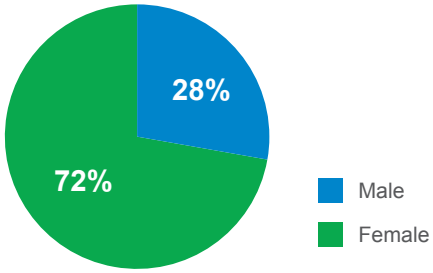
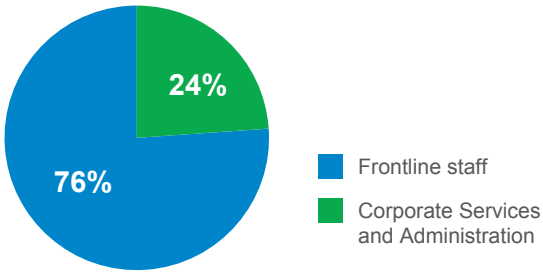


Figure 14

Administration ratio



Staff training and development.

Danila Dilba Health Service managers continued to focus on staff development in 2014–2015. Some 80% of staff (107) attended one form of training or professional development, an increase from 71 in 2013–2014. Additionally, Work Partnership Agreements for all staff were introduced in early 2015 including a section for tailored training and development plans to be jointly developed with supervisors. For example, professional development modules were specifically tailored for middle and senior managers on recruitment, managing probation periods and managing poor performance.

Board members also undertook governance training and a program of regular in-house training continued for the reporting period on topics such as:

- Medicare Claiming and Health Professional Online Services
- Anaemia
- Diabetes
- Psychological safety
- Medicines Guidelines
- Dental services client eligibility
- Work Partnership Agreements
- Flu vaccination
- Smoking cessation pharmacotherapy

The table below show that some 254 training and development activities were undertaken in 2014–15, with examples for each category.

Table 7

Training completed

Training	Participants
Core Training First Aid/CPR Advanced Life Support	43
Administrative Communicare Dealing with difficult situations Defusing explosive situations Time management WHS Essentials	67
Clinical Management of medical emergency Fetal Alcohol Spectrum Disorder Complex trauma Sexual and reproductive health	39
Leadership and supervision New supervisor Effective supervisor Frontline Leadership Course Conducting a workplace investigation – bullying	59
Governance Governance analysis tool Project governance	12
Professional development National Methamphetamine Symposium Responding to Fetal Alcohol Spectrum Disorder Creating Futures Conference World Indigenous Health Conference	28
Specialist/technical training Certificate III Dental Assistance Chronic disease self-management Advanced certificate in Quickbooks Certificate IV Training Assessments	6

Table 8

Length of service

Length of service	Indigenous	Other
0–2 years	34	52
3–5 years	13	7
6–10 years	11	6
11+ years	0	4
Total	**58**	**69**

Staff turnover

Thirty-nine staff left the organisation and 39 staff started work with the organisation over the 2014–2015 financial year. This represents staff turnover of some 30%.

Staff satisfaction survey.

In February 2015, Danila Dilba Health Service staff were invited to participate in the second comprehensive staff survey. Some 72% of staff (101) responded to the survey in 2015, compared with 62% in 2013. There was very little change from the results of the 2013 survey, with ratings generally less than 0.1 out of 5 higher or lower. Overall staff satisfaction and commitment to Danila Dilba was high, with:

- 85% of staff either not thinking of leaving or considering it within 12 months
- 86% of staff strongly agreeing/agreeing they are proud to work at Danila Dilba
- 81% of staff confident in the future of Danila Dilba
- 77% of staff strongly agreeing/agreeing they would recommend employment at Danila Dilba.

Figure 15

I'm thinking of leaving

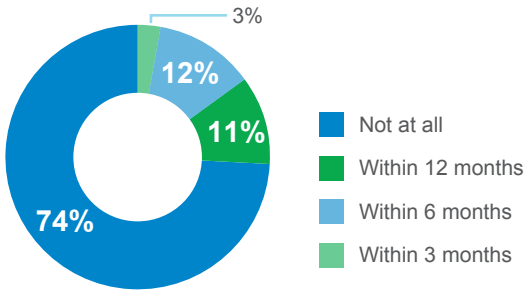


Figure 16

Proud to work at DDHS

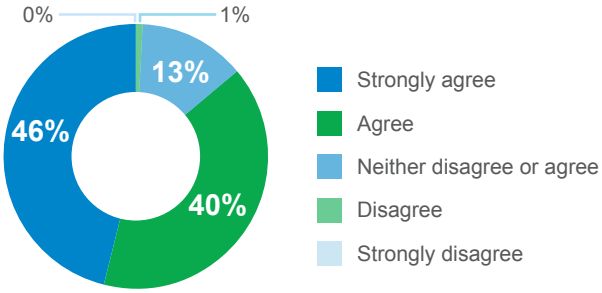


Figure 17

Confident in the future of DDHS

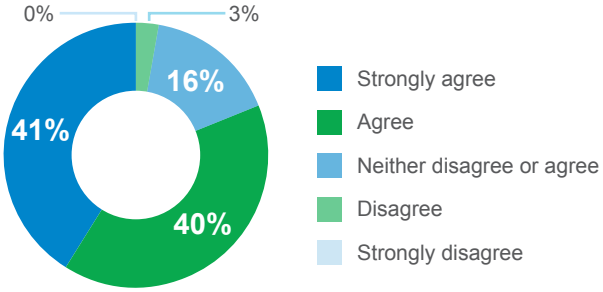
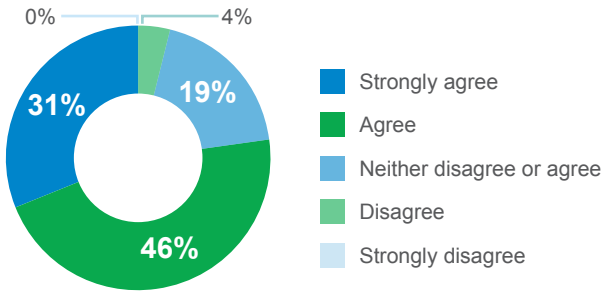


Figure 18

Would recommend employment with DDHS



1.7 Quality and safety

During the reporting period Danila Dilba Health Service sought accreditation under the Quality Improvement Council's (QIC) Health and Community Services Standards. The QIC audit reaffirmed Danila Dilba's ongoing improvement in the organisation's governance and managements systems and providing quality services and programmes.

Health and safety

During the reporting period, members of the Danila Dilba's Work Health and Safety (WHS) Committee completed Fire Warden training. WHS inspections were undertaken of all our locations by an independent consultant and all recommendations were implemented.

The WHS Committee routinely monitors clinical and other workplace health and safety incidents, complaints, and grievances to analyse and report on trends, and ensure Danila Dilba safety and quality systems are effective.

The system for monitoring such events and incidents is currently a manual one, however it will be transformed in the coming year with the introduction of new software. This will allow mechanisms for reporting and analysis to be more efficient, and will also allow comparative analysis to identify trends and risks more effectively.

Clinical governance

The Clinical Governance (CG) Committee reviewed and expanded its terms of reference during 2014–15, providing guidance and advice to the Executive Management Team and Board regarding safety and quality of patient care. The CG Committee is made up of clinical staff, including the Senior Medical Officer, General Managers, General Practitioners, Clinic Coordinators, and other staff who provide advice about service delivery.

Specific roles of the CG Committee include:

- Ensuring that clinical standards, policies and procedures meet evidence-based best practice standards
- Using health service data for improvements in the planning, implementation and evaluation of care and services
- Monitoring, reviewing and recommending corrective and/or preventative actions that address clinical incidents
- Providing advice to Communicare User Group and Executive Management Team as required and/ or requested.

Grievances

There were ten grievances reported in this 12-month period. All have been resolved satisfactorily.

Clinical incidents

There were 43 clinical incidents this 12-month period. All incidents were reported within a week of occurring, indicating an effective open disclosure process, were dealt with by senior management and closed satisfactorily.

	Clinical incidents 1 July 2014–30 June 2015
Adverse reaction/event	2
Clinical practice error	16
Injury	3
Medication error	1
External pharmacy error	1
Documentation error	1
Immunisation error	11
Near miss	5
Total	**43**

WHS incidents

There were 22 work, health and safety incidents this 12-month period.

	WHS Incidents 1 July 2014–30 June 2015
Injury	2
Property	8
Transport	7
Physical/ verbal abuse of staff from clients	5
Total	**22**

Complaints

There were 10 complaints received this 12-month period. All complaints were resolved and closed.

	Complaints 1 July 2014–30 June 2015
Appointments	1
Other	2
Privacy and confidentiality	1
Transport	2
Wait times	3
Facilities	
Staff conduct	1
Total	**10**

1.8 Sector comparison

In March 2015, the Federal Government's Australian Institute of Health and Welfare released its report, *Healthy Futures: Aboriginal Community Controlled Health Services Report Card**. The report analysed data from various sources provided by some 140 Aboriginal Community Controlled Health Services (ACCHSs) around Australia between 2012 and 2013.
Danila Dilba Health Service has compared itself against four key organisational indicators below, with our Darwin location being classified by the institute as 'Outer Regional'.

Figure 19

Indigenous governance

The majority of ACCHSs reported governance structures entirely controlled by Indigenous people. Danila Dilba Health Service has 100% Indigenous Directors of its member-elected Board. It also has two non-member Directors appointed by the Board, with one Indigenous and one non-Indigenous.

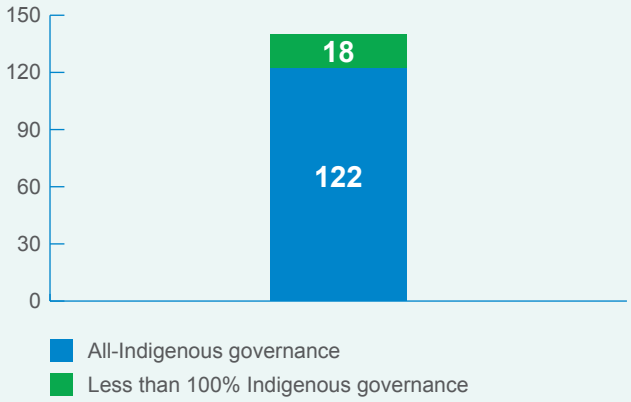
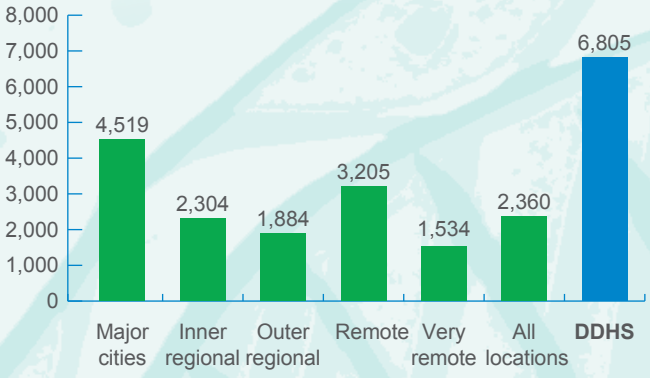


Figure 20

Client numbers

The average number of clients at each ACCHS in outer regional locations was 1,884. Danila Dilba Health Service is significantly above this average, with 6,805 active clients in 2014–2015. We are also well above the major cities' average of 4,519 clients per service.



* All charts reproduced with permission.

Figure 21

Staffing per client

ACCHSs in outer regional locations had a ratio of eight non-clinical staff per 1,000 clients in 2012–13.
In 2014–2015 Danila Dilba Health Service had a significantly lower ratio of four non-clinical staff per 1,000 clients.

We also had a lower ratio of clinical staff than other outer regional ACCHSs at five per 1,000 clients, compared with an average of nine per 1,000 clients.

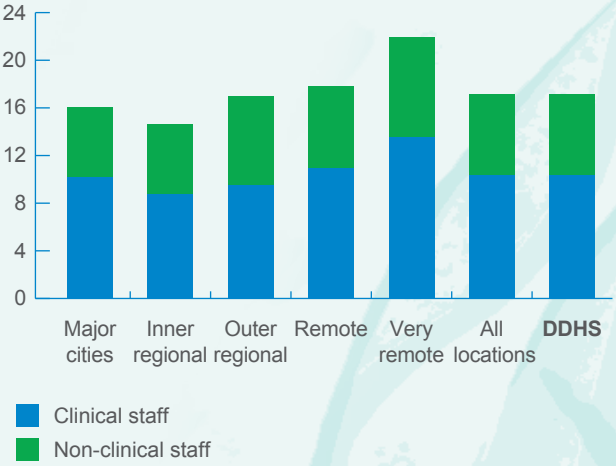
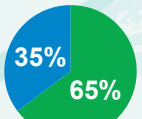


Figure 22

Indigenous staffing

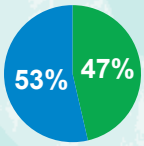
Some 56% of the full-time equivalent staff at ACCHSs, were Indigenous. Danila Dilba Health Service is slightly below this average in 2014–15, with 46% Indigenous staff as at 30 June, 2015.

DDHS clinical staff

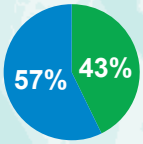


Indigenous	24
Non-Indigenous	43
Total	**67**

ACCHS clinical staff

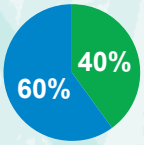


DDHS non-clinical



Indigenous	34
Non-Indigenous	26
Total	**60**

ACCHS non-clinical



1.9 Aboriginal Dental Assistants

Dental assistants are valued and crucial members of Danila Dilba's Dental Clinic, preparing patients for oral examination and assisting other dental workers in providing treatment to the teeth, mouth and gums. They are multiskilled to work in management, health promotion and policy development roles.

Our Aboriginal Dental Assistants help to ensure we provide a culturally safe and culturally appropriate service to our Indigenous clients. They provide input into the planning and delivery of the service and act as cultural liaison and mentor to non-Indigenous clinicians.

Dental Assistants often have Certificate 111 or 1V in Dental Assisting and it is a popular entry level pathway to furthering a career in oral health.

'Don't be shame if an opportunity comes up—just take it.'

Brenda Thorn, who joined Danila Dilba as a receptionist in 2013, highlights how Danila Dilba's Dental Service supports flexible career pathways. Her three-month contract turned into six months, before she got the chance to work in the dental clinic.

She loved it immediately.

'I learned everything about being a dental assistant, like cleaning down the surgery and how to do sterilisation,' she said. 'It really helped my confidence too, interacting with clients and my co-workers.'

Not long after, Brenda applied for and was appointed to the dental assistant position. She started a traineeship, and last year completed her qualification. Brenda is now a fully qualified dental assistant, something she never dreamed would happen.

'I've come a long way through Danila Dilba, and I think I've found my spot,' said Brenda, a single mother who's juggled family, work and study. 'I love my job. And I just want people to know that it's never too late to live your dreams. Don't be shame if an opportunity comes up—just take it. You never know what could happen.'

Strategic plan goal:

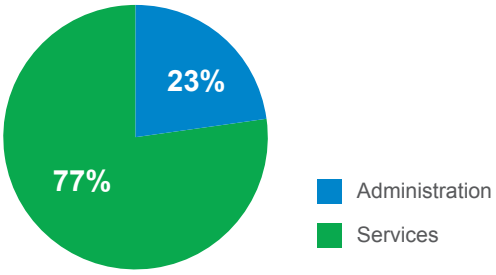
4.2 Promote a learning culture that builds staff capacity, supports ongoing skill development and provides career pathways.

1.10 Financial summary

Income

	2015	2014
Grants	12,544,396	12,868,002
Medicare billings	2,987,578	2,665,879
Interest income	140,937	175,593
Sundry income	621,325	124,446
Income for Year	**$16,294,236**	**$15,833,920**

The main sources of income for Danila Dilba Health Service are government grants 77.0% (2014 81.3%) and Medicare billings 18.3% (2014 16.8%). In 2014–15 administration fees were allocated against grants and at 30 June 2015 that amount was 23% of grants received. It may be that in future years this can be reduced more with further rationalisation of corporate services.



Assets

	2015	2014
Current assets	3,460,109	6,184,868
Non-current assets	7,155,812	6,606,747
Total assets	10,615,921	12,791,615
Current liabilities	2,038,462	3,594,613
Non-current liabilities	113,413	152,148
Total Liabilities	2,151,875	3,746,761
Net Assets	**$8,464,046**	**$9,044,854**

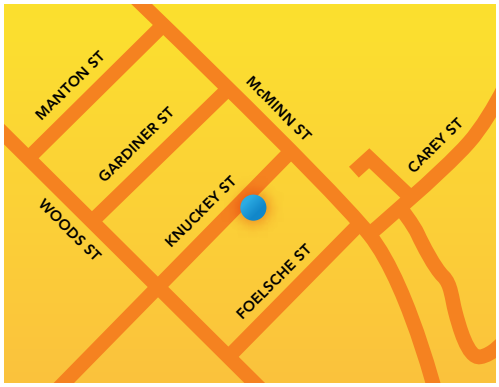
The reduction in current assets was largely due to the repayment of unexpended grants from the past few years to the funding agencies. Assets were significantly increased due to significant leasehold improvements at Palmerston Clinic.

Cash

This table shows that at the end of the financial year Danila Dilba had enough cash to cover all liabilities,provisions and reserves. The amount uncommitted has been injected into the budget for 2015-16.

	2015	2014
Current assets	3,460,109	6,184,868
Current liabilities	(1,111,853)	(1,004,957)
Employee leave provisions	(957,770)	(892,131)
Unexpended grants	(82,252)	(1,849,673)
Reserve for capital replacement	(507,497)	(1,025,161))
Reserve for PHC	0	(849,592)
Total uncommitted cash assets	**$800,737**	**$563,354**

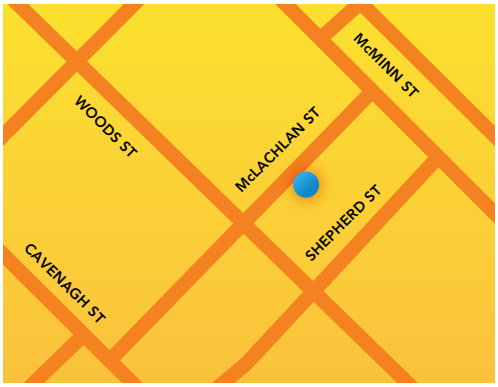
1.11 Our locations



Knuckey St Clinic

32–34 Knuckey St,
Darwin NT 0800

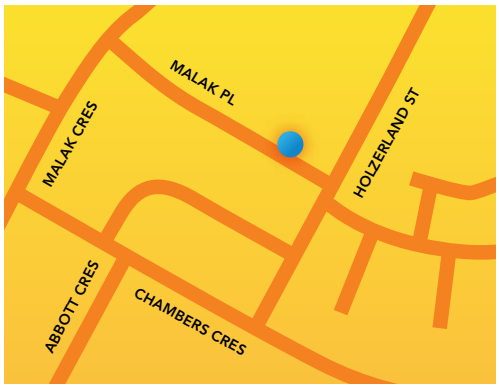
8942 5444



Men's Clinic

42 McLachlan St,
Darwin NT 0800

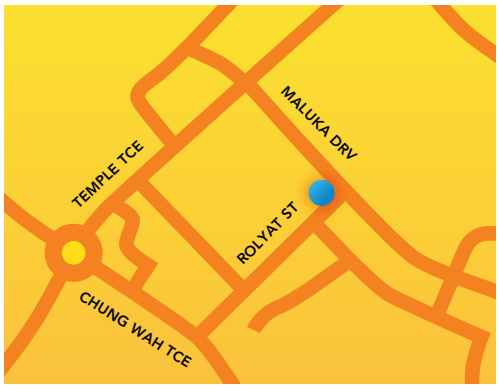
8942 5495



Emotional & Social Wellbeing Centre

Unit 1/3 Malak Place,
Malak NT 0812

8920 9500



Palmerston Health Centre

Unit 1/7 Rolyat St,
Palmerston NT 0831

Health Clinic 8931 5711

Dental Clinic 8931 5755

Family Centre 8931 5700

Community Programs

15/1 Malak Place
Malak NT 0812

8920 9500

2 Highlights

2.1 Strategic plan

In 2013–14, the Danila Dilba Health Service Board and executive management team prepared the Danila Dilba Strategic Plan 2014–16 as a roadmap for the organisation's ongoing growth and development.

The plan commits Danila Dilba to five strategic goals that seek to broaden and improve our primary health care and community services and ensure we are operating as efficiently and effectively as possible. Priorities include:

- consolidating current programs and services, allowing for targeted growth and expansion
- positioning Danila Dilba as a leader in the Aboriginal health care sector
- strengthening community engagement
- positioning Danila Dilba as an employer of choice, with a focus on attracting and retaining staff, building skills and providing career pathways
- improving the capacity and effectiveness of Danila Dilba's governance and management.

An annual business plan, underpinned by operational and program plans, was also developed to support the strategic plan's implementation; 2014–15 was the second year in the three-year planning cycle.

'The plan commits Danila Dilba to five strategic goals.'

Tracking our progress

In 2014–15, a quarterly 'traffic light' report was developed to track progress on the business plan and ensure managers and staff were held accountable for achieving the actions set out in the plan.

At 30 June 2015, actions were flagged as either green (60%) or yellow (40%), meaning they were either complete or progressing according to expectations. A number of actions relate to long-term business improvement initiatives and have been rolled over in to the 2015–16 business plan.

New Work Partnership Agreements

In 2014–15, we also launched Work Partnership Agreements, which are jointly developed between staff and their supervisor as part of a six-monthly performance review program. The agreements set out the work priorities for each staff member and are used to identify the individual's training and development needs.

Looking ahead

2015–16 is the final year in the current strategic plan, so last year work began on engaging our stakeholders to develop a new strategic plan. This provided an opportunity to review our current operations and identify improvements and innovations that will help us achieve Danila Dilba's vision and objectives.

Strategic plan goal:

3.3 Increase accountability for Danila Dilba activities and performance to stakeholders

Goal 1:

Improve the health and wellbeing of Biluru people through the provision of effective, high quality and flexible health care and community services

1.1 Provide effective and accessible health care services to Aboriginal and Torres Strait Islander people

- Continued to deliver effective health care services
- Improved client access at clinics
- Adopted revised client eligibility policies
- Expanded and upgraded Palmerston clinic
- Employed chronic disease GP
- Ran successful tender for supply of medicines

1.2 Provide a range of effective community programs that complement clinical services and promote the wellbeing, resilience and self-care of Aboriginal and Torres Strait Islander people

- Completed review of community services and implemented changes to improve targeting of services and use of resources
- Managed the transition to new funding effectively
- Integrated counselling/ mental health service in to clinics

1.3 Consolidate and align current programs and services, allowing for targeted growth and expansion

- Improved internal referral processes
- Integrated family support workers in to chronic disease team
- Used program planning to identify ways to better integrate services across DDHS

1.4 Develop effective prevention and early intervention practices

- Employed child health Aboriginal GP
- Achieved increases in numbers of Adult Health Checks and immunisations
- Planned roll-out of Deadly Choices program

1.5 Respond to new and emerging health issues and the needs of clients

- Began new service arising from Royal Commission for people who had experienced child abuse in institutions
- Continued to monitor changes in client needs

Goal 2:

Ensure the ongoing development, review and improvement of Danila Dilba Health Service programs and services

2.1 Embed continuous quality improvement (CQI) in the design, delivery and review of all services to improve their impact and effectiveness

- New Senior Medical Officer role to lead health systems
- Successful assessment against Quality Improvement Council quality standards
- Improved clinical governance

2.2 Adopt an evidence-based approach to Danila Dilba programs and services

- Improved quality of data through data cleansing, refinement of operating procedures and staff training
- Participated in a number of research projects with partner organisations

2.3 Develop and implement a best-practice approach to program and services planning and design

- Introduced program logic framework to underpin planning and review of all services

Goal 3:

Build the brand, profile and reputation of Danila Dilba Health Service as a leader in the Aboriginal health care sector

3.1 Proactively represent and advocate to government, peak bodies and the sector on key issues relevant to the needs of Aboriginal and Torres Strait Islander people

- Made submissions and representations to government on a range of issues relevant to Aboriginal health
- Represented on AMSANT Board and other relevant forums

3.2 Strengthen community engagement, control and empowerment, including increasing Danila Dilba membership

- Established new processes for gathering client feedback
- Worked to increase number of Danila Dilba members

3.3 Increase accountability for Danila Dilba activities and performance to stakeholders

- Produced quarterly community newsletters
- Improved data reporting including annual report

3.4 Proactively develop and strengthen strategic partnerships and alliances

- Continued to strengthen existing partnerships and developed new ones

3.5 Strategically use marketing, communications and media to raise Danila Dilba profile and reputation

- Completed first stage of website improvements and established Google analytics
- Produced range of new communications materials

Goal 4:

Ensure our people are skilled, supported and engaged to achieve Danila Dilba Health Service goals

4.1 Maximise the employment and retention of Aboriginal and Torres Strait Islander staff

- Traineeship studies completed by two dental assistants and one Aboriginal Heath Practitioner
- Successful stall at NT Careers Expo
- Targeted recruitment marketing to attract Aboriginal and Torres Strait Islander candidates

4.2 Promote and enable a learning culture that builds staff capacity, supports ongoing skill development

- Significantly increased staff development opportunities, including greater access to external training
- Delivered regular in-service training to support professional development of clinical staff

4.3 Establish effective HR policies, procedures and systems

- Implemented new HR information system
- Developed and consulted on new EBA

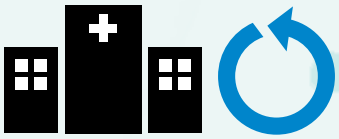
4.4 Build trust and cohesion that inspires staff engagement with the Danila Dilba vision, values and objectives

- Rolled out Work Partnership Agreements for all staff
- Launched new staff induction video
- Conducted second staff engagement survey

4.5 Plan for the future workforce needs of the organisation

- Considered future workforce needs as part of planning activities

Goal 5:



Be a strong and sustainable organisation

5.1 Improve the capacity and effectiveness of Danila Dilba governance and management

- Adopted changes to constitution and rules
- Appointed two independent Board directors

5.2 Maximise our financial security through the development of sustainable income streams and effective budget management

- Developed Medicare improvement plan
- Refined financial policies and procedures
- Successfully applied for diverse range of funding

5.3 Ensure our physical infrastructure meets the current and future needs of our people and clients

- Rationalised motor vehicle fleet
- Developed a property strategy to address long term growth

5.4 Ensure our structures, processes and systems are effective and fit for purpose

- Improved budgeting and financial reporting processes
- Completed review of IT systems and implemented changes

2.2 Aboriginal nurses

For many years, Danila Dilba's Aboriginal Health Practitioner-first policy has ensured our Aboriginal and Torres Strait Islander clients receive culturally appropriate treatment and care. In 2014–15, increasing numbers of Aboriginal Nurses joined our service, further enriching the quality of care for our Indigenous clients.

A team approach

Danila Dilba prides itself on a team approach that encompasses a wide range of clinicians (such as GPs, Aboriginal Health Practitioners, Registered Nurses (RN) and counsellors) and non-clinicians (such as family support workers, and alcohol and other drugs and tobacco workers).

'Increasing numbers of Aboriginal nurses joined our service, further enriching the quality of care for our Indigenous clients.'

At the core of this approach is the cultural safety of our clients and ensuring they experience a welcoming, familiar, professional and caring environment. Our Aboriginal RN team strengthen this aspect of our care considerably.

Strong leadership

In 2013–15, Danila Dilba employed six Aboriginal Registered Nurses who worked in our clinics in women's health, coordinating the care of clients with chronic illness and running the day-to-day business of our clinics. The Knuckey Street and Palmerston clinics particularly benefited from our Aboriginal nurses' strong leadership, and the model was so successful that it will be rolled out in new clinics in future.

Strategic plan goal:

4.1 Maximise the employment and retention of Aboriginal and Torres Strait Islander staff

1.4 Develop effective prevention and early intervention practices

Staff profile: Charmaine Starr

Charmaine Starr is a registered nurse in Danila Dilba's Knuckey Street clinic. 'Our clients are mostly Indigenous, most have chronic diseases and many haven't been to a doctor before,' she said.

'I try to engage those clients and make them feel comfortable and because I come from that background—I'm Indigenous myself—I find it easier to persuade them to come back to the clinic,' said Charmaine.

'I talk to them at their level and in a way they understand,' she said. 'I always break things down for them. It helps them understand, and they usually feel comfortable enough to come back. They don't feel alienated. And that's our goal.'

Charmaine grew up living between Darwin and Western Australia where her father is from. Her mother's side is from the Tiwi Islands and Alice Springs.

Charmaine says she loves her job at Danila Dilba. 'I'm helping my people here,' she said. 'It's where I come from and my own people. I love talking to them and helping them.'

2.3 Registrars

GP registrars are fully qualified doctors who are working to develop their skills in general practice. Danila Dilba Health Service has a long and proud history of supporting GP registrar training, with unique opportunities for registrars to develop special skills in an Indigenous health environment.

In 2014–15, there were eight GP registrars on staff.

Danila Dilba's aim is to nurture GPs who will continue to work in the Aboriginal Community Controlled Health Services sector, especially with us at Danila Dilba.

'Danila Dilba has a long and proud history of supporting GP registrar training.'

Staying on at Danila Dilba

We pride ourselves on providing our registrars with a placement and an experience that allows them to thrive. Many of our past registrars have excelled in their examinations, including several who have topped the exams in the Northern Territory/South Australia cohort.

Registrars work hard and the work is often complex and demanding, but with a strong supportive team of GP supervisors, Aboriginal Health Practitioners, nurses and other support staff, we've retained many of the GPs.

Strategic plan goal:

4.2 Promote and enable a learning culture that builds staff capacity, supports ongoing skill development and provides career pathways

Staff profile: Dr Lina Zbaidi

When Lina Zbadi started as a GP Registrar at Danila Dilba, she only needed to work two days a week for six months to fulfil her training requirements. That was two years ago. 'I decided to stay on with Danila Dilba as a GP,' said Lina, who's now a fully qualified doctor and practises mainly at the Knuckey Street clinic in central Darwin, and sometimes in Palmerston.

'I decided to stay on with Danila Dilba when I finished my training rather than going elsewhere because I was inspired by the team of doctors here who are trying to make a difference,' she said.

'Plus, for GPs who go into general practice it's generally solo practice, but with Danila Dilba we're all part of a big team that's very supportive. That's a big advantage for me.'

Lina was born in Jerusalem and grew up in Jordan, where she went to medical school. She came to Australia when her husband got a job in Adelaide. They later moved to Darwin in 2007, where she had three children.

2.4 New clinical services

As part of Danila Dilba Health Service's commitment to the ongoing improvement of programs and services, we conducted a review of our community programs in November 2014 that recommended greater integration of these programs with our clinics.

Greater access to services

The review identified the need to enhance client access to a number of services and programs. As a result, in March 2015, the Alcohol and Other Drugs (AOD), Tackling Tobacco programs and the child and family counselling service (formerly the 'Dare to Dream' program) became available to Danila Dilba clients in the Knuckey Street Clinic in central Darwin, the Palmerston Clinic and the Men's Clinic. The Healthy Kids Stronger Futures program also relocated from our Community Programs team based in the Darwin suburb of Malak to the Child Health team at our Palmerston Clinic.

'The review identified the need to enhance client access to a number of services and programs.'

Alcohol and Other Drugs

The clinic-based AOD program helps clients address the harmful impact of alcohol and other drugs by:

- conducting brief assessments and interventions
- providing information about the harmful effects of substances
- developing a plan to reduce or stop the harmful use of substances
- making referrals to access rehabilitation
- providing advocacy to address other issues
- linking clients with other Danila Dilba programs and services as needed.

The AOD program can also now be accessed by visiting any of Danila Dilba's clinics or via a referral from an external agency.

Tackling Tobacco

The clinic-based Tackling Tobacco program provides support to clients to reduce or quit smoking by:

- conducting brief assessments and interventions
- providing information about the harmful effects of tobacco
- developing preliminary plans to quit smoking
- making referrals to Danila Dilba's GPs to dispense nicotine replacement therapy
- linking clients with other Danila Dilba programs and services as required.

The Tackling Tobacco program can now be accessed at any of Danila Dilba's clinics.

Counselling services

Professional counselling services are now available to families, children, youth and adults at all Danila Dilba clinics. Counselling services can assist and support clients to deal with anxiety, stress, depression, child behaviour management, grief and loss and positive parenting.

Strategic plan goal:

1.2 Provide a range of effective community programs that complement clinical services and promote the wellbeing, resilience and self-care of Aboriginal and Torres Strait Islander peoples, their families and communities

2.5 Tackling tobacco

Two out of five Aboriginal and Torres Strait Islander people aged 15 and over are daily smokers, more than double the rate of non-Indigenous Australians. Smoking rates are highest among Indigenous people aged 25–34.

In 2014–15, Danila Dilba Health Service's Tackling Tobacco (TT) program provided tailored and culturally safe services to Aboriginal and Torres Strait Islander people to help them quit smoking.

Quit smoking services were provided both in outreach settings (including clients' homes) and in Danila Dilba's three clinics, where clients had ready access to nicotine replacement therapy.

'…the Tackling Tobacco program provided tailored and culturally safe services to Aboriginal and Torres Strait Islander people to help them quit smoking.'

Kick Butt bus campaign

In 2014–15, the TT team launched the 'Kick Butt' campaign, which was fronted by Darwin sporting identity and Geelong AFL player Steven Motlop. The program saw 'no smoking' messages on all public bus routes in Darwin from November 2014 to June 2015.

School and community programs

Last year, the TT program also contributed to healthy lifestyle promotion events at six schools and four community events including the Evonne Goolagong tennis clinic, Close the Gap Day and Drug Action Week.

Other Tackling Tobacco activities in 2014–15 were:

- hosting two 'Quitskills' workshops in Darwin for regional tobacco workers
- supporting the 'Talking About The Smokes' project in partnership with Menzies School of Health Research.

Strategic plan goal:

1.1 Provide effective and accessible health care services to Aboriginal and Torres Strait Islander people in the core area of substance use

Client case study

A Danila Dilba client asked his GP for support to quit smoking because he was concerned with the long term impact on his health.

The GP connected the client with the Tackling Tobacco program where staff supported the client with health promotion, education information, motivational support and practical strategies to help him stop.

Following a health check, the client was referred back to a Danila Dilba GP to discuss nicotine replacement therapy, a pharmaceutical strategy to further assist quitting.

2.6 Child health

Danila Dilba Health Service's Child Health Program treats, supports and follows up children with chronic health conditions, social and emotional issues, and learning, behavioural and developmental issues. It also does child health screening, assessments and immunisations.

The program operates once a week in the Knuckey Street Clinic in central Darwin and five days a week from the Palmerston Family Centre. In 2014–15, it served more than 900 children regularly. The Child Health team consisted of one full-time GP, one Aboriginal Health Practitioner and one Registered Nurse.

'As a result of the Fluvax fun days, 191 children were immunised against influenza.'

Fluvax fun days

In 2014–15, the Child Health Team held two health promotion days that focussed on the importance of 'Fluvax', the influenza vaccination. The fun days linked in with four dedicated vaccination clinics to administer the influenza vaccination to children aged six months to five years. The vaccination clinics were held at both the Knuckey Street and Palmerston clinics.

As a result of the Fluvax fun days, 191 children were immunised against influenza, bringing the total number of children aged under 16 vaccinated in 2014–15 to 645.

Paediatric clinics

As part of the Child Health Program in 2014–2015, visiting paediatricians from Royal Darwin Hospital also saw referred children with complex problems on site at Danila Dilba once a week. A total of 77 highly complex child cases were referred through that program in 2014–15.

The visiting paediatric program was complemented by Danila Dilba's Child Development team, which holds monthly clinics to assess children that have been referred by our GPs with speech issues or children that need to see the physiotherapist.

Looking ahead

We are pleased to announce that our Child Health Program expanded in 2015 to include the Australian Government's 'Stronger Futures' program. That will mean a larger Child Health Team, which will increase our capacity and allow us to meet the healthcare demands of around 3,000 children.

Strategic plan goal:

1.4 Develop effective prevention and early intervention practices

2.7 Mobile unit

Danila Dilba Health Service has operated a mobile health unit since 1999 to provide clinical outreach services to homeless Indigenous people living rough in parklands and open spaces in and around Darwin.

In 2014–15, Danila Dilba implemented some changes in the mobile health service and how care is delivered to Aboriginal and Torres Strait Islander people in the Yilli Rreung (greater Darwin) region.

Population health

In 2014–15, a new funding agreement was reached between the Northern Territory Government and Danila Dilba. This new agreement created several new key performance indicators (KPIs) for Danila Dilba's mobile unit that focus on a 'population health' model.

The new model of health care gives Danila Dilba staff increased capacity to respond to and help address the causes of chronic disease in Indigenous communities through health promotion and education activities, encouraging people to use primary health care services, promoting health checks, and one-on-one education with Indigenous clients.

'The agreement created several new key performance indicators for Danila Dilba's mobile unit that focus on a 'population health' model.'

Under the new KPIs, the main objective of the mobile unit is to engage and/or re-engage Indigenous people who live in discrete Indigenous communities in Darwin and Palmerston to attend Danila Dilba to care for their health, including people who live an itinerant lifestyle.

Under this new model of care, Danila Dilba's mobile health unit provides:

- health promotion events
- brief Intervention
- E-health sign up
- immunisations
- referrals for health checks and chronic disease management plans
- communicable disease control responses.

Since securing full staffing numbers in November 2014, and to June 2015, the mobile health unit provided 1,544 episodes of care. This is an increase on the 1,141 episodes of care in 2013–14.

Strategic plan goal:

1.2 Identify and implement initiatives that improve service quality, increase capacity, and maximise linkages between programs across Danila Dilba.

2.8 Client feedback

Listening to the community and responding to their opinions to improve our services is one of Danila Dilba Health Service's main areas of focus.

As an Aboriginal community controlled health organisation, this is embedded in our structure with the Board and members coming from the local community. To complement this, a formal client feedback program was launched at the Palmerston Health Centre in 2014–15.

Feedback forms were introduced to gauge clients' impressions about our service and identify areas for improvement. The program followed a previous feedback-seeking exercise, which identified that clients wanted us to bring back a mothers' room so parents and children had their own private space. That feedback saw this facility reinstated for our community.

Feedback was sought in 10 areas:

- clients' overall experience at Danila Dilba
- ease of making an appointment
- transport
- friendliness of staff
- the reception area
- waiting time
- explanation of health issues
- explanation of treatment options
- follow up/support
- confidentiality of personal information.

'Confidentiality of personal information' was ranked highest, with 90% of respondents ranking it as 'excellent'. Friendliness of staff, the reception area and follow up/support were also rated highly, with more than 60% of respondents ranking those criteria 'excellent'.

The greatest area for improvement identified from the feedback was 'transport'.

Feedback comments

- 'Always made me welcome, friendly staff, will always use DD.'
- 'We are happy with the service. Staff work well to keep us informed and are very helpful.'
- 'Great service. Thanks DD.'
- 'Lady at the front desk makes everything easier.'
- 'Sometimes the wait is unreasonable; however, service, especially health workers, is excellent. Dr's are pretty good too.'
- 'Do a fantastic job considering all aspects of dealing with clients being the first point of contact.'
- 'Had a great experience with nurse and health worker. Both are friendly and thorough with medical check-ups.'

Strategic plan goal:

3.2 Strengthen community engagement, control and empowerment

Feedback comments

	Poor	Satisfactory	Neutral	Good	Excellent
Overall experience	-	1	-	8	13
Ease of making appointment	1	3	-	4	14
Transport	-	-	1	5	6
Friendliness and helpfulness of staff	-	1	1	4	15
Reception area	-	2	2	3	15
Waiting time	1	4	3	5	9
Explanation of health issue	-	2	2	8	10
Explanation of treatment options	-	1	2	6	13
Follow up/support	-	1	1	5	15
I feel my personal information is kept private and confidential	-	-	1	1	20

2.9 Research

The Chronic Disease program at Danila Dilba Health Service is continually improving thanks to the team's ongoing participation in research and conferences on chronic disease. There were three major activities undertaken during 2014–15.

New wellbeing framework

During 2014–15, Danila Dilba worked with the South Australian Health and Medical Research Project (SAHMRI) to develop a 'wellbeing framework' for Aboriginal and Torres Strait Islander people living with a chronic disease. As part of that project, two Danila Dilba staff were seconded to SAHMRI as part-time research fellows along with other members of the Wellbeing Study Team. They were later invited to present the model at the 13th National Rural Health Conference in Darwin in May 2015.

In their presentation, they explained their involvement in developing the model and how it had the potential to redefine the way care is delivered to reflect Indigenous peoples' values and primary healthcare needs.

Diabetes presentation

At that same National Rural Health Conference, Danila Dilba's Diabetes Educator and Aboriginal Health Practitioner Sumaria Corpus presented an inspirational case study. She explained how she engaged with a patient to change his diet and take his medication, which saw his blood sugar level reduce from 14% to 11.4% within two months. The conference was told that with the right support and information, patients can achieve better health outcomes and potentially self-manage their condition.

'…Danila Dilba worked with the South Australian Health and Medical Research Project to develop a 'wellbeing framework' for Aboriginal and Torres Strait Islander people living with a chronic disease.'

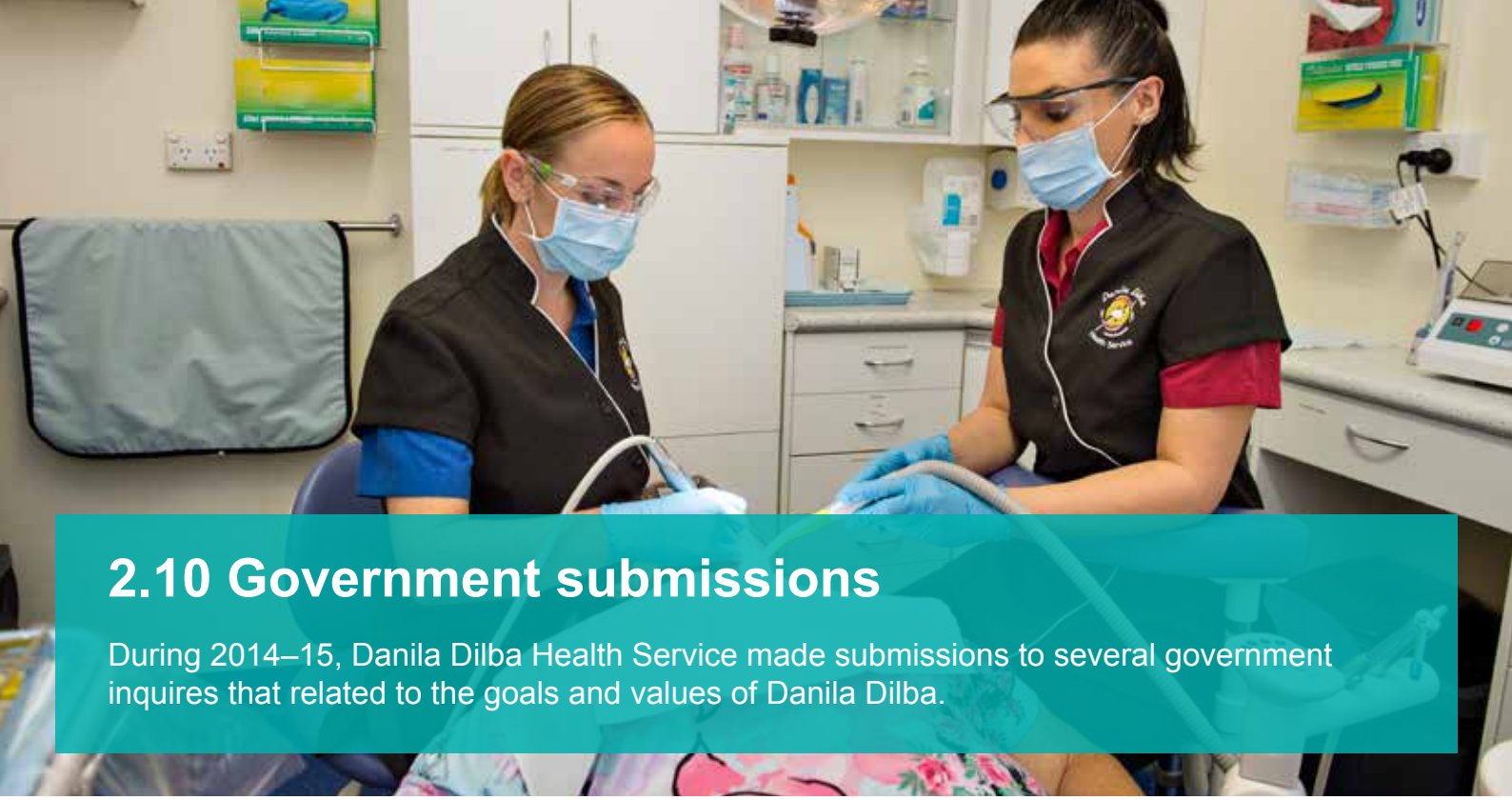
Quality improvement

Four members of Danila Dilba's Chronic Disease team presented at the Jurisdictional Continuous Quality Improvement workshop in Alice Springs in June which was attended by health professionals from all over the Northern Territory.

Anna Medlicott, Lyall Braun, Leonie Melbourne and Lesley Woolf delivered a presentation about the development of the Danila Dilba Chronic Disease program over the past 18 months, the value of the multidisciplinary team in care coordination, and how they support clients through their journey to self-management.

Strategic plan goal:

2.2 Adopt an evidence-based approach to Danila Dilba programs and services



2.10 Government submissions

During 2014–15, Danila Dilba Health Service made submissions to several government inquires that related to the goals and values of Danila Dilba.

Foetal Alcohol Spectrum Disorder

We made a submission and appeared before a Northern Territory Government inquiry into Foetal Alcohol Spectrum Disorder. We promoted a holistic approach to the issue and urged government to avoid simplistic, single-issue responses.

Australian Government inquiries

There were several Australian government inquiries in 2014–15.

Two Senate inquiries related to funding arrangements for Aboriginal health through the Indigenous Advancement Strategy and the Department of Social Services funding round. Danila Dilba made submissions to both inquiries, and the Chief Executive Officer and other staff appeared as witnesses.

> ‘We promoted a holistic approach to the issue and urged government to avoid simplistic, single-issue responses.’

In both inquiries, Danila Dilba pointed out limitations in the processes and inequities in the outcomes. We argued for a more streamlined and transparent approach and pointed out the challenges for small Aboriginal organisations trying to compete through complex and unclear processes.

Health system inquiry

A broader inquiry into the health system was conducted by the Senate Select Committee on Health. The CEO and other staff were invited to appear at the committee and raised issues relating to funding levels for Aboriginal health, machinery-of-government changes that have had a negative impact on Aboriginal health, and the need for continued focus if government is to succeed in closing the gap for Indigenous people.

Constitutional recognition

A submission was also provided to the Joint Select Committee on Constitutional Recognition, and Danila Dilba appeared at the committee hearing. We argued strongly in favour of genuine constitutional recognition of Indigenous people as the first peoples of Australia and for substantive changes to expressly include a clause prohibiting racial discrimination.

Danila Dilba also attended and contributed to many forums led by governments, including discussions on the reform of the Australian Federation, prisoner health and child safety.

ICE Submission

In May 2015 Danila Dilba made a submission to the Northern Territory Legislative Assembly’s ICE (methamphetamine) Select Committee. Our key recommendation was that community controlled organisations, in particular those that deliver substance abuse intervention, treatment, rehabilitation and aftercare services, are recognised as likely to have, or be able to develop, significant expertise in the design and delivery of programs and services to Aboriginal people, families and communities impacted by ICE.

All our submissions to government are available on our website (daniladilba.org.au).

Strategic plan goal:

3.1 Proactively represent and advocate to government, peak bodies and the sector on key issues relevant to the needs of Aboriginal and Torres Strait Islander peoples

3 Primary health care

3.1 Aboriginal health practitioners

Aboriginal and Torres Strait Islander Health Practitioners (AHPs) are the first point of contact in Danila Dilba Health Service's clinical process.

These important members of staff are the cultural interface between clients and GPs, and are essential in ensuring culturally appropriate treatment and care for Indigenous clients. Danila Dilba's Indigenous clients always see an AHP before they see a GP, which helps make them feel comfortable and ensures that they get appropriate, quality care and treatment.

Aboriginal Health Practitioners are fully trained in:

- taking blood
- injections
- wound care
- chronic disease management
- taking and interpreting blood pressure
- adult and child health checks
- chronic disease checks
- suturing
- sexual health screening and treatment.

AHPs also carry out brief interventions like giving clients information about nutrition and how to lead a healthy lifestyle. They also help by explaining to clients what's happening with their treatment and why, and explaining to GPs why clients are not following treatments (usually due to cultural reasons, homelessness or money issues).

'These important members of staff are the cultural interface between clients and GPs…'

At 30 June 2015, there were six Aboriginal Health Practitioners at Danila Dilba.

Danila Dilba also partnered with the Batchelor Institute of Indigenous Tertiary Education, with three students in clinical placement, one a full-time employee.

Strategic plan goal:

4.1 Maximise the employment and retention of Aboriginal and Torres Strait Islander staff

Staff profile: Malcolm Laughton, AHP Mobile Coordinator

Since he first trained with Danila Dilba in 1999, Aboriginal Health Practitioner (AHP) Malcolm Laughton has worked across a number of areas, including eye health, ear health, Tackling Tobacco program and the Men's Clinic teams, as well as other external roles. Malcolm is now the AHP Mobile Coordinator, managing the day-to-day activities of Danila Dilba's mobile medical service that visits the local discrete Indigenous communities in the Darwin region and the itinerant population.

'Our main purpose, however, is not to be a mobile healthcare clinic, but to re-engage people to attend the clinics in town,' said Malcolm. 'A lot of the people we see have never been to Danila Dilba or are from out of town, so we try to build a rapport with those people so they'll go in and have a full health check.'

'I love getting out there and building trust at their house, in their comfort zone. Coming into the clinic can be a very sterile environment, especially if they haven't been there before. So we're working on bridging that gap by building that trust and getting them to come in.'

3.2 Knuckey Street Clinic

The Knuckey Street Clinic in central Darwin is Danila Dilba Health Service's busiest facility where GPs, Aboriginal Health Practitioners (AHPs), Registered Nurses and other staff provide a comprehensive primary health care service, including acute and chronic disease management.

The clinic also has a renal team, 10 specialist clinics (including cardiology, physiotherapy, podiatry and ophthalmology), a diabetic educator, chronic disease support, family support workers and eye health care.

'In 2014–15, there was a significant increase in demand on the clinic…'

Clinic changes

In 2014–15, the Knuckey Street Clinic welcomed eight new staff, including nurses, AHPs, counsellors and a diabetes educator. We also gave the clinic a makeover with a new store room, a new medication fridge and a new sliding door in the reception area.

A back-up water tank and generator were installed that will allow the clinic to operate for several days in the event of an emergency. The emergency room was also reorganised to ensure our service is timely and effective in emergency situations.

At a glance

In 2014–15 there was a signifcant increase in demand on the clinic compared with the year before:

- episodes of care: 22,640 (2013–14: 15,310)
- new clients: 1,472 (2013–14: 1,552)
- health checks performed: 630 (2013–14: 408).

Strategic plan goal:

1.1 Provide effective and accessible health care services to Aboriginal and Torres Strait Islander in the core area of primary health

Staff profile: Benjamin Jones, Registered Nurse

Queensland-born Ben Jones was surrounded by healthcare workers for most of his life. When he moved to the NT in 2007, he decided to ftollow the same path, and after completing his nursing training in East Arnhem Land, Alice Springs and Darwin, he joined Danila Dilba's Knuckey Street Clinic in 2014.

As an Indigenous person himself, Ben said working at Danila Dilba has been a fantastic way to consolidate his learning and build up his skills. 'I chose this role over doing the NT graduate program through the hospital because I've always wanted to put something back into Indigenous Australia,' he said. 'So working at Danila Dilba has really just clicked for me.'

Ben loves the engagement with his clients and particularly making solid connections with the male clients, who he says seem to be visiting the clinic more and more. 'Seeing the outcomes of your time and effort with people from day one, that's very rewarding for me and what it's all about.'

3.3 Men's Clinic

The Men's Clinic at Danila Dilba Health Service provides primary health care especially for Aboriginal and Torres Strait Islander males.

A key part of the program is conducting clinical screenings for early detection, prevention, treatment and monitoring of chronic diseases. The clinic also holds an endocrine clinic every two months. The Men's Clinic operates by appointment. Where possible, 'walk in' clients with an acute illness are seen. Every client is given a full adult health check at their initial appointment.

Most of our clients are local Indigenous males from the Yilli Rreung (greater Darwin) region. However, we also see many clients who are visiting from other communities or who have been referred to the Men's Clinic from other organisations, such as the Council for Aboriginal Alcohol Program Services (CAAPS) and Foundation of Rehabilitation With Aboriginal Alcohol Related Difficulties Aboriginal Corporation (FORWAARD)

Clients of our clinic can be referred on to other health service providers or specialists, internally or externally, after they have completed their adult health check. Each client is allowed four referrals to allied health services within a 12-month period.

Our clinic team includes an Aboriginal Health Practitioner Clinic Coordinator, two part-time GPs, a part time Psychologist and a Customer Service Officer. In 2014–15, they managed 4,310 episodes of care, a significantly higher number than 2,679 the year before. Our clinic also conducted 301 health checks, up from 263 in 2013–14.

Feedback from our clients last year showed that the Men's Clinic offers a friendly, welcoming environment for Indigenous men, with staff who are professional, experienced and supportive and work hard to achieve positive outcomes for our clients.

The clinic's challenge is its limited space, which means that we cannot increase staffing levels and services. This means that appointments are booked out three weeks ahead. Planning is under way to identify new premises for the Men's Clinic. Recruiting more male health practitioners will also be a focus for the clinic in 2015–16.

'Feedback from our clients last year showed that the Men's Clinic offers a friendly, welcoming environtment for Indigenous men.'

Strategic plan goal:

1.1 Provide effective and accessible health care services to Aboriginal and Torres Strait Islander people in the core area of men's health

Client case study

Rick was injured at work a few years ago but continued to eat and drink like he was still working. As a result, he developed Type 2 Diabetes, which he didn't manage well by not taking his medication, eating a poor diet and not exercising.

With his weight at 100.4kg and a waist circumference of 122cm, Rick was headed for dialysis. Until he started seeing a GP at the Men's Clinic. The GP and Aboriginal Health Practitioner helped Rick take control of his deteriorating condition by taking his medicine, overhauling his diet and exercising. Rick made steady progress, quickly losing 6kg and 4cm off his waist. Three-monthly monitoring showed Rick that his efforts meant better diabetes control and that his kidney sickness was reversing.

Rick loved coming to Danila Dilba to see the GP, who Rick said is 'one of the best doctors I've ever met and is switched on and smart'. He is able to 'yarn' with Rick in a way that connects with him. Rick lives out of town at Darwin River but thinks it's well worth the trip in to the Men's Clinic.

3.4 Palmerston Health Centre

The Palmerston Health Centre has women's and family health services, a general practice clinic and dental services. In 2014–2015 we leased an additional building so that we could provide a new clinic for general practice services, which allowed the existing clinic to be used as a dedicated family centre for women's, maternal and child health.

This will allow the current family centre to expand with greater service delivery from the women's and children's teams. The extra space vacated by the general clinical services will also allow more allied health services, such as specialists and renal streams.

'This model delivers the most consistent and focused care for our clients…'

General practice services moved into the new clinic in July 2015, and have enhanced Danila Dilba's capacity to provide increased GP services.

During that period of change, the centre's main focus was still on health assessments, with 1,227 undertaken in 2014–15. That number is expected to increase substantially in 2015–16.

In 2014–15, we also overhauled the clinic model and moved to appointment-based care. This model delivers the most consistent and focused care for our clients, and it was well received by the community. Feedback from our clients confirmed that we are heading in the right direction. In 2015–16, extended opening hours will be trialed to enable greater access for people who work business hours.

Strategic plan goal:

1.1 Provide effective and accessible health care services to Aboriginal and Torres Strait Islander in the core area of primary health

Staff profile: Tina Miller, Registered Nurse

As the Clinic Team Leader at the Palmerston Health Centre, Registered Nurse Tina Miller coordinates the centre's Health Clinic and its team of a Registered Nurse, two Aboriginal Health Practitioners, administration staff and GPs.

'It's fantastic; I really enjoy my role,' said Tina, who joined Danila Dilba in September 2014 as an acute Registered Nurse.

'Our team's job mostly involves adult health checks, chronic disease management and general acute clinical work.'

Tina's been a nurse for some 25 years and spent many years working in rural, remote and community-controlled health services in South Australia and the Northern Territory.

Tina spent more time 'on the floor' last year, which suited her fine. 'I love that one-on-one contact with clients and being able to help

3.5 Gumileybirra Women's Program

The Gumileybirra Women's Program is an important part of Danila Dilba Health Service's Palmerston Health Centre. The program is staffed by women and provides a range of health services specifically for Aboriginal and Torres Strait Islander women and children.

The team comprises of a women's health team leader (Aboriginal Health Practitioner), a Registered Nurse, women's health GP, two midwives, a 'mums and bubs' Aboriginal Health Practitioner, and an Indigenous family support worker.

'An IUD clinic was established to give clients better access to contraception.'

All women's health staff and midwives completed Pap Smear Provider Certificates in 2014–2015, allowing greater access to this important screening service. An IUD clinic was established to give clients better access to contraception, with some 30 women accessing this new service in 2014–15.

Turnover of midwifery staff meant the Mums and Bubs program was a little unstable in 2014–15; however, Danila Dilba continued to provide an excellent service through the High-Risk Clinic, overseen by a Royal Darwin Hospital obstetrician.

A groundbreaking Glucose Tolerance Testing service (screening sugar in the blood) means women are now able to come to the clinic to have the sugar tests rather than have it done by a pathology company at an external site. Having the service at the centre means women receive interventional education and midwife consults if needed, which saw greater numbers of expectant mothers screened for gestational diabetes due to easier access to this test.

We also saw a decrease in low birth weights, from 14.8% in 2013–14 to 11.4% in 2014–15. Accordingly, normal birth weights increased to 84%.

The Mums and Bubs team held a Fetal Alcohol Spectrum Disorder Day on 9 September, 2014, where they promoted the importance of an alcohol-free pregnancy.

Strategic plan goal:

1.1 Provide effective and accessible health care services to Aboriginal and Torres Strait Islander people in the core areas of women's, child and maternal health

Client case study

A carefully coordinated team effort supported a pregnant Danila Dilba client with Type 2 diabetes through her pregnancy during the year.

On both insulin and Metformin (a medicine that helps control blood sugar levels), the patient was given access to a diabetes educator throughout her pregnancy.

Danila Dilba also coordinated referrals and appointments with an obstetrician and an endocrinologist (to keep an eye on her hormone levels) to ensure she and her baby received the best possible care.

When it was discovered the patient didn't have a fridge to store her medication, Danila Dilba provided one. Our transport service also supported her to attend her many appointments.

As a result of this care regimen, in May the client delivered a healthy baby girl by caesarian section at 38 weeks. Both the mother and child are well.

3.6 Dental clinic

This year was a busy one for Danila Dilba Health Service's dental clinic. A key focus in 2014–15 was finetuning our procedures and protocols to coordinate our care with other Danila Dilba teams. An Eligibility Policy was implemented to direct our limited clinical resources in the best way to help fill the gap in Indigenous dental oral health.

This policy means to see the dentist you must:

- be Indigenous
- be a regular
- have had a health check and be referred by one of our doctors.

We adopted a more holistic approach to dental care working closely with our medical colleagues. A new referral process was developed that includes priority categories, allowing us to treat those most in need, such as children under 16 and adults with chronic disease.

'An Eligibility Policy was implemented to help fill the gap in Indigenous dental oral health….'

Client education was a focus during 2014–15, which saw an increase in patient attendance, recall and follow up. The Dental Team is involved in oral health promotion, hosting an event for World Oral Health Day and visiting discrete Indigenous communities in the Darwin region, and a number of schools and playgroups.

Two of our Indigenous trainees graduated with their Certificate IV in Dental Assisting, and all staff renewed their infection control and first aid training. We also enjoyed a visit from a volunteer oral surgeon in March 2015.

Strategic plan goal:

1.1 Provide effective and accessible health care services to Aboriginal and Torres Strait Islander people in the core area of dental/oral health care.

Client case study

Rochelle and her three children aged 10, nine and seven attended Danila Dilba's dental clinic last year.

As well as dental treatment to improve the health of their teeth, the dentist spoke with Rochelle and her kids about the effects of eating a diet high in sugar and not brushing their teeth regularly.

Rochelle said her experience at the dental clinic was very positive.

'I felt comfortable coming to the dentist, they made me feel comfortable, especially with the children,' she said. 'They even helped to look after them when I was in my appointment.'

Rochelle said that after visiting the clinic, the family has cut back on lollies and soft drink and the children brush their teeth more than ever before.

'If they forget to brush or say they don't want to, I remind them about what the dentist said and they stop whatever they're doing and do it,' she said. 'They drink lots more water now, and my teeth are a lot better as well. I'm glad we came to Danila Dilba to get our teeth fixed up.'

3.7 Pharmacy services

In 2014–15, key performance indicators (KPIs) were introduced for retail pharmacies used by Danila Dilba Health Service to gauge how pharmacies are performing in relation to their overall service.

The results of the first pharmacy KPI report for 2014 showed that:

- Feedback was generally positive on pharmacy performance.
- All pharmacies could improve in clinical service and quality use of medicines activities, such as Medschecks, (helping patients learn more about their medicines) and home medicines reviews.
- Random account audits showed considerable improvement in compliance with the Danila Dilba Medicines Guidelines through a significant reduction in the amount of incorrect charges to Danila Dilba from April 2014 to October 2014.
- Medicines expenditure followed the general trend of the number of clients serviced and the number of prescriptions being written.

Nicotine replacement therapy (NRT)

Reducing smoking among Aboriginal and Torres Strait Islander people is central to closing the gap in health between Indigenous and other Australians. As the Pharmaceutical Benefits Scheme (PBS) only subsidises one form of NRT (nicotine patches), Danila Dilba recognised that staff needed to be able to prescribe other forms of NRT for some clients, which the PBS does not fund. A pathway was developed in 2014–15 for implementation in 2015–16 that aims to increase access to other forms of NRT. It involves regularly engaging with clinicians and Danila Dilba's Tackling Tobacco team to provide a holistic approach to quitting smoking.

Working with committees

In 2014–15 our in-house pharmacist worked with our Medicines Review Committee and Clinical Governance Committee to standardise the medicines stored for emergencies across all Danila Dilba sites. This will support safe and efficient clinical practice and client care.

'The placements are an opportunity for students to learn about emerging pharmacist roles, especially in an Indigenous health setting.'

We also worked with the Clinical Governance Committee to develop a policy to manage Schedule 8 (controlled) medicines at Danila Dilba, primarily to minimise the risk of abuse and misuse of these medicines.

Pharmacy student placements

Last year, Danila Dilba worked with Charles Darwin University and Royal Darwin Hospital to arrange short-term pharmacy student placements at Danila Dilba in 2015–16. The placements are an opportunity for students to learn about emerging pharmacist roles, especially in an Indigenous health setting.

Strategic plan goal:

1.1 Improve client access and quality of service in supply of medicines

3.8 Transport services

Danila Dilba Health Service's transport service is a vital link for our clients to access Danila Dilba services and programs.

The fleet consists of five leased minibuses: two buses equipped to carry disabled passengers and three 14-seater buses. The fleet operates in both the Darwin and Palmerston regions five days a week and transports eligible clients to and from Danila Dilba facilities.

We have a transport coordinator, three permanent drivers and casual drivers as required.

'The extra bus vastly improved wheelchair access to the clinics.'

During the year, we added a second disabled bus so Danila Dilba could provide a disabled bus service for the Darwin region and one for the Palmerston region. The extra bus has vastly improved wheelchair access to the clinics.

Eligibility

Client demand for DDHS transport services has increased significantly over the year. It has been necessary to review our Transport Policy so that we can assist the most vulnerable and those most in need of assistance. The Board introduced tighter controls to ensure eligible clients used transport services.

The transport service is only available to:

- Indigenous people
- clients who are frail and/or disabled
- clients who have a chronic condition that prevents them from using public transport
- carers of these clients when travelling with them
- parents/carers with babies or little children.

Strategic plan goal:

1.1 Improve client access at all points of delivery

4 Chronic disease

4.1 Chronic disease team overview

Life expectancy for Aboriginal and Torres Strait Islander people is around 10 years lower than for other Australians and chronic disease is a major contributor to this mortality gap. Indigenous people experience higher rates of chronic disease, such as kidney and heart disease and diabetes, at a much younger age than non-Indigenous people.

The Chronic Disease program at Danila Dilba Health Service continues to focus on prevention and early detection, as well as providing care coordination to the more complex clients. The program aims to support people living with a chronic disease or at risk of developing a chronic disease, to identify health problems early, and generally enjoy a better quality of life. This is achieved through a coordinated approach where all team members work together towards the best client outcomes.

The chronic diseases targeted are:

- Diabetes
- Renal/kidney disease
- Hypertension
- Cardiac diseases/rheumatic heart disease
- Lung disease - asthma, COPD, emphysema and bronchiectasis
- Lipid conditions.

The Chronic Disease Team consists of Danila Dilba's Senior Medical Officer, a unit manager, a dedicated Receptionist, three Family Support Workers, a Renal Coordinator, a Cancer Care Coordinator, a Diabetes Care Coordinator, a Cardiac Care Coordinator, a Respiratory Care Coordinator, two Chronic Disease Care Coordinators, an Aboriginal Health Practitioner and a social worker.

Chronic disease

There are 2,698 clients with 4,690 conditions registered with Danila Dilba as having a chronic disease, so a large percentage of the clients are considered complex with multiple comorbidities. This includes:

- 1,046 diabetics
- 483 cardiac
- 164 rheumatic heart disease
- 899 lung disease
- 1,142 lipids
- 838 renal
- 1,155 hypertension.

Of these clients the following are considered highly complex and receive some level of care coordination:

- 45 cancer
- 57 cardiac
- 48 diabetes
- 68 respiratory
- 113 renal.

Family Support Workers and Medical Receptionist

The Family Support Workers and Medical Receptionist are vital to the team in that they provide the glue that coordinates the team. The Medical Receptionist coordinates all specialist and allied health clinics, liaises with the hospital and other services that clients are referred to, makes follow up appointments and provides support to the visiting clinicians. They ensure all clinics are booked and appropriate information is available for staff to ensure the smooth management of chronic disease clients.

'The wellbeing group has labelled themselves the "Fun Group"'

The Family Support Workers receive referrals from both Care Coordinators and GPs, and they support the more vulnerable and complex clients. This year the team, with the support of the social worker and a counsellor has introduced a self-management program that assists a group of clients who would otherwise never leave their homes. The wellbeing group has labelled themselves the 'Fun Group' because they believe the fun and activities are such an important aspect of their lives. Some of the activities have included fishing, BBQs and gathering bush tucker.

Model of care

The model of care provided to clients living with a chronic disease, or at risk of developing a chronic disease, is a holistic approach where each member of the team plays an important part and is considered integral to the patient's wellbeing. This model has been implemented with the coordination of the broader team, including Renal and Care Coordinators, and good client outcomes have been realised.

As part of this model, resources have been reviewed and a number of new information brochures have been developed, which are seen as valuable information for clients.

Strategic plan goal:

1.1 Provide effective and accessible health care services to Aboriginal and Torres Strait Islander in the core area of chronic disease

4.2 Coordinated care

The Chronic Disease team's Coordinated Care program provides extended services to the more complex chronic disease clients. Care coordination is about working with patients and their GP to help them manage their health to achieve the best possible outcomes for that person.

At Danila Dilba there are six care coordinators in the program: four Registered Nurses and two Aboriginal Health Practitioners, covering cancer, diabetes, cardiac, respiratory and rheumatic heart disease cases.
The team helps facilitate holistic care, which enables access to other specialist, primary and allied health services in line with the patient's care plan.

Clients receiving some level of care coordination last year were:

- Cancer – 45
- Cardiac – 57
- Diabetes – 48
- Respiratory – 68
- Rheumatic heart disease – 88.

Most of these clients also received assistance from supplementary services, such as aids or allied health support.

Supplementary Services

Danila Dilba's Supplementary Services funds support for the Coordinated Care program. These funds can be used to:

- respond to urgent needs where publicly funded services are not available
- address risk factors, such as a waiting period longer than is appropriate for their condition
- reduce the likelihood of a hospital admission or accessing a hospital emergency department
- help reduce patient's length of stay in hospital
- help clients access a clinical service that transport costs would normally prohibit
- purchase medical aids and equipment.

In 2014–15, 144 individual supplementary services and 14 allied health sessions were provided to care coordinated clients.

'These allied health services meant clients could avoid the often lengthy waiting times they would have encountered elsewhere.'

Allied health staff

Through the Supplementary Services program, allied health services increased during 2014–15 to include weekly services provided by a:

- physiotherapist
- podiatrist
- cardiac educator
- dietician.

As well as ensuring a more comprehensive approach to managing chronic disease, these allied health services meant clients could avoid the often lengthy waiting times they would have encountered elsewhere.

Client case study

Colin has a cardiac condition and was depressed and sick. He didn't have the self-motivation to get well. While he attended the Danila Dilba clinic regularly, the way he was feeling meant he struggled to comply with his care plan. Colin needed more support, so he started care coordination in 2013.

Since then, Colin's life has turned around. Having someone to talk to and the extra help in getting a lift to the clinic and his other appointments completely changed Colin's way of thinking. He started to feel better in himself.

The Danila Dilba team has since helped Colin get better accommodation on the ground floor. He's now not stressed having to run around catching busses to his health care appointments because the team give him a lift.

Colin says he enjoys the group sessions at Danila Dilba. He loves getting out and about and being around people who respect each other. 'I don't know where I'd be without the Chronic Health team,' he said.

4.3 Kidney health

Almost 20% of Aboriginal and Torres Strait Islander people aged 18 years and over have kidney disease. Indigenous people are more than twice as likely as non-Indigenous people to have kidney disease.

Danila Dilba Health Service's Renal Health team comprises a Nephrology Nurse, a Renal Nurse, a GP and a consultant nephrologist who visits Danila Dilba monthly.

It was the kidney health program's seventh year in 2014–15.

Due to heightened awareness of kidney disease in the community, Danila Dilba clinical staff are making good progress in managing the disease in the early stages. In 2014–15 we found that although there is a large local population with kidney disease, many people are attending the clinic and having a GP management plan put in place to prevent their condition worsening and needing dialysis.

This trend was evident last year in the decreasing number of clients progressing to moderate and severe kidney disease. When the program began in 2008 an average of 30 clients typically neared the end stage disease. This statistic has now dropped significantly to an average of 20.

In 2014–15, Danila Dilba staff delivered a total of 524 kidney health education sessions to both individual clients and sometimes their family too. Many of these clients had more than one session, with some clients receiving up to 24 sessions for the year.

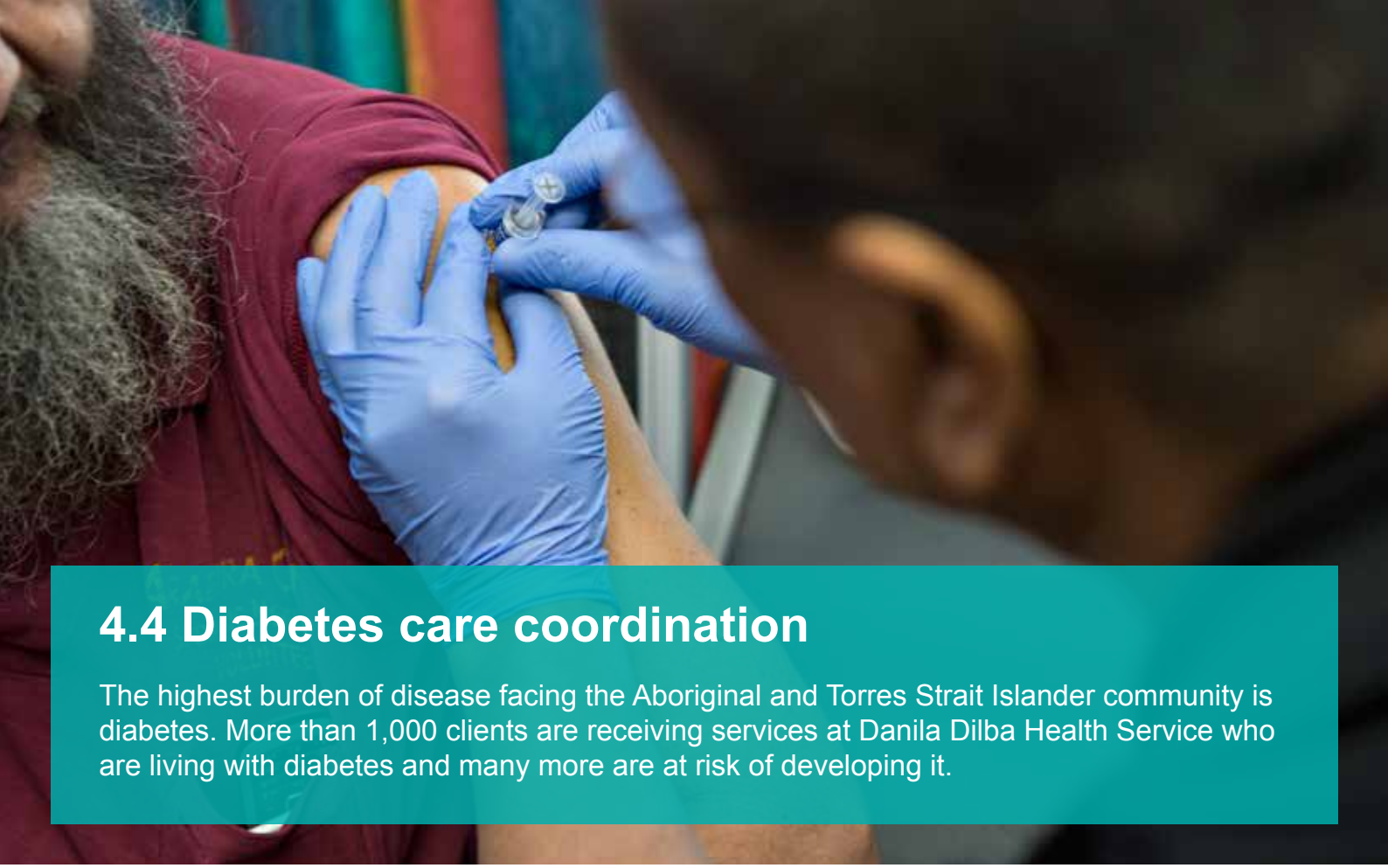
'It was the kidney health program's seventh year in 2014–15…'

The number of kidney health education sessions delivered rises consistently each year. Group sessions have now been added and a weekly home visiting day has also been included in the kidney health program's timetable.

Client case study

Delma was an Aboriginal Health Practitioner at Danila Dilba and Bagot Clinic and worked for many years in the health sector. In 2013, Delma became ill with heart and kidney problems. Delma's conditions saw her in intensive care and feeling depressed.

Now with the support of the chronic disease team, Delma is feeling good, attending group sessions twice a week which she enjoys as it gives her something to look forward to. 'I can't wait for the Wednesday and Thursday groups,' Delma said.



4.4 Diabetes care coordination

The highest burden of disease facing the Aboriginal and Torres Strait Islander community is diabetes. More than 1,000 clients are receiving services at Danila Dilba Health Service who are living with diabetes and many more are at risk of developing it.

The Diabetes Team consists of a Diabetes Educator and two Diabetes Care Coordinator who work closely with other members of the clinic and chronic disease teams to provide the best care possible for their clients. Dr Pippa Wilson joined Danila Dilba in early 2015 as a Diabetes GP, following the success of the kidney program with its dedicated GP. Clients who are Care Coordinated receive a high level of support and case management to meet their chronic disease health needs.

There are 1,025 diabetics receiving care at Danila Dilba, 65 of whom are care coordinated.

Endocrine clinics are held monthly by the visiting endocrinologist. Clinics alternate between the Men's Clinic and Knuckey Street Clinic in central Darwin, and enjoy very good attendance and compliance.

The team has also worked with visiting allied health professionals, such as the podiatrist, optometrist and dietician. Now these visits are coordinated and all held on the same day, diabetics will be able to see all services as well as the GP and Diabetes Educator on the same day.

'I have recognised clients don't see diabetes as a problem or a threat to their lives until something happens and they end up in an acute setting where it's too late to change and complication which is irreversible, sets in.' Sumaria Corpus, Diabetes Educator

Client case study

With both diabetes and a cardiac condition, Kathleen has had a long association with Danila Dilba. She was a founding member of the service, and at that time welcomed an Aboriginal community-controlled health service.

Kathleen is always grateful for the help she gets from the staff at Danila Dilba. She enjoys the social activities of the self-management group and meeting people that she wouldn't have met otherwise. The group helps her feel better in herself and less stressed, and she loves knowing she can pick up the phone and talk to someone if she wants to.

Staff are committed to working with clients to better self manage their conditions. Kathleen is very happy with the support she receives from Danila Dilba.

5 Community programs

5.1 Community programs overview

Danila Dilba Health Service's community programs are an important complementary aspect of Danila Dilba's holistic primary health care service.

In 2014–2015, the community programs branch delivered nine services, each specifically developed to meet the needs of Indigenous people and communities:

- Alcohol and Other Drugs
- Tackling Tobacco
- Health Promotions
- Healthy Kids, Stronger Futures
- Bringing Them Home
- Support services for the Royal Commission into Institutional Responses to Child Sexual Abuse
- Dare to Dream (counselling)
- Youth Services
- Emergency Relief.

In 2014–2015 there were 20 staff working in the community programs team, including community health engagement officers, a psychologist, counsellors (including mental health social workers) youth workers, an Aboriginal Health Practitioner and an Indigenous Family Support Worker.

'The review identified a range of innovative enhancements to community programs.'

Community programs review

In November 2014, Danila Dilba reviewed its community programs to identify whether its structure fully supported our strategic goals and business plan.

The review identified a range of innovative enhancements to community programs which resulted in:

- the relocation of the Healthy Kids, Stronger Futures program to the Child Health team at the Palmerston Health Centre
- the redesign of youth services to deliver structured, wide-reaching health promotion and education to young people across the greater Darwin region
- client access at clinics for our Alcohol and Other Drugs, Tackling Tobacco programs and the child and family counselling service.

Strategic plan goal:

1.2 Provide a range of effective community programs that complement clinical services and promote the wellbeing, resilience and self-care of Aboriginal and Torres Strait Islander peoples, their families and communities

5.2 Alcohol and other drugs

In 2014–2015 the Alcohol and Other Drugs (AOD) program provided tailored and culturally safe services to clients to address the harmful use of substances. The holistic approach to support the client included:

- brief assessments and interventions
- assistance to enter rehabilitation
- advocacy to access housing, employment, Centrelink benefits, and financial counselling
- referrals to Danila Dilba's clinical and social and emotional wellbeing services.

The AOD program delivered health promotion, education and information stalls at community events, including preventative education to young people at a number of schools.

AOD highlights and achievements of the year include:

- program design presentation to the AMSANT 20th Anniversary Conference
- staff appointment to the Remote Alcohol & Other Drug Workforce Leadership Group
- staff attendance at the ICE inquiry at Parliament House, Darwin.

Client case study

Danila Dilba's Alcohol and Other Drugs (AOD) team began supporting a client who wanted to address the harmful impact of alcohol on his health, relationships and social and emotional wellbeing.

With support and advice the client has reduced his drinking, secured housing, reconnected with his children, linked in to Danila Dilba's Social and Emotional Wellbeing counselling team and Chronic Disease team for care coordination support.

Strategic plan goal:

1.1 Provide effective and accessible health care services to Aboriginal and Torres Strait Islander people in the core area of substance use

5.3 Health promotion – sexual health

The Health Promotion/Sexual Health (HPSH) team uses population health approaches to promote healthy lifestyles to Aboriginal and Torres Strait Islander people across the greater Darwin region, with a particular emphasis on the health and wellbeing of young people.

In 2014–2015 the HPSH team provided expert advice and project support to Danila Dilba's Alcohol and Other Drugs, Tackling Tobacco, Youth Services, Social and Emotional Wellbeing and clinical teams which contributed to a range of very successful health promotion and education community events and activities.

The HPSH team delivered health promotion and education at a number of school-based events and partnered with a range of agencies including:

- City of Darwin
- Oxfam Australia
- Headspace
- NT Medicare Local
- Northern Territory Government's Alcohol and Other Drug and Tobacco unit.

Client case study

The Health Promotions team participated in Darwin Middle School's Health Expo, engaging with 800 students on a range of health issues, including the harmful effects of smoking, alcohol and other drugs. There was positive feedback from the students who said it was fun, interesting and a hands-on way to learn.

One of the activities showed the impact of unhealthy drinking behaviour, in which students wore beer goggles and attempted to walk along a straight line on the ground. Students were unable to maintain focus and balance and in most cases, were surprised by the result.

Strategic plan goal:

1.1 Provide effective and accessible health care services to Aboriginal and Torres Strait Islander people in the core area of health promotion

5.4 Healthy kids stronger futures

The Healthy Kids Stronger Futures (HKSF) program aims to reduce the gap in life expectancy between Aboriginal and Torres Strait Islander people and non-Indigenous people. The program targets children living in town communities and provides health checks, ensuring that they are vaccinated, and works with parents/carers to address iron deficiency, poor nutrition and hygiene.

There are more than 200 children 5–17 years living in Kulaluk, Palmerston Indigenous Village, Minmarama and Knuckey's Lagoon. In 2014–2015 the HKSF program also contributed to a number of community health promotion and education events targeting the parents and carers of young children.

In May 2015, the HKSF program relocated from our Community Programs team based in Malak to the Child Health team at our Palmerston Clinic. The move aims to enhance the effectiveness of the HKSF program by ensuring better alignment with our child health clinical services for young children and their families.

Strategic plan goal:

1.1 Provide effective and accessible health care services to Aboriginal and Torres Strait Islander people in the core area of child health

5.5 Back to Bush

In 2014–2015 the Back 2 Bush Indigenous Youth Extension program worked with Indigenous youth aged 12–25 years by delivering community fun days and youth camps. The program aimed to:

- intervene where pathways of drug and alcohol use are hazardous
- provide access to social and emotional wellbeing services
- decrease contact with the juvenile justice system
- promote positive self-identity through participation in healthy lifestyle and cultural activities.

Participants were encouraged to complete a program of activities that raised awareness of the risks of alcohol and other drugs and encourage healthy lifestyle choices.

Highlights of the Back to Bush program in 2014–2015 were:

- A young men's camp: ten participants were encouraged to share stories, develop new friendships and networks, learn about healthy lifestyles and grow in confidence
- Hoop 4 Health Basketball Challenge Event: a healthy and fun day including a basketball competition, cultural activities and information stalls.

Strategic plan goal:

1.1 Provide effective and accessible health care services to Aboriginal and Torres Strait Islander people in the core area of social and emotional well being

5.6 Social and emotional wellbeing

Bringing them home

The Bringing Them Home (BTH) program provides counselling and other therapeutic services to Indigenous children and adults in the greater Darwin region. The program focuses on addressing the intergenerational impact of government policies and helps clients address issues such as suicide, sexual abuse, racism, social isolation, anxiety and depression. In early 2015, a review of the BTH program began to evaluate how well it is promoted across the community, whether it is effective and if community members are adequately engaged in how it is designed and delivered.

'The program helps clients address issues such as suicide, sexual abuse, racism, social isolation, anxiety and depression.'

Dare to Dream

From July 2014 to February 2015, the Dare to Dream (D2D) program delivered early intervention mental health services to children and youth up to 18 years of age, their families and primary carers. In March 2015, the D2D program ceased due to Australian Government funding cuts and the team became the clinic-based conselling team, which provides services from our Palmerston, Knuckey Street and Men's Clinics.

Emergency Relief Fund

Danila Dilba Health Service administers limited emergency relief funds and provides access to financial counselling to all community members experiencing unforeseen financial emergencies. In 2014–15, Danila Dilba assisted 344 people with emergency relief funding.

Royal Commission

In 2014–2015 our Bringing Them Home and Dare 2 Dream counselling teams provided effective, culturally safe practical and therapeutic support to community members who participated, or plan to participate, in the Royal Commission Into Institutional Responses to Child Sexual Abuse including ex-residents of the Retta Dixon Home.

5.7 Palmerston Youth Service

In 2014–15, Danila Dilba's Youth Service, based in Palmerston, delivered a range of programs to young Indigenous people aged 12 to 25 years.

The programs aimed to engage young people in health promotion and education and encompassed a range of activities to support young people to increase life skills and develop self-respect.

The Drop-In Centre program for young people aged 12 to 18 years provided:

- activity-based educational workshops addressing contemporary youth issues
- computer-based and physical recreation activities linked to learning and developing social skills.

'The programs aimed to engage young people in health promotion and education and encompassed a range of activities to support young people to increase life skills and develop self-respect.'

The Youth Mentoring Program supported young people to progress employment prospects and problem-solve challenges including to:

- develop a resume
- look for a job
- prepare for job interviews
- set goals.

The Don Dale Juvenile Detention Centre program, in partnership with the YMCA, provided young Indigenous people detained in the youth criminal justice system with opportunities to develop self-esteem and leadership qualities.

The Bruthaz program provided young men 15 to 25 years of age with activity-based education and information about healthy lifestyle choices including nutrition, physical activity and healthy relationships.

The SiS – StArZ program provided opportunities for young women to share their experiences in a safe and supportive environment and learn about healthy relationships, mental health, sexual health, money management and the risks of substance use.

Community events

Youth Services also participated in a range of community events in 2014–15 to promote healthy lifestyles to young people through activities and information. These included:

- Palmerston NAIDOC Week
- 15 Mile Fun Day
- Walk 4 Suicide Prevention and Awareness
- Close the Gap Day.

In April 2015, the Danila Dilba Board made the difficult decision to close Youth Services so Danila Dilba could focus more effectively on promoting healthy lifestyles to young Indigenous people.

Strategic plan goal:

1.1 Provide effective and accessible health care services to Aboriginal and Torres Strait Islander people in the core area of youth services

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Independent Auditor's report

To the members of Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation

Report on the Financial Report

We have audited the accompanying general purpose financial report of Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation and its controlled entities (the "Group"), which comprises the statement of financial position as at 30 June 2015, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, a summary of significant accounting policies, other explanatory notes and the directors declaration.

The Responsibility of the Directors for the Financial Report

The Directors of the Corporation are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the Corporations (Aboriginal and Torres Strait Islander) Act 2006 and for such internal controls as the directors determine are necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance 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 our judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, we consider internal controls relevant to the Group's preparation and fair presentation of the financial report 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 Group's internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Directors, as well as evaluating the overall presentation of the financial report.

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

Independence

We are independent of the Group, and have met the independence requirements of Australian professional ethical pronouncements.

Basis for Qualified Opinion

The consolidated entity has recorded Intangible assets of $620,295 at 30 June 2015 (2014: $620,295). Australian Accounting Standard AASB 136 Impairment of Assets requires an asset to be carried at no more than its recoverable amount. We were unable to obtain sufficient and appropriate audit evidence to support the recoverable amount of these assets and, accordingly, were unable to determine whether the recoverable amounts of these assets are at least equal to their carrying value. In the event that the carrying value of these assets exceeds their recoverable amount, it would have been necessary for the carrying value of these assets to be written down to their recoverable amounts.

Qualified Opinion

In our opinion, except for the effects on the financial report of such adjustments, if any, as might have been determined to be necessary had the limitation referred to in the preceding paragraph not existed:

(a) the financial report presents the financial transactions fairly, in all material respects, in accordance with applicable accounting standards, the Corporations (Aboriginal and Torres Strait Islander) Act 2006 and are based on proper accounts and records;

(b) we have been provided with all information and explanations required for the conduct of the audit;

(c) financial records kept by the Corporation were sufficient for the financial report to be prepared and audited; and

(d) other records and registers have been kept by the Corporation as required by the Corporations (Aboriginal and Torres Strait Islander) Act 2006.

Merit Partners

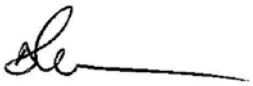
Matthew Kennon
Director

Darwin
Date: 1 October 2015

Auditor's Independence statement

Auditors Independence Declaration to the Directors of Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation.

In relation to our audit of the financial report of Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation for the financial year ended 30 June 2015, to the best of my knowledge and belief, there have been no contraventions of the auditor independence requirements of the Corporations (Aboriginal and Torres Strait Islander) Act 2006 or any applicable code of professional conduct.



Matthew Kennon
Director

Darwin
Date: 1 October 2015

Directors report

Directors and directors meetings

The following persons were members of the Danila Dilba Health Service Management Committee for the year ended 30 June 2015:

		Meetings Attended
Mr Patrick Stephenson	Chairperson	12
Ms Erin Lew Fatt	Deputy Chair	12
Mr Boyd Scuwlly	Ordinary Member	10
Ms Gloria Corliss	Ordinary Member	11
Ms Carol Stanislaus	Ordinary Member	8
Mr Braiden Abala	Ordinary Member	13
Ms Sarina Jan	Ordinary Member	8
Mrs Priscilla Collins*	Independent Director / Non Member	1
Mr David Pugh*	Independent Director / Non Member	2
Mrs Phyllis Mitchell*	Larrakia Officer	2

* Directors commenced appointment on 6 February 2015.
13 meetings were held during the year.

Directors Declaration

The members of the Governing Committee of Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation, hereby state that in our opinion:

1. there are reasonable grounds to believe that the Corporation will be able to pay its debts when they become due and payable; and

2. the financial statements and notes are in accordance with the Corporations (Aboriginal and Torres Strait Islander) Regulations 2007 (CATSI Regulations), including:

   a. compliance with the accounting standards; and

   b. providing a true and fair view of the financial position and performance of the Corporation and the Consolidated group.

Made in accordance with a resolution of the Directors.

Mr Patrick Stephenson
Chairperson

Erin Lew Fatt
Deputy Chairperson

Principal activities

During the financial year the principal activities of Danila Dilba Health Service consisted of:

- Primary Health
- Community Programs
- Chronic Disease
- Dental
- Pharmacy
- Health Systems

Danila Dilba also provides for visiting specialists and provides specialist services as outlined within the Annual Report. Peripheral integrated services to the core business included corporate, finance, human resources, quality control, marketing, and transport and information technology.

During the financial year the Board has enhanced governance reforms and performance including the appointment of two Independent, non-members, Directors and a Larrakia Officer and undertaking ongoing governance training and reviews. The Board also completed the Indigenous Governance Analysis Tool delivered by the Australian Institute of Company Directors. Danila Dilba also commenced QIP (Quality Innovated Performance) accreditation review, with initial findings being largely unqualified.

Review of operations

The deficit for the year of the Corporation was $580,808 (2014: profit $262,978). The deficit reflects a timing mismatch between grants received and recorded as income in 2013/14 and the expenditure of these grants in 2014–15. The grants related to the NTG Mobile Services program $144,490 and the Medicare Local Care Co-ordinators program of $492,957 that had been recorded as income in the prior year. In accordance with Accounting Standards these amounts had not been recognised as liabilities at the end of the prior year as at that time there had been no present obligation to repay these monies. Had these monies been recognised as a liability in the prior year the result for the current year would have been a small surplus of $56,639.

Significant changes in the state of affairs

There were no significant changes in the corporation's state of affairs during the year.

Distributions paid to members during the year

There were no distributions made to members during the year nor were there unpaid or declared distributions to members outstanding at year end.

Environmental regulations

The corporation's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a State or Territory.

Proceedings on behalf of danila dilba

There were no applications for leave to bring proceedings made during the year under section 169-5 of the Act.

Auditors independance declaration

The Auditors Independence Declaration for the year ended 30 June 2015 has been received and can be found at page 4 of the report.

Significant events after the balance sheet date

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the corporation, the results of those operations, or the status of the affairs of the corporation in future financial years.

Likely developments

The Corporation expects to maintain the present status and level of operations and hence there are no likely developments in the corporation's operations.

Qualifications, experience and special responsibilities of directors

Patrick Stephensen (Chairperson) holds a Bachelor of Sports Science and Exercise Science and has recently completed a Masters in Bachelor of Arts. He is currently the Director at the Malak Re-Engagement Centre with NT Government and is also actively involved with local union, rugby league and AFL football.

Erin Lew Fatt (Deputy Chairperson) holds an executive role with AMSANT with more than 16 years' experience in the Aboriginal health sector and has been a Director for several terms. Erin has a keen interest and commitment to Aboriginal workforce development, education and training.

Gloria Corliss (Company Secretary) worked for the NT Government for more than 30 years in various departments before retiring in 1999. Post-retirement Gloria has been a Director on boards in Indigenous education and has a Bachelor of Arts.

Edward Boyd Scully has been a Director for 13 years and continues to be involved in a range of community activities. He brings an extensive knowledge of community issues, relationships, networks and knowledge. In 2013 was inducted into Queensland's Boxing Hall of Fame in recognition of his support for the sport.

Braiden Abala has extensive experience in public policy, child protection and health promotion. Braiden has a Masters of Health and International Development and Bachelor of Behavioural Science.

Carol Stanislaus is currently the Engagement Coordinator, Darwin Town Communities with PM&C and has worked in a variety of indigenous sectors in tourism, local government and justice throughout the NT. She holds a Bachelor of Applied Science in Aboriginal Community Management and Development.

Sarina Jan holds a Bachelor of Arts (Public Relations) and Bachelor of Business (Marketing) and is a consultant specialising in public relations. Sarina's experience varies from working within the private sector and various Commonwealth, State and Territory Governments within WA and NT.

Priscilla Collins is Eastern Arrernte from Central Australia and mother of six children. She is the CEO of the North Australian Aboriginal Justice Agency and has been on indigenous Boards such as Indigenous Business Australia and Imparja Television and Chairperson of the Australian Indigenous Communications Association.

David Pugh is the CEO of NT Anglicare and has a Master's of Business degree. Before he was also the CEO of St Luke's Anglicare in Bendigo, Victoria and held senior government positions and worked in Milingmbi and Nhulunbuy. David is on the Anglicare Australia Board, APONT NGO Partnership Steering Group and the NT Government NGO Consultative Committee.

Phyllis Mitchell has served on Larrakia indigenous Boards and worked with the NT Government for 35 years in areas such as construction, transport, Parliamentary education, finance and at Port Keats as a Manager of Interpreter Services. Phyllis retired in 2014 and has also been Vice President of the Brothers junior Rugby league. She was also an exceptional softball player where she made a number of rep sides.

Signed in accordance with a resolution of the Board of Directors

Mr Patrick Stephenson
Chairperson

Erin Lew Fatt
Deputy Chairperson

Dated this 1st day of October 2015

Statement of Comprehensive Income*

Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation.
For the year ended 30 June 2015

	Notes	Consolidated 2015 $	Consolidated 2014 $	Parent 2015 $	Parent 2014 $
Revenue					
Grant Income	2-4	12,544,396	12,868,002	12,544,396	12,868,002
Prior year unspent funds brought forward		544,213	1,603,252	544,213	1,603,252
Current year unspent grant funds carried forward		0	(626,465)	0	(626,465)
Medicare Receipts	5	2,987,578	2,665,879	2,987,578	2,665,879
Interest Income	6	140,937	175,593	140,937	175,593
Sundry Income	7	622,234	144,577	621,325	124,446
Total Revenue		16,839,359	16,830,838	16,838,450	16,810,707
Expenditure					
Administration	8	1,273,632	1,419,016	1,269,089	1,978,390
Employee Expenses	9	11,571,657	10,031,568	11,571,657	10,031,568
Motor Vehicle	11	486,574	455,128	486,574	455,128
Operational	12	3,953,441	3,956,749	3,953,441	3,957,749
Travel	13	138,497	124,894	138,497	124,894
Total Expenditure		17,423,801	15,987,355	17,419,258	16,547,729
Surplus/(deficit) before income tax		(584,442)	843,483	(580,808)	262,978
Income tax expense		0	0	0	0
Surplus/(deficit) for the year		(584,442)	843,483	(580,808)	262,978
Total comprehensive income for the year		(584,442)	843,483	(580,808)	262,978

*To be read in conjunction with the notes to the financial statements

Statement of Financial Position*

Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation.
For the year ended 30 June 2015

	Notes	Consolidated 2015 $	Consolidated 2014 $	Parent 2015 $	Parent 2014 $
Current Assets					
Cash and Cash equivalents	14	2,867,721	6,053,582	2,865,876	6,047,907
Trade and other receivables	16	477,068	45,693	460,853	29,783
Other current Assets	15	133,380	107,299	133,380	107,178
Total Current Assets		3,478,169	6,206,574	3,460,109	6,184,868
Non-Current Assets					
Property Plant and Equipment	17	7,155,812	6,606,747	7,155,812	6,606,747
Assets Held for sale	18	620,295	620,295	0	0
Total Non-Current Assets		7,776,107	7,227,042	7,155,812	6,606,747
Total Assets		11,254,276	13,433,616	10,615,921	12,791,615
Current Liabilities					
Accrued expenses	19	420,286	453,836	420,286	453,836
Trade and other Payables	25	437,347	387,129	437,039	386,809
Employee Provisions	21	844,357	739,983	844,357	739,983
Other current Liabilities	22	336,780	2,013,985	336,780	2,013,985
Total Current Liabilities		2,038,770	3,594,933	2,038,462	3,594,613
Non-Current Liabilities					
Employee provisions	21	113,413	152,148	113,413	152,148
Total Non-Current Liabilities		113,413	152,148	113,413	152,148
Total Liabilities		2,152,183	3,747,081	2,151,875	3,746,761
Net Assets		9,102,093	9,686,535	8,464,046	9,044,854
Accumulated Funds					
Retained Earnings		3,594,596	2,811,782	2,956,549	2,170,101
Asset Replacement Reserve		507,497	1,025,161	507,497	1,025,161
Primary Health Care Reserve		0	849,592	0	849,592
Land Revaluation Reserve		5,000,000	5,000,000	5,000,000	5,000,000
Total Accumulated Funds		9,102,093	9,686,535	8,464,046	9,044,854

*To be read in conjunction with the notes to the financial statements

Statement of Changes in Equity*

Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation.
For the year ended 30 June 2015

	Consolidated $	Parent $
Retained Earnings		
Balance at 30 June 2013	2,324,762	2,263,586
Operating result for the year	843,483	262,978
Transfer (to)/from Reserves	(356,463)	(356,463)
Balance at 30 June 2014	2,811,782	2,170,101
Operating result for the year	(584,442)	(580,808)
Transfer (to)/from Reserves	1,367,256	1,367,256
Balance at 30 June 2015	3,594,596	2,956,549
Land Revaluation Reserve		
Balance at 30 June 2013	5,000,000	5,000,000
Asset Revaluation	0	0
Balance at 30 June 2014	5,000,000	5,000,000
Asset Revaluation	0	0
Balance at 30 June 2015	5,000,000	5,000,000
Asset Replacement Reserve		
Balance at 30 June 2013	1,518,290	1,518,290
Transfer to retained earnings	(493,129)	(493,129)
Balance at 30 June 2014	1,025,161	1,025,161
Transfer to retained earnings	(517,664)	(517,664)
Balance at 30 June 2015	507,497	507,497
Primary Health Care Reserve		
Balance at 30 June 2013	0	0
Transfer from retained earnings	849,592	849,592
Balance at 30 June 2014	849,592	849,592
Transfer to retained earnings	(849,592)	(849,592)
Balance at 30 June 2015	0	0
Total Equity		
Balance at 30 June 2013	8,843,052	8,781,876
Operating results for the year	843,483	262,978
Balance at 30 June 2014	9,686,535	9,044,854
Operating results for the year	(584,442)	(580,808)
Balance at 30 June 2014	9,102,093	8,464,046

*To be read in conjunction with the notes to the financial statements

Statement of Cash Flows*

Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation.
For the year ended 30 June 2015

	Notes	Consolidated 2015 $	Consolidated 2014 $	Parent 2015 $	Parent 2014 $
Cash flows from operating activities					
Grant Income		13,424,487	16,276,052	13,424,487	16,276,052
Medicare Income		2,987,578	3,032,432	2,987,578	3,032,432
Interest Received		140,937	160,293	140,937	160,293
Other Income		499,280	158,343	498,554	133,372
Payments to Suppliers		(8,006,235)	(5,590,864)	(7,999,374)	(5,542,205)
Payments to Employees		(11,415,802)	(9,667,115)	(11,418,109)	(9,667,115)
Net cash inflow (outflow) from operating activities	24	(2,369,755)	4,369,141	(2,365,925)	4,392,829
Cash Flows from Investment Activities					
Proceeds from sale of assets		45,454	0	45,454	0
Payments for Property Plant and Equipment		(861,560)	(707,265)	(861,560)	(707,265)
Net Cash inflows/(outflow) from investing activities		(816,106)	(707,265)	(816,106)	(707,265)
Net increase/Decrease in cash and cash equivalents		(3,185,861)	3,661,876	(3,182,031)	3,685,564
Cash and cash equivalents at the beginning of the financial year		6,053,582	2,391,706	6,047,907	2,362,343
Cash and cash equivalents at the beginning of the financial year	14	2,867,721	6,053,582	2,865,876	6,047,907

*To be read in conjunction with the notes to the financial statements

Notes to the Financial Statements

Introduction

The Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation was established as an incorporated association in June 1991 under the Commonwealth of Australia Aboriginal Councils and Associations Act 1976 (Now the Corporations Aboriginal and Torres Strait Islander Act 2006). Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation operates as a provider of primary health care to Aboriginal people of the greater Darwin area of the Northern Territory of Australia.

The principal place of business is:

36 Knuckey Street
Darwin, Northern Territory 0800, Australia
Telephone Number: +61 8 8942 5400

Operations and principal activities

As an Aboriginal community controlled health organisation, Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation aims to provide a holistic comprehensive primary health care service that focuses on empowering and building the community's capacity to determine its own health needs. This means 'Aboriginal health staying in Aboriginal hands'.

Main services, programs and projects conducted through the year:

- Clinical Services
- Men's Health & Well Being
- Women & Children's Health & Well Being
- Community Outreach
- Eye and Ear Health
- Sexual Health
- Youth Services
- Counselling and Support Services

Note 1: statement of significant accounting policies

The principal accounting policies adopted by Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation in the preparation of the financial report are set out below.

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 Corporations (Aboriginal and Torres Strait Islander) Act 2006.
The Corporation is a not-for-profit entity for reporting purposes under Australian accounting standards.

New accounting standards

Several new standards, amendments to standards or interpretations have been promulgated by the Australian Accounting Standards Board but are effective for future reporting periods. It is estimated that the impact of adopting these pronouncements when effective will have no material financial impact on future reporting periods of the organisation.

Currency

The financial report is presented in Australian dollars and rounded to the nearest dollar.

Historical cost convention

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

Critical accounting estimates

The preparation of financial statements in conformity with Australian Accounting Standards requires the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation's (Danila Dilba Health Services) accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements are disclosed on the following page.

b. Basis of consolidation

The consolidated financial statements are those of the consolidated entity, comprising Danila Dilba Health Services (the parent company) and Biluru Yirra Pty Ltd, the company that Danila Dilba Health Services controlled during the year and at reporting date. Information from the financial statements of Biluru Yirra Pty Ltd is included from the date the parent company obtains control until such time as control ceases.

Where there is loss of control of a subsidiary, the consolidated financial statements include the results for the part of the reporting period during which the parent company has control. The financial statements of subsidiaries are prepared for the same reporting period as the parent company, using consistent accounting policies. Adjustments are made to bring into line any dissimilar accounting policies that may exist.

All intercompany balances and transactions, including unrealised profits arising from intra-group transactions, have been eliminated in full. Unrealised losses are eliminated unless costs cannot be recovered.

c. Revenue recognition policy

Revenue recognition for grant and donation income received is carried out on the following basis:

i. it is probable that grant funding will be used for the designated purpose;

ii. control has been obtained over the grant income;

iii. the grant income is measurable.

Grant income that meets the above revenue recognition criteria is recorded as income in the year of receipt. A liability is recognised when there is a present obligation to repay unspent grant funds. The Directors have determined that a present obligation arises where the funding agreement specifically states that unspent grant funds must be repaid and the Corporation has not receive permission from the funding body to carry forward unspent grant funds to the next reporting period. All other project related income is fully recognised in the year of receipt.

Due to the level of complexity in reconciling Medicare claims to actual Medicare receipts, Medicare income is only recognised when received.

d. Employee benefits

Provision is made for the Corporation's liability for employee benefits arising from services rendered by the employees to the end of the reporting period. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled. Employee benefits payable later than one year have been measured at the present value of the estimated cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may not satisfy vesting requirements. Those cash outflows are discounted using market yields on corporate bonds rates with terms to maturity that match the expected timing of cash flows attributable to employee benefits.

e. Superannuation

Employee's superannuation entitlements are principally provided through the Australian Retirement Fund. Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation pays 9.5% of an employee's salary as per the compulsory superannuation guarantee levy.

	2015	2014
Full Time Equivalent Employees as at 30 June	116.3	102.4

f. Income tax

The income of Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation is exempt from income tax pursuant to the provisions of Section 50-5 of the Income Tax Assessment Act, 1997.

g. Goods and services tax

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST), except:

i. where the amount of GST incurred is not recoverable from the taxation authority, it is recognised as part of the cost of acquisition of an asset or as part of an item of expense; or

ii. for receivables and payables which are recognised inclusive of GST. The net amount of GST recoverable from, or payable to, the taxation authority is included as part of receivables or payables.

Cash flows are included in the Statement of Cash Flows on a gross basis. The GST component of Cash Flows arising from investing and financing activities, which is recoverable from, or payable to, the taxation authority, is classified as operating cash flows.

h. Fixed assets

Land

Land is valued at fair value, the last independent valuation was done in 2013 by Mooney Pepper Pty Ltd. In future, an independent revaluation will be done every 3 to 5 years in order to keep values current. Each year a desk top audit will also be done to ensure any unexpected increases or decreases in value are not overlooked.

Property, Plant and Equipment

Plant and equipment is stated at cost less accumulated depreciation and any accumulated impairment losses.

Depreciation is provided on property, plant and equipment. Land is not a depreciating asset. Depreciation is calculated on a straight line basis so as to write off the net cost or other revalued amount of each asset over its expected useful life. The following estimated useful lives are used in the calculation of the depreciation:

	2015	2014
Buildings	20 years	20 years
Plant and Equipment	3-5 years	3-5 years
Motor Vehicles	5 years	5 years
Clinical Software	3 years	3 years

i. Impairment of Assets

The corporation values the recoverable amount of plant and equipment at the equivalent to its depreciated replacement cost. Impairment exists when the carrying value of an asset exceeds its estimated recoverable amount.

Impairment losses are recognised in the income statement unless the asset has previously been revalued, when the impairment loss will be treated as a revaluation decrement.

j. Financial Instruments

Recognition

Financial assets and liabilities are recognised and derecognised upon trade date.

When financial assets are recognised initially, they are measured at fair value. In the case of assets not at fair value through profit and loss, directly attributable transaction costs are taken into account.

Financial assets are derecognised when the contractual rights to the cash flow from the financial assets expire or the asset is transferred to another entity. In the case of transfer to another entity, it is necessary that the risks and rewards of ownership are also transferred.

Financial assets

Financial assets are classified as either financial assets at amortised cost or available-for-sale financial assets.

Financial assets at amortised cost

Trade and other receivables, which generally have 30 day terms, are recognised initially at fair value and subsequently measured at amortised cost using the effective interest rate method, less an allowance for impairment.

Collectability of trade and other receivables is reviewed on an ongoing basis. Individual debts that are known to be uncollectable are written when identified. An impairment provision is recognised when there is objective evidence that the Corporation will not be able to collect the receivable.

Available-for-sale financial assets

The investment held by the Corporation is classified as an available-for-sale financial asset. Available-for-sale financial assets are those non-derivative financial assets, principally equity securities that are designated as available-for-sale or are not classified as any of the other three categories of financial assets. After initial recognition, available-for sale financial assets which do not have a quoted market price and where fair value cannot be reliably measured are recorded at cost.

Financial liabilities

Financial liabilities are classified as either financial liabilities “at fair value through profit and loss” or other financial liabilities.

Other financial liabilities

Other financial liabilities, including payables, are initially measured at fair value, net of any transaction costs. Other financial liabilities are subsequently measured at amortised cost using the effective interest rate method, with interest expense recognised on an effective yield basis.

Impairment

Financial assets are assessed for impairment at each balance date.

If there is objective evidence that an impairment loss has been incurred for financial assets held at amortised cost or available-for-sale financial assets, the amount of the impairment loss is measured as the difference between the asset’s carrying amount and the present value of estimated future cash flows discounted at the asset’s original effective interest rate. The carrying amount is reduced by way of an allowance account. The loss is recognised in the profit or loss.

k. Trade and other payables

Liabilities for trade creditors and other amounts are carried at cost, which is the fair value of the consideration to be paid in the future for goods and services received, whether or not billed to the entity.

l. Cash and cash equivalents

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value. Where accounts at financial institutions are overdrawn, balances are shown in current liabilities on the balance sheet.

m. Commitments

Commitments are recognised when the Organisation has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Commitments recognised represent the best estimate of the amounts required to settle the obligation at reporting date.

n. Operating leases

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are recognised as an expense in the income statement on a straight-line basis over the lease term.

o. Intangibles

Expenditure during the research phase of a project is recognised as an expense when incurred. Development costs are capitalised only when technical feasibility studies identify that the project will deliver future economic benefits and these benefits can be measured reliably.

p. Available for Sale Financial Assets

Non-current assets classified as held for sale are measured at the lower of their carrying amount and fair value less costs to sell. Non-current assets are classified as held for sale if their carrying amounts will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met only when the sale is highly probable and the asset is available for immediate sale in its present condition. Management must be committed to the sale, which should be expected to qualify for recognition as a completed sale within one year from the date of classification.

Property, plant and equipment and intangible assets once classified as held for sale are not depreciated or amortised.

q. Nature and purpose of Reserves

Land Revaluation Reserve

The Land Revaluation Reserve is to record increments and decrements in the fair value of land.

Asset Replacement Reserve

The Asset Replacement Reserve is to record funds set aside for the replacement of capital assets.

	Consolidated 2015 $	Consolidated 2014 $	Parent 2015 $	Parent 2014 $
Note 2. Australian Government Financial Assistance				
Department of Health	8,832,139	10,614,603	8,832,139	10,614,603
Department of Social Security	434,066	325,930	434,066	325,930
Department of Prime Minister & Cabinet	885,646	14,000	885,646	14,000
Total Australian Assistance Government Financial	10,151,851	10,954,533	10,151,851	10,954,533
Note 3. Northern Territory Government Financial Assistance				
Northern Territory Government Funding	406,361	445,884	406,361	445,884
Total Northern Territory Government Financial Assistance	406,361	445,884	406,361	445,884
Note 4. Other Financial Assistance				
Northern Territory General Practice Education Ltd	830,661	594,466	830,661	594,466
Other Grants	1,155,523	873,119	1,155,523	873,119
Total Other Financial Assistance	1,986,184	1,467,585	1,986,184	1,467,585
Total Grant Income	12,544,396	12,868,002	12,544,396	12,868,002
Note 5. Medicare Receipts				
Commonwealth Government Medicare receipts	2,987,578	2,665,879	2,987,578	2,665,879
Total Medicare Receipts	2,987,578	2,665,879	2,987,578	2,665,879
Note 6. Investment Income				
Bank Interest	140,937	175,593	140,937	175,593
Total Investment Income	140,937	175,593	140,937	175,593
Note 7. Other Revenue				
Reimbursements	5,384	3,181	5,384	3,181
Other Sundry Income	616,850	141,396	615,941	121,265
Total Other Revenue	622,234	144,577	621,325	124,446

	Consolidated 2015 $	Consolidated 2014 $	Parent 2015 $	Parent 2014 $
Note 8. Administration Expenses				
Advertising	56,877	23,736	56,877	23,736
Depreciation	282,542	246,335	282,542	246,335
Loss on Disposal of Property Plant and Equipment	0	2,076	0	2,076
Information Technology Service	364,167	270,107	364,167	270,107
Insurance	125,923	99,063	125,923	99,063
Lease – Plant and Equipment	42,067	34,381	42,067	34,381
Legal service	131,038	201,905	131,038	201,905
Loan Forgiven	0	0	0	822,556
Membership Fees	9,133	25,387	9,133	25,387
Postage	24,196	19,322	24,196	19,322
Stationery	29,652	30,625	29,652	30,625
Telephone	122,615	112,667	122,615	112,667
Other	85,422	353,412	80,879	90,231
Total Administration	1,273,632	1,419,016	1,269,089	1,978,391
Note 9. Employee Benefits Expenses				
Fringe Benefit Tax	18,009	10,955	18,009	10,955
Salaries	10,164,857	8,676,405	10,164,857	8,676,405
Superannuation	927,618	762,239	927,618	762,239
Work Cover	168,070	409,169	168,070	409,169
Staff Training	148,029	81,547	148,029	81,547
Other	145,074	91,253	145,074	91,253
Total Employee Benefits	11,571,657	10,031,568	11,571,657	10,031,568
Note 10. Depreciation				
Buildings	60,116	33,989	60,116	33,989
Plant And Equipment	196,048	176,389	196,048	176,389
Motor Vehicles	7,691	23,225	7,691	23,225
Clinical Software	18,687	12,732	18,687	12,732
Total Depreciation	282,542	246,335	282,542	246,335

	Consolidated 2015 $	Consolidated 2014 $	Parent 2015 $	Parent 2014 $
Note 11. Motor Vehicle Expenses				
Fuel and Oil	82,303	83,535	82,303	83,535
Lease Expense	338,487	331,683	338,487	331,683
Repairs and maintenance	62,742	38,434	62,742	38,434
Registration	3,042	1,476	3,042	1,476
Total Motor Vehicle Expenses	486,574	455,128	486,574	455,128
Note 12. Operational Expenses				
Agency Staff	435,788	202,913	435,788	202,913
Cleaning	248,520	249,236	248,520	249,236
Client Services	368,580	100,948	368,580	100,948
Clothing and Uniforms	11,899	10,841	11,899	10,841
Consultants	291,925	245,153	291,925	245,153
Consumables	75,121	60,853	75,121	60,853
Dental Supplies	18,667	33,109	18,667	33,109
Garden Maintenance	6,092	6,936	6,092	6,936
GP Locums	136,656	402,796	136,656	402,796
Library Services	19,383	20,104	19,383	20,104
Marketing and promotion	84,259	0	84,259	0
Medical Supplies	527,291	577,942	527,291	577,942
Minor Equipment Purchases	174,616	161,929	174,616	161,929
Project Expenditure	282,866	286,811	282,866	287,811
Rent Expenditure	785,514	717,910	785,514	717,910
Repairs and maintenance	204,969	621,384	204,969	621,384
Rubbish Collection	15,176	16,310	15,176	16,310
Security	30,987	30,412	30,987	30,412
Transport – Clients	66,289	69,250	66,289	69,250
Utilities	144,897	141,912	144,897	141,912
Other	23,946	0	23,946	0
Total Operational Expenses	3,953,441	3,956,749	3,953,441	3,957,749
Note 13. Travel				
Travel and Accommodation	105,002	91,647	105,002	91,647
Travel Allowance	33,495	33,247	33,495	33,247
Total Travel	138,497	124,894	138,497	124,894

	Consolidated 2015 $	Consolidated 2014 $	Parent 2015 $	Parent 2014 $
Note 14. Cash And Cash Equivalents				
Cash at bank	2,866,521	6,052,582	2,864,676	6,046,907
Cash on hand	1,200	1,000	1,200	1,000
Total Cash and Cash Equivalents	2,867,721	6,053,582	2,865,876	6,047,907

(a) Reconciliation to cash at year end

The above figures are reconciled to cash at year end as shown in the statement of cash flows as follows:

	Consolidated 2015 $	Consolidated 2014 $	Parent 2015 $	Parent 2014 $
Balances as above	2,867,721	6,053,582	2,865,876	6,047,907
Balance as per statement of cash flows	2,867,721	6,053,582	2,865,876	6,047,907

Note 15. Other Current Assets				
Bonds paid	68,074	73,754	68,074	73,754
Other	65,306	33,545	65,306	33,424
Total Other Current Assets	133,380	107,299	133,380	107,178

Note 16. Trade And Other Receivables (Current)				
Trade debtors	147,308	45,693	131,093	29,783
Other debtors - grants and medicare	329,760	-	329,760	-
Total Trade And Other Receivables	477,068	45,693	460,853	29,783

(a) Trade receivables and allowances for doubtful debts

Trade receivables are non-interest bearing and are generally on 30 day terms and are expected to be settled within 12 months. The ageing of trade receivables is detailed below:

	Consolidated-2015		Consolidated-2014		Parent-2015		Parent-2014	
	Gross $	Allowance $	Gross $	Allowance $	Gross $	Allowance $	Gross $	Allowance $
Not past due	339,926	0	1,343	0	339,926	0	1,343	0
Past due 0-30 days	109,498	0	22,845	0	109,498	0	22,845	0
Past due 31-60 days	2,049	0	220	0	2,049	0	220	0
Past due 61-90 days	3,937	0	630	0	3,937	0	630	0
Past due 90 days and over	21,658	0	20,655	0	5,443	0	4,745	0
Total	477,068	0	45,693	0	460,853	0	29,783	0

(b) Impaired receivables

As at 30 June 2015, receivables with a nominal value of $NIL were impaired (2014: $NIL).

As at 30 June 2015, current receivables with a nominal value of $120,927 (2014: $28,440), and a consolidated value of $137,142 (2014: $44,350) were past due but not impaired. These relate to a number of customers for whom there is no history of default.

	Consolidated 2015 $	Consolidated 2014 $	DDHS 2015 $	DDHS 2014 $
Note 17. Property, Plant and Equipment				
Clinical Software – at Cost	363,967	327,969	363,967	327,969
Accumulated Amortisation and Impairment	(314,579)	(295,892)	(314,579)	(295,892)
Written down Value	49,388	32,077	49,388	32,077
Land – at fair value	5,600,000	5,600,000	5,600,000	5,600,000
Land and Buildings – At cost	2,172,136	1,262,881	2,172,136	1,262,881
Accumulated Depreciation and Impairment	(1,212,553)	(942,021)	(1,212,553)	(942,021)
Written Down Value	6,559,583	5,920,860	6,559,583	5,920,860
Plant and Equipment - at cost	1,602,260	1,476,873	1,602,260	1,476,873
Accumulated Depreciation and Impairment	(1,055,755)	(859,888)	(1,055,755)	(859,888)
Written down Value	546,505	616,985	546,505	616,985
Motor Vehicles – At Cost	84,727	145,257	84,727	145,257
Accumulated Depreciation and Impairment	(84,391)	(108,432)	(84,391)	(108,432)
Written down Value	336	36,825	336	36,825
Total written down value	7,155,812	6,606,747	7,155,812	6,606,747

No items of Property, Plant and Equipment are expected to be sold or disposed of within the next 12 months.

Year ended 30 June 2015	Consolidated Land and Property $	Parent Land and Property $	Consolidated Plant and Equipment $	Parent Plant and Equipment $	Consolidated Motor Vehicles $	Parent Motor Vehicles $	Consolidated Clinical Software $	Parent Clinical Software $	Consolidated Total $	Parent Total $
Opening Net Book Amount	5,920,860	5,920,860	616,985	616,985	36,826	36,826	32,077	32,077	**6,606,747**	**6,606,747**
Additions	698,839	698,839	126,724	126,724	0	0	35,998	35,998	**861,560**	**861,560**
Disposals	0	0	(1,156)	(1,156)	(28,797)	(28,797)	0	0	**(29,953)**	**(29,953)**
Depreciation	(60,116)	(60,116)	(196,048)	(196,048)	(7,693)	(7,693)	(18,687)	(18,687)	**(282,542)**	**(282,542)**
Closing Book Amount	6,559,583	6,559,583	546,505	546,505	336	336	49,388	49,388	**7,155,812**	**7,155,812**

Year ended 30 June 2014	Consolidated Land and Property $	Parent Land and Property $	Consolidated Plant and Equipment $	Parent Plant and Equipment $	Consolidated Motor Vehicles $	Parent Motor Vehicles $	Consolidated Clinical Software $	Parent Clinical Software $	Consolidated Total $	Parent Total $
Opening Net Book Amount	5,759,258	5,759,258	297,012	297,012	60,051	60,051	31,573	31,573	**6,147,894**	**6,147,894**
Impairment loss	0		(2,076)	(2,076)	0	0	0	0	**(2,076)**	**(2,076)**
Additions	195,592	195,592	498,438	498,438	0	0	13,235	13,235	**707,265**	**707,265**
Depreciation	(33,989)	(33,989)	(176,389)	(176,389)	(23,225)	(23,225)	(12,732)	(12,732)	**(246,335)**	**(246,335)**
Closing Book Amount	5,920,861	5,920,861	616,985	616,985	36,826	36,826	32,076	32,076	**6,606,748**	**6,606,748**

	Consolidated 2015 $	Consolidated 2014 $	Parent 2015 $	Parent 2014 $
Note 18. Assets Held for Sale				
Software	620,295	620,295	0	0
Total Assets Held for Sale	620,295	620,295	0	0
Note 19. Accrued Expenses				
Accrued Employee Benefits and on-Costs	365,476	287,400	365,476	287,400
Accrued Expenses	54,810	166,436	54,810	166,436
Total Accrued Expenses	420,286	453,836	420,286	453,836

Accrued expenses are expected to be settled within 12 months.

Note 20. Contingencies

There are no contingent liabilities or assets in the current year.

Note 21. Provisions				
Current Employee Benefits				
Annual leave	605,154	611,923	605,154	611,923
Long Service Leave	239,203	128,060	239,203	128,060
Total Current Employee Benefits	844,357	739,983	844,357	739,983
Non-Current Employee Benefits				
Long Service Leave	113,413	152,148	113,413	152,148
	113,413	152,148	113,413	152,148
Total Provisions	957,770	892,131	957,770	892,131
Note 22. Other Liabilities				
Tax Payable	157,057	154,753	157,057	154,753
Unspent Grant Funds	82,252	1,849,673	82,252	1,849,673
Employee Liabilities	97,471	9,559	97,471	9,559
Total Other Liabilities	336,780	2,013,985	336,780	2,013,985

	Consolidated 2015 $	Consolidated 2014 $	DDHS 2015 $	DDHS 2014 $
Note 23. Operating Leases				
Vehicle Operating Leases				
Payable Within 12 Months	256,540	239,829	256,540	239,829
Payable 12 Months – 5 Years	222,681	192,267	222,681	192,267
Total Operating Leases	479,221	432,096	479,221	432,096

The motor vehicle lease commitments are non-cancellable operating leases contracted for with a two or three year term. No capital commitments exist with regards to the lease commitments at year end. The lease payments are constant throughout the term of the lease.

Premises Operating Leases				
Payable within 12 months	633,408	340,719	633,408	340,719
Payable 12 months - 5 years	747,881	409,803	747,881	409,803
Total Premises Operating Leases	1,381,289	750,522	1,381,289	750,522

Premises lease commitments are non-cancellable leases contracted for with a three year term in general. No capital commitments exist with regards to the lease commitments at year end. Lease payments are constant throughout the term of the lease.

Note 24. Reconciliation of Operating Result to Net Cash Inflow From Operating Activities				
Operating Result	(584,442)	843,483	(580,808)	262,978
Depreciation and Impairment	282,542	492,644	282,542	1,070,967
Gain on disposal of assets	(15,500)	0	(15,500)	0
Total	(317,400)	1,336,127	(313,766)	1,333,945
Changes in Assets and Liabilities				
(Increase)/Decrease In Trade and other Receivables	(431,375)	3,788,369	(431,070)	3,783,530
(Increase)/Decrease In other Current Assets	(26,081)	(16,048)	(26,201)	(16,018)
Increase/(Decrease) In Unexpended Grants	(1,767,421)	(976,787)	(1,767,421)	(976,787)
Increase/(Decrease) In Trade and other Payables	50,218	(21,477)	50,230	9,202
Increase/(Decrease) In Employee Provisions	65,639	274,257	65,638	274,257
Increase/(Decrease) In Accrued Expenditure and other Liabilities	56,666	(15,300)	56,666	(15,300)
Total Change in Assets and Liabilities	(2,052,355)	3,033,014	(2,052,159)	3,058,884
Net Cash Generated From/(used) in Operating Activities	(2,369,755)	4,369,141	(2,365,925)	4,392,829

Note 25.
Financial Risk Management

The main risks the Corporation is exposed to through its financial instruments are liquidity risk, credit risk, market risk and interest rate risk.

Liquidity Risk

Liquidity risk is the risk that the Corporation will not be able to meet its obligations as and when they fall due. The Corporation manages its liquidity risk by monitoring cash flows and also through its budget management process. Due to the nature of its business, the Corporation is able to estimate its income and expected expenditure on a seasonal basis based on grant funding release timeframes.

Credit Risk

Credit risk is the risk of financial loss to the Corporation if a customer or counterparty to a financial instrument fails to meet its contractual obligations. Exposure to credit risk is monitored by management on an ongoing basis. The maximum exposure to credit risk, excluding the value of any collateral or other security, is limited to the total carrying value of financial assets, net of any provisions for impairment of those assets, as disclosed in the balance and notes to the financial statements.

The Corporation has no concentration of credit risk except for cash at bank which is deposited with the Westpac banking Corporation.

Market Risk

Market risk is the risk that changes in market prices, such as interest rates and equity prices will affect the Corporation's income or the value of its holding of financial instruments. Exposure to market risk is closely monitored by management and carried out within guidelines set by the Board.

The Corporation does not have any material market risk exposure.

Interest Rate Risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in interest rates. The Corporation manages its interest rate risk by maintaining floating rate cash and fixed rate debt.

Sensitivity Analysis

At balance date, the Corporation had the following assets exposed to variable interest rate risk:

	Consolidated 2015 $	Consolidated 2014 $	Parent 2015 $	Parent 2014 $
Financial Assets				
Cash at bank	2,866,521	6,052,582	2,864,676	6,046,907
Total Financial Assets	2,866,521	6,052,582	2,864,676	6,046,907

There are no financial liabilities exposed to variable interest rate risk.

The table below details the interest rate sensitivity analysis of the Corporation at balance date, holding all variables constant. A 100 basis point change is deemed to be a possible change and is used when reporting interest rate risk.

		Consolidated				Parent			
		Effect on Profit and Loss	Effect on Equity	Effect on Profit and Loss	Effect on Equity	Effect on Profit and Loss	Effect on Equity	Effect on Profit and Loss	Effect on Equity
		2015	2015	2014	2014	2015	2015	2014	2014
		$	$	$	$	$	$	$	$
Base Points	+1%	28,665	28,665	60,526	60,526	28,646	28,646	60,469	60,469
Base Points	-1%	(28,665)	(28,665)	(60,526)	(60,526)	(28,646)	(28,646)	(60,469)	(60,469)

The table below reflects the undiscounted contractual settlement terms for the financial instruments of a fixed period of maturity, as well as management's expectations of the settlement period for all financial instruments.

30 June 2015	Within 1 year		Total carrying amount	
	Consolidated $	Parent $	Consolidated $	Parent $
Financial Assets – Cash Flow Realisable				
Cash and Cash Equivalents	2,867,721	2,865,876	2,867,721	2,865,876
Trade and other Receivables	477,068	460,853	477,068	460,853
Other Current Assets	133,380	133,380	133,380	133,380
Total	3,478,169	3,460,109	3,478,169	3,460,109
Financial liabilities due for payment				
Accrued Expenses	420,286	420,286	420,286	420,286
Trade and other Payables	437,347	437,039	437,347	437,039
Other Liabilities	179,723	179,723	179,723	179,723
Total	1,037,356	1,037,048	1,037,356	1,037,048

30 June 2014	Within 1 year		Total carrying amount	
	Consolidated $	Parent $	Consolidated $	Parent $
Financial Assets – Cash Flow Realisable				
Cash and Cash Equivalents	6,053,582	6,047,907	6,053,582	6,047,907
Trade and other Receivables	45,693	29,783	45,693	29,783
Other Current Assets	107,299	107,178	107,299	107,178
Total	6,206,574	6,184,868	6,206,574	6,184,868
Financial liabilities due for payment				
Accrued Expenses	453,836	453,836	453,836	453,836
Trade and other Payables	387,129	386,809	387,129	386,809
Other Liabilities	1,859,232	1,859,232	1,859,232	1,859,232
Total	2,700,197	2,699,877	2,700,197	2,699,877

Fair Value

The carrying amount of assets and liabilities is equal to their net fair value.
The following methods and assumptions have been applied:

Recognised financial instruments

Cash, cash equivalents and interest bearing deposits: The carrying amount approximates fair value because of their short-term to maturity. Receivables and Creditors: The carrying amount approximates fair value due to their short term to maturity.

Note 26.
Recurring Fair Value Measurements

The following assets are measured at fair value on a recurring basis after initial recognition:

Freehold land

No liabilities are measured at fair value on a recurring basis or any assets or liabilities at fair value on a non-recurring basis.

i. Fair Value Hierarchy

AASB 13: Fair Value Measurement requires the disclosure of fair value information by level of the fair value hierarchy, which categorises fair value measurements into one of three possible levels based on the lowest level that an input that is significant to the measurement can be categorised into as follows:

Level 1
Measurements based on quoted prices (unadjusted) in active markets for identical assets or liabilities that the entity can access at the measurement date.

Level 2
Measurements based on inputs other than quoted prices included in Level 1 that areobservable for the asset or liability, either directly or indirectly.

Level 3
Measurements based on unobservable inputs for the asset or liability.

The fair values of assets and liabilities that are not traded in an active market are determined using one or more valuation techniques. These valuation techniques maximize, to the extent possible, the use of observable market data. If all significant inputs required to measure fair value are observable, the asset or liability is included in level 2. If one or more significant inputs are not based on observable market data, the asset or liability is included in level 3.

ii. Valuation Techniques

A valuation technique that is appropriate in the circumstances and for which sufficient data is available to measure fair value. The availability of sufficient and relevant data primarily depends on the specific characteristics of the asset or liability being measured. The valuation techniques selected are consistent with one or more of the following valuation approaches:

- Market Approach: valuation techniques that use prices and other relevant information generated by market transactions for identical or similar assets or liabilities
- Income Approach: valuation techniques that convert estimated future cash flows or income and expenses into a discounted present value
- Cost Approach: valuation techniques that reflect the current replacement costs of an asset at its current service capacity

Each valuation technique requires inputs that reflect the assumptions that buyers and sellers would use when pricing the asset or liability, including assumptions about risks. When selecting a valuation technique, priority is given to those techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. Inputs that are developed using market data (such as publicly available information on actual transactions) and reflect the assumptions that buyers and sellers would generally use when pricing the asset or liability are considered observable, whereas inputs for which market data is not available and therefore are developed using the best information available about such assumptions are considered unobservable.

The following table provides the fair values of the company's assets measured and recognized as a recurring basis after initial recognition and their categorization within the fair value hierarchy:

Freehold Land	Level 1	Level 2	Level 3	Total
32 Knuckey St	-	$3,500,000	-	$3,500,000
36 Knuckey St	-	$2,100,000	-	$2,100,000
Total at Fair Value	-	5,600,000	-	5,600,000

The fair value measurement amounts of freehold land include office buildings in Darwin in close proximity to the CBD.

Note 27.
Key Management Personnel Compensation

The aggregate compensation made to directors and other members of key management personnel is set out below.

	Consolidated 2015 $	Consolidated 2014 $	Parent 2015 $	Parent 2014 $
Short Term Employee Benefits	1,365,266	1,400,825	1,365,266	1,400,825
Post-Employment Benefits	125,532	108,092	125,532	108,092
Total	1,490,798	1,508,917	1,490,798	1,508,917

Note 28.
Related Parties

During the financial year ended 30 June 2015, no loans or other related party transactions were made to any Board member or key management personnel. In 2014/15, no Board members were paid sitting fees.(2014:$0). No sitting fees were paid from grant funds.

Note 29.
Investments

Danila Dilba Health Service owns 100% ownership of Biluru Yirra Pty Ltd.

Biluru Yirra was established to develop and market an animated educational tool called IBERA. The various animations enable users to better understand the human body, how it works and also see the effects of different health conditions and lifestyle choices.

The Board of Danila Dilba Health Service agreed to provide a loan of $620,295 at an interest rate of 8% to Biluru Yirra to fund the development of IBERA. Danila Dilba has a charge over the IBERA software and some related rights to secure repayment of the loan. At 30th June 2014 Danila Dilba passed resolution to forgive the loan to Biluru Yirra.

Biluru Yirra is no longer trading and has adjusted its books to reflect the loan being forgiven.

Note 30.
Economic Dependency

The management of grant funded projects by Danila Dilba Health Service is dependent on continued funding from the Commonwealth and Northern Territory Governments.

Note 31.
Events Occurring after Balance Sheet Date

There are no material events subsequent to the financial reporting date of 30 June 2015.

Note 32.
Auditors' Remuneration

	Consolidated 2015 $	Consolidated 2014 $	Parent 2015 $	Parent 2014 $
Amounts received or due and receivable by the auditors of Danila Dilba Health Service				
Audit or Review Service	32,450	20,000	32,450	20,000
Other Services	2,550	6,624	2,550	6,624
Total	35,000	26,624	35,000	26,624

	Consolidated 2015 $	Consolidated 2014 $	Parent 2015 $	Parent 2014 $
Note 33 Statement of Funding Sources				
Department of Health	8,832,139	10,614,603	8,832,139	10,614,603
Department of Social Services	434,066	325,930	434,066	325,930
Northern Territory Government	406,361	445,884	406,361	445,884
Dept. Prime Minister & Cabinet	885,646	14,000	885,646	14,000
Northern Territory General Practice Education Ltd	830,661	594,466	830,661	594,466
GPNNT	1,155,522	873,118	1,155,522	873,118
Medicare	2,987,578	2,665,879	2,987,578	2,665,879
Bank Interest	140,937	175,593	140,937	175,593
Reimbursements	5,384	3,181	5,384	3,181
Sundry Income	616,850	141,396	615,941	121,265
	16,295,146	15,854,050	16,294,237	15,833,919
Note 34. Statement of Unspent Grants Received during the Year				
Dept. of Social Services				
Back to Bush	0	71,693	0	71,693
Emergency Relief Funding	13,174	0	13,174	0
Mental Health	0	52,932	0	52,932
NAIDOC	5,279	16,745	5,279	16,745
	18,453	141,370	18,453	141,370
Dept. of Health				
Stronger Fathers	0	177,461	0	177,461
Chronic Disease	0	40,424	0	40,424
Tobacco Cessation Program	8,280	283,955	8,280	283,955
	8,280	501,840	8,280	501,840
Northern Territory Government				
Mobile Service	0	144,490	0	144,490
	0	144,490	0	144,490
Medicare Local				
Care Co-ordinators (GPNNT)	0	492,957	0	492,957
	0	492,957	0	492,957
Gross Total of Unspent Project Funds	26,733	1,280,657	26,733	1,280,657

Unspent Grants received during the year vary from Unexpended Grants shown as a liability in the Statement of Financial Position depending on whether the grant is 'Reciprocal' and whether a present obligation to repay the funds exists at balance date.

The current year loss reflects a timing mismatch between grants received and recorded as income in 2013/14 and the expenditure of these grants in 2014/15. The grants related to the NTG Mobile Services program $144,490 and the Medicare Local Care Co-ordinators program of $492,957 that had been recorded as income in the prior year. In accordance with Accounting Standards these amounts had not been recognised as liabilities at the end of the prior year as at that time there had been no present obligation to repay these monies.

Note 35
Statement of Medicare Allocations

Medicare billed for the Year Ended 30 June 2015 was $2,987,578 and it was allocated to programs in the following way during the year:

	Parent 2015 $
Program	
CPHC	1,272,894
Bring Them Home	194,589
Chronic Disease	6,660
AOD	101,078
Remote Services	536,171
Mum's And Bubs	52,010
MOICD	2,537
Dare 2 Dream	44,170
Royal Commission	2,390
Care Coordinators	26,540
	2,239,039
Other Non-Program Costs:	
Administration Fees	80,179
Employee Costs for Medicare Office	279,690
Scripts Paid	364,446
	724,315
Unallocated	24,224
Total	2,987,578