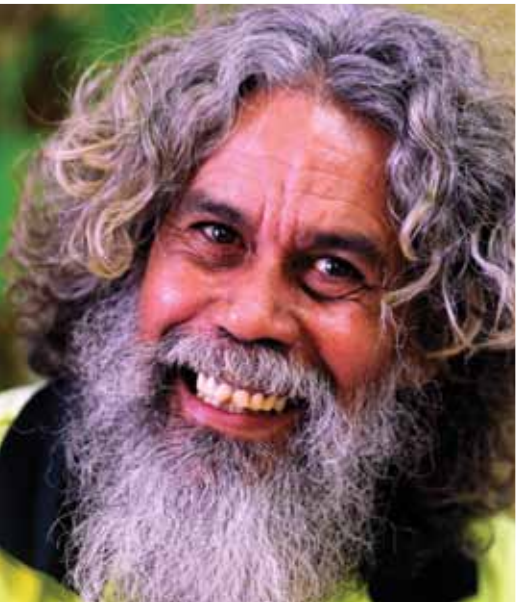
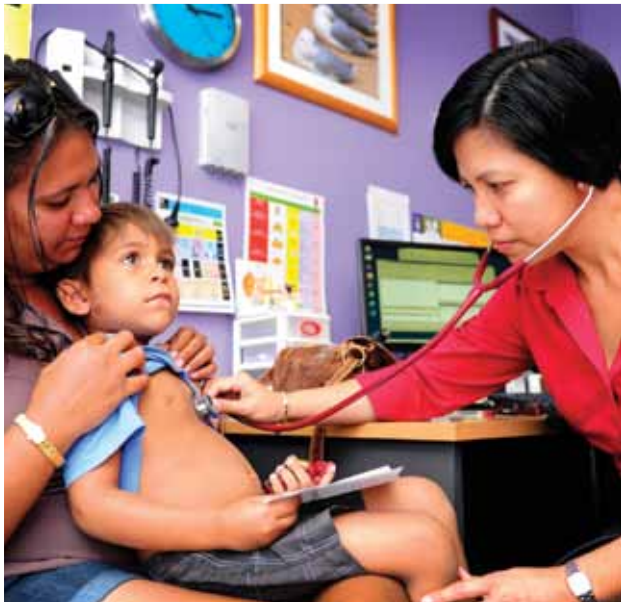
Danila Dilba
Health Service

Danila Dilba Health Service

ANNUAL REPORT 2012–2013





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 2012–2013 Annual Report, we use the words Biluru, Aboriginal, Torres Strait Islander and Indigenous.

Danila Dilba Service Area
Yilli Rreung Region

Contents

Board Report

Danila Dilba Health Service is Aboriginal community-controlled, with a Board of ten directors elected by its members who are Biluru (Aboriginal and/or Torres Strait Islander people) living in the Yilli Rreung (greater Darwin) region.

The 2012–2013 financial year was a difficult time for the Board, and Danila Dilba as a whole, with the loss of our much loved Chairperson, Cherrie McLennan. I would like to acknowledge and pay my respect to Cherrie's invaluable contribution to Danila Dilba and her deeply-held personal commitment to the organisation and to delivering high-quality health services for our people. Without her tireless efforts Danila Dilba Health Service would not have continued to flourish into the organisation it is today and we will be forever grateful.

It has been an incredibly busy year with a risk assessment conducted by our major funder, the Department of Health's Office of Aboriginal and Torres Strait Islander Health (OATSIH), a review by funds administrators, and detailed planning to put the organisation on a sound footing. I would especially like to thank Director Jeanneen McLennan who provided invaluable assistance in achieving the successful risk assessment outcome, which upgraded our status from extreme to moderate.

The year also saw Danila Dilba undergo a major review and restructure with the appointment of a new Chief Executive Officer in January 2013, and a new Chief Financial Officer in February 2013.

With the support of the CEO, the Board has focused on building the organisation's governance and management through a review of the Constitution, development of a new Strategic Plan, review and development of key policies and procedures, as well as increasing membership and community engagement.

Inroads are being made into critical staff shortages in Aboriginal Health Practitioners, General Practitioners, and Program Managers and Coordinators.

As is so often the case in the Northern Territory, GP recruitment continues to be a challenge and one that is being addressed as a priority for Danila Dilba.

The Board has worked closely with the CEO and senior management team to deliver on its commitments to increase the number of Aboriginal and Torres Strait Islander staff through improved recruitment processes.

The percentage of Aboriginal people and Torres Strait Islander people employed at Danila Dilba has increased to 53% across all levels of the organisation. This has been a significant achievement and an area that the organisation will continue to focus on into the future.

There was also a major upgrade and refit of the Knuckey Street clinic in Darwin's CBD, which was made possible through additional OATSIH funding. The upgrade allowed the clinical rooms to be brought up to a satisfactory standard, resulting in better health care provision for our community.

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The partnership with the volunteer dental program expanded a much-needed service at our Palmerston Dental clinic and I would like to extend the Board's gratitude to everyone involved.

I am pleased to report that the foundations are now in place to build an even stronger service focused on improving the health of our people, and would like to take this opportunity to sincerely thank the other Directors and staff of Danila Dilba for your commitment and support during the year.

In particular, a special thanks to the Aboriginal Health Practitioners, Community Service Officers, transport and mobile clinic staff, nurses, GPs, admin and other frontline staff. Without you, as individuals and as a team, we wouldn't be able to provide the excellent services we do, which is sometimes under difficult circumstances, especially with staff shortages.

Shaun Tatipata
Deputy Chairperson

Qualifications, Experience and Special Responsibilities of Directors

Former Chairperson, Ms Cherrie McLennan. 1950–2013

In 2001, Ms McLennan was elected as Chair of Danila Dilba's Board, a position she held for 12 years. Danila Dilba Health Service, the Darwin Aboriginal community and beyond is grateful and so much richer to have had Ms Cherrie McLennan in our community with her tireless commitment and drive.

Vale Cherrie – to a life which honoured and nurtured the value and bonds of community.

Deputy Chairperson
Mr Shaun Tatipata. Born and raised in Darwin, Shaun is the proud father of two. Shaun has worked in Aboriginal and Torres Strait Islander Health for over 12 years and started his career as an Aboriginal Health Worker at Danila Dilba Health Services. Shaun currently works for the Fred Hollows Foundation as an assistant manager where he is involved in developing and implementing programs that aim to end avoidable blindness and improve the health of Indigenous Australians.

Board members:

Mr Boyd Scully has been a Board member of Danila Dilba Health Service for 12 years and continues to be involved and take an interest in community.

Mr Scully is well known for his involvement in the sport of boxing. In 2013, Mr Scully was inducted into Queensland's Hall of Fame in recognition of his many years of involvement in the sport. Before boxing became his passion, Mr Scully worked for the Northern Territory Government for 34 years and retired in 1999.

Mr Scully brings a wealth of knowledge to Danila Dilba Health Service from his community involvement.

Ms Erin Lew Fatt. Erin is a local Aboriginal woman from Darwin and has worked in the Aboriginal health sector for over 14 years. Prior to working at AMSANT, Erin worked for the Cooperative Research Centre for Aboriginal Health (CRCAH), and prior to that at Danila Dilba Health Service. Erin's primary focus throughout her working experience has been within Aboriginal workforce, education and training, with a passion and commitment to improving the health and lives of the community. Erin is a Director on the Board of Danila Dilba Health Service, as well as a number of committees and reference groups, with the aim to increase and maintain quality workforce and health care services for the Aboriginal community-controlled health sector.

Ms Gloria Corliss. Gloria came to Darwin from Queensland in 1967 and worked for the NT government for 30 years in various departments before retiring from the Department of Health and Community Services in 1999. Post-retirement Gloria has been a member on the Board of the Batchelor Institute of Indigenous Tertiary Education and has a degree in Arts (Creative Writing).

Mr Leslie Calma. Leslie is a local Aboriginal man from Darwin. He has had an interesting life with a varied work career mostly in the transport industry as a bus driver, Park Ranger at Mutitjulu, Central Australia and labouring in various jobs across the NT, NSW and QLD. It is not a well-known fact that Lesley was in a band called the Mystics and they have been recognised for their entertainment and music by being inducted into the NT Music Hall of Fame. Leslie is a Director on the Board of the Stolen Generation and is committed to supporting members of the Stolen Generation in many capacities to achieve fair and equitable outcomes in recognising the difficulties of the Stolen Generation. To this extent Leslie has brought his passion, equity and care of health issues to Danila Dilba Health Service.

Jeaneen McLennan. Larakia Member

Special duties and responsibilities of Directors

- *Duty of care and diligence* – requires directors to ensure that they are properly informed about the corporation's affairs
- *Duty of good faith* – that directors act honestly in the best interests of the corporation
- *Duty of disclosure of interests* – requires directors to disclose any interest (personal or financial) that they may have in a matter which relates to the corporation's affairs
- *Duty not to improperly use position or information* – directors cannot use information obtained in their role as a director for personal gain or benefit
- *Duty not to trade while insolvent* – directors should always know and understand the corporation's financial position and to make sure that the organisation is not conducting business when insolvent (insufficient funds to meet its financial obligations)

Vale Cherrie McLennan

The Danila Dilba Board acknowledges the valuable contribution of our former Chairperson Cherrie McLennan, who passed away in May.

Ms McLennan had been the Chairperson of the Danila Dilba board since 2001. Her board colleagues saw her as very much the driving force behind the board.

Long-serving board member Boyd Scully said Ms McLennan did "everything possible for the board."

"She did a great job," Mr Scully said. "She really kept the board informed."

Mr Scully said over the years Ms McLennan also provided valuable advice on a range of issues to Danila Dilba's administration.

"She had the interests of Danila Dilba very much at heart."

Ms McLennan was a committed volunteer who was honoured in 2003 with the NAIDOC Volunteer of the Year award.

Her community volunteering also saw her nominated for a Pride of Australia Medal.

> **"She had the interests of Danila Dilba very much at heart."**

Following her nomination for the Pride of Australia Medal, Ms McLennan said: "I live for volunteering in my community. I eat and sleep it."

Ms McLennan's nomination for the award cited her greatest achievement as guiding Danila Dilba Health Service as Chairperson since 2001.

"Whatever she did, she did for the community," Mr Scully said.

"And that community-mindedness came through at a board level."

"She was also very concerned about the welfare of Danila Dilba clients.

"She was a great lady. And she loved Danila Dilba."

Our Aims, Goals and Values

To improve the physical, mental, spiritual, cultural and social wellbeing of the Biluru (Aboriginal and/or Torres Strait Islander) community of the Yilli Rreung (greater Darwin) 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.

- The core values of the Danila Dilba Health Service (DDHS) underpin our activities:
- providing of and advocating 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.

Our goals are to:

- improve the health and wellbeing of Biluru people through the provision of effective, high-quality and flexible health care and community services
- ensure the ongoing development, review and improvement of DDHS programs and services
- build the brand, profile and reputation of DDHS as a leader in the Aboriginal health care sector
- ensure our people are skilled, supported and engaged to achieve DDHS goals
- be a strong and sustainable organisation.

Chief Executive's Report

Olga Havnen
Danila Dilba Health Service
Chief Executive

> **A personal highlight for me has been the establishment of Danila Dilba's volunteer dental clinic at Palmerston.**

This has been a year of consolidation and review for Danila Dilba health Service, with a focus on renewing our strategic plan, and improving our management and operational systems.

I am delighted to acknowledge the incredible dedication of the staff and Board during what has been at times a challenging period marked by significant change. Due to this dedication, the foundations are now in place for an even stronger future.

The year has seen a significant focus on staffing and recruitment, with increasing the number Aboriginal and Torres Strait Islander staff across the organisation as a key priority.

A major effort was put in to relocating staff from Berrimah to the Darwin CBD and our Malak offices.

Major work was undertaken at our Knuckey Street clinic in Darwin's CBD to bring it to a suitable standard.

Over the last 18 months, Danila Dilba has been actively developing a robust care pathway for clients with chronic disease. A high percentage of our clients have multiple needs and are placed on a General Practice Management Plan (care plan).

A personal highlight for me has been the establishment of Danila Dilba's volunteer dental clinic at Palmerston. This is a unique volunteer dentists' scheme addressing a key area of need for our Aboriginal and Torres Strait Islander clients. The scheme has seen dentists and dental assistants from as far away as the UK volunteering their services to Danila Dilba.

We also forged some important partnerships during the year with the Clontarf Foundation to engage young Aboriginal men through sport, and the Brien Holden Vision Institute to provide primary eye care services for Aboriginal people across the Top End of the Northern Territory.

I'm looking forward to next year when we will maintain our program of internal reviews across all aspects of our operations, especially our new 2014 –2016 Strategic Plan to develop best practice across organisation, including human resources, administration, finance, and clinical and community services.

We will also be planning for targeted growth to respond to the changing needs of the Biluru (Aboriginal and/or Torres Strait Islander) community.

We will also be embarking on a major project to construct purpose-built premises in Palmerston and Darwin's northern suburbs designed to suit our specific needs.

An exciting year ahead!

Overview

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

Danila Dilba is primarily funded by the Australian Government through the Office for Aboriginal and Torres Strait Islander Health. We employ 117 people and provide services to some 6,000 people annually.

Around 30 per cent of the Northern Territory population identifies as either Aboriginal people and/or Torres Strait Islander, and this includes approximately 12,000 people living in the Yilli Rreung region. We also provide services to Indigenous people visiting our region.

Social determinants of health

Indigenous people suffer from preventable chronic diseases at rates higher than the non-Indigenous population. The difference in rates is avoidable and can be overcome.

The World Health Organisation states the "unequal distribution of health-damaging experiences is not in any sense a 'natural' phenomenon but is the result of a toxic combination of poor social policies and programs, unfair economic arrangements, and bad politics. Together, the structural determinants and conditions of daily life constitute the social determinants of health and are responsible for a major part of health inequities between and within countries."

In Australia, Indigenous health outcomes are influenced by a complex range of environmental, social, economic, family and community factors. 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. Between one-third and one-half of the health gap between Indigenous and non-Indigenous people may be explained by differences in the social determinants of health. These determinants include:

- culture, family and community functioning
- early childhood education
- health literacy to make informed health-related choices
- employment and income
- housing
- racism and racial discrimination
- safety
- contact with the criminal justice system.

To address the inequities in the Yilli Rreung region, Aboriginal people lobbied for a health service that would be controlled by the community it served. Community control is critical because it is based on the principle of self-determination and gives people control over the way services are provided in their communities. Community control means governments engage and consult with communities to enable effective involvement in the planning, development, management and delivery of health services that reflect local aspirations.

The National Aboriginal Community Control Health Organisation defines community control as "a process which allows the local Aboriginal community to be involved in its affairs in accordance with whatever protocols or procedures are determined by the Community."

Danila Dilba Health Service

Our commitment to you...

Danila Dilba client service charter

Everyone has a right to health care. Danila Dilba Health Service (DDHS) is committed to providing high-quality, culturally-appropriate and respectful health care. People receiving care and giving care both have important roles to play in this.

Your rights

You have the right to:

1. **Safety.** Feel welcome, safe and secure.
2. **Respect.** Be treated with respect at all times in a culturally-appropriate manner.
3. **Communication.** Be informed about your treatment, care and options in words that you can understand.
4. **Know and understand.** Be included in decisions and choices about your treatment, and to give withhold or withdraw consent at any time.
5. **Participation.** Choose what options and choices you want for your best treatment.
6. **Openness.** See any information about your health or care.
7. **Privacy.** Have your personal information kept secure, private and confidential, and to be able to see that information or agree to someone else seeing it.
8. **Non disclosure.** We will not give your personal information to anyone else without your permission unless there is a serious threat to your life, wellbeing or safety or unless the law says we must.
9. **Comment.** Express an opinion about your care and to make a complaint without fear.
10. **Complain.** Have your complaints dealt with quickly, fairly, confidentially and openly.

Your responsibilities

You can help meet these rights by:

1. **Respecting** other clients, health service staff, and DDHS buildings and resources.
2. **Taking responsibility** for decisions you make about your health and care.
3. **Being on time** appointments or letting DDHS know if you can't make them, and **being sober** for appointments.
4. **Being as open and honest as you can,** and letting DDHS know if your health changes.
5. **Asking questions** if you don't understand.

If you feel these commitments have not been met by Danila Dilba Health Service, please ask reception for a copy of our Complaints Form, or ask for help to make a complaint.

We also love to hear positive feedback!

Please ask reception for a feedback form.

Since 1991, the Directors and staff of Danila Dilba Health Service have built a holistic framework of comprehensive primary health care services with a strong emphasis on safe access and availability. For this reason, we are located in key sites around the Yilli Rreung region and our services include:

- health promotion that supports people to have more control over their health
- safe access to primary health care for children, women and men
- coordination of services from allied health professionals
- specialist care coordination for clients with complex health needs
- partnerships with providers to boost access to affordable dental care
- targeted mental health, social and emotional wellbeing services
- drug and alcohol services
- youth services
- delivery of services into aged care facilities
- support for people with disabilities.

The framework of comprehensive primary health care services includes a significant investment in workforce planning and this is characterised by:

- priority for building our Aboriginal and Torres Strait Islander workforce across all levels of Danila Dilba (clinical, advocacy/ policy, administrative/operational)
- innovations in the recruitment, remuneration and retention of professional staff
- ongoing professional development opportunities for all staff to maintain professional accreditations, build cultural competencies and self-improvements.

Aboriginal Health Practitioners – The core of Danila Dilba

Aboriginal Health Practitioners (AHPs) are a critical component in delivering culturally safe, comprehensive primary health care to Indigenous Australians. Their holistic approach to health care is aligned to traditional Aboriginal culture and philosophy. The body of evidence linking AHPs to improved health outcomes in diabetes care, mental health care, maternal and infant care, and palliative care is well understood.

The early Directors and staff of Danila Dilba understood the contributing factor to health inequities was the lack of access to culturally safe primary health services. The contribution that AHPs had made since the 1970s to improve access was clearly recognised and was always at core of building Danila Dilba's primary health care workforce. AHPs remain at the core to this day.

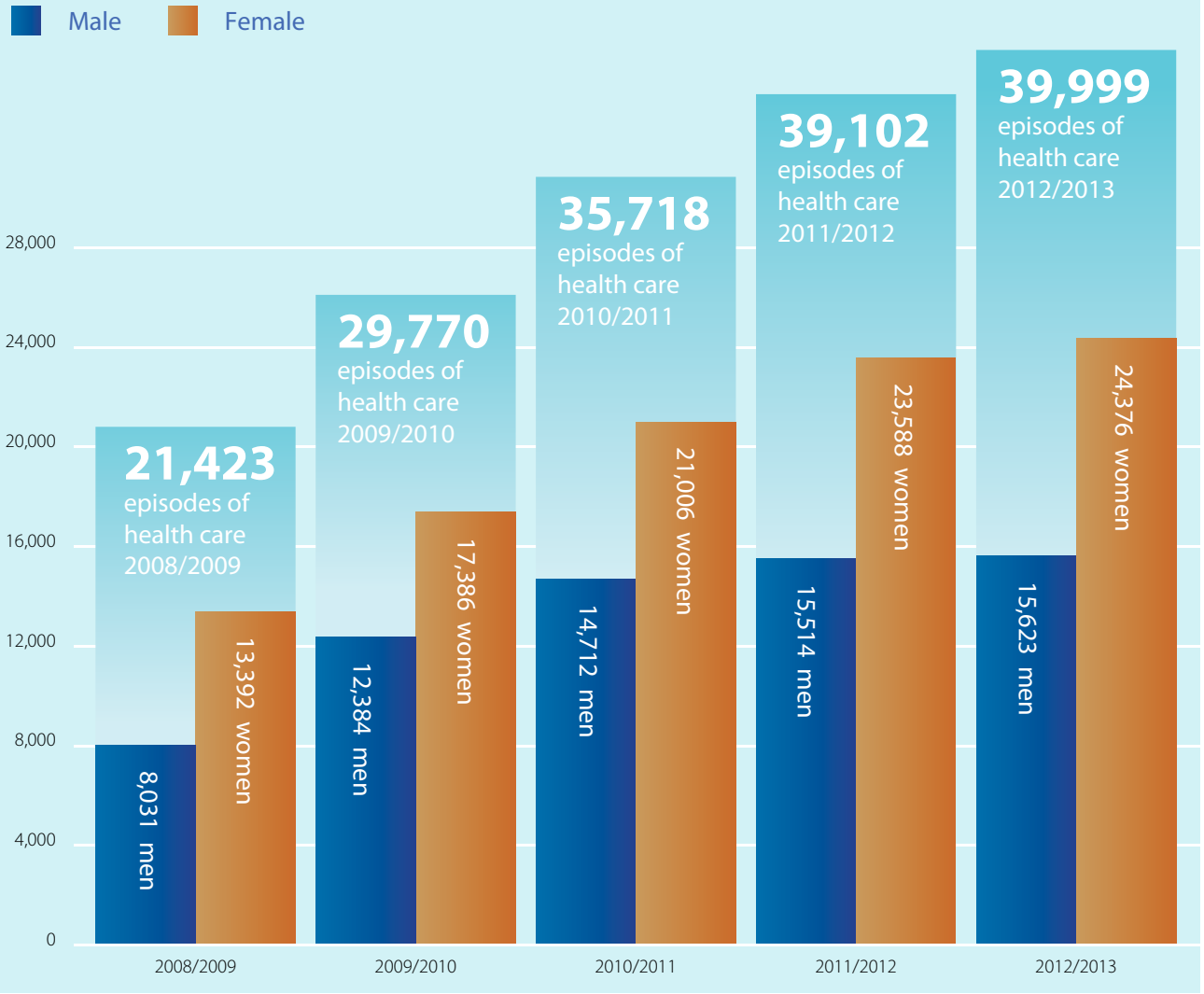
Key Statistics

Danila Dilba has experienced a significant growth in demand over the last five years, with Figure 1 showing it almost doubled from 2009 to 2013. Some 40,000 episodes of care were delivered in 2013/13, an increase of 86.7 per cent since 2008/09.

Figure 1 also shows that more episodes of care were provided to women (61%) than men (39%), which suggests more Aboriginal and/or Torres Strait Islander women than men are accessing Danila Dilba services. This is a slightly wider gap than the national situation for Aboriginal and/or Torres Strait Islander peoples.

Figure 1

Number of times clients have attended Danila Dilba services



Key Statistics

Table 1 reveals an increase in clinical episodes of care from last financial year, even with staff shortages during the current reporting period. At 30 June 2013, there were some 6,000 active clients (Table 2).

Eleven per cent of clients (Table 2) were visitors who normally reside outside of the Danila Dilba service area, the Yilli Rreung (greater Darwin) region.

Specialists at Danila Dilba saw 944 patients during the reporting period, with cardiologists, cardiac educators, diabetes educators and endocrinologist numbers (Table 3) highlighting Danila Dilba's chronic disease caseload.

Our community programs saw an increase from last year of 13 per cent to 4,615 client contacts (Table 4).

Table 1

Episodes of care: Clinical services only

Darwin Clinic	2012	2013
Clinic	14,794	15,515
Renal Team	675	763
Mobile	1,409	1,338
Nursing Home	771	922
Sub Total	17,649	18,538
Family Centre	**2012**	**2013**
Clinic	7,811	10,202
Gumileybirra	4,091	2,949*
Child Health	3,612	2,244*
Dental	836	1,294
Sub Total	16,350	16,689
Men's Clinic	**2012**	**2013**
Clinic	2,539	2,198*
Total	36,538	37,425

* Decrease in numbers due to staff vacancies in key areas

Table 2

Active clients as at 30 June, 2013*

	Male	Female	Total
Resident	2,992	2,354	5,346
Visitor	375	277	653
Total	3,367	2,631	5,998

* Active client is defined by the Royal Australian College of General Practitioners standard of 3 visits in 2 years

Table 3

Specialist services at Danila Dilba

Specialist	Clients 2012-13
Cardiologist	167
Cardiac Educator	152
Diabetes Educator	143
Endocrinologist	162
Obstetrician	20
Opthalmologist	27
Optometrist (NT Eye Health)	152
Paediatrician	56
Sonographer (Echo)	14
Physician (Medical / Respiratory)	51
Total	944

Table 4

Community services contacts

Community Program	2012	2013
Alcohol & Other Drugs	644	500
Dare to Dream	80	469
Emotional & Social Well Being	2,136	2,469
Youth Services	1,222	1177
Stronger Futures	673	386*
Total	4,082	4,615

* Decrease in numbers due to staff vacancies in key areas

Our Organisation

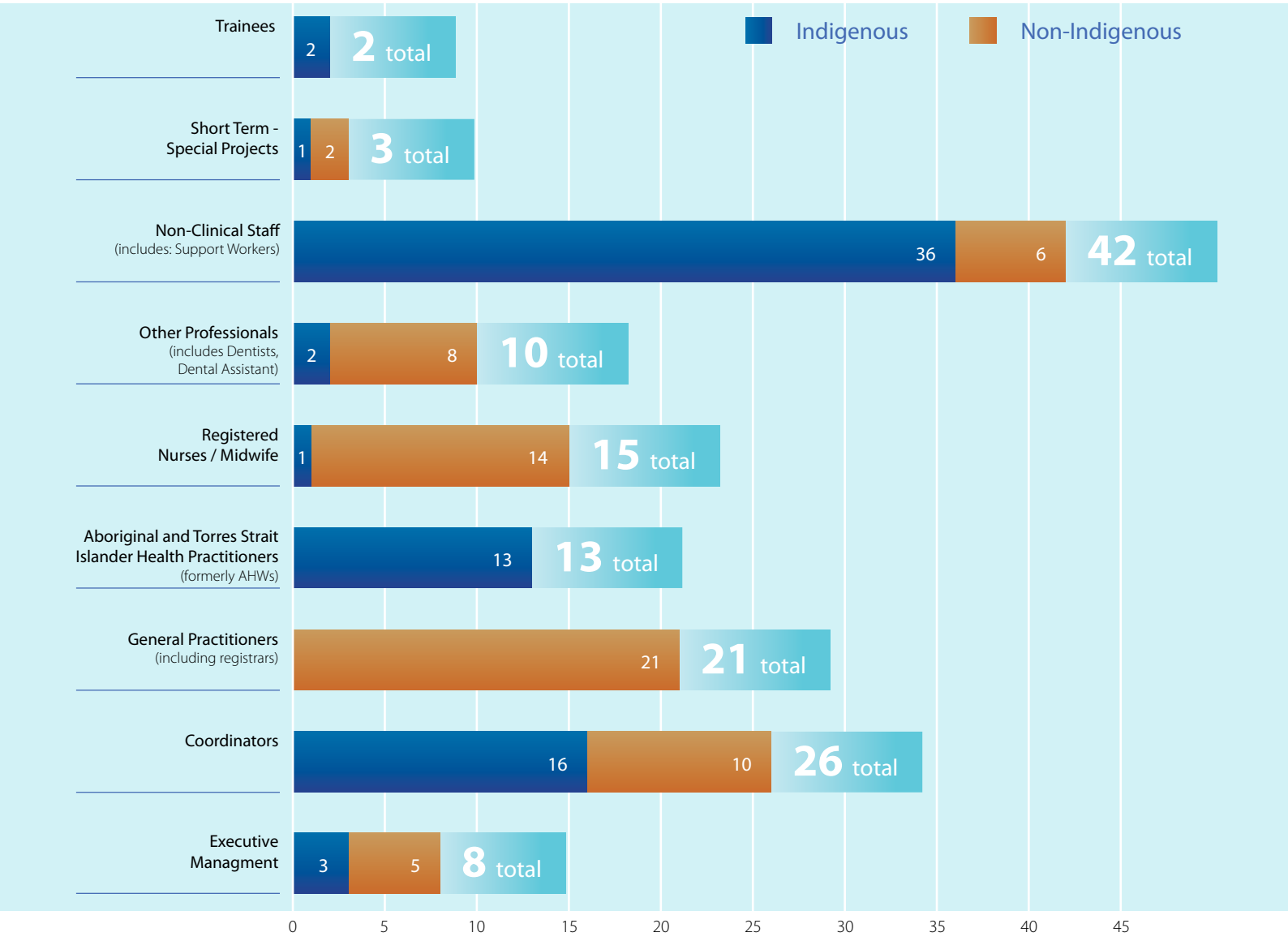
CSO - Customer Service Officer

AHP - Aboriginal Health Practitioner

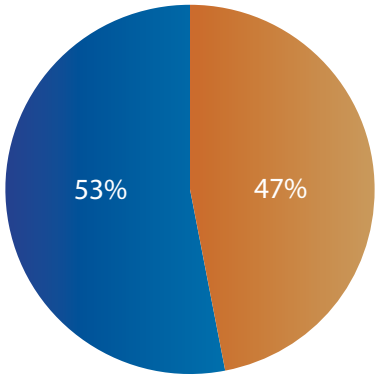
RNs - Registered Nurse

GPs - General Practioner

Our Staff



Organisation



Indigenous

Non-Indigenous

Danila Dilba is committed to increasing the number of Aboriginal and/or Torres Strait Islander staff across all positions. In this regard, DDHS is focused on acquiring high performing, quality staff who possess the professional and technical competencies, and behavioural capabilities of DDHS, the workplace and the role they undertake.

All selection and recruitment practices are free from any form of favouritism, biases or nepotism. No staff bonuses or performance payments were made during the reporting period.

	Indigenous	%	Non-Indigenous	%	Male	%	Female	%	Total Staff	Total FTE*	Salary Range
Executive Management	3	38%	5	63%	4	50%	4	50%	8	8.0	$113,000 to $250,000
Coordinators	16	62%	10	38%	7	27%	19	73%	26	26.0	$62,798 to $92,806
General Practitioners	0	0%	15	100%	5	33%	10	67%	15	12.3	$156,000 to $175,000
Registrars	0	0%	6	100%	1	17%	5	83%	6	3.4	$147,500 to $150,000
Aboriginal and Torres Strait Islander Health Practitioners (formerly AHW)	13	100%	0	0%	4	31%	9	69%	13	13.0	$51,343 to $67,724
Registered Nurses / Midwife	1	7%	14	93%	0	0%	15	100%	15	12.0	$80,969 to $108,147
Other Professionals (includes Dentists, Dental Assistant, Dental Therapist, Counsellors)	2	20%	8	80%	3	30%	7	70%	10	8.5	$48,063 to $158,000
Non-Clinical staff (includes: Support Workers, Administrative positions)	36	86%	6	14%	16	38%	26	62%	42	41.6	$34,863 to $87,810
Short Term - Special Projects	1	33%	2	67%	2	67%	1	33%	3	2.5	$130,000
Trainees	2	100%	0	0%	0	0%	2	100%	2	2.0	$35,914 to $38,575
Total	74	53%	66	47%	42	30%	98	70%	140	129.3	

*FTE (Full Time Equivalent = what the total number of paid hours, including part-time staff, would equate to as full-time employees.)

Our locations

Knuckey St Clinic
32-34 Knuckey St,
Darwin NT 0800
8942 5444

Palmerston Family Centre
Unit 1/7 Rolyat St,
Palmerston NT 0831
8931 5700

Men's Clinic
42 MacLachlan St,
Darwin NT 0800
8942 2186

Dental Clinic
Unit 1/7 Rolyat St,
Palmerston NT 0831
8931 0879

Emotional & Social Wellbeing
Unit 1/3 Malak Place,
Malak NT 0812
8920 9500

Youth Service
Shop 9/10 Gray Shopping Centre
Essington Avenue,
Gray NT 0830
8932 3166

Corporate Services

36 Knuckey St, Darwin NT 0800
GPO B0x 2125, Darwin City NT 0801

Tel: (08) 8942 5400
Fax: (08) 8981 7567

info@daniladilba.org.au
www.daniladilba.org.au

Aboriginal Health Practitioners

Aboriginal Health Practitioners (AHPs) are an integral link in Danila Dilba's chain of treatment for its clients.

Our 22 AHPs are the first point of contact in the clinical process. In many ways, they are the glue that binds the clinical process. AHPs are the cultural interface between clients and GPs. They are essential to ensuring culturally appropriate treatment and care, and cultural safety of clients.

Experienced GPs at Danila Dilba stress the importance of the role of the organisation's AHPs. And the structure of Danila Dilba places a deliberate emphasis on the role of AHPs.

New clients presenting at Danila Dilba will first see an AHP. Danila Dilba strives to provide comprehensive primary health care. So having health practitioners trained in holistic health, as is the case of the service's AHPs, makes a positive difference to the level of care clients will receive.

AHPs conduct a full clinical health assessment for clients. The AHP will work with clients to determine the exact reason they are presenting for treatment. This is important because so many of Danila Dilba's clients have multiple conditions.

The AHP will attempt to assemble as much history as possible about a new client. In the case of the many transient clients accessing service at Danila Dilba, an AHP will work to determine the person's social circumstances, including the length of time they might be planning to stay in Darwin.

AHPs also take on advocacy and cultural brokerage roles for clients. If there are language or cultural issues, an AHP will attend consultations with Danila Dilba clinical staff to try and make the process a smoother one for everyone. There will be times when an AHP will assist in interpreting the client's circumstances and wishes to GPs, and at times AHPs may accompany clients on visits to outside services.

> **'The AHP will work with clients to determine the exact reason they are presenting for treatment. This is important because so many of Danila Dilba's clients have multiple conditions.'**

The AHP can also become involved in an advocacy role in the case of clients whose condition demands certain social support, for instance priority housing. They will work to ensure the relevant authorities are made fully aware of the client's circumstances.

Relationship development with clients is also vital to the role of the AHPs. Given the sometimes transient nature of Danila Dilba's clients, this can be a challenging proposition. But the role of relationship building is a priority in Danila Dilba's clinical service, and is particularly important for clients with complex conditions.

Transport Services

Danila Dilba's Transport Service is an important link between our clients and our range of services and other related visits.

Our transport service operates four mini-buses in the Darwin and Palmerston region five days a week taking clients to and from Danila Dilba facilities, as well as frequently transporting vital medicines to people without access to transport themselves.

The transport service is often the first point of contact for clients. Our drivers therefore play a vital role in developing relationships between clients and Danila Dilba Health Services.

> **'The transport service is frequently the first point of contact for clients and our drivers therefore play a vital role in developing relationships between clients and Danila Dilba Health Services.'**

Many of our clients are frail or aged. The transport of these clients must be carefully managed. Carriage of these clients may require the involvement of our Healthy Living Support Workers.

In addition to taking clients to and from Danila Dilba facilities and their own homes, our service also provides client transport to a diverse range of destinations. In a typical month our service takes clients to other locations including: Royal Darwin Hospital, the Alan Walker Cancer Care Clinic, Darwin Private Hospital, Darwin Dental Service, NT Hearing Services, Regional Imaging and podiatry visits. This requires our vehicles to travel a combined total about 12,000 km a month.

Customer Service Officers

Danila Dilba Health Service has seven Customer Service Officers (CSOs) who provide an important front-line link between clients and clinical staff.

Danila Dilba works to ensure that solid relationships are developed and maintained with our clients. This starts at the front counters of our Knuckey Street, Palmerston and Men's clinics, as well as the Emotional and Social Well Being Centre at Malak.

Our CSOs are more than just the faces and voices of Danila Dilba for clients attending our clinics, or contacting us, for important health-related information. They are also responsible for ensuring client details are properly maintained so they remain ready for access by our clinical staff.

Given the number of transient clients seeking treatment this job is far from straightforward and can at times be both time-consuming and complex. The complexities of the job can at times be increased by the fact that many clients use more than one name or more than one birth date.

The CSOs also have to ensure important information relating to clients' Medicare and biographic details are maintained. The follow-up work associated with this particular task can be time-consuming.

> **Danila Dilba works to ensure that solid relationships are developed and maintained with our clients and this starts at the front counters of our clinics at Knuckey Street and Palmerston as well as the Emotional and Social Well Being Centre at Malak.**

The expansion of the internal waiting area at the Knuckey Street Clinic in December has not only benefited our clients, it has also improved working conditions for our CSOs.

The CSOs at Knuckey Street say this has helped relieve some of the pressure they at times face in their important front-line roles.

Knuckey Street Clinic

The Darwin Clinic in Knuckey St remains Danila Dilba's busiest facility.

General Practitioners, Aboriginal Health Practitioners, Registered Nurses and ancillary staff provide a comprehensive primary health care service, including acute and chronic disease management.

Services include care coordination, renal team, specialist clinics, diabetic educator, chronic disease family support workers and eye health care. We also provide outreach services through our mobile team, which works to provide primary health care to people who are either homeless, or living in town camps in the Darwin and Pamerston area.

In 2013 Danila Dilba clients also had regular access to visiting specialists, including:

- cardiologist
- diabetes educator
- endocrinologist
- ophthalmologist
- sonographer (echo)
- specialist physician
- nephrologist

Danila Dilba prides itself on the strong peer relationship that exists between GPs, Aboriginal Health Practitioners, Nurses and Allied Health Workers.

> **'General Practitioners, Aboriginal Health Practitioners, Registered Nurses and ancillary staff provide a comprehensive primary health care service including acute and chronic disease management.'**

The provision of services to clients and staff morale were put under extreme pressure in the early part of the year as a result of a shortage. The reasons behind the decrease in GP numbers were complex. By April, numbers had fallen from nine equivalent full-time positions to five.

Even so, the Darwin Clinic still provided 15,515 episodes of care to clients in 2013. This was up slightly on the previous year's figure of 14,794.

As the year progressed there were visible changes within the clinic. There were more doctors, more allied heath professionals and Aboriginal Health Practitioners, along with new equipment and improvements to clinical rooms. This, combined with the settlement of the Enterprise Agreement, has played an important role in improving staff morale.

Planning has been put in place. This will include a recruitment campaign to further enhance clinical staff numbers, three new clinical rooms plus an education room for registrars, Aboriginal Health Practitioners and medical students.

Danila Dilba was originally founded on the concept that acute patients could be seen on the day they required clinical treatment, rather than having to wait for an appointment.

While acute patients are still seen, there has recently been a shift in focus toward the managed treatment of chronic disease clients.

As part of the process we have assembled a seven-member chronic disease team, headed by a Chronic Disease Coordinator, to manage the care of high-end patients who might be suffering from one or more diseases, such as a cardiac condition, diabetes, cancer or respiratory problems.

The increase in GP numbers later in the year has been beneficial to both our acute and high-end patients. It has also helped in our renewed efforts to maximise Medicare billings.

Danila Dilba has been lucky to retain a core of committed doctors with many years of experience in the organisation. It will be important to build on this core group as Danila Dilba moves forward.

> **Danila Dilba strives to foster strong relationships with its clients as well as a sense of collegiality amongst staff members.**

Having an experienced workforce allows Danila Dilba to employ and teach registrars, and students. Registrars have become an important part of our clinical workforce.

Danila Dilba will always welcome registrars and the vital service they provide. But it is also recognised that Danila Dilba cannot allow itself to become overly reliant on registrars which has been acknowledged in the GP recruitment strategies being developed for implementation next year.

Danila Dilba strives to foster strong relationships with its clients as well as a sense of collegiality among staff members. It also works to ensure there is a sufficient degree of flexibility within the workforce to allow all staff to have a work-life balance that accommodates the needs of Danila Dilba and staff.

Recent improvements in staff numbers and morale have assisted in ensuring these goals can be realised.

Mobile Services

The Danila Dilba mobile team operates five days a week from our Knuckey Street Clinic in Darwin.

The team provides a multidisciplinary outreach health care service, particularly for frail and vulnerable people living in town camps, and those who are homeless in the Darwin and Palmerston region.

Focusing on people unlikely to seek medical attention, the team provides health checks, immunisation and outreach services. They also advise clients on appropriate follow-up care as well as encouraging them to attend Danila Dilba clinics and, where appropriate, external services.

> **The team provides a multidisciplinary outreach health care service, particularly for frail and vulnerable people living in town camps, or those who are homeless in the Darwin and Palmerston region.**

The mobile team also works closely with other community health service providers.

Given the importance of working collaboratively with the client groups team members have a high-degree of cultural awareness.

Having access to a generator-powered caravan stocked with medications allows the team to provide proper consultations on site.

Two Aboriginal Health Practitioners attend all five weekly mobile visits, while a GP joins the team twice a week. This allows the AHPs to make the initial identification of any clients who might require follow-up treatment. The GP is then in a position to more easily provide the required clinical treatment when they attend the service.

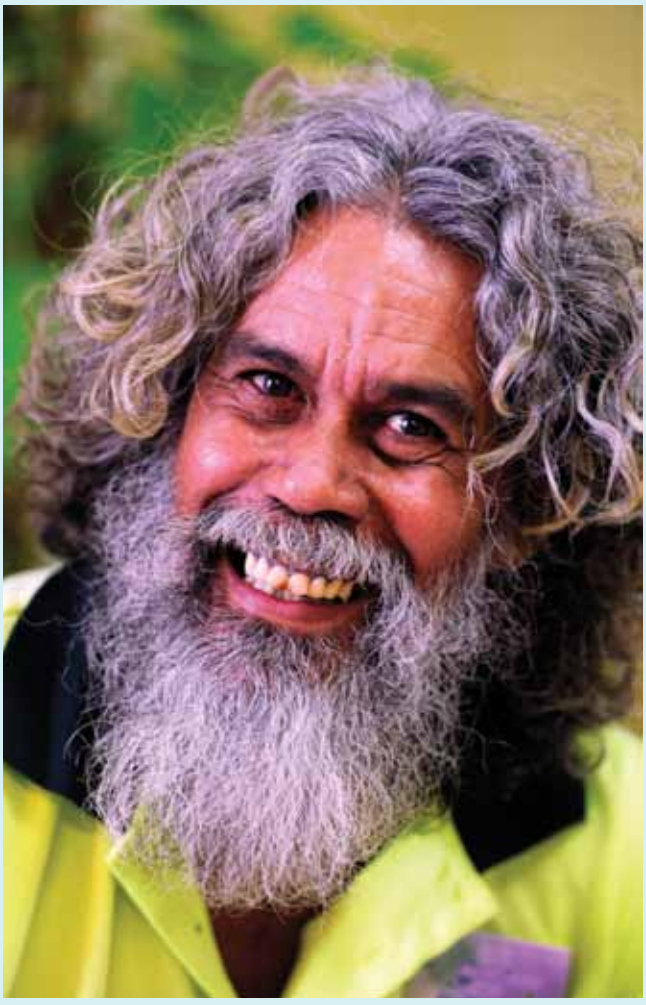
With the support of the Northern Government the team provided 1338 episodes of care.

The team visits sites including the Palmerston Indigenous Village, Knuckey Lagoon, One-Mile Dam and East Point plus the Salvation Army and Saint Vinnie's breakfast programs. The mobile team also provides home visits for clients whose condition prevents them from attending appointments at the clinics.

Danila Dilba recognises the need to encourage client feedback as a way of helping shape service priorities. The team is also working to develop linkages with key people within communities we visit to ensure we fully understand client and community needs.

As a way of improving service delivery Danila Dilba is making better use of service data, which can not only be used by Danila Dilba but can also be shared with the communities themselves.

Men's Clinic



The Men's Clinic service operates from the original Danila Dilba Health Service (DDHS) clinic in McLachlan Street on the edge of Darwin's CBD.

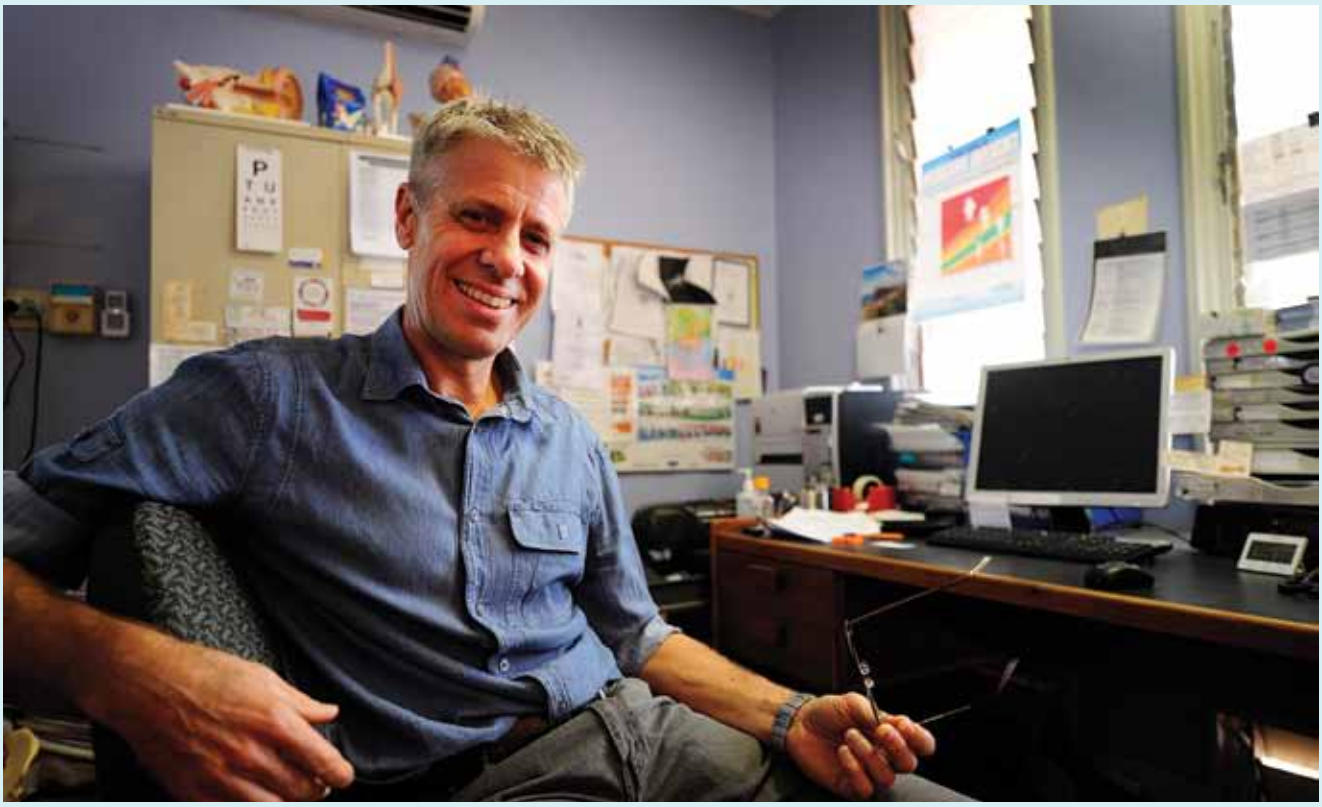
Dr Nathan Zweck, one of Danila Dilba's longest-serving GPs, says DDHS has deliberately tried to create an ambience at the clinic in which men will feel comfortable.

Dr Zweck says having a waiting room full of women isn't conducive to getting Aboriginal men through the door.

He cites a case of a male client who attended a clinic at Gapuwiyak, in Arnhem Land, some years back. When the man arrived he had to contend not only with an all-female staff but a waiting room full of women, all of whom knew him. "This poor bloke had to go off to the toilet to produce a urine sample and then carry it back past all of these women," Dr Zweck said.

"He never went back to the clinic." Fortunately for the men of Gapuwiyak the problem was recognised. A separate male clinic eventually opened not far from the main clinic. This saw a 600 per cent increase in occasions of service among the local male population.

The Danila Dilba Men's Clinic has expanded rapidly since 2004. When the Men's Clinic first opened in 2001 it offered a half-day-a-week service to Darwin Aboriginal men. In 2004, with the clinic in danger of being over-run by other programs, prominent community figures Anthony Castro, Jason Bonson and Kane Ellis held a meeting in the kitchen of the old house. They decided that not only should the Men's Clinic hold its space at McLachlan Street, but it should grow to a full-time clinic. By 2008 that vision had been achieved.



Given the shocking health outcomes among Aboriginal people, men in particular, the clinic's aim that "every man reaches 80" appears ambitious. The life expectancy gap between indigenous and non-Indigenous males is still 13 years.

"Aboriginal men have the poorest health stats in Australia of any group, bar none," says Dr Zweck.

Consequently, the clinic provides "well men's checks" along with care plans focusing on the illnesses causing most deaths among Indigenous men. That means a strong focus on cardiovascular disease, injury, mental illness, cancer and respiratory disease.

Now operating five days a week , the clinic in 2012, had 3493 contacts involving 656 individual men. In 2012 the average waiting time to be seen by a clinician was 6.5 minutes. Minimal waiting times are a key to attaining regular attendance at the clinic. The clinic is essentially an appointment-only service. This allows the consultations enough time to focus on chronic disease prevention and develop Chronic Disease management plans for clients.

"But we don't knock people back," says Dr Zweck. The introduction of telephone reminders for clients the day before appointments have seen attendance rates at appointments jump from 50 per cent to consistently around the 90 per cent mark.

Flexibility is also important. If possible, acute problems will be dealt with over the phone to prevent clients having to undertake unnecessary patient travel from the rural areas.

With a core staff of three on any given day … a GP an Aboriginal Health Practitioner and a Customer Service Officer … the clinic workload is relatively high. But the small, stable team allows valuable relationship building with clients.

In addition to the three full-time staff there are also regular visits by male specialists – an endocrinologist and psychologist. The service strives for point-of-care pathology testing, which allows immediate positive reinforcement for any lifestyle changes that might have been made by clients.

While health outcomes for Aboriginal men continue to lag well behind the general population, Dr Zweck says things have come a long way from the days when he first started with Danila Dilba in 2000.

In the early days much unmanaged chronic disease resulted in many acutely sick clients each day and clinic waiting times of several hours.

‘While health outcomes for Aboriginal men continue to lag well behind the general population, Dr Zweck says things have come a long way from the days when he first started with Danila Dilba.’

Dr Zweck says it's hard to overstate the importance of the shift toward regular health checks and proper management plans, which are seeing more clients' problems being brought under control.

"Once you get the chronic problems under control it means fewer acute presentations. It's been a massive paradigm shift."

Coordinated Case Care

The chronic disease team at Danila Dilba Health Service (DDHS) includes the Chronic Disease Coordinator, Customer Service Officer, two Family Support Workers and four Care Coordinators.

Over the last 18 months DDHS has been actively working towards developing a robust care coordination pathway for clients with chronic disease – cancer, respiratory, diabetes and cardiac conditions. There are four Care Coordinators in place across these conditions. The Care Coordinators help people with multiple health needs access better care by:

- promoting comprehensive care
- coordinating referrals
- developing support strategies for clients.

All providers working with a particular patient share important clinical information and have clear, shared expectations about their roles. They are also involved in the equally important task of keeping patients and their families informed about any developments in individual cases. Our Chronic Disease team also ensures that effective referrals and transitions take place.

> **Over the last 18 months DDHS has been actively working towards developing a robust care coordination pathway for clients with chronic disease**

A high percentage of our clients have multiple needs. Multiple needs clients are placed on a General Practice Management Plan (care plan). The care plan reflects the needs of the client, including areas such as:

- life and health goals
- past treatment experiences and preferences
- the strengths and resources of the individual
- possible barriers they may face.

Often patient needs are more numerous than complex. This requires making connections with multiple care providers and, in turn, linking each provider to the client's care plan.

The client will then be coordinated by one of the DDHS care coordinators. They will receive help to coordinate specialist appointments, access to specialised equipment and help in building strategies for managing their health needs and support while at specialist appointments.

A Case Study in Coordinated Care

Sally is a 55-year-old grandmother with a 12-year history of Type 2 diabetes, which is complicated by elevated blood pressure. Sally is overweight and has struggled with weight control since she was a teenager. She attended a health check at DDHS and was found to have high blood-sugar levels (HbA1c of 8.9%) and blood pressure of 148/88. In addition, Sally also reported that she felt depressed.

Consequently, the GP referred Sally to the care coordination program and also contacted the Diabetes Care Coordinator who talked with Sally about her needs and goals along with the barriers she faced in getting her blood sugars under control.

The Diabetes Care Coordinator arranged for Sally to see the Diabetes Educator to discuss her high HbA1c. She also arranged for Sally to see the podiatrist for her feet, the optometrist for her eyes and for Danila Dilba's Emotional and Social Wellbeing counseller to consult with Sally about her feelings of depression.

Sally had missed a specialist appointment at Royal Darwin Hospital, telling the Care Coordinator she was nervous about the visit. The Care Coordinator responded by arranging transport to Royal Darwin Hospital and for the Family Support Worker to attend so that Sally would have the support she needed during the consultation.

The doctor recommended Sally start simple daily injections. The Care Coordinator worked with Sally to ensure she had access to a fridge for her medications. Given Sally's difficulty in accessing transport, the Care Coordinator also liaised with the pharmacy to arrange a review of Sally's medications as well as ensuring her medications were delivered to her. The Care Coordinator worked with Sally to slowly bring her sugars under control and to improve Sally's ability to manage her condition.

The Care Coordination Team work to provide better integrated care for DDHS clients, improved access to care and access to equipment and needs where financial barriers may exist. The ultimate goal of the service is self-management by clients and improved health outcomes.

Kidney Health

The Danila Dilba Kidney Program is now in its fifth year and continues to provide quality care and support services to clients and their families throughout the greater Darwin area who suffer from Chronic Kidney Disease (CKD).

There were 73 Dialysis Primary Health Care clients and 130 CKD clients during the year.

Although a major focus of the program is to prevent the onset of end stage renal failure among our clients, occasionally renal function continues to deteriorate despite the best efforts of the Kidney Program staff and supporting health professionals.
The Kidney Program consists of a highly trained and experienced nephrology nurse, supported by a General Practitioner and Senior Aboriginal Health Practitioner.

In the 2012–2013 financial year, the Kidney Program continued to achieve its outcomes in delaying progression of CKD in many clients by using a multidisciplinary team approach and the support of all Danila Dilba services. The team works closely with the Northern Territory renal services and research institutes to ensure they are giving the most current evidence-based care.

The Australian Medicare Local Alliance, established under the National Health Reform to improve Primary Health Care (PHC) systems across Australia, recognised the Kidney Program as an exemplary model of a nurse-led clinical approach to PHC.
Phillip McGinness, Senior AHP at Danila Dilba, was also acknowledged by the alliance in a case study of Aboriginal health professionals in the workforce.

In June 2013, Kidney Health Australia presented an Angel Award to Danila Dilba for the positive impact on the health of the community, where the CKD incidence is high. The award acknowledged our work to slow the progression of chronic kidney disease in patients and for the expansion of the Kidney Program to include PHC services to the many dialysis clients from remote areas who have relocated to Darwin.

The Directors and staff of Danila Dilba were very proud when the Northern Territory Administrator's Individual Medal was awarded to staff member Beth Amega for her leadership and achievements in PHC, particularly her work with very vulnerable people.
The Honourable Sally Thomas AM, Administrator of the Northern Territory, presented the 2012 Administrator's Medals in Primary Health Care at an award ceremony at Government House.

Ms Amega said: "We are happy to be able to provide monthly consultations by a private visiting nephrologist allowing our clients a choice between being referred to the hospital services or to be seen privately."

The visiting nephrologist met with 74 clients in 2012–2013.

Diabetes

Diabetes is a complex condition, that can affect the entire body. The prevalence of diabetes has reached epidemic proportions in Australia and around the world. Diabetes Australia reports that an estimated 280 Australians develop diabetes every day.

Aboriginal people and Torres Strait Islanders are three times as likely as other Australians to report diabetes as a long-term health condition. However, among those aged 45–54 years, they were five times as likely.

In the Northern Territory, the concern is much greater because Aboriginal people living in remote areas are more likely to have diabetes than those living in non-remote areas and women are more commonly affected than men.

Diabetes is listed as the underlying cause of death in eight per cent of all deaths in the Indigenous population. The risk of kidney failure due to diabetes is more than ten times greater in Indigenous people compared with other Australians.

Danila Dilba faces serious challenges supporting people with diabetes, especially with the disproportionate number of registered people with diabetes living in Darwin. This is evidenced by the National Diabetes Services Scheme's Australian Diabetes Map showing Darwin has more than eight per cent of all of Australia's registered diabetes cases, yet Darwin represents less than one per cent of the Australian population.

Danila Dilba has engaged a diabetes educator with specialist skills in the provision of diabetes self-management education for people with diabetes. The diabetes educator provides support for people with diabetes integrating clinical care, self-management education, skills training and disease-specific information.

The aim is for Danila Dilba clients to understand their diabetes condition and to make informed lifestyle and treatment choices, understand the importance of physical activity, use their medicines properly, and learn how to monitor and understand their blood glucose patterns.

Pharmacy Project

The cost of pharmaceutical goods and supplies to Danila Dilba has grown significantly over the past few years. There was an urgent need to review it.

An internal review of our pharmacy supply and dispensing arrangements was undertaken by Health Systems staff Cris Nalder and Melissa Hilton to:

- review the operations of the four Danila Dilba Health Services pharmacy operations at the Knuckey Street, Palmerston, Mobile and Men's clinics
- analyse current patterns and trends in expenditure on pharmaceutical supplies and medical equipment
- identify inefficiencies in purchase, supply and management of pharmaceutical goods
- make recommendations to improve cost efficiencies in supply and management of pharmaceutical products and related services.

The Danila Dilba review team was supported by a consultant pharmacist who examined pharmacy accounts, procurement, dispensing arrangements and internal practices.

The review identified the need to:

- update Danila Dilba Health Service prescribing guidelines for GPs
- increase the use of generic pharmaceutical products
- improve client information management
- monitor and audit prescription medications invoiced to Danila Dilba
- recruit an in-house pharmacist.

It is recommended that our medications dispensing policy be reviewed to ensure that only Pharmaceutical Benefits Scheme (PBS) items are covered and that a standard Danila Dilba medications list be developed. These initiatives would be a significant change to current practices and will require comprehensive education and awareness raising for all staff, clients and members.

Medicare Funding

Danila Dilba is working on strategies to maximise payments from its Medicare billings.

In the past, the service has not effectively captured as much from Medicare billings as it might have done.

This year a project team involving the Medicare officer, PIP officer and Communicare Officer worked on addressing challenges about Medicare billings.

The project team is confident Danila Dilba has further potential to maximise its Medicare billings across most service areas, including:

- inclusion of medicare billings as key performance indicators
- improved recruitment processes for new staff and provider numbers
- ongoing billing education for all staff
- recognition of medicare billing as a priority area
- implementation of MBS billing pathways
- productivity comparisions
- ongoing auditing.

Part of the strategy for the maximisation in the number of Medicare receipts is for a comprehensive review of client records and a complete audit of all service areas. However, increasing GP numbers remains central to our efforts.

Fewer GPs has meant a reduction in Medicare item billings, particularly as a result of a decrease in the number of Chronic Disease (CD) appointments. Appointments were rearranged to ensure the delivery of services was not adversely impacted.

Danila Dilba plans to turn this situation around through an ongoing recruitment process into next year. At the end of the financial year there were 7.5 full-time equivalent (FTE) GPs working at Danila Dilba. It is hoped the recruitment campaign will see 10 FTE GPs working across the service.

As part of our efforts to increase our Medicare billings we will also recruit a Medicare audit officer next year to work with our existing Medicare Officer and they will continue to retrospectively back-bill for services.

As part of the work on maximising billings, the project team has also assessed and aimed to maximise Danila Dilba's approach to payments from PIP registrations, Practice Nurse Incentive Program (PNIP), eHealth and Teaching.

Danila Dilba's efforts in relation to compliance have seen us become one of the first health services in Australia meet to the criteria for eHealth and receive payments for the first of quarterly payments.

Family Centre and Gumileybirra Women's Clinic

The Family Centre and Gumileybirra Women's Clinic at Palmerston provides acute care and chronic disease management, as well as maternal and child health, women's health and dental services.

There have been a number of improvements at the Centre, including the introduction of a dedicated Practice Manager who oversees the management of all Danila Dilba services at Palmerston.

The Family Centre traditionally offers acute care and chronic disease management and works on a model that sees clients initially being attended by an Aboriginal Health Practitioner (AHP), who assesses the patient before referral to a General Practitioner.

The service is generally staffed by two GPs, three AHPs, one of who is the clinic coordinator, plus a Registered Nurse.

Throughout the year there have been some GP vacancies, which has seen a variation in occasions of service compared with 2012. This has impacted on Medicare revenue. This situation was turned around in the later months of the financial year with an increase in staffing.

There has been considerable service improvement with the introduction of a RN to the service and the development of an emergency treatment room, which allows clients presenting acutely to be assessed in a more appropriate area.

Additionally, three half-day sessions have been introduced each week, specifically for chronic disease patients. The enhanced service has highlighted the fact that there is considerable pressure on consulting rooms. Plans are under way to relocate acute and chronic disease management services to an alternative building to help overcome this pressure.

Gumileybirra, our Women's and Children's Centre, is coordinated by an Aboriginal Health Practitioner who also provides support for the Maternal Health program, Women's Health and Child Health programs.

The Child Health Program has been enhanced through the recruitment of a Child Health Nurse, Aboriginal Health Practitioner and part-time GP. With the support of the Stronger Futures team this has provided a dedicated team, which provides both acute and preventative programs for children up to 15 years of age. This includes child health checks, immunisation programs and general follow-up for children.

The appointment of a full-time practice manager during the year has also provided the opportunity for service enhancement and service development.

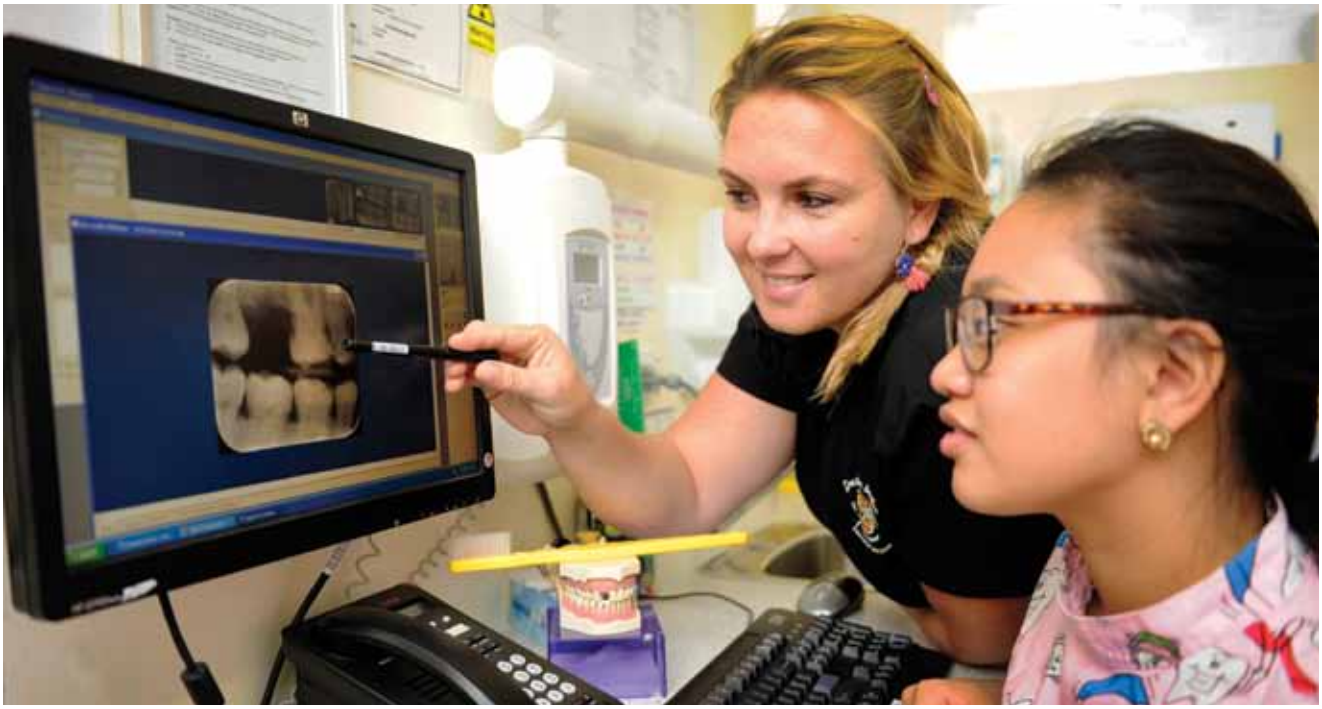
Weekly clinics are conducted by a visiting Paediatric Registrar and fortnightly clinics are conducted by the Child Development team to ensure a comprehensive child health program.

This year the Palmerston Family Centre provided 2244 episodes of child health care, compared with 3612 episodes the previous year. However, with the introduction of additional clinics and staffing enhancement, the service will grow into the future.

The Maternal Health program offers comprehensive antenatal and post-natal care through the services of a midwife, family support worker and an obstetrician from Royal Darwin Hospital, who conducts half-day clinics on a monthly basis with a focus on high-needs women. Given the growth in this service area, plans are in place for the recruitment of an additional AHP and an additional midwife to further enhance the Mums and Bubs program.

The Women's Health program is conducted by a Women's Health Nurse and a part-time GP, with support from an Aboriginal Health Practitioner. This service targets well women and provides contraceptive education plus well women's screening and treatment.

Dental



> **The service provided 1294 episodes of care to clients this year compared with 836 the previous year.**

The Danila Dilba Dental Service is another of our services experiencing growing demand.

We are one of the few Indigenous health services in the Northern Territory offering in-house dental care. The service provided 1294 episodes of care to clients this year compared with 836 the previous year.

Our service operates from a separate area within the same precinct as the Family Centre and Gumileybirra Women's Clinic.

The service has operated with minimal staffing resources for some time now. A Dental Coordinator and a part-time dental assistant, who have access to two chairs, currently staff the service.

Since May, Danila Dilba staff have been assisted by a unique volunteer dentists' scheme. This has seen dentists and dental assistants from as far away as the UK volunteering their services to Danila Dilba.

Apart from providing invaluable assistance to our existing staff and our clients, the scheme also enhances the volunteers' understanding of the operations of an Indigenous health service, while creating advocates for Danila Dilba both in and outside of Australia.

Given the demands on the service it is planned to employ an additional dentist, dental hygienist and two more dental assistants next year. It is also hoped to engage a part-time receptionist early next year to deal with front-of-house issues, including appointments.

The service recognises the absolute importance of promoting dental health as a way of minimising the need for clinical care. It is hoped that additional staffing resources will result in opportunities for more work to be done in the important area of prevention and education as well as providing increased opportunities for outreach services within the Yilli Rreung community.

Dr Fiona MacDonald

> **The stories of the people here are fascinating and unique and in many ways a part of Australia's history.**

Dr Fiona MacDonald is a Danila Dilba trailblazer.

Fiona was with Danila Dilba when the health service started in 1991. She's still with Danila Dilba 22 years later. Nowadays, though, she holds clinics once a week.

But what is it about Danila Diba and the inherent challenges of Aboriginal health that make her want to stick around? "The primary reason is the relationships with people. It's knowing people for over 20 years. It's quite lovely, really."

She says Danila Dilba clients are fortunate to have a number of doctors who have stuck with Danila Dilba through the various ups and downs of the organisation over the years.

"The stories of the people here are fascinating and unique and in many ways a part of Australia's history."

Some of those stories, though, reflect the realties of the unequal relationship between white and black Australians. Given the historical issues related to Indigenous health disadvantage these stories also help explain why Aboriginal health services like Danila Dilba were established in the first place.

Fiona recalls the story of one elderly woman who in her younger days was forced to polish a tiled floor with a toothbrush. "But if she tried to scrub two tiles at once they threw dirty water over the floor."

There was also man who told her about the day he was taken away as a child. "He remembers that his dad threw a spear at the plane."

During more than two decades Fiona has seen changes at Danila Dilba and in Aboriginal health and in Aboriginal society.

"I've seen things get better and get worse. When I started there was no suicide. That's gone through the roof."

Fiona also remembers leprosy. Something doctors no longer have to deal with.

But she says chronic disease appears to have worsened. At the same time people's attitude to health has changed.

"More people are in control of their lives than was previously the case. But you still see some it's just too hard for."

Fiona admits her role can, at times, be confronting. There have been occasions where the challenges of the role haven't been purely medical. In some cases she has seen evidence of clients being treated extremely badly by those closest to them.

"But I'm amazed at people's ability to cope and their sense of humour," she says.

Clontarf Foundation

This year Danila Dilba Health Service forged an important link with the Clontarf Foundation.

The Clontarf Foundation exists to improve the education, discipline, self-esteem, life skills and employment prospects of Aboriginal students and, by doing so, equip them to participate more meaningfully in society.

Australian Rules football is used to attract the students into school. The Clontarf programs are delivered through a network of football academies established in partnership with local schools.

The Clontarf academies in the Yilli Rreung (greater Darwin) region are located at Casuarina Senior College, Dripstone Middle School, Nightcliff Middle School, Palmerston Senior College, Sanderson Middle School, Rosebery Middle School and Kormilda College.

Early in 2103, Danila Dilba accepted an invitation from the Clontarf Foundation to conduct annual health checks for students enrolled in their academies. As a first step, Danila Dilba sought the consent of the students and permission from their parents and carers before developing an appropriate screening program.

The main aim of the program was to improve the health and well-being outcomes for the students by encouraging early detection of lifestyle risk factors and physical health issues, and facilitating early intervention strategies. The health checks usually include an assessment of the students' physical health and general wellbeing and may include height, weight, hearing and sight.

The first round of health checks was conducted at Nightcliff Middle School by a small team of Danila Dilba staff, which included Aboriginal Health Practitioners and clinicians.

The efficacy of the partnership with the Clontarf Foundation was clearly evident from an early stage; there are plans to extend the partnership and to expand its scope to include dental services.

“The main aim of the program was to improve the health and well-being outcomes for the students by encouraging early detection of lifestyle risk factors and physical health issues, and facilitating early intervention strategies.”

Community Services

The Community Services section operates the majority of its programs from two locations with the Malak Shopping Centre.

Our programs operate from the long-established Emotional and Social Well Being Centre and the more recently opened Community Services Office.

Programs began operation from the Community Services Office following the decision to move a range of Danila Dilba Services from Palmerston this year.

The Community Service Office now provides a base for the following programs:

- Tackling Tobacco and Healthy Lifestyles
- Stronger Futures
- Sexual Health, Community Engagement and Health Promotions
- Alcohol and Other Drugs Outreach Services
- Chronic Disease Closing the Gap Program
- Strong Fathers.

One of the major challenges Community Services has had to deal with this year was that associated with initial transition period following the relocation of services previously headquartered at Pruen Road, Berrimah. However, the challenges that went with the relocation have now been addressed.

Tackling Tobacco and Healthy Lifestyles:

The Tackling Tobacco and Healthy Lifestyles Program incorporates a culturally appropriate primary health care model in our promotional and educational activities to reduce smoking amongst Indigenous people.

The Community Services team has staged education and information stalls and talks at a range of locations, including high schools in the Darwin and Palmerston area and the Karama Shopping Centre. The team also participated in World No Tobacco Day events in the Darwin region.

Near the end of 2013, Community Services embarked on an active recruitment campaign to bolster service provision.

Stronger Futures:

Our Stronger Futures Program works with families and children under the age of 16 in Indigenous communities and town camps around Darwin and Palmerston. The team provides health checks, immunisation and outreach services with a particular focus on people unlikely to seek medical attention. We also provide the option of appropriate follow-up care in the community, as well as working to get clients to attend Danila Dilba clinics and external services.

There has been progress in the development of clinic streams for Stronger Futures clients in Palmerston and our main clinic in Darwin.

We have also made important steps this year in strengthening contacts with the leaders of communities, including Bagot, Minmarama Park, Kalaluk, Palmerston Indigenous Village and Knuckey Lagoon.

Sexual Health, Community Engagement and Health Promotions:

This service provides a range of education, information and promotional activities to increase awareness of the harm caused by sexually transmitted diseases.

The Sexual Health, Community Engagement and Health Promotions team has been engaged in numerous community events, including the multi-agency Closing the Gap event at the Karama Shopping Centre, the Palmerston Senior College Health expo and the Family Week Event.

The team has produced a number of promotional resources, including the Healthy Tucker video.

Alcohol and Other Drugs:

Our Alcohol and Other Drugs Outreach Service targets a variety of client groups, including transient Aboriginal and Torres Strait Islander populations in the Darwin-Palmerston area. This is a difficult client group to service and the nature of the clientele requires an ongoing refinement of strategies to ensure our team can continue to connect effectively with the target group.

The service has provided a number of health promotion activities and barbecues to engage the most vulnerable clients, as well as providing regular visits to the Sobering Up Shelter, where brief intervention sessions are provided.

There has been a renewed focus on important training and networking opportunities for our team in the second half of the year, with education and skills updates in areas such as First Aid, IRIS, OH&S and professional communications. This much-needed training has assisted the team in its work.

Alcohol and other Drugs has administered in excess of 500 episodes of care throughout the year.

Chronic Disease Family Support – Closing the Gap:

This program provides support to Indigenous clients with a chronic disease and encourages them to better access health services while also providing practical assistance for clients. Transport services are made available for clinic visits and the support workers provide advocacy for clients when visiting doctors, or specialists where needed. They also provide follow-up support to clients.

Day-to-day assistance can include help with accessing priority housing, emergency accommodation, bond assistance or dealing with power and water matters.

Strong Fathers:

The Strong Fathers Program offers support for fathers, uncles, grandfathers and all men in the community. This includes advocacy, assistance in terms of accessing services, support to single fathers and providing links to outside agencies, where support is needed. This program is staffed by a Family Support worker, who also provides men of all ages with a link to a variety of men's groups in the community.

The Emotional and Social Wellbeing Centre

The Emotional and Social Wellbeing (ESWB) Centre at Malak offers services to enhance the psychological health of Indigenous people in the Yilli Rreung (greater Darwin) region.

The two main programs delivered by the centre are Bringing Them Home and Dare to Dream.

Bringing Them Home

The Bringing Them Home program is for members of the Stolen Generations and their families. The counselling and therapeutic services aim to address the long-term impact of the government policies that saw the removal, displacement and dispossession of Indigenous people. This year the ESWB Centre provided 1177 episodes of care.

The upgrade of the centre's Healing Room interrupted program delivery early in the year and alternative locations were organised to allow for group activities to continue. The return to full program delivery commenced after the renovations were completed.

> **The Bringing Them Home program is for members of the Stolen Generations and their families.**

The ESWB Centre hosted a Seniors Wellbeing Group every Tuesday that has been very popular as a place where Stolen Generations seniors can come, catch up and relax. The centre provided transport for vulnerable seniors, morning tea, and lunch with various activities including guest speakers.

The ESWB Centre also hosted a Young Men's Group known as the Bruthaz program that was combined with our Danila Dilba Youth Centre every Friday. Young men aged 15–25, who are descended from Stolen Generations members, participated in the Bruthaz program and provided positive outcomes in a culturally-appropriate and safe environment with no alcohol or other drugs. Transport was made available for the young men to attend.

Dare to Dream

The Dare to Dream program is an early intervention mental health program for young Indigenous people up to the age of 18, their families and carers.

Dare to Dream offers a holistic, flexible, voluntary, strength-based service to those affected by, or at risk of, mental illness. The program seeks to build resilience, coping skills and improved emotional health and wellbeing among clients as well as support for families and carers. The program also aims to deliver community outreach, strategic intervention and health promotion activities.

There was a dramatic increase in the demand for our services over the financial year. This included referrals from doctors and paediatricians. Requests for targeted group interventions, community education and engagement have also increased. We provided 469 episodes of care during the year, compared with 80 the previous year.

The service has benefited from improved resources, including a new workspace, counselling rooms and two vehicles, which have improved our outreach capacity. We have received new electronic and hard copy mental health resources for both clients and staff. Staffing includes three counsellors. Dare to Dream is now in a strong position to provide improved support for young people.

Youth Service

Danila Dilba's Youth Service operates from The Centre in Gray with the primary goal of promoting wellbeing among young Indigenous people through healthy lifestyle choices. The service operates five days a week and provides programs, activities and events for young Indigenous people aged 12–25 who live in the Palmerston area.

The service focuses on early intervention by promoting positive messages and sharing information using a harm minimisation approach. Substance use, suicide prevention and self-harm are key focus areas as well as highlighting the need for young people to have regular health checks.

Our Youth Service provides a number of wellbeing programs, including the Bruthaz young men's group, the Sis-Starz young women's group and the Don Dale Youth Support for those in youth detention.

> **'The service's primary goal is the promotion of wellbeing among young Indigenous people through healthy lifestyle choices.'**

Our focus is young people but where appropriate, we also work with key figures in young people's lives if it will benefit the young person.

The Danila Dilba Youth Service ensures it meets the demands of young people by listening to the concerns of our clients and shaping our services accordingly. Like Danila Dilba's services in general, we recognise the need to establish solid relationships with our clientele.

Danila Dilba's Youth Service also recognises the benefit of an inter-agency approach in addressing youth wellbeing. Consequently, throughout the year, Danila Dilba's Youth Service teamed up with other NGOs on various projects promoting the healthy lifestyle message. These included: headspace, Anglicare, Mission Australia, NT Early Intervention Pilot Program (youth binge drinking), YMCA, YWCA, City of Palmerston, Darwin Region Suicide Prevention Network (DRISPN), Corrugated Iron Youth Arts, Hoops 4 Health, NAIDOC and the Don Dale Youth Detention Centre.

Our work at Don Dale Youth Detention Centre is an excellent example of both of these philosophies at work. This year, we partnered with the YWCA to deliver an adventure-based program entitled Your Choice. Participants are given challenging tasks to complete which promote confidence, cooperation, communication, problem solving, team work and leadership. At the end of the sessions, many of the detainees show their appreciation by thanking the workers (and shaking hands) which is significant given that this is such a difficult group to engage. The program has seen the development of positive relationships.

The Youth Service organised the Fun Day at Gurdorrka Town Community (15 Mile) as part of NAIDOC Week 2012.

In December, our Sis-Starz young women's group featured in the Healthy Choices, Healthy Tucker DVD developed by Danila Dilba's Community Health Engagement team.

Another highlight has been the reinstatement of the Back 2 Bush program under the banner of the Youth Service. The Back 2 Bush program aims to raise awareness of the effects and risks of substance use. It also seeks to encourage young people to seek counselling, if they need it, and to provide them an opportunity to take part in activities that build self-esteem and cultural pride. We held a three-day and a five-day camp this year.

The camps were held in the Kakadu region. During the camps, participants worked with a number of traditional owners from the Pudakul, Kakadu, Arnhem and Nourlangie regions. Participants received instruction in didgeridoos, art, traditional dyes and basket weaving. There was a strong emphasis on culture, history and country.

Our Youth Service provided 1177 episodes of care this financial year.

Emergency Relief Fund

Danila Dilba Health Service manages an Emergency Relief Program, made available though the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs, offering limited funding to individuals and families in need of financial assistance.

The program aims to alleviate the immediate impact of financial stress and to progress initiatives to assist individuals and families in need.

The program also aims to improve the financial knowledge and skills as well as the financial resilience of vulnerable individuals and families.

This is done through financial counselling, information and education and crisis assistance .

The program is available to both Indigenous and non-Indigenous people and they do not have to be clients of Danila Dilba.

People accessing the fund are not only connected with services to build financial capacity but also with relief to assist with their immediate crisis situation. This might come in the form of food or chemist vouchers, transport, rental accommodation and payment of bills.

Of the 91 people referred to the service, 87 received some kind of assistance.

Funding – Danila Dilba has received funding over a three-year period since 2011/2012, which is $45,805.43 per year. This funding will cease in 2014.

Danila Dilba met the following performance indicators as per the funding agreement:

	Performance Indicator Description (As per funding agreement)	Target	DDHS
1.	Percentage of clients referred to appropriate support services	15%	29%
2.	Percentage of clients who have their immediate crisis needs met	90%	96%

Danila Dilba also provides some support to the Royal Darwin Hospital Liaison service to assist clients from remote communities who may require appropriate clothing to travel to appointments in Adelaide.

Activities funded through the Danila Dilba Emergency Relief Program include:

- food vouchers
- assistance with clothing (both through Royal Darwin Hospital and direct referral)
- assistance with power and water accounts
- assistance with white goods when not available from other agencies
- assistance with funerals
- assistance to obtain birth certificate
- assistance with travel to funerals
- emergency accommodation
- assistance with rental arrears
- assistance with bond payments
- assistance with the payment of rates
- assistance with costs to store furniture
- assistance with car registration payments.

Partnerships and MOUs

Danila Dilba formed and continued some strong partnerships during the year with key health education organisations.

We continued as one of 14 "Essential Participants" at the Lowitja Institute, Australia's national institute for Aboriginal and Torres Strait Islander health research. As a founding member of the original Cooperative Research Centre for Aboriginal and Tropical Health, Danila Dilba held discussions with the institute about how the two can work more closely together.

Batchelor Institute

An exciting agreement was signed with the Batchelor Institute of Indigenous Tertiary Education (BITE) for the placement of four of its students undertaking the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice).

The students will complete 900 hours of clinical practice as required as part of the Certificate IV.

BITE is a Registered Training Organisation for the tertiary education of Indigenous people and the provision of other educational and training programs and courses, and facilities and resources for research and study, and for related purposes.

Charles Darwin University

Danila Dilba health Service renewed an agreement originally started in 2010 with Charles Darwin University to allow health students to undertake practical experience as required by their coursework.

The University has similar agreements with health care agencies around Australia and students take up the placements covering areas such as nursing, midwifery, social work, child and family health and pharmacy.

Menzies School of Health Research

Danila Dilba Health Service is supporting a Menzies study on the sexual health of young Indigenous people in the Northern Territory, Western Australia and South Australia. Danila Dilba is helping researchers to access youth, providing cultural advice and brokerage services, accompanying researchers when visiting communities in the greater Darwin Region, as well as access to venues for gatherings and consultation.

As well as investigating the knowledge and behaviour of the young people, the study will aim to increase the capacity of services to deliver effective services to those young people.

Danila Dilba also joined a range of other organisations to support a partnership with the Menzies School of Health Research on a project to develop an interactive DVD. The DVD is designed to educate Aboriginal people in remote communities, where TVs and DVD players are common but computers are not, about chronic kidney disease.

Funding is being sought for the project, which will include an evaluation of this form of communication against more traditional forms of communication in improving understanding of the disease, increasing uptake of treatment and engagement with health services.

Annual Financial Report for the year ended 30 June 2013

Auditor's Report

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 (the "Corporation"), which comprises the statement of financial position as at 30 June 2013, 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 of the consolidated entity, comprising the Corporation and the entity it controlled during the year and at year end.

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 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 Corporation'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 Corporation'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 Corporation, and have met the independence requirements of Australian professional ethical pronouncements.

Basis for Qualified Opinion

1. The parent entity has recorded an investment in its subsidiary company of $822,556 as at 30 June 2013 (2012: $801,880), and the consolidated entity has recorded Intangible assets of $864,528 as at 30 June 2013 (2012: $903,408).

   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 amount 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.

2. The Corporation has recorded unexpended grants of $2,826,460 as a liability as at 30 June 2013. Included as part of the calculation of this balance are administration fees, corporate overhead allocations and unexpended balances brought forward from the prior year. Due to the uncertainty and lack of sufficient appropriate audit evidence around the eligibility of the roll forward of prior year unexpended balances or the appropriateness of the calculation of the administration fees and corporate overhead allocation, we are unable to determine whether the amount of unexpended grants amount recorded in the Statement of Financial Position at 30 June 2013 is accurate and complete. Any variation in the unexpended grants liability will result in a variation to the surplus/(deficit) for the year.

Qualified Opinion

In our opinion, except for the effects on the financial report of the matters referred to in the qualification paragraphs above:

(a) the financial report presents fairly, in all material respects, the financial position of Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation and the consolidated entity as of 30 June 2013 and of their financial performance and cash flows for the year then ended in accordance with the Corporations *(Aboriginal and Torres Strait Islander)* Act 2006 and its Regulations;

(b) we have been provided 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.

Matthew Kennon
Director

DARWIN
Date: 5/11/2013

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 2013, 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: 5/11/2013

Directors Declaration

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

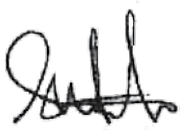
(a) there are reasonable grounds to believe that the Corporation will be able to pay its debts when they become due and payable;

(b) the financial statements and notes are in accordance with the regulations of the Corporations (Aboriginal and Torres Strait Islander) Regulations 2007 including:

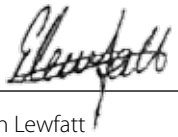
(i) complying with accounting standards; and

(ii) providing a true and fair view of the financial position and performance of the Corporation.

Made in accordance with a resolution of the Directors on 5th November 2013



Mr Shaun Tatipata
Deputy Chairperson



Ms Erin Lewfatt
Director

Directors Report

The following persons were members of the Danila Dilba Health Service Management Committee for the year ended 30 June 2013:

		Meetings Attended	
Ms Cherrie McLennan	Chair	9	
Mr Anthony Castro	Deputy Chair	5	Resigned 31/10/12
Ms Joan Mullins	Treasurer	5	Resigned 31/10/12
Ms Jeaneen McLennan *	Ord. Larrakia Member	11	
Mr Boyd Scully *	Ordinary Member	9	
Ms Barbara Cummings	Ordinary Member	2	Resigned 31/10/12
Ms Erin Lew Fatt *	Ordinary Member	10	
Mr Malcolm Darling	Ordinary Member	3	Resigned 31/10/12
Ms Kirsty Nichols	Ordinary Member	2	Resigned 31/10/12
Ms Sally Ann Sherman	Ordinary Member	2	Resigned 5/6/13
Ms Jodie Farrow	Ordinary Member	0	Resigned 6/6/13
Ms Gloria Corliss *	Ordinary Member	5	
Mr Leslie Calma *	Ordinary Member	3	
Mr Shaun Tatipata *	Ordinary Member	3	
Mr John Paterson	Ordinary Member	2	Resigned 19/2/13

*** Current Directors at balance date**

12 meetings were held during the year

Directors Report

Principal Activities

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

The provision of 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'.

The main services, programs and projects conducted during the year were:

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

There were no significant changes to the activities of Danila Dilba Health Service during the 2012/13 financial year.

Review of Operations

In 2012/2013 Danila Dilba Health Service, under new management has undergone significant review and verification to operations. The asset register has been significantly adjusted to reflect assets that are serviceable to the organisations and revaluation of land and b??uildings in Knuckey St by $5,000,000 to reflect current worth.

Medicare income increased by $280,000 over the prior year despite difficulties maintaining GP numbers.

Strategic review of Operations

A new organisational strategic plan 2014/2016 has been developed and will be implemented subject to Board approval at the October 2013 AGM.

Significant Changes in the State of Affairs

There were no significant changes in Danila Dilba Health Service's affairs during 2012/13.

Matters Subsequent to the End of the Financial Year

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of Danila Health Service, the results of those operations, or the state of affairs of the entity in future financial years.

Distributions paid to members during the year

There were no distributions of funds to members during the 2012/13 year except for Board sitting fees paid to members of the Board of Directors. Sitting fees paid totalled $20,015 (2012: $28,498).

Distributions recommended or declared for payment to members, but not paid, during the year

There were no unpaid recommended or declared distributions to members outstanding at year end.

Environmental regulations

Danila Dilba Health Service's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a State or Territory.

Insurance of Officers

Danila Dilba Health Service has Management Liability Insurance, which covers members of the Board against any claims arising from their Danila Dilba Health Service activities. In 2012/13 cover was limited to $5,000,000 and the premium was $2,747 (2012 $4,123)

Proceedings on behalf of Danila Dilba Health Service

There were no legal issues in the reporting period.

Auditor's Independence Declaration

The Auditor's independence declaration for the year ended 30 June 2013, has been received and can be found on page 4 of the report.

Qualifications, experience and special responsibilities of Directors

Mr Shaun Tatipata... Has spent 12 years working in Aboriginal and Torres Strait Islander Health.

Mr Boyd Scully... Board member for 12 years. Has a history of extensive community involvement.

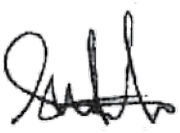
Ms Erin Lew Fatt...A former Danila Dilba employee who has more than 14 years experience in the Aboriginal health sector.

Ms Gloria Corliss...30 years experience in the NT Public Sector and former member of the board of the Batchelor Institute.

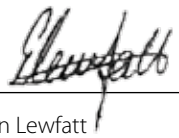
Mr Leslie Calma...A director of the board of the Stolen Generation.

Full Directors' profiles available on page 2 of the Annual Report.

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



Mr Shaun Tatipata
Deputy Chairperson



Ms Erin Lewfatt
Director

Dated this 5th day of November 2013

Statement of Comprehensive Income*

Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation

For the year ended 30 June 2013

	Notes	Consolidated		DDHS	
		2013 $	2012 $	2013 $	2012 $
Revenue					
Grant Income	2–4	12,242,417	12,978,982	12,242,417	12,978,982
Prior year unspent funds					
Brought forward		1,034,887	155,870	1,034,887	155,870
Current year unspent grant funds carried forward	1(c)	(1,343,131)	(1,034,887)	(1,343,131)	(1,034,887)
Medicare Receipts	5	2,192,116	1,910,509	2,192,116	1,910,509
Interest Income	6	84,937	51,226	101,976	100,360
Sundry Income		70,176	436,007	66,192	411,596
Total Revenue	7	14,281,403	14,497,707	14,294,276	14,522,430
Expenditure					
Administration	8	1,903,708	1,435,348	1,817,848	1,371,820
Interest Expense	8	427	2,451	352	-
Employee Expenses	9	8,169,095	7,772,882	8,169,095	7,772,882
Motor Vehicle	11	475,682	475,021	475,682	475,021
Operational	12	3,688,061	3,347,094	3,688,061	3,305,324
Travel	13	108,454	135,573	108,454	132,403
Total Expenditure		14,345,427	13,168,369	14,259,492	13,057,450
SURPLUS/(DEFICIT) BEFORE INCOME TAX		(64,024)	1,329,338	34,966	1,464,980
Income tax expense		-	-	-	-
SURPLUS/(DEFICIT) FOR THE YEAR		(64,024)	1,329,338	34,966	1,464,980
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		(64,024)	1,329,338	34,966	1,464,980

*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 2013

	Notes	Consolidated		DDHS	
		2013 $	2012 $	2013 $	2012 $
Current Assets					
Cash and cash equivalents	14	2,391,706	5,353,897	2,362,343	5,310,989
Trade and other receivables	16	3,834,062	77,821	3,813,312	49,571
Other current assets	15	75,951	78,389	75,860	78,298
Total Current Assets		6,301,719	5,510,107	6,251,515	5,438,858
Non-Current Assets					
Financial assets	29	-	-	822,556	801,880
Property, plant and equipment	17	6,147,894	1,768,534	6,147,894	1,765,217
Intangibles	18	14,862	14,862	-	-
Assets Held for Sale	19	849,666	888,546	-	-
Total Non-Current Assets		7,012,422	2,671,942	6,970,450	2,567,097
Total Assets		13,314,141	8,182,049	13,221,965	8,005,955
Current Liabilities					
Accrued expenses	20	397,901	306,277	367,901	306,277
Trade and other payables	26	276,555	278,342	276,555	267,051
Employee provisions	22	522,284	512,645	522,284	512,645
Other current liabilities	23	3,178,759	3,067,927	3,177,759	3,063,290
Total Current Liabilities		4,375,499	4,165,191	4,344,499	4,149,263
Non-Current Liabilities					
Employee provisions	22	95,590	109,782	95,590	109,782
Total Non-Current Liabilities		95,590	109,782	95,590	109,782
Total Liabilities		4,471,089	4,274,973	4,440,089	4,259,045
Net Assets		**8,843,052**	**3,907,076**	**8,781,876**	**3,746,910**
Accumulated Funds					
Retained Earnings		2,324,762	3,907,076	2,263,586	3,746,910
Asset Replacement Reserve		1,518,290	-	1,518,290	-
Land Revaluation Reserve		5,000,000	-	5,000,000	-
Total Accumulated Funds		**8,843,052**	**3,907,076**	**8,781,876**	**3,746,910**

*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 2013

	Notes	Consolidated	DDHS
Retained Earnings		**$**	**$**
Balance at 30 June 2011		2,577,738	2,281,930
Operating result for the year		1,329,338	1,464,980
Balance at 30 June 2012		3,907,076	3,746,910
Operating result for the year		($64,024)	34,966
Transfer to Asset Replacement Reserve		($1,518,290)	($1,518,290)
Balance at 30 June 2013		2,324,762	2,263,586
Land Revaluation Reserve			
Balance at 30 June 2011		0	0
Asset Revaluation		0	0
Balance at 30 June 2012		0	0
Asset Revaluation		5,000,000	5,000,000
Balance at 30 June 2013		5,000,000	5,000,000
Asset Replacement Reserve			
Balance at 30 June 2011		0	0
Transfer from Retained Earnings		0	0
Balance at 30 June 2012		0	0
Transfer from Retained Earnings		1,518,290	1,518,290
Balance at 30 June 2013		1,518,290	1,518,290
Total Equity			
Balance at 30 June 2011		2,577,738	2,281,930
Operating result for the year		1,329,338	1,464,980
Balance at 30 June 2012		3,907,076	3,746,910
Operating result for the year		($64,024)	34,966
Revaluations		5,000,000	5,000,000
Balance at 30 June 2013		8,843,052	8,781,876

*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 2013

	Notes	Consolidated		DDHS	
		2013 $	2012 $	2013 $	2012 $
Cash flows from operating activities					
Grant Income		8,834,367	13,050,835	8,834,367	13,050,835
Medicare Income		1,825,562	1,910,509	1,825,562	1,910,509
Interest Received		84,937	51,226	81,300	50,736
Other income		88,538	448,740	77,054	378,972
Payments to suppliers		(5,490,348)	(5,232,061)	(5,461,682)	(5,060,719)
Payments to employees		(8,207,971)	(7,750,396)	(8,207,971)	(7,750,396)
Net cash inflow (outflow) from operating activities	25	(2,864,915)	2,478,854	(2,851,370)	2,579,937
Cash flows from investing activities					
Payments for property, plant and equipment		(97,276)	(143,580)	(97,276)	(143,580)
Net cash inflow (outflow) from investing activities		(97,276)	(143,580)	(97,276)	(143,580)
Net increase (decrease) in cash and cash equivalents		(2,962,191)	2,335,274	(2,948,646)	2,436,357
Cash and cash equivalents at the beginning of the financial year		5,353,897	3,018,623	5,310,989	2,874,632
Cash and cash equivalents at the end of the financial year	14	2,391,706	5,353,897	2,362,343	5,310,989

*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. 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.

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 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 below.

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 received

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. Stocks

Stocks of consumable medical supplies purchased in normal operations are not taken into account at close of balance date as assets, but are written off at the time of purchase.

e. 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 national government bonds with terms to maturity that match the expected timing of cash flows attributable to employee benefits.

f. Superannuation

Employee's superannuation entitlements are principally provided through the Australian Retirement Fund. Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation pays 9% of an employee's salary as per the compulsory superannuation guarantee levy.

	2013	2012
Full Time Equivalent Employees as at 30 June 2013	82	106

g. 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.

h. 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.

i. 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:

	2013	2012
• 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

j. Impairment of Assets

Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation values the recoverable amount of plant and equipment at the equivalent to its depreciated replacement cost. An 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.

The asset register was reviewed as at 30th June 2013 and $495,221 of assets were written off due to the assets being no longer serviceable or could no longer be located within the organisation.

k. 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.

l. 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.

m. 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.

n. 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.

o. 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.

p. 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.

q. 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.

r. 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		DDHS	
Note 2. Australian Government Financial Assistance	2013 $	2012 $	2013 $	2012 $
Office of Aboriginal and Torres Strait Islander Health	9,459,057	10,100,250	9,459,057	10,100,250
Department of Health and Ageing	800,424	433,107	800,424	433,107
Department of Families, Community Services and Indigenous Affairs	603,882	880,209	603,882	880,209
Total Australian Government Financial Assistance	10,863,363	11,413,566	10,863,363	11,413,566
Note 3. Northern Territory Government Financial Assistance				
Northern Territory Government Funding	233,757	887,464	233,757	887,464
Total Northern Territory Government Financial Assistance	233,757	887,464	233,757	887,464
Note 4. Other Financial Assistance				
Northern Territory General Practice Education Ltd	341,665	504,957	341,665	504,957
Other Grants	803,632	172,995	803,632	172,995
Total Other Financial Assistance	1,145,297	677,952	1,145,297	677,952
Total Grant Income	12,242,417	12,978,982	12,242,417	12,978,982
Note 5. Medicare Receipts				
Commonwealth Government Medicare receipts	2,192,116	1,910,509	2,192,116	1,910,509
Total Medicare Receipts	2,192,116	1,910,509	2,192,116	1,910,509
Note 6. Investment Income				
Bank Interest	84,937	51,226	101,976	100,360
Total Investment Income	84,937	51,226	101,976	100,360
Note 7. Other Revenue				
Childhood immunisation income	-	207,670	-	207,670
Reimbursements	6,972	80,533	6,972	80,533
Licence Sales	-	22,750	-	-
Other Sundry Income	63,204	125,054	59,220	123,393
Total Other Revenue	70,176	436,007	66,192	411,596

	Consolidated		DDHS	
Note 8. Administration Expenses	2013 $	2012 $	2013 $	2012 $
Advertising	1,236	15,523	1,236	15,523
Depreciation	219,378	433,190	219,378	431,715
Loss on disposal of property, plant & equipment	537,418	-	495,221	-
Information Technology Services	277,081	245,377	277,017	240,907
Insurance	128,968	220,378	128,968	220,378
Lease - Plant & Equipment	31,078	44,183	31,078	44,183
Legal Services	12,800	28,961	9,932	2,840
Membership Fees	7,896	2,800	7,896	2,800
Postage	17,718	20,884	17,718	20,884
Stationery	45,745	58,819	45,745	58,819
Telephone	110,552	111,598	110,357	111,261
Other	513,838	253,635	473,302	222,510
Total Administration	1,903,708	1,435,348	1,817,848	1,371,820
Note 9. Employee Benefits Expenses				
Fringe Benefits Tax	188,582	237,267	188,582	237,267
Salaries	6,645,639	6,592,128	6,645,639	6,592,128
Superannuation	604,792	609,433	604,792	609,433
Work Cover	517,779	-	517,779	-
Staff Training	74,269	40,527	74,269	40,527
Other	138,034	293,527	138,034	293,527
Total Employee Benefits	8,169,095	7,772,882	8,169,095	7,772,882
Note 10. Depreciation				
Buildings	32,668	88,787	32,668	88,787
Plant & Equipment	143,870	231,196	143,870	229,721
Motor Vehicles	29,051	17,111	29051	17,111
Clinical Software	13,789	96,096	13,789	96,096
Total Depreciation	219,378	433,190	219,378	431,715
Note 11. Motor Vehicle Expenses				
Fuel and Oil	81,444	71,462	81,444	71,462
Lease Expense	346,109	357,105	346,109	357,105
Repairs and Maintenance	44,337	45,594	44,337	45,594
Registration	3,792	860	3,792	860
Total Motor Vehicle Expenses	475,682	475,021	475,682	475,021

	Consolidated		DDHS	
Note 12. Operational Expenses	2013 $	2012 $	2013 $	2012 $
Cleaning	213,809	209,679	213,809	209,679
Client Services	73,920	-	73,920	-
Clothing and Uniforms	8,035	9,237	8,035	9,237
Consultants	594,927	465,979	594,927	465,979
Consumables	91,097	104,681	91,097	104,681
Dental Supplies	41,059	-	41,059	-
Garden Maintenance	17,152	17,155	17,152	17,155
GP Locums	415,247	-	415,247	-
Library Services	28,238	7,752	28,238	7,752
Marketing and Promotion	3,820	19,356	3,820	19,356
Medical Supplies	787,575	779,139	787,575	779,139
Minor Equipment Purchases	52,489	78,164	52,489	78,164
Project Expenditure	158,144	343,863	158,144	343,863
Rent Expenditure	810,355	897,248	810,355	897,248
Repairs and Maintenance	135,900	143,688	135,900	143,688
Rubbish Collection	16,861	15,782	16,861	15,782
Security	31,491	43,086	31,491	43,086
Transport - Clients	68,470	62,004	68,470	62,004
Utilities	139,472	108,511	139,472	108,511
Total Operational Expenses	3,688,061	3,305,324	3,688,061	3,305,324

Note 13. Travel				
Travel and Accommodation	80,323	104,379	80,323	101,209
Travel Allowance	28,131	31,194	28,131	31,194
Total Travel	108,454	135,573	108,454	132,403

Note 14. Cash And Cash Equivalents				
Cash at bank	2,390,706	5,351,597	2,361,343	5,308,689
Cash on hand	1,000	2,300	1,000	2,300
Total Cash and Cash Equivalents	2,391,706	5,353,897	2,362,343	5,310,989

(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:

Balances as above	2,391,706	5,353,897	2,362,343	5,310,989
Balance as per statement of cash flows	2,391,706	5,353,897	2,362,343	5,310,989

	Consolidated		DDHS	
Note 15. Other Current Assets	2013 $	2012 $	2013 $	2012 $
Bonds paid	57,623	78,298	57,623	78,298
Other	18,328	91	18,237	-
Total Other Current Assets	75,951	78,389	75,860	78,298

Note 16. Trade And Other Receivables (Current)				
Trade debtors	59,458	77,821	38,708	49,571
Other debtors - grants and medicare	3,774,604	-	3,774,604	-
	3,834,062	77,821	3,813,312	49,571

(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 at 30 June 2013 is detailed below:

	Consolidated–2013		Consolidated–2012		DDHS–2013		DDHS–2012	
	Gross $	Allowance $	Gross $	Allowance $	Gross $	Allowance $	Gross $	Allowance $
Not past due	110,000	0	48,327	0	110,000	0	48,327	0
Past due 0–30 days	399,147	0	0	0	399,147	0	0	0
Past due 31–60 days	2,738,526	0	0	0	2,738,526	0	0	0
Past due 61–90 days	75,792	0	0	0	75,792	0	0	0
Past due 90 days and over	510,597	0	29,494	0	489,847	0	1,244	0
	3,834,062	-	77,821	-	3,813,312	-	49,571	-

(b) Impaired receivables

As at 30 June 2013, receivables with a nominal value of $NIL were impaired (2012: $NIL).

As at 30 June 2013, current receivables of the corporation with a nominal value of $3,703,312 (2012: $1,244), and a consolidated value of $3,703,312 (2012: $29,494) were past due but not impaired. These relate to a number of customers for whom there is no history of default.

Note 16:
Trade and Other Receivables (Current)

(b) Impaired receivables (contd)

The ageing of these receivables are as follows:

	Consolidated		DDHS	
	2013 $	2012 $	2013 $	2012 $
Past due 90 days and over	20,750	29,494	-	1,244
	20,750	29,494	-	1,244

Note 17. Property, Plant and Equipment	Consolidated 2013 $	Consolidated 2012 $	DDHS 2013 $	DDHS 2012 $
Clinical Software – at cost	314,734	292,172	314,734	292,172
Accumulated Amortisation and impairment	(283,160)	(269,372)	(283,160)	(269,372)
Written down value	31,574	22,800	31,574	22,800
Land – affair value	5,600,000	0	5,600,000	0
Land and Buildings – at cost	1,067,288	2,404,972	1,067,288	2,404,972
Accumulated depreciation and impairment	(908,031)	(1,210,776)	(908,031)	(1,210,776)
Written down value	$5,759,257	1,194,196	$5,759,257	1,194,196
Plant and Equipment – at cost	978,435	1,606,441	978,435	1,595,759
Accumulated depreciation and impairment	(681,423)	(1,144,005)	(681,423)	(1,136,640)
Written down value	297,102	462,436	297,102	459,119
Motor vehicles – at cost	145,257	186,285	145,257	186,285
Accumulated depreciation and impairment	(85,207)	(97,183)	(85,207)	(97,183)
Written down value	60,051	89,102	60,051	89,102
Total written down value	6,147,984	1,768,534	6,147,984	1,765,217

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

	Consolidated Land & Property	DDHS Land & Property	Consolidated Plant & Equipment	DDHS Plant & Equipment	Consolidated Motor Vehicles	DDHS Motor Vehicles	Consolidated Clinical Software	DDHS Clinical Software	Consolidated Total	DDHS Total
	$	$	$	$	$	$	$	$	$	$
Year ended 30 June 2013	1,194,196	1,194,196	459,119	459,119	89,102	89,102	22,800	22,800	1,765,217	1,765,217
Opening net book amount									-	-
Impairment loss	(402,270)	(402,270)	(92,951)	(92,951)	-	-	-	-	(495,221)	(495,221)
Additions	-	-	74,714	74,714			22,562	22,562	97,276	97,276
Disposals	-	-	-	-	-	-	-	-	-	-
Revaluations	5,000,000	5,000,000	-	-	-	-	-	-	5,000,000	5,000,000
Depreciation charge	(32,668)	(32,668)	(143,870)	(143,870)	(29,051)	(29,051)	(13,789)	(13,789)	(219,378)	(219,378)
Closing net book amount	5,759,258	5,759,257	297,012	297,012	60,051	60,051	31,573	31,574	6,147,894	6,147,894

	Consolidated Land & Property	DDHS Land & Property	Consolidated Plant & Equipment	DDHS Plant & Equipment	Consolidated Motor Vehicles	DDHS Motor Vehicles	Consolidated Clinical Software	DDHS Clinical Software	Consolidated Total	DDHS Total
	$	$	$	$	$	$	$	$	$	$
Year ended 30 June 2012	1,282,983	1,282,983	630,254	625,462	45,683	45,683	99,224	99,224	2,058,144	2,053,352
Opening net book amount	-	-	-	-	-	-	-	-	-	-
Impairment loss	-	-	63,378	63,378	60,530	60,530	19,672	19,672	143,580	143,580
Additions	-	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	-	-	-	-
Depreciation charge	(88,787)	(88,787)	(231,196)	(229,721)	(17,111)	(17,111)	(96,096)	(96,096)	(433,190)	(431,715)
Closing net book amount	1,194,196	1,194,196	462,436	459,119	89,102	89,102	22,800	22,800	1,768,534	1,765,217

	Consolidated		DDHS	
Note 18. Intangibles	2013 $	2012 $	2013 $	2012 $
Formation expenses	14,862	14,862	-	-
	14,862	14,862	-	-

Note 19. Assets Held for Sale				
Software	849,665	849,666	-	-
Website establishment	-	38,880	-	-
	849,665	888,546	-	-

Note 20. Accrued Expenses				
Accrued employee benefits and on-costs	197,204	231,527	197,204	231,527
Accrued expenses	200,697	74,750	170,697	74,750
Total Accrued Expenses	397,901	306,277	367,901	306,277

Accrued expenses are expected to be settled within 12 months.

Note 21. Contingencies

There are no contingent liabilities in the current year.

Note 22. Provisions				
Current				
Employee benefits				
- Annual leave	438,721	416,710	438,721	416,710
- Long service leave	83,563	95,935	83,563	95,935
	522,284	512,645	522,284	512,645
Non-Current				
Employee benefits				
- Long service leave	95,590	109,782	95,590	109,782
	95,590	109,782	95,590	109,782
Total Provisions	617,874	622,427	617,874	622,427

Note 23. Other Liabilities				
Tax Payable	186,856	349,728	186,856	349,728
Unspent Grant Funds	2,826,460	2,518,218	2,826,460	2,518,218
Grants received in Advance	-	-	-	-
Employee Liabilities	164,443	195,344	164,443	195,344
Borrowings	1,000	4,638	-	-
Total Other Liabilities	3,178,759	3,067,927	3,177,759	3,063,290

Note 24. Operating Leases	Consolidated 2013 $	Consolidated 2012 $	DDHS 2013 $	DDHS 2012 $
Vehicle Operating Leases				
Payable within 12 months	201,285	231,611	201,285	231,611
Payable 12 months – 5 years	168,741	171,706	168,741	171,706
	370,026	403,317	370,026	403,317

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	255,880	375,487	255,880	375,487
Payable 12 months – 5 Years	18,980	217,358	18,980	217,358
	274860	592,845	274,860	592,845

Premises lease commitments are non-cancellable leases contracted for with a two 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 25. Reconciliation of Operating Result to Net Cash Inflow from Operating Activities				
Operating Result	(64,024)	1,329,338	34,966	1,464,980
Depreciation & impairment	756,796	433,190	714,599	431,715
	692,772	1,762,528	749,565	1,896,695
Changes in Assets and Liabilities				
(Increase)/Decrease in receivables	(3,756,241)	422,635	(3,763,741)	377,278
(Increase)/Decrease in other current assets	2,438	49	2,438	140
Increase/(Decrease) in unexpended grants	308,242	540,966	308,242	540,966
Increase /(Decrease) in creditors	(107,573)	(269,811)	(122,645)	(208,006)
Increase/(Decrease) in employee provisions	(4,553)	22,486	(4,553)	22,486
Increase/(Decrease) in other current liabilities	-	-	(20,676)	(49,624)
	(3,557,687)	716,325	(3,600,935)	683,240
Net Cash Generated from/(Used) in Operating Activities	(2,864,915)	2,478,853	(2,851,370)	2,579,937

Note 26.
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 of $2,361,343 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. For further details on interest rate risk refer to Note 25.

Sensitivity Analysis

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

	Consolidated		DDHS	
	2013 $	2012 $	2013 $	2012 $
Financial Assets				
Cash at bank	2,390,706	5,351,597	2,361,343	5,308,689
	2,390,706	5,351,597	2,361,343	5,308,689

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				DDHS			
Change in variable		Effect on Profit or Loss	Effect on Equity	Effect on Profit or Loss	Effect on Equity	Effect on Profit or Loss	Effect on Equity	Effect on Profit or Loss	Effect on Equity
Financial Assets		2013 $	2013 $	2012 $	2012 $	2013 $	2013 $	2012 $	2012 $
Financial Assets									
Cash at bank	+1%	**23,907**	**53,516**	53,516	53,516	**23,613**	**23,613**	53,087	53,087
	-1%	**23,907**	**53,516**	(53,516)	(53,516)	**23,613**	**23,613**	(53,087)	(53,087)

Note 26.
Financial Risk Management (Contd)

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.

	Within 1 year		1–5 years		Over 5 years		Total carrying amount	
30 June 2013	**Consolidated 2013 $'000**	**DDHS 2013 $'000**	**Consolidated 2013 $'000**	**DDHS 2013 $'000**	**Consolidated 2013 $'000**	**DDHS 2013 $'000**	**Consolidated 2013 $'000**	**DDHS 2013 $'000**
Financial Assets – cash flows realisable								
Cash and cash equivalents	2,391,706	2,362,343					**2,391,706**	**2,362,343**
Trade and other receivables	3,834,062	3,813,312					**3,834,062**	**3,813,312**
Other current assets	75,951	75,860					**75,951**	**75,860**
Loan – Biluru Yirra	-	822,556					**-**	**822,556**
Total	6,301,719	7,074,071					**6,301,719**	**7,074,071**
Financial liabilities due for payment								
Accrued Expenses	397,901	367,901					**397,901**	**367,901**
Trade and other payables	276,555	276,555					**276,555**	**276,555**
Other Liabilities	2,991,903	2,990,903					**2,991,903**	**2,990,903**
Total	3,666,359	3,635,359					**3,666,903**	**3,635,359**

	Within 1 year		1–5 years		Over 5 years		Total carrying amount	
30 June 2012	**Consolidated 2012 $'000**	**DDHS 2012 $'000**	**Consolidated 2012 $'000**	**DDHS 2012 $'000**	**Consolidated 2012 $'000**	**DDHS 2012 $'000**	**Consolidated 2012 $'000**	**DDHS 2012 $'000**
Financial Assets – cash flows realisable								
Cash and cash equivalents	5,353,897	5,310,989	-	-	-	-	**5,353,897**	**5,310,989**
Trade and other receivables	77,821	49,571	-	-	-	-	**77,821**	**49,571**
Other current assets	78,389	78,298	-	-	-	-	**78,389**	**78,298**
Loan – Biluru Yirra	-	-	-	801,880	-	-	**-**	**801,880**
Total	5,510,107	5,438,858	-	801,880	-	-	**5,510,107**	**6,240,738**
Financial liabilities due for payment	5,438,858							
Accrued Expenses	306,277	306,277	-	-	-	-	**306,277**	**306,277**
Trade and other payables	278,342	267,051	-	-	-	-	**278,342**	**267,051**
Other Liabilities	2,718,199	2,713,562	-	-	-	-	**2,718,199**	**2,713,562**
Total	3,302,818	3,286,890	-	-	-	-	**3,302,818**	**3,286,890**

Note 26.
Financial Risk Management (Contd)

Net Fair Value

Economic Entity	Consolidated Carrying Amount / Net Fair Value		DDHS Carrying Amount / Net Fair Value	
	2013	2012 $	2013	2012 $
Financial Assets				
Cash at bank	2,391,706	5,353,897	2,362,343	5,310,989
Receivables	3,834,062	77,821	3,813,312	49,571
Other Current Assets	75,860	78,389	75,860	78,298
Loan to Biluru Yirra PTY LTD	-	-	822,556	801,880
	6,301,628	5,510,107	7,074,071	6,240,738
Financial Liabilities				
Accrued expenses	397,901	306,277	367,901	306,277
Payables	276,555	278,342	276,555	267,051
Other Liabilities	2,991,903	2,718,199	2,990,903	2,713,562
	3,666,359	3,302,818	3,635,359	3,286,890

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.

Note 27.
Key Management Personnel Compensation

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

	Consolidated		DDHS	
	2013 $	2012 $	2013 $	2012 $
Short term employee benefits	1,177,327	1,070,866	1,177,327	1,070,866
	1,177,327	1,070,866	1,177,327	1,070,866

Note 28.
Related Parties

During the financial year ended 30 June 2013, no loans or other related party transactions were made to any Board member or key management personnel. In 2012/13, Board members were paid total sitting fees of $20,015 (2012:$28,498). No sitting fees were paid from grant funds.

Note 29.
Investments

Danila Dilba Health Services 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.

Biluru Yirra is no longer trading.

In 2011, Biluru Yirra signed agreements with a company called Ibera Global Limited in relation to the licencing and sale of IBERA software and related rights. Under the licencing arrangements, licence fees were payable by Ibera Global to Biluru Yirra. Those fees were not paid. Further, the sale of IBERA software and related rights has not been finalised.

Danila Dilba has been seeking legal asistance to progress these matters. The ability of Biluru Yirra to repay all or part of the loan made by Danila Dilba will depend on various factors including in particular Biluru Yirra's ability to recover licence fees from Ibera Global and proceed to complete the sale of the IBERA software or otherwise dispose of the IBERA software for value.

These matters are ongoing and Danila Dilba is not currently in a position to estimate the amount of the loan that will be recovered from Biluru Yirra.

Investment Summary in Biluru Yirra PTY LTD

	DDHS	
	2013 $	2012 $
Shares - 1000 fully paid at $1.00 per share	1,000	1,000
Loan	620,295	620,295
Accrued Interest	201,261	180,585
	822,556	801,880

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 2013.

Note 32.
Auditors' Remuneration

	Consolidated		DDHS	
Amounts received or due and receivable by the auditors of Danila Dilba Health Service	2013 $	2012 $	2013 $	2012 $
- Audit or review services	45,000	18,000	45,000	18,000
- Other services	17,000	24,315	17,000	24,315
	62,000	42,315	62,000	42,315

Note 33.
Statement of Funding Sources for the Year Ended 30 June 2013

	Consolidated		DDHS	
	2013	2012 $	2013	2012 $
Department of Health and Ageing	800,424	433,107	800,424	433,107
Office of Aboriginal and Torres Strait Islander Health	9,459,057	10,100,250	9,459,057	10,100,250
Department of Families, Community Services and Indigenous Affairs	603,882	880,209	603,882	880,209
Northern Territory Government Funding	233,757	887,464	233,757	887,464
Northern Territory General Practice Education Ltd	341,665	504,957	341,665	504,957
GPNNT Care Coordinator Funding	803,632	-	803,632	-
Darwin City Council	-	222,500	-	222,500
Commonwealth Government Medicare receipts	2,192,116	1,910,509	2,192,116	1,910,509
Bank Interest	101,976	51,226	101,976	100,360
Childhood immunisation income	-	207,670	-	207,670
Reimbursements	6,972	80,533	6,972	80,533
Red Cross	-	(49,505)	-	(49,505)
Licence Sales	-	22,750	-	-
Sundry Income	63,204	125,054	59,220	123,393
Total Income	14,606,685	15,376,724	14,602,701	15,401,447

Note 34.
Statement of Unspent Grants for the Year Ended 30 June 2013

	Consolidated		DDHS	
	2013	2012 $	2013	2012 $
Project Name:				
FaHCSIA				
Back to Bush	177,776	257,769	177,776	257,769
Emergency Relief Funding	13,835	23,348	13,835	23,348
Mental Health	405,814	424,035	405,814	424,035
NAIDOC	16,621	23,047	16,621	23,047
OATSIH				
Alcohol and Other Drugs	-	18,054	-	18,054
Stronger Fathers	279,500	166,151	279,500	166,151
Mums and Bubs	130,273	-	130,273	-
Child & Maternal Health	8,399	-	8,399	-
Chronic Disease	24,176	-	24,176	-
Bringing Them Home	10,560	-	10,560	-
Tobacco Ceassation Program	292,799	122,484	292,799	122,484
NTG				
Mobile Service	13,152	206,553	13,152	206,553
Medicare Local				
Care Co-ordinators	381,605	711,791	381,605	711,791
Other				
Medicare	623,572	853,698	623,572	853,698
My EHealth	-	146,929	-	146,929
Gross Total of Unspent Project Funds	**2,378,082**	**2,953,859**	**2,378,082**	**2,953,859**

Unspent Grants vary from Unexpended Grants shown on the Balance Sheet depending on whether they are 'Reciprocal Grants' and may be repayed to the Funding Body. Further, there are surpluses from prior years 2010-11 and 2011-12 that still require action.

Notes

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Health Service

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