

Danila Dilba Health Service

ANNUAL REPORT

2016–2017



Danila Dilba
Health Service

Our name, our people, our region

Our full name, Danila Dilba Biluru Butji Binnilutlum, was given by the Larrakia people, 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'.

Aboriginal and Torres Strait Islander 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 2015–2016 Annual Report, we use the words Biluru, Aboriginal, Torres Strait Islander and Indigenous.

Our logo



Our logo was designed by Larrakia elder Reverend Wally Fejo. The story of the logo is: *the fish being in a school are excited when jumping around and convey to us our exciting, healthy life. The turtle going back to lay her eggs represents the people. The stick represents a hunting tool on how to find her eggs. The overall circle is like looking inside a dilly bag from above. The snake brings the threat of danger to our wellbeing and reminds us that we should always sustain ourselves and be on guard for our health.*

Vision

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

Mission

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

Core Values

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

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

Danila Dilba Biluru Butji Binnilutlum
Health Service Aboriginal Corporation

ABN 57 024 747 460 / ICN 1276



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Chairperson's report

2016-17 has been an important year for organisational growth and development of Danila Dilba, and for consolidating and strengthening our Board's skills and capacity to provide strategic vision and leadership for our organisation.



Over the past few years, we have seen Danila Dilba mature into a sophisticated organisation that now employs 150 staff and has developed the organisational structure and systems – for example, in governance, human resources, quality and safety, information technology and property strategy – that underpin and support our staff and frontline health care and community services.

One of the major responsibilities of the Board this year was to review the outcomes of our Strategic Plan 2014-2016 and lead the process of setting the strategic direction for the next five years. The new Danila Dilba Strategic Plan 2017-2022 was developed over a period of several months of consultations with clients, community, staff and other stakeholders, and review and analysis of population data to understand the changing community context.

This process helped us to identify our organisational strengths, areas for improvement and opportunities for further development over the next five years. The plan includes a 'new clinic' strategy that will be implemented from 2017-18 with new clinics in Darwin's northern suburbs and rural area.

An important development this year was the establishment of an Audit and Risk Management Committee to advise the Board on high-level strategic risks to our organisation and facilities. For example, how would we manage to keep a clinic open in the event of a cyclone or major power failure? To assist the Board, two independent members were appointed to the committee: Shane Smith, a certified practising accountant, as Chair; and Bernie Harrison, Director of the Improvement Academy for the Australian Health Standards Commission.

The Board also pursued continuous skill development for directors. An independent consultant review this year found the Board has improved its overall performance over the past two years and recommended a focus on succession planning for both directors and senior managers. In 2017-18, directors will undertake training in Responsibilities for Leading Quality and Safety recommended by the Australian Council on Healthcare Standards. We will also focus on renewal of Danila Dilba's Quality Improvement Council accreditation, and implementation of other recommendations made by the independent review.



On behalf of the Board, I wish to acknowledge the contributions of an extraordinarily diverse and talented group who have brought not only their particular skills and expertise, but community networks and relationships that are essential to our work and success.

This year we welcomed new Board members, Mark Munnich and Nicole Butler, each bringing valuable experience and expertise to our Board.

Mark was formerly a staff member of Danila Dilba in the community services area, leaving us a while ago to take up legal studies. Mark is now in his final year of Bachelor of Law studies, and works with the Solicitor for the Northern Territory and as a legal educator at NAAJA (North Australian Aboriginal Justice Agency).

Nicole is currently the Deputy Children's Commissioner in the Northern Territory and her background in working with vulnerable families and in child protection and advocacy has made a very valuable contribution to our work this year in advocating for children in the child protection and juvenile justice systems – work which will be discussed in our CEO, Olga Havnen's report and further in section 1 of this report.

In the coming year, we will see retirement of some of our Board members, including myself. On behalf of the Danila Dilba Board, I especially thank retiring director, Gloria Corliss, for her service over four and a half years as a Danila Dilba director. Gloria has had a long and successful career with the Northern Territory Government and since retirement has worked for the Batchelor Institute of Tertiary Education and served on its Board.

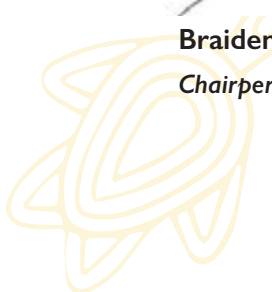
Gloria's thoughtful participation in Board meetings and her long association with the Stolen Generations have made her a highly regarded community member. She has made an invaluable contribution to Danila Dilba on our Board, and we thank her for her generosity and commitment.

I also thank and acknowledge our staff, headed by CEO Olga Havnen, for its multi-faceted support to the Board and for the successful delivery of services to our community over this challenging year, especially in implementing the new service design and integrated health services.

The AGM, scheduled for November 2017, will see the election of new directors who will bring new ideas, skills, and professional expertise and talents to our Board. I will be retiring with great confidence in Danila Dilba – our community, our health practitioners and staff, and our future.



Braiden Abala
Chairperson





Chief Executive Officer's report

2016-17 has been an exciting year of change, innovation and achievement for Danila Dilba, including new and expanded services and a new approach to service delivery that have been warmly welcomed by our clients.

The changes included opening a new clinic at Malak, trialling extended opening hours at Palmerston and Malak and a major overhaul of our service design which is now much more aligned with what our clients and the community need. One of the biggest changes is that all our clinics now offer fully integrated services – including comprehensive primary health care, allied health, child health, care coordination, emotional wellbeing services, and programs to help people quit smoking or manage drug or alcohol issues.

It means more services closer to where people live, and more accessible services. As a result, Danila Dilba achieved a 20 per cent increase in the number of clients attending our services – and a corresponding increase in Medicare income. This income stream means we can invest even more in our staff and can expand our clinic services to new locations where they are needed.

Such big changes are only achieved because of the huge effort by our staff to make them happen. I warmly thank and acknowledge the Danila Dilba staff for supporting and embracing the new service design in a very positive way. We know from client feedback that the changes we have made and the care of our dedicated staff and health teams are truly appreciated in the community.

Behind the scenes, the changes in our frontline services have been backed by important improvements in staff training and development, continuous quality improvement and work health safety governance, a new human resources strategy and some fantastic new IT innovations that will help our staff deliver health care and communicate with each other from a distance, using telehealth and video conferencing.

Danila Dilba is a proudly diverse, multicultural organisation that is committed to continuous training and staff development. In line with our new Strategic Plan 2017-22, the new Human Resources strategy aims to build organisational and staff capacity by recruiting talented people, engaging and rewarding our staff, supporting staff learning and development, and backing our staff to develop their professional and career pathways. It is exciting and rewarding to see more staff achieving further qualifications and winning awards.



Apart from training our own staff, Danila Dilba also hosts a program of GP registrars (medical students nearing completion of their qualification) who work with us to develop their clinical skills. We also offer placements such as work experience for students, undergraduate placements in Aboriginal Health practice, nursing and social work, and an internship program for new graduates.

Another area of major achievement this year was in research and advocacy. Following the appointment of the Royal Commission into the Protection and Detention of Children in the Northern Territory, Danila Dilba researched and made submissions and advocated for major changes in the child protection and juvenile justice systems in the Northern Territory. We also developed new programs, including a Youth Support Service for young people in detention, and a wellbeing support service for people affected by the two current Royal Commissions. Interns who worked with us on developing submissions for the NT Royal Commission made a major contribution to the strength and depth of our input. Our advocacy has strengthened Danila Dilba's capacity to engage with and influence government policy in this critical area, and we envisage further focused work with vulnerable children and families in our community health sector in future.

Finally, the year ahead promises further challenges and growth. In response to increasing demand for our services, new clinics will open in Darwin's northern suburbs and in the rural area and the Bagot Community clinic will be integrated into our network of clinics. We look forward to welcoming new staff and clients and to continued improvement in high quality, comprehensive health services.

Olga Havnen
Chief Executive Officer



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ABOUT DANILA DILBA



'a health care environment where Aboriginal and Torres Strait Islander people feel welcome and comfortable and are confident that they will be listened to and given the best possible care...'

1.1 Overview

Danila Dilba Health Service is an Aboriginal community controlled organisation. It was established in 1991 by Aboriginal community members in the Yilli Rreung (greater Darwin) region who wanted a health service that would be controlled by the community it served.

Our aim is to improve the physical, mental, spiritual, cultural and social wellbeing of Biluru (Aboriginal and Torres Strait Islander) people in our region. Since Danila Dilba began, the directors and staff have built a holistic framework of comprehensive primary health care and community services.

We now employ about 150 people and provide services to about 80% of the Indigenous population in our region (compared with about 60% in 2015-16). More than 13,400 local people used our services in 2016-17.¹

We are continually expanding and improving our services to meet the needs of people in our region, and now have clinics at five locations in Darwin and Palmerston, offering:

- Primary health care clinics for children, youth, women and men
- Specialist and allied health professionals
- Health promotion to help people get more control over their health
- Care coordination for clients with complex health needs
- Social and emotional wellbeing services
- Drug and alcohol services
- Outreach services to clients.

Danila Dilba is committed to creating a health care environment where Aboriginal and Torres Strait Islander people feel welcome and comfortable and are confident that they will be listened to and given the best possible care. Aboriginal staff are 'front and centre' in our services. Professionally qualified Aboriginal health practitioners, nurses and counsellors are essential in making sure our clients receive high quality and culturally appropriate care and treatment.

Danila Dilba is primarily funded by the Australian Government through the Department of Health.

¹ Approximately 30% of the Northern Territory population identifies as Aboriginal and/or Torres Strait Islander; and this includes more than 16,500 people living in the Yilli Rreung region (Centre for Aboriginal Economic and Policy Research, 2011 Census Papers No. 14/2013).



1.2 Our board

Directors



Braiden Abala (Chair) has extensive experience in public policy, child protection and health promotion. He holds a Masters of Health and International Development and a Bachelor of Behavioural Science, and is currently the Director of Aboriginal Workforce Development for the Northern Territory Department of Health.



Carol Stanislaus (Deputy Chair) is an Adviser in the Top End and Tiwi Islands Region in the Department of Prime Minister and Cabinet, and has worked in a variety of positions in Indigenous tourism, local government and justice throughout the Northern Territory. She holds a Bachelor of Applied Science in Aboriginal Community Management and Development.



Gloria Corliss (Company Secretary) worked for the Northern Territory Government for more than 30 years in various departments before retiring in 1999. Post retirement Gloria has been a Director on Boards in Indigenous education and has a Bachelor of Arts. Gloria retired from the Board this year after four and a half years of service.



Phyllis Mitchell (Larrakia Officer) has served on the boards of Larrakia Development Corporation, Larrakia Nation and Radio Larrakia. She worked with the NT Government for 35 years in areas such as construction, parliamentary education, finance and at Port Keats as a manager of interpreter services. Phyllis retired in 2014. She has also served as Vice President of the Brothers Junior Rugby League Club in Darwin.



Nicole Butler is a Larrakia/Wadjigan and Eastern Arrernte Aboriginal woman from the Northern Territory and is currently the Assistant Commissioner for Children with the Office of the Children's Commissioner Northern Territory. Nicole holds a Bachelor of Social Work and has defined a career in child and family welfare, with experience in child protection, care and protection research, and program and policy development in Victoria and now in the NT.



Vanessa Harris is the Executive Officer of the NT Mental Health Coalition and has a Bachelor of Health Science, majoring in Management from Flinders University. Vanessa worked for the Commonwealth Government, in the Office for Aboriginal and Torres Strait Islander Health, in Aboriginal community controlled health (Katherine West Health Board) and more recently at the Lowitja Institute. Vanessa is currently working on an NHMRC funded research project at Flinders University and is a member of the Community Capability and the Social Determinants of Health Committee at the Lowitja Institute.



Mark Munnich is a Gunggandji and Yawuru man, born and raised in Darwin. Mark is currently in his final year of Bachelor of Laws (LLB) studies, is the Community Legal Educator at the North Australian Aboriginal Justice Agency (NAAJA) and is an Indigenous Cadet with the Solicitor for the Northern Territory in the Attorney-General's Department (AGD). Mark is a former staff member of DDHS and maintains a passion for improving Indigenous health.



Kirsty Nichols is a Muran woman who grew up in Darwin and previously served on our Board in 2011. Kirsty is currently studying a Bachelor of Health Science in Occupational Therapy at Charles Darwin University and works as a Principal Policy Officer at the Northern Territory Department of Health. Kirsty has a keen interest in working with Aboriginal and Torres Strait Islander peoples in rural and remote settings, and internationally with other First Nations people.

Directors appointed until 2017 AGM

- **Braiden Abala** –
Chairperson
- **Phyllis Mitchell** –
Larrakia Officer
- **Shannon Daly**
- **Kirsty Nichols**

Directors appointed until 2019 AGM

- **Carol Stanislaus** –
Deputy Chairperson
- **Vanessa Harris**
- **Mark Munnich**
- **Nicole Butler**

Independent Directors terms expire 31 December 2017

- **David Pugh**
- **Priscilla Collins**

Non-member Directors

Following changes to the Danila Dilba constitution in 2014, Board-appointed non-member directors were introduced to bring special expertise or experience to add to the skills of elected directors. Non-member directors are independent and their family members may not have financial or other interests in Danila Dilba. Their specialist skills may include areas such as community development, health, finance, law or accounting. In 2016-17, the non-member directors were:



Priscilla Collins, is an Eastern Arremte woman from Central Australia. She is the CEO of the North Australian Aboriginal Justice Agency (NAAJA). Cilla was formerly CEO of the CAAMA Group and has served on the Boards of Indigenous Business Australia, Imparja Television, National Indigenous Television Service and Indigenous Screen Australia, and as Chairperson of the Australian Indigenous Communications Association.



David Pugh, is the CEO of Anglicare NT and holds a Masters of Business degree. He was formerly CEO of St Luke's Anglicare in Bendigo, Victoria, has held senior government positions, and has worked in Milingimbi and Nhulunbuy. David is on the Anglicare Australia Board, the APONT NGO Partnership Steering Group and the Northern Territory Government NGO Consultative Committee.

1.3 Organisational development



Danila Dilba is committed to giving our community high quality comprehensive health services that are accessible and available where and when they are needed. So that we can continually improve our service, we are also continually developing our organisation and investing in our staff.

The increase in uptake of our services and better service delivery is reflected in a significant increase in Medicare income in 2016-17 (see table). More clients are using our services, taking up health checks, receiving holistic care through Chronic Disease Plans and there has been an increase in registrations under the Closing the Gap pharmaceutical scheme and Practice Incentives program for clients who have, or are at risk of, chronic illness.

In turn, this income will be reinvested to open new clinics, expand and improve services and facilities, and build our capacity as a professional community organisation.

The focus of organisational development in 2016-17 was on

- developing a new five year strategic plan,
- reviewing our service design and developing a new service model,
- enhancing our Information Technology capacity and introducing new technology,
- creating a Human Resources Strategy
- enhancing and developing relationships with the wider community through training placements and research partnerships
- improved governance and policy

Medicare income

2013/14	\$2,665,879
2014/15	\$2,987,578
2015/16	\$3,280,200
2016/17	\$4,067,364

2014-16 Strategic plan goal 2

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

2014-16 Strategic plan goal 5.2

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



Find our strategic plan at:
<http://www.daniladilbaexperience.org.au/>
 under the 'About us' menu.

Strategic planning - 'Keeping well, getting stronger'

This year saw the end of our previous three-year strategic plan (2014-2016) and the development and approval of a new five-year Strategic Plan 2017–2022.

In the relatively short time frame of the previous plan, much had been achieved (see Strategic Plan 2014-2016 Outcomes on page 10), and much has also changed in our region and community. This was a period of significant growth and change for Danila Dilba with increased demand for our services.

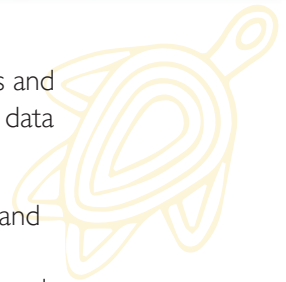
The new strategic plan builds on and consolidates these achievements.

The Danila Dilba Health Service Board led development of the new plan over several months in 2016–17. Price Waterhouse Coopers (PwC) Indigenous Consulting was engaged to assist in the process, which included consultations with clients,

community, staff and stakeholders and analysis of population and clinical data and client feedback.

The structured planning process and consultations helped identify our strengths, areas for improvement and new opportunities over the next five years. All our services and the service design were reviewed, together with support functions such as human resources, finance, information technology and asset management.

With the theme 'Keeping well, getting stronger', the plan focuses on four strategic priorities and positions Danila Dilba as a growing and dynamic health service committed to the world's best practice, respect for Aboriginal culture and a passion to make a difference to the wellbeing of Indigenous people.



Strategic priorities 2017–2022

 <p>1. Improving health and wellbeing across the life course</p>	<p>Improve the health and wellbeing of Biluru people through access to high-quality, holistic and culturally safe comprehensive primary health care, incorporating prevention, early intervention and direct care services.</p>
 <p>2. Building organisational capacity and strength</p>	<p>Develop Danila Dilba Health Service's organisational capacity to deliver sustainable and effective services and support a skilled and culturally competent workforce.</p>
 <p>3. Strengthening partnerships and relationships</p>	<p>Develop and strengthen partnerships with community and other stakeholders to enhance the work of Danila Dilba Health Service and build collaboration at local, regional, Territory and national levels.</p>
 <p>4. Achieving continuous improvement and integration of services</p>	<p>Ensure continuous quality improvement activities lead to evidence-based service design and improvements to services to address client and community needs.</p>



Danila Dilba Strategic Plan 2014–16 outcomes

Goal 1:

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

- increase in health checks across all age groups
- new service model to improve client access and procedures for client recalls
- more services, including a new clinic in Malak and upgrade of the Palmerston clinic
- enhanced holistic health by increased access to chronic disease care coordination and integrated pharmacy, counselling/mental health, tobacco, alcohol and other drugs services into clinics
- more Aboriginal health practitioners and Indigenous support workers
- Improvement in most National Key Performance indicators

Goal 2:

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

- AGPAL clinic accreditation and 'whole of organisation' accreditation by the Quality Improvement Council
- adopted a client service charter and new mechanisms for client feedback
- improved client safety and quality of care through better clinical governance
- improved collection and management of clinical data
- innovations, new service design and program planning to improve services
- successful transition to new funding arrangements

Goal 3:

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

- increased the number of Danila Dilba members by 75% in the three years to June 2017
- raised our profile by positive media coverage, use of social media, community newsletters and improved website design
- produced new marketing materials, including radio and TV advertisements
- recruited Danila Dilba ambassadors to raise the public profile of our work
- strengthened existing partnerships and developed new ones
- made submissions and representations to government

Goal 4:

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

- significant increases in staff professional development
- increased Aboriginal and Torres Strait Islander representation in our management team and more staff involvement in planning and service design
- high staff satisfaction and engagement reflected in our annual staff surveys
- new online HR and payroll system; new staff induction and increased focus on cultural competency
- new enterprise agreement with improved leave provisions, and new performance review and development process
- staff intranet to improve staff communications and document management

Goal 5:

Be a strong and sustainable organisation

- improved governance through changes to our constitution and adoption of a skills-based governance approach and established a Board Audit and Risk Committee
- streamlined the management structure to improve budgeting, reporting and financial management
- developed a long-term property strategy, built new clinics or upgraded facilities to improve client access and meet increased demand for our services
- attracted increased funding for services and capital funding for new clinics
- achieved a significant increase in Medicare income (53%) and Practice Incentive Payments (19.6%) client registration and Medicare billing practices over four years to June 2017
- restructured corporate services and made significant investment in IT systems to support clinical services



2014-16 Strategic plan goal 1.5

Respond to new and emerging health issues and needs of DDHS clients, their families and communities.

Service design

This year has seen a very important shift in the way we design and deliver our services. As a result of a major review, we have moved from the old 'program service' approach, to service design that is person-focused, not disease-focused.

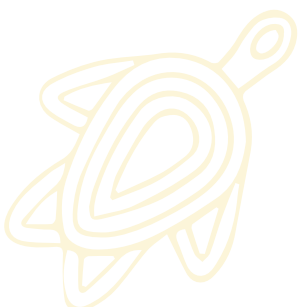
A Service Design Steering Committee was set up in September 2016 to improve integration of all our services. It includes the Senior Medical Officer (Health Systems), the Chief Operating Officer, Palmerston and Darwin general managers and the Community Services Manager.

The new service design means that Danila Dilba principles and processes are consistent across all clinics and all will now have specialist clinics, care coordination and allied health and counsellors alongside a local, skilled primary healthcare team. All of the staff at each clinic — from drivers to GPs — will come under the local clinic manager.

To support the new service design, we are

- redesigning Communicare, our client information management system
- establishing a better referral process for specialist and allied health services to improve our clients' journey.
- reporting at clinic level on our software system 'dashboard' for better local monitoring of client health indicators and management plans.
- strengthening our Corporate Services division.

As more Danila Dilba clinics open in 2017–18 and beyond, we look forward to providing better access to specialist and allied health services, including through video conferencing. The new service design will help us to strengthen continuous quality improvement (CQI) skills and draw on local information to enable clinics to respond better to their community's needs and become more financially sustainable through improved local billing.



1.4 Our staff

Danila Dilba is committed to building a learning culture and promoting professional development of all our staff. At Danila Dilba, every person matters. We are striving to build an organisation where all our staff feel valued and are supported to achieve their professional goals.

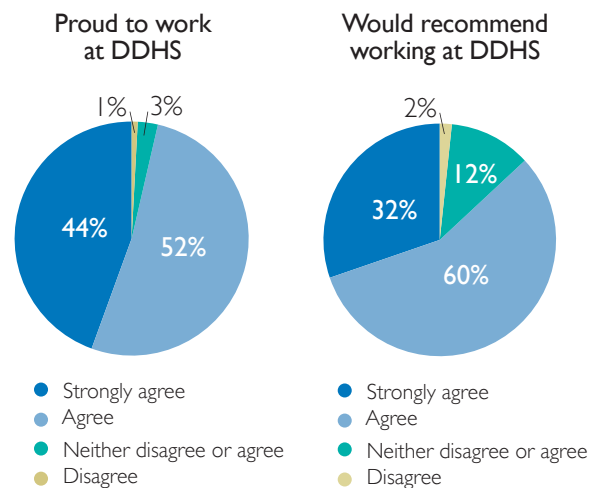
As an Aboriginal community organisation, we also aim to maximise employment and retention of Aboriginal and Torres Strait Islander staff by providing traineeships, career pathways and other development opportunities.

Staff satisfaction

Danila Dilba conducts an annual staff satisfaction survey and uses the outcome to develop action plans in consultation with staff. The 2017 staff survey action plan commenced in March and is expected to be complete by December 2017.

Danila Dilba is building a growing reputation as an employer of choice, and is working to enhance our profile as a preferred employer. We are proud to report that 7 former staff returned to Danila Dilba during 2016–17, taking up positions including GP's and

support workers. In 2017, we received an 'Employer of Choice' and a mentoring program grant from the Northern Territory Government to support this goal. In the coming year we will complete an 'employer branding' project based on interviews with staff from across the organisation to learn more about employee perceptions and how we can best engage with potential candidates in the future.



Career pathways staff profile – Karina Kassman

Many of our staff find career development an important part of job satisfaction and motivation at work and are looking for opportunities to develop a career path. At Danila Dilba we are committed to building our workforce by providing such opportunities.

Karina Kassman has been with Danila Dilba for five-and-a-half years. She started as a support

worker in Community Services, then became the senior program officer for our healthy lifestyle promotion program 'Deadly Choices' and the 'Tackling Indigenous Smoking' program. In July 2017, Karina was appointed as our communications officer in the Corporate Services team and has significantly broadened her skills base.



New HR strategy

In 2016-17, Danila Dilba completed our Human Resource Strategy in line with our 2014-16 Strategic Plan goal to ensure our people are skilled, supported and engaged to achieve Danila Dilba Health Service goals. It is built around three pillars:

Talent:

Attract, recruit and retain the best people using fair, equitable and transparent processes.

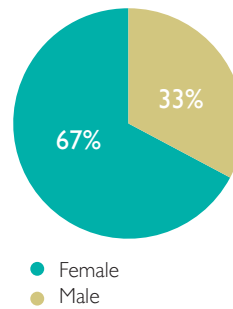
Engagement:

Encourage pride and motivation in being a Danila Dilba employee through staff communication and feedback, by recognising and rewarding performance, and supporting staff learning and development.

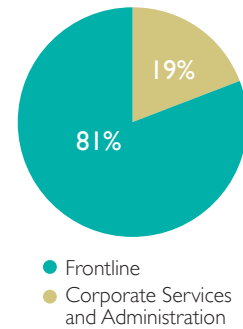
Learning and development:

Support our staff to build a meaningful career and create their professional path.

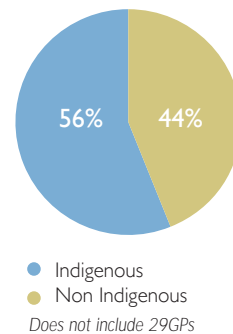
Staff gender ratio



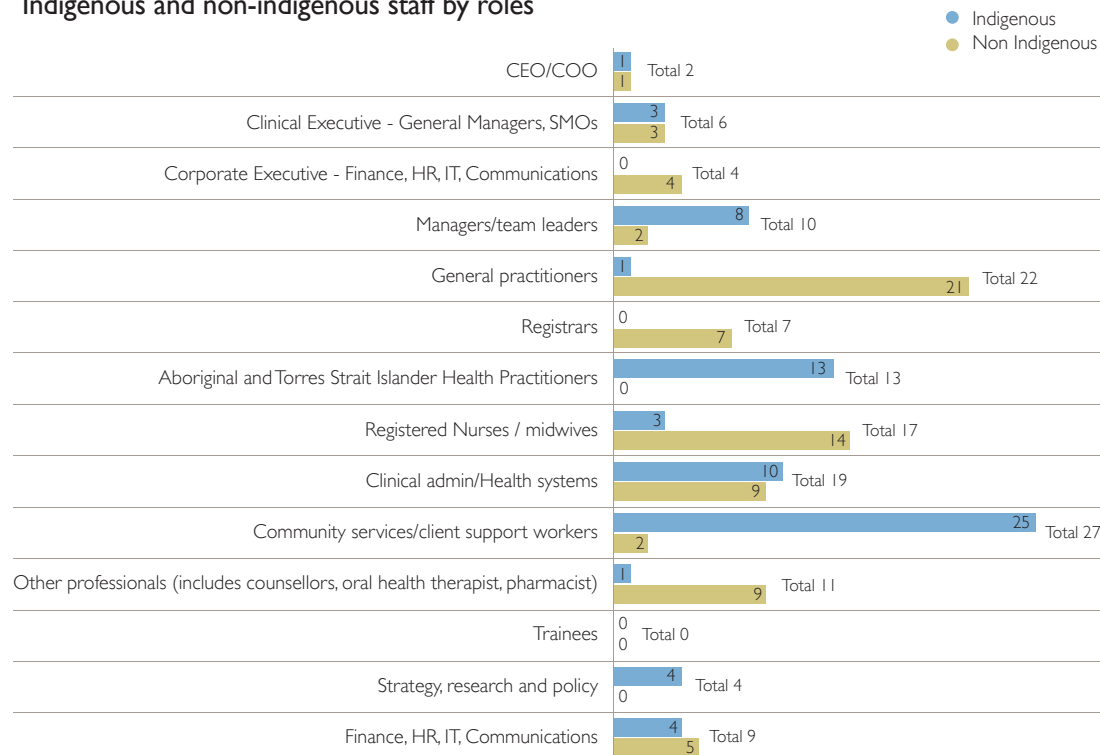
Administrative staff ratio



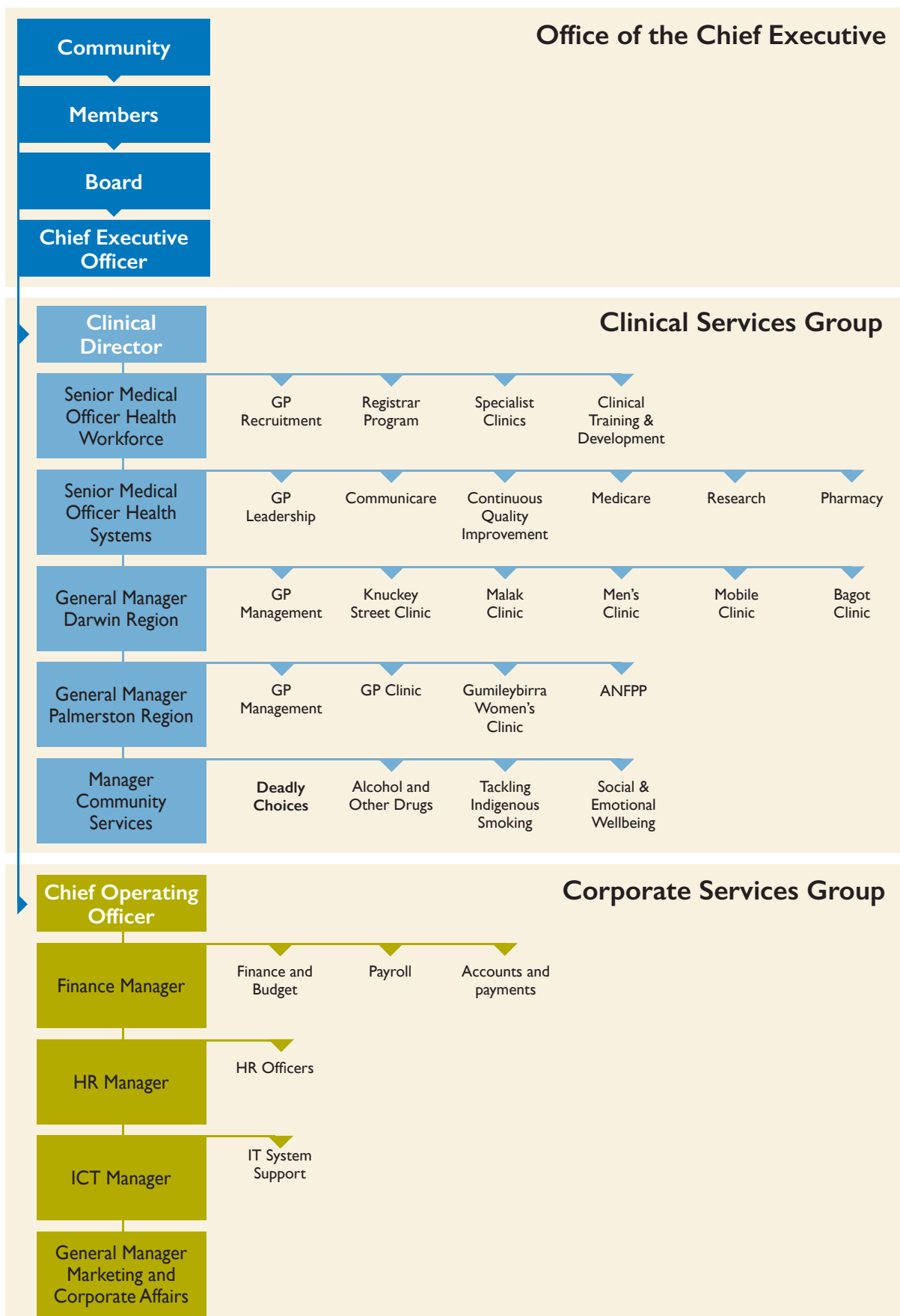
Indigenous staff



Indigenous and non-indigenous staff by roles

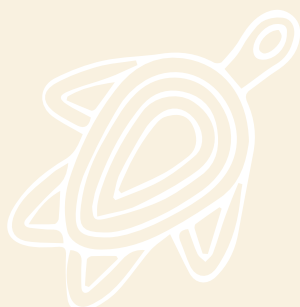


Our Organisation



Organisation Overview

	Total Staff	Total FTE*	Indigenous	%	Non-Indigenous	%	Male	%	Female	%	Salary Range
CEO/COO	2	2.0	1	50%	1	50%	1	50%	1	50%	\$165,000 – \$251,142
Clinical Executive - General Managers, SMOs	6	4.5	3	50%	3	50%	3	50%	3	50%	\$137,917 – \$238,240
Corporate Executive - Finance, HR, IT, Communications	4	4.0	0	0%	4	100%	3	75%	1	25%	\$94,987 – \$137,917
Managers/team leaders	10	10.0	8	80%	2	20%	3	30%	7	70%	\$72,800 – \$113,086
General practitioners	22	11.7	1	5%	21	95%	7	32%	15	68%	\$181,617 – \$216,078
Registrars	7	6.6	0	0%	7	100%	3	43%	4	57%	\$159,233 – \$181,617
Aboriginal and Torres Strait Islander Health Practitioners	13	13.0	13	100%	0	0%	3	23%	10	77%	\$61,996 – \$98,200
Registered Nurses/ midwives	17	13.7	3	18%	14	82%	2	12%	15	88%	\$86,880 – \$121,720
Clinical admin/ Health systems	19	17.0	10	53%	9	47%	4	21%	15	79%	\$50,594 – \$98,200
Community services/ client support workers (includes administrative staff)	27	25.0	25	93%	2	7%	14	52%	13	48%	\$46,671 – \$93,950
Other professionals (includes counsellors, oral health therapist, pharmacist)	10	9.3	1	10%	9	90%	3	30%	7	70%	\$55,319 – \$111,327
Trainees	0	0.0	0	0%	0	0%	0	0%	0	0%	\$0 – \$0
Strategy, research and policy	4	4.0	0	0%	4	100%	1	25%	3	75%	\$72,800 – \$137,917
Finance, HR, IT, Communications	9	9.0	4	44%	5	55%	2	22%	7	78%	\$59,270 – \$101,795
Total	150	129.8	69	46%	81	54%	49	33%	101	67%	



1.5 Learning and development

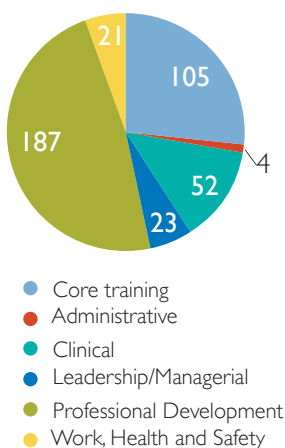
The Danila Dilba learning and professional development approach is based on the '70/20/10 model', where 70% of learning occurs on the job, 20% is social learning and 10% is formal training. We run a comprehensive monthly in-service training calendar that includes an all-staff meeting, in-house clinic-based training/meetings, all-staff clinical training and individual training.

Danila Dilba's commitment to our employees' ongoing professional development and training was further developed in 2016-17 through a new online Work Partnership Agreement process. All staff review their progress and goals every six months in conjunction with their managers, setting work goals in line with Danila Dilba's strategic and business plans and identifying their own learning needs for the coming year.

In 2017-18, we expect several middle and senior Indigenous clinical managers to complete leadership and management courses, and will launch a formal mentoring program for developing Indigenous leaders delivered by an external provider under

a Northern Territory Government Aboriginal Workforce grant. Thanks to our 'Employer of Choice' grant from the Northern Territory Department of Trade, Business and Innovation, we will also implement a career pathways project for all job classifications to help staff develop their careers at Danila Dilba. In 2016-17, 392 external training or development activities were provided to our staff, compared with 287 the previous year.

External Training and Development activities 2016-17



Training and traineeships

Danila Dilba Health Service is proud of the learning culture it has developed for all staff and its support of up-and-coming health professionals. A new education and training officer joined the Danila Dilba team in May 2017 to further develop the formal training program for all staff and to support in-house and visiting trainers and visiting presenters.

Cultural training

Cultural awareness training is mandatory for all new staff. It includes a full-day cultural awareness workshop run by Northern Territory General Practice Education. In the coming year Danila Dilba will develop a DDHS cultural charter, standards in cultural competencies, and in future will deliver in-house cultural awareness training

Monthly in-service training

Danila Dilba schedules regular in-house training on Friday afternoons that includes a monthly all-staff meeting with internal and external guest speakers, clinical training and site-specific training.

During 2016-17, clinical staff were trained in areas such as wound care, rheumatic fever and heart disease, and point-of-care testing for syphilis. Local experts from partner organisations such as the NT Rheumatic Heart Disease (RHD) Control Program, the NT Centre for Disease Control and Royal Darwin Hospital usually run these sessions.



*Kayelene Rynne, Vicki Thornton
and Shay Wilson at Danila
Dilba corporate office*



This year, several in-services were also presented by our own Indigenous and non-Indigenous staff in their skill areas, including managing diabetes, renal disease, hepatitis infections and emergency scenario training.

Training placements for external students

Danila Dilba offers training placements, internships and work experience opportunities to high school and university students who are interested in gaining experience in and learning more about Indigenous health.

In 2017–18, Danila Dilba will focus on increasing placements of local Indigenous students. We will also provide more structured placements for allied health students, particularly Aboriginal Health Practitioners, in line with our medical student program.

Undergraduate training

In 2016–17, Danila Dilba accepted undergraduate students for placements in Aboriginal Health Practitioner practice, medicine, nursing and social work. Most students were from the Northern Territory, but we also take students from interstate institutions who demonstrate a strong interest in Indigenous primary healthcare.

Work experience

A number of university and high school students with aspirations for health careers also completed work experience at Danila Dilba in various roles during the year.

GP Registrars

Danila Dilba's most significant educational commitment in 2016–17 continued to be in hosting GP Registrars — doctors training to be GPs. They are employed in placements at Danila Dilba, coordinated by Northern Territory General Practice Education Ltd, the regional training provider for GPs in the Northern Territory. In 2016–17, 13 GP Registrars were placed at Danila Dilba for training terms ranging from 6 to 12 months. We hope several will return as fully qualified GPs when they have finished their training.

NT Medical Program

Danila Dilba's relationship with the Northern Territory Medical Program saw us host 11 students entering their second-last year of medical training, where they focus on developing their clinical skills. Each student spent up to five weeks rotating through our clinics and with our outreach teams, learning from our experienced clinicians, who teach students the art and science of primary healthcare and Indigenous health. The program has a strong focus on cultural safety, led by our Indigenous staff.



Staff excellence, awards and achievements

Danila Dilba Health Service is proud of our staff, many of whom received further qualifications, won awards and built successful career pathways this year.



In 2016–17, three staff – **Nathan Cubillo**, based in our Malak clinic, and **Onika Paolucci** and **Cynthia Brock**, in our Knuckey Street clinic – completed Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care, to become fully qualified Aboriginal Health Practitioners (AHPs).



Onika told an all-staff meeting that the support she received from Danila Dilba and her colleagues was the key to completing the course in the minimum time.



Our Social and Emotional Wellbeing counsellor, Paul Fong, met the registration requirements to become a fully registered psychologist during the year. Paul is a Darwin local and joined Danila Dilba in January 2014. He provides counselling services at our Men's Clinic, Palmerston Clinics and to our Malak clinic Stolen Generations group.

On their way...

Nurse **Leiana Hewett** is training to become an advanced practice nurse in kidney health, thanks to transitioning nurse funding granted to our kidney health program through the Australian Primary Care Nurses association.

Raelene Noonan, also a nurse at our Palmerston clinic, has won a scholarship and started her midwifery course at Charles Sturt University in partnership with Danila Dilba. Raelene will be Danila Dilba's first 'home-grown' Indigenous midwife!

Clinic Coordinators **Tiana McCoy**, **Sharni Cardona** and **Francette Baird** are completing their Diploma in Practice Management.

Family support worker, **Theresa Kassman**, completed her pathology certificate.

Above from top: Graduates Nathan Cubillo, Onika Paolucci and Cynthia Brock.

Below: Australian Medical Association President Michael Gunner (left) presents Elle Crighton the AMA women's Health Award, May 2017.



Awards

Palmerston Women's Health team leader, nurse and midwife **Elle Crighton** won the 2017 Australian Medical Association Women's Health Award. This prestigious award is presented to a person who has made a major contribution to women's health in Australia. Elle is a fully qualified and experienced midwife and was recognised for her work on family planning and raising

awareness of Foetal Alcohol Spectrum Disorder (FASD).

Elle also won the Excellence in Nursing/ Midwifery Primary and Community Health Award at the 2017 Northern Territory Nursing and Midwifery Awards.

1.6 Continuous quality improvement (CQI) and workplace safety



Danila Dilba Health Service is committed to providing high quality and safe services and workplaces for our clients and staff.

In 2016-17, we reviewed our clinical governance and decided to replace the previous Clinical Governance Committee with a new Clinical Safety and Quality Committee, chaired by the Senior Medical Officer (Health Systems). The committee also includes our CQI Officer, GPs, and Aboriginal Health Practitioners and/or nurses, and works closely with the Board Risk and Audit Committee. A majority Indigenous quorum is required at the monthly meetings which review client complaints, incident reports, policies and procedures, and improvement action plans.

This year, our CQI Officer undertook training with the Health Improvement Academy (part of the Australian Council on Healthcare Standards) and some 20 Danila Dilba staff completed workplace health and safety (WHS) training delivered by the Northern Territory Chamber of Commerce. Clinical staff were trained in incident reporting and CQI principles and techniques.

Incident reporting and management

- 81 clinical incidents were reported (78 incidents closed, three still under investigation at June 2017). All incidents were reported the same or following day, indicating an effective, open disclosure process.

2014-16 Strategic plan goal 2.1

Embed continuous quality improvement in the design, delivery and review of all program and service to improve their impact and effectiveness.

- 99 workplace health and safety (WHS) incidents were reported (90 were closed and nine were under investigation or subject to action at June 2017). No compensation claims resulted from any workplace injury.
- Nine complaints were made regarding eligibility criteria, dissatisfaction with doctors' diagnosis and/or refusal to prescribed requested medication, or allegations concerning staff conduct, which were not substantiated.

As the year ended,

- a number of staff were completing the Certificate IV in Work Health and Safety
- four Danila Dilba clinics were preparing for Australian General Practice Accreditation Limited (AGPAL) accreditation under Royal Australian College of General Practitioners (RACGP) standards (the accreditation visit was planned for August 2017).

The focus on quality and safety will continue in 2017-18, further strengthening Danila Dilba's CQI capacity across the organization and with particular focus on our clinics.

Clinical incidents	Total	WHS incidents	Total	Complaints	Total
Adverse reaction/event		Physical injury	13	Appointments	0
Blood or bodily fluid exposure	1	Property	28	Other	7
Documentation error	14	Transport	5	Privacy & confidentiality	0
Immunisation error	24	Verbal abuse to staff	33	Transport	2
Medication error	11	Emotional wellbeing	3	Wait times	0
Needle-stick injury	4	Adverse or critical event	3	Total	9
Other	27	Other	9		
Total	81	Environmental	5		
		Total	99		

1.7 Developments in Information Technology (IT)

2014-16 Strategic plan goal 5.3

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

Information technology plays an important part in delivering health services for Danila Dilba Health Service clients. We made two significant IT improvements in 2016–17.

Telehealth

'Telehealth' enables health professionals to deliver healthcare services to clients from a distance and is one of the significant emerging technologies in primary health care.

In 2016–17, Danila Dilba started Telehealth video consultations with an interstate specialist for Men's Clinic clients, using a combination of the GP2U portal and Skype. Clients who tried the new Telehealth service had very positive feedback, saying it felt close to the experience of a face-to-face consultation.

Video conferencing

As Danila Dilba grows and the number of service sites increases, we face the challenge of keeping staff, clinical teams and management connected.

In 2016–17, we set up video conferencing to connect staff in our Darwin office to the Knuckey Street, Malak and Palmerston clinics. Staff can also connect from any equipped desktop computer or mobile device. After some early challenges getting the technology to work consistently, we achieved a high-quality result.

The new video conferencing system saves staff a lot of travel time ... time saved that can be used to treat our clients.

The new video conferencing system saves staff a lot of travel time — up to one hour for a Darwin to Palmerston return trip. That time saved can be used to treat our clients. This new system is also particularly important for the weekly training sessions for clinic teams and there has been significant uptake of the system for clinical training.

We also use software that allows staff to use videoconferencing to share their computer's desktop with other staff. This means they can deliver presentations, showcase electronic resources and conduct live clinical training using demonstration patients in our Communicare practice software. We aim to connect all Danila Dilba sites through video conferencing in future and have enabled Skype across the organisation to complement our videoconferencing facilities.

We especially thank Northern Territory General Practice Education for grants to purchase videoconferencing equipment for our Malak and Rapid Creek clinics.

In 2017–18, Danila Dilba's IT team will be integral in establishing new clinics planned for the Bagot community, in Rapid Creek and in Darwin's rural area. A major task will be to fortify our network infrastructure and implement infrastructure to support expanded telehealth services.

1.8 Research and advocacy

2014-16 Strategic plan goal 4.3

Develop and implement a best-practice approach to program and service planning design.

Although research and advocacy are not 'frontline' activities in delivering health care, the Danila Dilba Board regards both as highly important contributors to the health and wellbeing of Aboriginal and Torres Strait Islander people and to future change in health promotion and delivery, and policies that affect our people.

Research

We support a range of research and research partnerships to contribute to best-practice knowledge in Aboriginal health care. The Danila Dilba Research Working Group reviews and makes recommendations on all requests for research project support and partnership. Its members – three Indigenous staff, a Senior Medical Officer and Senior Project Officer – all have experience in research and when needed, seek advice from expert staff. The CEO's decisions are based on the benefit of the project to the community and Danila Dilba's capacity to support the research.

As well as projects we are directly involved in, Danila Dilba has nominated a staff member to the Aboriginal Medical Services Alliance Northern Territory (AMSANT) Board Research Sub-Committee. This partnership strengthens our ability to engage in and influence the research agenda in the Northern Territory and has given us a greater understanding of new data linkage research methodologies and Aboriginal governance of data reporting.

Next year, the Research Working Group will include a community member and we plan to post all research partnerships to our website to give the community greater access to this area of our work. We are also seeking funding for a dedicated staff researcher.

Research projects completed in 2016-17

- Validation of depression research tool (George Institute)
- AHP fellowship in Rheumatic Heart Disease (RHD) (Wardliparingga Aboriginal Research Unit, South Australian Health and Medical Research Institute)
- Outcomes of self-harm in the NT 2001–2013 (Menzies School of Health Research)
- Improving delivery of secondary prophylaxis in RHD. Phase I (Menzies School of Health Research)



Research and advocacy are highly important contributors to the health and wellbeing of Aboriginal and Torres Strait Islander people



New research support or partnerships in 2016–17

University of NSW	Does the ibobbly iPad App, developed with the Kimberley Aboriginal Medical Service, help young people who are at risk of self-harm?
Menzies School of Health Research	Me and My Kidney: what do clients and service providers think of Top End Health Service renal services? (This research may help improve integrated services to clients.)
Telethon Kids Institute and Menzies School of Health Research.	Rheumatic Heart Disease and penicillin levels. (This may lead to improved RHD prevention.)
James Cook University	Traumatic brain injury – a longitudinal study of care from hospital to home.
Lighthouse Project, Heart Foundation	Evaluation of the RDH project for culturally safe care for clients after a cardiac event.
Menzies School of Health Research	Extension of the PANDORA Diabetes in Pregnancy project to look at outcomes over 20 years for clients already enrolled.
Menzies School of Health Research.	COMMUNICATE: Improving the use of interpreters in Royal Darwin Hospital and primary health care.

Advocacy

The main advocacy focus in 2016–17 was on youth justice and child protection, reducing alcohol-related harm, and continuing advocacy with government ministers, local members and senior public servants for evidence-based approaches to Aboriginal health and adequate funding.

Royal Commission into Child Protection and Detention in the Northern Territory

Following ABC TV's Four Corners program in July 2016 that reported the mistreatment of young people at the Don Dale Youth Detention Centre in Darwin, our CEO was active in public advocacy for a better approach to youth justice through radio and television, and submissions and evidence as a witness to the Royal Commission that was subsequently appointed.

Danila Dilba's formal submission to the commission was comprehensive in calling for a fundamental paradigm shift in youth justice to a new approach centered on child development, avoiding incarceration and addressing and treating the effects of trauma and health conditions of children in detention. Our submission on youth justice and detention was followed early in 2017-18 with a further submission on the Northern Territory child protection system. The credibility we have gained has provided a platform to continue our advocacy for change and engage with government in co-design of new systems.

Northern Territory Alcohol Policies and Legislation Review

Danila Dilba's submission to the Northern Territory Alcohol Policies and Legislation Review in June 2017 recommended a number of policy and practice changes to reduce alcohol-related harm in the Darwin and Palmerston community. Our submission focused on the need to address the underlying causes of harmful alcohol use, measures to reduce harm, and the need for increased services in accommodation, alcohol rehabilitation and community safety.

2014-16 Strategic plan goal 3.1

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

Internship project supports our advocacy

Much of the research for our submission to the Royal Commission into Child Protection and Detention was produced by interns from the Aurora Project, which places law students and graduates in full-time, unpaid, four to six-week internships at more than 130 Indigenous-focused organisations Australia-wide.

The internship program not only made a valuable contribution to Danila Dilba's advocacy, but also promoted the idea of working in Indigenous organisations to the interns. One intern, **Maddy Wonders**, reflected on her work:

'My experience at Danila Dilba was like no other work placement or internship I've completed before. Doing complex and challenging work that contributes to a really important cause was an incredibly rewarding feeling.

'I was surrounded by interesting, inspiring and humble people committed to social justice. My internship reminded me of the



Royal Commission Project Officer Adelaide Soltysik and Royal Commission intern Maddy Wonders

importance of my law degree and the power and responsibility that comes with it.

'It's definitely an area I'm committed to working in, and I've never felt so inspired and engaged in a job before. Darwin, I'll be back!



:2:

OUR HEALTH SERVICES



*'our clients feel welcome,
comfortable and respected at all
our clinics and in all our services.'*

2.1 Comprehensive Primary Health Care

2014-16 Strategic plan goal 1.1
Provide effective and accessible health care services to Aboriginal and Torres Strait Islander people.

Danila Dilba's core business is to provide high quality, comprehensive primary health care to Biluru (Aboriginal and Torres Strait Islander people) in the Yilli Rreung (greater Darwin) region.

Comprehensive primary health care means much more than a visit to the doctor! It is a holistic approach to health – including accessible and culturally appropriate treatment and medical services, illness prevention, health education and promotion, and helping people to look after their own health. It is about connecting up and working together.

Everything Danila Dilba does – including our corporate services, administration, and support for health research – is aimed to support this foundation work to improve the health of Aboriginal people in the region we serve.

Our clinic teams of General Practitioners (GPs), Aboriginal health practitioners (AHPs) and Registered Nurses (RNs) work together to deliver this comprehensive service to improve health outcomes for all our clients.

At the same time, we aim to strengthen our staff to ensure our clients receive sensitive and appropriate care. Our clinics are managed by Indigenous staff, and in the coming year, several middle and senior Indigenous clinical managers will complete leadership and management courses to consolidate succession planning.

2016-17 has seen major changes to improve and expand Danila Dilba services in primary health care, including consolidation of our new clinic at Malak, changing our service design, and introducing new telehealth and video conferencing technology.

In line with the Australian Government's strategy to achieve health equality between Indigenous and non-Indigenous Australians by 2031, Danila Dilba is working towards not only meeting, but doing better than the targets that have been set for improved health outcomes by 2023 (see National Health plan performance targets on page 29).



**Francette Baird –
Clinic Manager and Aboriginal
Health Practitioner**

Francette Baird has been with Danila Dilba Health Service for five years now and has worked across our clinic sites in that time. She is currently the Clinic Manager at Knuckey Street, coordinating the day-to-day running of the clinic and specialist clinics. Fran, who was born and raised in Darwin, is completing her diploma in Practice Management.

"I'm a bit of a jack of all trades", said Fran. Even as a manager, she still loves getting out on the floor. "I think your team needs to know you're working together as a team," she said. "If I see that we have a lot of people waiting and there are booked appointments, I'll get on the floor and help."

"My team and I are very close and we work well together. I really enjoy getting up and going to work. Every day is different – you don't know what to expect coming through the door. It's a great place to work."

2014-16 Strategic plan goal 4.1

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

Respect, culture and language are keys to improving health

Danila Dilba is strongly committed to ensuring that our clients feel welcome, comfortable and respected at all our clinics and in all our services.

Achieving change in health outcomes for our people means changing the fundamentals – improving access to health services, educating, informing and helping people to care for their own health – but above all, we know that services must be appropriate to the needs of the people who use them or they aren't accessible at all.

Our clinics are designed to ensure that people feel welcome – a friendly place, and seeing Aboriginal people working there at reception, as clinic managers and as Aboriginal health professionals. We also offer access to professional interpreters if our clients need assistance with language or translation services.



Danila Dilba Outreach worker, Stephanie Hauser with Donna McMaster at the Malak NAIDOC Family Day

Aboriginal Health Practitioners

A core policy at Danila Dilba is that our clients 'see an Aboriginal Health Practitioner (AHP) first'. Aboriginal and Torres Strait Islander Health Practitioners (AHPs) are a crucial part of our interface with and treatment of clients. As clients' first contact point in the clinical process, AHPs are essential in ensuring culturally appropriate treatment and care.

In 2016–17, 13 AHPs were working at Danila Dilba clinics—a big increase from eight in 2015–16. Some AHPs were working in non-clinical roles, such as team leaders and in management, care coordination and in the 'Deadly Choices' healthy lifestyles program. One of our AHPs, Byron Davis, enrolled in medicine during the year.

Our AHP trainees, Onika Paolucci and Cynthia Brock (at Knuckey Street clinic) and Nathan Cubillo (at Malak clinic) —all achieved AHP qualifications at Danila Dilba this year.

While it is great to see our trainees succeed, we continue to find it challenging to recruit more to fill vacancies when some of our AHPs move on to other program areas in the organisation and elsewhere. To fill these gaps in the short term, we recruited casual registered nurses to backfill the positions.

In 2017–18, Danila Dilba will be working with local AHP training provider, Batchelor Institute of Indigenous Tertiary Education, to give students options for employment at Danila Dilba when they complete their training.

Aboriginal health workers bring a background and an expertise to all my interactions with my patients that I just wouldn't have without them (Danila Dilba GP)



Byron Davis, Aboriginal and Torres Strait Islander Health Practitioner

As an Aboriginal health practitioner in Danila Dilba's Knuckey Street clinic, Byron Davis's role is to screen clients before they see the doctor and to provide a culturally safe experience.

Byron was born in Darwin and belongs to the Kalkadoon people from the Mount Isa area. Before he joined Danila Dilba, Byron had completed a degree in Exercise and Sport Science at Charles Darwin University. But finding there were few jobs in his field, he decided to do a Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care.

"I take their blood pressure, do their 'obs' and help with dressings," he said. "I'm sort of a doctor's

assistant, I guess you'd call it. It's a good job. You're independent and feel useful and helpful."

"It's been a great decision. Danila Dilba is fantastic. You're not just a number on the payroll—doctors and other health workers ask for your advice. It's great to feel important like that."

Byron enjoys his role at Danila Dilba, and has been inspired by the doctors working there and his uncle, who is a GP, to move on to study medicine.

"Starting medicine is a pretty good way to help people, and it's the sort of job where you're a role model for others. All the doctors are role models here," he said.

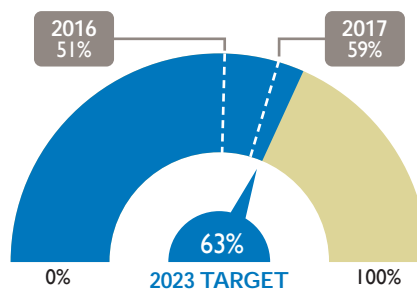
Byron will start his medical studies at Flinders University in Darwin early in 2018.

National Health plan performance targets

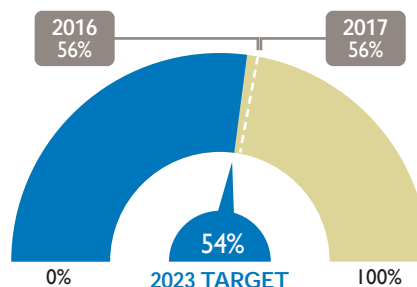
In 2015, the Australian Government released the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023. The plan set targets for improved health outcomes by 2023. Our performance data for 2016–2017 compares well with last year's and with national targets set for 2023. We aim to improve on this and to exceed the national targets by 2023. The data represents the percentage of regular clients who used our services at least three times in the last two years.

2014-16 Strategic plan goal 1.5 Respond to new and emerging health issues and the needs of clients..

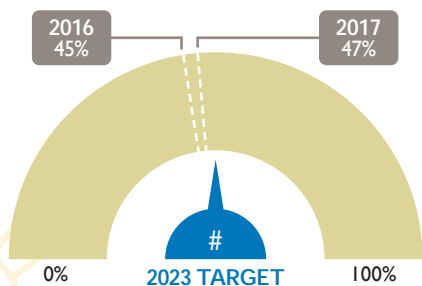
Health Checks 25 and over



Current smoker



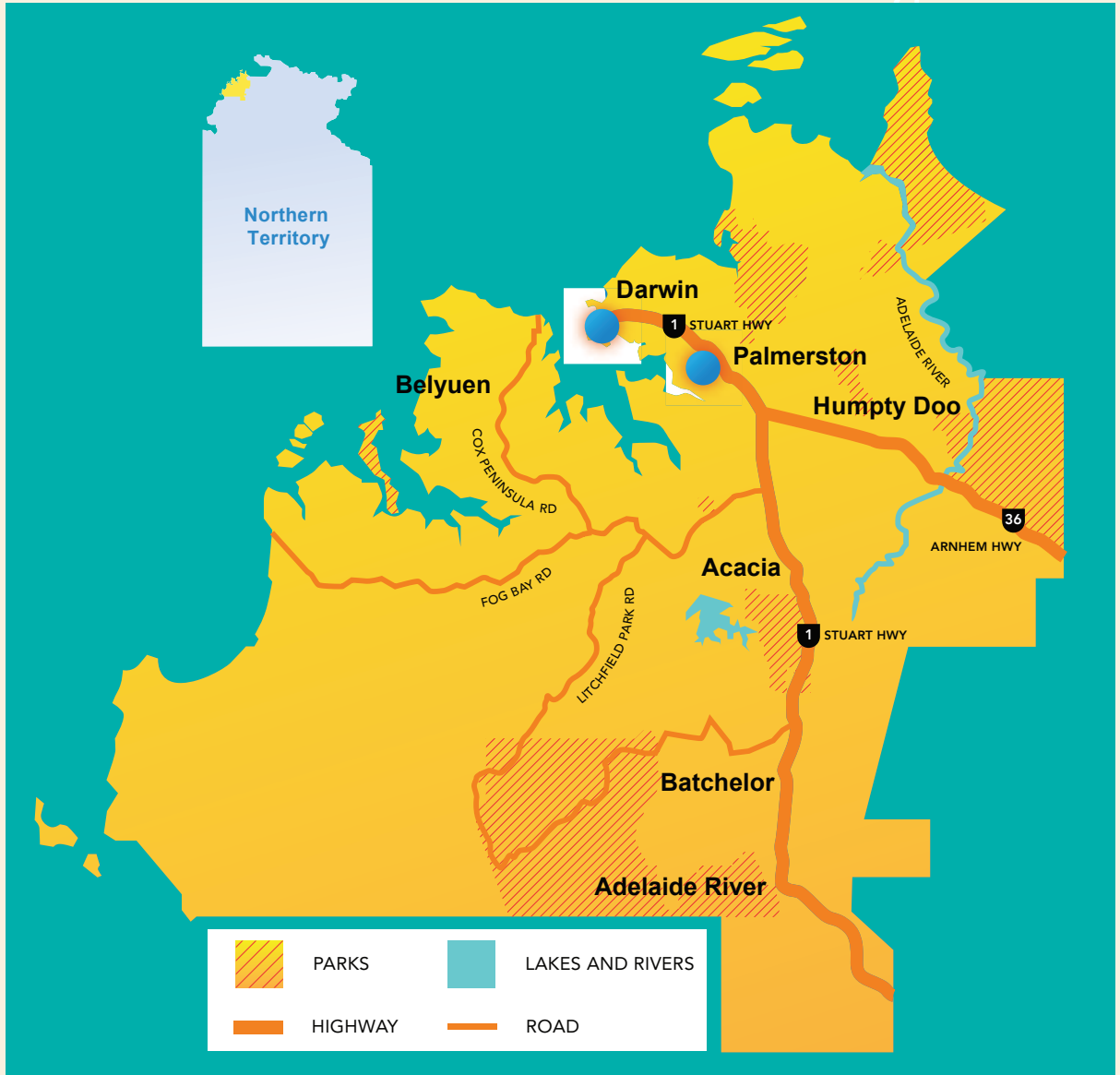
HbA1c* results < 7% in last 6 months#



No target set
* The HbA1c test is a test that measures what blood glucose control has been for a client with diabetes over a 3 month period.

Danila Dilba Service Area

Yilli Rreung Region



Our locations:

Knuckey St Clinic

32–34 Knuckey St,
Darwin NT 0800
8942 5444

Palmerston Health Centre

Unit 1/7 Rolyat St,
Palmerston NT 0831
Health Clinic: 8931 5700
Gumileybirra: 8931 5711

Men's Clinic

42 McLachlan St,
Darwin NT 0800
8942 5495

Community Programs

Enterprise House
28–30 Knuckey St,
Darwin NT 0800
8942 5400

Malak Clinic

Shop 3, 1 Malak Place,
Malak NT 0812
8920 9500

Corporate Services

GPO Box 2125
Darwin NT 0801
8942 5400
www.daniladilba.org.au

2.2 Our clinics

In 2016-2017, 13,951 clients accessed our services. Of these 6,858 were regular clients (i.e. clients who have used our services at least three times in the past two years).

Episodes of care

	2015-2016	2016-2017
Female	32,073	33,521
Male	22,592	23,456
Total	54,665	56,977

In 2016-17 there was an increase in the number of 'episodes of care'. Under new counting rules introduced this year, only one episode of care per client per day is counted. Under these rules, the total number of episodes of care this year was 46,015.

A total of 1,467 new clients accessed our services this year.

New clients 2016-17

	2016-2017
Palmerston	572
Malak	491
Knuckey Street	384
Men's Clinic	20
Total	1467

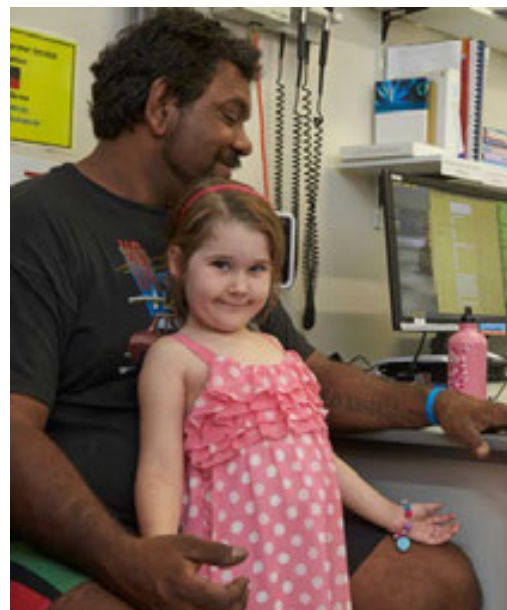
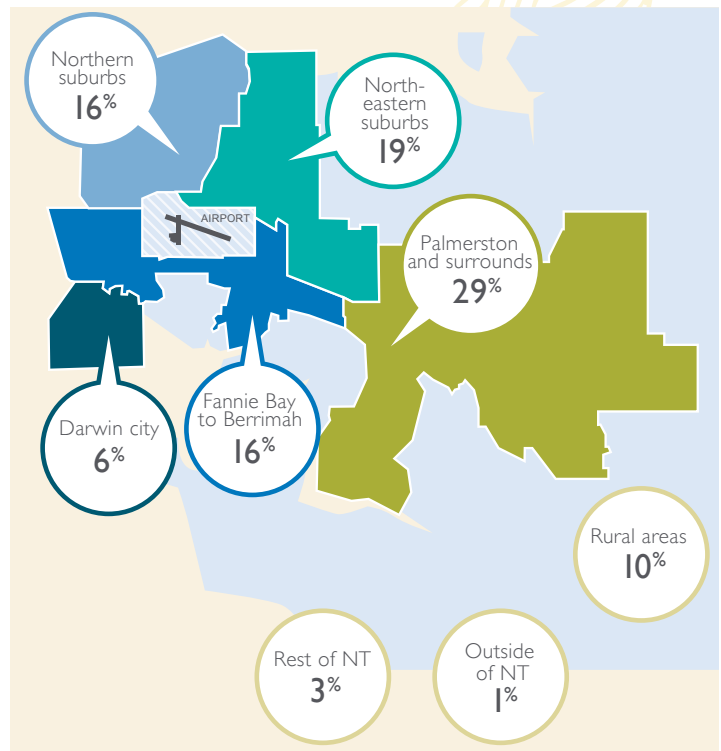
Danila Dilba now has five clinics in the Yilli Rreung region:

- Knuckey Street clinic in Darwin's central business district (CBD)
- Men's Clinic in the Darwin CBD
- Malak clinic in Darwin's northern suburbs
- Palmerston clinic and Health Centre
- Gumileybirra Women's Health Service at Palmerston Health Centre

2014-16 Strategic plan goal 1.1

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

Regular clients



Knuckey Street Clinic: Damian Kuiper and Ella Foster

2014-16 Strategic plan goal 2.1

Embed continuous quality improvement in the design, delivery and review of all programs and services to improve their impact and effectiveness.

The **Knuckey Street clinic** also operates a mobile clinic, which provides services to people who are either homeless, or living in town camps in the Darwin and Palmerston areas.

The **Palmerston clinic** (opened in 2015) moved its general practice clinic into the larger Family Centre this year, to keep up with community demand. The new clinic has 11 consultation rooms and an emergency room.

The new clinic at **Malak**, which opened in June 2016, saw a total of more than 3,000 clients this year. Early next year, a new service funded under the Australian Nurse Family Partnership Program will establish its home base in the same building as our Malak clinic (see below).

In 2017-18 we plan to establish new clinics in Rapid Creek and in the Darwin rural area, and the Bagot community clinic will join Danila Dilba. Information technology (IT) infrastructure development will be an important part of expanding our clinic services – linking staff, clients and specialist providers through telehealth and videoconferencing.



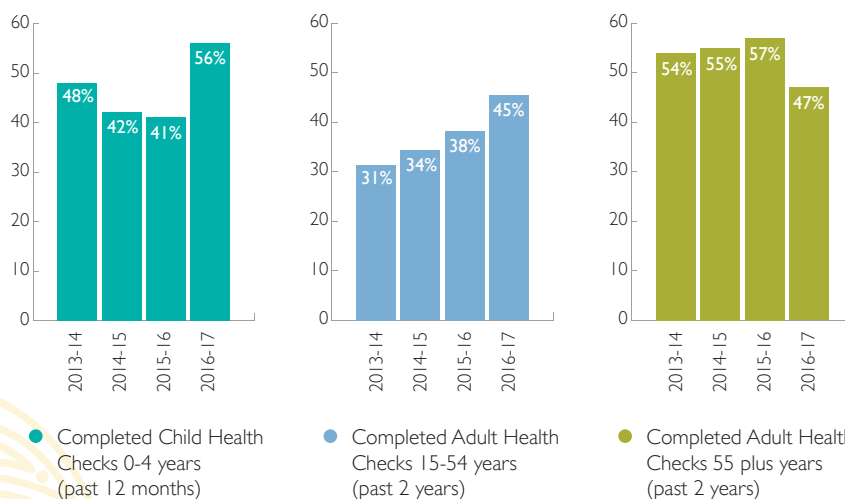
Palmerston clinic



Customer Service Officers Tracy Sansbury and Carla Rodrigues at Knuckey Street clinic

Annual Health Checks

An annual health check is comprehensive and can identify childhood developmental problems, risk factors for disease or actual disease. Overall the percentage of our regular clients who have had a health check in the previous year has increased.



2014-16 Strategic plan goal 5.3
 Ensure our physical infrastructure meets the current and future needs of our people and our clients.

New service design

Significant changes were made as part of our new service design, which has decentralised our services so that the medical, specialist, health education and promotion, and allied health services we offer are available at all clinics. This brings the services closer to where our clients live and enables us to take a more holistic approach to client care, with all the services people need integrated in one place. Some of the changes you may have noticed are:

- Care coordinators are now working at all our clinics, not just the central Darwin location at Knuckey Street
- New services in renal care, diabetes education and a midwife clinic started at the Malak clinic
- Child health services are now offered at all clinics.
- Transport services are now based at our clinics and are integrated into the local clinic community and clinical services team.

Child health services

Early in 2017, the child health program that had been based at Palmerston was integrated into other Danila Dilba Health Service clinics. This shift has made these services more accessible to clients in the Darwin region, and the integration has resulted in some significant improvements in child health care, including

- a 15% rise in 0-5 year old child health checks performed across Danila Dilba clinics
- a 27% rise in referrals to our visiting paediatric services
- a 76% attendance rate for children who had appointments with our visiting paediatricians.

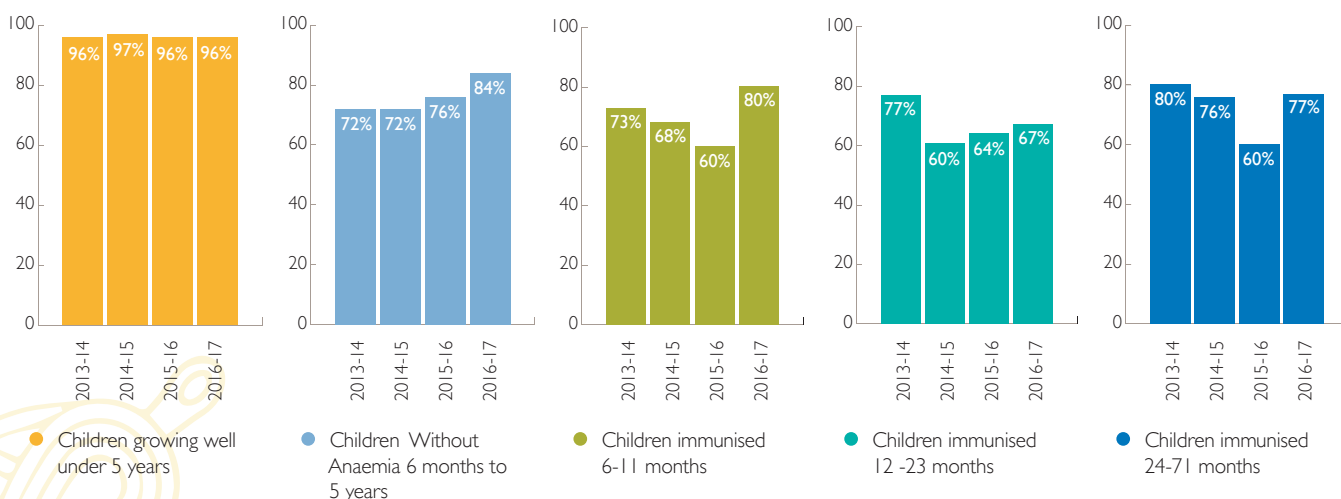
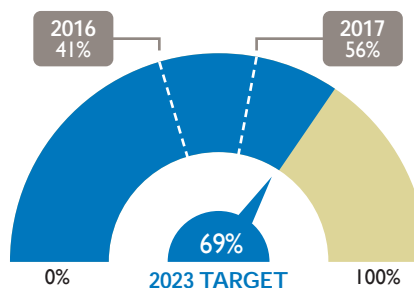
These changes mean that local clinics now have a clear outreach function and all of the staff—from drivers to GPs—come under a local clinic manager.

Child health

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

Danila Dilba performance against National Health Plan targets.

Health Check 0-4 year olds



Nurse family partnership

Early in 2017-18, we look forward to implementing a new service funded under the Australian Nurse Family Partnership Program. This is a nurse-led service, working in the community and at home to support pregnant women and new mothers to improve their own health and the health of their baby. The service continues until the baby is two years old. Home base will be in the same building as our Malak clinic with renovations underway for a move in the latter half of 2017. From early 2018, the service will be available right across Darwin and Palmerston.

Extended hours trial

During 2016-17, we trialed extended hours at the Palmerston Clinic, keeping the clinic open until 9.00 pm on Tuesdays, Wednesdays and Thursdays (including a men-only stream), and on Saturday mornings. Malak Clinic also opened on Saturday mornings. Our consumer survey showed strong support for these extended hours, particularly for clients who find it hard to attend a clinic during work hours. As a result of the successful trial, extended clinic hours will be continued and expanded next year. We plan to make after-hours operations sustainable through Medicare income.



The Knuckey St clinic has been given a minor upgrade and a new roof

Outreach

In addition to the mobile clinic, Knuckey Street clinic aims to build stronger relationships with our homeless clients who visit the clinic for coffee and a shower - these are our most vulnerable people, who can slip through without being seen by doctors, nurses or an Aboriginal Health Practitioner. Knuckey St clinic also provides outreach services to aged clients at Juninga Centre and Tiwi Nursing Home.

School-based health checks were a focus for the Palmerston clinic in 2016-17, which continued working with male students at Rosebery Middle School and Palmerston Senior College through the Clontarf Football Academy. Some 50 health checks were completed this year. Next year, school-based health checks will be extended to the Palmerston Girls Academy at the Palmerston Senior College and Rosebery Middle School.

The Palmerston Clinic is also actively involved in the Terrace Gardens Nursing Home in Farrar, with a Danila Dilba GP and a Registered Nurse visiting weekly. This is having an impact in helping to avoid unnecessary hospital admissions.

Men's Clinic

Danila Dilba Health Service's Men's Clinic in Darwin's CBD focuses on acute health care and early detection and management of chronic diseases. We work closely with specialist physicians at Royal Darwin Hospital, NT Correctional Services, and local disability and alcohol and other drugs (AOD) rehabilitation organisations.

Our all-male staff provides a welcoming atmosphere - and a dartboard, guitars, TV and magazines - which has been critical in attracting a growing number of clients.



Customer Service Officer, Wesley Carolin and Men's Clinic Coordinator, David Adams

In 2016–17, our team included a clinic coordinator, two General Practitioners (GPs), an Aboriginal Health Practitioner (AHP), a counsellor and a medical receptionist. Since the arrival of a new GP in July 2016, now working with us two days a week, there has been a steady increase in clients presenting to the clinic.

This year we continued to focus on promoting the importance of regular health checks through events such as Men's Health Week and NAIDOC Week. Danila Dilba's Deadly Choices initiative which promotes regular attendance at clinics for a full health check also continued to attract clients. We saw a strong performance in adult health checks as they became due (rising by 5%) this year.

In 2017–18, the Men's Clinic will focus on expanding services, with extra GPs, an acute registered nurse and more Aboriginal Health Practitioners. To meet the growing demand and house these expanded services, finding new premises will be a high priority.

we know that services must be appropriate to the needs of the people who use them or they aren't accessible at all.

Gumilebyirra Women's Health service

In 2016–17, Danila Dilba's Gumilebyirra Women's Health Service continued its work in providing access to contraception, pap smears, general women's business and linking clients to the maternal health program. There was continued high demand for these services, with more than 10,000 contacts with women at our Palmerston Health Centre clinics during the year.

Our team includes a Women's Health Team Leader, a nurse/midwife and nurse practitioner candidate, a women's health Indigenous nurse and student midwife, two midwives with dual nursing registration, an Indigenous Outreach Worker and a medical receptionist.

This year, Elle Crighton, a nurse/midwife in the Gumilebyirra team, not only received an award for excellence in primary and community health but was also recognized by a national award from the Australian Medical Association. Raelene Noonan is also well on her way in midwifery training, and we look forward to Raelene becoming Danila Dilba's first 'home-grown' midwife (see her staff profile, page 36).

Client profile: Tradara Briscoe



Tradara Briscoe has been a regular client of Danila Dilba Gumilebyirra Women's Clinic for three years. "Coming from Alice Springs, I wanted to find somewhere I could be comfortable and know I'd be taken care of 100%. The support they've given me along the way there is great. They've been very generous. I love going there and I feel important going to Danila Dilba. I feel safe and secure going there. I don't think I would go to any other place."

Gumilebirra Women's Health service (cont.)

It has been a busy, active year, with a range of activities and new initiatives, including

- implementation of the midwife collaborative model of care, commencing September 2016
- launching a glucose tolerance testing clinic for pregnant women, which 117 women attended during 2016–17.
- raising awareness of fetal alcohol spectrum disorder for FASD Day on 9 September 2016
- an after-hours clinic and town community clinics to improve access for clients

Looking ahead, our focus in 2017–18 will be on:

- implementing national changes to cervical screening program
- opportunistic women's health screening at clinic reviews
- further development of Well Women's clinics
- continuing to improve the antenatal program to service other clinics



Raelene Noonan, Registered Nurse

Raelene is an Aboriginal health registered nurse in Danila Dilba Health Service's women's health and family clinic. She's a Barkindji woman from the Bourke area of New South Wales and has been a Registered Nurse since 1975.

Before joining Danila Dilba in 2014, Raelene worked with Indigenous people in New South Wales and South Australia. In Darwin, she nursed for the departments of Defence and Immigration and at Royal Darwin Hospital.

Danila Dilba has been a perfect fit for Raelene. "I've always wanted to work with Aboriginal

people" she said. "I love respecting these people. Everyone calls me aunty! I love that."

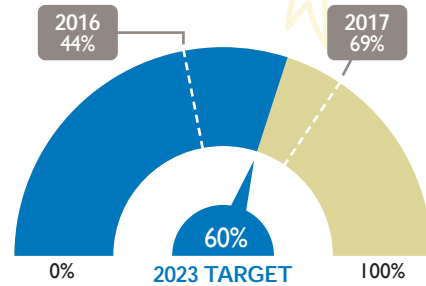
In 2016, Raelene decided to extend her nursing skills to midwifery and is now working with Danila Dilba's midwives as a student midwife having won a scholarship to further her training.

"I really love my job", she said. "I want to help Aboriginal women deliver healthy babies. That's so rewarding for me."

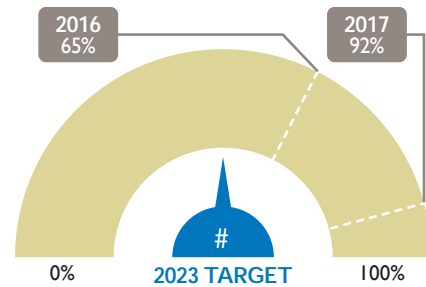
"Danila Dilba is extremely supportive" she said. "The staff here are like family to me, and I feel very secure and happy. I definitely want to stay here at Danila Dilba."

Danila Dilba performance against National Health Plan targets.

Antenatal visits before 13 weeks



Birthweight recorded



No target set

2014-16 Strategic plan goal 2.
Ensure the ongoing development, review and improvement of Danila Dilba Health Service programs and services.

Pap smear testing

Pap smear tests are important for women for the prevention of cervical cancer. More eligible women are having women's checks and pap smears.

	2014-15		2015-16		2016-17	
Had screen in last 2 years	802	33%	858	35%	1108	45%
Had screen in last 3 years	1008	41%	1073	43%	1294	53%
Had screen in last 5 years	1260	51%	1279	52%	1411	57%
Total eligible	2448		2479		2455	

Chronic disease 'coordinated care' – it's everyone's business

Many of Danila Dilba's clients suffer from chronic disease and have complex care needs that require specialist attention and other allied health support services. 'Care coordination services' – often provided through multiple health professionals – provide more intensive support for these clients. At 30 June 2017, a total of 181 clients with chronic conditions were 'care coordinated' at Danila Dilba clinics.

As part of implementing our new service model we reviewed chronic disease care, care coordination and supplementary services, and recalls management. In the past, these services were centralised at our Knuckey Street Clinic in the Darwin CBD. One of the most important changes in the new service model has been to make chronic disease care coordination and Indigenous

Outreach Workers (formerly Family Support Workers) a core part of each clinic's primary healthcare team.

With a full range of services available at each clinic, this means better coordination and continuity of care for clients who have these special needs and will help them move out of care coordination when they are better able to self-manage their health conditions.

The review highlighted many strengths of the existing program, including:

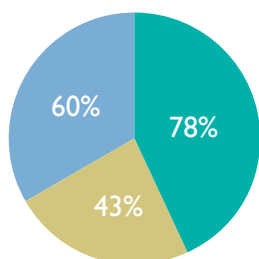
- a multi-disciplinary team approach
- systems in place to support evidence-based, best-practice clinical interventions
- access to a range of in-house services
- established relationships and networks in place to support external referrals
- the value of Indigenous Outreach Workers in enhancing cultural safety and client engagement.

The role of Care Coordinators and Indigenous Outreach Workers has also changed. Instead of specialising in a condition, Care Coordinators now have generalist roles. Both roles are now part of the primary healthcare team and work alongside all clinic staff, giving particular support to care coordinated clients.

Staff have reported numerous benefits of the new model, including:

- increased capacity for outreach and home visits
- increased engagement with local partner services close to clinics, such as community care centres.
- better coordinated care for clients due to enhanced communication with clinic staff, and better continuity of care.

Care coordination



● Malak 78
● Palmerston 43
● Knuckey St 60
Total clients 181

Integrated Team Care

On 1 July 2016, the Australian Government Department of Health combined Care Coordination and Supplementary Services (CCSS) and Improving Indigenous Access to Mainstream Primary Care (IIAMPC) activities to form the Integrated Team Care (ITC) Activity.

The ITC Activity continues to fund our Care Coordinators and Indigenous Outreach Workers to support clients with complex chronic conditions to self-manage their condition and engage with other service providers.

Danila Dilba secured additional funding under the new ITC Activity, which has increased our capacity to deliver care coordination services and will be extended to Bagot community clinic in the coming year.

As Danila Dilba opens more clinics in 2017–18 and beyond, we will continue to support the professional development of our Care Coordinators and Indigenous Outreach Workers so they can effectively support some of our most unwell and disadvantaged clients.



Transport team members James Fry and Frank Duggan

Transport

Our Transport team is an important first contact point between clients and our services. All of our drivers are Indigenous. This year, the fleet expanded to eight leased vehicles – including seven buses with chair lift access, all clinics having at least one of these based on site. We continually review our transport policy so we can keep helping clients who most need transport. In 2016-17, some 6500 transport services were made available to eligible clients and their escorts, such as people who

- are frail and/or disabled;
- have a condition that prevents them travelling on public transport;
- are mothers / fathers accompanying babies or young children.



Members of the Stolen Generations Seniors group (from left) Yvonne Payne, Florence Nicholls, Alma Cadell and Caroline Spicer,

2014-16 Strategic plan goal 2.1

Embed continuous quality improvement in the design, delivery and review of all programs and services to improve their impact and effectiveness

Pharmacy services

Each of our clinics operates a secure pharmacy room which enables our GPs (and nurses and Aboriginal Health Practitioners on a limited basis) to dispense medication, in most cases at no cost to clients. Danila Dilba's pharmacy service also helps clients understand their prescribed medicines and follow their management plan.

Danila Dilba subsidises the cost of medications for our clients and we work closely with several contracted local pharmacies, where clients can have prescriptions filled at low or no cost. This year our pharmacist negotiated standardised medicine labelling with our contractors which will be helpful in future as we increase the number of clinics. In September 2017, the contracts are due for renewal and if the review of our current community pharmacy services is satisfactory, the contracts will be extended. In the coming year, a pharmacy assistant will join Danila Dilba to work with clinic coordinators and contracted pharmacies to ensure the quality of our pharmacy service.

We subsidise eligible clients' pharmaceutical costs to help our clients and make sure they do not go without the medicine they need because they can't afford to pay for it. The overall cost to Danila Dilba to subsidise medicines for our clients is approximately \$600,000 per year.

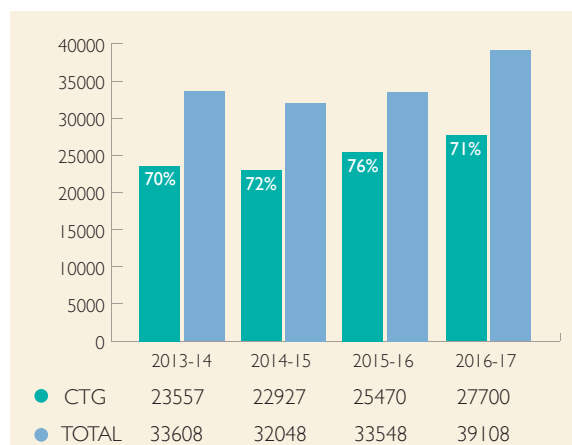
For clients with chronic illnesses or chronic care needs, Danila Dilba can help clients to register for reduced pharmaceutical costs under the Closing the Gap (CTG) prescription program, which makes medicines available at even lower cost than the general Pharmaceutical Benefits Scheme (PBS).

In 2016-17, 71.5% of Danila Dilba clients were registered with CTG, with 71% of prescriptions attracting a CTG subsidy. This Australian Government scheme also provides incentives and financial support to participating health care providers such as Danila Dilba and enables us to reduce medicine costs for our clients.



GP Hugo Smith in the Danila Dilba pharmacy room

“very professional, friendly, genuine and care and helpful”
client feedback



Pharmacy

This chart shows the number of scripts issued by Danila Dilba. The Closing the Gap prescription program (CTG) is a national measure to improve Aboriginal and Torres Strait Islander people's access to medicines. Clients registered under the CTG prescription program are eligible for reduced prices for medicines. In many cases the medicines will cost the client nothing.

2.3 Specialist medical and allied health services

Danila Dilba provides extended primary care and specialist services as part of our commitment to better meet the needs of our clients.

In 2016-17, the new service model continued our expansion of specialist medical and allied health clinics so that more of these services are available at more of our clinics. This means increased access to these services, closer to where our clients live, and reduced waiting time for some specialists and allied health care clinics.

There have already been clear benefits from introducing the integrated model, including enhanced follow-up and improved coordinated care as primary care teams are able to take a more comprehensive approach to managing chronic conditions.

Specialist services

The medical specialist services that visit Danila Dilba clinics are provided by Royal Darwin Hospital, NT Cardiac (Darwin Private Hospital), and other Darwin-based specialists.

This year, our visiting specialist services included:

- cardiology and sonography (echocardiography)
- nephrology
- endocrinology
- respiratory
- paediatrics
- obstetrics

Allied health

During 2016–17, Danila Dilba employed our own in-house diabetes educator and social worker, and offered the following visiting allied health providers:

- podiatry
- physiotherapy
- optometry
- speech pathology (child development team).

Specialty	2013-14	2014-15	2015-16	2016-17
Diabetes Educator	873	862	1032	1504
Obstetrician and Gynaecologist	90	122	86	106
Paediatrician	150	89	251	274
Sonographer	0	33	59	86
Physiotherapist	34	239	243	335
Specialist Medical Practitioner	499	357	320	339
Total	1646	1702	1991	2644

A number of different specialists visit Danila Dilba Health Service. This table shows the number of clients who saw these specialists in 2016-17, compared with previous years.

2014-16 Strategic plan goal 1.1

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

2.4 Chronic disease

In 2016–17, Danila Dilba Health Service's clients continued to have a disproportionate prevalence of chronic conditions that significantly contribute to the Indigenous health gap.

Among our 5,130 regular clients over the age of 15 at 30 June 2017:

- 1158 had diabetes (23%)
- 620 had cardiovascular disease (12%)

To get better health outcomes for such large numbers of our clients, at Danila Dilba we say chronic disease is everyone's business. All our staff are committed to the prevention, early detection and good management – including self-management – of chronic disease.

As part of implementing our new service model in 2016, Danila Dilba made an internal review of chronic disease care and care coordination. The most important change resulting from this review was to make chronic disease care coordination a core part of each clinic's primary healthcare team. This will provide greater continuity of care for clients and support them to better self-manage their health conditions.

Allied health and specialist services also complement our chronic care services. Cultural safety is enhanced when these are delivered by our own staff or by visiting services at our clinics and means clients are more likely to attend regularly and receive better coordinated care.

“staff are always friendly and very helpful”

client feedback



Our in-house primary care specialist teams in renal care and diabetes also continue to assist clients that are high risk, are in advanced stages of disease, or clients with new diagnoses who will benefit from intensive intervention. These teams also continue to provide clinical support and education to all staff.

Our progress in engaging with clients who have chronic conditions was reflected this year in a small, but encouraging increase in the number of clients who now have a comprehensive GP management plan for conditions such as Type 2 diabetes or chronic heart disease.



Diabetes management

Diabetes is the most common chronic condition among our clients, affecting 23% of our regular clients over the age of 15. For our regular clients aged over 55 years, the disease affects 49%, or nearly half, of these clients.

The prevalence of diabetes is one of the main contributors to the development of cardiovascular and chronic kidney disease, and is a particular challenge we are working hard to meet.

During the year, Danila Dilba's Clinical Safety and Quality Committee introduced a separate recall and clinical item for the diabetes 'annual cycle of care'. This has led to an increased number of completed cycles and helped clients to better manage their diabetes, which was demonstrated by an increase to 48% of clients who have diabetes, recording good sugar control on the standard test measure (HbA1c <7%).

In 2016–17, we continued our weekly combined diabetes clinic with a dedicated GP and our Diabetes Educator, which was attended by 47 regular clients. The clinic focused on early intervention for our younger clients, aged under 35, who have been newly diagnosed with diabetes.

The diabetes clinic had 1,503 client contacts in 2016–17. As well as early intervention and education in young people and newly diagnosed clients, we also prioritised antenatal and post-natal care to mothers with diabetes.

With the change of Care Coordinators to generalist roles and becoming part of the core primary healthcare team at each clinic at the start of 2017, there was improved access to care coordination services for complex care needs clients with diabetes and for clients where there are barriers to access and engagement.

Client profile: Betty Harris

Betty Harris is from the Gold Coast area but has been in Darwin since 1997. She's been going to Danila Dilba Health Service since then.

"I see Doctor Justine all the time", Betty said. "She's really good. I don't like seeing other doctors!"

Betty loves the time Danila Dilba doctors and health workers spend with their clients.

"You could go somewhere else, and you're straight in and out. But here, you could come at 10 o'clock and not leave until 12 o'clock!" she said. "They take the time to help me understand. And their podiatry



services and their work with chronic disease—it's excellent."

Betty is part of Danila Dilba's BodyFit program and loves visiting the gym. "I'm almost 70, but I love it!" she said.

"And I like that Danila Dilba is Aboriginal. I just love coming here—it's much better than the others. I wouldn't go anywhere else."

Bodyfit classes

In 2016–17 we continued our diabetes exercise group with Bodyfit NT, which runs a program specifically for Danila Dilba clients with the help of our Diabetes Educator and GP. Clients are able to participate in the eight week long program of weekly classes following an extended primary care referral from a GP. This enables the classes to be funded through Medicare. Exercises are tailored for each person in the class and the program teaches clients about the crucial role of exercise in their overall health.

Endocrinologist

Our monthly visits from Royal Darwin Hospital's endocrine team continued in 2016–17, rotating between the Knuckey Street and Men's Clinics. The endocrine team conducted 83 consultations during the year.

Diabetes in pregnancy

Our monthly clinic at the Palmerston Family Centre is delivered by a multi-disciplinary team that includes the visiting obstetrician

from Royal Darwin Hospital (RDH), a women's health GP, midwife, Diabetes Educator and an Indigenous outreach worker.

The team helps provide comprehensive care to women with diabetes in pregnancy in the antenatal and postnatal period.

Looking ahead

In 2017–18, the diabetes team plans to extend access to the exercise group to all chronic disease clients as well as launching a Mums and Bubs healthy eating and cooking program at the Palmerston and Malak clinics. Further changes arising from the chronic disease internal review are also in progress, including handover of clients from Royal Darwin Hospital and additional changes to the recall and reporting systems to better inform clinics of performance and health gains for clients. Increased telehealth services and other flexible means to engage with clients will also be a focus, and we will continue to build a culture of client empowerment and self-management.

Client profile: Alma Cadell

Alma Cadell has been going to Danila Dilba Health Service for many years.

"When I started going there—when I went through my journey with the cancer—I went to Danila Dilba," she said. "They're really good people. They're really caring."

Alma fondly remembers the bus picking her up every morning for her chemotherapy treatments at the Alan Walker Centre at the hospital. "They'd pick me up at 8 o'clock, and then the nurse rings up and tells them I'm ready to go home, and they're there," she said.



"They were always laughing and joking, those drivers—they're really good people."

Alma calls Danila Dilba a "healing place" and says it's different from other clinics.

"When we go there, we see the same doctor. The same people. You're not changing over doctors. We like that. The people there know me, and I feel comfortable and safe. We always leave there feeling happy!"

Kidney health

Danila Dilba's Kidney Health team supports clients to self-manage their kidney disease and to avoid the need for dialysis where possible. Our specialist team supports clients to adopt a healthy lifestyle by quitting smoking, eating healthily and attending their appointments.

At 30 June 2017, the team was monitoring 115 clients in the early stages of kidney disease and case managing 157 clients in the advanced stages, including those on dialysis.

In 2016–17, we welcomed a dedicated Aboriginal Health Practitioner (AHP) to help with home visits, health checks in clinics and leading the weekly exercise program. One of our renal nurses, who joined Danila Dilba as a recent graduate, also completed the Transition to Practice program with the Australian Primary Care Nurses Association. She will continue in further post-graduate studies at Charles Darwin University, enabling her to become an advanced chronic disease practitioner, whilst continuing to work full time with the renal program.

Client profile: Dorothy Gamiritj

Dorothy Gamiritj first went to a clinic at Danila Dilba Health Service in 1994.

"That's the only service I have used," she said. "Danila Dilba was always my first priority, and if I ever need help, I go there. I have health checks there. It comes up with my name straight away."

When her sister had a stroke, Dorothy told her to go and see the doctors at Danila Dilba. "Then they started going there too," she said.

Self-management group

The self-management group is a highlight of the week for many renal clients, and in 2016–17 numbers increased on the previous year. This year, we partnered with the Council of the Ageing and were able to use Spillet House in the Darwin CBD for our wet season exercise sessions and the Jingili Water Gardens during the dry season.

Hospital liaison program

This new program, commenced in 2016–17, introduces our team to new clients who have had to relocate to Darwin to start dialysis. The Royal Darwin Hospital Aboriginal Liaison Officer and social worker who manage the program were very helpful in supporting Danila Dilba's renal team to link in with clients during our weekly renal ward visits.



"I spread that news about Danila Dilba to other people—to my friends and families."

Dorothy says the doctors and health workers at Danila Dilba are great people. "They care for everyone that comes there, and they can help them with whatever they need", she said.

"It's a place where you can't get lost. They are there for you. They will help you and guide you. That's why I love it."

2014-16 Strategic plan goal 1.5

Respond to new and emerging health issues and needs of DDHS clients, their families and communities



Prevention case study Client profile: Robert Birch

Robert Birch had never been one to go to the doctor. Then he had a problem with his wrist, and seeing as his uncles and cousins went to Danila Dilba Health Service, Robert thought he'd give it a try.

"I walked in the door for the first time, and they gave me a complete health check," he said. "Urine check. Bowel check. Blood check. Everything. All for the sake of an x-ray on my wrist. The service was a complete unit that you just don't get anywhere else."

That was 15 years ago, and Robert has been coming to Danila Dilba ever since. He loves going to the Men's Clinic. "The doctors there are not just doctors," Robert said. "They're like family members; they make you feel they are part of your family."

"My whole clan comes to Danila Dilba now. And because of those people, my diabetes is totally stabilised. I don't go anywhere else."

Clinics

Our visiting nephrologist provides an invaluable specialist service to our renal clients once a month. The nephrologist conducted 75 consultations with Danila Dilba clients during the year.

During 2016–17, our dedicated renal GP also continued her tireless work at our GP renal clinics, held at the Knuckey Street Clinic and more recently at the Palmerston Clinic. The team also continued regular clinics at the two dialysis centers in Nightcliff and Palmerston, enhancing access to primary healthcare services for our clients on dialysis.

Looking ahead

In 2017–18, the renal team will focus on increasing screening across the organisation and greater education for clients in the early stages of disease. Renal services that are presently only available at the Knuckey Street and Palmerston clinics will be extended to other Danila Dilba clinics.

:.3.:

COMMUNITY SERVICES



Our community services complement health care through outreach, education, health promotion and social and emotional wellbeing support.

2014-16 Strategic plan goal 1.

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

3.1 Health promotion and education

This Danila Dilba program helps Indigenous people to take responsibility for their health through early intervention health checks and by doing health promotion and health education.

Deadly Choices uses education and empowerment to help people to make positive and informed decisions regarding their health and well-being. The program relates to all our community services activities and is delivered by all staff as part of their programs.

In 2016–17, the Deadly Choices program delivered health education to 135 students and held 34 health promotion events and expos, reaching 2,985 individuals.

The team delivered education sessions at the Clontarf Academy and the Palmerston Girls Academy in 2016–17. It also ran sessions at Don Dale Youth Detention Centre, based on the Deadly Choices module about healthy or “Deadly” lifestyle choices and the benefits of annual health checks. The team also presented health promotion at a number of school health expos during the year.

Deadly Choices Ambassadors

The Deadly Choices program has been very successful in engaging and educating people of all ages, and particularly young people, with assistance from our Deadly Choices Ambassadors – Steven Motlop, Kylie Duggan, Patrick Johnson and Sam Rioli. The Ambassadors are prominent members of the community and positive role models in the greater Darwin community. They attend community events and activities to promote healthy lifestyles and the benefits of getting regular health checks in maintaining and improving health.

Deadly Choices Ambassadors Steven Motlop, Kylie Duggan, Patrick Johnson and Sam Rioli are prominent members of the community who actively support and promote the Deadly Choices program.



3.2 Alcohol and Other Drugs (AOD)

Danila Dilba Health Service's Alcohol and Other Drugs (AOD) program broadly aims to reduce the harmful levels of substance use in our region by supporting our clients and their families to decrease or abstain from substances and learn about the harmful effects they have on individuals and families.

It also seeks to improve access to related health care services, including rehabilitation and treatment. We aim to combat the stigma and shame around AOD issues, a major barrier that discourages people from seeking support.

The service is tailored for each client through culturally appropriate, evidence-based interventions and is delivered flexibly to suit the needs of our clients. It is offered at all Danila Dilba clinics (Malak, Palmerston and Knuckey Street) and there is also an outreach service to visit clients at home or in other, public spaces. We also follow up our clients.

What the AOD program does:

- provides basic counselling and brief interventions to clients experiencing problems with alcohol or other drugs to encourage clients to modify their substance misuse and move towards healthy lifestyle choices
- engages with Indigenous people by working in partnership with the Darwin Safer City Patrol and delivering an outreach service to people in the Darwin CBD area

- regularly visits charity services where homeless people attend for daily meals, shower and laundry
- provides information and referral pathways to Danila Dilba services and programs, encouraging health checks
- delivers education and raises awareness on the harmful effects of substances through health promotion, community events and school health expos
- delivers the Deadly Choices 'Harmful Substance' education session to the Clontarf Academy and Palmerston Girls Academy and Year 9 students at local middle schools.

In 2017–18, the AOD team plans to work with other agencies, such as the Indigenous Men's Service, the Salvation Army and the Stars Foundation program for middle school girls and with the Darwin Aboriginal community at Bagot. We will continue to focus on improving access to healthcare services to Aboriginal people through community engagement.

Staff profile: Brian Long

Brian Long joined Danila Dilba in 2016 after a 27-year career in the airport rescue fire service at Darwin Airport.

"I'd always worked in mainstream organisations, and a while ago I thought a better way to find family would be to work in an organisation where my people are," he said.

As an AOD support worker, Brian says he engages with Aboriginal and Torres Strait Islander people, mainly men, and helps them with issues they've encountered because of alcohol and other drugs.

"I try to empower them to make a choice on how they need to help themselves, and I give them information and support in a culturally sensitive way."

What Brian loves most about his job is working with Indigenous people. "I feel that through my life experiences, which were a bit up and down, I can help them and it can help me through my own life journey too."



3.3 Tackling Indigenous Smoking (TIS)

Danila Dilba's Tackling Indigenous Smoking (TIS) program helps Indigenous people develop quit smoking skills through tailored and culturally safe services including one-on-one consultations around motivation, education, goal setting and clinical advice.

In 2016–17, the TIS team conducted one-on-one client consultations at three of our clinics, giving clients education and support to become smoke free. We also ran outreach services to follow clients up and continue to support them on their quit journey.

Education about smoking

The TIS team continued to deliver the Deadly Choices smoking education sessions at middle schools in the Darwin and Palmerston region during 2016–17. A highlight was the NT Clontarf Academy's Rex Barra Cup annual soccer competition, where we reached some 210 attendees.

The team ran smoking cessation sessions for nine adult groups during the year, such as at residential rehabilitation centres and for pregnant clients attending Danila Dilba's GTT clinics in Malak. The team also runs education sessions to promote smoke-free environments. In 2016–17, the team ran education sessions for:

- Council for Aboriginal Alcohol Program Services: 45 individuals across four sessions
- Foundation of Rehabilitation with Aboriginal Alcohol Related Difficulties (FORWAARD): 52 individuals across four sessions
- Mums and bubs: seven individuals in one session
- Saltbush Mob: 10 individuals in one session
- Danila Dilba Glucose Tolerance Testing Mothers' Clinic: six individuals in one session
- Danila Dilba stolen generation group: 10 individuals in one session.

World No Tobacco Day

The TIS team ran events for World No Tobacco Day on 31 May 2017. We contributed to eight events, including at major shopping centres, at three Danila Dilba clinics and Darwin city's Smith Street Mall.

NAIDOC Week

The team held information stalls at Danila Dilba clinics during the annual NAIDOC Week celebrations in July 2016, which were attended by more than 430 people. The stalls provided brief interventions, information about nicotine replacement therapies and clinical services, and visual educational resources such as 'Tar in a Jar', which shows how much tar accumulates in a smoker's lungs in one year.

National Aboriginal smoking rates are coming down. Through sustained efforts over many years, including the Tackling Indigenous Smoking program, the overall rate of smoking has fallen from 51% in 2002 to 42% in 2014.

The greatest improvements are for young people: for 18 - 24 year-olds, the rate has fallen from 58% to 41%, and for 15 - 17 year-olds, from 33% to 17%.

In the Northern Territory, smoking rates are higher than the national level, but Danila Dilba will keep working to help people quit and to inform young people about the harmful effects of smoking through outreach and education.



Staff profile: Jenon Batty

Jenon Batty started with Danila Dilba Health Service in November 2016 as the Tackling Indigenous Smoking Action Officer, before stepping up to be the team's Senior Program Officer.

"We run clinics where we see clients one-on-one to support them to quit smoking or cut back," said Jenon, a long-term Darwin girl who has an undergraduate degree in human movements and post-graduate studies in public health. "My public health study is what sparked my interest to join Danila Dilba – to help people in our community," she said.

Jenon loves the variety of her role. "One day I can be doing clinical time with clients, really getting to know them and supporting them in their quit journey, and the next I'll be running education sessions with school students or at community events, where we can promote Danila Dilba's work. Every day is different.

"I really enjoy being part of the Community Services team too," Jenon said. "Everyone bands together and everyone complements each other. It's awesome!"

Social media project

The TIS program participated in a major social media project with Menzies School of Health Research in 2016–17. The project aims to evaluate the effectiveness of social media in tackling Indigenous smoking and included other Northern Territory Aboriginal medical services.

Looking ahead to 2017–18, the TIS program will develop 'Quit groups' for clients and staff, which will deliver education to support for smoking cessation with a particular focus on pregnant women and youth.

3.4 Social and Emotional Well Being (SEWB)

Our Social and Emotional Wellbeing (SEWB) program is available at all Danila Dilba clinics and provides counselling, therapeutic care and culturally appropriate support to clients and their families who need support to deal with matters that affect their wellbeing, including social and family issues and stresses, and broader social issues that also impact on individuals, such as the stolen generation and the Royal Commissions. The SEWB team tailors our services to meet clients' individual needs.

The Social and Emotional Wellbeing service at Danila Dilba continued to grow in 2016–17 and now offers several new programs. Extra staff were recruited, increasing the team's capacity to deliver mental health services to significantly more clients across a wider range of age groups and presenting mental health problems.

During the year, SEWB staff participated in Trauma Informed Practice training to enhance safe clinical practices that recognise the impact of early life and other trauma experiences that impact on many of our clients. The SEWB team also worked with other stakeholders and programs to take part in health promotion events that raised mental health and suicide prevention awareness.

The SEWB service also reviewed and streamlined its intake and referral processes, reducing waiting periods to see a counselor and improving the quality of our care.

The SEWB team plans to expand its services in 2017–18 to meet community demand, in line with Danila Dilba's new strategic plan. We also plan to continue to upskill SEWB staff to further improve our delivery of high standard primary mental health care services, education and health promotion activities.

Bringing Them Home (BTH)

The BTH program provides counselling to Indigenous people of the greater Darwin

region, focusing on improving their social and emotional wellbeing, particularly in relation to the Stolen Generations and intergenerational impact of government policies.

As well as clinic-based counselling services, the Social Emotional Wellbeing Seniors Group has been successful in advocating, providing safe space for seniors from the Stolen Generation to reflect and participate in therapeutic activities during group sessions.

Legal 'health checks'

Unresolved legal issues can have a negative effect on peoples' health and wellbeing by causing stress and hardship. Danila Dilba and the Northern Territory Legal Aid Commission (NTLAC) are working together to help with legal issues in a more culturally appropriate, safe and supportive way.

In 2017 NTLAC started providing a lawyer at our Darwin and Palmerston clinics to give free advice, minor legal assistance, information and referral support to Aboriginal and Torres Strait Islander people.

We encourage clients or family members who have an appointment with us to book in after their appointment to see a lawyer for a free legal 'health check'. The legal 'health check' enables our clients to get more understanding of legal matters and learn about their legal rights and responsibilities in particular matters that may be affecting them.





NAIDOC event at Malak Clinic with Natasha Raymond, Tyrah Raymond, Tahana Raymond Horace, Maelyn Morgan, Dwayne Perkins and Melissa Ah Kit

New SEWB programs 2016-17

Youth Support Service

Following ABC TV Four Corners revelations about mistreatment of young people at the Don Dale Youth Detention Centre in August 2016, the NT department of Territory Families immediately asked Danila Dilba to provide a program to support the young people detained at the Centre.

We quickly reactivated a program that had previously run at Don Dale, but ceased several years before because of lack of funding.

Most of the members of the Youth Support team working with the young people at Don Dale are Aboriginal youth workers. The team provides therapeutic group work and one-on-one support, and has set up a weekly program that includes after hours and some weekend activities such as sports and

recreation. Danila Dilba is also delivering the Deadly Choices program at Don Dale, and our workers help run the 'Balanced Choices in Life' program delivered by Timmy Dugan. They also have an informal monitoring and observation role, and at the invitation of the Department, can raise matters of concern with senior management if any arise.

A big part of the work has been providing paralegal support to young people attending court, gathering references and letters of support, and working with families to be able to provide a more rounded picture of the young person's background and the circumstances that may have caused them to become caught up in the criminal justice system. Being able to convey this to the court can provide an opportunity to suggest

constructive alternatives to detention, such as supported pathways back into school or linking up with the Clontarf program that supports children who are vulnerable and at risk of disengaging from school.

The Four Corners program also prompted the appointment of a Royal Commission into Child Detention and Protection in the Northern Territory, which has heard extensive evidence about children and young people in the child protection system as well as in detention. Our youth support workers have also been working with youth and families affected by the Royal Commission through delivery of community-based services.

Royal Commission Support Program

This program supports individuals affected by the Royal Commissions – the national investigation into sexual abuse of children in institutions, and the Royal Commission into the Protection and Detention of Children in the Northern Territory – and helps link people with services that can help them and their families.

Domestic violence outreach

A newly established position of Domestic Violence Outreach Worker now provides support and information about domestic violence to Danila Dilba clients and the community.

Mental Health and AOD Program

This new program, funded under the NT Primary Health Network (NT PHN), provides support, advocacy and therapeutic interventions to individuals whose AOD use is affecting their mental health and wellbeing. Funding for the program has enabled us to employ two therapeutic works and two Indigenous Support Workers.



Anti-smoking educational resources table at the Clontarf Rex Bara Cup

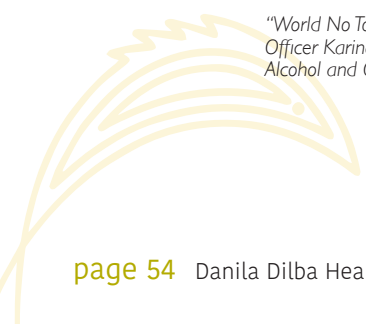




Danila Dilba staff joined in the celebrations at the Larakia Nations NAIDOC flag raising ceremony



"World No Tobacco Day at Malak Clinic with Communications Officer Karina Kassman, Counsellor Nicole Jacobson and Alcohol and Other Dregs Support Worker Blossom Buckland"



:4:

FINANCIAL REPORTS



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General Information

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

The principal place of business is:

**28-30 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



Directors' Report

Directors and Directors Meetings

The following persons were members of the Danila Dilba Health Service Management Committee for the year ended 30 June 2017 and up to the date of this report

Current Directors	Position	Meetings Attended	Term Expires
Mr Braiden Abala	Chairperson	8	Nov 2017
Ms Carol Stanislaus	Deputy Chairperson	7	Nov 2019
Ms Phyllis Mitchell	Larrakia Representative and Company Secretary from April 28, 2017	8	Nov 2017
Ms Nicole Butler	Ordinary Member	4	Nov 2017
Ms Vanessa Harris	Ordinary Member	5	Nov 2019
Ms Kirsty Nichols	Ordinary Member	5	Nov 2017
Mr Mark Munnich	Ordinary Member	4	Nov 2019
Vacancy		-	-
Ms Priscilla Collins	Independent Director / Non Member	5	31 Dec 2017
Mr David Pugh	Independent Director / Non Member	7	31 Dec 2019

Non-Current Directors	Position	Meetings Attended	Date Ceased
Ms Gloria Corliss	Company Secretary (resigned)	5	28 April 2017
Mr Lindsay Ah Mat	Previous Ordinary Member	2	11 November 2016
Mr Joseph Brown	Previous Ordinary Member	1	11 November 2016

Notes on Directors and Directors Meetings

- Ms Gloria Corliss resigned as a board member and Company Secretary effective April 28, 2017.
- Ms Phyllis Mitchell was appointed Company Secretary April 28, 2017
- Ms Shannon Daly was nominated to fill the Ordinary Board Member vacancy created by Gloria Corliss' resignation with the appointment taking effect after the end of the financial year.
- Mr David Pugh was reappointed by the Board for a further term of three years on 20 January 2017.
- 9 meetings were held during the financial year, two of which were members meetings, namely a special general meeting on 26 August 2016 and the Annual General meeting on 11 November 2016.

Principal Activities

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

- Primary Health
- Community Programs
- Care Coordination
- Pharmacy
- Health Systems
- Youth Justice Advocacy and Programs

Danila Dilba also provides for visiting specialist services as outlined within the Annual Report. Peripheral integrated services to the core business included corporate, finance, human services, marketing, client transport and information technology. The Board mandated and saw the implementation of the new Audit Risk Management Committee, a subcommittee of the Board, whose role it is to assist the Board with recommendations and advice around strategic risk management for the organisation. The Board also undertook training provided by the Australian Institute of Company Directors and commenced a Board Review process.

Directors' Report

Review of operations

The surplus for the year of the consolidated entity was \$82,819. The Corporation is in a sound position with continued growth. The Corporation's new service delivery model and the growth of the new clinics that opened in Palmerston and Malak in 2016 have illustrated a positive outcome. A quality approach has supported a better integration of healthcare services at all sites to provide effective and holistic care plans.

Significant changes in the state of affairs

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

Distributions paid to members during the year

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

Environmental regulations

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

Proceedings on behalf of the corporation

There were no applications for leave to bring proceedings made during the year under section 169-5 of the Corporations (Aboriginal and Torres Strait Islander) Act 2006 (CATSI Act).

Auditors independence declaration

The Auditors Independence Declaration for the year ended 30 June 2017 has been received and can be found on page 81 of the report.

Significant events after the balance sheet date

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

Likely developments

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

Qualifications, experience and special responsibilities of directors

Braiden Abala (Chair) has extensive experience in public policy, child protection and health promotion. Braiden has a Masters of Health and International Development and Bachelor of Behavioural Science and is currently the Director of Aboriginal Workforce Development for the NT Department of Health.

Carol Stanislaus (Deputy Chair) is an Adviser in the Top End and Tiwi Islands Region in the Department of Prime Minister and Cabinet, and has worked in a variety of positions in Indigenous tourism, local government and justice throughout the Northern Territory. She holds a Bachelor of Applied Science in Aboriginal Community Management and Development.

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

Phyllis Mitchell (Larrakia Representative and Company Secretary) has served on the boards of Larrakia Development Corporation, Larrakia Nation and Radio Larrakia. She worked with the NT Government for 35 years in areas such as construction, parliamentary education, and finance and at Port Keats as a manager of interpreter services. She has also served as Vice President of the Brothers Junior Rugby League Club in Darwin.



Vanessa Harris is the Executive Officer of the NT Mental Health Coalition and has a Bachelor of Health Science, majoring in Management at Flinders University. Vanessa worked for the Commonwealth Government, in the Office for Aboriginal and Torres Strait Islander Health, in Aboriginal community controlled health (Katherine West Health Board) and more recently at the Lowitja Institute. Vanessa is currently working on an NHMRC funded research project at Flinders University and is a member of the Community Capability and the Social Determinants of Health Committee at the Lowitja Institute.

Nicole Butler is a Larrakia/Wadjigan and Eastern Arrernte Aboriginal woman from the Northern Territory and is currently the Assistant Commissioner for Children with the Office of the Children's Commissioner Northern Territory. Nicole holds a Bachelor of Social Work and has defined a career in child and family welfare, with experience in child protection, care and protection research, and program and policy development in Victoria and now in the NT.

Kirsty Nichols is a Muran woman who grew up in Darwin and previously served on our Board in 2011. Kirsty is currently studying a Bachelor of Health Science in Occupational Therapy at Charles Darwin University and works as a Principal Policy Officer at the Northern Territory Department of Health. Kirsty has a keen interest in working with Aboriginal and Torres Strait Islander peoples in rural and remote settings, and internationally with other First Nations people.

Mr Braiden Abala
Director/Chairperson

Mark Munnich Mark Munnich is a Gunggandji and Yawuru man, born and raised in Darwin. Mark is currently in his final year of Bachelor of Laws (LLB) studies, is the Community Legal Educator at the North Australian Aboriginal Justice Agency (NAAJA) and is an Indigenous Cadet with the Solicitor for the Northern Territory in the Attorney-General's Department (AGD). Mark is a former staff member of DDHS and maintains a passion for improving Indigenous health.

Priscilla Collins is an Eastern Arrernte woman from Central Australia. She is the CEO of the North Australian Aboriginal Justice Agency (NAAJA). Cilla was formerly CEO of the CAAMA Group and has served on the Boards of Indigenous Business Australia, Imparja Television, National Indigenous Television Service and Indigenous Screen Australia, and as Chairperson of the Australian Indigenous Communications Association.

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

This report is made in accordance with a resolution of directors on 2 November 2017.

Mrs Carol Stanislaus
Deputy Chairperson

2 November 2017
Darwin

**DECLARATION OF INDEPENDENCE BY CASMEL TAZIWA TO THE DIRECTORS OF DANILA DILBA
BILURU BINNILUTLUM HEALTH SERVICE ABORIGINAL CORPORATION**

As auditor of BDO Audit (NT) for the year ended 30 June 2017, I declare that, to the best of my knowledge and belief, there have been:

1. No contraventions of the auditor independence requirements of the *Corporations Act 2001* in relation to the audit; and
2. No contraventions of any applicable code of professional conduct in relation to the audit.

This declaration is in respect of Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation during the period.



Casmel Taziwa
Partner

BDO Audit (NT)

Darwin: 6 November 2017



Statement of Profit or Loss and Other Comprehensive Income

	Notes	2017	2016
Revenue			
Grant income	2-4	15,668,453	13,134,931
Prior year unspent funds brought forward		-	82,252
Medicare receipts	5	4,085,383	3,278,831
Sundry income	6	671,303	307,779
Total Revenue		20,425,139	16,803,793
Expenditure			
Administration	7	1,386,023	1,413,225
Employee expenses	8	14,967,624	12,299,401
Motor vehicle	10	432,007	378,165
Operational	11	3,382,420	3,470,885
Travel	12	174,246	138,744
Assets written off		-	620,295
Total Expenditure		20,342,320	18,320,715
Surplus/(Deficit) before income tax		82,819	(1,516,922)
Income tax expense		-	-
Surplus/(Deficit) for the year		82,819	(1,516,922)
Other comprehensive income		-	-
Total Comprehensive Income		82,819	(1,516,922)

The above statement of profit or loss and other comprehensive income should be read in conjunction with the accompanying notes

Statement of Financial Position

	Notes	2017	2016
Current Assets			
Cash and cash equivalents	14	1,857,310	709,953
Trade and other receivables	16	791,720	308,314
Other current assets	15	67,658	176,856
Total Current Assets		2,716,688	1,195,123
Non-Current Assets			
Property plant and equipment	17	8,026,856	8,043,000
Total Non-Current Assets		8,026,856	8,043,000
Total Assets		10,743,544	9,238,123
Current Liabilities			
Accrued expenses	18	140,548	144,372
Trade and other payables		320,692	345,605
Employee provisions	20	1,094,484	895,472
Other current liabilities	21	1,838,452	165,268
Total Current Liabilities		3,394,176	1,550,717
Non-Current Liabilities			
Employee provisions	20	131,377	102,235
Total Non-Current Liabilities		131,377	102,235
Total Liabilities		3,525,553	1,652,952
Net Assets		7,217,991	7,585,171
Accumulated Funds			
Retained earnings		2,478,739	2,395,919
Asset replacement reserve		189,252	189,252
Land revaluation reserve		4,550,000	5,000,000
Total Accumulated Funds		7,217,991	7,585,171

The above statement of financial position should be read in conjunction with the accompanying notes



Statement of Changes in Equity

Retained Earnings	
Balance at 30 June 2015	3,594,596
Surplus/(Deficit) for the year	(1,516,922)
Transfer (to)/from reserves	318,245
Balance at 30 June 2016	2,395,919
Surplus/(Deficit) for the year	82,819
Transfer (to)/from Reserves	-
Balance at 30 June 2017	2,478,738

Land Revaluation Reserve	
Balance at 30 June 2015	5,000,000
Asset revaluation	-
Balance at 30 June 2016	5,000,000
Asset revaluation	(450,000)
Balance at 30 June 2017	4,550,000

Asset Replacement Reserve	
Balance at 30 June 2015	507,497
Transfer to retained earnings	(318,245)
Balance at 30 June 2016	189,252
Transfer to retained earnings	-
Balance at 30 June 2017	189,252

Total Accumulated Funds	
Balance at 30 June 2015	9,102,094
Surplus/(Deficit) for the year	(1,516,922)
Balance at 30 June 2016	7,585,172
Surplus/(Deficit) for the year	82,819
Other comprehensive income	-
Decrease in land revaluation reserve	(450,000)
Balance at 30 June 2017	7,217,991

The above statement of changes in equity should be read in conjunction with the accompanying notes

Statement of Cash Flows

	Notes	2017	2016
Cash Flow from Operating Activities			
Grant income		15,180,413	14,556,101
Medicare income		4,085,383	3,278,831
Interest received		12,471	56,881
Other income		966,814	233,674
Payments to suppliers		(5,119,862)	(6,428,544)
Payments to employees		(13,200,467)	(12,692,843)
Net Cash Inflow/(Outflow) from Operating Activities	23	1,924,752	(995,900)
Cash Flows from Investment Activities			
Proceeds from sale of assets		-	28,778
Payments for property plant and equipment		(777,395)	(1,190,646)
Net Cash Inflows/(Outflow) from Investing Activities		(777,395)	(1,161,868)
Net Increase/Decrease in Cash and Cash Equivalents		1,147,357	(2,157,768)
Cash and cash equivalents at the beginning of the financial year		709,953	2,867,721
Cash and cash equivalents at the end of the financial year	14	1,857,310	709,953

The above statement of cash flows should be read in conjunction with the accompanying notes



Notes to the Financial Statements

Note 1: Statement of Significant Accounting Policies

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

a. Basis of preparation

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) and the Corporations (Aboriginal and Torres Strait Islander) Act 2006. The Corporation is a not-for-profit entity for reporting purposes under Australian accounting standards.

New Accounting Standards

Several new standards, amendments to standards or interpretations have been promulgated by the Australian Accounting Standards Board but are effective for future reporting periods. The following standards will need to be considered by the corporation;

AASB 15 Revenue from Contracts with Customers

This standard is applicable for Not-for Profit entities on annual reporting periods beginning on or after 1 January 2019. The standard provides a single standard for revenue recognition. The core principle of the standard is that an entity will recognise revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The standard will require: contracts (either written, verbal or implied) to be identified, together with the separate performance obligations within the contract; determine the transaction price, adjusted for the time value of money excluding credit risk; allocation of the transaction price to the separate performance obligations on a basis of relative stand-alone selling price of each distinct good or service, or estimation approach if no distinct observable prices exist; and recognition of revenue when each performance obligation is satisfied. Credit risk will be presented separately as an expense rather than adjusted to revenue. The corporation will adopt this standard from 1 July 2019 but the impact of its adoption is yet to be assessed by the corporation.

AASB 16 Leases

This standard is applicable to annual reporting periods beginning on or after 1 January 2019. The standard replaces AASB 117 'Leases' and for lessees will eliminate the classifications of operating leases and finance leases. Subject to exceptions, a 'right-of-use' asset will be capitalised in the statement of financial position, measured at the present value of the unavoidable future lease payments to be made over the lease term. The exceptions relate to short-term leases of 12 months or less and leases of low-value assets (such as personal computers and small office furniture) where an accounting policy choice exists whereby either a 'right-of-use' asset is recognised or lease payments are expensed to profit or loss as incurred. A liability corresponding to the capitalised lease will also be recognised, adjusted for lease prepayments, lease incentives received, initial direct costs incurred and an estimate of any future restoration, removal or dismantling costs. The corporation will adopt this standard from 1 July 2019 but the impact of its adoption is yet to be assessed by the corporation.

AASB 1058 Income of Not-for-Profit Entities

This standard is applicable to annual reporting periods beginning on or after 1 January 2019. The standard replaces the current income recognition requirements in AASB 1004: Contributions. The new standard is applicable to transactions that do not arise from enforceable contracts with customers involving performance obligations, as such transactions are accounted for in accordance with AASB 15. AASB 1058 requires the Corporation to recognise;

- Income immediately in profit or loss for the excess of the initial carrying amount of an asset over the related contributions of the corporation, increases in liabilities, decreases in assets and revenue;
- Liabilities for the excess of the initial carrying amount of a financial asset (received in a transfer to enable the corporation to acquire or construct a non-financial asset that is to be controlled by the corporation) over any related amounts recognised in accordance with the relative standards. The liabilities must be amortised to profit or loss as income when the corporation satisfies its obligations under the transfer; and

- Volunteer services or a class of volunteer services as an accounting policy choice if the fair value of those services can be measured reliably, whether or not the services would have been purchased if they had not been donated.

The corporation will adopt this standard from 1 July 2019 but the impact of its adoption is yet to be assessed by the corporation.

Currency

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

Historical cost convention

These financial statements, except for the cash flow information, have been prepared on an accrual basis and are based on historical costs, modified where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

The financial statements were authorised for issue on 2 November 2017 by the directors of the corporation.

Critical accounting estimates

The preparation of financial statements in conformity with Australian Accounting Standards requires the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation's (Danila Dilba Health Services) accounting policies.

b. Revenue recognition policy

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

- it is probable that grant funding will be used for the designated purpose;
- control has been obtained over the grant income;
- 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.

c. Employee benefits

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

d. Material estimates or judgements

In the preparation of the financial statements, management has made judgements, estimates and assumptions that affect the amounts reported for assets and liabilities as of the balance sheet date and the amounts reported for revenues and expenses during the year. Actual results may differ from these estimates. Estimates and underlying assumptions are reviewed on an ongoing basis. Management have adopted a revaluation methodology with further revaluation modelling to be reviewed in the upcoming financial year. Refer to Note 17 for the land revaluation methodology.

The liability for long service leave is recognised and measured at the present value of the estimated future cash flow to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates and attrition rates and pay increase through promotion and inflation have been taken into account.



e. Superannuation

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

	2017	2016
Full Time Equivalent Employees as at 30 June	137.3	116.3

f. Income tax

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

g. Goods and Services Tax

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

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

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

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

h. Trade and other receivables

Trade receivables are initially recognised at fair value. Trade receivables are generally due for settlement within 30 days.

The collectability of debtors is reviewed on an ongoing basis. Debts which are known to be uncollectible are written off by reducing the carrying amount directly at year end. A provision for impairment of trade receivables is raised when there is objective evidence that the organisation will not be able to collect all amounts due according to the original terms of the receivables.

Other receivables are recognised at amortised cost, less any provision for impairment.

i. Property, plant and equipment

Land

Land assets are valued at fair value, and are measured on the basis market value, being the revalued amount at the date of the revaluation. The last independent valuation was done 27 February 2017 by Colliers International Pty Ltd. Independent revaluations are conducted every 3 to 5 years in order to keep values current. Each year a desk top audit will also be done to ensure any unexpected increases or decreases in value are not overlooked.

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:

	2017	2016
Buildings	20 years	20 years
Plant and Equipment	3 - 5 years	3 - 5years
Motor Vehicles	5 years	5 years
Clinical Software	3 years	3 years

Policy treatment of revaluation

An item of property, plant and equipment is derecognised upon disposal or when there is no future economic benefit to the Corporation. Gains and losses between carrying amount and the disposal proceeds are taken to profit and loss.

j. Impairment of assets

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

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

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.

Financial liabilities

The classification of financial liabilities depends on the purpose for which the liabilities were entered into. Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation classifies its financial liabilities in the following categories:

- financial liabilities at fair value through profit or loss; and
- other 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.



I. 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 Corporation.

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 Corporation 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. 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.

	2017	2016
Note 2: Australian Government Financial Assistance		
Department of Health	10,058,092	9,495,108
Department of Social Services	492,000	111,228
Dept. of Prime Minister & Cabinet	885,646	918,645
	11,435,738	10,524,981

**Note 3:
Northern Territory
Government Financial Assistance**

Primary Health Network	1,770,973	-
Northern Territory Government	651,131	551,446
Dept. Children & Families	628,162	-
	3,050,266	551,446

**Note 4:
Other Financial Assistance**

Northern Territory General Practice Education Ltd	1,134,045	813,820
Other Grants	48,404	1,244,684
	1,182,449	2,058,504
Total Grant Income	15,668,453	13,134,931

**Note 5:
Medicare Receipts**

Commonwealth Government Medicare Receipts	4,085,383	3,278,831
	4,085,383	3,278,831

**Note 6:
Sundry Income**

Bank Interest	12,471	56,881
Reimbursements	384,506	1,208
Rent Income	28,700	-
Qumax	113,593	-
Other Sundry Income	132,033	249,690
	671,303	307,779



	2017	2016
Note 7: Administration Expenses		
Advertising	5,983	30,420
Depreciation	343,539	280,926
Information Technology Service	437,356	368,826
Insurance	90,904	90,811
Lease – Plant and Equipment	37,456	36,336
Legal Service	166,966	276,556
Membership Fees	29,532	9,656
Postage	26,736	29,250
Stationery	28,493	24,578
Telephone	117,506	121,969
Other	101,552	143,897
	1,386,023	1,413,225

Note 8: Employee Benefits Expenses

Fringe Benefit Tax	9,886	8,026
Salaries	13,331,647	10,929,989
Superannuation	1,167,000	971,112
Work Cover	168,368	208,008
Staff Training	125,683	90,028
Other	165,040	92,238
	14,967,624	12,299,401

Note 9: Depreciation

Buildings	148,539	91,674
Plant and Equipment	172,862	168,352
Motor Vehicles	-	280
Clinical Software	22,138	20,620
	343,539	280,926

Note 10: Motor Vehicle Expenses

Fuel and Oil	78,959	64,985
Lease Expense	332,525	281,799
Repairs and Maintenance	18,809	30,236
Registration	1,714	1,145
	432,007	378,165

	2017	2016
Note 11: Operation Expenses		
Agency Staff	23,393	174,631
Cleaning	317,951	264,983
Client Services	109,208	210,579
Clothing and Uniforms	10,282	28,476
Consultants	317,444	437,866
Consumables	70,550	62,089
Dental Supplies	3,322	8,276
Garden Maintenance	14,155	8,458
GP Locums	55,005	193,407
Library Services	8,819	13,541
Marketing and Promotion	46,180	102,974
Medical Supplies	592,501	545,974
Minor Equipment Purchases	89,972	96,402
Project Expenditure	337,453	207,220
Rent Expenditure	809,191	686,036
Repairs and Maintenance	140,366	136,694
Rubbish Collection	14,292	14,888
Security	208,998	99,611
Transport – Clients	53,159	44,840
Utilities	134,673	105,934
Other	25,505	28,006
	3,382,420	3,470,885
Note 12: Travel		
Travel and Accommodation	138,064	103,320
Travel Allowance	36,182	35,424
	174,246	138,744
Note 13: Assets Written Off		
Assets Written Off	-	620,295
	-	620,295
Note 14: Cash and Cash Equivalents		
Cash at Bank	1,855,410	708,553
Cash on Hand	1,900	1,400
	1,857,310	709,953



	2017	2016
Note 15: Other Current Assets		
Bond Paid	54,160	68,074
Other	13,498	108,783
	67,658	176,857

**Note 16:
Trade and other Receivables**

Trade Debtors	60,810	64,635
Other Debtors – Grants and Medicare	730,910	243,679
	791,720	308,314

(a) Trade receivables and allowances for doubtful debts

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

	2017		2016	
	Gross	Allow.	Gross	Allow.
Not Past Due	753,396	-	189,606	-
Past Due 0-30 Days	5,500	-	106,900	-
Past Due 31-60 Days	17,760	-	1,067	-
Past Due 61-90 Days	150	-	495	-
Past Due 90 Days & Over	14,914	-	10,246	-
	791,720	-	308,314	-

(b) Impaired receivables

As at 30 June 2017, receivables with a nominal value of \$NIL were impaired (2016: \$NIL).

As at 30 June 2017, current receivables with a nominal value of \$38,324 (2016: \$118,708) were past due but not impaired. These relate to a number of customers for whom there is no history of default.

	2017	2016
Note 17: Property Plant and Equipment		
Clinical Software – at Cost	388,308	359,912
Accumulated Amortisation and Impairment	(354,885)	(332,747)
Written Down Value	33,423	27,165
Land – at fair value	5,150,000	5,600,000
Buildings	3,882,684	3,206,351
Accumulated Depreciation and Impairment	(1,451,365)	(1,302,827)
Written Down Value	7,581,319	7,503,524
Plant and Equipment - at cost	1,583,501	1,510,836
Accumulated Depreciation and Impairment	(1,171,387)	(998,525)
Written Down Value	412,114	512,311
Motor Vehicles – At Cost	-	83,045
Accumulated Depreciation and Impairment	-	(83,045)
Written Down Value	-	-
Total Written Down Value	8,026,856	8,043,000

A Land Revaluation was conducted on 27 February 2017 by an Independent Valuer - Colliers International. 32 and 36 Knuckey Street were revalued with no change in value to 36 Knuckey and a decrease in value of \$450,000 for 32 Knuckey Street. Land assets are valued at fair value, and are measured on the basis market value, being the revalued amount at the date of the revaluation. No items of Property, Plant and Equipment are expected to be sold or disposed of within the next 12 months.

Year Ended 30 June 2017

	Land & Property	Plant & Equipment	Motor Vehicles	Clinical Software	Total
Opening Net Book Amount	7,503,524	512,311	-	27,165	8,043,000
Additions	676,334	72,665	-	28,396	777,395
Disposals	-	-	-	-	-
Depreciation	(148,539)	(172,862)	-	(22,138)	(343,539)
Revaluation	(450,000)				
Closing Book Amount	7,581,319	412,114	-	33,423	8,026,856

Year Ended 30 June 2016

	Land & Property	Plant & Equipment	Motor Vehicles	Clinical Software	Total
Opening Net Book Amount	6,559,583	546,505	336	49,388	7,155,812
Additions	1,056,488	134,158	-	-	1,190,646
Disposals	(20,873)	-	(56)	(1,603)	(22,532)
Depreciation	(91,674)	(168,352)	(280)	(20,620)	(280,926)
Closing Book Amount	7,503,524	512,311	-	27,165	8,043,000



	2017	2016
Note 18: Accrued Expenses		
Accrued Employee Benefits and On-costs	110,865	62,534
Accrued Expenses	29,863	81,838
	140,548	144,372

Accrued expenses are expected to be settled within 12 months.

Note 19: Contingencies

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

Note 20: Provisions

Current

Employee Benefits		
Annual Leave	810,087	663,235
Long Service Leave	284,397	232,237
	1,094,484	895,472

Non-Current

Employee Benefits		
Long Service Leave	131,377	102,235
	131,377	102,235
Total Provisions	1,225,861	997,707

Note 21: Other Liabilities

Tax Payable	536,252	165,268
Unspent Grant Funds	720,454	-
Grants Funds Received in Advance	502,823	-
Employee Liabilities	78,923	-
	1,838,452	165,268

Note 22: Operating Leases

Vehicle Operating Leases

Payable Within 12 Months	215,185	272,249
Payable 12 Months – 5 Years	187,498	209,448
	402,683	481,697

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 Lease

Payable Within 12 Months	932,172	537,975
Payable 12 Months – 5 Years	2,315,909	335,886
	3,248,081	873,861

Premises lease commitments are non-cancellable leases contracted for between a three year and ten 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 23:
Reconciliation of Operating Result
to Net Cash Inflow From Operating Activities**

Operating Result	82,819	(1,516,922)
Depreciation and Impairment	343,539	280,926
Assets Written Off	-	620,295
Gain on Disposal of Assets	-	(6,246)
Total	426,358	(621,947)

Changes in Assets and Liabilities

(Increase)/Decrease In Trade and other Receivables	(483,406)	168,754
(Increase)/Decrease In other Current Assets	109,198	(43,477)
Increase/(Decrease) In Unexpended Grants	1,223,277	(82,252)
Increase/(Decrease) In Trade and other Payables, including accruals	(28,736)	(367,656)
Increase/(Decrease) In Employee Provisions	228,154	39,937
Increase/(Decrease) In Other Liabilities	449,907	(89,259)
Total Change in Assets and Liabilities	1,498,394	(373,953)
Net Cash Generated From/(used) in Operating Activities	1,924,752	(995,900)

Note 24: Financial Risk Management

The main risks the Corporation is exposed to through its financial instruments are liquidity risk, credit risk, market risk, interest rate risk, and concentration of credit 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 a concentration of credit risk where all the Corporations cash is held with the one banking institution, Westpac Banking Corporation. Financial Assets are monitored regularly with zero financial assets past due nor impaired at balance date. Further there have been no credit terms renegotiated. Management have investigated further banking options where a second banking institution will be negotiated during 2018 financial year to allow for decreased credit risk and business interruption risks that may occur due to locational regions. Management have established business continuity plans, policies and procedures to mitigate operational banking risks.

Market Risk

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

The Corporation does not have any material market risk exposure.



Interest Rate Risk

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

Sensitivity Analysis

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

	2017	2016
Financial Assets	\$	\$
Cash At Bank	1,855,410	708,553
Total Financial Assets	1,855,410	708,553

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.

	Effect on P&L	Effect on Equity	Effect on P&L	Effect on Equity
	2017	2017	2016	2016
	\$	\$	\$	\$
Base Points + 1%	18,554	18,554	7,086	7,086
Base Points - 1%	(18,554)	(18,554)	(7,086)	(7,086)

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

30 June 2017

	Within 1 year	1 – 5 years	Over 5 years	Total Carrying
	\$	\$	\$	\$
Financial Assets – Cash Flow Realisable				
Cash and Cash Equivalents	1,857,310	-	-	1,857,310
Trade and other Receivables	791,720	-	-	791,720
Other Current Assets	67,658	-	-	67,658
Total	2,716,688	-	-	2,716,688
Financial Liabilities Due for Payment				
Accrued Expenses	110,865	-	-	110,865
Trade and other Payables	320,692	-	-	320,692
Other Liabilities	1,302,200	-	-	1,302,200
Total	1,733,757	-	-	1,733,757

30 June 2016

	Within 1 year	1 – 5 years	Over 5 years	Total Carrying
Financial Assets – Cash Flow Realisable	\$	\$	\$	\$
Cash and Cash Equivalents	709,953	-	-	709,953
Trade and other Receivables	308,314	-	-	308,314
Other Current Assets	176,856	-	-	176,856
Total	1,195,123	-	-	1,195,123
Financial Liabilities Due for Payment				
Accrued Expenses	144,372	-	-	144,372
Trade and other Payables	345,605	-	-	345,605
Other Liabilities	-	-	-	-
Total	490,277	-	-	490,277

Fair Value

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

Recognised financial instruments

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

Receivables and Creditors: The carrying amount approximates fair value due to their short term to maturity.

Note 25: Recurring Fair Value Measurements

The following assets are measured at fair value on a recurring basis using the market approach method after initial recognition:

-freehold land

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

i. Fair Value Hierarchy

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

Level 1

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

Level 2

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

Level 3

Measurements based on unobservable inputs for the asset or liability.

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



ii. Valuation Techniques

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

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

Each valuation technique requires inputs that reflect the assumptions that buyers and sellers would use when pricing the asset or liability, including assumptions about risks. When selecting

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

The Corporation has adopted the market approach which determines the appraisal value of an asset based on the selling price of similar items using direct comparison, analysed on a rate per square metre of site area. Management acknowledge and support the requirement for the selected Valuer to remain independent from the Corporation.

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

Freehold Land	Level 1	Level 2	Level 3	Total
32 Knuckey St	-	3,050,000	-	3,050,000
36 Knuckey St	-	2,100,000	-	2,100,000
Total at Fair Value	-	5,150,000	-	5,150,000

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

Note 26: Key Management Personnel Compensation

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

	2017	2016
Key Management Personnel Compensation		
Short term employee benefits	1,852,771	1,708,503
Post-employment benefits	58,154	149,046
Total	1,910,925	1,857,549

**Note:
27 Related Parties**

During the financial year ended 30 June 2017, no loans or other related party transactions were made to any Board member or key management personnel. In 2016/17, no Board members were paid sitting fees.(2015/16:\$nil). No sitting fees were paid from grant funds.

**Note 28:
Investments**

Danila Dilba Health Services owned 100% ownership of Biluru Yirra Pty Ltd which is no longer trading. In 2016 the loan was forgiven due to a passed resolution at 30th June 2014.

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.

At 30 June 2016, the company was wound up and net assets of the company have been transferred to the Corporation.

**Note 29:
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 30:
Events Occurring after
Balance Sheet Date**

The directors are not aware of any significant events since the end of the reporting period..

**Note 31:
Auditors' Remuneration**

	2017	2016
Amounts Received or Due and Receivable by the auditors of Danila Dilba Health Service		
Audit or Review Service	29,683	30,556
Other Services	8,632	5,000
Total	38,315	35,556



Note 32: Statement of Funding Sources

	2017	2016
Department of Health	10,058,092	9,495,108
Department of Social Services	492,000	111,228
Dept. Children and Families	628,162	-
Northern Territory Government	651,131	551,446
Dept. Prime Minister & Cabinet	885,646	918,645
Northern Territory General Practice Education Ltd	1,134,045	813,820
Primary Health Network Northern Territory Ltd.	1,770,973	900,442
Other Grants	48,404	344,241
Medicare	4,085,383	3,278,831
Bank Interest	12,471	56,881
Reimbursements	384,506	1,208
Sundry Income	274,326	249,691
	20,425,139	16,721,541

Note 33: Statement of Unspent Grants Received during the Year

Dept. of Health

Australian Nurse Family Partnership	301,916	-
Capital Funding Palmerston Clinic	22,450	-
Capital Funding Darwin Clinic	204,250	-
	528,616	-

Northern Territory Government

General Practice Education	60,000	-
Mobile Clinic	-	18,527
Primary Health Network SEWB	191,838	-
	251,838	-

Prime Minister and Cabinet

Alcohol and Other Drugs	277,011	-
Emotional and Social Wellbeing	165,812	-
	442,823	-
Gross Total of Unspent Project Funds	1,223,277	18,527

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

Directors Declaration

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

1. the financial statements and notes are in accordance with the Corporations (Aboriginal and Torres Strait Islander) Regulations 2007 (CATSI Regulations), including:
 - a. compliance with the accounting standards; and
 - b. providing a true and fair view of the financial position and performance of the Corporation and the Consolidated group; and
2. there are reasonable grounds to believe that the Corporation will be able to pay its debts when they become due and payable.

Made in accordance with a resolution of the Directors on 2 November 2017.



Mr Braiden Abala
Director/Chairperson



Mrs Carol Stanislaus
Deputy Chairperson

INDEPENDENT AUDITOR'S REPORT

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

Report on the Audit of the Financial Report

Opinion

We have audited the 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 2017, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial report, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, the financial report of Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation is in accordance with the financial reporting requirements of *Corporations (Aboriginal and Torres Strait Islander) Act 2006*, including:

- a) giving a true and fair view of the Corporation's financial position as at 30 June 2017 and its performance for the year ended on that date; and
- b) complying with Australian Accounting Standards and the *Corporations (Aboriginal and Torres Strait Islander) Regulations*.

Basis for opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the Financial Report* section of our report. We are independent of the Corporation in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's *APES 110 Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Responsibilities of management and directors for the Financial Report

Management is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and for such internal control as management determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, management is responsible for assessing the Corporation's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Corporation or to cease operations, or has no realistic alternative but to do so.

Directors are responsible for overseeing the Corporation's financial reporting process.

Auditor's responsibilities for the audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website (<http://www.aasb.gov.au/Home.aspx>) at:

http://www.aasb.gov.au/auditors_responsibilities/ar4.pdf

This description forms part of our auditor's report.



BDO Audit (NT)



Carmel Taziwa
Partner

Darwin, 6 November 2017



Danila Dilba
Health Service