Danila Dilba
Health Service
HEALTH FOR LIFE

# Danila Dilba Health Service

## Annual Report 2015–2016

Danila Dilba
Health Service

## Our name, our logo, our people, our region

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

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

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.

**Front cover artwork:**

***"Pupula" - Wild Passion Fruit. Silk Screen design, August 2016, by*** Larrakia elder ***Pauline Baban.***

The right time to eat this fruit is when it is bright yellow or orange, fully ripe. The ripe fruit can be used for medicine to treat ring worm, scabies and skin irritations. You rub the infected area with sandpaper fig leaf, apply the fruit pulp, wrap the area with a certain leaf, then wrap with paper bark and tie with bush string or vine.

# Vision

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

# Mission

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

# Core values

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

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

# Danila Dilba Service Area

## Yilli Rreung Region

# Contents




Supporting Aboriginal and Torres Strait Islander businesses:

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# 1 Highlights

Dr Hamish Scott with client Joy Baird

# 1.1 About us

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

Danila Dilba is primarily funded by the Australian Government through the Department of Health. We employ some 130 people and provide services from five locations in Darwin and Palmerston, including five medical clinics, a mobile clinic and a dental clinic. We also have a Community Programs division that includes the Deadly Choices health promotion program, an Alcohol and Other Drugs program, Tackling Indigenous Smoking, and Social and Emotional Wellbeing.

Some 30% of the Northern Territory population identifies as Aboriginal and/or Torres Strait Islander, and this includes around 16,000 people living in the Yilli Rreung region. This population estimate is based on the Australian Bureau of Statistics 2011 Census data for the Darwin Indigenous Region (IREG 703), which closely matches our service area.

Based on this figure, Danila Dilba clinics service more than 60% of the Indigenous population of the region, with around 10,100 local people using our services in 2015–16. We also had nearly 1,600 people using our services who were visitors to the region.

Danila Dilba provides comprehensive, high-quality, culturally appropriate primary health care and community services. Aboriginal Health Practitioners are at the forefront of our service to ensure clients' cultural safety. Clients are seen by an Aboriginal and Torres Strait Islander Health Practitioner (AHP) before a doctor.

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

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

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

These determinants include:

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

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

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

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

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

# 1.2 Board report

## The 2015–16 financial year saw Danila Dilba Health Service continue to deliver on priorities identified in our 2014–2016 strategic plan.

It is with great sadness that I begin my report this year by acknowledging, on behalf of the Board, members and staff of Danila Dilba, the tireless work of former Director Edward 'Boyd' Scully who passed away just before this report was published. Boyd was a Director for many years and his passing is a great loss to Danila Dilba and the broader Darwin community.

Our sincere condolences to his family.

I would also like to thank long-time Director and Deputy Chair Erin Lew Fatt for her commitment to Danila Dilba. Erin resigned from her position on the board during this reporting period.

### 'Boyd was a Director for many years and his passing is a great loss to Danila Dilba and the broader Darwin community.'

2015–16 was another year of increased demand on our services, with more than 54,000 episodes of care delivered to nearly 12,000 clients. In an effort to best service this demand, new clinics were opened in the Darwin suburb of Malak and the satellite city of Palmerston. These new clinics are cementing our strategy to improve health outcomes by providing services closer to where our clients live.

Our membership also grew during the year. A new five-year strategic plan is being developed and will be put to members at the 2016 Annual General Meeting.

Our governance was strengthened with Directors and managers completing training in strategy and risk, and best practice reporting to the Board, which was delivered by the Australian Institute of Company Directors. A review of the Board's performance by an independent consultant, was generally positive in its findings.

At our request, a Special Administrator was appointed by the Office of the Registrar of Indigenous Corporations to Danila Dilba for the day of 3 May 2016.

The Administrator was put in place to appoint a new Board of Directors, and make changes to the DDHS Rule Book (constitution). The Administrator reappointed members as Directors in line with those changes.

I'm heartened by the great work, passion, commitment and professionalism of our staff in working to improve the health and wellbeing of our clients over the past year.

Thank you also to all the other Directors for their work during the year, the continued support of our members and the Danila Dilba Executive Management Team that ably supported our work as a Board.

The incredible gains we are making are testament to the importance of Aboriginal community-controlled health.

Braiden Abala
Chair

# 1.3 CEO report

In 2015–16, Danila Dilba Health Service continued to focus on improving our delivery of high-quality, culturally appropriate comprehensive primary health care and community services to Biluru (Aboriginal and Torres Strait Islander) people in the Yilli Rreung (greater Darwin) region.

A key part of this was the start of a regular induction program for new staff that includes full-day, cross-cultural training delivered in partnership with Northern Territory General Practice Education. Work was also started on developing a cultural capability framework to be included in position descriptions and in a guide to support culturally safe practices by our non-Indigenous staff.

We also expanded membership of our Executive Management team from the ranks of middle management to have increased Indigenous representation and help build better career pathways for Indigenous staff to the most senior levels of the organisation.

In 2015–16, we serviced nearly 12,000 clients and delivered more than 54,000 episodes of care. We are serving more than 60% of the Indigenous population in greater Darwin region service area, with 94% Indigenous clients.

In March 2016, an independent cost-benefit analysis by consultants Deloitte Access Economics found that for each dollar invested in Danila Dilba, $4.18 of benefit to society is generated. A Menzies School of Health evaluation of our Kidney Health Program found a slowing in the progression of renal disease, with the time to end stage disease (ie dialysis) extended from two and a half years to four years for at least 50% of clients with Chronic Kidney Disease. This represents significant savings to the broader health system.

The property strategy devised in the previous financial year took shape during 2015–16, with new clinics opened at our Palmerston Health Centre and in the suburb of Malak. These clinics are based on a new client-centred service model that provides care closer to where people live and help us meet growing demand.

I was particularly delighted to support Danila Dilba in achieving accreditation by the Quality Improvement Council for the first time. This not only means that our organisational systems, policies and procedures are best practice, but that our clients can be assured, along with our clinical accreditation, that they are receiving the best possible services.

We started the Deadly Choices health prevention and early intervention program where clients receive a free T-shirt for completing health checks, and an eight-module education program is delivered to senior college students.

A new Enterprise Bargaining Agreement was successfully negotiated with staff and strong employee engagement was reported in our third staff survey. A review was done of our corporate services to improve back-end support for our health services.

2015–16 was also a year of awards, including the National MedicineWise awards, the NT Disability Services Award, NT Chronic Disease Network Award, finalists in the NT Aboriginal Health Practitioner Awards, and two finalists in the NT Nursing and Midwifery Awards. Our work was also recognised with media coverage in outlets such as the *Koori Mail* newspaper, Radio Larrakia, Aboriginal TV, ABC TV News and the *NT News.*

Lots of work is already under way for 2016-17 with:

- planning for new clinics in the suburb of Rapid Creek, Darwin CBD and the rural area
- extending opening hours at the Palmerston and Malak Clinics
- fostering a greater relationship with homeless clients at the Knuckey St clinic
- transporting patients to clinics nearest to where they live to reduce travel times and associated costs
- delivering the Deadly Choices education program to more schools and increasing promotion of the 'T-shirts for health checks' initiative
- cultural competency training with non-Indigenous staff in the Social and Emotional Wellbeing program
- increasing the capacity of our internal pharmacist to be able to deliver clinical services such as Home Medicines Reviews.

Olga Havnen
Chief Executive Officer

# 1.4 Financial summary

## Income

| | 2016 | 2015 |
|---|---|---|
| Grants | 13,134,931 | 12,544,396 |
| Medicare billings | 3,278,831 | 2,987,578 |
| Interest income | 56,124 | 140,937 |
| Sundry income | 333,150 | 1,165,539 |
| **Income for Year** | **$16,803,036** | **$16,838,450** |

The main sources of income for Danila Dilba Health Service are government grants 78.2% (2015 74.5%) and Medicare billings 19.5% (2015 17.7%). Allocation of grants to corporate expenses was 22% of total grants, equivalent to 17% of total Income for Year.

## Assets

| | 2016 | 2015 |
|---|---|---|
| Current assets | 1,195,123 | 3,460,109 |
| Non-current Assets | 8,043,000 | 7,155,812 |
| **Total assets** | 9,238,123 | 10,615,921 |
| Current liabilities | 1,550,717 | 2,038,462 |
| Non-current liabilities | 102,235 | 113,413 |
| Total liabilities | 1,652,952 | 2,151,875 |
| **Net Assets** | **$7,585,171** | **$8,464,046** |

The reduction in current assets reflects investment in new clinics in Palmerston and Malak. This long term investment will be recovered through the flow of increased Medicare revenue from these new operations.

## Cash

| | 2016 | 2015 |
|---|---|---|
| Current assets | 1,195,123 | 3,460,109 |
| Current liabilities | (655,245) | (1,111,853) |
| Employee leave provisions | (997,707) | (957,770) |
| Unexpended grants | 0 | (82,252) |
| Reserve for capital replacement | (189,252) | (507,479) |
| Reserve for PHC | 0 | 0 |
| **Total uncommitted cash assets** | **(647,081)** | **$800,755** |

There were costs incurred over the year that were not recovered until after June 30. These costs were related to both the delivery of core services and the establishment of new clinic infrastructure. The 2016-17 budget has been designed to modestly increase cash holdings for contingencies.

# 1.5 Strategic plan

2015–16 is the final year of the three-year *2014–2016 Danila Dilba Health Service Strategic Plan,* which outlines the Danila Dilba Health Service Board's strategic vision for the organisation.

The plan committed Danila Dilba to five strategic goals that aimed to broaden and improve our primary health care and community services and ensure we are operating as efficiently and effectively as possible.

'At 30 June 2016, 100% of actions were flagged as either green or yellow, meaning they were either complete or progressing according to expectations.'

In those three years, we achieved a great deal and made significant progress in all of the priority areas:

- consolidated programs and services, allowing for targeted growth
- established an evidence-based approach to service delivery
- positioned Danila Dilba as a leader in the Aboriginal health care sector
- strengthened community engagement
- invested in attracting and retaining staff, building skills and providing career pathways
- improved the capacity and effectiveness of Danila Dilba's governance and management.

To ensure the strategic plan was implemented effectively, an annual business plan aligned with the budget, and operational and program plans were launched. Progress against the business plan was tracked through a quarterly 'traffic light' report, driving managers and staff to achieve the actions set out in the plan.

At 30 June 2016, 100% of actions were flagged as green or yellow, meaning they were either complete or progressing according to expectations.

## New strategic plan

During 2015–16, the Board developed a new strategic plan for Danila Dilba. This was a valuable opportunity to review current operations and identify improvements and innovations that will help us achieve Danila Dilba's vision and objectives.

PwC's Indigenous Consulting, a national Indigenous consulting business, was engaged to help develop the strategic plan. Planning meetings with the Board, managers and staff identified the challenges and opportunities Danila Dilba and the Aboriginal health sector face over the next five years. A series of focus groups and consultations allowed Danila Dilba's stakeholders to contribute their ideas to the new strategic plan.

The new strategic plan will be finalised in the second half of 2016 and launched at the Annual General Meeting.

**Strategic plan goal:**

Goal 5A Improve the capacity of and effectiveness of Danila Dilba's governance and management.

| | Achievements | More information |
|---|---|---|
|  <br>**Goal 1**<br>**Improve the health and wellbeing of Biluru people through the provision of effective, high quality and flexible health care and community services.** | • Continued to deliver effective health care services.<br>• New Palmerston and Malak Clinics.<br>• Integrated counselling/mental health services, and tobacco, alcohol and other drugs services into clinics.<br>• Refined service model to improve client accessibility.<br>• Achieved increases in numbers of adult health checks and immunisations.<br>• Rolled out 'Deadly Choices' program. | • All sections<br>• 1.9 New clinics (page 10)<br>• 2.1 Key data (pages 18–23)<br>• 1.8 Staff profile Tanja Hirvonen (page 9)<br>• 5.1 Team overview (page 47)<br>• 1.11 Deadly Choices (page 12) |
|  <br>**Goal 2**<br>**Ensure the ongoing development, review and improvement of Danila Dilba Health Service programs and services.** | • Independent research showed that for every dollar invested in Danila Dilba services, $4.18 benefit is generated for society.<br>• Independent review found that our clients are having the need for dialysis delayed by an average of 1.5 years.<br>• Gained accreditation from the Quality Improvement Council.<br>• Introduced a dynamic reporting tool to better understand and learn from data on our services.<br>• Participated in more than 15 research projects. | • 1.6 Improving health, adding value (page 7)<br>• 1.3 CEO report (page 3)<br>• 2.5 Quality and safety (page 29)<br>• 1.14 Research partnerships (page 15) |
|  <br>**Goal 3**<br>**Build the brand, profile and reputation of Danila Dilba Health Service as a leader in the Aboriginal health care sector.** | • National MedicineWise Award, NT Disability Services Award NT Chronic Disease Network Award, finalist in the NT Aboriginal Health Practitioner Awards, two finalists in the NT Nursing and Midwifery Awards.<br>• Achieved significant positive media coverage and produced a range of new marketing materials, including radio and TV commercials.<br>• Made submissions and representations to government on a range of issues relevant to Aboriginal health, including Palmerston Hospital, audit of the Indigenous Advancement Strategy, and child protection.<br>• Continued to strengthen existing partnerships and developed new ones. | • 3.7 Pharmacy services (page 38)<br>• Section 4 Chronic disease (pages 41–45)<br>• 1.3 CEO report (page 3)<br>• 1.15 Government submissions (page 16)<br>• 1.14 Research partnerships (page 15)<br>• 4.4 Diabetes overview (page 44) |
|  <br>**Goal 4**<br>**Ensure our people are skilled, supported and engaged to achieve Danila Dilba Health Service goals.** | • Improved in-service training to support professional development of clinical staff.<br>• In 2015–16, 85% of staff attended one or more training or development opportunities.<br>• Adopted a new enterprise agreement with improved leave provisions.<br>• Increased recognition and focus on cultural competency, including increased Aboriginal and Torres Strait Islander representation on our management team.<br>• Reported strong employee engagement through our third staff survey. | • 1.10 Registrar retention (page 11)<br>• 2.5 Quality and safety (page 29)<br>• 3.2 Aboriginal Health Practitioners (page 33)<br>• 2.4 Our people (page 26)<br>• 1.3 CEO report (page 3) |
|  <br>**Goal 5**<br>**Be a strong and sustainable organisation.** | • Adopted a long-term property strategy to address increased demand and changes in client population.<br>• Improved Medicare billing practices.<br>• Reviewed corporate services to improve back-end support for health services.<br>• Attracted capital funding for fit-out of Malak Clinic and duress alarms and CCTV in Palmerston, Knuckey St and Malak clinics. | • 1.5 Strategic plan (page 5)<br>• 1.3 CEO report (page 3)<br>• 2.1 Key data (page 18–23)<br>• 1.9 New clinics (page 10) |

# 1.6 Improving health, adding value

In March 2016, an independent analysis found that for every dollar invested in Danila Dilba Health Service, $4.18 of benefit is generated for society through direct health cost savings and the value of increased life expectancy.

The cost-benefit analysis by Deloitte Access Economics was done on Danila Dilba's maternal and child health, diabetes and chronic kidney disease areas. These were chosen as they represent a substantial proportion of the burden of disease in Indigenous people in the Northern Territory that could be measured from the available data.

The analysis found that Danila Dilba 'delivers value for money in improving Indigenous health outcomes' and that additional funding would assist with further closing the gap in Indigenous health outcomes.

The report also made the following significant findings about Danila Dilba:

- Danila Dilba services are estimated to deliver $5.60 million in benefits in 2016.
- 94.4% of clients identify as Aboriginal or Torres Strait Islander, compared with an average of 80% across all Aboriginal community-controlled health services.
- Children attending our clinics are less likely to be underweight.
- Our clients with type 2 diabetes have lower blood glucose levels and lower blood pressure.
- Our clients are at lower risk of chronic kidney disease.
- Our service is underfunded in relation to comparable health services. This negatively impacts on our ability to deliver high quality services at a sufficient volume.
- Danila Dilba faces significant cost pressures that are not experienced to the same extent by many other primary health care services, increasing the cost of providing services.

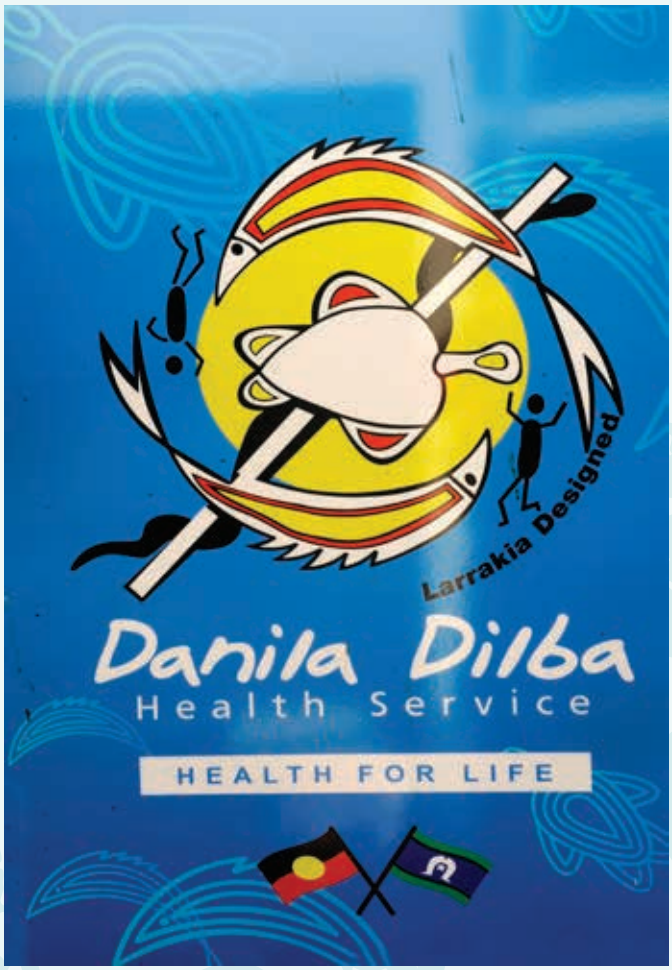
Meanwhile, a Menzies School of Health evaluation of Danila Dilba's Kidney Health Program found a slowing in progression of the disease, with the time to end stage disease (ie dialysis) extended from two-and-a-half years to four years for at least 50% of patients with chronic kidney disease.

'The analysis found that Danila Dilba 'delivers value for money in improving Indigenous health outcomes.'

This again represents not only improved health outcomes for our clients, but significant savings to the health care sector.

**Strategic plan goal:**

2B Adopt an evidence-based approach to Danila Dilba programs and services.



# 1.7 25 years strong

## Danila Dilba Health Service celebrated a milestone in 2016: 25 years of service to Darwin's Aboriginal and Torres Strait Islander communities.

Its beginning as a community controlled Aboriginal health service started in the 1970s – a time of great activism for Indigenous people across Australia.

### 'When Danila Dilba Health Service was established in 1991, there was a great feeling of pride and achievement in the local Aboriginal community.'

After Cyclone Tracy hit in 1974, Indigenous people were evacuated to southern cities where local Aboriginal medical services had started. Darwin people were impressed with the services and wanted their own one.

Danila Dilba grew out of the community, with people holding meetings, lobbying government, lodging petitions and even holding a 'sit-in' of government offices for a culturally appropriate primary health service for Indigenous people in Darwin.

When Danila Dilba Health Service was officially opened on 8 November 1991, there was a great feeling of pride and achievement in the local Aboriginal community. The name Danila Dilba Biluru Butji Binnilutlum was given to the service by the local Larrakia traditional custodians. In the Larrakia language Danila Dilba means 'dilly bag used to collect bush medicines' and Biluru Butji Binnilutlum means 'Aboriginal people getting better from sickness'.

The service was friendly, comfortable and provided holistic care. Danila Dilba was a safe place for Indigenous people to raise their concerns and find solutions to their health concerns.

Danila Dilba has grown significantly in size and capacity, from seven staff and one building in 1991 to eight clinics, including separate men's (pictured) and women's clinics, mobile and dental clinics, community programs, and a staff of over 130 serving almost 12,000 clients in 2016.

**Strategic plan goal:**

3B Strengthen community engagement, control and empowerment, including increasing Danila Dilba membership.

### Staff Profile: Dr Fiona MacDonald

Dr Fiona McDonald has been with Danila Dilba from the very start as one of two doctors who founded the service. Here, she shares her memories of the last 25 years.

'It started in a little house in McLachlan Street (pictured above, now the Men's Clinic). In the beginning, there was no medical equipment at all… we just had copies of the Aboriginal Health Strategy and a desk and a phone. There was nothing else.

The original staff was much smaller – two doctors, two drivers, an Aboriginal health worker, a trainee Aboriginal health worker and a receptionist. We later moved to the clinic at Knuckey Street, and from there, Danila Dilba grew very rapidly. Because the need was there.

I've loved it here. On one level, it is my professional life – outside my early training I haven't worked anywhere else – but it's been fascinating to see how things have changed and to be part of that change. Sometimes it's difficult, both medically and socially, and things often don't go well, but it's really nice being part of the solution rather than part of the problem.

When I came to Danila Dilba, I initially thought it would just be for a couple of years and then I'd head back to Melbourne. I stayed and developed strong relationships with people I've worked with and who've been my patients, and that's very special.

It is different after 25 years. Different and the same, really. The clinics are different, the individuals are different, some of the health problems are different. But working with and for the community and building the relationships – which is what I value so much – is still the same.'

# 1.8 Staff profile: Tanja Hirvonen

Danila Dilba Health Service's counselling service is overseen by Tanja Hirvonen, who at the end of 2015 became team leader for the Social and Emotional Wellbeing team.

Tanja is an Aboriginal psychologist, Clinical Psychologist Registrar and has family connections from the Barkly Tablelands to the Kimberley in Western Australia.

Tanja has worked on mental health education in remote areas, trauma, chronic pain and rehabilitation, and therapeutic services for young people. Tanja has completed her Clinical Masters, Honours and Bachelor of Science in Psychology.

She is also an Executive Support Officer at the Australian Indigenous Psychology Association.

With Tanja as team leader, and a good therapeutic team with good community connections, the Social and Emotional Wellbeing team is at a formidable strength. Counsellors are now available at the Palmerston, Knuckey Street, Malak and Men's clinics.

## 'I feel our team provides a gold standard service to the Indigenous community.'

The move to clinic-based services followed a review of our community programs division that recommended making those programs more available to our clients by offering them at our clinics, rather than at one central location.

The focus of the Social and Emotional Wellbeing program is to provide counselling and other support services to Stolen Generations members, their families and local Stolen Generations groups.

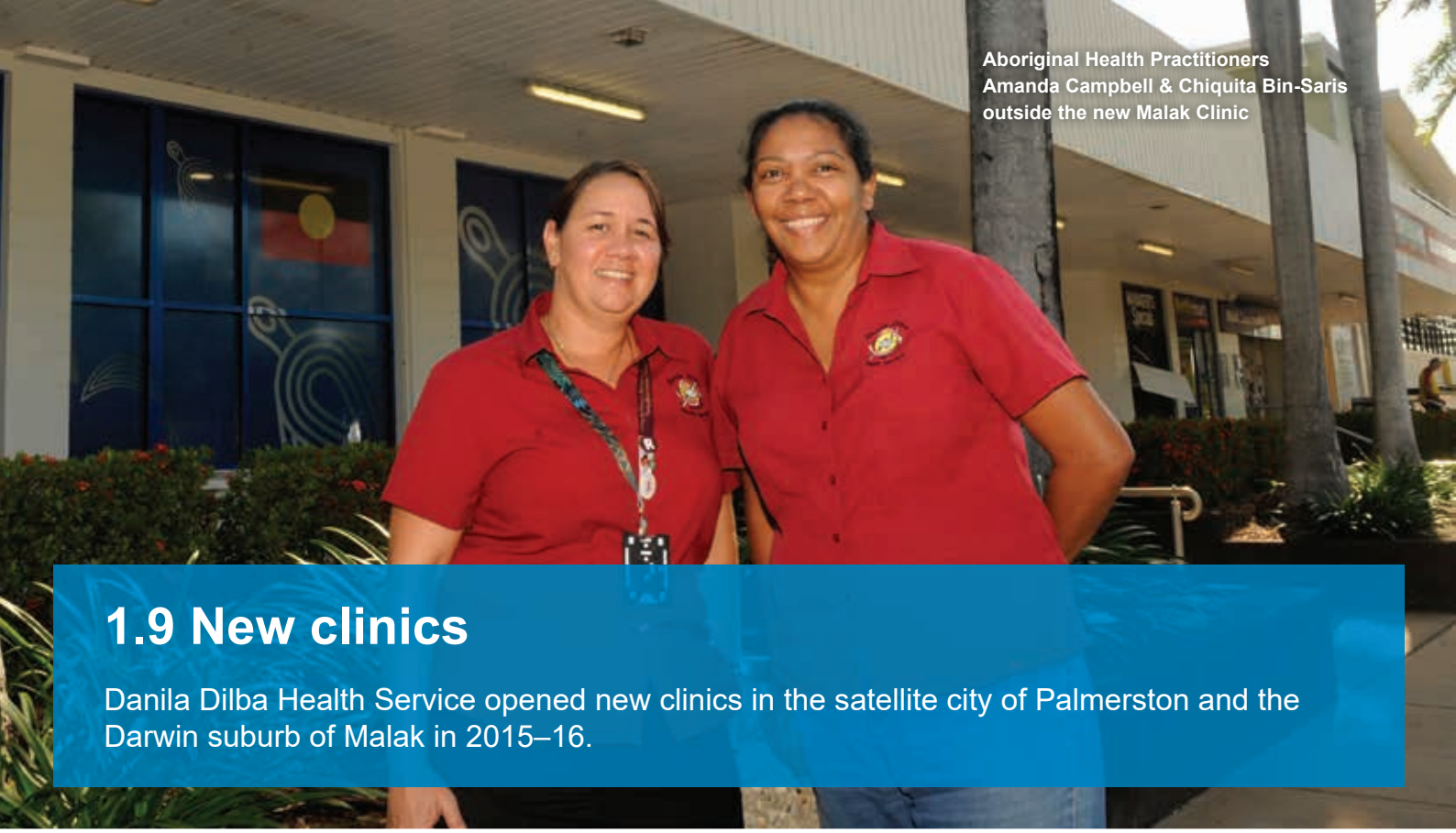
Tanja says the team of six staff and one student provide culturally appropriate and culturally safe services to Darwin's Indigenous community.

'We're a strong team, but we can grow – and we should grow – to meet demands and provide more services', she says.

'I feel our team provides a gold standard service to the Indigenous community. We do great work, but there's always capacity to do more and enhance the important work we do.'


**Strategic plan goal:**

1B Provide a range of effective community programs that complement clinical services and promote the wellbeing, resilience and self-care of Aboriginal and Torres Strait Islander peoples, their families and communities.



Aboriginal Health Practitioners Amanda Campbell & Chiquita Bin-Saris outside the new Malak Clinic

# 1.9 New clinics

Danila Dilba Health Service opened new clinics in the satellite city of Palmerston and the Darwin suburb of Malak in 2015–16.

The new clinics are part of a strategy to improve health outcomes by offering services closer to where our clients live, with plans to also open new clinics in the suburb of Rapid Creek and in the rural blocks outside of Darwin.

## Palmerston Health Clinic

The new Palmerston general practice clinic opened in October 2015 and delivered 7,775 episodes of health care to 30 June 2016. Feedback from clients in that time shows they enjoy and appreciate the continuity of care the clinic provides.

The Palmerston Clinic team comprises two Receptionists as well as Aboriginal Health Practitioners, Registered Nurses, regular permanent General Practitioners and a Clinic Team Leader.

'The new clinics are part of a strategy to improve health outcomes by offering services closer to where our clients live.'

The clinic provides:

- care in acute emergencies
- chronic disease management
- child, adult and adolescent vaccines
- wound care
- mental health care management
- school health checks.

The new clinic works with the existing Danila Dilba Palmerston Family Centre to support clients with programs and services related to maternal and child health, women's health, alcohol and other drugs, allied health services and counselling.

The clinic is accessible and flexible bookings can be made on the day or weeks in advance.

The clinic's opening hours were extended in 2015–16 to include Saturday mornings. In 2016–17, Danila Dilba will further extend the clinic's opening hours and will trial evening hours, including a men's only session.

## Malak Clinic

The Malak Clinic opened in June 2016 and was based on a new service model comprising:

- Clinic Coordinator
- two General Practitioners
- GP Registrar
- two Aboriginal Health Practitioners
- Acute Registered Nurse
- two Customer Service Officers
- Outreach Worker.

A number of programs and sessions are available for clients at the new Malak Clinic, including counselling, Alcohol, Other Drugs and Tobacco Education, midwifery, and a diabetes educator.

A new monthly cardiac clinic will be launched in August 2016, where clients can access cardiac services from a specialist cardiac GP. An echo tech machine will also be available on site once a month.

**Strategic plan goal:**

5C Ensure our physical infrastructure meets the current and future needs of our people and clients.

# 1.10 Registrar retention

Danila Dilba Health Service supports the training and development of General Practitioners (GPs), with the hope that they will continue to work in the Aboriginal community health sector and especially stay on at Danila Dilba.

Working at Danila Dilba gives trainee doctors a challenging work environment and complex patients, coupled with the support of our many experienced senior GP supervisors. It's a rewarding workplace where they learn core clinical medicine as well as the many subtleties of working in Aboriginal health.

## Registrars

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

In 2015–16, there were 10 GP registrars at Danila Dilba, including one local Indigenous registrar.

'Working at Danila Dilba gives trainee doctors a challenging work environment and complex patients coupled with the support of our many experienced senior GP supervisors.'

Several registrars returned to complete their final term of training with us after their placement here the previous year and we were delighted to offer three registrars permanent positions as GPs in 2015–16.

## Medical students

Danila Dilba supports the training of medical students in their final clinical years of study, with nine students placed at Danila Dilba in 2015–16.

Most students are from the Northern Territory Medical Program and are placed with us in their third year of training. We are particularly proud to have hosted several locally-based Indigenous students who we hope will become part of our future workforce.

Danila Dilba also accepts students from interstate universities who demonstrate an interest and passion for Aboriginal health.

**Strategic plan goal:**

4B Promote and enable a learning culture that builds staff capacity, support ongoing skill development.

4E Plan for the future workforce needs of the organisation.

Dr Prabakah Pallah

## Staff profile: Dr Jamila Priore

Having already worked in the remote communities of Palumpa, Milikapati, Minjilang and Warrawi, registrar Jamila Priore knew she enjoyed Aboriginal health but wanted to contribute to a community closer to home.

Jamila joined Danila Dilba Health Service as a registrar in 2015 and came back in 2016 after six months of private practice because she missed the clinical challenges, the patients and the medicine.

'Unlike working in private practice, it's a real team environment here,' said Jamila, who was born and raised in Darwin. 'You get to work with nurses and health workers and managers, and it's very supportive.

'Plus, the patients at Danila Dilba are hilarious and real characters too. The shortest appointment time is half an hour, so you really get to know your patients and build rapport with them.

'The medicine is completely different at Danila Dilba too; I see things here I'd never see in private practice. For me, overall, it's about trying to help close the gap, and my plan is to hang around here at Danila Dilba for as long as they'll have me.'

# 1.11 Deadly Choices

'Deadly Choices' is an early intervention and prevention program that complements Danila Dilba Health Service's clinical programs.

It offers a 'health check for T-shirt program' and delivers health promotion and education to young Aboriginal and/or Torres Strait Islander people to help them make informed decisions about their health and wellbeing.

Joseph Knuth, an Indigenous man from north Queensland, was made team leader of the Deadly Choices program in August 2015. Joseph has been with Danila Dilba for six years and previously coordinated the Alcohol and Other Drugs program.

## Deadly Choices ambassadors

During 2015–16, four Deadly Choices ambassadors were appointed to act as positive role models, promote healthy lifestyle choices and represent Deadly Choices in promotional events and advertising.

'Between January and June 2016, Deadly Choices education sessions were delivered to 55 Indigenous students at three middle schools.'

The ambassadors are Darwin-born Geelong AFL star Steven Motlop; Patrick Johnson, a former Olympic sprinter; and Kylie Duggan and Sammi Rioli, two Darwin women's basketball representatives.

## School education sessions

Between January and June 2016, Deadly Choices education sessions were delivered to 55 Indigenous students at three middle schools – Sanderson, Dripstone and Rosebery – through the Clontarf Academy.

The students were given information about managing theirs and their family's health and encouraged to make positive healthy lifestyle choices.

A total of 10 health promotion events focusing on smoking, alcohol and other drugs, and social and emotional wellbeing were also held in schools last year.

## Looking ahead

In 2016–17, the Deadly Choices education program will be delivered to more schools, and promotion of the 'shirts for health checks' initiative will be increased.

**Strategic plan goal:**

1D Develop effective prevention and early intervention practices.

3E Proactively use marketing communications and media to raise Danila Dilba's profile and reputation.

## Philip Baban, client

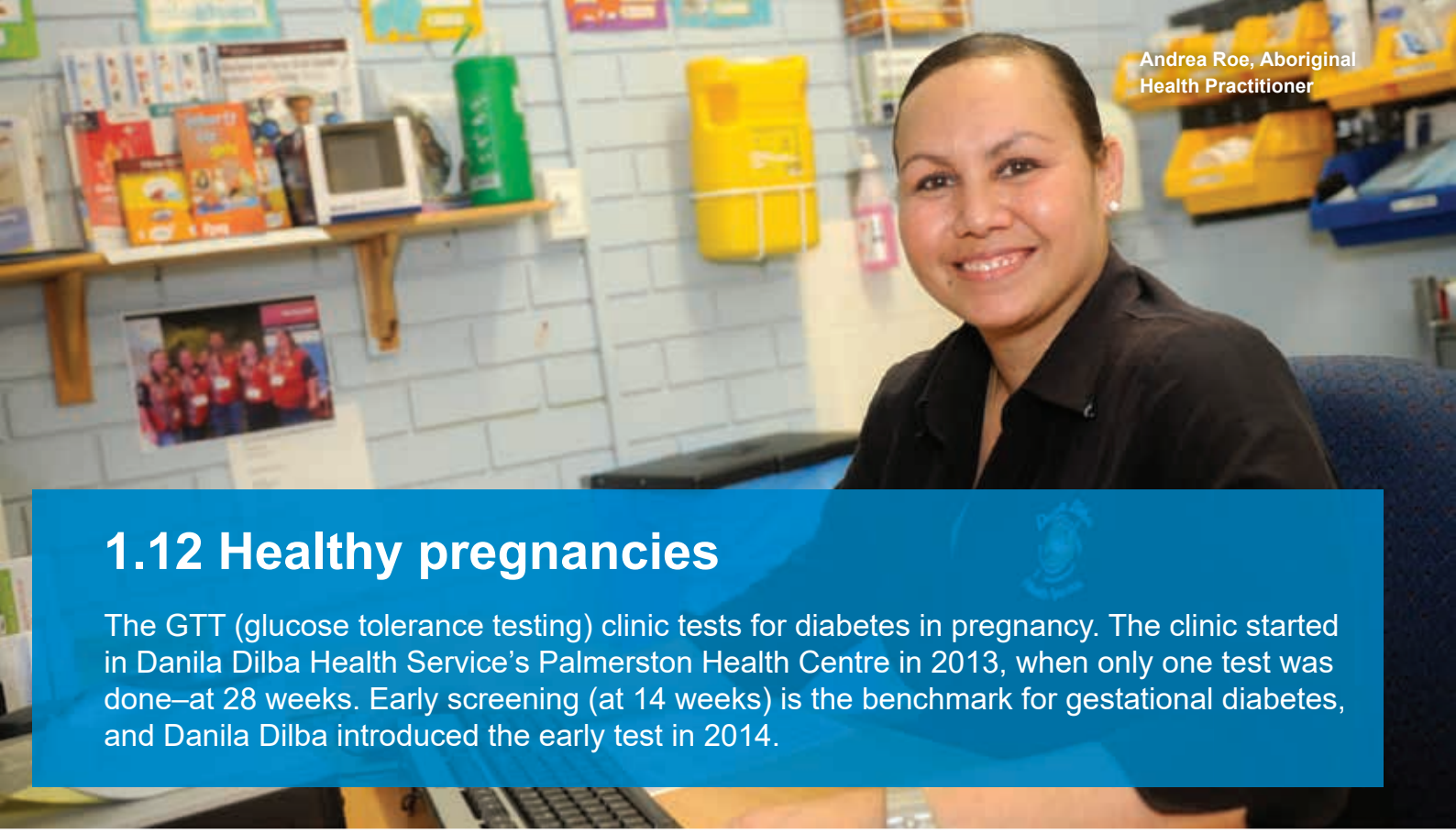
Philip Baban is an inspiration. He says he's reached the age of 87 and has the quality of life he has thanks to the deadly choices he made 40 years ago.

In June 2016, Danila Dilba Health Service presented Mr Baban, a long-term Danila Dilba client, with a Lifetime Achievement Award to celebrate 40 years of no drinking and 30 years off the smokes.

Danila Dilba Chairperson Braiden Abala and Northern Territory Deputy Chief Minister Peter Styles presented Mr Baban with the special award in front of family, friends and staff.

Mr Baban's eldest daughter, Veronica McClintick, thanked Danila Dilba staff for their ongoing care of her father, which has supported his independence.

Philip Baban with the Deputy Chief Minister



Andrea Roe, Aboriginal Health Practitioner

# 1.12 Healthy pregnancies

The GTT (glucose tolerance testing) clinic tests for diabetes in pregnancy. The clinic started in Danila Dilba Health Service's Palmerston Health Centre in 2013, when only one test was done–at 28 weeks. Early screening (at 14 weeks) is the benchmark for gestational diabetes, and Danila Dilba introduced the early test in 2014.

From 37 clients in 2014 to 72 clients in 2015 and 53 clients at 30 June 2016, clients' engagement with the GTT clinic has been terrific. Danila Dilba's goal is to achieve 100% testing of the current antenatal list.

## A warm, friendly environment

Where a pathology centre is a sterile environment, Danila Dilba's clinic is inviting, culturally appropriate and educational. People from Anglicare, the Cord Blood Society and other areas in Danila Dilba talk to the women, who can relax in a lounge room with their children and enjoy lunch afterwards.

## Positive outcomes

Among positive outcomes of an early diagnosis is a healthy birth weight of over 2.5 kg. The premature and low birth weight rates of past years are now rare because most women are engaged with antenatal care. Our Family Support Worker is a critical part of this program's success.

## Looking ahead

The GTT clinic will be launched at the Malak Clinic in 2016–17, giving women access to a clinic once every fortnight.

'From 37 clients in 2014 to 72 clients in 2015 and 53 clients at 30 June 2016, clients' engagement with the GTT clinic has been terrific.'

**Strategic plan goal:**

1A Provide effective and accessible health care services to Aboriginal and Torres Strait Islander people.

## Janine Lamilami, client

'It's my number four baby. I'm here to do my test for diabetes. Because it runs through my history – my mum has diabetes, my dad has diabetes and his mum. All of my family are diabetes.

I had diabetes when I fell pregnant for my number three and my second baby, but that all came normal afterwards. It's good to do the test. I want to see that if diabetes, that it won't harm me or the baby.

They teach me how to eat healthy food and to drink less sugar. I've been doing that, and everything all came normal. I was drinking a lot of sweet teas and coffee, but now I'm having less sugar and having Equals instead. My kids, they love the Equal too. They're healthier now too.'

# 1.13 Paediatric service

Danila Dilba Health Service's Child Health unit coordinates a paediatric outreach service, which is serviced by Royal Darwin Hospital (RDH) paediatricians.

For 15 years, RDH paediatricians have been working with Danila Dilba to care for children. Children are seen by a paediatrician with a multidisciplinary approach that involves NT Hearing, an optometrist, schools, parents, the hospital and medical work-ups. This excellent service identifies the early needs of children at risk of behavioral or developmental difficulties.

In 2015–16, 2,483 children attended Danila Dilba's paediatric outreach service: 33% of clients in the 0-5 age group and 67% in the 6-15 age group.

## Our Child Health team

In 2015–16, Danila Dilba's Child Health team comprised General Practitioners, one Senior Aboriginal Health Practitioner, two Registered Nurses, two Indigenous Outreach Workers and a Medical Receptionist.

'In 2015–16, 2,483 children attended Danila Dilba's paediatric outreach service: 33% of clients in the 0-5 age group and 67% in the 6-15 age group.'

The team held four paediatric registrar sessions a month and three consultant sessions per month, where treatment focused on developmental, behavioral or complex issues.

## Numbers in 2015–16

- 12 new clients per month
- 23 review clients per month
- 257 children under paediatrician care
- 134 children actively receiving care
- 33 children on wait list
- average length of wait time: less than six months
- 113 children were referred for assessment, of which 84% had learning, behavioral or developmental difficulties.

## Looking ahead

In 2016–17, Danila Dilba's focus in this area will be on increasing the number of children seen by paediatricians, decreasing waiting lists and improving attendance rates.

**Strategic plan goal:**

1A Provide effective and accessible health care services to Aboriginal and Torres Strait Islander people.

3D Proactively develop and strengthen strategic partnerships and alliances.

# 1.14 Research partnerships

In late 2015, the Danila Dilba Health Service Board adopted the organisation's new Research Policy and established a Research Working Group (RWG) to review research proposals.

The group advises Danila Dilba's Chief Executive Officer about the value of research to the community, ensures Aboriginal and Torres Strait Islander people are driving the research and that Danila Dilba has the capacity to be involved.

The group's members include three Indigenous staff, a Senior Medical Officer and a Senior Project Officer, all who have experience and skills in research.

## New research partnerships in 2015–16

| Research body | Subject of research |
|---|---|
| Menzies School of Health Research | Smoking: barriers to change |
| | Development of a foetal alcohol spectrum disorder tool (with the National Aboriginal Community Controlled Health Organisation and the Telethon Kids Institute) |
| University of Western Australia | Men's cancer experience |
| South Australian Health and Medical Research Institute and Wardliparingga Aboriginal Research Unit | Aboriginal Health Practitioner fellowship for AHP for rheumatic heart disease project |
| | Ongoing collaboration on Wellbeing Framework |
| | Novel interventions to address methamphetamine use in the community |
| George Institute | Validation of depression screening tool |
| Other | Cancer care framework for Aboriginal and Torres Strait Islander people |
| | Evaluation of the under 5 national immunisation program |

## Research completed in 2015–16

| Research body | Subject of research |
|---|---|
| Menzies School of Health Research | Danila Dilba Health Service renal evaluation |

## Staff involved in research in 2015–16

Danila Dilba supports staff, particularly Indigenous staff, to increase their research skills.

Two Indigenous employees are active research participants and are on the RWG. With one receiving a South Australian Health and Medical Research Institute (SAHMRI) research fellowship in 2016, and both presented the Wellbeing Framework at the Northern Territory Continuous Quality Improvement conference in November 2015.

'Danila Dilba supports staff, particularly Indigenous staff, to increase their research skills.'

Another RWG member submitted a research proposal to the National Heart Foundation with SAHMRI to use the Wellbeing Framework in Rheumatic Heart Disease care.

The Danila Dilba CEO participated in an Aboriginal Medical Services Alliance Northern Territory Board research workshop to help ensure that research is increasingly driven by Danila Dilba and the community.

## Looking ahead

- Danila Dilba plans to update the RWG terms of reference to include a community member.
- The research register will be loaded on a central platform so all Danila Dilba staff can access it.
- All research partnerships will loaded on the Danila Dilba website.

**Strategic plan goal:**

2B Adopt an evidence-based approach to Danila Dilba programs and services.

3D Proactively develop and strengthen strategic partnerships and alliances.

# 1.15 Government submissions

In 2015–16, Danila Dilba Health Service made submissions to several government agencies that related to our goals and values.

## Submission to the Northern Territory Department of Health on culturally appropriate design for the Palmerston Regional Hospital

This submission recommended incorporating cultural features and acknowledgement of Aboriginal and Torres Strait Islander history and traditional ownership of the land and noted the significance of a sense of 'place' – it is not just a hospital but a healthy place for the community.

## Submission responding to the Northern Territory Department of Children and Families' discussion paper, 'Through The Eyes of a Child: Improving Responses to Victims of Child Sexual Abuse and Criminal Neglect'

This submission analysed the policy causes for the disproportionate number of Indigenous children in the Northern Territory in contact with the child protection system and made a range of recommendations.

## Submission to the Australian Government Department of Health draft Implementation Guidelines for Integrated Team Care

The submission presented that Danila Dilba is well positioned to provide care coordination services to Indigenous people across Darwin and Palmerston because:

- Most Indigenous people in our service area access Danila Dilba as their preferred primary health care provider
- Danila Dilba delivers high quality primary health care services, as reflected in our accreditation status and increasingly effective systems capabilities
- Danila Dilba has a strong record of delivering effective, culturally safe, multidisciplinary and holistic coordinated care and supplementary services activities for Indigenous people
- Danila Dilba's governance is strong, transparent and accountable
- Danila Dilba has sophisticated and innovative strategic and operational capacities.

## Submission to the Secretariat of National Aboriginal and Islander Child Care about the status of permanency planning in the Northern Territory

This submission analysed the Northern Territory Government's approach to the permanent placement of Indigenous children in out-of-home care as a result of child protection intervention. It identified the lack of investment in addressing Indigenous disadvantage and delivery of effective, Indigenous-led approaches to early intervention and prevention programs.

## Verbal submission and input to Australian National Audit Office Performance Audit of the Indigenous Advancement Strategy (IAS)

This submission identified a number of challenges with the IAS, including:

- too much red tape in the application process
- meeting application requirements was onerous and resource intensive
- the logic of competitive tendering for existing funding was unclear
- innovation, evidence and flexibility were not valued attributes in selecting successful applications.

**Strategic plan goal:**

3A Proactively represent and advocate to government, peak bodies and the sector on key issues relevant to the needs of Aboriginal and Torres Strait Islander people.

# 2 About us

# 2.1 Key data

## Our clients

Table 1

### Total clients

This table shows the total number of people who were clients of Danila Dilba in 2015–2016. It gives a breakdown by home locality of all unique clients who have visited Danila Dilba at least once in the past two years.

| Residency | Numbers | % |
|---|---|---|
| Darwin – CBD and surrounds | 922 | 8% |
| Northern suburbs – Coconut Grove and surrounds | 1,646 | 14% |
| North-eastern suburbs – Malak and suburbs | 1,557 | 13% |
| Fannie Bay to Berrimah | 1,718 | 15% |
| Palmerston and surrounds | 3,753 | 32% |
| Rural areas | 535 | 5% |
| Rest of NT (outside of service area) | 1,342 | 11% |
| Outside of NT (outside of service area) | 245 | 2% |
| **Total** | **11,718** | |

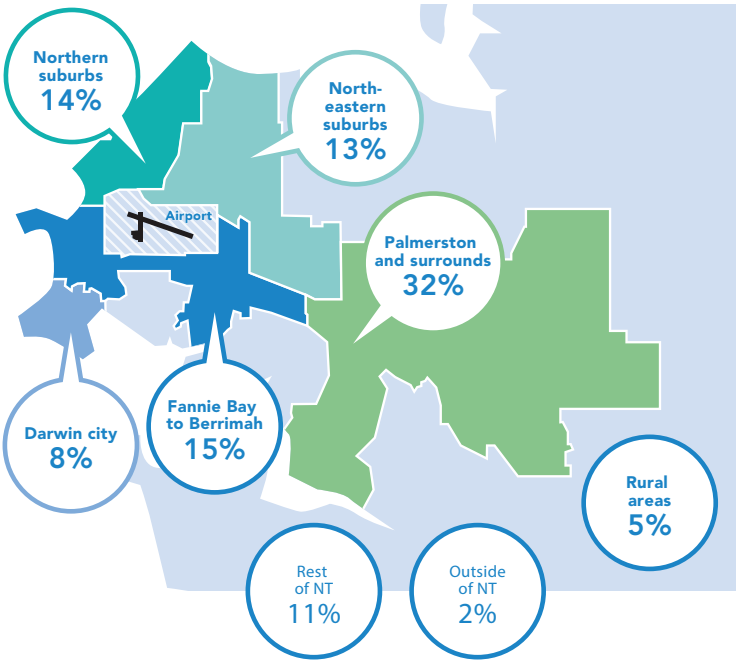



Figure 1

### Regular clients

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

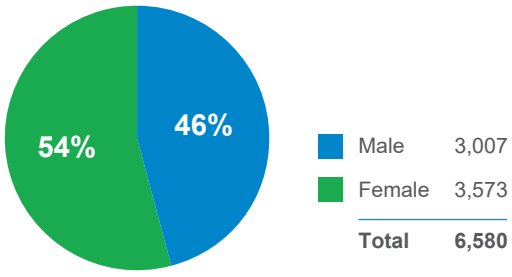



Table 2

### New clients by clinic catchment

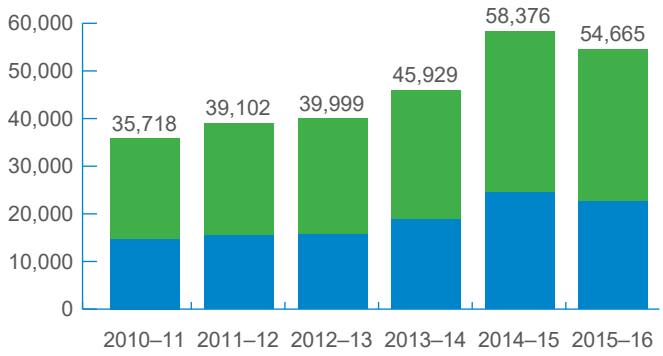
This table shows the number of new clients in 2015–16 for our Darwin city and Palmerston clinics, based on the clinic catchment areas. It shows strong growth in clients. We also have a large number of visitors from outside of the service area using our service.

| Clinic catchment area | Numbers |
|---|---|
| Knuckey Street | 598 |
| Palmerston | 453 |
| Visitors | 406 |
| **Total** | **1,457** |

Figure 2

### Episodes of care

Over 54,000 episodes of care were delivered in 2015–16, a small decrease on last year we think is due to improved data collection. An episode of care is a unique contact with a service provider by a particular client – each visit may involve accessing one or more services or providers. More episodes of care were provided to women (57%) than men (43%).
Women generally access health services more than men.




| | 2010–11 | 2011–12 | 2012–13 | 2013–14 | 2014–15 | 2015–16 |
|---|---|---|---|---|---|---|
| Female | 21,006 | 23,588 | 24,376 | 27,137 | 33,834 | 32,073 |
| Male | 14,712 | 15,514 | 15,623 | 18,792 | 24,542 | 22,592 |
| **Total** | **35,718** | **39,102** | **39,999** | **45,929** | **58,376** | **54,665** |

## Our clients' health

Figure 3

### Start of life

Women who are seen early in their pregnancy (before 13 weeks) are able to better prepare for the birth both physically and emotionally. A normal birth weight is between 2,500 and 3,500gms. Having a good birth weight is an important start in life.

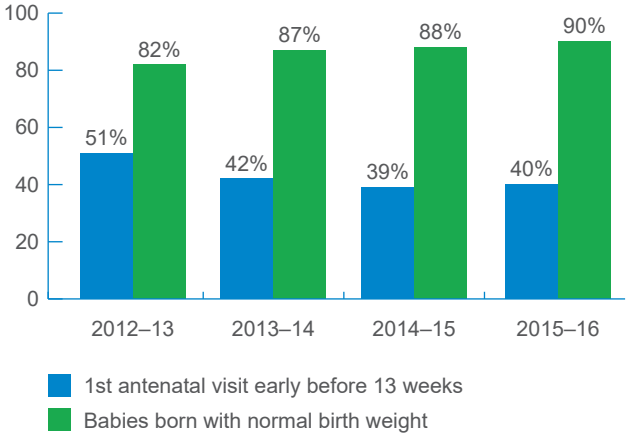



Figure 5

### Health checks

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

The number of Danila Dilba clients with a completed adult health check continues to grow. Completed health checks reached 38% for the 15–54 year age group and 57% for the 55+ age group over the past financial year. A full checkup for children includes looking at developmental stages and helping parents and carers with information to help in the early years.

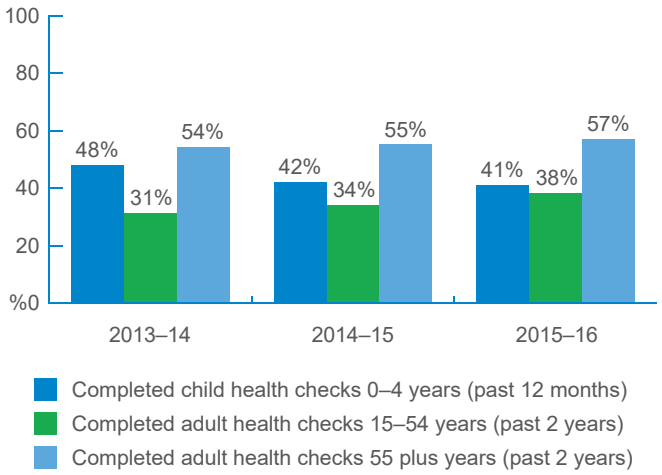



Figure 4

### Child health

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

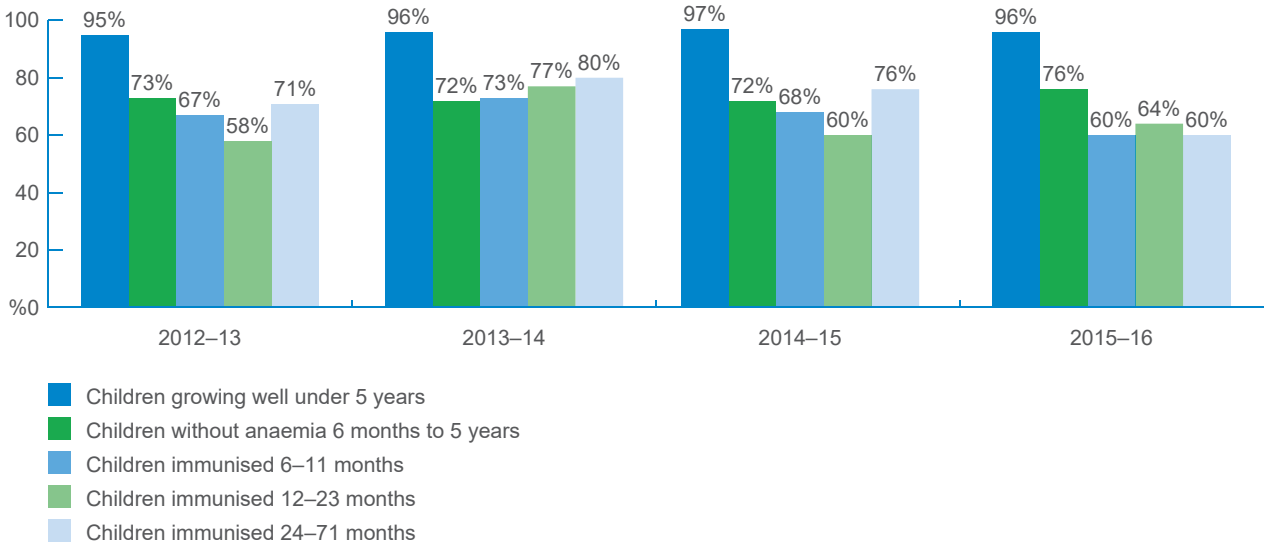


Table 3

## Specialist clinics

A number of different specialists visit Danila Dilba Health Service. This table shows the number of clients who saw a specialist within the reporting period. Ophthalmology is no longer provided on site. Having specialist services located at Danila Dilba helps our clients to manage their health.

| Speciality | 2012–13 | 2013–14 | 2014–15 | 2015–16 |
|---|---|---|---|---|
| Cardiac Educator | 152 | 5 | 74 | 34 |
| Diabetes Educator | 143 | 873 | 862 | 1,032 |
| Dietitian | 0 | 53 | 211 | 139 |
| Obstetrician and Gynaecologist | 20 | 90 | 122 | 86 |
| Ophthalmologist | 27 | 84 | 24 | 1 |
| Optometrist | 152 | 325 | 253 | 112 |
| Paediatrician | 56 | 150 | 89 | 251 |
| Sonographer | 14 | 0 | 33 | 59 |
| Physiotherapist | 0 | 34 | 239 | 243 |
| Specialist Medical Practitioner | 380 | 499 | 357 | 320 |
| **Total** | **944** | **2,113** | **2,264** | **2,277** |

Figure 6

## Mobile clinic episodes of care

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

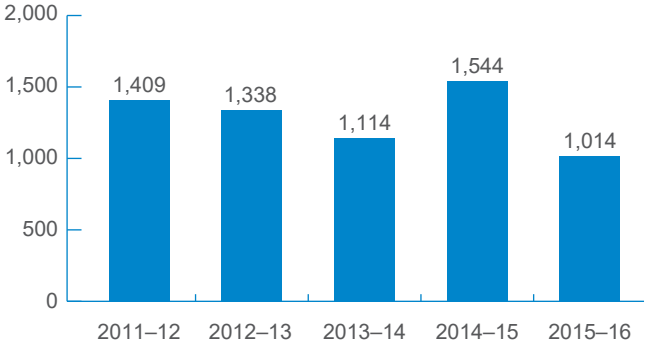



Table 4

## New dental referrals

In 2015–16 there were 724 referrals of new clients by Danila Dilba Health Service GPs to our dental service, reflecting increasing demand on the service. There is a national problem with meeting the need for dental services for Aboriginal and/or Torres Strait Islander people and we are working on a sustainable model for the future.

| Dental referrals | Numbers |
|---|---|
| New client dental referrals | 724 |

## Performance comparison

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 data compares well with the Northern Territory average and 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.

**Figure 7**

### Antenatal visit before 13 weeks

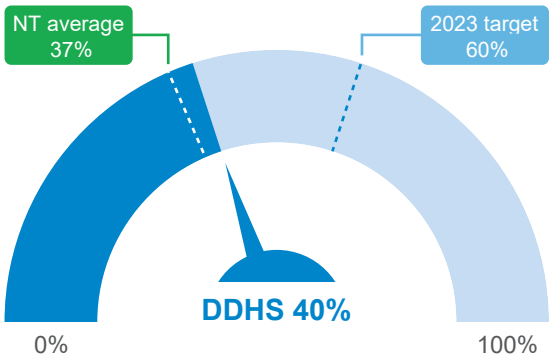



**Figure 8**

### Birth weight recorded#

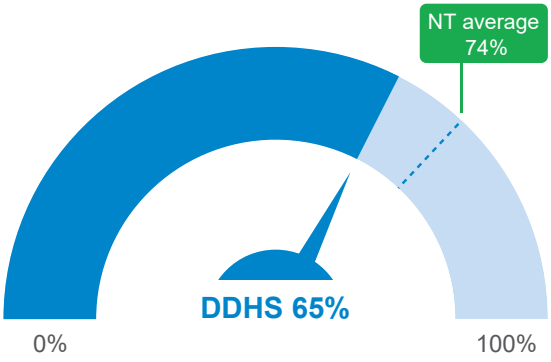



**Figure 9**

### Health check 0–4

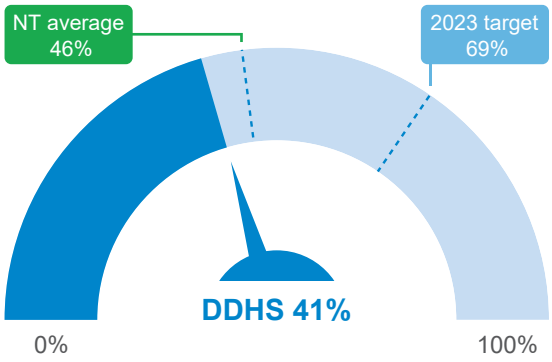



**Figure 10**

### Health check 25 and over

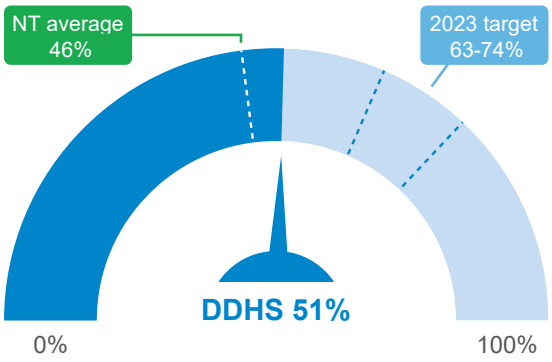



**Figure 11**

### HbA1C² result <7% last 6 months#

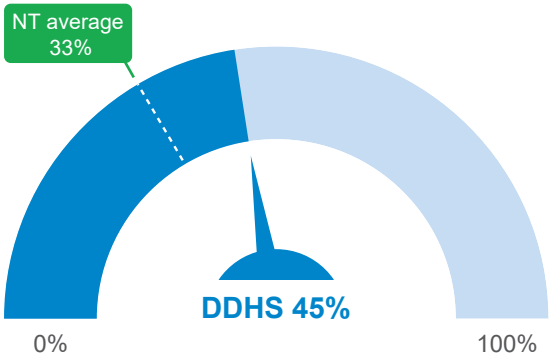
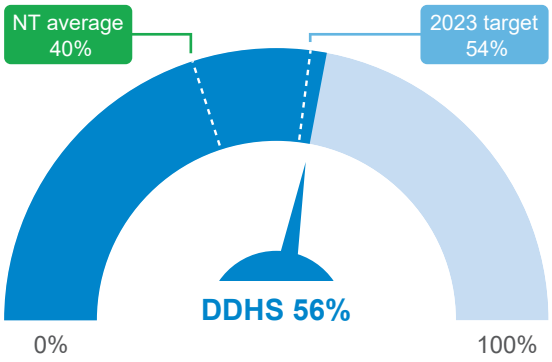



**Figure 12**

### Current smoker




# 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.

## Improving our clients' health

### Table 5

## Chronic disease clients

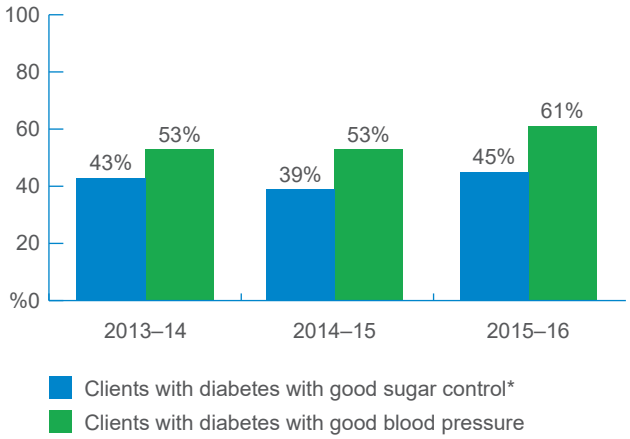
This table shows the percentage of Danila Dilba clients with chronic conditions as a percentage of regular clients over 15 years of age – regular clients have used our services at least twice in the last three years. About 30% of those clients have at least one condition. The percentage is unchanged since last year.

| | % | Number |
|---|---|---|
| Percentage of client population 15 years plus with cardiovascular disease | 10% | 508 |
| Percentage of client population 15 years plus with diabetes | 22% | 1,086 |
| Percentage of client population 15 years plus with kidney disease | 17% | 811 |
| **Total regular clients over 15 years of age** | | **4,881** |

### Figure 13

## Diabetes

This table shows two measures that tells us how well clients with diabetes are. There has been an improvement in the percentage with well controlled diabetes and with controlled blood pressure.




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

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

Having a poorly controlled HbA1c above 7% can lead to early kidney disease, foot ulcers and eye problems.

### Table 6

## Chronic disease plans

Chronic Disease Management Plans are plans that the GP, nurse and Aboriginal Health Practitioner make with clients who have a chronic disease. The plans are to work with clients to provide long-term care and help prevent complications that can occur when people have chronic diseases. The Chronic Disease Management Plan includes goals that the client has made for their own care.

| | 2010–11 | 2011–12 | 2012–13 | 2013–14 | 2014–15 | 2015–16 |
|---|---|---|---|---|---|---|
| Clients with Chronic Heart Disease on a plan | 67% | 71% | 64% | 65% | 63% | 63% |
| Clients with Type 2 Diabetes on a plan | 66% | 73% | 66% | 64% | 63% | 61% |
| Clients with Type 2 Diabetes and Chronic Heart Disease on a plan | 75% | 77% | 72% | 68% | 66% | 70% |

Figure 14

## Pharmacy

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

In 2015–2016, 76% of scripts written by Danila Dilba were CTG scripts, the highest level since the program started.

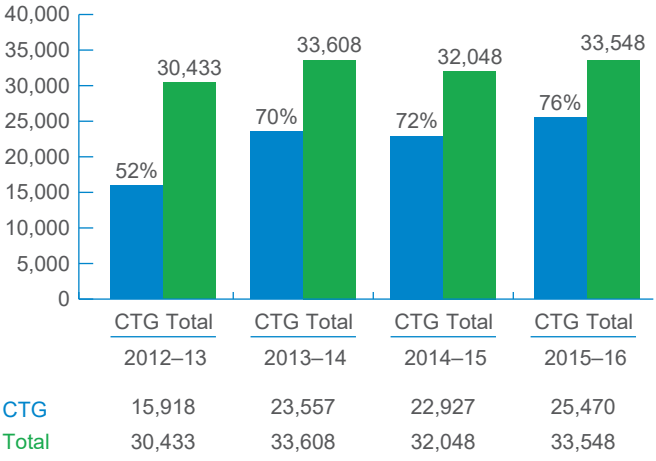



Table 7

## Pap smear testing

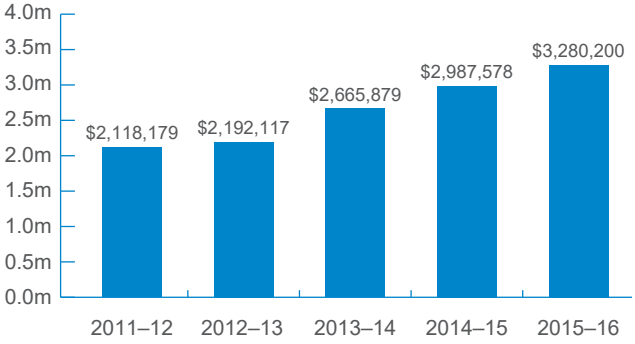
Two-yearly Pap smear tests are important for women to prevent cervical cancer. We aim to increase screening rates in 2016 through an improvement plan.

| | 2014–15 | | 2015–16 | |
|---|---|---|---|---|
| | Number | % | Number | % |
| Had screen in last 2 years | 802 | 33% | 858 | 35% |
| Had screen in last 3 years | 1,008 | 41% | 1,073 | 43% |
| Had screen in last 5 years | 1,260 | 51% | 1,279 | 52% |
| **Total eligible** | **2,448** | | **2,479** | |

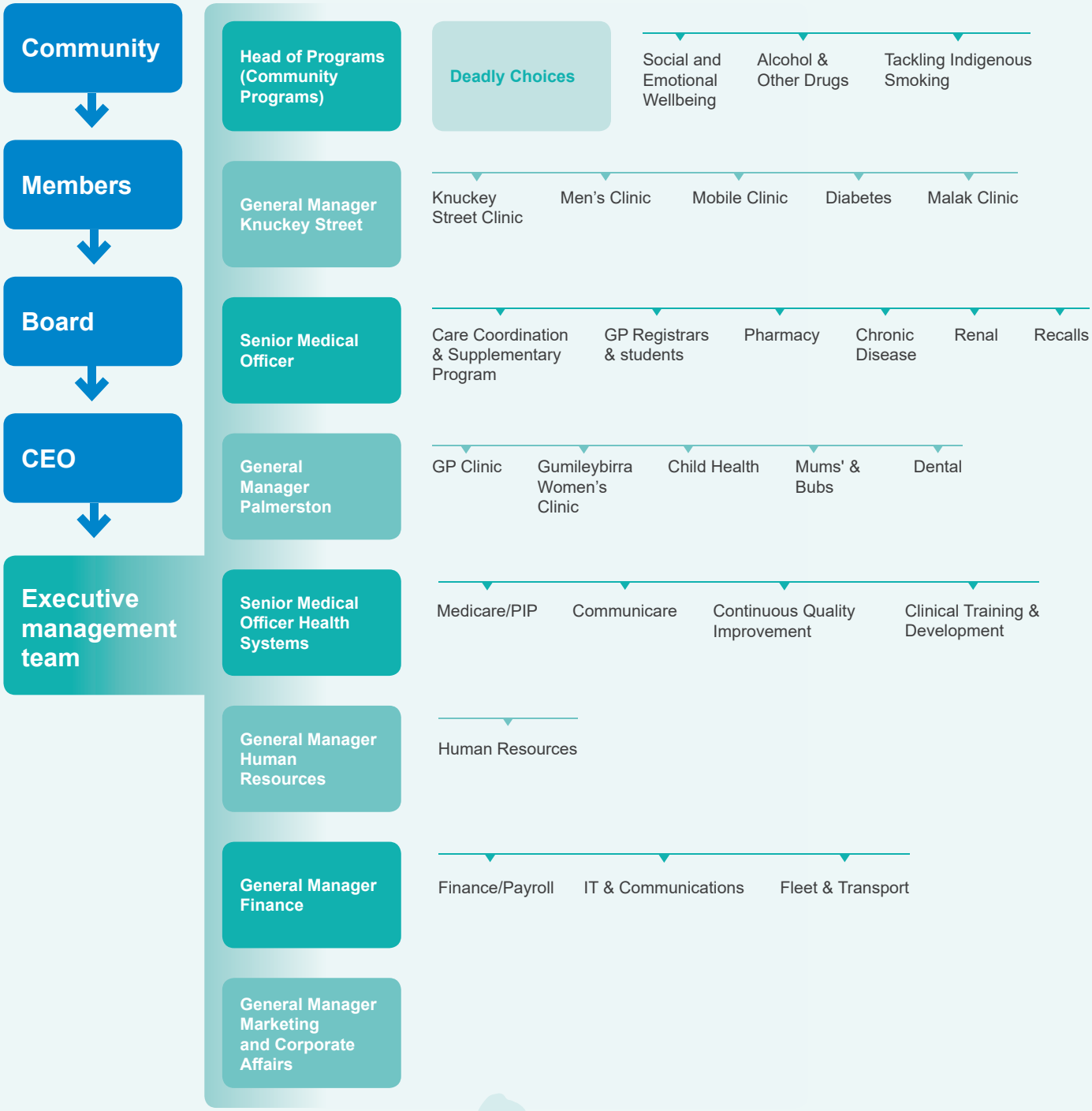
Figure 15

## Medicare income

Medicare Income generated by Danila Dilba met our target for 2015–16. This is untied income used by Danila Dilba to improve and expand the services offered to clients.



# 2.2 Our organisation



# 2.3 Board bios

## Our 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)** works with the Department of Prime Minister and Cabinet in the delivery and engagement team of the Top End and Tiwi Islands region. She has worked in a variety of Indigenous positions in tourism, local government, alcohol & other drugs and justice throughout the NT. Carol holds a Bachelor of Applied Science in Aboriginal Community Management and Development.

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

**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 has worked for the Commonwealth Department of Health, the Katherine West Health Board and the Lowitja Institute. Vanessa is currently undertaking a research project with Flinders University and on a Lowitja Institute committee.

**Lindsay (Sutti) Ah Mat** is a founding member of Danila Dilba and was also the Chair of Danila Dilba's Board for an extended period during the 1990s. Sutti has worked in a range of roles in both the federal government and the non-government sector. Sutti is currently a financial counsellor with Anglicare NT.

**Joe Brown** is Darwin born and bred, and has worked for the NT Department Education for the past 30 years in various administrative roles, and been well supported by the broader Indigenous community during this time.

**Kirsty Nichols** is a Muran woman who grew up in Darwin and was previously on the 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 NT Department of Health. Kirsty has a keen interest in working in rural and remote settings with Aboriginal and Torres Strait Islander peoples, and with other First Nations people.

**Gloria Corliss** worked for the NT Administration and NT Government for 29 years in various departments before retiring from the Department of Health and Community Services in 1999. Post retirement Gloria has been a Director on the Board of Batchelor Institute of Tertiary Education, and has a Bachelor of Arts in Creative Writing.

## Non-member Directors*

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

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

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

# 2.4 Our people

Figure 16

## Staff breakdown

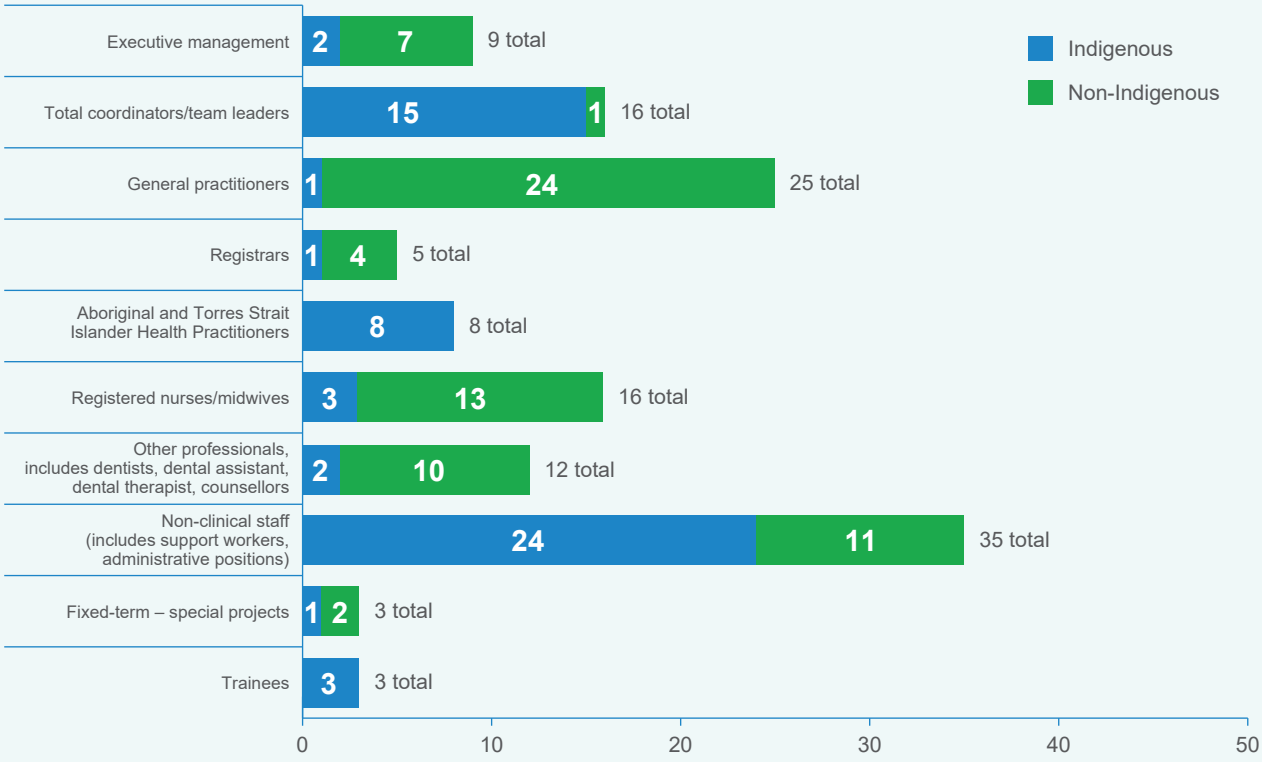



Table 8

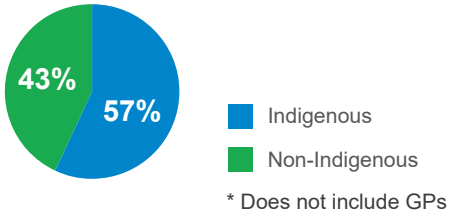
## Organisation overview

| | Indigenous | % | Non-Indigenous | % | Male | % | Female | % | Total staff | Total FTE* | Salary range | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Executive Managers | 2 | 22% | 7 | 78% | 5 | 56% | 4 | 44% | 9 | 8.3 | $137,917 | $238,240 |
| Coordinators/Team Leaders | 15 | 94% | 1 | 6% | 7 | 44% | 9 | 56% | 16 | 16.0 | $75,419 | $117,037 |
| General Practitioners | 1 | 4% | 24 | 96% | 8 | 32% | 17 | 68% | 25 | 11.9 | $193,917 | $216,078 |
| Registrars | 1 | 20% | 4 | 80% | 2 | 40% | 3 | 60% | 5 | 4.4 | $169,849 | $181,617 |
| Aboriginal and Torres Strait Islander Health Practitioners | 8 | 100% | 0 | 0% | 1 | 13% | 7 | 88% | 8 | 8.0 | $61,996 | $80,989 |
| Registered Nurses / midwives | 3 | 19% | 13 | 81% | 1 | 6% | 15 | 94% | 16 | 13.4 | $69,824 | $121,720 |
| Other professionals *includes Dentists, Dental Assistant, Dental Therapist, Counsellors | 2 | 17% | 10 | 83% | 3 | 25% | 9 | 75% | 12 | 10.7 | $54,234 | $140,640 |
| Non-clinical staff *includes: support workers, administrative positions | 24 | 69% | 11 | 31% | 9 | 26% | 26 | 74% | 35 | 35.0 | $46,671 | $101,795 |
| Fixed term – special projects | 1 | 33% | 2 | 67% | 1 | 33% | 2 | 67% | 3 | 3.0 | $137,917 | $137,917 |
| Trainees | 3 | 100% | 0 | 0% | 1 | 33% | 2 | 67% | 3 | 2.5 | $44,719 | $47,456 |
| **Total** | **60** | **45%** | **72** | **55%** | **38** | **29%** | **94** | **71%** | **132** | **113.2** | **$44,719** | **$238,240** |

* FTE (full-time equivalent)
** Two executive managers are also general practitioners

Figure 17

## Indigenous staff*




* Does not include GPs

Figure 18

## Staff gender ratio

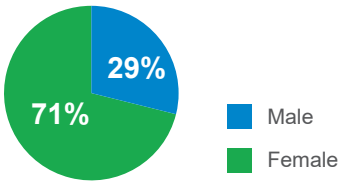
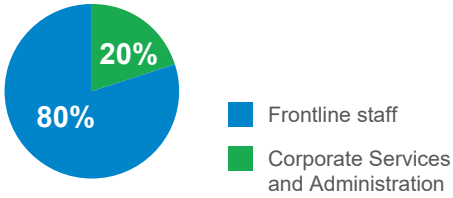



Figure 19

## Administration ratio




## Staff training and development

Danila Dilba Health Service managers continued to focus on staff development in 2015–16. Some 74% of staff (98) attended external training during that period, a slight decrease on the previous year. Board members and managers did training on strategy and risk management delivered by the Australian Institute of Company Directors. Regular cultural orientation training began as part of our induction program and a Training Officer was appointed (see 2.6 Quality and safety). A program of regular in-house training for all staff continued in 2015–16, covering topics such as:

- introduction of legal aid consultations at our clinics
- introduction of an online HR kiosk
- introduction of online Work Partnership Agreement staff review and development processes
- referral processes for counselling services in clinics
- a strategic planning day.

The table below shows that some 287 external training and development activities were undertaken in 2015–16, an increase on the previous year's 254, with examples for each category.

Table 9

## Training completed

| Training | Participants |
|---|---|
| **Core training** | 40 |
| • First aid/CPR<br>• About giving vaccines<br>• Cultural orientation | |
| **Administrative** | 19 |
| • Conflict resolution<br>• Dealing with difficult behaviours<br>• Finance masterclass and staff development day<br>• Microsoft excel and word | |
| **Clinical** | 37 |
| • Disinfection, methods of sterilisation and infection control training<br>• Management of medical emergencies<br>• Online course infection control training<br>• Wound care management course | |
| **Leadership and supervision** | 18 |
| • How to be a manager<br>• Managing poor performance<br>• Team leader program | |
| **Professional development** | 120 |
| • Bulding cultural safety within a trauma informed profession<br>• Care coordinator and indigenous outreach worker workshop<br>• Domestic violence alert training<br>• Men's health gathering 2015<br>• Motivational interviewing training for tackling Indigenous smoking<br>• National Aboriginal and Torres Strait Islander Suicide Prevention Conference<br>• NT Midwifery Seminar<br>• Renal Society Of Australasia annual conference | |
| **Specialised/technical training** | 49 |
| • Advanced Life Support (ALS)<br>• Certificate IV Child, Youth And Family Intervention<br>• Sexual and reproductive health course for nurses<br>• Statistical literacy | |
| **Work health and safety** | 4 |
| • Certificate IV Work Health and Safety<br>• Fire warden and fire extinguisher | |

Table 10

## Length of service

| Length of service | Indigenous | Other |
|---|---|---|
| 0–2 years | 38 | 51 |
| 3–5 years | 11 | 14 |
| 6–10 years | 10 | 3 |
| 11+ years | 1 | 4 |
| **Total** | **60** | **72** |

Table 11

## Staff turnover

In 2015–16, 47 staff left the organisation and 58 started work with us. This represents staff turnover of some 36%

| | Number |
|---|---|
| Staff commenced | 58 |
| Staff left | 47 |
| Current staff | 132 |
| **Turnover rate** | **36%** |

## Staff satisfaction survey

In December 2015, Danila Dilba Health Service staff were invited to participate in our third comprehensive staff survey. Some 77% of staff responded to the survey in December, compared with 72% in February 2015. There was very little change from the results of the previous two surveys, however, ratings generally improved. Overall staff satisfaction and commitment to Danila Dilba was high, with:

- 98% of staff either not thinking of leaving or considering it within 12 months
- 94% of staff strongly agreeing/agreeing they are proud to work at Danila Dilba
- 89% of staff confident in the future of Danila Dilba
- 88% of staff strongly agreeing/agreeing they would recommend employment at Danila Dilba.

Similar concerns were raised by staff over the three surveys and two focus groups were conducted with staff in August 2016 to gain a better understanding of those issues. The issues were pay, ways of working led by Aboriginal and/or Torres Strait Islander staff and advancing personal careers. An action plan is being devised around the outcomes of the focus groups.

Figure 20

## I'm thinking of leaving

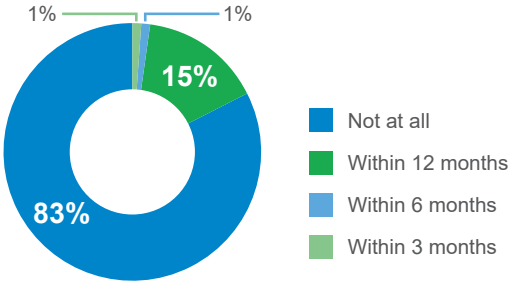



Figure 21

## Proud to work at DDHS

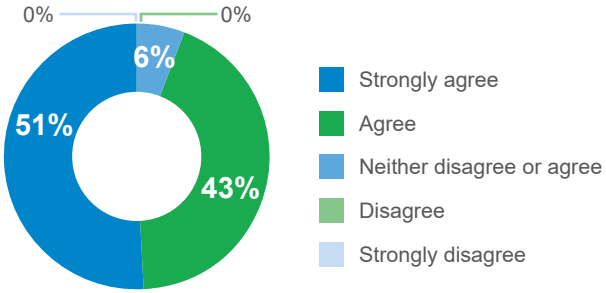



Figure 22

## Confident in the future of DDHS

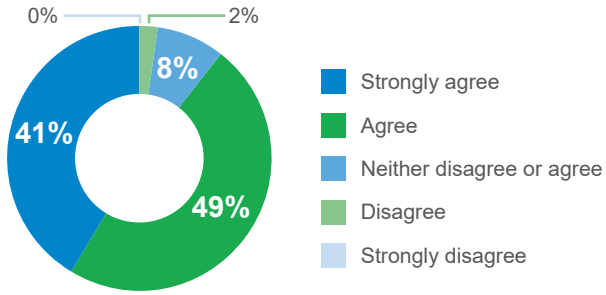
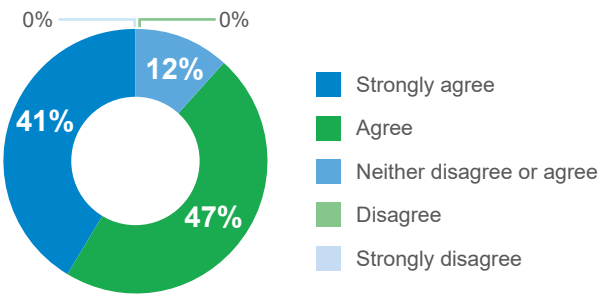



Figure 23

## Would recommend employment with DDHS



# 2.5 Quality and safety

## Incident management

During 2015–16, Danila Dilba Health Service's Compliance Officer regularly monitored responses to environmental, clinical and work health and safety incidents.

In March 2016, Danila Dilba introduced an online Incident Reporting System, which allows staff to better respond to and manage incidents in the workplace. The new system is easy to use and access, and since it was introduced, the number of reported incidents increased.

In 2015–16 there were 91 incidents: 44% relating to clinical issues and 55% relating to workplace health and safety and environmental issues.

## Complaints

Danila Dilba received 10 complaints from clients in 2015–16. Each complaint was investigated and resolved quickly, with quality improvements identified and implemented where appropriate.

## Quality improvement

In 2015–16, Danila Dilba was awarded accreditation under the Quality Improvement Council Health and Community Services Standards.

'In 2015–16, Danila Dilba was awarded accreditation under the Quality Improvement Council Health and Community Services Standards.'

Dashboard data reporting was developed to inform improvement plans and assist the Clinical Safety and Quality Committee (previously Clinical Governance Committee) to ensure safety of clients and quality of service. Revised terms of reference for the working group overseeing our computerised medical record database will clarify the process for improvement.

Danila Dilba recruited an experienced Continuous Quality Improvement Officer in 2016 to help implement our quality framework. Our Quality Register will help document and report on improvement.

## Training

Ongoing staff education and training is important to achieving safety and quality. We also appointed a highly experienced Indigenous person as our Education and Training Officer in 2016 who manages Danila Dilba's staff training calendar to ensure a well-planned, needs-based approach to staff development.

In the second half of 2015–16, monthly clinical in-service sessions were conducted, with topics including effective communication, clinical supervision and training, dementia, brief intervention principles, and cancer and renal disease. All these topics had a particular focus on how they relate to Aboriginal people, whether staff or clients.

Regular and ongoing training in advanced emergency procedures for clinical staff was conducted during this year. Ongoing work is being done to identify fundamental skills gaps for our primary health care workforce.

In an effort to build the cultural safety of our organisation, regular cultural orientation training was introduced in July 2015 as part of our overall induction program for new staff. The training is run by Larrakia and other Aboriginal people at Northern Territory General Practice Education and has been well received by new staff.

## Service design

In the first half of 2016, Danila Dilba documented a whole-of-service design. This looks at the design of a health service from a client perspective, how they access services and how those services are supported. This design process will help us ensure our clients' whole-of-life, comprehensive primary health care needs are met close to their home, to strengthen client and community wellbeing.

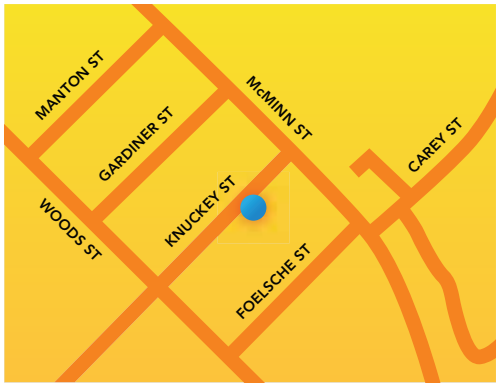
As part of ensuring this care is culturally safe, Aboriginal Health Practitioners are at the forefront of our service.

**Strategic plan goal:**

2A Embed continuous quality improvement (CQI) in the design, delivery and review of all services to improve their impact and effectiveness.

2B Adopt an evidence-based approach to Danila Dilba programs and services.

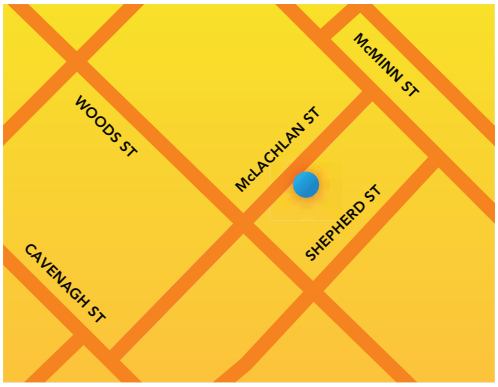
# 2.6 Our locations




## Knuckey St Clinic

32–34 Knuckey St,
Darwin NT 0800

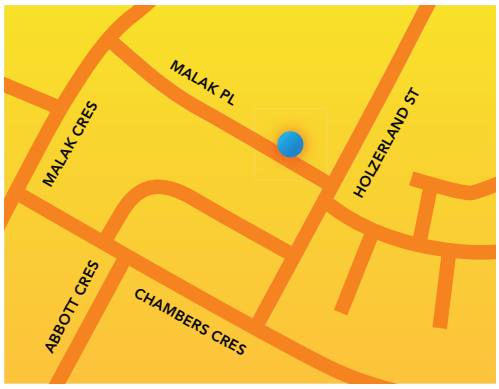
8942 5444




## Men's Clinic

42 McLachlan St,
Darwin NT 0800

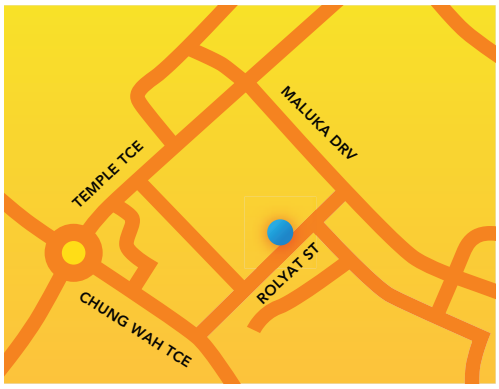
8942 5495




## Malak Clinic

Unit 1/3 Malak Place,
Malak NT 0812

8920 9500

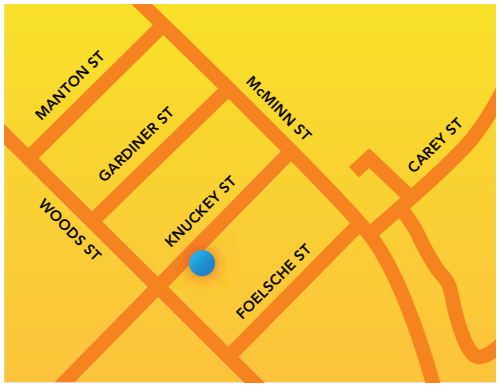



## Palmerston Health Centre

Unit 1/7 Rolyat St,
Palmerston NT 0831

Health Clinic 8931 5711

Family Centre 8931 5700

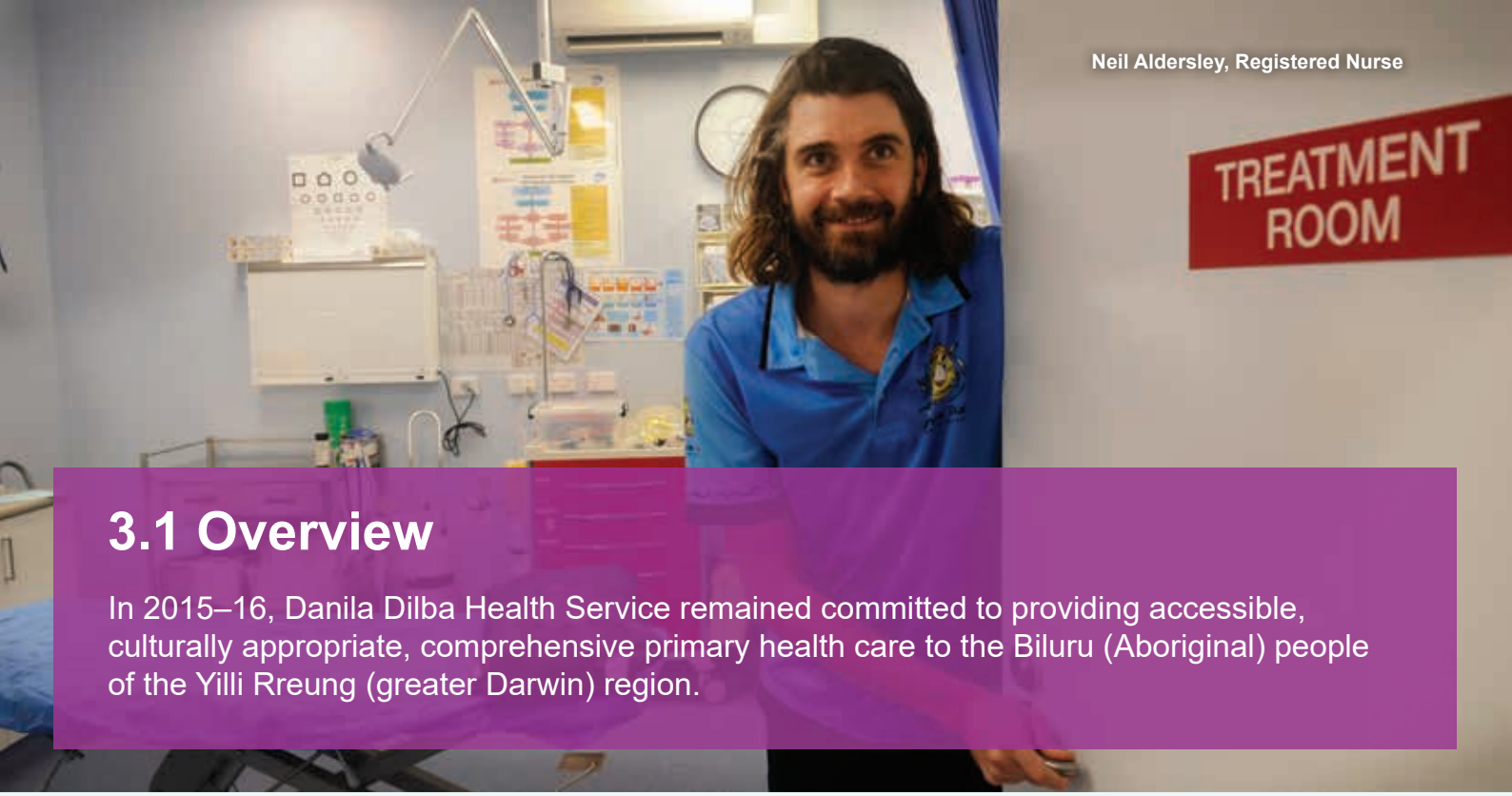



## Community Programs

Enterprise House
28–30 Knuckey St,
Darwin NT 0800

8942 5400

# 3 Primary health care



Neil Aldersley, Registered Nurse

# 3.1 Overview

In 2015–16, Danila Dilba Health Service remained committed to providing accessible, culturally appropriate, comprehensive primary health care to the Biluru (Aboriginal) people of the Yilli Rreung (greater Darwin) region.

As part of this commitment and as demand on our service continues to grow, we recognised the need to plan for and develop our service model.

## Client growth in 2015–16

Danila Dilba's client base continues to grow steadily, with a mix of clients from the Yilli Rreung region and transient clients. This client growth and Census data tell us Danila Dilba already serves the majority of Aboriginal and Torres Strait Islander people in our region, and we anticipate this figure will continue to grow into 2016–17 and beyond.

'In 2015–16, Danila Dilba started work on a new service model that is based on population-based screening, early intervention and optimal chronic disease management.'

## New service model

In 2015–16, Danila Dilba started work on a new service model that is based on population-based screening, early intervention and optimal chronic disease management.

The new service model is based on Danila Dilba's core operational principles:

- locating clinics closer to where our clients live
- an optimal clinic team size of three doctors, a Clinic Coordinator, two Aboriginal Health Practitioners, one Registered Nurse, one Outreach Worker and customer service and transport officers
- having skilled, permanent staff at each site that know their local clients and their health issues
- offering a comprehensive primary health service at each site that includes antenatal, child health, chronic disease, counselling and eventually other allied health and specialist services.

In any review of our services, Danila Dilba's primary goal is to focus on our clients and their needs and achieve continuous quality improvement.

## Our primary health care focus

Providing comprehensive primary health care across a person's lifespan is underpinned by:

- preventative care focused on 'deadly' lifestyle choices and early detection and management of chronic illnesses across all ages
- strong post-natal and antenatal care to women, families and ongoing early childhood, school age and adolescent health programs
- quality team-based management of chronic diseases, with a focus on preventing disease progression and complications and also maintaining quality of life
- providing compassionate end-of-life care to those with end stage and terminal illnesses
- providing timely acute care to our entire client population
- providing a comprehensive, accessible suite of health services in our clinics, including mental health, allied health and specialist services.

## Looking ahead

As we head into 2016–17, we will continue to implement the new service model across all our clinics, aiming to increase access for clients and further improve their quality of care. The new model will also help achieve greater financial sustainability and increased quality improvement and performance measures.

**Strategic plan goal:**

1A Provide effective and accessible health care services to Aboriginal and Torres Strait Islander people.

1D Develop effective prevention and early intervention.

# 3.2 Aboriginal Health Practitioners

Aboriginal and Torres Strait Islander Health Practitioners (AHPs) are a crucial part of Danila Dilba Health Service's contact with, and treatment of, its clients.

As clients' first contact point in the clinical process, AHPs are essential in ensuring culturally appropriate treatment and care for Aboriginal and Torres Strait Islander clients.

In 2015–16, Danila Dilba had eight AHPs working in clinics and another six AHPs in non-clinical roles, such as team leaders and in management, care coordination and in the 'Deadly Choices' program.

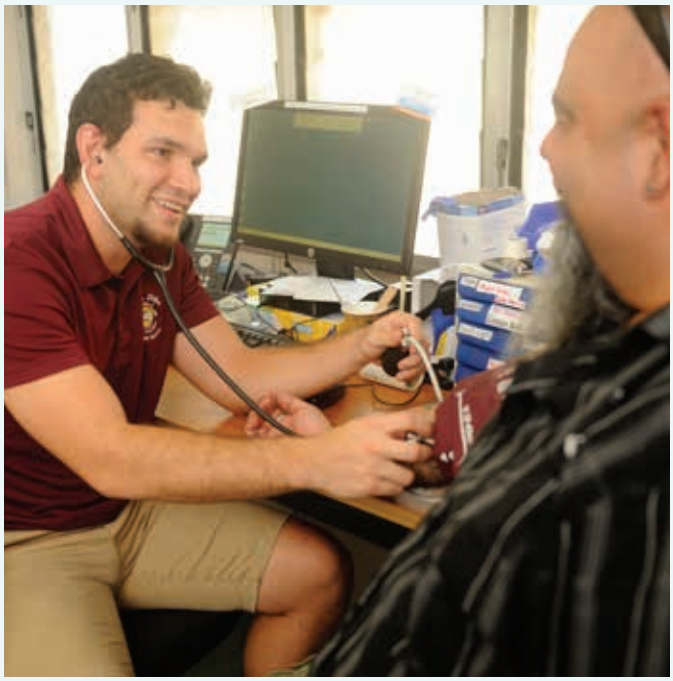
It also had three AHP students – one with our mobile clinic and the other two as trainee positions.

The aim is for these student roles to become AHP positions on the floor when the students graduate in late 2016.

'In 2015–16, Danila Dilba had eight AHPs working in clinics and another six AHPs in non-clinical roles, such as team leaders and in management, care coordination and in the 'Deadly Choices' program.'

During 2015–16, Danila Dilba experienced challenges in recruiting extra Aboriginal Health Practitioners to fill vacancies created by AHPs who moved to other program areas in the organisation and elsewhere to be closer to family or take up other opportunities.

To fill these gaps, Danila Dilba recruited casual Registered Nurses to backfill the positions.



Nathan Cubillo, Aboriginal Health Practitioner

**Strategic plan goal:**

1A Provide effective and accessible health care services to Aboriginal and Torres Strait Islander people.

4A Maximise the employment and retention of Aboriginal and Torres Strait Islander staff.

## Staff profile: Onika Paaoluci

After 20 years in government administration, Onika Paoluci needed a change.

'I wrote a list of all the things I love, and it came down to teaching and nursing. The very next day, a Danila Dilba traineeship was advertised,' said Onika, who became a trainee Aboriginal Health Practitioner in early 2015.

'I love coming to work every day,' she said. 'I love sitting and talking with people and meeting families and just helping people. To really help someone in their life for 45 minutes or a day…it's amazing.'

## Staff profile: Nathan Cubillo

Nathan Cubillo joined Danila Dilba as a trainee Aboriginal Health Practitioner in November 2015.

'I get paired up with a doctor, and anything I can do for the client before they see the doctor, I do,' said Nathan, who's so far rotated through the Men's Clinic, Palmerston Clinic and Malak Clinic as part of his traineeship.

'I love my job, and I learn new things every day,' he said. 'Helping anyone is pretty fulfilling, but it's good to help my own people. You have a chat with them and build a connection with them – it's great.'

Tracy Sansbury and Mark Ash, Customer Service Officers

# 3.3 Knuckey St Clinic

Danila Dilba Health Service's Knuckey Street Clinic in Darwin's CBD provides health care to Aboriginal and/or Torres Strait Islander people in the Yilli Rreung (greater Darwin) region.

The clinic's team of General Practitioners (GPs), Aboriginal Health Practitioners (AHPs) and Registered Nurses (RNs) work together to deliver a comprehensive primary health care service—including acute and chronic disease management.

## Changes in 2015–16

Knuckey Street underwent a major change in 2015–16, with the opening of the new Malak Clinic in Darwin's northern suburbs. This meant that clients in the new clinic catchment who otherwise might have used Knuckey Street were now able to use the new clinic.

Staff at the Knuckey Street Clinic were given the opportunity to move to the Malak Clinic, leaving a number of positions to fill, including Customer Service Officers, the Chronic Disease Receptionist, AHPs and RNs.

'This change will foster stronger relationships between doctors and AHPs/RNs and the client, in keeping with Danila Dilba's objective of providing holistic, whole-of-service care.'

There were also changes to the structure of how we work with doctors and AHPs/RNs, with both now working side-by-side in adjacent rooms. This change will foster stronger relationships between doctors and AHPs/RNs and the client, in keeping with Danila Dilba's objective of providing holistic, whole-of-service care.

## Specialist services

During 2015–16, the clinic provided the following specialist services:

- Cardiologist
- Diabetes Educator
- Endocrinologist
- Ophthalmologist
- Podiatrist
- Physiotherapist
- Nephrologist.

## Looking ahead

In 2016–17, the 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 – those who can slip through without being seen by doctors, nurses or an AHP.

**Strategic plan goal:**

1A Provide effective and accessible health care services to Aboriginal and Torres Strait Islander people.

Wes Carolyn, Customer Service Officer & David Adams, Men's Clinic Coordinator

# 3.4 Men's Clinic

The Danila Dilba Health Service Men's Clinic in Darwin's CBD delivers primary health care to Aboriginal and/or Torres Strait Islander males in the greater Darwin area.

The clinic's main focus is on acute health care and early detection and management of chronic diseases.

In 2015–16, the Men's Clinic team included a Clinic Coordinator, a General Practitioner (GP), an Aboriginal Health Practitioner (AHP), a Counsellor and a Medical Receptionist. From July 2016, the clinic will have another GP two days per week.

## New counsellor

A counsellor from Danila Dilba's Social and Emotional Wellbeing team was based at the Men's Clinic during 2015–16. There was a steady increase in referrals to the Men's Clinic-based counsellor during that time, a service that is now an important part of the Men's Clinic offering.

'A continued strong performance in doing adult health checks as they become due saw an increase of health checks from 279 in 2014–15 to 318 in 2015–16.'

## Increased health checks

A continued strong performance in doing adult health checks as they become due saw an increase of health checks from 279 in 2014–15 to 318 in 2015–16.

## Deadly Choices

Since Danila Dilba's 'Deadly Choices' initiative started in November 2015, there was a noticeable increase in new and younger clients to the Men's Clinic, a very pleasing trend.

## Cancer research

In March 2016, the Men's Clinic team worked with Dr Mick Adams, a Senior Research Fellow at Edith Cowan University, on research into cancer service access and satisfaction. Around 20 of our Indigenous male clients took part.

## Clinic wins award

The Men's Clinic team's dedication to providing the best health service in a culturally friendly environment was recognised in September 2015 when the clinic received a highly commended award from NT Disability Services. The clinic's AHP also won a health and leadership award from the NT Chronic Disease Network during the year.

**Strategic plan goal:**

1A Provide effective and accessible health care services to Aboriginal and Torres Strait Islander people.

1B Provide a range of effective community programs that complement clinical services and promote the wellbeing, resilience and self-care of Aboriginal and Torres Strait Islander people.

## Glen Clarke, client

'I've been here with Danila Dilba since it first started, and they've looked after me ever since with my diabetes and other things.

'When they started the Men's Clinic, I've been going over there. It's a lot quieter there and quick. You go right in on time. The doctor here is very good – Dr Nathan. I like him a lot. A lot of the fellas like him. He got me through a double bypass. When he's not there, he puts another person in his place, and the other doctor knows what's going on with me too.

'I feel comfortable here at the Men's Clinic. They get the diabetes educator to see us too. Any special thing, Dr Nathan makes sure I get to go to it. One day he said to me, "have you been to see the kidney doctor?" He got me in to see him in two days.'

# 3.5 Palmerston Health Centre

Danila Dilba Health Service's Palmerston Health Centre encompasses a general practice (GP) clinic, dental clinic, and a family centre offering women's, children's and maternal health services.

## Growth in 2015–16

The Palmerston Health Centre grew during 2015–16, with a total of 16,302 episodes of care (excluding dental – up from 14,498 in 2014–15. The number of children seen through the paediatric specialist clinic doubled from last year. The high-risk obstetrician clinic continued, with the maternal service, in 2015–16, and a renal clinic was also established at the centre last year.

While demand from clients is high and rising, one barrier is clients not showing up for appointments without cancelling, which we must balance with the number of 'walk-in' clients. More education is required so that clients understand that a cancelled appointment can be given to someone else who needs care.

'The Palmerston Health Centre grew during 2015–16, with a total of 16,302 episodes of care (excluding dental), up from 14,498 in 2014–15.'

## New appointment system and extended hours

The centre moved to a full appointment-based system last year, allowing structured continuity of care for clients. The new GP clinic, which opened in October 2015, extended its hours to include Saturday mornings in April 2016, and demand was evident for this service.

Opening for extended hours allows greater access to care, and we hope further funding in 2016–17 will also allow weeknight opening hours.

## Looking ahead

Further streamlining the centre's program areas will ensure Danila Dilba's service delivery is efficient and viable and meets the community's needs. In 2016–17, this will be examined to allow further integration of services offered at the family centre to other sites.

**Strategic plan goal:**

1A Provide effective and accessible health care services to Aboriginal and Torres Strait Islander people.

1E Respond to new and emerging health issues and the needs of clients.

Dr. Olivia O'Donoghue

## Christine Christopherson, client

'I've been using Danila Dilba since it started at Palmerston… I think the service is just getting better and better. Going into an Aboriginal medical service means you recognise the people behind the desk and you know you're going to be seen in an appropriate manner.

'My mum transferred to Danila Dilba last year. We were very worried about her health – she was getting more and more frail and is practically deaf so she couldn't understand what her last doctor was saying. Her diabetes was bad and she was having hyper episodes daily. It was awful.

'Now, my mum totally believes Danila Dilba changed her life back to what it was before. Our mum is back, in command and it's wonderful. Mum loves going to Danila Dilba and talking to staff and fellow patients. It's a nice outing for her. Thank you, Danila Dilba. Your staff members are truly amazing.'

Christine Christopherson's mum Jane with granddaughter Joelene

Tiana McCoy, Aboriginal Health Practitioner

# 3.6 Gumileybirra Women's Program

In 2015–16, Danila Dilba Health Service's Gumileybirra women's health team continued its work in the areas of access to contraception, Pap smears and general women's business, and linking clients to the maternal health program.

The focus was on keeping women healthy, with an emphasis on contraception and Pap smears. A key message to clients was that Pap smears are everyone's business. Women's issues are complex and need follow-up, and there continued to be a high demand for women's health services in 2015–16. In this period, the family centre had more than 10,000 contacts with women.

'Women's issues are complex and need follow up, and there continued to be a high demand for women's health services in 2015–16.'

## Our team

In 2015–16, the women's health team comprised a Women's Health Senior Practitioner, a Women's Health General Practitioner, an Aboriginal Health Practitioner, a Registered Nurse, two Midwives, a Family Support Worker and a Receptionist.

## Initiatives in 2015–16

- Introduced an IUD clinic and trained staff to run it
- Raised awareness of fetal alcohol spectrum disorder for FASD Day on 9 September.
- Started training Danila Dilba's first home-grown trainee midwife.
- Our Women's Health Nurse Practitioner candidate started her studies – the first non-government endorsed nurse practitioner was employed.

## Looking ahead

The focus in 2016–17 will be on increasing the number of opportunistic Pap smears for all clients, including through mobile clinics out to community; further development of well women's clinics; and developing the antenatal program to service other clinics.

**Strategic plan goal:**

1A Provide effective and accessible health care services to Aboriginal and Torres Strait Islander people.

## Women's health check day

The first women's health check day was held at Palmerston Indigenous Village using Danila Dilba's Mobile Clinic in late 2015–16. Palmerston Health Centre's women's health team cooked pancakes, yarned with the community and did 12 women's health checks on the day.

Cervical cancer is the fourth-biggest killer of Indigenous women, who present later than non-Indigenous women and generally have poorer outcomes. Danila Dilba's Elle Crighton, a nurse and midwife, helped establish the initiative, which she hopes to run at a different community each month.

'That first day was fantastic,' Elle said. 'We planned to make it fun and make it about women's business and see how we go. And when we talk that story and explain how we can't see the cancer and that we want to keep them healthy, it's not often that women will refuse the screening.

'We don't need huge numbers – even one positive outcome is great – but with 12 women's health checks on that day, the screening numbers for that area jumped remarkably.'

# 3.7 Pharmacy services

## National Prescribing Service award

Data from pharmacies and Danila Dilba Health Service showed that less than half of the scripts written by our doctors are ultimately filled at pharmacies. This is significantly lower than the estimated national average of around 70%.

Independent research showed that Danila Dilba clients may also not fully appreciate the role and responsibility of a pharmacist, which could affect the client–pharmacist relationship and the use of medicines.

'The National Prescribing Service gave a highly commended award to Danila Dilba for 'excellence in consumer information' at the 2016 National MedicineWise Awards in Canberra.'

Both these factors highlighted the need to take further steps towards reducing barriers to medicines access for Aboriginal and/or Torres Strait Islander clients. Because Indigenous people experience significant health disadvantage compared to non-Indigenous people, it was important to address these barriers to improve health outcomes.

As a result of these findings, Danila Dilba developed a client video to help explain the pharmacist's role, and about visiting the pharmacy and using medicines safely, as well as a series of brochures: *Getting medicines from Danila Dilba, Getting medicines from pharmacies,* and *Tips for taking medicines.* The *Tips for taking medicines* brochure was designed as an intervention tool specifically for clinicians to use with Danila Dilba's chronic disease clients.

The campaign won a National Prescribing Service highly commended award for 'Excellence in consumer information' at the 2016 National MedicineWise Awards in Canberra.

## 'Going home strong'

The *Going home strong* information sheet was developed by both current and previous Danila Dilba pharmacists during 2015–16 for Indigenous people being discharged from Royal Darwin Hospital. It explains how to make an appointment at Danila Dilba clinics, what to bring and each clinic's contact details. The brochure aims to improve clients' transition between services, prevent confusion and increase self-efficacy.

## Home Medicines Review program

The Home Medicines Review (HMR) program is a comprehensive clinical review of a patient's medicines in their home by an accredited pharmacist on referral from the patient's GP. The program helps patients manage their medication regime and reduce medication-related harm.

During 2015–16, the Danila Dilba pharmacist trained to become an accredited HMR pharmacist. When the training is completed, Danila Dilba GPs will be able to refer clients directly to the in-house pharmacist to review a client's medication in their own home and make recommendations to the GP.

## Pharmacy contracts renewed

In 2014, Danila Dilba engaged in pharmacy contracts with Amcal Max in Casuarina, United Discount Chemist in Palmerston, Stuart Park Pharmacy and Value Plus Pharmacy in Darwin. Each pharmacy is routinely assessed for compliance with the Danila Dilba Medicines Guidelines.

Pharmacy services improved during 2015–16, so contracts with these pharmacies are being renewed. With our new Malak Clinic opening during 2015–16, the Karama Amcal Pharmacy is also providing a pharmacy service to Danila Dilba clients.

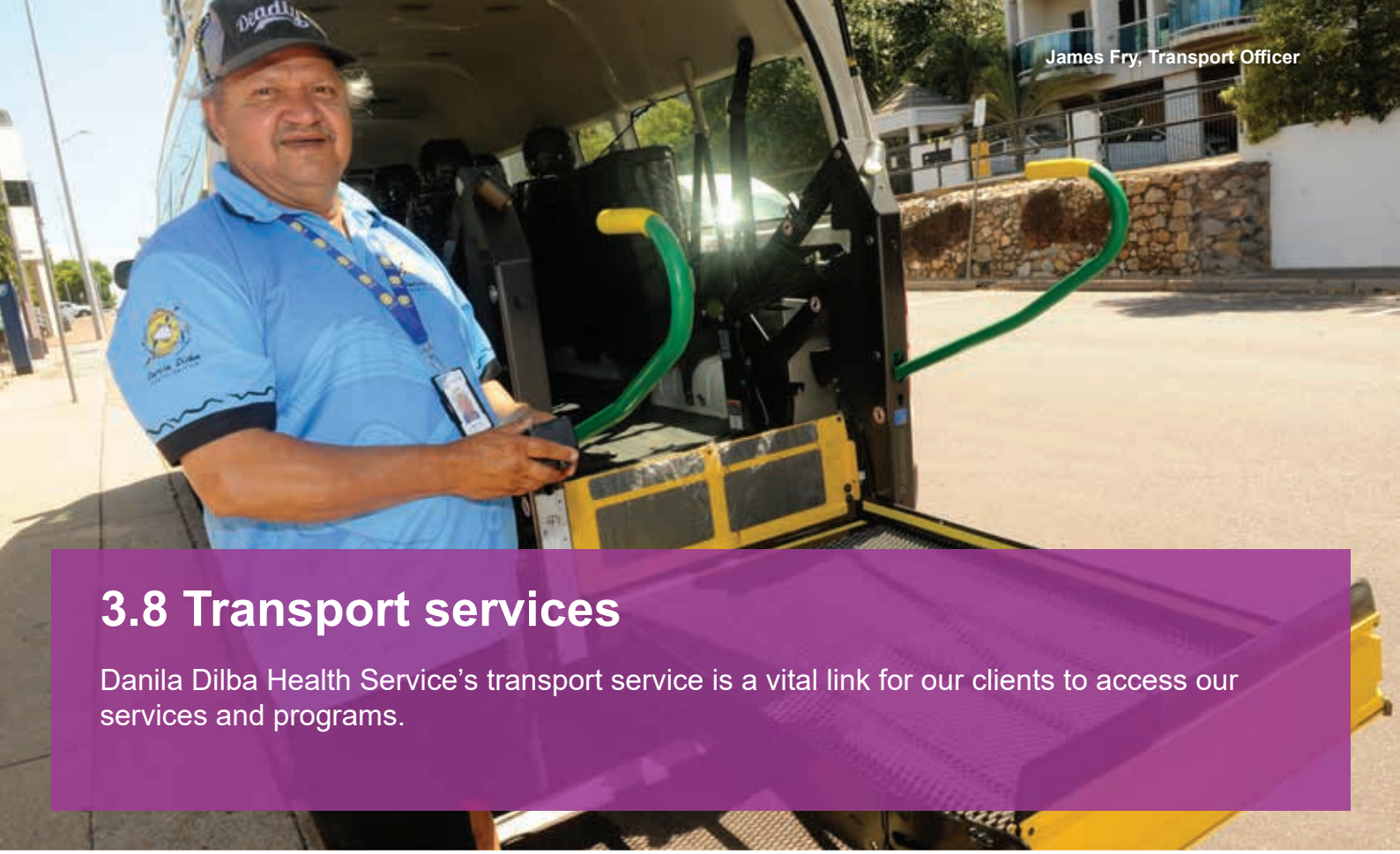
## Looking ahead

Pharmacy services will continue to promote safe, quality and cost-effective use of medicines by our clinicians and clients. We will build on our relationships with our pharmacy partners and work with them to deliver the best possible service for Aboriginal and Torres Strait Islander clients in the Darwin and Palmerston regions. At the same time we will increase the capacity of our internal pharmacist to be able to deliver clinical services, such as Home Medicines Reviews.

**Strategic plan goal:**

2A Embed continuous quality improvement (CQI) in the design, delivery and review of all services to improve their impact and effectiveness.

3E Strategically use marketing communications and media to raise Danila Dilba's profile and reputation.



James Fry, Transport Officer

# 3.8 Transport services

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

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

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

'Over the year a sixth bus has been deployed.'

Due to a significant increase in patient travel over this year, a sixth bus has been deployed. Having a fleet of six buses has increased the complexity of coordinating of the transport service. There has been a further increase in demand for the services with the opening of a new clinic in Malak in June 2016.

## Eligibility

Due to the increasing demand, it has been necessary to continue to review our transport policy so that we can assist the most vulnerable and those most in need. The Board adopted tighter eligibility criteria for use of our transport services in 2015–16.

Consequently, the transport service is now only available to:

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

## Looking ahead

In 2016–17 the Danila Dilba transport section plans to focus on access for patients to clinics nearest to where they live. This is seen as an important efficiency that will reduce the travel time and therefore the associated costs.

**Strategic plan goal:**

1A Provide effective and accessible health care services to Aboriginal and Torres Strait Islander people.

5C Ensure our physical infrastructure meets the current and future needs of our people and our clients.

# 4 Chronic disease

Cynthia Brock, Aboriginal Health Practitioner
and Kate Andrews, Care Coordinator

# 4.1 Overview

At Danila Dilba Health Service, chronic disease is everyone's business, with a focus on prevention, early detection and optimal management of chronic disease.

Our Chronic Disease team provides care coordination, family support, social work and specialist GP clinics for more complex clients, particularly by helping them engage with health care providers and access services to help self-manage their disease.

We provide extra support for clients with conditions such as diabetes, kidney disease, cardiovascular conditions such as rheumatic heart disease, chronic lung disease and cancer. We also help people with chronic disease to access allied health and specialist services.

## Our team

The Chronic Disease team comprises a Senior Medical Officer, three GPs, Care Coordinators, a Social Worker and social work student, Family Support Workers, Aboriginal Health Practitioners, a trainee Aboriginal Health Practitioner, specialist administration workers, Registered Nurses and a coordinator.

'The Chronic Disease self-management program continued to grow in 2015–16, with positive health outcomes for clients at the weekly exercise sessions.'

The team has a strong primary health care focus and works closely with Danila Dilba clinics and other providers. Our holistic model of care for clients living with a chronic disease or at risk of developing a chronic disease means each team member works towards the client's wellbeing.

Self-management for clients is a strong focus. The Chronic Disease self-management program continued to grow in 2015–16, with positive health outcomes for clients who attended the weekly exercise sessions.

## Client profile

In 2015–16, about 30% of Danila Dilba clients had at least one chronic disease, including:

- 1,086 with diabetes
- 508 with cardiovascular disease
- 811 with kidney disease.

Of those clients, the following are considered complex and receive additional support through care coordination:

- 52 with cancer
- 64 with cardiac conditions
- 65 with diabetes
- 31 with respiratory conditions.

Of these clients, 70% have an up-to-date health check and 82% have an up-to-date management plan.

## Recalls team

Our recalls team helps engage clients with acute and chronic conditions for urgent and high-priority follow-up. They also follow up clients about pathology and imaging test results, which are integral to managing their chronic conditions.

Chronic Disease and Recalls team highlights in 2015–16 include:

- Research partnerships with Indigenous staff and key stakeholders to develop a 'Wellbeing Framework' for Aboriginal and Torres Strait Islander People living with chronic disease, including presentations at local and national conferences.
- An Aboriginal Health Practitioner (AHP) awarded a research fellowship with the Joanna Briggs Institute.
- One of our AHPs was a finalist in the 2015 NT Aboriginal Health Practitioner Awards.
- Two staff were finalists in the 2016 NT Nursing and Midwifery Awards.
- Four staff became ambassadors for the Heart Foundation.

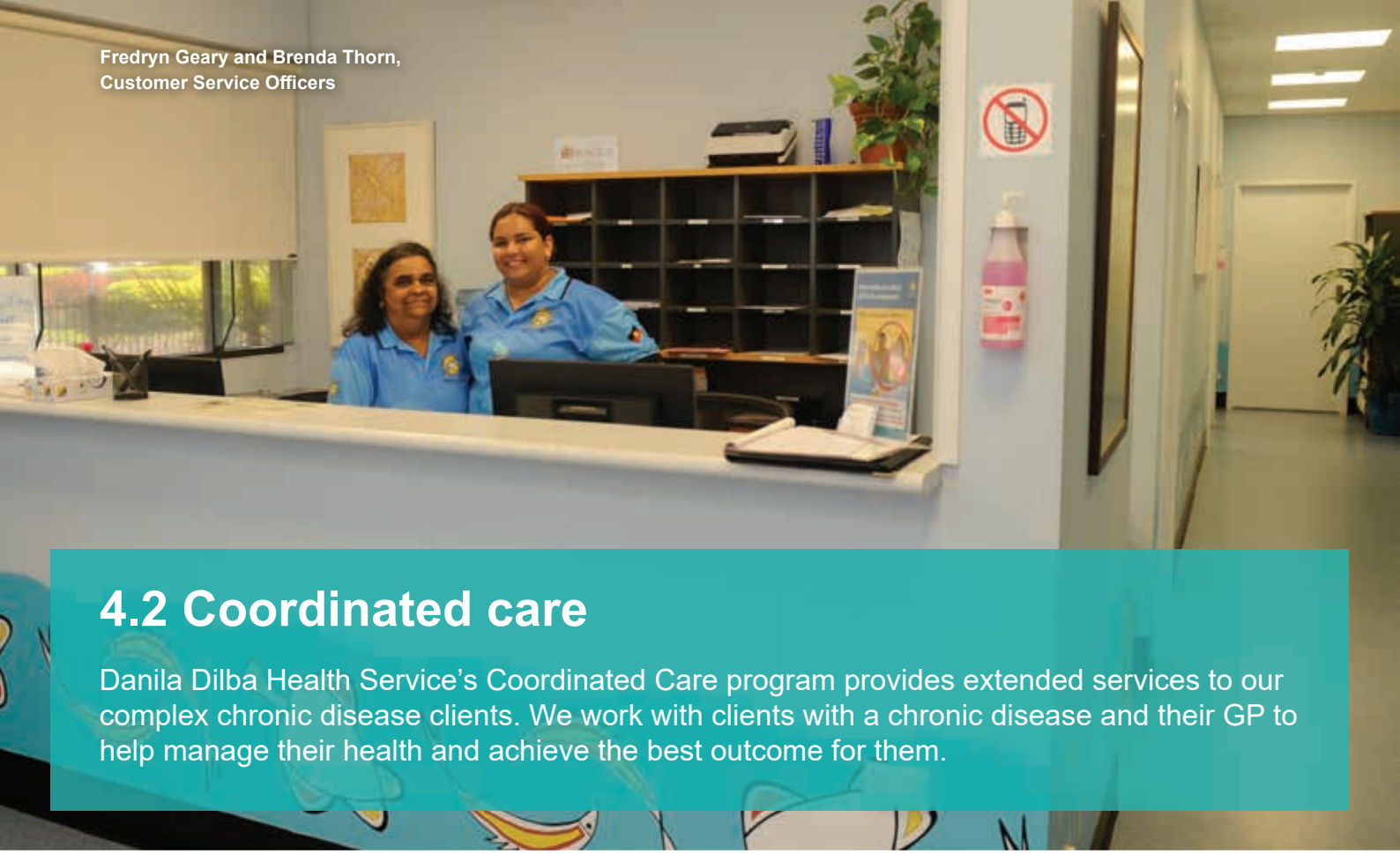
## Looking ahead

The team will continue to assist all Danila Dilba primary care clinicians in the optimal management of clients with chronic diseases that need specialist GP, case management, allied health and medical specialist input. We aim to build on prevention and client self-management through education and integrating our team across our clinics.

**Strategic plan goal:**

1A Provide effective and accessible health care services to Aboriginal and Torres Strait Islander people.

1C Consolidate and align current programs and services allowing for targeted growth and expansion.



Fredryn Geary and Brenda Thorn, Customer Service Officers

# 4.2 Coordinated care

Danila Dilba Health Service's Coordinated Care program provides extended services to our complex chronic disease clients. We work with clients with a chronic disease and their GP to help manage their health and achieve the best outcome for them.

## CCSS program

Under the Coordinated Care umbrella is the Care Coordination and Supplementary Services (CCSS) program, which helps improve health outcomes for Indigenous people with chronic health conditions through better access to coordinated and multidisciplinary care. The CCSS program funds faster access to allied health and specialist services and the purchase of some medical aids.

'In 2015–16, Care Coordinators supported a total of 700 clients and provided more than 25,000 services to those clients.'

Overall, the program supports Indigenous clients with more proactive self-management, particularly by improving their health literacy. The program is funded by the Australian Government as part of the Indigenous Chronic Disease package.

## Our Care Coordinators

Danila Dilba's Care Coordinators holistically support eligible clients with complex chronic conditions including cancer, diabetes, cardiac conditions, respiratory conditions and Rheumatic Heart Disease.

They help these clients access the specialist, primary and allied health services they need, in line with their care plan. Some of the services our Care Coordinators provide are health promotion, advocacy, clinical assessment, support with medication management, care planning, accommodation support and carer/family support.

In 2015–16, Care Coordinators supported a total of 700 clients and provided more than 25,000 services to those clients. We also received more than 130 new referrals to the service by GPs and allied health staff.

## Looking ahead

The Coordinated Care and Supplementary Services program will be renamed and combined into an Integrated Team Care Activity in the coming year by the federal Department of Health. This will not see any operational changes to the delivery of services in Danila Dilba.

Our new service model will see us work to make a transition to a more integrated model of service delivery across our clinics.

**Strategic plan goal:**

1A Provide effective and accessible health care services to Aboriginal and Torres Strait Islander people.

# 4.3 Kidney health

Danila Dilba Health Service's Renal Health team is a multidisciplinary group comprising a Nephrology Nurse, a Renal Nurse, a GP and the team's consultant Nephrologist, who visits Danila Dilba monthly. It was the program's ninth year in 2015–16.

## Early stage management is on track

An external review of the kidney health program in 2015–16 by Menzies School of Health showed that early-stage disease management is occurring across all clinics. This is preventing many of our clients' conditions from worsening to end stage renal disease where they need dialysis.

The review also showed that clients with severe kidney disease are being managed well, delaying the need for dialysis for up to four years.

## Home visits program

A weekly home visit program started in 2015–16, which sees up to eight clients on a Friday. The program has been very successful, especially for clients who need fortnightly or monthly nurse visits.

'The review also showed that clients with severe kidney disease are being managed well, delaying the need for dialysis for up to four years.'

A weekly exercise program at Jingili Water Gardens and hydrotherapy sessions at Coconut Grove also continued during 2015–16, with an increase in regular clients attending each activity.

## Education sessions

In 2015–16, the renal team delivered a total of 40 kidney health education sessions to individual clients and/or their family.

## Looking ahead

The Kidney Health team will continue to build on the successes identified in the Menzies evaluation. We look forward to strengthening our partnership with the NT Renal Service and increasing the capacity of all clinicians in Danila Dilba in the management of kidney disease. We are also aiming to increase our ability to engage with more clients, particularly in the area of self-management.

**Strategic plan goal:**

1A Provide effective and accessible health care services to Aboriginal and Torres Strait Islander people.

## Douglas 'Gideon' Tasman, client

'I come here for my health. Whenever I'm feeling sick or there's something wrong with me, I come here. You get good care straight away here…they fix you up straight away.

'I didn't know anyone before I came here; now I know everyone! The boss herself, she's a good friend of mine. The workers, the ladies, the men. They're good people. Every time I come here, they always know me. Without these people, I don't know what could happen.

'I used to come to the groups too. We used to go out every Wednesday – disability men like me – and do things around Darwin. They'd take us to fishing spots. Without them I'd stay home because I can't walk much.
They'd come and get us.

'They treat us really good here at Danila Dilba. They're on top. I can say that over and over again.'

Douglas 'Gideon' Tasman with his wife, Caroline Windy

# 4.4 Diabetes overview

Danila Dilba Health Service's Diabetes Team expanded in 2015–16 to comprise a GP, a Diabetes Educator and a Care Coordinator. The team helps clients and their primary care clinicians to manage their diabetes in the best way possible.

The team's focus is on early intervention and developing clients' skills to self-manage their diabetes. The team promotes holistic management of diabetes through eating healthy food, including bush tucker, and regular exercise.

## Client profile in 2015–16

The Diabetes team had 2,129 client contacts in 2015–16, focusing on young people, the newly diagnosed and mothers (both antenatal and post-natal).

The Diabetes Educator visits four Danila Dilba clinics: the Knuckey Street Clinic, the Men's Clinic, the Palmerston Family Centre and Malak Clinic. In 2015–16, the Diabetes Educator delivered 1,249 episodes of care. Clients access this service through a GP referral.

A multidisciplinary team contributes to the monthly Obstetric Clinic at the Palmerston Family Centre. This includes a visiting Obstetrician from Royal Darwin Hospital, our Women's Health GPs, Midwives, Diabetes Educator and a Family Support Worker.

'The diabetes team as a whole had 2,129 client contacts in 2015–16, focusing on young people, the newly diagnosed and mothers (both antenatal and in post-natal follow-up).'

The team focuses on supporting high-risk mothers and those with diabetes in pregnancy with both pre- and post-natal care. They use best-practice guidelines to deliver the best health outcomes for both mother and baby.

GPs refer clients with diabetes who need care coordination from all Danila Dilba clinics, and there were 32 new referrals for diabetic care coordination in 2015–16.

## Endocrinologist visits

Our visiting Endocrinologist Team is comprised of a consultant and registrar from Royal Darwin Hospital. They attend once a month, alternating between the Knuckey Street and Men's clinics. These clinics give clients culturally safe access to specialist treatment outside the hospital setting.

Attendance rates and health advice compliance were good for the complex clients referred to this service.

## Exercise and self-management groups

In 2015–16, we ran a Type 2 Diabetes exercise program in Palmerston. This eight-week course saw reductions in blood pressure levels, weight and waist measurements. There were corresponding improvements in strength and endurance, as well as decreased medication requirements.

## Looking ahead

The Diabetes team looks forward to developing our internal systems for diabetes management and integrating the team's resources across all our clinics in accordance with the new service model. We will continue to support the optimal management of clients with diabetes by all our primary care clinicians whilst particularly targeting newly diagnosed diabetics and those most at risk of suffering complications from their diabetes.

**Strategic plan goal:**

1A Provide effective and accessible health care services to Aboriginal and Torres Strait Islander people.

3D Proactively develop and strengthen strategic partnerships and alliances.

## Adrian Dantoine, client

'I've been coming to Danila Dilba for 20 years. The doctors here, they're better than the city doctors because they talk to you. They understand and they really get to know you. You know you're going to get treated well, and they bend over backwards to help you.

Dr James here gave me my first real big medical, and we found out one of the veins in the top of my heart was enlarged. I hadn't known for that many years, and he noticed it. He's been monitoring it ever since.

I go to the self-management group – that's the chronic disease mob – for my diabetes and for my fitness. We meet at the park every Wednesday and go for walks. We sit down and talk about certain diseases, and I monitor my blood sugar there. It's pretty educational.

I did have high blood pressure and type 2 diabetes, but I got that down and under control through Danila Dilba.'

# 4.5 Specialist streams

As part of its holistic health care approach, Danila Dilba Health Service helps clients access specialist and allied health services in the areas of cardiology, respiratory, endocrinology (diabetes), renal, optometry, podiatry, physiotherapy and dietary.

For the 2015–16 period, specialists saw more than 850 clients, and allied health staff saw more than 980 clients at Danila Dilba clinics.

For Danila Dilba clients, these in-house allied health specialist services mean:

- a culturally safe environment where specialist clinics are supported by Aboriginal Health Practitioners
- follow-up and coordinated care, with clinical staff providing a comprehensive approach to chronic conditions
- better access to services
- reduced waiting times for specialist and allied health care.

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

'For the 2015–16 period, specialists saw more than 850 clients, and allied health staff saw more than 980 clients at Danila Dilba clinics.'

## Visiting allied health services

Last year, Danila Dilba clients received care from the following allied health providers:

- Cardiac Educator
- Dietician
- Podiatrist
- Physiotherapist
- Optometrist

## Looking ahead

In 2015–2016, we plan to strengthen the relationships we have with our existing allied health and specialist partners to address the needs and improve the health outcomes for our clients. In line with our new service model we will work to integrate services across all clinics.

**Strategic plan goal:**

1A Provide effective and accessible health care services to Aboriginal and Torres Strait Islander people.

## Denise Hunter, client

'I've been working all my life, so I didn't think Danila Dilba was for me. But my mother had dementia and came through Danila Dilba, and I realised it wasn't just for unemployed people – someone like me could access Danila Dilba's good care too.

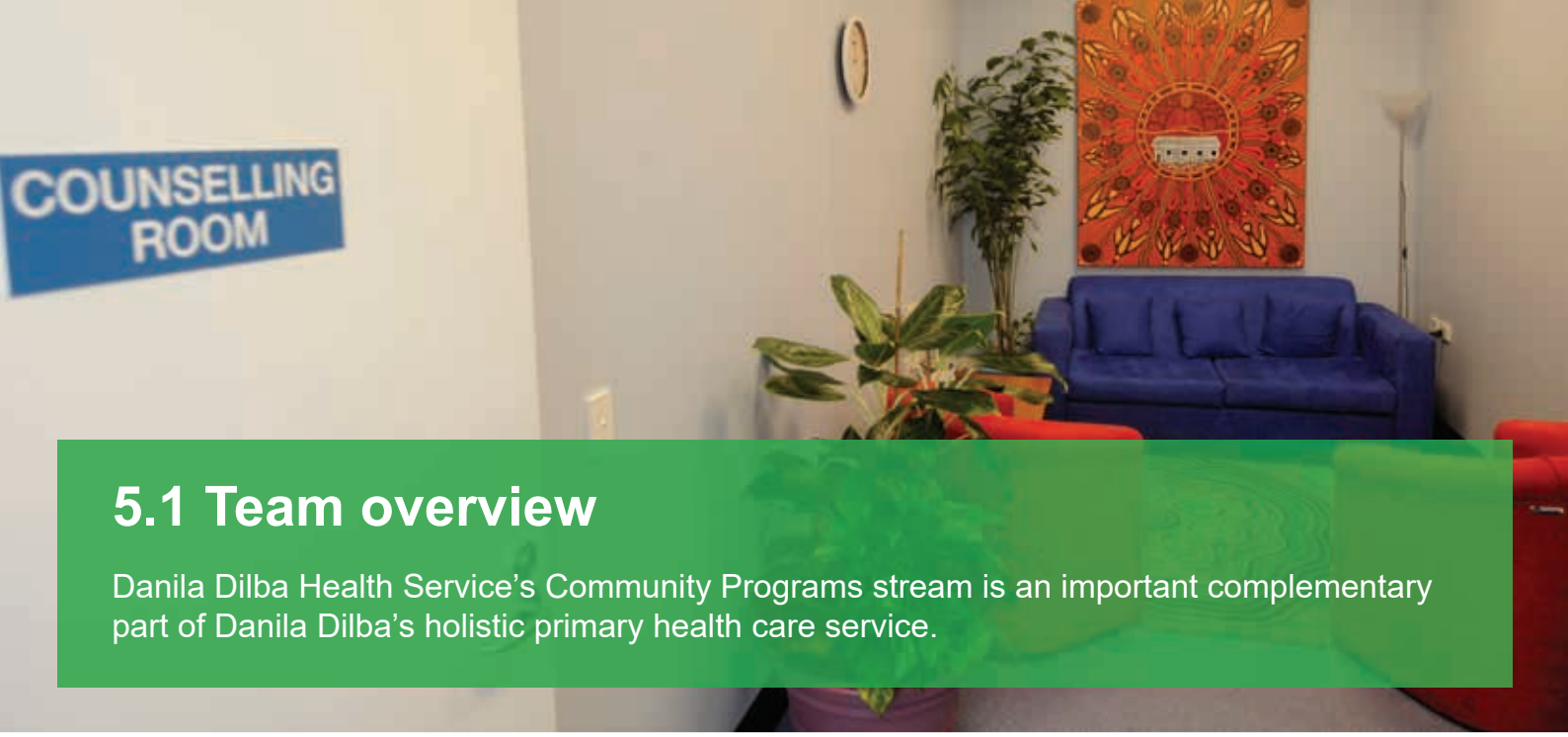
Danila Dilba is absolutely fantastic. I don't think I would have survived without them. They discovered my cancer; they picked it up in a routine x-ray. They're so thorough in their testing – they do it properly. You don't get Panadol here without being checked out first. I was so lucky to be here.

Since I was first diagnosed, I've been under the chronic care team. They've been with me the whole journey, and they're still with me. I can rely on this group of people. When you walk in, you're on first-name terms with the staff.

I wouldn't have the same specialist support system if I wasn't with Danila Dilba. I have access to a GP who did my home visits, a cancer doctor in the Alan Walker Centre, a surgeon who's done two of my surgeries, counsellors. Everybody I need is here. If there isn't someone that specialises in what I need, they'll find them.'

# 5 Community programs

**Joseph Knuth, Head of Programs & Patricia Raymond, Senior Program Officer Alcohol & Other Drugs**




# 5.1 Team overview

Danila Dilba Health Service's Community Programs stream is an important complementary part of Danila Dilba's holistic primary health care service.

The programs the Community Programs team ran in 2015–16 were:

- Alcohol and Other Drugs
- Tackling Indigenous Smoking
- Social and Emotional Wellbeing services, including support for Stolen Generations and services related to the Royal Commission into Institutional Responses to Child Sexual Abuse
- 'Deadly Choices' health education and health promotion.

## Program reform

2015–16 was a year of reform and consolidation for Community Programs, with the team implementing changes recommended from reviews conducted in 2014–15 and bedding down new structures within the unit.

## New service delivery approach

New service delivery approaches were implemented in all activities in the Community Programs stream last year. They focused on delivering services directly to individuals in Danila Dilba clinics so that services are available close to where clients live. The team also put in place client pathways that encourage clients to engage in primary health care and have a health check.

'The Community Programs team also implemented the 'Deadly Choices' program in 2015–16, an early intervention and prevention program for young Indigenous people.'

## 'Deadly Choices'

The Community Programs team implemented the 'Deadly Choices' program in 2015–16, an early intervention and prevention program for young Indigenous people. This included Deadly Choices T-shirts given to clients having health checks and delivering the school-based health education program.

## Social and Emotional Wellbeing

The Social and Emotional Wellbeing (SEWB) team provides a more comprehensive service to clients who need therapeutic care. Clients are treated by an expert who knows the best approach for their condition to help the client live a better life and manage their particular issue.

The SEWB team was restructured in 2015–16, adding more counsellors with a range of backgrounds and expertise. A strong clinical governance process was developed and implemented to support delivery of the best possible SEWB services.

## Tackling Indigenous Smoking

The TIS program was given extra funding in 2015–16. The team started a new planning and evidence-gathering approach as required under the new funding agreement.

## Looking ahead

We will continue to expand Community Programs to more programs and reach more clients supporting their holistic primary health care.

**Strategic plan goal:**

1B Provide a range of effective community programs that complement clinical services and promote the wellbeing, resilience and self-care of Aboriginal and Torres Strait Islander people.

# 5.2 Alcohol and Other Drugs

Danila Dilba Health Service's Alcohol and Other Drugs (AOD) program supports clients with culturally safe services to address the harmful use of substances.

The AOD program delivers engaging health promotion primarily to young people at school and community events. In 2015–16, the AOD team:

- ran 38 community and school health promotion events, with 2,991 people receiving information
- supported the opening of Danila Dilba's two new clinics
- supported the delivery of 18 'Deadly Choices' education sessions at three Darwin middle schools
- hosted group information sessions for a range of external agencies.

'In 2015–16, the team delivered 738 episodes of care to a total of 157 people.'

## Linking with other services

The team worked with Danila Dilba's Social Emotional Wellbeing (SEWB) and Tackling Indigenous Smoking teams, as well as Danila Dilba's other primary health care services, to support clients. In 2015–16:

- the team delivered 738 episodes of care to a total of 157 people
- 102 people were referred to the AOD program
- 27 people were referred by the AOD program to rehabilitation and treatment services
- 109 people were referred to external services and agencies.

## Changes in 2015–16

The AOD program underwent some changes last year:

- AOD services were previously delivered in an outreach context but last year they were embedded in each Danila Dilba clinic, giving clients better access to this important support.
- The team received additional funding for an extra AOD Community Support Worker, increasing the team's capacity to deliver services more broadly.
- AOD was integrated with the 'Deadly Choices' program, enhancing the reach and impact of AOD in prevention and health promotion.

**Strategic plan goal:**

1A Provide effective and accessible health care services to Aboriginal and Torres Strait Islander people.

## Client case study: middle-aged female

We met this client during our weekly alcohol and other drugs (AOD) clinic. She expressed her need for AOD support and guidance. Her concerns were around homelessness, disconnection from her family, and minimising the harm she was experiencing from alcohol.

The AOD team arranged case management and support meetings with the client, and ongoing support and advocacy. During her journey to abstinence, and with support from the AOD team, she was accepted into a 12-week residential rehabilitation program, which she completed.

This client has been alcohol-free for seven months since her first meeting with the AOD program. She has re-established her relationship with her family and is staying with them until she finds her own permanent housing. She says she is a happier, healthier and stronger person and feels she can continue her journey being alcohol free.

# 5.3 Tackling Indigenous Smoking

Danila Dilba Health Service's Tackling Indigenous Smoking (TIS) program is about helping Indigenous people quit smoking through tailored and culturally safe services.

In 2015–16, the TIS program provided ongoing support to our clients through:

- One-on-one consultation with clients in the clinics and opportunistic brief interventions with clients presenting at clinics. A total of 447 clients were provided with brief interventions, motivational talks, education and advice in clinics.
- Outreach services to follow up clients and help with goal setting.
- Presenting smoking information sessions at a total of 38 community events and school expos.
- Delivering group sessions on the dangers of smoking and the harmful effects of smoking on an unborn child to a total of 48 clients.
- Delivering three 'Deadly Choices' smoking education sessions to middle schools in Darwin.

'A total of 447 clients were provided with brief interventions, motivational talks, education and advice in clinics in 2015–16.'

## Changes in 2015–16

The TIS program team started work on changes required under a new funding agreement during the year. These changes build on what the TIS program currently provides. Some of the new approaches required under the funding agreement are:

- increasing external networks within the community
- targeting specific age groups
- increasing harm minimisation/quit attempts
- providing more Quit skills training to staff and external networks.

## Planning in 2015–16

The team undertook significant planning in 2015–16 for the TIS program to contribute to the national TIS reporting framework. They will build on this work in 2016–17 by developing a new action plan for the next two years to guide the work of the TIS program so it's consistent with the funding agreement requirements.

**Strategic plan goal:**

1A Provide effective and accessible health care services to Aboriginal and Torres Strait Islander people.

### Joseph Knuth, client

'I used to be a smoker – since I was 12. Then with the TIS program, I quit in 2015.

'I found it difficult for a fair while. But the moral support of the workers, right through the process, was great. When I was stressing, they gave me pointers on how to cope.

'Now I really don't worry about smoking. I feel a lot better for it. I have a lot more energy and no horrible taste in my mouth. I save a hell of a lot now; I used to spend up to $30 a day on a packet.

'I reckon I would have struggled to quit on my own without the moral support of the people in the TIS team. They made it easier. They don't just give you the tools to quit – it's the follow-up they do that's very important.'

Joseph Knuth
Client of Tackling Indigenous Smoking (TIS)

# 5.4 Social and Emotional Wellbeing

In 2015–16, Danila Dilba's Social and Emotional Wellbeing (SEWB) program delivered counselling and therapeutic services to Indigenous adults and children (including those affected by the Stolen Generations and past removal policies), emergency relief services, and culturally safe support to people affected by the Royal Commission Into Institutional Responses to Child Sexual Abuse (including ex-residents of the Retta Dixon home).

In response to reviews conducted in 2014–15, the SEWB team also implemented new service delivery approaches and stronger clinical governance last year.

## Bringing Them Home (BTH)

The BTH program provides counselling to Indigenous people of the greater Darwin region, focusing on improving clients' wellbeing, particularly in relation to the intergenerational impact of government policies.

'In 2015–16, BTH adopted a new approach by providing counselling services in all Danila Dilba clinics.'

The program helps clients address issues such as suicide, sexual abuse, racism, social isolation, anxiety and depression. In 2015–16, BTH adopted a new approach by providing counselling services in all Danila Dilba clinics.

## Emergency relief

This program administered limited emergency relief funds to people experiencing unforeseen financial emergencies. An internal review of the program revealed it was costly to administer and delivered only limited benefits to clients, so it was decided staff time would be better used to deliver core Danila Dilba services.

As a result, this program was withdrawn at the end of 2015–16.

## Royal Commission

The SEWB team continued to provide culturally safe, professional support to Indigenous people affected by the Royal Commission into Institutional Responses to Child Sexual Abuse during 2015–16.

## Looking ahead

We will continue to focus on cultural awareness training for non-Indigenous staff to provide culturally safe support our Indigenous clients.

**Strategic plan goal:**

1A Provide effective and accessible health care services to Aboriginal and Torres Strait Islander people.

# 6 Financial Report

# Financial report contents



## Notes to the Financial Statements

# Independent Auditor's Report

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

### Report on the Financial Report

We have audited the accompanying general purpose financial report of Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation and its controlled entities (the "Group"), which comprises the statement of financial position as at 30 June 2016, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, a summary of significant accounting policies, other explanatory notes and the directors declaration.

### The Responsibility of the Directors for the Financial Report

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

### Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, we consider internal controls relevant to the Group's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Group's internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Directors, as well as evaluating the overall presentation of the financial report.

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

### Independence

We are independent of the Group, and have met the independence requirements of the Australian professional accounting bodies and the *Corporations (Aboriginal and Torres Strait Islander) Act 2006.*

### Auditor's Opinion

In our opinion,

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

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

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

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

Merit Partners

Matthew Kennon
Director

Darwin
Date: 19 October 2016

# Auditor's Independence statement

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

In relation to our audit of the financial report of Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation for the financial year ended 30 June 2016, to the best of my knowledge and belief, there have been no contraventions of the auditor independence requirements of the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* or any applicable code of professional conduct.

Matthew Kennon
Director

Darwin
Date: 1 October 2015

# Directors report

## Directors and directors meetings

The following persons were members of the Danila Dilba Health Service Management Committee for the year ended 30 June 2016:

| Current Directors * | Position | Meetings Attended | Term Expires |
|---|---|---|---|
| Braiden Abala | Chairperson | 8 | Nov 2017 |
| Carol Stanislaus | Deputy Chairperson | 8 | Nov 2016 |
| Gloria Corliss | Ordinary Member | 9 | Nov 2017 |
| Lindsay Ah Mat | Ordinary Member | 4 | Nov 2016 |
| Vanessa Harris | Ordinary Member | 3 | Nov 2016 |
| Kirsty Nichols | Ordinary Member | 3 | Nov 2017 |
| Joseph Brown | Ordinary Member | 3 | Nov 2016 |
| Phyllis Mitchell | Larrakia Member | 6 | Nov 2017 |
| Priscilla Collins | Independent Director / Non Member | 4 | 31 December 2017 |
| David Pugh | Independent Director / Non Member | 7 | 31 December 2016 |

* The current Members were appointed on 3 May 2016 by the Special Administrator appointed by the Office of the Registrar of Indigenous Corporations (ORIC). 9 meetings were held during the financial year.

| Non-Current Directors | Position | Meetings Attended | Date Ceased |
|---|---|---|---|
| Patrick Stephensen | Previous Chairperson (resigned) | 2 | 4 March 2016 |
| Erin Lew Fatt | Previous Deputy Chairperson (resigned) | 4 | 4 March 2016 |
| Edward Boyd Scully | Previous Ordinary Member | 3 | 3 May 2016 |
| Sarina Jan | Previous Ordinary Member | 4 | 3 May 2016 |

## Directors Declaration

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

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

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

   a. compliance with the accounting standards; and

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

Made in accordance with a resolution of the Directors on 4 October 2016

Mr Braiden Abala
Chairperson

Mrs Carol Stanislaus
Deputy Chairperson

## Principal activities

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

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

Danila Dilba also provides for visiting specialist services as outlined within the Annual Report. Peripheral integrated services to the core business included corporate, finance, human services, marketing, transport and information technology. At the time of filing this report, dental services have been temporarily postponed. The DDHS Board undertook a governance review of Board performance, providing individual assessment and gap analysis. The board also undertook training provided by the Australian Institute of Company Directors in the area of Strategic Risk Management.

## Review of operations

The deficit for the year of the Consolidated entity was $1,516,922 (2015: loss $584,442). The organisation is in a sound position with continued growth. This has been addressed with the organisation implementing a new service delivery model and implementing that model in new clinics that have been opened in Palmerston and Malak and better integrating services at all sites to provide better holistic care plans.

## Significant changes in the state of affairs

On 3 May 2016 ORIC appointed a Special Administrator for the purposes of changing and registering a further Constitution / Rule Book for the organisation and appointing the current Board of Directors. On 26 August 2016 the organisation held a Special General Meeting for the purposes of the members deciding whether to have the current Board of Directors stand down and hold further elections or have the current Board remain. The members voted to have the current Board of Directors remain.

## Distributions paid to members during the year

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

## Environmental regulations

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

## Proceedings on behalf of Danila Dilba

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

## Auditors independence declaration

The Auditors Independence Declaration for the year ended 30 June 2016 has been received and can be found on page 4 of the report.

## Significant events after the balance sheet date

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

## Likely developments

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

## Qualifications, experience and special responsibilities of directors

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

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

**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 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, transport, parliamentary education, finance and at Port Keats as a manager of interpreter services. Phyllis retired in 2014 and has also been Vice President of the Brothers junior Rugby league. She was also an exceptional softball player where she made a number of rep sides

**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 OATSIH and in Aboriginal Community Control (KWHB) and more recently with the Lowitja Institute. Vanessa is currently on the NHMRC funded research project with Flinders University and on the Community capability and the social determinants of health committee with the Lowitja Institute

**Lindsay (Sutti) Ah Mat** is a founding member of Danila Dilba and was also the Chair of Danila Dilba's Board for an extended period during the 1990's. Sutti has worked in a range of roles in both the Federal government and the non-government sector. Sutti is currently a Financial Counsellor with Anglicare NT.

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

**Joe Brown** is Darwin born and bred, and has worked for the NT Department Education for the past thirty years, in various administrative roles and been well supported by the broader Indigenous community during this time.

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

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

Made in accordance with a resolution of the Directors on 4 October 2016

Mr Braiden Abala
Chairperson

Mrs Carol Stanislaus
Deputy Chairperson

# Statement of Comprehensive Income*

Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation.
For the year ended 30 June 2016

| | Notes | Consolidated 2016 $ | Consolidated 2015 $ | Parent 2016 $ | Parent 2015 $ |
|---|---|---|---|---|---|
| **Revenue** | | | | | |
| Grant Income | 2-4 | 13,134,931 | 12,544,396 | 13,134,931 | 12,544,396 |
| Prior year unspent funds brought forward | | 82,252 | 544,213 | 82,252 | 544,213 |
| Medicare Receipts | 5 | 3,278,831 | 2,987,578 | 3,278,831 | 2,987,578 |
| Interest Income | 6 | 56,881 | 140,937 | 56,124 | 140,937 |
| Sundry Income | 7 | 250,898 | 622,234 | 250,898 | 621,325 |
| **Total Revenue** | | 16,803,793 | 16,839,359 | 16,803,036 | 16,838,450 |
| **Expenditure** | | | | | |
| Administration | 8 | 1,413,225 | 1,273,632 | 1,394,716 | 1,269,089 |
| Employee Expenses | 9 | 12,299,401 | 11,571,657 | 12,299,401 | 11,571,657 |
| Motor Vehicle | 11 | 378,165 | 486,574 | 378,165 | 486,574 |
| Operational | 12 | 3,470,885 | 3,953,441 | 3,470,885 | 3,953,441 |
| Travel | 13 | 138,744 | 138,497 | 138,744 | 138,497 |
| Assets written off | 14 | 620,295 | 0 | 0 | 0 |
| **Total Expenditure** | | 18,320,715 | 17,423,801 | 17,681,911 | 17,419,258 |
| Surplus/(Deficit) Before income Tax | | (1,516,922) | (584,442) | (878,875) | (580,808) |
| Income tax expense | | 0 | 0 | 0 | 0 |
| **Surplus/(Deficit) for the year** | | (1,516,922) | (584,442) | (878,875) | (580,808) |
| **Total comprehensive income for the year** | | (1,516,922) | (584,442) | (878,875) | (580,808) |

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

# Statement of Financial Position*

Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation.
For the year ended 30 June 2016

| | Notes | Consolidated 2016 $ | Consolidated 2015 $ | Parent 2016 $ | Parent 2015 $ |
|---|---|---|---|---|---|
| **Current Assets** | | | | | |
| Cash and cash equivalents | 15 | 709,953 | 2,867,721 | 709,953 | 2,865,876 |
| Trade and other receivables | 17 | 308,314 | 477,068 | 308,314 | 460,853 |
| Other current assets | 16 | 176,856 | 133,380 | 176,856 | 133,380 |
| **Total current assets** | | 1,195,123 | 3,478,169 | 1,195,123 | 3,460,109 |
| **Non-Current Assets** | | | | | |
| Property Plant and Equipment | 18 | 8,043,000 | 7,155,812 | 8,043,000 | 7,155,812 |
| Assets held for sale | 19 | 0 | 620,295 | 0 | 0 |
| **Total non-current assets** | | 8,043,000 | 7,776,107 | 8,043,000 | 7,155,812 |
| **Total assets** | | 9,238,123 | 11,254,276 | 9,238,123 | 10,615,921 |
| **Current Liabilities** | | | | | |
| Accrued expenses | 20 | 144,372 | 420,286 | 144,372 | 420,286 |
| Trade and other Payables | | 345,605 | 437,347 | 345,605 | 437,039 |
| Employee Provisions | 22 | 895,472 | 844,357 | 895,472 | 844,357 |
| Other Current Liabilities | 23 | 165,268 | 336,780 | 165,268 | 336,780 |
| **Total Current Liabilities** | | 1,550,717 | 2,038,770 | 1,550,717 | 2,038,462 |
| **Non-Current Liabilities** | | | | | |
| Employee Provisions | 22 | 102,235 | 113,413 | 102,235 | 113,413 |
| **Total Non-Current Liabilities** | | 102,235 | 113,413 | 102,235 | 113,413 |
| **Total Liabilities** | | 1,652,952 | 2,152,183 | 1,652,952 | 2,151,875 |
| **Net assets** | | 7,585,171 | 9,102,093 | 7,585,171 | 8,464,046 |
| **Accumulated Funds** | | | | | |
| Retained Earnings | | 2,395,919 | 3,594,596 | 2,395,919 | 2,956,549 |
| Asset Replacement Reserve | | 189,252 | 507,497 | 189,252 | 507,497 |
| Land Revaluation Reserve | | 5,000,000 | 5,000,000 | 5,000,000 | 5,000,000 |
| **Total Accumulated Funds** | | 7,585,171 | 9,102,093 | 7,585,171 | 8,464,046 |

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

# Statement of Changes in Equity*

Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation.
For the year ended 30 June 2016

| | Consolidated $ | Parent $ |
|---|---|---|
| **Retained Earnings** | | |
| **Balance at 30 June 2014** | 2,811,782 | 2,170,101 |
| Operating result for the year | (584,442) | (580,808) |
| Transfer (to)/from Reserves | 1,367,256 | 1,367,256 |
| **Balance at 30 June 2015** | 3,594,596 | 2,956,549 |
| Operating result for the year | (1,516,922) | (878,875) |
| Transfer (to)/from Reserves | 318,245 | 318,245 |
| **Balance at 30 June 2016** | 2,395,919 | 2,395,919 |
| **Land Revaluation Reserve** | | |
| **Balance at 30 June 2014** | 5,000,000 | 5,000,000 |
| Asset Revaluation | 0 | 0 |
| **Balance at 30 June 2015** | 5,000,000 | 5,000,000 |
| Asset Revaluation | 0 | 0 |
| **Balance at 30 June 2016** | 5,000,000 | 5,000,000 |
| **Asset Replacement Reserve** | | |
| **Balance at 30 June 2014** | 1,025,161 | 1,025,161 |
| Transfer to retained earnings | (517,664) | (517,664) |
| **Balance at 30 June 2015** | 507,497 | 507,497 |
| Transfer to retained earnings | (318,245) | (318,245) |
| **Balance at 30 June 2016** | 189,252 | 189,252 |
| **Primary Health Care Reserve** | | |
| **Balance at 30 June 2014** | 849,592 | 849,592 |
| Transfer from retained earnings | (849,592) | (849,592) |
| **Balance at 30 June 2015** | 0 | 0 |
| Transfer to retained earnings | 0 | 0 |
| **Balance at 30 June 2016** | 0 | 0 |
| **Total Equity** | | |
| **Balance at 30 June 2014** | 9,686,535 | 9,044,854 |
| Operating results for the year | (584,442) | (580,808) |
| **Balance at 30 June 2015** | 9,102,093 | 8,464,046 |
| Operating results for the year | (1,516,922) | (878,875) |
| **Balance at 30 June 2016** | 7,585,171 | 7,585,171 |

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

# Statement of Cash Flows*

Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation.
For the year ended 30 June 2016

| | Notes | Consolidated 2016 $ | Consolidated 2015 $ | Parent 2016 $ | Parent 2015 $ |
|---|---|---|---|---|---|
| **Cash flows from operating activities** | | | | | |
| Grant Income | | 14,556,101 | 13,424,487 | 14,556,102 | 13,424,487 |
| Medicare Income | | 3,278,831 | 2,987,578 | 3,278,831 | 2,987,578 |
| Interest Received | | 56,881 | 140,937 | 56,124 | 140,937 |
| Other Income | | 233,674 | 499,280 | 217,459 | 498,554 |
| Payments to Suppliers | | (6,428,544) | (8,006,235) | (6,409,728) | (7,999,374) |
| Payments to Employees | | (12,692,843) | (11,415,802) | (12,692,843) | (11,418,109) |
| **Net cash inflow (outflow) from operating activities** | 25 | (995,900) | (2,369,755) | (994,055) | (2,365,925) |
| **Cash Flows from Investment Activities** | | | | | |
| Proceeds from sale of assets | | 28,778 | 45,454 | 28,778 | 45,454 |
| Payments for Property Plant and Equipment | | (1,190,646) | (861,560) | (1,190,646) | (861,560) |
| **Net Cash inflows/(outflow) from investing activities** | | (1,161,868) | (861,106) | (1,161,868) | (816,106) |
| **Net increase/Decrease in cash and cash equivalents** | | (2,157,768) | (3,185,861) | (2,155,923) | (3,182,031) |
| **Cash and cash equivalents at the beginning of the financial year** | | 2,867,721 | 6,053,582 | 2,865,876 | 6,047,907 |
| **Cash and cash equivalents at the beginning of the financial year** | 15 | 709,953 | 2,867,721 | 709,953 | 2,865,876 |

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

# Notes to the Financial Statements

## Introduction

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

The principal place of business is:

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

## Operations and principal activities

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

Main services, programs and projects conducted through the year:

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

### Note 1: Statement of Significant Accounting Policies

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

#### a. Basis of preparation

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

#### New Accounting Standards

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

#### Currency

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

#### Historical cost convention

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

#### Critical accounting estimates

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

### b. Basis of Consolidation

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

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

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

### c. Revenue Recognition Policy

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

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

ii. control has been obtained over the grant income;

iii. the grant income is measurable.

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

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

### d. Employee Benefits

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

### e. Superannuation

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

| | 2016 | 2015 |
|---|---|---|
| Full Time Equivalent Employees as at 30 June | 113.2 | 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:

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

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

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

## h. Fixed Assets

### Land

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

### Property, Plant and Equipment

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

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

| | 2016 | 2015 |
|---|---|---|
| Buildings | 20 years | 20 years |
| Plant and Equipment | 3-5 years | 3-5 years |
| Motor Vehicles | 5 years | 5 years |
| Clinical Software | 3 years | 3 years |

## i. Impairment of Assets

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

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

## j. Financial Instruments

### Recognition

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

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

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

### Financial assets

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

### Financial assets at amortised cost

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

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

### Available-for-sale financial assets

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

### Financial liabilities

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

### Other financial liabilities

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

### Impairment

Financial assets are assessed for impairment at each balance date.

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

### k. Trade and other payables

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

### l. Cash and cash equivalents

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

### m. Commitments

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

### n. Operating leases

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

### o. Intangibles

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

### p. Available for Sale Assets

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

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

### q. Nature and purpose of Reserves

#### Land Revaluation Reserve

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

#### Asset Replacement Reserve

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

| | Consolidated 2016 $ | Consolidated 2015 $ | Parent 2016 $ | Parent 2015 $ |
|---|---|---|---|---|
| **Note 2. Australian Government Financial Assistance** | | | | |
| Department of Health | 9,495,108 | 8,832,139 | 9,495,108 | 8,832,139 |
| Department of Social Security | 111,228 | 434,066 | 111,228 | 434,066 |
| Department of Prime Minister & Cabinet | 918,645 | 885,646 | 918,645 | 885,646 |
| **Total Australian Government Financial Assistance** | 10,524,981 | 10,151,851 | 10,524,981 | 10,151,851 |
| **Note 3. Northern Territory Government Financial Assistance** | | | | |
| Northern Territory Government Funding | 551,446 | 406,361 | 551,446 | 406,361 |
| **Total Northern Territory Government Financial Assistance** | 551,446 | 406,361 | 551,446 | 406,361 |
| **Note 4. Other Financial Assistance** | | | | |
| Northern Territory General Practice Education Ltd | 813,820 | 830,661 | 813,820 | 830,661 |
| Other Grants | 1,244,684 | 1,155,523 | 1,244,684 | 1,155,523 |
| **Total Other Financial Assistance** | 2,058,504 | 1,986,184 | 2,058,504 | 1,986,184 |
| **Total Grant Income** | 13,134,931 | 12,544,396 | 13,134,931 | 12,544,396 |
| **Note 5. Medicare Receipts** | | | | |
| Commonwealth Government Medicare Receipts | 3,278,831 | 2,987,578 | 3,278,831 | 2,987,578 |
| **Total Medicare Receipts** | 3,278,831 | 2,987,578 | 3,278,831 | 2,987,578 |
| **Note 6. Investment Income** | | | | |
| Bank Interest | 56,881 | 140,937 | 56,124 | 140,937 |
| **Total Investment Income** | 56,881 | 140,937 | 56,124 | 140,937 |
| **Note 7. Other Revenue** | | | | |
| Reimbursements | 1,208 | 5,384 | 1,208 | 5,384 |
| Other Sundry Income | 249,690 | 616,850 | 249,690 | 615,941 |
| **Total Other Revenue** | 250,898 | 622,234 | 250,898 | 621,325 |

| | Consolidated 2016 $ | Consolidated 2015 $ | Parent 2016 $ | Parent 2015 $ |
|---|---|---|---|---|
| **Note 8. Administration Expenses** | | | | |
| Advertising | 30,420 | 56,877 | 30,420 | 56,877 |
| Depreciation | 280,926 | 282,542 | 280,926 | 282,542 |
| Information Technology Service | 368,826 | 364,167 | 368,826 | 364,167 |
| Insurance | 90,811 | 125,923 | 90,811 | 125,923 |
| Lease – Plant and Equipment | 36,336 | 42,067 | 36,336 | 42,067 |
| Legal Service | 276,556 | 131,038 | 276,556 | 131,038 |
| Membership Fees | 9,656 | 9,133 | 9,656 | 9,133 |
| Postage | 29,250 | 24,196 | 29,250 | 24,196 |
| Stationery | 24,578 | 29,652 | 24,578 | 29,652 |
| Telephone | 121,969 | 122,615 | 121,969 | 122,615 |
| Other | 143,897 | 85,422 | 125,388 | 80,879 |
| **Total Administration** | 1,413,225 | 1,273,632 | 1,394,716 | 1,269,089 |
| **Note 9. Employee Benefits Expenses** | | | | |
| Fringe Benefit Tax | 8,026 | 18,009 | 8,026 | 18,009 |
| Salaries | 10,929,989 | 10,164,857 | 10,929,989 | 10,164,857 |
| Superannuation | 971,112 | 927,618 | 971,112 | 927,618 |
| Work Cover | 208,008 | 168,070 | 208,008 | 168,070 |
| Staff Training | 90,028 | 148,029 | 90,028 | 148,029 |
| Other | 92,238 | 145,074 | 92,238 | 145,074 |
| **Total Employee Benefits Expenses** | 12,299,401 | 11,571,657 | 12,299,401 | 11,571,657 |
| **Note 10. Depreciation** | | | | |
| Buildings | 91,674 | 60,116 | 91,674 | 60,116 |
| Plant and Equipment | 168,352 | 196,048 | 168,352 | 196,048 |
| Motor Vehicles | 280 | 7,691 | 280 | 7,691 |
| Clinical Software | 20,620 | 18,687 | 20,620 | 18,687 |
| **Total Depreciation** | 280,926 | 282,542 | 280,926 | 282,542 |

| | Consolidated 2016 $ | Consolidated 2015 $ | Parent 2016 $ | Parent 2015 $ |
|---|---|---|---|---|
| **Note 11. Motor Vehicle Expenses** | | | | |
| Fuel and Oil | 64,985 | 82,303 | 64,985 | 82,303 |
| Lease Expense | 281,799 | 338,487 | 281,799 | 338,487 |
| Repairs and Maintenance | 30,236 | 62,742 | 30,236 | 62,742 |
| Registration | 1,145 | 3,042 | 1,145 | 3,042 |
| **Total Motor Vehicle Expenses** | 378,165 | 486,574 | 378,165 | 486,574 |
| **Note 12. Operational Expenses** | | | | |
| Agency Staff | 174,631 | 435,788 | 174,631 | 435,788 |
| Cleaning | 264,983 | 248,520 | 264,983 | 248,520 |
| Client Services | 210,579 | 368,580 | 210,579 | 368,580 |
| Clothing and Uniforms | 28,476 | 11,899 | 28,476 | 11,899 |
| Consultants | 437,866 | 291,925 | 437,866 | 291,925 |
| Consumables | 62,089 | 75,121 | 62,089 | 75,121 |
| Dental Supplies | 8,276 | 18,667 | 8,276 | 18,667 |
| Garden Maintenance | 8,458 | 6,092 | 8,458 | 6,092 |
| GP Locums | 193,407 | 136,656 | 193,407 | 136,656 |
| Library Services | 13,541 | 19,383 | 13,541 | 19,383 |
| Marketing and promotion | 102,974 | 84,259 | 102,974 | 84,259 |
| Medical Supplies | 545,974 | 527,291 | 545,974 | 527,291 |
| Minor Equipment Purchases | 96,402 | 174,616 | 96,402 | 174,616 |
| Project Expenditure | 207,220 | 282,866 | 207,220 | 282,866 |
| Rent Expenditure | 686,036 | 785,514 | 686,036 | 785,514 |
| Repairs and Maintenance | 136,694 | 204,969 | 136,694 | 204,969 |
| Rubbish Collection | 14,888 | 15,176 | 14,888 | 15,176 |
| Security | 99,611 | 30,987 | 99,611 | 30,987 |
| Transport – Clients | 44,840 | 66,289 | 44,840 | 66,289 |
| Utilities | 105,934 | 144,897 | 105,934 | 144,897 |
| Other | 28,006 | 23,946 | 28,006 | 23,946 |
| **Total Operational Expenses** | 3,470,885 | 3,953,441 | 3,470,885 | 3,953,441 |
| **Note 13. Travel** | | | | |
| Travel and Accommodation | 103,320 | 105,002 | 103,320 | 105,002 |
| Travel Allowance | 35,424 | 33,495 | 35,424 | 33,495 |
| **Total Travel** | 138,744 | 138,497 | 138,744 | 138,497 |

| | Consolidated 2016 $ | Consolidated 2015 $ | Parent 2016 $ | Parent 2015 $ |
|---|---|---|---|---|
| **Note 14. Assets written off** | | | | |
| Assets written off | 620,295 | 0 | 0 | 0 |
| **Total Assets written off** | 620,295 | 0 | 0 | 0 |
| **Note 15. Cash and Cash Equivalents** | | | | |
| Cash at bank | 708,553 | 2,866,521 | 708,553 | 2,864,676 |
| Cash on hand | 1,400 | 1,200 | 1,400 | 1,200 |
| **Total Cash and Cash Equivalents** | 709,953 | 2,867,721 | 709,953 | 2,865,876 |
| **Note 16. Other Current Assets** | | | | |
| Bond Paid | 68,074 | 68,074 | 68,074 | 68,074 |
| Other | 108,783 | 65,306 | 108,783 | 65,306 |
| **Total Other Current Assets** | 176,857 | 133,380 | 176,857 | 133,380 |
| **Note 17. Trade and other Receivables** | | | | |
| Trade Debtors | 64,635 | 147,308 | 64,635 | 131,093 |
| Other Debtors – Grants and Medicare | 243,679 | 329,760 | 243,679 | 329,760 |
| **Total Trade and other Receivables** | 308,314 | 477,068 | 308,314 | 460,853 |

### (a) Trade receivables and allowances for doubtful debts

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

| | Consolidated-2016 | | Consolidated-2015 | | Parent-2016 | | Parent-2015 | |
|---|---|---|---|---|---|---|---|---|
| | Gross $ | Allowance $ | Gross $ | Allowance $ | Gross $ | Allowance $ | Gross $ | Allowance $ |
| Not past due | 189,606 | 0 | 339,926 | 0 | 189,606 | 0 | 339,926 | 0 |
| Past due 0-30 days | 106,900 | 0 | 109,498 | 0 | 106,900 | 0 | 109,498 | 0 |
| Past due 31-60 days | 1,067 | 0 | 2,049 | 0 | 1,067 | 0 | 2,049 | 0 |
| Past due 61-90 days | 495 | 0 | 3,937 | 0 | 495 | 0 | 3,937 | 0 |
| Past due 90 days and over | 10,246 | 0 | 21,658 | 0 | 10,246 | 0 | 5,443 | 0 |
| **Total** | 308,314 | 0 | 477,068 | 0 | 308,314 | 0 | 460,853 | 0 |

### (b) Impaired receivables

As at 30 June 2016, receivables with a nominal value of $NIL were impaired (2015: $NIL).

As at 30 June 2016, current receivables with a nominal value of $118,708 (2015: $120,927), and a consolidated value of $118,708 (2015: $137,142) were past due but not impaired. These relate to a number of customers for whom there is no history of default.

| | Consolidated 2016 $ | Consolidated 2015 $ | Parent 2016 $ | Parent 2015 $ |
|---|---|---|---|---|
| **Note 18. Property, Plant and Equipment** | | | | |
| Clinical Software – at cost | 359,912 | 363,967 | 359,912 | 363,967 |
| Accumulated Amortisation and Impairment | (332,747) | (314,579) | (332,747) | (314,579) |
| **Written down Value** | 27,165 | 49,388 | 27,165 | 49,388 |
| | | | | |
| Land – at fair value | 5,600,000 | 5,600,000 | 5,600,000 | 5,600,000 |
| Land and Buildings – at cost | 3,206,351 | 2,172,136 | 3,206,351 | 2,172,136 |
| Accumulated Depreciation and Impairment | (1,302,827) | (1,212,553) | (1,302,827) | (1,212,553) |
| **Written Down Value** | 7,503,524 | 6,559,583 | 7,503,524 | 6,559,583 |
| | | | | |
| Plant and Equipment - at cost | 1,510,836 | 1,602,260 | 1,510,836 | 1,602,260 |
| Accumulated Depreciation and Impairment | (998,525) | (1,055,755) | (998,525) | (1,055,755) |
| **Written down Value** | 512,311 | 546,505 | 512,311 | 546,505 |
| | | | | |
| Motor Vehicles – at cost | 83,045 | 84,727 | 83,045 | 84,727 |
| Accumulated Depreciation and Impairment | (83,045) | (84,391) | (83,045) | (84,391) |
| **Written down Value** | 0 | 336 | 0 | 336 |
| **Total written down value** | 8,043,000 | 7,155,812 | 8,043,000 | 7,155,812 |

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

| Year ended 30 June 2016 | Consolidated Land and Property $ | Parent Land and Property $ | Consolidated Plant and Equipment $ | Parent Plant and Equipment $ | Consolidated Motor Vehicles $ | Parent Motor Vehicles $ | Consolidated Clinical Software $ | Parent Clinical Software $ | Consolidated Total $ | Parent Total $ |
|---|---|---|---|---|---|---|---|---|---|---|
| Opening Net Book Amount | 6,559,583 | 6,559,583 | 546,505 | 546,505 | 336 | 336 | 49,388 | 49,388 | **7,155,812** | **7,155,812** |
| Additions | 1,056,488 | 1,056,488 | 134,158 | 134,158 | 0 | 0 | 0 | 0 | **1,190,646** | **1,190,646** |
| Disposals | (20,873) | (20,873) | 0 | 0 | (56) | (56) | (1,603) | (1,603) | **(22,532)** | **(22,532)** |
| Depreciation | (91,674) | (91,674) | (168,352) | (168,352) | (280) | (280) | (20,620) | (20,620) | **(280,926)** | **(280,926)** |
| **Closing Book Amount** | 7,503,524 | 7,503,524 | 512,311 | 512,311 | 0 | 0 | 27,165 | 27,165 | **8,043,000** | **8,043,000** |

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

| | Consolidated 2016 $ | Consolidated 2015 $ | Parent 2016 $ | Parent 2015 $ |
|---|---|---|---|---|
| **Note 19. Assets Held for Sale** | | | | |
| Software | 0 | 620,295 | 0 | 0 |
| **Total Assets Held for Sale** | 0 | 620,295 | 0 | 0 |
| **Note 20. Accrued Expenses** | | | | |
| Accrued Employee Benefits and on-costs | 62,534 | 365,476 | 62,534 | 365,476 |
| Accrued Expenses | 81,838 | 54,810 | 81,838 | 54,810 |
| **Total Accrued Expenses** | 144,372 | 420,286 | 144,372 | 420,286 |

Accrued expenses are expected to be settled within 12 months.

## Note 21. Contingencies

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

## Note 22. Provisions

| | | | | |
|---|---|---|---|---|
| **Current Employee Benefits** | | | | |
| Annual Leave | 663,235 | 605,154 | 663,235 | 605,154 |
| Long Service Leave | 232,237 | 239,203 | 232,237 | 239,203 |
| **Total Current Employee Benefits** | 895,472 | 844,357 | 895,472 | 844,357 |
| **Non-Current Employee Benefits** | | | | |
| Long Service Leave | 102,235 | 113,413 | 102,235 | 113,413 |
| **Total Non-Current Employee Benefits** | 102,235 | 113,413 | 102,235 | 113,413 |
| **Total Provisions** | 997,707 | 957,770 | 997,707 | 957,770 |

## Note 23. Other Liabilities

| | | | | |
|---|---|---|---|---|
| Tax Payable | 165,268 | 157,057 | 165,268 | 157,057 |
| Unspent Grant Funds | 0 | 82,252 | 0 | 82,252 |
| Employee Liabilities | 0 | 97,471 | 0 | 97,471 |
| **Total Other Liabilities** | 165,268 | 336,780 | 165,268 | 336,780 |

| | Consolidated 2016 $ | Consolidated 2015 $ | Parent 2016 $ | Parent 2015 $ |
|---|---|---|---|---|
| **Note 24. Operating Leases** | | | | |
| **Vehicle Operating Leases** | | | | |
| Payable Within 12 Months | 272,249 | 256,540 | 272,249 | 256,540 |
| Payable 12 Months – 5 Years | 209,448 | 222,681 | 209,448 | 222,681 |
| **Total Operating Leases** | 481,697 | 479,221 | 481,697 | 479,221 |

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

| | | | | |
|---|---|---|---|---|
| **Premises Operating Leases** | | | | |
| Payable Within 12 Months | 537,975 | 633,408 | 537,975 | 633,408 |
| Payable 12 Months – 5 Years | 335,886 | 747,881 | 335,886 | 747,881 |
| **Total Premises Operating Leases** | 873,861 | 1,381,289 | 873,861 | 1,381,289 |

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

| | | | | |
|---|---|---|---|---|
| **Note 25. Reconciliation of Operating Result to Net Cash Inflow From Operating Activities** | | | | |
| Operating Result | (1,516,922) | (584,442) | (878,875) | (580,808) |
| Depreciation and Impairment | 280,926 | 282,542 | 280,926 | 282,542 |
| Assets written off | 620,295 | 0 | 0 | 0 |
| Gain on disposal of assets | (6,246) | (15,500) | (6,246) | (15,500) |
| **Total** | (621,947) | (317,400) | (604,195) | (313,766) |
| | | | | |
| **Changes in Assets and Liabilities** | | | | |
| (Increase)/Decrease In Trade and other Receivables | 168,754 | (431,375) | 152,540 | (431,070) |
| (Increase)/Decrease In other Current Assets | (43,477) | (26,081) | (43,477) | (26,201) |
| Increase/(Decrease) In Unexpended Grants | (82,252) | (1,767,421) | (82,252) | (1,767,421) |
| Increase/(Decrease) In Trade and other Payables, including accruals | (367,656) | 50,218 | (367,349) | 50,230 |
| Increase/(Decrease) In Employee Provisions | 39,937 | 65,639 | 39,937 | 65,638 |
| Increase/(Decrease) In Other Liabilities | (89,259) | 56,666 | (89,259) | 56,666 |
| **Total Change in Assets and Liabilities** | (373,953) | (2,052,355) | (389,860) | (2,052,159) |
| **Net Cash Generated From/(used in) Operating Activities** | (995,900) | (2,369,755) | (994,055) | (2,365,925) |

## Note 26.
## Financial Risk Management

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

### Liquidity Risk

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

### Credit Risk

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

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

### Market Risk

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

The Corporation does not have any material market risk exposure.

### Interest Rate Risk

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

### Sensitivity Analysis

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

| | Consolidated 2016 $ | Consolidated 2015 $ | Parent 2016 $ | Parent 2015 $ |
|---|---|---|---|---|
| **Financial Assets** | | | | |
| Cash at Bank | 708,553 | 2,866,521 | 708,553 | 2,864,676 |
| **Total Financial Assets** | 708,553 | 2,866,521 | 708,553 | 2,864,676 |

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

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

| | | Consolidated | | | | Parent | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Effect on Profit and Loss | Effect on Equity | Effect on Profit and Loss | Effect on Equity | Effect on Profit and Loss | Effect on Equity | Effect on Profit and Loss | Effect on Equity |
| | | 2016 | 2016 | 2015 | 2015 | 2016 | 2016 | 2015 | 2015 |
| | | $ | $ | $ | $ | $ | $ | $ | $ |
| Base Points | +1% | 7,086 | 7,086 | 28,665 | 28,665 | 7,086 | 7,086 | 28,646 | 28,646 |
| Base Points | -1% | (7,086) | (7,086) | (28,665) | (28,665) | (7,086) | (7,086) | (28,646) | (28,646) |

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 2016 | Within 1 year | | Total carrying amount | |
|---|---|---|---|---|
| | Consolidated $ | Parent $ | Consolidated $ | Parent $ |
| **Financial Assets – Cash Flow Realisable** | | | | |
| Cash and Cash Equivalents | 709,953 | 709,953 | 709,953 | 709,953 |
| Trade and other receivables | 308,314 | 308,314 | 308,314 | 308,314 |
| Other Current Assets | 176,856 | 176,856 | 176,856 | 176,856 |
| **Total** | 1,195,123 | 1,195,123 | 1,195,123 | 1,195,123 |
| **Financial liabilities due for payment** | | | | |
| Accrued Expenses | 144,372 | 144,372 | 144,672 | 144,672 |
| Trade and other Payables | 345,605 | 345,605 | 345,605 | 345,605 |
| Other Liabilities | 0 | 0 | 0 | 0 |
| **Total** | 490,277 | 490,277 | 490,277 | 490,277 |

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

### 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 27.
## Recurring Fair Value Measurements

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

### Freehold land

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

### i. Fair Value Hierarchy

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

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

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

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

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

### ii. Valuation Techniques

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

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

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

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

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

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

## Note 28.
## Key Management Personnel Compensation

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

| | Consolidated 2016 $ | Consolidated 2015 $ | Parent 2016 $ | Parent 2015 $ |
|---|---|---|---|---|
| Short Term Employee Benefits | 1,708,503 | 1,365,266 | 1,708,503 | 1,365,266 |
| Post-Employment Benefits | 149,046 | 125,532 | 149,046 | 125,532 |
| **Total** | 1,857,549 | 1,490,798 | 1,857,549 | 1,490,798 |

## Note 29.
## Related Parties

During the financial year ended 30 June 2016, no loans or other related party transactions were made to any Board member or key management personnel. In 2015/16, no Board members were paid sitting fees (2014/15 $nil). No sitting fees were paid from grant funds.

## Note 30.
## Investments

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

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

At 30 June 2016 the company has been wound up and the net assets of the company have been transferred to Danila Dilba Health Services.

## Note 31.
## Economic Dependency

Danila Dilba Health Service is dependent on continued funding from the Commonwealth and Northern Territory Governments to continue to operate as a going concern.

## Note 32.
## Events Occurring after Balance Sheet Date

PHN NT Care Coordinator Funding of $150,337 was received in August 2016 for Care Coordination services that were provided in the 2015/16 financial year. This funding which relates to expenditure recorded in the 2015/16 financial year will be recorded as income in the 2016/17 financial year.

## Note 33.
## Auditors' Remuneration

| | Consolidated 2015 $ | Consolidated 2014 $ | Parent 2015 $ | Parent 2014 $ |
|---|---|---|---|---|
| **Amounts received or due and receivable by the auditors of Danila Dilba Health Service** | | | | |
| Audit or Review Service | 30,556 | 32,450 | 30,556 | 32,450 |
| Other Services | 5,000 | 2,550 | 5,000 | 2,550 |
| **Total** | 35,556 | 35,000 | 35,556 | 35,000 |

| | Consolidated 2016 $ | Consolidated 2015 $ | Parent 2016 $ | Parent 2015 $ |
|---|---|---|---|---|
| **Note 34. Statement of Funding Sources** | | | | |
| Department of Health | 9,495,108 | 8,832,139 | 9,495,108 | 8,832,139 |
| Department of Social Services | 111,228 | 434,066 | 111,228 | 434,066 |
| Northern Territory Government | 551,446 | 406,361 | 551,446 | 406,361 |
| Dept. Prime Minister & Cabinet | 918,645 | 885,646 | 918,645 | 885,646 |
| Northern Territory General Practice Education Ltd | 813,820 | 830,661 | 813,820 | 830,661 |
| Health Network Northern Territory Ltd. | 900,442 | 1,155,522 | 900,442 | 1,155,522 |
| Other Grants | 344,241 | 0 | 344,241 | 0 |
| Medicare | 3,278,831 | 2,987,578 | 3,278,831 | 2,987,578 |
| Bank Interest | 56,881 | 140,937 | 56,124 | 140,937 |
| Reimbursements | 1,208 | 5,384 | 1,208 | 5,384 |
| Sundry Income | 249,691 | 616,850 | 249,691 | 615,941 |
| **Total** | 16,721,541 | 16,295,146 | 16,720,784 | 16,294,237 |
| **Note 35. Statement of Unspent Grants Received during the Year** | | | | |
| **Dept. of Social Services** | | | | |
| Emergency Relief Funding | 0 | 13,174 | 0 | 13,174 |
| NAIDOC | 0 | 5,279 | 0 | 5,279 |
| **Total** | 0 | 18,453 | 0 | 18,453 |
| **Dept. of Health** | | | | |
| Tobacco Cessation Program | 0 | 8,280 | 0 | 8,280 |
| **Total** | 0 | 8,280 | 0 | 8,280 |
| **Northern Territory Government** | | | | |
| Mobile Clinic | 18,527 | 0 | 18,527 | 0 |
| **Total** | 18,527 | 0 | 18,527 | 0 |
| **Gross Total of Unspent Project Funds** | 18,527 | 26,733 | 18,527 | 26,733 |

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.