

2017 apunipima ANNUAL REPORT





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CHAIRMAN'S FOREWORD

Welcome to the Apunipima Cape York Health Council Annual Report for 2016-17.

On behalf of the Board, I would like to thank former CEO Cleveland Fagan, who finished up in April 2017, for his 10 years of outstanding service to Apunipima and tireless efforts to improve the health of Aboriginal and Torres Strait Islander people in Cape York.

I would also like to welcome Paul Stephenson who took on the role of CEO in August 2017. Paul has a long history with Apunipima, as an ex-officio Board member and as Executive Manager: Primary Health Care from 2012 – 2015 and is known for his kindness, fairness and commitment to positive change.

Change has been the name of the game at Apunipima this year. The biggest was the transition process in Aurukun which was finalised in August 2017. This process saw all health services in Aurukun (provided by a range of organisations including Queensland Health, Royal Flying Doctor Service and Apunipima) fall under a community controlled health care model. We thank Queensland Minister for Health, the Hon Cameron Dick, for his support in enhancing and expanding community control in Cape York and look forward to the next five communities moving towards solely community – led, community – driven health care regime.

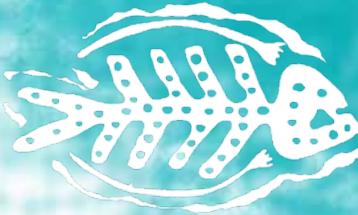
The new Apunipima Primary Health Care Centres which have opened in Coen and Napranum are also cause for celebration. It is recognised the community controlled health services increase access, and promote improved

health outcomes and these new centres bring our primary health care facility count to five. The Board is pleased that Cape York communities are getting their own health centres - our motto is Aboriginal health in Aboriginal hands and this is slowly becoming a reality.

There is much work to do though, we have high rates of Type 2 diabetes, an obesity epidemic, too many of our pregnant mums are smoking and overall our people are dying far earlier than they should. The Board continues to listen to, and represent community and feed back to Paul and the Senior Management Team the health priorities for our region.

There is a long way to go to achieve health equity and the Board looks forward to working with community, community leaders and Paul and the Apunipima team to change the face of health on Cape York.

Thomas Hudson



CEO'S INTRODUCTION

2016/17 has been a period of enormous growth and change for Apunipima Cape York Health Council.

I would like to acknowledge former CEO Cleveland Fagan's tremendous work and significant contribution to this organisation. His guidance and expertise saw Apunipima transition from a primarily advocacy body to a now multimillion dollar organisation providing comprehensive primary health care services to Cape York communities and employing nearly 300 people in the process.

I was honoured and humbled to take on the role of Apunipima CEO in July 2017. I am committed to Apunipima's shared vision, supporting the Aboriginal and Torres Strait Islander peoples of Cape York to live long, healthy and productive lives, underpinned by community - owned and community - driven health services, and will work hard to make this a reality.

This year has been one of much achievement. Apunipima opened two new primary health care centres this year: Napranum's Charkil-Om Primary Health Care Centre open it's doors in August, followed by Coens Apunipima Primary Health Centre in March. In April we began running Wellbeing Centres in Mossman Gorge, Coen, Hopevale and Aurukun which provide social-emotional wellbeing support within our primary health care framework. Plans are underway to deliver wellbeing services in Kowanyama by July 2018.

Apunipima is committed to community - led, community driven healthcare and we are working towards a future where all Cape York health services are community controlled. Health services in Aurukun transitioned to a community controlled model of care in August 2017, with

five more communities to transition over the next two years.

2016/17 has also seen Apunipima focus on prevention and public health. The Tackling Indigenous Smoking (TIS) health worker - led program focuses on educating young people on the dangers of smoking and supporting those who smoke to quit while the Healthy Communities program aims to reduce the amount of sugary drinks consumed in community and promote water as a drink of choice.

These programs see Apunipima health professionals on the ground in community working directly with people to promote real and lasting lifestyle change. From one on one health advice, to healthy cook-ups and information at events, our program teams' work closely with community to listen, learn, support and inspire change.

The programs also feature successful social marketing campaigns. TIS' What's Your Story Cape York campaign, based on the ground-breaking national Don't Make Smokes Your Story initiative, includes videos, social media and student - developed materials while the Healthy Communities campaign, featuring the slogans Drink More Water Youfla and Sugary Drinks Proper No Good, aims to educate and inform via videos, radio ads, social media and posters.

I look forward to progressing Apunipima's vision and values going forward and working with our great people to achieve better health access and outcomes for the communities of Cape York.

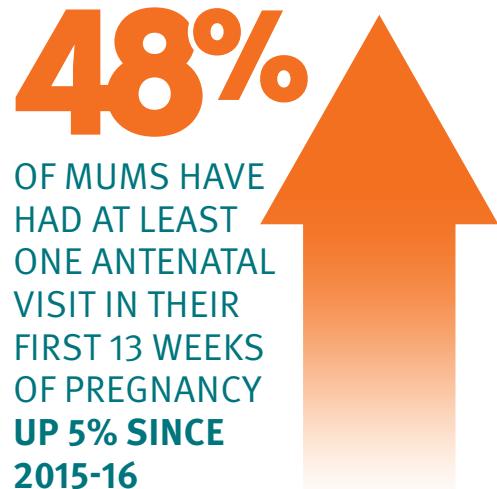
Paul Stephenson

aboriginal health in aboriginal hands

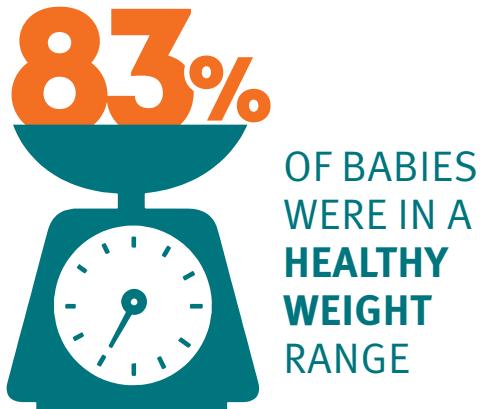


BY THE NUMBERS

THIS YEAR WE HAVE SEEN...



43%
OF ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN 0-4 YEARS WHO HAVE AT LEAST ONE HEALTH CHECK IN A YEAR HAS REMAINED AT 43% SINCE 2015-16. WE AIM TO INCREASE THIS TO 60% IN 2017-18



Apunipima was established in 1994 after a landmark gathering of Cape York people in Pajinka

- We provide culturally appropriate primary health care services to 11 Cape York communities and health advocacy services to 17 (includes the six communities of the Northern Peninsula Area)
- Apunipima has around 300 staff
- 30 % of our staff are community based
- 54 % of our staff identify as Aboriginal and/or Torres Strait Islander
- The organisation experienced a 47.72% growth in staff in the 16/17 financial year
- We have primary health centres in Coen, Mossman Gorge, Napranum and Aurukun and a family health centre in Kowanyama
- We have Wellbeing Centres in Coen, Hopevale, Mossman Gorge and Aurukun
- We are one of the biggest employers of Aboriginal and Torres Strait Islander health workers in Queensland
- From 1 July 2016 to 30 June 2017 we had around 6000 unique clients and around 35,000 client contacts

NEW BOARD APPOINTED

Board elections took place throughout November with the new Board appointed later that month for a term of three years. Apunipima's elected Directors are:

REGION ONE



PATRICIA YUSIA
Bamaga

REGION TWO



AILEEN ADDO
Mapoon



THOMAS HUDSON
Kowanyama

REGION THREE



ETHEL SINGLETON
Lockhart River



LIONEL PAUL GIBSON
Cooktown



TREVOR SHANE GIBSON
Hopevale

REGION FOUR



PROFESSOR
ROBYN MCDERMOTT



GREG BARNIER



GREG MITCHELL

After appointments were finalised, the newly appointed board voted in the Chair. Thomas Hudson was reappointed as the Chair of the Apunipima Board for a second term.

Our skills-based Directors, Professor Robyn McDermott, Greg Barnier and Greg Mitchell remain the same.

NEW CENTRES



NAPRANUM AND COEN PRIMARY HEALTH CARE CENTRES OPEN FOR BUSINESS

Napranum's Charkil-Om Primary Health Care Centre open its doors in August followed by the Coen Apunipima Health Centre in March.

Charkil-Om Primary Health Care Centre, which means bone fish in local Thanakwith language, provides comprehensive primary health care to the remote community of Napranum.

Charkil-Om provides a range of primary health care services including allied health services that support family health, healthy lifestyle choices and chronic disease care.

Napranum community member, Traditional Owner and Tackling Indigenous Smoking Health Worker Ernest Madua Jnr, explained what Charkil-Om means to him.

'We now have a service that meets the needs of Napranum community members,' he said.

'The key to living longer healthier lives is early detection, diagnosis and intervention for common and curable conditions. Too long our mob die

too early, my people, my community deserves better, big thank you to Apunipima Charkil-Om for providing this opportunity.'

Coen Apunipima Health Care Centre, Apunipima's fifth independent facility on Cape York, opened for business in March.

The Centre provides culturally appropriate primary health care services including GP/Nurse Practitioner services, Maternal and Child Health services and Social Emotional Wellbeing services.

It also provides Allied Health services which include Podiatry, Diabetes Education, Dietetics, and Tackling Indigenous Smoking.

Coen Primary Healthcare Manager and Umpila woman Louise Pratt, said having a community controlled health facility in Coen was a dream come true.

WELLBEING CENTRES OPEN

Apunipima opened community - driven, community - owned Social and Emotional Wellbeing Centres in Aurukun, Coen, Hopevale and Mossman Gorge in April.

The Centres had been run by the Royal Flying Doctor Service for eight years.

Social and Emotional Wellbeing Manager Bernard David said community - owned, community - driven social and emotional care was something community had been requesting.

'Community requested Apunipima provide this kind of care, and we are happy and excited to have the opportunity to do so,' he said.

'The Wellbeing Centres will follow our model of care which takes a holistic approach to improving health and wellbeing for communities and families in Cape York.'

'We hope to increase access to social and emotional wellbeing services, employ local people and create spaces where people can come and have a cuppa and share their stories in a safe, welcoming and accepting space.'

Around 40 staff will be employed across the new centres, including Social and Emotional Wellbeing Team Leaders, Psychologists, Youth Workers, and Men's and Women's Workers.

Teams will also supply outreach services, to help those living on outstations, out on country, or without transport access social and emotional wellbeing care.



OUR COMMUNITIES



AURUKUN

Stopping Family Violence BBQ

Apunipima's Aurukun Wellbeing Centre team and the Queensland Indigenous Family Violence Legal Service held a Community BBQ to acknowledge Stopping Family Violence month in May.

The BBQ was attended by around 70 community members and range of organisations including Queensland Health, Police Citizen Youth Club, Cape York Partnership and Cape York Employment staff. Queensland Indigenous Family Violence Legal Service staff members handed out information kits on family and domestic violence including support agency information.

The highlight of the day was the four queen fish and mackerel caught first thing that morning by Personal Helpers and Mentors Service (PHAMS) worker Steve Reimer. They were consumed in record time!

Many thanks to Queensland Indigenous Family Violence Legal Service and local Social Emotion Well Being staff who assisted with the organisation and implementation of the event.



COEN

Tackling Indigenous Smoking in Coen

Tackling Indigenous Smoking Officers Rita Francis and Neil Cedar were busy promoting the Tackling Indigenous Smoking program in Coen in March.

Cape York Partnership organisation the O-Hub organised an information session with the Parents Group where Rita and Neil gave a cessation presentation, promoting the Apunipima Tackling Indigenous Smoking program. They talked about quit methods and also spoke about the quit support that is available.

There was an exciting community basketball game held in Coen, organised by Royal Flying Doctor Service and Police Citizen Youth Club. Rita and Neil went along and although they didn't shoot any hoops, they did shoot some community engagement goals!

A good yarn was had at the post-game BBQ where they were able to promote the Tackling Indigenous Smoking campaign.





KOWANYAMA

Foetal Alcohol Spectrum Disorder Day

Kowanyama held a community event highlighting Foetal Alcohol Spectrum Disorder in September.

Health Promotion Officer Fiona Millard said the day was a win for community.

‘This day was successful due to the lead taken by community members, community participation, staff support, cross - organisational support, and the hard work, reliability and commitment of everyone, in all capacities that worked tirelessly on the ground to make it happen.’



HOPEVALE

Kidney Health Yarning Circle

A Kidney Health Yarning Circle took place in Hopevale in September.

The aim of the event was to engage the community in a way they felt most comfortable.

One of the organisers, Apunipima team member Rochelle Pitt said the day was a great success.

‘It was a full day of learning, eating and singing to bring together a family friendly, culturally appropriate health awareness day,’ she said.

‘To learn how to deliver health information appropriately, you first need to learn from our First Nation’s people and have them lead the way in these sessions.’



LAURA

Apunipima Attends Laura Aboriginal Dance Festival

Apunipima was excited to take part in the Laura Aboriginal Dance Festival in June.

Team members helped promote the Tackling Indigenous Smoking program's What's Your Story Cape York and the Health Communities program's Sugary Drinks Proper No Good campaigns. They also encouraged people to think about their health choices when it came to smoking, healthy eating, alcohol and other drugs and physical activity.

Apunipima was proud to be represented at Laura, viewing the event as celebration of all things culture, kinship, language and storytelling. Our aim was to support that celebration by enabling people to celebrate good health and wellness.



LOCKHART RIVER

Men's Health Checks



23 Lockhart River men received a comprehensive Men's Health Check during Men's Health Week in June.

The Health Checks took place in the Lockhart River men's space, Ngachi Kinchiya Puuya Kuuntha, practical example of Apunipima's 'beyond the clinic' model of care.

'Enabling men to have a comprehensive health check in a space that's comfortable to them is one way we can engage men to take responsibility for their own health,' said Men's Health and Social and Emotional Wellbeing Manager Bernard David.

'It's all about tailoring programs towards what works well for individuals, families and communities.'

'The Apunipima and Queensland Health teams worked together to deliver a successful Health Check program to the men of Lockhart River – thanks to everyone for their hard work'

MAPOON

Health Worker Wins National Award

Mapoon Maternal and Child Health Worker, award winning artist, mum of seven and grandmother of five Daphne De Jersey, won the CRANplus (the peak professional body for the remote and isolated health workforce of Australia) Novice / Encouragement Award for completing her Cert. IV in Aboriginal and Torres Strait Islander Health Care Practice. Her outstanding potential as a future clinician and leader in remote health, enthusiasm and commitment to remote health, willingness to learn and positive influence on the health of her community which is far beyond what is expected of early career Health Workers.

The award was presented to Daphne at a special ceremony at the end of the CRANplus annual conference which was held in Hobart in October.

Daphne, who is currently enrolled in a Diploma of Aboriginal and Torres Strait Islander Health Care Practice, said she had no idea she had been nominated for the award and was stunned to learn she had won.

‘It was a bit of a shock when I found out I had won the award,’ she explained.

‘My colleague said, ‘can I give you a hug,’ I thought it was because she had good news, but then she said, ‘you’re going to Melbourne, you’ve won an award!’

‘It turns out I was going to Hobart which was great as my dad and grandfather were born there. I still have aunties and cousins there and I managed to catch up with them when I was there. The last time I was in Tasmania was 26 years ago, when I was 21 and it was a shock going back there from the Cape. We get cold weather on the Cape but it’s different to Tasmanian cold weather – my fingertips froze, my face was red with cold and I think I lost a kilo as I had to walk fast to keep warm whenever I was outside.’



‘It was really interesting reconnecting with my aunties. One told me that before I was born, my parents (dad was white, mum was Aboriginal and Solomon Islander) went to the doctor to find out what colour their child would be if they were to have a baby.’

‘This was in the 1960s, when they were still removing half-caste children from their families. They were very frightened, my auntie said, that if they had a child, it would be taken away. In the end my sister and I weren’t taken away but it was a real fear for my parents.’

‘I gave a speech when I accepted my award, sharing my family connection to Tasmania, the history of Mapoon and my family’s history there. My mother and grandmother were born in Mapoon but our family is part of the stolen generation – Mapoon is not our traditional country but because some of us were born there, it’s home.’

‘I also talked about how many hats people wear when they live in remote areas. In small communities, those that do stuff, get called on to do everything. I am a full time Health Worker, Chair of the Justice Group, run an arts organisation and a weekly Women’s Group with my sister.’

Last year I got a real urge to do something for the women of Mapoon so

my sister and I started this group and ran it three times a week. It’s open to all women and as my sister and I are both artists we do art therapy with the women which relaxes them and gives them space to be creative and share their stories.’

‘We’ve dropped down to once a week but the Women’s Group is really successful and families have noticed a positive change in the women who attend.’

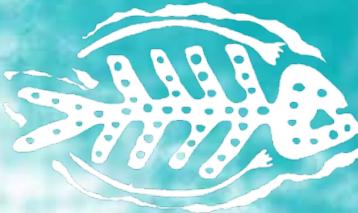
‘While my job title is Maternal and Child Health Worker my role encompasses a lot more than that. In small communities, there is often a staff shortages and you are called on to deal with a whole range of health issues – because you can and because you’re there.’

Maternal and Child Health Team Leader (North Cape) Johanna Neville, who secretly nominated Daphne for the award, said the win was well deserved.

‘Daphne is not only an amazing worker but also an inspiring mother and artist. She always puts her heart and soul into everything she does. I could not think of anyone else who deserves this accolade

‘She has been with us since 2010 and has been studying the whole time. She is a dedicated, committed worker, mother, grandmother and community member and we are so proud to have her on our team.’

“ I gave a speech when I accepted my award, sharing my family connection to Tasmania, the history of Mapoon and my family’s history there. ”



AGPAL Accreditation means that safe, high quality health care is delivered according to recognised national standards. Accreditation recognises the achievements of health care teams to meet the requirements of established standards contained within the Royal Australian College of General Practitioner Standards.

Accreditation reflects a practice's commitment to continuous quality improvements – via systems, processes, policies, culture, risk management and staff training. Providing services to the community of Mossman Gorge, the Primary Health Care Centre is run by Apunipima Cape York Health Council, the community controlled health organisation for Cape York. With over 250 patients, the clinic offers a full range of comprehensive primary health care services including a doctor, nurse and maternal and child health worker supported by a range of visiting services.

Mossman Gorge Primary Health Care Centre is a real family centred practice focussing on Aboriginal and Torres Strait Islander health and chronic disease, supported by a full complement of allied health services and a visiting physician.

MOSSMAN GORGE

Primary Health Care Centre Gains AGPAL Accreditation

Mossman Gorge Primary Health Care Centre, the Aboriginal community controlled health service for Mossman Gorge, achieved the coveted AGPAL Accreditation again with ease in November.

So stringent are the standards that many mainstream clinics need more than one go to achieve accreditation.

NAPRANUM

White Ribbon Day

Around 20 Napranum men came together at Charkil-Om Primary Health Care Centre in November to take part in a Yarning Circle about men's health and domestic and family violence as part of Apunipima's White Ribbon efforts.

Coordinated by Apunipima Social and Emotional Wellbeing Worker Neil Mayo, Royal Flying Doctor Service Social Worker Terri Woodward, the Department of Aboriginal and Torres Strait Islander Partnerships' Robert Cedar, the day included a photo shoot with men holding White Ribbon messages and a healthy cook up.

Social and Emotional Wellbeing and Men's Health Manager Bernard David said the White Ribbon event symbolised knowledge, understanding and responsibility.

'Awareness about domestic and family violence is high and community are finding ways to take responsibility for this problem, and change it.'

I congratulate everyone involved in these initiatives as it's only by facing up to these things that we can make a difference.'



PORMPURAAW

All Healthy for High School

Pormpuraaw State School senior students received a health check from the Apunipima health team in November.

Apunipima's Dr Ross Hucks, Diabetes Educator Cathryn Dowey, Maternal and Child Health Nurse Yvonne Barnes and Maternal and Child Health Trainee Frances Charlie provided comprehensive health checks to the students who left community last year to attend residential boarding schools.

Yvonne Barnes, who coordinated the health checks, said it was vital that kids leaving the community had a comprehensive health check before heading off.

'We spent time at Pormpuraaw School doing senior student health checks to ensure the kids are in good health before they head off on their exciting adventure to attend high school outside of their community. It is important for them to get their health checked before they head off so we can catch any problems early and ensure good treatments are in place. We also provide education and information about healthy eating, care and exercise so they are in good shape to listen and learn at school and live a long, healthy life.'

'Health checks matter because it's really important to have an understanding of the kids' general health as well as their visual capacity and hearing ability so we can provide sound advice on how they can thrive when they head off for high school.'

'It's great working with schools to provide health checks to kids,' said Health Promotion Officer Fiona Millard who supported the initiative.

'The whole idea of health checks are to find, prevent and manage problems before things get out of hand. The other valuable thing about running them in schools is you teach kids that health checks are a normal part of life and something to do at least once a year for life.'



WUJAL WUJAL

Wujal Wujal Champion Visits Apunipima

Ministerial Champion for Wujal Wujal Hon Leeanne Enoch MP, Minister for Innovation, Science and the Digital Economy and Minister for Small Business visited Apunipima Cape York Health Council's office in February to discuss our services and activities in the remote community which lies 70 km south of Cooktown.

Minister Enoch and her team, including the Government Champion for Wujal Wujal, Mr. Jamie Merrick, Director General of the Department of Science, Information Technology and Innovation, travelled to Wujal Wujal on Thursday 2 February to meet community and local leaders.

'Wujal Wujal is such a breathtaking spot on the Cape and is home to an innovative, creative and welcoming community. I'm proud to partner with the Traditional Owners, Wujal Wujal Aboriginal Shire Council and community leaders as their Ministerial Champion to help build an even more vibrant community,' the Minister said.



CAMPAIGNS

SUGARY DRINKS PROPER NO GOOD – DRINK MORE WATER YOFLA

The Sugary Drinks Proper No Good – Drink More Water Youfla campaign is a social marketing campaign developed with and for Aboriginal and Torres Strait Islander people of Cape York. It aims to help children, young people and adults be more aware of the poor health outcomes associated with consumption of sugary drinks, as recommended by community members during initial consultations for this project.

Regular consumption of sugary drinks is a key contributing factor in development of tooth decay, overweight and obesity, high blood pressure, type 2 diabetes, and heart disease for both young people and adults. One of the key messages of this campaign is water is the best drink for everyone – it doesn't have any sugar and keeps our bodies healthy.

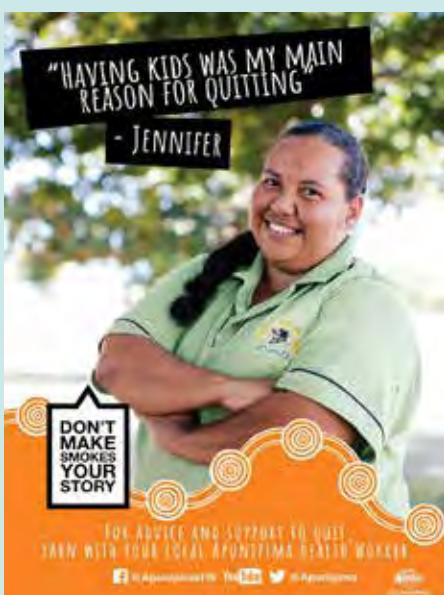


The Sugary Drinks Proper No Good – Drink More Water Youfla campaign is part of Apunipima's broader Healthy Communities project, which seeks to engage Aboriginal Shire Councils and key decision makers in creating supportive environments for health and wellbeing, with a focus on healthy drink and smoke-free environments.

The Sugary Drinks Proper No Good – Drink More Water Youfla campaign materials are designed to encourage Cape York community members to rethink drink choices and choose water or healthier options instead of sugary drinks like soft drinks, fruit drinks and sports drinks.

This will help keep kids, families and communities healthy and strong. Campaign materials feature former professional rugby league player, Scott Prince, promoting the Sugary Drinks Proper No Good – Drink More Water Youfla messages.

This Cape York campaign is linked to the national Rethink Sugary Drink campaign through Apunipima's membership of the Rethink Sugary Drinks Alliance.



WHAT'S YOUR STORY CAPE YORK?

Apunipima's Tackling Indigenous Smoking (TIS) program is working with a community to support the local development and implementation of the What's Your Story Cape York campaign.

The local campaign is based on the national 'Don't Make Smokes Your Story' advertising campaign which tells the real, difficult stories of Aboriginal and Torres Strait Islander people who have smoked tobacco.

The campaign was initiated by the Australian Government as part of their plan to close the gap in Aboriginal and Torres Strait Islander smoking rates.

The TIS team encourages all community members to get involved in their local campaign.

Contact the TIS team member in your community to develop local messages and artworks for posters and videos for the "Don't Make Smokes Your Story" campaign Facebook page.

OUR PEOPLE



Over the past year our workforce has significantly increased to 229 employees, an increase of approximately 47% which reflects the increasing confidence of our funders in our ability to deliver primary health care services in Cape York. We have a voluntary turnover rate of 22% which is below health industry benchmarks, particularly for rural and remote settings.

Our Workforce profile continues to exceed key Australian benchmarks. With 54% of our workforce identifying as Aboriginal and/or

Torres Strait Islander compared with 1.6% of the national health workforce, it reflects Apunipima's reputation amongst other community controlled health organisations, as employee of choice for Aboriginal and/or Torres Strait Islanders.

We are proud to boast Aboriginal and/or Torres Strait Islander representation across all occupational groups, organisational functions and at all levels within the organisation. The age distribution of our workforce sees 67% of our staff

aged 49 or younger which strongly supports our ability to achieve a sustainable and stable workforce and a return on training investments.

Apunipima has continued to strengthen relationships and our reputation with clinical bodies and vocational training sector. Over the last year we have maintained clinical trainee placements with approved registrar training runs and registrar placements and supported further health worker qualification and registration.





ENGAGEMENT

Tackling Indigenous Smoking Team Targets Schools

Apunipima's Tackling Indigenous Smoking team visited Herberton's Mount St Bernard College to share messages about the harms of smoking and passive smoking with Year 7 students, many of whom come from Cape York.

The team made three visits to the College in October and November to deliver information and hold resource making sessions with the students.

Health Promotion Team Leader Nina Nichols said the collaboration with the College was an exciting one. 'A key target audience for the Tackling Indigenous Smoking program are the 10–24 year olds, which are the group most likely to take up smoking.'

Many young people in Cape York leave their community to attend boarding school so it makes sense for us to engage with local schools to promote tackling smoking messages and to provide appropriate quit advice and support when required.'



PARTNERSHIPS

Palliative Care Partnership

St Vincent's Health Australia (SVHA) has committed \$450,000 to bring culturally appropriate palliative care services to five Aboriginal and Torres Strait Islander communities in the Northern Peninsula Area (NPA) of Cape York as part of an MOU with Northern Peninsula Area Family and Community Services (NPAFACS) and Apunipima Cape York Health Council.

People living in remote Cape York communities – in particular the five Aboriginal and Torres Strait Islander communities of Bamaga, Seisia, Injinoo, Umagico and New Mapoon – experience some of the highest levels of chronic disease and poorest health outcomes in Australia yet don't have access to local palliative care. The nearest palliative care is more than 1000 kms away in Cairns.

St Vincent's Health Australia – the nation's largest not-for-profit health and aged care provider and a provider of palliative care services for more than 125 years – said it responded to a need, raised by NPAFACS through Apunipima, for expert guidance to develop a high-quality, culturally appropriate palliative care service tailored and accessible to the communities of the Cape.

QUALITY & RISK

Apunipima retains ISO 9001:2008 Standard for a further period of three years to July 2020 having undertaken the annual survey in May 2017 by IHCAC (Institute for Healthy Communities Australia).

Included in the scope of this certification are the Cairns office, the Primary Health Care Centres located in Mossman Gorge, Mapoon, Coen and Aurukun, the Mum's and Bub's Centre – Atharpuch located in Kowanyama, and the Charkil-Om Primary Health Care Centre in Napranum.

The scope of ISO 9001:2008 includes the provision of Primary Health Care, Maternal and Child Health, Chronic Conditions Management and Social and Emotional Wellbeing services.

The Mossman Gorge Primary Health Care Centre is accredited to the RACGP Standards until February 2020.

The Charkil-Om Primary Health Care Centre located in Napranum is newly accredited to the RACGP Standards until September of 2020.

The focus of this year has been supporting both Napranum and Aurukun services to attain ISO certification for Aurukun to attain RACGP accreditation.

Enterprise and Operational Risks are recorded on the Risk Register.

The Board is accountable for oversight of the Enterprise Risks while the CEO is accountable for managing both Enterprise risks and Operational Risks.

Reports for the Board and CEO have been developed enabling risks to be reviewed on a quarterly basis.

Cape York (Paj)...



FINANCIALS

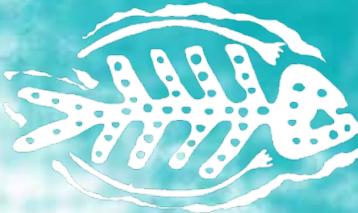
Apunipima Cape York Health Council Limited

ABN: 26 089 437 717

Annual financial report for the year ended 30 June 2017







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Abbreviations

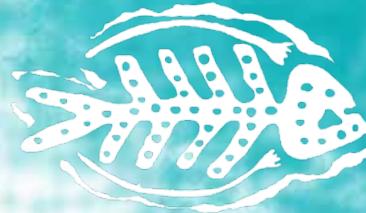
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| PHCC | Primary Health Care Centre |
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STATEMENT OF COMPREHENSIVE INCOME

For the year ended 30 June 2017

| | Note | 2017 | 2016 |
|---|------|-------------------|-------------------|
| | | \$ | \$ |
| Income | | | |
| Recurrent grants and operating revenue | 5a | 26,390,894 | 22,446,255 |
| Net gain on sale of property, plant and equipment | | 22,273 | 76,639 |
| | | <u>26,413,167</u> | <u>22,522,894</u> |
| Expenses | | | |
| Clinical supplies | | 264,503 | 234,118 |
| Computer expenses | | 332,535 | 351,060 |
| Conference and meeting expenses | | 10,302 | 10,597 |
| Consultants and professional services | | 1,656,804 | 1,309,030 |
| Electricity | | 150,796 | 119,309 |
| Employee expenses | 6 | 15,353,637 | 13,607,884 |
| Grants repaid | 5c | 30,407 | 138,134 |
| Health promotion resources | | 449,670 | 193,107 |
| Motor vehicle expenses | | 243,311 | 211,473 |
| Office supplies | | 136,849 | 95,383 |
| Recruitment and relocation | | 184,558 | 135,208 |
| Rent | | 501,285 | 518,690 |
| Repairs and maintenance | | 127,841 | 73,583 |
| Staff training | | 246,853 | 388,674 |
| Telephone and fax | | 789,387 | 741,010 |
| Travel and accommodation | 7 | 4,088,123 | 2,933,957 |
| Other expenses | 8 | 826,865 | 873,355 |
| | | <u>25,393,726</u> | <u>21,934,572</u> |
| Results from operating activities | | 1,019,441 | 588,322 |
| Finance income | | 73,030 | 112,295 |
| Finance costs | | (33,679) | (41,669) |
| | | <u>39,351</u> | <u>70,626</u> |
| Net finance income | | | |
| Results from operating activities after finance income | | 1,058,792 | 658,948 |
| Depreciation and amortisation | 11 | (911,048) | (803,675) |
| Net surplus/(deficit) before tax | | 147,744 | (144,727) |
| Income tax expense | 4d | - | - |
| Net surplus/(deficit) before capital grant revenue | | 147,744 | (144,727) |
| Capital grant revenue | 5b | 1,403,370 | 3,143,558 |
| Total comprehensive income | | <u>1,551,114</u> | <u>2,998,831</u> |

This statement should be read in conjunction with the notes to the financial statements.



STATEMENT OF FINANCIAL POSITION

As at 30 June 2017

| | Note | 2017 | 2016 |
|--|------|-------------------|-------------------|
| | | \$ | \$ |
| Assets | | | |
| Cash and cash equivalents | 9 | 2,442,692 | 3,456,368 |
| Trade and other receivables | 10 | 2,324,276 | 554,617 |
| Prepayments | | 367,374 | 281,020 |
| Total current assets | | <u>5,134,342</u> | <u>4,292,005</u> |
| Trade and other receivables | 10 | - | 15,583 |
| Property, plant, equipment and construction work in progress | 11 | 7,105,925 | 5,972,000 |
| Total non-current assets | | <u>7,105,925</u> | <u>5,987,583</u> |
| Total assets | | <u>12,240,267</u> | <u>10,279,588</u> |
| Liabilities | | | |
| Trade and other payables | 12 | 2,691,141 | 2,038,543 |
| Finance lease liabilities | 13 | 241,645 | 289,145 |
| Employee benefits | 14 | 3,539 | 92,882 |
| Grant funds unexpended, repayable or in advance | 5 | 788,144 | 1,012,735 |
| Total current liabilities | | <u>3,724,469</u> | <u>3,433,305</u> |
| Finance lease liabilities | 13 | 374,587 | 333,797 |
| Employee benefits | 14 | 349,223 | 271,612 |
| Total non-current liabilities | | <u>723,810</u> | <u>605,409</u> |
| Total liabilities | | <u>4,448,279</u> | <u>4,038,714</u> |
| Net assets | | <u>7,791,988</u> | <u>6,240,874</u> |
| Equity | | | |
| Retained surplus | 16 | 7,791,988 | 6,240,874 |
| Total equity | | <u>7,791,988</u> | <u>6,240,874</u> |

This statement should be read in conjunction with the notes to the financial statements.

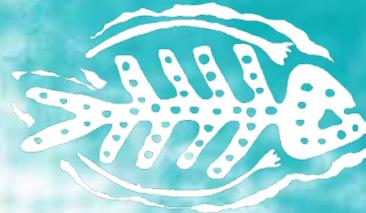
STATEMENT OF CHANGES IN EQUITY

For the year ended 30 June 2017

| | Note | 2017 | 2016 |
|-----------------------------------|------|------------------|------------------|
| | | \$ | \$ |
| Retained surplus | | | |
| Balance at 1 July | | <u>6,240,874</u> | <u>3,242,043</u> |
| Total comprehensive income | | | |
| Net surplus | | 1,551,114 | 2,998,831 |
| Total other comprehensive income | | <u>-</u> | <u>-</u> |
| Total comprehensive income | | <u>1,551,114</u> | <u>2,998,831</u> |
| Balance at 30 June | 16 | <u>7,791,988</u> | <u>6,240,874</u> |

This statement should be read in conjunction with the notes to the financial statements.

This statement should be read in conjunction with the notes to the financial statements.



STATEMENT OF CASH FLOWS

For the year ended 30 June 2017

| | Note | 2017 \$ | 2016 \$ |
|--|------|------------------|--------------------|
| Cash flows from operating activities | | | |
| Cash receipts from funding bodies | | 24,847,927 | 20,869,532 |
| Cash receipts from customers | | 1,637,929 | 3,604,265 |
| Cash paid to suppliers and employees | | (26,954,159) | (26,035,204) |
| Cash generated from/(used in) operating activities | | (468,303) | (1,561,407) |
| Interest received | | 73,030 | 112,295 |
| Net cash from/(used in) operating activities | 18 | (395,273) | (1,449,112) |
| Cash flows from investing activities | | | |
| Capital grants received | | 1,403,370 | 3,143,558 |
| Acquisition of property, plant, equipment and work in progress | | (2,044,956) | (3,687,249) |
| Proceeds from sale of property, plant and equipment | | 22,273 | 90,121 |
| Net cash from/(used in) investing activities | | (619,313) | (453,570) |
| Cash flows from financing activities | | | |
| Proceeds from finance leases | | 311,700 | 238,810 |
| Repayment of finance leases | | (310,790) | (218,718) |
| Net cash from financing activities | | 910 | 20,092 |
| Net increase/ (decrease) in cash and cash equivalents | | (1,013,676) | (1,882,590) |
| Cash and cash equivalents at 1 July | 9 | 3,456,368 | 5,338,958 |
| Cash and cash equivalents at 30 June | 9 | 2,442,692 | 3,456,368 |

This statement should be read in conjunction with the notes to the financial statements.

NOTES TO THE FINANCIAL STATEMENTS

1 Reporting entity

Apunipima Cape York Health Council Limited (the "Company") is domiciled in Australia. The Company's registered office is at 186 -192 McCoombe Street, Cairns QLD 4870. The Company is a not-for-profit entity and primarily is involved in the coordination of health services delivery throughout the Cape York Peninsula region.

2 Basis of accounting

a Statement of compliance

The financial statements are general purpose financial statements which have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements ("AASBs") adopted by the Australian Accounting Standards Board ("AASB") and the *Australian Charities and Not-for-profits Commission Act 2012*. The financial statements of the Company do not comply with International Financial Reporting Standards ("IFRSs") adopted by the International Accounting Standards Board. They were authorised for issue by the Board of Directors on the date shown on the directors' declaration.

b Basis of measurement

The financial statements have been prepared on the historical cost basis.

c Functional and presentation currency

These financial statements are presented in Australian dollars, which is the Company's functional currency.

d Use of judgements and estimates

In preparing these financial statements, management has made judgements, estimates and assumptions that affect the application of the Company's accounting policies and the reported amounts of assets, liabilities, income and expenses. Actual results may differ from these estimates.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to estimates are recognised prospectively.

Judgements

Information about judgements made in applying accounting policies that have the most significant effect on the amounts recognised in the financial statements is included in the following notes:

- Employee benefits – Note 4c, Note 4j and Note 14
- Depreciation of property, plant and equipment – Note 4f and Note 11

Assumptions and estimation uncertainties

Management is not aware of any assumptions and estimation uncertainties that have a significant risk of resulting in a material adjustment within the next financial year.

This statement should be read in conjunction with the notes to the financial statements.



e Economic dependency and going concern

The financial statements have been prepared on a going concern basis, which contemplates continuity of normal business activities and the realisation of assets and settlement of liabilities in the ordinary course of business.

The Company generated a net surplus during the year of \$1,551,114 (2016: \$2,998,831). This result is wholly due to the inclusion of capital grants totalling \$1,403,370 for the construction of the Primary Health Care Clinics during the year.

The Company is a not-for-profit entity and is reliant on government funding in order to continue its operations. Management has no reason to believe that the required funding will not be forthcoming for the foreseeable future. However, should future government funding be significantly reduced or curtailed, the Company would be unlikely to be able to continue its operations at current levels.

3 New and amended accounting standards

a New and amended standards adopted

The Company has adopted all the amendments to Australian Accounting Standards issued by the AASB which are relevant to, and effective for, the Company's financial statements for the annual period beginning 1 July 2016. None of the amendments have had a significant impact on the Company.

b Standards issued but not yet effective

A number of new standards and amendments to standards are effective for annual periods beginning after 1 July 2016, and have not been applied in preparing these financial statements. The following new standards may have an impact on the Company's financial statements, although any such impact has not yet been assessed:

- AASB 9 *Financial Instruments* becomes mandatory for annual periods beginning on or after 1 January 2018 (with early adoption permitted) and includes revised guidance on the classification and measurement of financial instruments, a new revised credit loss model for calculating impairment on financial assets and new general hedge accounting requirements. It also carries forward the guidance on recognition and derecognition of financial instruments from AASB 139.
- AASB 15 *Revenue from Contracts with Customers*, AASB 1058 *Income of Not-for-profit Entities* and AASB 2016-8 *Amendments to Australian Accounting Standards – Australian Implementation Guidance for Not-for-profit Entities* become mandatory for annual periods beginning on or after 1 January 2019. AASB 15 will replace AASB 118 *Revenue*, AASB 111 *Construction Contracts* and a number of Interpretations. AASB 2016-8 sets out Australian requirements and provides guidance for not-for-profit entities in applying AASB 9 and AASB 15, and AASB 1058 will replace AASB 1004 *Contributions*. Together, they establish a comprehensive framework for determining whether, how much and when revenue is recognised.
- AASB 16 *Leases* becomes mandatory for annual periods beginning on or after 1 January 2019 (with early adoption permitted) and in essence requires a lessee to:
 - recognise all lease assets and liabilities (including those currently classed as operating leases) on the statement of financial position, initially measured at the present value of unavoidable lease payments;
 - recognise amortisation of lease assets and interest on lease liabilities as expenses over the lease term; and
 - separate the total amount of cash paid into a principal portion (presented within financing activities) and interest (which entities can choose to present within operating or financing activities consistent with presentation of any other interest paid) in the statement of cash flows.

The Company does not plan to adopt these standards early.

This statement should be read in conjunction with the notes to the financial statements.

4 Significant accounting policies

The accounting policies set out below have been applied consistently to all periods presented in these financial statements.

a Revenue

Medicare income

Medicare claims are recognised as revenue in the same period that the relevant consultations have occurred.

b Government grants and other contributions of assets

Government grants and other contributions of assets are accounted for in accordance with AASB 1004 *Contributions* based on whether they are reciprocal or non-reciprocal in nature and are measured at the fair value of the contributions received or receivable.

Reciprocal transfers are those where approximately equal value is exchanged in the transfer between the transferor (grantor) and the transferee (grantee). Non-reciprocal transfers are those where equal value is not exchanged.

i Reciprocal transfers

Where grants and other contributions are received that are reciprocal in nature, revenue is recognised over the term of the funding arrangements. The Company currently does not have any reciprocal grants.

ii Non-reciprocal transfers

Revenue from a non-reciprocal grant that is not subject to conditions is recognised when the Company obtains control of the funds, economic benefits are probable and the amount can be measured reliably. Where a grant may be required to be repaid if certain conditions are not satisfied, a liability is recognised at year end to the extent that conditions remain unsatisfied.

Where the Company receives a non-reciprocal contribution of an asset from a government or other party for no or nominal consideration, the asset is recognised at fair value and a corresponding amount of revenue is recognised.

c Employee benefits

i Short-term benefits

Short-term employee benefits are expensed as the related service is provided. A liability is recognised for the amount expected to be paid if the Company has a present legal or constructive obligation to pay this amount as a result of past service provided by the employee and the obligation can be estimated reliably.

ii Defined contribution plans

Obligations for contributions to defined contribution plans are expensed as the related service is provided. Prepaid contributions are recognised as an asset to the extent that a cash refund or a reduction in future payments is available.

iii Other long-term employee benefits

The Company's net obligation in respect of long-term employee benefits is the amount of future benefit that employees have earned in return for their service in the current and prior periods. That benefit is discounted to determine its present value. Remeasurements are recognised in expenses in the period in which they arise.

This statement should be read in conjunction with the notes to the financial statements.



d Income tax

The Company has been granted exemption from income tax under Division 50 of the *Income Tax Assessment Act 1997*.

e Goods and services tax

Revenues, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO). In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or part of the expense.

Receivables and payables are stated with the amount of GST included. The net amount of GST recoverable from, or payable to, the ATO is included as a current asset or liability in the statement of financial position.

Cash flows are included in the statement of cash flows on a gross basis. The GST components of cash flows arising from investing and financing activities which are recoverable from, or payable to, the ATO are classified as operating cash flows.

f Property, plant and equipment

i Recognition and measurement

Items of property, plant and equipment are measured at cost less accumulated depreciation and any accumulated impairment losses.

If significant parts of an item of property, plant and equipment have different useful lives, then they are accounted for as separate items (major components) of property, plant and equipment.

Any gain or loss on disposal of an item of property, plant and equipment is recognised in income or expenses.

ii Subsequent expenditure

Subsequent expenditure is capitalised only when it is probable that the future economic benefits associated with the expenditure will flow to the Company.

iii Depreciation

Depreciation is calculated to write off the cost of property, plant and equipment less their estimated residual values using the straight line basis over their estimated useful lives and is generally recognised in expenses. Leased assets are depreciated over the shorter of the lease term and their useful lives unless it is reasonably certain that the Company will obtain ownership by the end of the lease term. Land is not depreciated.

The estimated useful lives of property, plant and equipment are as follows:

- Buildings 20 years
- Health and medical equipment 5 years
- Computer and electronic equipment 3 – 5 years
- Office furniture and fittings 3 – 5 years
- Motor vehicles 3 years

Depreciation methods, useful lives and residual values are reviewed at each reporting date and adjusted if appropriate.

g Construction contracts in progress

The cost of property, plant and equipment under construction at year end includes all expenditure that is directly attributable to the construction of the asset.

This statement should be read in conjunction with the notes to the financial statements.

ii Non-financial assets

At each reporting date, the Company reviews the carrying amounts of its non-financial assets to determine whether there is any indication of impairment. If any such indication exists then the asset's recoverable amount is estimated.

The recoverable amount of an asset is the greater of its value in use and its fair value less costs to sell. As the Company is a not-for-profit entity, value in use is the depreciated replacement cost of an asset as the future economic benefits of the asset are not primarily dependent on the asset's ability to generate net cash inflows and as the entity would, if deprived of the asset, replace its remaining future economic benefits.

An impairment loss is recognised if the carrying amount of an asset exceeds its recoverable amount.

Impairment losses are recognised in expenses.

An impairment loss is reversed only to the extent that the asset's carrying amount does not exceed the carrying amount that would have been determined, net of depreciation or amortisation, if no impairment loss had been recognised.

j Employee benefits

Provisions are determined by discounting the expected future cash flows at a pre-tax rate that reflects current market assessments of the time value of money and the risks specific to the liability. The unwinding of the discount is recognised as finance costs.

k Leases

i Determining whether an arrangement contains a lease

At inception of an arrangement, the Company determines whether the arrangement is or contains a lease.

At inception or on reassessment of an arrangement that contains a lease, the Company separates payments and other consideration required by the arrangement into those for the lease and those for other elements on the basis of their relative fair values. If the Company concludes for a finance lease that it is impracticable to separate the payments reliably, an asset and a liability are recognised at an amount equal to the fair value of the underlying asset. Subsequently the liability is reduced as payments are made and an imputed finance cost on the liability is recognised using the Company's incremental borrowing rate.

ii Leased assets

Assets held by the Company under leases which transfer to the Company substantially all of the risks and rewards of ownership are classified as finance leases. The leased assets are measured at an amount equal to the lower of their fair value and the present value of the minimum lease payments. Subsequent to initial recognition, the assets are accounted for in accordance with the accounting policy applicable to that asset.

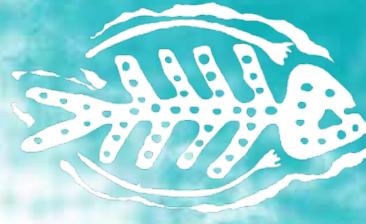
Assets held under other leases are classified as operating leases and are not recognised in the Company's statement of financial position.

iii Lease payments

Payments made under operating leases are recognised in expenses on a straight-line basis over the term of the lease. Lease incentives received are recognised as an integral part of the total lease expense, over the term of the lease.

Minimum lease payments made under finance leases are apportioned between the finance costs and the reduction of the outstanding liability. The finance costs are allocated to each period during the lease term so as to produce a constant periodic rate of interest on the remaining balance of the liability.

This statement should be read in conjunction with the notes to the financial statements.



| | 2017 | 2016 |
|--|------|------|
| | \$ | \$ |

5 Revenue

a Recurrent grants and operating revenue

Recurrent grants received

| | | |
|---|-------------------|-------------------|
| Centacare Cairns | 170,175 | 214,415 |
| Corrective Services | 90,000 | - |
| CheckUP / General Practice Queensland | 2,958,032 | 2,276,764 |
| Department of Communities, Child Safety and Disability Services | 482,584 | 421,997 |
| Department of Health | 13,901,010 | 12,415,616 |
| Department of Prime Minister and Cabinet | 459,204 | - |
| Far North Queensland Primary Healthcare Network | - | 347,198 |
| Fred Hollows Foundation | 156,223 | 73,072 |
| James Cook University | 265,356 | - |
| National Aboriginal and Torres Strait Islander Art Awards | 579,424 | - |
| National Health and Medical Research Council | 39,496 | - |
| Office of Aboriginal and Torres Strait Islander Health | - | 376,679 |
| Primary Health Networks | 512,564 | 321,939 |
| Queensland Health / Torres and Cape Hospital and Health Service | 4,389,944 | 3,263,113 |
| Royal Australasian College of Medical Administrators | 303,926 | 456,667 |
| Department of Social Services | 223,719 | - |
| South Australian Health and Medical Research Institute | 54,124 | 42,000 |
| Tropical Medical Training | - | 195,603 |
| University of New South Wales | - | 27,906 |
| University of Western Australia | 64,039 | 126,803 |
| Wuchopperen Health Service Limited | 87,159 | 86,003 |
| Other small grants | - | 18,183 |
| | <hr/> | <hr/> |
| | 24,736,979 | 20,663,958 |
| Recurrent grant balances at 1 July | 765,408 | 970,982 |
| Recurrent grant balances at 30 June | <hr/> | <hr/> |
| | (654,460) | (765,408) |
| Total recurrent grant revenue | <hr/> | <hr/> |
| | 24,847,927 | 20,869,532 |
| Operating revenue | | |
| Medicare income | 1,426,221 | 1,438,216 |
| Other | <hr/> | <hr/> |
| | 116,746 | 138,507 |
| Total operating revenue | <hr/> | <hr/> |
| | 1,542,967 | 1,576,723 |
| Total recurrent grants and operating revenue | <hr/> | <hr/> |
| | 26,390,894 | 22,446,255 |

b Capital grants

Capital grants received

| | | |
|--|-----------|-----------|
| Department of Health – capital grants | 1,289,727 | 1,853,223 |
| Tropical Medical Training – capital grants | <hr/> | 81,880 |
| | 1,289,727 | 1,935,103 |
| Capital grant balances at 1 July | 247,327 | 1,455,782 |
| Capital grant balances at 30 June | <hr/> | <hr/> |
| | (133,684) | (247,327) |
| Total capital grant revenue | <hr/> | <hr/> |
| | 1,403,370 | 3,143,558 |

c Grant funds repaid during the year

| | | |
|----------------------|--------|---------|
| Department of Health | 30,407 | 138,134 |
| | <hr/> | <hr/> |
| | 30,407 | 138,134 |

This statement should be read in conjunction with the notes to the financial statements.

| | 2017 \$ | 2016 \$ |
|----------------------------|--------------------------|--------------------------|
| 6 Employee expenses | | |
| Wages and salaries | 12,221,576 | 10,776,844 |
| Superannuation | 1,277,889 | 1,143,628 |
| Workcover | 35,105 | 33,344 |
| Leave expenses | 1,762,991 | 1,609,620 |
| Directors fees | <u>56,076</u> | <u>44,448</u> |
| | <u>15,353,637</u> | <u>13,607,884</u> |

7 Travel and accommodation

| | | |
|--------------------------|-------------------------|-------------------------|
| Accommodation | 776,670 | 676,623 |
| Chairperson travel costs | 101,148 | 69,778 |
| Community catering | 67,742 | 21,299 |
| Fares | 2,356,731 | 1,558,183 |
| Travel allowance | 772,762 | 580,335 |
| Vehicle hire | <u>13,070</u> | <u>27,739</u> |
| | <u>4,088,123</u> | <u>2,933,957</u> |

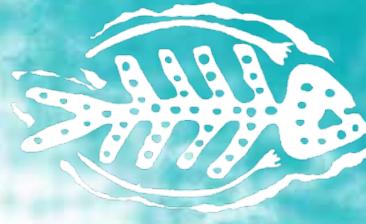
8 Other expenses

| | | |
|-----------------------------|-----------------------|-----------------------|
| Assets under \$5,000 | 307,748 | 362,939 |
| Cleaning and supplies | 68,634 | 77,278 |
| Consumables | 36,559 | 39,167 |
| Fees and charges | 28,004 | 13,638 |
| Freight and postage | 19,924 | 26,483 |
| Insurance | 63,140 | 44,887 |
| Legal fees | 17,722 | 15,539 |
| Security | 11,720 | 4,708 |
| Subscription and membership | 26,992 | 28,090 |
| Sundry | <u>246,422</u> | <u>260,626</u> |
| | <u>826,865</u> | <u>873,355</u> |

9 Cash and cash equivalents

| | | |
|--|-------------------------|-------------------------|
| Bank balances | | |
| Cash management account | 67,529 | 336,270 |
| Business management account | 1,761,740 | 2,249,911 |
| Employee entitlements account | 391,277 | 384,787 |
| Infrastructure grants account | 221,196 | 484,450 |
| Cash on hand | <u>950</u> | <u>950</u> |
| Cash and cash equivalents in the statement of cash flows | <u>2,442,692</u> | <u>3,456,368</u> |

This statement should be read in conjunction with the notes to the financial statements.



| | |
|-------------|-------------|
| 2017 | 2016 |
| \$ | \$ |

10 Trade and other receivables

Current

| | | |
|-------------------------|-------------------------|-----------------------|
| Deposits – rental bonds | 20,892 | 7,369 |
| Trade receivables | 2,303,384 | 527,585 |
| GST receivable | - | 19,663 |
| | <u>2,324,276</u> | <u>554,617</u> |

Non-current

| | | |
|-------------------------|---|--------|
| Deposits – rental bonds | - | 15,583 |
|-------------------------|---|--------|

11 Property, plant and equipment

a Reconciliation of carrying amount

| | Land and buildings \$ | Health & medical equipment \$ | Computer & electronic equipment \$ | Office furniture & fittings \$ | Motor vehicles \$ | Total \$ |
|---|---------------------------------|---|--|--|-----------------------------|--------------------|
| Cost | | | | | | |
| Balance at 1 July 2015 | 1,161,216 | 291,840 | 1,464,502 | 2,224,009 | 1,861,178 | 7,002,745 |
| Additions | 2,106,570 | 88,500 | 74,496 | - | 442,246 | 2,711,812 |
| Disposals | - | - | (109,659) | - | (284,690) | (394,349) |
| Balance at 30 June 2016 | 3,267,786 | 380,340 | 1,429,339 | 2,224,009 | 2,018,734 | 9,320,208 |
| Balance at 1 July 2016 | 3,267,786 | 380,340 | 1,429,339 | 2,224,009 | 2,018,734 | 9,320,208 |
| Additions | 2,463,282 | - | 123,677 | - | 327,126 | 2,914,085 |
| Disposals | - | - | - | - | (85,028) | (85,028) |
| Balance at 30 June 2017 | 5,731,068 | 380,340 | 1,553,016 | 2,224,009 | 2,260,832 | 12,149,265 |
| Depreciation and impairment losses | | | | | | |
| Balance at 1 July 2015 | 176,536 | 144,415 | 1,052,043 | 1,679,704 | 1,113,247 | 4,165,945 |
| Depreciation charge for the year | 53,061 | 66,396 | 207,779 | 232,043 | 244,396 | 803,675 |
| Disposals | - | - | (109,659) | - | (271,208) | (380,867) |
| Balance at 30 June 2016 | 229,597 | 210,811 | 1,150,163 | 1,911,747 | 1,086,435 | 4,588,753 |
| Balance at 1 July 2016 | 229,597 | 210,811 | 1,150,163 | 1,911,747 | 1,086,435 | 4,588,753 |
| Depreciation charge for the year | 225,674 | 44,304 | 185,196 | 219,683 | 236,191 | 911,048 |
| Disposals | - | - | - | - | (85,045) | (85,045) |
| Balance at 30 June 2017 | 455,271 | 255,115 | 1,335,359 | 2,131,430 | 1,237,581 | 5,414,756 |
| Carrying amounts | | | | | | |
| At 30 June 2015 | 984,680 | 147,425 | 412,459 | 544,305 | 747,931 | 2,836,800 |
| At 30 June 2016 | 3,038,189 | 169,529 | 279,176 | 312,262 | 932,299 | 4,731,455 |
| At 30 June 2017 | 5,275,797 | 125,225 | 217,657 | 92,579 | 1,023,251 | 6,734,509 |

This statement should be read in conjunction with the notes to the financial statements.

b Leasehold improvements

Office furniture and fittings include leasehold improvements at 186-192 McCoombe Street, Cairns, Qld 4870 recorded in the financial statements at written down value at balance date of \$26,238 (2016: \$178,600). The lease is for a period of 5 years and expired in August 2017.

The Company leases three separate properties at 186-192 McCoombe Street, Cairns, QLD 4870 under operating leases. The lease details are as follows:

- Tenancy 1 - Lease expired on 27 January 2017. This is a sub-lease from Regional Television Pty Ltd.
- Tenancy 2, 3, 4 and 5 - Lease expired on 27 August 2017. This is a registered lease from Ante Salinovic.
- Tenancy 6 and 7 - Lease expired on 27 August 2017. This is a registered lease from Ante Salinovic.

The Company has no formal tenure to the land at Mapoon on which the demountable building is located (although the demountable building is relocatable). The Company delivers health services to the local communities from this centre. Although the Company has no formal tenure over this centre, the Company has capitalised the costs incurred and is depreciating them over the expected useful lives of the assets. Should the Company decide to cease its service delivery from Mapoon for any reason, then it would be necessary to accelerate the depreciation of these costs or write-off the balance completely.

The following assets have been recognised in land and buildings in respect of the demountable building in Mapoon:

- In the year ended 30 June 2011, the Company invested \$21,328 (carrying amount at 30 June 2017 was \$14,401) in a demountable building at Mapoon (Mapoon Public Health Centre).
- During the year ended 30 June 2012, the Company incurred \$127,917 for renovations to the demountable building (carrying amount at 30 June 2017 was \$94,120).
- During the year ended 30 June 2013, the Company incurred \$8,830 for a septic tank system to the demountable building (carrying amount at 30 June 2017 was \$ 6,861).
- There was no capital expenditure in relation to assets with no formal tenure in the year ended 30 June 2017.

c Construction work in progress

The Company has received funding from the Department of Health to construct primary health care centres in communities. Total expenditure in relation to these capital works at 30 June 2017 was \$371,416 (2016: \$1,240,545). Included in work in progress at 30 June 2017 was expenditure on the following:

| | 2017 | 2016 |
|---------------|----------------------|------------------------|
| | \$ | \$ |
| Aurukun | 77,432 | - |
| Mapoon | 21,698 | 21,698 |
| Coen | 170,775 | 776,966 |
| Kowanyama | 35,563 | 32,883 |
| Napranum | - | 398,470 |
| Mossman Gorge | 16,021 | - |
| Hope Vale | 25,602 | - |
| Pormpuraaw | 10,529 | 10,528 |
| Cairns | 13,796 | - |
| | <hr/> 371,416 | <hr/> 1,240,545 |

This statement should be read in conjunction with the notes to the financial statements.



The Company has the following formal tenure in relation to its Primary Health Care Centres.

- Kang Kang Road Aurukun lease expires on 16 June 2044. This is a 40 year lease from the State of Queensland.
- 412 Moun-Ding Street Napranum lease expired on 31 July 2017 with an option to renew for a further two years. This is a lease from the Napranum Aboriginal Shire Council.
- 38 Regent Street Coen was purchased by the Company on 31 August 2015.
- Lot 15 Kankarr Street, Mossman Gorge Road, Mossman QLD 4873 leased from Bamanga Bubu Ngadimunku Aboriginal Corporation expiring 3 April 2019.

There is currently no formal tenure in relation to the capital expenditure incurred in Mapoon, Kowanyama, Hope Vale and Pormpuraaw however as these health care clinics are in the preliminary stages, tenure of the land in which these clinics are to be constructed on is expected to be secured prior to construction commencing.

| | 2017 | 2016 |
|---|------------------|------------------|
| | \$ | \$ |
| d Property, plant, equipment and construction work in progress | | |
| Property, plant and equipment | 6,734,509 | 4,731,455 |
| Construction work in progress | <u>371,416</u> | <u>1,240,545</u> |
| | <u>7,105,925</u> | <u>5,972,000</u> |

e Capital grant expenditure – PHCC

| | | |
|---|-------------------------|-------------------------|
| Transferred to property, plant and equipment | | |
| Coen PHCC | 2,093,051 | - |
| Aurukun PHCC | - | 2,077,070 |
| Napranum PHCC | <u>370,232</u> | <u>29,500</u> |
| | <u>2,463,283</u> | <u>2,106,570</u> |
| Transferred to construction work in progress | | |
| Aurukun PHCC | 77,432 | - |
| Coen PHCC | 170,775 | 759,227 |
| Kowanyama PHCC | 2,680 | - |
| Napranum PHCC | - | 81,880 |
| Mossman Gorge | 16,021 | - |
| Hope Vale | 25,603 | - |
| Cairns | <u>13,796</u> | <u>-</u> |
| | <u>306,307</u> | <u>841,107</u> |
| Total capital grant expenditure – PHCC | <u>2,769,590</u> | <u>2,947,677</u> |

12 Trade and other payables

Current

| | | |
|----------------------------|------------------|------------------|
| Trade creditors | 412,729 | 170,595 |
| Accrued expenses | 755,487 | 930,973 |
| Liability for annual leave | 995,061 | 881,984 |
| Other creditors | 374,702 | 54,991 |
| GST payable | <u>153,162</u> | <u>-</u> |
| | <u>2,691,141</u> | <u>2,038,543</u> |

This statement should be read in conjunction with the notes to the financial statements.

2017
\$

2016
\$

13 Finance lease liabilities

Current

| | | |
|---------------------------|---------|---------|
| Finance lease liabilities | 241,645 | 289,145 |
|---------------------------|---------|---------|

Non-current

| | | |
|---------------------------|---------|---------|
| Finance lease liabilities | 374,587 | 333,797 |
|---------------------------|---------|---------|

Terms and repayment schedule

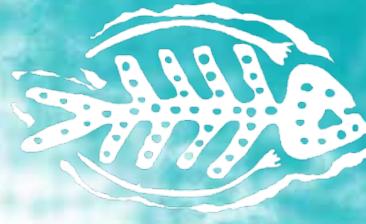
Terms and conditions of outstanding loans are as follows:

| | Nominal interest rate % | Year of maturity | Face value 2017 \$ | Carrying amount 2017 \$ | Face value 2016 \$ | Carrying amount 2016 \$ |
|---|-------------------------|------------------|--------------------|-------------------------|--------------------|-------------------------|
| Finance lease liability 186TOE | 5.83% | 2016 | - | - | - | - |
| Finance lease liability 917TFL | 5.83% | 2016 | - | - | 30,373 | 30,373 |
| Finance lease liability 438THN | 5.94% | 2016 | - | - | 10,770 | 10,621 |
| Finance lease liability 058TRF | 5.63% | 2017 | - | - | 40,837 | 39,521 |
| Finance lease liability 059TRF | 5.63% | 2017 | - | - | 40,903 | 39,586 |
| Finance lease liability 016TVM | 5.76% | 2017 | - | - | 36,702 | 35,234 |
| Finance lease liability 867VBF | 5.59% | 2018 | 10,267 | 10,176 | 15,319 | 14,543 |
| Finance lease liability 487VHM | 6.00% | 2018 | 40,476 | 39,562 | 54,821 | 51,221 |
| Finance lease liability 621VHM | 5.68% | 2018 | 30,881 | 30,134 | 47,571 | 44,714 |
| Finance lease liability 671VHM | 5.92% | 2018 | 25,733 | 24,962 | 35,132 | 32,679 |
| Finance lease liability 135VPB | 5.49% | 2018 | 14,526 | 13,979 | 19,828 | 18,402 |
| Finance lease liability 566WDR | 5.45% | 2019 | 53,083 | 49,642 | 67,164 | 60,758 |
| Finance lease liability 672WDR | 5.52% | 2019 | 35,288 | 32,974 | 44,660 | 40,353 |
| Finance lease liability 112WKF | 5.60% | 2019 | 57,078 | 52,807 | 71,256 | 63,771 |
| Finance lease liability 733WNT | 5.41% | 2019 | 55,691 | 51,572 | 69,935 | 62,769 |
| Finance lease liability 641XDV | 6.57% | 2020 | 67,691 | 59,942 | - | - |
| Finance lease liability 966XDV | 6.85% | 2020 | 76,648 | 67,333 | - | - |
| Finance lease liability 144XBD | 6.57% | 2020 | 67,710 | 59,959 | - | - |
| Finance lease liability 031XBD | 6.57% | 2020 | 66,524 | 59,091 | - | - |
| Finance lease liability 697WQQ | 6.17% | 2019 | 39,906 | 36,109 | - | - |
| Server and IT equipment finance lease | 3.76% | 2018 | 28,336 | 27,990 | 80,960 | 78,397 |
| Total interest-bearing liabilities | | | 669,838 | 616,232 | 666,231 | 622,942 |

Finance lease liabilities are payable as follows:

| | Future minimum lease payments 2017 \$ | Interest 2017 \$ | Present value of minimum lease payments 2017 \$ | Future minimum lease payments 2016 \$ | Interest 2016 \$ | Present value of minimum lease payments 2016 \$ |
|----------------------------|---------------------------------------|------------------|---|---------------------------------------|------------------|---|
| Less than one year | 270,609 | 28,964 | 241,645 | 314,871 | 25,726 | 289,145 |
| Between one and five years | 399,229 | 24,642 | 374,587 | 202,096 | 12,403 | 189,693 |
| More than five years | - | - | - | 149,264 | 5,160 | 144,104 |
| | 669,838 | 53,606 | 616,232 | 666,231 | 43,289 | 622,942 |

This statement should be read in conjunction with the notes to the financial statements.



| | 2017 | 2016 |
|--|------|------|
| | \$ | \$ |

14 Employee benefits

Current

| | | |
|--------------------|-------|---------------|
| Long service leave | 3,539 | <u>92,882</u> |
|--------------------|-------|---------------|

Non-current

| | | |
|--------------------|-----------------|------------------|
| Long service leave | <u>349,223</u> | <u>271,612</u> |
| Balance at 1 July | 364,494 | 489,310 |
| Movement | <u>(11,732)</u> | <u>(124,816)</u> |
| Balance at 30 June | <u>352,762</u> | <u>364,494</u> |

Long service leave

The provision for long service leave represents the Company's best estimate of the future benefit that employees have earned. The amount and timing of the associated outflows is uncertain and dependant on employees attaining the required years of services. Where the Company no longer has the ability to defer settlement of the obligation beyond 12 months from the reporting date, liabilities are presented as current. This would usually occur when employees are expected to reach the required years of service in the 12 months from reporting date. The discount rate used to determine the present value of future benefits at 30 June 2017 was 2.28% (2016: 5.2%).

15 Operating leases

Leases as lessee

The Company leases a number of buildings under operating leases. The leases typically run for a period of one year, with an option to renew the lease after that date. Lease payments are increased every three years to reflect market rentals. None of the leases include contingent rentals.

One of the leased properties has been sublet by the Company. The lease and sublease expired in 2017.

At reporting date, the future minimum lease payments under non-cancellable leases were payable as follows:

| | | |
|----------------------------|----------------|----------------|
| Less than one year | 169,168 | 450,726 |
| Between one and five years | 29,438 | 72,860 |
| More than five years | <u>4,945</u> | <u>9,493</u> |
| | <u>203,551</u> | <u>533,079</u> |

During the year ended 30 June 2017, \$576,329 was recognised as an expense in respect of operating leases (2016: \$541,557).

The Company is currently in negotiation with the Napranum Aboriginal Shire Council re renewal of its lease which expired on 31 July 2017. Monthly rentals are expected to be \$5,905 excluding GST for a two year period ending in August 2019. The company is advised that Napranum Aboriginal Shire Council has passed a resolution to renew the lease, documentation in relation to this lease is in the process of being finalised.

Previously, the Company leased three separate properties at 186-192 McCoombe Street, Cairns, QLD 4870 under operating leases (as detailed in note 11b). On 27 October 2017 the Company entered into a new lease agreement with Ante Salinovic to combine these three properties under one lease for a further five years with an option to renew for a further five years at the end of the lease.

This statement should be read in conjunction with the notes to the financial statements.

| 2017 | 2016 |
|------|------|
| \$ | \$ |

14 Employee benefits

Current

| | | |
|--------------------|-------|--------|
| Long service leave | 3,539 | 92,882 |
|--------------------|-------|--------|

Non-current

| | | |
|--------------------|----------------|----------------|
| Long service leave | 349,223 | 271,612 |
| Balance at 1 July | 364,494 | 489,310 |
| Movement | (11,732) | (124,816) |
| Balance at 30 June | <u>352,762</u> | <u>364,494</u> |

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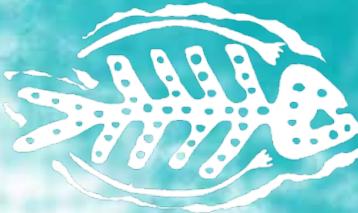
| | | |
|----------------------------|----------------|----------------|
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This statement should be read in conjunction with the notes to the financial statements.



16 Capital and reserves

Company limited by guarantee

The Company is a company limited by guarantee. Accordingly, each member of the Company undertakes to contribute to the assets of the Company in the event of it being wound up while that person is a member or within one year after that person ceased to be a member for payment of the debts and liabilities of the Company contracted before that person ceased to be a member and of the costs, charges and expenses of winding up and for adjustment of the rights of the contributors amongst themselves, such amount as may be required, not exceeding \$1.

| 2017 | 2016 |
|------|------|
| \$ | \$ |

17 Capital commitments

| | | |
|-----------------------------------|-------|-----------|
| Primary Health Care Clinic – Coen | | |
| Laurie Linder Constructions | - | 1,189,195 |
| GHD Pty Ltd | - | 61,680 |
| | <hr/> | <hr/> |
| | - | 1,250,875 |

18 Reconciliation of cash flows from operating activities

| | | |
|---|-------------|-------------|
| Net surplus | 1,551,114 | 2,998,831 |
| <i>Adjustments for:</i> | | |
| Capital grants received | (1,403,370) | (3,143,558) |
| Depreciation | 911,048 | 803,675 |
| Gain on sale of property, plant and equipment | (22,273) | (76,639) |
| Interest expense | - | 5,000 |
| | <hr/> | <hr/> |
| | 1,036,519 | 587,309 |
| <i>Changes in:</i> | | |
| Trade and other receivables | (1,840,389) | (339,384) |
| Trade and other payables | 420,329 | (1,572,221) |
| Provisions and employee benefits | (11,732) | (124,816) |
| Net cash from operating activities | <hr/> | <hr/> |
| | (395,273) | (1,449,112) |

19 Related parties

Transactions with key management personnel

i Key management personnel compensation

The key management personnel compensation comprised the following:

| | | |
|------------------------------|---------|---------|
| Short-term employee benefits | 746,641 | 810,675 |
| Post-employment benefits | 69,573 | 72,303 |
| Other long term benefits | 13,022 | 31,123 |
| Termination benefits | - | - |
| | <hr/> | <hr/> |
| | 829,236 | 914,101 |

Compensation of the Company's key management personnel includes salaries, non-cash benefits and contributions to a post-employment defined contribution plan.

This statement should be read in conjunction with the notes to the financial statements.

16 Capital and reserves

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| 2017 | 2016 |
|------|------|
| \$ | \$ |

17 Capital commitments

| | | |
|-----------------------------------|-------|-----------|
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Transactions with key management personnel

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| Termination benefits | <hr/> | <hr/> |
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Compensation of the Company's key management personnel includes salaries, non-cash benefits and contributions to a post-employment defined contribution plan.

This statement should be read in conjunction with the notes to the financial statements.



ii Key management personnel and director transactions

A number of key management personnel, or their related parties, hold positions in other entities that result in them having control or significant influence over these entities.

A number of these entities transacted with the Company during the year. The terms and conditions of the transactions were no more favourable than those available, or which might reasonably be expected to be available, in similar transactions with non-key management personnel related entities on an arm's length basis.

The aggregate value of transactions and outstanding balances relating to key management personnel and entities over which they have control or significant influence were as follows:

| | Transaction values for the year ended 30 June | | Balance outstanding as at 30 June | |
|---|---|--------|-----------------------------------|------|
| | 2017 | 2016 | 2017 | 2016 |
| | \$ | \$ | \$ | \$ |
| Thomas Hudson Kowanyama River House (i) | 66,676 | 17,300 | - | - |

(i) During the year, the Company rented accommodation owned by the Chairperson in Kowanyama. The terms of the transactions were based on market rates.

From time to time directors of the Company, or their related entities, may buy goods from the Company. These purchases are on the same terms and conditions as those entered into by other Company employees or customers.

| 2017 | 2016 |
|------|------|
| \$ | \$ |

20 Auditor's remuneration

Audit services

Auditors of the Company – Grant Thornton

| | | |
|-------------------------------|---------------|---------------|
| Audit of financial statements | 28,000 | 30,500 |
| Individual acquittals | 5,000 | 7,000 |
| | <u>33,000</u> | <u>37,500</u> |

Other services

Auditors of the Company – Grant Thornton

| | | |
|-------------------|---------------|---------------|
| Advisory services | <u>22,750</u> | <u>23,435</u> |
|-------------------|---------------|---------------|

This statement should be read in conjunction with the notes to the financial statements.

DIRECTORS' DECLARATION

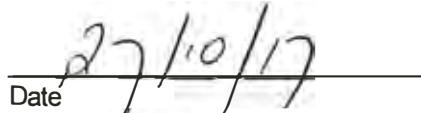
The directors of Apunipima Cape York Health Council Limited (the "Company") declare that in their opinion:

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

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

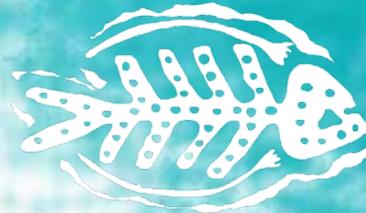


Director

 27/01/17

Date

This statement should be read in conjunction with the notes to the financial statements.



Independent auditor's report

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Cairns QLD 4870

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W www.grantthornton.com.au

Independent auditor's report to the members of Apunipima Cape York Health Council Limited

Opinion

We have audited the financial report of Apunipima Cape York Health Council Limited (the "Company"), which comprises the statement of financial position as at 30 June 2017, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, the accompanying financial report of Apunipima Cape York Health Council Limited has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-Profits Commission Act 2012*, including:

- a giving a true and fair view of the Company's financial position as at 30 June 2017 and of its financial performance for the year then ended; and
- b complying with Australian Accounting Standards – Reduced Disclosure Requirements and Division 60 of the *Australian Charities and Not-for-Profits Commission Regulation 2013*.

Basis for opinion

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

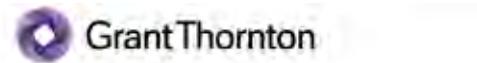
We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

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Other information

The directors are responsible for the other information. The other information comprises the information included in the Company's annual report for the year ended 30 June 2017, but does not include the financial report and the auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the directors for the financial report

The directors of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

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

The directors are responsible for overseeing the Company's financial reporting process.

Auditor's responsibilities for the audit of the financial report

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

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf. This description forms part of our auditor's report.

A handwritten signature in blue ink that reads 'Grant Thornton'.

GRANT THORNTON AUDIT PTY LTD
Chartered Accountants

A handwritten signature in blue ink that reads 'Helen Wilkes'.

H A Wilkes
Principal – Audit & Assurance
Cairns, 27 October 2017



Auditor's independence declaration

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Cairns QLD 4870

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W www.grantthornton.com.au

Auditor's independence declaration to the directors of Apunipima Cape York Health Council Limited

In accordance with the requirements of section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012*, as lead auditor for the audit of Apunipima Cape York Health Council Limited for the year ended 30 June 2017, I declare that, to the best of my knowledge and belief, there have been:

- a No contraventions of the auditor independence requirements as set out in the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
- b No contraventions of any applicable code of professional conduct in relation to the audit.

Grant Thornton

GRANT THORNTON AUDIT PTY LTD
Chartered Accountants

Helen Wilkes

H A Wilkes
Principal – Audit & Assurance
Cairns, 27 October 2017

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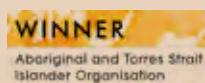
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