

2017

apuwipima

ANNUAL REPORT



20



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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

NORTHERN
PENINSULA AREA

MAPOON

NAPRANUM

LOCKHART RIVER

COEN

AURUKUN

COOKTOWN

PORMPURA AW

HOPE VALE

MOSSMAN GORGE

LAURA

KOWANYAMA

WUJAL WUJAL

CAIRNS

apuwipima



BY THE NUMBERS

THIS YEAR WE HAVE SEEN...

 **89%** OF CHILDREN ARE FULLY IMMUNISED



48%

OF MUMS HAVE HAD AT LEAST ONE ANTENATAL VISIT IN THEIR FIRST 13 WEEKS OF PREGNANCY UP 5% SINCE 2015-16



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

83%



OF BABIES WERE IN A **HEALTHY WEIGHT RANGE**

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

REGION FOUR



LIONEL PAUL GIBSON
Cooktown



TREVOR SHANE GIBSON
Hopevale

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.



**PROFESSOR
ROBYN MCDERMOTT**



GREG BARNIER



GREG MITCHELL

.....



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 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 CRANApplus (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 CRANApplus 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 aunts 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 aunts. 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, its 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. ”



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.

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.

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.'



PORMPURA AW

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 YOUFLA

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 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.



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.



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

PHCC Primary Health Care Centre

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		<u>22,273</u>	<u>76,639</u>
		<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	<u>826,865</u>	<u>873,355</u>
		<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		<u>(33,679)</u>	<u>(41,669)</u>
Net finance income		<u>39,351</u>	<u>70,626</u>
Results from operating activities after finance income		1,058,792	658,948
Depreciation and amortisation	11	<u>(911,048)</u>	<u>(803,675)</u>
Net surplus/(deficit) before tax		147,744	(144,727)
Income tax expense	4d	<u>-</u>	<u>-</u>
Net surplus/(deficit) before capital grant revenue		147,744	(144,727)
Capital grant revenue	5b	<u>1,403,370</u>	<u>3,143,558</u>
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		5,134,342	4,292,005
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		7,105,925	5,987,583
Total assets		12,240,267	10,279,588
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		3,724,469	3,433,305
Finance lease liabilities	13	374,587	333,797
Employee benefits	14	349,223	271,612
Total non-current liabilities		723,810	605,409
Total liabilities		4,448,279	4,038,714
Net assets		7,791,988	6,240,874
Equity			
Retained surplus	16	7,791,988	6,240,874
Total equity		7,791,988	6,240,874

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		<u>(26,954,159)</u>	<u>(26,035,204)</u>
Cash generated from/(used in) operating activities		(468,303)	(1,561,407)
Interest received		<u>73,030</u>	<u>112,295</u>
Net cash from/(used in) operating activities	18	<u>(395,273)</u>	<u>(1,449,112)</u>
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		<u>22,273</u>	<u>90,121</u>
Net cash from/(used in) investing activities		<u>(619,313)</u>	<u>(453,570)</u>
Cash flows from financing activities			
Proceeds from finance leases		311,700	238,810
Repayment of finance leases		<u>(310,790)</u>	<u>(218,718)</u>
Net cash from financing activities		<u>910</u>	<u>20,092</u>
Net increase/ (decrease) in cash and cash equivalents		(1,013,676)	(1,882,590)
Cash and cash equivalents at 1 July	9	<u>3,456,368</u>	<u>5,338,958</u>
Cash and cash equivalents at 30 June	9	<u>2,442,692</u>	<u>3,456,368</u>

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.

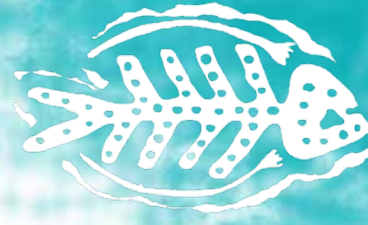
Assets held under other leases are classified as operating leases and are not recognised in the Company's statement of financial position.

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.



5 Revenue

a Recurrent grants and operating revenue

Recurrent grants received

	2017 \$	2016 \$
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
	<u>24,736,979</u>	<u>20,663,958</u>
Recurrent grant balances at 1 July	765,408	970,982
Recurrent grant balances at 30 June	<u>(654,460)</u>	<u>(765,408)</u>
Total recurrent grant revenue	<u>24,847,927</u>	<u>20,869,532</u>
Operating revenue		
Medicare income	1,426,221	1,438,216
Other	<u>116,746</u>	<u>138,507</u>
Total operating revenue	<u>1,542,967</u>	<u>1,576,723</u>
Total recurrent grants and operating revenue	<u>26,390,894</u>	<u>22,446,255</u>

b Capital grants

Capital grants received

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

c Grant funds repaid during the year

Department of Health	<u>30,407</u>	<u>138,134</u>
	<u>30,407</u>	<u>138,134</u>

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	56,076	44,448
	<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	13,070	27,739
	<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	246,422	260,626
	<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	<u>-</u>	<u>15,583</u>
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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	<u>3,267,786</u>	<u>380,340</u>	<u>1,429,339</u>	<u>2,224,009</u>	<u>2,018,734</u>	<u>9,320,208</u>
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	<u>5,731,068</u>	<u>380,340</u>	<u>1,553,016</u>	<u>2,224,009</u>	<u>2,260,832</u>	<u>12,149,265</u>
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	<u>229,597</u>	<u>210,811</u>	<u>1,150,163</u>	<u>1,911,747</u>	<u>1,086,435</u>	<u>4,588,753</u>
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	<u>455,271</u>	<u>255,115</u>	<u>1,335,359</u>	<u>2,131,430</u>	<u>1,237,581</u>	<u>5,414,756</u>
Carrying amounts						
At 30 June 2015	<u>984,680</u>	<u>147,425</u>	<u>412,459</u>	<u>544,305</u>	<u>747,931</u>	<u>2,836,800</u>
At 30 June 2016	<u>3,038,189</u>	<u>169,529</u>	<u>279,176</u>	<u>312,262</u>	<u>932,299</u>	<u>4,731,455</u>
At 30 June 2017	<u>5,275,797</u>	<u>125,225</u>	<u>217,657</u>	<u>92,579</u>	<u>1,023,251</u>	<u>6,734,509</u>

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	-
	<u>371,416</u>	<u>1,240,545</u>

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	371,416	1,240,545
	<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	370,232	29,500
	<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	13,796	-
	<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	153,162	-
	<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	<u>3,539</u>	<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

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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 \$
Primary Health Care Clinic – Coen	-	1,189,195
Laurie Linder Constructions	-	61,680
GHD Pty Ltd	-	1,250,875

17 Capital commitments

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
	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	(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	-	-
	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.

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2017	2016
\$	\$

17 Capital commitments

Primary Health Care Clinic – Coen
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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
Individual acquittals

28,000	30,500
<u>5,000</u>	<u>7,000</u>
<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>
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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*:

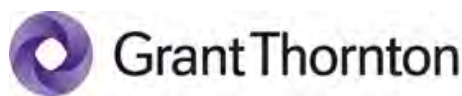


Director

Date

27/10/17

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



Independent auditor's report

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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.

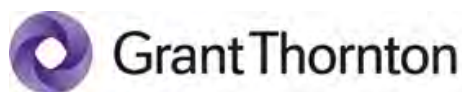
A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf. This description forms part of our auditor's report.

A stylized, handwritten-style signature of "Grant Thornton" in blue ink.

GRANT THORNTON AUDIT PTY LTD
Chartered Accountants

A handwritten signature of "Helen Wilkes" in blue ink.

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



Auditor's independence declaration

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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 AUDIT PTY LTD
Chartered Accountants

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

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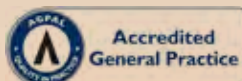
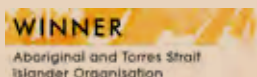
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