



ANNUAL REPORT



2018





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CHAIRPERSON'S FOREWORD

Welcome to the Apunipima Cape York Health Council Annual Report for 2017-18.

It is my pleasure to present the Chairperson's Report for the Apunipima Cape York Health Council 2018 Annual Report. I am honoured to be given the opportunity to take on the role of Apunipima Chairperson in March 2018. On behalf of the Apunipima Board of Directors, I would like to thank former Chairperson, Mr Thomas Hudson, for his leadership and dedication over the last five years. His contribution and commitment to Apunipima are highly respected and appreciated.

The Apunipima Board of Directors remains committed and dedicated to supporting the communities of Cape York. We have achieved this and continue to respect our community mandate to reduce the burden of disease and improve wellness in Cape York communities. I would also like to acknowledge the tireless effort and ongoing support of all my fellow Directors who give so generously of their time and knowledge to ensure Apunipima remains firmly grounded in community with a focus of delivering health services that meet the needs of the Aboriginal and Torres Strait Islander peoples of Cape York. I would like to acknowledge the commitment of service from Board Director Lionel Paul Gibson who served on the Apunipima Board for more than ten years. He will certainly be missed.

During the year, we welcomed Mary Yoelu from Umagico representing Region 1 (Bamaga, Seisa, Injinoo, Umagico, Horn Island and New Mapoon) as a Board Director and we appreciate her insights and experience. Barbara Schmidt joined the Apunipima Board as an Independent Skills Based Director and her knowledge is valued. It is important to continue to listen to concerns and expressed needs from our Indigenous communities in Cape York so that we can design and implement effective and practical health solutions to Close the Gap in Indigenous life expectancy.

Apunipima constantly remains engaged with community at a local level so that community members can have their say in

designing a health service tailored to their community via the Health Action Teams as our local grass-roots governance.

The 2017-18 year saw health services in Aurukun transition to community control in line with our strategy and vision of a future where all Cape York health services operate under a community control model and I look forward to seeing more communities follow this path over the coming years.

Apunipima has ended the financial year in a solid financial position and we will continue to build on this. Change is never easy but is the only way to ensure we are improving and moving forwards. Looking back over the years that I have been involved with Apunipima, we have achieved significant milestones by working together. Primary Health Care Centres are now operating in five communities as well as four Wellbeing Centres. We continue to increase the numbers of community-based staff and are making great progress in building capacity and skills within our teams. While a lot has been achieved, I acknowledge that there is still much more to be done to Close the Gap.

I'm pleased to report that Apunipima continues its proactive development of collaborative relationships with a diverse range of stakeholders including Primary Health Networks, Hospital and Health Services, and Aboriginal Community Controlled Health Services. In addition, relationships with state and local governments have expanded and strengthened.

I look forward to the year ahead in my role as Chairperson and the work the Apunipima Board and staff will undertake to achieve our goals in progressing community mandate for improved health outcomes on Cape York by listening to and representing our communities to ensure the health priorities of our region are addressed.

Aileen Addo



CEO'S INTRODUCTION

Working together, Strengthening community

This 12 months has been another year of significant change within our organisation as we restructured our organisation to better reflect the needs of the communities we serve and the further development of Apunipima. Driven by our commitment to providing community-led healthcare services the restructure strengthens our capacity to improve health outcomes for Aboriginal and Torres Strait Islander peoples across the Cape, supporting everyone to live longer, healthy and productive lives. I would like to express my appreciation to the community based Health Action Teams and all community members who contributed to informing this process plus thank staff members for their support and dedication in making sure that our services were not impacted as we adopted the new structure.

This year also saw us begin the journey towards greater community controlled health services with Aurukun being the first site to start the process. This pilot has seen health services become more appropriate to the needs of the community as well as increased access to health services. While there is more work to be done, the learnings from this period will help us to refine our plans for future development with other communities over the coming years.

In April 2018 we celebrated our first anniversary of the management of Wellbeing Centres in Aurukun, Coen, Hope Vale and Mossman Gorge. Through ongoing community consultation the centre teams have been able to identify ways to improve the delivery of current services as well as generating ideas for potential new modes of delivery. And in July 2018, in line with the plan to expand Apunipima's social and emotional support services, delivery of wellbeing services commenced in Kowanyama.

I am proud to report that our focus on providing appropriate and comprehensive health services is delivering tangible results. In national key performance indicators of health outcomes there are several measures where Apunipima's outcomes exceed the national average, with the other measures being on par with national benchmarks. This is a great achievement and a reflection on the passion, commitment and contribution of everyone involved with the organisation.

Apunipima's public health promotion programs continued over the year with staff on the ground in community supporting and encouraging people to make positive and lasting lifestyle changes. The Tackling Indigenous Smoking program focused on educating young people on the dangers of smoking and supporting those who wanted to quit while the Healthy Communities program promoted water as the drink of choice rather than sugary drinks with campaigns such as "Drink More Water Youfla".

During the year Apunipima facilitated community visits for a delegation from our partners Catholic Health Australia to improve their understanding of remote health needs. We also developed our MOUs with Mookai Rosie Bi-Bayan and Pormpur Paanthu Aboriginal Corporation. Such strong and effective partnerships are an important way to build awareness of health issues and increase capacity to support better health choices.

In the year ahead we look forward to working with our communities towards achieving our shared goal of improving health services across Cape York.

Paul Stephenson



BY THE NUMBERS



APUNIPIMA HAS AROUND

260 STAFF

31%

OF OUR STAFF ARE
COMMUNITY BASED
AT THIS TIME

55%

OF OUR STAFF IDENTIFY
AS ABORIGINAL AND/OR
TORRES STRAIT ISLANDER

93%

OF CHILDREN
FULLY IMMUNISED

83%

OF BABIES WERE
IN A HEALTHY
WEIGHT RANGE
AT BIRTH IN
FIRST 12 MONTHS

WE HAVE

PRIMARY HEALTH CENTRES

IN COEN, MOSSMAN GORGE,
NAPRANUM AND AURUKUN
AND A FAMILY HEALTH CENTRE
IN KOWANYAMA

WELLBEING CENTRES IN

COEN, HOPE VALE, MOSSMAN
GORGE AND AURUKUN

FROM 1 JULY 2017 TO 30
JUNE 2018 WE HAD AROUND
6800 UNIQUE CLIENTS AND

41,000

CLIENT CONTACTS

aboriginal health in aboriginal hands

NORTHERN
PENINSULA AREA

MAPOON

NAPRANUM

LOCKHART RIVER

COEN

AURUKUN

COOKTOWN

HOPE VALE

PORMPURAAW

MOSSMAN GORGE

LAURA

KOWANYAMA

WUJAL WUJAL

CAIRNS

apunipima

OUR BOARD

Apunimpima's elected Directors are:

REGION

1

Northern
Peninsula
Area



PATRICIA YUSIA (Bamaga)



MARY YOELU (Umagico)

REGION

2

Aurukun,
Napranum,
Kowanyama,
Pompuraaw,
Mapoon



**AILEEN ADDO CHAIRPERSON
(Mapoon)**



THOMAS HUDSON (Kowanyama)

REGION

3

Coen,
Laura,
Lockhart
River



ETHEL SINGLETON (Lockhart River)

REGION

4

Wujal Wujal,
Mossman
Gorge,
Hope Vale



**TREVOR SHANE GIBSON
DEPUTY CHAIRPERSON (Hope Vale)**



**LIONEL PAUL GIBSON
(Hope Vale)**

SKILLS-BASED DIRECTORS



Barbara Schmidt



Greg Barnier



Greg Mitchell

SOCIAL AND EMOTIONAL WELLBEING CENTRES

Apunipima celebrates the first anniversary of its Wellbeing Centres

April 2018 marked the first anniversary of Apunipima's Wellbeing Centres in Cape York and a year of milestones and learnings for the team that 'hit the ground running' 12 short months ago at centres in Aurukun, Coen, Hope Vale and Mossman Gorge.

The Social Emotional Wellbeing services were set up in 2009 by the Australian and Queensland Governments through the Royal Flying Doctor Service. In April 2017 Apunipima took on responsibility for management of these centres. The role of the Apunipima Wellbeing Centres is to support the broad social and emotional wellbeing needs of each community. Each centre works to the Apunipima Model of Care, a community-driven, community-led model that focuses on all aspects of cultural, emotional, environmental and spiritual wellbeing.

Setting up a new service arm within any organisation can be a challenging time but Apunipima staff took these challenges in their stride, keeping community at the forefront of all changes.

"It was really important that the transfer to Apunipima management of the centres had no negative impact on clients using the services. I think we can be really proud of how that unfolded; it was a seamless transition," said Bernard David, who was the Regional Manager for Social and Emotional Wellbeing at Apunipima during the transition phase.

Apunipima's Social and Emotional Wellbeing team spent a lot of time in each community before, during and after the changeover, meeting with all of the stakeholders to ensure that community members were involved in how the program would be delivered into the future.

Tanya Robinson, the Social and Emotional Wellbeing Services Manager said it was important for the centres to have a strong local workforce, "We have been able to employ community members into all positions in the centres, which include Receptionists, SEWB workers and Team Leaders.

"Our team leaders are also leaders in their community, which fits beautifully into the Apunipima Model of Care and is something that sets our service apart," Tanya added.

Both Bernard and Tanya agree that the future is looking great for the Wellbeing Centres. "We are constantly looking at how we can better service our clients and that will be our focus in the coming months," said Tanya.



“Our team leaders are also leaders in their community, which fits beautifully into the Apunipima Model of Care and is something that sets our service apart”

OUR COMMUNITIES



AURUKUN

More than 250 community members from Aurukun came out to support the Domestic and Family Violence Awareness event organised by Apunipima in May 2018.

Vincent Koomeeta a Traditional Owner in Aurukun and a member of the Apunipima team opened the event with a call for change. This was followed by a candle lighting ceremony and a minute silence to remember those who have been impacted by domestic and family violence and pledge for change.

The community enjoyed a healthy dinner prepared by the Apunipima Team. Althea Koomeeta will be heading to Cairns in the not too distant future as the lucky winner of return tickets donated by Skytrans for the evening raffle.

Events like this, are not possible without the support of the entire community and we would like to thank Aurukun Shire Council, Cape York Employment, Skytrans, RAATSICC, Queensland Police, Aurukun State School, OHub, Kang Kang takeaway, Dept of Justice and Attorney-General, Island and Cape Supermarket, Bechtel, and Northern Pride for their assistance and support in putting together this fantastic event.



COEN

Men's Group

The Social and Emotional Wellbeing Team in Coen features a strong commitment to the development of community-based activities designed to empower Aboriginal and Torres Strait Islander people. One of the great successes of the 2017-2018 year was the growth of the Coen Men's Group.

The Coen Men's Group was created to provide a culturally appropriate environment that supports comprehensive healthy lifestyle strategies.

Joseph Oui, Randall Fyfe and Terence Creek, from the Apunipima Social and Emotional Wellbeing team have been working closely with Aboriginal and Torres Strait Islander men from across the Coen community. As a result the team have created a robust and positive men's group.

Successful community activities do not exist without partnerships, assistance and a commitment from other community organisations. Joseph, Randall and Terence have formed great working relationships with Queensland Police Service, Police Citizen Youth Club, Queensland Health, Cape York Employment, Cape York Partnerships and Kalan Ranger.



HOPE VALE

A Little Innovation in Education

Health Promotion and the Healthy Communities Project joined forces earlier this year, to launch a 'Health Promotion Corner' at both Wujal Wujal and Hope Vale Indigenous Knowledge Centres.

The Health Promotion Corners have become a permanent fixture in the libraries at both centres with the information displays changing each month to showcase different health messages.

Feedback from staff and from within the community has been positive. Interaction from community members has also been high.

This project demonstrates the innovation of Apunipima's Healthy Communities Project and Health Promotion Team, who clearly never pass up an opportunity to share healthy messaging with the people of Cape York.

KOWANYAMA

QUIT SKILLS Workshop

In January, Kowanyama Atharpuch hosted a 'Quitskills for Remote Communities Maternal Health Workers' training workshop.

Trainers from Cancer Council SA travelled to Kowanyama to deliver the workshop as part of the Tackling Indigenous Smoking program. For some of the trainers, coming from Adelaide, it was the first time they had visited a Cape York community.

Participants in the workshop included Atharpuch staff and community members who were trained in ways to assist clients to quit smoking and how to support clients on their quitting journey.

Evelyn Birchley, Kowanyama Atharpuch Centre Manager said, "It was a great workshop and the training and education was really good. The participants involved liked the workshop and asked if the trainers could come back to Kowanyama. It was good to learn about why people, young and old, smoke and why young mothers smoke, and the background as to why they smoke, knowing more about the social determinants of health. We all enjoyed it."



Tackling Indigenous Smoking Health Worker, Neil Kaigey, said, "It was a great turn out of community members and staff. We all got to yarn together about the harms of smoking and how best to support

MAPOON

Biggest Morning Tea

Teams in Mapoon and Napranum celebrated Australia's Biggest Morning Tea earlier this year in conjunction with community members and service providers.

The events provided the opportunity to raise awareness around cancer while enjoying a healthy morning tea, raise some money for Cancer Council Queensland, and for Apunipima staff to interact with clients in an informal setting.



LAURA

Movie Night

Apunipima's Health Promotion and Tackling Indigenous Smoking team created a 'pop up' outdoor movie theatre for the community of Laura in <month>.

The evening was inspired by the community of Laura, who had asked for an event that would help bring the community together at a positive, family-friendly event.

The first film was the Lockhart River Dance Festival Doco followed by the feature film 'Red Dog: True Blue'. There was also plenty of positive health messaging with the showing of the Apunipima produced 'Sugary Drinks Proper No Good' and 'Drink More Water Youfla' campaign videos as well as the Tackling Indigenous Smoking real stories videos.

"Being able to bring the community together at an event that they had wanted was a lot of fun and really rewarding," said Katelyn Winkworth, the School Health Co-ordinator at Apunipima, who planned and managed the event.

Kate said that events in community need the support and manpower of the whole community and the organisations that support it, "It was a great team effort from organisations in Laura. We worked with My Pathways, Ang-Gnarra Aboriginal Corporation and Cooktown PCYC."

Continuing the theme of healthy messages, Jazzy Marsh, Apunipima's Community Dietician, put together a range of healthy treats for the movie-goers, followed by dinner that was provided by the team at My Pathways.



LOCKHART RIVER

Deadly Ears Program

Kris Tregenza and Francine Norman from Apunipima's Deadly Ears team visited Puuya Foundation in Lockhart River. They were there to test toddlers' ears at the Kuunchi Kakana (Families Together) Centre.

Audiologist, Kris Tregenza, said it was a very productive day of testing young children's ears at such an important time in their development.

"Detecting and treating ear problems in very young children has a high impact on the long-term trajectory of a person's life. This is because children who have hearing problems detected after the age of about three will have a much harder time learning to listen and speak," Ms Tregenza said.

There are certain challenges to testing children in this age group. In remote Aboriginal Communities this includes the challenge of gaining consent to test.



"What made the testing at Puuya Foundation such a dream was being able to meet with the child's parents or guardian in a relaxed setting. We were able to explain the test and immediately communicate any concerns we had and organise referrals to other medical services if needed," said Fan Norman, Apunipima's Audiometrist.

It is well documented that there is a much higher rate of ear infections and hearing problems in Aboriginal and Torres Strait Islander communities right across Australia, which is why the work being done by Apunipima's Deadly Ears Team for the communities of Cape York is so important.

MOSSMAN GORGE

Ochre Day – One man's drive to make a change can make a difference



In 2012, Dan Fischer, an Indigenous Male Health Worker at Apunipima Cape York Health Council in Mossman Gorge, wanted to share with the men of his community the support and guidance that his much loved grandfather had shown him. Dan saw that many of the programs and support services that were offered to the men in his community were developed to solve a problem, not to prevent them.

Dan wanted to help the men and boys of his community in a positive way that celebrates and upholds the traditional values of respect for aboriginal laws, respect for elders, cultures and traditions. He also saw that there was a need to encourage the men of his community to become leaders and role models.

"My Grandfather, Peter Fischer, was a great role model for me. I was lucky," said Dan.

From the humble beginnings of a group of men sharing and supporting each

other in a remote community in Far North Queensland, Ochre Day was born.

Ochre Day was adopted the following year by the National Aboriginal Community Controlled Health Organisation (NACCHO) at an event held in Canberra, where Dan's passion and commitment to Close the Gap and help the men in his community was recognised.

Ochre Day is now celebrated on 27th August right across Australia. It is an opportunity for Aboriginal males of all ages to share knowledge and explore ways to engage with their local communities as an essential and positive part of family and community life.

"My grandfather told me that I would do good things for the health of my people and all these years later, here I am," Dan said.

Dan believes that the success of Ochre Day from these humble beginnings is because of the great role models he has had in his life, both personally and professionally. White

Ochre Day in Mossman Gorge is Dan's way of paying forward his good fortune.

Dr. Mark Wenitong, the Public Health Medical Advisor at Apunipima said, "I was fortunate enough to attend the first White Ochre Day in Mossman Gorge. After seeing the potential affect this type of event could make, I took the opportunity to share the concept with Mark Saunders from NACCHO who then adopted the concept and developed it into the national event it is today. Without the development through Mark and now NACCHO Chair, John Singer, this event wouldn't have been possible nationally.

"The name has changed from White Ochre Day to simply Ochre Day, because of the different meaning that Ochre plays in communities and cultures across Australia. Dan should be incredibly proud that he started something as significant as this for Aboriginal Men's Health," added Dr. Wenitong.



NAPRANUM

Youth Week celebrations were a resounding success in Napranum with a full schedule of activities planned for the week with the support and involvement of community organisations and businesses.

Each day, more than 70 children participated in the fun that included healthy messages.

The kids all got involved in tug-o-war, three-legged races, balloon games, basketball, volleyball, cool drum beat workshops, photo booths face painting and slime making.

PORMPURA AW

Youth Health checks

Apunipima staff, together with Queensland Health, conducted Youth Health Checks at the “Corner Shed” in Pormpuraaw.

Apunipima doctors including Ross, Allison, Carolyn and Fiona, along with Henry, Sharon, Kristen and David from Queensland Health, worked together to encourage the Youth Group members to

take part and complete the Health Checks.

“It was great to see so many young people take interest in their health,” said Alison Lening.

Deadly Choices shirts were presented to those who had completed a Health Check during the Biggest Morning Tea event supporting cancer awareness held at the end of May.



WUJAL WUJAL

Social media campaign changes attitudes



Uni students Rebecca Watson and Luca Georgiou were in their final year of a Bachelor of Nutrition and Dietetics Degree with QUT when they spent six weeks in Far North Queensland on placement with Apunipima’s Population Health Team based in Cairns. They worked directly with the project team managing the social marketing campaign, “Sugary Drinks Proper No Good – Drink More Water Youfla.”

Rebecca, originally from Bundaberg and Luca, from Ballina, quickly settled into their roles with the support of Kani Thomson, Apunipima’s Community Nutritionist. They were set the task of developing resources to support the social marketing campaign to reduce sugary drink consumption in Cape York Communities and promote water as the healthier option.

“The resources that we developed were a collaboration with community members. The community was fantastic and was keen to be involved. A key part of the brief we were given was that we created a suite of resources that were culturally appropriate,”

said Rebecca.

Luca added that she was impressed with how Apunipima develops resources overall, “All of the tools and resources for the ‘Sugary Drinks Proper No Good – Drink More Water Youfla’ have been through several rounds of community consultation, collaboration and review before they go into circulation. This means that the material is a true representation of Aboriginal Health in Aboriginal hands.”

The students spent a week in Wujal Wujal, located on the Bloomfield River, four hours north of Cairns. Wujal Wujal is the traditional land of the Kuku Yalanji, Kuku Nyungul and Jalunji clans – the ‘rainforest people’. It was during this week that the students had an opportunity to meet with community members and stakeholders and further develop the resources for the project.

“The work has been rewarding, the team have been amazing to work with and Cairns certainly doesn’t disappoint,” said Luca.

On Wednesday it was Apunipima’s turn to cater lunch for the children who enjoyed the culinary delights served up by Apunipima Health Promotion Officers Josh Mene and Andrew Packer, who created two delicious and healthy pasta salads.

The success of the week was a joint effort and would not have been possible without the support and coordination from PCYC, My Pathway, Queensland Police Service and Rio Tinto.



CAMPAIGNS



SUGARY DRINKS PROPER NO GOOD DRINK MORE WATER YOUFLA



The 'Sugary Drinks Proper No Good – Drink More Water Youfla' campaign is now in its second year of roll out across Cape York and continues to be well received.

The social marketing campaign was developed with, and for, Aboriginal and Torres Strait Islander people of Cape York and it aims to help children, young people and adults to be more aware of the poor health outcomes associated with the consumption of sugary drinks.

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 drinks, smoke-free environments and physical activity.

In the three pilot communities, Wujull Wujul, Napranum and Mapoon, the project found that most community members had seen the campaign and it made them think about and/or choose healthier drinks. Progression of all three pilot communities

along the community readiness scale indicated that social marketing was effective in raising awareness, and thereby helped soften the ground for community-led action around supportive environments. As a result there was an increase in water availability, and in one store, water sales increased and sugary drink sales decreased during the course of the pilot.

Campaign resources promoting the 'Sugary Drinks Proper No Good – Drink More Water Youfla' include posters and videos featuring community members, the Australian Indigenous Basketball All-Stars and former professional rugby league player, Scott Prince. These resources are available on the Apunipima website.





WHAT'S YOUR STORY, CAPE YORK? DON'T MAKE SMOKES YOUR STORY

Apunipima's Tackling Indigenous Smoking (TIS) team has been engaging with eleven Cape York communities to promote a local 'Don't Make Smokes Your Story' campaign.



The campaign aims to influence smoking behaviours and community readiness to address smoke-free environments.

In <month> 2017, community members from Pormpuraaw, Coen and Napranum were involved in all stages of local campaign resource development. Materials were distributed on the campaign's Facebook page, in print form and at local activities and events, including World No Tobacco Day activities and the Laura Aboriginal Dance Festival.

With support from Ninti One, the Apunipima TIS team conducted focus groups in six communities to evaluate the campaign. Results from the evaluation indicated that the development of local

materials provided an opportunity for community members to become an active part of the campaign and community members were proud to see local people feature in the campaign. Exposure to the campaign encouraged community members to think about their smoking behaviours and to contemplate quitting. Lessons learned from the evaluation phase were then used in the engagement with community members from Hope Vale, Wujal Wujal and Laura when developing and distributing local campaign resources.

Campaign materials are available on the Apunipima website and on the TIS Facebook page, facebook.com/ApunipimaTIS.

CLOSING THE GAP IN INDIGENOUS HEALTH STARTS BEFORE PREGNANCY

Families in remote Cape York communities are benefiting from a new project introduced this year to improve nutrition before, during and after pregnancy.

With funding from Northern Queensland Primary Health Network (NQPHN), in <month> Apunipima began delivering the Optimal Infant Nutrition for Cape York Mums Project.

The project builds upon Apunipima's award-winning Baby One Program with a suite of tools, workshops and activities around nutrition for mothers and infants aimed at improving long-term health and wellness outcomes. Population Health and Research Team Leader Melinda Hammond said it is well known that underlying poor nutrition is a major contributing factor to the higher burden of disease experienced by Aboriginal and Torres Strait Islander people compared with other Australians.

"We know that improving health and life expectancy starts early in life. The healthier a pregnancy is, the healthier the child will be and the better they will learn and grow," said Ms Hammond.

Improving Aboriginal and Torres Strait Islander health by closing the gap is a priority focus area for NQPHN.

"This partnership with Apunipima will assist in education for families that may otherwise be out of reach for many within Cape York communities.

"We are proud to be a part of this program, as we continuously work towards helping northern Queenslanders to live happier, healthier, and longer lives," said NQPHN Chief Executive Officer John Gregg.

Aboriginal women have an increased risk of having low birthweight babies and complications of anaemia, poor nutrition and there are high rates of smoking and chronic disease during pregnancy. This increases the risk of adverse health outcomes for the mother and baby. Poor nutrition before, during and after pregnancy and during the first few years of life can result in chronic disease later in life.



Preventing this starts with healthy mothers, babies and children.

The project will be run for two years, initially focusing on two Cape York communities. Apunipima will be working in partnership with researchers at James Cook University, Monash University and Menzies School of Health Research to ensure that robust evaluation of all the project activities is shared widely.

"We know that improving health and life expectancy starts early in life. The healthier a pregnancy is, the healthier the child will be and the better they will learn and grow"

OUR PEOPLE



OUR WORKFORCE STORY

Our workforce story continues to reflect our evolution and service delivery story. Our Workforce Strategy was refreshed along the five themes reflected opposite. Our organisation structure was also redesigned and embedded consistent with a community-based workforce structure. Although a significant change, more than 20 internal candidates were promoted over the last year in addition to further talented individuals joining Apunipima. Two new functions were established; Learning & Development, and Clinical Governance, reflecting our organisation's priorities of workforce development and embedding robust clinical governance systems.





PARTNERSHIPS

In June Apunipima hosted nine delegates from Catholic Health Australia (CHA), Saint Vincent's Health Australia, Mercy Health and Hesta Superannuation in the Cape York community of Kowanyama.

Since August 2015, Apunipima has been establishing partnerships with CHA and its members with the goal of assisting Apunipima to expand their current capacity to deliver comprehensive primary healthcare services to the communities of Cape York.

In 2016, Apunipima undertook a project to take several representatives from these partner organisations and their sponsor HESTA to visit Aurukun and Napranum. The visit provided the organisations with some insights into the work done by Apunipima, and also allowed them to look strategically at how they could provide practical support through their partnerships, not only to Apunipima but to the communities themselves.

Due to the great success of this first event, Apunipima and CHA committed to hold another trip, again to be sponsored by HESTA, to a second community in Cape York. Kowanyama was selected to be the next location. Similar to the visit to Aurukun and Napranum in 2016, this trip's intentions were to familiarise the delegates with the experiences that communities can provide on a localised level, and the challenges that remote health service delivery presents.

Kowanyama is a site familiar to some of CHA's members, as Cabrini had the opportunity to send two allied health professionals to assist the community in October 2016 through the partnership's Workforce Exchange Program.

The community visit was over two days and involved conversations with the Kowanyama Aboriginal Council, community-run Health Action Team, Apunipima's Family Health Care Centre Arthapuch, Kowanyama School, Queensland Health and the community-run Women's Shelter.

These conversations provided key information for all partners to then advocate on behalf of the community to their own organisations. The key topics addressed were community health, community struggle, remote challenges of service delivery, whole of health equity and women's health and wellbeing.

After a jammed packed two days in community, all delegates returned to Cairns for a full day workshop in the Apunipima office, where a presentation of the current work that Apunipima are doing across all communities was presented. The group then discussed and brainstormed ways to



“The community visit was over two days and involved conversations with the Kowanyama Aboriginal Council, community-run Health Action Team, Apunipima's Family Health Care Centre Arthapuch, Kowanyama School, Queensland Health and the community-run Women's Shelter.”

HEALTH ACTION TEAMS

Health Action Teams are a highly valued and vital element in the structure of Apunipima's community control model of healthcare.

Health Action Team members are community-based volunteers who represent the community in which they live.

Apunipima's Health Action Teams are involved in the development of individual Community Health Plans. This ensures that Apunipima's focus is in line with the community's health goals and are delivered in a culturally appropriate way.

Having this important layer of community governance has a dual effect. It provides each community with direct input into planning and service delivery and gives Apunipima insight into the goals and priorities of individual communities.

Throughout 2017/18 Apunipima's Health Action Teams have continued to work closely with Primary Health Care Teams, Management and Board to build capacity within community teams.

More broadly our Health Action Teams, in consultation, have recognised the need to undertake leadership and governance training to ensure continued development of service delivery within the Apunipima Model of Care at a grass roots level.



QUALITY AND RISK

Apunipima remains certified to the ISO 9001:2015 Quality Management Systems Standard through to July 2020. Included in the scope of this certification are the Cairns and Mapoon offices, the Primary Health Care Centres located in Mossman Gorge, Coen and Aurukun, the Mum's and Bub's Centre – Atharpuch located in Kowanyama, the Charkil-Om Primary Health Care Centre in Napranum and the Social and Emotional Wellbeing Centres located in Aurukun, Hope Vale, Coen and Mossman Gorge.

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 following Apunipima Primary Health Centres (PHC) are accredited to the Royal Australian College of General Practitioners (RACGP) standards by AGPAL to 2020: Mossman Gorge PHC and Charkil-Om PHC in Napranum. Newly accredited in 2018 is the Coen PHC for a period of three years to 2021.

FINANCIALS



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Abbreviations

PHCC Primary Health Care Centre

CCSS Care Coordination and
Supplementary Services

Statement of comprehensive income

For the year ended 30 June 2018

	Note	2018 \$	2017 \$
Income			
Recurrent grants and operating revenue	5a	31,068,789	26,390,894
Net gain on sale of property, plant and equipment		49,545	22,273
		<u>31,118,334</u>	<u>26,413,167</u>
Expenses			
Clinical supplies		294,494	264,503
Computer expenses		245,933	332,535
Conference and meeting expenses		8,340	7,117
Consultants and professional services		257,606	227,933
Electricity		166,019	150,796
Employee expenses		20,232,728	16,726,432
Governance		147,753	235,613
Grants repaid	5c	10,951	30,407
Health promotion resources		400,094	469,190
Motor vehicle expenses		285,416	242,264
Office supplies		95,216	136,849
Recruitment and relocation		130,849	185,160
Rent		511,073	501,285
Repairs and maintenance		220,230	139,560
Staff training		289,487	246,853
Telephone and fax		819,350	789,387
Travel and accommodation		4,863,459	3,986,975
Other expenses		660,723	720,867
		<u>29,639,721</u>	<u>25,393,726</u>
Results from operating activities		<u>1,478,613</u>	<u>1,019,441</u>
Finance income		123,914	73,030
Finance costs		(42,238)	(33,679)
Net finance income		<u>81,676</u>	<u>39,351</u>
Results from operating activities after finance income		1,560,289	1,058,792
Depreciation and amortisation	8	(903,769)	(911,048)
Net surplus/deficit before tax		656,520	147,744
Income tax expense		-	-
Net surplus/ (deficit) before capital grant revenue		656,520	147,744
Capital grant revenue	5b	-	1,403,370
Total comprehensive income		<u>656,520</u>	<u>1,551,114</u>

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

Statement of financial position

As at 30 June 2018

	Note	2018 \$	2017 \$
Assets			
Cash and cash equivalents	6	5,593,707	2,442,692
Trade and other receivables	7	2,145,120	2,324,276
Prepayments		352,146	367,374
Total current assets		8,090,973	5,134,342
Deposits- rental bonds	7	15,583	-
Property, plant, equipment and work in progress	8	6,903,934	7,105,925
Total non-current assets		6,919,517	7,105,925
Total assets		15,010,490	12,240,267
Liabilities			
Trade and other payables	9	3,436,510	2,691,141
Finance lease liabilities	10	290,481	241,645
Provisions	12	279,820	99,216
Grant funds unexpended, repayable or in advance		1,759,181	788,144
Total current liabilities		5,765,992	3,820,146
Finance lease liabilities	10	571,508	374,587
Provisions	12	224,482	253,546
Total non-current liabilities		795,990	628,133
Total liabilities		6,561,982	4,448,279
Net assets		8,448,508	7,791,988
Equity			
Retained surplus	14	1,083,912	7,791,988
Reserves	14	7,364,596	-
Total equity		8,448,508	7,791,988

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 2018

	Restricted Medicare funds \$	Capital reserve \$	Retained surplus \$	Total equity \$
Attributable to owners of the Company				
Balance at 1 July 2016	-	-	6,240,874	6,240,874
Total comprehensive income				
Net surplus	-	-	1,551,114	1,551,114
Total other comprehensive income	-	-	-	-
Total comprehensive income	-	-	1,551,114	1,551,114
Balance at 30 June 2017	-	-	7,791,988	7,791,988
Balance at 1 July 2017	-	-	7,791,988	7,791,988
Total comprehensive income				
Net surplus	-	-	656,520	656,520
Total other comprehensive income	-	-	-	-
Total comprehensive income	-	-	656,520	656,520
Transfers to reserves	14b 460,662	6,903,934	(7,364,596)	-
Balance at 30 June 2018	460,662	6,903,934	1,083,912	8,448,508

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

Statement of cash flows

For the year ended 30 June 2018

	Note	2018 \$	2017 \$
Cash flows from operating activities			
Cash receipts from funding bodies		33,591,004	25,477,698
Cash receipts from customers		1,701,445	1,558,044
Cash paid to suppliers and employees		(31,816,634)	(27,478,681)
Cash generated from operating activities		3,475,815	(442,939)
Interest received		123,914	73,030
Interest paid		-	(519)
Net cash from/(used in) operating activities	16	<u>3,599,729</u>	<u>(370,428)</u>
Cash flows from investing activities			
Capital grants received		-	1,289,727
Acquisition of property, plant, equipment and work in progress		(701,778)	(2,044,956)
Proceeds from sale of property, plant and equipment		49,545	22,273
Net cash from/(used in) investing activities		<u>(652,233)</u>	<u>(732,956)</u>
Cash flows from financing activities			
Proceeds from finance leases		428,574	302,003
Repayment of finance leases		(225,055)	(212,295)
Net cash from/(used in) financing activities		<u>203,519</u>	<u>89,708</u>
Net increase (decrease) in cash and cash equivalents		3,151,015	(1,013,676)
Cash and cash equivalents at 1 July	6	<u>2,442,692</u>	<u>3,456,368</u>
Cash and cash equivalents at 30 June	6	<u>5,593,707</u>	<u>2,442,692</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 4d, Note 4j and Note 14*
- *Depreciation of property, plant and equipment – Note 4f and Note 8*

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.

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.

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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.

f Comparatives

Comparative information has been restated where necessary to be consistent with disclosures in the current reporting period.

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 2017. 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 2017, 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 fully 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.

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 Finance income and finance costs

Finance income and finance costs include interest income, interest expense, interest income or expense is recognised using the effective interest method.

d 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.

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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.

iv Termination benefits

Termination benefits are expensed at the earlier of when the Company can no longer withdraw the offer of those benefits and when the Company recognises costs of restructuring. If the benefits are not expected to be settled wholly within 12 months at the end of the reporting period, then they are discounted.

e Income tax

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

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 Work in progress

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

h Financial instruments

i Non-derivative financial assets and financial liabilities – Recognition and derecognition

The Company initially recognises loans and receivables on the date that they are originated. All other financial assets and financial liabilities are initially recognised on the trade date.

The Company derecognises a financial asset when the contractual rights to the cash flows from the asset expire, or it transfers the rights to receive the contractual cash flows in a transaction in which substantially all of the risks and rewards of ownership of the financial asset are transferred, or it neither transfers nor retains substantially all of the risks and rewards of ownership and does not retain control over the transferred asset. Any interest in transferred financial assets that is created or retained by the Company is recognised as a separate asset or liability.

The Company derecognises a financial liability when its contractual obligations are discharged or cancelled, or expire.

Financial assets and financial liabilities are offset and the net amount presented in the statement of financial position when, and only when, the Company has a legal right to offset the amounts and intends either to settle on a net basis or to realise the asset and settle the liability simultaneously.

ii Non-derivative financial assets – Measurement

Loans and receivables

Loans and receivables are initially recognised at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, they are measured at amortised cost using the effective interest method.

iii Non-derivative financial liabilities – Measurement

Non-derivative financial liabilities are initially recognised at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, these financial liabilities are measured at amortised cost using the effective interest method.

i Impairment

i Non-derivative financial assets

Financial assets are assessed at each reporting date to determine whether there is any objective evidence of impairment.

Objective evidence that financial assets are impaired can include default or delinquency by a debtor, restructuring of an amount due to the Company on terms that the Company would not consider otherwise, or indications that a debtor or issuer will enter bankruptcy.

The Company considers evidence of impairment for financial assets measured at amortised cost (loans and receivables) at a specific asset level.

An impairment loss in respect of a financial asset measured at amortised cost is calculated as the difference between its carrying amount and the present value of the estimated future cash flows discounted at the asset's original effective interest rate. Losses are recognised in expenses and reflected in an allowance account. When the Company considers that there are no realistic prospects of recovery of the asset, the relevant amounts are written off. If the amount of impairment loss subsequently decreases, and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through other income.

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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 current 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.

5 Revenue

a Recurrent grants and operating revenue

Recurrent grants received

	2018 \$	2017 \$
Catholic Health Australia	60,000	-
Centacare Cairns	-	170,175
Check UP	3,117,107	2,958,032
Department of Communities, Child Safety and Disability Services	734,707	482,584
Department of Health	16,434,778	13,901,010
Department of Prime Minister and Cabinet	1,444,545	459,204
Fred Hollows Foundation	-	156,223
James Cook University	232,558	265,356
National Aboriginal and Torres Strait Islander Health Alliance	579,424	579,424
National Health and Medical Research Council	33,906	39,496
Northern Queensland Primary Health Network	712,414	512,564
Queensland Health	1,761,140	537,655
Queensland Corrective Services	49,055	90,000
Royal Australasian College of Medical Administrators	366,616	303,926
Department of Social Services	536,944	223,719
South Australian Health and Medical Research Institute	84,371	54,124
Torres and Cape Hospital and Health Service	4,108,488	3,939,448
University of Western Australia	93,079	64,039
Other small grants	16,900	-
	<u>30,366,032</u>	<u>24,736,979</u>
Recurrent grant balances at 1 July	654,460	765,408
Recurrent grant balances at 30 June	<u>(1,614,547)</u>	<u>(654,460)</u>
Total recurrent grant revenue	<u>29,405,945</u>	<u>24,847,927</u>
Operating revenue		
Medicare income	1,573,868	1,426,221
Other	88,976	116,746
Total operating revenue	<u>1,662,844</u>	<u>1,542,967</u>
Total recurrent grants and operating revenue	<u>31,068,789</u>	<u>26,390,894</u>

b Capital grants

Capital grants received

Department of Health – capital grants	-	1,289,727
	-	1,289,727
Capital grant balances at 1 July	133,684	247,327
Capital grant balances at 30 June	<u>(133,684)</u>	<u>(133,684)</u>
Total capital grant revenue	<u>-</u>	<u>1,403,370</u>

c Grant funds repaid during the year

Department of Communities	10,951	-
Royal Australian College of Medical Administrators	-	30,407

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6 Cash and cash equivalents

Bank balances	5,593,557	2,441,742
Cash on hand	150	950
Cash and cash equivalents in the statement of cash flows	<u>5,593,707</u>	<u>2,442,692</u>

7 Trade and other receivables

Current

Deposit- rental bonds	5,309	20,892
Trade receivables	<u>2,139,811</u>	<u>2,303,384</u>
	<u>2,145,120</u>	<u>2,324,276</u>

Non-current

Deposits- rental bonds	<u>15,583</u>	<u>-</u>
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8 Property, plant and equipment

a Reconciliation of carrying amount

	Land and buildings \$	Health & medical equipment \$	Computer & electronic equipment \$	Office furniture & fittings \$	Motor vehicles \$	WIP \$	Total \$
Cost							
Balance at 1 July 2016	3,267,786	380,340	1,429,339	2,224,009	2,018,734	1,240,545	10,560,753
Additions	-	-	-	-	327,126	1,716,568	4,630,653
Disposals	-	-	-	-	(85,028)	-	(85,028)
Transfers between classes	2,463,283	-	123,677	-	-	(2,586,960)	-
Transfer from P&L	-	-	-	-	-	1,263	1,263
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>371,416</u>	<u>12,520,681</u>
Balance at 1 July 2017	5,731,068	380,340	1,553,016	2,224,009	2,260,832	371,416	12,520,681
Additions	9,907	-	67,098	-	453,439	210,160	740,604
Disposals	-	(32,192)	(29,652)	(38,378)	(316,477)	-	(416,699)
Transfers between classes	132,688	13,796	139,854	-	-	(286,338)	-
Transfer to P&L	-	-	-	-	-	(38,826)	(38,826)
Balance at 30 June 2018	<u>5,873,663</u>	<u>361,944</u>	<u>1,730,316</u>	<u>2,185,631</u>	<u>2,397,794</u>	<u>256,412</u>	<u>12,805,760</u>

	Land and buildings \$	Health & medical equipment \$	Computer & electronic equipment \$	Office furniture & fittings \$	Motor vehicles \$	WIP \$	Total \$
Depreciation and impairment							
Balance at 1 July 2016	229,597	210,811	1,150,163	1,911,747	1,086,435	-	4,588,753
Depreciation 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
 Balance at 1 July 2017	455,271	255,115	1,335,359	2,131,430	1,237,581	-	5,414,756
Depreciation for the year	286,559	52,558	156,397	89,596	318,659	-	903,769
Disposals	-	(32,192)	(29,652)	(38,378)	(316,477)	-	(416,699)
Balance at 30 June 2018	741,830	275,481	1,462,104	2,182,648	1,239,763	-	5,901,826
 Carrying amounts							
At 1 July 2016	3,038,189	169,529	279,176	312,262	932,299	1,240,545	5,972,000
At 30 June 2017	5,275,797	125,225	217,657	92,579	1,023,251	371,416	7,105,925
At 30 June 2018	5,131,833	86,463	268,212	2,983	1,158,031	256,412	6,903,934

b Leasehold improvements

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 2018 was \$13,249) 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 2018 was \$83,076).
- 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 2018 was \$6,419).

There was no capital expenditure in relation to the Mapoon assets during the year ended 30 June 2018.

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 expires on 21 August 2019. This is a lease from the Napranum Aboriginal Shire Council.
- 38 Regent Street Coen was purchased by the Company on 31 August 2015.

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- Lot 15 Kankarr Street, Mossman Gorge Road, Mossman expires on 3 April 2019 but has an option to renew the lease for one extended term of 12 months. This is leased from Bamanga Bubu Ngadimunku Aboriginal Corporation.

There is currently no formal tenure in relation to the capital expenditure incurred in 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.

	2018 \$	2017 \$
Trade creditors	497,787	412,729
Accrued expenses	1,074,437	755,487
Liability for annual leave	1,349,691	995,061
Other creditors	297,912	374,702
PAYG	136,194	-
GST payable	80,489	153,162
	<u>3,436,510</u>	<u>2,691,141</u>

9 Trade and other payables

10 Finance lease liabilities

Current

Finance lease liabilities	<u>290,481</u>	<u>241,645</u>
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Non-current

Finance lease liabilities	<u>571,508</u>	<u>374,587</u>
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Finance lease liabilities

Finance lease liabilities are payable as follows:

	Future minimum lease payments 2018 \$	Interest 2018 \$	Present value of minimum lease payments 2018 \$	Future minimum lease payments 2017 \$	Interest 2017 \$	Present value of minimum lease payments 2017 \$
Less than one year	339,579	49,097	290,481	270,609	28,964	241,645
Between one and five years	611,931	40,424	571,508	399,229	24,642	374,587
More than five years	-	-	-	-	-	-
	<u>951,510</u>	<u>89,521</u>	<u>861,989</u>	<u>669,838</u>	<u>53,606</u>	<u>616,232</u>

11 Employee benefits

The Company makes contributions to defined contribution plans. The amount recognised as an expense was \$1,487,939 for the year ended 30 June 2018 (2017: \$1,277,889).

12 Provisions

Current

	2018 \$	2017 \$
Long service leave	<u>279,820</u>	<u>99,216</u>

Non-current

Long service leave	<u>224,482</u>	<u>253,546</u>
Balance at 1 July	352,762	364,494
Provisions made during the year	163,978	(2,186)
Provisions used during the year	<u>(12,438)</u>	<u>(9,546)</u>
Balance at 30 June	<u>504,302</u>	<u>352,762</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 dependent 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 2018 was 2.51% (2017: 2.28%).

13 Operating leases

Leases as lessee

The Company leases a number of buildings under operating leases. The leases typically run for a period of one to five years, 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.

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

	2018 \$	2017 \$
Less than one year	585,995	169,168
Between one and five years	1,377,046	29,438
More than five years	<u>19</u>	<u>4,945</u>
	<u>1,963,060</u>	<u>203,551</u>

During the year ended 30 June 2018, \$698,635 was recognised as an expense in respect of operating leases (2017: \$576,329).

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.

14 Capital and reserves

a 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 .

b Reserves

Effective 30 June 2018, it has been decided to transfer certain amounts from retained surplus to reserves. This is to better disaggregate the composition of the Company's equity which to date has all been disclosed as retained surplus.

i Capital reserve

The capital reserve reflects funds received by the Company which have been spent on capital assets and which have been set aside to cover the depreciation of those assets in future years.

ii Restricted Medicare funds

The restricted Medicare funds reflects funds received from Medicare during the year which are required to be spent in accordance with Department of Health guidelines and which had not been so spent at reporting date. These funds will be spent after reporting date.

15 Capital management

The Company's policy is to maintain a strong capital base so as to maintain member, creditor and funding body confidence and to sustain future development of the business. Capital consists of retained surpluses and reserves. Management monitors the Company's operating surplus.

There were no changes in the Company's approach to capital management during the year.

The Company is not subject to externally imposed capital requirements.

16 Reconciliation of cash flows from operating activities

Net surplus	656,520	1,551,114
<i>Adjustments for:</i>		
Capital grants received	-	(1,289,727)
Depreciation	903,769	911,048
Gain on sale of property, plant and equipment	(49,545)	(22,290)
Finance charges	42,238	33,160
Expiry of finance lease	-	(129,578)
	<u>1,552,982</u>	<u>1,053,727</u>
<i>Changes in:</i>		
Trade and other receivables	163,573	(1,754,076)
Trade and other payables	745,369	652,598
Prepayments	15,228	(86,354)
Provisions and employee benefits	151,540	(11,732)
Unexpended grants	<u>971,037</u>	<u>(224,591)</u>
Net cash from operating activities	<u>3,599,729</u>	<u>(370,428)</u>

17 Related parties

a Transactions with key management personnel

i Key management personnel compensation

The key management personnel compensation comprised the following:

Short-term employee benefits	969,238	746,641
Post-employment benefits	77,571	69,573
Other long term benefits	8,746	13,022
Termination benefits	<u>2,158</u>	<u>-</u>
	<u>1,057,713</u>	<u>829,236</u>

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

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.

FINANCIALS

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	
			2018	2017	2018	2017
			\$	\$	\$	\$
Thomas Hudson	Kowanyama River House	(i)	57,270	66,676	-	-
Thomas Hudson	Thomas Hudson	(ii)	10,380	-	10,380	-

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

(ii) A vehicle was sold to T Hudson at market value during the year.

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.

2018	2017
\$	\$

18 Auditor's remuneration

Audit services

Auditors of the Company – Grant Thornton

Audit of financial statements	34,000	31,000
Audit of grant acquittals	7,500	7,700
Audit of CCSS grant acquittal	4,000	4,000
	<u>45,500</u>	<u>42,700</u>

Other services

Auditors of the Company – Grant Thornton

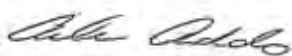
Advisory services - other advice and assistance	8,900	18,790
Preparation of financial statements	8,500	8,800
	<u>17,400</u>	<u>27,590</u>

Directors' declaration

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

- a the financial statements and notes satisfy the requirements of the *Australian Charities and Not-for-profits Commission Act 2012*, including:
 - i giving a true and fair view of the Company's financial position as at 30 June 2018 and of its performance for the financial year ended on that date; and
 - ii complying with Australian Accounting Standards – Reduced Disclosure Requirements; and
- b 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.

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



Director

31/10/2018

Date

Independent auditor's report

Cairns Corporate Tower
15 Lake Street
Cairns QLD 4870

Correspondence to:
PO Box 7200
Cairns QLD 4870

T +61 7 4046 8888
F +61 7 4051 0116
E info.cairns@au.gt.com
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 2018, 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 2018 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 auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* and 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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Information other than the financial report and auditor's report thereon

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 2018, but does not include the financial report and our 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.

Grant Thornton

GRANT THORNTON AUDIT PTY LTD
Chartered Accountants

Helen Wilkes

H A Wilkes
Principal – Audit & Assurance

Cairns, 31 October 2018

apunipima



apunipima
CAPE YORK HEALTH COUNCIL