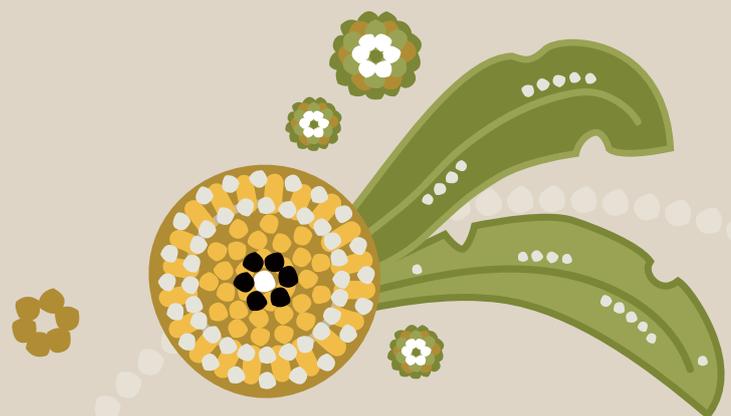


GIDGEE HEALING

2018 ANNUAL REPORT



Gidgee Healing remains committed to acknowledging the Kalkadoon people as the traditional owners of Mt Isa and the land where our service originated. We also acknowledge the traditional owners of the lower gulf region and communities where we are committed to delivering quality care for Aboriginal and Torres Strait Islander people.





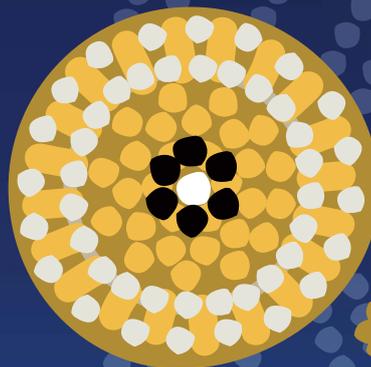
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OUR STORY

HISTORY

Gidgee Healing came into being as a response to the need for culturally appropriate health care for Indigenous communities in Mount Isa and the surrounding region. Originating in the 1970s, the organisation has evolved over time, working with Community to create a tailored approach to Aboriginal and Torres Strait Islander health. Our namesake, the Gidgee Tree, is a strong and resilient wood, rich in healing properties. There is much about the Gidgee tree that embodies the values of the health service.



2018 HIGHLIGHTS

- Lower Gulf expansion
- Rollout of Allied Health Services
- Rollout of new IT Infrastructure
- 1300% increase in Aboriginal Health Checks

OUR SERVICE REGION





OUR ESSENCE THE GIDGEE WOOD

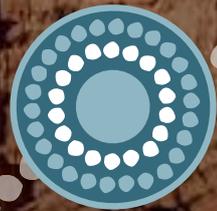
Just as the abundant healing and nurturing qualities of the Gidgee tree work across different spheres, so too does Gidgee Healing's approach to wellness.

We are committed to working with every individual as a whole being – mind, body, and spirit – not just a series of symptoms and pathologies to be 'fixed'.

Our approach to healing embraces the physical, mental, emotional and cultural dimensions of everyone in our care.



*Our philosophy that
is the foundation
of everything –
our heart, our head,
our spirit and
our actions.*



GOAL, VISION, VALUES

OUR GOAL

To make a significant and growing contribution towards achieving equity in health outcomes for Aboriginal and Torres Strait Islander peoples of Mount Isa and the other communities in our geographic service area.

OUR VISION

To make a significant and growing contribution towards achieving equity in health outcomes for the Aboriginal and Torres Strait Islander peoples of Mount Isa and the other communities in our geographic service area.

OUR VALUES

Cultural respect – Gidgee Healing recognises the cultural diversity that exists amongst its clients and respects the rights, views, values and expectations of Aboriginal and Torres Strait Islander peoples in service delivery.

Health sector responsibility – Gidgee Healing recognises that, while responsibility for improvement of Aboriginal and Torres Strait Islander health rests with the health system as a whole, it can play a key role in ensuring responsiveness of the sector.

Holistic approach – Gidgee Healing has adopted a view of health that encompasses the wellbeing of an individual, family and community, and recognises the broader social, cultural, spiritual and environmental influences on health.

Community control of primary healthcare – Gidgee Healing supports community control, participation and decision making as a fundamental component of the health system.

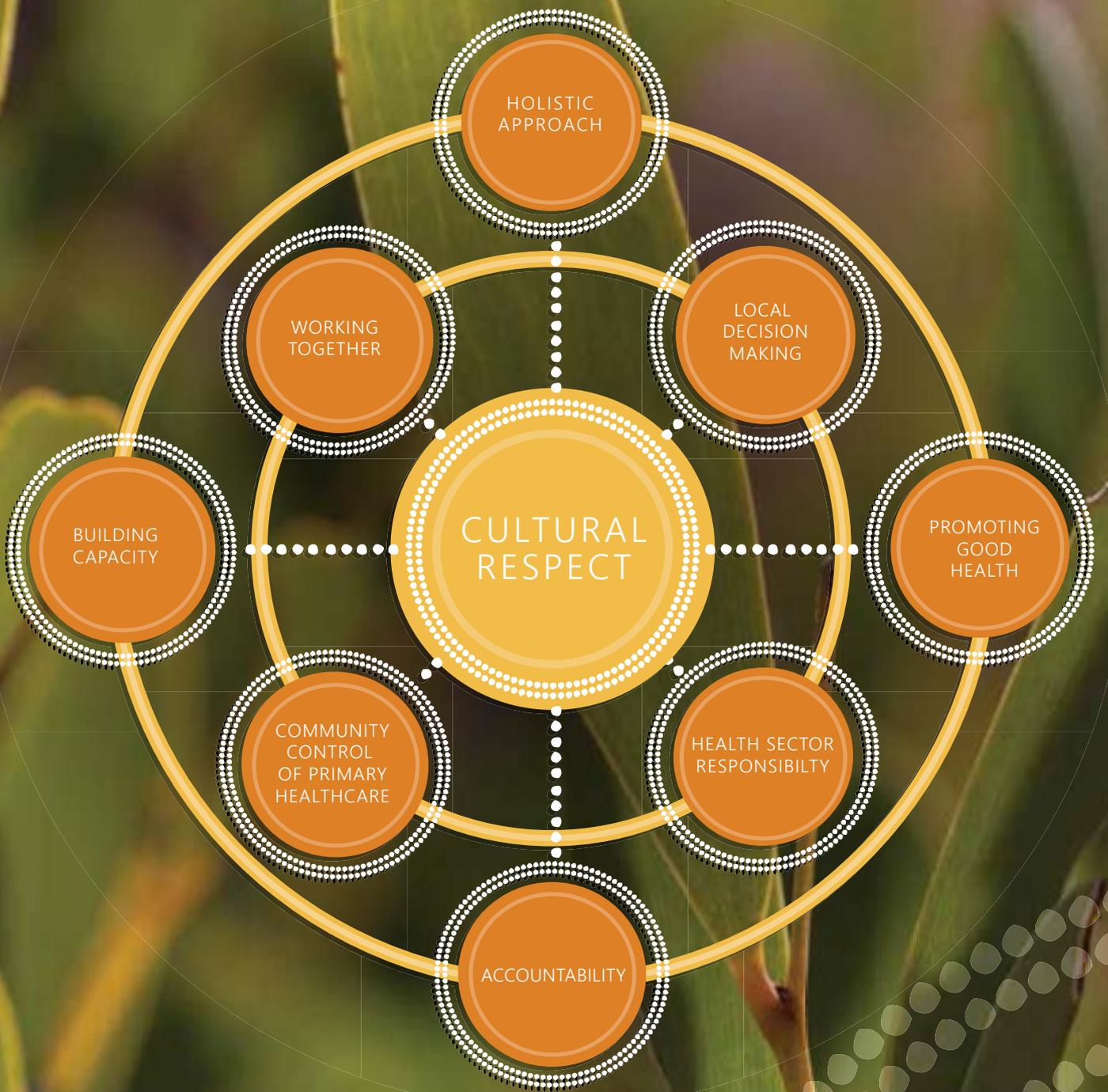
Building capacity – Gidgee Healing recognises the ongoing need to build capacity for improved health outcomes through both its own services and mainstream services, as well as through workforce, physical infrastructure and data management.

Working together – Gidgee Healing recognises the importance of working with a range of government, nongovernment and private providers to ensure coordination of efforts for maximum benefits to Aboriginal and Torres Strait Islander people.

Local decision making – Gidgee Healing is committed to local level consultation and input to health service planning and delivery.

Accountability – Gidgee Healing is committed to improving the health of the Aboriginal and Torres Strait Islander community of Mount Isa and the other communities in our geographic area.

Promoting good health – Gidgee Healing recognises the importance of illness prevention as a fundamental component of its health service delivery.





OUR HEART

Our purpose.

Our 'why'.

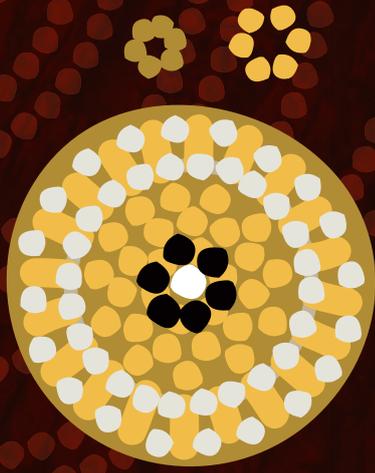
The health and wellbeing of the communities in our region is at the heart of what we do. The Gidgee Wood is embodied in our heart – our 'why' – by being Community Controlled, and empowering the Mob. We believe that access to culturally safe and appropriate care is everyone's right.



OUR SPIRIT

The people and organisations behind our actions

Gidgee Wood exists in our spirit through supporting the people and organisations that enable us to provide our services and programs. Our spirit – our people – display the values and beliefs of Gidgee Wood in all that they do.

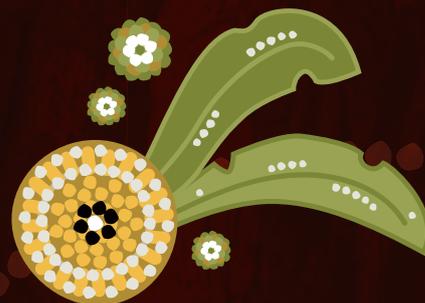


CHAIRPERSON'S MESSAGE

Gidgee Healing is continuing to evolve towards our vision of providing comprehensive primary health care services through an integrated and culturally responsive approach.

We do so in the context of a system that is constantly changing. As we navigate this fluid landscape we are sharing and collaborating with other health care providers to work together to transform how health care services are provided to deliver a truly integrated model of care.

The last financial year has been an intense period as we have continued to embed strategic and operational changes in response to the shifting health care environment and the expansion of our operation and service offering.



THE GIDGEE WOOD

Since the Board articulated our philosophy — ‘The Gidgee Wood’ — in 2017 as part of our strategic planning process, we have continued to embed this way of working within the fabric of the organisation. This has occurred through a number of prioritised operational projects, as well as our continued rollout of services across the Lower Gulf region.

Our commitment to delivering an integrated health service to the lower gulf has led to a re-visioning of the Gidgee Wood in terms of offering the Gidgee Healing model of care to our brothers and sisters in these communities. This view continues to emerge and will, to some degree, be articulated as a result of targeted consultation with these communities to better understand their needs across the region in terms of health care. This work is also intended to identify how Gidgee Healing, as an Aboriginal Community Controlled Health Service, should be engaging with regional communities and what the governance framework for this engagement might look like. True regional community controlled engagement is a priority for us to implement in our delivery model, with governance being one of the primary elements of the engagement. This work is planned for the upcoming financial year and will in part be funded by the Primary Health Network.

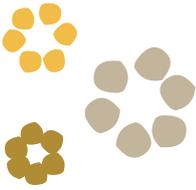
In the interim, we remain committed to working with communities in a truly culturally responsive way. As we continue to expand our services, we are constantly learning more about the regions that we work in, and the best ways for us to connect and understand what is needed in each community in terms of prioritising services and the best way for us to deliver.

Our community based board members are continuing to engage with community members across the region, talking with a range of individuals to help us recognise the specific local community needs and wishes within the framework of individual cultural protocols, beliefs, expectation, and community health plans.

STRATEGIC PROJECTS

Through our risk assessment process plus ongoing discussions with community members, operational and clinical staff, health care partners, and other stakeholders, the board identified that one of our continuing priorities is to maintain and extend our commitment to the culturally safe operation of our organisation. It was recognised that in light of our recent accelerated growth phase, to remain dedicated to our community controlled philosophy this area required some ‘catching up’ to ensure best practice in accommodating the broader needs of our expanded service delivery area and associated workforce.

To this end, the board initiated a process to perform a complete review of our current cultural safety practices in parallel with a similar undertaking to examine our communication modes and methods in consultation with communities, our own operational and clinical employees and contractors, and with other stakeholders. A working group was formed comprising board members, senior operational staff – including the CEO – and an external communications adviser, to work through a process of identifying the most practical means of progressing this agenda. The group coordinated a closed tender process, to source appropriate consultants to work with community and our employees across our entire service delivery area to codesign a cultural safety framework and communications strategy. A request for proposal was issued to select Indigenous businesses that were suitably qualified to perform the reviews, recognised and respected the importance of community knowledge, and knew how to incorporate the wisdom of community in project execution and outcomes. The selection process was undertaken over the second half of the reporting period, with the work to be performed in the following period and completed before the end of the 2018 calendar year.



NEW LEADERSHIP

The end of the 2018 financial year represented the end of an era with the departure of CEO Dallas Leon from the organisation. Dallas spent four and a half years dedicated to the development of Gidgee Healing, and under his leadership, we have grown from providing services from a single clinic in Mount Isa with a staff of 22, to delivering an integrated regional health care strategy across a geographic footprint of some 55,500km² with 115 employees.

I believe that there are different phases in every organisation's life cycle. Gidgee Healing has been through a period of extremely rapid growth and development. Together with my fellow directors, I am enormously grateful to Dallas for being the right person at the right time to shepherd the organisation through that journey. His decision to move on was based on prioritising his family and the board wholly supported his wishes in this regard. During his time with Gidgee Healing, Dallas has always worked in partnership with the board and the process of succession planning and transitioning to accommodate his departure has been no different. We wish Dallas the very best for his family and future career.

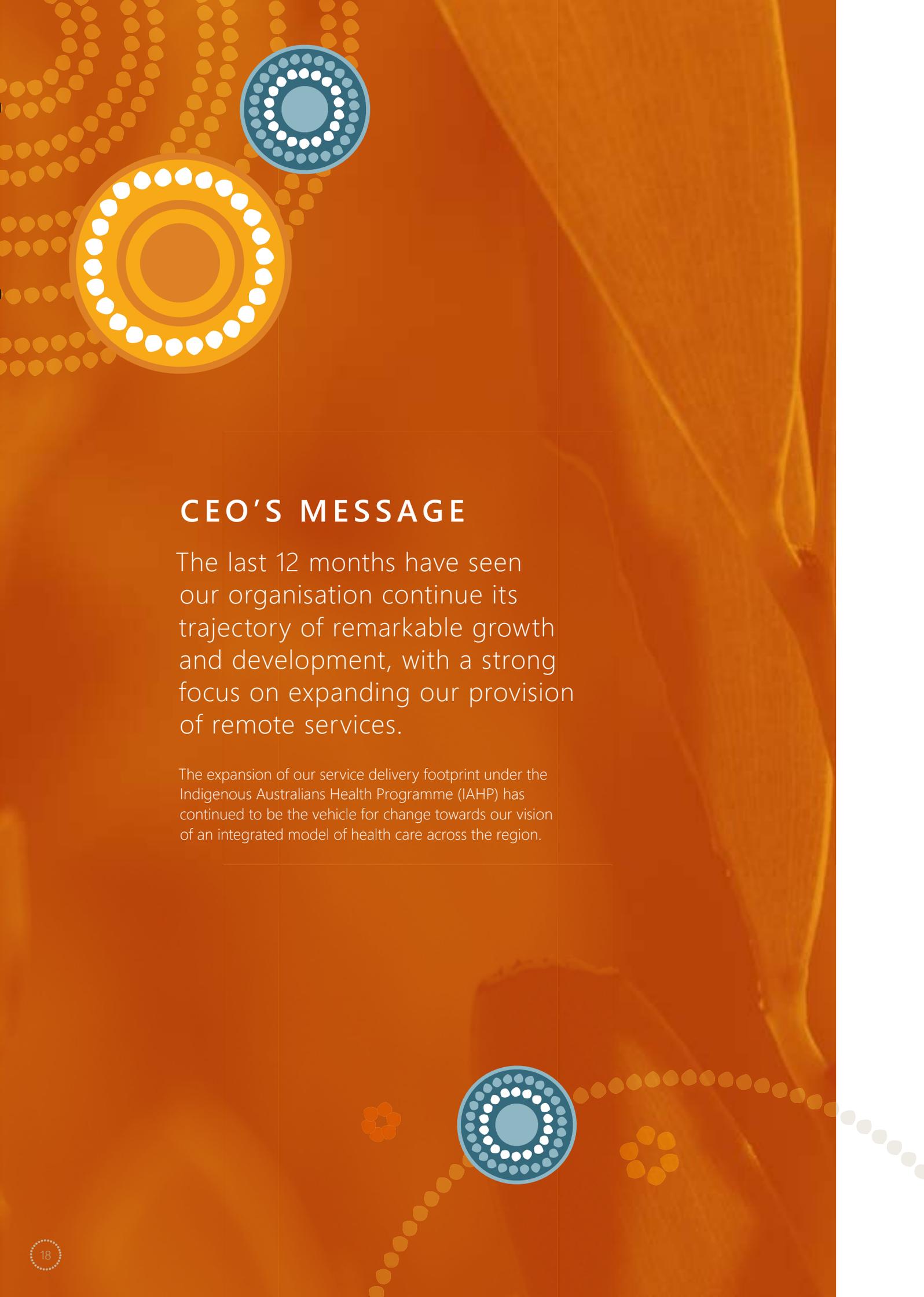
We are very pleased to have identified an extremely worth successor in Renee Blackman. Renee is a Gubbi Gubbi woman, originally from the Sunshine Coast in Queensland. She is passionate about our region, having lived in Mt Isa for around 15 years, and still has family residing in the area. Renee brings valuable experience in change management and health care design for Aboriginal and Torres Strait Islander People. She is a registered nurse and has had hands-on experience with the challenges faced by community.

Since 2016, Renee has been the Director of Health Services for the Aboriginal and Torres Strait Islander Community Health Service (ATSICHS) in Brisbane. Prior to that she worked the Institute for Urban Indigenous Health (IUIH), as Health Services Development Manager for South East Queensland. Renee's entire career has been dedicated to the Indigenous health care sector. She is passionate about keeping her people out of hospital through effective health services that work closely with the community. We welcome Renee to the Gidgee Healing family and we're excited about her leadership of the next phase of our evolution.

Shaun Soloman
Chairperson







CEO'S MESSAGE

The last 12 months have seen our organisation continue its trajectory of remarkable growth and development, with a strong focus on expanding our provision of remote services.

The expansion of our service delivery footprint under the Indigenous Australians Health Programme (IAHP) has continued to be the vehicle for change towards our vision of an integrated model of health care across the region.

GROWTH OF REGIONAL SERVICES

Following the establishment of our Primary Health Care services in Normanton in 2017, this financial year has seen us focus on initiating the delivery of Allied Health Services across the Lower Gulf and Mount Isa, as well as expanding Primary Health Care services into Doomadgee and Mornington Island. In September 2017, we established the regular presence of a GP and nurse in these communities, and saw demand for this service quickly grow. We now aim to have a doctor and nurse in community every week of the year. These are dedicated resources, so that community members can build a relationship with their health care provider and maintain continuity of care.

We are working hard to form a stable local workforce across the region, to provide consistency, and work with visiting allied health professionals. Teams are currently working out of local hospitals or community health care facilities in a co-location arrangement with the North West Hospital and Health Service. It has taken significant work and collaboration to operationalise this model, but the outcomes have been excellent.

EXPANDING CAPABILITY

In addition to the development of primary and allied health services, we have also been focussed on building our capability as a comprehensive health care provider by developing services above and beyond clinical care. An important example of this is our successful application to deliver the regional Family Wellbeing program, which is dedicated to preventing Aboriginal and Torres Strait Islander children entering the child protection system. Gidgee Healing is working as the lead agency of a consortium with North and West Remote Health, and Save The Children to support vulnerable children and families across the Lower Gulf. We see this work as critical in building resilience and providing earlier support for families with complex needs to minimise contact with the child safety system.

During the year, we also completed an extension of our Pioneer clinic to create a new program hub, as a home base for all our social and preventative health programs. The new \$700K facility was largely self-funded and additionally accommodates Allied Health staff and their clinical spaces, as well as catering for ongoing growth in the organisation.

INTERNAL GROWTH

With expansion of services naturally comes the need to grow and develop our workforce, and we've had a strong focus on our people this year. Along with setting an aspirational target to have 75% of our workforce identifying as Aboriginal or Torres Strait Islander, we also undertook a comprehensive review of the organisation's remuneration structure. This was performed by the Queensland Aboriginal and Islander Health Council (QAIHC) and was conducted in view of the competitive environment in which we operate. The outcomes of the review brought salaries into line with the rest of the sector and the region. This is an important step in our efforts to position Gidgee Healing as an employer of choice.

The review also highlighted the need to contemplate the recruitment and retention of our workforce moving forward as we continue to operate in a sector that competes for remote and regional resources. Our goal is to build a long term strategy for attracting and retaining the right people across our organisation. This approach will include a strong focus on workforce development and training, and working with school leavers to help them build a career in health.

In line with expanding our health services and reach, we have been working through a strong consolidation phase to bed down our corporate services like human resources, recruitment, finance, and administration. This has been an important element of the growth of the delivery of Gidgee Healing's health services and will continue be a high priority into the future.

IT INFRASTRUCTURE

The development of IT infrastructure to provide consistent and reliable connectivity and functionality has been essential to our geographic expansion and our ability to provide an integrated model of care — and no small undertaking. During the period, our focus on this key area has resulted in providing a faster and more reliable system for our Mount Isa teams. We are continuing to work with Telstra and our IT provider Future Computers to roll out a managed network across the whole region, with the final elements of this expected to be in place in the early part of the 2019 financial year. This will provide a stable, high speed network for our remote employees to support our service delivery and enable the ability to easily and securely share important information such as treatment guidelines, clinical pathways, disease registers, recall systems, and other essential data.

CHALLENGES

The logistics of delivering services in regional communities have proven difficult throughout our expansion, and will continue to be a challenge into the foreseeable future. Managing flights and accommodation to ensure that our people are on the ground to deliver essential services can be problematic, due to limited availability. The lack of infrastructure in remote communities also presents issues with regard to access to accommodation and other services for our people. We see this as a potential risk to our ability to meet our commitment to the people in these communities and provide consistency of services. We are continuing to closely manage the situation and explore options to ease the pressure and minimise the risk to services.

LOOKING FORWARD

As Gidgee Healing transitions into a consolidation phase, I have made the difficult decision to move on from the organisation. During my four and a half years here, Gidgee Healing has grown from a single clinic in Mount Isa with a \$4M budget to a major provider of integrated health care across the region, with a budget of \$26M. We are now leading other organisations in conversations

about Indigenous health and positioning ourselves as a best practice provider of community controlled health services. My time with Gidgee Healing has been both challenging and rewarding. I'm immensely proud of how the organisation has evolved and I'm pleased to have been part of building the foundations of a truly integrated model of care for the communities of Mount Isa and the Lower Gulf region. Gidgee Healing is now a key provider of health care services and is influencing and shaping the way those services are provided around the region and beyond.

I am confident that I am leaving the organisation in very capable hands, with Renee Blackman taking the helm. Renee has strong connections to the region and already has an outstanding career in Indigenous health care. Her skills and knowledge will be of enormous benefit to Gidgee Healing through the next phase of its evolution. I am sure she will be made to feel welcome and quickly become part of the Gidgee Healing family.

I am incredibly grateful to the staff of Gidgee Healing for their tireless efforts and ongoing support over the last four and a half years. The extraordinary growth and development we have gone through in this time would not have been possible without their full commitment to this journey. I am also hugely appreciative of the support I have received from the Board. We have worked together as a team to set an agenda for Indigenous health in this area. Most importantly, our community and stakeholders have been integral to the continued development of the organisation over this time. As a community controlled health service, the growth we have experienced simply would not have been possible if our members were not supportive of the path we have taken.

The last four and a half years have been a time of rapid evolution for Gidgee Healing. I am certain the organisation will keep going from strength to strength and continue to mature its capability to provide critical health services to Aboriginal and Torres Strait Islander people across the region.



Dallas Leon
Chief Executive Officer



THE BOARD



Shaun Solomon **CHAIR**

Shaun is a Birri and Ewamian man who has lived in the North West for most his life and has been working in Mount Isa for the past 15 years. Indigenous Health and Higher Education has been the focus of Shaun's career, which has enabled him to work closely with the Aboriginal and Torres Strait Islander peoples of North West Queensland. Shaun also sits as a member of the North Queensland Training Network.



Mona Phillips **DEPUTY CHAIR**

Mona is a Jaru/Waanyi woman who has an extensive history of working in and around the Gulf and North-Western Queensland as well as the NT. Mona's work experience covered a wide range in social health; including health promotion, alcohol and drug addictions and domestic and family violence. At the age of 50 Mona gained a Social Science Degree in Aboriginal Community Management & Development. Mona was a founding member and has been on the Gidgee MIACCS board for the last 3 years. Mona retired two years ago but remains active in Aboriginal affairs.



Michael Martin **DIRECTOR**

Michael Martin OAM FCPA is a skilled based Director and was appointed in 2013. He is Chair of the Audit and Risk Committee and provides Financial Management leadership to the Board. Michael lives in the Northern Territory where he is active in Health and is a member of a number of Government Boards. Michael is committed to Indigenous Health and was National Chair of Men's Health in 1999 and 2000. He travels to Mt Isa regularly for Board matters.



Leann Shaw **DIRECTOR**

Leann is Nugubu and Wik woman that has a long history of working in various in health and social services across the region, including alcohol, tobacco and other drugs and women's health and issues. Leann is committed to Indigenous rights and ensuring community is supported to achieve better health and well-being.



Daren Walden **DIRECTOR**

Darren is Waanyi and Gangalidda man with family and cultural links to Doomadgee and other Lower Gulf communities. Darren has lived in and worked in Mt Isa for around 30 years which includes experience with local Native Title Boards and approximately 20 years working directly in the Aboriginal health field. He is a strong advocate for the community.



OUR PEOPLE

Much energy has been focussed on the growth and development of our workforce this year, especially in relation to our expansion into the Lower Gulf and the implementation of our Allied Health services. A full independent review of our remuneration and benefits framework was undertaken by QAIHC, resulting in a range of recommendations, the majority of which were implemented. One of the main outcomes of the review was to bring salaries into line with the rest of the sector and the region.

The significant growth in our clinical workforce, has been supported by relative stability in our corporate services team. Some critical new roles in human resource management, finance, and contracts and compliance have also been created. Across the organisation, our permanent staff numbers have increased by 41% in the last year, which we see as an indicator of growth in the organisation, but also as benchmark for our growing reputation as an employer of choice in the region.

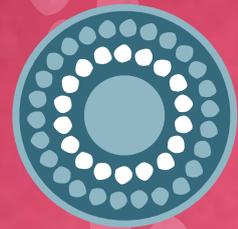
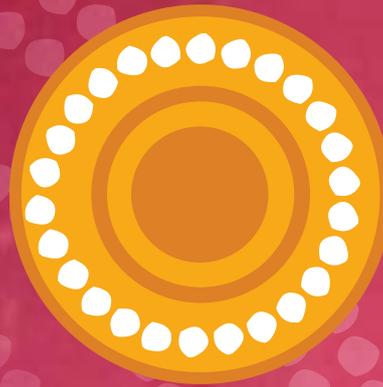
Moving forward, a key emphasis will be a long term strategy for the attraction and retention of the right people based on values and cultural fit. A feature of the strategy will be a 'home-grown' approach where we develop and upskill our workforce, creating opportunities to progress a career in health across the breadth of the organisation.



OUR MIND

The thought, planning and structures that support our actions

The Gidgee Wood underpins our way of thinking by ensuring our ethos is embedded in our strategy, governance structures, business planning, and systems and processes.



STRATEGY

Gidgee Healing's strategic goals and objectives and how they underpin the delivery of services. Introduce and outline each of the five strategic directions.



STRATEGIC DIRECTION 1

Improve health outcomes for Aboriginal and Torres strait Islander people in the region



STRATEGIC DIRECTION 2

Partner with the Indigenous Community to improve health outcomes



STRATEGIC DIRECTION 3

Maintain a strong and sustainable governance and business model



STRATEGIC DIRECTION 4

Implement an innovative and collaborative approach to planning and service delivery



STRATEGIC DIRECTION 5

Developing and empowering our workforce

GOVERNANCE



EXTERNAL STRUCTURES

Gidgee Healing operates as a public company limited by guarantee. We are subject to the rules and regulations of the Corporations Act as set out by the Australian Securities and Investments Corporation (ASIC). We are also a registered charity, regulated by the Australian Charities and Not-for-profits Commission (ACNC).

Importantly, we are also Community Controlled. This means that the community can have a say in how the organisation is governed, and that eligible members can participate in general meetings, nominate as candidates for the Board, and serve as Directors.

BOARD AND MANAGEMENT

The overall control and oversight of Gidgee Healing is the responsibility of the Board, which sets the strategic direction and performance targets, and monitors progress towards achieving those targets. Operational responsibility for performance is delegated to management, under the leadership of the Chief Executive Officer.

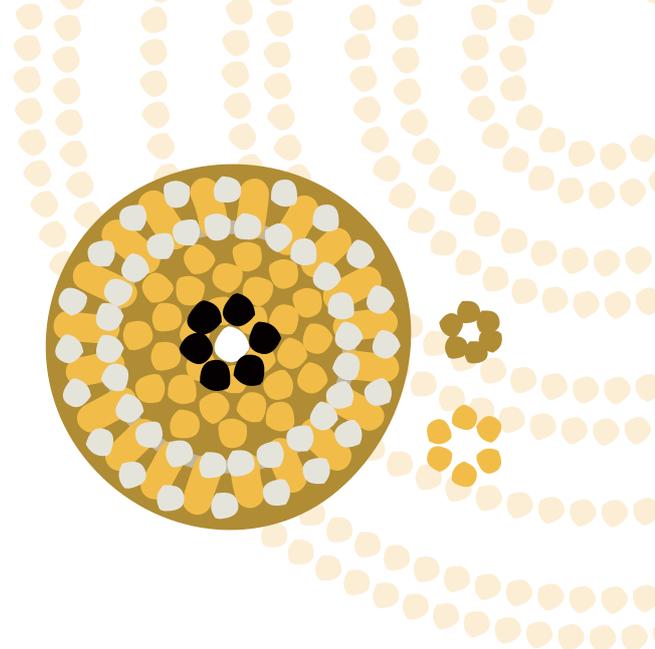
The Board is comprised of up to seven Elected Directors chosen by the members, and up to two Skills-Based Directors appointed by the Elected Directors. Each Director brings specific skills and expertise that support the organisation's strategic direction and goals. The Board is well-placed to provide the leadership and governance oversight needed by the organisation.

Skills Based Leadership

Appointed Director Dr Gregory Phillips resigned from the Board on 1 February 2018 due to pressure of other commitments. Dr Phillips made significant contributions around the Board table and to the continual improvement of the organisation's governance frameworks. He also contributed valuable insight into how Gidgee Healing's operating practices aligned with best practice in Indigenous healthcare. We thank him for his input and impact.

GOVERNANCE CHARTER

During the year, the Board finalised and approved a formal governance charter that clearly defines and articulates our governance practices, systems and processes. The charter will ensure our good governance practices continue consistently beyond the terms of the current Directors and management.



CLINICAL GOVERNANCE

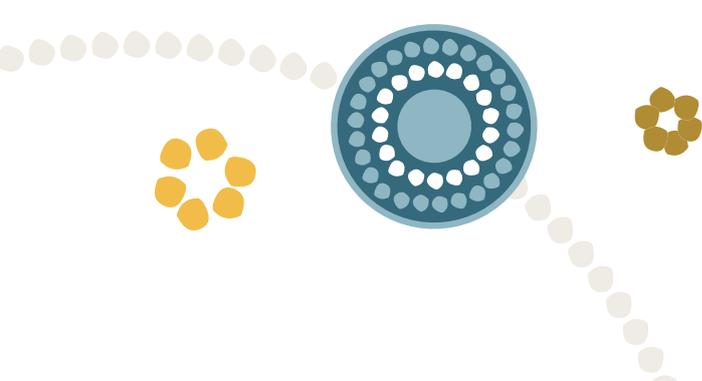
Subsequent to the establishment of our Clinical Governance Committee in the second half of the 2017 financial year, the first iteration of a formal clinical governance framework was completed in July 2017. While we have always practised good clinical governance as a component of our corporate governance, the need to develop a formal clinical governance framework was identified as a critical step in our evolution as a health service provider. In the context of a rapidly growing, large, and geographically diverse organisation, the framework provides structure and consistency around the policies, procedures, tools and processes necessary to support the delivery of health services that are culturally appropriate, safe, effective, integrated, high quality and continuously improving. The framework has been structured with a focus on accountability at each location, overseen by the Clinical Governance Committee, with ultimate accountability falling to the Board of Directors.

LOOKING FORWARD

In the shifting landscape of the health care sector, and with the introduction of the NDIS in Queensland, a robust governance framework remains critical for our organisation.

The Board will continue to:

- Ensure our governance framework is robust and reflects best practice in Community – Controlled organisations as well as our legislative environments
- Ensure we have the right skills and knowledge to govern effectively and remain relevant to our communities
- Ensure we have the right systems in place to ensure business continuity, should any director or senior manager leave the organisation



RISK MANAGEMENT

During the year, Gidgee Healing continued its systematic approach to identifying, mitigating and managing risk by implementing the Risk Management Framework developed in the previous year. Staff across the organisation continue to track and manage risks on a day-to-day basis under the oversight of the Audit and Risk Committee of the Board.

ISO 9001 AND OTHER QUALITY SYSTEMS

As we continue to look for ways to develop our services and provide a consistent, high quality health care experience for our patients, we are conscious of maintaining a cycle of continuous improvement for our quality management systems. During the period, we maintained our ISO 9001 accreditation and achieved AGPAL accreditation for the Pioneer clinic. We are in the planning stages of preparing the Normanton clinic for AGPAL accreditation in the 2019 financial year. Our quality management system is facilitated through LOGIQ safety, quality and risk management software developed for the health care sector.

PROFESSIONAL DEVELOPMENT

With the recent review of our remuneration structure reinforcing the need for us to grow our talent pool from within, we have regathered our efforts to provide opportunities for regular professional development and training.

Last year, our people completed the following training:

CLINICAL

- Midwifery Upskilling Course
- Acceptance and Commitment Therapy for Young People
- Wound Management
- Young People and Drugs Course
- Health Checks and Preventative Care
- Alcohol and other Drugs Course
- Paediatric Assessment and Management Seminar
- Youth Mental Health First Aid
- Pharmacotherapeutics for Remote Area Nurses
- First Aid
- CPR
- Queensland Social and Emotional Wellbeing Workshop
- Sexual Health Clinical Education Workshop
- Advanced Life Support
- ICOP Phlebotomy Training – Blood Collection Course
- Healthy Hands Training
- Family Wellbeing Induction Training
- P4 Mental Health training
- Intermediate Clinical Emergency Management Workshop Systems and administration

SYSTEMS AND ADMINISTRATION

- LogiQ
- Australian Association of Practice Management 2018 Conference – Developing Management skills
- QAIHC Data Reporting Workshop
- Certificate III IN Business Administration (Medical)
- Mastering Meeting Minutes
- IUHI Training

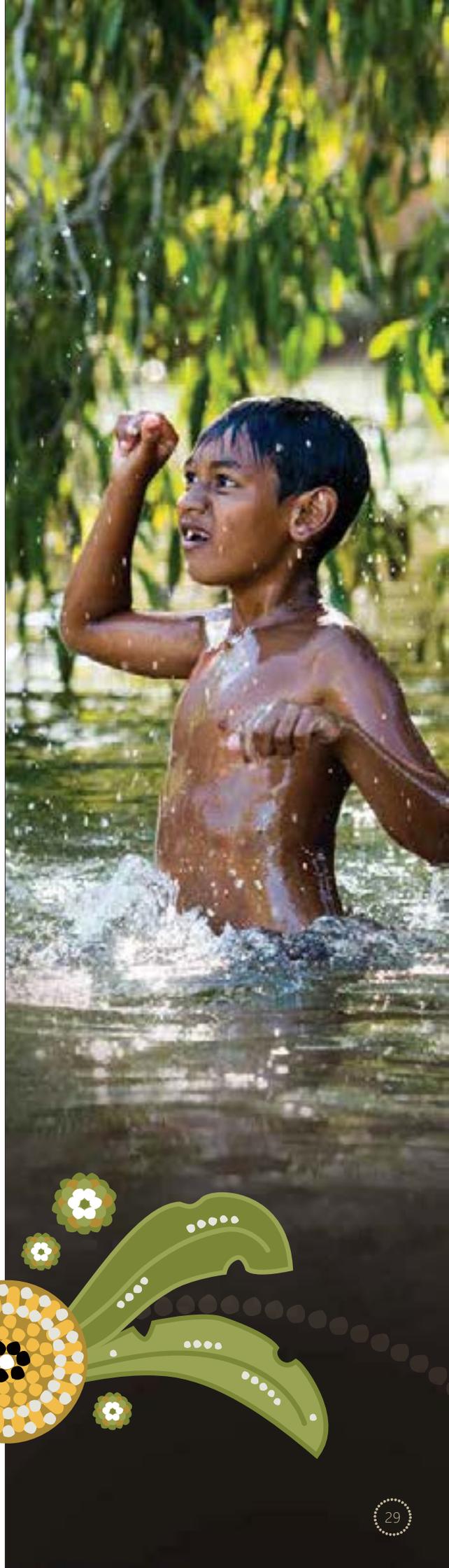
WORKPLACE HEALTH AND SAFETY

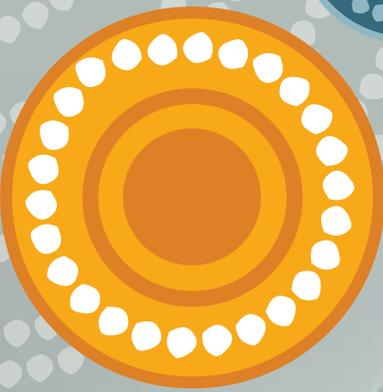
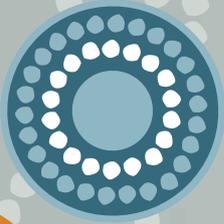
- Basic Fire and Extinguisher Training
- Building Wardens Training Certificate

FUNDING

Our work is made possible through funding from various sources and we gratefully acknowledge support from:

- Australian Government Department of Health
- Institute for Urban Indigenous Health (IUHI)
- Queensland Health
- CheckUp Australia
- Australian Government Department of Prime Minister and Cabinet
- Western Queensland Primary Health Care Collaborative incl Headspace
- Australian Government Department of Social Services
- Commonwealth Department of Social Services
- Queensland Department of Department of Communities, Disability Services and Seniors

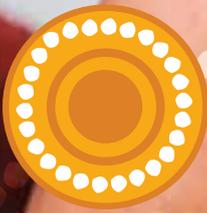




OUR ACTIONS

*The services and programs
that we deliver*

The Gidgee Wood is embodied in our actions by ensuring our service models are driven by community, delivering culturally safe, holistic primary healthcare that comes from a place of promoting wellness rather than 'fixing' symptoms or ailments in isolation.



LOWER GULF STRATEGY



The implementation of the Lower Gulf Strategy has been a focus and highlight of the 2018 financial year. Prior to Gidgee Healing establishing services in the region there was no access to an Aboriginal Community Controlled Health Service (ACCHS) in the Lower Gulf, despite more than 90% of people in Doomadgee and Mornington Island identifying as Aboriginal and/or Torres Strait Islander.

The primary goals of the Lower Gulf Strategy include:

- Establishing comprehensive Primary Health Care services across the Lower Gulf region, within an ACCHS model of care
- Shifting the focus of services from acute care to preventive care
- Focusing on prevention, early intervention and chronic disease management
- Ensuring a more 'planned' and less 'reactive' approach to care, underpinned by a structured patient recall system
- Adopting a multi-disciplinary, team-based approach to ensure the services we provide are holistic in nature
- Supporting the physical, social, emotional and cultural wellbeing of the individual, family and community

Working together with North West Hospital and Health Service (NWHHS), and the Western Queensland Primary Health Network (WQPHN) in a tripartite agreement, Gidgee Healing has established three new primary health care centres in Normanton, Doomadgee and Mornington Island. We are committed to working alongside the Lower Gulf communities to better understand the changes required to improve health outcomes for Aboriginal and/or Torres Strait Islander people across this region. We intend to achieve this through a framework focussed on education, prevention, and early intervention, rather than the reactive, acute care model that has been in place previously.

Lower Gulf Burden of Disease

- Highest mortality rate in Queensland
- Life expectancy around 20 years less than non-Indigenous people
- Second highest morbidity burden in Queensland due to preventable chronic disease
- Highest rates of suicide in Queensland
- Highest rate of potentially avoidable hospitalisations across Australia
- Lowest uptake of Health Checks across Queensland and comparable regions in Australia
- Highest amputation rate in Australia

OUTCOMES AND ACHIEVEMENTS

The implementation of the Lower Gulf strategy has focussed on establishing and embedding an Aboriginal community-controlled model of primary health care, ensuring our services are both comprehensive and holistic in nature, as well as being local and accessible.

Gidgee Healing is committed to strengthening the Aboriginal and/or Torres Strait Islander workforce through the provision of training and employment opportunities. We are proud to report that our Lower Gulf health teams in Doomadgee, Mornington Island and Normanton comprise predominantly local Aboriginal people, with approximately 85% of the workforce identifying as Aboriginal and/or Torres Strait Islander across this region. Furthermore, to enhance the cultural safety of our workforce, Gidgee provides mandatory cultural orientation for all our staff in a partnership arrangement with the Mount Isa Centre for Rural and Remote Health (MICRRH), as well as local community-specific modules that are delivered by Traditional Owners in each of the Lower Gulf communities.

- Aboriginal Community Controlled model of care
- Capacity building
- Cultural safety
- Integrated care
- New infrastructure
- 1300% increase in Aboriginal Health Checks

Working together with our health care partners, we have defined new ways of working to share information, coordinate care, reduce duplication of services, and communicate more effectively. We now have the capacity to share patient information across providers (with client consent), enabling a truly integrated approach with an emphasis on continuity of care. This has been a fundamental change in patient management in the region.

At the commencement of our expansion into the Lower Gulf, it was immediately apparent that the existing IT and telecommunication infrastructure was significantly constrained and posed a considerable barrier to the success of providing an integrated health care service. Throughout the year, we have worked with Future Computers and Telstra to roll out a managed network across the region to provide a stable, high speed network for our remote employees to support our service delivery. This has been essential to the ability to share patient information between providers, and will also provide a stronger foundation for enhancing utilisation of telehealth/telemedicine technologies.

We are currently in the planning phase to construct a new primary health care building on Mornington Island, with the support of Queensland Health. At the time of writing, we are also awaiting the outcome of an application to the Commonwealth Department of Health to support the establishment of additional clinical workspace in Doomadgee, and much needed staff accommodation on Mornington Island.

In terms of health outputs for the communities in our service delivery region, we have seen an astonishing 1300% increase in the number of Aboriginal Health Checks undertaken since we commenced operations in the Lower Gulf in September 2017.

1,445

Patients seen
in Normanton
(Total Population: 1,958)

812

Patients seen
in Doomadgee
(Total Population: 1,405)

659

Patients seen
in Mornington Island
(Total Population: 1,405)

CHALLENGES

COMMUNICATION

Given the size and scale of the health system reform that we are trying to achieve across the Lower Gulf region, we absolutely expected challenges along the way. Considering the remoteness of these communities and the pace at which things are progressing across the region, we have needed to put measures in place to ensure that we are communicating with the right people at the right times, through the most appropriate channels. We have endeavoured to maintain transparency by whatever means possible to ensure we are working collaboratively with Community, health service partners, and other key stakeholders. In recognition of the importance of having strong communication pathways in place, we are currently finalising our Lower Gulf Communication Strategy to enhance the frequency and quality of our communications with the communities we service, as well as our internal and external stakeholders.

CHANGE MANAGEMENT

As with any large-scale change management process, managing resistance to such change is an important and necessary aspect. Furthermore, facilitating a widespread understanding of the benefits that an Aboriginal community-controlled model of Primary Health Care can bring to these communities, through the presence of Gidgee Healing, will take strong leadership at both the regional and local level, and a sustained effort.

RECRUITMENT AND RETENTION

Recruitment and retention of an appropriately skilled and experienced health workforce is a long-standing and complex issue that we continue to tackle through a variety of channels. We are very much committed to growing our own local health workforce, by providing relevant professional development, training and career opportunities for our staffing team. Furthermore, we are working with other key stakeholders to promote the benefits of working with Gidgee Healing, to attract and retain people who are the right organisational fit; and are working with training providers to identify opportunities to bolster the number of accredited training courses available in our region.

INFRASTRUCTURE

Infrastructure across the region will continue to be a challenge for the foreseeable future. There is currently a critical shortage of workspace and staff accommodation, resulting in a high reliance on a fly-in/fly-out model until appropriate solutions can be found. We are working alongside NWHHS to operate in a co-location arrangement in Doomadgee and Mornington Island and while this has required us to discuss, troubleshoot and develop some new and agreed ways of working together, it has also facilitated stronger working relationships between local health teams and the benefits have been rewarding.



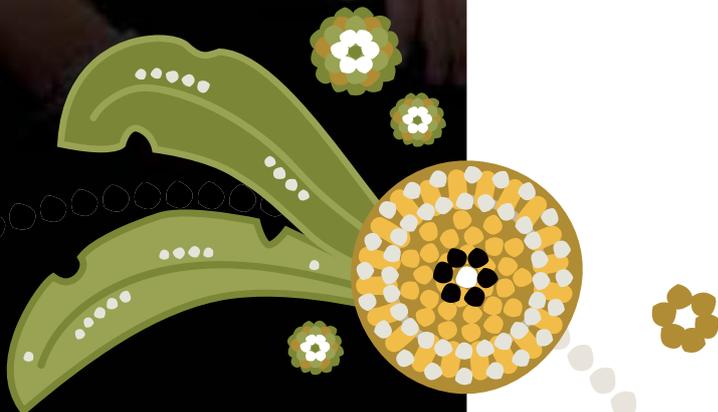


FUTURE FOCUS

Looking ahead, as we consolidate the new model of care in the region, we will continue to build and strengthen our partnerships with community, local councils, health councils, Traditional Owners, elders and our health service partners to ensure a shared commitment at the local level.

We have commenced discussions with NWHHS and Generalist Medical Training (GMT) to explore new opportunities for a shared medical workforce model that enhance the sustainability of the workforce, as well as opening new pathways for doctors in training who wish to pursue a career in remote areas. A shared medical workforce strategy would also provide opportunities for a more varied work profile for practitioners by enabling them to rotate through a primary health care setting that focuses on providing comprehensive and holistic care, as well as an acute hospital setting. It will also greatly enhance the integration and continuity of care provided across the primary and acute care settings. We are also working with NWHHS to progress the transition of community health services across to a community controlled model of care in the discrete Aboriginal communities, starting with Mornington Island in the 2018-19 financial year.

As the service evolves, we will continue to monitor our performance from both a qualitative and quantitative perspective to ensure we are always improving health outcomes for Aboriginal and/or Torres Strait Islander people across the Lower Gulf region, and moving closer to realising Gidgee's vision.



PRIMARY HEALTH CARE



Our primary health care services have continued to evolve over the last financial year as we established our presence in Doomadgee and Mornington Island.

Since the establishment of the Pioneer and Normanton clinics in the 2017 year, we have moved into a consolidation phase for these operations. Standardisation of systems and processes and building the capacity of local teams have had a strong emphasis in this process. There has also been a push to raise awareness in community about the new clinics, and the services provided. We are thrilled to have achieved AGPAL accreditation for the Pioneer clinic during the period and we are currently preparing the Normanton clinic to be assessed during the next year.

Figure 1: Number of current patients

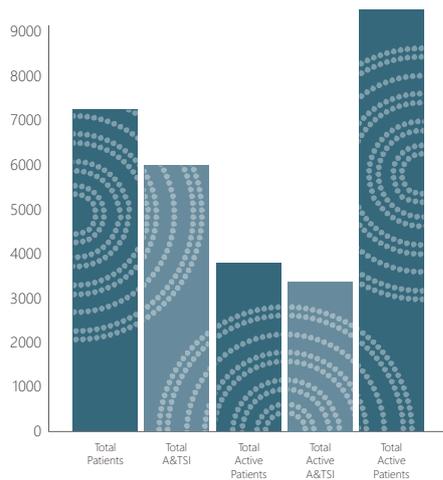


Figure 2: Number of health checks

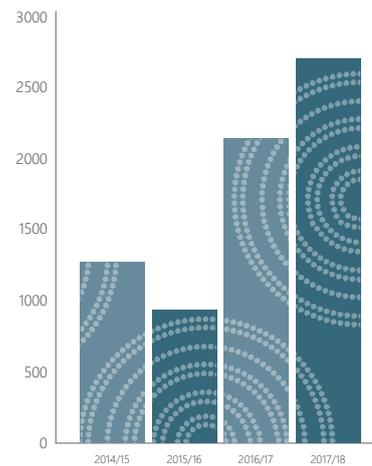


Figure 3: Number of GP management plans completed

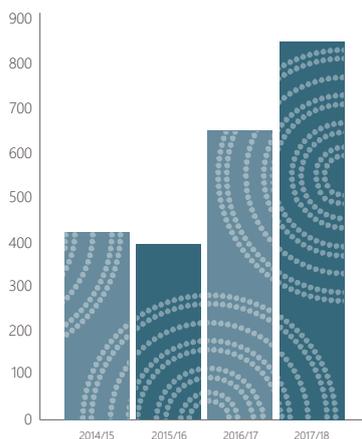
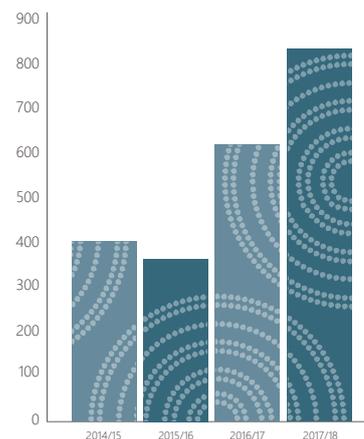
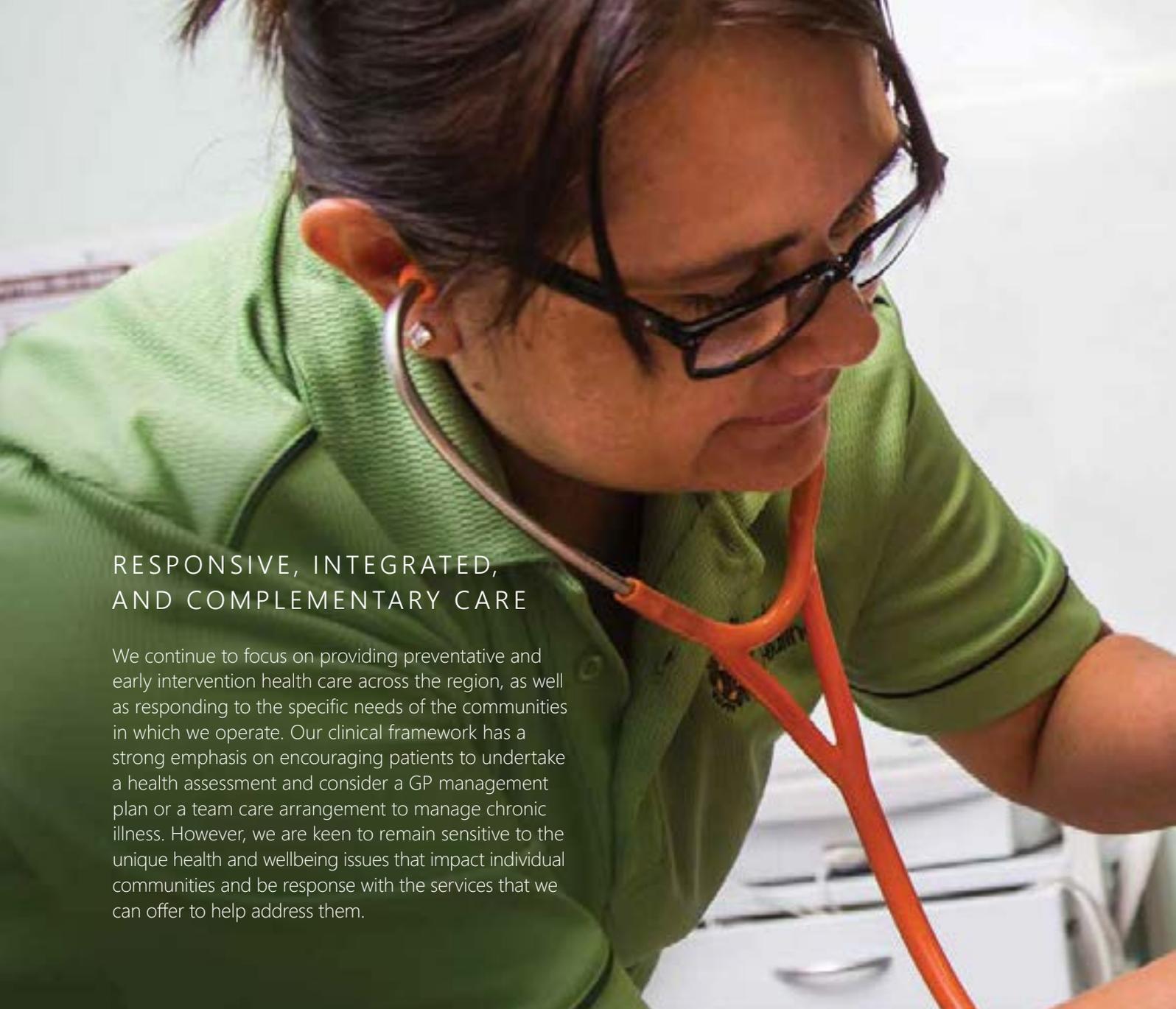


Figure 4: Number of team care arrangements completed





RESPONSIVE, INTEGRATED, AND COMPLEMENTARY CARE

We continue to focus on providing preventative and early intervention health care across the region, as well as responding to the specific needs of the communities in which we operate. Our clinical framework has a strong emphasis on encouraging patients to undertake a health assessment and consider a GP management plan or a team care arrangement to manage chronic illness. However, we are keen to remain sensitive to the unique health and wellbeing issues that impact individual communities and be responsive with the services that we can offer to help address them.

NUKAL MURRA

We were pleased to join three other AICCHSs in Western Queensland to form an alliance known as Nukal Murra ('plenty hands'), which was formed to deliver Integrated Team Care (ITC) across the region. ITC arrangements aim to work with Aboriginal and Torres Strait Islander people with chronic health issues to help them to manage their conditions and improve health outcomes by coordinating care plans with health service providers. The Nukal Murra alliance is responsible for delivering ITC services throughout the region and is funded by the Western Queensland Primary Health network (WQPHN) under the Indigenous Australians' Health Programme (IAHP).

MENINGOCOCCAL RESPONSE

Gidgee Healing worked together with the Royal Flying Doctor Service (RFDS) and the North West Hospital and Health Service (NWHHS) to respond to a significant outbreak of meningococcal disease in remote central Australia, which impacted Aboriginal and Torres Strait Islander communities. This was a targeted program for people aged between 1-19 years in communities considered at risk. The priority was to protect individuals from infection and reduce the transmission of the bacteria within the community. The vaccination was also offered to anyone in this age group who presented at a medical facility.



CHILD DENTAL CLINICS

Oral health issues are a major concern across the region and contribute to a range of other associated health problems such as nutritional deficiencies, chronic pain, and mental ill health. During October 2017, we partnered with NWHSS to deliver a six week targeted dental health program in schools in Mount Isa and the Lower Gulf. This pilot program achieved various levels of success and was an extremely valuable learning experience. We plan to run another program of clinics incorporating the lessons learned from this year, which include: longer lead times, more equipment in mobile unit, simplified paperwork, and more effective community engagement. The most notable benefits gained from the pilot came from the collaboration with NWHSS to initiate access to a critically needed service.

DEADLY EARS

Aboriginal and Torres Strait Islander children currently have one of the highest rates of otitis media — or middle ear disease — in the world. Deadly Ears is a Queensland Health program focussing on reducing the rates and impacts of middle ear disease and conductive hearing loss for Aboriginal and Torres Strait Islander children across Queensland. We have been working with the program to streamline the screening processes and connect with kids in the communities in our service delivery area. There is evidence that some children are missing out on access to this important program and falling through the cracks. This is largely due to the focus on acute care that has been prevalent in remote communities to date.



INTEGRATION WITH SOCIAL AND PREVENTATIVE PROGRAMS

We have been collaborating with our Social and Preventative Health teams to integrate the services delivery streams. While we are still in the very early stages of maximising this crossover, we have achieved some great outcomes through adding a clinical capacity to the Deadly Choices program in schools. Wrapping a primary health component into the popular program has enabled us to provide health assessment for school aged children and educate kids about the benefits of preventative health care.

COMMUNITY HEALTH DAYS

Our coordination of Community Health Days has been an important part of engaging with community and raising awareness about our presence and integrated model of care. These days are coordinated in line with a range of cultural occasions, community needs, and national and international health awareness themes such as: NAIDOC Week, Closing the Gap, women's and men's health, Diabetes Awareness Week, Aboriginal and Torres Strait Islander Children's Day, Sorry Day, World No Tobacco Day, road safety awareness, etc.

FORWARD PLANNING

WORKFORCE PLANNING AND DEVELOPMENT

Over the coming year, Gidgee Healing will exert a concentrated effort on a program of recruitment and retention to further grow our primary healthcare workforce across all clinical and non-clinical disciplines. Our longer term workforce strategy is focussed on building an Aboriginal Health Worker and Practitioner workforce from within local communities. Our 'Pathways to Health' program will focus on attracting Aboriginal and Torres Strait Islander people to the health care sector and providing the support, development and pathways to build a career.

SYSTEMS AND PROCESSES

Standardisation of systems and processes across all five of Gidgee Healing's primary health care clinics will be a strong focus for the next 12 months. This will serve to support the best possible quality of care and deliver consistency of service across the region as the most recently established services are consolidated. The process will incorporate implementation of systems assessment, process mapping, gap analysis and local action planning within each PHCC in conjunction with community engagement, as well as training, development and capacity building for teams across all clinics.

CHILD AND MATERNAL HEALTH

The development of a comprehensive child and maternal health strategy for the entire region is a priority for the next period. This will require a collaborative effort between our tripartite partners, together with RFDS and NWRH, to build a framework to provide fully integrated child and maternal health services. Our vision is to facilitate an interconnect all the services that currently form touchpoints for children — not just health related services — so that there is a comprehensive network that supports kids throughout their development journey. The goal is to connect early childhood services from neo-natal care to play group, day care, and kindy, with education and health services to inform and support families and frontline workers around the early intervention and treatment of chronic disease, developmental and learning disabilities, and behavioural and mental health issues.

ALLIED HEALTH SERVICES

It's been rewarding to ramp up our allied health services this year and the team has been providing a range of modalities to patients in Mount Isa and the Lower Gulf regions. Since launching in October 2017, we have expanded our offering to include Physiotherapy, Dietetics, Exercise Physiology, Speech Pathology, Podiatry, Occupational Therapy, and Mental Health Social Work. These positions are complemented and supported by a Clinical Leader, an Operational Manager, an Allied Health Assistant, a Referrals Coordinator and an Administration Officer.

The services have been rolled out utilising an integrated framework, where clients are referred based on the outcomes of their Aboriginal Health Checks. This provides the best opportunity for early detection of risk factors or disease, early intervention and prevention, and ultimately the potential for better outcomes for our clients.

We have developed and implemented a robust clinical and cultural governance framework for our Allied Health professionals and within this framework we work to:

- Contribute to the delivery of comprehensive primary health care
- Work in cohesive and collaborative ways with GPs, Maternal and Child health teams, and other service providers
- Participate in cultural training, support, and reflective practice
- Adhere to sound clinical governance principles, through ongoing professional development, supervision and support

Although the rapid expansion of our organisation presented some challenges, the Allied Health team is now almost fully resourced, and we continue to streamline our internal systems and the rollout of IT infrastructure that will enable us to provide telehealth conferencing and improved health services to remote areas in the Lower Gulf.

A key enabler of the integration of our Allied Health services with primary health care and coordination with other health service providers has been the implementation of the Allied Health Assistant role. This position is essential for providing consistency in the monitoring of ongoing treatment when allied health professionals — who often attend remote communities on a fly-in-fly-out basis — are not present for consultations. For example, progress for patients undergoing therapies such as speech pathology or physiotherapy which require regular and consistent exercises can be monitored by the Allied health Assistant to ensure continued progress. This role is also important in our workforce development strategy as it provides a career pathway in health care for Indigenous workers.





ANYTIME FITNESS
Anytime Fitness regards your safety as our top priority.
Being prepared with the following guide may avoid you in a state of need.

IN AN EMERGENCY
1. CALL 999
2. FOR INQUIRY
EMERGENCY PHONE 0000

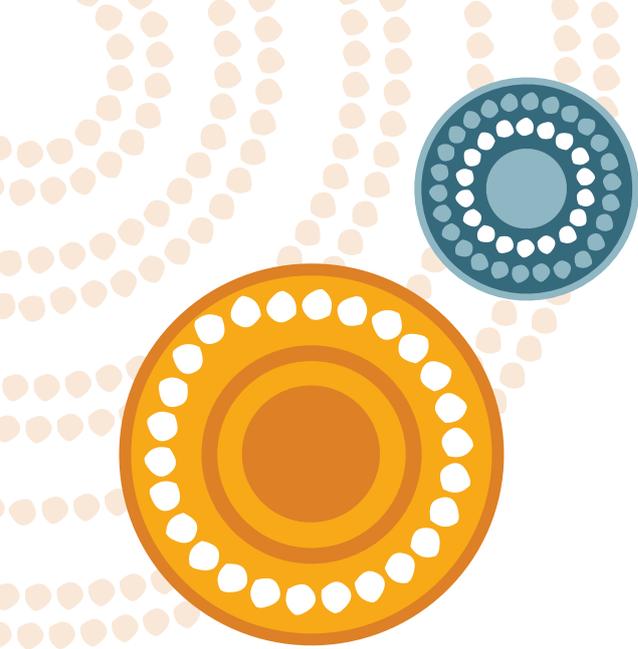
EMERGENCY SERVICES

DEFIBRILLATION INSTRUCTIONS
1. 2. 3.

FIRST AID KIT
FIRST AID KIT OCCUPATIONAL

DEFIBRILLATOR
AED

SECURITY



KEY ACTIVITIES

Kicking off our Allied Health services has involved a lot of grass roots and foundation activities, such as community engagement, building relationships between other health service providers, and establishing services across the region. We've launched all the key Allied Health services and programs targeted for the initial period, which are outlined below.

- The **Work it Out** program in Mount Isa which supports participants to manage chronic disease through physical, social, emotional, spiritual and functional aspects of wellbeing
- The Mount Isa **Exercise is Medicine** workshop
- **Dietetics** services in Normanton, Doomadgee, and Mornington Island including a range of community engagement activities and ongoing collaboration with the wider NWQHS. We also continue to work together with our Tackling Indigenous Smoking Team to deliver nutrition programs in Mount Isa schools and workplaces
- **Mental Health Social Work** services in Normanton, Doomadgee and Mornington Island. These services are delivered through a broad collaboration with other service providers such as local midwifery clinics, PCYC, and Save the Children, as well as our own Normanton Recovery Centre. We have already seen more than 20 referrals to this service, which have come from a range of services
- **Podiatry** services across the Gulf and both Mount Isa clinics, which are consistently heavily booked. We are collaborating with WQPHN, including foot screening through the Indigenous Diabetic Foot Program, as well as liaising with NWHHS to identify referral pathways for people classified with 'high risk foot'
- **Community events** to raise awareness and introduce Gidgee Healing's Allied Health team to community



- **Occupational Therapy** services for adults living in Normanton, Karumba, Mornington Island, Doomadgee and Burketown, as well as a children's service provided in conjunction with a number of service providers, as well as our Social and Preventative programs in schools. Through these services, we are also facilitating our patients to engage with the NDIS
- **Speech Pathology** services working closely with early learning centres, day care centres, and kindergartens across communities in Normanton, Karumba, Burketown, Doomadgee, and Mornington Island. We are also collaborating with Save the Children to support Queensland Health's Deadly Ears program to deliver strategies to staff for encouraging development of early language
- **Physiotherapy** services were established in Mount Isa and the Lower Gulf region. This has incorporated networking with services such as Save the Children, RFDS and Mission Australia to explore the potential for combined service provision. We have also established protocols for equipment management through MASS, Nukal Murra, NDIS and other sources

NEXT STEPS

As our allied health services grow and mature, we will continue to explore ways in which we can provide truly integrated care that ties in with primary health care. Building a genuinely community based approach This is a long term undertaking and goes beyond the provision of medical services to work towards improving quality of care in a community controlled context.

Over the next 12 months, our plan is to:

- Continue delivering the Work it Out program (currently in 2nd cycle at the time of writing)
- Present at next year's 'Are You Remotely Interested' conference run by James Cook University's Mount Isa Centre for Rural and Remote Health, where we plan share our journey of developing a more culturally appropriate model of care
- Roll out Mental Health First Aid Training for Aboriginal and Torres Strait islanders in Doomadgee





SOCIAL AND PREVENTATIVE HEALTH



As part of expanding our services over the past year, we have also made a shift towards a greater level of integration between primary and allied health care and our social and preventative programs. Social issues such as smoking, the use of harmful substances like alcohol and drugs, and mental ill health have a huge impact on overall health outcomes for Indigenous Australians. Our social and preventative health teams work together with primary health care and teams to link clinical treatment with community based activities that are co-designed by the people for whom they are intended.

TACKLING INDIGENOUS SMOKING

Now in its eighth year, the Tackling Indigenous Smoking (TIS) program continues to deliver positive outcomes nationally. As the provider of the program for North West Queensland and the Lower Gulf regions, Gidgee Healing is seeing consistent uptake of the program, with a 52% increase in participation over the reporting period. This is in part due to the increased area in which the program is being delivered, however, we also significantly increased engagement through targeted local program delivery, and social media campaigning. This targeted approach has led to increased requests for the program to be run in organisations with which we once experienced barriers to entry.

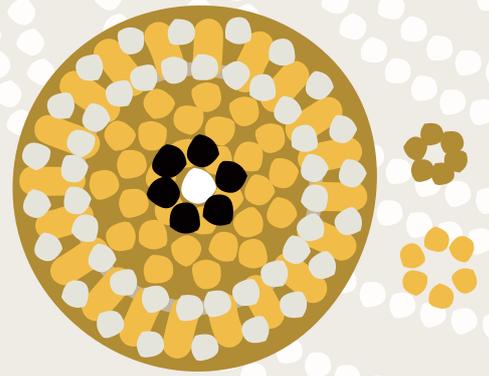
Over the past year we have embedded an integrated team care approach with our Allied Health and Primary Health Care teams. Dieticians and Aboriginal Health Workers have attended the Chronic Disease and Nutrition component of the Deadly Choices programs, offering the opportunity for blood pressure and blood glucose testing.

We were please to adapt the Deadly Choices program this year, to accommodate participants with a physical or cognitive impairment. This was a first for the program across Queensland and enabled us to deliver to the Mount Isa Special School.

We were thrilled and honoured to be recognised with the 2017 Excellence in Youth Work Service Delivery and Excellence in Alcohol and Other Drug Service awards at the Community Services Ball in Mount Isa.

Tackling indigenous smoking program activities throughout the financial year

Activity	Location/Area	Frequency	Outcomes
Deadly Choices Program	Mount Isa, Cloncurry, Camooweal, Dajarra, Boulia and Normanton	35 programs delivered	<ul style="list-style-type: none"> 100 program participants have been supported to obtain a preventative health assessment 908 People graduated from the 35 programs delivered
Smoke Free Pledges	Entire region (via events, social media and tobacco education stalls)		<ul style="list-style-type: none"> 427 pledges signed. 1,730 people positively impacted
Tobacco Stalls	Mount Isa, Cloncurry & Normanton	56 tobacco education 'pop-up' stalls	<ul style="list-style-type: none"> 1,062 tobacco surveys completed (80% Indigenous, 20% non-Indigenous, 70% female, and 30% male) used for baseline data Provision of information about support to quit and chronic diseases associated with smoking Lung health checks completed GP appointments facilitated
Tobacco Cessation Programs	Mount Isa & Normanton	12 programs delivered	<ul style="list-style-type: none"> 151 participants completed the program. 17 Quitline referrals initiated
Alcohol, drug and sugar free community and sporting events			
Back to school	Mount Isa		<ul style="list-style-type: none"> 86 young people were screened and 64 completed their health check. Total income was \$13,584.00. Additionally, 13 stakeholders attended and held a stall in support of the event.
Corporate Breakfast – 'Creating a Deadly Headspace in the Workplace'	Mount Isa		<ul style="list-style-type: none"> Sold out event with 70 in attendance
Come & Try Edor afternoon	Mount Isa		<ul style="list-style-type: none"> 40 young people in attendance
Indigenous Women's Health Forum	Mount Isa	Two day event	<ul style="list-style-type: none"> 180 in attendance
Broncos Lower Gulf Tour	Mornington Island and Normanton		<ul style="list-style-type: none"> 250 attendees on Mornington Island & 300 in Normanton



LOOKING AHEAD

As we move into the next period, we will continue expansion of the program across the region, with a particular focus on Doomadgee and Mornington Island. This will include a focus on increasing tobacco cessation support for our patients living in Community.

Working across our Allied Health and Primary Health Care teams, we will continue to work to increase the number of our program participants who undertake preventative health checks.

We are excited to be introducing Deadly Choices Indigenous Senior Games across the region in 2018. The games are a sporting competition for Aboriginal and Torres Strait Islander seniors aged 50 years and older. The games give our more senior community members the opportunity to socialise, exercise outdoors, meet new people, and reconnect with people who they have not seen in years. Games played include darts, quoits, ten pin bowling, hole-in-the-wall, and numbers mat.

As the program grows, we continue to manage the growing complexities of program delivery such as managing demand and capacity, and adapting our delivery model to remain relevant for remote communities. These types of challenges are addressed through strategic planning, quarterly reviews, and providing regular professional development opportunities for the team. We are working closely with Community to gather feedback about their experiences with the program, so that we apply these learnings to a continuous improvement cycle.

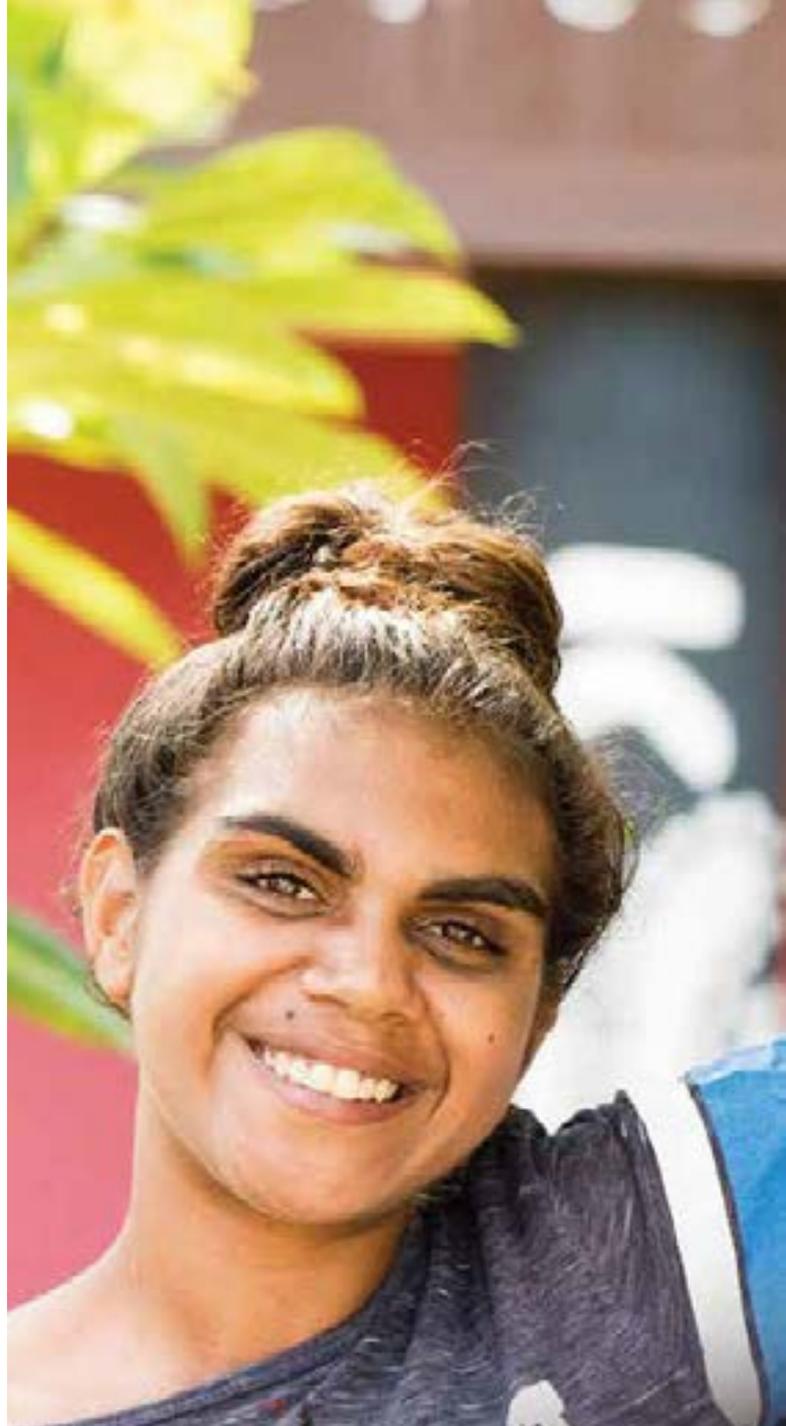
NORMANTON RECOVERY AND COMMUNITY WELLBEING CENTRE

For the last four years, Gidgee Healing has worked as the lead agency delivering the Salvation Army's recovery based Bridge program to support individuals and families experiencing challenges related to the misuse of legal and illicit substances and problematic gambling. The purpose built facility conducts a daily program for residential and non-residential clients, taking a tailored, person-focussed approach with each individual. Services range from prevention and early intervention to residential recovery and a whole-of-community approach to adjusting to life beyond addiction.

Towards the end of the initial contract, Gidgee Healing proposed to proceed with service delivery into the next period under a new model of care. A new contract has now been awarded for the next two years with Gidgee Healing as the sole provider of services at Normanton Community and Recovery Service (NRCWC).

This financial year, the centre increased occupancy from 57% to 75% compared with the previous year, and has seen the average length of stay remain reasonably consistent at 58 days. Following feedback from residents and staff, the program was reviewed to include more structured activity. A designated activity officer role was created to work closely with residents and adjust activity demands as required to complement the core program.

Community engagement across the region has been a major focus this year, as we work to support a range of service providers to refer people to the centre. Referrals from NWHHS remain consistent and we have also seen an increase in self-referrals. We continue to build relationships with local services and community.



LOOKING AHEAD

As we move into the next year and a new contract period, the immediate priority for the centre is to transition to a stand-alone model of care without disrupting core service delivery. A skilled and dedicated workforce will be the key to the success of the new service delivery framework and we will be focussed on maintaining regular development opportunities.

We also plan to implement a new empowerment based recovery approach that we believe — based on considerable feedback — will better meet cultural expectations.



MEN'S HEALTH – MOMENTIM

The MomenTIM program is a pilot program established to address the disproportionately and unacceptably high rate of mental health issues experienced by young Aboriginal and Torres Strait Islander men aged 12-25. The initiative is led by IUIH and up until 31 December 2017 was funded through the Movember Foundation. Despite the conclusion of the funding period, we were able to achieve our goal of conducting a leadership camp on country during the September 2017 school holidays. Gidgee Healing has been the only pilot location to deliver a leadership camp as part of the program, which was an enormous success.

The five day camp was held at Riversleigh Lawn Hills and was run in collaboration with the Lawn Hill Pastoral Company Board. The camp was attended by 10 young men aged 12-17, together with MomenTIM facilitators and traditional owners from the Waanyi People. Each participant was supported to take leadership responsibilities for the entire group at different times, and were also provided opportunities to experience hands-on several rural career options that could connect them with country. The camp included education about the local Waanyi culture, including significant historical sites, cultural history and the songlines for the area. Feedback from participants was extremely positive.

At the time of writing, there is no further funding allocate for delivery of the MomenTIM program.

headspace

Established by the Australian Government Department of Health and Ageing under the Youth Mental Health Initiative Program, headspace has been operating in Mount Isa since late 2014 with Gidgee Healing as the lead agency.

With our multidisciplinary team, we are the only service in the region that delivers a holistic suite of youth focussed services under one roof. The headspace team includes Care Coordinators, an Aboriginal and Torres Strait Island Care Coordinator, tele-psychologist, and GP, working together with the Gidgee Healing Allied Health team which provides services from specialists such as Dietitian, Exercise Physiologist, Social Worker, Youth and Community Engagement Officer, and Vocational Specialists.

Core areas of service delivery

Physical Health	Health and Sexual Health Checks, Mental Health Care Plans
	Delivered by General Practitioners and Registered Nurse
Mental Health	Therapy and Counselling for young people and their families
	Delivered by Registered Clinicians and Qualified Counsellors
Employment and Educational Support	Intensive vocational support program - "jobspace"
	Delivered by Vocational Specialists, Registered with IPS Works and funded by DSS
Alcohol and Other Drug Support	Care Coordination and Referral
	Delivered in partnership with Queensland ATODS



2018 ACHIEVEMENTS

During the 2018 financial year, we were very pleased to continue to build upon our previous success, especially with regards to increased engagement and access facilitated by targeted awareness and education activities throughout the community.

headspace 218 achievements at a glance

Core Objective	Achievements
<p>Engagement</p> <p><i>Build awareness of who headspace is and what we do, so people always know where and how to get help</i></p>	<ul style="list-style-type: none"> • Services provided to 251 young people in the community through an increase of 1,303 occasions of service compared to last year of 1,165 • Increased levels of engagement with Aboriginal and Torres Strait Islander clients from 30% to 32% • Maintained levels of engagement with LGBTQI clients at 14% • Major event — Raise Your Voice — held during Youth Week attracted more than 100 people • Participated in various community events, (e.g. NAIDOC week, Diabetes Day, Back to School Day), to raise awareness and increase engagement • Increased advertising and awareness through mainstream and social media, including the introduction of cinema advertising
<p>Access</p> <p><i>Enhance access to appropriate services for all young people</i></p>	<ul style="list-style-type: none"> • Worked with PCYC to increase access for Aboriginal and Torres Strait Islander youth to Project Booyah leadership and mentoring program • Ongoing access in schools including classroom based programs and presence at a range of school events and activities • Increased service capacity with the employment of a full time GP and additional MICRRH students • Introduction of the availability of walk-in appointments • GP appointments increased by 41%
<p>Integration</p> <p><i>Provide seamless services that are responsive to the individual needs of young people</i></p>	<ul style="list-style-type: none"> • Continued strengthening of our connections with community organisations and government agencies to improve the way we integrate services across the sector • Strengthening connections with the business community
<p>Sustainability</p> <p><i>Develop a long-term, sustainable funding approach and workforce</i></p>	<ul style="list-style-type: none"> • Recruitment of a dedicated FP • Ongoing professional development for all staff
<p>Effectiveness</p> <p><i>Deliver the best, most effective model through continued research and validation</i></p>	<ul style="list-style-type: none"> • Successful introduction of an Adult Mental Health First Aid training course • Maintained client satisfaction score of 4.2 (0.13 higher than national average) • Compliance with the headspace Model Integrity Framework

We have had a very strong focus on the implementation of the Individual Placement Support program ('Jobspace') which supports young people living with mental ill health to pursue their vocational goals. The six-monthly independent assessments of our execution of the program reported that we improved our initial baseline rating in October 2017 from 'fair' to 'good' in March 2018, with significant strengths emerging across the program. We supported 42 clients with job placement services during the year, and we are continuing to build partnerships for the program across the business community.

CHALLENGES

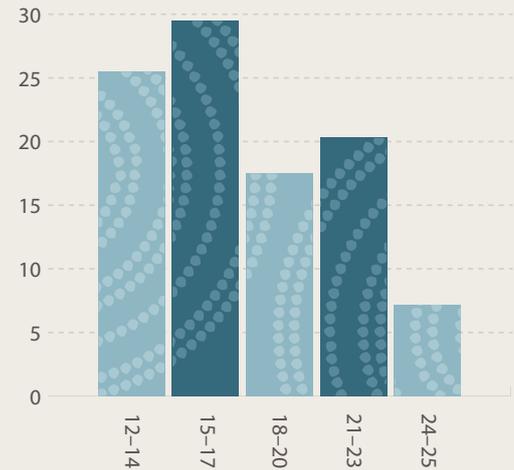
We continue to work hard to address the challenges of attracting and retaining talented resources by providing ongoing professional development, flexible working conditions and a positive team culture.

The headspace Youth Reference Group of 16-25 year olds is a key part of our service delivery and we utilise a range of channels to advertise to keep these roles filled. Outlets include social media, school newsletters, and mainstream media such as radio and newspapers

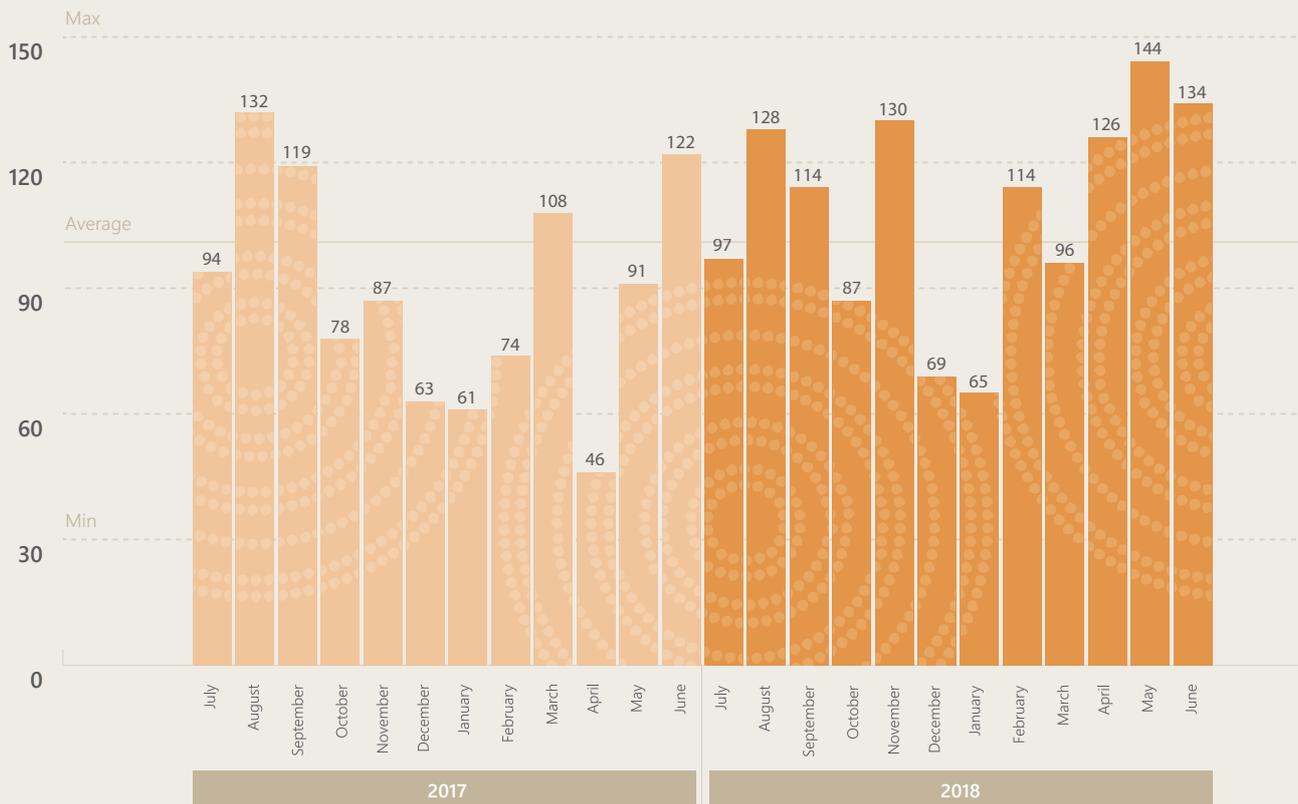
LOOKING AHEAD

The 2019 financial year will be focussed on consolidating our services, continuing to build awareness about our services, and building links with community. Specifically, we will target growth in business partnerships for the IPS program, developing key reference groups such as the youth men's group and youth reference group.

% of young people serviced by age
July 2016 - June 2017

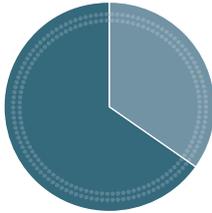


Number of young people that received a service at headspace Mount Isa each month



Aboriginal and Torres Strait Islander

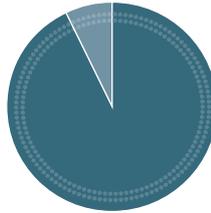
34.8% (87) is Indigenous



65.2% (163) is not Indigenous

Culturally or Linguistically Diverse (CALD)

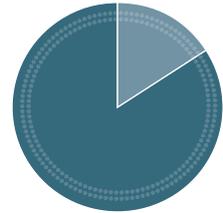
7.2% (18) is CALD



92.8% (232) is not CALD

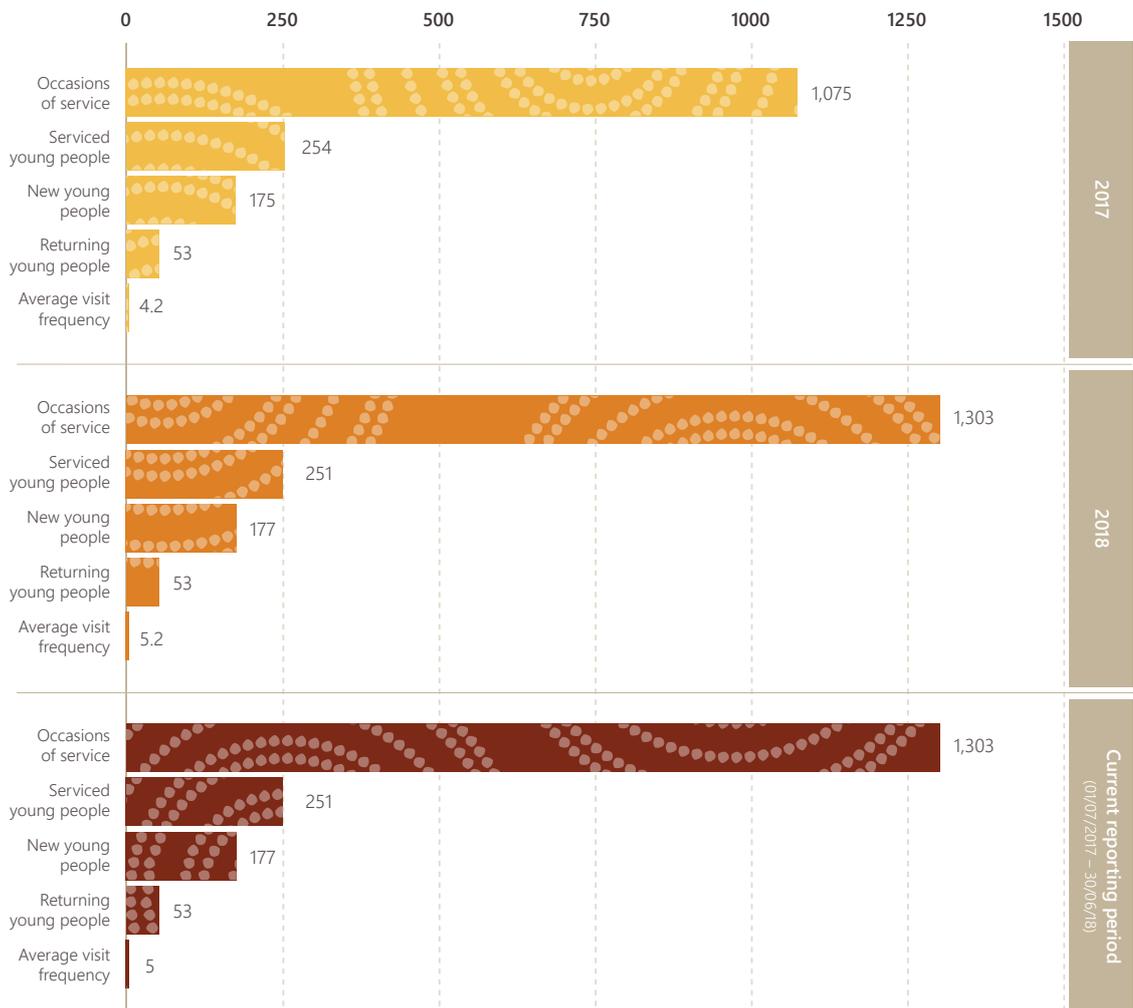
Lesbian, Gay, Bisexual, Trans, Intersex, Questioning (LGBTIQ)

16% (34) is LGBTIQ

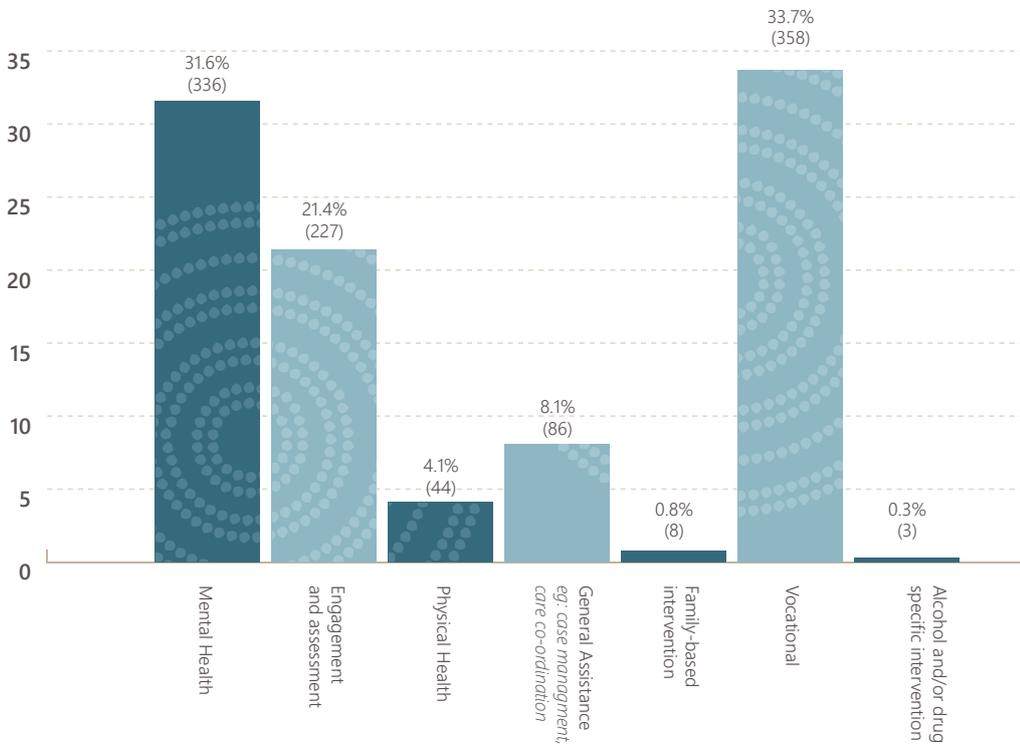


84% (179) is not LGBTIQ

Mount Isa



Services accessed through headspace



Proportion of occasions of service headspace Mount Isa that were groupwork services

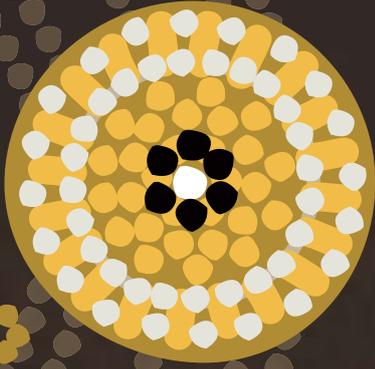
Is group OOS	0.1%	1
Is not group OOS	99.9%	1,062

ENGAGEMENT

Each of our program teams activates a range of community engagement activities through various channels that integrate across our entire service offering. This may take the form of awareness activities at community events, our own targeted events, media advertising, direct interaction with community stakeholders, and so forth.

Over the last 12 months we have scaled up efforts to explore the use of social media as a way of engaging with a diverse and geographically dispersed group of audiences. To date this activity has been solely concentrated on Facebook, however, we plan to explore the effectiveness of other platforms in the coming period.

We were very pleased with the consistent growth in numbers of people who 'like' the Gidgee Healing Facebook page. This initially spiked from 1,802 to 2,018 from October to November 2017, during a campaign to raise awareness about Breast Cancer Month. Numbers continued to consistently grow through regular interactions on the page. At the end of the reporting period, our Facebook likes had grown to 2,192. We have seen engagement through Facebook support community access to Gidgee Healing services through online conversations that raise awareness and increase reach across the region. It is interesting to note that the highest levels of engagement were from women aged 25-44. All activity has been organic (i.e. not paid posts or advertising).



GIDGEE HEALING

ANNUAL FINANCIAL STATEMENTS

FOR YEAR ENDING 30 JUNE 2018



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MOUNT ISA ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES LTD
ABN:96 130 300 355

DIRECTORS' REPORT
FOR THE YEAR ENDING 30 JUNE 2018

Your directors present this report together with the financial report of Mount Isa Aboriginal Community Controlled Health Services Ltd for the year ended 30 June 2018 and the auditor's report thereon. This financial report has been prepared in accordance with Australian Accounting Standards Reduced Disclosure Requirements.

Directors

The names of the directors in office during or since year end are:

Shaun Solomon, Chairperson
Mona Phillips, Deputy Chairperson
Michael Martin OAM
Leann Shaw
Darren Walden
Dr Greg Phillips (Resigned 1 February 2018)

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

Principal Activities

The principal activity of the company during the financial year was the provision of Primary Health Care services to the Indigenous community of Mount Isa and the surrounding region.

Operating Results

The company recorded a surplus of \$2,984,770 (2017: \$2,317,712)

Description of Objectives (Short Term and Long Term)

Provision of Primary Health Care services to the Indigenous community of Mount Isa and the surrounding region.

Strategy for Achieving Objectives

Gaining more funding and employing more staff.

How Activities Assist in Achieving Objectives

Employing more staff so that a broader and greater range of Primary Health Care Services can be rolled out.

Key Performance Indicators

To help evaluate whether the activities of the corporation achieved their short-term and long term objectives, the corporation uses the following key performance indicators to measure, analyse and monitor its performance:

Community feedback and the Quality of services provided.

Information on Directors

Qualifications

Shaun Solomon

Elected Director, Chairperson

Qualifications

Graduate Diploma of Indigenous Health Promotion; Certificate III Aboriginal Primary Health Care.

Experience

Fellow, Australian Rural Leadership Foundation; Board Member (Secretary) Young People Ahead; Member, Australian Health Promotion Association; Cultural Training Facilitator, North West Hospital and Health Service, James Cook University, Generalist Medical Training.

Mona Phillips

Elected Director

Qualifications

B. App. Sc. Indigenous Community Management and Development; Certificate IV Health Promotion; Certificate IV Training and Assessment; Alcohol and Drug Treatment training; Alcohol and Drug Basic and Advanced Counselling Skills; Train the Trainer; Domestic and Family Violence; Adult Child of an Alcoholic; Mental Health First Aid; Certificate IV Mental Health TAFE Mount Isa; Tracey Westerman Certificate in Mental Health; Strengths Based Training Approach and Supervision Policy and Practice; Rape and Domestic Violence Supervision Aboriginal DV and FV case work; Reporting Child Abuse and Neglect and Mandatory Reporting of DV and FV.

Experience

Retired. Adjunct JCU Mount Isa Centre for Rural and Remote Health; 35 years experience working voluntarily in Aboriginal organisations.

Michael Martin OAM

Independent Director

Qualifications

BA, Graduate Diploma Administration, B Commerce, FCPA, GAICD.

Experience

Board Member, Top End Health Services Board NT; Partner, MDS Partners Management Consultancy; Managing Director, Top Hospital Executive Management Consultancy Services; Chairman NT Build; Chairman NT Remuneration Tribunal.

Gregory Phillips	Independent Director
Qualifications	BA, MMedSc, PhD CEO, ABSTARR Consulting; Associate Professor & Research Fellow, Baker Heart & Diabetes Institute.
Experience	Gregory Phillips is Waanyi and Jaru from North West Queensland. He is a medical anthropologist with a PhD in psychology, a research masters in medical science and an arts degree in Aboriginal studies and government. He established an accredited Indigenous health curriculum framework for medical schools in Australia and New Zealand, the Leaders in Indigenous Medical Education Network and the Aboriginal and Torres Strait Islander Healing Foundation in the wake of the federal apology. He publishes and presents regularly on issues of race, whiteness, power and cultural safety, and consults in transformational learning and leadership.
Leann Shaw	Elected Director
Qualifications	Associate Degree - Indigenous Community Management and Development; Diploma - Aboriginal Studies; Certificate III - Community Services; United Nations Diplomacy Training Course; various courses in Mental Health, Alcohol and Drug Services.
Experience	Board member, Young People Ahead; Yarning Circle facilitator; Indigenous Rehabilitation Assistance, MICRRH; Former Project Officer, Anyinginyi.
Darren Walden	Elected Director
Qualifications	Health Worker / Support Worker; Train the Trainer; Safety and Emergency Technician.
Experience	Youth Worker, Injilinj Aboriginal and Torres Strait Islander Corporation for Children and Youth Services; former Board Member Prescribed Body Corporate Waanyi; Former Board Member North Gawalanja Aboriginal Corporation Waanyi.

The company secretary Amanda Boland has been company secretary of the company since January 2013. Ms Boland has a Graduate Diploma in Applied Corporate Governance and a Bachelor of Business.

DIRECTORS' REPORT
FOR THE YEAR ENDING 30 JUNE 2018

Meetings

Director	Directors Meetings including those conducted by Flying Minute	
	No eligible to attend	Number attended
Shaun Solomon	10	10
Mona Phillips	10	9
Leann Shaw	10	10
Darren Walden (Leave of absence 1 April to 31 May 2018)	9	4
Michael Martin OAM	10	9
Gregory Phillips (Resigned 1 February 2018)	6	5

Member Contribution on Windup

The company is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the company is wound up, the Constitution states that each member is required to contribute to a maximum of \$10 each towards meeting any outstandings and obligations of the company. At 30 June 2018, the number of members was 67. The combined total amount that members of the company are liable to contribute if the company is wound up is \$670.

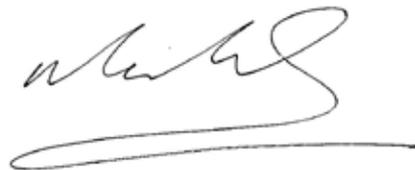
Auditor's Independence Declaration

A copy of the auditor's independence declaration in relation to the audit for the financial year is provided with this report in accordance with section 307C of the Corporations Act 2001.

Signed in accordance with a resolution of the Board of Directors.



Director



Director

Dated this 28th day of September 2018.

MOUNT ISA ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES LTD
ABN:96 130 300 355

AUDITOR'S INDEPENDENCE DECLARATION
FOR THE YEAR ENDING 30 JUNE 2018



The Directors
Mount Isa Aboriginal Community Controlled Health Services Limited
8 Burke Street
Mount Isa QLD 4825

Auditor's Independence Declaration

In accordance with the requirements of section 60-40 of the Australian Charities and Not-for-profits Commissions Act 2012, in relation to the independent audit for the year ended 30 June 2018, to the best of my knowledge and belief there have been:

- (i) No contraventions of the auditor independence requirements of the *Corporations Act 2001* in relation to the audit; and
- (ii) No contraventions of APES 110 *Code of Ethics for Professional Accountants*.

PITCHER PARTNERS

JASON EVANS
Partner

Brisbane, Queensland
28 September 2018

Ben Ogden Nigel Fischer Mark Nicholson	Paul Carreraso Jason Evans Ian Jones	Kyle Langford Norman Thurnoff Brett Hendrick	Warwick Rice Nigel Batters Cate Wilkinson	Simon Chan Jeremy Jones Tim Spill	James Field David Cahill
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BAKER TILLY
INTERNATIONAL

MOUNT ISA ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES LTD
ABN:96 130 300 355

DIRECTORS' DECLARATION
FOR THE YEAR ENDING 30 JUNE 2018

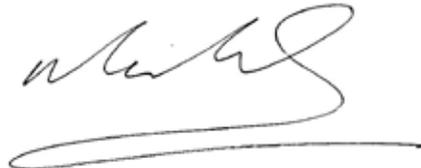
The Directors of Mount Isa Aboriginal Community Controlled Health Services Ltd declare that:-

1. The financial statements and the notes set out in the attached are in accordance with the Australian Charities and Not-for-profits Commission Act 2012, including:
 - (a) Comply with the Australian Accounting Standards - Reduced Disclosure Requirements, the Australian Charities and Not-for-profits Commission Regulations 2013 and other mandatory professional reporting requirements, and
 - (b) 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
2. There are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors and subsection 60-15(2) of the Australian Charities and Not-for-profits Commission Regulations 2013.



Director



Director

Dated this 28th day of September 2018.

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
 FOR THE YEAR ENDING 30 JUNE 2018

	Notes	2018 \$	2017 \$
Revenue	2	20,749,225	14,775,020
Other income	2	4,459,252	2,789,300
Employee benefits expense	3	(12,759,120)	(6,396,035)
Depreciation expenses	3	(238,283)	(272,297)
Travel, accommodation and conference expenses		(1,701,656)	(998,026)
Medical services and supplies		(571,548)	(423,741)
Bad & doubtful debts	3	(40)	-
Repairs, maintenance & vehicle running expenses		(784,782)	(481,308)
Rent expense		(548,398)	(334,972)
Audit, legal & consultancy expense		(897,842)	(1,748,147)
Auspice fees		(1,336,232)	(3,180,035)
Other expenses		(3,385,806)	(1,412,047)
Net Surplus before income tax		2,984,770	2,317,712
Income tax expense	1(h)	-	-
Net Surplus		2,984,770	2,317,712
Other Comprehensive Income		-	-
Total Comprehensive Income		2,984,770	2,317,712

These financial statements are to be read in conjunction with the notes to and forming part of the financial statements attached.

STATEMENT OF FINANCIAL POSITION
 FOR THE YEAR ENDING 30 JUNE 2018

	Notes	2018 \$	2017 \$
CURRENT ASSETS			
Cash and Cash Equivalents	4	9,685,800	7,010,385
Trade and Other Receivables	5	1,556,704	712,497
Other Assets	6	21,161	57,223
Financial Assets held to Maturity (Term Deposits)	7	10,384	10,891
TOTAL CURRENT ASSETS		11,274,049	7,790,996
NON-CURRENT ASSETS			
Financial Assets held to Maturity (Term Deposits)	7	22,048	-
Property, Plant & Equipment	8	3,319,463	2,651,887
TOTAL NON-CURRENT ASSETS		3,341,511	2,651,887
TOTAL ASSETS		14,615,560	10,442,883
CURRENT LIABILITIES			
Trade and Other Payables	9	2,017,557	1,705,413
Provisions	10	820,701	539,870
Unexpended Grant Funds	13	2,828,490	2,236,420
TOTAL CURRENT LIABILITIES		5,666,748	4,481,703
NON-CURRENT LIABILITIES			
Provisions	10	40,240	37,378
TOTAL NON-CURRENT LIABILITIES		40,240	37,378
TOTAL LIABILITIES		5,706,988	4,519,081
NET ASSETS		8,908,572	5,923,802
EQUITY			
Retained Surplus		8,908,572	5,923,802
TOTAL EQUITY		8,908,572	5,923,802

These financial statements are to be read in conjunction with the notes to and forming part of the financial statements attached.

MOUNT ISA ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES LTD
ABN:96 130 300 355

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDING 30 JUNE 2018

	Retained Earnings \$
Balance at 1 July 2016	<u>3,606,090</u>
Net Surplus	2,317,712
Other comprehensive income	-
Total Comprehensive Income	<u>2,317,712</u>
Balance at 30 June 2017	<u>5,923,802</u>
Net Surplus	2,984,770
Other comprehensive income	-
Total Comprehensive Income	<u>2,984,770</u>
Balance at 30 June 2018	<u>8,908,572</u>

These financial statements are to be read in conjunction with the notes to and forming part of the financial statements attached.

STATEMENT OF CASH FLOWS
 FOR THE YEAR ENDING 30 JUNE 2018

	Notes	2018 \$	2017 \$
Cash Flows from Operating Activities:			
Receipts from Customers		24,992,362	17,774,249
Payments to Suppliers and Employees		(21,495,496)	(15,128,187)
Interest Received		105,949	89,468
Total Cash from Operating Activities	11	<u>3,602,815</u>	<u>2,735,530</u>
Cash Flows from Investing Activities:			
Payments for Asset Purchases		(905,860)	(1,300,213)
Proceeds of sale of assets		-	16,204
Investments made in Term Deposits		(21,541)	-
Redemptions from Term Deposits		-	1,879,734
Total Cash from Investing Activities		<u>(927,401)</u>	<u>595,725</u>
Net Cash Increase / (Decrease) in Cash and Cash Equivalents		2,675,414	3,331,255
Cash and Cash Equivalents at beginning of year		7,010,385	3,679,130
Cash and Cash Equivalents at end of year	4	<u>9,685,799</u>	<u>7,010,385</u>

These financial statements are to be read in conjunction with the notes to and forming part of the financial statements attached.

Note 1: Statement of Significant Accounting Policies

This financial report is for Mount Isa Aboriginal Community Controlled Health Services Ltd ("the Corporation") as an individual company, incorporated and domiciled in Australia. Mount Isa Aboriginal Community Controlled Health Services Ltd is a company limited by guarantee incorporated under the Corporations Act 2001. The company is a not-for-profit company for the purpose of preparing financial statements.

Basis of Preparation

These general purpose financial statements have been prepared in accordance with Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board and the Australian Charities and Not-for-profits Commission Act 2012. The Corporation is a not-for-profit company for the purpose of preparing the financial statements.

The financial statements of the Corporation comply with Australian Accounting Standards - Reduced Disclosure Requirements as issued by the Australian Accounting Standards Board (AASB).

Australian Accounting Standards set out accounting policies that the Australian Accounting Standards Board (AASB) has concluded would result in a financial report containing relevant and reliable information about transactions, events and conditions to which they apply. Material accounting policies adopted in the preparation of this financial report are presented below. They have been consistently applied unless otherwise stated.

The financial report has been prepared on an accruals basis and is based on historical costs. The report is presented in Australian dollars, which is the functional and presentation currency of the company. The amounts presented in the financial statements have been rounded to the nearest dollar.

a. Revenue

Grant revenue is recognised in the Statement of Comprehensive Income when it is controlled. When there are conditions attached to grant revenue relating to the use of those grants for specific purposes it is recognised in the Statement of Financial Position as a liability until such conditions are met or services provided.

Interest revenue is recognised on an accruals basis.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customers.

All revenue is stated net of the amount of goods and services tax (GST).

b. Property, Plant and Equipment

Each class of property, plant and equipment is carried at cost, less, where applicable, accumulated depreciation and impairment losses.

Property, Plant & Equipment is brought to account at cost for individual items over \$2,000 and are depreciated at rates based on their economic life to the company.

Depreciation

The depreciable amount of all property, plant and equipment are depreciated on a straight line basis over the asset's useful life to the company commencing from the time the asset is held ready for use. Depreciation expense is charged to the Statement of Comprehensive Income.

NOTES TO THE FINANCIAL STATEMENT
FOR THE YEAR ENDING 30 JUNE 2018

The depreciation rates used for each class of depreciable assets are:

Class of Fixed Asset	Depreciation Rate
Motor Vehicles	12.5-25%
Leasehold Improvements	2.5-4.0%
Plant & Equipment	10-30%

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at each balance date.

Asset classes carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are included in the Statement of Comprehensive Income.

Impairment of Assets

At each reporting date, the company reviews the carrying values of its assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the Statement of Comprehensive Income.

Where the future economic benefits of the asset are not primarily dependent upon on the assets ability to generate net cash inflows and when the company would, if deprived of the asset, replace its remaining future economic benefits, value in use is depreciated replacement cost of an asset.

Where it is not possible to estimate the recoverable amount of an assets class, the company estimates the recoverable amount of the cash-generating unit to which the class of assets belong.

Employee Benefits

Provision is made for the company's liability for employee benefits arising from services rendered by employees to balance date.

Liabilities arising in respect of wages and salaries, annual leave, long service leave and any other employee benefits expected to be settled within twelve months of the reporting date are measured at their nominal amounts based on remuneration rates which are expected to be paid when the liability is settled. All other employee benefit liabilities are measured at the present value of the estimated future cash outflows to be made in respect of services provided by employees up to the reporting date.

Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at-call with banks, other short-term highly liquid investments with original maturities of three months or less. Bank overdrafts are shown within current liabilities on the statement of financial position.

NOTES TO THE FINANCIAL STATEMENT
FOR THE YEAR ENDING 30 JUNE 2018

f. Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of expense. Receivables and payables in the Statement of Financial Position are shown inclusive of GST. Cash flows are presented inclusive of GST. Any GST incurred or charged on investing or financing activities is included within operating cash flows.

g. Unexpended Grants

The company receives grant monies to fund projects either for contracted periods of time or for specific projects irrespective of the period of time required to complete those projects. It is the policy of the company to treat grants monies as unexpended grants in the Statement of Financial Position where the company is contractually obliged to provide the services in a subsequent financial period to when the grant is received or in the case of specific project grants where the project has not been completed.

h. Income Tax

No provision for income tax has been raised as the company is exempt from income tax under Division 50 of the Income Tax Assessment Act 1997.

i. Provisions

Provisions are recognised when the company has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured.

j. Comparative Figures

Where required by Accounting Standards comparative figures have been adjusted to conform with changes in presentation for the current financial year.

k. Economic Dependence

Mount Isa Aboriginal Community Controlled Health Services Ltd is dependent on the Departments of both the State and Commonwealth Governments for the majority of its revenue used to operate the business. At the date of this report the Board of Directors has reason to believe these Departments will continue to support Mount Isa Aboriginal Community Controlled Health Services Ltd.

l. Significant Estimates and Judgements

The preparation of the financial report requires estimation and judgement in certain areas. The Directors make estimates and judgements based on historical information about the company and estimates about what is likely to occur in the future. No estimates or judgements are considered to be significant used in the preparation of the financial statements.

m. Operating Leases

Where the company enters into a lease agreement and substantially all the risks and rewards of ownership remain with the lessor, the lease is recognised as an operating lease.

Rental paid and payable under operating leases are charged to profit and loss when incurred.

NOTES TO THE FINANCIAL STATEMENT
FOR THE YEAR ENDING 30 JUNE 2018

n. Financial Instruments

Classification

The company classifies its financial assets into the following categories: financial assets at fair value through profit and loss, loans and receivables, held-to-maturity investments, and available-for-sale financial assets. The classification depends on the purpose for which the instruments were acquired. Management determines the classification of its financial instruments at initial recognition.

Non-derivative financial

Non-derivative financial instruments consist of trade and other receivables, cash and cash equivalents and trade and other payables.

Non-derivative financial instruments are initially recorded at fair value, plus directly attributable transaction costs (if any), except for instruments recorded at fair value through profit and loss. After initial recognition, non-derivative financial instruments are measured as described below:

Fair Value Through Profit and Loss

Assets used for short-term trading are classified as fair-value-through-profit-and-loss and are recognised at fair value. The only such asset in this category at reporting date is Cash and Cash Equivalents.

Loans and receivables

Loans and receivables are measured at the face value of the amount due from the counterparty, comprising the original receivable less principal payments received.

Financial liabilities

Financial liabilities include trade payables and other creditors.

Non-derivative financial liabilities are recognised at the face value of the amount owing, comprising original debt less principal payments made.

Held to Maturity Assets

The Corporation classifies investments as held to maturity if:

- they are non-derivative financial assets
- they are quoted in an active market
- they have fixed or determinable payments and fixed maturities
- the Corporation intends to, and is able to, hold them to maturity

Held-to maturity financial assets are included in non-current assets, except for those with maturities less than 12 months from the end of the reporting period, which would be classified as current assets.

Loans and receivables and held-to-maturity investments are subsequently carried at amortised cost using the effective interest method.

o. New and amended Standards adopted by the Corporation

A number of new and revised standards became effective for the first time to annual periods beginning on or after 1 July 2017. None of these standards have been considered to have a material impact upon these financial statements.

NOTES TO THE FINANCIAL STATEMENT
 FOR THE YEAR ENDING 30 JUNE 2018

	2018	2017
	\$	\$
Note 2: Revenue and Other Income		
Revenue		
Revenue from government grants		
- State / federal government grants	18,817,790	11,930,975
- Private grants	2,417,048	2,379,896
	<u>21,234,838</u>	<u>14,310,871</u>
- change in unearned grants	(592,070)	384,742
Other revenue		
- Interest received	106,457	79,407
Total revenue	<u>20,749,225</u>	<u>14,775,020</u>
Other income		
Medicare receipts	2,878,321	1,758,965
Gain on supply of leasehold improvements at no cost	-	470,000
Other	1,580,931	560,335
Total other income	<u>4,459,252</u>	<u>2,789,300</u>
Total revenue and other income	<u>25,208,477</u>	<u>17,564,320</u>
Note 3: Expenses		
Surplus for the year has been determined after including the following significant expenses:		
Employee benefit expense		
- Wages	8,014,945	4,355,934
- Super	731,329	382,039
- Medical Fees - Locum	1,735,105	909,476
- Medical Fees - Contractor	1,154,924	-
- Other	1,122,817	748,586
Total employee benefit expense	<u>12,759,120</u>	<u>6,396,035</u>
Depreciation & Amortisation		
- Depreciation	238,283	239,555
- Amortisation	-	32,742
Total depreciation	<u>238,283</u>	<u>272,297</u>
Bad & Doubtful Debts		
- Bad debts	40	-
Total bad & doubtful debts	<u>40</u>	<u>-</u>
Note 4: Cash and Cash Equivalents		
- General Accounts	343,191	171,705
- High Interest Bearing Account	9,342,559	6,838,630
- Front Office Account	50	50
Total Cash and Cash Equivalents	<u>9,685,800</u>	<u>7,010,385</u>

NOTES TO THE FINANCIAL STATEMENT
 FOR THE YEAR ENDING 30 JUNE 2018

			2018	2017
			\$	\$
Note 5: Trade and Other Receivables				
Current				
Trade Receivables			1,452,872	689,126
Sundry Receivables			103,832	23,370
Total Trade and Other Receivables			1,556,704	712,497
Note 6: Other Current Assets				
Prepayments			21,161	57,223
Total Other Current Assets			21,161	57,223
Note 7: Financial Assets Held to Maturity				
Term Deposits - current	expiring 30/08/2018	2.30%	10,384	10,891
Term Deposits - non current	expiring 7/08/2019	2.30%	22,048	-
Total Financial Assets Held to Maturity		2.30%	32,432	10,891
Note 8: Property, Plant and Equipment				
Motor Vehicles - at cost			926,605	823,086
Less: Accumulated Depreciation			(717,599)	(663,111)
			209,006	159,976
Leasehold Improvements			2,943,971	2,231,678
Less: Accumulated Amortisation			(131,810)	(68,038)
			2,812,161	2,163,639
Plant & Equipment - at cost			859,804	769,757
Less: Accumulated Depreciation			(561,508)	(441,486)
			298,296	328,271
Total Property, Plant and Equipment			3,319,463	2,651,887
Reconciliation of written down values				
Motor Vehicles				
Opening written down value			159,976	279,984
Additions			103,519	2,445
Reclassifications			-	-
Disposals			-	-
Depreciation			(54,489)	(122,453)
Closing written down value			209,006	159,976
Leasehold Improvements				
Opening written down value			2,163,639	609,043
Additions			712,294	1,587,338
Reclassifications			-	-
Disposals			-	-
Amortisation			(63,772)	(32,742)
Closing written down value			2,812,161	2,163,639
Plant & Equipment				
Opening written down value			328,271	264,943
Additions			90,047	180,430
Adjustments			-	-
Reclassifications			-	-
Disposals			-	-
Depreciation			(120,022)	(117,102)
Closing written down value			298,296	328,271

NOTES TO THE FINANCIAL STATEMENT
 FOR THE YEAR ENDING 30 JUNE 2018

	2018 \$	2017 \$
Note 9: Trade and other payables		
Current		
Trade Creditors	963,420	1,186,795
Accrued Expenses	341,249	84,370
Revenue in advance	-	-
GST Payable	282,831	262,431
PAYG Tax Payable	160,254	121,049
FBT Payable	134,195	-
Superannuation Payable	127,423	47,613
Westpac Bank - Credit Cards	8,185	3,155
Total Trade and Other Payable	<u>2,017,557</u>	<u>1,705,413</u>

Note 10: Provisions

Current Liabilities

Provision for staff entitlements	388,469	238,585
Provision for annual leave	419,358	282,358
Provision for long service leave	12,874	18,926
Total Current Provisions	<u>820,701</u>	<u>539,870</u>

Non-Current Liabilities

Provision for long service leave	40,240	37,378
Total Non-Current Provisions	<u>40,240</u>	<u>37,378</u>

Total Provisions

<u>860,941</u>	<u>577,248</u>
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Note 11: Reconciliation of Surplus for the Year to Cashflow from Operations

Surplus for the year	2,984,770	2,317,712
Depreciation and amortisation	238,283	272,297
Write off of assets	-	-
Donated Assets	-	(470,000)
Gain in sale of assets	-	(16,205)
Change in unexpended grants at end of year	592,070	(384,742)
Change in trade receivables	(844,207)	(172,751)
Change in other assets	36,062	33,302
Change in trade payables	312,144	884,615
Change in other provisions	283,692	271,301
Net cash inflow / (outflow) from operating activities	<u>3,602,815</u>	<u>2,735,530</u>

Non-cash financing activities

There are no non-cash financing transactions.

Note 12: Operating Lease Commitments

Non-cancellable operating leases contracted for but not capitalised in the financial statements

Payable — minimum lease payments		
- not later than 12 months	512,381	23,895
- later than 12 months but not later than 5 years	153,395	-
- greater than 5 years	-	-
	<u>665,776</u>	<u>23,895</u>

These lease commitments represent premises at various locations. Most properties had options which were exercised effective 1 July 2018. As at Balance Date leases were under renegotiation.

NOTES TO THE FINANCIAL STATEMENT
 FOR THE YEAR ENDING 30 JUNE 2018

Note 13: Unexpended Grants Schedule

	Balance 1/07/2017 \$	Grants 2017-18 \$	Other income 2017-18 \$	Expended 2017-18 \$	Surplus/(Deficit) 2017-18 \$	Balance 30/06/2018 \$
Active grants						
Indigenous Primary Health Care	-	11,481,075	257,264	(11,740,270)	(1,931)	-
Burke St rehabilitation (funded thru IPHC)	334	-	-	-	334	334
New Directions Expansion	115,798	1,398,876	-	(1,398,875)	115,799	115,799
IPHC transition	169,592	-	-	(169,674)	(82)	-
Connected Beginnings	20,833	250,000	-	(162,639)	108,194	108,194
Diabetes Collaboration	12,000	9,000	-	(124)	20,876	20,876
Quality Improvement Incentive	3,000	-	34	(7,500)	(4,466)	-
Nukal Murra	-	280,000	184,847	(481,499)	(16,652)	-
Clinic Care Coordination	26,700	130,700	-	(74,364)	83,036	83,044
Mornington Island Capital Works	332,262	-	-	(28,856)	303,406	303,406
Social and Emotional Wellbeing	135,351	232,930	1,648	(58,096)	311,832	311,832
Be Well Learn Well	-	291,488	-	(322,419)	(30,931)	-
Normanton	685,307	2,300,000	92,490	(2,423,140)	654,657	685,307
Mens Health (Movember)	44,409	84,409	-	(129,324)	(505)	-
Tackling Smoking - UIIH	-	615,250	973	(633,065)	(16,842)	-
Pioneer - Qld Health establishment/capital	-	-	-	-	-	-
Pioneer - Qld Health recurrent	-	1,144,394	773,716	(2,413,712)	(495,602)	-
Family Well Being	-	2,150,663	-	(1,420,629)	730,034	730,034
IPS trial (mental health)	154,684	260,000	-	(325,804)	88,880	88,880
HeadSpace - Recurrent	43,832	1,100,000	-	(1,115,385)	28,447	28,447
HeadSpace - NMhCAF / SDF	-	1,000	-	-	1,000	1,000
HeadSpace - cfwd approvals	140,981	-	-	(140,981)	-	-
HeadSpace - Other	28,251	-	-	-	28,251	28,251
	1,913,335	21,729,785	1,310,971	(23,046,356)	1,907,736	2,505,405
Inactive grants						
Tackling Smoking - UIIH 2015/16	47,036	-	-	-	47,036	47,036
Tackling Smoking - Dept of Health 2015/16	75,250	-	-	-	75,250	75,250
Tackling Smoking - Recurrent 2013/14	178,598	-	-	-	178,598	178,598
Tackling Smoking - Marketing 2013/14	22,201	-	-	-	22,201	22,201
	323,085	-	-	-	323,085	323,085
Total	2,236,420	21,729,785	1,310,971	(23,046,356)	2,230,821	2,828,490

*Deficits cannot be carried forward

Note 14: Events After the Reporting Date

The financial report was authorised for issue on 28 September 2018 by the Board.
 The Board has the power to amend and re-issue the financial report.
 Other than the matters noted above, there are no other events that occurred after the reporting date that require disclosure in the financial report.

NOTES TO THE FINANCIAL STATEMENT
FOR THE YEAR ENDING 30 JUNE 2018

Note 15: Related Party Transactions

During the year, an independent skills based director Michael Martin was paid a total of \$39,000 plus GST via Top Hospital Executive Management. A balance of \$nil remains outstanding as of 30 June 2018 (2017: \$nil). This excludes director fees and incidental costs associated with director meetings.

During the year, director fees of \$47,340 (2017:\$59,005) were approved.

Other than the above there were no transactions with any related entities during the year.

Note 16: Key Management Personnel

During the year, the total remuneration paid to Key Management Personnel was \$1,071,671 including superannuation (2017: \$630,246). Higher remuneration for Key Management Personnel in 2018 reflects increased activity by the organisation.

Note 17: Contingent Liabilities

There are no contingent liabilities that have been incurred by the Company in relation to 2018 or 2017.

Note 18: Members Guarantee

The company is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the company is wound up, the constitution states that each member is required to contribute to a maximum of \$10 each towards meeting any outstandings and obligations of the company. At 30 June 2018, the number of members was 67. The combined total combined total amount that members of the company are liable to contribute if the company is wound up is \$670.

MOUNT ISA ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES LTD
ABN:96 130 300 355

INDEPENDENT AUDITOR'S REPORT
FOR THE YEAR ENDING 30 JUNE 2018



Independent Auditor's Report to the Members of Mount Isa Aboriginal Community Controlled Health Services Limited

Report on the Audit of the Financial Report

Opinion

We have audited the accompanying financial report of Mount Isa Aboriginal Community Controlled Health Services 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, notes to the financial statements including a summary of significant accounting policies, and the directors' declaration.

In our opinion the financial report of Mount Isa Aboriginal Community Controlled Health Services Limited has been prepared in accordance with Division 60 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 independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* ("ACNC Act") and 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.

Other Information

The directors are responsible for the other information. The other information comprises the information included in the company's directors' report for the year ended 30 June 2018, but does not include the financial report and our auditor's report thereon.

INDEPENDENT AUDITOR'S REPORT
FOR THE YEAR ENDING 30 JUNE 2018



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' and Those Charged with Governance for the Financial Report

The *directors'* of the Company are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the ACNC Act, and for such internal control as the *directors'* determine is necessary to enable the preparation of the financial report that 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 intends to liquidate the Company or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the responsible entity'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 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 the financial report.

As part of an audit in accordance with Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the responsible entities.

MOUNT ISA ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES LTD
ABN:96 130 300 355

INDEPENDENT AUDITOR'S REPORT
FOR THE YEAR ENDING 30 JUNE 2018



- Conclude on the appropriateness of the responsible entities' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

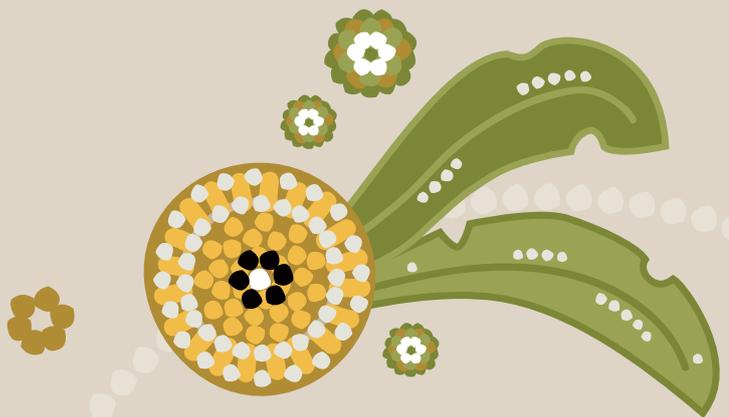
Pitcher Partners

PITCHER PARTNERS

J. Evans

JASON EVANS
Partner

Brisbane, Queensland
28 September 2018





GIDGEE HEALING