



Annual Report

2022 - 2023



Danila Dilba
Health Service



Acknowledgement of Country

Danila Dilba Health Service (DDHS) acknowledges the Larrakia people as the Traditional Owners of Country in which we provide our services and their continuing custodianship of their lands and seas. We pay our respects to Larrakia elders, past, present and emerging leaders.

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Message from our Chairperson

It's been a year of substantial growth, review and planning at Danila Dilba Health Service (DDHS).

The DDHS financial position improved across the 2022-23 financial year with a liquidity ratio of 1 achieved by the end of the year. This has been a significant undertaking, with all staff playing a role in carefully managing costs. Our central focus on maximising Medicare income has also boosted revenue. Congratulations to all staff for their work on this.

In 2022-23, the DDHS Board continued to focus on adopting best practice in governance. Directors are members of the Australian Institute of Company Directors and undertake training each year to enhance their skills. In 2022-23 this included governance training facilitated by clinical governance expert and DDHS Audit and Risk Management Committee Independent Member Bernadette Harrison in May 2023.

Audit and Risk Management Committee Split

In May 2023, the DDHS Board approved the separation of the existing Audit and Risk Management Committee (ARMC) into two new committees:

- Clinical Governance Committee
- Finance, Risk and Audit Committee (FRAC)

This separation will allow for stronger governance within our organisation with the two committees better supporting different aspects of organisational governance – clinical, financial and risk management. This is a key focus of the DDHS Strategic Priority 2 – Strengthen our Sustainability and Governance.

The FRAC will focus on corporate reporting, including financial reporting and budgets, oversight of internal and external audit, risk management, work health and safety and compliance.

The Clinical Governance Committee will focus on the management and mitigation of clinical risks, governance of Communicare (DDHS clinical information system), clinical safety and quality and monitoring of health performance trends of the service.



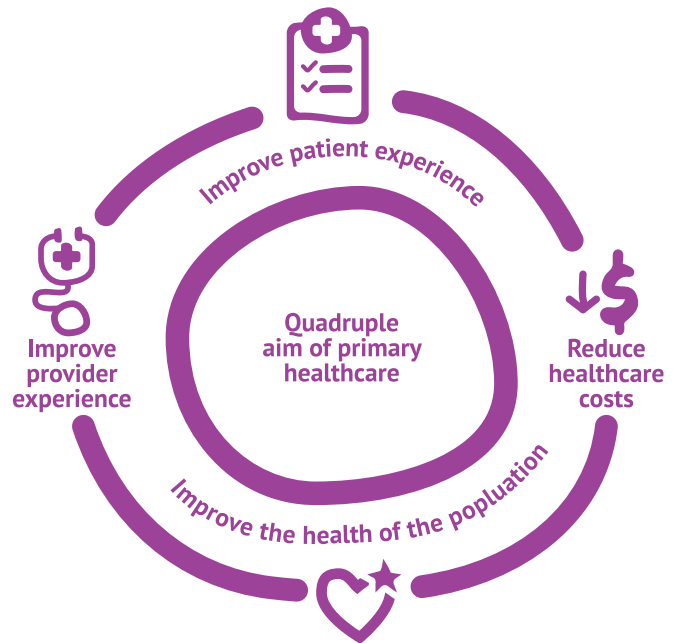


Figure 1: A diagram of the Quadruple Aim of Primary Healthcare.

The committees each have an independent external chair. Suzanne Archbold was appointed as FRAC chair. Suzanne is Owner / Director at Darwin-based business advisory and consulting firm Advisory HQ. Prior to that, Suzanne was a partner at Deloitte's Darwin office.

Bernie Harrison MPH (Hons) was appointed as Chair of the Clinical Governance Committee. Bernie is currently an Adjunct Associate Professor at the University of Sydney School of Public Health, Faculty of Medicine and Health Director of Australian Council of Healthcare Standards (ACHS) Improvement Academy. Bernie is responsible for development and promotion of the ACHS Improvement Academy, aligning education offerings in quality and safety with the mission of ACHS and the National Standards.

Each committee has a formal Terms of Reference and is guided by the 'Quadruple Aim'. The Quadruple Aim is summarised in the diagram right.

New Palmerston Clinic on the way

In exciting news, DDHS signed a contract for \$11.6m with the Commonwealth Government in early 2023 to build a new and expanded clinic at Palmerston. Constructing a purpose-built facility will assist DDHS to meet the growing health needs of the region, providing access to clinical services as well as a more community-friendly space for other health and wellbeing activities. Work continued through 2023 to secure funding to purchase land to build the new clinic on.

Finally, on behalf of the Board, I would like to thank the hardworking and dedicated Danila Dilba staff who continue to show up to work every day and demonstrate the vision, purpose and values of our organisation. Your commitment and passion for improving the physical, mental, cultural and social wellbeing of our community is a testament to you all.

Carol

Message from our CEO

My second year as CEO of Danila Dilba Health Service was an exciting one as our team began to implement our ambitious plan to restructure our service model to better meet the needs of our clients and community.

Our Service Model Review was completed and an implementation plan for change was created. This is an exciting project which will set Danila Dilba up to better cater for continued service growth into the future.

Demand for our services continues to grow which is a clear demonstration of the confidence and trust the Greater Darwin community has in our services. However, with limited growth in funding, we have to find ways to make better use of the income we receive.

Work is already underway to build consistency in service delivery across our clinics to ensure clients have the same experience regardless of which clinic they visit. Following this we will integrate a specialist program structure. This will allow us to build specialist teams to ensure that clients receive the right care at the right time. This includes a stronger focus on preventing, detecting and managing chronic disease, supporting mums and bubs to ensure our children are born and grow up strong and healthy and having more specialised care for our elders.

Concurrent to our Service Model Review, separate reviews were undertaken in our Health Promotion and Program Integration (HPPI) space, and our Social and Emotional Wellbeing (SEWB) service. Following extensive staff consultation, new frameworks were created to strengthen governance and allow for service growth.

It's been fantastic to watch staff engage in these processes and take a proactive approach to change. SEWB is due to expand to around 30 staff in 2023-24 with a range of new, targeted services set to begin.

While our clinics continued to provide COVID vaccines to clients, we were able to largely return to 'business as usual' in 2022-23 following the unprecedented two years prior spent responding to the global COVID-19 pandemic.

Our clinics were able to open up once again to external visitors, hosting various visiting sporting teams and dignitaries who were keen to learn more about our services and connect with our staff and clients.

Health Promotion Stalls and Events

I feel a great sense of pride seeing our Health Promotion teams yarning with locals about the importance of making positive choices for their physical and mental health. The team conducted 113 stalls and information sessions throughout 2022-23, connecting with thousands of locals – particularly youth – about a range of issues including smoking, vaping, alcohol and other drug use, kids health, sexual health, allied health and diabetes support.

This is the core of preventative primary health care – yarning with mob and providing information and support to help them take ownership of their health and wellbeing.

Our community see our DDHS stall and shirts and know that we are a safe space to stop by for a yarn about their health.





DDHS Involvement in 10-year Generational Strategy

A key focus for me as DDHS CEO in 2022-23 was a continued contribution to the Tri-Partite Forum involving the Commonwealth Government, NT Government and NT community sector which released the *Kids Safe, Family Together, Community Strong 10-year Generational Strategy for children and families in the NT 2023-2033*. The forum was formed following the Royal Commission into the Protection and Detention of Children in the NT in 2017.

I work as the Independent Aboriginal Chair of the Generational Strategy Steering Group.

This important and comprehensive strategy was finalised earlier this year and is the result of significant community input and design into the reforms that are required to improve outcomes for Territory children and families over the next generation.

Importantly, it also builds on the recommendations from the 2017 Royal Commission.

We have broken the 10-year strategy into three discrete pieces of work through separate action plans. The first, called *Planting the Seeds*, was endorsed at our last meeting and includes 15 foundational actions that will be taken during the first two years.

These are closely aligned to the *National Safe and Supported Action Plan* and includes significant reform commitments in out of home care, delegated authority, youth justice, healing and cultural safety.

It also includes a commitment to better coordination of NT and Commonwealth Government funding for child, youth and family services across the NT.

We know we face many challenges, but I feel optimistic that by working together, we are on the right path to supporting Aboriginal children to thrive and live healthy, productive lives.

Other committees I sat on in 2022-23:

- Aboriginal Medical Services Alliance NT (AMSANT) Deputy Chair
- National Aboriginal Community Controlled Health Organisation (NACCHO) Board Director
- Gayaa Dhuwi (Proud Spirit) Australia Board Director
- Secretariat of National Aboriginal and Islander Child Care (SNAICC) Council

Goals for 2023-24

2023-24 is set to be a very busy year as we continue with our service model redesign – including the SEWB framework and Health Promotion and Program Integration (HPPI) restructures, as well as the consolidation of the new Elders Support Services into our organisation.

DDHS will also continue to advocate for better access to culturally safe neurodevelopmental assessment and treatment services for children in the Greater Darwin region. We know there are kids falling through the gaps, and we are ready and willing to take on this multi-disciplinary service – but we need funding to do it.

DDHS is also hopeful of securing funding for a dedicated transient service to deliver services to our transient population who currently represent a significant proportion of presentations to our clinics.

Overall 2022-23 was a very successful year as we set the foundation for significant growth and enhancement to DDHS services so we can continue to meet the needs of our community for many years to come.

Rob





Section 1
Our Organisation

About this Report

The 2022-23 Danila Dilba Health Service (DDHS) Annual Report provides detailed information on who we are, who we care for, and how we are working with our community to achieve better health and wellbeing outcomes for Aboriginal and Torres Strait Islander people. The report provides an overview of operational achievements and the financial position of DDHS during 2022-23. The report also tracks our progress against our 2022-2026 Strategic Plan.

Our Audience

The DDHS Annual Report is a useful publication for:

- Our members who continue to work with us to improve the health and wellbeing of Aboriginal people in Darwin.
- Our funders, including the National Aboriginal Community Controlled Health Organisation (NACCHO), Northern Territory and Commonwealth Governments who provide ongoing funding and grants.
- Our health industry partners who we collaborate with on a range of research, clinical and health promotion projects.
- Danila Dilba staff – and prospective staff – who have a commitment to providing high quality care to our clients.
- Members of the general public who want to learn more about who we are and learn about the scope and breadth of work we do.
- Policy makers who want to learn more about Danila Dilba's priority policy areas.

Our Name

The name Danila Dilba Biluru Butji Binnilutlum was given by the Larrakia people. In the Larrakia language Danila Dilba means 'dilly bag used to collect bush medicines' and Biluru Butji Binnilutlum means 'Aboriginal people getting better from sickness.' We are an Aboriginal Community-Controlled Health Organisation (ACCHO) and we hold ourselves accountable for representing Biluru people. Our cultural protocols and practices continue to guide how we deliver our services in the best way possible.

Who Are We?

Danila Dilba Health Service (DDHS) is an Aboriginal Community Controlled Health Organisation (ACCHO) established in 1991 to provide medical services for Biluru (Aboriginal and Torres Strait Islander people) in the Yilli Rreung (Greater Darwin) region.

The story of Danila Dilba began in the 1970s - a time of great activism for Aboriginal and Torres Strait Islander people across Australia.

After Cyclone Tracy hit Darwin in 1974, people were evacuated to southern cities where local Aboriginal medical services had already been operating. Darwin-based Aboriginal people were impressed with the services and were motivated to establish one in Darwin.

DDHS grew out of the community, with people holding meetings, lobbying government, lodging petitions and even holding a 'sit-in' of government offices for a culturally appropriate primary health care service for Aboriginal and Torres Strait Islander people in Darwin.

Persistence and dedication paid off – after starting out with just one clinic and seven staff, DDHS now operates a network of nine clinics, including a mobile outreach clinic, and employs more than 200 multidisciplinary staff across the region - delivering high quality, integrated health services that include a range of specialist and allied health, social and emotional wellbeing services, as well as health promotion and education.

Around 15,000 people use our services each year which is made up of at least 5,000 families.



Our Logo

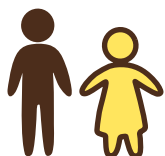
The Danila Dilba logo was designed by Larrakia Elder, the late Reverend Wally Fejo.

The story of the logo



The fish are in a school and are excited when jumping around and convey to us our exciting, healthy life. The turtle going back to lay her eggs represents the people. The stick represents a hunting tool used to find her eggs. The overall circle emulates looking inside a dilly bag from above. The snake brings the underlying threat of danger to our wellbeing and reminds us that we should always sustain ourselves and be on guard for our health





Our Vision

Biluru people of the Yilli Rreung region experience health, wellbeing and quality of life outcomes that are equal to, or greater than that of Non-Aboriginal Australians.



Our Purpose

Improve the physical, mental, cultural and social wellbeing of the Biluru people of the Yilli Rreung region through innovative, culturally safe and effective comprehensive primary health care programs and services.



Our Values

Respect
Trust, honesty and integrity
Fairness, transparency and accountability
High professional standards, ethics and quality

What is a Community-Controlled Health Service?

Danila Dilba (DDHS) is part of a national network of 145 Aboriginal community-controlled health organisations (ACCHOs) across Australia. Altogether, ACCHOs provide 3.1 million episodes of care per year to almost 410,000 people.

Despite improvements in some areas, Closing the Gap targets are not closing fast enough between Aboriginal and non-Aboriginal people in Darwin and the wider Northern Territory. In fact, there are some areas where the gap is widening.

ACCHOs such as DDHS play a vital role in addressing this inequality. Through collaboration with our Board, our members and our clients, we design and deliver culturally appropriate health services to respond to community needs.

ACCHO Comprehensive Primary Health Care Service Delivery

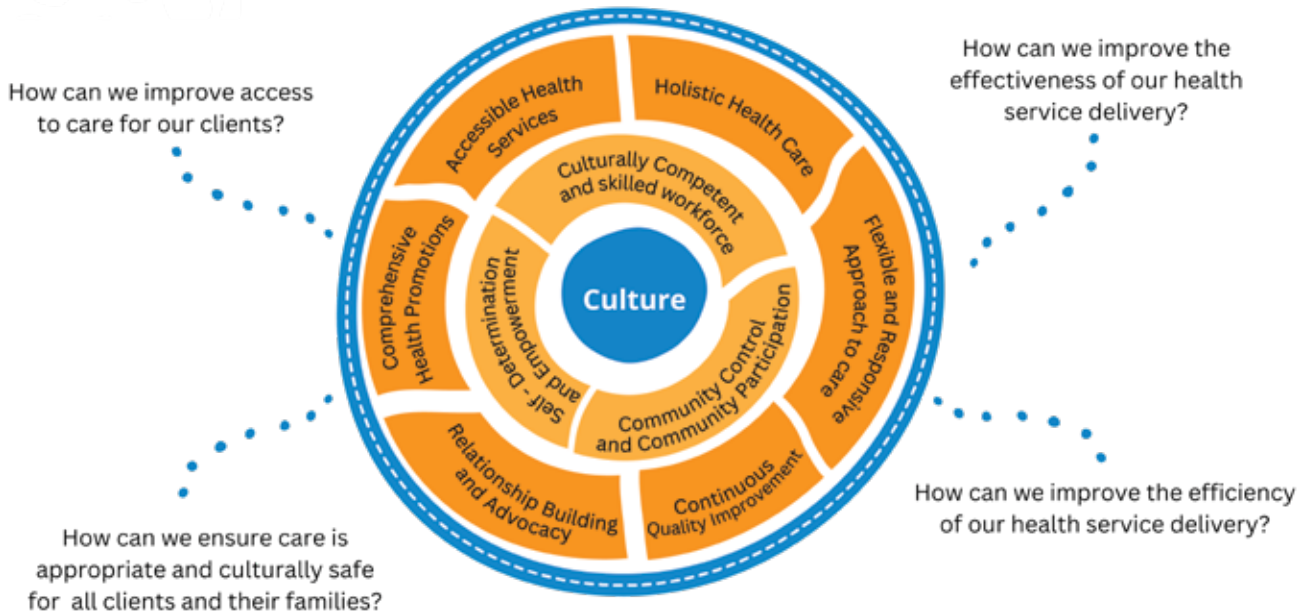


Figure 2: ACCHO Comprehensive Primary Health Care Service Delivery.

What is Comprehensive Primary Health Care?

Comprehensive primary health care within the Aboriginal Community-Controlled Health Service model is built around three guiding principles:

1. Providing culturally-appropriate, trusted services to clients, close to where they live.
2. Self-determination and empowerment: Working in partnership with our clients, their families and communities to empower them to actively participate in decision making around their own healthcare and wellbeing.
3. Providing comprehensive, holistic services to clients, to respond not only to the physical ailment that has brought them to their appointment, but also help them to address broader social and emotional wellbeing needs.

Definition of Aboriginal Health – National Aboriginal Community Controlled Health Organisation (NACCHO)

“.....

‘Aboriginal health’ means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being thereby bringing about the total wellbeing of their community. It is a whole of life view and includes the cyclical concept of life-death-life.”

.....”

Social Determinants of Health

The social determinants of health are the 'causes of the causes' of poor health. These include living conditions, racism, educational opportunities, employment, working conditions and income, access to transport and health care, and community and social support. Working holistically and collaboratively to improve those attributes is a pathway to better health outcomes.



Access to
health care



Income



Environment



Culture



Family



Colonisation



Self-determination



Housing



School



Justice



Language



Early childhood
education



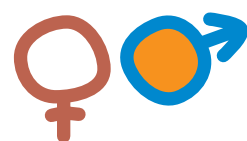
Racism



Land



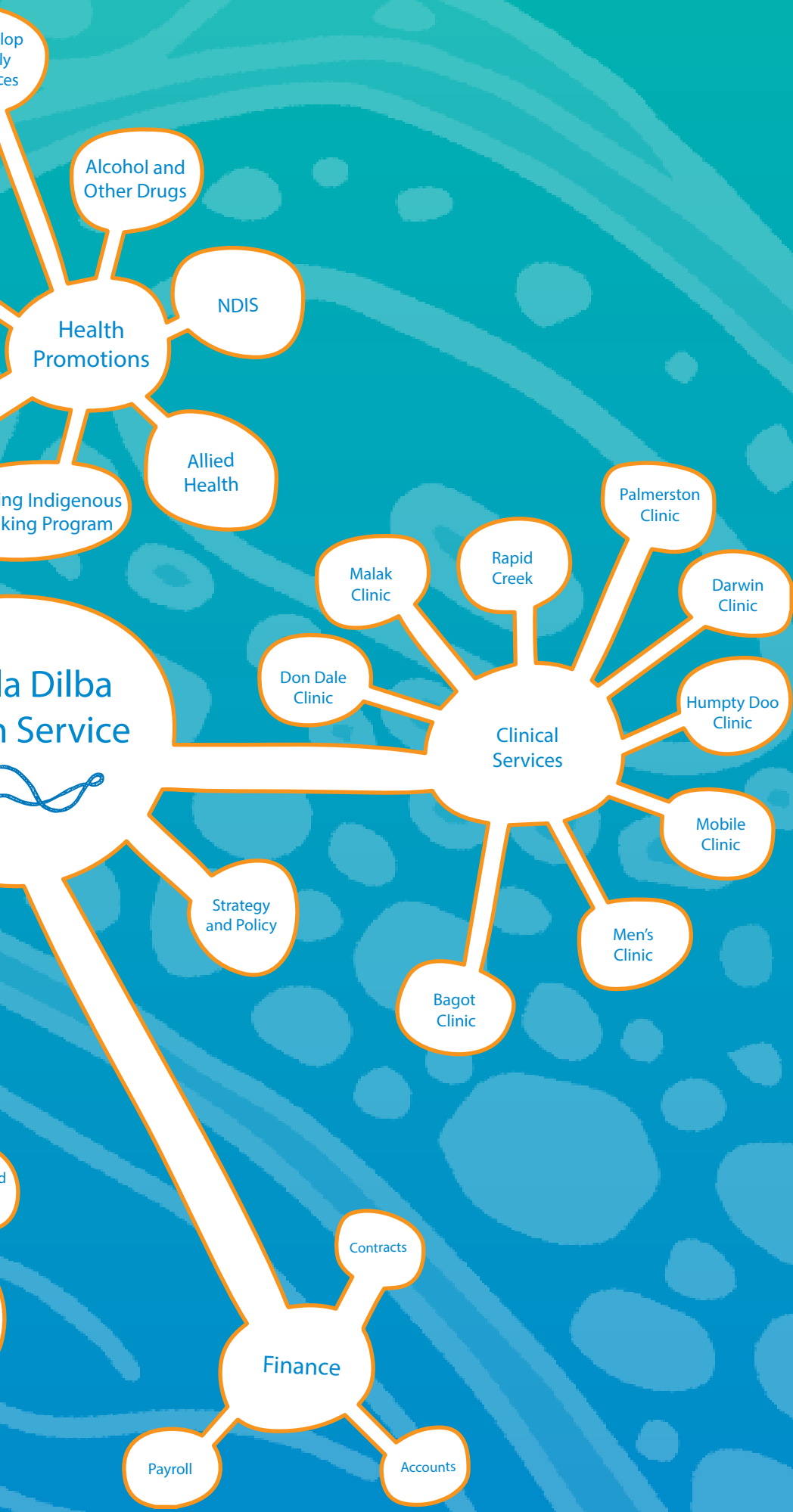
Control of resource



Gender

Danila Dilba Health Service Delivery Model



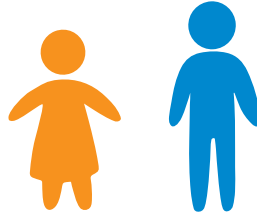


Year at a Glance



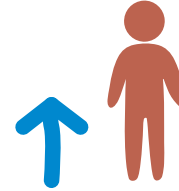
Medicare income:

2018-19: \$5,432,749
 2019-20: \$5,391,568
 2020-21: \$5,275,126
 2021-22: \$5,222,847
 2022-23: \$5,574,205



Number of regular clients:

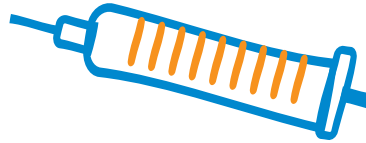
Female: 5,966
 Male: 5,025
 Non-Binary: 0
 Intersex: 2



% of regular client growth in past financial year:
1.5%



Number of prescriptions issued:
45,550
 (42,309 in 2021-22)



Number of flu vaccinations delivered:
3,068
 (3201 in 2021-22)



Number of Japanese Encephalitis vaccinations delivered:
13



Number of COVID booster vaccinations delivered:
1,254



Number of DDHS client births:
177
 (112 in 2021-22)



Number of midwife client contacts:
2,573
 (3282 in 2021-22)



Number of DDHS client babies born within normal birth weight:
86%
 (84% in 2021-22)



ANFPP clients:
59



Number of ANFPP graduates:
14



Number of Health Promotion community events:
27



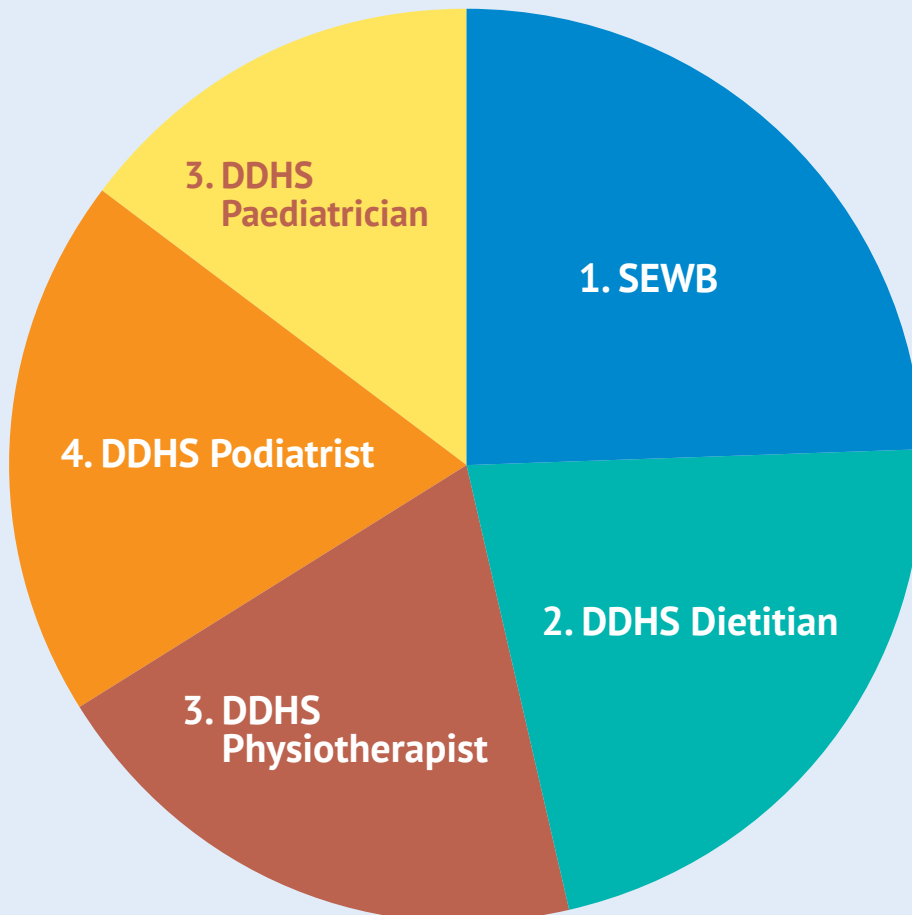
Number of Health Promotion education sessions (held at schools and educational settings):
86



Alcohol and Other Drugs referrals:
138
(169 clients in 2021-22)

Top 5 referrals

- 1) SEWB: 631
- 2) DDHS Dietitian: 565
- 3) DDHS Physiotherapist: 506
- 4) DDHS Podiatrist: 488
- 5) DDHS Paediatrician: 376





Online Engagement

Danila Dilba continued to attract strong online engagement throughout 2022-23. While the majority of statistics report a reduction in output, this reflects a return to 'business as usual' following an increased social media presence during the rollout of COVID-19 vaccines in 2021-22.

Instagram followers: 1,028	Instagram reach: 3,245
Facebook followers: 3,700	Facebook likes: 3,300
Facebook reach: 49,879 people	

Number of Facebook/Instagram posts

Instagram: 159 (down 8.6%)	
Facebook: 189	Facebook reach: 46,879 people
Facebook page new likes: 145	Facebook visits: 9,071 (up 33.4%)

Facebook followers: 75.3% women 24.7% men

Top towns/cities

Darwin, NT: 40.5%	Adelaide, SA: 3.8%	Sydney, NSW: 3.6%	Melbourne, VIC: 3.4%
Brisbane, QLD: 2.5%	Alice Springs, NT: 2.3%	Perth, WA: 2.3%	Cairns, QLD: 1.6%
Canberra, ACT: 1.3%	Katherine, NT: 1.3%		

Our Clients

	2018-19	2019-20	2020-21	2021-22	2022-2023
Total Unique Clients Seen	10,815	11,225	13,400	16,957	11,726
Where do they live	Top 3 regions	Top 3 regions	Top 3 regions	Top 3 regions	Top 3 regions
	Palmerston and surrounds – 29%	Palmerston and surrounds – 28%	Palmerston and surrounds – 28%	Palmerston and surrounds – 27%	Palmerston and surrounds – 29%
	Malak and suburbs -19%	Fannie Bay to Berrimah – 20%	Fannie Bay to Berrimah – 20%	Fannie Bay to Berrimah – 19%	Malak and suburbs -21%
	North Eastern Suburbs – 19%	North Eastern Suburbs – 18%	North Eastern Suburbs – 18%	North Eastern Suburbs – 19%	North Eastern Suburbs – 18%

Transient clients from remote communities who present multiple times:

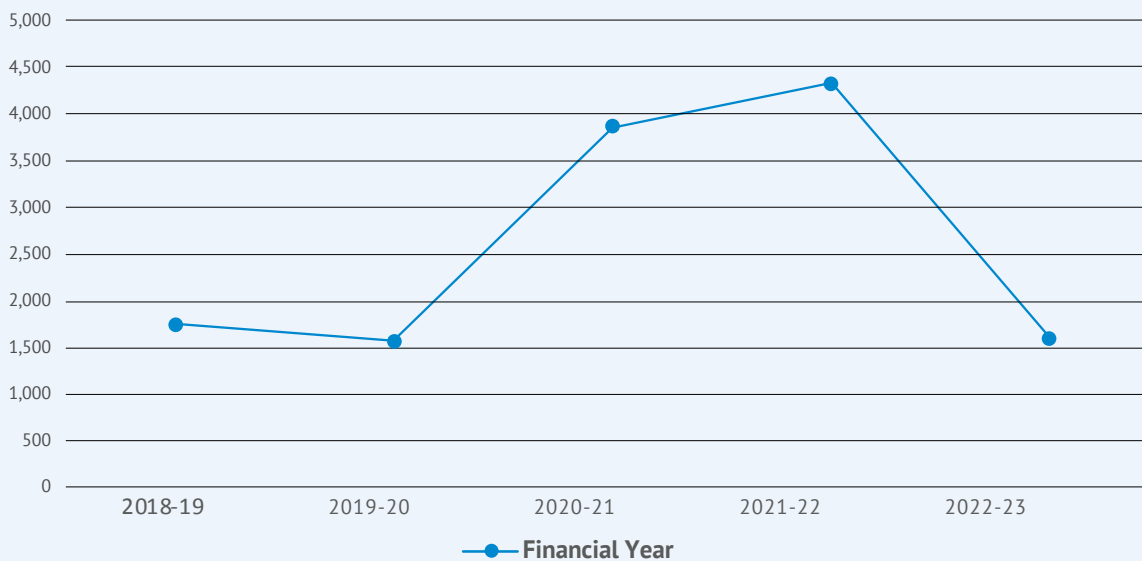
Approximately 3,000

Clients with complex chronic conditions: Approximately 6,000

New Clients (across the past 5 years)

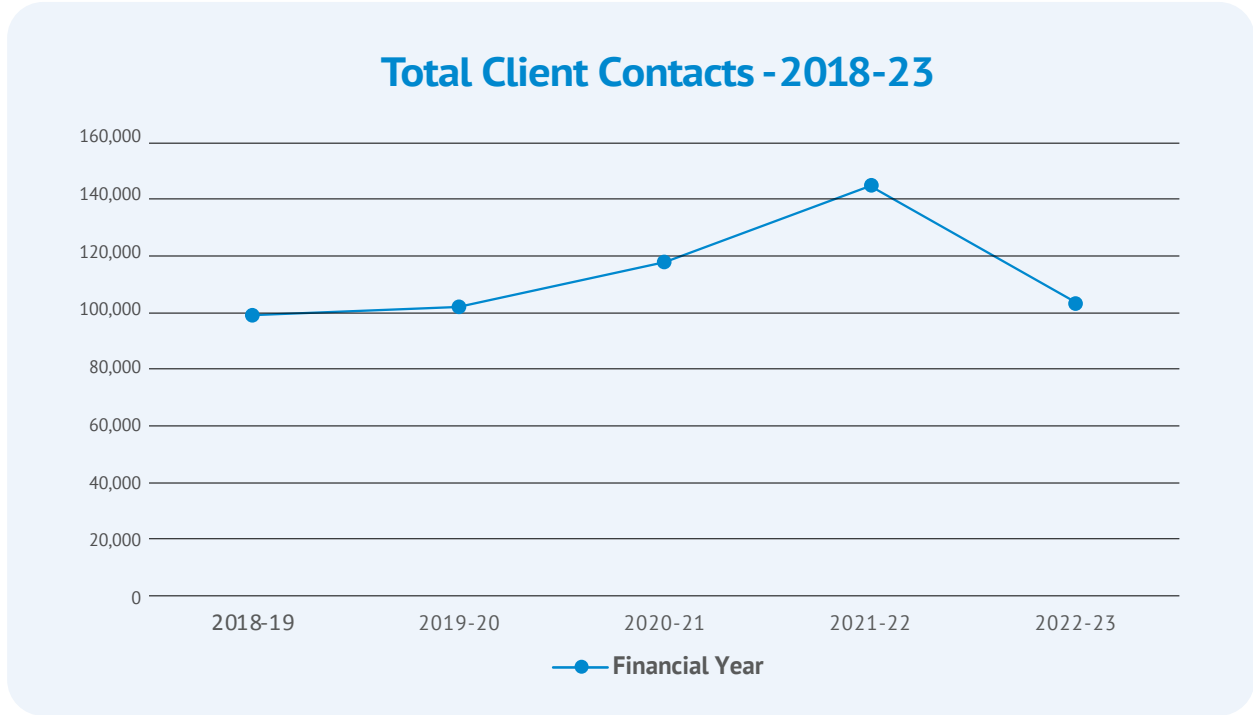
2018-19	2019-20	2020-21	2021-22	2022-23
1,757	1,574	3,867	4,321	1,607

New DDHS Clients - 2018-2023



Total Client Contacts (across the past 5 years)

2018-19	2019-20	2020-21	2021-22	2022-23
98,990	102,112	118,000	144,753	103,371



The trends for new clients and total client contacts reflect the upward surge in activity as DDHS rolled out its COVID-19 vaccination program across 2021-22. Activity in 2022-23 declined but is still an increase of 1259 client contacts from 2019-2020, and 4381 from 2018-19.

Danila Dilba Health Service Clinic Locations





Strengthening our DDHS Service Model

As with all primary health providers across Australia, demand for primary health services at Danila Dilba (DDHS) has continued to grow over the past five years. Our clients are also presenting to us with increasingly complex health issues which require input from multiple DDHS staff.

While this demand has continued to increase, our funding has remained largely unchanged which has led to longer wait times for many clients. In addition to our continued advocacy for needs-based funding, our executive team made a decision in 2022-23 that we needed to find ways to be more effective and efficient within our available funding.

In September 2022, we commissioned PricewaterhouseCoopers Indigenous Consulting (PIC) to review our service model to help us find ways to work 'smarter'.

PIC proposed a number of changes to our service model and clinic operations.

DDHS will undertake an ambitious project to implement these proposed changes across the next three years.

This is an exciting project that will guide our future direction, allowing us to build a consistent service model that will provide certainty to both our staff and our clients. This will lead to better client outcomes and consistent expectations of staff.

The review advised us to consider a bigger focus on specialist models given the increase in complex chronic disease and co-morbidities our clients are now presenting to us with. This would help us deliver consistent service responses and use the expertise of our staff to have the best impact.

Coupled with this, the review emphasised that we need a consistent operating model for all DDHS clinics. This will bring a clear, consistent standard of care to our clients, and improve our ability to meet demand. It will also facilitate more transparent policies, processes, scopes of practice, roles and responsibilities.



Feedback from our staff, clients and stakeholders through the PIC review also told us that there are opportunities for improvement in other areas, including:

- We need to better serve clients who have increasingly complex health conditions.
- We need to train and employ more Aboriginal health practitioners and registered nurses.
- We need to strengthen our current transport model.
- We need to find new ways to improve our Did Not Attend (DNA) rates.
- We need to explore better connections across the services available at DDHS and focus on the experience of clients in using those services.
- We need to ensure we are claiming maximum Medicare revenue to help us grow and expand the types of services we can offer our clients.

PIC Consultation

As part of the review, the PIC team consulted widely with clients, stakeholders and staff to inform their report.

Who did PIC talk to?

Staff Responses: 263

- Staff workshops
- Staff focus groups based on client journeys

External Stakeholders: 22

- Mackillop Family Services
- CAAPS
- Larrakia Nation
- Headspace
- NAAJA
- Head 2 Health
- NT Department of Health
- NT Primary Health Network
- Australian Government Department of Health
- Association of Alcohol and other Drugs Agencies NT (AADANT)

Clients / Community

- An anonymous online community survey – seeking feedback from new and existing clients about their experiences with DDHS.

Survey Respondents: 395

Key Feedback from the Client Survey Included:




- Danila Dilba Health Service is a trusted primary health care provider.
- Clients prefer to see an Aboriginal staff member.
- Seeing an Aboriginal Health Practitioner (AHP) at the beginning of an appointment makes clients feel safe in our care.
- Making an appointment at a Danila Dilba clinic is not always easy - an online booking system would make this much easier.
- Clients would like to see more allied health services – more dental, a sexual health clinic and traditional healers.

We appreciate the feedback provided and are working on solutions to make our service more accessible and better targeted to community needs. We are already working towards:

- A project to facilitate easier-to-access training for Aboriginal Health Practitioners.
- In 2023-24 we will roll out a new phone system, allowing bookings to be made more easily.

Service Model Review Implementation

The Executive team endorsed the PIC review recommendations in June 2023 and implementation has begun. Implementation spans across three phases:

	Phase 1	Build consistency in service delivery across clinics
	Phase 2	Integrate a specialist program structure into clinics and review clinic locations
	Phase 3	Strengthen leadership and advocacy role in the sector, and focus on researching emerging models of care

The phases are not linear and work is already underway in a number of areas.

What Will the New Service Model Look Like?

Current Model	Future Model
Nine clinics	Number of clinics determined by client needs and locations
Different service models across clinics	Consistent service model across all clinics
Generalist services	Specialist programs across clinics (i.e. Chronic Disease, child health)
Reliance on GP workforce	Increased use of AHPs and RNs
Challenges to booking / phone system	Simplified booking / phone system

2022-26 Strategic Plan

The 2022-26 Danila Dilba Health Service (DDHS) Strategic Plan builds on our achievements and confirms our path forward as we continue to strive to provide effective and efficient primary health care to our clients.

The plan prioritises the health and wellbeing of our people and is supported by a set of initiatives that support our purpose. The Strategic Plan also allows our community to hold us accountable for our work.

The 2022-26 DDHS Strategic Plan was a key reference point throughout the DDHS Service Model Review with all key actions within the review implementation plan tied to our strategic priorities.

In 2022-23 strong progress was made towards achieving the strategic priorities in the Strategic Plan.



Measuring and Reporting our Progress

We continually monitor and evaluate our performance against the 2022-26 Strategic Plan. This work complements independent external reviews. We continue to actively seek the views and experiences of our clients, staff and other stakeholders. The outcomes of our strategic priorities are reported in our Annual Reports, along with quarterly reports to the Board on progress against business plans, our Operational Plan and other key performance indicators.



Strategic Priority 1

Health and wellbeing of our people from bubs through to our Elders

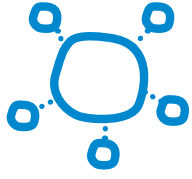
Strengthen our high quality, culturally safe, comprehensive primary health service to improve health and wellbeing across the life course. We will do this by enhancing the quality and capacity of our services, and developing a service model that best responds to the varied health needs of our community.

Key 2022-23 Achievements:

- ✓ **Undertake analysis to better understand, respond to and measure the population health needs of Biluru people in the Yilli Rreung region:** Completed through the DDHS Service Model Review. Implementation planning has commenced.
- ✓ **Design and implement a best practice model of care incorporating person-centred approaches to provide agency to our clients:** Design completed through the DDHS Service Model Review. Implementation will continue through:
 - Service model implementation plan
 - Integration of DDHS programs
 - Implementation of new SEWB framework
- ✓ **Explore opportunities to grow our primary care offerings for young people and Elders:** Work has progressed on the development of DDHS Elders Support Services. Funding has been secured for initial service delivery and for engagement of staff to assist Aboriginal seniors and Elders to access the aged care system.

Key Areas of Focus for 2023-24

- 🔍 **Roll out a cultural safety framework and trauma informed practices across our services:** The cultural safety framework was drafted in 2022-23. Finalisation and implementation to be completed in 2023-24. Further work to embed trauma-informed practice across DDHS will be undertaken in 2023-24 and ongoing.
- 🔍 **Pursue opportunities to expand service provision for young people:** Building on our learning from the provision of primary health care in Don Dale, delivering youth mental health and suicide prevention programs, and keeping youth out of the justice system through the Community Diversion Program, DDHS will continue to develop service designs for this group and seek funding opportunities.





Strategic Priority 2


Strengthen our sustainability and governance

Secure greater financial independence and bolster organisational and clinical governance.

Key 2022-23 Achievements:


- 


Build strong financial systems and processes: Implementation of TechOne complete as part of improvements to financial and administrative systems.
- 

Ensure we receive the correct Medicare income based on our service delivery: In 2022-23 a Medicare billing plan was put in place with a particular emphasis on items 715 (Aboriginal and Torres Strait Islander Peoples Health Check), 721 (Preparation of a GP Management Plan) and 723 (GP review of a GP Management Plan).
- 

Manage organisational risks and opportunities through strong and accountable governance systems and processes: Newly established Financial Risk and Audit Committee (FRAC) and Clinical Governance Committees commenced providing both oversight and guidance to enhance appropriate, best practice organisational and clinical governance.

Key Areas of Focus for 2023-24

- 

Provide better opportunities for client feedback and develop community reference groups to ensure we hear from our people: Improving client feedback opportunities and establishing community reference groups form part of the 2023-24 Operational Plan.
- 

Further strengthening of financial systems and processes: Continued improvement of processes and practices to support continued increase in our solvency ratio, including more effective use of TechOne and further updates to financial policies and procedures.

Further work to embed improved Medicare billing practices will be undertaken in 2023-2024 and ongoing.



Strategic Priority 3

Invest in our workforce

Be an employer of choice and continue to invest in opportunities that grow and develop our local workforce.

Key 2022-23 Achievements:


- 


Strengthen career and leadership pathways for staff through improved professional development opportunities: Learning and Development Advisor appointed and AMSED online learning re-launched. Learning and Development Steering Committee is to be established in 2023-24.
- 

Provide a healthy and supportive work environment for DDHS staff: The DDHS Work Health and Safety Committee was reinvigorated in 2022-23. Membership encompassed a broad cross section of DDHS staff.
- 

Development of Aboriginal Employment Strategy: Aboriginal Employment Strategy is being drafted with implementation planned for 2023-24.

Key Areas of Focus for 2023-24

- 

Conduct staff engagement survey: External consultant engaged to conduct anonymous survey to provide feedback on the culture of our organisation. The survey will also provide a benchmark to measure our progress and track trends across future years.
- 

Build a locally based, Aboriginal led workforce in priority areas of need: An Aboriginal Employment Strategy is currently being finalised which will be implemented in conjunction with the new DDHS Cultural Safety Framework.





Strategic Priority 4

Grow our relationships and leverage our voice

Create and develop our partnerships and use our voice and influence together to strengthen our services and increase capacity in the health system.

Key 2022-23 Achievements:



Establish new partnerships around identified areas of unmet need amongst Biluru people in the Yilli Rreung region: In 2022-23 work started on new partnerships with the following organisations:

- NEAMI Head to Health to support quality care for people with mental health issues.
- Life Without Barriers to support access to primary health care for young people in residential care.
- Salvation Army for a new service to support people in supported housing.
- Charles Darwin University to support joint work on health workforce education.

Key Areas of Focus for 2023-24



Ensure partnerships and MOUs contribute to DDHS strategic objectives: DDHS will systematically review partnerships to ensure that all partnerships make a meaningful contribution to achieving DDHS strategic objectives.

DDHS also commenced discussions with Larrakia Nation 2023 to enter a partnership for a range of future projects, as the Traditional Owners of Darwin.



Section 2
Our Leadership



Our Board

The DDHS Board appointed two new members during 2023:

- Mark Munnich – Independent Director
- Yvette Roe – Director

Our new Directors replace outgoing Director Shaun Tatipata and fill a vacant Independent Director position. There is now also an additional casual vacancy due to the recent resignation of Rus Nasir. DDHS Board Chair Carol Stanislaus has thanked Rus, Samantha Ludwig and Shaun for their outstanding services during their tenures.

2022-23 Board Meeting Dates

14 October 2022

15 November 2022

29 November 2022 (first meeting following transfer of company from ORIC to ASIC)

24 February 2023

19 May 2023

Our Directors



Carol Stanislaus (Chairperson)

(Chair from 25 November 2022) Carol is a Tiwi and Anmatjere woman, born and raised on Larrakia Country. Carol is a descendent

of the NT Stolen Generation. She has worked in a variety of Aboriginal and Torres Strait Islander positions in tourism, child care, housing, alcohol and other drugs, government and justice, and currently works with the Australian Government's National Indigenous Australians Agency. Carol holds a Bachelor of Applied Science in Aboriginal Community Management and Development and is currently completing a postgraduate certificate in the Australian National University's (ANU) management program. Carol is also a member of the North Australian Aboriginal Justice Agency (NAAJA).



Camille Lew Fat (Deputy Chairperson)

(Deputy Chair) Camille is a local Aboriginal woman, born and raised in Darwin. She holds a Graduate Certificate

in Business (Public Sector Management), Bachelor of Commerce and Diploma of Business. Camille is currently the Director, Aboriginal Interpreter Service with the NT Government. From May 2022 and until Carol Stanislaus' new appointment as Chair, upon DDHS incorporation under the Corporations Act in November 2022, Camille was responsible for chairing board meetings.



Michael McGregor

Michael has over 20 years' experience working with Aboriginal communities in the Northern Territory across a wide range of sectors including

health, employment and training, and business development. Michael brings a varied array of skills to the Danila Dilba Board after working for the Australian Government implementing capacity-strengthening initiatives with non-government and government funded organisations across the Territory. More recently Michael has worked with a wide range of business owners, corporate entities, Aboriginal organisations and traditional owner groups in a business development capacity. Michael has been a member of the Danila Dilba Audit and Risk Management Committee (ARMC) since February 2022 and was appointed to the Finance, Risk and Audit Committee (FRAC) - one of the committees replacing ARMC, in May 2023.



Wayne Kurnorth (Larrakia Director)

Wayne is a Larrakia man from the Fejo family group. He is currently employed as the Aboriginal and Torres Strait Islander Lead

Organiser for the United Workers Union (UWU) supporting UWU members with workplace issues including bullying and harassment, stolen wages, enterprise bargaining agreements, and having a workplace voice across the NT. Wayne represents UWU on the National ACTU Indigenous Committee. Wayne also spent 2023 campaigning on the Yes23 campaign. Previously, he worked as a boilermaker and welder for 17 years in the shipbuilding, construction, and oil and gas industries.



Yvette Roe

Professor Yvette Roe (PhD) is a Njikenawuru woman from the West Kimberley, WA and was born and raised on Larrakia Country. Her family has

had a historical connection to Garramilla (Darwin) since the 1950s. Yvette completed a PhD (Public Health and Epidemiology) with the University of South Australia, Adelaide in 2015 and is currently the Professor of Indigenous Health and a Director at the Molly Wardaguga Research Centre, Charles Darwin University (CDU). Yvette has more than 30 years' experience working in Aboriginal community-controlled health services. Her current research is on ensuring that maternal and infant services are mother-child focused and informed by Aboriginal and Torres Strait Islander values, ways of knowing, being and doing. Yvette was appointed to the Board to fill a casual vacancy in May 2023 and has also been appointed to the DDHS Clinical Governance Committee.



Deborah Butler (Independent non-Member Director)

Deborah is a Jawoyn woman, born and raised in Katherine Northern Territory (NT). She has

a Bachelor of Business, Master of Public Health, is a Graduate of the Australian Institute of Company Directors (AICD) and in 2022 graduated as a fellow with the Australian College of Health Service Management (ACHSM). Deb is currently A/Executive Director, Social Inclusion at the Northern Territory Department of Families, Housing and Communities. She has over 20 years' experience working with government policy and projects in various roles and areas. Deb was appointed to the DDHS Audit and Risk Management Committee in the position of Director and as its (interim) Chair on 31 January 2022. Deb resigned effective 25 November 2022, upon incorporation of DDHS under the Corporations Act. She was re-appointed as an Independent Director at the inaugural meeting of the Board under the Corporations Act on 29 November 2022.



Mark Munnich (Independent non-Member Director)

Mark is a Gunggandji and Yawuru man born and raised in Darwin.

Mark holds a Bachelor of Laws (LLB), Bachelor of Accounting, a Graduate Diploma of Legal Practice, and has been admitted to the Supreme Court of the Northern Territory as a Barrister and Solicitor. Mark is a graduate of the Australian Institute of Company Directors (GAICD). He is currently a lawyer and the company secretary of the North Australian Aboriginal Justice Agency (NAAJA). Mark was appointed to the Board as an Independent Director on 19 May 2023 and to the DDHS Finance Risk and Audit Committee.



Shaun Tatipata

Shaun is the founding Director of the Deadly Vision Centre, an Aboriginal Social Enterprise that aims to improve eye health outcomes for

Aboriginal and Torres Strait Islander people in our community. After completing his training as an Aboriginal Health Practitioner in 2001, Shaun gained experience delivering primary health care and implementing outreach programs in Aboriginal community-controlled health organisations, as well as with the Northern Territory Government. In addition to running the Deadly Vision Centre, Shaun is engaged as an Academic Specialist by the University of Melbourne's Indigenous Eye Health Unit to lead their efforts to strengthen Indigenous leadership across the sector. He is also engaged as a Senior Lecturer at the University of Western Australia's School of Optometry supporting the implementation of their cultural safety framework. Shaun, who is of Wuthathi and Ngarrindjeri descent, is passionate about strengthening service coordination through improved leadership and governance and helping to close the gap in eye health outcomes for Aboriginal and Torres Strait Islander Australians. Shaun resigned from the Board effective 13 December 2022.



Samantha Ludwig

Samantha is a Kungarakan-Gurindji woman from the Northern Territory and is a highly accomplished policy and project manager

with more than 25 years' domestic and international experience. She has masters degrees in International Health Management and in Management of Human Resources. Sam works at the Batchelor Institute of Indigenous Tertiary Education and is currently also undertaking a PhD at the Institute. Sam resigned effective 25 November 2022, upon incorporation of DDHS under the Corporations Act.



Rus Nasir

Rus is a Djugan Yawuru man whose family is from Broome, Western Australia. He was born and raised in Darwin. He holds a Bachelor of Behavioural

Science and Psychology. Rus has held senior roles in government, higher education, Aboriginal community-controlled organisations and the private sector. He is particularly interested in Indigenous economic participation, employment and health. He is employed in the NT Department of Health Aboriginal Policy Unit, focusing on improving the health and wellbeing of Aboriginal Territorians. From March 2022 – 7 November 2022 Rus was on secondment to the Aboriginal Medical Services Alliance NT (AMSANT) in the policy, advocacy and research unit. Rus resigned from the Board effective 16 May 2023.



Our Executive Team

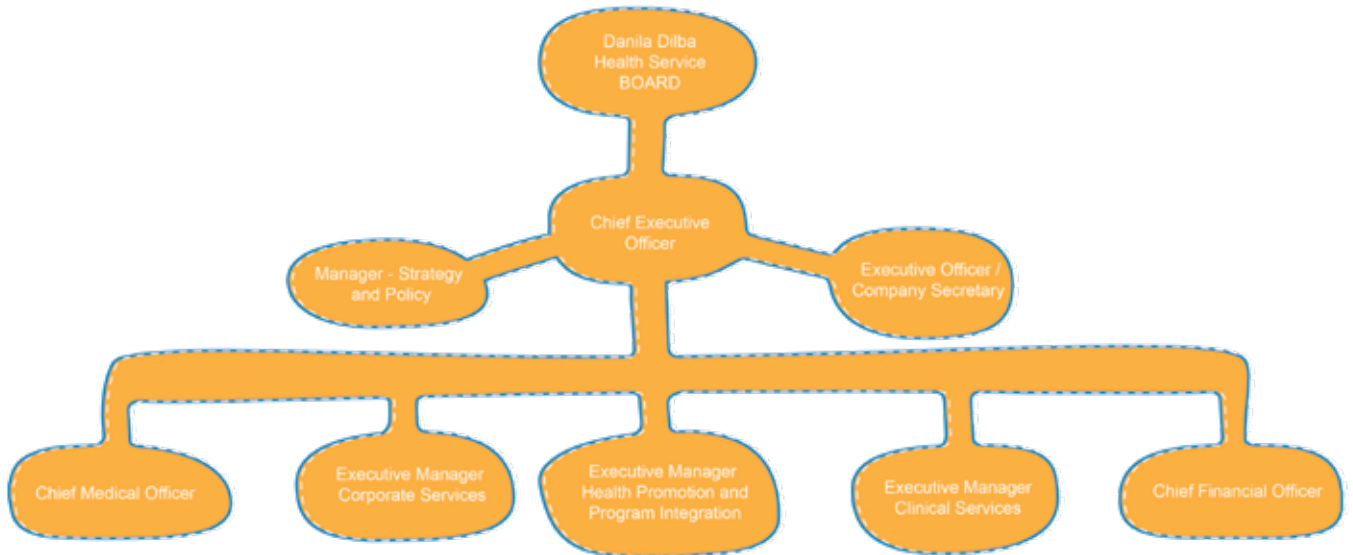


Figure 4: High level DDHS organisational structure

As part of our ambitious plan to update our service model, DDHS required a more robust leadership structure to drive this change and to implement our 2022-2026 Strategic Plan. Following an external review, a new Executive Management Team (EMT) structure, including new senior roles, was introduced in December 2022.

Position	Accountabilities
CEO	Overall responsibility for setting strategic direction of DDHS.
Chief Medical Officer	Clinical governance oversight, public health, research, Medicare, Communicare, pharmacy, clinical performance.
Executive Manager, Clinical Services	All clinic operations.
Executive Manager, Health Promotion and Program Integration	Health program delivery and integration into clinics, health promotion, community engagement, scoping and implementing new programs.
Executive Manager, Corporate Services	Human resources, media and communications, IT, facilities management, organisational systems.
Chief Financial Officer	Financial management.
Deputy Chief Medical Officer	Management of GPs, registrars, prevocational doctors and medical students.
Clinical Governance Manager	Clinical governance framework, clinical incident management, clinical CQI. (Non-EMT member).
Manager of Strategy and Policy	Strategy (Strategic Plan, Operational Plan, Business Plans), strategic projects (Service model, new Palmerston clinic), advocacy and partnerships, service/program design support.
Executive Officer / Company Secretary	Company secretary, corporate governance, CEO support



Advocacy

Campaign for the Aboriginal and Torres Strait Islander Voice and Constitutional Recognition

Throughout 2022-2023 Danila Dilba advocated strongly as part of the YES campaign in the national referendum for a Voice to Parliament, particularly in the second half of the year.

CEO Rob McPhee spoke at multiple community events, including Close the Gap Day and Reconciliation Week.

DDHS also invited Yes23 NT Campaign Manager Georgie Corrie as a guest speaker at the June 2023 All Staff meeting to educate staff on the mechanics of a Voice to Parliament.

DDHS also engaged in a comprehensive internal and external advertising campaign, involving Yes23 email signatures for all staff, website banners, regular intranet updates as well as social media, print media and radio advertising campaigns.

Other Key Advocacy Influences in 2022-23 included:

- CEO Rob McPhee leading role as Chair of Steering Group for finalisation and publication of the 10 Year Generational Strategy for Children and Young People in the NT and member of the NT Children and Families Tripartite Forum.
- As part of a joint voice with other organisations, DDHS influenced the Northern Territory Government to reinstate Alice Springs alcohol restrictions and commit to a planned approach to future arrangements.
- Contributed on behalf of the NT to a strong Aboriginal voice in the finalisation of the Aboriginal Action Plan and the general Action Plan for Safe and Supported: The National Framework for Protecting Australia's Children 2021-2031.
- The minimum age of criminal responsibility was raised through legislation passed in 2022-23 to take effect from August 2023. This followed sustained advocacy over several years by DDHS and other organisations.
- DDHS continued to advocate for improved responses to young people involved in the justice system, including in relation to conditions in detention.



2022-23 Highlights

Introduction of Elders Support Services

In the Danila Dilba Health Service (DDHS) Strategic Plan 2022-26, Strategic Priority 1 identifies services for Elders as a key focus.

Many local families are clients of DDHS clinics throughout their life, so it makes sense to extend this service to in-reach support services within a client's home for our older clients.

During 2022-23 DDHS worked to develop a new program to deliver Elders Support Services to our community. We know that Aboriginal people in Darwin do not get access to aged care support at the same level as non-Aboriginal people in the area. Our work has a preliminary focus on introducing community and home-based services for older people including social support, domestic assistance and transport.

The service has started small and will build up as more clients come on board. Recruitment for a small Elder support care team is underway. This team will grow over time.

For now, we are focused on supports at home and in the community, including:

- Transport to and from appointments
- Someone to pop in for a cuppa and a chat
- Assistance with weekly grocery shopping and other domestic supports
- Social outings and group activities
- Helping to connect clients with other aged care services and assessments.

Our aim is to gradually build these services over time, to eventually provide the full range of home and community-based aged care supports including home care packages and services like nursing and personal care.

Danila Dilba's move to ASIC

Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation (ICN 1276) (DDHS) ceased registration under the Corporations (Aboriginal and Torres Strait Islander) Act 2006 (Cth) (CATSI) Act and regulation by the Office of the Registrar of Indigenous Corporations (ORIC). DDHS became a Not-for-Profit Company on 25 November 2022. DDHS moved from ORIC on 4 January 2023.

DDHS is now a not-for-profit company regulated by the Australian Securities and Investments Commission (ASIC) and the Australian Charities and Not-for-Profits Commission (ACNC).

The change does not impact the ability of DDHS to deliver funded activities in accordance with current agreements. DDHS remains an Aboriginal community-controlled, not-for-profit organisation and a registered charity. The change does not impact on services and DDHS continues to provide culturally-appropriate primary health care, free of charge to its clients.

The change required existing DDHS members to re-apply for their membership.

Danila Dilba Facilitates Chief Minister Reception for ACCHO Leaders

The DDHS team were thrilled to spend an evening amongst leaders, advocates, champions of change and decision makers in June 2023 when Chief Minister the Hon Natasha Fyles MLA hosted a welcome reception for a group of Aboriginal Community-Controlled Health Organisation (ACCHO) leaders.

Attendees at the event included:

- Members of the national NACCHO Board - in Darwin for their quarterly meeting
- Members of the Kimberley Aboriginal Medical Services Board – in Darwin for their regular Board meeting
- AMSANT Directors
- Danila Dilba Board members and executive management team


Danila Dilba CEO Rob McPhee initiated the event and was MC for the evening. With so many Aboriginal and Torres Strait Islander health leaders in Darwin at the same time, he said it was the perfect opportunity to get everyone together to yarn about our collective vision for the future of healthcare in the ACCHO space.

“It was great to be part of an event where everyone was talking, sharing and listening to one another. It was also a great opportunity to show off our beautiful Larrakia Country to our visitors from across Australia,” Rob said.

Speeches were also delivered by the Chief Minister, NACCHO Chair Donnella Mills and AMSANT Acting Chief Executive Officer Donna Ah Chee.

“There is a great collective will between Government and our ACCHO services to work together to continue to improve outcomes for Aboriginal and Torres Strait Islander people in our communities,” Rob said.



The background is a solid orange color with intricate white line art patterns. The patterns consist of various organic shapes, including what appear to be stylized leaves, stems, and a bird-like figure on the right side. The overall aesthetic is clean and modern.

Section 3
Our People

DDHS Workforce Statistics 2022-23

Danila Dilba strives to be an employer of choice, as per our Strategic Plan priority 3.

Danila Dilba continues to implement innovative strategies to attract the best talent and recruit the right people for the right roles.



Positions Advertised: 73
Timeframe (of advertising to appointment): 2 weeks advertising - 4 weeks processing
Applications Received: 487
Candidates Reviewed: 211
Candidates Hired: 79
New Positions: 16
Students/Interns Completing Placements: 12



Incoming Staff: 79
Outgoing Staff: 57
Aboriginal and Torres Strait Islander Staff: 85
Non-Aboriginal Staff: 116
Male Employees: 46
Female Employees: 155
Non-Binary staff: 0
Age Range of Staff: 20 - 75
Average Years of Service: 5.9 years
Aboriginal and Torres Strait Islander Staff in Full Time Roles: 71
Non-Aboriginal Staff in Full Time Roles: 61

Providing Culturally Appropriate Care - Aboriginal Health Practitioners (AHP)



AHP and Clinical Team Leader

Casey Manhire

Ngarrindjeri and Yawuru woman

Base: DDHS Bagot Clinic

What motivated you to become an Aboriginal Health Practitioner?

My family – I come from a line of very strong Aboriginal and Torres Strait Islander men and women. My parents have always worked in positions within the Aboriginal health sector, helping some of the most vulnerable people and I wanted to do the same. They are my inspirations.

What year did you train?

2014 at the Batchelor Institute of Indigenous Tertiary Education.

How did you land your position at Danila Dilba?

I have been employed multiple times at Danila Dilba Health Service, beginning at the age of 16 as a medical receptionist and then as an AHP in 2017.

I am a strong believer in the philosophy of Aboriginal community-controlled health organisations (ACCHOs) and believe that having Aboriginal and Torres Strait Islander people's lives in Aboriginal and Torres Strait Islander people's hands will create better health outcomes. This governs my practice as a health professional. I want to continue to contribute to the self-determination of Aboriginal and Torres Strait Islander people. I applied for the role of the Chronic Disease Care Coordinator at the Bagot Community Clinic in 2021 and have progressed into the Bagot Clinical Team Leader role since.

What brings you the most satisfaction in your job?

Seeing other Aboriginal and Torres Strait Islander people excel in life, either professionally or personally. Witnessing and being part of a patient's journey to become healthier and happier. These are the things that bring me joy and fulfillment.

The patients that I have worked with are some of the most resilient and most compassionate people that I have ever met. Their ability to face things head on, adapt with hardship, and provide for the whole family is just inspiring. I care deeply for them all.

Where do you see yourself in 5 years?

Hopefully in a position of leadership, within the Aboriginal health sector that allows me to affect positive change.



AHP Trainee

Cameilla Benger

Base: Palmerston Clinic

What motivated you to become an Aboriginal Health Practitioner?

My passion for Aboriginal and Torres Strait Islander health care is what motivated me to begin my training as an AHP. I love helping people and providing quality primary health care to achieve good health outcomes for our people.

What year did you train?

2022-2023 at the Batchelor Institute of Indigenous Tertiary Education.

How did you land your position at Danila Dilba?

I began a traineeship in 2022 at another NT Aboriginal Medical Service and then moved back to Darwin where I applied to continue my training at Danila Dilba Health Service.

How many clients would you see in the average week?

Around 30.

What brings you the most satisfaction in your job?

Teaching and empowering people to take control of their own health. Helping people in need is a very rewarding feeling.

I have made some great relationships with regular clients which is a good feeling knowing people feel comfortable and safe accessing health care at the clinic.

Where do you see yourself in 5 years?

Doing some extra study to broaden my skills and experience in this role.

The background is a solid teal color with intricate, lighter teal line art patterns. These patterns consist of various organic shapes, including circles, ovals, and wavy lines, some of which resemble cross-sections of cells or biological structures. A stylized line drawing of a fish is positioned in the upper right quadrant, facing left. The text is centered in the middle of the page.

Section 4
Our Performance

Health Checks



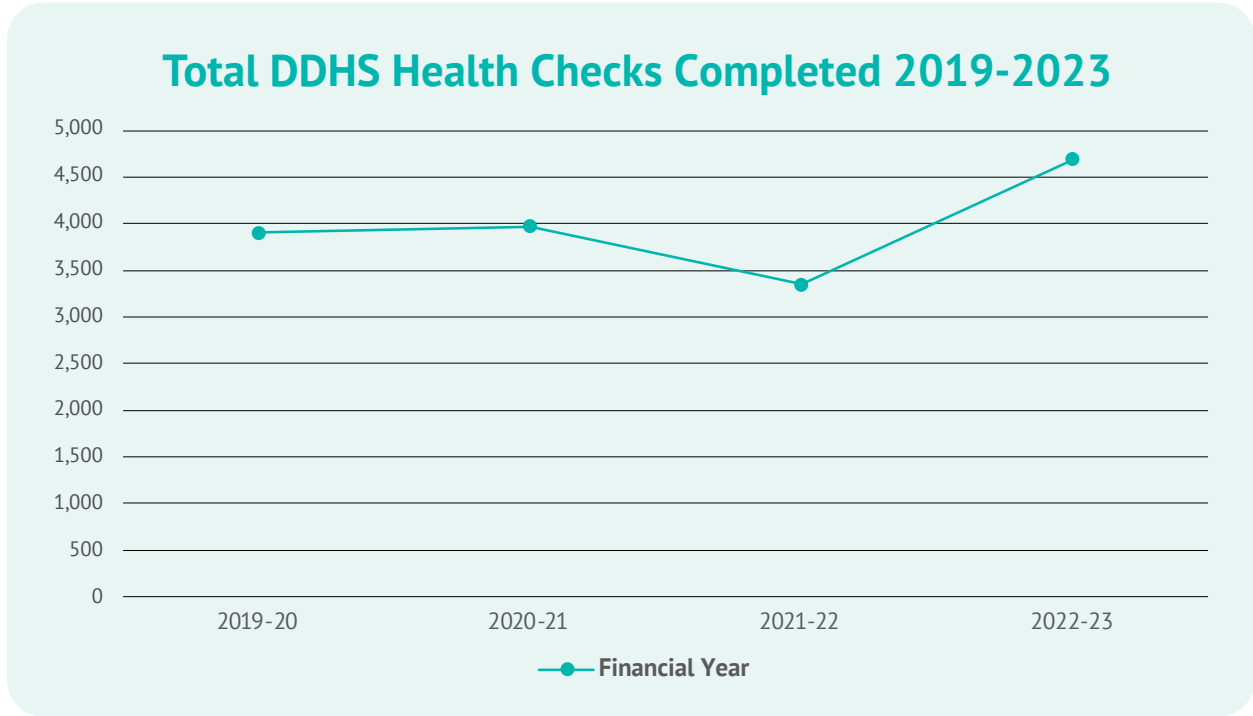
Danila Dilba clinics offer a free health check to Aboriginal and Torres Strait Islander people of all ages. The health check is comprehensive and helps to identify whether a person is at risk of illness or a chronic condition. Identifying potential health issues early is much easier than dealing with them when they have progressed into a chronic disease.

Every person who completes a health check also receives a free Deadly Choices shirt, through a partnership between DDHS and the Institute for Urban Indigenous Health (IUIH).

The overall 715 health check figures show a drop in health checks during 2020-2021 during the height of the COVID-19 pandemic. These numbers have now been restored, and in fact increased, from the number of health checks completed between 2019-20.

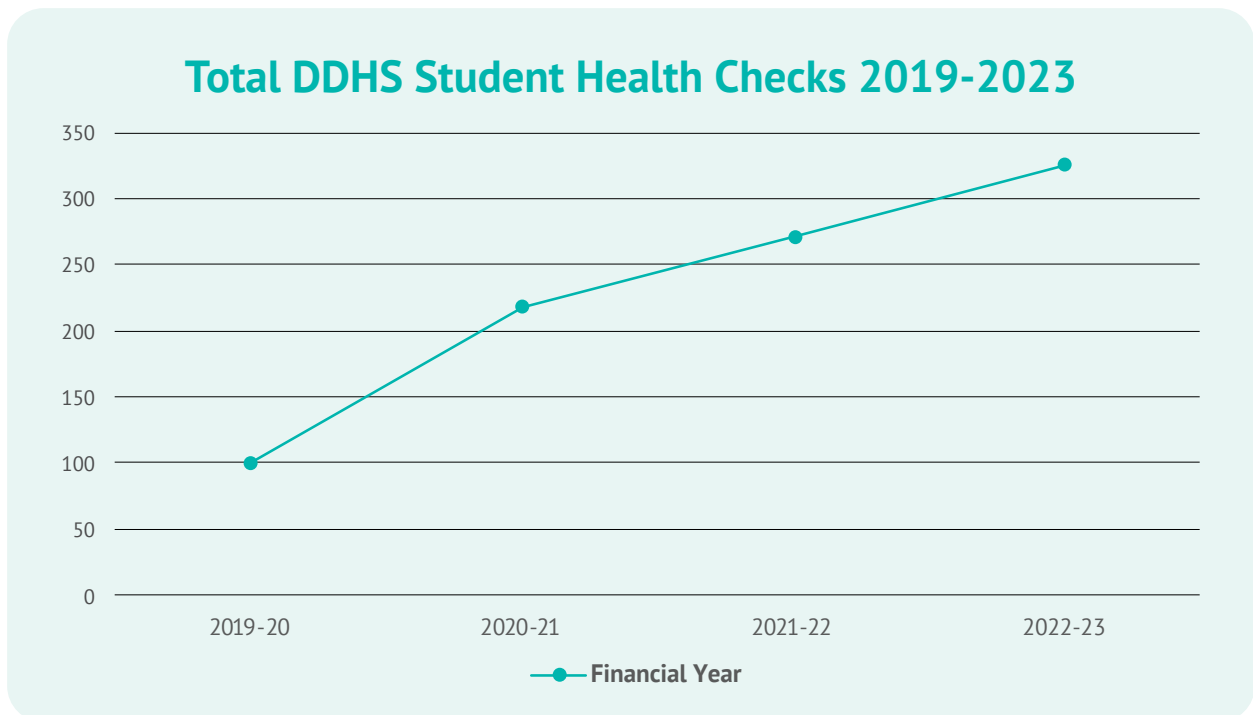
715 Health Checks Completed 2019-2023

2019-20	2020-21	2021-22	2022-23
3,907	3,968	3,350	4,691



School-Based Health Checks

2019-20	2020-21	2021-22	2022-23
100	218	271	324



School-Based Health Checks

In addition to this, Danila Dilba also visits local middle and senior schools in Darwin to conduct health checks for students enrolled in the Clontarf Academy (boys) or Stars Foundation (girls).

DDHS made it a focus in 2022-23 to strengthen our relationship with Clontarf Academy to ensure Aboriginal students were receiving their annual health check from Danila Dilba. It has resulted in a steady increase in health checks.

In 2022-23, Clontarf Academy students also received a Deadly Choices basketball singlet for completing their health check.

Greater Darwin region schools who partnered with Danila Dilba to conduct annual health checks included:

- Taminmin College – Humpty Doo
- Palmerston College (7-9 campus)- Palmerston
- Palmerston College (10-12 campus) - Palmerston
- Sanderson Middle School - Malak
- Dripstone Middle School - Malak
- Nightcliff Middle School – Rapid Creek
- Haileybury Rendall School - Bagot
- Casuarina Senior College – Rapid Creek

Student Health Check – What’s Involved?

Students see an Aboriginal health practitioner or registered nurse first to undertake some general screening activities including:

- Haemoglobin
- Blood glucose levels
- Eye sight
- Skin
- Height and weight
- Ears and Hearing

Following this, clients see a GP for a HEADSS assessment:

H: Housing, home, relationships, recent moves

E: Education and employment, performance, bullying, future plans and attendance

A: Activities, hobbies, friends, sports, TV/computers

D: Drug use including alcohol, cigarettes, prescription/illicit, recent increases/decreases, frequency

S: Sex, sexuality, STI, PAP, safe sex

S: Suicide, depression and mental health

The DDHS oral health therapist also accompanies the health check team and carries out dental checks to identify any need for a referral. They also carry out fluoride varnish application where applicable.

DDHS Health Checks are comprehensive and can identify childhood developmental problems, risk factors for disease or the presence of disease.

DDHS Executive Manager – Clinics Tiana McCoy said health checks were the key to keeping mob healthy.

“It’s been fantastic to see our health check numbers continue to increase across the past five years because it’s been a real focus for us,” Tiana said.

“Not only is an annual health check important for picking up chronic disease pre-cursors, but for those clients who require follow up treatment, their GP can then refer them on for 10 free follow up services to see specialists, counsellors or any other chronic disease prevention service.

“The student health checks are also invaluable for introducing young people to the health care system and empowering them to take ownership of their own health as they move into adulthood.

“We meet these kids and develop relationships with them...we talk to them about their mental health and what’s happening in their lives... hopefully they leave knowing that Danila Dilba is a safe place to come if they need help with their physical or mental health in the future.”



DDHS Clinics

Definitions

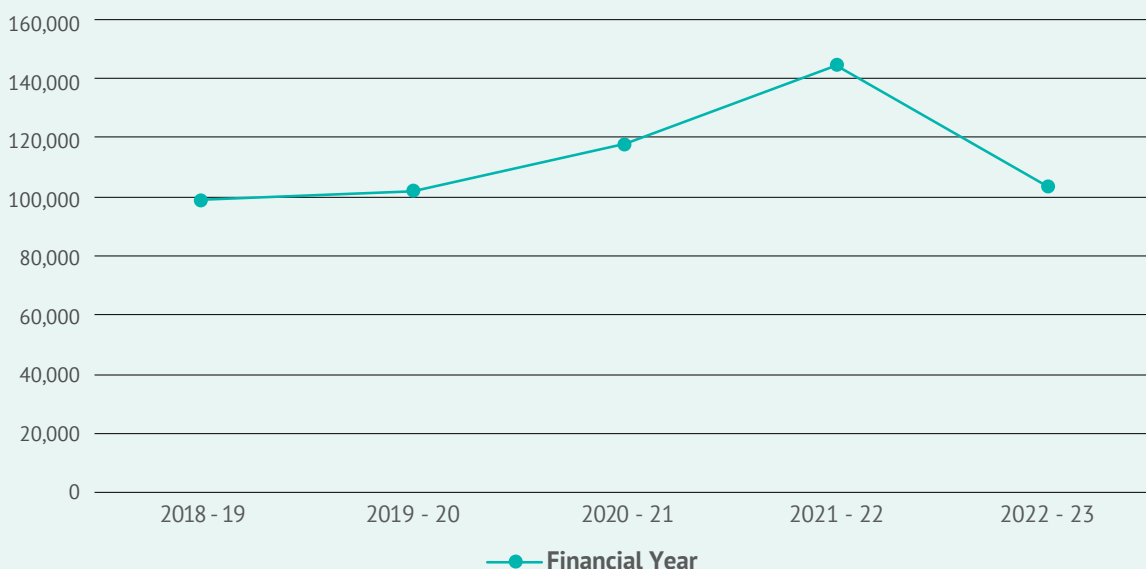
Episodes: Occasions of service delivered to clients (a client can have more than one episode in the financial year but only counts once per client per day regardless of how many different providers were involved in the episode).

Total Unique Clients: Individuals who have accessed the health service over the period (only counts each person once no matter how many times they have been).

Total Contacts: Total number of contacts by different providers with clients (counts each contact with each different provider at DDHS even if multiple providers seen on the same day).

	2018-19	2019-20	2020-21	2021-22	2022-23
Total unique clients	10,815	11,225	13,400	16,957	11,726
New clients	1,757	1,574	3,867	4,321	1,607
Episodes of care	62,801	52,585	75,527	92,922	68,468
Total contacts	98,990	102,112	118,000	144,753	103,371
Number of DDHS practitioners seen per 1 client	9	9	8.8	8.5	8.8

Total Client Contacts 2018-2023



The above graph shows a marked increase in total client contacts during the COVID-19 vaccination program in 2021. The number of total unique clients has risen by 911 since 2018-19, however the total client contacts in 2023 remains 4381 contacts higher than pre-pandemic levels, indicating the complex health needs of our clients, with clients requiring input from an increasing number of multidisciplinary DDHS staff for each healthcare visit.



Darwin Clinic (Knuckey St)

Our Darwin Clinic – (located on Knuckey St) is based in the heart of Darwin city and is our longest established clinic. While the Aboriginal residential population in Darwin CBD is small, this clinic attracts many clients who work in the city, as well as visitors to Darwin, vulnerable, transient and ‘rough sleeping’ clients.

Staffing at Darwin Clinic includes:

- Clinic manager
- Acute registered nurse
- AHPs
- AHP trainees
- Medical students
- Medical receptionist
- Transport officer
- Care coordinator
- Indigenous outreach worker
- General practitioner
- General practitioner registrars
- Paediatrician
- Visiting cardiologist
- Visiting endocrinologist
- Visiting optometrist

Services offered at the Darwin clinic include:

- GP appointments
- Registered nurse / Aboriginal health practitioner
- Diabetes support
- Podiatry
- Oral health therapy
- Dietetics
- Physiotherapy
- Care coordination
- Counselling/psychology

	2018-19	2019-20	2020-21	2021-22	2022-23
Episodes of care	13,056	11,921	9,038	13,529	9,461



Men’s Clinic

Our Men’s Clinic is a highly trusted clinic, visited predominantly by long-term clients. The Men’s Clinic has operated for more than two decades and has been situated in its current location in Fannie Bay for five years. Staff at the clinic, including an experienced Aboriginal health practitioner, GPs and a visiting psychologist have been based at the clinic for a number of years and have strong relationships with their clients, many of which are living with disabilities or chronic disease.

Staffing at the Men’s Clinic includes:

- Medical receptionist
- GPs
- Psychologist
- Aboriginal health practitioner

Services provided at the Men’s Clinic include:

- GP
- Psychology
- Aboriginal health practitioner
- Endocrinology
- Chronic disease support

	2018-19	2019-20	2020-21	2021-22	2022-23
Episodes of care	3,425	3,729	3,268	2,887	2,361



Bagot Clinic

The Bagot Community Clinic joined DDHS in 2017-18 and continues to expand the specialist services on offer – including paediatrics, child and adult counselling and pregnancy care.

Staffing at Bagot Clinic includes:

- Clinical team leader
- Aboriginal health practitioners
- Registered nurse
- General practitioner
- General practitioner registrar
- Flinders medical students
- Medical receptionist
- Transport officer
- Care coordinator
- Indigenous outreach worker

Services provided at Bagot Clinic include:

- GP appointments
- Registered nurse / Aboriginal health practitioner appointments
- Social, emotional wellbeing services
- Podiatry
- Physiotherapy
- Diabetes support
- Pharmacy
- Dietetics

	2018-19	2019-20	2020-21	2021-22	2022-23
Episodes of care	3,809	4,660	4,043	4,363	3,844



Rapid Creek Clinic

The Rapid Creek Clinic is centrally located and is well attended by locals and visitors. The clinic provides after-hours services and offers a renal hub for clients with chronic disease - including kidney problems – to access diabetes education and care coordination.

Staffing at Rapid Creek Clinic includes:

- Clinic manager
- Aboriginal health practitioners
- Acute registered nurse
- General practitioner
- General practitioner registrars
- Flinders medical students
- AHP trainees
- Medical receptionist
- Transport officer
- Care coordinator
- Indigenous outreach worker
- DDHS paediatricians and Royal Darwin Hospital paediatricians
- Social, emotional wellbeing services team
- AOD support
- Physiotherapist
- Diabetes support
- Pharmacist
- Mental health nurse

Services provided at the Rapid Creek Clinic include:

- GP appointments
- Registered nurse / Aboriginal health practitioner appointments
- Diabetes support
- Podiatry
- Physiotherapy
- AOD support
- Oral health therapy
- Care coordination
- Counselling/psychology
- Paediatrics
- Social, emotional wellbeing services

	2018-19	2019-20	2020-21	2021-22	2022-23
Episodes of care	9,935	11,410	9,578	8,879	9,686



Mobile Clinic

Our Mobile Clinic operates out of the Darwin Clinic and delivers services to vulnerable and transient clients within the community. The team operate regular outreach clinics for vulnerable populations, including a weekly clinic at Ozanam House (St Vincent de Paul).

Staffing at Mobile Clinic includes:

- GP
- Registered nurse
- Podiatrist

Services provided by the mobile clinic include:

- GP appointments
- RN appointments
- Podiatry

	2018-19	2019-20	2020-21	2021-22	2022-23
Episodes of care	-	-	805	1,440	610





Malak Clinic

Our Malak Clinic has been operating since 2016 and is our second biggest clinic. It also provides out-of-hours services on Saturday mornings which suits the high number of young families in the area. Malak Clinic sees many high acuity presentations, particularly in paediatrics. The clinic is located close to state housing, hostels, alcohol rehabilitation and schools which accounts for the high number of presentations.

The Malak Clinic shares its base with our Australian Nursing Family Partnership Program (ANFPP) team, which together with our midwifery team, support pregnant women and new mums across Darwin and Palmerston.

Staffing at Malak Clinic includes:

- Clinic manager
- Acute registered nurse
- General practitioner
- General practitioner registrars
- Visiting obstetrician
- Registered nurse
- Aboriginal health practitioner
- Medical receptionists
- Indigenous outreach worker
- Care coordinator
- Transport officer

Services provided from our Malak Clinic include:

- GP appointments
- Registered nurse / Aboriginal health practitioner appointments
- Obstetrics

	2018-19	2019-20	2020-21	2021-22	2022-23
Episodes of care	11,686	12,165	13,712	18,236	13,536



Don Dale Youth Detention Centre Clinic

DDHS has provided a primary health clinic at Don Dale Youth Detention Centre since early 2020. Services are provided five days a week, and some after-hours.

Staffing at the Don Dale Clinic includes:

- General practitioner
- Registered nurse
- Mental health practitioner

Services provided at the Don Dale Clinic include:

- GP appointments
- Registered nurse
- Mental health practitioner
- Health Promotion
- Visiting optometry services (Deadly Vision)
- Visiting paediatric specialists
- Visiting hearing services (NT Hearing) team
- Visiting dermatologist
- In-reach psychiatric support (telehealth)

	2018-19	2019-20	2020-21	2021-22	2022-23
Episodes of care	-	3	6,023	9,088	7,509

Culturally Appropriate Sexual Health Education

The DDHS primary health team joined with DDHS youth social services to facilitate a sexual health education session to female Don Dale clients to coincide with International Women’s Day in March 2023.

A hair, make-up and nails session was organised by the youth social services team to put the girls at ease before the DDHS clinic team leader delivered an education session on sexual health - including STIs, contraception and consent.

The girls watched short, culturally appropriate

videos and were able to speak openly about their experiences and concerns in a small group setting. “They liked when we had an open, non-judgmental chat about sex and had lots of questions for me,” Team Leader Lari said.

“Sexual health is something I like to teach young people about and it’s obviously gender appropriate as I am also a female.

The team plan to do more sexual health education sessions throughout 2023-24, including male-specific sessions.

Palmerston Clinic (including Gumilebyirra (Women’s) Clinic)

Our Palmerston Clinic is our busiest clinic, which is unsurprising considering the continual growth of population in the Palmerston area. The clinic provides services on Saturday mornings to meet community needs. The clinic has strong ties with local organisations and schools, including the delivery of school-based health checks. This work has continued to grow in the past year.



Staffing at Palmerston Clinic includes:

- Clinic manager
- General practitioners
- Aboriginal health practitioners
- Registered nurses
- General practice registrars
- Student Aboriginal health practitioners
- Medical students
- Visiting obstetrician
- Paediatricians
- Pharmacist
- Podiatrist
- Dietitian
- Physiotherapist
- Diabetes educator
- Child development team
- Oral health therapist
- Midwifery care – Antenatal/postnatal

Services provided from our Palmerston Clinic include:

- General practitioner appointments
- Chronic disease support
- Child health appointments
- Antenatal/postnatal care
- Wound management
- Sexual health and contraception
- Care coordination
- Podiatry
- Physiotherapy
- Diabetes support
- Pharmacist medicines review
- School-based health checks
- Visits to aged care facilities
- Outreach

	2018-19	2019-20	2020-21	2021-22	2022-23
Episodes of care	18,743	18,179	16,803	21,369	17,858



Gumileybirra (Women’s) Clinic

Our Gumileybirra Clinic (situated adjacent to Palmerston Clinic) plays an important role in the community, providing a safe space for women to access services including sexual health and contraception. Gumileybirra supports women of all ages, including transient clients.

Staffing at the Gumileybirra Clinic includes:

- Midwife
- Paediatrician
- Podiatrist
- Physiotherapist

Services provided from our Gumileybirra clinic include:

- Antenatal/postnatal care
- Paediatrics
- Podiatry
- Physiotherapy

	2018-19	2019-20	2020-21	2021-22	2022-23
Episodes of care	-	-	2,925	1,908	1,641

Humpty Doo Clinic

Humpty Doo is the youngest DDHS clinic, opening its doors in 2020. The clinic provides primary health care to the wider rural region of the Litchfield Shire municipality. Through collaborative partnerships with local schools in the area, the clinic provides school-based health checks and visits to aged care facilities for aged care support. The clinic also accommodates an Australian Family Nurse Partnership Program midwife and mental health support services.



Staffing at the Humpty Doo Clinic includes:

- Clinic team leader
- Acute registered nurse
- Aboriginal health practitioner
- General practitioner
- Medical students
- Medical receptionist

Services provided at the Humpty Doo clinic include:

- Appointments with a general practitioner
- Appointments with registered nurse / Aboriginal health practitioner
- Australian Family Partnership Program via midwife
- Social and emotional wellbeing (SEWB) services

	2018-19	2019-20	2020-21	2021-22	2022-23
Episodes of care	-	-	2,925	1,908	1,641

“

With help and support from the mobile team, I'm able to provide footcare to these vulnerable clients, as well as offer them appropriate shoes to protect their feet – an essential part of ensuring people with diabetes maintain good foot health.”

DDHS Podiatrist Anna Stybowski.



Mobile Clinic Ozanam House Visits

From blood pressure checks, wound care and renewed prescriptions - Danila Dilba clients embraced the Tuesday morning mobile clinic held at Ozanam House in Stuart Park in 2023.

Registered Nurse Gaby and GP Dr Mark visit Ozanam House each Tuesday morning to see walk-in clients with a range of health needs.

Danila Dilba Podiatrist Anna joins them once a month.

Gaby said the majority of patients required simple care such as renewed prescriptions, asthma puffers or just a general chat about their health.

The appointment also provided an opportunity for the team to encourage clients to book in for their annual health check at a Danila Dilba clinic, she said.

“The clinic is a great chance for us to connect or re-connect with clients, some of which may not have seen a doctor for a long time. We can talk to them about their health and then re-book them for their health check or latest immunisation back at one of our clinics,” Gaby said.

DDHS Podiatrist Anna said the mobile clinic had been integral to her work to keep the local transient community healthy.

“As a community podiatrist I receive referrals from Royal Darwin Hospital for clients being discharged from hospital with diabetic foot wounds, who are often at risk of amputation or rehospitalisation. I am so grateful to the mobile team who work to locate clients who may not have a fixed address or contact phone number,” Anna said.

“These clients often do not want to present to a clinic, so seeing them at Ozanam House or another location offsite is the only way we can connect people with important health services, including podiatry services.

“With help and support from the mobile team, I'm able to provide footcare to these vulnerable clients, as well as offer them appropriate shoes to protect their feet – an essential part of ensuring people with diabetes maintain good foot health.

“I'm really grateful to the mobile team, who help me take my podiatry service to the most vulnerable community members.”



“

Neville is a vulnerable member of our community, like many others, and we hope that if we all work together we will achieve many more positive outcomes.”

**Mobile Clinic Registered Nurse
Gaby Everingham**

Mobile Clinic Client Profile

Name	Neville
Background	Relocated to Darwin from Bathurst Island in 2022.
Home base	Rough sleeper
Referred to DDHS	By a GP who had previously worked with Neville on Bathurst Island and was concerned for Neville's health.

DDHS Mobile team located Neville in Darwin nine months ago and has been involved in his care since – assisting him with both his medical and social needs.

DDHS have also connected Neville to Services Australia to assist with financial support, and have facilitated an ACAT assessment with the aim to access to My Aged Care services.

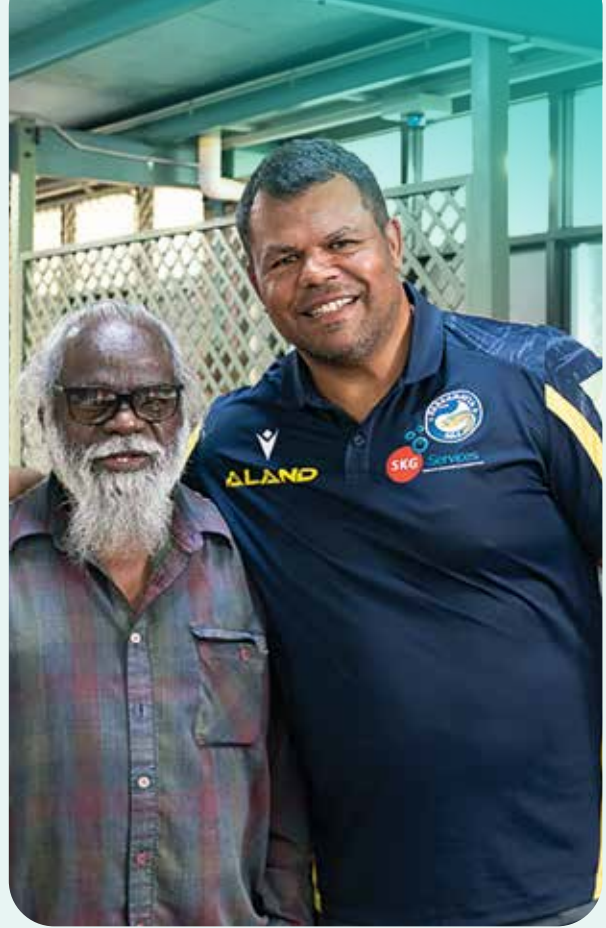
Since connecting with DDHS, Neville has made his health a priority and is responding well to the interventions put in place with the help of the mobile team.

Neville accesses the mobile team via the Darwin Clinic, Ozanam House or mobile visits to his location.

“

We have a really good relationship with our clients...We've got them into a good routine of coming to their regular health checks, so we can help them out with renewed scripts and doctor's certificates over the phone in between appointments which saves everyone time.”

GP Mark Myerscough



Continuity of Care at the Heart of Men's Clinic

It's the community spirit and cultural safety of the DDHS Men's Clinic which keeps clients coming back for their regular health checks.

GP Dr Mark says he can hear that spirit from his office every day.

“You see and hear men in the waiting room shaking hands and hugging – saying “I've haven't seen you in 40 years!” Dr Mark said.

Clients are also free to pick up one of the guitars placed in the waiting rooms and have a strum while they wait for their appointment.

“It's this feeling of connection and seeing the clinic as a meeting place that keeps our clients coming back.”

Central to the clinic's success is long-time team leader and Aboriginal Health Practitioner (AHP) David Adams – who has been in the role for more than a decade.

“I'm a Darwin boy myself, so I have those connections with our clients,” David said.

“We also have that continuity of care here – clients can have a chat with me and then also see the same GPs at each visit.”

Psychologist Paul Fong also provides services two days per week at the clinic.

Presentations at the clinic are mainly based around chronic disease management for regular clients, with walk-in transient clients also catered for.

“We have a really good relationship with our clients...We've got them into a good routine of coming to their regular health checks, so we can help them out with renewed scripts and doctor's certificates over the phone in between appointments which saves everyone time,” Dr Mark said.

The DDHS Men's Clinic has been operating for 21 years and currently has around 400 clients on the books.



Gregory Credits Good Health to Men's Clinic

Gregory Bruce says he's in the best shape of his life, both physically and mentally.

The 59-year-old credits his health to the 20+ year relationship he's had with the staff at the Men's Clinic.

"All the staff here are the ultimate professionals in their field," Gregory said.

"When you walk in here you feel comfortable and welcome. They understand you. They know your history because you see the same person every time. So you can get straight to the point. I feel comfortable telling them anything."

Gregory first began visiting the Men's Clinic around two decades ago following a light plane crash.

"I was a bit of a mess. Both my physical and mental health needed help. And that's what I loved about coming here...holistic health was the key. I could see David (Aboriginal Health Practitioner), the GP and the psychologist," Gregory said.

"It was the best thing. I'm in a good place now, but I still come in every six weeks. I leave with peace of mind each time."

"Aboriginal men in Darwin are so lucky to have the Men's Clinic."

“

When you walk in here you feel comfortable and welcome. They understand you. They know your history because you see the same person every time. So you can get straight to the point. I feel comfortable telling them anything."

Patient Gregory Bruce

Clinical Incidents

A clinical incident is an event or circumstance that resulted, or could have resulted, in harm to a client.

The DDHS clinical incident reporting system is an integral part of safety and risk management at our organisation.

It is essential to report all incidents so that we can identify, manage and learn from them, as well as provide open disclosure to our clients and their families when something goes wrong.

All clinical incidents are investigated by clinic managers who work with staff to develop plans to ensure it doesn't happen again. The system is supported by executive managers and the chief medical officer who review all clinical incidents.

Outcomes from the clinical incident reporting system are reviewed by the DDHS Clinical Safety and Quality Committee who track trends and assess incidents which require an organisation-wide response. The Clinical Safety and Quality Committee report into the new Clinical Governance Committee who review these trends with a view to implement changes to policies, procedures and additional staff training requirements.

For the 2022-23 financial year, there were 96 clinical incidents of which nine were classified as serious, with an aim to reduce the likelihood of the incident happening again in the future.

Type of Incident	Number
Adverse reaction / event	8
Body and body fluid exposure	1
Documentation error	8
Immunisation error	6
Medication error	20
Needlestick injuries	5
Pharmacy error	3
Other	45
Total	96

Multiple strategies were employed to reduce the incidence of medication errors including updates to clinical processes, staff education and training sessions, additional safeguards in DDHS and contracted pharmacies' computer systems, the roll out of electronic prescribing and ongoing medication safety activities and audits.

As noted earlier, clinical governance was further strengthened in 2023 when the existing Audit and

Risk Management Committee (ARMC) was split into two committees:

- Clinical Governance Committee
- Finance, Risk and Audit Committee

External Clinical Governance Committee Chair Bernie Harrison was appointed in June. The key focuses of the committee include:

- The management and mitigation of clinical risk for DDHS clients
- Governance of DDHS clinical information system (Communicare)
- Overseeing and monitoring the response to clinical incidents and clinical audits
- Clinic accreditation (against RACGP standards) and quality assurance processes
- Patient experience and complaints management
- Clinical components of the DDHS risk register including identification of clinical risks and mitigation strategies
- Review and revision of clinical governance policies
- High level performance trends of the health service, as indicated by the National Key Performance Indicators (nKPIs)

Australian General Practice Accreditation Ltd (AGPAL) Accreditations

The Rapid Creek and Bagot clinics both achieved accreditation against the Royal Australian College of General Practice (RACGP) Standards in 2022-23.

General Practice accreditation is an assessment process that ensures a general practice meets a high standard of safety and quality, while demonstrating a commitment to sustainable and effective quality improvement processes and initiatives. Engaging in the accreditation process ensures we are providing the safest environment for our clients, in line with national standards.

Rapid Creek Clinic	Accredited 8 November 2022
Bagot Clinic	Accredited 6 August 2022

The Don Dale Youth Detention Centre Primary Health Clinic will also undergo accreditation in August 2023 against the RACGP Standards for Health Services in Australian Prisons (Prison Standards).



Pharmacy

Number of Prescriptions Generated

2022-23	2021-22
45,550	42,309

Danila Dilba subsidises medicines for eligible clients and employs a pharmacist to manage the pharmacy contracts and undertake clinical governance activities to ensure the quality use of medicines and the cost-effective use of the medicines budget.

In May 2023 Danila Dilba rolled out the new remote primary health care manuals (CARPA Standard Treatment Manual, Women's Business Manual, Clinical Procedures Manual and Medicines Book). The manuals guide clinical practice in Danila Dilba clinics and enable Aboriginal and/or Torres Strait Islander health practitioners, nurses and midwives to supply and administer medicines without a doctor's order.

Before the manuals were rolled out at Danila Dilba clinics, the DDHS Medicines Review Committee

ensured medicines recommendations in the manuals were safe and appropriate to use in the Danila Dilba setting.

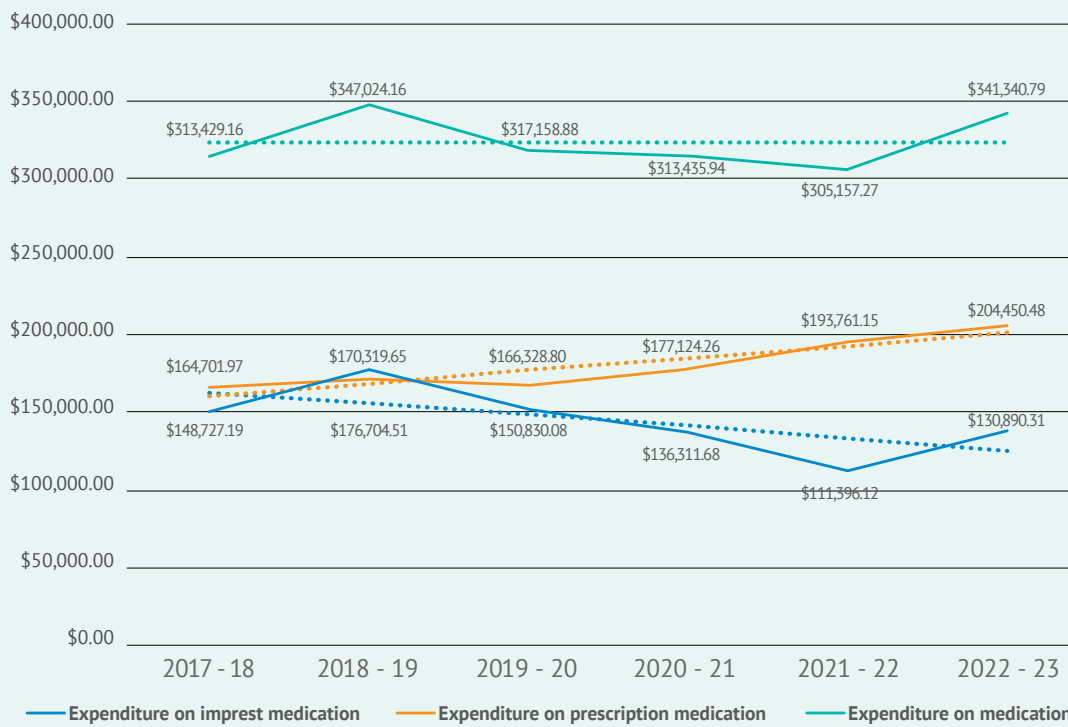
Electronic prescribing was enabled at Danila Dilba in May 2023. Electronic prescribing allows the digital transmission of prescription data and removes the need for a paper prescription.

Electronic prescribing improves convenience and efficiency for consumers and improves medication safety and continuity of care. Danila Dilba clients can choose to have their electronic prescription sent directly to one of our contracted pharmacies or sent to their phone or email. Clients are also able to sign up to an active script list (ASL) which is a digital list of all of their electronic prescriptions which can be accessed anywhere in Australia.

Once someone is registered for an ASL, they can walk into a participating pharmacy, give consent for them to access the list, and have that pharmacy dispense their medicines.



Cost of Medication per Financial Year



The above graph shows the costs of medications subsidised by DDHS per financial year. It is split into the costs for imprest medication (blue line - medication supplied from the clinic to clients) and prescription medication (orange line – medication supplied from DDHS contracted pharmacies to clients). The cost of prescription medication is slowly increasing over time due to the increase in client numbers and resulting increase in number of prescription medications supplied as well as the increasing costs of prescription medications. The cost of imprest medication is trending down due to the implementation of restrictions on the use of imprest medication in clinics, however there was an increase in the cost of imprest medication in the 2022-2023 financial year due to the renegotiation of pricing in the new pharmacy contracts.



Research

Research Aimed to Identity Gaps in Diagnostic Services for our Kids

Danila Dilba (DDHS) is currently partnering with a suite of research projects to map diagnostic and intervention services for Aboriginal and Torres Strait Islander kids at the most crucial time in their lives.

DDHS is working with Queensland University's Poche Centre for Indigenous Health (Poche) in a project to map and audit all existing services available to diagnose and treat Indigenous children aged 0-5 with neurodevelopmental disabilities in the Greater Darwin region.

DDHS Executive Manager Health Promotion and Program Integration Sharni Cardona said the project provided a great opportunity to better coordinate diagnostic and intervention services between service providers in the Darwin region.

"Our DDHS Paediatric team saw close to 500 children in the last financial year, but the data shows us that there are many more kids who are falling through the gap," Sharni said.

"We know that almost half of all Aboriginal children in the region are identified as developmentally vulnerable by the time they start school.

"There are currently significant gaps in diagnostic and therapeutic services in Darwin and Palmerston

due to a lack of service providers, long waiting times and high costs.

"This project will allow us to identify and improve these pathways between existing services which will be a huge benefit to the health of these kids.

"The plan is to make the process of getting a diagnosis as easy as possible for families. Waiting times, fractured services, high private costs and a lack of culturally appropriate services are all significant barriers for Aboriginal families under the current system."

The project complements the DDHS Paediatric team's focus to provide long-term continuity of care to children at risk of developmental delay and neurodisability.

"By using a multi-disciplinary approach with wrap around support, we are working to support these kids and their families to thrive in the long term."

DDHS Executive Manager Health Promotion and Program Implementation Sharni Cardona.



Health Promotion and Program Implementation (HPPI)

HPPI Restructure

DDHS initiated a comprehensive review and consultation process in early 2023 to restructure the Health Promotion and Program Integration (HPPI) service model.

The intention of the HPPI restructure is to create additional capacity to improve leadership, staff supports, quality improvements, consistency in processes and alignment with the broader DDHS service model restructure.

The new structure will create an additional stream for chronic disease – an area of significant growth for our service, and will align all funding objectives across four key HPPI areas:

1. Chronic Disease
2. Child and Family Services
3. Health Promotion (formerly Community Services)
4. Social and Emotional Wellbeing Services

The first step in the review process was to examine the existing leadership structure with a view to strengthen it. As a result, four new senior manager roles were created to sit in each of the four streams.

Recruitment to the senior manager roles for chronic disease and child and family services is ongoing into the 2023-24 financial year.

Once recruitment is complete, Stage 2 of the restructure will involve realigning existing HPPI operational roles to sit within the four new streams.

Social and Emotional Wellbeing

The Danila Dilba Social and Emotional Wellbeing team continues to expand its service to respond to the needs of our clients, including our most vulnerable.

Services include:

- Mental health support
- Support for Elders
- Counselling (social work and psychology)
- Disability programs
- Legal Health mob
- Child counselling service

The team will expand to around 30 staff in 2023-24 when the new Culture Care Connect service and a partnership with the Salvation Army commence.

SEWB Framework and Implementation

In 2022, DDHS developed a new social and emotional wellbeing (SEWB) framework to accommodate for the exponential growth in services we have experienced in recent years. The framework outlines the principles, enablers and approach to delivering SEWB services at DDHS.

DDHS engaged external consultants Impact Co. to develop an implementation plan for the new framework, which will be executed in 2023-24.

The creation of the implementation plan was a comprehensive process, involving participation from staff and interviews with key external stakeholders, including:

- Salvation Army
- Anglicare
- NEAMI
- University of Western Australia
- Aboriginal Medical Services Alliance of the NT

Staff Consultation

32 DDHS staff – including SEWB and executive staff - participated in an all-day face-to-face workshop on 30 May 2023 which was facilitated by Impact Co. The workshop allowed the team to create a shared vision for SEWB, identifying key areas of focus.

Following creation of the plan, staff also attended a virtual validation workshop where shared team goals were identified and agreed upon.

The below image shows the current suite of services delivered by SEWB, and future goals. Culture Care Connect will be the first new service to come on board in 2023-34, with recruitment underway.





Child Counselling Service

2023 saw the addition of child-specific counselling to the SEWB team.

This service provides social and emotional wellbeing (SEWB) counselling for children and parenting support for their families.

SEWB child counselling addresses an identified and significant service gap. It is reflective of our commitment to providing SEWB services across the lifespan of our clients.

DDHS GPs and paediatricians can refer children for play-based counselling for issues including anxiety and emotional dysregulation, navigating a neurodiversity, and supporting caregivers with parenting strategies.

The service began in February 2023 has seen 45 children to date.

The family of a recently referred 7-year-old client say the service has made a significant difference to their child's ability to settle and learn at school. Prior to her referral, regular emotional outbursts at school had negatively impacted on her education.

Play-based counselling and child-directed problem solving has had a noted impact on her behaviour at school.

So much so the school principal invited the DDHS counsellor to meet with her team to collaborate with the school to support the child on an ongoing basis.



Perinatal Mental Health Consultation Service

The DDHS SEWB team worked with Top End Mental Health, Alcohol and Other Drug Service to establish a Perinatal Mental Health In Reach Clinic which commenced in March 2023.

DDHS identified the need for dedicated services for pregnant and postnatal Aboriginal and Torres Strait Islander women after Australian Nurse Family Partnership Program (ANFPP) reporting found that almost all clients had disclosed mental health distress through interactions with their service.

A number of barriers were preventing women from accessing dedicated mental health support, including:

- Availability of GP appointments
- Current SEWB waiting times
- Cost of private psychologist
- Situational crisis
- Access to transport
- Shame

There was also a need for culturally safe support for Aboriginal woman attending appointments at the Royal Darwin Hospital.

The Perinatal Mental Health Consultation Service is based at a DDHS clinic, with in reach services provided by a Top End Mental Health Alcohol and Other Drugs Service (TEMHS AOD) psychiatrist or psychiatric registrar. The service provides mental health input to women presenting with moderate

to severe and/or complex mental health problems during pregnancy and in the first postpartum year.

The clinic operates a weekly or fortnightly clinic, based on clinical demand, and offers assessment and formulation of a treatment plan.

Target population of Perinatal Mental Health Consultation Service

Women presenting with moderate to severe and/or complex mental health problems during pregnancy and in the first postpartum year.

Interventions Provided

TEMHS AOD Perinatal Mental Health Psychiatrist/Registrar carries out assessment to provide a psychiatric diagnosis and a treatment plan.

Once the team have completed their assessment and made recommendations, the client is supported by the Danila Dilba Social and Emotional Wellbeing team to engage in follow up care and support as required.

Success to Date

Since inception, we have seen around 30 clients in the clinic. Presenting issues include:

- Anxiety and depression (including post-natal depression)
- Social isolation
- Sleep issues
- Suicide attempts
- Psychosis



Telehealth SEWB Services

Follow the success of telehealth appointments during the COVID-19 pandemic, the SEWB program continued to offer virtual appointments throughout 2022-23.

Clients connected with our psychologist via telephone or video conference appointments, depending on their preference.

The addition of telehealth has increased the accessibility of SEWB services to clients by providing a greater choice in the way clients can connect with our services.

Client feedback on telehealth SEWB services

“Thank you so much for doing it this way. I am at home, in my favourite chair, having my cuppa and a smoke, and I feel really safe.”

“I was feeling so anxious to attend the clinic, and travel on the bus, but being able to do this at home, makes it easy for me to focus and talk.”

“I’m a caregiver to my grannies and getting to the clinic is really hard.”

Psychologist Angela Van Roden reflections: “It is so humbling to be invited to walk alongside our clients in a way that works well for them, which is truly reflective of person-centred practice. To have a pet present in therapy, to see paintings and photos of family that help a person feel strong and connected to their culture, to be trusted and welcomed into their world, is just the most beautiful experience, of which I am so thankful.”

Youth Social Support

The DHHS Youth Social Support Service concluded operations into Don Dale Youth Detention Centre on 30 June 2023.

The service was run via a contract with the NT Department of Territory Families, Housing and Communities (Territory Families) since 2016. This contract expired on 30 June 2023.

The Youth Social Support team comprised three staff – a senior youth engagement officer and two youth engagement officers. Together they provided a range of services including:

- Daily engagement with young people during times of distress.
- Engagement with Don Dale clients who were placed at risk.
- Assistance with school and sporting activities.
- Attendance and support at videolink court hearings.
- Attendance at medical and psychiatric appointments.
- Cultural input and support to case workers, psychologists and the DDHS primary health clinic.

Moving forward, DDHS will continue to provide 1.0 FTE mental health worker at Don Dale Youth Detention Centre through our existing primary health clinic, which includes a clinic manager, GP and registered nurse.



Legal Health Mob



Legal Health Mob (LHM) is an integrated health justice service which acts as a central triage point for all Danila Dilba client referrals and requests for legal support.

For the period of 2022-2023 LHM saw 86 clients referred from within DDHS for matters ranging from wills to child protection matters.

LHM has worked closely with the Danila Dilba NDIS team throughout 2022-23 to focus on accessing relevant documents for youth through Territory Families and other services.

In 2023-24 LHM services will be bolstered by the inclusion of new community legal sessions for its Elders Group around Elder abuse. This in-reach service will be provided by Darwin Community Legal Service. We are hopeful this will be the first of many information sessions related to protecting our vulnerable – young and Elders.

Since its formal introduction in 2021, LHM has received around 450 client referrals.

Creative Connections - SEWB Disability Support Program

Creative Connections is a 10-week workshop which promotes social and emotional wellbeing through story-telling and creative sessions, including music, cooking and art.

The program works collaboratively with external disability providers to engage participants of all abilities in positive, culturally safe community programs. Each week, participants work towards a final story, which in week 10 is presented as a showcase along with their artwork.

The participants' work is presented as a book, which is gifted at the showcase. The Creative Connections program has published four creative stories – written and illustrated by participants.



Mental Health Support

The Social and Emotional Wellbeing (SEWB) team provides low to moderate mental health support to Danila Dilba clients who have been recently discharged from mental health services or who require ongoing support to maintain their mental health and wellbeing post discharge.

Our Mental health nurse and Aboriginal mental health practitioner received 298 referrals from November 2022, not including the oversight of 67 antipsychotic depot clients who present to clinics on a regular basis for medication administration. The team provide all aspects of mental health treatment for clients, medication reviews and advice, ongoing risk assessments, referrals to relevant services and assistance for clinic staff. They also facilitate a weekly GP In-reach clinic in partnership with Top End Mental Health GP Liaison Service - A consultation service that offers once-off review and management advice from a psychiatrist for adults with mental health issues.



DDHS Elders Group Become Published Authors



Members of the Danila Dilba Elders group became published authors during NAIDOC week when their favourite memories were consolidated into a book to share with their loved ones.

Danila Dilba runs three Elders groups through its Social and Emotional Wellbeing service. The groups meet fortnightly to connect, make new friends, listen to guest speakers, enjoy craft and take part in social outings.

As part of NAIDOC Week celebrations, members created a book entitled *Looking Forward, Looking Back* - writing stories about themselves which they wanted to share with their families and loved ones - To impart their knowledge and ideas on happiness. A special morning tea was held to launch the book, with Elders receiving a copy and a gift for their participation.

Danila Dilba staff member Linda Da Costa was the guest speaker for the morning. Her beautiful words connected everyone in celebration of our Elders.

“When the 2023 NAIDOC theme “For Our Elders” was announced, it literally gave me a shiver. Three little words. Immeasurable impact. Behind that concept is a richness beyond measure,” Linda said.

“We celebrate their wisdom and knowledge, strength and resilience, guidance and love.”

Note: Permission has been given to Danila Dilba by the family of an Elders Group member who passed away following the publication of this book. Their image is included on the cover of the book.

Health Promotion (formerly Community Services)

The Health Promotion team consists of:

- Tackling Indigenous Smoking (TIS)
- Alcohol and Other Drugs
- Youth Diversion
- Allied Health (Active Mob)

Health Promotion events: 27

Group health education sessions (including school visits): 86

Our Community Services team were re-named Health Promotions in 2022-23 to better reflect the work we do engaging with clients and community about staying healthy.



Tackling Indigenous Smoking

The Tackling Indigenous Smoking (TIS) team focus on increasing community awareness about the dangers of smoking and vaping, and connecting clients to support services to help them reduce or give up the puff for good. The TIS team attend a range of community and sporting events and schools to yarn with young people about smoking and vaping, offering engagement activities and free giveaways. The TIS team have a strong presence

on DDHS social media platforms, offering regular Tackling Tobacco Tuesday quizzes which attract strong engagement.

The team also worked with the DDHS marketing team in 2023 to create a brochure on the dangers of vaping – to connect with young people.



Alcohol and Other Drugs

The Alcohol and Other Drugs (AOD) team work with clients – generally at DDHS clinics – to provide support to clients to access treatment and avoid relapses. The team adopt a holistic approach, working with clients to address the issues that contribute to alcohol and other drug use, including their mental health, family or financial issues.

The AOD team also often combine with the TIS team at DDHS Health Promotion stalls.

Alcohol and Other Drugs referrals: 138



A Morning Stroll – World No Tobacco Day 2023

Fresh air, a walk, a yarn and a BBQ breakfast were served up at the Danila Dilba World No Tobacco Day Morning Stroll in June 2023.

Participants enjoyed a leisurely stroll around the East Point Reserve before enjoying a hot breakfast together.

The stroll was held in conjunction with World No Tobacco Day - and provided a great opportunity for our Health Promotions team to yarn with people about quitting the smokes or vapes for good.



Other Key Community Events Attended by Health Promotion team in 2022-23

- NAIDOC Week Family Fun Day
- Deadly Cup
- Reconciliation Week
- Parramatta Eels visit to Darwin Clinic and Don Dale Clinic and Health Promotion stall at game.



Out and About with Danila Dilba







Youth Diversion Services

The DDHS Youth Diversion team consists of two case managers and one program coordinator who work with young people to engage them in activities that encourage them to make good life choices with a restorative justice focus. The program provides them with the tools to make positive and proactive life choices and avoid contact with the youth justice system.

Support to youth is provided through mentoring, workshops and activities.

Between 1 July 2022 and 30 June 2023, **112 young people were actively case managed** through the DDHS Youth Diversion program.

Youth are referred to our program via NT Police, following an offence.

Services provided by the Youth Diversion team include:

- 1:1 case management
- Youth justice conferencing
- Social and Emotional Wellbeing (SEWB) support
- Engaging youth in mentoring programs
- Engaging youth in activities that help victims and the wider community
- Engaging youth in crime prevention workshops
- Supporting additional needs and referring to other services and organisations

Programs the DDHS Youth Diversion team complete with young people:

- Drive Safe Stay Safe
- Chill Out (anger management)
- Bullying Education
- Values and Respect Program
- One Punch Education
- Peer Pressure
- Love Bites Program
- P.A.R.T.Y
- AOD – Deadly Choices Program
- Giving Back (Community Service)
- Facing the Demons (aggravated assault/robbery)

DDHS Youth Diversion participants complete a variety of programs related to their offence to support their needs and ensure they do not re-offend.

Our Youth Diversion team work tirelessly with our young people to ensure all possible supports and programs are put in place to get the best outcomes for our young people and their futures. They are focused on sourcing more funding to ensure the current lengthy program waitlist is reduced to allow for earlier intervention with our young people and their families.

In 2023-24 the team will continue to advocate for additional resources to strengthen outcomes of our young people (early intervention and trauma healing).

The team are also keen to provide cultural healing workshops and immediate interactions with young people and their identified responsible adults.

Youth Diversion Case Study – A Pathway to Transformation

After being arrested for aggravated assault, a 14-year-old girl 'Amber' was referred to the DDHS Youth Diversion service.

The Youth Diversion team were able to connect 'Amber' with the 'Chill Out' anger management program. By talking about her experiences with her facilitator, 'Amber' expressed her experiences of feeling out-of-control and recent outbursts of feeling angry. Amber had recently lost a close family member which was very traumatic for her and her family. During the time of Amber's offence, her emotions associated with the loss of her family member also acted as a contributor towards her offending.

During the DDHS Youth Diversion program Amber was able to identify triggers and showed a clear understanding of how her feelings, emotions and values are linked. Although Amber still struggles with the emotions associated with the family passing, she says she now feels empowered due to understanding her emotions and what triggers her.

Amber's case manager was able to build a strong rapport with her over a period of 12 weeks. This intensive support resulted in improved self-confidence, increased self-esteem and a reduction of the risk of re-offending.

From a first-time offender, 'Amber' now has a clear vision of her aspirations and goals into the future.

Other programs completed by 'Amber' during her time in the DDHS Youth Diversion program:

- One Punch
- Peer Pressure education session
- Values and Respect Program
- AOD Deadly Choices Program
- Family Conference

For the full duration of the program 'Amber' often voiced connections between personal experiences and program content. The Youth Diversion case manager saw a lot of personal growth and maturity by the end of the program.

"'Amber' was able to regulate her emotions which made her happier. Amber's engagement in school improved and she was keen to sign back up to playing basketball. Amber was able to identify that basketball made her feel happy."

“

Amber' was able to regulate her emotions which made her happier. Amber's engagement in school improved and she was keen to sign back up to playing basketball. Amber was able to identify that basketball made her feel happy.”

Youth diversion Coordinator Amy Lewis

Client Feedback – Youth Diversion

“Since our last meeting I have not had a cigarette and I have stopped smoking gunja.”

15-year-old male with drug offences

“I need this program. It will help me stop doing stupid things.”

12-year-old male, stolen vehicle

“I want more help with AOD, can I do more counselling?”

16-year-old male after completing AOD Deadly Choices



Allied Health Team

The DDHS Allied Health team is made up of a dietitian, podiatrist, two part-time physiotherapists and a part-time credentialed diabetes educator.

The team work with clients to help them self-manage their chronic conditions and stay well.

Referrals	The Allied Health team received 29% of all referrals made by DDHS
Total allied health team referrals	1861 (an increase of 5% compared to 2021-22)
Diabetes Educator	318
Dietitian	549
Podiatrist	479
Physiotherapist (including 245 hydrotherapy referrals)	515

Our physiotherapists also run a weekly hydrotherapy group at the Palmerston Regional Hospital pool. In 2021 – 22 there were 165 client attendances. In 2022-23 there were 245 client attendances.

Client Feedback on Hydrotherapy Program:

“Hydrotherapy has helped me in many ways: my ability, confidence, self-esteem. Everybody enjoys the company of each other – meeting people and finding how we are related. It’s like a family get together. Everyone shows up despite their medical problems.”

“Not only good for our body. Helps us mentally – whole wellbeing. Good yarning. It’s physical, social, mental.”

In 2023-24 the physiotherapy team will commence a gym program for clients using the fitness hub at Charles Darwin University (CDU) which will expand options for physical activity for our clients.



Danila Dilba get Cedric back on his feet

When Cedric fell and fractured his leg in 2020 he resigned himself to the fact he would need a wheelchair for the rest of his life.

Due to having no transport, the 47-year-old had missed a follow up appointment at the hospital. He spent two years wheelchair-bound before a separate foot issue brought him to a Danila Dilba clinic.

Having seen the GP, Cedric was referred onto the allied health team, who immediately identified his potential for rehabilitation.

DDHS Physiotherapist Philippa connected with Cedric and began visiting him at home each week for therapy.

“We arranged for some mobility equipment for Cedric and assisted him with strength and balance exercises to re-train his gait,” Philippa said.

“It made sense to set up a safe exercise program at home where Cedric could practise,” Philippa said.

“I also worked with the DDHS GP and podiatrist to make sure that Cedric’s walking did not interfere with his foot wound care.”

Philippa also re-connected Cedric with an orthopaedic surgeon and supported him to attend his follow up appointment to make decisions about his future treatment options.

“It was so good to have Philippa there...I didn’t really know what was going on or what he was talking about, but Philippa could explain it to me,” Cedric said.

From there, DDHS staff assisted Cedric to apply for some NDIS funding – and when he was successful he was able to work with a support coordinator and private occupational therapist to develop a support plan.

DDHS has also advocated for Cedric to Territory Housing to ensure priority housing so he can move out of hostel accommodation.

He was also referred on to the hospital orthotics department to have some footwear custom-made to meet his needs.

Cedric said he was very grateful to the Danila Dilba team.

“I thought I might be stuck in a wheelchair. I thought I might never walk again. Then I walked with a walking frame. Now I can use a walking stick. I feel better,” he said.

“They were so good and helpful. When I needed help or needed dressings I would just give them a call.”

Philippa said it was clients like Cedric who made her job so worthwhile.

“The hard work was done by Cedric, but it’s great to be part of team at Danila Dilba who work together in a multidisciplinary way to ensure the best outcomes for our clients,” Philippa said.

“We all have the same goal - supporting our clients to get the most out of their life.”



Dietetics

Participants in Eat Well, Feel Well programs in 2022-23	34 (four groups)
Number of Dietetics clients in 2022-23	285 clients and 645 patient contacts
Other Dietetics programs run in 2022-23	<p>Bagot Mums and Bubs group (monthly)</p> <p>Taminmin High School sessions on the dangers of sugary drinks (2 sessions)</p>

Eat Well, Feel Well with Danila Dilba Dietitian

Overnight oats and fish tacos were the order of the day at the Danila Dilba Eat Well, Feel Well workshop held in Palmerston in early 2023.

The 3-hour sessions are run by DDHS Dietitian Bernadeen Gibb and are targeted to Aboriginal and Torres Strait Islander women living with Type 2 diabetes.

The women are referred to the program by their DDHS GP and while many have never met, they quickly bond over their shared experience of living with diabetes.

Participants begin the session talking about the importance of meal prepping, making healthy choices and the common myth that healthy eating is more expensive than buying cheap, processed foods.

“We do group activities and mock shopping exercises to show the ladies that while some fresh and healthy foods might cost a little more, they will also go a bit further,” Bernadeen said.

Then the fun begins - the group prepare two easy meals – at the Palmerston session the menu included overnight oats and fish tacos.



While some ingredients - like chia seeds - were unfamiliar to the group, everyone was keen to give them a try and pleasantly surprised by how easy it was to prepare these healthy meals.

“Feedback has been really good so far - each of the ladies walk away with a plan on how they can improve their healthy eating and keep their diabetes in check,” Bernadeen said.

Sessions were held at Rapid Creek, Malak and Palmerston in 2022-23, with more session planned in for the coming financial year.

Client Feedback - Eat Well, Feel Well Program:

“I got to know other people, to cook different meals, to learn more about what sort of meals to cook at home and know about diabetes.”

“Meeting a new group of ladies and sharing information, sharing our pitfalls and successes.”

“I enjoyed myself, improved my diet, made sensible dietary changes, learned new recipes and lost weight.”



Danggal Dalby – Strong Kids ANFPP – Supporting Mums and Bubs

Graduates 2022-23: 14

ANFPP clients 2022-23: 59

ANFPP client contacts 2022-23: 2573

ANFPP visits 2022-2023:

	2018-19	2019-20	2020-21	2021-22	2022-2023
DDHS client births	177	203	203	174	177
Normal weight	80%	87%	87%	83%	86%
Midwife appointments	1424	1405	1383	1232	1281
Midwife client contacts	2794	2914	2686	2288	2573

Starting from pregnancy, our Australian Nurse Family Partnership Program (ANFPP) team journey with our clients throughout their pregnancy (from 16 weeks) and into the first two years of motherhood, offering continuity of care and social support.

The ANFPP team includes four nurse home visitors, four family partnership workers and a nurse supervisor. The team visit women in their homes or venue of their choice, and provide a wide range of social supports.

ANFPP nurses and supervisors apply the theoretical framework that underpins the program (self-efficacy, human ecology, and attachment theories) to guide their clinical work and achieve the Nurse Family Partnership goals.





They accompany expectant mums to all medical appointments (both within Danila Dilba and externally) and assist with any housing or social security matters.

Client Melissa said the continuity of care provided by the ANFPP team had given her great comfort when her son was born.

“I never felt forced or pressured to come, but I knew the ladies were there if I needed them,” Melissa said.

“My baby had colic and was crying all the time. I don’t know what I would’ve done if I didn’t have their support.”

“They helped me with everything and anything I needed. Clothes...or getting a bassinet. I had a lot of trouble with sleep to begin with...ANFPP helped me with everything...”

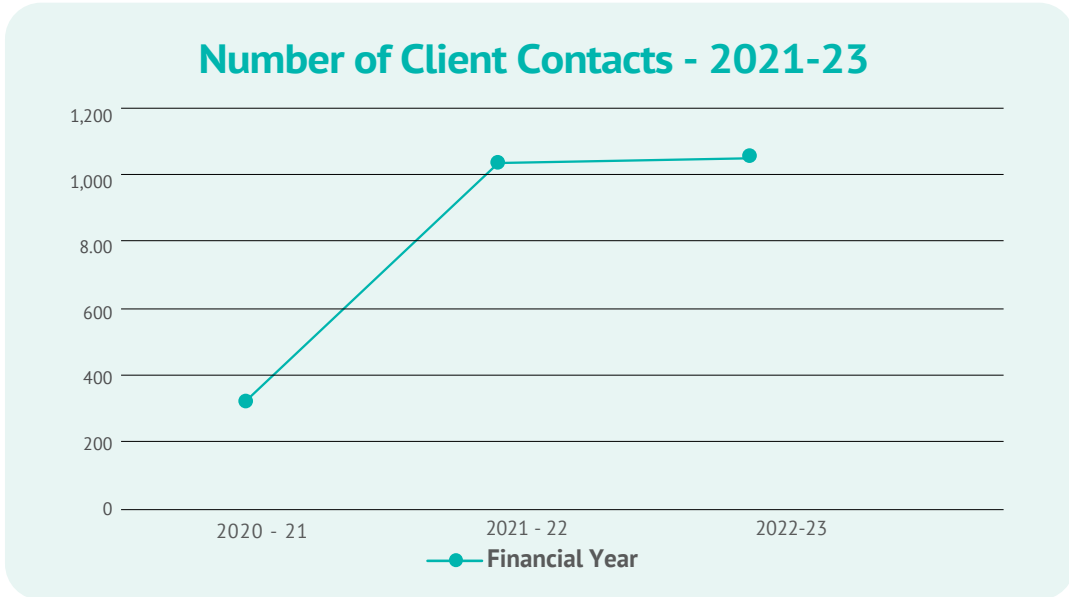
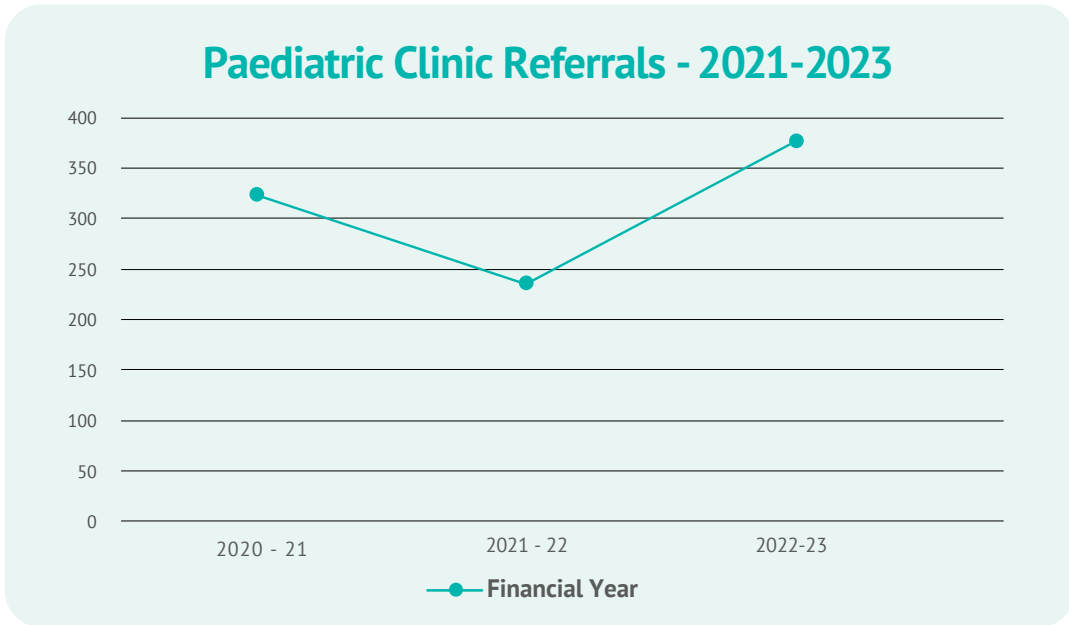
Speaking at a recent ANFPP graduation, Nurse Home Visitor Caitlin McGuire said being able to share the journey with new mums was very special.

“We really feel like we have the best job in the world. It’s a real honour to be able to walk with our mums on their journey,” Caitlin said.



Paediatric Client Contacts – 2021-2023

	2020-21	2021-22	2022-2023
Referrals	323	235	376
Children	329	1040	1053
External Referrals	134	211	139



Around 85% of all referrals to the paediatric service are for developmental, behavioural or mental health issues, including:

- Attention Deficit Hyperactivity Disorder
- Autism Spectrum Disorder
- Fetal Alcohol Spectrum Disorder
- Anxiety Disorders

The largest age cohort referred to the service are aged 5-9 years, followed by 0-4 years.

DDHS has put forward applications to both Territory and Commonwealth Governments to fund a full multidisciplinary neurodevelopmental assessment and treatment service – whereby all supporting allied health service could be provided by DDHS, including speech pathology, occupational therapy and neuropsychology – improving the current fragmented system.



Corporate Services

The Danila Dilba (DDHS) Corporate Services team provide the foundation to allow our clinical services to flourish. The corporate services portfolio includes:

- People and Culture
- Marketing and Communications
- Information Technology
- Fleet Services
- Property and Facilities
- Administration

These areas combine to ensure DDHS is recognised as a vibrant and inclusive workplace that is connected to its clients, stakeholders and staff.

2022-23 was a period of change in the Corporate Services area with new Executive Manager David Blair coming on board, as well as the recruitment of new managers for People and Culture and Marketing and Communications.



People and Culture

The People and Culture team saw some big changes in 2022-23 with the permanent manager seconded to a special projects role to oversee, amongst other things, the finalisation of the TechnologyOne ERP implementation updates and root and branch review of DDHS policies. People and Culture also welcomed two new team members.

People and Culture have been working closely with the executive management team toward the alignment of **Strategic Plan Priority 3, invest in our workforce**. In particular, the prioritisation of locally based Aboriginal applicants during the selection and recruitment process. A number of DDHS positions are now “identified,” and People and Culture have seen an

increase in Aboriginal applicants and also in the broader workforce.

The People and Culture team expect to see significant progression in the next year, as we move toward utilising the TechOne system in the management of human resource functions as well as continuing to support and improve the attraction and retention of new and existing employees.

In 2023-24 the People and Culture team will work towards a project to shift human resources and recruitment queries to a customer service help desk portal. The portal will allow staff to set timeframes, priorities, and request types. Queries will then be triaged to the relevant team member and actioned accordingly.

A staff engagement survey is also planned for 2023-24, giving staff the opportunity to provide feedback on the culture of our organisation - where we are excelling and where we need to improve. The survey will give us an overall picture of how we are performing as an organisation, as well as a benchmark so we can measure our progress and track trends across future years.



Learning and Development

The appointment of a Learning and Development Officer in early 2023 allowed DDHS to focus on implementing a coordinated and streamlined approach to training for all staff.

The Aboriginal Medical Service Education Portal (AMSED) was re-launched as a mandatory eLearning platform to re-invigorate staff to complete their mandatory training requirements.

This has streamlined the mandatory training process for both new and existing staff – The AMSED platform automatically assigns training tasks to staff and provides a due date for completion.

In February 2023, DDHS also introduced a pre-onboarding option through AMSED to help prepare all new employees with any mandatory requirements prior to their start.

An interim training calendar was also implemented for all staff (clinical and non-clinical). The calendar contains both internal and external in-service training sessions and is targeted towards upskilling staff on the latest healthcare practices – Ensuring we continue to provide best-practice care to our clients.

Student Placements

DDHS continue to support student placements across the organisation to ensure future cohorts of primary healthcare workers experience culturally appropriate comprehensive primary health care firsthand.

During 2022-23 we hosted:

- 7 Flinders University Medical students. These students are based across our clinics for a three-month period.
- 2 3-month Registered Medical Officers (RMOs) placements
- 2 6-week Registered Medical Officers (RMOs) placements
- 9 GP Registrars
- 4 DDHS-trained registrars in 2022 successfully completed their exams and obtained their fellowship.

Aboriginal Health Practitioner Traineeships

DDHS is currently hosting two trainee Aboriginal Health Practitioners (AHPs). These staff are supervised and supported by DDHS AHPs with a view to them gaining ongoing employment when they complete their studies. As part of the service model changes in 2023-24, a key focus will be on the training and recruitment of more AHPs.



Marketing, Media and Communications

The Marketing and Communications team was strengthened towards the end of 2022-23 with the recruitment of a new manager, following a seven-month vacancy.

The team focused their attention on a suite of key projects to improve internal and external communications at an organisational level. These activities included:

- Creation of a Corporate Style Guide
- Re-establishment of a monthly all-staff internal newsletter
- Re-establishment of a regular community newsletter
- Identifying pro-active media opportunities
- Stocktake and update of DDHS client information brochures
- Support for quarterly all staff meetings
- Internal and external communication strategies to support Voice to Parliament referendum
- Roll out of a new Zero-Tolerance campaign in clinics

The team also created content and moderated all DDHS social media platforms, including Instagram, Facebook and LinkedIn, and worked with an external provider to maintain the DDHS website.

The team provided support to a range of Health Promotion activities, including World No Tobacco Day, Reconciliation Day and NAIDOC Week celebrations.

In 2023-24 the team will focus on an overhaul of the DDHS website and intranet, a targeted campaign to tackle vaping, and implementation of communication plans for:

- Implementation of DDHS Service Model Review
- Implementation of HPPI restructure
- Implementation of new Elder Care Support Service
- Communications support for staff engagement survey



Information and Communication Technology

The ICT team's objective over the past year has been the provision of consistent and reliable support to DDHS staff.

Focussing on the 'ICT Strategy' framed in 2019, DDHS ICT continued to work towards the strategic objectives of:

- Setting the foundation for implementing a resilient, robust, and effective technology infrastructure to support DDHS future initiatives.
- Building momentum towards a digitally integrated and agile business through introduction of new business systems that improve information flow within DDHS.

The ICT team works with internal and external stakeholders to provide and manage DDHS ICT services, to enable a secure and accessible environment for staff accessing key business.

DDHS continued to advance its ICT infrastructure in 2022-23. Since 2019 we have worked with Beyond Technology to oversee our ICT function and advise the executive management team on improvements required for the infrastructure and services delivery.

Significant milestones achieved in 2022-2023 include:

- Implementation of Multi-Factor Authorisation - Strengthening ITC security.
- Two Communicare upgrades, improving Communicare functionalities and performance.

- Resolved 3,955 tickets (15 tickets per day).
- The ICT team continuously monitor and action all kinds of security risks like spam emails, malware attacks, unauthorized logins, using tools such as Mimecast, Microsoft defender and MFA.

Key ICT objectives for 2023-24 will be to continue to improve how we protect DDHS from evolving cyber security threats, improve the performance and reliability of our network and business systems, and seek to reduce costs where possible.

A major ICT focus for 2023-24 will be the implementation of a new phone system which is based on the Microsoft Teams platform. The ICT team has devoted considerable time investigating prospective new phone systems that would address the issues identified by both staff and clients. The need for the new phone system was also identified during the staff and client consultation undertaken as part of the Service Model Review.

The new system will consolidate our voice and data needs with a single vendor which will reduce risks and streamline support processes.



Property and Facilities

Deadly Design for New Security Screens at Malak Clinic

Danila Dilba's (DDHS) Malak clinic had a face-lift in 2023, with a brand new wrap-around security screen installed. The new screen is made from CrimSafe mesh, and was funded through a Commonwealth Government grant. It includes eye catching DDHS branding and colours.

The new screen provides an extra level of security, following repeated vandalism at the clinic.

The project was meticulously planned and carried out by DDHS Property Facilities Officer Jo Angeles.

Other key projects

Project	Vai Stanton building fence and gate upgrade.
Purpose	Secure the premises and fleet vehicles.
Project	Malak front reception counter and equipment
Purpose	Work health and safety upgrades - Adjusted the front reception counter as per the ergonomic assessment and recommendations.
Project	Darwin Clinic - Rock garden bed upgrade
Purpose	Remove rocks and replace with mulch to prevent damage to building and injury to others.
Project	Darwin Clinic retaining wall
Purpose	Secure rocks into wall to prevent damage to building and injury to others.

TechOne Update

Leading into the 2022/23 financial year finance and corporate services staff undertook a significant amount of work to prepare for the implementation of the human resource and payroll modules of TechOne following the successful go-live of the finance module in July 2021.

Module implementation was broken up into three phases:

- Phase 1: Finance module
- Phase 2: HR and payroll modules.
- Phase 3: Talent, succession and training

DDHS successfully implemented Phase 2, going live on 6 July 2022 with all employees rolled over into the system and the first payrun processed on 19 July 2022.

Work continues towards implementation of Phase 3 and the contracts management module.



Section 5
Financial Statements

Danila Dilba
Biluru Butji Binnilutlum
Health Service Limited

ABN: 57 024 747 460

Financial Report
For The Year Ended
30 June 2023

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Directors Report

The DDHS Directors present this report on Danila Dilba Biluru Butji Binnilutlum Health Service Limited (Danila Dilba) for the financial year ended 30 June 2023.

INCORPORATION

During 2023 Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Corporation (ICN 1276) (DDHS) transferred its registration from the Corporations (Aboriginal and Torres Strait Islander) Act 2006 (CATSI Act), to the Corporations Act 2001. With effect from 25 November 2022, DDHS became Danila Dilba Biluru Butji Binnilutlum Health Service Limited, a not-for-profit company limited by guarantee. The Australian Company Number (ACN) is 663 350 605. Under the new Company's constitution DDHS reduced the number of its Director positions from ten to eight. Upon incorporation of DDHS under the Corporations Act 2001 (Cth), the Corporation accepted the resignation of Directors Samantha Ludwig (non-continuing Director position) and Deborah Butler (to allow for reappointment by the reconstituted Board). DDHS retained its Australian Business Number (ABN) of 57 024 747 460 and continued its registration with ACNC. DDHS was de-registered by the Office of the Registrar of Indigenous Corporation (ORIC) effective 4 January 2023. The DDHS registered business name remains Danila Dilba Health Service.

DIRECTORS AND DIRECTOR MEETINGS

Current Directors	Position	Meetings Attended	Term Expires
Ms Carol Stanislaus	Chair (from 25 Nov 2022)	3	AGM 2023
Ms Camille Lew Fatt	Deputy Chair	5	AGM 2025
Mr Wayne Kurnorth	Larrakia Director	2	AGM 2023
Mr Michael McGregor	Director	4	AGM 2025
Professor Yvette Roe	Director (Appointed 19 May 2023)	0	AGM 2023
Ms Deborah Butler	Independent Director/Non Member	5	Resigned effective 25 Nov 2022, reappointed 29 Nov 2022 until 28 Nov 2025
Mr Mark Munnich	Independent Director/Non Member (Appointed 19 May 2023)	0	18 May 2024

Non-Current Directors	Position	Meetings Attended	Date Ceased
Ms Samantha Ludwig (formerly Crossman)	Director	1	Resigned effective 25 Nov 2022
Mr Rus Nasir	Director	2	Resigned effective 16 May 2023
Mr Shaun Tatipata	Director	1	Resigned effective 13 Dec 2022

Five Directors' meetings were held during the financial year (three under new Constitution and Corporations Act and two under the previous Rule Book and CATSI Act), with the 2022 Annual General Meeting held on 22 December 2022.

Under the new company constitution DDHS reduced the number of its Director positions from ten to eight. Upon incorporation of DDHS under the Corporations Act 2001 (Cth), the Corporation accepted the resignation of Directors Samantha Ludwig (non-continuing Director position) and Deborah Butler (to allow for reappointment by the reconstituted Board).

DDHS has maintained Director memberships of the Australian Institute of Company Directors.

Directors Report

(cont.)

Audit and Risk Management Committee

The Audit and Risk Management Committee (ARMC) provides advice and assurance to the Board on the effectiveness of the safety and quality systems (in relation to both clinical and cultural safety) and the integrity of financial reporting by DDHS. Four ARMC meetings were held during the financial year; two under the new Constitution and two under the previous Rule Book. The ARMC was established as a committee of the DDHS Board at the inaugural meeting of the Board under the new Company Constitution on 29 November 2022. At that meeting Deborah Butler was appointed as a member and interim Chair, Bernadette Harrison appointed as an independent person (not a Director or Member of the Company) and Michael McGregor was appointed as a Member-Director. The following were members of the ARMC during the 2023 financial year:

ARMC Members	Position	Meetings Attended	Term Expires
Ms Deborah Butler	(interim) Chair	4	27 Nov 2023*
Mr Michael McGregor	Member Director	4	27 Nov 2023*
Adjunct Associate Professor Bernie Harrison	Independent Member (non member or Director)	4	27 Nov 2023*

* At the Board meeting on 19 May 2023 the Board approved Terms of Reference for a new Clinical Governance Committee (CGC) and Finance and Audit Committee (FRAC), two Board committees to replace the ARMC. These Committees were established on the date that the ARMC was disestablished which was subsequently agreed to be 14 July 2023.

Secretary

Ms Jill McGarry (BA (Hons), MA, Grad Cert. Project Mgmt, JD, GAICD) was the Corporation Secretary under the Rule Book and is now the Company Secretary under the Constitution.

PRINCIPAL ACTIVITIES

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

- Primary Health Care
- Men's Health and Wellbeing
- Community Programs
- Women's and Children's Health and Wellbeing
- Pharmacy
- Student / Child health checks
- Chronic Disease
- Counselling and Support Services
- Youth Justice Advocacy and Programs

The short term objectives are set out in the Strategic Plan 2022-26 and the long term objectives are set out in the Company Constitution.

SIGNIFICANT CHANGES IN THE STATE OF AFFAIRS

There were no significant changes to the Company state of affairs during the financial year.

Directors Report

(cont.)

DISTRIBUTIONS PAID TO MEMBERS DURING THE YEAR

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

OPERATING RESULT

The profit for the year amounted to \$1,036,228 (2022: Profit of \$ 756,063).

ENVIRONMENTAL REGULATIONS

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

INDEMNIFICATION OF OFFICER OR AUDITOR

The Company pays an annual premium to insure our Directors and Officers.

PROCEEDINGS ON BEHALF OF THE COMPANY

There were no applications for leave to bring proceedings made during the year under section 169-5 of the *Corporations (Aboriginal and Torres Strait Islander) Act 2006 (CATSI Act)*. There were no applications for leave to bring proceedings made during the year under section 237 of the *Corporations Act 2001*.

MEMBERS' GUARANTEE

In accordance with the DDHS Constitution, each member is liable to contribute \$1 in the event the Company is wound up.

AUDITOR'S INDEPENDENCE DECLARATION

The Auditor's Independence Declaration for the year ended 30 June 2023 has been received and can be found on page 6 of the report.

SIGNIFICANT EVENTS AFTER THE BALANCE SHEET DATE

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

LIKELY DEVELOPMENTS

The Company expects to maintain the present status and level of operations and hence there are no likely developments in the Company operations.

Directors Report

(cont.)

QUALIFICATIONS, EXPERIENCE AND SPECIAL RESPONSIBILITIES OF DIRECTORS

Current Board Members

Carol Stanislaus (Chair from 25 November 2022) is a Tiwi and Anmatjere woman, born and raised on Larrakia country. She is a descendent of the NT Stolen Generation. Carol has worked in a variety of Indigenous positions in tourism, child care, housing, alcohol and other drugs, government and justice, and currently works with the Australian Government's National Indigenous Australians Agency. She holds a Bachelor of Applied Science in Aboriginal Community Management and Development and is currently completing a postgraduate certificate in the Australian National University's (ANU) management program. Carol is also a member of the North Australian Aboriginal Justice Agency (NAAJA).

Camille Lew Fat (Deputy Chairperson) is a local Aboriginal woman, born and raised in Darwin. She holds a Graduate Certificate in Business (Public Sector Management), Bachelor of Commerce and Diploma of Business. Camille is currently the Director, Aboriginal Interpreter Service with the NT Government. From May 2022 and until Carol Stanislaus' new appointment as Chair, upon DDHS' incorporation under the Corporations Act in November 2022, Camille was responsible for chairing Board meetings.

Wayne Kurnorth (Larrakia Director) is a Larrakia man from the Fejo family group and is currently employed as the Aboriginal and Torres Strait Islander Lead Organiser for United Workers Union (UWU) supporting UWU members with workplace issues such as bullying and harassment, stolen wages, and enterprise bargaining agreements, and having a workplace voice across the NT. Wayne represents UWU on the National ACTU Indigenous Committee and spent the first half of 2023 working on the Voice to Parliament YES campaign. Previously, he worked as a boilermaker and welder for 17 years in the shipbuilding, construction, and oil and gas industries.

Michael McGregor has over 20 years' experience working with Aboriginal communities in the Northern Territory across a wide range of sectors including health, employment and training, and business development. Michael brings a varied array of skills to the Danila Dilba board after working for the Australian Government implementing capacity strengthening initiatives with non-government and government funded organisations across the Territory. More recently Michael has worked with a wide range of business owners, corporate entities, Aboriginal organisations and traditional owner groups in a business development capacity. Michael has been a member of the Danila Dilba Audit and Risk Management Committee (ARMC) since February 2022 and was appointed to the Finance, Risk and Audit Committee (FRAC) in May 2023.

Professor Yvette Roe (PhD) is a Njikenawuru woman from the West Kimberley, WA and was born and raised on Larrakia Country. Her family has had a historical connection to Garramilla (Darwin) since the 1950's. Yvette completed a PhD (Public Health and Epidemiology) with the University of South Australia, Adelaide in 2015 and is currently the Professor of Indigenous Health and a Director at the Molly Wardaguga Research Centre, Charles Darwin University (CDU). Yvette has more than 30 years' experience working in Aboriginal community-controlled health services. Her current research is on ensuring that maternal and infant services are mother-child focused and informed by Aboriginal and Torres Strait Islander values, ways of knowing, being and doing. Yvette was appointed to the Board to fill a casual vacancy in May 2023 and has also been appointed to the DDHS Clinical Governance Committee.

Deborah Butler is a Jawoyn woman, born and raised in Katherine Northern Territory (NT). She has a Bachelor of Business, Master of Public Health, is a Graduate of the Australian Institute of Company Directors (AICD) and in 2022 graduated as a fellow with the Australian College of Health Service Management (ACHSM). Deb is currently A/Executive Director, Social Inclusion at the Northern Territory Department of Families, Housing and Communities. She has over 20 years' experience working with government policy and projects in various roles and areas. Deb was appointed to the DDHS Audit and Risk Management Committee in the position of Director and as its (interim) Chair on 31 January 2022. Deb resigned effective 25 November 2022, upon incorporation of DDHS under the Corporations Act. She was re-appointed as an Independent Director at the inaugural meeting of the Board under the Corporations Act on 29 November 2022.

Directors Report

(cont.)

QUALIFICATIONS, EXPERIENCE AND SPECIAL RESPONSIBILITIES OF DIRECTORS (CONT.)

Mark Munnich is a Gunggandji and Yawuru man born and raised in Darwin. Mark holds a Bachelor of Laws (LLB), Bachelor of Accounting, a Graduate Diploma of Legal Practice, and has been admitted to the Supreme Court of the Northern Territory as a Barrister and Solicitor. Mark is a graduate of the Australian Institute of Company Directors. (GAICD). Mark is currently a lawyer and the Company Secretary of the North Australian Aboriginal Justice Agency (NAAJA). Mark was appointed to the Board as an Independent Director on 19 May 2023 and to the DDHS Finance Risk and Audit Committee.

Former board members

Samantha Ludwig is a Kungarak-an-Gurindji woman from the Northern Territory and is a highly accomplished policy and project manager with more than 25 years of domestic and international experience. She has Masters degrees in International Health Management and in Management of Human Resources. Sam works at the Batchelor Institute of Indigenous Tertiary Education and is currently also undertaking a PhD at the Institute. Sam resigned effective 25 November 2022, upon incorporation of DDHS under the Corporations Act.

Rus Nasir is a Djugan Yawuru man whose family is from Broome, Western Australia. He was born and raised in Darwin. He holds a Bachelor of Behavioural Science, Psychology. Rus has held senior roles in the government, higher education, Aboriginal community-controlled organisations and the private sector. He is particularly interested in Indigenous economic participation, employment and health. He is employed in the NT Department of Health Aboriginal Policy Unit, focusing on improving the health and wellbeing of Aboriginal Territorians. From March to November 2022 he was on secondment to the Aboriginal Medical Services Alliance NT (AMSANT) within the policy, advocacy and research unit. Rus resigned from the Board effective 16 May 2023.

Shaun Tatipata is the founding Director of the Deadly Vision Centre, an Aboriginal Social Enterprise that aims to improve eye health outcomes for Aboriginal and Torres Strait Islander people in our community. After completing his training as an Aboriginal Health Practitioner in 2001, Shaun gained experience delivering primary health care and implementing outreach programs in Aboriginal Community-Controlled Health Organisations, as well as with the Northern Territory Government. In addition to running the Deadly Vision Centre, Shaun is engaged as an Academic Specialist by the University of Melbourne's Indigenous Eye Health Unit to lead their efforts to strengthen Indigenous leadership across the sector. He is also engaged as a Senior Lecturer at the University of Western Australia's School of Optometry, supporting the implementation of their cultural safety framework. Shaun, who is of Wuthathi and Ngarrindjeri descent, is passionate about strengthening service coordination through improved leadership and governance and helping to close the gap in eye health outcomes for Aboriginal and Torres Strait Islander Australians. Shaun resigned from the Board effective 13 December 2022.

This report is made in accordance with a resolution of directors on November 2023.



Carol Stanislaus
Chair
Dated 10 November 2023



Ms Camille Lew Fatt
Deputy Chairperson
Dated 10 November 2023

**AUDITOR'S INDEPENDENCE DECLARATION UNDER
SECTION 339-50 OF THE CORPORATIONS (ABORIGINAL AND TORRES STRAIT ISLANDER) ACT 2006 AND
SECTION 60-40 OF THE AUSTRALIAN CHARITIES AND NOT-FOR-PROFITS COMMISSION ACT 2012**

TO THE DIRECTORS OF DANILA DILBA BILURU BUTJI BINNILUTLUM HEALTH SERVICE LIMITED

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2023 there have been:

- (i) No contraventions of the auditor independence requirements as set out in the *Corporations Act 2001* and section 60-40 *Australian Charities Not-for-profits Commission Act 2012*, in relation to the audit; and
- (ii) No contraventions of any applicable code of professional conduct in relation to the audit.

Nexia Edwards Marshall NT

Nexia Edwards Marshall NT
Chartered Accountants

Noel Clifford

Noel Clifford
Partner

Dated: 10 November 2023

Statement of Profit or Loss and Other Comprehensive Income

For the year ended 30 June 2023

	Note	2023 \$	2022 \$
Revenue and Other Income			
Grant Income	2A	23,881,445	24,646,993
Medicare Income	2B	5,574,204	5,222,847
Other Income	2C	546,460	532,772
Total Operating Revenues		30,002,109	30,402,612
Operating Expenses			
Administration Expenses	3A	1,629,845	1,940,582
Employee Benefits Expenses	3B	21,569,093	22,118,913
Depreciation	3C	1,626,380	1,647,710
Finance Costs	3D	292,036	341,450
Motor Vehicle Expenses	3E	113,399	106,682
Operational Expenses	3F	3,735,128	3,491,212
Total Operating Expenses		28,965,881	29,646,549
Profit for the Year		1,036,228	756,063
Other Comprehensive Income			
Items that will not be Reclassified Subsequently to Profit or Loss :			
Gains on Revaluation of Land and Buildings	13	700,000	-
Total Other Comprehensive Income		700,000	-
Total Comprehensive Income for the year		1,736,228	756,063
NET CURRENT YEAR PROFIT ATTRIBUTABLE TO MEMBERS OF THE COMPANY		1,036,228	756,063
TOTAL COMPREHENSIVE INCOME ATTRIBUTABLE TO MEMBERS OF THE COMPANY		1,736,228	756,063

The accompanying notes form part of these financial Statements.

Statement of Financial Position

As at 30 June 2023

	Note	2023 \$	2022 \$
ASSETS			
CURRENT ASSETS			
Cash and Cash Equivalents	4	5,150,697	3,077,085
Trade and Other Receivables	5	628,448	530,952
Other Current Assets	6	200,147	319,600
TOTAL CURRENT ASSETS		5,979,292	3,927,637
NON-CURRENT ASSETS			
Property, Plant and Equipment	7	8,460,392	8,539,409
Right of Use Assets	8	4,547,115	5,178,432
TOTAL NON-CURRENT ASSETS		13,007,507	13,717,841
TOTAL ASSETS		18,986,799	17,645,478
LIABILITIES			
CURRENT LIABILITIES			
Trade and Other Payables	9	2,796,062	2,838,870
Lease Liabilities	10	729,205	663,617
Employee Provisions	11	1,664,140	1,536,464
Borrowings	12	-	32,639
TOTAL CURRENT LIABILITIES		5,189,407	5,071,590
NON-CURRENT LIABILITIES			
Lease Liabilities	10	4,232,949	4,852,360
Employee Provisions	11	664,099	557,412
TOTAL NON-CURRENT LIABILITIES		4,897,048	5,409,772
TOTAL LIABILITIES		10,086,455	10,481,362
NET ASSETS		8,900,344	7,164,116
EQUITY			
Retained Earnings		4,211,092	3,174,864
Reserves	13	4,689,252	3,989,252
TOTAL EQUITY		8,900,344	7,164,116

The accompanying notes form part of these financial statements.

Statement of Changes in Equity

For the year ended 30 June 2023

	Note	Retained Earnings \$	Land Revaluation Reserve \$	Asset Replacement Reserve \$	Total Equity \$
Balance at 1 July 2021		2,418,801	3,800,000	189,252	6,408,053
Comprehensive income:					
Profit for the year		756,063	-	-	756,063
Other comprehensive income for the year	13	-	-	-	-
Total comprehensive income attributable to Members of the Entity for the year		756,063	-	-	756,063
Balance at 30 June 2022		3,174,864	3,800,000	189,252	7,164,116
Balance at 1 July 2022		3,174,864	3,800,000	189,252	7,164,116
Comprehensive income:					
Profit for the year		1,036,228	-	-	1,036,228
Other comprehensive income for the year	13	-	700,000	-	700,000
Total comprehensive income attributable to Members of the Entity for the year		1,036,228	700,000	-	1,736,228
Balance at 30 June 2023		4,211,092	4,500,000	189,252	8,900,344

The accompanying notes form part of these financial statements.

Statement of Cash Flows

For the year ended 30 June 2023

	Note	2023 \$	2022 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from Customers and Funding Bodies		29,634,347	31,474,045
Interest Received		55,631	640
Payments to Suppliers and Employees		(26,521,822)	(27,585,560)
Finance Costs		(766)	(16,283)
Net Cash Provided by Operating Activities	16	3,167,390	3,872,842
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds from Disposals of Property, Plant and Equipment		-	-
Payments for Property, Plant and Equipment		(59,345)	(138,989)
Net Cash Used in Investing Activities		(59,345)	(138,989)
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of Borrowings		(32,639)	(52,951)
Payments for Lease Liabilities		(1,001,794)	(1,023,493)
Net Cash Used in Financing Activities		(1,034,433)	(1,076,444)
Net Increase in Cash Held		2,073,612	2,657,409
Cash and Cash Equivalents at Beginning of the Financial Year		3,077,085	419,676
Cash and Cash Equivalents at End of the Financial Year	4,16	5,150,697	3,077,085

The accompanying notes form part of these financial statements.

Notes to the Financial Report for the year ended 30 June 2023

Note 1 Summary of Significant Accounting Policies

Financial Reporting Framework

The financial statements cover Danila Dilba Biluru Butji Binnilutlum Health Service Limited as an individual entity, incorporated and domiciled in Australia. Danila Dilba Biluru Butji Binnilutlum Health Service Limited is operating pursuant to the *Corporations Act 2001 and the Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act)*.

The financial statements were authorised for issue on 10 November 2023 by the Directors of the Company.

Basis of Preparation

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Simplified Disclosures of the Australian Accounting Standards Board (AASB), the Corporations Act 2001 and the Australian Charities and Not-for-profits Commission Act 2012. The Company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

Incorporation

During 2023 Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Company (ICN 1276) (DDHS) transferred its registration from the Corporations (Aboriginal and Torres Strait Islander) Act 2006, to the Corporations Act 2001. With effect from 25 November 2022, DDHS became Danila Dilba Biluru Butji Binnilutlum Health Service Limited, a not-for-profit company limited by guarantee. The Australian Company Number (ACN) is 663 350 605. Under the new Company's constitution Danila Dilba reduced the number of its Director positions from ten to eight. Upon incorporation of DDHS under the Corporations Act 2001 (Cth), the Company accepted the resignation of Directors Samantha Ludwig (no-continuing Director position) and Deborah Butler (to allow for reappointment by the reconstituted Board). DDHS retained its Business Number (ABN) of 57 024 747 460 and continued its registration with ACNC. DDHS was de-registered by the Office of the Registrar of Indigenous Corporations (ORIC) effective 4 January 2023. The DDHS registered business name remains Danila Dilba Health Service.

During the twelve months ended 30 June 2023, no changes took place in the Entity's principal activities and operations. These were unchanged from the 2022 financial year and remained primarily health, wellbeing, pharmacy, advocacy, counselling and support. Key funding contracts continued to be provided by governments and serviced by the Entity. Medicare health services continued to be provided and billed by the Entity.

The comparatives provided for the 2022 financial year are for a twelve month period, are consistent with the operations run by the Entity in 2022 and 2023 and were reported in Danila Dilba Biluru Butji Binnilutlum Health Service Aboriginal Company's 2022 financial statements.

Notes to the Financial Report for the year ended 30 June 2023

Note 1. Summary of Significant Accounting Policies (Cont.)

Accounting Policies

(a) Revenue and Other Income

The Company is first required to determine whether amounts received are accounted for as revenue per AASB 15: Revenue from Contracts with Customers or Income per AASB 1058: Income of Not-for-Profit Entities.

Funding arrangements which are enforceable and contain sufficiently specific performance obligations are recognised as revenue under AASB15. Otherwise, such arrangements are accounted for under AASB 1058, where upon initial recognition of an asset, the Company is required to consider whether any other financial statement elements should be recognised (for example financial liabilities representing repayable amounts), with any difference being recognised immediately in profit or loss as income.

Operating Grants, Donations and Bequests

When the Company receives operating grant revenue, donations or bequests, it assesses whether the contract is enforceable and has sufficiently specific performance obligations in accordance with AASB 15.

When both these conditions are satisfied, the Company:

- identifies each performance obligation relating to the grant;
- recognises a contract liability for its obligations under the agreement; and
- recognises revenue as it satisfies its performance obligations.

When the contract is not enforceable or does not have sufficiently specific performance obligations, the Company:

- recognises the asset received in accordance with the recognition requirements of other applicable accounting standards (AASB 9, AASB 16, AASB 116 and AASB138);
- recognises related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer); and
- recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount.

Other Income

Contributed Assets

The Company receives assets from the government and other parties for nil or nominal consideration in order to further its objectives. These assets are recognised in accordance with the recognition requirements of other applicable accounting standards (AASB 9, AASB 16, AASB 116 and AASB 138).

On initial recognition of an asset, the Company recognises related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer).

The Company recognises income immediately in profit or loss as the difference between initial carrying amount of the asset and the related amounts.

Notes to the Financial Report for the year ended 30 June 2023

Note 1. Summary of Significant Accounting Policies (Cont.)

(a) Revenue and Other Income (Cont.)

Capital Grant

When the Company receives a capital grant, it recognises a liability for the excess of the initial carrying amount of the financial asset received over any related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer) recognised under other Australian Accounting Standards.

The Company recognises income in profit or loss when or as the Company satisfies its obligations under the terms of the grant.

Interest Income

Interest income is recognised using the effective interest method.

Dividend Income

The Company recognises dividends in profit or loss only when the right to receive payment is established.

Income from Sale of Services

The Company provides and sells medical services to the general public. Revenue is recognised when those services have been provided and the related claims have been approved by the regulatory agency.

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

(b) Property, Plant and Equipment

Each class of property, plant and equipment is carried at cost or fair value as indicated, less, where applicable, accumulated depreciation and any impairment losses.

Freehold Property

Freehold land and buildings and building improvements are shown at their cost and/or fair value based on independent valuations, less when applicable subsequent depreciation for buildings and any impairment losses.

Land Assets are valued at fair value and are measured on the basis of market value being the revalued amount at the date of revaluation. An independent land revaluation was conducted on 3 August 2023 by independent valuers Colliers International. The valuation was performed by Poasa Raqiyawa FAPI, Certified Practising Valuer, M Bus (Prop) Val, Director. Numbers 32 and 36 Knuckey Street were revalued with an increase in value of \$200,000 for 32 Knuckey Street and a increase in value of \$500,000 for 36 Knuckey Street. Land assets are valued at fair value and are measured on the basis of their market value. Colliers International have utilised the Market Approach in assessing the fair value of the properties. In determining their current market value Colliers International examined the available market evidence and determined that the highest and best use of the sites are as development sites, with high underlying land values.

In periods when the freehold land and buildings are not subject to an independent valuation, the Company undertakes reviews to ensure the carrying amount for the land and buildings is not materially different to the fair value.

Increases in the carrying amount arising on revaluation of Land and Buildings are recognised in other comprehensive income and accumulated in the revaluation surplus in equity. Revaluation decreases that offset. Previous increases of the same class of assets shall be recognised in other comprehensive income under the heading of revaluation surplus. All other decreases are recognised in profit or loss.

Any accumulated depreciation at the date of the revaluation is eliminated against the gross carrying amount of the asset and the net amount is restated to the revalued amount of the asset.

Freehold Land and Buildings that have been contributed at no cost, or for nominal cost, are initially recognised and measured at the fair value of the asset at the date it is acquired.

Notes to the Financial Report for the year ended 30 June 2023

Note 1. Summary of Significant Accounting Policies (Cont.)

(b) Property, Plant and Equipment (Cont.)

Plant and Equipment

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses.

The carrying amount of leasehold improvements and plant and equipment are reviewed annually by the Company to ensure they are not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the assets' employment and subsequent disposal.

In the event the carrying amount of leasehold improvements and plant and equipment is greater than their estimated recoverable amount, the carrying amount is written down immediately to their estimated recoverable amount and impairment losses are recognised in profit or loss. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 1(e) for details of impairment).

Plant and equipment that have been contributed at no cost, or for nominal cost, are valued and recognised at the fair value of the asset at the date it is acquired.

Depreciation

The depreciable amount of all fixed assets, including buildings and capitalised lease assets, but excluding freehold land, is 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. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

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

Class of Fixed Asset	Depreciation Rate
Buildings and improvements	5-10
Plant and equipment	20-30
IT Software and Systems	30
Motor Vehicles	20
Right-Of-Use leased buildings	5
Right-Of-Use leased motor vehicles	5

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised in profit or loss in the period in which they arise. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained earnings.

(c) Leases

The Company as Lessee

At inception of a contract, the Company assess if the contract contains or is a lease. If there is a lease present, a right-of-use asset and a corresponding lease liability is recognised by the Company where the Company is a lessee. However all contracts that are classified as short term leases (lease with remaining lease term of 12 months or less) and leases of low value assets are recognised as an operating lease on a straight-line basis over the term of the lease.

Notes to the Financial Report for the year ended 30 June 2023

Note 1. Summary of Significant Accounting Policies (Cont.)

(c) Leases (Cont.)

Initially the lease liability is measured at the present value of the lease payments still to be paid at commencement date. The lease payments are discounted at the interest rate implicit in the lease. If this rate cannot be readily determined, the Company uses the incremental borrowing rate.

Lease payments included in the measurement of the lease liability are as follows:

- fixed lease payments less any lease incentives;
- variable lease payments that depend on an index or rate, initially measured using the index or rate at the commencement date;
- the amount expected to be payable by the lessee under residual value guarantees;
- the exercise price of purchase options, if the lessee is reasonably certain to exercise the options;
- lease payments under extension options, if the lessee is reasonably certain to exercise the options; and
- payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

The right-of-use assets comprise the initial measurement of the corresponding lease liability as mentioned above, any lease payments made at or before the commencement date as well as any initial direct costs. The subsequent measurement of the right-of-use assets is at cost less accumulated depreciation and impairment losses.

Right-of-use assets are depreciated over the lease term or useful life of the underlying asset, whichever is the shortest. Where a lease transfers ownership of the underlying asset or the cost of the right-of-use asset reflects that the Company anticipates to exercise a purchase option, the specific asset is depreciated over the useful life of the underlying asset.

Concessionary Leases

For leases that have significantly below market terms and conditions, principally to enable the Company to further its objectives (commonly known as peppercorn / concessionary leases), the Company has adopted the temporary relief under AASB 2019-8 and measures the right of use assets at cost on initial recognition.

(d) Financial Instruments

Initial Recognition and Measurement

Financial assets and financial liabilities are recognised when the Company becomes a party to the contractual provisions to the instrument. For financial assets, this is the date that the Company commits itself to either the purchase or sale of the asset (ie trade date accounting is adopted).

Financial instruments (except for trade receivables) are initially measured at fair value plus transaction costs, except where the instrument is classified "at fair value through profit or loss", in which case transaction costs are expensed to profit or loss immediately. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Trade receivables are initially measured at the transaction price if the trade receivables do not contain significant financing component or if the practical expedient was applied as specified in AASB 15: Revenue from Contracts with Customers.

Classification and Subsequent Measurement

Financial liabilities

Financial liabilities are subsequently measured at: amortised cost; or fair value through profit or loss.

A financial liability is measured at fair value through profit or loss if the financial liability is: A contingent consideration of an acquirer in a business combination to which AASB 3: Business Combinations applies; held for trading; or initially designated as at fair value through profit or loss.

Notes to the Financial Report for the year ended 30 June 2023

Note 1. Summary of Significant Accounting Policies (Cont.)

(d) Financial Instruments (Cont.)

All other financial liabilities are subsequently measured at amortised cost using the effective interest method.

The effective interest method is used to allocate interest income or interest expense over the relevant period.

The effective interest rate is the internal rate of return of the financial asset or liability. That is, it is the rate that exactly discounts the estimated future cash flows through the expected life of the instrument to the net carrying amount at initial recognition.

A financial liability is held for trading if it is: Incurred for the purpose of repurchasing or repaying in the near term; part of a portfolio where there is an actual pattern of short-term profit taking; or a derivative financial instrument (except for a derivative that is in a financial guarantee contract or a derivative that is in effective hedging relationships).

Any gains or losses arising on changes in fair value are recognised in profit or loss to the extent that they are not part of a designated hedging relationship.

The change in fair value of the financial liability attributable to changes in the issuer's credit risk is taken to other comprehensive income and is not subsequently reclassified to profit or loss. Instead, it is transferred to retained earnings upon derecognition of the financial liability.

If taking the change in credit risk in other comprehensive income enlarges or creates an accounting mismatch, then these gains or losses should be taken to profit or loss rather than other comprehensive income.

A financial liability cannot be reclassified.

Financial Assets

Financial assets are subsequently measured at: Amortised cost; fair value through other comprehensive income; or fair value through profit or loss.

Measurement is on the basis of two primary criteria: The contractual cash flow characteristics of the financial asset; and the business model for managing the financial assets.

A financial asset that meets the following conditions is subsequently measured at amortised cost: The financial asset is managed solely to collect contractual cash flows; and the contractual terms within the financial asset give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specified dates.

A financial asset that meets the following conditions is subsequently measured at fair value through other comprehensive income: The contractual terms within the financial asset give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specified dates; and the business model for managing the financial asset comprises both contractual cash flows collection and the selling of the financial asset.

By default, all other financial assets that do not meet the measurement conditions of amortised cost and fair value through other comprehensive income are subsequently measured at fair value through profit or loss.

The Company initially designates a financial instrument as measured at fair value through profit or loss if: It eliminates or significantly reduces a measurement or recognition inconsistency (often referred to as an "accounting mismatch") that would otherwise arise from measuring assets or liabilities or recognising the gains and losses on them on different bases; it is in accordance with the documented risk management or investment strategy and information about the groupings is documented appropriately, so the performance of the financial liability that is part of a group of financial liabilities or financial assets can be managed and evaluated consistently on a fair value basis; and it is a hybrid contract that contains an embedded derivative that significantly modifies the cash flows otherwise required by the contract.

The initial designation of financial instruments to measure at fair value through profit or loss is a one-time option on initial classification and is irrevocable until the financial asset is derecognised.

Notes to the Financial Report for the year ended 30 June 2023

Note 1. Summary of Significant Accounting Policies (Cont.)

(d) Financial Instruments (Cont.)

Equity Instruments

At initial recognition, as long as the equity instrument is not held for trading or is not a contingent consideration recognised by an acquirer in a business combination to which AASB 3 applies, the Company makes an irrevocable election to measure any subsequent changes in fair value of the equity instruments in other comprehensive income, while the dividend revenue is received on underlying equity instruments investments will still be recognised in profit or loss.

Regular way purchases and sales of financial assets are recognised and derecognised at settlement date in accordance with the Company's accounting policy.

Derecognition

Derecognition refers to the removal of a previously recognised financial asset or financial liability from the statement of financial position.

Derecognition of financial liabilities

A liability is derecognised when it is extinguished (ie when the obligation in the contract is discharged, cancelled or expires). An exchange of an existing financial liability for a new one with substantially modified terms, or a substantial modification to the terms of a financial liability, is treated as an extinguishment of the existing liability and recognition of a new financial liability.

The difference between the carrying amount of the financial liability derecognised and the consideration paid and payable, including any non-cash assets transferred or liabilities assumed, is recognised in profit or loss.

Derecognition of financial assets

A financial asset is derecognised when the holder's contractual rights to its cash flows expires, or the asset is transferred in such a way that all the risks and rewards of ownership are substantially transferred.

All the following criteria need to be satisfied for the derecognition of a financial asset: The right to receive cash flows from the asset has expired or been transferred; all risk and rewards of ownership of the asset have been substantially transferred; and the Company no longer controls the asset (ie has no practical ability to make unilateral decisions to sell the asset to a third party).

On derecognition of a financial asset measured at amortised cost, the difference between the asset's carrying amount and the sum of the consideration received and receivable is recognised in profit or loss.

On derecognition of a debt instrument classified as fair value through other comprehensive income, the cumulative gain or loss previously accumulated in the investment revaluation reserve is reclassified to profit or loss.

On derecognition of an investment in equity which the Company elected to classify under fair value through other comprehensive income, the cumulative gain or loss previously accumulated in the investment's revaluation reserve is not reclassified to profit or loss, but is transferred to retained earnings

Impairment

The Corporation recognises a loss allowance for expected credit losses on:

- financial assets that are measured at amortised cost or fair value through other comprehensive income;
- lease receivables;
- contract assets (eg amount due from customers under contracts);
- loan commitments that are not measured at fair value through profit or loss; and
- financial guarantee contracts that are not measured at fair value through profit or loss.

Notes to the Financial Report for the year ended 30 June 2023

Note 1. Summary of Significant Accounting Policies (Cont.)

(d) Financial Instruments (Cont.)

Loss allowance is not recognised for:

- financial assets measured at fair value through profit or loss; or
- equity instruments measured at fair value through other comprehensive income.

Expected credit losses are the probability-weighted estimate of credit losses over the expected life of a financial instrument. A credit loss is the difference between all contractual cash flows that are due and all cash flows expected to be received, all discounted at the original effective interest rate of the financial instrument.

The Company uses the following approach to impairment, as applicable under AASB 9 : Financial Instruments:

- the simplified approach;

Simplified Approach

The simplified approach does not require tracking of changes in credit risk at every reporting period, but instead requires the recognition of lifetime expected credit loss at all times.

The approach is applicable to:

- trade receivable; and
- lease receivables.

In measuring the expected credit loss, a provision matrix for trade receivable is used, taking into consideration various data to get to an expected credit loss (i.e. diversity of its customer base, appropriate groupings of its historical loss experience, etc).

Recognition of Expected Credit Losses in Financial Statements

At each reporting date, the Company recognises the movement in the loss allowance as an impairment gain or loss in the statement of profit or loss and other comprehensive income.

The carrying amount of financial assets measured at amortised cost includes the loss allowance relating to that asset.

Assets measured at fair value through other comprehensive income are recognised at fair value with changes in fair value recognised in other comprehensive income. The amount in relation to change in credit risk is transferred from other comprehensive income to profit or loss at every reporting period.

For financial assets that are unrecognised (eg loan commitments yet to be drawn, financial guarantees), a provision for loss allowance is created in the statement of financial position to recognise the loss allowance.

(e) Impairment of Assets

At the end of each reporting period, the Company reviews the carrying amounts of its tangible and intangible 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 of disposal and value in use, is compared to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised in profit or loss.

Where the assets are not held primarily for their ability to generate net cash inflows – that is, they are specialised assets held for continuing use of their service capacity – the recoverable amounts are expected to be materially the same as fair value.

Notes to the Financial Report for the year ended 30 June 2023

Note 1. Summary of Significant Accounting Policies (Cont.)

(e) Impairment of Assets (Cont.)

Where it is not possible to estimate the recoverable amount of an individual asset, the Company estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Where an impairment loss on a revalued individual asset is identified, this is recognised against the revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the amount in the revaluation surplus for that class of asset.

(f) Employee Benefits

Short-Term Employee Benefits

Provision is made for the Company's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service, including wages, salaries, annual leave and superannuation. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

The Company's obligations for short-term employee benefits such as wages, salaries and superannuation are recognised as a part of current trade and other payables in the statement of financial position.

Other Long-Term Employee Benefits

The Company classifies employees' long service leave and annual leave entitlements as other long-term employee benefits as they are not expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service. Provision is made for the Company's obligation for other long-term employee benefits.

The Company's obligations for long-term employee benefits are presented as non-current liabilities in its statement of financial position, except where the Company does not have an unconditional right to defer settlement for at least 12 months after the end of the reporting period, in which case the obligations are presented as current liabilities.

The Company based on past experience records employee's long service leave entitlements on commencement of their employment with the organisation.

Retirement Benefit Obligations

Superannuation Benefits

Contributions are made by the Company to employee superannuation funds and are charged as expenses when incurred.

All employees of the Company receive accumulation contribution superannuation entitlements, for which the Company pays the fixed superannuation guarantee contribution to the employee's superannuation fund of choice. For the period 1 July 2022 to 30 June 2023 this was 10.5% of the employee's ordinary average salary. From 1 July 2023 this rate has increased to 11%. All contributions in respect of employees' defined contribution entitlements are recognised as an expense when they become payable. The Company's obligation with respect to employees' defined contribution entitlements is limited to its obligation for any unpaid superannuation guarantee contributions at the end of the reporting period. All obligations for unpaid superannuation guarantee contributions are measured at the (undiscounted) amounts expected to be paid when the obligation is settled and are presented as current liabilities in the Company's statement of financial position.

Notes to the Financial Report for the year ended 30 June 2023

Note 1. Summary of Significant Accounting Policies (Cont.)

(g) 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, and bank overdrafts. Bank overdrafts are shown within short-term borrowings in current liabilities on the statement of financial position.

(h) 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 (ATO).

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to, the ATO are presented as operating cash flows included in receipts from customers or payments to suppliers.

(i) Income Tax

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

(j) 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. Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of reporting period.

(k) Comparative Figures

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

(l) Trade and Other Receivables

Trade and other receivables include amounts due from clients for fees and services provided, from donors and any outstanding grant receipts. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

Accounts receivable are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for measurement. Refer to Note 1(e) for further discussions on the determination of impairment losses.

(m) Contract Assets

Contract assets are recognised when the Company has transferred goods or services to the customer and or completed required performance obligations, but has yet to establish unconditional rights to consideration. Contract assets are treated as financial assets for impairment purposes.

Notes to the Financial Report for the year ended 30 June 2023

Note 1. Summary of Significant Accounting Policies (Cont.)

(n) Trade and Other Payables

Trade and other payables represent the liabilities for goods and services received by the Company during the reporting period that remain unpaid at the end of the reporting period. Trade payables are recognised at their transaction price. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

(o) Contract Liabilities

Contract liabilities represent the Company's obligation to transfer goods or services to a customer or complete required performance obligations and are recognised when a customer pays consideration, or when the Company recognises a receivable to reflect its unconditional right to consideration (whichever is earlier), before the Company has transferred the goods or services to the customer and or completed required performance obligations.

(p) Critical Accounting Estimates and Judgements

The Directors evaluate estimates and judgements incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the Company.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

Key estimates

(i) Impairment- General

The Company assesses impairment at the end of each reporting period by evaluating conditions and events specific to the Company that may be indicative of impairment triggers.

Impairment of Land, Building Improvements and Plant and Equipment

The Company assesses impairment of land, buildings, leasehold improvements and plant and equipment at each reporting date by evaluating conditions specific to the Company and to the particular asset that may lead to impairment. If an impairment trigger exists, the recoverable amount of the asset is determined. This involves fair value less costs to sell or value-in-use calculations, which incorporate a number of key estimates and assumptions. There was no provision for impairment of land, buildings, leasehold improvements and plant and equipment at 30 June 2023 (2022: \$Nil).

Impairment of Accounts Receivable

The provision for impairment of receivables assessment requires a degree of estimation and judgement. The level of provision is assessed by taking into account the recent sales experience, the ageing of receivables, historical collection rates and specific knowledge of the individual debtor's financial position. Provision for impairment of receivables at 30 June 2023 amounted to \$Nil (2022: \$Nil). During 2023 the Company did not have any bad debts and all debtors were considered as recoverable.

(ii) Useful Lives of Property, Plant and Equipment

The Company reviews the estimated useful lives of buildings and improvements and plant and equipment at the end of each reporting period, based on the expected utility of the assets.

The Company determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment and finite life of intangible assets. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

Notes to the Financial Report for the year ended 30 June 2023

Note 1. Summary of Significant Accounting Policies (Cont.)

(p) Critical Accounting Estimates and Judgements (Cont.)

Key judgements

(i) Performance Obligations Under AASB 15

To identify a performance obligation under AASB 15, the promise must be sufficiently specific to be able to determine when the obligation is satisfied. Management exercises judgement to determine whether the promise is sufficient by taking into account any conditions specified in the arrangement, explicit or implicit, regarding the promised goods or services. In making this assessment, management includes the nature, type, cost or value, quantity and the period of transfer related to the goods or services promised.

(ii) Lease Term and Option to Extend under AASB 16

The lease term is defined as the non-cancellable period of a lease together with both periods covered by an option to extend the lease if the lessee is reasonably certain to exercise that option; and also periods covered by an option to terminate the lease if the lessee is reasonably certain not to exercise that option. The options that are reasonably going to be exercised is a key management judgement that the Company will make. The Company determines the likelihood to exercise the options on a lease-by-lease basis looking at various factors such as which assets are strategic and which are key to the future strategy of the Company.

(iii) Employee Benefits

For the purpose of measurement, AASB 119: Employee Benefits defines obligations for short-term employee benefits as obligations expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service. As the Company expects that most employees will not use all of their annual leave entitlements in the same year in which they are earned or during the 12-month period that follows (noting the Enterprise Agreement allows employees to be directed to take leave if their leave entitlement exceeds twelve weeks), the Directors believe that obligations for annual leave entitlements satisfy the definition of other long-term employee benefits and, therefore, are required to be measured at the present value of the expected future payments to be made to employees.

(q) Fair Value of Assets

The Company measures some of its assets at fair value on either a recurring or non-recurring basis, depending on the requirements of the applicable Accounting Standard.

Fair value is the price the Company would receive to sell an asset or would have to pay to transfer a liability in an orderly (ie unforced) transaction between independent, knowledgeable and willing market participants at the measurement date.

As fair value is a market based measure, the closest equivalent observable market pricing information is used to determine fair value. Adjustments to market values may be made having regard to the characteristics of the specific asset. The fair values of assets that are not traded in an active market are determined using one or more valuation techniques. These valuation techniques maximise, to the extent possible, the use of observable market data.

To the extent possible, market information is extracted from either the principal market for the asset (ie the market with the greatest volume and level of activity for the asset) or, in the absence of such a market, the most advantageous market available to the Company at the end of the reporting period (ie the market that maximises the receipt from the sale of the asset, after taking into account transaction costs and transport costs).

For non-financial assets, the fair value measurement also takes into account a market participant's ability to use the asset in its highest and best use or to sell it to another market participant that would use the asset in its highest and best use.

Danila Dilba Biluru Butji Binnilutlum Health Service Limited

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Financial Report For The Year Ended

30 June 2023

Notes to the Financial Report for the year ended 30 June 2023

Note 1. Summary of Significant Accounting Policies (Cont.)

(r) Economic Dependence and Going Concern

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

The Company is dependent on continued funding from the Commonwealth and Northern Territory Governments and the Directors have no reason to believe that this will not continue. The Commonwealth core funding agreement has been extended for twelve months to 30 June 2024. The Company is confident this will be renewed for a further four years. Core funding from the Northern Territory Government agreements are typically for five years. Current funding for the Mobile and Bagot clinics is up to 30 June 2027. Several NACCHO funding agreements have been secured for the next two to three years.

(s) New and Amended Accounting Standards and Policies Adopted By The Company

AASB 2022-3: Amendments to Australian Accounting Standards - Annual Improvements 2018-2020 and Other Amendments.

The Corporation adopted AASB 2020-3 which makes some small amendments to a number of standards including the following: AASB 1, AASB 3, AASB 9, AASB 116, AASB 137 and AASB 141.

The adoption of the amendment did not have a material impact on the financial statements.

AASB 2021-7a: Amendments to Australian Accounting Standards - Effective Date of Amendments to AASB 10 and AASB 128 and Editorial Corrections.

AASB 2021-7a makes various editorial corrections to a number of standards effective for reporting periods beginning on or after 1 January 2022. The adoption of the amendment did not have a material impact on the financial statements.

AASB 2022-3: Amendments to Australian Accounting Standards - Illustrative Examples for Not-for-Profit Entities accompanying AASB15.

AASB 2022-3 amends the Australian illustrative examples for not-for-profit entities accompanying AASB 15 Revenue from Contracts with Customers to illustrate how AASB 15 applies to the recognition and measurement of upfront fees. The amendments do not change the requirements of AASB 15.

The Basis for Conclusions also document the Board's decision to retain the accounting policy on an ongoing basis for NFP private sector lessees to elect to initially measure a class of ROU assets arising under concessionary leases at cost or at fair value.

The adoption of the amendment did not have a material impact on the financial statements.

Notes to the Financial Report for the year ended 30 June 2023

Note 2 Revenue and Other Income

Government Grants

The majority of Danila Dilba Health Service Limited's funding is in the form of grants from governmental department bodies. The Company has assessed that the majority of its grant agreements are enforceable and contain sufficiently specific performance obligations. This determination was made on the basis that the funding agreements require the Company to carry out various clinical and medical support services and programs for the community, with the types of services to be provided, duration of such programs and reporting obligations prescribed within the relevant agreements. The Company therefore recognises funding received under such agreements as Revenue under AASB 15. Revenue is recognised as the Company delivers the required services over the duration of the underlying programs.

2A Grant Revenue	2023	2022
	\$	\$
Commonwealth Government Grants	17,392,534	18,841,455
NT Government Grants	3,956,564	3,901,723
NACCHO	1,040,852	1,155,225
Other Organisations Grants	2,233,902	1,736,137
Total Grant Funding	24,623,852	25,634,540
Plus (Less) Decrease / (Increase) in Unexpended Grants	(52,861)	(607,249)
Less Grants Repaid	(689,546)	(380,298)
Total Grant Income	23,881,445	24,646,993
2B Medicare Income	2023	2022
Commonwealth Government Medicare Receipts	5,574,204	5,222,847
	5,574,204	5,222,847
2C Other Income	2023	2022
	\$	\$
Donations	11,100	31,956
Fees Charged	31,745	65,151
Interest Income	55,631	640
Rental Income	180,000	180,000
Sundry Income	267,984	255,025
Total Other Income	546,460	532,772

Notes to the Financial Report for the year ended 30 June 2023

Note 3 Expenses

3A Administration Expense	2023	2022
	\$	\$
Audit Fees	31,500	25,500
Bank Charges	4,827	4,803
Board Governance Charges	53,957	36,519
Hire of Plant and Equipment	950	16,302
Information Technology Goods and Services	891,924	1,089,502
Insurance	143,465	150,076
Legal Services	75,794	74,645
Meeting Expenses	26,209	37,015
Membership Fees	3,957	15,976
Fees, Permits and Licenses	6,719	20,660
Postage	10,056	7,269
Stationary	119,259	101,331
Telephone	259,392	351,152
Other	1,836	9,832
Total Administration Expense	1,629,845	1,940,582

3B Employee Benefit Expense	2023	2022
	\$	\$
Salaries and Wages	18,688,042	19,657,147
Superannuation	1,885,972	1,841,158
Work Cover Insurance	196,308	120,603
Staff Training	146,622	112,985
GP Locums Fees	246,546	258,328
Uniforms	8,624	5,137
Staff Amenities	36,338	31,724
Employee Leave Entitlement Movements	219,834	(112,476)
Other Costs	58,439	163,045
Staff Recruitment Costs	82,368	41,262
Total Employee Benefit Expense	21,569,093	22,118,913

Notes to the Financial Report for the year ended 30 June 2023

3C Depreciation and Amortisation	2023	2022
	\$	\$
Property, Plant and Equipment		
Buildings	613,652	590,981
Plant and Equipment	205,110	234,773
IT Systems	3,250	20,711
Motor Vehicles	16,350	16,350
	838,362	862,815
Right-Of-Use Assets		
Buildings	696,397	645,572
Motor Vehicles	91,621	139,323
	788,018	784,895
Total Depreciation and Amortisation	1,626,380	1,647,710
3D Finance Costs	2023	2022
	\$	\$
Interest - Borrowings	766	4,314
Interest - ATO	-	11,969
ROU Lease Interest - Buildings	285,766	318,371
ROU Lease Interest - Motor Vehicles	5,504	6,796
	292,036	341,450
3E Motor Vehicle Expenses	2023	2022
	\$	\$
Fuel and Oil	44,507	48,983
Repair and Maintenance	15,910	18,286
Registration and Insurance	52,982	39,413
Total Motor Vehicle Expenses	113,399	106,682

Danila Dilba Biluru Butji Binnilutlum Health Service Limited

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Financial Report For The Year Ended

30 June 2023

Notes to the Financial Report for the year ended 30 June 2023

3F Operational Expenses	2023	2022
	\$	\$
Accreditation Costs	13,800	-
Advertising and Promotions	14,023	42,550
Contractor Services	156,878	269,363
Cleaning	345,336	300,369
Client Services	355,028	290,942
Consultants	616,474	461,837
Health and Safety	19,721	13,743
Short term Lease Expenses	688,497	670,768
Medical Supplies	691,415	667,601
Minor Equipment Purchases	60,090	85,591
Property Costs	121,799	92,330
Publications and Resources	2,358	899
Repair and Maintenance	174,530	178,361
Security	198,005	203,131
Travel and Accommodation	102,384	16,533
Utilities	174,790	197,194
Total Operational Expenses	3,735,128	3,491,212

Notes to the Financial Report for the year ended 30 June 2023

Note 4 Cash and Cash Equivalents

	Note	2023 \$	2022 \$
Current			
Cash on Hand		-	550
Cash at Bank		5,150,697	3,076,535
Total Cash and Cash Equivalents	16, 18	5,150,697	3,077,085

Note 5 Trade and Other Receivables

	Note	2023 \$	2022 \$
Current			
Trade Receivables			
Trade Debtors		296,939	142,502
Provision for Impairment		-	-
		296,939	142,502
Other Receivables			
Accrued Income		331,509	388,450
Total Trade and Other Receivables	18, 19	628,448	530,952

Note 6 Other Current Assets

	2023 \$	2022 \$
Current		
Bonds and Deposits	65,880	65,880
Pre-Payments	134,267	253,720
Total Other Current Assets	200,147	319,600

Notes to the Financial Report for the year ended 30 June 2023

Note 7 Property, Plant and Equipment

	2023	2022
	\$	\$
Non Current		
Property:		
Land At Valuation 2023 (2022: Valuation 2020):		
Darwin Clinic 32-34 Knuckey Street Darwin	3,000,000	2,800,000
Vai Stanton 36 Knuckey Street Darwin	2,100,000	1,600,000
Total Land at Valuation	5,100,000	4,400,000
Buildings and Improvements		
Buildings at Cost:		
Vai Stanton 36 Knuckey Street Darwin	600,000	600,000
Less Accumulated Depreciation	(600,000)	(600,000)
	-	-
Building Improvements:		
Building Improvements at cost	6,884,717	6,825,373
Less Accumulated Depreciation	(3,709,587)	(3,095,936)
	3,175,130	3,729,437
Total Buildings and Improvements	3,175,130	3,729,437
Total Land and Buildings	8,275,130	8,129,437
Plant and Equipment:		
Plant and Equipment at Cost	2,020,358	2,020,358
Less Accumulated Depreciation	(1,836,458)	(1,631,348)
Total Plant and Equipment	183,900	389,010
IT Systems At cost	524,611	524,611
Less Accumulated Depreciation	(524,611)	(521,361)
Total IT Systems	-	3,250
Motor Vehicles At Cost	81,749	81,749
Less Accumulated Depreciation	(80,387)	(64,037)
Total Motor Vehicles	1,362	17,712
Total Plant and Equipment	185,262	409,972
Total Property, Plant and Equipment	8,460,392	8,539,409

Notes to the Financial Report for the year ended 30 June 2023

Note 7 Property, Plant and Equipment (Cont.)

Movements in Carrying Amounts

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

	Land \$	Buildings and Improvements \$"	Plant and Equipment \$	Motor Vehicles \$	IT Systems \$	Total \$
Carrying Amount at 1 July 2022	4,400,000	3,729,437	389,010	17,712	3,250	8,539,409
Revaluation Increment	700,000	-	-	-	-	700,000
Additions at cost	-	59,345	-	-	-	59,345
Disposals	-	-	-	-	-	-
Depreciation Expense	-	(613,652)	(205,110)	(16,350)	(3,250)	(838,362)
Carrying Amount at 30 June 2023	5,100,000	3,175,130	183,900	1,362	-	8,460,392

An independent land revaluation was conducted on 3 August 2023 by Colliers International (NT) Pty Ltd. The valuation being as at 30 June 2023. The valuation was performed by Poasa Raqiyawa FAPI, Certified Practising Valuer, M Bus (Prop) Val, Director. Land located at 32 and 36 Knuckey Street were revalued with an increase in value of \$200,000 for 32 Knuckey Street and a increase in value of \$500,000 for 36 Knuckey Street. Land assets are valued at fair value and are measured on the basis of their market value. Colliers International have utilised the Market Approach in assessing the fair value of the properties. In determining their current market value Colliers International examined the available market evidence and determined that the highest and best use of the sites are as development sites, with high underlying land values.

Note 8 Right of Use Assets:

	2023 \$	2022 \$
Non Current		
Leased Buildings	7,055,653	7,055,653
Less Accumulated Depreciation	(2,646,378)	(1,949,981)
	4,409,275	5,105,672
Leased Motor Vehicles	280,811	672,161
Less Accumulated Depreciation	(142,971)	(599,401)
	137,840	72,760
Total Right of Use Assets	4,547,115	5,178,432

The Company leases a number of properties in the jurisdiction from which it operates. In some jurisdictions it is customary for the lease contracts to provide for payments to increase each year by inflation or in others to be reset periodically to market rental rates. In some jurisdictions property leases the periodic rent is fixed over the lease term. The Company leases buildings under agreements of between one or ten years which in some cases include options to extend. On renewal the lease term are renegotiated. The Company also leases motor vehicles at fixed payments under agreements of one to four years.

The option to extend or terminate are contained in several of the property leases of the Company. There were no extension options for equipment or motor vehicles. These clauses provide the Company the opportunities to manage leases in order to align with its strategies. All of the extension or termination options are only exercisable by the Company. The extension or termination options which were probable to be exercised have been included in the calculation of the Right of Use Asset.

Notes to the Financial Report for the year ended 30 June 2023

Note 8 Right of Use Assets (Cont.)

Movements in Carrying Amounts

	Land & Buildings	Motor Vehicles	Total
Carrying Amount as at 1 July 2022	5,105,672	72,760	5,178,432
Additions	-	156,701	156,701
Disposals	-	-	-
Depreciation	(696,397)	(91,621)	(788,018)
Carrying Amount as at 30 June 2023	4,409,275	137,840	4,547,115

(b) AASB 16 Related Amounts Recognised in the Statement of Profit and Loss

	2023	2022
	\$	\$
Depreciation Charge Related to Right of Use Assets	788,018	784,895
Interest Expense on Lease Liabilities	291,270	325,167
Short Term Leases Expense	688,497	670,768
Low Value Asset Leases Expenses	35,088	35,088
	1,802,873	1,815,918

Notes to the Financial Report for the year ended 30 June 2023

Note 9 Trade and Other Payables

	Note	2023 \$	2022 \$
Current			
Trade Payables		258,145	451,486
Accrued Expenses		318,522	566,177
Accrued Employee Benefits		818,212	258,896
GST Liability		458,409	404,902
Contract Liabilities - Unspent Grant Funding		942,774	1,157,409
Total Trade and Other Payables	18, 19	2,796,062	2,838,870

(a) Financial Liabilities at amortised cost are classified as trade and other payables.

Trade and Other Payables:			
–	Total Current	2,796,062	2,838,870
–	Total Non Current	-	-
	Total Trade and Other Payables	2,796,062	2,838,870
Less:			
–	Deferred Income: Contract Liabilities	(942,774)	(1,157,409)
	Financial liabilities as Trade and Other Payables	1,853,288	1,681,461

(b) Contract Liabilities - Movement in Amounts

Balance at the beginning of the year	1,157,409
Additions: Grants for which performance obligations will only be satisfied in subsequent years	942,774
Expended: Grants acquitted or utilised during the year	(1,157,409)
Closing balance	942,774

c) Unacquitted Grant Funding Recognised in Revenue

The 30 June 2023 operating profit of \$1,036,228 comprises grant income of \$250,192 recognised as income due to the requirements of Australian Accounting Standard AASB 15 Revenue from Contracts with Customers. Under the terms of the grant agreement this grant income is required to be spent in the 2024 financial year. An additional \$613,987 forms part of Retained Earnings as at 30 June 2023, and is from prior years and is also required to be spent in the 2024 financial year. These amounts have not been recognised as liabilities at 30 June 2023.

Danila Dilba Biluru Butji Binnilutlum Health Service Limited

ABN 57 024 747 460

Financial Report For The Year Ended

30 June 2023

Notes to the Financial Report for the year ended 30 June 2023

Note 10 Lease Liabilities

	Note	2023 \$	2022 \$
CURRENT			
Leased Properties		647,343	611,862
Leased Motor Vehicles		81,862	51,755
		729,205	663,617
NON-CURRENT			
Leased Properties		4,185,922	4,833,264
Leased Motor Vehicles		47,027	19,096
		4,232,949	4,852,360
Total Lease Liabilities	18, 19	4,962,154	5,515,977

The lease liabilities are secured by the underlying assets and are subject to the terms of their individual lease agreements.

Notes to the Financial Report for the year ended 30 June 2023

Note 11 Employee Provisions

	2023	2022
	\$	\$
CURRENT		
Provision for Annual Leave	1,290,782	1,272,884
Provision for Long Service Leave	373,358	263,580
	1,664,140	1,536,464
NON-CURRENT		
Provision for Long Service Leave	664,099	557,412
	664,099	557,412
Total Provisions for Employee Benefits	2,328,239	2,093,876
	Total	
Analysis of Total Provisions:	\$	
Opening Balance at 1 July 2022	2,093,876	
Net provisions raised during the year	234,363	
Balance at 30 June 2023	2,328,239	

Provision For Employee Benefits

Employee provisions represents amounts accrued for annual leave and long service leave.

The current portion for this provision includes the total amount accrued for annual leave entitlements and the amount accrued for long service leave entitlements that have vested due to employees having completed the required period of service. Based on past experience, the Company does not expect the full amount of annual leave or long service leave balances classified as current liabilities to be settled within the next 12 months. However, these amounts must be classified as current liabilities since the Company does not have an unconditional right to defer the settlement of these amounts in the event employees wish to use their leave entitlement.

The non-current portion for this provision includes amounts accrued for long service leave entitlements that have not yet vested in relation to those employees who have not yet completed the required period of service.

In calculating the present value of future cash flows in respect of long service leave, the probability of long service leave being taken is based upon historical data. The measurement and recognition criteria for employee benefits have been discussed in Note 1(f).

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Financial Report For The Year Ended

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Notes to the Financial Report for the year ended 30 June 2023

Note 12 Borrowings

	Note	2023 \$	2022 \$
Current	18, 19	-	32,639

The loan facility was secured and was repayable in instalments over five years. It was fully repaid in 2023. Interest was charged on the principal sum at a rate of 7% nominal interest per annum. Interest paid for the year ended 30 June 2023 is \$766 (2022: \$4,314) compounded monthly until the expiry date of the loan or the date on which the principal and all interest is paid in full.

The Company had an overdraft facility of \$1,000,000 with interest payable on the outstanding balance at the prevailing variable rate. It was unused in both the current and the previous two financial years. The overdraft facility was cancelled in early July 2023 with the related mortgage over 36 Knuckey Street discharged in August 2023. The bank has returned the property title to the Company.

Note 13 Reserves

	2023 \$	2022 \$
Land Revaluation Reserve	4,500,000	3,800,000
Asset Replacement Reserve	189,252	189,252
Total Reserves	4,689,252	3,989,252

Movements in Reserves during the Financial Year :

Land Revaluation Reserve :

Opening Balance 1 July 2022	3,800,000	3,800,000
Revaluation increment	700,000	-
Closing Balance 30 June 2023	4,500,000	3,800,000

The land revaluation reserve records the revaluation of land owned by the Company.

The asset replacement reserve records transfers to and from retained earnings relating to capital assets purchased from grant funding and subsequently depreciated.

Notes to the Financial Report for the year ended 30 June 2023

Note 14 Key Management Remuneration

	Note	2023	2022
		\$	\$
Any persons having authority and responsibility for planning, directing and controlling the activities of the Company, directly or indirectly, including any Board member (whether executive or otherwise) of the Company, is considered to be Key Management Personnel (KMP).			
The totals of remuneration paid to KMP of the Company during the year are as follows:			
Short - Term Employment Benefits		1,220,220	1,412,925
Post Employment Benefits		115,236	133,591
Other Long - Term Employment Benefits		15,752	-
Total Key Management Remuneration		1,351,208	1,546,516

Note 15 Other Related Party Disclosure

Year 2023

During the financial year ended 30 June 2023 no related party transactions were made to Key Management Personnel or their close family members.

No Board members were paid sitting fees (2022: \$Nil) and no sitting fees were paid from grant funds (2022:\$Nil).

The Company signed a contract with PricewaterhouseCoopers Indigenous Consulting Pty Limited (PIC) for the provision of consulting services for the DDHS Model Review. A Director of the Company, Michael McGregor, is an employee of PIC. The contract was awarded to PIC by an arm's length commercial tendering process, which excluded Michael McGregor. The consultancy contract was completed during the 2023 financial year with the entire consultancy fees of \$204,737 paid to PIC.

Year 2022

During the financial year ended 30 June 2022 one related party transaction was made to a Board member's company Deadly Enterprises to sponsor an annual NAIDOC week rugby Deadly Cup carnival (\$10,000).

There were no other related party transactions in 2023 (2022: Nil).

Notes to the Financial Report for the year ended 30 June 2023

Note 16 Cash Flow Information

	Note	2023 \$	2022 \$
Reconciliation of Cash and Cash Equivalents to Statement of Cash Flows:			
Cash on Hand and at Bank	4	5,150,697	3,077,085
(b) Total cash as stated in the Statement of Cash Flows		5,150,697	3,077,085
Reconciliation of Cash Flow from Operating Activities with Current Year Profit			
Profit for the Current Year		1,036,228	756,063
Non-Cash Flows:			
Depreciation and Amortisation Expense		1,626,380	1,647,710
Gain/(Losses) on Disposal of Property, Plant and Equipment		-	-
Interest Expense on Lease Liabilities		291,270	325,167
Changes in Assets and Liabilities:			
(Increase)/Decrease in Trade and Other Receivables		(97,496)	204,338
(Increase)/Decrease in Other Current Assets		119,453	(228,971)
Increase/(Decrease) in Trade and Other Payables		(42,808)	1,281,011
Increase/(Decrease) in Employee Provisions		234,363	(112,476)
Net Cash Provided by Operating Activities		3,167,390	3,872,842

Notes to the Financial Report for the year ended 30 June 2023

Note 17 Capital and Leasing Commitments

	2023	2022
	\$	\$
(a) Lease Liability Commitments:		
– not later than 1 year	984,032	1,023,493
– later than 1 year but not later than five years	3,268,525	4,333,527
– later than five years	2,437,418	3,191,209
Total Future Lease Payments at the End of the Reporting Period:	6,689,975	8,548,229
(b) Operating Lease Commitments		
<i>Rental Commitments: Short Term and low value Assets</i>		
Payable – Minimum Lease Payments No Later Than 12 Months:		
– Short Term Leases	688,497	670,768
– Low Value Assets	35,088	35,088
	723,585	705,856

The non-cancellable operating leasing commitments in 2023 were for the short term lease of Motor Vehicles and short term lease of the Palmerston Clinic. All such leases at 30 June 2023 are on a month-to-month basis. Low value assets comprise photocopiers with terms ranging from four to five years.

(c) Capital Expenditure Commitments

The Company has \$135,490 capital expenditure commitments as at 30 June 2023 (2022 : \$191,000).

Danila Dilba Biluru Butji Binnilutlum Health Service Limited

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Financial Report For The Year Ended

30 June 2023

Notes to the Financial Report for the year ended 30 June 2023

Note 18 Financial Risk Management

The Company's financial instruments consist mainly of deposits with banks, local money market instruments, short term and long-term investments, account receivables and payables, contract assets, lease liabilities and contract liabilities.

The totals for each category of financial instruments, measured in accordance with AASB 9 as detailed in the accounting policies to these financial statements, are as follows:

	Note	2023 \$	2022 \$
Financial Assets			
Financial Assets at Amortised Cost:			
Cash and Cash Equivalents	4	5,150,697	3,077,085
Trade and Other Receivables	5	628,448	530,952
Total Financial Assets		5,779,145	3,608,037
Financial Liabilities			
Financial Liabilities at Amortised Cost:			
Trade and Other Payables	9	1,853,288	1,681,461
Lease Liabilities	10	4,962,154	5,515,977
Borrowings	12	-	32,639
Total Financial Liabilities		6,815,442	7,230,077

Refer to Note 19 for detailed disclosures regarding the fair value measurements of the Company's financial assets.

Notes to the Financial Report for the year ended 30 June 2023

Note 19 Fair Value Measurements

Fair Value Estimation

The fair value of financial assets and financial liabilities are presented in the following table and can be compared to their carrying values as presented in the statement of financial position.

	Note	2023		2022	
		Carrying Amount \$	Fair Value \$	Carrying Amount \$	Fair Value \$
Financial assets					
Cash and Cash Equivalents	4, 17	5,150,697	5,150,697	3,077,085	3,077,085
Trade and Other Receivables	5, 17	628,448	628,448	530,952	530,952
Total Financial Assets		5,779,145	5,779,145	3,608,037	3,608,037
Financial Liabilities					
Trade and Other Payables	9, 17	1,853,288	1,853,288	1,681,461	1,681,461
Lease Liabilities	10, 17	4,962,154	4,962,154	5,515,977	5,515,977
Borrowings	12, 18	-	-	32,639	32,639
Total Financial Liabilities		6,815,442	6,815,442	7,230,077	7,230,077

- (i) Cash on hand, accounts receivable and other debtors, accounts payable and other payables and borrowings, are short-term instruments in nature whose carrying value is equivalent to fair value. Trade and other payables exclude amounts provided for annual leave, which is outside the scope of AASB 9.
- (ii) Lease liabilities fair values are assessed on an annual basis by management and the Directors. Current available data is used in assessing their carrying and fair values.

A fair value measurement assumes that the transaction to sell the asset or transfer the liability takes place either:

- (a) in the principal market for the asset or liability; or
 (b) in the absence of a principal market, in the most advantageous market for the asset or liability.

	Note	2023		2022	
		Carrying Amount \$	Fair Value \$	Carrying Amount \$	Fair Value \$
Non-Financial Assets					
Freehold Land	7	5,100,000	5,100,000	4,400,000	4,400,000
Buildings and Improvements	7	3,175,130	3,175,130	3,729,437	3,729,437
Total Non-Financial Assets		8,275,130	8,275,130	8,129,437	8,129,437

For land and buildings and improvements, the fair values are based on either their fair value and or cost, less where applicable any accumulated depreciation and impairment provision.

An independent land revaluation was conducted on 3 August 2023 by Colliers International (NT) Pty Ltd. The valuation being as at 30 June 2023. The valuation was performed by Poasa Raqiyawa FAPI, Certified Practising Valuer, M Bus (Prop) Val, Director. Land located at 32 and 36 Knuckey Street were revalued with an increase in value of \$200,000 for 32 Knuckey Street and a increase in value of \$500,000 for 36 Knuckey Street. Land assets are valued at fair value and are measured on the basis of their market value. Colliers International have utilised the Market Approach in assessing the fair value of the properties. In determining their current market value Colliers International examined the available market evidence and determined that the highest and best use of the sites are as development sites, with high underlying land values.

In the Directors' annual assessment of impairment of assets, the cost basis of buildings and improvements less their accumulated depreciation, is considered to be the appropriate base still for valuing all the building and improvement assets owned and or controlled by the Company. This basis is considered appropriate given the assets location, the current and continued use and the cost of replacement.

Danila Dilba Biluru Butji Binnilutlum Health Service Limited

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Financial Report For The Year Ended

30 June 2023

Notes to the Financial Report for the year ended 30 June 2023

Note 20 Contingent Liabilities and Contingent Assets

The Company has no Contingent Liabilities as at 30 June 2023 (2022 : \$Nil).

Note 21 Events After the Reporting Period

The Company had an overdraft facility of \$1,000,000 with interest payable on the outstanding balance at the prevailing variable rate. It was unused in both the current and the previous two financial years. The overdraft facility was ceased in early July 2023 with the related mortgage over 36 Knuckey Street discharged in August 2023. The bank has returned the property title to the Company.

The Directors are not aware of any other significant events since the end of the reporting period that have significantly affected, or may significantly affect the Company's operations, the results of those operations, or the Company's state of affairs in future financial years.

Note 22 Members' Guarantee

The Company is incorporated under the Companies 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 a maximum of \$1 towards meeting any outstanding obligations of the Company. At 30 June 2023, the total amount that members of the Company are liable to contribute if the Company is wound up is \$55.

Note 23 Company Details

The principal place of business is:

Danila Dilba Biluru Butji Binnilutlum Health Service Limited

Binyolkga Centre

Level 2, 28 Knuckey St.

Darwin City, NT 0800

Directors Declaration

The Directors of Danila Dilba Biluru Butji Binnilutlum Health Service Limited declare that in the Directors' opinion:

- 1) The financial statements and notes, as set out on pages 7 to 31, are in accordance with the Corporations Act 2001 and with the Australian Charities and Not-for-Profits Commission Act 2012 (ACNC Act) and:
 - (a) comply with Australian Accounting Standards - Simplified Disclosure applicable to the entity; and
 - (b) give a true and fair view of the financial position of the Company as at 30 June 2023, its performance and cash flows for the year ended on that date.
- 2) In the Directors' opinion 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 with subsection 60.15(2) of the *Australian Charities and Not-for-profits Commission Regulation 2022*.



Carol Stanislaus

Chair

Dated 10 November 2023



Ms Camille Lew Fatt

Deputy Chair

Dated 10 November 2023

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF DANILA DILBA BILURU BUTJI BINNILUTLUM HEALTH SERVICE LIMITED**REPORT ON THE AUDIT OF THE FINANCIAL REPORT****Opinion**

We have audited the financial report of Danila Dilba Biluru Butji Binnilutlum Health Service Limited ("the Company"), which comprises the statement of financial position as at 30 June 2023, statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, the accompanying financial report of the Company is in accordance with the Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* and the *Corporations Act 2001*, including:

- (i) giving a true and fair view of the Company's financial position as at 30 June 2023 and of its financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards - AASB 1060: *General Purpose Financial Statements - Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities*, the *Corporations Regulations 2001* and Div 60 of the *Australian Charities and Not-for-profits Commission Regulation 2022*.

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 *Australian Charities and Not-for-profits Commission Act 2012* and the *Corporations Act 2001*, the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110: *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the financial report. 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.

Information Other than the Financial Report and Auditor's Report Thereon

The Directors of the Company are responsible for the other information. The other information comprises the information included in the Company's annual report for the year ended 30 June 2023, but does not include the financial report and our auditor's report thereon.

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

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

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

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF DANILA DILBA BILURU BUTJI BINNITUTLUM HEALTH SERVICE LIMITED

REPORT ON THE AUDIT OF THE FINANCIAL REPORT (CONT.)

Responsibilities of the Directors for the financial report

The directors of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – AASB 1060: *General Purpose Financial Statements - Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities*, the *Corporations Act 2001* and the *Australian Charities and Not-for-profits Commission Act 2012*; and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

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

Auditor's Responsibilities for the Audit of the Financial Report

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

As part of an audit in accordance with the 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 directors.
- Conclude on the appropriateness of the directors' 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.

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF DANILA DILBA BILURU BUTJI BINNILUTLUM HEALTH SERVICE LIMITED

REPORT ON THE AUDIT OF THE FINANCIAL REPORT (CONT.)

We communicate with the directors 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.

We also provide the directors with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, actions taken to eliminate threats or safeguards applied.

Handwritten signature in blue ink that reads "Nexia Edwards Marshall NT".

Nexia Edwards Marshall NT
Chartered Accountants

Handwritten signature in blue ink that reads "Noel Clifford".

Noel Clifford
Partner

Dated: 10 November 2023



Danila Dilba[®]
Health Service

28-30 Knuckey Street
Darwin, Northern Territory 0800, Australia
P. +61 8 8942 5400
ddhs.org.au/