

# ANNUAL REPORT 2005-2006



QUEENSLAND ABORIGINAL & ISLANDER  
HEALTH COUNCIL



## contents

About QAIHC	2
Background	3
Community Control in Health	4
Chairperson's Report	5
Board of Directors	6
QAIHC Membership	7
Chief Executive Officer's Report	8
QAIHC Secretariat Organisational Structure 2005-2006	10
2005/06 in Review	11
Policy and Advocacy	11
Queensland Health Reforms	12
Regional Planning and Development	13
Workforce Planning and Development	14
Child and Maternal Health	16
QAIHC MBS Project	16
Relationship Management	17
Member Support	18
Centre for Clinical Research Excellence (CCRE)	20
Child Protection	21
Population Health	22
Financial Statements	23



557 Gregory Terrace, Fortitude Valley Brisbane QLD 4006  
Telephone: (07) 3360 8444 Facsimile: (07) 3257 7455 Email: [reception@qaihc.com.au](mailto:reception@qaihc.com.au)  
[www.qaihc.com.au](http://www.qaihc.com.au)

## about qaihc

The Queensland Aboriginal & Islander Health Council (QAIHC) is the peak body for the Community Controlled Health Sector in Queensland and State Affiliate of the National Aboriginal Community Controlled Health Organisation (NACCHO).

QAIHC is governed by a Board of eleven (11) Directors, comprising representatives elected from Member Organisations within each of the ten (10) QAIHC Regions, plus Honorary Chairperson. Administration and coordination is undertaken by QAIHC Secretariat, located in Brisbane.

QAIHC Membership comprises some twenty (20) Community Controlled Health Services operating throughout Queensland. Community Controlled Health Services are primary health care services initiated by local Aboriginal and Torres Strait Islander communities to deliver holistic and culturally appropriate health care to their communities. Their Boards comprises elected representatives of local Aboriginal and Torres Strait Islander communities.

QAIHC provides a critical link within and between the Community Controlled Health Sector and Government. QAIHC's role comprises:

- Promoting, developing and expanding provision of health services through Aboriginal and Torres Strait Islander community controlled primary health care services;
- Liaison with Government and non-government and private sectors on matters relating to Aboriginal and Torres Strait Islander health, including health research;
- Building the capacity of Member Organisations and Aboriginal and Torres Strait Islander communities in relation to planning, development and provision of health services to their communities; and
- Assessing health needs of Aboriginal and Torres Strait Islander communities and taking steps to meet identified needs.

## background

The Queensland Aboriginal & Islander Health Forum (QAIHF) was originally established in 1990 and incorporated in 1996 under the Aboriginal & Torres Strait Islander Councils & Associations Act 1976. QAIHF was reconstituted as the Queensland Aboriginal & Islander Health Council (QAIHC), as a company limited by guarantee under the Corporations Law in September 2004. QAIHC assumed operations of QAIHF from 30 June 2005.

The Community Controlled Health Sector in Queensland has delivered primary health care services to Aboriginal and Torres Strait Islander peoples for the past thirty (30) years, beginning with the establishment of the Aboriginal & Islander Community Health Services in Brisbane (AICHS Brisbane) in 1973. These services have been established (and continue to be established) by Aboriginal and Torres Strait Islander communities in direct response to the failures of the mainstream health system to address the health needs of Aboriginal and Torres Strait Islander peoples.

There were some twenty-three (23) Community Controlled Health Services operating in Queensland in 2005/2006 – over one hundred (100) Australia wide. Within Queensland, these services differ significantly in size and social setting, but ALL continue to have in common two (2) fundamental principles – the delivery of primary health care services AND structures guaranteeing that the control of these services is in the hands of the community they serve. Community Controlled Health Services therefore represent a tangible expression of Aboriginal and Torres Strait Islander self-determination in health.

The Community Controlled Health Sector forms an integral component of Queensland's health system, delivering over 260,000 episodes of health care in the 2003/2004 Year.

## community control in health

It is widely recognised that comprehensive primary health care, including broad health education, ongoing preventative care, and access to specialist and hospital services is fundamental, but not sufficient, to bring about an improvement in the health of Aboriginal and Torres Strait Islander peoples. Approaches must also engage Aboriginal and Torres Strait Islander communities in determining their own communities' health priorities and how they will be addressed, and in designing and delivering a range of services. These services must aim at improving social and physical living circumstances, community infrastructure, and improving and enhancing access to education and health. Improvements in Aboriginal and Torres Strait Islander health are therefore clearly bound to community development strategies. Initiatives that enhance community development and advocacy are at once prerequisites for health improvement and direct causes of health improvement. Community control is therefore a necessary element of improving Aboriginal and Torres Strait Islander health.

*Health does not mean the physical wellbeing of the individual but refers to the social, emotional, cultural and spiritual wellbeing of the community. For Aboriginal peoples this is a whole of life view and encompasses the cyclical concept of life-death-life. Health service should strive to achieve the state where every individual can achieve their potential as human beings and thus contribute to achieving the wellbeing of the whole community (National Aboriginal Health Strategy, 1989).*

The advantages of local Aboriginal and Torres Strait Islander community control in health are many, including:

- Better access to health services – because local communities have ownership and control of services, and because service delivery is flexible and responsive (for example, outreach services are often a feature), Aboriginal and Torres Strait Islander peoples are more likely to access the care they need;
- The full range of primary health care services is available in one place – service delivery is integrated and holistic, rather than being built around different specialties or 'body parts';
- The care provided is culturally appropriate – the organisation is run by Aboriginal and Torres Strait Islander peoples, employs Aboriginal and Torres Strait Islander peoples or culturally aware non-Indigenous peoples, and delivers care in a sensitive and inclusive way;
- The sector delivers value for money – based on local knowledge, services are targeted at areas of greatest local need;
- The sector represents a major source of education, training, employment and ultimately empowerment and cultural pride for Aboriginal and Torres Strait Islander peoples; and
- The knowledge required to improve Aboriginal and Torres Strait Islander health is not innate – it must be acquired. The Community Controlled Health Sector has developed a large pool of knowledge and expertise about Aboriginal and Torres Strait Islander health issues, which enables it not only to deliver appropriate care, but also to advocate effectively for Aboriginal and Torres Strait Islander peoples in health.

## chairperson's report

I am pleased to present the Annual Report for the Queensland Aboriginal & Islander Health Council (QAIHC) for the 2005/06 Financial Year. The 2005/06 Year proved a significant year for the Community Controlled Health Sector in Queensland, marking the commencement of historic reforms to Queensland's health system following the Morris Royal Commission and Queensland Public Hospitals Commission of Inquiry and the Queensland Health Systems Review by Mr Peter Forster. The outcomes of these inquiries will continue to drive the reform process for the Queensland health system into 2006 and beyond, providing a significant and critical opportunity for the Community Controlled Health Sector to forge a new relationship with Queensland Health to ensure delivery of comprehensive health services for Aboriginal and Torres Strait Islander Queenslanders. These historic reforms to Queensland's health system have commenced parallel to the continued reform of Aboriginal & Torres Strait Islander Affairs.

QAIHC continued to play a lead role in the Queensland Aboriginal & Torres Strait Islander Health Partnership (the Partnership) and its aim of realising the commitments of the Agreement on Queensland Aboriginal & Torres Strait Islander Health (the Framework Agreement). In particular, QAIHC focused considerable effort on the establishment and resourcing of Regional Aboriginal & Torres Strait Islander Health Forums as vehicles for translating policy intent to regional system and service level reform. With all ten (10) Forums established in 2005/2006, QAIHC attention and effort in 2006/2007 turns to development of truly joint regional planning processes and investment on behalf of funders to identified needs.

QAIHC continued to develop and strengthen strategic partnerships with key private and Non-Government Organisations (NGOs) critical to the achievement of improved Aboriginal & Torres Strait Islander health and well-being. These partnerships constitute the QAIHC Network and comprise organisations such as Divisions of General Practice, the Australian Medical Association (AMA), the Queensland Council of Social Services (QCOS) and Health Workforce Queensland (HWQ).

QAIHC undertook considerable work in 2005/2006 to position the Community Controlled Health Sector as an integral component of Queensland's health system, advocating for increased Queensland Health investment in the Sector and the transfer of public primary health care services to local community control.



This investment has begun to realise returns, with the execution of the 1<sup>st</sup> Deed of Commitment in February 2006 for the transfer of primary health care services in Yarrabah to local community control via one of our Member Organisations - the Gurriny Yealmucka Health Service.

QAIHC continued to expand its capacity to effectively support our Member Organisations through enhancement of QAIHC Member Support Program. In addition to assisting an increased number of Member Organisations with development of business and strategic plans, corporate policies and procedures and provision of intensive on-site assistance in budgeting and financial management, QAIHC Member Support delivered eight (8) Finance Workshops in collaboration with OATSIH for OATSIH funded organisations in Queensland during 2005/2006. These Workshops proved extremely relevant to funded organisations, with OATSIH reporting improved reporting and compliance since commencement of the Workshops.

QAIHC and the Community Controlled Child Protection Sector continued our work to inform implementation of reforms to Queensland's child protection system with a view to addressing continued over-representation of Aboriginal and Torres Strait Islander children and young people. QAIHC and the Community Controlled Child Protection also progressed plans for the establishment of an independent peak body for the Community Controlled Child Protection Sector and transition of functions to the *new* body from QAIHC.

In closing I wish to acknowledge the work and continued support of our Member Organisations and partners in the Community Controlled Substance Misuse and Child Protection Sectors in Queensland. It is the support of our Member Organisations and partners that has provided QAIHC with a strong voice in influencing policy at a state and national level. As Chairperson, I acknowledge the dedication of QAIHC Directors who have overseen continued growth of our peak body in 2005/2006. I also wish to acknowledge and thank our Chief Executive Officer and QAIHC Secretariat staff for their hard work and dedication throughout 2005/2006.

Ms Rachel Atkinson  
**Chairperson**

## board of directors

### **Ms Rachel Atkinson**

– Honorary Chairperson  
Chief Executive Officer, Townsville Aboriginal  
& Islander Health Service (TAIHS)

### **Ms Sheryl Lawton**

– Deputy Chairperson  
Director Far South West Region  
Chief Executive Officer, Charleville & Western  
Areas Aboriginal Health Service (C&WAAHS)

### **Ms Elizabeth Adams**

– Secretary  
Director South West Region  
Chief Executive Officer,  
Goolburri Dental Service

### **Mr David Baird**

– Secretary  
Director Far North Region  
Chief Executive Officer,  
Gurriny Yealmucka Health Service

### **Mr Bernie Singleton**

Director Cape York/Torres Strait Region  
Chairperson, Apunpima Cape York  
Health Council

### **Mr Darren Kennedy**

Director North Region  
President, Townsville Aboriginal &  
Islander Health Service (TAIHS)  
(9/12/2005)

### **Mrs Amy Lester**

Director Central Region  
Board Members, Bidgerdii Community  
Health Service

### **Mr Tom Cleary**

Director Wide Bay/Sunshine Coast Region  
Chairperson, North Coast Aboriginal  
Corporation for Community Health (NCACCH)

### **Mr Allan Fisher**

Director South East Region  
Deputy Chairperson, Kambu Medical Centre

### **Mr Mark Moore**

Director Metropolitan Region  
Chief Executive Officer, Aboriginal & Islander  
Community Health Service (AICHS) Brisbane  
(27/4/2006)

### **Mr Alec Illin**

Director North Region  
President, Townsville Aboriginal & Islander  
Health Service (TAIHS)  
(21/09/2005)

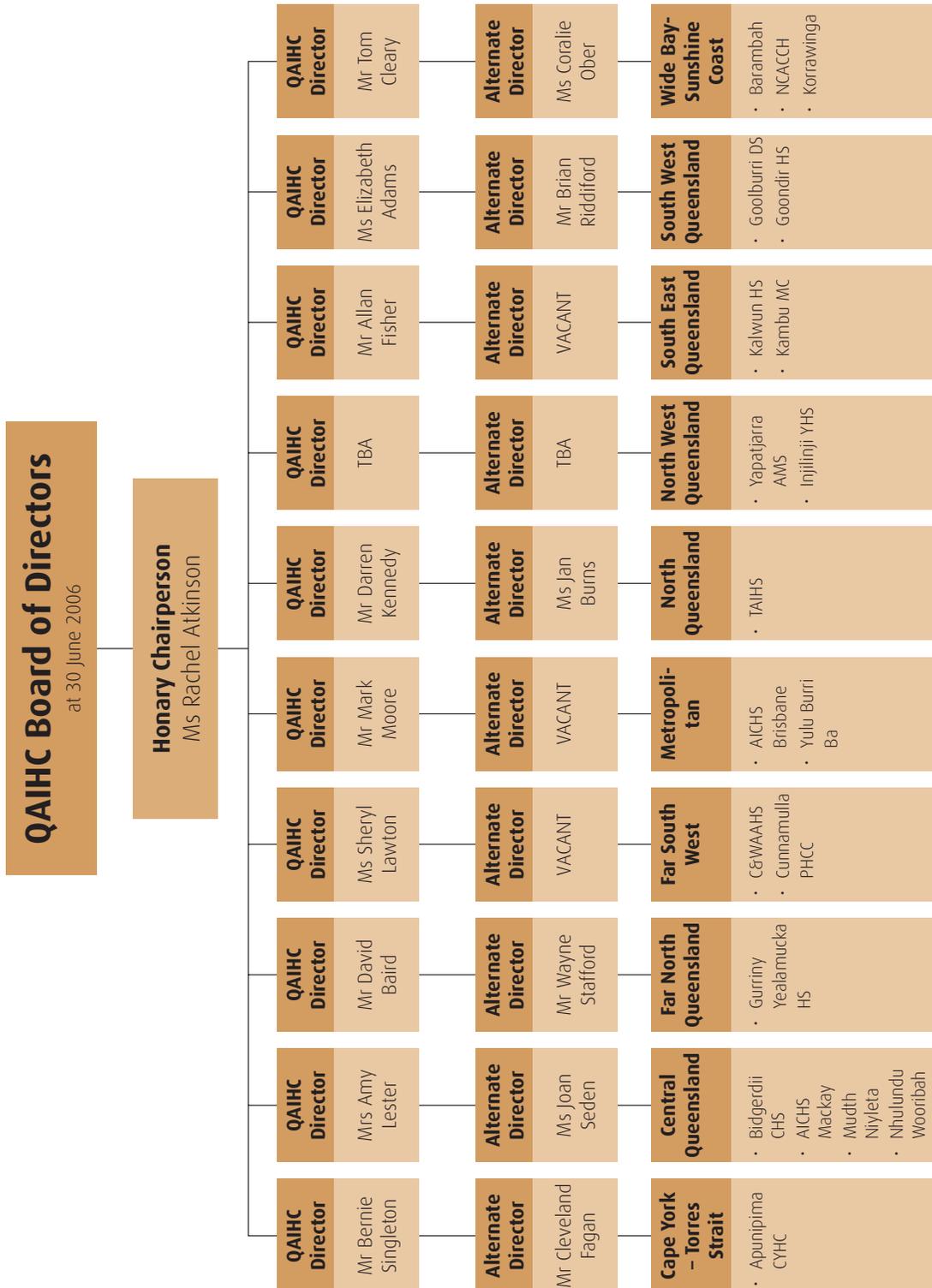
### **Mr Mick Adams**

Director Metropolitan Region  
Chairperson, Aboriginal & Islander  
Community Health Service (AICHS) Brisbane  
(21/09/2005)

### **Ms Vanessa Clements**

Director South East Region  
Chairperson, Kambu Medical Centre  
(21/09/2005)

qaihc membership



## chief executive officer's report

The 2005/06 Year was one of considerable progress and achievement for QAIHC and the Community Controlled Health Sector. This Year saw significant growth within QAIHC Secretariat and enhancement of its capacity to effectively advocate for Member Organisations and partners in Community Controlled Child Protection and Substance Misuse Sectors.

QAIHC continued to strengthen its relationship with Australian and Queensland Governments, playing a lead role in the operation of the Queensland Aboriginal & Torres Strait Islander Health Partnership and implementation of its Annual Workplan for 2005/2006. The Annual Workplan continued to align with commitments of the Agreement on Queensland Aboriginal & Torres Strait Islander Health (the Framework Agreement) and the Council of Australian Government (COAG) Overcoming Indigenous Disadvantage Key Indicators 2003. To ensure further alignment with new arrangements and reforms in Aboriginal and Torres Strait Islander Affairs, QAIHC and the Partnership successfully advocated for the Framework Agreement to form a Schedule to the *Bilateral Agreement on Aboriginal & Torres Strait Islander Service Delivery*.

QAIHC contributed significantly to the establishment and operation of Regional Aboriginal & Torres Strait Islander Health Forums, as required under Clause 3.6 (e) of the Framework Agreement. Regional Health Forums (10) form a key component of the Partnership's state-wide planning framework and are *now* linked to investment, with DoHA and Queensland Health committing to development of joint investment plans for ALL Regional Health Plans developed by Forums detailing *new* investments in response to identified regional needs.

To ensure Forums inform mainstream planning processes and system reform, QAIHC advocated for Membership of Forums to be extended to Divisions of General Practice. Regional Health Forums therefore provide a vehicle for the Community Controlled Health Sector and Divisions of General Practice to realise commitments under the Memorandum of Understanding (MoU) between our respective national bodies – the National Aboriginal Community Controlled Health Organisation (NACCHO) and the Australian Divisions of General Practice (ADGP).

The reform of Queensland's health system following the *Queensland Health Systems Review* provides significant opportunities for the Community Controlled Health Sector to develop a new relationship with Queensland Health – one

based on recognition of the legitimacy and effectiveness community controlled models for the delivery of primary health care services for Aboriginal and Torres Strait Islander peoples. QAIHC played a critical role in 2005/2006 in the negotiation of the 1<sup>st</sup> Deed of Commitment for the transfer of primary health care services in Yarrabah to community control via QAIHC Member Organisation, Gurriny Yealmucka Health Service. QAIHC has identified the development of a policy framework for the transfer of health services to community control as a key priority for 2006/2007.

QAIHC continued work with our partners in the Centre for Clinical Research Excellence (CCRE) for circulatory conditions among Aboriginal and Torres Strait Islander populations in urban areas, further developing and implementing the CCRE Research Program. Our CCRE partners include: University of Queensland (UQ); Queensland University of Technology (QUT); James Cook University (JCU); National Heart Foundation; and the University of Wollongong (UW). A Workshop convened by QAIHC in December 2005, involving Chief Investigators (CIs) for the CCRE and health service representation, further defined the CCRE Research Program as comprising four (4) Program Areas, including: Improving the Prevention and Management of Chronic Conditions; Improving Access to Health Services & Programs; Health System Development & Reform; and Building Capacity & Enabling Health Research. QAIHC focussed considerable effort in 2005/2006 on establishment of appropriate structures to support Health Services and securing additional funds to enhance work of CCRE Research Program.

QAIHC continued to develop and strengthened strategic partnerships with key private and Non-Government Organisations (NGOs), in line with QAIHC policy and advocacy priorities as outlined in *QAIHC Service Development Reporting Framework (SDRF) Action Plan 2005/2006*. The *QAIHC Relationship Management Strategy 2006-2008* clearly identifies the nature and scope of partnership arrangements QAIHC values and strives to build and sustain to improve Aboriginal and Torres Strait Islander peoples' health and wellbeing in Queensland.

QAIHC considerably enhanced its capacity to support Member Organisations. In addition to assisting Member Organisations with development of business and strategic plans, corporate



policies and procedures and provision of intensive on-site assistance in budgeting and financial management, the QAIHC Member Support delivered eight (8) Finance Workshops in collaboration with OATSIH for OATSIH funded organisations in Queensland during 2005/2006. These Workshops proved extremely relevant to funded organisations, with OATSIH reporting improved reporting and compliance since commencement of the Workshops. QAIHC also provided significant support to Member Organisations with the provision of sexual health and blood borne viruses (BBV) and social & emotional well-being (S&EWB) services.

QAIHC identified the need and significant potential for CCHSs to maximise funding derived from the MBS to supplement income from DoHA and other sources, undertaking a review of Medicare billings activity within Queensland CCHSs. The QAIHC MBS Project aimed to: document current Medicare billing practices within Member Organisations; benchmark billing income in participating services; identify factors impacting on current Medicare billing practice; develop strategies for improvement in Medicare revenue generate within CCHSs; develop a framework to assess Medicare billing activity for use state-wide; and evaluate impact of any improvement strategies implemented within participating services. Implementation of the findings of the QAIHC MBS Project is a key priority for 2006/2007.

QAIHC provided significant support to Member Organisations with preparation of proposals under the Commonwealth's *Healthy for Life* Initiative, with six (6) Member Organisations securing *Health for Life* funding in the 2005/2006 Year. QAIHC utilised the findings of an earlier review of child & maternal health services delivered by QAIHF/QAIHC Member Organisations undertaken by Dr Cindy Shannon and Dr Katie Panaretto to support development of *Healthy for Life* proposals. *QAIHC Consultancy Services* was also successful in its tender to DoHA to undertake Facilitation for the *Healthy for Life* Initiative. *QAIHC Consultancy Service* provided Facilitation support to some six (6) Community Controlled Health Services in 2005/2006.

QAIHC continued to support our partners in the Community Controlled Child Protection Sector to play a lead role in the development and implementation of reforms to Queensland's child protection system. QAIHC and the Queensland Aboriginal & Torres Strait Islander Child Protection Partnership made significant contributions to reforms in 2005/2006, including: legislative reforms involving the review of Section 6 of the *Child Protection Act 1999*; roll-out of \$9.4million

in *new* funding; service system planning; practice and policy reforms, including Matters of Concern, SCAN, Statement of Commitment, Structured Decision Making (SDM), and models for provision of therapeutic care for children with extreme and complex needs; and progressing policy in relation to cultural competency.

The 2005/2006 Year also saw de-registration of the *former* Queensland Aboriginal & Islander Health Forum (QAIHF) Aboriginal Corporation and the first full-year of operation of the Queensland Aboriginal & Islander Health Council (QAIHC). The QAIHC Board recognised the importance of good governance and leadership, investing significantly in governance training and development of Corporate Governance Charter, comprising a written policy document that clearly identifies respective roles, responsibilities and authorities of the board of directors (both individually and collectively) and management in setting the direction, the management and the control of the organisation.

Due to continued growth within QAIHC Secretariat, QAIHC relocated to the National Heart Foundation Building at 557 Gregory Terrace, Fortitude Valley in early July 2005. QAIHC's new Secretariat Office was officially opened by the Queensland Minister for Health, the Honourable Stephen Robertson on 22 September 2006.

In closing I wish to thank the QAIHC Board for their ongoing support and guidance through 2005/2006. In particular, QAIHC Chairperson Ms Rachel Atkinson and QAIHC Deputy Chairperson Ms Sheryl Lawton. I also wish to thank QAIHC Member Organisations for their support. Their dedication and determination to improve the health and well-being of Aboriginal and Torres Strait Islander peoples in Queensland is a source of continued inspiration and strength. I would also like to take this opportunity to express by thanks and appreciation of QAIHC Secretariat staff for their commitment and hard work in ensuring the delivery of quality support services to QAIHC Member Organisations.

On behalf of QAIHC, I would also like to acknowledge our funding bodies and key partners in Government, in particular the Office for Aboriginal & Torres Strait Islander Health (OATSIH) within the Department of Health & Ageing, the Department of Child Safety and Queensland Health for their continued support of QAIHC.

Adrian Carson  
**Chief Executive Officer**



## 2005/06 in review

### policy and advocacy

#### *Queensland Aboriginal and Torres Strait Islander Health Partnership*

QAIHC continued to support implementation of the Framework Agreement through 2005/2006, contributing significantly to the operation of the Queensland Aboriginal & Torres Strait Islander Health Partnership.

The Partnership continued to be governed by a three (3) year Strategic Plan and Annual Workplan 2005-2006 which are both underpinned by the commitments of the Queensland Agreement on Aboriginal and Torres Strait Islander Health (the Framework Agreement). In addition, the Annual Workplan 2005-06 aligned to the Council of Australian Government (COAG) Overcoming Indigenous Disadvantage Key Indicators 2003. To ensure further alignment with COAG reforms, QAIHC (in collaboration with Partnership) successfully advocated in early 2006 for the Framework Agreement to appear as a Schedule to the *Bilateral Agreement on Aboriginal & Torres Strait Islander Service Delivery*.

In accordance with Clause 7.3 of the Agreement, the Partnership commissioned Ms Ruth Cotton to undertake an independent audit of progress/performance with implementation of the Agreement on Queensland Aboriginal and Torres Strait Islander Health (the Framework Agreement). The Audit was to consider improvements to the structure, processes and activities of the Partnership and its support structures (ie. Secretariat/Working Groups). Terms of Reference (TOR) for the Audit comprised:

- Identification, report and analysis of activities to date;
- Assessment and report on extent to which progress has been achieved against the Framework Agreement;
- Identification, assessment and report on effectiveness of the structures, processes and systems in place to implement commitments of the Framework Agreement; and
- Recommendations on how to improve the structures, processes and systems currently established.

QAIHC identified need and advocated for reform of the Partnership to support the Forum assuming a more strategic role/focus aimed at addressing priorities for mainstream health system reform (health financing, workforce and community control). QAIHC has also been frustrated with the failure of the Forum to realise opportunities to influence system-wide reforms resulting from Queensland Health Review. The Final Report will be submitted to the Partnership in early 2006/2007.

QAIHC strengthened strategic alliances with the Torres Strait Regional Health Authority (TSRA), aimed at developing relationship between the *mainland* Partnership and the Torres Strait Health Partnership.<sup>1</sup> QAIHC and TSRA have identified joint priorities and committed to working collaboratively to advocate for reform of health systems. In particular, TSRA identified transfer of primary health care services (currently operated by Queensland Health) to community control as a key priority. The inaugural joint meeting of *mainland* and Torres Partnerships is scheduled for early 2006/2007.

QAIHC also strengthened relationships within Community Controlled Health and Substance Misuse Sectors in Queensland, executing Memoranda of Understandings (MoUs) with the Northern Aboriginal & Torres Strait Islander Health Alliance (NATSIHA) and the Queensland Indigenous Substance Misuse Council (QISMC). The MoU with NATSIHA saw representation from the Community Controlled Health Sector in Far North Queensland at the Queensland Aboriginal & Torres Strait Islander Health Partnership for the first time in some seven (7) years. In addition to Partnership representation, the MoU commits QAIHC and NATSIHA to working collaboratively to address agreed/joint priorities. QAIHC also re-affirmed its commitment to supporting the Community Controlled Substance Misuse Sector in Queensland, re-signing a MoU with the Queensland Indigenous Substance Misuse Council (QISMC). QAIHC and QISMC were successful in 2005/2006 in securing funds over two (2) years to employ a Substance Misuse Policy Officer within QAIHC Secretariat to provide additional policy and service development support to Community Controlled Substance Misuse Organisations in Queensland.

<sup>1</sup> Torres Strait Health Partnership convened under the Torres Strait Health Partnership Agreement. Note Queensland only jurisdiction with two (2) Framework Agreements/Joint Planning Forums in operation.

## 2005/06 in review

### queensland health reforms

Queensland Government commenced significant/historic reforms of Queensland's public health system in 2005/2006, following the Queensland Health Systems Review (*the Forster Report*). QAIHC focussed effort on positioning the Community Controlled Health Sector as an integral component of Queensland's health system and increasing Queensland Health investment in CCHSs. In particular, QAIHC advocated for transfer of primary health care services in Aboriginal and Torres Strait Islander communities currently managed/operated by Queensland Health to community control. QAIHC and Members achieved significant progress in this regard in 2005/2006, negotiating and executing the 1<sup>st</sup> Heads of Agreements for the transfer of primary health care services in Yarrabah to local community control via the Gurriny Yealmucka Health Service. This has since been followed by the execution of a 2<sup>nd</sup> Agreement for the Cape York Region in August 2006, which will see primary health care services transferred to Apunipima Cape York Health Council over the next five (5) years. These Agreements, signed by both Queensland Health and DoHA, also commit parties to reform of current funding/financing arrangements through development/implementation of funds pooling models.

QAIHC will pursue development of a policy framework for health transfers, modelled on work undertaken in the Northern Territory (Katherine West) and First Nations Health Transfer Program in Canada as a key priority for 2006/2007.

## 2005/06 in review

### Regional Planning & Development

Clause 3.6 (e) of the Framework Agreement requires the Partnership to establish Regional Health Forums (underpinned by Regional Agreements) to establish/implement regional planning and development processes. The Partnership invested significantly in the establishment of these Forums in 2005/2006, with ALL ten (10) Forums operational by end June 2006. The Forums form a key component of the state-wide planning framework of the Partnership are *now* linked to investment, with DoHA and Queensland Health committing to development of joint investment plans for ALL Regional Health Plans developed by Forums detailing *new* investments in response to identified regional needs. It is a key responsibility of the Partnership to monitor development/implementation of joint investment plans, including maintenance of effort.

All Regional Health Forums are chaired by representatives of the Community Controlled Health Sector. To ensure Forums inform mainstream planning processes and system reform, QAIHC advocated for Membership of Forums to be extended to Divisions of General Practice. The operation of Regional Health Forums has also been recognised as part of Queensland Health's new *mainstream* planning processes, featuring significantly in development of the new state-wide services plan and implementation of Budget initiatives.

Supporting the operation of Regional Health Forums has been identified as the key priority for the Queensland Aboriginal & Torres Strait Islander Health Partnership for 2006/2007.

## 2005/06 in review

### Workforce Planning and Development

#### **Aboriginal & Torres Strait Islander Health Workforce National Strategic Framework**

QAIHC led development of the Queensland Implementation Plan (QIP) for the *Aboriginal & Torres Strait Islander Health Workforce National Strategic Framework* (NSF), formally endorsed by the Queensland Aboriginal & Torres Strait Islander Health Partnership (the Partnership) in early 2006. QAIHC also progressed two (2) of the three (3) immediate priorities identified in the Queensland Implementation Plan, undertaking an Aboriginal Health Worker Scope of Practice (SoP) Project in collaboration with Queensland Health AND securing funds for the employment of a Project Officer within QAIHC Secretariat to undertake coordination of implementation of the QIP.

The Report on the Aboriginal Health Worker SoP Project is being utilised in the 2006/2007 Year to inform development of common/generic Position Descriptions AND an Operational Services Manual for Health Workers employed within both Queensland Health and CCHSs. The remaining immediate priority of the QIP – securing funds for development of a *skills formation strategy* is the key priority for 2006/2007.

#### **Learning from Action Research Project**

QAIHC undertook an action research project in collaboration with La Trobe University and the Cooperative Centre (CRC) for Aboriginal Health in 2005/2006 to identify the professional development and support needs of CEOs and Managers of Community Controlled Health Services (CCHSs). The *Learning from Action Project* involved a combination of learning sessions and interactive 'learning sets' and twelve (12) participants from QAIHC Member Organisations. The learning sessions comprised seminars on the following: Managing money (financial planning and analysis); Managing people (recruitment and managing performance); Managing strategy (implementing strategic plans; writing feasible plans); and Managing systems and policy (reading policy and managing partnerships). The 'learning sets' (2 x groups of 6) proved particularly effective for CEOs/Managers, providing an opportunity for CEOs/Managers to share challenges and workshop solutions in a safe and supportive environment. An academic unit of post-graduate study was developed by the Research Team and accredited by La Trobe University, based on the learning program and completion of a written assignment. Partial scholarships were also negotiated with the Faculty of

Health Sciences at La Trobe, with remaining fees covered by the Project Budget. Five (5) participants chose to enrol, and three (3) completed and passed. The academic credit is equivalent to 25% of a Graduate Certificate in Health Services Management. This aspect of the project was a high priority for QAIHC, which has since negotiated with Griffith University the establishment of a *QAIHC Executive Development Program* which builds on the *Learning from Action Project*. QAIHC is seeking funds from DoHA to establish its Executive Development Program as an initiative of the *QAIHC College of Aboriginal Health* in 2006/2007.

#### **QAIHC College of Aboriginal Health**

QAIHC Board endorsed a Strategic Plan 2006-2008 and Business Plan 2006/2007 for the establishment and operation of the *QAIHC College of Aboriginal Health*. The four (4) strategic objectives for the College comprise:

1. Increase the number of Aboriginal and Torres Strait Islander health professionals who possess qualifications relevant to the needs of clients serviced by Aboriginal and Islander Community Controlled Health Services (CCHSs) and by Queensland Health, spanning entry level qualifications at Certificate III to university degrees, for Health Workers, Nurses, Doctors, and Allied Health disciplines.
2. Develop the professional skills of Managers, Supervisors, and Administrators working within CCHSs to respond to the new and emerging requirements relating to business management, information management, accountability, planning, and external linkages and coordination.
3. Strengthen the governance capabilities of elected community controlled Boards/Governing Committees to respond to legislative, regulatory and contractual obligations; to provide strategic leadership to their organizations; and to articulate community needs and expectations.
4. Lead and support changes to the education and training accountabilities of mainstream institutions – schools, TAFEs, universities – so as to increase the numbers of Aboriginal and Torres Strait Islander students accessing their training for the primary health care system, and the relevance of their education and training programs to Aboriginal and Torres Strait Islander students.

The QAIHC Health College will focus on four principal areas of education and training development: Primary Health Care Professions; Management; Governance; and Mainstream

## 2005/06 in review

Linkage and Coordination. QAIHC will NOT seek accreditation itself as a Registered Training Organisation (RTO). Instead, the QAIHC triennial *Strategic Plan* endorsed a vision for the QAIHC Health College that was based on a network of relationships with external delivery institutions, including RTOs, and that this network would be a 'virtual' College united under a common brand based on quality and relevance.

### ***Aboriginal Community Controlled Health Sector Workforce Profiling***

QAIHC developed a Workforce Profiling tool that will be used to analyse statewide, regional and local trends in the Community Controlled Health and Substance Misuse Sectors. The profile will capture information that will enable QAIHC to formulate innovative solutions for services in the areas of recruitment and retention, training and career progression, service expansion, and capacity development in general.

### ***The Ministerial Council on Drug Strategy National Train the Trainer Pilot Project***

QAIHC led the establishment and rollout The National Train the Trainer Pilot Project in Queensland. The project is a unique vocational training project in that the curriculum is designed around the context and models of care provided by Aboriginal and Torres Strait Islander Substance Misuse Services. To support implementation of the project, QAIHC established a project team comprising Queensland Health and the University of Queensland's Queensland Alcohol Drug Research & Education Centre (QADREC). The program was available Substance Misuse Workers within the Community Controlled Health & Substance Misuse Sectors and Queensland Health.

This training is supporting workers and services to enhance the deliver substance misuse services to Aboriginal and Torres Strait Islander peoples and communities.

## 2005/06 in review

### Child and Maternal Health

QAIHC provided significant support to Member Organisations with preparation of proposals under the Commonwealth's *Healthy for Life* Initiative, with six (6) Member Organisations securing *Healthy for Life* funding in the 2005/2006 Year. QAIHC utilised the findings of an earlier review of child & maternal health services delivered by QAIHF/QAIHC Member Organisations undertaken by Dr Cindy Shannon and Dr Katie Panaretto to support development of *Healthy for Life* proposals. The Final Report of this Review is available from QAIHC Secretariat and has been reproduced by OATSIH and widely circulated to inform implementation of the *Healthy for Life* Initiative.

*QAIHC Consultancy Services* was also successful in its tender to DoHA to undertake Facilitation for the *Healthy for Life* Initiative. *QAIHC Consultancy Service* provided Facilitation support to some six (6) Community Controlled Health Services in 2005/2006.

### QAIHC MBS Project

QAIHC undertook a review of Medicare billings activity within Queensland CCHSs with a view to enhancing service billing performance. The QAIHC MBS Project aimed to: document current Medicare billing practices within Member Organisations; benchmark billing income in participating services; identify factors impacting on current Medicare billing practice; develop strategies for improvement in Medicare revenue generate within CCHSs; develop a framework to assess Medicare billing activity for use state-wide; and evaluate impact of any improvement strategies implemented within participating services. The Review was undertaken by QAIHC Medical Adviser, Dr Katie Panaretto.

The Review identified issues impacting on services capacity to access MBS and provided detailed strategies for improving performance for participating services. Issues impacting on CCHS access to MBS include: workforce, including use of allied health teams, need for improved relationship between management and health team and establishment of SMO positions; remuneration for GPs/Medical Officers, including use of incentives; Infrastructure; IT and PIRS, particularly connectivity of systems resulting in multiple medical records; access and use of appointment systems and need for *mixed* sessions; and chronic disease management, including use of care planning/use of registers.

QAIHC MBS Project identified need/potential for CCHSs to maximise funding derived from the Medicare system to supplement income from DoHA and other sources, noting that in Queensland in 2001, seven (7) or one (1) in three (3) services received less than \$300,000 in annual recurrent funding.<sup>2</sup>

QAIHC is currently seeking funds from OATSIH to undertake state-wide implementation of QAIHC MBS Project.

2 QAIHC MBS Project/Review cost approx \$40,000 and seen a number of services significantly increase MBS income, with a single CCHS reporting increase of >\$200,000 in 2005/2006.

## 2005/06 in review

### Relationship Management

QAIHC developed and significantly progressed implementation of a *Relationship Management Strategy* in 2005/2006, clearly articulating the nature and scope of partnership arrangements QAIHC values and strives to build and sustain to improve Aboriginal and Torres Strait Islander peoples' health and wellbeing in Queensland. The *QAIHC Relationship Management Strategy* identifies priorities, strategies and outcomes for the Community Controlled Health Sector to build and sustain partnerships to improve health. The Strategy aligns with and underpins QAIHC policy and advocacy priorities as outlined in QAIHC Constitution and *QAIHC SDRF Action Plans* for 2005/06 and 2006/2007. Key outcomes sought include:

- enhancing capacity and supporting development of CCHS in Queensland to deliver quality comprehensive primary health care;
- leading and advocating to improve Aboriginal & Torres Strait Islander health; and
- initiating reform of the health system to improve Aboriginal & Torres Strait Islander health.

QAIHC focussed effort in 2005/2006 on strengthening partnerships with key organisations in Queensland, including:

- Queensland Divisions of General Practice – convening 1<sup>st</sup> Joint Board Meeting to identify joint strategic priorities for action, utilising the framework provided by the NACCHO/ADGP MoU. QAIHC and QDGP also convened the 1<sup>st</sup> joint meeting of CEOs of CCHSs and Divisions of General Practice, again focussed on realisation of commitments to collaboration contained with the NACCHO/ADGP MoU – this work lead to QAIHC advocating via the Partnership for Divisions of General Practice to form part of the Membership of Regional Health Forums;
- Queensland (GP) Aboriginal & Torres Strait Islander Health Alliance – QAIHC continued to lead the Queensland Aboriginal & Torres Strait Islander Health Alliance and focus its efforts on improving access to GP services for Aboriginal and Torres Strait Islander communities throughout Queensland. The 2005/2006 Year focussed on improving access to MBS and PBS, with the Alliance sponsoring both QAIHC MBS and PBS Projects. QAIHC also hosted the 1<sup>st</sup> Alliance Showcase in September 2005, providing an opportunity to showcase progress/activities of the Alliance and QAIHC Membership;

- Australian Medical Association Queensland (AMAQ) – QAIHC hosted Federal and State Presidents of AMA on a tour of Community Controlled Health and Substance Misuse Services in Far North Queensland and assisted with the launch of the AMA Aboriginal & Torres Strait Islander Health Policy. The tour and media conference convened for the launch of the revised AMA Policy generated significant media interest and provided an opportunity to showcase the work of our services and highlight the continued under-resourcing of Aboriginal & Torres Strait Islander health and administrative burden placed on services in relation to reporting;
- Queensland AIDS and Hepatitis Councils – negotiation and execution of MoUs committing our organisations to working collaboratively to address sexual health and BBV within Aboriginal and Torres Strait Islander communities in Queensland;
- Link Up Queensland – negotiation and execution of MoU to work collaboratively to address the needs of Stolen Generations in Queensland;
- Queensland Council of Social Services (QCOSS) – convening 1<sup>st</sup> joint Board Meeting to identify joint strategic priorities for action, including development of joint Budget submission and joint advocacy;
- Northern Aboriginal & Torres Strait Islander Health Alliance (NATSIHA) – as reported earlier, QAIHC and NATSIHA executed a MoU in 2005/2006, providing a basis for ongoing collaboration across the Community Controlled Health Sector in Queensland; and
- Queensland Indigenous Substance Misuse Council (QISMC) – as reported earlier, QAIHC and QISMC reaffirmed their commitments to working in partnership to address substance misuse within Aboriginal and Torres Strait Islander communities in Queensland. QAIHC assisted with convening Annual Workshop of QISMC Members and facilitated development of Annual Workplan for 2005/2006.

QAIHC also continued its work with Registered Training Providers (RTPs) to implement the GPET Framework. QAIHC re-negotiated *fee for service* arrangements with the Central and Southern Queensland Training Consortium (CSQTC) for the delivery of the Aboriginal Health Module to GP Registrars, with QAIHC delivering training to over sixty (60) GP Registrars in 2005/2006.

## 2005/06 in review

### member support

The QAIHC Member Support Program aims to build capacity of Member Organisations to provide comprehensive primary health care through provision of comprehensive support services spanning governance and management, budgeting and financial management, human resource management, strategic and operational planning and shared procurement/cost saving arrangements. Established in the 2004/2005 Year, the QAIHC Member Support Program operates as *the* core function of QAIHC Secretariat.

During 2005/2006 QAIHC provided comprehensive/targeted support services to Member Organisations (on request), comprising: development and review of strategic plans, business plans and SDRF Action Plans; development of corporate policies and procedures; development and implementation performance management systems, including staff appraisals; business and organisational restructuring; time-bound, on-site targeted assistance in budgeting and financial management; and service development. QAIHC delivered organisational development assistance to some thirteen (13) Member Organisations in 2005/2006 Year.

QAIHC Member Support Program, in partnership with the Office for Aboriginal & Torres Strait Islander Health (OATSIH), also delivered some eight (8) Finance Workshops during 2005/2006 and formalised the network of CEOs and Finance Officers attending Workshops through establishment of the Queensland Indigenous Finance Network (QIFN). The Network comprises CEOs and Finance Officers from ALL OATSIH funded organisations in Queensland.

Finance Workshops convened in 2005/2006 addressed key issues impacting on the operation of OATSIH funded organisations, including changes to FBT/Tax Law, amendments to OATSIH Funding Agreement, preparation of Annual/OATSIH Budgets, changes to Employment/IR Law, new/additional requirements of Auditors, and amendments to Aboriginal Councils & Associations Act (ACAC) 1976. Evaluation of Finance Workshops report participant/organisation satisfaction with Workshops and activities, with organisations reporting improved capacity to report and comply with reporting and legislative requirements. OATSIH has also reported significant improvement in reporting and compliance of funded organisations since commencement of the Workshops.



QAIHC will undertake an independent assessment/evaluation of its Member Support Program in 2006/2007 to determine its effectiveness and identify areas for improvement.

### **Sexual Health & Blood Borne Viruses (BBV)**

QAIHC continued to support Member Organisations with the development and delivery of sexual health and BBV services. In particular, QAIHC provided support to Sexual Health Workers employed within CCHSS throughout Queensland, assisting with development of health promotion activities and implementation of an induction program for *new* and *existing* Sexual Health Workers. In 2005/2006, QAIHC also negotiated with the University of Queensland (UQ) to undertake state-wide implementation of an Aboriginal and Torres Strait Islander Injecting Drug Use (IDU) harm minimisation program.

QAIHC continued to work in collaboration with DoHA and Queensland Health to convene the *Queensland Indigenous Sexual Health Workers Network* (formerly Deadly Sex Congress), providing an opportunity for Sexual Health Workers throughout Queensland to network and access specialised training in sexual health and BBV prevention/management. QAIHC also undertook an analysis of the Sexual Health & BBV Workforce in 2005/2006, identifying the need for specific and accredited training for specialised and generalist Aboriginal Health Workers. This analysis has informed negotiations with the Aboriginal Health & Medical Research Council (AH&MRC) of NSW, with a view to Sexual Health Workers in Queensland undertaking the AH&MRC sexual health qualification in the 2006/2007 Year.

## 2005/06 in review

In response to the *National Aboriginal & Torres Strait Islander Sexual Health & Blood Born Virus Strategy 2005-2008*, QAIHC commissioned a review of Sexual Health & BBV services delivered by Member Organisations to identify good practice models and recommend strategies for state-wide implementation. The Review has informed development of a regional model for delivery of sexual health & BBV services, aimed at improving integration of sexual health & BBV within primary health care services delivered by Member Organisations. QAIHC has secured funds from OATSIH to undertake consultations and support implementation of reforms in 2006/2007.

### ***Bringing Them Home (BTH)/Emotional & Social Well-Being***

QAIHC continued to provide support to Bringing Them Home (BTH) Counsellors employed within Member and non-Member Organisations throughout Queensland. QAIHC convened Annual BTH Workshop in September 2005, attended by BTH Counsellors and Regional Centres for Emotional & Social Well-Being. The Workshop provided an opportunity for BTH Counsellors to network, consider and discuss traditional healing models and clarify their role and scope of practice. The Workshop also provided an opportunity for QAIHC to present and validate results of an analysis undertaken of the training and support needs of BTH Counsellors. The results of this analysis informed negotiations with Regional Centres for Emotional & Social Well-Being, along with development of the *Strategic Plan for the QAIHC College of Aboriginal Health 2006-2008*.

QAIHC also developed an implementation plan for the *National Social & Emotional Well-Being Framework 2005-2009* and will seek to utilise this plan to inform roll-out of COAG Mental Health Initiatives in Queensland in 2006/2007.

## 2005/06 in review

### centre for clinical research excellence (ccre)

National Health & Medical Research Council (NHMRC) approved funding over five (5) years for establishment and operation of QAIHC CCRE, with a focus on circulatory conditions among Aboriginal and Torres Strait Islander populations in urban areas. Governance of the Centre has been vested in QAIHC Board. QAIHC is also responsible for management/operation of the CCRE under a Service Agreement with QUT (administering institution for NHMRC grant), recruiting Centre Director and Research Manager.

Objectives of the QAIHC CCRE include:

- supporting research to improve health outcomes in the community;
- supporting and fostering training of Aboriginal and Torres Strait Islander health workers and health professionals;
- increasing the opportunities for Aboriginal and Torres Strait Islander researchers; and
- translating research findings to improve health service practice, influence policy and investments in Aboriginal and Torres Strait Islander health.

QAIHC continued work in 2005/2006 with Consortium partners to further develop and implement the CCRE Research Program - CCRE partners include: University of Queensland (UQ); Queensland University of Technology (QUT); James Cook University (JCU); National Heart Foundation; and the University of Wollongong (UW). A Workshop convened by QAIHC in December 2005, involving Chief Investigators (CIs) for the CCRE and health service representation, further defined the CCRE Research Program as comprising four (4) Program Areas, including: Improving the Prevention and Management of Chronic Conditions; Improving Access to Health Services & Programs; Health System Development & Reform; and Building Capacity & Enabling Health Research.

QAIHC focussed considerable effort in 2005/2006 on establishment of appropriate structures to support Health Services and securing additional funds to enhance work of CCRE Research Program.

QAIHC secured funds from various sources to undertake the following:

- Health Information Project - to develop minimum health information reporting set and analyse current patient information recall and management system capacities and specification requirements to monitor and report health outcomes and quality improvement;

- Access & Equity Project - to conduct an economic analysis of direct, indirect and opportunity costs to Aboriginal and Torres Strait Islander Health Services and the health sector in providing comprehensive primary health care to achieve health outcomes based on the burden of disease and social determinants of health; and
- Primary Prevention Capacity Building Project - to develop, implement and evaluate a model of primary prevention (nutrition and physical activity) care for Aboriginal and Torres Strait Islander peoples designed to build capacity and sustainability of local and regional activity and primary health care service delivery.

In 2005/2006 QAIHC also commenced foundation research project of the CCRE involving the profiling of participating services. The participating health services are the Aboriginal & Islander Community Health Services (AICHS) Brisbane, Kambu Medical Centre, Inala Indigenous Health Service, and the Townsville Aboriginal & Islander Health Service. The project aims to establish a health service profile that describes the chronic disease prevention and management services provided within each of the four (4) CCRE Health Services. The project will provide a platform from which the CCRE Research Program will develop and expand and make recommendations for services in relation to processes and structures required to improve chronic disease prevention and management outcomes.

Linked to the work of the CCRE, QAIHC also secured resources under *Queensland Chronic Disease Strategy 2005-2015* (2 x FTE) to further contribute to the evidence base for chronic disease prevention and management through development, implementation and evaluation of models of service delivery and enhance QAIHC's capacity to provide state-wide leadership and support to implementation of chronic disease prevention and management strategies. Funding for these positions will commence November 2006.



## 2005/06 in review

### child protection

QAIHC continued its work with the Community Controlled Child Protection Sector through 2005/06 to improve the health and overall well-being of Aboriginal and Torres Strait Islander children, young people and their families AND ensure a strong, united voice to Government with the implementation of reforms to Queensland's child protection system.

This partnership between Community Controlled Health and Child Protection Sectors was formalised with the signing of the original Queensland Aboriginal and Torres Strait Islander Child Protection Partnership Agreement (the Agreement) and the establishment of the Queensland Aboriginal & Torres Strait Islander Child Protection Partnership in Hervey Bay in May 2004. QAIHC and the Community Controlled Child Protection Sector re-affirmed their commitment to the Queensland Aboriginal & Torres Strait Islander Child Protection Partnership in 2005/2006, executing a 2<sup>nd</sup> Queensland Aboriginal & Torres Strait Islander Child Protection Partnership Agreement.

Aboriginal and Torres Strait Islander children and young people continue to be over-represented in Queensland's child protection system. Aboriginal and Torres Strait Islander children, despite forming just 6% of the total population for the age range, comprise 25% of all children and young people in care in Queensland. 50% of these children are in care due to neglect – issues of neglect, primarily nutrition and hygiene, are closely linked to primary health care. Complex social and personal factors and often also associated with child protection issues, particularly substance misuse and emotional and social well-being of carers, inadequate housing and unemployment. The view of Queensland Aboriginal & Torres Strait Islander Child Protection Partnership is that, without a truly comprehensive and holistic approach to improving the overall well-being of families, reforms to the child protection system in Queensland are liable to be doomed to continuing cycles of failure.

QAIHC continued to support the Community Controlled Child Protection Sector in Queensland with implementation of reforms to Queensland's child protection system

and to address over-representation of Aboriginal and Torres Strait Islander children and young peoples. QAIHC was successful in 2005/2006 in advocating for significant increase in funding for existing Aboriginal & Islander Child Care Agencies, with the Department of Child Safety committing to three (3) year Funding Agreements. QAIHC also extended its Member Support Program to Community Controlled Child Protection Services, providing comprehensive support to five (5) of the ten Member Organisations of the Queensland Aboriginal & Torres Strait Islander Child Protection Partnership. QAIHC played a significant support role with Members, assisting with development of a Quality Assurance (QA) Standards Manual and preparing services for review and accreditation.

QAIHC efforts to date have focussed on the statutory end of the continuum, supporting the operation of Recognised Entity and Placement/Alternative Care Services. QAIHC and the Partnership have identified the need for a more balanced continuum, with significant increase in prevention and early intervention/family support services a key priority for 2006/2007.

QAIHC is currently supporting the Partnership with development of its own/independent peak body, assisting with development of Constitution and transition plan for transfer of functions at end June 2007. QAIHC efforts to date have focussed on the statutory end of the continuum, supporting the operation of Recognised Entity and Placement/Alternative Care Services. QAIHC and the Partnership have identified the need for a more balanced continuum, with significant increase in prevention and early intervention/family support services a key priority for 2006/2007.



## 2005/06 in review

### population health

In late 2005/2006 QAIHC secured funds (\$1.5m) from Queensland Health to establish a Population Health Unit to further support the Community Controlled Health Sector, utilising a regional hub model (northern and southern). The QAIHC Population Health Unit will provide population health expertise and service delivery support to CCHSs at local and regional levels and ensure best use of existing and new resources to improve chronic disease in Aboriginal and Torres Strait Islander peoples in Queensland. Objectives of QAIHC Population Health Unit include:

- Development of a regional hub model for the co-ordination, monitoring and service delivery support for chronic disease (prevention and management) initiatives in Aboriginal and Torres Strait Islander health;
- Establishment of local level networks for collaboration in prevention, treatment, care and support initiatives in relation to Aboriginal and Torres Strait Islander chronic disease;
- Facilitate access to specialist and allied health services to ensure these services are enhanced within the primary health care setting and coordinate chronic disease care across a range of service settings for Aboriginal and Torres Strait Islander people.
- Building the capacity of the community controlled health sector and mainstream services in responding to Aboriginal and Torres Strait Islander chronic disease needs; and
- Identification of current gaps in service provision and priority needs in relation to Aboriginal and Torres Strait Islander chronic disease.

QAIHC anticipates recruiting key personnel to the Population Health Unit by end December 2006, including Public Health Physician; Primary Prevention Coordinators (4); and Data Management/Epidemiologist (2).

achieving a state of wellness in line with our evolving notion of **cultural wellbeing**

queensland aboriginal & islander health council **annual report 2005/2006**



QUEENSLAND ABORIGINAL & ISLANDER  
**HEALTH COUNCIL**

**QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD**  
**(ABORIGINAL CORPORATION)**

**FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2006**

## qaihc financial statements

**QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD  
(ABORIGINAL CORPORATION)  
INCOME STATEMENT  
FOR THE YEAR ENDED 30 JUNE 2006**

	NOTE	2006 \$	2005 \$
<b>INCOME</b>			
<b>Grants Income</b>	<b>9(b)</b>		
<b>OATSIH</b>			
Administration and Secretariat Service		116,515.00	114,008.22
Bringing Them Home Co-Ordinator		94,015.00	91,990.99
Bringing Them Home - ESWB Workshop		-	70,000.00
Communication Strategy		101,750.00	101,999.95
Finance Officer		32,083.00	-
Finance Workshop		107,000.00	-
FSW/CQ Regional Plan Analysis		60,000.00	-
GP Policy Officer (Alliance)		50,000.00	50,000.00
Governance Training		45,276.00	-
Medical Indemnity Project		32,500.00	-
Members Support Project Officer		110,000.00	-
Mens Health		20,000.00	-
Model for SH & BBV Qld		58,500.00	-
Partnership Policy Officer		106,416.00	-
PHCAP Position		548,176.92	323,817.01
QISMIC		127,656.00	-
Regional Health Development Officer		110,000.00	-
Sexual Health Magnet Kits		-	10,000.00
Sexual Health Project Officer		-	79,985.41
SDRF Support		-	10,000.00
Workforce Co-ordinator		106,048.00	103,767.23
Workforce Implementation Officer		100,000.00	-
Workshop/Training		35,412.91	157,375.00
		<b>1,961,348.83</b>	<b>1,112,943.81</b>
<b>Queensland Health Department</b>			
Administration and Secretariat Service		115,582.00	110,787.00
Regional Health Planner		132,259.00	-
Regional Health Hubs		1,500,000.00	-
Scope of Practice		59,872.00	-
Partnership Audit		15,000.00	-
Alliance Policy Officer		27,500.00	25,000.00
QLD Health Policy Officer		120,841.00	80,600.00
		<b>1,971,054.00</b>	<b>216,387.00</b>
<b>Queensland Department of Child Safety</b>			
Child Protection		<b>663,612.00</b>	<b>383,253.00</b>
<b>Non Grant Income</b>			
<b>Department Employment STEP Project</b>		<b>-</b>	<b>3,636.36</b>

## qaihc financial statements

**QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD  
(ABORIGINAL CORPORATION)  
INCOME STATEMENT  
FOR THE YEAR ENDED 30 JUNE 2006**

	NOTE	2006 \$	2005 \$
<b>INCOME</b> Continued			
<b>QDGP- Alliance Policy Officer</b>		<b>10,000.00</b>	<b>9,090.91</b>
<b>QRMSA- Alliance</b>		<b>22,727.27</b>	<b>22,727.27</b>
<b>Medfin Australia - Reimbursement</b>		-	-
<b>RACGP- GPET</b>		<b>1,400.00</b>	-
<b>National Representation</b>		<b>95,416.72</b>	-
<b>QLD University Of Technology</b> Centre Clinical Research		419,506.00 <b>419,506.00</b>	44,431.62 <b>44,431.62</b>
<b>James Cook University</b> Alliance project Officer Administration		10,000.00 10,000.00 <b>10,000.00</b>	10,000.00 10,000.00 <b>20,000.00</b>
<b>General Practice Education &amp; Training</b> GP Education & Training		<b>33,300.00</b>	<b>80,724.75</b>
<b>Central &amp; Southern Qld Training</b> GP Education & Training		<b>12,837.17</b>	<b>15136.36</b>
<b>Latrobe University</b>		<b>45,211.00</b>	<b>47020.00</b>
<b>WA - QISMIC</b> MCDS Training 1-2		101,440.00 <b>101,440.00</b>	- -
<b>Self-Generated Income</b> ATSICHET Grant 2005 Adjustment Consulting workshops & Members' Support Services Interest Received Miscellaneous Income		(13,636.36) 180,183.66 49,670.09 95,018.17 <b>311,235.56</b>	- 174,655.44 21,575.04 - <b>196,230.48</b>
		<b>5,659,088.55</b>	<b>2,151,581.56</b>
<b>Grants and Revenue Received in Advance</b> Unused Grants @ beginning of period Revenue Received in Advance beginning of period Unused Grants @ end of period Revenue Received in Advance @ end of period		401,946.47 - (422,076.26) (1,672,320.40) <b>(1,692,450.19)</b>	424,524.99 120,253.14 (137,283.43) (264,663.04) <b>142,831.66</b>
<b>Movement in Grants &amp; revenue received in Advance Accounts</b>		<b>(1,692,450.19)</b>	<b>142,831.66</b>
<b>Total Income</b>		<b>3,966,638.36</b>	<b>2,294,413.22</b>

## qaihc financial statements

**QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD  
(ABORIGINAL CORPORATION)  
INCOME STATEMENT  
FOR THE YEAR ENDED 30 JUNE 2006**

	NOTE	2006 \$	2005 \$
<b>EXPENDITURE</b>			
Auditors Remuneration	<b>4(a)</b>	34,820.00	14,920.50
Advertising		863.18	-
Auspice Fund Outside Organisations		10,000.00	-
Bank Charges		3,526.04	3,228.77
Bad Debts		1,386.55	-
Doubtful Debts		11,128.99	-
Capital Expenditure Property Plant & Equipment		-	60,034.72
Catering		10,249.3	3,192.86
Cleaning & Rubbish Removal - Offices		17,667.73	11,214.25
Computer Expenses		10,892.78	8,793.83
Conferences and Meetings		33,044.51	27,039.03
Consultancy Fees		336,498.26	268,430.22
Courier		46.62	-
Depreciation Expense	<b>1</b>	99,527.00	35,654.00
Donations		150.00	-
Dues and Subscriptions		1,451.82	496.36
Education Material		1,290.91	-
Electricity		8,931.41	5,056.64
General Expenses		2,503.94	4,786.50
Insurance		23,641.15	5,029.74
Late Fees and Fines		435.12	51.73
Lease Equipment		3,846.00	2,156.00
Lease Payout Provision - Woolloongabba Premises	<b>14</b>	328,934.07	-
Legal Fees		20,908.71	310.00
Loan Interest		17,679.09	-
Loan Brokerage Fees		8,124.97	-
Loan Stamp Duty		600.93	-
Motor Vehicle Operating		16,422.22	15,191.43
Motor Vehicle Lease		23,826.74	23,614.87
Office Equipment		1,390.68	238.49
Parking & Tolls		1,985.48	1,303.43
Postage		5,371.72	4,414.03
Printing		48,816.59	28,640.59
Promotions		4,286.20	14,623.68
Provision Scholarships		92,436.00	-
Rates		-	1,401.55
Recruitment Costs		155,522.77	6,466.10
Registration - Training Fees		6,147.13	-
Rent		179,229.98	55,234.44
Repairs and Maintenance		1,459.62	1,185.62
Relocation Costs		-	7,742.73
		<b>1,525,044.28</b>	<b>610,452.11</b>

## qaihc financial statements

**QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD  
(ABORIGINAL CORPORATION)  
INCOME STATEMENT  
FOR THE YEAR ENDED 30 JUNE 2006**

	NOTE	2006 \$	2005 \$
<b>EXPENDITURE</b> <i>Continued</i>			
Repairs and Maintenance Building		4,546.17	17,001.36
Removals & Storage		5,338.91	4,260.41
Resource Library		3,359.29	72.73
Salary and Wages		1,448,022.75	992,194.06
Salary and Wages - Accrued Annual Leave		60,812.11	58,607.33
Security		2,304.01	1,741.69
Service Fee		1,720.00	1,669.98
Staff Amenities		9,198.7	1,525.99
Staff Uniforms		1,931.57	60.18
Stationery		19,235.79	16,245.52
Sub-Contractors		124,985.33	-
Superannuation		152,152.2	86,466.91
Telephone and Internet		39,455.97	22,862.65
Telephone Mobile		24,315.11	27,484.66
Training & workshops		-	56,768.18
Travel Allowance		81,042.18	66,036.35
Travel and Accommodation		371,928.80	261,476.01
Venue Fees		39,236.22	57,170.29
Wages Other		-	7,867.00
Workcover		6,994.60	4,980.74
<b>Total Expenses</b>		<b><u>3,921,624.07</u></b>	<b><u>2,294,944.15</u></b>
<b>Operating Surplus/(Deficiency) before non-operating items</b>		<b><u>45,014.29</u></b>	<b><u>(530.93)</u></b>
Loss on Disposal of Plant & Equipment		-	(41,812.07)
Grant Assets written Back to Capital	3	-	44,249.78
<b>Net Surplus/(Deficiency)</b>		<b><u>45,014.29</u></b>	<b><u>1,906.78</u></b>
Retained surplus at the beginning of financial year		171,007.06	169,100.28
		<b><u>216,021.35</u></b>	<b><u>171,007.06</u></b>
<b>RETAINED SURPLUS AT END OF FINANCIAL YEAR</b>		<b><u>216,021.35</u></b>	<b><u>171,007.06</u></b>

## qaihc financial statements

**QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD  
(ABORIGINAL CORPORATION)  
BALANCE SHEET  
FOR THE YEAR ENDED 30 JUNE 2006**

	NOTE	2006 \$	2005 \$
<b>CURRENT ASSETS</b>			
Cash	6	3,459,813.87	200,000.00
Receivables	7	130,770.34	665,735.25
<b>TOTAL CURRENT ASSETS</b>		<b><u>3,590,584.21</u></b>	<b><u>865,735.25</u></b>
<b>NON CURRENT ASSETS</b>			
Property, Plant & Equipment	8	253,964.28	97,773.28
<b>TOTAL NON CURRENT ASSETS</b>		<b><u>253,964.28</u></b>	<b><u>97,773.28</u></b>
<b>TOTAL ASSETS</b>		<b><u>3,844,548.49</u></b>	<b><u>963,508.53</u></b>
<b>CURRENT LIABILITIES</b>			
Creditors & Accruals	9(a)(i)	911,968.48	315,840.40
Borrowings	9(a)(ii)	157,701.22	-
Unexpended Grants	9(b)	422,076.26	137,283.43
Revenue Received in Advance	9(c)	1,672,320.40	264,663.04
Provisions	10	464,460.78	74,714.60
<b>TOTAL CURRENT LIABILITIES</b>		<b><u>3,628,527.14</u></b>	<b><u>792,501.47</u></b>
<b>TOTAL LIABILITIES</b>		<b><u>3,628,527.14</u></b>	<b><u>792,501.47</u></b>
<b>NET ASSETS</b>		<b><u>216,021.35</u></b>	<b><u>171,007.06</u></b>
<b>MEMBERS FUNDS AT 30 JUNE 2006</b>			
Retained Surplus		216,021.35	171,007.06
<b>TOTAL MEMBERS' FUNDS</b>		<b><u>216,021.35</u></b>	<b><u>171,007.06</u></b>

## qaihc financial statements

**QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD  
(ABORIGINAL CORPORATION)  
STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDED 30 JUNE 2006**

	2006 \$	2005 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Receipts from customers and funding agencies	6,194,053.46	2,416,572.30
Payments to suppliers and employees	2,836,222.81	2,479,372.85
<b>Net Cash provided by (used) in Operating Activities</b>	<b>3,357,830.65</b>	<b>-62,800.55</b>
<b>CASH FLOW FROM INVESTING ACTIVITIES</b>		
Loan from Medfin Aust Pty Ltd	279,769.76	-
Loan repayments to Medfin Australia	(122,068.54)	-
Proceeds from sale of property, plant & equipment	-	818.28
Payments for property, plant & equipment	(255,718.00)	(44,549.61)
Transfer to QAIHC prior to 30 June 2005	-	(200,000.00)
<b>Net Cash provided (used in) investing activities</b>	<b>(98,016.78)</b>	<b>(243,731.33)</b>
Net Increase/(Decrease) in cash held	3,259,813.87	(306,531.88)
Cash at Beginning of Period	200,000.00	685,668.25
Cash at end of Period	<b>3,459,813.87</b>	<b>478,544.81</b>
<b>RECONCILIATION OF CASH</b>		
Cash at the end of year is shown in the Balance Sheet as:		
i) Cash	<b>3,459,813.87</b>	<b>200,000.00</b>
For the purposes of this Statement of Cash Flows, cash includes:		
Cash at Bank	3,459,613.87	200,000.00
Petty Cash	200.00	-
	<b>3,459,813.87</b>	<b>200,000.00</b>
<b>Reconciliation of Cash Flow from Operating Activities</b>		
Operating Surplus/(Deficit)	<b>45,014.29</b>	<b>(530.93)</b>
Adjust for capital Purchases	-	44,249.78
	<b>-</b>	<b>44,249.78</b>
Non Cash Flow in Operating Surplus		
Change in Grants & Revenue Recd. in Advance	1,692,450.19	142,831.66
Changes in Provisions	482,182.18	417,418.68
Depreciation	99,527.00	35,654.00
	<b>2,274,159.37</b>	<b>595,904.34</b>
Changes in Assets and Liabilities		
(Increase)/Decrease in Debtors and prepayments	534,964.91	291,354.37
decrease in grants carried forward	-	-
Increase in Creditors and Accruals	503,692.08	(292,960.31)
	1,038,656.99	(1,605.94)
	<b>3,357,830.65</b>	<b>638,017.25</b>

## qaihc financial statements

### QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD (ABORIGINAL CORPORATION) NOTES TO THE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2006

#### NOTE 1 - STATEMENT OF ACCOUNTING POLICIES

This financial report is a special purpose financial report prepared in order to satisfy the financial report preparation requirements of the Corporations Act 2001. The directors have determined that the company is not a reporting entity.

The report has been prepared in accordance with the requirements of the Corporations Act 2001 and the following applicable Accounting Standards and Urgent Issues Group Consensus Views:

AASB 101:	Presentation of Accounting Statements
AASB 107:	Cash Flow Statements
AASB 108:	Accounting Policies, Changes in Accounting Estimates & Errors
AASB 1031:	Materiality
AASB 1048:	Interpretation & Application of Standards

No other Accounting Standards, Urgent Issues Group Consensus Views or other authoritative pronouncements of the Australian Accounting Standards Board have been applied.

The report is also prepared on an accruals basis and is based on historic costs and does not take into account changing money values or, except where specifically stated, current valuations of non-current assets.

The following material accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of this report:

#### Grants

Revenue grants are disclosed in grant acquittal statements and matched against operating costs. Balances unexpended are carried to unexpended grants current liability. Capital grants are carried to Members Funds only as they are expended.

#### Income Tax

No income tax is payable as the Company is an exempt organisation under Section 50-10 of the Income Tax Assessment Act 1997.

#### Property, Plant & Equipment

Property, plant and equipment are brought to account at cost less any accumulated depreciation. The depreciation method used is the diminishing value method of depreciation, in which the assets are depreciated over their useful life.

#### Employee Entitlements (Refer note 10)

Provision is made for annual leave entitlements that employees accrue each year. This entitlement is brought to account at year-end at the employee's wage at that time plus applicable leave loading entitlements. A provision has been made for Long Service Leave. In accordance with directions from the funding bodies provision for long service leave must be made from the initial date of employment of staff. Superannuation contributions are accrued and charged as wages are paid.

## qaihc financial statements

### QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD (ABORIGINAL CORPORATION) NOTES TO THE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2006

#### Accumulated Funds

In the event of the winding up accumulated funds will not be distributed to members. The funds are to be distributed to another body incorporated with a similar constitution and objectives as that of the current Company. Otherwise the funds are to be returned to the relevant body, which originally granted the funds to the Company.

#### NOTE 2 - COMPANY LIMITED BY GUARANTEE

The company does not have a share capital. It is a public company limited by guarantee under the Corporations law. The amount, which is capable of being called up in the event of the winding up of the company, is not to exceed \$10 per member by virtue of the company's Constitution.

#### NOTE 3 - DIRECTORS REMUNERATION & RELATED PARTY TRANSACTIONS

(a) The names of the Directors in office at any time during or since the end of the year are:

Ms Rachel Atkinson  
Ms Sheryl Lawton  
Mr David Baird  
Ms Elizabeth Adams  
Mr Tom Cleary  
Mr Bernie Singleton  
Ms Amy Lester  
Ms Vanessa Clements  
Mr Mark Moore  
Mr Darren Kennedy  
Mr Michael Adams (Resigned)  
Ms Valerie Craigie (Resigned)  
Mrs Marilyn Dillon (Resigned)  
Dr Bronwyn Fredericks (Resigned)  
Mr Alec Illin (Resigned)

(b) The directors did not enter into any transactions with the company during the year.

(c) The directors received no remuneration from the company during the year.

## qaihc financial statements

**QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD  
(ABORIGINAL CORPORATION)  
NOTES TO AND FORMING PART OF THE FINANCIAL REPORT  
FOR THE YEAR ENDED 30 JUNE 2006**

**NOTE 4: Income Statement**

- a) Auditor's Remuneration  
Audit  
Other Services

2006 \$	2005 \$
15,909.09	12,600.00
18,910.91	20,220.50
34,820.00	32,820.50

- b) The corporation receives government grants to fund its operations. Any unspent balances are expended in the following year, subject to funding agency approval and acquittal in accordance with Terms and Conditions of Grants. Where these conditions can not be met, the grants are subject to repayment to the agency. Unexpended grant balances are therefore appropriately carried as current liability.

**NOTE 5: Non-Operating Items**

**Capital Grants**

- Office Equipment and Plant written back to Capital  
Office Equipment and Plant expensed

2006 \$	2005 \$
-	44,249.78
-	15,784.94
-	60,034.72

**NOTE 6: Cash**

- Cash At Bank - Operating A/C  
Cash At Bank - Consultancy  
DGR Cheque Account  
QAIHC Provision Account  
Petty Cash

2,773,640.87	200,000.00
361,277.96	-
13,238.44	-
311,456.60	-
200.00	-
3,459,813.87	200,000.00

Cash at bank is a "restricted asset" in that amounts representing unexpended grants may only be applied for the purpose specified in conditions of grants.

## qaihc financial statements

**QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD  
(ABORIGINAL CORPORATION)  
NOTES TO AND FORMING PART OF THE FINANCIAL REPORT  
FOR THE YEAR ENDED 30 JUNE 2006**

**NOTE 7: Receivables**

	2006 \$	2005 \$
Trade Debtors	141,899.33	665,735.25
Provision for Doubtful Debt	(11,128.99)	-
	130,770.34	665,735.25

**NOTE 8: Property, Plant & Equipment**

Motor Vehicles	20,264.23	28,789.23
Less Accumulated Depreciation	(3,800.00)	(8,525.00)
	16,464.23	20,264.23

Furniture & Equipment	333,227.05	131,440.05
Less Accumulated Depreciation	(95,727.00)	(53,931.00)
	237,500.05	77,509.05

**253,964.28**

**97,773.28**

**NOTE 9(a)(i): Creditors**

Trade Creditors	85,576.91	24,560.43
CCRE Scholarship Provision	92,436.00	-
Accrued/Committed Expenses	500,636.47	185,915.00
Australian Tax Office GST	195,034.59	64,393.53
Australian Tax Office PAYG Withholding	37,772.85	32,992.21
Payroll Deduction Payable	511.66	2.03
HSUA Union Fees	-	75.00
Staff Superannuation Funds	-	7,902.20
	911,968.48	315,840.40

**911,968.48**

**315,840.40**

**NOTE 9(a)(ii): Borrowings**

**Loan Medfin Australia Pty Ltd**

**Current**

Gross Loan	153,107.52	-
Unexpired Interest	(7,395.79)	-
Unexpired Stamp Duty	(655.56)	-
	145,056.17	-

**145,056.17**

**-**

**Non-Current**

Gross Loan	12,704.33	-
Unexpired Interest	(59.28)	-
	12,645.05	-

**12,645.05**

**-**

## qaihc financial statements

**QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD  
(ABORIGINAL CORPORATION)  
NOTES TO AND FORMING PART OF THE FINANCIAL REPORT  
FOR THE YEAR ENDED 30 JUNE 2006**

<b>NOTE 9(b) Schedule of Grants</b>	<b>Unexp 2005</b>	<b>Release 2006</b>	<b>Other Income</b>	<b>Expended 2006</b>	<b>Unexp. 30.06.06</b>	<b>Over-exp 30.06.06</b>
<b>GRANT Receipts (Excluding GST)</b>						
OATSIH Secretariat	-	116515	600	123140	-	6025
OATSIH Bringing them Home	3140	94015	-	95587	1568	-
OATSIH Bringing Them Home/ ESWB	16160	-	-	16160	-	-
OATSIH Members Support Project Officer	-	110000	-	81240	28760	-
OATSIH Workforce CO-Ordinator	115	106048	376	105564	975	-
OATSIH Workforce Implementation Office	-	100000	-	23952	76048	-
OATSIH Communicable Diseases	-	101750	-	108201	-	6451
OATSIH Model for SH & BBV Qld	-	58500	-	58500	-	-
OATSIH Sexual Health Magnet Kits	10000	-	-	10000	-	-
OATSIH PHCAP Position 06	13525	477833	70344	331743	229959	-
OATSIH Regional Health Development Officer	-	110000	-	50000	60000	-
OATSIH FSW/CQ Regional Plan Analysis	-	60000	-	60000	-	-
OATSIH Partnership Policy Officer	-	106416	-	96304	10112	-
OATSIH QISMIC	-	127656	488	122832	5312	-
OATSIH Finance Network Workshop Trainin	84526	-	-	88070	-	3544
OATSIH Finance Workshop 05/06	-	107000	-	110852	-	3852
OATSIH Governance Training	-	45276	-	45276	-	-
OATSIH Wide Bay Forum	-	20000	-	20000	-	-
OATSIH Medical Indemnity Project	-	32500	-	32500	-	-
OATSIH Finance Officer	-	32083	-	34842	-	2759
QLD Health Secretariat	-	115582	600	122582	-	6400
QLD Health QAIHC Policy Officer	8191	120841	-	123690	5342	-
OATSIH Regional Health Planner	-	132259	-	132259	-	-
Dept of Child Safety Child Protection	1191	663612	-	671905	-	7102
OATSIH Members Support	-	-	94443	101816	-	7373
OATSIH Mens Health	-	20000	-	16000	4000	-
OATSIH Community Education Kit	-	-	-	600	-	600
	<b>136848</b>	<b>2857886</b>	<b>166852</b>	<b>3029827</b>	<b>422076</b>	<b>44106</b>

**Overexpended grants are written off against surplus revenue**

**Unspent Grants Carried Forward**

**422,076.26**

## qaihc financial statements

**QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD  
(ABORIGINAL CORPORATION)  
NOTES TO AND FORMING PART OF THE FINANCIAL REPORT  
FOR THE YEAR ENDED 30 JUNE 2006**

**NOTE 9(c) Schedule of Revenue Received In Advance**

Refer note 11	<b>Unexp 2005</b>	<b>Release 2006</b>	<b>Other Income</b>	<b>Expended 2006</b>	<b>Unexp. 30.06.06</b>	<b>Over-exp 30.06.06</b>
<b>Revenue Receipts (Excluding GST)</b>						
GP Education & Training	43549	33300	18607	113328	-	17872
GP Policy Officer	20332	120228	-	116481	24078	-
Central Clinical Reasearch	-	419506	-	363602	55904	-
Regional Health Hubs	-	1500000	-	-	1500000	-
Latrobe Universty	3175	45211	-	48386	-	-
Consortium-NT/ACT/QAIHC	-	95417	3635	99052	-	-
Members Support Cunnamulla	-	-	2786	2786	-	-
Scope of Practice Review	31819	59872	-	65169	26522	-
Partnership Audit	-	15000	20000	35241	-	241
MCDS Training 1	-	44727	-	16541	28186	-
MCDS Training 2	-	56713	-	21229	35484	-
DGR	-	-	12136	9990	2146	-
Consolidate Administration	152587	1068450	-	1254525	-	33488
	<b><u>251,462</u></b>	<b><u>3,458,423</u></b>	<b><u>57,165</u></b>	<b><u>2,146,331</u></b>	<b><u>1,672,320</u></b>	<b><u>51,601</u></b>

**Revenue Received Carried Forward**

**1,672,320.40**

## qaihc financial statements

**QUEENSLAND ABORIGINAL AND ISLANDER HEALTH COUNCIL LTD  
(ABORIGINAL CORPORATION)  
NOTES TO AND FORMING PART OF THE FINANCIAL REPORT  
FOR THE YEAR ENDED 30 JUNE 2006**

**NOTE 10: Provisions (Current)**

refer note 1

Provision for Annual Leave

Provision for Unused Sick Leave

Provision for Long Service Leave

Provision for Tenancy Woolloongabba

transferred to QAIHC

	2006 \$	2005 \$
	72,425.75	47,734.52
	-	14,282.89
	63,100.96	12,697.19
	328,934.07	-
	<u>464,460.78</u>	<u>74,714.60</u>
	-	74,714.60
	<u>464,460.78</u>	<u>-</u>

**NOTE 11: De-registration of QAIHF and Transfer of Operations and Assets to QAIHC**

The Queensland Aboriginal & Islander Health Council ABN 97 111 116 762 (QAIHC) was registered on 24 September, 2004 as a Public Company limited by Guarantee under the Corporations Act 2001. QAIHC was established with the intention of being the successor body to QAIHF and to expand and enhance the original objectives of QAIHF.

A Special General Meeting of members of QAIHF held on 21 March 2005, and an Extraordinary General Meeting of members of QAIHC held on 23 March 2005 both passed resolutions that all of QAIHF's operations and net assets were to be transferred to QAIHC as of 30 June 2005. Effectively, QAIHF ceased to operate on that date and as of the date of this Financial Report, QAIHF has no surplus assets. As a result there is no reason for QAIHF to exist as a Registered Association. A Special General Meeting of the members of QAIHF was held on 21 September 2005 to pass a resolution to apply to the Registrar of Aboriginal Corporations to de-register QAIHF.

**NOTE 12: Economic Dependency**

The corporation is economically dependent on the continued support of various government agencies primarily in the form of grants and subsidy income. The funding is received on period by period basis. The corporation is required to meet certain conditions imposed by funding agencies in relation to individual grants, subsidies and income received. The corporation requires continued future funding support from the government bodies in order to maintain its activities and commitments.

**NOTE 13: Industry Segments**

The corporation operates predominantly within the medical/dental health welfare of the Australian Aboriginal and Islander people in Queensland.

**NOTE 14:**

The payout of the lease for the former offices of QAIHC located at Woolloongabba has been provided for in the accounts as it unlikely that a tenant can be found to take over the balance of the lease.

## qaihc financial statements

### INDEPENDENT AUDIT REPORT TO THE MEMBERS OF QUEENSLAND ABORIGINAL & ISLANDER HEALTH COUNCIL LIMITED

#### Scope

I have audited the financial report, being a special purpose financial report of Queensland Aboriginal & Islander Health Council Limited for the year ended 30 June 2006, as set out on pages 3 to 22. The company's directors are responsible for the financial report and have determined that the accounting policies used and described in Note 1 to the financial statements which form part of the financial report are appropriate to meet the requirements of the *Corporations Act 2001* and are appropriate to meet the needs of the members. I have conducted an independent audit of the financial report in order to express an opinion on it to the members of Queensland Aboriginal & Islander Health Council Limited. No opinion is expressed as to whether the accounting policies used, and described in Note 1, are appropriate to the needs of the members.

The financial report has been prepared for distribution to members for the purpose of fulfilling the directors' financial reporting requirements under the *Corporations Act 2001*. I disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it related to any person other than the members, or for any purpose other than for which it was prepared.

My audit has been conducted in accordance with Australian Auditing Standards. My procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report and the evaluation of significant accounting estimates. These procedures have been undertaken to form an opinion whether, in all material respects, the financial report is presented fairly in accordance with the accounting policies described in Note 1, so as to present a view which is consistent with my understanding of the company's financial position, and performance as represented by the results of its operations and its cash flows. These policies do not require the application of all Accounting Standards and other mandatory professional reporting requirements in Australia.

#### Independence

In conducting my audit, I followed applicable independence requirements of Australian professional ethical pronouncements and the *Corporations Act 2001*.

In accordance with ASIC Class Order 05/83, I declare to the best of my knowledge and belief that the auditor's independence declaration, set out on page 6 of the financial report, has not changed as at the date of providing my audit opinion.

## qaihc financial statements

### Audit Opinion

In my opinion, the financial report of Queensland Aboriginal & Islander Health Council Limited is in accordance with:

- a) the *Corporations Act 2001*, including:
  - i. giving a true and fair view of the company's financial position as at 30 June 2006 and of its performance for the year ended on that date in accordance with the accounting policies described in Note 1; and
  - ii. complying with Accounting Standards in Australia to the extent described in Note 1 and the Corporations Regulations 2001; and
- b) other mandatory professional reporting requirements to the extent described in Note 1.



**PATRICK HOIBERG CHARTERED ACCOUNTANT**

REGISTERED COMPANY AUDITOR - 6298

Dated this 8th day of November 2006

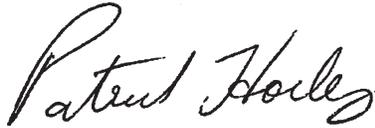
BRISBANE QLD

## qaihc financial statements

### CERTIFICATE OF COMPLIANCE

I certify that:

- (i) the Financial Report for the projects for the year ended 30 June 2006, are a true and fair account of the financial transactions and based on proper accounting records.
- (ii) all Assets with a written down value of \$2,000 or more, acquired with Grant Funds, have been insured with an insurer recognised by the Insurance and Superannuation Commission; and
- (iii) the Grant recipient maintains a Register of Assets acquired with Grant Funds where the purchase or construction price of the Asset exceeds \$2,000.00.



**Patrick Hoiberg**

Chartered Accountant

Registered Company Auditor - 6298

Dated this 8th day of November 2006

achieving a state of wellness in line with our evolving notion of cultural wellbeing

queensland aboriginal & islander health council **annual report 2005/2006**





**QUEENSLAND ABORIGINAL & ISLANDER**  
**HEALTH COUNCIL**

557 Gregory Terrace, Fortitude Valley Brisbane QLD 4006  
Telephone: (07) 3360 8444 Facsimile: (07) 3257 7455 Email: [reception@qaihc.com.au](mailto:reception@qaihc.com.au)  
[www.qaihc.com.au](http://www.qaihc.com.au)