

PROSPECTUS



Gladstone Region Aboriginal and Islander Community Controlled Health Service Ltd







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RACGP

WELCOME

A comprehensive health service providing inclusive, holistic care

From a pilot program to provide in-home help to aged people in the Indigenous community, Gladstone Region Aboriginal and Islander Community Controlled Health Service Ltd t/a Nhulundu Health Service has grown to provide an integrated, comprehensive, primary health care service to our Gladstone community.

With two or three clients in its pilot aged care program, (the first in Central Queensland), and offering a few hours of care each week, the humble service commenced.

Over the next few years the client base grew and a need was identified to address community health issues. With solid grassroots support from a wide cross section of people in the Indigenous community, Nhulundu Wooribah Indigenous Health Organisation Inc was incorporated in 2000. The service was run by parent body Gehgre, an incorporated Aboriginal and Torres Strait Islander organisation set up to address community issues other than housing. Gehgre and Nhulundu Health Service operated together until 2007.

In 2016 the organisation underwent a name change and is now known as Gladstone Region Aboriginal and Islander Community Controlled Health Service, trading as Nhulundu Health Service. The service is a member of both National Aboriginal Community Controlled Health Organisation (NACCHO) and Queensland Aboriginal & Islander Health Council (QAIHC).

GRAICCHS, through its affiliation with the peak body, are deemed to have met the following criteria: an incorporated Aboriginal organisation, initiated by a local Aboriginal community, based in a local Aboriginal community and governed by an Aboriginal body that is elected by the local Aboriginal community, as well as delivering a holistic and culturally appropriate health service to the Community that controls it.

The 1978 World Health Organisation Declaration of Alma-Ata supports "...that health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal..." in line with this charter, the organisation strives to provide an integrated, comprehensive primary care health service to the whole Gladstone Community from birth through to old age.

The Aboriginal Community Controlled Health Organisation is committed to providing a safe and friendly environment for our community where they can access up to date services and information as well as health education, to empower the community to make informed decisions regarding their health. Nhulundu Health Service has continually grown and expanded in response to the needs of the community and aims to provide the best possible whole of community care to both Indigenous and non-Indigenous clients.

Nhulundu Health Service now employs more than 40 staff and manages a budget in excess of \$4 million. This practice is clinically accredited with AGPAL and has also attained Quality Management System accreditation in ISO 9001:2015

Matthew Cooke Chief Executive Officer



Meet our Board of Directors













Lee-ann Dudley • Board Chair and Director

Lee-ann is the Community Relations Officer – Indigenous Affairs at Gladstone Ports Corporation. She is a proud Aboriginal woman (of the Byellee People in Gladstone) with South Sea Islander and Torres Strait Islander heritage. Lee-ann has used her role to create positive change within the Indigenous Community by being a part of various committees and groups to work towards Closing the Gap and improving health services in the Gladstone region. She is currently involved in many GPC projects which aim to deliver better outcomes for local Aboriginal and Torres Strait Islander people.

Del Parter • Director

Aunty Del Parter has been involved with the Indigenous community in the Gladstone region for many years. She is a former Chairperson and long term Director of Nhulundu Wooribah Indigenous Health Organisation Inc. As well she served as a Director of Gehgre Aboriginal Corporation and was a former Chairperson of that organisation. She is also a NAIDOC Committee member.

A Pastor in her local church, Aunty Del volunteers for many local community organisations and has a special passion for health and aged care.

Ben Ghee • Director

Ben is a Torres Strait/South Sea Islander man with family ties to Mer Island in the Torres and Epi Island in Vanuatu. He joined the Board of Nhulundu Health Service as a direct result of the wonderful service the organisation provided to his parents for many years. He is proud to offer his services to this great community asset, and to feel that he is able to help in some small way. Ben has spent 13 years as an Advanced Care Paramedic with the Queensland Ambulance Service and holds a Diploma in Paramedical Science and a Diploma in Government along with a Certificate II in Security. He is currently employed at Rio Tinto Yarwun.

Gay Sirriss • Director

Gay is a proud Toolooa woman (part of the Gurang peoples). Their country lies between the Calliope and Boyne Rivers, and extends back to Many Peaks Ranges and out to the surrounding islands. Gay joined the Nhulundu (GRAICCHS) Board in order to gain a better understanding of the health needs of the Gladstone Murri Community. She holds the position of Library Officer at the Gladstone Regional Council and has been in the role for the past 13 years. Gay serves on many committees including GRC's OHS Executive and Sub Committee, FDCLG Committee, PCCC Health and Aged Care Committee, PCCC Elders and Culture Committee and the Gladstone NAIDOC Committee.

Sonya Ingra • Director

Sonya Ingra is new to the Board of Nhulundu Health Service; a proud Gooreng Gooreng women, she brings to her role the experience of having fulfilled a similar role at an Aboriginal Health Service in Brisbane. As an active member of the Gladstone community, a former employee and user of the service, she is well placed to discuss the needs and feelings of the community. Sonya believes that she brings a grassroots perspective from the community around what is needed and what can be achieved. She looks forward to continuing to contribute to the growth and improvement at GRAICCHS.

Charmaine Harch • Company Secretary

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Charmaine Harch (LLB Grad DipAppCorpGov) is a Chartered Secretary with a legal background and has been Nhulundu's Company Secretary since 2014. She attended a State High school then obtained her law degree at the University of Qld. Charmaine was a solicitor in private practice and later an in-house lawyer. Since 2004 Charmaine has worked nearly exclusively in the Not for Profit area. She holds a post graduate diploma in Applied Corporate Governance from Governance Institute of Australia and has worked in the Aboriginal Community Controlled Health Services sector since 2013.

Our Programs

PRIMARY HEALTH CLINIC

The clinic is staffed with an SMO and a Registrar, 2 RN's, 2 Medical Receptionists, 2 AHW's and 2 Integrated Team Care workers. Locum's are contracted as required. Outreach medical services are also provided to Biloela.

Because this facility has been purpose built, all the teams are located closely together. This makes it so much easier for day to day workloads and care coordination. The medical clinic works as an entire team with everyone able to easily access each other when needed. With a clear design in mind when the build commenced, the work flow from reception to pre-screen, to doctor is now a smooth and very easy process.

In addition to this there is an extra GP consulting room, as well as two rooms available for visiting specialists. This will ease the burden when there are a number of visiting specialists, especially the cardiac team which require several rooms. This state of the art facility allows Nhulundu Health Service to deliver the very best health care possible to all our clients. Not only is it a great facility, but it is in a great location, with wonderful harbour views and plenty of off street parking.

The entire building is not only functional and a delight to work in; it looks beautiful and has a fantastic array of storage that keeps everything in its place but allows for quick and easy access.

HOME AND COMMUNITY CARE - AGED CARE

By engaging with our Aged Care team, eligible community members are able to make the choice to stay safely in their own home for a longer period of time. The team can provide a range of support which include not only personal care, but garden and home maintenance, social interaction, nutrition and physical exercise support, access to coordinated health care (including specialists), and safe and comfortable transport, including wheelchair transports.

Our Consumer Directed Care clients are able to access packages from level 1-3 and supports can be increased to allow Nhulundu Health Service to support clients to assist them to remain safe and independent in their own homes for as long as they are able.

As well, our clients can access the services of a dedicated Registered Nurse Assessor who will always take time to discuss issues with our clients and explain the best plan of support for all their health issues.

Our clients know that assistance is only a phone call away. Nhulundu Health Service employs qualified and compassionate aged care staff to look after our community.

FAMILY WELLBEING

Nhulundu Health Service has been successful in securing funding for Family Wellbeing Centres to be located in Gladstone/Biloela and the Banana Shire. The funding, provided through the Queensland Government's Department of Communities, is for a period of 4 years (commenced 2017) and will target vulnerable Aboriginal and Torres Strait Islander children.

The Family Wellbeing Centre will operate with a variety of practice principles. One of the guiding principles is to value and support families as the primary place of nurturing children and the best way to promote the safety and wellbeing of children and young people and to protect them from harm is by supporting families to care safely for their children at home and by creating safe and supportive communities.

This service will work collaboratively and in partnership with children, families, communities and other service providers where appropriate, to develop case plans and to make decisions, with a view to enhancing capacity and resilience while addressing identified risks or problems.

A mix of practical, personal development, therapeutic and enabling services will be utilised as appropriate. Practical services may address a specific need in the family, such as transport to medical appointments, establishing daily routines related to meals or getting to school or respite care, while personal support and development could include information and advice, a parenting skills course, or budgeting and household skills development.

Families requiring clinical or therapeutic services may access casework, counselling, emotional support, family mediation, anger management, or development of social supports. It is possible to self-refer into the centre or be referred by another organisation or professional service provider.

The Family Wellbeing Centre operates across both Gladstone and Banana Shire. It is staffed with a Senior Practitioner/Team Leader, 2 Case workers, a Registered Nurse (RN) and Counselling support.

NATIONAL DISABILITY INSURANCE SCHEME (NDIS)

Nhulundu Health Service has been approved as a NDIS registered provider of supports under the following registration groups:

- Exercise Physiology and Personal Training
- Household Tasks
- Innovative Community Participation

TACKLING INDIGENOUS SMOKING PROGRAM

The Our 'Deadly Choices' Tackling Indigenous Smoking team educates our community members around the problems associated with smoking. There are 2 Deadly Choices staff.

With team members working across the Central area in Gladstone and Biloela (and dozens of locations in the region), the team have spread the 'quit smoking message' at community events, and schools. Quitting smoking could be the best thing you could do for the health of yourself and your family. Contact the Tackling Indigenous Smoking team today to find out how they can support you on your journey to 'quit the smokes'. Your journey to better health starts with one small step.

HOME AND COMMUNITY CARE - AGED CARE

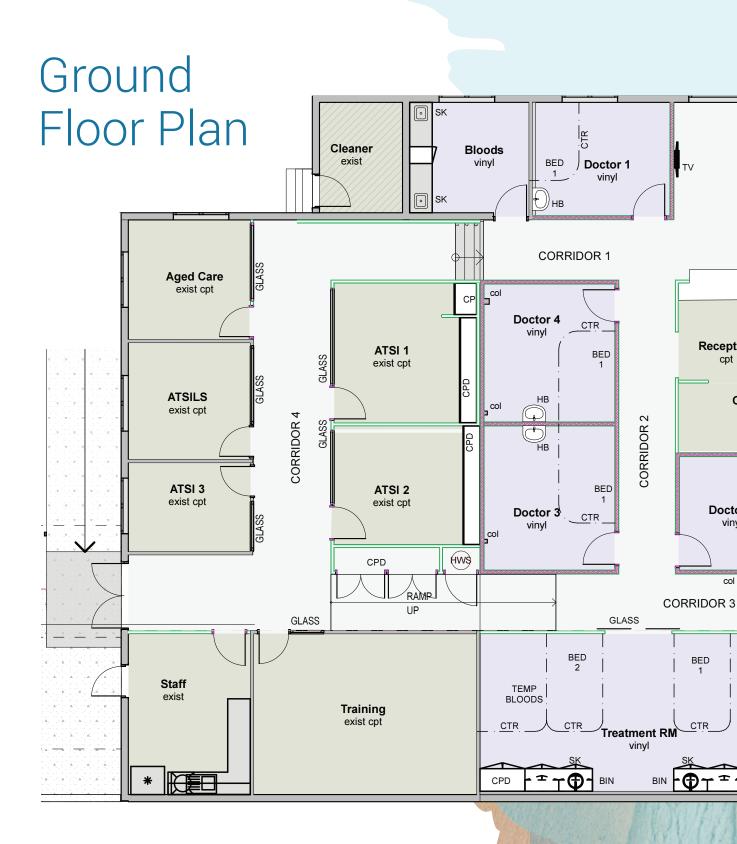
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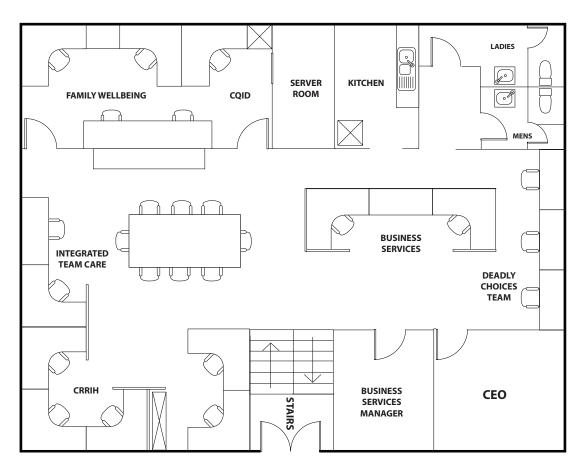




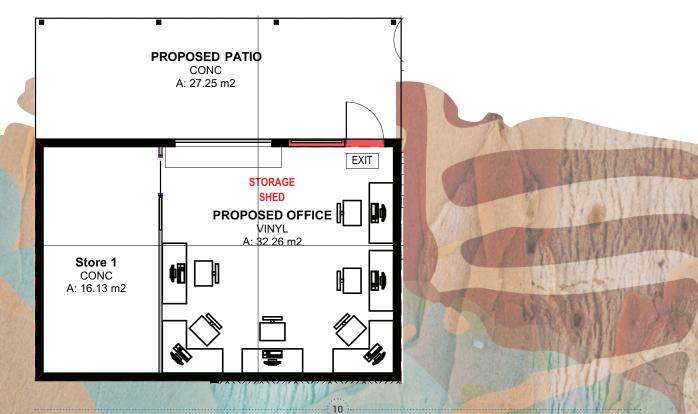
WAITING 1 **ENTRANCE** FIP GARDEN BED FHR **D**B GROUND VOID VOID HB SHW FLOOR MSB Mothers wc (0)Female Staff cpt Col 1 vinyl wс PWD 2 GLASS WC BCT GARDEN BED (OVER) bench PWD1 Kids Play Ĵ vinyl 900 HT WALL Store 1 ion HB HB exist RAMP UP **CORRIDOR 5** Ofice 1 (MAX 1:14) cpt **CORRIDOR 7 MAITING 2** Store 2 exist HB Assessment 1 cpt ₽ Staff or 2 ΤV cpt CTR Ъ Assessment 2 exist cpt BED \bigcirc SK GLASS DOOR RAMP UP 2 LAYERS **CORRIDOR 6** (MAX 1 : 14) FYRCHECK 13MM (XRAY APPROVAL Dental vinyl GARDEN BED (OVER) H Practice Manager REF. cpt **IT SERVER** exist **Consultant 1** Consultant 2 cpt cpt CPD

> Gladstone Region Aboriginal and Islander Community Controlled Health Service Ltd t/a Nhulundu Health Service

Upper Level Floor Plan



External Office



Contract of Sale

QUEENSLAND LAND REGISTRY SCHEDULE LandT itle Act 1994, Land Act 1994 and Water Act 2000

Title Reference 30240240 & 30611.177

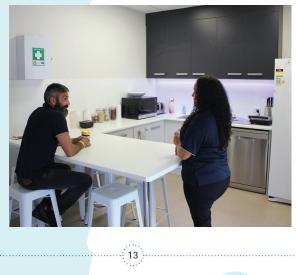
- 18. Special Conditions
- 18.1 All of the Landlord's furniture currently on the Premises except for certain items as discussed between the parties will remain in the Building and will form part of this Lease and the sale of the Land, should the Tenant decide to purchase the Land pursuant to Clause 19 hereof.
- 18.2 This Lease is subject to and conditional upon the Tenant obtaining the following at the Tenant's sole cost and expense: -
 - (a) a satisfactory Asbestos survey report; and
 - (b) approval from the Gladstone Regional Council that the Premises can be used by the Tenant for the Permitted Use on conditions acceptable to the Tenant.
- 19. Tenant's Right of first refusal
- 19.1 The Landlord grants to the Tenant the first right to purchase the Land and all of the Landlord's contents, fitout and chattels at the end of the first three (3) year Term of the Lease for an agreed price of \$2,150,000.00 (Two million one hundred and fifty thousand dollars) plus GST if applicable.
- 19.2 The Tenant has to inform the Landlord of its intention to buy in the same way and in the same timeframe applicable as if was to exercise the option to renew the Lease as per clause 15.1 (2) of this Lease.
- 19.3 The Landlord as seller and the Tenant as buyer must enter into and complete a valid Contract for the sale of Commercial Land and Buildings (as attached to this lease) on or before the termination date of the first term of this lease for this clause to be binding upon the parties to this lease.
- 19.4 The Landlord will not sell its interest in the Land within the first three (3) year term of this lease without obtaining a deed of covenant from the buyer of the Land that such buyer is aware of this Lease in general and in which deed of covenant the proposed buyer will undertake to be specifically bound to this clause 19.













SUMMARISED STATEMENT OF FINANCIAL POSITION FOR THE YEAR ENDED 30 JUNE 2017

ASSETS Cash & cash equivalents 1.028,235 1.101,450 Receivables 78,844 275,395 Prepayments & other receivables 82,564 148,077 TOTAL CURRENT ASSETS 1,189,643 1,524,925 Property, plant & equipment 818,580 652,437 TOTAL NON CURRENT ASSETS 818,580 652,437 TOTAL NON CURRENT ASSETS 818,580 652,437 TOTAL NON CURRENT ASSETS 818,580 652,437 Provisions 126,527 174,932 Jnexpended grant funds 169,281 60,614 TOTAL CURRENT LIABILITIES 598,210 517,593 Provisions 36,359 26,738 TOTAL NON-CURRENT LIABILITIES 36,359 26,738 TOTAL ASSETS 1,373,656 1,633,031 EQUITY			
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Property, plant & equipment818,580652,437TOTAL NON CURRENT ASSETS818,580652,437LIABILITIES302,402282,047Provisions126,527174,932Jnexpended grant funds169,28160,614TOTAL CURRENT LIABILITIES598,210517,593Provisions36,35926,738Provisions36,35926,738NET ASSETS1,373,6561,633,031EQUITYRetained earnings1,373,6561,633,031	Prepayments & other receivables	82,564	148,077
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Provisions 36,359 26,738 TOTAL NON-CURRENT LIABILITIES 36,359 26,738 NET ASSETS 1,373,656 1,633,031 EQUITY Retained earnings 1,373,656 1,633,031	Unexpended grant funds	169,281	60,614
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	EQUITY		
TOTAL EQUITY 1,373,656 1,633,031	Retained earnings	1,373,656	1,633,031
	TOTAL EQUITY	1,373,656	1,633,031

SUMMARISED STATEMENT OF FINANCIAL PERFORMANCE FOR THE YEAR ENDED 30 JUNE 2017

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REVENUE FROM OPERATIONS		
Government grants income	2,352,835	2,488,903
Non government grants income	682,461	665,344
Medicare income	772,711	980,513
Other revenue	154,782	21,955
Other income	153,261	194,175
TOTAL REVENUE	4,116,049	4,350,890
EXPENDITURE		
EXPENDITURE		
Employee benefits expense	2,294,053	2,435,615
Accounting, audit, legal & consultancy expense	234,552	228,662
Depreciation expense	452,602	147,603
Locum expense	63,603	161,245
Program expense	209,550	199,789
Rent	290,864	288,034
Travel, accommodation & meals	69,970	84,982
Other expense	760,231	683,291
TOTAL EXPENDITURE	4,375,425	4,229,221
	(259,376)	121,669

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Gladstone Region Aboriginal and Islander Community Controlled Health Service Ltd

ABN 69 912 120 016

Independent Auditor's Report

Report on the Financial Report

We have audited the financial report of Gladstone Region Aboriginal and Islander Community Controlled Health Service Ltd, which comprises the statement of financial position as at 30 June 2017, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes to the financial statements, including a summary of significant accounting policies, and the responsible entities declaration.

In our opinion the financial report of Gladstone Region Aboriginal and Islander Community Controlled Health Service Ltd is in accordance with the Division 60 of the Australian Charities and Not-for-profits Commission Act 2013, including:

- a) giving a true and fair view of the Company's financial position as at 30 June 2017 and of its financial performance for the year then ended; and
- b) complying with Australian Accounting Standards to the extent described in Note 1 and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013.

Basis of 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 registered entity in accordance with the Australian Charities and Notfor-profits Commission Act 2012 (ACNC Act) and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting

We draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the registered entity's financial reporting responsibilities under the ACNC Act. As a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

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Hanrick Curran Audit Ptv Ltd

Liability limited by a scheme approved under Professional Standards Legislation



Gladstone Region Aboriginal and Islander Community Controlled Health Service Ltd

ABN 69 912 120 016

Independent Auditor's Report (cont.)

Responsibility of the Responsible Entities and Those Charged with Governance for the Financial Report

The responsible entities of the registered entity are responsible for the preparation of the financial report that gives a true and fair view and have determined that the basis of preparation described in Note 1 to the financial report is appropriate to meet the requirements of the ACNC Act and the needs of the members. The responsible entities' responsibility also includes such internal control as the responsible entities determine is necessary to enable the preparation of a 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 responsible entities are responsible for assessing the registered entity's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the responsible entities either intend to liquidate the registered entity 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.

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[Notes]



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Gladstone Region Aboriginal and Islander Community Controlled Health Service Ltd

