AMSANT

Annual Report

2015-2016


Marthakal Homeland Resource Centre (Galiwin'ku)
Balunu Foundation
Danila Dilba
Bagot Community Health Clinic
Council for Aboriginal Alcohol Program Services (CAAPS)
Darwin
Malabam Health (Maningrida)
Nhulunbuy
Miwatj Health
Jabiru
Red Lily Health Board
Laynhapuy Homelands Association
Katherine
Katherine West
Sunrise Health
Wurli Wurlinjang
Tennant Creek
Anyinginyi Health
Ampilatwatja Health
Urapuntja Health
Western Desert Nganampa Walytja Palyantjaku Tjutaku Aboriginal Corporation (Walungurru/Kintore)
Ngaanatjatjara Pitjantjatjara Yankunyatjara Women's Council
Alice Springs
Central Australian Aboriginal Alcohol Program Unit (CAAAPU)
Pintupi Homelands (Walungurru/Kintore)
Western Aranda Health (Ntaria)
Amoonguna Health
Mpwelerre Health (Santa Teresa)
Utju Health (Areyonga)
Central Australian Aboriginal Congress
Mutitjulu Health

CONTENTS

“community control”

ABOUT AMSANT

The Aboriginal Medical Services Alliance Northern Territory (AMSANT) is the peak body for Aboriginal community controlled health services (ACCHSs) in the NT and advocates for equality in health, while supporting the provision of high-quality comprehensive primary health care services for Aboriginal people. AMSANT has 26 member services throughout the Northern Territory.

ACCHSs are incorporated independent organisations controlled by Aboriginal people under the principles of self-determination. Their accountability processes include holding annual general meetings and regular elections of management committees which are open to all members of the relevant Aboriginal community.

Community control enables the people who are going to use health services to determine the nature of those services, and then participate in the planning, implementation and evaluation of those services.

AMSANT is committed to the principles of community controlled primary health care, as set out by the National Aboriginal Health Strategy (1989), as essential to improving the health status of Aboriginal and Torres Strait Islander people.

The principals encompass:

Holisitic view
- a holistic view of health care which includes the physical, social, spiritual and emotional health of people.

Community control
- capacity-building of community controlled organisations and the community itself to support local and regional solutions or health outcomes.

Local participation
- local community control and participation.

Partnerships
- partnering and collaborating across sectors.

Social determinants
- recognising the inter-relationship between good health and the social determinants of health.

CONSTITUTION

AMSANT is incorporated under the Commonwealth *Corporations (Aboriginal and Torres Strait Islander) Act* of 1996. Our primary objectives are:

Culturally appropriate services

- To promote the health and wellbeing of Aboriginal people of the Northern Territory. Through strong advocacy, support the delivery of culturally appropriate health services for Aboriginal people and their communities.

Culturally safe research

- To advocate and promote through our Member services, culturally safe research into causes and remedies of illness and ailments found within the Aboriginal population of the Northern Territory.

Self-determination

- To continue to advocate for, and support, Aboriginal self-determination and to establish and grow the Aboriginal Community Controlled Health sector in the Northern Territory.

Promote well-being

- To alleviate the sickness, destitution, suffering and disadvantage, and to promote the health and wellbeing of Aboriginal people of the Northern Territory.

AMSANT's membership includes Full Members, Associate Members and Individual Members. General meetings are open to all AMSANT members; however only Full Members are entitled to vote at general meetings.

BOARD

The AMSANT Board is made up of up to eight member Directors elected by the Full Members, and may also appoint up to three non-Member Directors. The current Board members are:

Chair

Chair

Donna Ah Chee
Central Australian Aboriginal Congress

Deputy Chair

Deputy Chair

Olga Havnen
Danila Dilba Health Service

Members' Directors

Members' Directors

Eddie Mulholland
Miwatj Health Service

Suzie Berto
Wurli-Wurlinjang Health Service

Dale Campbell
Sunrise Health Service

Barb Shaw
Anyinginyi Health Service

Emma Barritt
Ampilatwatja Health Service

Leon Chapman
Pintubi Homelands Health Service

Non-Member Directors

Non-Member Directors

Marion Scrymgour
Paul Case

FROM THE CHAIR

The past year has been a strong one for AMSANT and I am pleased to report continued progress in both our governance and organisational capacity.

The 3rd National Aboriginal Health Summit was held in Darwin in July, and featured the signing of the new NT Framework Agreement by the Commonwealth and NT Government Health Ministers ~ Fiona Nash and John Elferink ~ and AMSANT. The Agreement underpins the ongoing importance of the NT Aboriginal Health Forum.

AMSANT's strong engagement in collaborative planning through the Forum remains as crucial as ever in achieving better primary health care services and improved health outcomes for our people.

During the year the Board took the significant step of appointing two non-member directors from a strong field of applicants. Having left Wurli Wurlinjang to take up the position of CEO of the Tiwi Island Regional Council, Marion Scrymgour was appointed as a non-member director in view of her extensive governance experience, and was also re-appointed as Chairperson. Paul Case from MCLS was appointed to bolster the financial expertise of the Board.

In April 2016 I took over as Chairperson from Marion, who sadly had to resign for personal reasons. Marion's contribution and leadership in the role has been greatly appreciated and we are fortunate that she has remained on the AMSANT Board as a non-member director. We have also been fortunate to welcome Olga Havnen as our new Deputy Chair.

Activity in its first year as the NT PHN has demonstrated the importance of AMSANT's role as a one-third shareholder of the PHN. The PHN's commissioning role will be particularly significant to our services' capacity to deliver comprehensive primary health care.

I would like to thank my fellow Board members for their contribution and support; and to our CEO, John Paterson, and all the AMSANT staff for their hard work and dedication in the past year.

Donna Ah Chee

Donna Ah Chee

CEO'S MESSAGE

I am pleased to report as the CEO on another strong year for AMSANT.

During the year we completed an internal organisational review and engaged with the Commonwealth review of NACCHO and the state and territory peak bodies, which demonstrated the effective role that AMSANT plays in our sector.

I am most proud of the continuing strong support that we provide to our members, helping them to do what they do best ~ provide best practice comprehensive primary health care to our communities in the Northern Territory.

The quality of our support to members in the areas of public health, CQI, eHealth, workforce and accreditation support shows through strongly in the pages of this Annual Report.

We continue to focus on expanding Aboriginal community control and during the year we have provided valuable support to our emerging ACCHSs, Red Lily Health Board and Bagot Community Health Clinic.

Our strategic work responds to priorities identified by members as well as emerging national issues. This has included a northern Australia ACCHSs forum on STIs and HIV, and members' workshops on research & data, child protection and out-of-home care. A further significant initiative has been in linking health and education through a successful collaboration with Charles Darwin University over the Healthy Kids, Smart Kids conference.

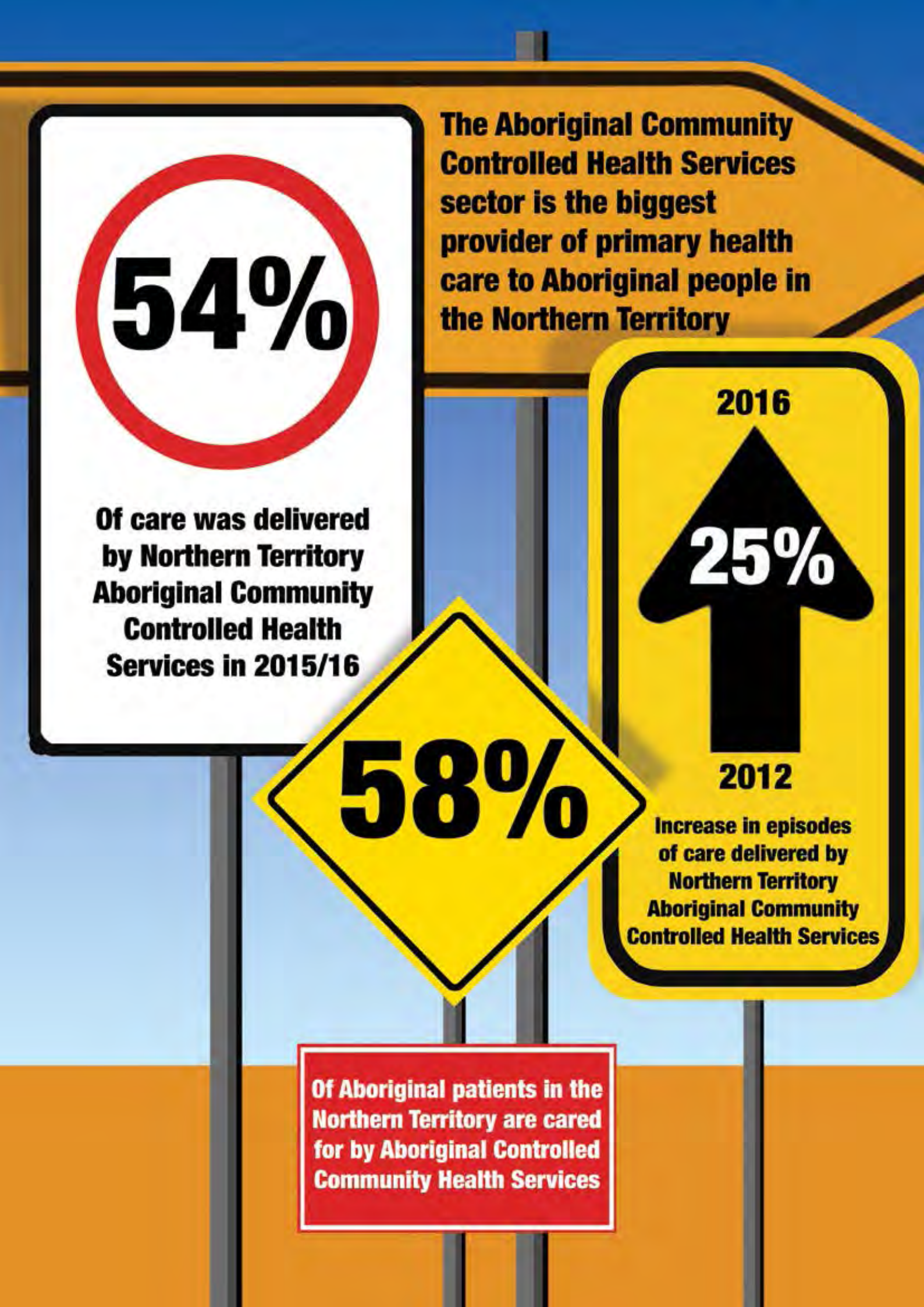
Our cross-sectoral work is enhanced through the APO NT alliance. APO NT's work was acknowledged as an important influence in changing the NT Government's Aboriginal housing policy to a focus on a community controlled model.

On a sadder note, I must acknowledge the passing of Japaltjarri Spencer in Kintore. Japaltjarri, whose artwork featured on the cover of our last Annual Report, was an inspirational leader and will be greatly missed.

He is a reminder that the dedication and high quality work of AMSANT's staff and the ultimate success of our sector is driven and inspired by strong Aboriginal leadership.

John Paterson

John Paterson


54%
Of care was delivered by Northern Territory Aboriginal Community Controlled Health Services in 2015/16
The Aboriginal Community Controlled Health Services sector is the biggest provider of primary health care to Aboriginal people in the Northern Territory
2016
25%
2012
Increase in episodes of care delivered by Northern Territory Aboriginal Community Controlled Health Services
58%
Of Aboriginal patients in the Northern Territory are cared for by Aboriginal Controlled Community Health Services

THE YEAR IN REVIEW

The year has seen a consolidation of AMSANT's core work and the continued growth of our sector despite on-going changes in the health system and uncertainties surrounding review processes, notably, the Commonwealth's review of NACCHO and the state peaks.

Largest provider of PHC

The year saw a significant milestone reached with confirmation in the NTAHKPI 2015/16 report that the Aboriginal community controlled health sector is the largest provider of primary health care to Aboriginal people in the NT. More than half of all the episodes of care (54%) in the Aboriginal PHC sector in the Northern Territory are provided by ACCHSs.

NT Framework Agreement

National Aboriginal Health Summit

The 3rd National Aboriginal Health Summit, hosted by AMSANT and the NT Department of Health, was held in Darwin in July. The occasion was used to announce the signing of the new NT Framework Agreement by (Commonwealth) Health Minister Nash, NT Health Minister, John Elferink, and AMSANT Chairperson, Donna Ah Chee. A communiqué from the summit was disseminated widely.

Miwatj, Miligimbi, Red Lily

Community control

The signing of the new Framework Agreement reflects a renewed commitment by the NT Aboriginal Health Forum partners. During the year Forum reinvigorated the regionalisation process, focused around three agreed priority areas ~ Miwatj, Red Lily and Alyawarr.

Funding was released by the Commonwealth for Miwatj to complete the transition of the Milingimbi Clinic, which occurred on 1 July 2016; and for Red Lily to begin the transition, including recruiting Red Lily's first employee; a transition manager. This was an historic moment for Red Lily, after waiting in limbo without operational funding for eight years.

Relationship

NT Primary Health Network

A further significant development in the NT's health system occurred during the year with the transition to the new NT PHN on 1 July 2015. AMSANT is a one-third shareholder in the PHN, with three Board positions reserved for Aboriginal directors and a principal objective to support the development of the Aboriginal community controlled health sector.

The relationship between PHNs and the ACCHSs sector is both a key area of opportunity and risk, and AMSANT attended many meetings and forums during the year that addressed this issue. The issue of NT PHN commissioning processes is of central concern. AMSANT responded to the PHN draft commissioning guidelines and made a strong case for direct or preferential funding of ACCHSs ~ we will monitor this carefully. AMSANT also contributed to NT PHN planning processes on Integrated Mental Health Care and the Needs Assessment.

Urgent action

STI education funding

An important initiative during the year was a forum hosted by AMSANT in Darwin in December 2015, bringing together 11 ACCHSs from across northern Australia to discuss the current syphilis epidemic in remote areas, unacceptably high rates of other STIs, and the potential for HIV to rapidly escalate in remote and regional communities. The forum released a statement calling for urgent and coordinated action from governments. AMSANT subsequently participated in a joint tender for STI education funding, which was successful.

Joint submission

Medicare

AMSANT was a partner in a joint submission to the MBS review led by the NTG, with a key recommendation being increased Medicare item number access for nurses and Aboriginal Health Practitioners and a telehealth Medicare item number for GPs providing support to nurses and Aboriginal health practitioners remotely. AMSANT also responded to significant national inquiries into chronic disease and mental health and hosted a workshop for the Mental Health Commission in Darwin, and accompanied its visits to remote NT communities.

THE YEAR IN REVIEW

eHealth

Member support

AMSANT continues to provide strong eHealth support for our member services, including support with Communicare, the NT and national KPIs, My eHealth Record, as well as up-take of Telehealth and Secure Messaging. Support is provided through the IHPO and

Workforce

WPO to the Aboriginal health workforce and includes advocacy on proposed changes to GPR registrars' funding that would significantly impact on ACCHSs.

New member

Bagot

Bagot Community Health Clinic was admitted as an Associate Member during the year and AMSANT participated in discussions about the future of the clinic which resulted in a request for AMSANT to auspice the clinic until June 2017. Negotiations about an auspicing agreement are in progress and AMSANT has been providing on-going support for the Bagot Clinic.

Research capacity

Research

The year has seen increased focus on research and data issues. A research and data workshop for AMSANT members was held in April 2016 and provided strong direction from members on the need to increase our research capacity and to better support members in relation to data governance and use.

Health & education

Partnerships

AMSANT became a partner in some major health research projects in 2015/16 ~ the Data Linkage Partnership Project managed by Menzies School of Health Research and the StrivePlus project managed by the Kirby Institute. These projects have provided funding for a Health Research Officer employed by AMSANT that has enabled us to expand our sector's research capacity.

In September, AMSANT and Charles Darwin University partnered in hosting the Healthy Kids, Smart Kids Conference at the Darwin Convention Centre, bringing the health and education sectors together ~ the first collaboration of its kind that AMSANT has undertaken. There was unanimous recognition of the need to establish an Aboriginal peak body for education in the NT.

THE YEAR IN REVIEW

Leading role

Peak Advocacy ~ APO NT

AMSANT continues to play a leading role in the Aboriginal Peak Organisations NT (APO NT) alliance and auspices APO NT's programs and staff. APO NT has continued to develop as a respected Aboriginal leadership body in the NT and nationally, with its scope of work broadly covering the social determinants of health. AMSANT contributed to APO NT's submissions on inquiries into the Community Development Program (CDP) and the Indigenous Advancement Strategy (IAS) tendering process. The CEO gave evidence, along with other APO NT CEOs, to the Senate hearing on the IAS in Darwin.

Control of housing

Housing

APO NT's strategic work in Aboriginal housing in the past two years resulted in the creation of an NT Aboriginal housing committee ~ Aboriginal Housing NT ~ that has provoked significant policy change. In May 2016, the (Giles) NT Government initiated a process of reviewing the NT remote Aboriginal housing system with a view to handing back control of remote housing to Aboriginal community organisations, managed through a new NT Remote Housing Development Authority. The government has included APO NT as a key stakeholder and partner in the consultation process.

AMSANT and APO NT have also been active in relation to the crisis-ridden child protection and out-of-home care systems. AMSANT held a members' workshop on child protection and out-of-home care in April 2016. This was followed in May with an APO NT sponsored out-of-home care forum in Alice Springs which brought together relevant Aboriginal organisations and NGOs to discuss the development of an Aboriginal controlled out-of-home care sector in the NT.

Tenth anniversary

Indigenous Leadership Program

A further milestone was passed during the year with the AMSANT Indigenous Leadership Program celebrating its tenth anniversary, after starting in 2006 as a pilot project which has grown and developed successfully to build Aboriginal leadership within the NT ACCHO sector.

"Physical, social, spiritual and e

STRATEGIC PRIORITIES

emotional health of our people.”


AMSANT

STRATEGIC PRIORITIES

AMSANT's Strategic Plan 2015–2018 focuses on our strategic priorities through six goals.

Goal 1 Greater access to community controlled comprehensive primary health care services

1. Promote the Aboriginal community controlled health sector's model of comprehensive primary health care, while recognising the importance of the social determinants of health.
2. Play a key leadership role in the ongoing development of Aboriginal primary health care, working through the NTAHF and other forums.
3. Support emerging auspiced community controlled services, government services and communities that want to transition to community control.
4. Develop and contribute to system-wide clinical and public health initiatives, business systems and continuous quality improvement.

Goal 2 Strong and supported AMSANT members

1. Plan, coordinate and deliver support services that meet the needs of members and to prioritise those most in need.
2. Provide leadership and support to members to strengthen clinical governance, financial management, business management and corporate governance systems.
3. Support members to improve and maintain corporate and clinical information systems to inform CQI and clinical governance.
4. Support members to implement national and Territory initiatives.
5. Share ideas, resources and data across the sector to promote best practice and innovation.

STRATEGIC PRIORITIES

Goal 3 Skilled and sustainable workforce

1. Develop and contribute to planned workforce development strategies in collaboration with key stakeholders.
2. Promote initiatives that increase the recruitment, retention and training of Aboriginal people and support career pathways.
3. Strengthen leadership in Aboriginal health, including through identifying, supporting and mentoring emerging leaders.

Goal 4 Effective relationships, cooperation and advocacy

1. Proactively engage with government and key stakeholders on policy and program priorities, including the Aboriginal and Torres Strait Islander Health Plan.
2. Strengthen cooperative partnerships with key stakeholders, contributing expertise and advice on Aboriginal health care.
3. Build AMSANT profile, reputation and brand, drawing on 40 years of demonstrated success in Aboriginal community controlled health care.
4. Implement marketing, communications and media relations strategies to support engagement with key stakeholders and to advance AMSANT's objectives.

STRATEGIC PRIORITIES

Goal 5 Health care will be informed by research and data, and will foster innovation

1. Encourage and support research which addresses key health issues, including the social determinants, and is responsive to the priorities identified by Aboriginal people.
2. Continue to build an evidence base of what works in Aboriginal health to demonstrate value and effectiveness of the sector and advocate for change, including in relation to the social determinants of health.
3. Form strong research partnerships and collaborations to influence research priorities and maximise value.
4. Support member organisations to make better use of data to improve service planning and delivery.

Goal 6 A strong, sustainable and accountable organisation

1. Enhance AMSANT corporate governance to better manage risk and deliver on the organisation's objectives.
2. Increase sustainability through effective financial management and strategies to grow and diversify funding.
3. Support and develop AMSANT's workforce through effective HR management practices.
4. Align and improve business structures, processes and systems.
5. Ensure effective strategic and operational planning and reporting mechanisms are in place to manage change, growth and development.
6. Ensure that there is a safe, healthy and productive work environment.

CENTRAL AUSTRALIA & BARKLY

AMSANT maintains a commitment to provide strong representation to our members in Central Australia and the Barkly. The Central Australia and Barkly office of AMSANT is located on the second floor of the Yeperenye Shopping Centre in Alice Springs. Because Alice Springs is a central business hub for the region, office space is also provided to the staff of member services to work from the AMSANT office when they are in town. Three member services have co-located offices.

Our team in Central Australia includes specialists in public health, continuous quality improvement, governance and eHealth, and it's led by Graham Dowling. Staff play a critical role in engaging with and supporting communities in the Barkly and Central Australia to ensure that the issues and perspectives of the region are represented at both a Territory and national level.

AMSANT has forged strong partnerships with Aboriginal organisations in the region and we have been active in the Central Australian Aboriginal Organisation Alliance. This forum allows organisations that support Aboriginal people to effectively coordinate service delivery to Central Australian and Barkly communities.

Support to our membership is provided through community visits, training workshops and regular phone calls. In the past year we have continued to engage meaningfully with our members to ensure concerns relevant to them receive swift and practical assistance.

NT ABORIGINAL HEALTH FORUM

AMSANT provides secretariat support for the NT Aboriginal Health Forum, a high-level partnership that provides guidance on Aboriginal health planning and policy in the NT. The Forum comprises representatives from the Commonwealth Government, Northern Territory Government, AMSANT and NT PHN.

The Agreement on Northern Territory Aboriginal Health and Wellbeing 2015–2020, which guides the work of the Forum, was launched in July 2015.

The Forum's strategic focus areas, as outlined in its 2014–2017 work plan, are:

- Primary Health Care.
- Hospitals and specialist care.
- The social determinants of health.
- Health system strengthening and monitoring.

One of the founding Health Summits in Central Australia (1980s).


Our health
Our way
BILLABONG

Significant activities undertaken by Forum and its working groups during the year, with the participation and support of AMSANT, included:

- A renewed focus on transition to community control, culminating in the handover of the Milingimbi health clinic to Miwatj Health Aboriginal Corporation on 1 July 2016 and the release of operational funding for the Red Lily Health Board.
- Development of a methodology to calculate *per capita* health funding by community, across the NT, to help inform needs analysis and health planning.
- Development and review of clinical indicators, managing access to and use of health service key performance indicator (NTAHKPI) data for planning and research purposes and the production of de-identified reports.
- Ongoing development and implementation of a sustainable and integrated Continuous Quality Improvement model, to ensure a shared approach across both community controlled and government primary health care service providers that guides long-term service improvement.
- The establishment of a new working group that will plan and advise Forum on investment, coordination and collaboration of Social and Emotional Wellbeing services and programs (including those for mental health and alcohol and other drugs) across Aboriginal primary health care.

PUBLIC HEALTH

AMSANT's Pubic Health Advisory Group (PHAG) provides advice to the CEO and the Board on policy issues that require medical, public health or clinical research expertise. PHAG coordinates responses to external stakeholders and also provides advice about policies and processes within AMSANT.

The public health team also collates and edits a bi-monthly newsletter to CEOs and senior clinicians that covers key policy and clinical/public health issues, and we hold regular educational teleconferences for the Public Health Network.

The year presented a number of challenges requiring both reactive and strategic responses.

Sexual health workshop

The syphilis outbreak across central and northern Australia that was detected in 2014 has continued and there has been heightened concern about the risk of HIV in Aboriginal communities. To respond to these concerns, AMSANT held a sexual health workshop focusing on syphilis and HIV and invited ACCHSs from across Northern Australia. There was an excellent exchange of knowledge, with many services using CQI approaches to improve testing and treatment.

There were also presentations about case management of people with HIV and it was clear that this is a 'resource intensive' but critical area to contain the risk of HIV, and that the role of Aboriginal PHC in supporting clients is critical. AMSANT developed a position paper from the workshop that was ratified by all participants. Follow-up discussions have occurred with both the NT and Commonwealth governments, including through the Northern Territory Aboriginal Health Forum.

Specialist outreach

AMSANT was funded by the NT PHN to undertake an evaluation of specialist outreach. This is underway with interviews conducted with both primary health care and visiting provider staff. Specialist outreach has been funded for one year only, which is disappointing as it makes long-term planning difficult. We hope that the evaluation can contribute to a more collaborative and PHC-driven specialist outreach system in the future.

PUBLIC HEALTH

Worker safety

The tragic death of a nurse in a remote community in the APY Lands led AMSANT to review worker safety with representatives from services and the Board (led by the CEO of Ampilatwatja). A position paper was developed to inform advocacy on worker safety.

The public health team represented AMSANT on multiple clinical and public health committees with feedback through the Snapshot e-bulletin. Vicki Gordon represented AMSANT on a committee developing the nurse practitioner role and the committee organised a very successful conference in Alice Springs.

The public health team led, or contributed to, key submissions and responses (see Policy and Advocacy). The team also provided substantial input into the NT PHN general and AOD/mental health needs analysis. There were tight time-frames around the needs analysis undertaken by the NT PHN, largely due to Commonwealth Government deadlines.

Nutrition

A key advocacy area has been nutrition, specifically a proposal to establish remote bakeries. The Commonwealth Government has funded the NT Government to establish and subsidise the operation of 15 bakeries in remote communities. There are already three existing Commonwealth-funded bakeries in the NT and there has been substantial concern about the quality of the food available in two of these establishments. AMSANT has been advocating for a reconsideration of this investment and has initiated work with other organisations to hold a food summit, where community-driven solutions to poor food quality, expensive food supply and the high rates of diseases related to poor nutrition (such as diabetes), can be developed and endorsed. This work is supported by AMSANT's public health registrar, Dr Finlay Forbes.

Antenatal care

Dr Danielle Green is also undertaking public health registrar training with AMSANT and has been focusing on the issues affecting access to antenatal care. A survey of members is underway to assess the adequacy of midwifery services, support for maternal care and involvement of Aboriginal staff.

NTAHKPI pooled data set

Largest provider of PHC

AMSANT is a key contributor to the NTAHKPIs which continue to expand with new indicators on cardio-vascular risk and screening for retinopathy for people with diabetes being introduced in July 2016.

Data from the NTAHKPIs shows that the Aboriginal community controlled health sector is now the largest provider of PHC to Aboriginal people in the NT and provides a far greater proportion of overall health care to the Aboriginal population than is provided by similar services in other jurisdictions.

More than half of all the episodes of care (54%) and contacts (55%) in the Aboriginal PHC sector in the Northern Territory are provided by ACCHSs (NTAHKPI Report 2015/16). The total number of clients seen in the community controlled sector who are classified as regular clients was 44,584 with numbers continuing to grow, largely driven by an increase in urban clients. There were 661,119 patient contacts, an increase of 40,000 over a twelve-month period.

Trauma project

Trauma-informed care

AMSANT continued to develop and provide trauma-informed care information and training sessions for organisations providing services within Aboriginal communities in the NT. Priority services for this training and support are our community controlled health services, but other services involved in PHC, mental health, alcohol and other drug programs, and legal services have also accessed AMSANT for this training.

AMSANT's trauma-informed care training has been developed in consultation with NT Aboriginal communities and elders, with a focus on local experiences and knowledge of trauma and healing. This information and training provides support for those working within communities to develop an understanding of trauma, how it impacts families and communities, and how trauma relates to a host of complex health issues. Trauma-informed care is supported through skills enhancement and through the adaptation of policies and procedures.

On-going funding

A significant focus of AMSANT's trauma-informed care work is to emphasise the relevance and significance of Indigenous concepts of social and emotional wellbeing and healing in supporting resilience and recovery from traumatic experiences. AMSANT was pleased to receive funding from the NTG for two part-time positions, over two years, to continue trauma-informed training and support for NT Aboriginal PHC services.

CONTINUOUS QUALITY IMPROVEMENT (CQI)

Leading the way

Continuous Quality Improvement is considered to be "Everybody's Business" across the Northern Territory. CQI is rapidly becoming part of normal business for every Aboriginal primary health care service. The NT is leading the way on the national stage and has had a strong influence on the development of the National CQI Strategy.

The NT CQI Strategy fosters system-wide approaches to healthcare delivery while supporting ACCHSs and NT Government services to identify local priorities and implement CQI strategies to address them. The AMSANT CQI Coordinators work with PHC services and the CQI Facilitators within their services to provide support, training and up-skilling in the use of CQI tools and methods. Our aim is to build the capacity of local health service clinicians and staff to confidently apply quality improvement processes to improve the systems of care delivery.

Building CQI capacity

Turnover of staff in our health services remains a constant in the NT, so the demand to provide regular training in CQI continues. These workshops build the necessary knowledge and skills around CQI, such as using data strategically to make changes to service delivery that will lead to a higher standard of care.

Building capacity of staff around CQI is often in response to requests by local health services. The members of the NT CQI team ~ CQI Program Coordinators, CQI Facilitators and CQI Champions ~ have developed programs and facilitated sessions and workshops on:

- CQI Fundamentals.
- Program Logic and Evaluation for CQI Facilitators and Population Health Teams.
- One21seventy.
- Change Management.
- Specific orientation for those new to the role of CQI Facilitators.
- CQI training specifically for the Aboriginal and Torres Strait Islander workforce.

10th CQI Collaborative 2015.


EVERYBODY
Northern Territory Contin
Together for our Health


QI:
Y'S BUSINESS
nuous Quality Improvement strategy
STRONGER FUTURES
A Closing the Gap initiative
Northern Territory Government

CONTINUOUS QUALITY IMPROVEMENT (CQI)

Shared learning

There have been several Regional CQI Collaboratives held which have enabled increased numbers of local staff to attend, thus building professional collegiality/networking, the sharing of local data in a safe and protected environment, robust discussion, shared learning and, of course, lots of fun. Regional Collaboratives focus on topics or themes that are identified by local teams as priorities.

This year, in response to AMSANT Board and NTAHF directives, we developed the small CQI Data Working Group to look at the identified NT AHKPI Data at service level across the NT to identify:

- Services/HSDAs who are doing particularly well in a KPI to provide an opportunity to translate their knowledge/expertise/systems more broadly.
- Areas of need to enable more targeted support and training or to translate learnings from areas doing well on specific KPIs.
- KPIs/topics for a CQI focus through the CQI Collaborative and CQI Facilitator support.

Strong leadership

The 10th CQI Collaborative was held in Darwin in November 2015 with 130 people attending. A highlight of this workshop was the strong leadership and input from Aboriginal Health Practitioners and Healthy Lifestyle workforce with 20 Aboriginal speakers across a range of topic areas: Men's Health, Tackling Smoking, Trauma-informed Care, Wellbeing Frameworks and Supporting Aboriginal Workforce.

During two days, 50 different speakers generously shared their knowledge, expertise and effective improvement strategies. The CQI Collaborative's chief purpose is to enable shared learning across the NT Aboriginal PHC sector.

We encouraged those who attended to "*Steal shamelessly and share generously*" and take ideas back to their own setting.

Feedback from those who attended the Collaborative was very positive:

"Coming to the CQI Collaborative is so encouraging. It provides an opportunity to be refreshed and I go back to my community with so many new ideas."

"It was very welcoming ~ I felt validated, respected and valued, and it was a great networking opportunity."

"Excellent days sharing other people's stories and ideas to expand on our own CQI journey."

The CQI Collaborative is always the highlight of the year for many Primary Health Care providers. Each year more and more people attend and share the work they are doing to improve the health of Aboriginal people in the NT. It's always inspiring to hear about the improvements to systems and processes and the innovative approaches to problem-solving that services undertake. It's all about improved health outcomes for our patients, living longer lives and making change for the better.

HEALTH RESEARCH

Active engagement

AMSANT actively engages with health research, providing a formal process for researchers to seek feedback on research proposals, and is also as an active partner and contributor in relevant research projects.

AMSANT's Aboriginal Health Research Policy defines procedures and protocols for health research proposals involving Aboriginal communities and our member services. Health researchers complete AMSANT's *pro forma* for assessing health research proposals, which is considered by the Public Health Advisory Group (PHAG), with advice provided to the researchers and where relevant, the CEO, Board and member services. There is also an Early Research Concept *pro forma*, allowing external researchers to seek feedback at a much earlier stage of research development.

Health Research Officer

AMSANT became a partner in two significant health research projects in 2015 ~ the Data Linkage Partnership Project managed by Menzies School of Health Research and the StrivePlus project managed by the Kirby Institute. These two projects have provided funding for a Health Research Officer employed by AMSANT that has enabled us to expand our sector's research capacity.

AMSANT and other affiliates also partnered with the South Australian Health and Medical Research Institute (SAHMRI) on a tender to improve STI testing and treatment in remote communities. This tender was successful with two sexual health positions being allocated to AMSANT for a two-year period. This is the first time that AMSANT has had any specialist sexual health positions. The tender requires AMSANT to focus on peer education training and community & clinical education.

Specialist sexual health

AMSANT's membership of the Lowitja Institute CRC is an important relationship, representing a commitment to develop an Aboriginal controlled health research sector. The RAP Manager and CEO attend the Participants' Forum which provides direction and input from members to the CRC.

HEALTH RESEARCH

Increase research capacity

A further significant health research partnership is AMSANT's membership of the Central Australian Academic Health Science Centre. AMSANT's CEO is the chair of the Centre. Partners in the CAAHSC include key health, government, research and university stakeholders.

An important initiative during the year was a research and data workshop for AMSANT members that was held in April 2016. The workshop discussed AMSANT's and members' views and their needs in regard to research capacity, data governance and use, and engagement with research.

Strong direction for change

The workshop provided strong direction from members on the need to increase the research capacity of AMSANT and the sector, improve support to members in relation to research and data governance, and to continue to engage directly with research organisations. In this way, AMSANT asserts the sector's research positions while improving processes, engagement and partnerships. A report of the workshop was produced and circulated to members.

POLICY AND ADVOCACY

Health reform

AMSANT contributes strongly to national and NT health policy development and has guided and advised health reform processes *via* policy papers and submissions and participation in forums and other consultation processes. Submissions and responses are coordinated by the PHMO and RAP Manager with the support of the PHAG and advice provided by member services.

AMSANT was a partner in a joint submission, led by NTG, into the Australian Government's MBS review; a key recommendation was increased Medicare item number access for nurses and Aboriginal Health Practitioners and a telehealth Medicare item number for general practitioners who provide support to nurses and Aboriginal health practitioners remotely.

National Inquiries

AMSANT also responded to significant national inquiries into chronic disease and mental health. A submission was provided to the House of Representatives Standing Committee on Health's Inquiry into Chronic Disease Prevention and Management in Primary Health Care as well as a response to the Primary Health Care Advisory Group Survey. The National Mental Health Commission's report of its Review of Mental Health Programmes and Services was released in April 2016 and in the lead-up to its completion, AMSANT hosted a workshop for the Commissioners in Darwin and accompanied their visits to remote NT communities.

Children's Commissioner

Also at the national level, AMSANT participated in a roundtable held by the National Children's Commissioner as part of her examination of children affected by family and domestic violence; and a forum on Indigenous Interpreter Services by the Commonwealth Ombudsman. We provided a submission to the Commonwealth's private health insurance review, as well as feedback on the Draft National CQI Framework, and the Department of Health's draft Integrated Team Care Implementation Guidelines.

Consultations

Contributions were provided to many consultations, including providing comment on the Mental Health Directorate Strategic Action Plan 2015–2021, and the draft NT Alcohol Action Plan. We also provided input

to the investigation conducted by the Health and Community Services Complaints Commissioner into the transfer of information between the acute care and primary health care settings.

Local partnerhips

AMSANT also worked with local partners, providing input to the NT PHN's Mental Health, Suicide Prevention and Drugs and Alcohol Needs Assessment and Regional Plan, as well as its 2016 Needs Assessment Report. We also contributed to the NT Aboriginal Health Forum's Northern Territory Aboriginal Health Key Performance Indicators Public Release Report 2014.

National initiatives involving our sector which we provided contributions to included the 2015–16 Review of the National Aboriginal Community Controlled Health Organisation (NACCHO) and the state/territory peak bodies, and the Primary Health Networks (PHNs) and Aboriginal Community Controlled Health Organisations (ACCHOs) Guiding Principles.

APO NT submissions

As a member of the Aboriginal Peak Organisations NT (APO NT) alliance, AMSANT contributed to several APO NT submissions ~ to the House of Representatives Standing Committee on Indigenous Affairs inquiry into educational opportunities for Aboriginal and Torres Strait Islander students; and the NT Department of Children and Families (DCF) discussion paper, *Through the Eyes of a Child: Improving Responses to Victims of Child Sexual Abuse and Criminal Neglect*; and to the Senate Finance and Public Administration Legislation Committee Inquiry into the Social Security Legislation Amendment (Community Development Program) Bill 2015.

Workforce database

The CEO and Research Manager, along with APO NT partners, also provided evidence to the Darwin hearing of the Senate Finance and Administration Committee's Inquiry into the Commonwealth Indigenous Advancement Strategy Tendering Processes; and to the hearing of the Senate Inquiry into the CDP Bill.

Malak Clinic, Aboriginal Health Practitioners, Amanda Campbell and Chiquita Bin-Saris, are front and centre at the opening of Danila Dilba's new clinic at Malak, in Darwin's northern suburbs.

PATHWAYS TO COMMUNITY CONTROL

Setting priorities

Pathways to Community Control is a policy framework endorsed by the NT Aboriginal Health Forum (the Forum) to expand access to Aboriginal community controlled primary health care across the NT, based on a regional model of service delivery. This requires the transition of NT Government clinics to existing regional ACCHSs, as well as the development of new regional ACCHSs in regions (Health Service Delivery Areas or HSDAs) where these don't exist. The Commonwealth Government provides limited funding for transition processes which is prioritised through the Forum. The Forum has agreed on three priority sites for transition ~ East Arnhem, West Arnhem and Alyawarr.

Reinvigorated action

The past year has seen a welcome reinvigoration of action on regionalisation by the Forum after a number of years of stalled progress.

Miwatj

Business cases for East and West Arnhem were submitted to the (Commonwealth) Minister for Health and funding was approved. In East Arnhem, after a challenging process, the Milingimbi Health Centre was formally transferred to Miwatj Health on 1 July 2016.

Red Lily

In West Arnhem, a working group made up of the NT Government's Top End Health Service, Commonwealth Health, AMSANT and NT PHN worked to assist the Red Lily Health Board finalise a transition plan that was submitted to the Minister for Health. With the release of funds, a transition manager will be appointed in early 2016–17 to begin work on the transition process. This is an historic moment for Red Lily, after they waited in limbo without operational funding for eight years.

Alyawarr is the least developed of the three priority sites in terms of structures in place and is at an earlier stage of transition. Although a business case was developed by AMSANT in 2015, and despite the existence of two Aboriginal community-controlled health services in the region, funding is yet to be released and initial discussions remain on hold.

Maningrida

Meanwhile, Malabam Health Board, which already has established infrastructure and provides the majority of services for Maningrida Health Clinic, has requested support from Forum in their quest to become a fully-fledged ACCHS.

PATHWAYS TO COMMUNITY CONTROL

Supporting transition

As well as working through our role on the Forum, AMSANT provides valuable assistance to member services involved in transition and regionalisation processes. This includes, for example, helping to support consultation, governance and corporate processes. AMSANT will auspice Red Lily's funding until it has defined and established its corporate functions.

Bagot Community

Some services are at an earlier stage of transition ~ Bagot Community Health Clinic was admitted as an Associate Member during the year and AMSANT participated in discussions about the future of the clinic which resulted in a request for AMSANT to auspice the clinic until June 2017. Negotiations on an auspicing agreement are in progress and AMSANT has been providing on-going support for the Clinic.

At the transition ceremony at Milingimbi, Keith Lapulung talked about the on-going struggle by Aboriginal people for community controlled health services.

Photos by Louise Law.

Ross Mandi Wunungmurra addresses the audience, backed by staff from the Miwatj Health Service.

WORKFORCE SUPPORT

Working as a team

The Workforce and Leadership Support unit (WALS) is a team of five Aboriginal staff ~ led by Project Manager Erin Lew Fatt ~ that responds to many requests from members and stakeholders to work collaboratively in the areas of workforce strategies, health policy and relevant research projects. The WALS unit prides itself in working together as a team to support the Aboriginal health workforce in our member services, including Aboriginal &/or Torres Strait Islander Health Practitioners, allied health professionals, chronic disease workers, health promotion officers, GP Registrars and the Aboriginal workforce in general.

Take the Test

AMSANT participated as a member of the National Indigenous Bowel Screening Project Cultural Advisory Committee with Menzies School of Health Research, where the national bowel screening kit and screening process has been reviewed to encourage screening uptake and earlier detection. Our involvement led to the development of a bowel screening music video ~ *Take the Test* ~ produced by Indigenous Hip Hop Projects.

Building communications

To build our communications with member services, we have established a regular email communique to 160 key staff in our sector to share information relating to AHPs and their profession, training options, conferences, scholarships and outcomes of key projects or initiatives.

Workforce resources

AMSANT joined up with RAHC to assist in developing a cultural orientation manual for their organisation, based on a unit of competency within the AHW Training package. We also submitted a successful grant to develop a 'NT Aboriginal Health Practitioner Scope of Practice' and, more recently, we have begun trialling a 'workforce database' to inform and predict workforce demographics, trends and patterns.

In June 2016 AMSANT organised and facilitated a Care Coordinator and Indigenous Outreach workshop in Darwin to inform participants about current best practice and to contribute to their professional development, while encouraging networking and collaboration between our services.

WORKFORCE SUPPORT

Chronic disease workforce support

Early childhood

Throughout the year the WALS unit assisted the Indigenous Early Childhood Workshop and gave expert feedback to participants about parenting skills, antenatal and perinatal care, the effects of early childhood trauma and social determinants such as housing, employment and healthy lifestyles. We also gave the opening presentation at NACCHO's 2015 Ochre Day, as well as delivering the opening address at the 2016 Close the Gap Day in Darwin.

Client-focused

The theme of our presentations was that health workers need to remain patient and client-focused and to continue to adjust to generational change. We are such a diverse race, yet policies imposed by government on Indigenous Australians treat us all as one people. Indigenous health will only improve if we firstly take personal responsibility and move with the times. We hope that as our cultures evolve, our people will be joined together in spirit, mind and voice!

Sharing ideas & strategies

The Indigenous Health Policy Officer (IHPO) was very busy this year, and took AMSANT's ideas and strategies to the:

- Tobacco Free OCEANIA Indigenous Conference Workshop;
- CQI Collaborative Workshop;
- Communicare and eHealth Forum;
- Tackling Smoking Advisory Committee;
- Chronic Disease Network Conference;
- ATSI Advisory Committee;
- Healthy Kids, Smart Kids Conference;
- Indigenous Allied Health Australia (IAHA) Conference;
- Flinders NT Medical Program;
- Menzies social media project;
- Palmerston High School Careers Day.

GP Registrars & cultural education

Partnerships

AMSANT, in partnership with NTGPE, has travelled widely around the Territory to provide our member services with Pastoral Care and Accreditation for General Practitioner Registrars, as well as liaising with local staff to identify emerging issues and to provide support.

Cultural awareness

We also continued our work with NTGPE staff to deliver regular Orientation and Cultural Awareness sessions for GPRs before they travel out bush to the NT's remote health clinics ~ 200 GPRs from interstate and overseas have undergone cultural awareness training in the past twelve months.

The WALS Unit also monitors and assesses GPRs on-the-job in their workplace which, in turn, provides feedback to AMSANT and NTGPE on how best to deliver culturally appropriate health services to our people.

Immersion camps

The WALS unit attended NT and national health conferences to network and represent the views of AMSANT and NTGPE. This included 'cultural immersion camps' and GPR Family Days. These events involved camping on the Tiwi Islands (Wurrimiyanga) with Traditional Owners who explained and demonstrated their local customs and culture to GPRs. Three camps were held in June 2016 with attendees receiving one-to-one teachings from senior elders during their three-day visit.

eHEALTH

The eHealth unit continues to work closely with our PHMO and CQI team to ensure that 'electronic health' systems are functional and fit-for-purpose in facilitating high quality health care, particularly in remote locations.

Best-practice clinical care

Our goal is to ensure best-practice clinical care is delivered through the eHealth systems, leading to better management of both individual and population-level health care, enhanced patient safety, and more accurate reporting to funding bodies and other key stakeholders.

Intensive support

The eHealth team provided intensive support to members by site visits, teleconferences, regular emails, remote assistance by phone and videoconferences, and *via* bulletins, newsletters and the AMSANT website.

Improving delivery

Communicare

Work has continued to develop the Communicare clinical information system to enable better care for both individual and population health. Risk assessments and management have been improved markedly for cardio-vascular disease, rheumatic heart disease, STIs, chronic kidney disease and Hepatitis B, while enabling KPIs to be collected more effectively.

AMSANT hosted a very popular eHealth forum about the deployment of Communicare in managing many complex health conditions and in improving the delivery of appropriate medications.

Key performance indicators (KPIs)

AMSANT eHealth, PHMO and CQI staff are members of the Steering Committee and the clinical and technical working groups of the AH (Aboriginal Health) KPI system. The eHealth unit develops, enables, implements and refines the KPIs so that accurate data can be extracted for our members to report. The eHealth unit has supported member services in fulfilling their reporting requirements with hands-on help to collect and report the KPIs, as well as sharing information and advocating on their behalf to reduce the burden of reporting.

eHEALTH

Shared medical records

My Health Record

AMSANT has completed its contractual commitments to participate and contribute to this national project and visited 25 towns and communities to inform and register Aboriginal people to the national eHealth Record System. AMSANT also plays a central role in testing changes to the My Health Record system.

AMSANT has participated in national forums and made submissions to the Commonwealth Government on behalf of the national community controlled health sector to develop and extend the clinical functionality of the My Health Record to further improve the system.

Telehealth

Improved processes

AMSANT has supported services to adopt Telehealth and Secure Messaging through the dissemination of information, assistance with software/hardware options and co-ordination with NT Government staff and vendors to improve processes for Telehealth.

Trial sites at Santa Teresa and Anyinginyi have incorporated Telehealth into their everyday systems, with great success, and AMSANT will now support more member services to participate in the Telstra Reconciliation Action Plan (RAP).

The RAP aims to spend $1.5 million over three years to improve internet connectivity and deploy high-end video conferencing equipment in 15 health services.

Partnerships

Broadband for the bush

AMSANT is an active member of the Broadband for the Bush Alliance which seeks to advance the digital capacity of remote Australia and, in this role, we helped organise two major 'digital forums' in this financial year. Both forums designed strategies to increase access and engagement to the internet for people in remote Australia.

eHEALTH

Health and education

AMSANT continues to collaborate strongly with Charles Darwin University and Regional Development Australia, and joined with CDU to host the Healthy Kids, Smart Kids conference in September 2015, which focussed on the links between health and education and attracted 250 people from our sector.

Technical issues

Technical advice

AMSANT again provided technical advice and practical assistance to our members this year with the selection of communications equipment, its installation and use, and technical trouble-shooting aimed at on-line clinical systems and government portals. AMSANT is assisting members in the roll-out of the NBN satellite service and has provided much information to members about the NBN educational resources on the Internet.

AMSANT has been a leading participant in the national body ~ the Broadband for the Bush Network ~ and works with other remote peak bodies to assist governments and the telecommunications industry to consider the harsh, remote environment that most NT health services work in, where expensive internet services may seriously compromise their ability to participate in eHealth.

Fast, affordable internet

It is only through affordable, robust and fast internet connections that NT health services can participate in modern eHealth systems such as the My eHealth Record, Telehealth, secure messaging, information management over wide area networks and point-of-care testing.

Troubleshooting

AMSANT has the knowledge and technical wherewithal to investigate and identify potential difficulties when planning new projects. This early engagement has saved project teams, health services and governments considerable time, effort and expense by confirming assumptions, correcting misinterpretations, highlighting key requirements and testing new systems.

Facilitating connections

AMSANT's close working relationships with its member services allow early connection between the staff on new projects and the

key contacts within participating ACCHSs to ensure a smooth and collaborative start, to assist in on-going management of expectations and to improve the monitoring of outcomes.

The recent budget announcement of the NT Department of Health's Clinical System Replacement program ($185 million) is an acknowledgement of the vital importance of eHealth in improving health outcomes for Aboriginal people.

Information management and intranets

Train, mentor & support

AMSANT staff work closely with our member services to train, mentor and support local staff to drive their own intranets and gain both clinical and organisational accreditation. Our strategy has been to implement these systems in our own offices to demonstrate the software and to improve the approach to gaining, and maintaining, accreditation.

Accreditation support

Best in Australia

AMSANT has assisted member services to achieve accreditation rates that are the best in Australia. In terms of Clinical Accreditation under the Royal Australian College of General Practitioners (RACGP) 4th edition standards, all member service health clinics have achieved 100% accreditation and reaccreditation.

New standards

AMSANT's Accreditation Officer is also a member of the panel of nominated representatives considering the new (5th edition) RACGP standards. The panel met at the RACGP offices in Melbourne in March 2016 to consider the new standards and to incorporate the suggestions and recommendations of the panel. This work and input are ongoing.

Outstanding results

AMSANT has also assisted member services to achieve greater than 90% accreditation, reaccreditation or engagement in Organisational Accreditation under the QIC and ISO 9001 frameworks. This represents an outstanding result. AMSANT itself has maintained ISO 9001 accreditation and reaccreditation. A recent ISO surveillance audit (IHCA) conducted on AMSANT resulted in a strong endorsement of our credentials as a quality organisation.

One-on-one approach

Due to the finalisation of the previous EQHS funding that enabled services to engage facilitators and consultants to assist with the accreditation process, AMSANT has now taken up this role and has been working directly with members to provide assistance. AMSANT has welcomed this increased one-on-one approach and the results are clearly evident. This has however resulted in a greater workload ~ AMSANT now has only one accreditation officer covering all of our 26 member services. He will continue to provide these services and will also complete additional training on the recent amendment to the ISO 9001 standards that occurred in December 2015.

LEADERSHIP

The AMSANT Indigenous Leadership Program has celebrated ten years of fostering Aboriginal leadership, after starting humbly in Alice Springs in 2006 as a pilot project to build Aboriginal leadership within the NT ACCHO sector.

AMSANT has held annual workshops in Alice Springs, Kakadu, Banatjarl, Ross River, South Alligator, Mount Bundy, Alice Springs and Nhulunbuy. The program continues to build on its strengths by offering annual leadership workshops, providing support to leadership participants and AMSANT members, actively seeking professional development opportunities for the sector, working collaboratively with members & key stakeholders and promoting leadership in the ACCHO sector at relevant networks and forums. From 2006 to 2015, AMSANT has supported 192 participants in the program.

LEADERSHIP

10-year celebrations

AMSANT is well ahead in our planning for the 10-year celebration of leadership in Aboriginal health. The event will bring together member services and key partners in celebrating a significant milestone and will talk about the importance of leadership and what it means to our sector. The two-day event will showcase member services and the leadership initiatives across the NT.

Business model

In addition, AMSANT is working on the production of a 10-year leadership booklet to highlight and showcase the importance of people and their leadership initiatives within the Aboriginal community controlled health sector. AMSANT is also working on the development of an Indigenous Leadership Business Model and prospectus to attract funding opportunities and bring sustainability to the program.

The leadership model incorporates AMSANT's strategic goals to focus on the professional and personal development of the individual through a holistic approach. This model provides support for our member services and helps create future leaders in the Aboriginal community controlled health sector.

Aboriginal leaders

The AMSANT leadership program continues to deliver presentations to key conferences and forums regionally and nationally, to promote the importance of developing and showcasing local Aboriginal leaders.

Mentoring platform

AMSANT continues to build an Alumni to maintain communication and networking opportunities among participants. The program is developing a mentoring platform to create knowledge sharing and development opportunities. We're developing partnerships with key organisations such as Flinders, CDU, NTGPE, IAHA, AILC and others to create career pathways and opportunities for staff in AMSANT member services. AMSANT and its members continue to make Aboriginal leadership in health a top priority and the feedback we've received demonstrates the necessity of our program.

AMSANT Leadership Officer Patrick Johnson.

ABORIGINAL PEAK ORGANISATIONS NORTHERN TERRITORY (APO NT)

Facilitating opportunity

Aboriginal participation

Control over our lives

AMSANT is a member of the Aboriginal Peak Organisations Northern Territory (APO NT) alliance, along with the Central and Northern Land Councils, the North Australian Aboriginal Justice Agency and the Central Australian Aboriginal Justice Legal Aid Service. The alliance was created to develop greater Aboriginal participation in, and control over, the issues that affect our lives. APO NT has earned a respected role in engaging with government and NGOs and facilitates opportunities for Aboriginal organisations to develop and promote their own priorities and solutions.

APO NT has a team of six staff members and receives funding from the Australian and NT governments and partnering NGOs, including World Vision and Oxfam. AMSANT auspices the grant funding and secretariat of APO NT on behalf of the alliance partners.

AMSANT views its participation in the APO NT alliance as a significant commitment to cross-sectoral action on the social determinants of health.

ABORIGINAL PEAK ORGANISATIONS NORTHERN TERRITORY (APO NT)

Policy and advocacy work

Aboriginal priorities

APO NT has provided many submissions, media releases and letters on a wide range of policy issues, such as housing, employment (CDP), education, child protection, justice, juvenile justice and Opal fuel.

Aboriginal Housing NT

Significant policy change

Following APO NT's March 2015 Remote Aboriginal Housing Forum, the Aboriginal Housing NT (AHNT) committee was formed to provide an Aboriginal voice on Aboriginal housing issues in the NT. The AHNT, chaired by Tony Jack and Barb Shaw, has met regularly during the year and has already helped to spur significant policy change. In May 2016, the (Giles) NT Government initiated a wholesale review of Aboriginal housing aimed at handing back control of remote housing to Aboriginal community organisations, managed through a new NT Remote Housing Development Authority. The government was heavily influenced by APO NT and AHNT, which have been nominated as key stakeholders in the consultation process.

Aboriginal Governance and Management Program (AGMP)

Strengthening organisations

This year the APO NT Aboriginal Governance and Management Program (AGMP) completed its third year, launching a strong business plan that charts out the program's transition to an independent centre. AGMP has provided effective support to several trial sites aimed at strengthening Aboriginal organisations according to their self-determined needs. Darwin and Alice Springs based staff provide tailored governance and management support to Aboriginal organisations across the NT. The coming year sees a transition from the program's

Aboriginal leadership

inaugural manager, David Jagger, to Wes Miller, a Jawoyn man who will provide strong Aboriginal leadership to AGMP. The program has secured additional funding from the Department of The Prime Minister and Cabinet.

The One Mob dancers style it up in the traditional way at the Open Day for Danila Dilba's PHC clinic in Palmerston ~ a satellite city of 35,000 people, east of Darwin.

GLOSSARY

ACCHS	Aboriginal Community Controlled Health Service
AGMP	Aboriginal Governance and Management Program
AGPAL	Australian General Practice Accreditation Limited
AHW	Aboriginal Health Worker
AHP	Aboriginal Health Practitioner
AMS	Aboriginal Medical Service
AMSANT	Aboriginal Medical Services Alliance Northern Territory
AOD	Alcohol and other drugs
APO NT	Aboriginal Peak Organisations Northern Territory
CAAC	Central Australian Aboriginal Congress
CAALAS	Central Australian Aboriginal Legal Service
CARPA	Central Australian Remote Practitioners' Association
CIS	Clinical Information System
CPHAG	Clinical and Public Health Advisory Group
CQI	Continuous Quality Improvement
DoH	Department of Health (NT or Commonwealth)
GPET	General Practice Education and Training
GPR	General Practice Registrar
HSDA	Health Service Delivery Area
IRCA	International Register of Certified Auditors
NAAJA	North Australian Aboriginal Justice Service
NACCHO	National Aboriginal Community Controlled Health Organisation
NATSIHWA	National Aboriginal and Torres Strait Islander Health Worker Assoc.
NTAHF	Northern Territory Aboriginal Health Forum
NTG	Northern Territory Government
NTKPIs	Northern Territory Key Performance Indicators
NTAHKPI	Northern Territory Aboriginal Health Key Performance Indicators
PHAG	Public Health Advisory Group
PHC	Primary Health Care
PHMO	Public Health Medical Officer
PHN	Public Health Network
PIRS	Patient Information Recall System
SEMS	Secure Electronic Message Service
SOLO	Specialist Outreach Liaison Officer
WALS	Workforce and Aboriginal Leadership Support

Aboriginal Medical Services Alliance
Northern Territory Aboriginal Corporation
ICN 8253

General Purpose RDR Financial Statements 30 June 2016

AMSANT ABORIGINAL CORPORATION BOARD MEMBERS' REPORT
30 JUNE 2016

The Board members present their report, together with the financial statements of Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation, for the year ended 30 June 2016.

Board Members

The following persons were Board members of the Corporation during the whole of the financial year and up to the date of this report, unless otherwise stated:

Continuing Members	Meetings Attended
Donna Ah Chee (Chairperson)	4
Leon Chapman (Treasurer)	3
Olga Havnen	2
Suzi Berto	1
Marion Scrymgour	4
Eddie Mullholland	2
Emma Barret	2
Dale Campbell	4
Barb Shaw	1
Paul Case	4

Board Meetings and Annual General Meeting

Date	Location
14/08/2015	Board Teleconference
05/11/2015	Board Meeting Darwin
05/11/2015	Annual General Meeting
09/02/2016	Board Meeting Darwin
06/04/2016	Board Meeting Katherine
08/06/2016	Board Teleconference

Qualifications and experience of the Corporation's board members and secretary

Details of the qualifications and experience of the Corporation's board and secretary were not provided at the date of this report.

Principal activities

During the financial year the principal continuing activities of the Corporation consisted of:

- Advocacy, policy and strategy development for all issues related to Aboriginal Health at sectoral level and in the Northern Territory and as the peak body for Aboriginal Community Controlled Health Services providing a range of members' support services to its members.

Significant changes

There were no significant changes in the nature of those activities that occurred during the financial year.

Operating results

The surplus of the Corporation for the year amounted to $9,985 (2015: $136,588 deficit).

Proceedings on Behalf of the Corporation

During the year, no person has made application for the leave in respect of the corporation under section 169-5 of the Corporations (Aboriginal and Torres Strait Islander) Act 2007 (the Act).
During the year, no person has brought or intervened in proceedings on behalf of the corporation with the leave under section 169-5 of the Act.

Environmental Regulation

The Corporation's operations are not subject to any significant environmental regulations under either Commonwealth or Territory legislation. However, the Directors believe that the corporation has adequate systems in place for the management of its environmental requirements and is not aware of any breach of those environmental requirements as they apply to the corporation.

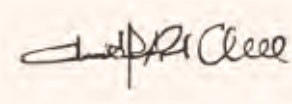
Auditor's Independence Declaration

At no time during the financial year ended 30th June 2016 was an officer of the Corporation the auditor, a partner in the audit firm, or a director of the audit company that undertook the audit of the Corporation for the financial year. The lead auditor's independence declaration forms part of the directors' report for the financial year 30th June 2016.

On behalf of the Board Members

Leon Chapman
Treasurer

Donna Ah Chee
Chairperson



17th October 2016
Darwin NT

General information

The financial report covers Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation as an individual entity. The financial report is presented in Australian dollars, which is Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation's functional and presentation currency.

The financial report consists of the statement of profit or loss and other comprehensive income, statement of financial position, statement of changes in equity, statement of cash flows, notes to the financial statements and the Board members' declaration.

The financial report was authorised for issue on 17th October 2016. The Board has the power to amend and reissue the financial report.

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2016

	Note	2016 $	2015 $
Revenue	3	7,781,117	8,528,026
Expenses			
Auspice payments and consultants		(698,022)	(797,366)
Administration	4	(158,227)	(149,135)
Employee costs	4	(4,882,160)	(5,461,399)
Motor vehicle		(139,433)	(204,681)
Depreciation and amortisation		(110,189)	(106,097)
Operations	4	(1,262,916)	(1,357,155)
Travel		(520,185)	(588,781)
Surplus (deficit) for the year		9,985	(136,588)
Other comprehensive income (loss) for the year		-	-
		-	-
Total comprehensive income (loss) for the year		9,985	(136,588)

The above statement of profit or loss and other comprehensive income should be read in conjunction with the accompanying notes.

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2016

	Note	2016 $	2015 $
Assets			
Current assets			
Cash and cash equivalents	5	3,189,034	2,859,271
Trade and other receivables	6	177,720	193,331
Prepayments and other assets		161,840	139,882
Total current assets		3,528,594	3,192,484
Non-current assets			
Property, plant and equipment	7	266,470	285,819
Total non-current assets		266,470	285,819
Total assets		3,795,064	3,478,303
Liabilities			
Current liabilities			
Trade and other payables	8	620,218	561,668
Provisions	9	741,691	740,803
Grant liabilities	10,21	1,505,423	1,286,804
Total current liabilities		2,867,332	2,589,275
Non-current liabilities			
Provisions	11	125,979	97,260
Total non-current liabilities		125,979	97,260
Total liabilities		2,993,311	2,686,535
Net assets		801,753	791,768
Equity			
Accumulated funds	12	801,753	791,768

The above statement of financial position should be read in conjunction with the accompanying notes.

STATEMENT OF CHANGES IN EQUITY AS AT 30 JUNE 2016

	Accumulated funds	Total equity
Balance at 1 July 2014	928,356	928,356
Deficit for the year	(136,588)	(136,588)
Other comprehensive income for the year	-	-
Total comprehensive income for the year	(136,588)	(136,588)
Balance at 30 June 2015	791,768	791,768

	Accumulated Funds	Total Equity
Balance at 1 July 2015	791,768	791,768
Surplus for the year	9,985	9,985
Other comprehensive income for the year	-	-
Total comprehensive income for the year	9,985	9,985
Balance at 30 June 2016	801,753	801,753

The above statement of changes in equity should be read in conjunction with the accompanying notes.

STATEMENT OF CASH FLOWS AS AT 30 JUNE 2016

	Note	2016 $	2015 $
Cash flows from operating activities			
Receipts from customers (inclusive of GST)		1,763,121	2,637,778
Grants received (inclusive of GST)		5,972,057	6,569,263
Payments to suppliers and employees (inclusive of GST)		(7,354,167)	(11,562,017)
		381,011	(2,354,976)
Interest received		39,178	71,520
Net cash used in operating activities	20	420,189	(2,283,456)
Cash flows from investing activities			
Acquisition of property, plant and equipment		(90,426)	(85,804)
Net cash used in investing activities		(90,426)	(85,804)
Net increase in cash and cash equivalents		329,763	(2,369,260)
Cash and cash equivalents at the beginning of the financial year		2,859,271	5,228,531
Cash and cash equivalents at the end of the financial year	5	3,189,034	2,859,271

The above statement of financial position should be read in conjunction with the accompanying notes.

NOTE 1. SIGNIFICANT ACCOUNTING POLICIES

The principal accounting policies adopted in the preparation of the financial statements are set out below.

These policies have been consistently applied to all the years presented, unless otherwise stated.

New, revised or amending Accounting Standards and Interpretations adopted

The Corporation has adopted all of the new, revised or amending Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

Any new, revised or amending Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

Any significant impact on the accounting policies of the Corporation from the adoption of these Accounting Standards and Interpretations are disclosed below. The adoption of these Accounting Standards and Interpretations did not have any significant impact on the financial performance or position of the Corporation. The following Accounting Standards and Interpretations are most relevant to the Corporation:

AASB 2013-9 Amendments to Australian Accounting Standards—Conceptual Framework, Materiality and Financial Instruments

The Corporation has applied AASB 2013–9 from 1 July 2016. The Standard contains three main parts and makes amendments to a number of Standards and Interpretations. Part A of AASB 2013-9 makes consequential amendments arising from the issuance of AASB CF 2013-1. Part B makes amendments to particular Australian Accounting Standards to delete references to AASB 1031 and also makes minor editorial amendments to various other standards.

AASB 2015-3 Amendments to Australian Accounting Standards arising from the Withdrawal of AASB 1031 Materiality

The Corporation has applied AASB 2015-3 from 1 July 2016. The Standard completes the AASB's project to remove Australian guidance on materiality from Australian Accounting Standards.

Basis of Presentation

The financial statements comprise Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation financial statements as an individual entity. For the purposes of preparing financial statements, the Corporation is a not-for-profit entity.

These general purpose financial statements have been prepared in accordance with Australian Accounting Standards—Reduced Disclosure Requirements and Interpretations issued by the Australian *Accounting Standards Board ('AASB'), and Corporations (Aboriginal and Torres Strait Islander) Act 2006*, as appropriate for not-for-

profit oriented entities. The Corporation's financial statements and notes comply with Australian Accounting Standards—Reduced Disclosure Requirements, except for AASB 120 Accounting for Government Grants and Disclosure of Government Assistance. This is because the recognition criteria in AASB 1004 are different from those of AASB 120, which is a compliance requirement for not-for-profit entities. These financial statements do not comply with International Financial Reporting Standards as issued by the International Accounting Standards Board ('IASB'). The financial statements are presented in Australian dollars, which is the Corporation's functional and presentation currency.

The financial statements were authorised for issue by the Board on 17th October 2016.

Historical cost convention

The financial statements have been prepared under the historical cost convention, except for, where applicable, certain classes of property, plant and equipment and financial instruments that are measured at revalued amounts or fair values at the end of each reporting period, as explained in the accounting policies below.

Historical

Cost is generally based on the fair values of the consideration given in exchange for assets. All amounts are presented in Australian dollars, unless otherwise noted. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date, regardless of whether that price is directly observable or estimated using another valuation technique. In estimating the fair value of an asset or a liability, the Corporation takes into account the characteristics of the asset or liability if market participants would take those characteristics into account when pricing the asset or liability at the measurement date. Fair value for measurement and/or disclosure purposes in these financial statements is determined on such a basis, except for, leasing transactions that are within the scope of AASB 117, and measurements that have some similarities to fair value but are not fair value, such as value in use in AASB 136.

In addition, for financial reporting purposes, fair value measurements are categorised into Level 1, 2 or 3 based on the degree to which the inputs to the fair value measurements are observable and the significance of the inputs to the fair value measurement in its entirety, which are described as follows:

- **Level 1** inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the entity can access at the measurement date;
- **Level 2** inputs are inputs, other than quoted prices included within Level 1, that are observable for the asset or liability, either directly or indirectly; and
- **Level 3** inputs are unobservable inputs for the asset or liability.

Critical accounting estimates

The preparation of the financial statements requires the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying the Corporation's accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements are disclosed in note 2.

Revenue recognition

Revenue is recognised when it is probable that the economic benefit will flow to the Corporation and the revenue can be reliably measured. Revenue is measured at the fair value of the consideration received or receivable.

Grants

Revenue from reciprocal grants is measured at the fair value of contribution received or receivable. Income arising from contribution shall be recognised when there is reasonable assurance that the Corporation has control of or the right to receive the contribution and all attached conditions will be complied with. Revenue from non-reciprocal grants is recognised when the Corporation obtains control of the funds.

Interest

Interest revenue is recognised as interest accrues using the effective interest method. This is a method of calculating the amortised cost of a financial asset and allocating the interest income over the relevant period using the effective interest rate, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to the net carrying amount of the financial asset.

Other revenue

Other revenue is recognised when it is received or when the right to receive payment is established.

Income tax

As the Corporation is a charitable institution in terms of subsection 50–5 of the Income Tax Assessment Act 1997, as amended, it is exempt from paying income tax.

Cash and cash equivalents

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

Trade and other receivables

Trade receivables are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment. Trade receivables are generally due for settlement within 30 days.

Collectability of trade receivables is reviewed on an ongoing basis. Debts which are known to be uncollectable are written

off by reducing the carrying amount directly. A provision for impairment of trade receivables is raised when there is objective evidence that the Corporation will not be able to collect all amounts due according to the original terms of the receivables.

Other receivables are recognised at amortised cost, less any provision for impairment.

Property, plant and equipment

Property, plant and equipment are stated at historical cost less accumulated depreciation and impairment. Historical cost includes expenditure that is directly attributable to the acquisition of the items.

Depreciation is calculated on a straight-line basis to write off the net cost of each item of property, plant and equipment (excluding land) over their expected useful lives as follows:

Plant and equipment	3–7 years

The residual values, useful lives and depreciation methods are reviewed, and adjusted if appropriate, at each reporting date.

An item of property, plant and equipment is derecognised upon disposal or when there is no future economic benefit to the Association. Gains and losses between the carrying amount and the disposal proceeds are taken to profit or loss. Any revaluation surplus reserve relating to the item disposed of is transferred directly to retained profits.

Impairment of non-financial assets

Non-financial assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount.

Recoverable amount is the higher of an asset's fair value less costs to sell and value-in-use. The value-in-use is the present value of the estimated future cash flows relating to the asset using a pre-tax discount rate specific to the asset or cash-generating unit to which the asset belongs. Assets that do not have independent cash flows are grouped together to form a cash-generating unit.

Trade and other payables

These amounts represent liabilities for goods and services provided to the Corporation prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

Provisions

Provisions are recognised when the Corporation has a present (legal or constructive) obligation as a result of a past event, it is probable the Corporation will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the

consideration required to settle the present obligation at the reporting date, taking into account the risks and uncertainties surrounding the obligation.

Employee benefits

Short-term employee benefit obligations

Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave expected to be settled wholly within 12 months of end of reporting date are recognised in other liabilities in respect of employees' services rendered up to end of reporting date and measured at amounts expected to be paid when the liabilities are settled. Liabilities for wages and salaries are included as part of other payables and liabilities for annual leave are included as part of employee benefit provisions.

Other long-term employee benefit obligations

Liabilities for long service leave and annual leave that are not expected to be settled wholly within 12 months after the end of the financial reporting period are recognised as part of the provision for employee benefits and measured at the present value of expected future payments to be made in respect of services provided by employees up to the reporting date using the projected unit credit method. Consideration is given to the expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on corporate bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

Regardless of when settlement is expected to occur, liabilities for long service leave and annual leave are presented as current liabilities in the statement of financial position if the Corporation does not have an unconditional right to defer settlement for at least 12 months after the end of the reporting period.

Current and non-current classification

Assets and liabilities are presented in the statement of financial position based on current and non-current classification.

An asset is current when: it is expected to be realised or intended to be sold or consumed in normal operating cycle; it is held primarily for the purpose of trading; it is expected to be realised within twelve months after the reporting period; or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least twelve months after the reporting period. All other assets are classified as non-current.

A liability is current when: it is expected to be settled in normal operating cycle; it is held primarily for the purpose of trading; it is due to be settled within twelve months after the reporting period; or there is no unconditional right to defer the settlement of the liability for at least twelve months after the reporting period. All other liabilities are classified as non-current.

Goods and Services Tax ('GST')

Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the tax authority. In this case it is recognised as part of the cost of the acquisition of the asset or as part of the expense.

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

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the tax authority, are presented as operating cash flows.

Commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to, the tax authority.

New Accounting Standards and Interpretations not yet mandatory or early adopted Australian Accounting Standards and Interpretations that have recently been issued or amended but are not yet mandatory, have not been early adopted by the Corporation for the annual reporting period ended 30 June 2016. The Corporation's assessment of the impact of these new or amended Accounting Standards and Interpretations, most relevant to the Corporation, are set out below.

AASB 9 Financial Instruments

This standard is applicable to annual reporting periods beginning on or after 1 January 2018. The standard replaces all previous versions of AASB 9 and completes the project to replace IAS 39 'Financial Instruments: Recognition and Measurement'. AASB 9 introduces new classification and measurement models for financial assets. A financial asset shall be measured at amortised cost, if it is held within a business model whose objective is to hold assets in order to collect contractual cash flows, which arise on specified dates and solely principal and interest. All other financial instrument assets are to be classified and measured at fair value through profit or loss unless the entity makes an irrevocable election on initial recognition to present gains and losses on equity instruments (that are not held-for-trading) in other comprehensive income ('OCI'). For financial liabilities, the standard requires the portion of the change in fair value that relates to the entity's own credit risk to be presented in OCI (unless it would create an accounting mismatch). New simpler hedge accounting requirements are intended to more closely align the accounting treatment with the risk management activities of the entity. New impairment requirements will use an 'expected credit loss' ('ECL') model to recognise an allowance. Impairment will be measured under a 12-month ECL method unless the credit risk on a financial instrument has increased significantly since initial recognition in which case the lifetime ECL method is adopted. The standard

introduces additional new disclosures. The Corporation will adopt this standard from 1 July 2018 but the impact of its adoption is yet to be assessed by the Corporation.

AASB 15 Revenue from Contracts with Customers

This standard is applicable to annual reporting periods beginning on or after 1 January 2017. The standard provides a single standard for revenue recognition. The core principle of the standard is that an entity will recognise revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The standard will require: contracts (either written, verbal or implied) to be identified, together with the separate performance obligations within the contract; determine the transaction price, adjusted for the time value of money excluding credit risk; allocation of the transaction price to the separate performance obligations on a basis of relative stand-alone selling price of each distinct good or service, or estimation approach if no distinct observable prices exist; and recognition of revenue when each performance obligation is satisfied. Credit risk will be presented separately as an expense rather than adjusted to revenue. For goods, the performance obligation would be satisfied when the customer obtains control of the goods. For services, the performance obligation is satisfied when the service has been provided, typically for promises to transfer services to customers. For performance obligations satisfied over time, an entity would select an appropriate measure of progress to determine how much revenue should be recognised as the performance obligation is satisfied. Contracts with customers will be presented in an entity's statement of financial position as a contract liability, a contract asset, or a receivable, depending on the relationship between the entity's performance and the customer's payment. Sufficient quantitative and qualitative disclosure is required to enable users to understand the contracts with customers; the significant judgments made in applying the guidance to those contracts; and any assets recognised from the costs to obtain or fulfil a contract with a customer. The Corporation will adopt this standard from 1 July 2017 but the impact of its adoption is yet to be assessed by the Corporation.

AASB 2016-3 Amendments to Australian Accounting Standards—Clarifications to AASB 15

This standard is applicable to annual reporting periods beginning on or after 1 January 2018. The standard clarifies AASB 15 application issues relating to identifying performance obligations, principal vs. agent considerations, licensing, and practical expedients. Due to the recent release of this standard, the Corporation has not yet made a detailed assessment of the impact of this standard.

AASB 16 Leases

This standard is applicable to annual reporting periods beginning on or after 1 January 2019. The standard eliminates the operating and finance lease classifications for lessees currently accounted for under AASB 117 Leases. It instead requires an entity to bring most leases onto its balance sheet in a similar way to how existing finance leases are treated under AASB 117. An entity will be required to recognise a lease liability and a right of use asset in its balance sheet for most leases. There are some optional exemptions for leases with a period of 12 months or less and for low value leases. Lessor accounting remains largely unchanged from AASB 117. The Corporation will adopt this standard from 1 July 2017 but the impact of its adoption is yet to be assessed by the Corporation.

AASB 2015-2 Amendments to Australian Accounting Standards—Disclosure Initiative: Amendments to AASB 101

This standard is applicable to annual reporting periods beginning on or after 1 January 2016. The standard clarifies that materiality applies to all primary financial statements and notes, and applies even to a list of specific, minimum disclosures; line items can be disaggregated if doing so could influence a user's decision; subtotals must be made up of items recognised in accordance with Australian Accounting Standards; additional subtotals in the Statement of Profit or Loss and Other Comprehensive Income must be reconciled back to subtotals required by AASB 101; notes no longer need to follow the order of items in the financial statements and related items can be grouped together; accounting policies can be placed at the end of the notes to the financial statements; and share of other comprehensive income of associates and joint ventures must be separately classified into amounts that will be reclassified to profit or loss in future, and amounts that will not be reclassified to profit or loss in future. These amendments affect presentation and disclosures only. Therefore on first time adoption of these amendments on 1 July 2016, comparatives will need to be restated in line with presentation and note ordering.

AASB 2015-6 Amendments to Australian Accounting Standards—Extending Related Party Disclosures to Not-for-Profit Public Sector Entities

This standard is applicable to annual reporting periods beginning on or after 1 July 2016. Related party disclosures required by AASB 124 Related Party Disclosures will in future also be required for not-for-profit public sector entities. Additional disclosures will be required key management personnel compensation and other related party transactions.

AASB 119 Employee benefits

This standard is applicable to annual periods beginning on or after 1 January 2016. The standard clarifies that high quality corporate bonds or national government bonds used to determine the discount rate for long service leave and defined benefit liabilities must be

denominated in the same currency as the benefits that will be paid to the employee. There will be no impact on initial adoption of this amendment as the Corporation has always used corporate bond rates as the discount rate in the same currency that will be used to settle the employee benefit obligations.

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements, estimates and assumptions on historical experience and on other various factors, including expectations of future events, management believes to be reasonable under the circumstances. The resulting accounting judgements and estimates will seldom equal the related actual results. The judgements, estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are discussed below.

Provision for impairment of receivables

The provision for impairment of receivables assessment requires a degree of estimation and judgement. The level of provision is assessed by taking into account the recent sales experience, the ageing of receivables, historical collection rates and specific knowledge of the individual debtors' financial position. No impairment of receivable was recognised as at 30 June 2016 and 2015.

NOTE 2.
CRITICAL ACCCOUNTING JUDGEMENTS, ESTIMATES AND ASSUMPTIONS

Estimation of useful lives of assets

The Corporation determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment and finite life intangible assets. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down. Net book value of property, plant and equipment amounted to $266,470 and $285,819 as at 30 June 2016 and 2015, respectively.

Long service leave

As discussed in note 1, the liability for long service leave is recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account. The provision for long service leave amounted to $353,590 and $301,966 as at 30 June 2016 and 2015, respectively.

NOTE 3. REVENUE

	2016	2015
	$	$
Grant Income	6,700,847	7,837,105
Grants carried forward from prior year	891,804	1,162,073
Unexpended grants	(224,139)	(891,804)
	7,368,512	8,107,374
Interest	39,178	71,520
Recoupment	132,845	110,531
Insurance reimbursements	90,941	83,424
Profit on disposal of assets	414	4,152
Other income	149,227	151,025
	412,605	420,652
Total revenue	7,781,117	8,528,026

NOTE 4. EXPENSES

	2016 $	2015 $
Surplus (deficit) includes the following items:		
Administration expenses		
Administration expense	18,270	18,827
Audit fees	37,959	40,153
Board/Governance expenses	6,003	3,900
Meetings and workshops hosted	95,995	86,255
Total administration expenses	158,227	149,135

	2016 $	2015 $
Employee costs		
Fringe benefits tax	31,174	38,204
Recruitment	10,925	10,128
Salaries	4,305,786	4,812,325
Staff training	40,325	35,296
Superannuation	367,395	420,100
Workers compensation	126,555	145,346
Total employee costs	4,882,160	5,461,399
Operations expenses		
Rent	445,941	468,186
ICT	104,739	243,951
Business planning and reporting	34,010	86,328
Project expenses	137,835	114,074
Publications	33,070	43,661
Cleaning	43,859	48,265
Communications	96,651	(243)
Conference and seminars	186,018	156,232
Insurance	20,759	19,264
Printing	20,520	37,386
Bad debts	3,715	250
Other	135,799	139,801
Total operations expenses	1,262,916	1,357,155

NOTE 5. CASH AND CASH EQUIVALENTS

	2016 $	2015 $
Cash at hand	307	867
Cash at bank—Operating accounts	1,752,560	1,172,089
Cash at bank—Investment accounts	1,436,167	1,686,315
Total cash and cash equivalents	3,189,034	2,859,271
Restricted Cash		
Purpose		
External Restrictions		
Grant Liabilities	1,505,423	1,286,804
Total External Restriction	1,505,423	1,286,804
Internal Restrictions		
Employee Entitlements	867,670	809,874
Total Internal Restriction	867,670	809,874

	2016 $	2015 $
Total Unrestricted	815,941	762,593
Total Cash Available	3,189,034	2,859,271

NOTE 6. TRADE AND OTHER RECEIVABLES

	2016 $	2015 $
Trade receivables	177,720	189,885
Other receivable	-	3,446
Total trade and other receivables	177,720	193,331

NOTE 7. PROPERTY, PLANT AND EQUIPMENT

	2016 $	2015 $
Plant and equipment—at cost	618,347	560,236
Less: Accumulated depreciation	(351,877)	(274,417)
Total property, plant and equipment	266,470	285,819

Reconciliations

Reconciliations of the written down values at the beginning and end of the current and previous financial year are set out below:

	2016 $	2015 $
Cost		
Opening balance	560,236	504,429
Additions	151,289	140,373
Disposals	(93,178)	(84,566)
Ending balance	618,347	560,236
Accumulated depreciation		
Opening balance	274,417	202,469
Depreciation and amortisation expense	110,189	106,067
Disposals	(32,729)	(29,628)
Adjustments	-	(4,521)
Ending balance	351,877	274,417
Net book value	266,470	285,819

The disposals during the year pertain to trade in of two old vehicles to purchase two new vehicles. The old vehicles had trade in values of $15,909 & $43,636 which was offset against the purchase cost of the new vehicles. The trades are considered as a non-cash transaction, thus, not reflected in the Statement of Cash Flows.

NOTE 8. TRADE AND OTHER PAYABLES

	2016 $	2015 $
Trade payables	169,025	176,018
BAS payable	365,183	279,364
Accrued expenses	14,575	55,881
Accrued wages	52,048	33,700
Other payables	19,387	16,705
Total trade and other payables	620,218	561,668

NOTE 9. PROVISIONS—CURRENT

	2016 $	2015 $
Annual leave	493,997	507,908
Long service leave	227,611	204,706
Other provisions	20,083	28,189
Total provisions	741,691	740,803

NOTE 10. GRANT LIABILITIES

	2016 $	2015 $
Grant liabilities	1,505,423	1,286,804

Refer to Note 21 for the details of the unexpended grants.

NOTE 11. PROVISIONS—NON CURRENT

	2016 $	2015 $
Long service leave	125,979	97,260
Total provisions	125,979	97,260

NOTE 12. EQUITY—ACCUMULATED FUNDS

	2016	2015
	$	$
Accumulated funds at the beginning of the financial year	791,768	928,356
Surplus (deficit) for the year	9,985	(136,588)
Accumulated funds at the end of the financial year	801,753	791,768

NOTE 13. FINANCIAL INSTRUMENTS

Financial risk management objectives

The Corporation's activities do not expose it to many financial risks, with only liquidity risk being needed to be actively managed.

Market risk

Foreign currency risk

The Corporation is not exposed to any significant foreign currency risk.

Price risk

The Corporation is not exposed to any significant price risk.

Interest rate risk

The Corporation is not exposed to any significant interest rate risk.

Credit risk

The Corporation is not exposed to any significant credit risk.

Liquidity risk

Vigilant liquidity risk management requires the Corporation to maintain sufficient liquid assets (mainly cash and cash equivalents) to be able to pay debts as and when they become due and payable.

The Corporation manages liquidity risk by maintaining adequate cash reserves by continuously monitoring actual and forecasted cash flows and matching the maturity profiles of the financial assets and liabilities.

Remaining contractual maturities

The following tables detail the Corporation's remaining contractual maturity for its financial instrument liabilities. The tables have been drawn up based on the undiscounted cash flows of the financial liabilities based on the earliest date on which the financial liabilities are required to be paid. The tables include both interest and principal cash flows disclosed as remaining contractual maturities and therefore these totals may differ from their carrying amount in the statement of the financial position.

NOTE 13. FINANCIAL INSTRUMENTS (CON'T)

2016	Weighted average interest rate %	1 year or less $	Between 1–2 years $	Between 2–5 years $	Over 5 years $	Remaining contractual maturities $
Non-derivatives						
Non-interest bearing						
Trade payables	-	169,025	-	-	-	169,025
BAS payable	-	365,183	-	-	-	365,183
Accrued expenses	-	14,575	-	-	-	14,575
Accrued wages	-	52,048	-	-	-	52,048
Other payables	-	19,387	-	-	-	19,387
Grant liabilities		1,505,423	-	-	-	1,505,423
Total non-derivatives		2,125,641	-	-	-	2,125,641

2015	Weighted average interest rate %	1 year or less $	Between 1–2 years $	Between 2–5 years $	Over 5 years $	Remaining contractual maturities $
Non-derivatives						
Non-interest bearing						
Trade payables	-	176,018	-	-	-	176,018
BAS payable	-	279,364	-	-	-	279,364
Accrued expenses	-	55,881	-	-	-	55,881
Accrued wages	-	33,700	-	-	-	33,700
Other payables	-	16,705	-	-	-	16,705
Grant liabilities	-	1,286,804	-	-	-	1,286,804
Total non-derivatives		1,848,472	-	-	-	1,848,472

Fair value of financial instruments

Unless otherwise stated, the carrying amounts of financial instruments reflect their fair value. The carrying amounts of trade receivables and trade payables are assumed to approximate their fair values due to their short-term nature. The fair value of the financial liabilities is estimated by discounting the remaining contractual maturities at the current market interest rate that is available for similar financial instruments.

NOTE 14. KEY MANAGEMENT PERSONNEL DISCLOSURES

Compensation
The aggregate compensation made to officers and other members of key management personnel of the Corporation is set out below:

	2016 $	2015 $
Short-term employee benefits	936,349	1,207,274

Related party transactions

Related party transactions are set out in note 18.

NOTE 15. REMUNERATION OF AUDITORS

During the financial year the following fees were paid or payable for services provided by BDO Audit (NT), the auditor of the Corporation:

	2016 $	2015 $
Audit services—BDO Audit (NT)		
Audit of the financial statements and acquittal reports	30,000	38,400
Review of half year financial reports	5,000	-

NOTE 16. CONTINGENT LIABILITIES

The Corporation had no contingent liabilities as at 30 June 2016 and 2015.

NOTE 17. COMMITMENTS

	2016 $	2015 $
Leasehold rental commitments		
Committed at the reporting date but not recognised as liabilities, payable:		
Within one year	317,859	415,254
One to five years	51,754	185,508
More than five years	-	-
	369,613	600,762
ICT rental commitments		
Committed at the reporting date but not recognised as liabilities, payable:		
Within one year	180,000	180,000
One to five years	225,000	183,600
More than five years	-	-
	405,000	363,600
Equipment rental commitments		
Committed at the reporting date but not recognised as liabilities, payable:		
Within one year	2,256	2,256
One to five years	-	-
More than five years	-	-
	2,256	2,256

Commitments, as listed above, include contracted amounts for various offices and plant and equipment under non- cancellable operating leases expiring within 2 to 5 years with, in some cases, options to extend. These commitments leases have various escalation clauses. On renewal, the terms of the leases are renegotiated.

NOTE 18. RELATED PARTY TRANSACTIONS

Transactions with related parties

The Corporation received grant funding of $173,671 from NT PHN. The Corporation is a member of the company. Apart from the above transactions, there were no other material transactions with related parties during the current and previous financial year.

Receivable from and payable to related parties

There were no trade receivables from or trade payables to related parties at the current and previous reporting date.

Loans to/from related parties

There were no loans to or from related parties at the current and previous reporting date.

NOTE 19. EVENTS AFTER THE REPORTING PERIOD

No matter or circumstance has arisen since 30 June 2016 that has significantly affected, or may significantly affect the Corporation's operations, the results of those operations, or the Corporation's state of affairs in future financial years.

NOTE 20. RECONCILIATION OF SURPLUS (DEFICIT) FOR THE YEAR TO NET CASH USED IN OPERATING ACTIVITIES

	2016 $	2015 $
Surplus (deficit) for the year	9,985	(136,588)
Adjustments for:		
Depreciation and amortisation expense	110,189	106,067
Loss (gain) on sale of property, plant and equipment	(414)	(4,152)
Operating income (loss) before changes in operating assets and liabilities	119,760	(34,643)
Changes in operating assets and liabilities:		
Decrease (increase) in:		
Trade and other receivables	15,611	212,444
Prepayments	(21,958)	(72,302)
Increase (decrease) in:		
Trade and other payables	58,550	(222,405)
Provisions	29,607	(11,232)
Grant liabilities	218,619	(2,155,318)
Net cash flows used in operating activities	420,189	(2,283,456)

NOTE 21. GRANT LIABILITIES

		2016 $	2015 $
A021 CH	IHPO ICD	-	10,280
A023 CH	Commonwealth Regionalisation Activity	52,704	-
A030 T	Secretariat	3,700	787
A031 T	AOD Remote Clinic Support	14,288	-
A032 T	Technical Systems Architect	20,083	14,126
A033 T	CAHS – Trauma Informed	371,284	-
A040 T	PCEHR	-	(2,719)
A041 T	Transition	-	(620)
A042 T	DD2013/1968 Variation	-	80,136
A043 T	CDC Trachoma	38,236	38,236
A045 T	RAEDF – P2	150,000	-
A046 T	RAEDF – P1	250,000	-
A050 CPM	FaHCSIA APONT	-	403,769
A051 CPM	FaHCSIA	50,000	57,200
A052 CPMa	NT AGMP	500,000	645,471
A057 CPM	NT Shelter	7,085	-
A060 R	Specialist Training Posts	-	15,515
A070 X	NTML SOS	-	105
A071 X	IHPO Central Australia	3,430	19,518
A072 X	PHN Medical Outreach	18,134	-
A087 X	PAAC	18,000	-
A088 X	CAYLUS/Tangentyere	10,000	-
A095 X	World Vision	16,424	-
A097 X	Menzies Kirby Partnership	(17,945)	-
Others		-	5,000
		1,505,423	1,286,804

ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY
ABORIGINAL CORPORATION BOARD MEMBERS' DECLARATION 30 JUNE 2016

In the Board members' opinion:

- the attached general purpose financial statements and notes thereto comply with the Australian Accounting Standards - Reduced Disclosure Requirements and are in accordance with the Corporations (Aboriginal and Torres Strait Islander) Act 2006 and Regulations 2007.
- the attached financial statements and notes thereto give a true and fair view of the Corporation's financial position as at 30 June 2016 and of its performance for the financial year ended on that date;
- there are reasonable grounds to believe that the Corporation will be able to pay its debts as and when they become due and payable.

On behalf of the Board Members

Donna Ah Chee
Chairperson

Leon Chapman
Treasurer

17th October 2016
Darwin NT

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AUSTRALIA

AUDITOR'S INDEPENDENCE DECLARATION

UNDER SECTION 339-50 OF THE *CORPORATIONS (ABORIGINAL AND TORRES STRAIT ISLANDER) ACT 2006*

TO THE BOARD MEMBERS OF ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY ABORIGINAL CORPORATION

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2016 there have been:

(i) no contraventions of the auditor independence requirements of the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* in relation to the audit; and

(ii) no contraventions of any applicable code of professional conduct in relation to the audit.

Carmelo Joseph Sciacca

Audit Partner

BDO Audit (NT)

Darwin: 21 October 2016

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INDEPENDENT AUDITOR'S REPORT

To the members of Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation

We have audited the accompanying financial report of Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation, which comprises the statement of financial position as at 30 June 2016, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, board members' declaration.

Board Members' Responsibility for the Financial Report

Board members are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and *Corporations (Aboriginal and Torres Strait Islander) Act 2006*, and for such internal control as board members determine is necessary to enable the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by board members, as well as evaluating the overall presentation of the financial report.

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

Independence

In conducting our audit, we have complied with the independence requirements of the Australian professional accounting bodies and the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*.

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AUDITOR'S INDEPENDENCE DECLARATION

UNDER SECTION 339-50 OF THE *CORPORATIONS (ABORIGINAL AND TORRES STRAIT ISLANDER) ACT 2006*

TO THE BOARD MEMBERS OF ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY ABORIGINAL CORPORATION

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2016 there have been:

(i) no contraventions of the auditor independence requirements of the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* in relation to the audit; and

(ii) no contraventions of any applicable code of professional conduct in relation to the audit.

Carmelo Joseph Sciacca

Audit Partner

BDO Audit (NT)

Darwin: 21 October 2016

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"AMSANT respects and supports Aboriginal and Torres Strait Islander cultures and strives to avoid publishing the names and images of deceased people."