ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY

AMSANT

ANNUAL REPORT

2016-2017

This annual report was produced by AMSANT staff

AMSANT acknowledges the traditional owners and custodians across the lands on which we live and work and we pay our respects to elders both past and present.

AMSANT respects Aboriginal and Torres Strait Islander cultures and makes every effort to avoid publishing the names and images of deceased people.

Compiled by: David Cooper
Editing: Peter Bonner
Leadership celebration photos: Wayne Quilliam
Graphic Design: Samantha Fry

CONTENTS

ABOUT AMSANT

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

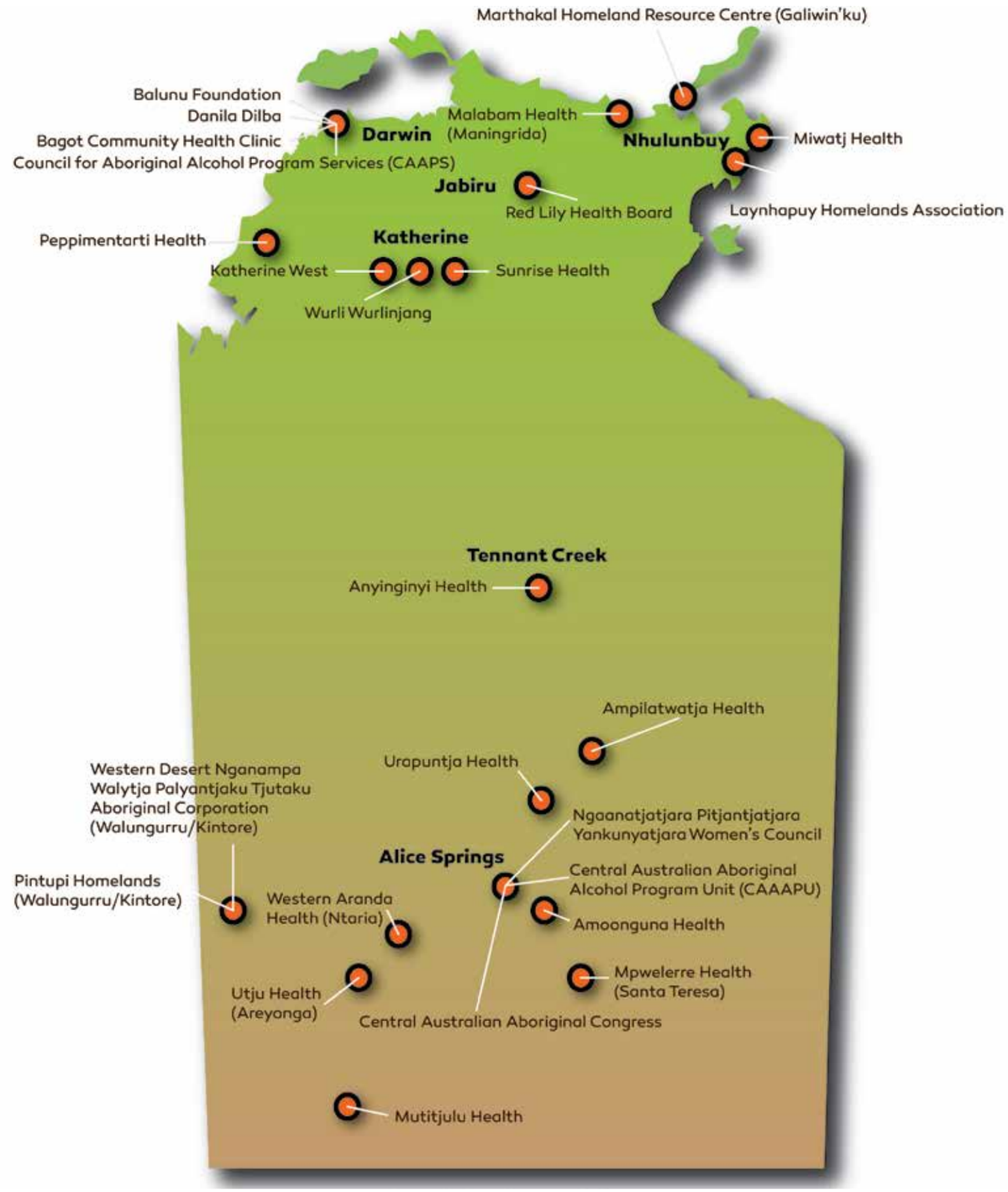
ACCHSs are incorporated independent legal entities controlled by Aboriginal people under the principles of self-determination. Their accountability processes include holding annual general meetings and regular elections of management committees which are open to all members of the relevant Aboriginal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

- a holistic view of health care which includes the physical, social, spiritual and emotional health of people.
- capacity-building of community controlled organisations and the community itself to support local and regional solutions or health outcomes.
- local community control and participation.
- partnering and collaborating across sectors.
- recognising the inter-relationship between good health and the social determinants of health.

AMSANT has 26 member services throughout the Northern Territory.



CONSTITUTION

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

- To promote the health and wellbeing of Aboriginal people of the Northern Territory. Through strong advocacy we support the delivery of culturally appropriate health services for Aboriginal people and their communities.
- To advocate and promote through our member services, culturally safe research into the causes and remedies of illness and ailments found within the Aboriginal population of the Northern Territory.
- To continue to advocate and support Aboriginal self-determination and to establish and grow the Aboriginal community controlled health (ACCH) sector in the Northern Territory.
- To alleviate the sickness, destitution, suffering and disadvantage, and to promote the health and wellbeing, of Aboriginal people of the NT.
- 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.

THE 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.

Chair
Donna Ah Chee
Central Australian Aboriginal Congress

Deputy Chair
Olga Havnen
Danila Dilba Health Service
(resigned December 2016)

Members' Directors
Eddie Mulholland
Miwatj Health Service

Suzie Berto
Wurli-Wurlinjang Health Service

Dale Campbell
Sunrise Health Service
(Leave of absence from March 2017)

Richard Callaghan
(Replaced Dale Campbell from March 2017)

Barb Shaw
Anyinginyi Health Service

Emma Barritt
Ampilatwatja Health Service

Leon Chapman
Pintubi Homelands Health Service

Non-Member Directors
Marion Scrymgour (Resigned December 2016)

Paul Case (Term completed November 2016)

David Galvin (Joined June 2017)

Jeanette Ward (Joined June 2017)

From

THE CHAIR

I am pleased to report on a very significant year for AMSANT and, indeed, for the Northern Territory as a whole.

AMSANT has notched up impressive achievements in challenging times, during which a watershed change-of-government was overshadowed by the revelations on ABC's Four Corners program of the shocking treatment of Aboriginal youth at the Don Dale Detention Centre in Darwin.

The revelations sparked national outrage and provoked a swift announcement by the Prime Minister of a Royal Commission into the Protection and Detention of Children in the Northern Territory. The Northern Territory will be judged by its response to the Royal Commission.

AMSANT strives to ensure that the voices and experience of our leaders are being heard. The new Northern Territory Government's commitment to reform is already apparent in draft policies affecting children and families and AMSANT and our members, along with other Aboriginal organisations, have been centrally engaged in the policy process. The Royal Commission's recommendations are due later in 2017.

I would particularly like to congratulate AMSANT and our member services for the inspiring celebration of the 10-year anniversary of AMSANT's Indigenous leadership program, held in May in Alice Springs. The event recognised the quality of our staff and the innovation of our work in the Aboriginal health sector, and brought together thirteen member services and nine key stakeholders to showcase leadership initiatives in health.

AMSANT has continued to provide leadership as a member of the NT Aboriginal Health Forum, with three Forum meetings held during the year. An important achievement this year was successfully ensuring that new Commonwealth mental health funds provided to the NT will be allocated through the Forum's Social and Emotional Wellbeing Working Group.

During the year a further successful transition to community control was completed with Miwatj Health Service taking charge of the Milingimbi clinic, with a further two clinics scheduled for transition in the next 18 months. Meanwhile, the Red Lily Health Board has continued to progress on its transition path, with continued support from AMSANT. It has been heartening to see improved progress by the NT Aboriginal Health Forum in supporting transition to community control.

It's also pleasing to report that the leadership provided by AMSANT and Congress in the Central Australian Academic Health Science Centre was the decisive factor in the Centre's successful bid to become one of only five Centres for Innovation in Regional Health (CIRH) approved across the country this year. This initiative will bring increased research funding to the Territory and is helping us to advance our long-held aspiration to ensure that Aboriginal health research is culturally safe and directed by the community.

The year has brought some changes to the AMSANT Board with the departure of Deputy-Chair Olga Havnen, Member Director Dale Campbell, and non-Member Directors, Marion Scrymgour and Paul Case; I wish to thank them all for their valued contributions. Dale was replaced by Richard Callaghan. We also welcomed two new non-Member Directors, David Galvin and Jeanette Ward. I wish to thank my fellow Board Directors for their contributions over the year, and to thank our CEO, John Paterson, and the AMSANT staff for their hard work and commitment.

Donna Ah Chee

Chairperson

CEO's

MESSAGE

One of the privileges of my role as AMSANT CEO is representing AMSANT and our sector to external stakeholders. I am supported in this by the strong leadership and direction provided by the Board and our member services.

The past year has seen many memorable and significant moments. Some of these have unfolded with the Royal Commission into the protection and detention of children in the Northern Territory. I was pleased to host the Commissioners during their initial visits to the Territory. The depth of community engagement by the Commissioners and the strength of evidence put before the Commission, including from AMSANT, suggests that we can expect a strong set of recommendations in its report to be released later in 2017.

Most personally significant for me was presiding at AMSANT's Leadership Conference held in June in Alice Springs. The conference celebrated the 10th anniversary of our Leadership Program. This was overwhelmingly an event for, and by, member services and was consciously aimed at developing the future leaders of the Aboriginal community controlled health sector. The event features in the pages of this report.

Such moments are made possible because of the depth of experience and leadership of our Aboriginal community controlled health services, particularly here in the Northern Territory. This has brought broad recognition of the achievements and credibility of our sector and is reflected in feedback that I consistently hear from stakeholders I engage with.

Support for our member services is AMSANT's core business. We achieve this through the work of dedicated specialist teams in key areas of services' needs. Readers will find many examples of this work in the following pages and an overview in the 'Year in Review'. The strong quality improvement focus of AMSANT brings an understanding that there is no room for complacency and we continue to evaluate and improve how we work.

The quality of the support provided to member services by the AMSANT team was evident in the Nous Review of NACCHO and State and Territory affiliates, commissioned by the Commonwealth Department of Health. Its final report provided strong acknowledgement of AMSANT's work in supporting members, and our effective stakeholder engagement as a peak body for the sector.

A major outcome of the review is a new funding arrangement between the Commonwealth and NACCHO and State and Territory affiliates, through a single funding agreement administered by NACCHO. AMSANT has engaged with the Commonwealth, NACCHO and our fellow affiliates on implementing the new model.

A concurrent process has also been underway to review the Commonwealth funding formula for Aboriginal community controlled health services. This is a very significant review that will determine the future funding of ACCHSs and our capacity to develop and grow. The success of our sector in the NT brings with it a challenge, as present growth funding lags behind the actual increase in service provision provided by ACCHSs. The latest data shows rapid growth in service provision ~ an 11.6% growth in clients, including 14% growth in remote areas. With 57% of all episodes of care and 62% of regular clients, our sector is the largest provider of Aboriginal primary health care in the NT.

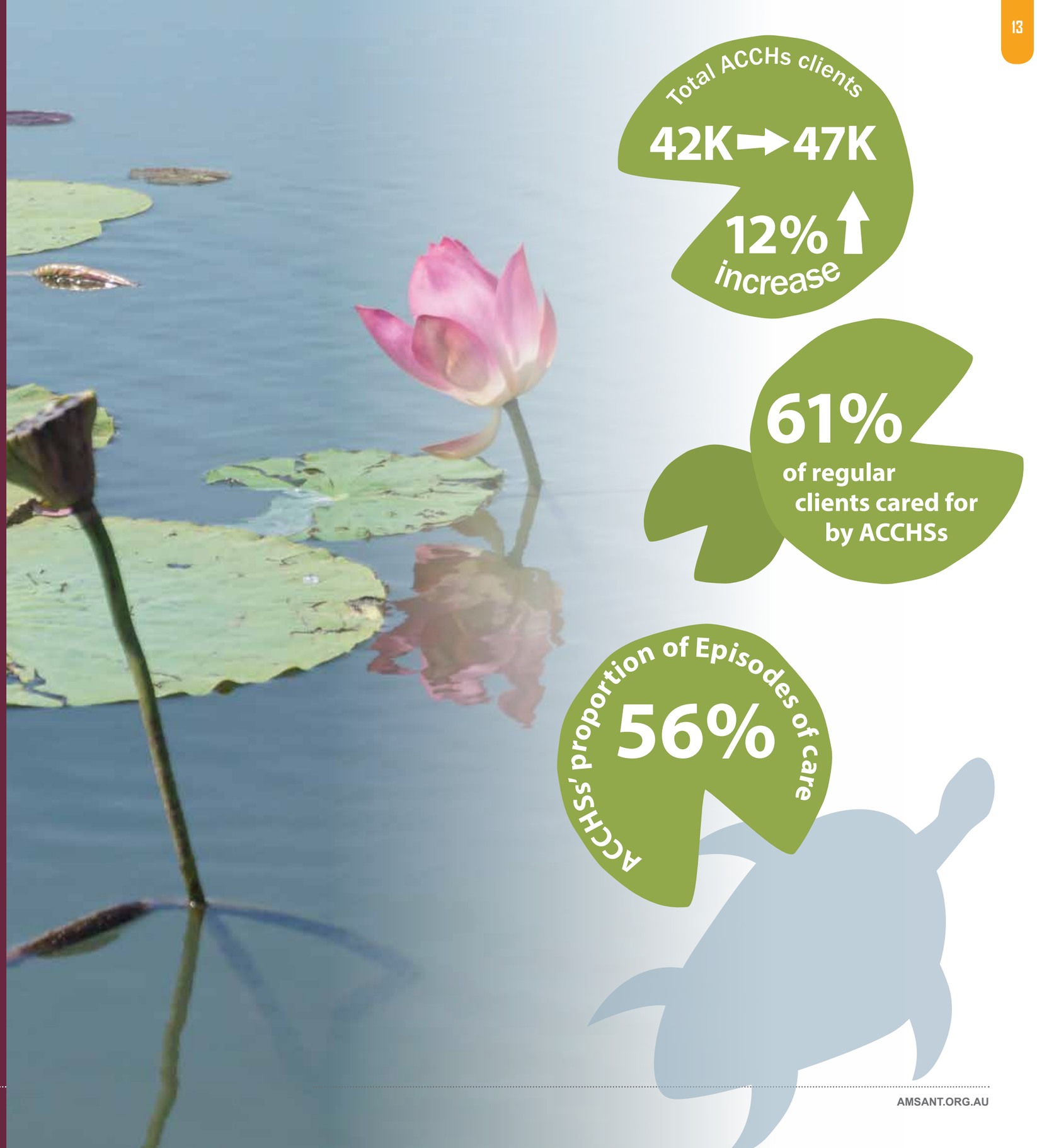
As AMSANT CEO, I chair the Central Australian Academic Health Science Centre (CAAHSC), which is now in its third year. This important collaboration has been recognised by the NHMRC as a Centre for Innovation in Regional Health (CIRH) which brings with it the prospect for a significant increase in Aboriginal health research funding coming into the NT. Significantly, the model for the CAAHSC ~ with Aboriginal community controlled health services at its centre ~ will ensure stronger Aboriginal direction and control over future health research.

I can also report significant outcomes during the year from AMSANT's membership of the Aboriginal Peak Organisations NT (APO NT). This was the first year of a five-year funding agreement with the Northern Territory Government that has positioned APO NT as a key partner. Foremost in the new government's reform agenda is increasing community decision-making and control over services provided by government, including critical areas such as out-of-home care and housing, that are identified priorities for AMSANT and our members.

APO NT has also been seeking urgent reform of the disastrous Community Development Program (CDP) and has led development of an alternative model with Aboriginal CDP providers and other key stakeholders. This work has gained considerable support in the policy debate on reforming CDP.

John Paterson

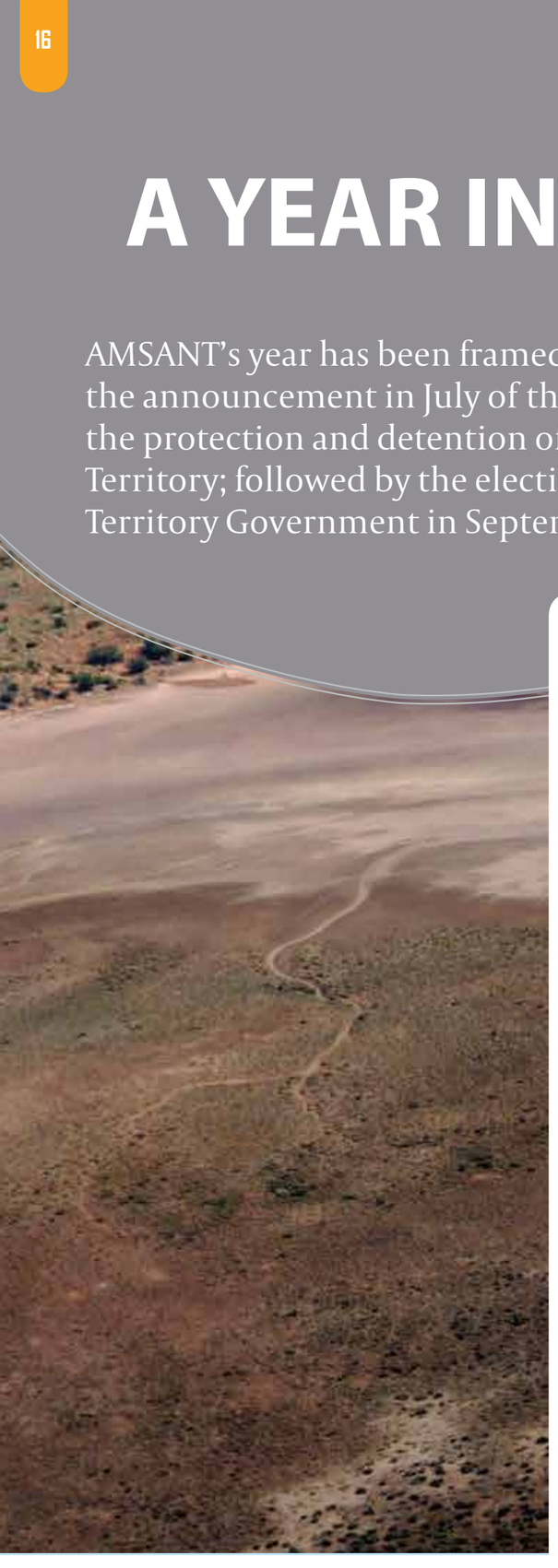
AMSANT CEO




SHARING
CARING
MEN'S HEALTH
IN OUR HANDS
BANATJARL
Aboriginal Peak Organisations
Northern Territory
An alliance of the Central and Northern Land Councils,
Central Australian Aboriginal Legal Aid Service,
North Australian Aboriginal Justice
Aboriginal Medical Services

A YEAR IN REVIEW

AMSANT's year has been framed by two significant events: the announcement in July of the Royal Commission into the protection and detention of children in the Northern Territory; followed by the election of a new Northern Territory Government in September.



AMSANT has engaged with the Royal Commission, providing three submissions targeted to priority areas for reform, including the need for a comprehensive trauma-informed framework. The work of the Royal Commission intersects with the reform agenda of the new NTG, particularly in relation to social and human services focused on children and families.

AMSANT is centrally engaged in policy reform already underway. AMSANT, with member services Congress and Danila Dilba, is represented on the NTG's Experts Group and Working Group to develop an early childhood strategy for the NT.

AMSANT helped coordinate a workshop on out-of-home care in July 2016, along with Aboriginal Peak Organisations NT (APO NT), and led APO NT's subsequent proposal to the NTG for resources to create an Aboriginal-led and controlled out-of-home care sector in the NT. In May 2017, Territory Families committed to providing resources for the project, including a seconded position to APO NT to coordinate development of the strategy.

The new Territory Government's reform agenda has also focused on re-empowering Aboriginal communities through a ten-year 'local decision making' policy, aimed at increasing community decision-making and control over services provided by government ~ out-of-home care, housing etc. This involves delivering a range of services through Aboriginal controlled organisations and enterprises.

A celebration of the 10-year anniversary of AMSANT's Aboriginal leadership program was held in May in Alice Springs, recognising the people and the innovative work of the ACCHS sector, which continues to inspire the program's development. The 10-year leadership celebration brought together 13 member services and nine key stakeholders to showcase leadership initiatives in health.

The year saw the completion of the Nous Review of NACCHO and affiliates, commissioned by the Commonwealth Department of Health ~ the final report provided strong acknowledgement of AMSANT's work in supporting members, and our effective stakeholder engagement as a peak body for the sector.

AMSANT has continued to provide leadership as a member of the NT Aboriginal Health Forum, with three Forum meetings held during the year. Special meetings were also convened to prioritise regionalisation applications; and also to consider Malabam Health Service's application for funding to start the transition process to take full control of primary health care services for Maningrida.

On 1 July, another successful transition was completed with Miwatj Health Service taking over control of the Milingimbi clinic, with a further two clinics scheduled for transition over the next 18 months. Meanwhile, the Red Lily Health Board has continued to progress on its transition path, with continued auspicing and other support provided by AMSANT.

Support for member services is core business for AMSANT, delivered by dedicated and specialist teams in key areas of services' needs.

Workforce support has included initiatives to build the capacity of, and support for, the Aboriginal Health Practitioner workforce and other key workforce areas. AMSANT is working in partnership with Indigenous Allied Health Australia (IAHA) and other key stakeholders to set up a pilot 'NT Aboriginal Health Academy' for VET in Schools (VETiS) school-based traineeships, to grow the allied health workforce in the NT.

AMSANT worked closely with NTPHN to assist with the transition for the ITC Workforce Development Plan for the newly formed Integrated Team Care (ITC), commissioned to nine of our member services. Our team has coordinated successful Medicare Training Workshops for member services in the Top End and Central Australian regions and provided

comprehensive cultural awareness training to GPRs.

AMSANT has provided strong eHealth support with business and information management systems, as well as access to remote infrastructure. We are working with Laynhapuy Homelands to install infrastructure and to implement telehealth services in three of their community health clinics, with installation to start in September 2017. The eHealth team provides on-going support with Communicare, QMS systems and reporting on the NTAHKPIs and the nKPIs, as well as support in registering to participate in the My Health Record system.

The AMSANT CQI Coordinators support health service teams with their on-going CQI priorities, and held a CQI Collaborative in November 2016 in Alice Springs. A CQI data working group has been established to look at identified NTAHKPI data at service level across the NT, from both ACCHSs and NTG PHC services, for quality improvement.

AMSANT is an active member of the Steering Committee and the clinical and technical working groups to assist in developing and defining the NTAHKPI system. AMSANT led a workshop to develop strategic directions for the NTAHKPIs, with a key outcome being the need to develop non-clinical indicators.

The latest pooled data reveal that the ACCHS sector provides 57% of all episodes of care and 60% of contacts with Aboriginal PHC. The sector had 62% of the regular clients, building on an on-going trend in being the largest provider of PHC to Aboriginal people in the NT. This rapid growth ~ 11.6% growth in clients, including 14% growth in remote areas ~ brings with it a challenge for the sector because the increased workload for health services is having to be achieved with no increase in funding!

In the past year AMSANT has also responded to the roll-out of major national health policies, including Health Care Homes (HCHs) and the National Disability Insurance Scheme (NDIS). In the NT, ACCHSs represent more than half of the trial sites for Health Care Homes. AMSANT supports this by providing information and working closely with NT PHN on supporting the trial sites. In relation to NDIS, AMSANT canvassed member views where NDIS trials had rolled out, consulted experts and developed a set of recommendations that have been put to the Commonwealth.

AMSANT has provided submissions to a broad range of inquiries and reviews including the Productivity Commission inquiry into human services, MBS review consultations, the Royal Commission into the protection and detention of children, and the NT Renal Strategy; as well as submissions on pharmacy, take-own-leave (self-discharge), Indigenous PIP and interpreter services.

The year has also seen changes in arrangements for mental health funding. AMSANT successfully argued for the new mental health money provided through PHNs to be subject to a needs-based allocation process managed by the NT Aboriginal Health Forum. This has resulted in a needs-based expansion of SEWB in Aboriginal PHC.

AMSANT's Trauma Informed Care team has continued engagement with member services, including the development and delivery of Trauma Informed Care training to Congress, Danila Dilba and Wurli Wurlinjang. We have developed a Trauma Informed Primary Health Care Action group to consult, collaborate and lead trauma informed care across the NT. Members include key people working within primary health care from ACCHSs and the NTG, as well as Aboriginal leaders working nationally within the trauma informed care field. Our TIC team was also central in AMSANT's submissions to the Royal Commission and recommended a trauma informed framework be adopted in reforming child protection and youth justice.

Driving improvement in Aboriginal health research to ensure it is culturally safe and responsive to priorities set by Aboriginal communities has continued to be a strong focus for AMSANT. The leadership provided by AMSANT and Congress in the Central Australian Academic Health Science Centre was an important factor in the Centre's successful bid to become one of only five Centres for Innovation in Regional Health (CIRH) approved across the country. The Centre's model ~ with Aboriginal community controlled health at its heart ~ will ensure that any significant health research investment that flows to the Centre, will be well-targeted.

AMSANT is a partner in significant health research projects, including the Mayi Kuwayu National Study of Aboriginal and Torres Strait Islander Wellbeing, and the NHMRC Data Linkage Partnership Project. AMSANT, in partnership with Human Capital Alliance (HCA), has also been successful in its application to the Lowitja Institute to undertake a national workforce research project on career pathways for Aboriginal & Torres Strait Islander health professionals. AMSANT's research governance has been bolstered during the year with the establishment of a Board Research Subcommittee.

AMSANT also continues to work as a member of the Aboriginal Peak Organisations NT (APO NT) alliance, as part of our commitment to inter-sectoral activity on the social determinants of health. During the year, the alliance has achieved significant outcomes in issues of concern raised by AMSANT's member services. APO NT has supported the Aboriginal Housing NT (AHNT) Committee and established a formal role in advocating on housing reform with the NT Government. APO NT has also successfully intervened in relation to the disastrous Community Development Program (CDP) and has brokered the development of an alternative model which has gained considerable support in the policy debate about reforming CDP.

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 on-going 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.

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. Pro-actively 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 advance AMSANT's objectives.

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 the 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 our 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 always a safe, healthy and productive work environment.

PUBLIC HEALTH

The core AMSANT public health team consists of the PHMO (Dr Liz Moore), two part-time nurses with substantial public health, clinical and educational experience, and a part-time administration role.

Analysis of ACCHS NTAH KPI data

All our members are required to report NT Aboriginal Health KPI (NTAHKPI) data to the Commonwealth and have agreed to contribute to a pooled data set, split into urban and remote streams. This enables AMSANT to assess the size and growth of the sector, provides a benchmark for services to compare their own performance, and highlights areas where performance could be improved and where it may be useful to investigate system or training issues.

Recent pooled data reveals that ACCHSs provide 58% of all episodes of care, and 61% of all patient contacts in the Aboriginal PHC sector with the remainder being provided by NT Government clinics. The sector also provided care to 64% of regular clients.

This represents significant growth in our sector: 14% in urban patients, and 15% in remote patients over a twelve-month period. A small proportion of this increase resulted from the transition of Millingimbi clinic to Miwatj. The ACCHS sector also had a 12% growth in patient contacts ~ 13% in urban areas and 11% in remote areas.

Significant improvements were seen in timeliness of antenatal care with an increase of 11% of women who had an antenatal visit in the first trimester. There was also an increase of 15% of people having a cardiovascular risk assessment.

AMSANT designed and led a workshop to develop strategic directions for the NTAHKPIs. Central themes were that non-clinical indicators should be developed across the domains of the core services framework, and that there should be a more robust process for developing the KPIs. This work will inform the future development of the KPIs.

National Disability Insurance Scheme

The National Disability Insurance Scheme (NDIS) aims to provide more choice and control to people with disability, to double the available funding, and to improve equity of access and early intervention.

AMSANT recognises that coordination between the NDIS and ACCHSs is required at all levels if we are to see improved health outcomes and quality of life for Aboriginal people. As a milestone national reform, AMSANT has been engaging with our own sector, disability services, governments and NGOs in advocating for improvements to the scheme so that it can help meet the needs of Aboriginal people in the Northern Territory in both regional and remote areas.

Some key activities, in consultation with member services and other Aboriginal agencies, include development of Board-endorsed positions, submissions to the Productivity Commission, and evidence given to the Joint Standing Committee regarding the transition to the NDIS.

AMSANT Senior clinician network

AMSANT has a senior clinician network which includes at least one clinical leader from each ACCHS. The Public Health unit provided information and clinical advice on multiple issues to the network, including mandatory reporting, cardio-vascular risk assessment and the 'av-gas' issue (inhalation of aviation fuel) in East Arnhem.

We held discussions about GP registrar recruitment with senior GPs across the sector which informed an AMSANT submission on GP registrar salary support in Aboriginal primary health care.

Health Care homes

Health Care Homes (HCHs) is a new method of funding the care of chronic disease patients based on voluntary patient enrolment and annual payments based on the patient's health profile and social circumstances. HCHs aims to encourage a team based approach and to use

data for quality improvement. The NT is one of ten sites to pilot HCHs. AMSANT disseminated information about this reform to our sector and our services have been keen to participate, with half of the HCHs sites being ACCHSs. We are collaborating with the NT PHN and member ACCHSs on planning the roll-out of this complex program to our sector.

Outreach service delivery

Allied health and diabetic specialist outreach services are funded by the NT PHN through a scheme called Medical Outreach for Indigenous Chronic Disease (MOICD). It is critical these important services are provided effectively and equitably. An AMSANT evaluation of MOICD found that members wanted more say in what services were provided and that more work needs to be done to improve integration and communication between outreach services and resident teams. With three years funding for the program it is hoped the evaluation's key recommendations will be implemented over this time.

Sexual Health

AMSANT is implementing a sexual health peer support project, aiming to educate young Aboriginal people in remote areas about sexual health and to build their skills to provide sexual health education to their peers with support from the AMSANT coordinators. This project is led by Associate Professor James Ward at the South Australian Health and Medical Research Institute and involves four affiliates. Intensive planning is now underway to implement this two-year program.

Policy

During the year, we made multiple policy submissions in the public health arena. These included submissions on Indigenous Practice Incentives Program (PIP); the Commonwealth and NT Ombudsman's review of access to interpreters; review of the NT renal strategy; and Sixth Community Pharmacy Agreement.

Early Childhood

The NT Government is developing an early childhood strategy through the Office of the Chief Minister. An expert reference group and a working group have been convened to assist in development of the strategy. Donna Ah Chee (CEO of Congress) and Olga Havanen (CEO of Danila Dilba) are co-chairing the expert reference group and AMSANT staff are participating in the working group to advise and guide the strategy.

Social and emotional wellbeing (SEWB)

The SEWB unit's team of three has been working on key areas comprising supervision for AOD workforce in ACCHSs; supporting ACCHSs to become trauma informed; and providing policy and advocacy advice.

The Commonwealth Department of Health provided funding through the NT PHN to expand SEWB and AOD services within Aboriginal PHC. AMSANT undertook a needs analysis in our sector and worked collaboratively with the NTG and NT PHN through the NT Aboriginal Health Forum (NTAHF) to plan an equitable expansion of the workforce across both government clinics and ACCHSs. It was pleasing to see an expansion of the SEWB/AOD workforce within Aboriginal PHC where it is most needed.

AMSANT was also funded for an additional position through the NT PHN to support the growing SEWB/AOD workforce and to hold an annual forum.

Sarah Haythornthwaite is chairing a NTAHF SEWB committee that has refined an Aboriginal-led SEWB model within primary health care. This work has been integral to planning for the expansion of the SEWB workforce within PHC.

Trauma Informed Care

AMSANT received two years' funding to support the sector to work towards becoming trauma informed, including through training and system change.

The SEWB unit has developed a Trauma Informed Primary Health Care Action Group to consult, collaborate and lead trauma informed care across the NT. Members include key people working within Aboriginal PHC as well as Aboriginal leaders working nationally in trauma informed care.

We also designed and delivered trauma informed care training to the staff at Congress, Danila Dilba and Wurli Wurlinjang. Plans are underway to extend this training across more ACCHSs and also support system change to embed TIC within service delivery by mentoring and supporting key staff. We are also collaborating with the government sector.

The team has also held discussions with Territory Families about the need for the child protection and juvenile justice services to develop trauma informed systems and to ensure all staff are trained in trauma informed approaches.

HEALTH RESEARCH

AMSANT has a formal process for health researchers who seek feedback or support for research proposals, and is an active partner in various and diverse research projects.

AMSANT's Aboriginal Health Research Policy provides guidance for health research proposals that seek to involve Aboriginal communities and/or our member services. Health researchers complete an AMSANT *pro forma*, which is initially reviewed by the Public Health Advisory Group (PHAG), with advice provided to the researchers and, where relevant, the CEO, Board Research Sub-committee and member services. There is also an Early Research Concept *pro forma*, allowing researchers to seek feedback at a much earlier stage of research development.

A significant event this year was the establishment of the AMSANT Board Research Sub-committee which meets prior to Board meetings to assess research projects that seek approval or support.

AMSANT has employed a Health Research Officer *via* the NHMRC Data Linkage Partnership Project (managed by Menzies School of Health Research) and the StrivePlus project (managed by the Kirby Institute). AMSANT is also a partner in the Mayi Kuwayu National Study of Aboriginal and Torres Strait Islander Wellbeing and, in partnership with Human Capital Alliance (HCA), has been successful in its application to the Lowitja Institute to undertake a national workforce research project on career pathways for Aboriginal & Torres Strait Islander health professionals.

AMSANT and other affiliates are also partners with the South Australian Health and Medical Research Institute (SAHMRI) on a project to improve STI testing and treatment in remote communities. Two sexual health positions are located within AMSANT for a two-year period.

AMSANT's membership of the Lowitja Institute CRC is an important relationship, representing a commitment to developing 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.

A significant development in the health research partnership ~ the Central Australian Academic Health Science Centre (CAAHSC) ~ has been the acceptance by the NHMRC of the CAAHSC as a Centre for Innovation in Regional Health (CIRH). Partners in the CAAHSC include health, government, research and university stakeholders, and AMSANT's CEO is the Chair of the Centre.

CONTINUOUS QUALITY IMPROVEMENT

AMSANT's CQI team have continued to lead CQI activity within both the community controlled and government primary health care sectors.

A CQI Collaborative meeting was held over two days in November 2016 in Alice Springs with the theme of "Connecting People" ~ that's exactly what happened as more than 120 clinicians and health service staff from across the NT joined to share their experiences and knowledge. The key topics investigated were Clinical Governance, Human Resources in Remote PHC and Care Coordination. There were 50 main speakers, as well as 18 PHC staff giving presentations at the popular 'table top' sessions.

A CQI & Research workshop piggy-backed onto the CQI Collaborative to bring PHC staff and researchers from the Centre for Research Excellence – Integrated Quality Improvement (CRE-IQI) together to talk about common interests and priorities, with a strong focus on the importance of consultation with PHC teams, the involvement of communities and PHC staff in research topics, and the methods, and necessity, of feeding back research findings to those communities and PHC staff (research translation).

The CQI team gave regular support to our health services with visits, in-service training workshops, phone calls, emails and collaborative discussions. The CQI Coordinators continue to support health services with on-going CQI priorities and they facilitate system assessments (SATS) and assist with action planning, data review, Plan-Do-Study-Act (PDSA) cycles and program logic development.

Orientation and mentoring by the CQI facilitators remains a key priority. The AMSANT CQI team provides opportunities for the development of skills in communication and engagement, data analysis, data interpretation, change management and a range of CQI tools and skills. They also coordinate a CQI facilitator network that ensures peer support and shared learning is continuous. The NT-wide CQI team also updated the NT Aboriginal health key performance indictors (NTAHKPI) documents to ensure they reflect a CQI approach to interpreting the NTAHKPI reports; this enables the information to guide and drive quality improvement work across the NT.

The CQI data working group was established this year and most ACCHOs, and all NT Government services, have agreed to have their data included in this CQI process. The working group assesses identified NTAHKPI data from all health services for the following purposes:

- To identify services which are thriving in a particular KPI, as this will provide opportunities to translate their knowledge/expertise/systems more broadly.
- To identify areas of need to enable more targeted support and training and/or to translate learnings from areas doing well on specific KPIs.
- To identify KPIs/topics for a CQI focus through the CQI Collaborative and the CQI facilitator network.


her for our Youths


Margie Carter

POLICY & ADVOCACY

AMSANT is a strong contributor to all elements of national and NT health policy development, providing specialist advice to health reform processes via policy papers and submissions, and participating in forums and other consultation processes.

Submissions and responses are coordinated by AMSANT staff, with on-going guidance and advice from our member services.

AMSANT responded to numerous Commonwealth inquiries and reviews this year including: the Second Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 on the Social and Cultural Determinants of Health; the review of Indigenous pharmacy programs; the review of Australia's health performance reporting; the re-designing of the Practice Incentive Payments (PIP); the review paper on pharmacy remuneration and regulation; the National Partnership Agreement on Remote Indigenous Housing; the Commonwealth Ombudsman's inquiry into the accessibility of Indigenous interpreter services; and the Productivity Commission inquiry into human services.

AMSANT also made submissions to the Productivity Commission inquiry into human services; the Parliamentary Joint Committee on Human Rights inquiry into the Operation of the *Racial Discrimination Act 1975* and the Australian Human Rights Commission; and the Senate Finance and Public Administration Committee's inquiry into the Community Development Program.

AMSANT regularly contributes to Northern Territory Government reviews and consultations, such as the Termination of Pregnancy law reform, worker safety review and the draft NT Renal Strategy.

AMSANT met with National Mental Health Commissioners in Darwin in May to discuss current issues affecting Aboriginal people in the Northern Territory, including mental health, the National Disability Insurance Scheme and suicide prevention. AMSANT advocated strongly for expanded SEWB services within the ACCHS sector.

Other national initiatives we advised were the draft Implementation Plan for the Australian National Diabetes Strategy 2016-2020, and the *Nous Review* of the National Aboriginal Community Controlled Health Organisation (NACCHO) and its State/Territory peak bodies.

As a member of the Aboriginal Peak Organisations NT (APO NT) alliance, AMSANT participates in policy and advocacy initiatives of the alliance and contributed to several submissions ~ the Royal Commission; the National Partnership Agreement on Remote Indigenous Housing; consultation on Housing, Homelessness and Mental Health; and the Senate Inquiry into the Community Development Program.

NT FORUM

AMSANT provides secretariat support for the NT Aboriginal Health Forum, a high-level partnership that provides guidance and advice on Aboriginal health planning and policy in the NT.

The Forum is made up of 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:

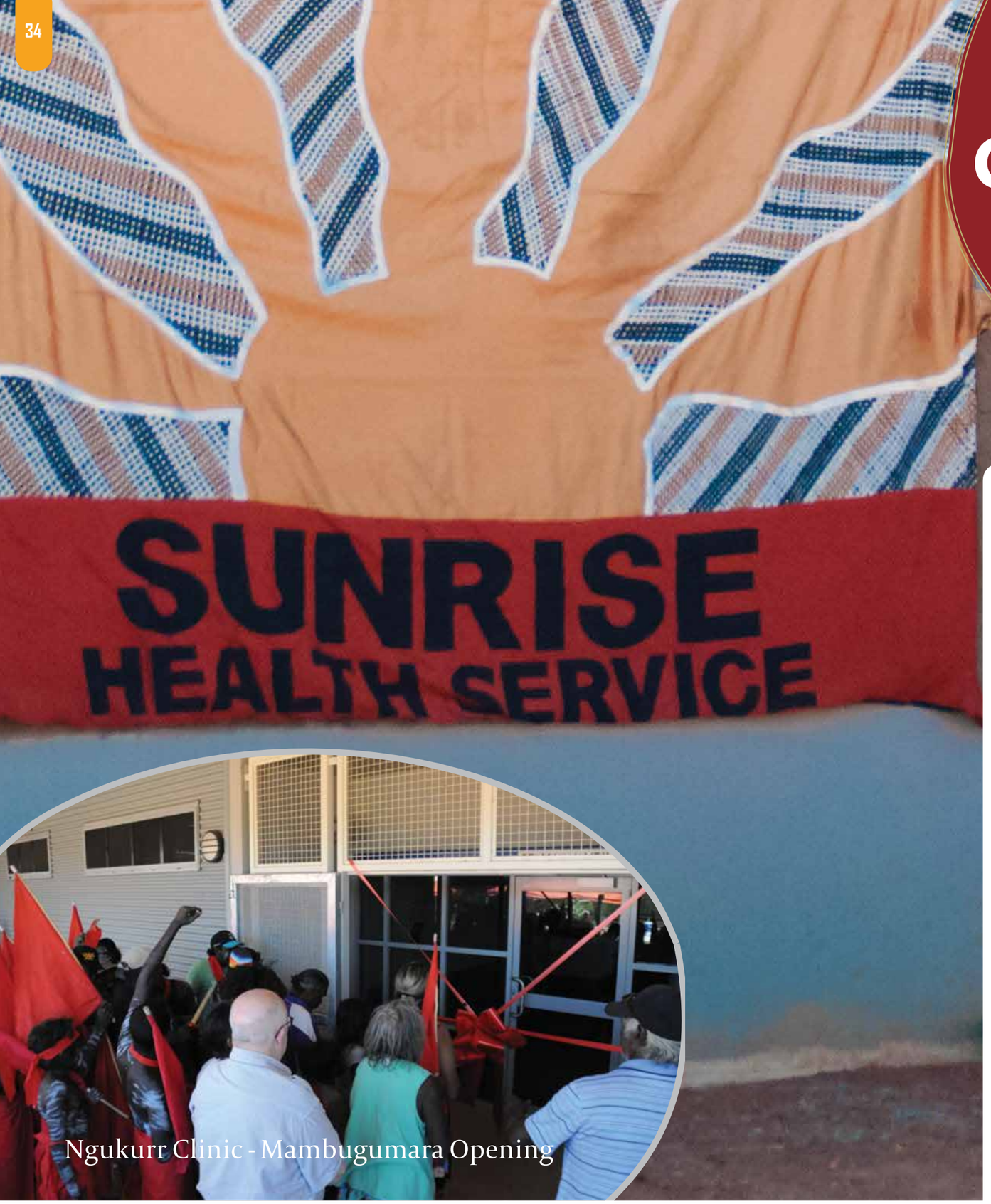
- Primary Health Care
- Hospitals and specialist care
- The social determinants of health
- Health system strengthening and monitoring

AMSANT has continued to provide leadership as a member of the Forum, with three Forum meetings held during the year. An important achievement this year was gaining agreement from Forum members that new Commonwealth mental health funds provided to the NT PHN should be allocated on a needs-based process, through the Forum's Social and Emotional Wellbeing Working Group.

Special meetings were also convened to develop a structured process for the prioritisation of applications for regionalisation, and also to consider Malabam Health Service's application for funding to begin the transition process to take full control of primary health care services for Maningrida.

COMMUNITY CONTROL

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.



Ngukurr Clinic - Mambugumara Opening

This requires the transition of NT Government clinics to existing regional ACCHSs, as well as the development of new regional ACCHSs where these don't currently exist.

The Commonwealth Government provides limited funding for transition processes, which are prioritised through the Forum. The Forum has agreed on three priority sites for transition ~ East Arnhem, West Arnhem and Alyawarr.

There has been some significant progress in this transition process during the past year; on 1 July, Miwatj formally took over the Milingimbi Health Clinic from the NT Department of Health ~ the fourth such clinic to be transferred to Miwatj. Two further clinics are scheduled for transition in the next 18 months.

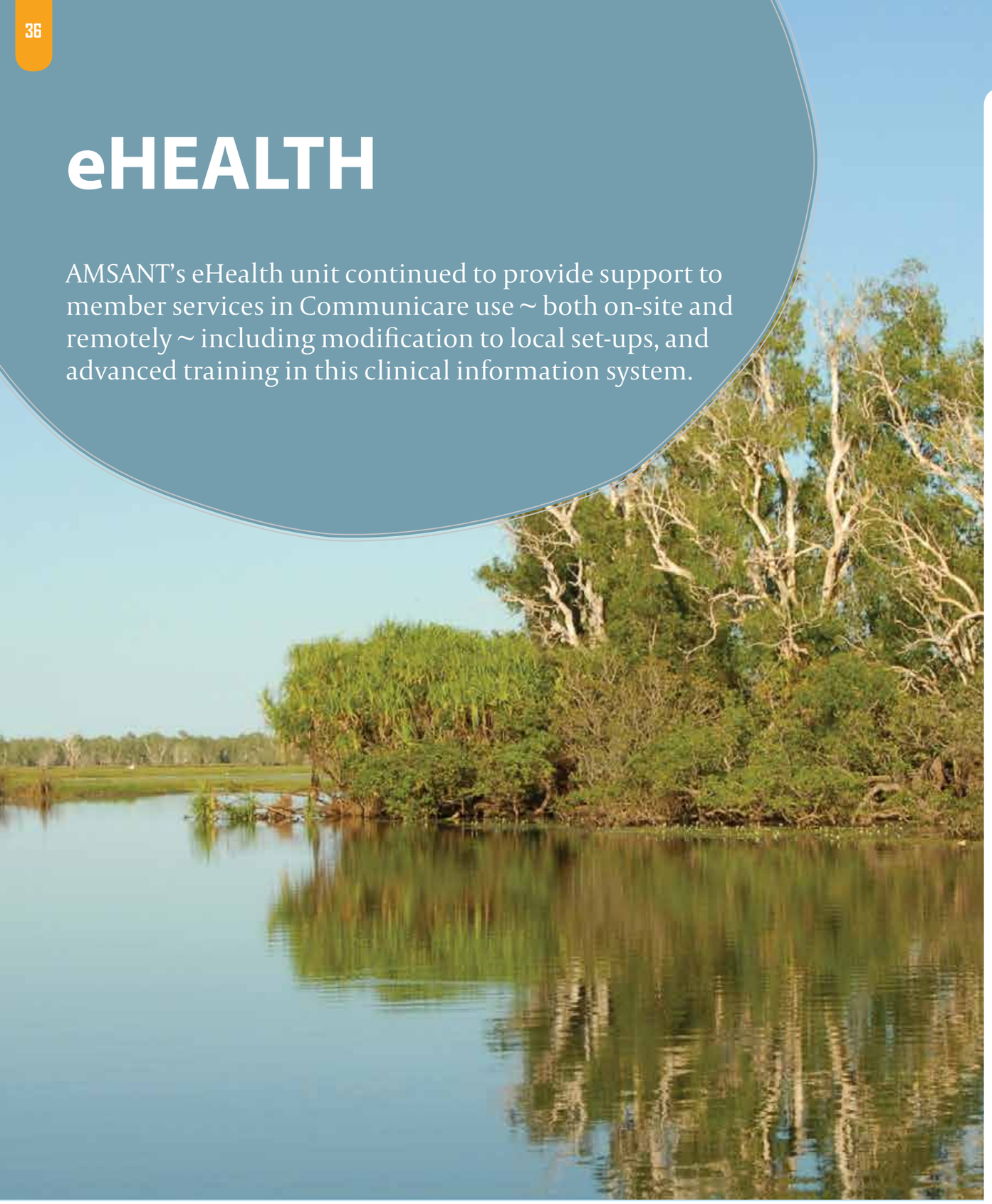
A further transition was completed on 1 July 2017 when Bagot Community Health Clinic became part of Danila Dilba Health Service. As an Associate Member of AMSANT, Bagot clinic has been supported by AMSANT during the year, while negotiations have progressed with the Northern Territory Department of Health and Danila Dilba over the proposed transition.

Meanwhile, Malabam Health Board, which already has established infrastructure and provides the majority of services for Maningrida Health Clinic, has successfully submitted a business case to Forum for approval to receive funding for transition of the clinic from NT DOH.

Red Lily Health Board, already receiving funding for transition, has made steady progress during the year. AMSANT auspices Red Lily's funding and is providing other support as required.

eHEALTH

AMSANT's eHealth unit continued to provide support to member services in Communicare use ~ both on-site and remotely ~ including modification to local set-ups, and advanced training in this clinical information system.



We also assisted member services in solving 'sorting issues' by technical trouble-shooting, and by defining and tackling concerns with timely resolutions.

The eHealth unit has advocated for improvements to CIS and related systems with vendors and stakeholders, with the goal of creating standardised environments.

We hosted the annual Communicare and eHealth forum, which allowed health services to discuss how they use Communicare to manage and improve their clinical care, as well as providing an update on NT and national eHealth initiatives.

NT Aboriginal Health Key Performance Indicators (NTAHKPI)

AMSANT eHealth staff are active members of the NT AHKPI steering committee, and the clinical and technical working groups, to assist in developing and defining the KPI system, often in collaboration with AMSANT's Public Health Medical Officer and the Continuous Quality Improvement (CQI) staff.

We continued to support members in reporting on the NT AHKPIs and the nKPIs by training data-staff, assisting in finding and correcting data-accuracy errors, and by escalating unsolvable issues to relevant stakeholders for resolution.
AMSANT has advocated widely to government and their agencies to reduce the burden of reporting on our member services.

My Health Record

AMSANT has supported member services to register to participate in the *My Health Record* system and has continued to support members in registering their own patients for *My Health Record*.

During the year, we have developed and delivered educational resources to administrative, clinical and non-clinical staff of health services, and our eHealth staff are regularly involved in discussions with the Australian Digital Health Agency (ADHA) about functional and clinical improvements, and the development of policy and legislation.

The *My Health Record* expansion program is being rolled out nationally to deliver education and 'change management' to healthcare providers and consumers, and AMSANT is collaborating with the NTG on this project.

Telehealth

The eHealth unit has worked with Telstra Health on the continued roll-out of the Telstra Reconciliation Action Plan, including installing Telehealth equipment, trouble-shooting, correcting technical set-up issues and training staff.

We also developed training resources and delivered training to member services, and assisted in 'change management' for greater Telehealth clinical and service use.

In the interests of improving systems further, we facilitated links between our members and relevant stakeholders (especially hospitals) to provide specialist Telehealth support.
The unit also worked with Laynhapuy Homelands to install infrastructure and to implement Telehealth services, and to provide staff training in three of Laynhapuy's community health clinics.

Information Management systems

eHealth continued to assist and mentor eight member services in business and information management systems such as intranet, extranet and 'public internet sites'.

We provided specialist advice to information workers and administrators in the maintenance of their corporate intranet and information management. We also incorporated the 'best practice' approach to promote the use of their corporate intranets as quality managed systems (QMS) for the purposes of accreditation, up to the organisational standard of ISO 9001.

The unit also ensured that information workers and administrators are adequately trained to support their information management systems, particularly during the transition to a new Information Management Officer.

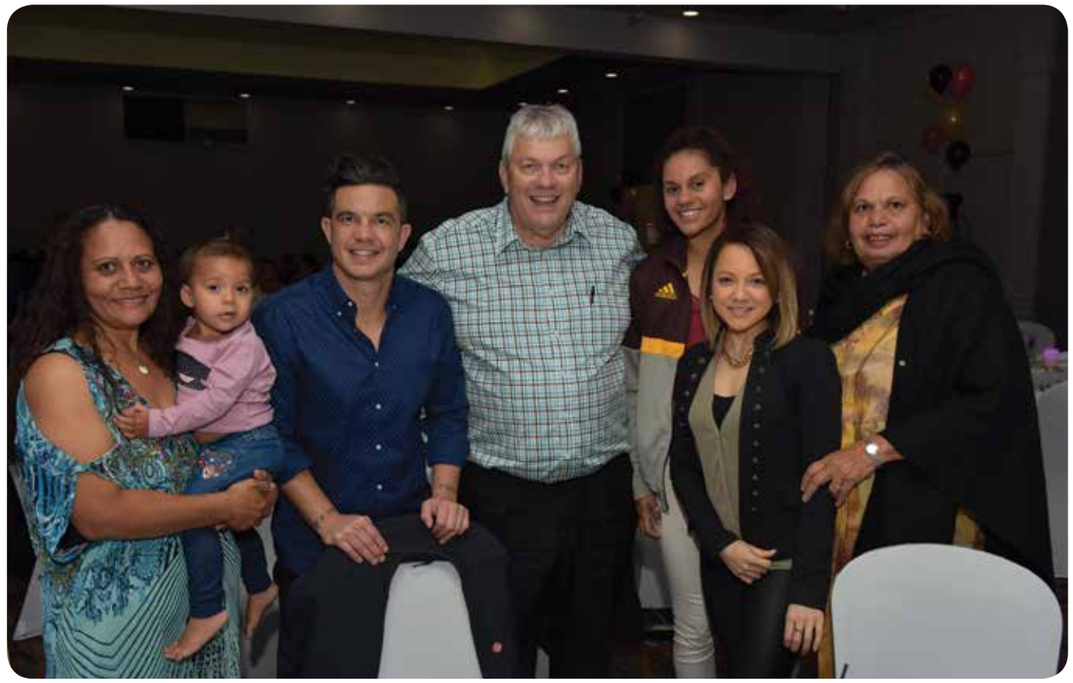
10 YEAR CELEBRATION

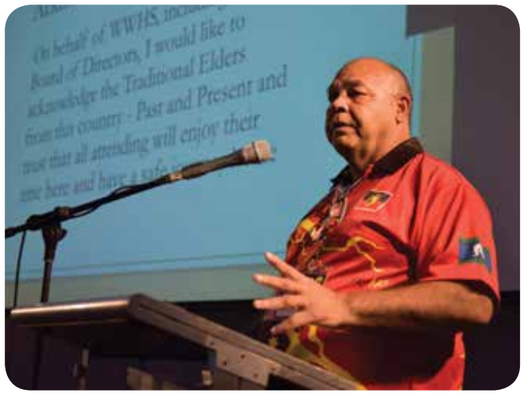
The 10th anniversary of AMSANT's Indigenous leadership program was celebrated in May in Alice Springs and recognised a fruitful decade of leadership initiatives and professional development, while highlighting the calibre of people who inspire us, and join us, on our journey.

The meeting attracted staff and management from 13 member services, and nine key stakeholders, to share their experience and plan for future leadership development. More than 120 people from across our sector came together to network, promote mentoring, collaborate on common aspirations and to prioritise objectives in leadership and workforce issues. This event highlighted the growing demand for leadership training and professional careers for ACCHO workers in the NT.

Traditional Arrernte Smoking Ceremony by Akeyulerre

A ten-year leadership booklet was produced to focus on emerging Aboriginal leaders in our sector, and to explore how and why they are making such a difference in their communities. Ten local leaders ~ all young people ~ were interviewed and photographed as an inspiration to the next generation, to enable a succession of talented people to guide Aboriginal health.





AMSANT's leadership and mentoring framework is designed with direct input from interested community members, and in consultation with all our member services, to provide on-site workshops that support the development of professional and personal skills, especially among our young people.

AMSANT is producing a leadership video to further promote these community controlled health sector leaders. The vision from the ten-year celebration gives both public and in-house recognition to our local leaders and will inspire future leaders to step up in our sector. This vision brings together Aboriginal Health Practitioners, managers, youth workers, specialist support staff and special guests to chart the way forward for our Aboriginal front-runners.

Reconciliation Action Plan

AMSANT has developed a two-year Reconciliation Action Plan (RAP) that outlines our commitment as an organisation to principles and actions that will support the process of reconciliation. The RAP was launched at the AMSANT Aboriginal Leadership Conference in Alice Springs in May.

The key themes of the RAP ~ relationships, respect and opportunities ~ recognise the need for AMSANT to build and maintain its support of our member services, and the communities that guide them, and to promote reconciliation in all aspects of our operations. There is also a focus on providing leadership in developing relationships with non-Aboriginal organisations.

These RAP goals extend to providing wider opportunities and greater inclusion for Aboriginal & Torres Strait Islander peoples in all areas of their lives ~ professional, cultural, familial, social and emotional ~ and they seek to give everyone power in making their own decisions.
The leadership group identified the need for our culture to be at the centre of all we do at AMSANT ~ in the workplace, in program development, in design and in delivery.

AMSANT CEO, John Paterson, praised AMSANT staff involved in developing the RAP and noted that it will provide an important guide for AMSANT's work.
"This is what leadership is all about ~ thinking deeply and acting decisively for the overall benefit of our people."

AMSANT CEO, John Paterson and Anyinginyi CEO Barb Shaw cut the leadership program celebration cake

WORKFORCE AND LEADERSHIP

The workforce and leadership support unit has a key focus on communication and engagement with the ACCHO sector, using email, phone and face-to-face encounters with 160 health workers and administrators to build the strength and unity of our profession.

Aboriginal Health Workforce

We support trainee Aboriginal Health Practitioners (AHP), and unemployed people seeking clinical placements, to complete log-books and accumulate practice hours to complete their courses and, thereby, boost graduation rates. We also orientate trainee AHPs to our health sector and guide their progress, through such partnerships as AMSANT's memorandum of understanding (MOU) with the Foundation of Rehabilitation With Aboriginal Alcohol Related Difficulties (FORWAARD).

A new focus of our activity is the development of an Indigenous Cancer Care Training Program for care coordinators, AHPs and outreach workers, as there has been a sharp increase in cancer cases, and the training gaps that need to be filled, in the Northern Territory.

We continue our development of initiatives to build the capacity of, and support for, the Aboriginal Health Practitioner workforce. For example, we promote the role of the AHP through various media platforms and identify work opportunities available in the Territory www.jobsinthent.com.au/aboriginalhealth.

AMSANT has partnered with Indigenous Allied Health Australia (IAHA) and other key stakeholders to set up a pilot NT Aboriginal Health Academy for VET in Schools (VETiS) school-based traineeships, with students completing a Certificate III qualification. The goal is to grow the allied health workforce in the NT by introducing our youth to a range of careers in health, by supporting their completion of Year 12 and by meeting the skills shortages in aged care, disability, allied health and primary health care practice.

WALS supports the academic needs of the Aboriginal workforce within the ACCHS sector by building and maintaining relationships with key training providers.

In partnership with Human Capital Alliance (HCA), AMSANT has succeeded in its application to The Lowitja Institute to undertake a national workforce research project on 'career pathways' for Aboriginal & Torres Strait Islander health professionals. A second application was successful for this project, so we are also working in collaboration with the University of New South Wales (UNSW).

Chronic Disease Workforce Support

During the past year the WALS Team visited the Miwatj Health Service to conduct a workshop with the Menzies Social Media and Health Project to improve tobacco control, with training

and feedback provided for community-based researchers in Nhulunbuy and the surrounding homelands.

AMSANT continues to improve the transportation, accommodation and logistical issues of patients through our advisory committee, and we communicate widely, and strategically, with our member services regarding policy changes and procedural amendments, to best serve patients in remote, regional and urban areas.

We have facilitated funding to nine member services for inclusion in the newly formed Integrated Team Care (ITC) program, and AMSANT worked closely with NT Primary Health Network (NTPHN) to assist with the transition and input to the ITC workforce development plan.

WALS hosted an AMSANT stall at this year's national *Close the Gap* day in Alice Springs and we continue to provide strong community support throughout Central Australia. We also visited the Central Australian Aboriginal Congress to learn more about their youth, health training, mentoring and education programs, in the lead-up to our Leadership workshop.

WALS was invited to make a presentation at the Australian & New Zealand Addictions Conference in Surfers Paradise ~ *Breaking the Cycle of Addiction in Remote and Rural Indigenous Communities* ~ thereby giving AMSANT further international exposure and credibility.

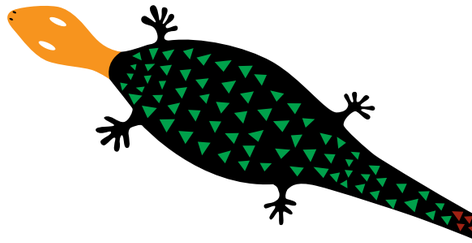
We also coordinated and co-facilitated two-day Medicare training workshops in Alice Springs and Darwin, enabling our services to cut through the red tape and get the best outcomes from Medicare.

WALS team: (left to right) Karrina Demasi, Patrick Johnson, Normie Grogan, Frank Campbell, Sharon Wallace & Erin Lew Fatt

GP Registrar Support

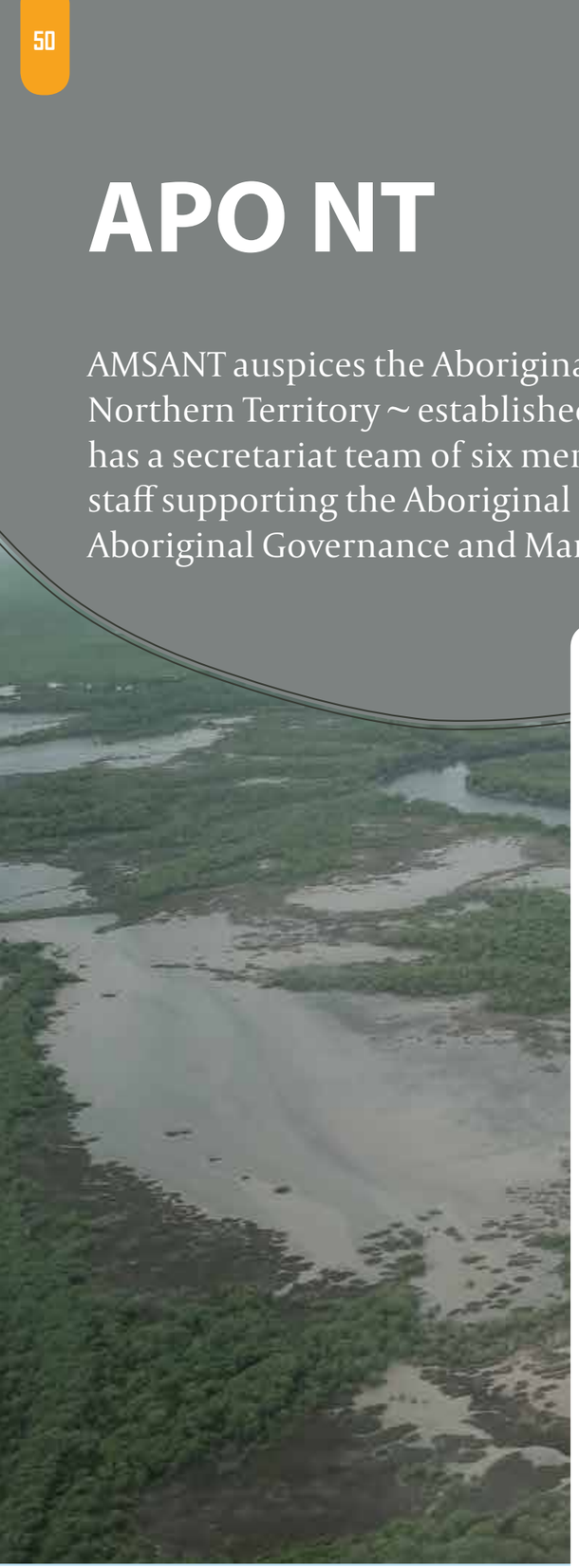
WALS continued to give orientation to GP registrars prior to their work placements in remote ACCHSs by providing cultural awareness training, and by promoting safety for patients and staff. Further community visits allowed us to explain cultural protocols, interpersonal skills, and how to build empathy and trust with GPRs. We also *liaised* between cultural mentors (usually traditional land owners who work in clinics) and GPRs, to improve mutual understanding.

Furthermore, we hosted cultural immersion camps for GPRs so they could better understand the complex Aboriginal notions of kinship systems, 'skin' names and avoidance relationships (taboos).



APO NT

AMSANT auspices the Aboriginal Peak Organisations Northern Territory ~ established in 2010 ~ which has a secretariat team of six members, including staff supporting the Aboriginal Housing NT and the Aboriginal Governance and Management Program.



APO NT has been developing, and advocating for, an alternative model to the Community Development Program (CDP), known as the 'Remote Employment and Development Scheme'. Our proposed model would provide a framework for greater community control over services and more opportunities to work, to earn and to learn.

The principal goal of the scheme is to increase the number of people in remote communities who work, with significant scope at the local level to shape objectives and strategies. The scheme recognises that increasing economic opportunity is a long-term challenge requiring Aboriginal and Torres Strait Islander people in all levels of decision making. APO NT has made a submission to the Senate Inquiry on the appropriateness and effectiveness of CDP.

APO NT is finalising our submission to the Royal Commission into the Protection and Detention of Children in the Northern Territory, which summarises our concerns with youth justice and child protection. This submission was prepared with input from APO NT's members and Danila Dilba Aboriginal Health Service, the Secretariat of National Aboriginal and Islander Child Care (SNAICC), the National Aboriginal and Torres Strait Islander Legal Services (NATSILS), First Peoples Disability Network (FPDN) and the Human Rights Law Centre (HRLC).

APO NT has provided letters, submissions and media releases on a various policy issues, including amendments to the *Racial Discrimination Act*, reform of alcohol policy and legislation in the Northern Territory, and amendments to the *Social Security Act* and also gave strategic input to NACCHO's paper on housing. A comprehensive list of APO NT's submissions and media releases can be found on the APO NT website: http://www.amsant.org.au/apont/.

During the year, APO NT hosted a visit by the United Nations Special Rapporteur on the Rights of Indigenous Peoples, Ms. Tauli-Corpuz. Other high-profile visitors to APO NT included the Human Rights Commissioner, Ms June Oscar, Royal Commissioners Margaret White and Mick Gooda, and the Shadow Attorney-General, Mark Dreyfus.

Aboriginal Housing Northern Territory (AHNT)

AHNT was established in 2015 and is the peak Aboriginal housing body in the Northern Territory. It is supported by APO NT, which provides secretarial support, and works through a committee to improve housing options for Aboriginal people in homelands, town camps, out-stations, towns and urban centres.

The committee has 16 members from across the NT, all of whom have wide expertise and historical knowledge about the sector, through their work with Indigenous groups and through their own lived experiences. Aboriginal people have been poorly served by housing bureaucrats and agencies for many years and AHNT seeks to advocate for, and develop strategies to, improve the overall housing options.

AHNT is developing partnerships to achieve our goals and is devising pilot projects to form an evidence base and a practical plan to encourage systemic changes in housing policy, management and service delivery.

The AHNT committee held four meetings during the year to address a range of issues ~ housing availability, affordability, appropriateness, over-crowding, maintenance etc ~ which are considered high priority areas and require close collaboration with the NTG, the Commonwealth Government, Aboriginal leaders and key housing and homeland service providers. During this financial year the committee met in Kalkarindji, Darwin and Alice Springs.

The committee produces a regular newsletter to inform community members, services providers, government agencies and elected officials across the NT about our activities and goals. The media units at the Northern Land Council (NLC) and Central Land Council (CLC) have increased their coverage of Aboriginal housing stories to promote change on behalf of AHNT and APO NT.

The Housing Policy Officer coordinates the research and policy work for AHNT and APO (NT) and was very busy during the year. In that time, AHNT

- contributed to the housing chapter (4.14) in the APO NT submission to the NT Royal Commission on Child Protection and Detention. (This chapter formally acknowledged that housing policy has been an instrument of disempowerment and trauma in the NT)
- provided input into a National Aboriginal Community Controlled Health Organisation (NACCHO) paper submitted to the Federal Opposition
- wrote an abstract for the Australian Housing and Urban Research Institute (AHURI) national housing conference
- provided a submission to the National Mental Health Commissioners, based on housing, homelessness and mental health consultations held in Darwin in April 2017
- made formal comments and recommendations to (United Nations indigenous leader) Victoria Tauli-Corpuz, which argued that housing services be trauma informed, community controlled and self-determining
- wrote a submission to the Expert Panel Co-Chairs of the Remote Housing Review
- made a joint preliminary submission on housing to the Royal Commission into the Protection and Detention of Children in the Northern Territory. This submission was contributed to, and endorsed by, Children in Care and the Youth Detention Advice Service and NT Shelter.

The AHNT Committee:

Co-Chairs
Barbara Shaw (Alice Springs)
and Matthew Ryan (Maningrida)

Alice Springs Town Camps
Shirleen Campbell and Maxine Carlton

Borroloola and Robinson River
Tony Jack

Elliott
Chris Neade

Tennant Creek
Ross Williams

Beswick
Samuel Bush-Blanasi

Katherine
Graham Castine and Rick Fletcher

Yarralin
Brian Pedwell

Peppimenarti
Annunciata Wilson

Wadeye
Tobias Nganbe

Anindilyakwa
Tony Wurramarrba

Tiwi Islands
David Guy

Yirrkala Homelands
Yananymul Mununggurr

Aboriginal Governance and Management Program (AGMP)

During the year AGMP provided intensive and targeted support to four support sites (Aboriginal organisations) in Wadeye and Yuendumu. What follows are some of the other highlights of our work:

At Palngun Wurnangat Aboriginal Corporation [PWAC] in Wadeye, the AGMP assisted with the transition to a new General Manager; we helped create a new Executive Chair position to boost local leadership; and we empowered the Board through workshops and strategic planning.

The AGMP assisted the Thathangathay Foundation Incorporation to transfer its governance principles from the NTG's Association Act to the Commonwealth Government's Corporations ~ *Aboriginal and Torres Strait Islander Act* (CATSI), thus ensuring stronger governance and greater transparency.

The Southern Tanami Kurdiji Indigenous Corporation [STKIC] received capability and capacity-building support from the AGMP, in readiness for the transfer of the mediation and community safety patrol programs from the Central Desert Regional Council to STKIC on 1 July 2018.

The AGMP provided capacity-building support to the Yuendumu Women's Centre Aboriginal Corporation [YWC] by way of targeting practical advice and support to management for meetings, and by reviewing the organisation's key services during a period of change.

In March 2017, the AGMP organised the "Innovating to Succeed" forum in Alice Springs, which attracted 80 delegates from Aboriginal organisations, NT and Commonwealth governments and the private sector. Case studies were presented that focussed on six innovative programs, designed and driven by Aboriginal groups.

Delegates expanded and strengthened their networks, engaged with key decision makers and went home with a swag of valuable ideas and programs to promote governance and management issues in their own organisations.

The AGMP also worked with the Aboriginal Housing NT Committee to develop a representative membership model that combines individual members with housing expertise and representatives from Aboriginal housing organisations. The AGMP provided governance and financial advice at workshops and assisted with the preparation of briefing papers for high-level government and industry stakeholders.

APO NT and AMSANT staff catch up with the Chief Minister, Michael Gunner, in Alice Springs.

ACCREDITATION

AMSANT continues to promote and enable improvements in quality management throughout our sector and we were formally recognised for these achievements via the ISO9001 (2008) Quality Management standard.

AMSANT surpassed this effort during the year when we became one of the few organisations in the country to have achieved certified accreditation under the new ISO 9001 (2015) Quality Management standard. This is formal recognition that AMSANT meets the latest, and highest, level of International Quality Management System standards.

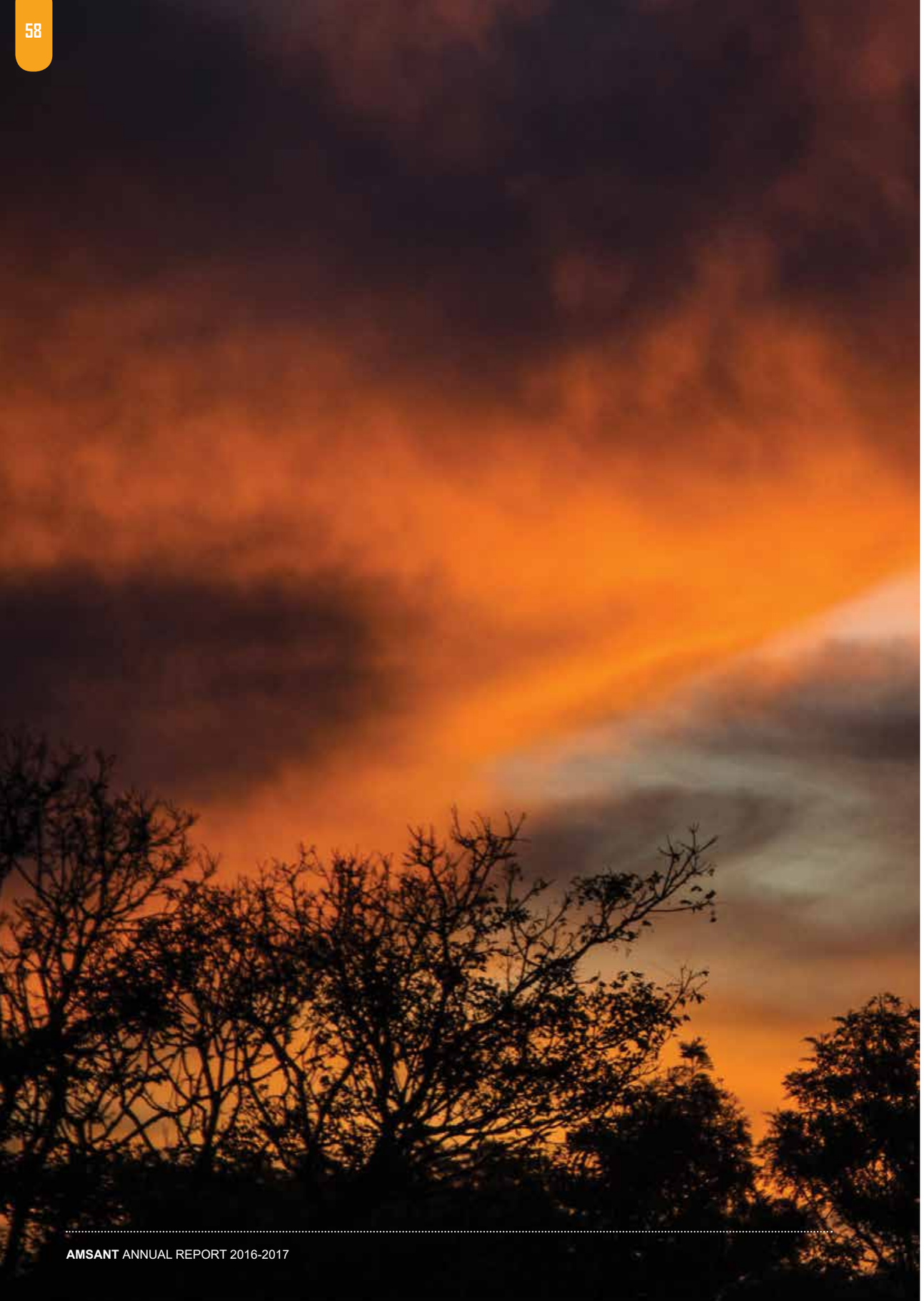
AMSANT maintains strong and consistent links with our member services and continues to provide expert advice and assistance in the areas of Clinical Accreditation ~ under the Royal Australian College of General Practitioners (RACGP) Standards and Organisational Accreditation ~ under the ISO 9001 or QIC accreditation frameworks. This has resulted in our members achieving the greatest completion rate of both clinical and organisational accreditation within our sector throughout Australia.

The rate of health services within our sector nationally that achieved organisational accreditation, or who are engaged in the process of doing so, is about 40%. AMSANT member services in the NT have achieved a success rate of 95% ~ a mighty achievement! AMSANT has also assisted member services in achieving and maintaining a 100% success rate for RACGP clinical accreditation.

AMSANT leads the ACCHS sector in all areas of accreditation and provides technical advice for the improvement of the clinical and organisational accreditation standards, while providing strong input to the development of the new RACGP 5th edition Clinical Standards. Our feedback regarding the new ISO 9001 (2015) Quality Management standards is well respected by our colleagues from interstate organisations.

GLOSSARY

ACCHS	Aboriginal Community Controlled Health Services
AGPAL	AGPAL Australian General Practice Accreditation Ltd
AHP	Aboriginal Health Practitioner
AMS	Aboriginal Medical Service
AMSANT	Aboriginal Medical Services Alliance Northern Territory
APO NT	Aboriginal Peak Organisations Northern Territory
ATSIHP	Aboriginal and Torres Strait Islander Health Practitioner
CAAC	Central Australian Aboriginal Congress
CAALAS	Central Australian Aboriginal Legal Aid Service
CATSI	Corporations ~ Aboriginal & Torres Strait Islander Act
CDP	Community Development Program
CIRH	Centre for Innovation in Regional Health
CIS	Clinical Information System
CPHAG	Clinical and Public Health Advisory Group
CQI	Continuous Quality Improvement
DoH	Department of Health (NT and Commonwealth governments)
FORWAARD	Foundation of Rehabilitation with Aboriginal Alcohol Related Difficulties
GPET	General Practice Education and Training
GPR	General Practice Registrar
HSDA	Health Service Delivery Area
ICDP	Indigenous Chronic Disease Package
IRCA	International Register of Certified Auditors
ITC	Integrated Team Care
MoU	Memorandum of Understanding
NACCHO	National Aboriginal Community Controlled Health Organisation
NKPI	National Key Performance Indicators
NTAHF	Northern Territory Aboriginal Health Forum
NTG	Northern Territory Government
NTAHKPI	Northern Territory Aborginal Health Key Performance Indicators
NTPHN	Northern Territory Primary Health Network
PHAG	Public Health Advisory Group
PHC	Primary Health Care
PHMO	Public Health Medical Officer
PHN	Primary Health Network
PIP	Practice Incentive Payments
PIRS	Patient Information Recall System
QMS	Quality Managed Systems
SEMS	Secure Electronic Message Service
SEWB	Social & Emotional Wellbeing
WALS	Workforce and Aboriginal Leadership Support



FINANCIALS

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation

ICN 8253

General Purpose RDR Financial Statements 30 June 2017

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Board Members' report
30 June 2017

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 2017.

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)	3
Leon Chapman (Treasurer)	3
Suzi Berto	2
Eddie Mullholland	6
Barb Shaw	2
David Galvin	1
Non Continuing Members	
Emma Barret	5
Paul Case	3
Dale Campbell	3
Olga Havnen	2

Board Meetings & Annual General Meeting

Date	**Location**
10/08/2016	Board Meeting Alice Springs
02/11/2016	Board & Annual General Meeting Darwin
28/02/2017	Teleconference
28/03/2017	Board Meeting Darwin
06/06/2017	Board Meeting Katherine

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 deficit of the Corporation for the year amounted to ($39,719) (2016: $9,985 surplus).

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

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 2017 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 auditor's independence declaration forms part of the directors' report for the financial year 30th June 2017

On behalf of the Board Members

Donna Ah Chee
Chairperson

Leon Chapman
Treasurer

26th October 2017
Darwin NT

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Financial report
30 June 2017

Contents

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 26th October 2017. The Board has the power to amend and reissue the financial report.

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Statement of profit or loss and other comprehensive income
For the year ended 30 June 2017

	Note	2017 $	2016 $
Revenue	3	7,401,529	7,781,117
Expenses			
Auspice payments and consultants		(222,167)	(698,022)
Administration	4	(150,530)	(158,227)
Employee costs	4	(4,957,383)	(4,882,160)
Motor vehicle		(154,136)	(139,433)
Depreciation and amortisation		(106,132)	(110,189)
Operations	4	(1,204,938)	(1,262,916)
Travel		(631,675)	(520,185)
Return of unexpended funds		(14,287)	
Surplus (deficit) for the year		(39,719)	9,985
Other comprehensive income (loss) for the year		-	-
		-	-
Total comprehensive income (loss) for the year		(39,719)	9,985

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

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Statement of financial position
As at 30 June 2017

	Note	2017 $	2016 $
Assets			
Current assets			
Cash and cash equivalents	5	2,593,693	3,189,034
Trade and other receivables	6	119,702	177,720
Prepayments and other assets		124,676	161,840
Total current assets		2,838,071	3,528,594
Non-current assets			
Property, plant and equipment	7	241,916	266,470
Total non-current assets		241,916	266,470
Total assets		3,079,987	3,795,064
Liabilities			
Current liabilities			
Trade and other payables	8	497,273	620,218
Provisions	9	724,791	741,691
Grant liabilities	10,21	918,085	1,505,423
Total current liabilities		2,140,149	2,867,332
Non-current liabilities			
Provisions	11	177,804	125,979
Total non-current liabilities		177,804	125,979
Total liabilities		2,317,953	2,993,311
Net assets		762,034	801,753
Equity			
Accumulated funds	12	762,034	801,753
Total equity		762,034	801,753

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

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Statement of changes in equity
For the year ended 30 June 2017

	Accumulated funds	Total equity
Balance at 1 July 2015	791,768	791,768
Deficit 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

	Accumulated funds	Total equity
Balance at 1 July 2016	801,753	801,753
Surplus for the year	(39,719)	(39,719)
Other comprehensive income for the year	-	-
Total comprehensive income for the year	(39,719)	(39,719)
Balance at 30 June 2017	762,034	762,034

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

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Statement of cash flows
For the year ended 30 June 2017

	Note	2017 $	2016 $
Cash flows from operating activities			
Receipts from customers (inclusive of GST)		405,229	1,763,121
Grants received (inclusive of GST)		6,252,455	5,972,057
Payments to suppliers and employees (inclusive of GST)		(7,198,997)	(7,354,167)
		(541,313)	381,011
Interest received		27,232	39,178
Net cash used in operating activities	20	(514,081)	420,189
Cash flows from investing activities			
Acquisition of property, plant and equipment		(81,260)	(90,426)
Net cash used in investing activities		(81,260)	(90,426)
Net increase in cash and cash equivalents		(595,341)	329,763
Cash and cash equivalents at the beginning of the financial year		3,189,034	2,859,271
Cash and cash equivalents at the end of the financial year	5	2,593,693	3,189,034

The above statement of cash flows should be read in conjunction with the accompanying notes.

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Notes to the financial statements
30 June 2017

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 26th October 2017.

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

Note 1. Significant accounting policies (continued)

Basis of Presentation (continued)

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.

Note 1. Significant accounting policies (continued)

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.

Note 1. Significant accounting policies (continued)

Employee benefits
Short-term employee benefit obligations
Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave expecte to be settled wholly within 12 months of end of reporting date are recognised in other liabilities in resp employees' services rendered up to end of reporting date and measured at amounts expected to be paid whe liabilities are settled. Liabilities for wages and salaries are included as part of other payables and liabilities for a 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 afl end of the financial reporting period are recognised as part of the provision for employee benefits and measu the present value of expected future payments to be made in respect of services provided by employees up reporting date using the projected unit credit method. Consideration is given to the expected future wage and levels, experience of employee departures and periods of service. Expected future payments are discounted market yields at the reporting date on corporate bonds with terms to maturity and currency that match, as clos possible, the estimated future cash outflows.

Regardless of when settlement is expected to occur, liabilities for long service leave and annual leave are pres as current liabilities in the statement of financial position if the Corporation does not have an unconditional ri 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-c classification.

An asset is current when: it is expected to be realised or intended to be sold or consumed in normal operating it is held primarily for the purpose of trading; it is expected to be realised within twelve months after the rep period; or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liabi 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 purp trading; it is due to be settled within twelve months after the reporting period; or there is no unconditional right to the settlement of the liability for at least twelve months after the reporting period. All other liabilities are classif non-current.

Goods and Services Tax ('GST')
Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incur not recoverable from the tax authority. In this case it is recognised as part of the cost of the acquisition of the or as part of the expense.

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

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

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

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Notes to the financial statements
30 June 2017

Note 1. Significant accounting policies (continued)

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.

Note 1. Significant accounting policies (continued)

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.

Note 2. Critical accounting judgements, estimates and assumptions

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 2017 and 2016.

Note 2. Critical accounting judgements, estimates and assumptions (continued)

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 $241,916 and $266,470 as at 30 June 2017 and 2016, 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 $427,671 and $353,590 as at 30 June 2017 and 2016, respectively.

Note 3. Revenue

	2017	2016
	$	$
Grant Income	7,757,879	6,700,847
Grants carried forward from prior year	224,139	891,804
Unexpended grants	(918,086)	(224,139)
	7,063,932	7,368,512
Interest	27,232	39,178
Recoupment	93,630	132,845
Insurance reimbursements	95,703	90,941
Profit on disposal of assets	318	414
Other income	120,714	149,227
	337,597	412,605
Total revenue	7,401,529	7,781,117

Note 4. Expenses

	2017	2016
	$	$
Surplus (deficit) includes the following items:		
Administration expenses		
Administration expense	7,766	18,270
Audit fees	42,851	37,959
Board/Governance expenses	11,853	6,003
Meetings and workshops hosted	88,060	95,995
Total administration expenses	150,530	158,227

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Notes to the financial statements
30 June 2017

Note 4. Expenses (continued)

	2017 $	2016 $
Employee costs		
Fringe benefits tax	31,172	31,174
Recruitment	21,325	10,925
Salaries	4,453,078	4,305,786
Staff training	17,756	40,325
Superannuation	393,606	367,395
Workers compensation	40,446	126,555
Total employee costs	4,957,383	4,882,160
Operations expenses		
Rent	436,812	445,941
ICT	96,921	104,739
Business planning and reporting	9,317	34,010
Project expenses	105,868	137,835
Publications	25,077	33,070
Cleaning	35,011	43,859
Communications	136,455	96,651
Conference and seminars	144,209	186,018
Insurance	28,018	20,759
Printing	23,312	20,520
Bad debts	-	3,715
Other	163,938	135,799
Total operations expenses	1,204,938	1,262,916

Note 5. Cash and cash equivalents

	2017 $	2016 $
Cash at hand	665	307
Cash at bank - Operating accounts	357,650	1,752,560
Cash at bank - Investment accounts	2,235,378	1,436,167
Total cash and cash equivalents	2,593,693	3,189,034
Restricted Cash		
Purpose		
External Restrictions		
Grant Liabilities	918,085	1,505,423
Total External Restriction	918,085	1,505,423
Internal Restrictions		
Employee Entitlements	902,595	867,670
Total Internal Restriction	902,595	867,670

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Notes to the financial statements
30 June 2017

Note 5. Cash and cash equivalents (continued)

	2017 $	2016 $
Total Unrestricted	773,013	815,941
Total Cash Available	2,593,693	3,189,034

Note 6. Trade and other receivables

	2017 $	2016 $
Trade receivables	119,702	177,720
Other receivable	-	-
Total trade and other receivables	119,702	177,720

Note 7. Property, plant and equipment

	2017 $	2016 $
Plant and equipment - at cost	683,488	618,347
Less: Accumulated depreciation	(441,572)	(351,877)
Total property, plant and equipment	241,916	266,470

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

	2017 $	2016 $
Cost		
Opening balance	618,346	560,236
Additions	120,352	151,289
Disposals	(55,210)	(93,178)
Ending balance	683,488	618,347
Accumulated depreciation		
Opening balance	351,877	274,417
Depreciation and amortisation expense	106,132	110,189
Disposals	(16,437)	(32,729)
Adjustments	-	-
Ending balance	441,572	351,877
Net book value	241,916	266,470

Note 7. Property, plant and equipment (continued)

The disposals during the year pertain to trade in of one old vehicles to purchase one new vehicle. The old vehicle had trade in values of $43,000 which was offset against the purchase cost of the new vehicle. The trades are considered as a non-cash transaction, thus, not reflected in the Statement of Cash Flows.

Note 8. Trade and other payables

	2017 $	2016 $
Trade payables	144,538	169,025
BAS payable	179,733	365,183
Accrued expenses	66,365	14,575
Accrued wages	93,899	52,048
Other payables	12,738	19,387
Total trade and other payables	497,273	620,218

Note 9. Provisions - Current

	2017 $	2016 $
Annual leave	465,785	493,997
Long service leave	249,868	227,611
Other provisions	9,138	20,083
Total provisions	724,791	741,691

Note 10. Grant liabilities

	2017 $	2016 $
Grant liabilities	918,085	1,505,423

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

Note 11. Provisions – Non current

	2017 $	2016 $
Long service leave	177,804	125,979
Total provisions	177,804	125,979

Note 12. Equity – accumulated funds

	2017 $	2016 $
Accumulated funds at the beginning of the financial year	801,753	791,768
Surplus (deficit) for the year	(39,719)	9,985
Accumulated funds at the end of the financial year	762,034	801,753

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.

2017	Weighted average interest rate %	1 year or less $	Between 1 and 2 years $	Between 2 and 5 years $	Over 5 years $	Remaining contractual maturities $
Non-derivatives						
Non-interest bearing						
Trade payables	-	144,538	-	-	-	144,538
BAS payable	-	179,733	-	-	-	179,733
Accrued expenses	-	66,365	-	-	-	66,365
Accrued wages	-	93,899	-	-	-	93,899
Other payables	-	12,738	-	-	-	12,738
Grant liabilities	-	918,085	-	-	-	918,085
Total non-derivatives		1,415,358	-	-	-	1,415,358

Note 13. Financial instruments (continued)

2016	Weighted average interest rate %	1 year or less $	Between 1 and 2 years $	Between 2 and 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

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:

	2017 $	2016 $
Short-term employee benefits	944,739	936,349

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:

	2017 $	2016 $
Audit services – BDO Audit (NT)		
Audit of the financial statements and acquittal reports	25,300	30,000
Review of half year financial reports	-	5,000

Note 16. Contingent liabilities
The Corporation had no contingent liabilities as at 30 June 2017 and 2016.

Note 17. Commitments

	2017 $	2016 $
Leasehold rental commitments		
Committed at the reporting date but not recognised as liabilities, payable:		
Within one year	435,720	317,859
One to five years	309,387	51,754
More than five years	-	-
	745,107	369,613
ICT rental commitments		
Committed at the reporting date but not recognised as liabilities, payable:		
Within one year	168,000	180,000
One to five years	-	225,000
More than five years	-	-
	168,000	405,000
Equipment rental commitments		
Committed at the reporting date but not recognised as liabilities, payable:		
Within one year	2,382	2,256
One to five years	-	-
More than five years	-	-
	2,382	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 $90,000 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 2017 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.

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Notes to the financial statements
30 June 2017

Note 20. Reconciliation of surplus (deficit) for the year to net cash used in operating activities

	2017 $	2016 $
Surplus (deficit) for the year	(39,719)	9,985
Adjustments for:		
Depreciation and amortisation expense	106,132	110,189
Loss (gain) on sale of property, plant and equipment	(318)	(414)
Operating income (loss) before changes in operating assets and liabilities	66,095	119,760
Changes in operating assets and liabilities:		
Decrease (increase) in:		
Trade and other receivables	58,018	15,611
Prepayments	37,164	(21,958)
Increase (decrease) in:		
Trade and other payables	(122,945)	58,550
Provisions	34,925	29,607
Grant liabilities	(587,338)	218,619
Net cash flows used in operating activities	(514,081)	420,189

Note 21. Grant Liabilities

		2017 $	2016 $
A023 CH	Commonwealth Regionalisation Activity	92,028	52,704
A030 T	Secretariat	-	3,700
A031 T	AOD Remote Clinic Support	-	14,288
A032 T	Technical Systems Architect	-	20,083
A033 T	CAHS – Trauma Informed	222,128	371,284
A034 T	eHealth Equipment	1,044	-
A043 T	CDC Trachoma	38,236	38,236
A045 T	RAEDF – P2	16,031	150,000
A046 T	RAEDF – P1	18,113	250,000
A049 T	NT REIF	195,189	-
A051 CPM	FaHCSIA	15,659	50,000
A052 CPMa	NT AGMP	32,542	500,000
A057 CPM	NT Shelter	5,682	7,085
A058 T	Chief Minister APONT	27,209	-
A071 X	IHPO Central Australia	-	3,430
A072 X	PHN Medical Outreach	20,042	18,134
A087 X	PAAC	9,160	18,000
A088 X	CAYLUS/Tangentyere	8,941	10,000
A089 X	STI – SAHMRI	55,509	-
A091 X	OXFAM	25,000	-
A095 X	World Vision	16,424	16,424
A097 X	Menzies Kirby Partnership	80,846	(17,945)
A110 X	KWAST – Red Lily	8,302	-
A121 X	Australian Rechable Foundation	10,000	-
A122 X	CAYLUS/Tangentyere Council	20,000	-
Others		-	-
		918,085	1,505,423

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Board Members' Declaration
30 June 2017

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 *Corporati (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 Corpo financial position as at 30 June 2017 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 become due and payable.

On behalf of the Board Members

Donna Ah Chee
Chairperson

Leon Chapman
Treasurer

26th October 2017
Darwin NT

BDO

Tel: +61 8 8981 7066
Fax: +61 8 8981 7493
www.bdo.com.au

72 Cavenagh St
Darwin NT 0800
GPO Box 4640 Darwin NT 0801
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.

Casmel Taziwa

Audit Partner

BDO Audit (NT)

Darwin: 30 October 2017

BDO

Tel: +61 8 8981 7066
Fax: +61 8 8981 7493
www.bdo.com.au

72 Cavenagh St
Darwin NT 0800
GPO Box 4640 Darwin NT 0801
AUSTRALIA

INDEPENDENT AUDITOR'S REPORT

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

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation (the "Corporation"), which comprises the statement of financial position as at 30 June 2017, 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, and notes to the financial report, including a summary of significant accounting policies, and the directors' declaration.

In our opinion the accompanying financial report presents fairly, in all material respects, the Corporation's financial position as at 30 June 2017, and its financial performance and its cash flows for the year then ended in accordance with Australian Accounting Standards - Reduced Disclosure Requirements and *Corporations (Aboriginal and Torres Strait Islander) Act 2006*.

Basis for opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the Financial Report* section of our report. We are independent of the Corporation in accordance with Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Board Members' Responsibility for the Financial Report

Management of the Corporation are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards - Reduced Disclosure Requirements and for such internal control as management determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, management are responsible for assessing the Corporation's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Corporation or to cease operations, or has no realistic alternative but to do so.

The directors are responsible for overseeing the Corporation's financial reporting process.

Auditor's responsibilities for the audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a

BDO Audit (NT) ABN 45 826 259 206 is a member of a national association of independent entities which are all members of BDO Australia Ltd ABN 77 050 110 275, an Australian company limited by guarantee. BDO Audit (NT) and BDO Australia Ltd are members of BDO International Ltd, a UK company limited by guarantee, and form part of the international BDO network of independent member firms. Liability limited by a scheme approved under Professional Standards Legislation other than for the acts or omissions of financial services licensees.

material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website (http://www.auasb.gov.au/Home.aspx) at:

http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf

This description forms part of our auditor's report.

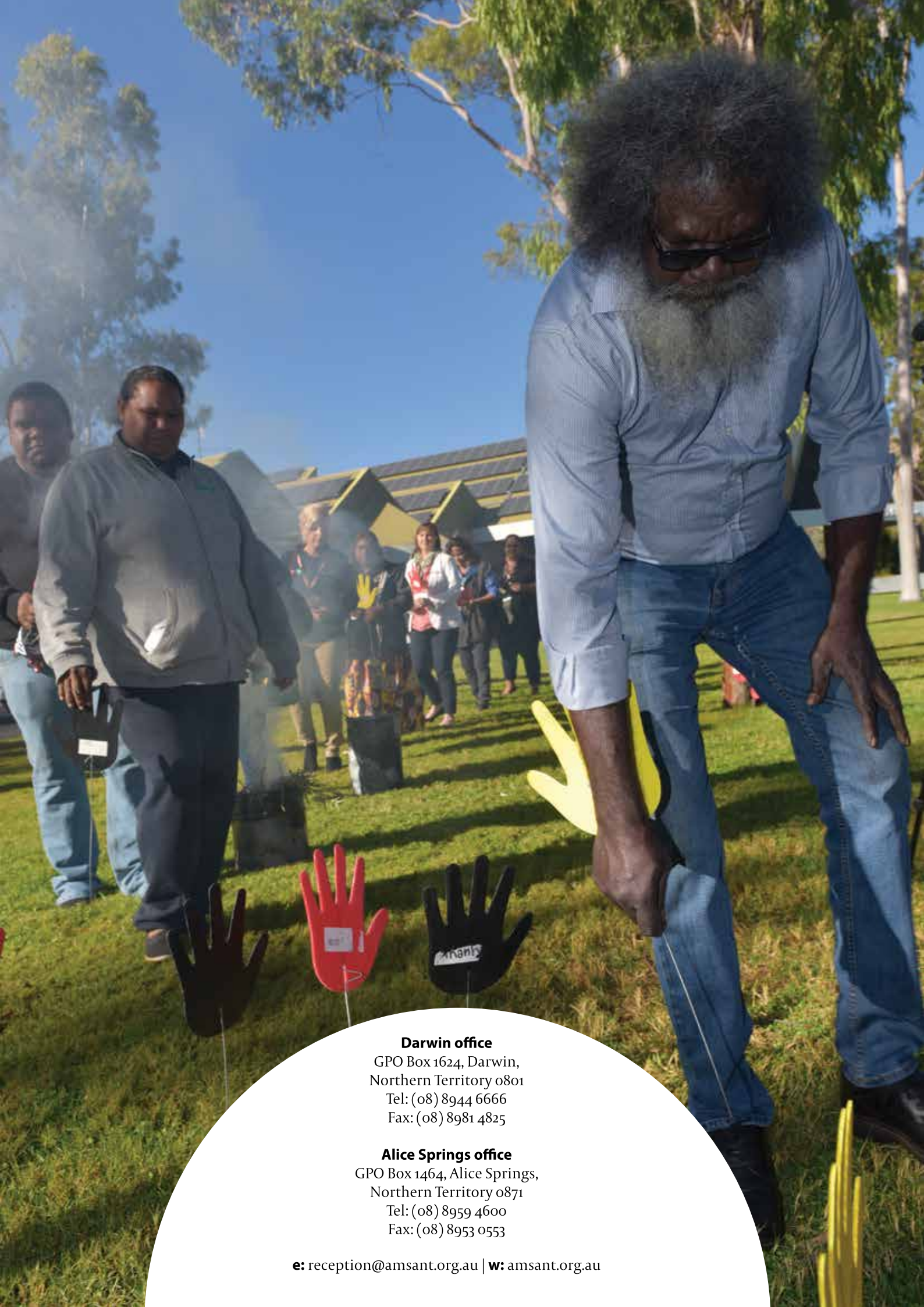
BDO

BDO Audit (NT)

Casmel Taziwa

Audit Partner

Darwin, 30 October 2017



Darwin office
GPO Box 1624, Darwin,
Northern Territory 0801
Tel: (08) 8944 6666
Fax: (08) 8981 4825

Alice Springs office
GPO Box 1464, Alice Springs,
Northern Territory 0871
Tel: (08) 8959 4600
Fax: (08) 8953 0553

e: reception@amsant.org.au | **w:** amsant.org.au