ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY

AMSANT

Annual Report

2017-2018

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 respect to elders both past and present.

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

AMSANT Annual Report 2017-2018

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About AMSANT

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

AMSANT has 25 member services throughout the Northern Territory.

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.

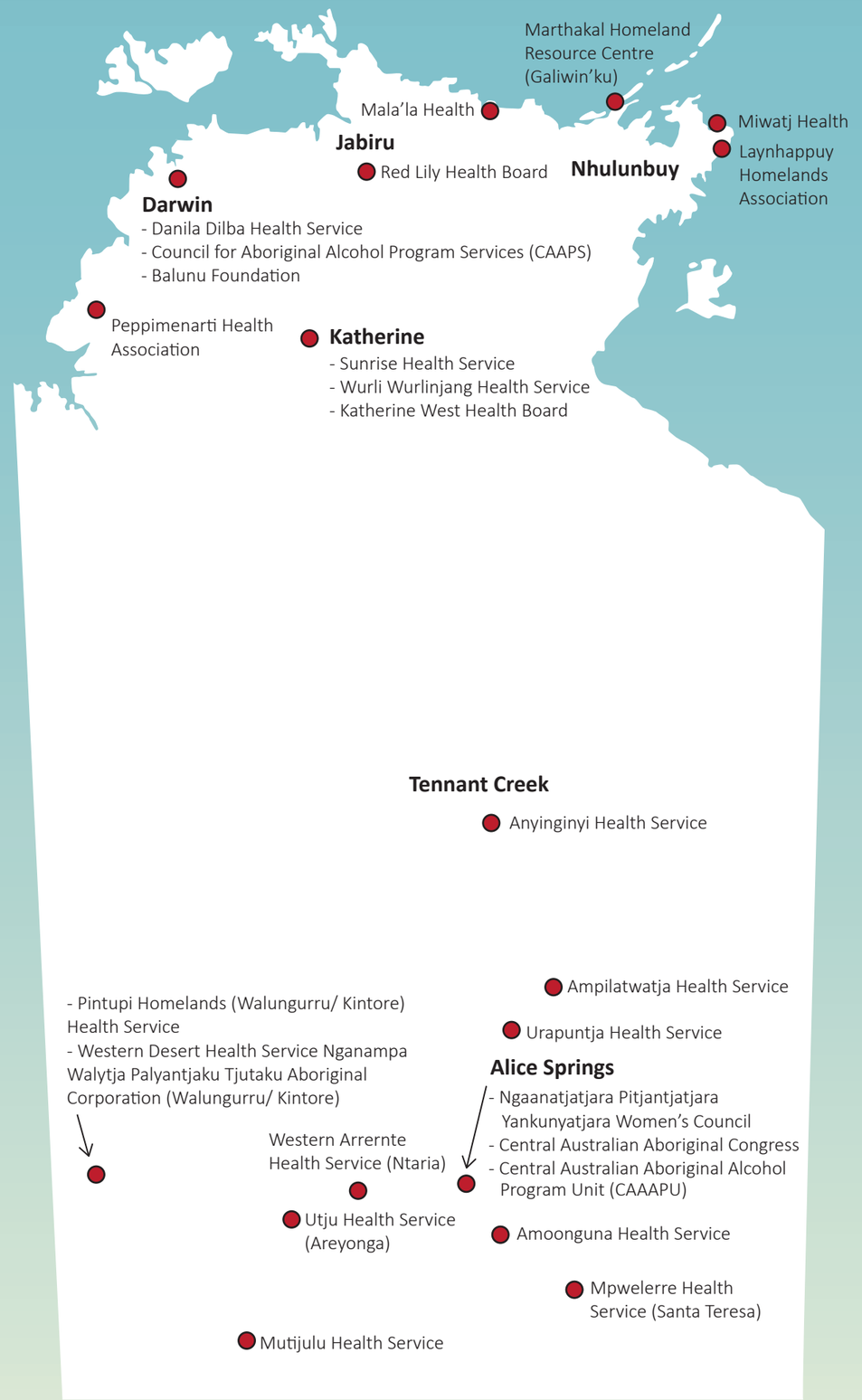
Community control enables the people who are going to use health services to determine the nature of those services, and then participate in the planning, implementation and evaluation of those services.

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 25 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 Northern Territory.

AMSANT's membership includes Full Members, Associate Members and Individual Members. General meetings are open to all AMSANT members; however only Full Members are entitled to vote at general meetings. AMSANT's Strategic Priorities are listed on pages 54 and 55.

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.

Donna Ah Chee
Central Australian Aboriginal Congress

Olga Havnen
Danila Dilba Health Service

Eddie Mulholland
Miwatj Health Service

Suzie Berto
Wurli-Wurlinjang Health Service

Barb Shaw
Anyinginyi Health Service

Leon Chapman
Pintubi Homelands Health Service

Daniel Tyson
Sunrise Health Service

David Smith
Ampilatwatja Health Service

Jeanette Ward
Non-member Director

David Galvin
Non-member Director

Resigned during the year

Rick Callaghan
Sunrise Health Service

Riek Luak
Ampilatwatja Health Service

Linda Keating
Urapuntja Health Service

From the Chair

I am pleased to provide this report on AMSANT's achievements and challenges over the past year. The year was marked by the handing down of the report and recommendations of the Royal Commission into the Protection and Detention of Children in the Northern Territory.

AMSANT, along with our fellow Aboriginal Peak Organisations of the Northern Territory (APO NT) members, has provided strong leadership to ensure that the reforms that will flow from this watershed inquiry will be Aboriginal-led and evidence-based.

No less than the future of our children and families is at stake. The development of a new Child and Family Tripartite Forum stemming from the Royal Commission is an important reform and AMSANT will be represented on the new forum, which will complement the existing NT Aboriginal Health Forum.

AMSANT's leadership has also been conspicuous in its conduct as a member of the NT Aboriginal Health Forum, which I am privileged to Chair. Five Forum meetings were held during the year. Significant achievements this year include the agreement on improvements to the process and support for transition to community control; and timely contributions to health system improvements, particularly in the areas of social and emotional wellbeing and the development of new hospital indicators for the Northern Territory Aboriginal Health Key Performance Indicators (NTAHKPIs).

Transition to community control continues to be a strong focus with the Red Lily Health Board progressing well on its transition path, with continued support from AMSANT. I am also pleased to report that with the assistance of AMSANT, Malabam Health Board has been accepted as a priority region for transition. We will be working hard over the coming year to ensure swift progress on these transitions.

AMSANT's involvement with research continues to grow, through engagement with numerous health research projects, as well as through the Central Australian Academic Health Science Centre. I would like to express appreciation to the AMSANT Board's Research Subcommittee that is leading our efforts 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 return of Olga Havnen, representing the Danila Dilba Health Service which replaced the Urapuntja Health Service on the Board at our last AGM. Olga also holds the position of Deputy Chair. Rick Callaghan was replaced by incoming Sunrise Health Service CEO, Dan Tyson; and Riek Luak was replaced by David Smith, the incoming CEO of Ampilatwatja.

I wish to thank my fellow Board Directors for their valuable contributions over the year. And to our CEO, John Paterson, and all the AMSANT staff; I commend their commitment to ensuring that AMSANT remains a respected and trusted voice in support of all our members.

Donna Ah Chee
Chairperson

CEO's Message

I am pleased to report on a challenging year in which AMSANT has provided strong leadership at the national, Northern Territory and sector levels, as well as within our own organisation. Leadership is a defining value within AMSANT and extends from our Chair, Board and CEO, right through to our managers, team leaders and team members.

A watershed moment for the year was the release of the report and recommendations of the Royal Commission into the Protection and Detention of Children in the Northern Territory. Prior to the report's completion I, along with fellow APO NT member CEOs, met with the Commissioners to discuss Aboriginal priorities arising from the inquiry. We also convened a media conference on the day of the report's release to highlight that action on the recommendations of the Commission must be Aboriginal-led. This has defined our subsequent engagement with the NT Government on the reform process, through the Chief Minister and relevant Ministers and agencies, and the newly established Reform Management Office (RMO).

I am continually impressed at 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 strength of our sector. 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.

Support for our member services is, of course, AMSANT's core business. Our dedicated specialist teams respond to services' needs and support a quality improvement focus that underpins our sector's success. Readers will find many examples in the following pages and an overview in the 'Year in Review'. Our CQI team continues to impress with effective workshops and Collaboratives that attract enthusiastic participation from our member services and NT Government services.

This has been the first year of the 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.

While it is pleasing that the new arrangements provide longer-term funding agreements, I remain concerned that we lack confirmed access to growth funding, despite ongoing increases 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.

As AMSANT CEO, I chair the Central Australian Academic Health Science Centre (CAAHSC), which is now in its fourth year. This important Aboriginal-led collaboration has been accepted by the NHMRC as a Centre for Innovation in Regional Health (CIRH). In recognition of this, Minister Hunt announced in March that $6.1 million would be provided over three years from the Medical Research Future Fund (MRFF) for the CAAHSC. Research projects that will be supported from these funds will emphasise those based on community need and initiative, especially as expressed by the Aboriginal partner organisations.

The past year has also been marked by significant outcomes resulting from AMSANT's membership of the Aboriginal Peak Organisations NT (APO NT) alliance. This has included engagement in the development of the Local Decision Making (LDM) policy of the NT Government; ongoing support for Aboriginal Housing NT (AHNT) in becoming the peak Aboriginal housing body for the NT; and holding major forums on housing and FASD during the year. APO NT has also continued successful advocacy on the need for urgent reform of the failed Community Development Program (CDP).

I would like to express particular thanks to the Chair and Board for their support and leadership over the year, and to my deadly managers and staff members who are always willing to go above and beyond in the quest to provide the best possible health care for our community.

John Paterson
AMSANT CEO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A year in review

The past year was punctuated by the ‘before’ and ‘after’ of the handing down, in November 2017, of the report and recommendations of the Royal Commission into the Protection and Detention of Children in the Northern Territory.

This was always going to be a watershed issue for Aboriginal people in the NT, with no less than the future welfare of our children at stake.

For AMSANT and our members, a priority was to ensure that the way forward is framed by a public health approach and therapeutic responses that are integrated with comprehensive primary health care. Along with our fellow Aboriginal Peak Organisations NT (APO NT) members, we provided strong leadership to ensure that the reforms will be Aboriginal-led and evidence-based.

The combined Aboriginal response to the Royal Commission included producing a comprehensive set of briefing papers and advocating on key reforms, including the development of a single ‘Act’ covering child protection and juvenile justice. AMSANT was also involved with APO NT in the development of the model and terms of reference for a Children and Families Tripartite Forum, which will complement the existing NT Aboriginal Health Forum. AMSANT is represented on the new tripartite Forum.

An important focus for us has been assisting member services in transition to community control processes. Highlights include the continuing transition process for Red Lily Health Board as it moves towards service delivery roles; and Malabam Health Board’s successful application to become a priority transition site. Miwatj Health Service has continued progress towards taking over a further two NT Government clinics.

This is in addition to support that AMSANT provided to members across a range of areas including HR, finance, workforce development, patient information records systems (Communicare), eHealth and IT, CQI and public health.

AMSANT’s support is particularly important for smaller member services, such as Pintubi, Ampilatwatja and Peppimenarti Health Association, that often face significant challenges because of their limited size and their remote locations.

CEO John Paterson, Chairperson Donna Ah Chee and NACCHO CEO Pat Turner respond to questions at a media conference called at the launch of the report of the Royal Commission into the Protection and Detention of Children in the Northern Territory.

Much of AMSANT’s staff time is spent engaging with funders and assisting member services with a range of Commonwealth, Northern Territory Government and NT PHN programs. The Health Care Homes trial involves six ACCHS members, although implementation of the trial has been hampered by technical issues (beyond our control) and this has resulted in frustrating delays. Problems with the risk stratification tool have delayed recruitment to the trial and AMSANT is concerned that this will affect the ability of the trial to demonstrate improved outcomes under the current evaluation timeline.

The automated reporting regimes demanded by funding bodies, and requirements for individual level data ~ for example, through the Mental Health Minimum Data Set (MDS) ~ have re-ignited the debate on ‘secondary use of data’ and data sovereignty. AMSANT has advocated in support of our members to ensure data requests are appropriate and that strong data protection and governance standards are in place. AMSANT and its members support the electronic sharing of health records and AMSANT has advocated in relation to the My Health Record (MHR) expansion and ‘opt-out process’, and the framework for the secondary use of MHR data.

The new Commonwealth Indigenous Health Division funding model for ACCHSs, to be implemented from 1 July 2019, is still in development and AMSANT has raised several concerns with the model. The ‘pay for performance’ element has been scrapped but concerns remain with the proposal for benchmarks for Medicare revenue, and the use of the 2018 KPI data extraction round for calculating initial funding levels.

AMSANT also expressed concern that the 2.5% population growth funding for 2017-2018 was allocated to the Primary Health Networks, rather than directly enhancing service delivery through ACCHSs. Our future ability to access this important growth funding allocation remains uncertain.

At the NT jurisdictional level, AMSANT has engaged with a number of initiatives stemming from reforms around child and family services. The NT Early Childhood Development Strategy was completed and includes a commitment to implement seven core services identified through the NT Aboriginal Health Forum. AMSANT also contributed to the development of an NT Child and Adolescent Health and Wellbeing Plan, and the consultation process for reforming entry processes into the child protection system.

Further significant engagement on early childhood occurred in relation to processes for the expansion of nurse home-visiting programs in the Territory, with both the Commonwealth and NT governments rolling out additional Nurse Family Partnership Program sites. The NT also adopted plans to offer the Maternal Early Childhood Sustained Home-visiting (MESCH) program in the NT.

Following a workshop convened in 2016, AMSANT has continued to advocate in relation to the worsening syphilis outbreak in northern Australia. The Commonwealth Government has committed funds to an enhanced response to the syphilis outbreak, including in Darwin, and has agreed to additional funding for ACCHSs in the Katherine, East Arnhem and Maningrida regions.

A significant achievement during the year was the Launch of the NT Aboriginal Health Academy, a joint initiative between AMSANT and Indigenous Allied Health Australia (IAHA). The academy is a community-led model that is about re-shaping and redesigning how training is delivered to Aboriginal and Torres Strait Islander high school students.

The development of capacity of our members in delivering social and emotional wellbeing services has also continued as a priority for AMSANT, with further consolidation of our Social & Emotional Wellbeing and Trauma Informed Care support team.

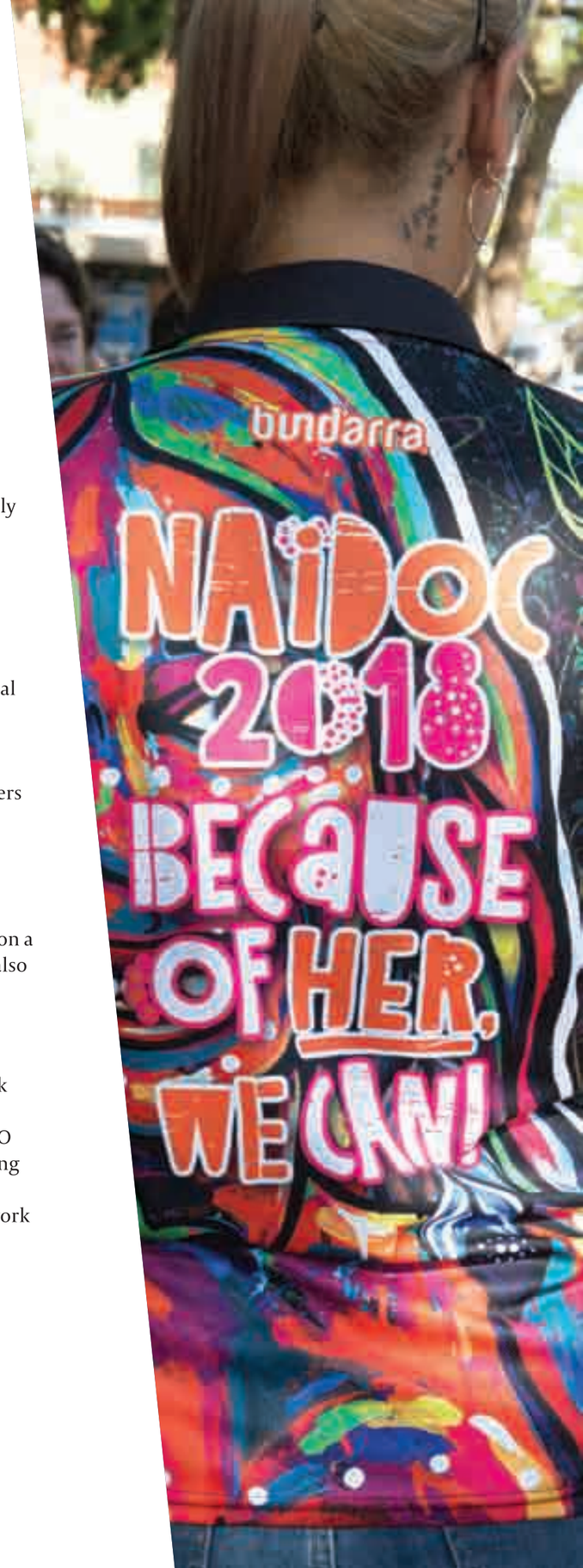
AMSANT's membership of the Aboriginal Peak Organisations NT (APO NT) alliance has resulted in significant success in engaging and achieving progress across a range of social determinants in the NT. AMSANT has been actively engaged in the implementation of the Local Decision Making (LDC) policy of the NT Government that will see greater delivery of services by Aboriginal controlled organisations. This includes the development of the Aboriginal Housing NT (AHNT) committee, supported by APO NT, to become the peak Aboriginal housing body for the NT.

AMSANT has supported APO NT in conducting a project to develop an Aboriginal controlled out-of-home care sector in the NT and on other initiatives related to the Royal Commission reforms in children and family services. APO NT has also developed a widely-supported alternative model for remote employment, seeking to replace the current failed CDP program ~ our members have reported that CDP is causing significant impacts in remote communities, with high levels of financial penalties and wide-spread disengagement from the scheme.

AMSANT is committed to ensuring that health research involving our communities is culturally safe and directed by the community, through better engagement with health researchers. AMSANT is a partner in a number of research projects, including the Mayi Kuwayu National Study of Aboriginal and Torres Strait Islander Wellbeing, and, in partnership with Human Capital Alliance (HCA), is undertaking a national workforce research project on career pathways for Aboriginal & Torres Strait Islander health professionals, funded through the Lowitja Institute. Our Research Sub-committee considers requests from researchers for support from AMSANT, and the CEO also chairs the Central Australian Academic Health Science Centre (CAAHSC).

During the year, the AMSANT Board embarked on a process to develop a new strategic plan and to also develop a cultural safety framework.

This was the first year of the new process of funding AMSANT by the Commonwealth Indigenous Health Division to the new Network Funding Agreement administered through NACCHO. AMSANT works closely with NACCHO and other affiliates on sector priorities, including public health, workforce and digital health, as well as participating in the new NACCHO Network Policy Group.




NAIDOC 2018
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Public Health

AMSANT's members are the largest health service providers in the Aboriginal primary health care system and generate 62% of all client contacts at their health services. Two thirds of patients seen in the PHC system are regular clients of community controlled health services, although some of these are also clients of government clinics.

Pooled data results

Highlights of the recent pooled data demonstrate:
A significant increase (8%) in the proportion of children who had an ear screening in the last year;
Lower rates of children having ear discharge at *any* (11%) or at *the last* (6%) ear examination, compared to the NT average of 20% and 8%;
A 3% increase in the number of adults having an adult health check;
A 5% increase in young adults having a full STI screen, including syphilis and HIV screening;
A 5% increase in the number of adults having a cardiovascular risk assessment.

NTAHKPI data

AMSANT supported needs-based planning in both 'optometry' and 'visiting outreach' by facilitating and supporting our services to provide data to the fund-holders for optometry and allied health chronic disease support.

Sexual health

AMSANT supported our health services and liaised with NACCHO about enhanced syphilis funding for priority regions and we continued work on an action research project that evaluates and implements peer education projects in sexual health.

We are also supporting a NTAHF working group that is reviewing the needs of clinicians with regard to being trained in mandatory reporting. The peer education project recently highlighted this as a key gap in training for clinicians.

HTLV

HTLV (human T-cell lympho-tropic virus) is a virus that is common in some Aboriginal communities in Central Australia. It is known to cause two rare conditions ~ leukaemia and a neurological problem affecting gait and balance. It is not yet clear if other conditions are caused or aggravated by HTLV.

There has been intense media publicity about the virus recently, although some of the information in the media has been factually inaccurate.

AMSANT discussed HTLV extensively at our last general meeting and hosted a teleconference on this issue so that senior clinicians could brief their Boards on the most recent updates about the virus.

AMSANT and the Central Australian Aboriginal Congress want a community-led approach to understanding more about this virus because the health consequences are uncertain. Research will be conducted and public health guidelines will be reviewed to improve knowledge about the health consequences of the HTLV infection.

Immunisation

AMSANT has lead the formation and support of a NTAHF working group to investigate why immunisation rates have fallen this year in the NT, even though they are still relatively high. CQI staff did a rapid exploration of the issues with our services and data quality was identified and improved. Immunisation training is a significant barrier to better coverage for both Aboriginal Health Practitioners and nurses, so the NTAHF immunisation working group is exploring ways to improve accessibility and training.

Rheumatic heart disease

AMSANT is a member of an advocacy group called the 'END RHD Coalition', with founding members the AMA, Telethon Institute, NACCHO and the National Heart Foundation. The Coalition is asking the government to prioritise funding for RHD prevention and management.

AMSANT has strongly advocated within the group for a sustained increase in housing investment if rates of RHD are to fall in the long-term and has helped to shape the agenda so that there is a strong focus on the social determinants of health. AMSANT has also advocated to the Commonwealth

Department of Health to deliver the $6 million it has already promised for RHD prevention in the NT.

Meningococcal outbreak

The NT, and especially Central Australia, had a large meningococcal outbreak which started in 2017, with the last case being diagnosed in February 2018. This outbreak caused substantial strain on our services as it required any unwell child to be investigated to rule out this infection, and also required services to undertake an urgent vaccination program for all people aged one year to 19 years.

Our services rose to the occasion and despite their remoteness and lack of resources, the outcomes were good because cases were recognised early and life-saving treatment provided. A vaccination program for people aged one year to 19 years was implemented urgently across Central Australia and the Katherine region; it has since been extended to the whole of the NT. AMSANT provided key support by facilitating communications with Communicable Disease Control agencies.

Learning modules for remote area nurses and AHPs

AMSANT has contributed substantially to the development of modules for remote area nurses and AHPs about emergency call-outs and other important issues. This will be a major contribution to supporting the remote workforce, which continues to be weakened by the high turnover of non-Aboriginal nurses.

Major system reform

AMSANT supported senior clinicians to have input into major reviews of clinical and public health systems this year, including the retrieval service in the Top End and the ambulance review.

Health Care Homes

Health Care Homes is an important funding reform based on capitation and funding for disease severity and psychosocial/social determinant issues that affect a patient's capacity to self-manage their chronic disease. This is complementary to changes made to support clinicians working at the top of their scope of practice, and a systems approach using data and CQI to improve quality of care and health outcomes.

These foundations align well with how the ACCHS sector has developed in recent years, so the NT is one of the ten trial sites for this initiative, with five of our member services involved. AMSANT employed a Health Care Homes project officer to support the roll-out of this trial but technical problems (outside the control of AMSANT or health services) have delayed the start of the trial. However, despite the significant delays, our services have persisted in their developmental work because they see great potential in moving to a funding system that rewards pro-active and coordinated care.

Improved access to PHC data

The AMSANT Public Health Medical Officer leads the clinical reference group for the NTAHKPIs, which has improved the anaemia indicator and has led the sector on the development of a successful funding proposal for creating non-clinical indicators.

Early childhood

There has been significant NT Government funding for early childhood programs with remote health services being awarded funding to implement the MECSH (Maternal Early Childhood Sustained Home-visiting) program. This is a new program to the NT, although it has been implemented in non-remote Aboriginal communities elsewhere.

National Disability Insurance Scheme

AMSANT continues to advocate for increased support for our sector to be able to take up the opportunities inherent in the NDIS, but AMSANT and our services are still lacking assistance in this crucial area.

Research

AMSANT encourages research that promotes Aboriginal leadership and capacity building, is based on strong partnerships with our sector and leads to sustainable and on-going improvements in health care delivery. All research projects which want our partnership or support are reviewed by a research sub-committee and the AMSANT Board.

After a recent review, AMSANT's suggested changes were incorporated into the research design of several important projects. These include the evaluation of Health Care Homes (where substantial changes were made to better match the community controlled health context), the evaluation of the banned drinkers register, the evaluation of the remote AOD program, the cost of short-term staffing and the impacts of that on the quality of care.

Two AMSANT-led projects were funded through the Central Australian Aboriginal Academic Health Science Centre. This will increase the sector's capacity to take the lead on research that is prioritised by our Board.

Social & Emotional Wellbeing

Exciting developments have taken place this year for the social and emotional wellbeing (SEWB) and trauma informed care (TIC) programs at AMSANT.

In August, Danielle Dyall became team leader for SEWB and TIC to provide leadership and mentoring to staff. Danielle also gives policy and advocacy support for SEWB programs and workforce and she continues to develop and deliver TIC workshops to PHC staff in the Territory.

In the SEWB program we have been working closely with NT PHN and our member services to implement a SEWB workforce across the NT. It was identified that SEWB support was needed for this expanding workforce and we received funding for an extra position, appointing Anthony Ah Kit as SEWB support project officer. Since then, many visits have been made to the five regions ~ Darwin, Katherine, Barkly, Central Australia and Arnhem Land ~ and we have had many productive conversations with managers and SEWB staff members.

Our monthly teleconferences have continued for SEWB staff, to build relationships and discuss some of the complex and intergenerational issues that we are facing. Further support is given to participants by sharing information and giving advice. We are also planning a calendar of guest speakers to join our teleconferences.

In May we held a SEWB forum where 27 people from across the Territory came together in Darwin. The aim of the forum was to bring the SEWB workforce together to share stories, learn from each other and to network, in the quest for a stronger and more efficient workforce.

In December, Sarah Haythornthwaite, a clinical psychologist, relocated to Fremantle and Danielle was appointed as Chair for the SEWB quarterly meetings. Yolonda Adams, a psychologist, joined our team to provide supervision support to the SEWB, mental health and AOD workforce. She also developed and facilitated TIC training sessions for our members.

Sarah Haythornthwaite continues to provide AOD and SEWB program support and clinical supervision. Her role involves advocating for, and supporting, policy and program developments, and she also provides clinical supervision and support to staff working in our community controlled health services.

The trauma informed care (TIC) program continues to deliver training and information sessions to our member services, as well as to NTG PHC, NAAJA and many forums and conferences, such as the FASD forum and CQI Collaborative. Our goal is to develop awareness of TIC within our work environment and work practice. The long-term vision is to integrate TIC into all systems knowledge and practice within an organisation. Yet the funding for this work was ending, so in the second part of the year our team focused on ensuring our program would be funded again. We were fortunate to employ Lee Turner as funding project officer for two months, who assisted in writing proposals and liaising between our funders.

We also spoke at the AMSANT general members' meeting, where we received endorsement for our focus and direction from the Board and members. In June we were approached by NT PHN to apply for direct commissioning to secure another year of funding for our programs.

We have a clear goal, strong processes, great clinical skills, the endorsement from our member services and strong advocacy, so we anticipate another year of great progress. We appreciate that the evaluation of our programs is essential so we have secured funds through the Central Australian Academic Health Science Centre to review our programs. The expansion of our SEWB and TIC programs is profound and will strengthen the social and emotional wellbeing of thousands of our people throughout the Northern Territory.

Continuous Quality Improvement

Continuous Quality Improvement (CQI) is an exciting space and a proven achiever for AMSANT and our member services. When we look at health and system issues through a CQI lens we are searching for opportunities to do things a little differently and to ensure we get a better outcome.

CQI is Everybody's Business

The 'client' and their community are central to any CQI process as it's all about improving their experience of health care, involving them in their own health care journey and promoting improvements in their health outcomes.

It has been heartening to see CQI become more embedded across the Northern Territory in past year and CQI really has become *Everybody's Business!* It has become the norm for ACCHSs and their teams to develop Plan ~ Do ~ Study ~ Act cycles (PDSA) and put plans for improvement in place to ensure they have a robust process to improve systems of care across their services.

Increasingly, services are using their clinical and service data to highlight areas of strength that can be built on and celebrated. Data also helps to identify where the gaps and weaknesses are in their systems, so they can be fixed up quickly. These gaps and weakness are seen as opportunities for improvement and system change.

Local support

This year has seen an increase in requests for local support from our CQI Team. It has been a pleasure to deliver in-service training, data analysis support and to run small regional workshops when they have been requested by services. Several services have requested a series of workshops to develop 'program logic' frameworks for their teams. This has been a rewarding process and has helped teams within services to clarify the short, medium and long-term aims of the work they are doing.

The program logic process helps to ensure the whole team is clear about their aims, the actions they want to take to achieve them and the resources and people they need to reach their overall goals. It has proved to be a great way to increase the effectiveness of the team and also a terrific opportunity for the team to strengthen communications and shared visions for the work they do. The program logic framework is also a great tool for self-reflection and evaluation.

System reviews

This year we experienced increased demand to support ACCHSs and NT Government services by facilitating system reviews using the System Assessment Tool (SAT), developed by the Menzies School of Health through the ABCD Research Project. The SAT is based on the World Health Organisation's 'chronic care model' and leads the health service team through a thorough review of all of the systems in their health service, with the aim of having well integrated and effective systems to deliver high quality care.

Another layer of CQI support has been added to the NT CQI Strategy this year ~ a small CQI data working group was established to analyse and interpret NTAHKPI data from a CQI perspective. The aim of this group is to identify services which are showing significant improvements, or strength in particular indicators, as these reveal opportunities to translate knowledge and expertise into systems more broadly across the NT.

Targeted training

We also look for declines, gaps and weaknesses that could highlight areas where more targeted support and training may be needed by a health service, or where opportunities arise to translate learnings in more successful areas of their operations. Most ACCHSs are now participating in this process through signed service agreements.

CQI Collaborative

The CQI Collaborative is one of the highlights of the year for many services and their staff. It is an opportunity to showcase the work they are doing and to share their CQI journey with others across the NT. The theme for the CQI Collaborative held in Darwin in November 2017 was *Story telling ~ Don't keep it to yourself.*

The collaborative attracted 132 people from across the NT with more than 50 people presenting their work throughout the two days. It was fantastic to hear about the efforts of so many primary health teams to improve different areas of their service delivery. Those people who attended returned to their workplaces inspired, encouraged and with many new ideas to implement in their communities.

That's what the CQI Collaborative is all about! Celebrating successes … Working together to address problems that are experienced by many services … Sharing knowledge and expertise … And being refreshed and imaginative enough to continue the job of delivering quality healthcare to Aboriginal Territorians.

Accreditation

AMSANT provides accreditation support for all member services throughout the Northern Territory.

Accreditation support includes expert technical advice, mock audits and templates, as well as interpretation, advice and recommendations in relation to all standards and requirements of Clinical Accreditation under the RACGP Standards and Organisational Accreditation, using either the ISO 9001 or QIC accreditation frameworks.

AMSANT and our member services continue to lead the sector in attaining accreditation and we maintain the highest success rate in the country for both accreditation frameworks. AMSANT's Accreditation Officer is a qualified and registered Quality Management auditor under the International Register of Certificated Auditors.

AMSANT adopts a team approach to supporting the accreditation needs of our member services. Our team, comprising the Accreditation Officer and staff experienced in ICT, offer skills in register development, database enhancement, web design and health data management, provided through coordinated site visits and one on one support for relevant staff. Coordinated visits can identify and resolve complex problems of member services, who appreciate the impact that these visits are having.

The need to plan for, attain and maintain accreditation has always been a key goal for AMSANT and we embrace the need to continually improve as a 'quality organisation'. In so doing, AMSANT continues to meet the highest levels of International Quality Management systems and standards

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.

This requires the transition of NT Government clinics to existing regional ACCHSs, as well as developing new regional ACCHSs where they 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 ~ in 2017 Maningrida replaced Alyawarr as the third priority site, along with East Arnhem and West Arnhem.

A significant milestone for East Arnhem occurred when Miwatj formally took over the Milingimbi Health Clinic from the NT Department of Health. Work has been underway during the year on the transition of a further two clinics to Miwatj. With the support of the NTAHF and assistance from AMSANT, Malabam Health Board submitted a business plan to the Commonwealth for assistance as a priority site and approval was granted in December 2017.

Red Lily Health Board receives funding for transition and has made steady progress during the year. AMSANT has representation on the regionalisation reference groups for Red Lily Health Board (West Arnhem) and Malabam (Maningrida). The focus of the reference groups is to ensure clinical infrastructure is in place and services are ready to transition into Aboriginal controlled entities.

Supporting existing community controlled health services towards sustainability is a priority of AMSANT. On 1 July 2017, after a period of support from AMSANT and a community consultation process, Bagot Community Health Clinic was incorporated into Danila Dilba Health Service.

During the year assistance has been provided to Peppimenarti Health Association and other smaller health services that face challenges associated with their remoteness and their limited resources.

Support and advice is provided to members directly through relevant steering committees and working groups in areas including: embedding Continuous Quality Improvement (CQI) into Aboriginal primary health; supporting the roles and development needs of our health workforce; promoting the use of information management technology to share information with other health care providers; supporting the social and emotional wellbeing of communities; providing guidance, advice and support on a wide range of primary health care and public health issues; and corporate level support in human resources and industrial relations. AMSANT has also developed a Members Portal *via* the internet for members to access AMSANT policies and procedures.

AMSANT staff at our Darwin office and at our Alice Springs office ~ led by Central Australia Regional Manager, Graham Dowling ~ provide a valuable network of support for our members throughout the Territory.

Policy & Advocacy

AMSANT actively engages with 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 and from the AMSANT Board. Advice and support is also provided to member services to assist their engagement with relevant policy initiatives.

AMSANT responded to numerous Commonwealth inquiries and reviews this year and conducted sustained advocacy in the lead-up to, and following, the release of the Royal Commission into the Protection and Detention of Children. Responses were also provided to the Closing the Gap Refresh process; priorities for inclusion in the 2018-2023 Implementation Plan for the ATSI Health Plan; Review of the Low Aromatic Fuel Act; the National Alcohol Strategy; the 4th Action Plan for the National Framework for Protecting Australia's Children; the Inquiry into Local Adoption; GPR salary support; National Safety and Quality Health Service Standards user guide for ATSI health; and the provision of services under the NDIS Early Childhood Early Intervention Approach.

AMSANT made a submission to the Productivity Commission's position paper on NDIS Costs, and contributed to the NACCHO Network Position on the NDIS from our sector. AMSANT also participated in the Secondary use of My Health Record (MHR) data consultations and provided comment on the NHMRC Draft Road Map 3: A Strategic Framework for Improving ATSI Health through Research.

Our organisation regularly contributes to NT Government reviews and consultations, which over the past year have included the NT Child and Adolescent Health Plan; the Dual Pathways consultation; the Alcohol Policies and Legislation Review in the NT; the draft NT Tobacco Action Plan; the Scientific Inquiry into Hydraulic Fracturing in the NT; and the inquiry into the modernisation of the NT Anti-Discrimination Act. AMSANT also provides a representative on the Strategic Early Childhood Integrated Services Forum.

AMSANT is a member of the Aboriginal Peak Organisations NT (APO NT) alliance, and provides input to its policy and advocacy initiatives and has contributed to numerous submissions and consultation processes ~ the Social Security Legislation Amendment (Welfare Reform) Bill; the Australian Law Reform Commission's inquiry into the incarceration rates of Aboriginal and Torres Strait Islander Peoples; the draft NT Homelessness Strategy and Five Year Action Plan (2018-2023); and ongoing advocacy about the flaws of the Community Development Programme (CDP).

Health Research

AMSANT is committed to ensuring that health research involving our communities is culturally safe and directed by the community, through better engagement with health researchers, at all stages of the research cycle. AMSANT has a formal process for health researchers to seek feedback or support for research proposals, and is an active partner in various and diverse research projects.

AMSANT's Aboriginal Health Research Policy gives guidance for health researchers seeking 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.

The AMSANT Board Research Subcommittee meets before Board meetings to assess research projects and provide recommendations to the Board. AMSANT no longer has a Health Research Officer due to the ending of a temporary funding source for the position, and research support is provided by the secretariat.

Despite limited resources, AMSANT partners with many health research projects, including providing Chief Investigators and Associate Investigators and participating in project steering committees. AMSANT is a partner in the Mayi Kuwayu National Study of Aboriginal and Torres Strait Islander Wellbeing and, in partnership with Human Capital Alliance (HCA), is undertaking a national workforce research project on career pathways for Aboriginal & Torres Strait Islander health professionals, through funding from the Lowitja Institute. AMSANT is a partner in the NHMRC Data Linkage Partnership Project (managed by Menzies School of Health Research) and the StrivePlus project (managed by the Kirby Institute).

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 Research Manager and CEO attend the Lowitja Participants' Forum which provides direction and input from members to the CRC.

The AMSANT CEO chairs the Central Australian Academic Health Science Centre (CAAHSC) with partners including health, government, research and university stakeholders.

NT Aboriginal Health Forum

AMSANT provides strategic guidance and secretariat support for the Northern Territory Aboriginal Health Forum, a high-level partnership that gives advice and sets actions for health planning and policy across the NT.

The Forum is made up of representatives from the Commonwealth Government, the Northern Territory Government, AMSANT and NT PHN. The *Agreement on Northern Territory Aboriginal Health and Wellbeing 2015–2020* shapes the work of the Forum and was launched in July 2015.

AMSANT continues to provide leadership as a member of the Forum, in and around the four Forum meetings held each year. The Forum's strategic focus areas, as outlined in its work plan, are:
Primary health care;
Hospitals and specialist care;
Social determinants of health; and
Strengthening and monitoring health systems.
A strong focus this year was the development of, and agreement to, a set principles and guidelines that strengthen the process for community controlled health organisations to transition into primary health care.

Malabam Health Service received on-going support from Forum to develop its business case for the transition of Maningrida primary health care services to community control.

A significant achievement of Forum was its involvement in the public health response when the sniffing of aviation fuel (AVGAS) emerged as an issue in the East Arnhem region.

Social and Emotional Wellbeing was another area of Forum support and a working group generated key research findings, as well as mapping the social and emotional wellbeing workforce in the NT. Another Forum working group ~ the Northern Territory Aboriginal Health Key Performance Indicators (NTAHKPI) Steering Committee ~ assessed seven new hospital indicators that had been developed by AMSANT, and will be monitored for their impact.

Digital Health

The past year has seen a name change for AMSANT's eHealth Unit ~ we are now called the Digital Health Unit ~ but the challenges facing our member services are as acute and complex as ever.

Communicare

One of our key points of focus remains the Communicare software used by all AMSANT member services. We continue to support our members with practical support around the use of this product and this includes both resolving issues and providing input to new developments. In the past year this support has been given in a very challenging space as there have been issues with, and doubts about, the stability of the Communicare platform, which led many services to postpone upgrades.

Our long-standing collaboration with the AMSANT CQI team culminates in the annual Communicare and eHealth forum. This year it was held in Darwin and, as ever, our purpose was to bring Communicare users together to share solutions and discuss issues. There is a real benefit in getting Communicate users together face-to-face and it's also a good time to share updates in all aspects of digital health. The outcomes from the forum help to shape the focus of our work in the following year.

Data quality & My Health Record

A large part of our effort is assisting member services with data quality and reporting. This year there has been an increase in difficulties associated with the extraction of NTAHKPI reports so the Digital Health Unit has been closely monitoring the move from the OCHREStreams reporting portal to the Commonwealth portal. This new mechanism will bring on-line reporting from many sectors into the one space.

The automated reporting regimes demanded by funding bodies and requirements for individual level data, for example, through the Mental Health Minimum Data Set (MDS), have re-ignited the debate on 'secondary use of data' and data sovereignty. AMSANT has advocated in support of our members to ensure data requests are appropriate and that strong data protection and governance standards are in place. This includes in relation to the framework for the secondary use of MHR data.

These issues will also play out in the My Health Record (MHR) space as the expansion program adds many more records to the national database. The Digital Health Unit is supporting the Public Health Unit and Policy Unit on framing a response to this issue and it's likely to be a big focus for many months. AMSANT and its members are supporters of the electronic sharing of health records. Over the years we have seen the benefits that record-sharing brings to continuity-of-care and clinical outcomes.

For that reason, we maintain a high level of engagement with the Australian Digital Health Agency concerning the MHR system. We continually update our policies and procedures on how to use the system and are always willing to provide training to improve its utility. The coming year will see a big push in this area with the 'Expansion Program' aiming for all Australians to have a MHR created for them, unless they choose to 'opt-out'.

Telehealth Systems

Our partnership with the Telstra Reconciliation Action Plan has strengthened our support to Telehealth systems. Several AMSANT members are big users of Telehealth systems to deliver coordinated care to their patients. AMSANT staff provide training to those clinicians that would like to develop this arm of their practice further. This has developed into a partnership with the Charles Darwin University whereby we are supporting the development of an accredited training module.

Technical issues

We have also maintained our focus on the many technical issues that face our members every day. This includes keeping a vigilant eye on the quality of internet connections to remote settings ~ this is assisted by our partnership with *Broadband for the Bush.*

The Digital Health Unit maintains its broad focus on technology as a whole in primary health care delivery. We have maintained the support to our members in terms of information management systems and these systems are 'mission critical' for the effective operations of accredited health services.

Workforce & Leadership Support

The Workforce & Aboriginal Leadership Support (WALS) team had a busy and productive year, with new and exciting projects and initiatives in support of member services, and all the thousands of Aboriginal people they help to care for.

The WALS team is made up of Workforce, Leadership, Integrated Team Care (chronic disease) support, GP Registrar support and cultural safety. The team focuses on our members by undertaking key projects that build and sustain stakeholder engagement and provide new ideas for policy and program development.

Career Pathways

A key project has been Career Pathways, a national workforce partnership with Human Capital Alliance, the University of New South Wales and funded by the Lowitja Institute until May 2019. Project members consult with Aboriginal and Torres Strait Islander people in the health sector about their professional development and the creation of new career pathways.

The Career Pathways team has developed regional focus groups in the NT and NSW, including career trajectory interviews and a national survey. This feedback will be shared and explored in regional and interstate forums, as specific regional findings will guide and influence workforce policy.

Aboriginal Health Academy

One of our biggest achievements was the launch of the NT Aboriginal Health Academy in Darwin on 15 February 2018 when 24 Aboriginal and Torres Strait Islander senior school students were welcomed as the first cohort of the Academy.

This program is an initiative of AMSANT and Indigenous Allied Health Australia (IAHA) and it was an exciting milestone after two years of planning. The Academy is a community-led model that is reshaping and redesigning training delivery to our high school students.

Our model has a strengths-based approach and centres on the delivery of training and education, with respect for our culture and our leaders, using a holistic approach to health and wellbeing. The Academy is guided by our working group ~ made up of key allies, and government agencies and organisations ~ which monitors the program and provides strategic advice when necessary.

In 2018/2019 the Academy students will enrol in a school-based traineeship with health organisations across the Darwin region and complete a Certificate III (Allied Health Assistance) as an introduction to a career in health, while enabling them to complete Year 12.

Launch of the NT Aboriginal Health Academy pilot program at CDU in February 2018.

Integrated Team Care

The Integrated Team Care (ITC) support to AMSANT members started in November 2017 with the employment of an ITC Project Officer ~ funded by the NTPHN ~ who works closely with the chronic disease workforce in the ACCHS sector and develops policies and action plans. The ITC workforce includes 30 chronic disease Care Coordinators and builds relationships with the ITC provider organisations.

In June 2018 WALS hosted a Care Coordination workshop with 40 people from across the NT attending a two-day workshop in Alice Springs. Remote dialysis, health care homes, health pathways, cardiac rehabilitation, palliative care, rheumatic heart disease and cancer among Aboriginal and Torres Strait Islander Territorians were discussed and analysed. The workshop drew very positive feedback and AMSANT is committed to hosting these workshops every year.

GP Registrar Support

AMSANT works closely with the Northern Territory General Practice Education (NTGPE) in supporting GP Registrars who have been recruited to work at Aboriginal controlled clinics. This partnership continues to embed cultural orientation and cultural safety, and works closely with the NTGPE Cultural Educators to share their knowledge. This ensures that the GP Registrars (as well as the staff and patients at the clinic) are practicing and behaving in a culturally safe and appropriate way.

Another key focus has been the continued facilitation of the Senior Medical Officers' network to discuss key matters relating to GP

The Care Coordination workshop in Alice Springs.

Registrars and Senior Medical Officers. This has been a valued network that builds collaboration around GPR placements.

Aboriginal Leadership

The Aboriginal Leadership program has been working hard to plan and develop, following its celebration of ten years' activity in May 2017. AMSANT members continue to show great commitment and generosity to the leadership program, as they know it's vital that new leaders emerge from our Aboriginal workforce.

AMSANT has engaged a consultant to collaborate with our member services to guide strategic planning and to shape the program's future. This ensures the program is owned by the members and is driven by their leadership priorities. Other activities have included member site visits to plan for regional leadership workshops, leadership promotion (regional and national) and supporting key AMSANT and ACCHS forums.

Key Collaborations

The WALS team played a key role in collaborating with the Alan Walker Cancer Centre (AWCC) to design and implement cancer training for health. The accredited training was delivered in Darwin in a one-week 'intensive' with two groups at different times. AMSANT is keen to promote a training package that recognises the growing effects of cancer on our mob.

WALS continues to work together as a 'real team' to support each other's work and increase our capacity to assist workers and patients at the clinics.

Other key collaborations this year included:

- designing and implementing cultural safety training and workshops;
- presenting at AMSANT forums, such as the CQI seminars;
- planning and delivering the Care Coordination workshop;
- providing workforce and leadership advice, within a cultural context, to stakeholders;
- contributing to myriad strategies and frameworks ~ such as the Child and Adolescent Health and Wellbeing Plan; the Early Childhood Development Plan; the NT Royal Commission into Children in Protection and Detention; the NDIS Senate Enquiry; Health Care Homes; My Health Record; the National Review of the Aboriginal and Torres Strait Islander Health Worker Training Package; the NT FASD Forum; Indigenous Round Table with Palliative Care Australia; 'end-of-life' planning for Aboriginal people; the Menzies ATSI Cancer Round Table; and the National ATSI Bowel Screening project.

Aboriginal Peak Organisations Northern Territory (APO NT)

Aboriginal Peak Organisations Northern Territory (APO NT) is an alliance of AMSANT, the Northern Land Council and Central Land Council and was established in 2010.

AMSANT auspices APO NT's team of six members, including staff supporting the Aboriginal Housing NT (AHNT) committee, the Aboriginal Governance and Management Program (AGMP) and the Secretariat team. APO NT's role is to proactively address policy issues affecting Aboriginal people in the NT, and to protect our wellbeing and our rights to self-determination, and to take control over our lives.

The alliance has succeeded in identifying and advancing policy initiatives across a range of issues that go to the heart of the social determinants of health in the NT.

APO NT is in the second year of a five-year formal partnership with the Northern Territory Government and has actively engaged in policy development and review processes. This includes the development of the Local Decision Making (LDM) policy of the NT Government, that plans greater delivery of services by Aboriginal controlled organisations; and the development of an Aboriginal Contracting Framework.

Aboriginal Housing

Housing has been a key focus for APO NT and we assisted in the creation of the Aboriginal Housing NT (AHNT) committee in 2015 and we continue to provide a secretariat role, supporting the committee's work and assisting with its transition to becoming the peak Aboriginal housing body for the NT. AHANT met regularly during the year ~ supported by the APO NT Housing Officer ~ and addressed the central issues of systemic reform in housing policy, management and service delivery, devolvement to community control, homelessness, overcrowding and Homelands policy.
Responses were developed to various policy initiatives including transitional housing, rough sleepers and the draft NT Homelessness Strategy and Five Year Action Plan (2018-2023). AHNT also made presentations at the AHURI National Housing Conference in late 2017 and the National Aboriginal Housing Caucus in June 2018.

AHNT and APO NT are represented on several departmental advisory groups including the high-level Stakeholder Working Group of the

APO NT's Aboriginal Housing Forum in Darwin, March 2018. Linda Turner, Barbara Shaw, Senator Patrick Dodson, Samuel Bush-Blanasi, Warren Snowdon and Ross Williams.

NT Department of Housing and Community Development ~ which held its first meeting in May 2018 ~ as well as advisory groups on homelessness, rough sleepers, remote rents, housing for young people leaving care, and people leaving prison.

APO NT organised a successful Aboriginal Housing Forum in March attended by the Chief Minister, NT Housing Minister and federal representatives Warren Snowden and Senator Patrick Dodson, along with 62 Aboriginal organisations involved in housing, and many community leaders and housing researchers. APO NT is producing a formal report on the Forum which provided a strong agenda for the way forward on Aboriginal housing reform in the NT.

Royal Commission

APO NT has actively engaged with the Royal Commission into the Protection and Detention of Children in the NT, lodging our final submission to the Commission in July 2017 and holding a media conference at the launch of the Commission's final report in November. We advocated that any action

Top End FASD community consultation at Wadeye, Geraldine (AHW) and Theresa Roe from AP ONT.

on the recommendations must be Aboriginal-led and driven by our people.

APO NT is conducting a project, funded by the Territory Families and assisted by AMSANT, to develop an Aboriginal controlled out-of-home care sector in the NT, and on other initiatives related to the Royal Commission reforms in children and family services. This includes supporting the establishment of a Child and Family Tripartite Forum ~ on which APO NT will be represented ~ and ensuring that it is Aboriginal-led.

Olga Havnen was appointed to lead APO NT's response to the Royal Commission reforms and has coordinated engagement with the NT Government and Reform Management Office, as well as holding community consultation activities, including a workshop for Aboriginal organisations about the reforms in March.

APO NT has advocated on alcohol reforms, responded to the NT's Review of Alcohol Policies and Legislation, and supported the recommendations of the Trevor Riley Review. APO NT organised a successful Top End FASD Forum in May, funded by the NT Department of Health, and has produced a report on the Forum's outcomes.

APO NT has successfully advocated on the need for urgent reform of the failed Community Development Program (CDP), responding to the Commonwealth's CDP Options Paper and promoting APO NT's widely-supported alternative model for remote employment, the Remote Development Employment Scheme.

APO NT provided submissions and responded with letters and media releases on various policy issues during the year. These included submissions on homelessness, CDP, the Commonwealth's Social Security Legislation Amendment (Welfare Reform) Bill, the Law Reform Commission's inquiry into the Incarceration Rates of Aboriginal and Torres Strait Islander Peoples, and the modernisation of the *NT Anti-Discrimination Act*.

Board members of Adjumarllarl Aboriginal Corporation (left to right) Lois, Julie, Michelle (standing) and Donna.

Aboriginal Governance and Management Program (AGMP)

After five years of operation, the Aboriginal Governance & Management Program (AGMP) continues to provide tailored and intensive support to NT organisations, as well as giving general advice and referrals to many others.

Requests for organisational management support are increasing every month ~ last year, the AGMP Manager provided management oversight to three organisations while successfully recruiting General Managers to all three organisations. AGMP staff are now providing assistance at each site to keep the organisations strong, well-managed and effective. The program also assisted in the recruitment of other senior positions and advised organisations on recruitment and retention strategies to keep their workforces stable and functional.

AGMP has been involved at both the strategic and operational level of the Northern Territory Government's local decision making (LDM) policy. This included participation at several regional stakeholder meetings, attendance at LDM reference group meetings and regular meetings and discussions within the APO NT officers' group. The program also provided input into the technical review of the *CATSI Act*.

The AGMP has continued to work closely with its key stakeholders ~ the APO NT alliance partners; the Department of Prime Minister & Cabinet; the Department of the Chief Minister and the Office of the Registrar of Indigenous Corporations. The program also maintained its valued relationship with the international law firm, Ashurst, and the Australian Institute of Company Directors.

AGMP Manager, Wes Miller, with Board members of the Southern Tanami Kurdiji Indigenous Corporation in Yuendumu.

Strategic planning workshop with Palngun Wurnangat Aboriginal Corporation Board members.

Strategic Priorities

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

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

Goal 2. Strong and supported AMSANT members

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

Goal 3. Skilled and sustainable workforce

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

Goal 4. Effective relationships, cooperation and advocacy

1. Proactively engage with government and key stakeholders on policy and program priorities, including the Aboriginal and Torres Strait Islander Health Plan.
2. Strengthen cooperative partnerships with key stakeholders, contributing expertise and advice on Aboriginal health care.
3. Build AMSANT profile, reputation and brand, drawing on 40 years 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 value and effectiveness of the sector and advocate for change, including in relation to the social determinants of health.
3. Form strong research partnerships and collaborations to influence research priorities and maximise value.
4. Support member organisations to make better use of data to improve service planning and delivery.

Goal 6. A strong, sustainable and accountable organisation

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

At the time of publication, the AMSANT Board, staff and management were developing a new AMSANT Strategic Plan (2019-2024).

Glossary

ACCHS	Aboriginal Community Controlled Health Services
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 8523

Financial Report For The Year Ended

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ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY ABORIGINAL CORPORATION

ICN 8523

Board Members' Report

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 2018.

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*	*Proxy Attended*	*Apology*
Donna Ah Chee (Chairperson)	6	-	-
Leon Chapman (Treasurer)	4	1	1
Olgan Havnen	2	-	2
Barbara Shaw	4	-	2
Daniel Tyson	4	-	1
Edward Mulholland	6	-	-
Suzi Berto	2	4	0
David Smith	1	3	2
Linda Keating	2	-	-
David Galvin (Independent Director)	4	-	2
Jeanette Ward (Independent Director)	6	-	-

Board Meetings & Annual General Meeting

Date	**Location**
23/08/2017	Alice Springs
16/11/2017	Darwin
01/03/2018	Darwin
01/05/2018	Tennant Creek
04/07/2018	Katherine
03/09/2018	Alice Springs

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 Result

The operating loss for the year amounted to $74,002 (2017: Loss of $39,719).

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 Board members believe that the corporation has adequate systems in place for the management of its environmental requirements and is not aware of any breach of those environmental requirements as they apply to the Corporation.

Auditor's Independence Declaration

The lead auditor's independence declaration for the year ended 30 June 2018 has been received and can be found on page 2 of the financial report.

On behalf of the Board Members

Donna Ah Chee
Chairperson

Leon Chapman
Treasurer

Dated this 18th day of October 2018

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

TO THE DIRECTORS 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 2018 there have been:

(i) No contraventions of the auditor independence requirements as set out in the Corporations (Aboriginal and Torres Strait Islander) Act 2006 and Section 60-40 of the Australian Charities Not-for-profits Commission Act 2012, in relation to the audit; and

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

Nexia Edwards Marshall NT
Chartered Accountants

Noel Clifford
Partner

Date: 24 October 2018

ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY ABORIGINAL CORPORATION
ICN 8523
STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2018

	Note	2018 $	2017 $
Revenue	2	8,485,723	7,401,529
Total revenue and other income		**8,485,723**	**7,401,529**
Auspice payments and consultants		315,564	222,167
Administration	3	174,505	150,530
Employee costs	3	5,634,307	4,957,383
Motor vehicle		171,545	154,136
Depreciation and amortisation		149,575	106,132
Operations	3	1,338,245	1,204,938
Travel		775,984	631,675
Return of unexpended funds		-	14,287
Total expenses		**8,559,725**	**7,441,248**
Net current year loss		**(74,002)**	**(39,719)**
Other comprehensive income		-	-
Total Other Comprehensive Income (Loss)		-	-
Total Comprehensive loss for the year		(74,002)	(39,719)
LOSS ATTRIBUTABLE TO MEMBERS OF THE ENTITY		**(74,002)**	**(39,719)**
TOTAL COMPREHENSIVE LOSS ATTRIBUTABLE TO MEMBERS OF THE ENTITY		**(74,002)**	**(39,719)**

The accompanying notes form part of this financial report.

ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY ABORIGINAL CORPORATION
ICN 8523
STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2018

	Note	2018 $	2017 $
ASSETS			
CURRENT ASSETS			
Cash and Cash Equivalents	4	2,775,385	2,593,693
Trade and Other Receivables	5	698,705	125,097
Prepayments and Other Assets	6	130,543	119,281
TOTAL CURRENT ASSETS		**3,604,633**	**2,838,071**
NON-CURRENT ASSETS			
Property, Plant and Equipment	7	223,188	241,916
TOTAL NON-CURRENT ASSETS		**223,188**	**241,916**
TOTAL ASSETS		**3,827,821**	**3,079,987**
LIABILITIES			
CURRENT LIABILITIES			
Trade and Other Payables	8	1,323,621	497,273
Employee Provisions	9	1,039,960	724,791
Grant Liabilities	10	700,499	918,085
TOTAL CURRENT LIABILITIES		**3,064,080**	**2,140,149**
NON-CURRENT LIABILITIES			
Employee Provisions	9	75,709	177,804
TOTAL NON-CURRENT LIABILITIES		**75,709**	**177,804**
TOTAL LIABILITIES		**3,139,789**	**2,317,953**
NET ASSETS		**688,032**	**762,034**
EQUITY			
Retained Earnings	11	688,032	762,034
TOTAL EQUITY		**688,032**	**762,034**

The accompanying notes form part of this financial report.

ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY ABORIGINAL CORPORATION
ICN 8523
STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2018

	Note	Retained Earnings $	Total Equity $
Balance at 1 July 2016		801,753	801,753
Comprehensive income:			
Net loss for the year		(39,719)	(39,719)
Other comprehensive income for the year		-	-
Total comprehensive loss attributable to Members of the entity for the year		(39,719)	(39,719)
Balance at 30 June 2017		762,034	762,034
Balance at 1 July 2017		762,034	762,034
Comprehensive Income:			
Net loss for the year		(74,002)	(74,002)
Other comprehensive income for the year		-	-
Total comprehensive loss attributable to Members of the entity for the year		(74,002)	(74,002)
Balance at 30 June 2018	11	688,032	688,032

The accompanying notes form part of this financial report.

ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY ABORIGINAL CORPORATION
ICN 8523
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2018

	Note	2018 $	2017 $
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from customers		409,402	405,229
Grants received		7,919,758	6,252,455
Interest received		38,638	27,232
Payments to supplies and employees (inclusive of GST)		(8,074,471)	(7,198,997)
Net cash provided by (used in) operating activities	18	**293,327**	**(514,081)**
CASH FLOWS FROM INVESTING ACTIVITIES			
Acquisition of property, plant and equipment		(149,981)	(81,260)
Proceeds from Sale of property, plant and equipment		38,346	-
Net cash (used in) investing activities		**(111,635)**	**(81,260)**
Net increase (decrease) in cash held		181,692	(595,341)
Cash and cash equivalents at beginning of the financial year		2,593,693	3,189,034
Cash and cash equivalents at end of the financial year	4	**2,775,385**	**2,593,693**

The accompanying notes form part of this financial report.

ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY ABORIGINAL CORPORATION
ICN 8523
NOTES TO THE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2018

The financial statements cover Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation as an individual entity, incorporated and domiciled in Australia. Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation is operating pursuant to the Corporations (Aboriginal and Torres Strait Islander) Act 2006 (CATSI Act) and the Australian Charities and Not for Profits Commission Act 2012 (ACNC Act).

The financial statements were authorised for issue on_____ by the Directors of the Corporation.

Note 1 Summary of Significant Accounting Policies

Basis of Preparation

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation (ACNC RDR) applies Australian Accounting Standards – Reduced Disclosure Requirements as set out in AASB 1053: Application of Tiers of Australian Accounting Standards.

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements of the Australian Accounting Standards Board (AASB), the *CATSI Act 2006* and *ACNC Act 2012*. The Corporation is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

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

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

Accounting Policies

(a) Revenue

Non-reciprocal grant revenue is recognised in profit or loss when the Corporation obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the Corporation and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

When grant revenue is received whereby the Corporation incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation receives non-reciprocal contributions of assets from the government and other parties for a zero or a nominal value. These assets are recognised at fair value on the date of acquisition in the statement of financial position, with a corresponding amount of income recognised in profit or loss.

Donations and bequests are recognised as revenue when received.

Interest revenue is recognised using the effective interest method, which for floating rate financial assets is the rate inherent in the instrument. Dividend revenue is recognised when the right to receive a dividend has been established.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customers.

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

(b) Property, Plant and Equipment

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

Plant and Equipment

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than its estimated recoverable amount, the carrying amount is written down immediately to its estimated recoverable amount and impairment losses are recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 1(f) for details of impairment).

ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY ABORIGINAL CORPORATION
ICN 8523
NOTES TO THE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2018

Note 1 Summary of Significant Accounting Policies (Cont.)

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

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

Depreciation

The depreciable amount of all fixed assets, including buildings and capitalised lease assets but excluding freehold land, is depreciated on a straight-line basis over the asset's useful life to the Corporation commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the

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

Class of Fixed Asset	Depreciation Rate
Plant and equipment	3-7 years

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

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

(c) 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 the be uncollectable are written off by reducing the carrying amount directly. A provision for impairment of trade receivables is raised when there is objective 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.

(d) Leases

Leases of fixed assets, where substantially all the risks and benefits incidental to the ownership of the asset (but not the legal ownership) are transferred to the Corporation, are classified as finance leases.

Finance leases are capitalised, recognising an asset and a liability equal to the present value of the minimum lease payments, including any guaranteed residual values.

Leased assets are depreciated on a straight-line basis over their estimated useful lives where it is likely that the Corporation will obtain ownership of the asset. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period.

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are recognised as expenses on a straight-line basis over the lease term.

Lease incentives under operating leases are recognised as a liability and amortised on a straight-line basis over the life of the lease term.

(e) Financial Instruments

Initial Recognition and Measurement

Financial assets and financial liabilities are recognised when the Corporation becomes a party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date that the Corporation commits itself to either purchase or sell the asset (i.e. trade date accounting is adopted). Financial instruments are initially measured at fair value plus transactions costs except where instrument is classified 'at fair value through profit or loss' in which case transaction cost are recognised immediately as expenses in profit or loss.

Classification and Subsequent Measurement

Financial instruments are subsequently measured at fair value (refer Note 1(p), amortised cost using the effective interest method, or cost.

Amortised cost is calculated as the amount at which the financial asset or financial liability is measured at initial recognition less principal repayments and any reduction for impairment, and adjusted for any cumulative amortisation of the difference between that initial amount and the maturity amount calculated using the effective interest method.

The effective interest method is used to allocate interest income or interest expense over the relevant period and is equivalent to the rate that exactly discounts estimated future cash payments or receipts (including fees, transaction costs and other premiums or discounts) through the expected life (or when this cannot be reliably predicted, the contractual term) of the financial instrument to the net carrying amount of the financial asset or financial liability. Revisions to expected future net cash flows will necessitate an adjustment to the carrying amount with a consequential recognition of an income or expense item in profit or loss.

ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY ABORIGINAL CORPORATION
ICN 8523
NOTES TO THE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2018

Note 1 Summary of Significant Accounting Policies

(e) Financial Instruments (Cont.)

(i) Financial assets at fair value through profit or loss

Financial assets are classified at "fair value through profit or loss" when they are held for trading for the purpose of short-term profit taking, derivatives not held for hedging purposes, or when they are designated as such to avoid an accounting mismatch or to enable performance evaluation where a group of financial assets is managed by key management personnel on a fair value basis in accordance with a documented risk management or investment strategy. Such assets are subsequently measured at fair value with changes in carrying amount being included in profit or loss.

(ii) Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

(iii) Held-to-maturity investments

Held-to-maturity investments are non-derivative financial assets that have fixed maturities and fixed or determinable payments, and it is the Corporation's intention to hold these investments to maturity. They are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

(iv) Available-for-sale investments

Available-for-sale investments are non-derivative financial assets that are either not capable of being classified into other categories of financial assets due to their nature or they are designated as such by management. They comprise investments in the equity of other entities where there is neither a fixed maturity nor fixed or determinable payments.

They are subsequently measured at fair value with any remeasurements other than impairment losses and foreign exchange gains and losses recognised in other comprehensive income. When the financial asset is derecognised, the cumulative gain or loss pertaining to that asset previously recognised in other comprehensive income is reclassified into profit or loss.

Available-for-sale financial assets are classified as non-current assets when they are expected to be sold within 12 months after the end of the reporting period. All other available-for-sale financial assets are classified as current assets.

(v) Financial liabilities

Non-derivative financial liabilities other than financial guarantees are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial liability is derecognised.

Impairment

At the end of each reporting period, the Corporation assesses whether there is objective evidence that a financial asset has been impaired. A financial asset (or a group of financial assets) is deemed to be impaired if, and only if, there is objective evidence of impairment as a result of one or more events (a "loss event") having occurred, which has an impact on the estimated future cash flows of the financial asset(s).

In the case of available-for-sale financial assets, a significant or prolonged decline in the market value of the instrument is considered to constitute a loss event. Impairment losses are recognised in profit or loss immediately. Also, any cumulative decline in fair value previously recognised in other comprehensive income is reclassified to profit or loss at this point.

In the case of financial assets carried at amortised cost, loss events may include: indications that the debtors or a group of debtors are experiencing significant financial difficulty, default or delinquency in interest or principal payments; indications that they will enter bankruptcy or other financial reorganisation; and changes in arrears or economic conditions that correlate with defaults.

For financial assets carried at amortised cost (including loans and receivables), a separate allowance account is used to reduce the carrying amount of financial assets impaired by credit losses. After having taken all possible measures of recovery, if management establishes that the carrying amount cannot be recovered by any means, at that point the written-off amounts are charged to the allowance account or the carrying amount of impaired financial assets is reduced directly if no impairment amount was previously recognised in the allowance account.

When the terms of financial assets that would otherwise have been past due or impaired have been renegotiated, the Corporation recognises the impairment for such financial assets by taking into account the original terms as if the terms have not been renegotiated so that the loss events that have occurred are duly considered.

Derecognition

Financial assets are derecognised where the contractual rights to receipt of cash flows expire or the asset is transferred to another party whereby the Corporation no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised when the related obligations are discharged, cancelled or have expired. The difference between the carrying amount of the financial liability, which is extinguished or transferred to another party, and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed, is recognised in profit or loss.

Note 1 Summary of Significant Accounting Policies (Cont.)

(f) Impairment of Non-Financial Assets

At the end of each reporting period, the Corporation assesses whether there is any indication that an asset may be impaired. If such an indication exists, an impairment test is carried out on the asset by comparing the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised immediately in profit or loss, unless the asset is carried at a revalued amount in accordance with another Standard (e.g. in accordance with the revaluation model in AASB 116: Property, Plant and Equipment). Any impairment loss of a revalued asset is treated as a revaluation decrease in accordance with that other Standard.

Where the future economic benefits of the assets are not primarily dependent upon the asset's ability to generate net cash inflows and when the entity would if deprived of the asset, replace its remaining future economic benefits, value in use is determined as the depreciated replacement cost of an asset.

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

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

Impairment testing is performed annually for goodwill and intangible assets with indefinite lives.

(g) Employee Benefits

Short-term employee benefits

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

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

Other long-term employee benefits

The Corporation classifies employees' long service leave and annual leave entitlements as other long-term employee benefits as they are not expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service. Provision is made for the Corporation's obligation for other long-term employee benefits, which are measured at the present value of the expected future payments to be made to employees. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to market yields at the end of the reporting period on government bonds that have maturity dates that approximate the terms of the obligations. Any remeasurements for changes in assumptions of obligations for other long-term employee benefits are recognised in profit or loss in the periods in which the changes occur.

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

Retirement benefit obligations

Defined contribution superannuation benefits

All employees of the Corporation receive defined contribution superannuation entitlements, for which the Corporation pays the fixed superannuation guarantee contribution (currently 9.5% of the employee's ordinary average salary) to the employee's superannuation fund of choice. All contributions in respect of employees' defined contribution entitlements are recognised as an expense when they become payable. The Corporation's obligation with respect to employees' defined contribution entitlements is limited to its obligation for any unpaid superannuation guarantee contributions at the end of the reporting period. All obligations for unpaid superannuation guarantee contributions are measured at the (undiscounted) amounts expected to be paid when the obligation is settled and are presented as current liabilities in the Corporation's statement of financial position.

(h) Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at-call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within short-term borrowings in current liabilities on the statement of financial position.

(i) Income Tax

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

(j) Trade and Other Payables

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

(k) Intangibles

Software is initially recognised at cost. It has a finite life and is carried at cost less any accumulated amortisation and impairment losses. Software has an estimated useful life of between one and three years. It is assessed annually for impairment.

Note 1 Summary of Significant Accounting Policies (Cont.)

(l) Provisions

Provisions are recognised when the Corporation has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of reporting period.

(m) Comparative Figures

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

(n) Critical Accounting Estimates and Judgements

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

Impairment

Included in trade and other receivables at the end of the reporting period are other amounts receivable, amounting to $5,360. A provision has been made for these receivables at year end.

Key judgements

For the purpose of measurement, AASB 119: Employee Benefits defines obligations for short-term employee benefits as obligations expected to tube settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service. As the Corporation expects that most employees will not use all of their annual leave entitlements in the same year in which they are earned or during the 12-month period that follows (despite an informal Corporation policy that requires annual leave to be used within 18 months), the directors believe that obligations for annual leave entitlements satisfy the definition of other long-term employees benefits and, therefore, are required to be measured at the present value of the expected future payments to be made to employees.

(o) Economic Dependence

The Corporation is dependent on the Commonwealth Departments of Prime Minister and Cabinet, and the NT Government for the majority of its revenue to operate its programs and business. At the date of this report, the Board of Directors has no reason to believe that the above government departments will not continue to support the Corporation. The operations and future success of the Corporation is dependent upon the continued support and funding by the government bodies and the achievement of operating surpluses and positive operating cash flows.

(p) Fair Value of Assets and Liabilities

The Corporation measures some of its assets and liabilities at fair value on either a recurring or non-recurring basis, depending on the requirements of the applicable accounting standard.

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

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

To the extent possible, market information is extracted from the principal market for the asset or liability (i.e. the market with the greatest volume and level of activity for the asset or liability). In the absence of such a market, market information is extracted from the most advantageous market available to the Corporation at the end of the reporting period (i.e. the market that maximises the receipts from the sale of the asset or minimises the payments made to transfer the liability, after taking into account transaction costs and transport costs).

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

The fair value of liabilities and the Corporation's own equity instruments (if any) may be valued, where there is no observable market price in relation to the transfer of such financial instrument, by reference to observable market information where such instruments are held as assets. Where this information is not available, other valuation techniques are adopted and where significant, are detailed in the respective note to the financial statements.

(q) New and amended Accounting Standards

The Corporation has assessed all new and amended accounting standards issued and effective for financial reporting periods beginning on or after 1 January 2017, and determine there to be no effect on the current or prior period financial statements.

ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY ABORIGINAL CORPORATION
ICN 8523
NOTES TO THE FINACIAL REPORT FOR THE YEAR ENDED 30 JUNE 2018

Note 2 Revenue and Other Income

	2018 $	2017 $
Revenue		
Revenue from (non-reciprocal) government grants and other grants		
— Grants Income	7,888,431	7,757,879
— Grants carried forward from prior year	918,086	224,139
— Unexpended grant	(700,499)	(918,086)
	8,106,018	7,063,932
Other revenue		
— Interest	38,638	27,232
— Recoupment	98,476	93,630
— Insurance reimbursements	98,913	95,703
— Profit on disposal of assets	19,212	318
— Other income	124,466	120,714
	379,705	337,597
Total revenue	8,485,723	7,401,529

Note 3 Expenses

	2018 $	2017 $
Expenses		
Deficit includes the following items:		
Administration expenses		
— Administration expense	13,112	7,766
— Audit fees	49,500	42,851
— Board/Governance expenses	9,142	11,853
— Meetings and workshops hosted	102,751	88,060
Total administration expenses	174,505	150,530
Employee costs		
— Fringe benefits tax	15,921	31,172
— Recruitment	31,436	21,325
— Salaries	5,049,657	4,453,078
— Staff training	34,510	17,756
— Superannuation	431,697	393,606
— Workers compensation	71,086	40,446
Total employee benefits expense	5,634,307	4,957,383
Operations expenses		
— Rent	440,097	436,812
— ICT	171,218	96,921
— Business planning and reporting	3,372	9,317
— Project expenses	280,780	105,868
— Publications	20,261	25,077
— Cleaning	33,363	35,011
— Communications	66,571	136,455
— Conference and seminars	146,692	144,209
— Insurance	21,172	26,018
— Printing	21,856	23,312
— Other	132,853	163,938
Total operation expenses	1,338,245	1,204,938

ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY ABORIGINAL CORPORATION
ICN 8523
NOTES TO THE FINACIAL REPORT FOR THE YEAR ENDED 30 JUNE 2018

Note 4 Cash and cash equivalents

	Note	2018 $	2017 $
Cash at hand		285	665
Cash at bank - Operating accounts		1,009,847	357,650
Cash at bank - Investment accounts		1,765,253	2,235,378
Total cash and cash equivalents	20	2,775,385	2,593,693
Restricted Cash			
Purpose			
External Restrictions			
— Grant Liabilities		700,499	918,085
Total External Restriction		700,499	918,085
Internal Restrictions			
— Employee Entitlements		1,115,669	902,595
Total Internal Restriction		1,115,669	902,595
Total Unrestricted		959,217	773,013
Total Cash Available		2,775,385	2,593,693

Note 5 Trade and Other Receivables

	2018 $	2017 $
Trade Receivables		
Trade Receivables	32,155	119,702
Less: provision for doubtful debts	-	-
	32,155	119,702
Other Receivables		
Grants Receivable	666,550	-
Other receivables	5,360	5,395
Less: provision for impairment	(5,360)	-
	666,550	5,395
Total trade and other receivables 20	698,705	125,097

The Corporation's normal credit term is 30 days.
The Corporation writes off a trade and other receivable when there is available information that there is no realistic likelihood of recovery. None of the receivables written off are subject to enforcement activities.

Provision for Impairment of Receivables	$
Provision for impairment as at 1 July 2017	-
Charge for the year	5,360
Written off	-
Provision for impairment as at 30 June 2018	5,360

ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY ABORIGINAL CORPORATION
ICN 8523
NOTES TO THE FINACIAL REPORT FOR THE YEAR ENDED 30 JUNE 2018

Note 6 Prepayments and Other Assets

	2018 $	2017 $
Prepayments	126,750	119,281
Bonds	1,840	-
Other assets	1,953	-
Total prepayments and other assets	130,543	119,281

Note 7 Property, Plant and Equipment

	2018 $	2017 $
Plant and Equipment		
At cost	160,460	367,716
Less Accumulated depreciation	(137,601)	(280,918)
	22,859	86,800
Motor Vehicles:		
At Cost	382,426	315,770
Less Accumulated depreciation	(182,097)	(160,654)
	200,329	155,116
Total Plant and Equipment	223,188	241,916
Total property, plant and equipment	223,188	241,916

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

	Motor Vehicles $	Furniture and Equipment $	Total $
Carrying amount at 1 July 2017	155,116	86,800	241,916
Additions at cost	146,389	3,592	149,981
Disposals	(19,134)	-	(19,134)
Depreciation expense	(82,042)	(67,533)	(149,575)
Carrying amount at 30 June 2018	200,329	22,859	223,188

ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY ABORIGINAL CORPORATION
ICN 8523
NOTES TO THE FINACIAL REPORT FOR THE YEAR ENDED 30 JUNE 2018

Note 8 Trade and Other Payables

	Note	2018 $	2017 $
Trade payables		302,739	144,538
BAS payable		199,020	179,733
Accrued expenses		33,016	66,365
Accrued wages		113,187	93,899
Other payables		38,378	12,738
Income in advance		637,281	-
Total trade and other payables		1,323,621	497,273
Financial liabilities at amortised cost			
Classified as trade and other payables			
Trade and other payables:			
— Total current		1,323,621	497,273
— Less: income in advance		(637,281)	-
Financial liabilities as trade and other payables	20	686,340	497,273

Note 9 Employee Provisions

	2018 $	2017 $
Current		
Annual leave	574,642	485,785
Long service leave	443,201	249,868
Other provisions	22,117	9,138
Total current provisions for employee benefits	1,039,960	724,791
Non Current		
Long Service Leave	75,709	177,804
Total non current provisions for employee benefits	75,709	177,804
Total provisions for employee benefits	1,115,669	902,595

Analysis of total provisions:	Employee benefits
Opening balance at 1 July 2017	902,595
Additional provisions raised during the year	687,936
Amounts used during the year	(474,862)
Balance at 30 June 2018	1,115,669

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

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

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

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

ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY ABORIGINAL CORPORATION
ICN 8523
NOTES TO THE FINACIAL REPORT FOR THE YEAR ENDED 30 JUNE 2018

Note 10 Grant Liabilities

	Note	2018 $	2017 $
Grant liabilities	19	700,499	918,085

Note 11 Equity - Retained Earnings

	2018 $	2017 $
Retained earnings at the beginning of the financial year	762,034	801,753
Loss for the year	(74,002)	(39,719)
Retained Earnings at the end of the financial year	688,032	762,034

Note 12 Key management personnel compensation

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

	2018 $	2017 $
Short-term employee benefits	674,115	944,739

Related party transactions
Related party transactions are set out in Note 16.

Note 13 Remuneration of Auditors

During the financial year the following fees were paid or payable for services provided by the auditor of the Corporation.

	2018 $	2017 $
Audit Services		
Audit of the financial statements and acquittal reports	22,000	25,300
	22,000	25,300

Note 14 Contingent liabilities

The Corporation had no contingent liabilities as at 30 June 2018 and 2017

Note 15 Capital and Leasing Commitments

	2018 $	2017 $
(a) Operating lease commitments		
Leasehold rental commitments		
Committed at the reporting date but not recognised as liabilities, payable:		
Within one year	435,720	435,720
One to five years	-	309,387
More than 5 years	-	-
	435,720	745,107
ICT rental commitments		
Committed at the reporting date but not recognised as liabilities, payable:		
Within one year	77,280	158,000
One to five years	154,560	-
More than 5 years	-	-
	231,840	158,000
Equipment rental commitments		
Committed at the reporting date but not recognised as liabilities, payable:		
Within one year	1,647	2,382
One to five years	1,647	-
More than 5 years	1,647	-
	4,941	2,382

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.

(b) Capital expenditure commitments

The Corporation has no capital commitments at 30 June 2018 (2017: $nil).

ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY ABORIGINAL CORPORATION
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NOTES TO THE FINACIAL REPORT FOR THE YEAR ENDED 30 JUNE 2018

Note 16 Related party transactions

Transactions with related parties
In 2018, the Corporation received grant funding from NT PHN of $674,115 (2017: funding of $90,000). 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 17 Events after the reporting period

No matter or circumstance has arise since 30 June 2018 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 the future financial years.

Note 18 Reconciliation of loss for the year to net cash used in operating activities

	2018 $	2017 $
Loss for the year	(74,002)	(39,719)
Adjustments for:		
Depreciation and amortisation expense	149,575	106,132
Gain on sale of property, plant and equipment	(19,212)	(318)
Operating income before changes in operating assets and liabilities	56,361	66,095
Changes in operating assets and liabilities:		
Decrease (increase) in trade and other receivables	(573,608)	58,018
Decrease (increase) in prepayments	(11,262)	37,164
Increase (decrease) in trade and other payables	826,348	(122,945)
Increase (decrease) in provisions	213,074	34,925
Increase (decrease) in grant liabilities	(217,586)	(587,338)
Net cash flows provided by (used in) operating activities	293,327	514,081

Note 19 Grant Liabilities

		Note	2018 $	2017 $
A023 CH	Red Lily Regionisation		3,478	92,028
A029 T	NT Health Academy		21,321	-
A033 T	CAHS - Trauma Informed		70,968	222,128
A034 T	eHealth Equipment Sup		-	1,044
A035 T	NT Out of Home Care		37,478	-
A036 T	NT Aboriginal Housing Forum		20,481	-
A037 T	FASD		23,852	-
A043 T	CDC Trachoma		38,236	38,236
A045 T	DLGCS - AGMP		35,818	16,031
A046 T	DLGCS - APO NT		-	18,113
A049 T	NT REIF		50,834	195,189
A051 CPM	NAIDOC		-	15,659
A052 CPMa	NT AGMP		20,878	32,542
A057 CPM	NT Shelter		5,066	5,682
A058 T	Chief Minister APO NT		-	27,209
A071 X	PHN IHPO Central Australia		172,722	-
A072 X	PHN Medical Outreach MOICD		-	20,042
A076 X	PHN SEWB		22,622	-
A077 X	PHN Health Care Homes		57,439	-
A084 X	Lowitja Career Pathways		8,196	-
A087 X	Australian Rechabites Foundation		8,550	9,160
A088 X	CAYLUS/Tangentyere		743	8,941
A089 X	STI - SHAMRI		39,386	55,509
A091 X	OXFAM		25,000	25,000
A095 X	World Vision Australia		15,084	16,424
A097 X	Menzies Kirby Partnership		-	80,846
A110 X	KWAST - Red Lily		6,066	8,302
A121 X	Australian Rechable Foundation		1,283	10,000
A122 X	CAYLUS/Tangentyere Council		15,000	20,000
		10	700,499	918,085

ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY ABORIGINAL CORPORATION
ICN 8523
NOTES TO THE FINACIAL REPORT FOR THE YEAR ENDED 30 JUNE 2018

Note 20 Financial Risk Management

The Corporation's financial instruments consist mainly of deposits with banks accounts, short term investments, accounts receivables and payables.

The carrying amounts for each category of financial instruments, measured in accordance with AASB 139 as detailed in the accounting policies to these financial statements, are as follows:

	Note	2018 $	2017 $
Financial assets			
Cash on hand	4	2,775,385	2,593,693
Trade and other receivables	5	698,705	125,097
Total financial assets		3,474,090	2,718,790
Financial liabilities			
Financial liabilities at amortised cost			
Trade and other payables	8	686,340	497,273
Total financial liabilities		686,340	497,273

Note 21 Corporation Details

The Registered Office of the corporation is:

Aboriginal Medical Services Alliance Northern Territory
First floor, 43 Mitchell Street
Darwin City, NT 0800

The Principal place of business is:

Aboriginal Medical Services Alliance Northern Territory
First floor, 43 Mitchell Street
Darwin City, NT 0800

ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY ABORIGINAL CORPORATION
ICN 8523
BOARD MEMBERS' DECLARATION

The Board Members of Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation, declare that in the Board Members' opinion :

1. The financial statements and notes, as set out on pages 3 to 18, are in accordance with the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* (CATSI Act 2006) and with the *Australian Charities and Not-for-Profits Commission Act 2012* (ACNC Act) and :

   (a) comply with Australian Accounting Standards - Reduced Disclosure Requirements; and

   (b) give a true and fair view of the financial position of the Corporation as at 30 June 2018; its performance and cash flows for the year ended on that date.

2. In the Board Members' opinion there are reasonable grounds to believe that the Corporation will be able to pay its debts as and when they become due and payable.

On behalf of the Board Members

Donna Ah Chee
Chairperson

Dated 19th October 2018

Leon Chapman
Treasurer

Dated 19th October 2018

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 2018, statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion the accompanying financial report of Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation, is in accordance with the requirements of Division 60 of the Australian Charities and Not-for-profits Commission Act 2012 and the Corporations (Aboriginal and Torres Strait Islander) *Act 2006*, including:

(a) Giving a true and fair view of the Corporation's financial position as at 30 June 2018 and of its financial performance for the year then ended; and
(b) Complying with Australian Accounting Standards – Reduced Disclosure Requirements, the Corporations (Aboriginal and Torres Strait Islander) *Act 2006* and the Australian Charities and Not-for-profits Commission Regulation 2013.

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 the auditor independence requirements of the Australian Charities and Not-for-profits Commission Act 2012 and the Corporations (Aboriginal and Torres Strait Islander) *Act 2006* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Other Matter

The financial report of the Corporation for the year ended 30 June 2017, was audited by another auditor who expressed an unmodified opinion on that report on 30 October 2017.

Directors' Responsibility for the Financial Report

The directors of the Corporation are responsible for the preparation of the financial report that gives a true and fair view – in accordance with Australian Accounting Standards – Reduced Disclosure Requirements, the Corporations (Aboriginal and Torres Strait Islander) *Act 2006* and the Australian Charities and Not-for-profits Commission Act 2012 and is appropriate to meet the needs of the members. The directors are also responsible for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the 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 the directors either intends to liquidate the Corporation or to cease operations, or has no realistic alternative but to do so.

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY ABORIGINAL CORPORATION

REPORT ON THE AUDIT OF THE FINANCIAL REPORT (CONT.)

Auditor's Responsibility for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Corporation's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by those charged with governance.
- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Corporation's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Corporation to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We also provide those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

Nexia Edwards Marshall NT
Chartered Accountants

Noel Clifford
Partner
Date: 24 October 2018

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