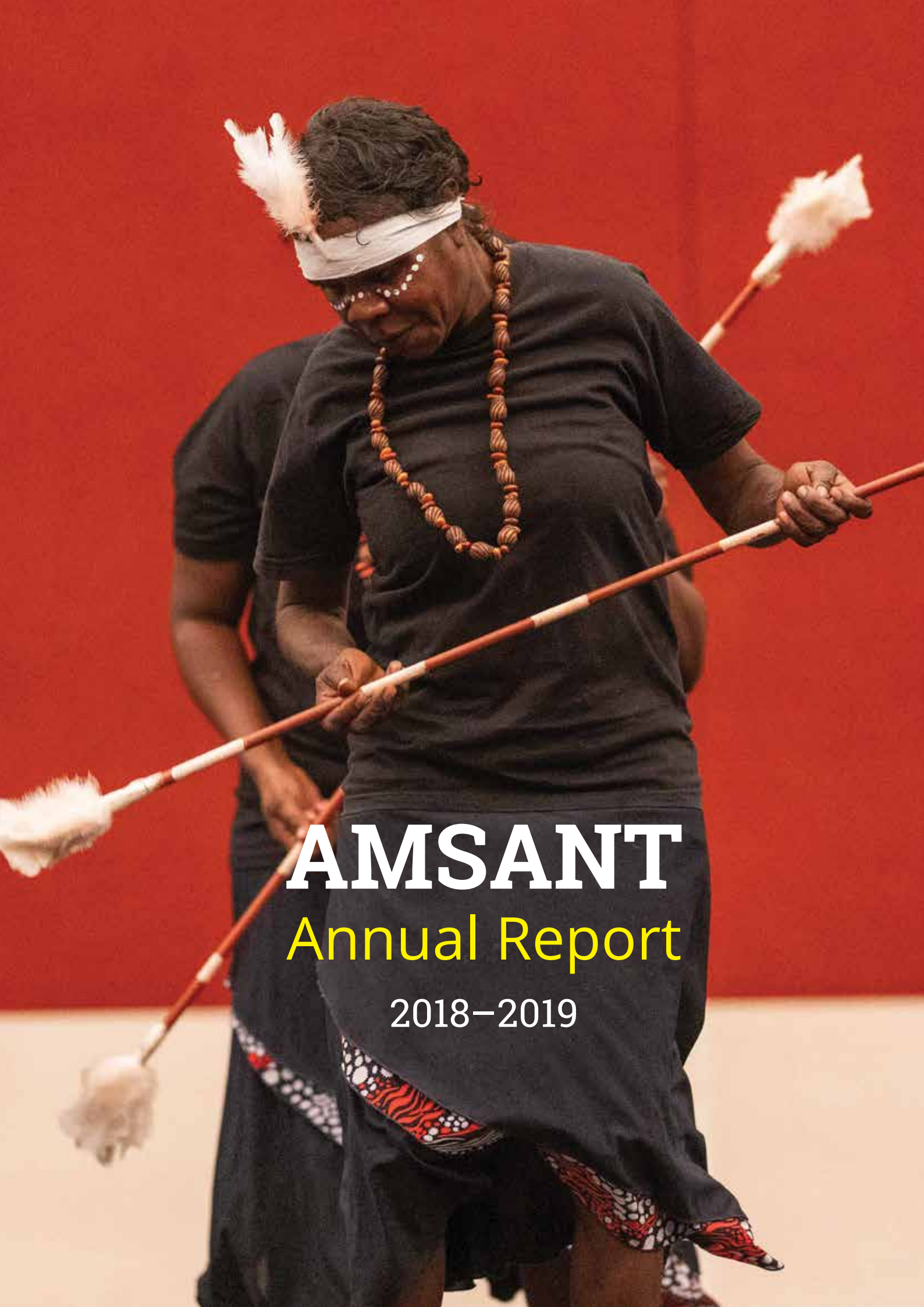
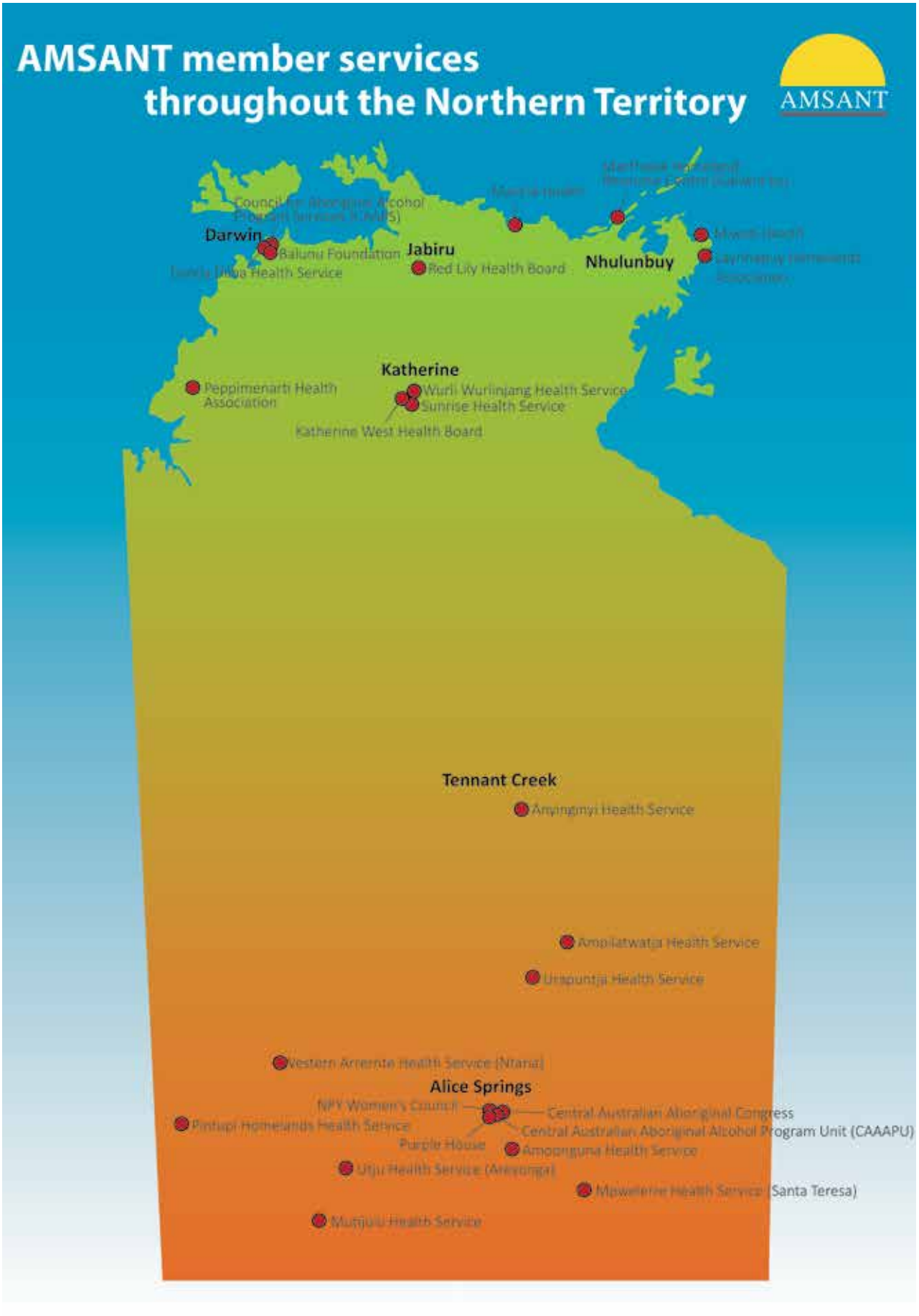


AMSANT

Annual Report

2018–2019


AMSANT member services throughout the Northern Territory
AMSANT
Darwin
Baluuni Foundation
Jabiru
Red Lily Health Board
Nhulunbuy
Katherine
Peppimenarti Health Association
Wurli Wurlinjang Health Service
Sunrise Health Service
Katherine West Health Board
Tennant Creek
Anyinginyi Health Service
Ampilatwatja Health Service
Urapuntja Health Service
Alice Springs
NPY Women's Council
Central Australian Aboriginal Congress
Central Australian Aboriginal Alcohol Program Unit (CAAAPU)
Purple House
Amoonguna Health Service
Utju Health Service (Areyonga)
Mpwelerne Health Service (Santa Teresa)

CONTENTS

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

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

ABOUT AMSANT

The Aboriginal Medical Services Alliance Northern Territory (AMSANT) is the peak body for Aboriginal community controlled health services (ACCHS) in the NT and advocates for equality 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 the NT affiliate of the National Aboriginal Community Controlled Health Organisation (NACCHO).

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.

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.

THE BOARD

The AMSANT Board is comprised of up to eight Member Directors elected by the Full Members, and may also appoint up to three non-Member Directors.

Member Directors

Barb Shaw (Chairperson)
Anyinginyi Health Service

Donna Ah Chee
Central Australian Aboriginal Congress

Olga Havnen
Danila Dilba Health Service

Eddie Mulholland
Miwatj Health Service

Suzi Berto
Wurli Wurlinjang Health Service

Leon Chapman
Pintupi Homelands Health Service

Bill Palmer
Sunrise Health Service

David Smith
Ampilatwatja Health Centre

Non-member Directors

David Galvin
Jeanette Ward

FROM THE CHAIR

I have great pleasure in providing my first report as Chairperson, having taken over the role from Donna Ah Chee, who led the AMSANT Board so ably during the past three years.

The year has been marked by our reflections on the achievements of AMSANT in the 25 years since it was established; and anticipation of the potential in the new directions that the Board has set with our new Strategic Plan, 2019–2023.

AMSANT's strategic plan is a statement of the organisation that we are and that we aspire to be, and the change for Aboriginal people that we strive for. I am grateful for the contribution and vision of my fellow directors, and the CEO and staff of AMSANT, in developing the new plan. This is distilled, I believe, in our new Vision Statement:

That Aboriginal people live meaningful and productive lives on their own terms, enriched by culture and wellbeing.

Further details of the Strategic Plan are provided in this report.

AMSANT maintains its emphasis on representing our member services across the NT to advocate for improving First Nations peoples' health and wellbeing. As an affiliate of our national body — NACCHO — AMSANT contributes

and provides leadership to the sector, including through our representatives who are directors on the NACCHO Board, Donna Ah Chee and Olga Havnen.

This year our leadership was demonstrated in AMSANT's key role in the sector's engagement with the Closing the Gap reform process. AMSANT Chief Executive Officer, John Paterson, led representation of the Aboriginal Peak Organisations NT (APO NT) as the NT jurisdictional member of the National Coalition of Peaks that negotiated an historic partnership agreement with the Council of Australian Governments (COAG). John is one of the Coalition of Peaks representatives on the Joint Council on Closing the Gap. This is the first time an external non-government body has been formally represented in a COAG structure.

AMSANT has continued to provide important strategic leadership in the response to the Royal Commission into the Protection and Detention of Children, led by Board director and Danila Dilba CEO, Olga Havnen; and as a member of the NT Aboriginal Health Forum, which I Chair. Four Forum meetings were held during the year.

A notable achievement has been the finalisation of the transfer of all Aboriginal primary health care services in the East Arnhem region to Aboriginal community control under Miwatj Health. With work progressing at Red Lily and Mala'la, we are hoping to achieve an accelerated pace of transition over the coming years. AMSANT's foundation is built on advocating for Aboriginal community control as the best model for delivering primary health care.

Also of significance is the welcome construction of new health infrastructure in the bush; this is essential to improving access to health care. New clinics have been built for Ampilatwatja and Urapuntja and it is pleasing to see such progress finally happening.

With the completion of our new Strategic Plan, the Board has also taken the important step of commissioning an organisational review of AMSANT to ensure the effectiveness and efficiency of AMSANT's structure in achieving the goals of the new Plan.

Along the way, AMSANT has marked our 25th Anniversary, with celebrations and reflections on what is a major milestone in Aboriginal leadership in the health sector.

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 who ensure that AMSANT remains a respected and trusted voice in support of all our members.

Barb Shaw
Chairperson

CEO'S MESSAGE

I am pleased to report on a year that has once again demonstrated the strengths and leadership of the Aboriginal community controlled health services (ACCHS) sector here in the Northern Territory.

The ACCHS sector has continued to consolidate its position as the largest provider of primary health care services to Aboriginal people in the Northern Territory. Over the year the ACCHSs sector saw 65% of all Aboriginal people who access Aboriginal PHC services and provided 60% of all episodes of care.

These outcomes reflect a continuing focus on transitioning NT Government Aboriginal primary health care services to community control, which has seen strong progress during the year in the East Arnhem (Miwatj), West Arnhem (Red Lily Health Board) and Maningrida (Mala'la) regions.

AMSANT provides support to our members in transition processes, as well as providing a range of supports to all our member services. Readers will find many examples in the following pages of the work of our experienced specialist teams in responding to services' needs and supporting a quality improvement focus. It is always hard to single out any team, however, there are a few examples I'd like to briefly mention that are illustrative of the outcomes we are achieving for our members.

Our Social and Emotional Wellbeing and Trauma Informed Care team has continued to lead transformation in our sector and more widely, to become equipped to understand and respond to the pervasive impacts of unresolved trauma. Our Digital Health team has been integral to maintaining our sector's leading role in record sharing and in ensuring 'in-house' capacity to control and customise clinical information systems; these are the engine rooms of our services in effectively using and sharing data. Accessible, high-quality data also underpins the success of our CQI team's Collaboratives process which during the year saw the implementation of a Childhood Anaemia Collaborative.

Perhaps the most important strategic development in health during the year was the success of the national Coalition of Peak Aboriginal Organisations in establishing a formal partnership with the Council of Australian Governments (COAG) on Closing the Gap. As an APO NT member, I sit on the COAG Joint Council as a Coalition of Peaks representative. From a national perspective this is a significant shift from government that I believe provides the opportunity to achieve real improvements in health outcomes for Aboriginal and Torres Strait Islander people.

As AMSANT CEO, I chair the Central Australian Academic Health Science Network (CA AHSN), which is an important Aboriginal-led research collaboration. As an accredited Centre for Innovation in Regional Health (CIRH), CA AHSN commissioned $2m in funding from the Medical Research Future Fund (MRFF), specifically to projects generated by community partners. AMSANT is the lead organisation or partner in three of these projects.

The past year has also been marked by significant outcomes resulting from AMSANT's membership of the Aboriginal Peak Organisations NT (APO NT) alliance. In addition to the success on Closing the Gap, we have made significant progress towards formalising Aboriginal Housing NT (AHNT) as the peak Aboriginal housing body for the NT. AHNT is an important step in expanding Aboriginal community control in a critical area of the social determinants of health.

As always I am immensely appreciative of the support and leadership provided by the Chair and Board, and to the AMSANT 'family' — our dedicated staff who make all of these outcomes possible.

John Paterson
Chief Executive Officer

NEW STRATEGIC PLAN 2019–2023

AMSANT is pleased to have developed our new Strategic Plan 2019–2023 — with the input and collaboration of the Board, management and staff — that sets strong directions for the organisation in the coming years.

Our Vision

That Aboriginal people live meaningful and productive lives on our own terms, enriched by culture and wellbeing.

Our Role

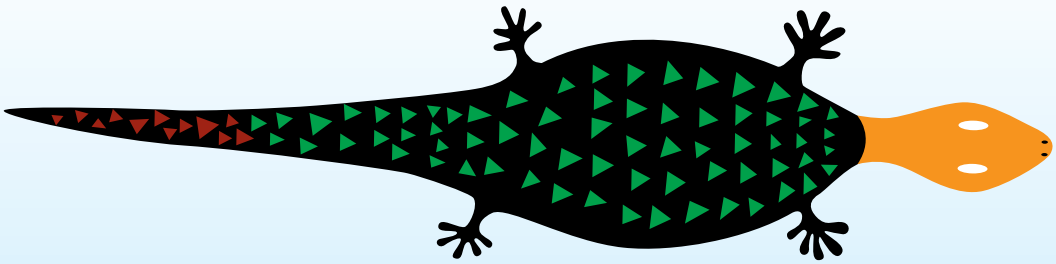
AMSANT is the peak body for Aboriginal Community Controlled Health Services (ACCHSs) in the Northern Territory.
We aim to grow a strong Aboriginal community controlled primary health care sector by:

- supporting our Members to deliver culturally safe, high-quality comprehensive primary health care that supports action on the social determinants of health; and
- representing AMSANT Members' views and aspirations through advocacy, policy, planning and research.

Our Principles

Aboriginal community control is an act of self-determination[1]. It ensures that people who are going to use health services are able to determine the nature of those services, and then participate in the planning, implementation and evaluation of those services.

1. United Nations. United Nations Declaration on the Rights of Indigenous Peoples. 2007; Available from: http://www.un.org/esa/socdev/unpfii/en/drip.html. See also The Uluru Statement from the Heart. 2017; Available from: https://www.1voiceuluru.org/



1. STRONG AND SUPPORTED AMSANT MEMBERS

Our Members are our strength! Working in partnership, we will assist them to deliver culturally safe, comprehensive primary health care services by providing, or advocating for, support in the areas of health service delivery, governance, leadership, finances, workforce, business management, information technology, or other issues that they identify.

1.1 Identifying the needs of our Members: We will work with our Members to ensure a systematic approach to identifying their diverse needs to maximise the effectiveness and reach of their programs.

1.2 Providing support: Wherever possible within our resources we will seek to directly meet the needs of our Members in ways that are effective and sustainable

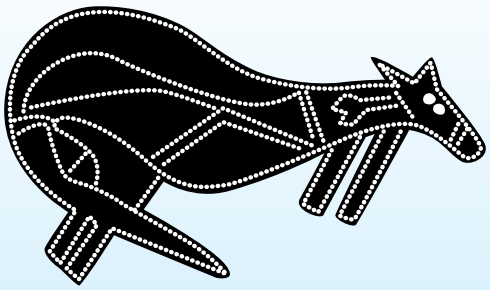
1.3 Filling the gaps: Where we are not able to provide support directly, we will seek to link Members to other sources of support and/or advocate on their behalf for their needs to be met.

1.4 Learning from each other: We will share ideas, resources and data inclusively across the sector to promote best practice and innovation.

2. GROWING ABORIGINAL COMMUNITY CONTROLLED PRIMARY HEALTH CARE

We are committed to the principles of Aboriginal community controlled primary health care as the most effective way to address ill health in Aboriginal communities; as a platform for addressing the social determinants of health; and as an act of self-determination.

2.1 Advocating for needs-based resourcing for our sector: We will advocate for appropriate secure needs-based funding



for the Aboriginal community controlled health model of comprehensive primary health care as the most effective way to promote health and equity.

2.2 **Supporting the transition to community control:** We will support Aboriginal communities to move along the pathway to community control in the manner and to the degree that they wish.

2.3 **Monitoring and responding to emerging needs:** We will monitor trends affecting the health of Aboriginal communities and seek to ensure that Aboriginal community control is at the centre of responses to emerging issues (for example: child protection and youth incarceration).

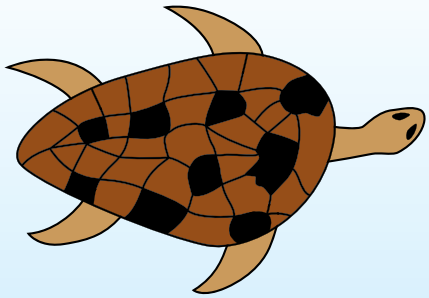
3. ADVOCACY AND RESEARCH

As the peak body for the Aboriginal community controlled sector, we will contribute to the development of a more effective and equitable health system that meets the needs of Aboriginal people, including through engaging in policy and planning processes and ensuring the health system is informed by the evidence. Wherever possible, we will use and support Aboriginal-led research.

3.1 **Reforming the health system:** We will continue to play a leadership role in the reform of the health system in the Northern Territory, and nationally, including through the Northern Territory Aboriginal Health Forum.

3.2 **Addressing the social determinants:** We will advocate for and support the Aboriginal community to determine and control its own responses to the social determinants of health.

3.3 **Being proactive:** We will engage with and influence governments and other stakeholders on the policy and program priorities of our Members.



3.4 **Building partnerships:** We will build cooperative partnerships with key stakeholders, including Aboriginal organisations and peak bodies, government agencies and other mainstream organisations.

3.5 **Translating evidence into policy and practice:** We will seek to ensure that both health service delivery and government policy is informed by research and the evidence of what works to improve the health of Aboriginal communities.

4. A STRONG, SUSTAINABLE AND ACCOUNTABLE ORGANISATION

To deliver on our strategic priorities, AMSANT will continue to develop and implement high quality governance and management systems across the organisation. We will support our staff to ensure an effective, culturally-safe organisation. As an Aboriginal organisation, we will prioritise building the capacity and skills of our Aboriginal staff.

4.1 **Strengthening corporate governance:** We will ensure that AMSANT is well-governed and accountable at all levels and that its operations are supported by effective internal management and decision-making.

4.2 **Supporting our staff:** We will recruit, retain and develop quality staff, providing them with a respectful workplace and ensuring that they have the skills necessary to assist AMSANT carry out its role.

4.3 **Building Aboriginal leadership:** We will promote initiatives that increase the recruitment, retention and training of Aboriginal staff and support their career pathways at all levels of the organisation.

4.4 **Increasing sustainability:** We will continue to deliver effective financial management and investigate opportunities to grow and diversify our funding sources.

THE YEAR IN REVIEW

The year marked a milestone of 25 years since AMSANT's establishment. This was complemented by the completion of a new strategic plan and commencement of work on an organisational review and the development of a business plan to ensure that we are best placed to meet the objectives of our new strategic plan.

Closing the Gap emerged as a major focus during the year with our CEO leading the Aboriginal Peak Organisations NT's (APO NT) engagement as a member of the national Coalition of Peaks. The coalition negotiated an historic partnership agreement with the Council of Australian Governments (COAG) on Closing the Gap that includes formal membership of a Joint Council. The coming year will see the hard work of negotiating the new National Agreement on Closing the Gap.

AMSANT has also continued to engage with the reforms resulting from the Royal Commission into the Protection and Detention of Children in the Northern Territory. Through its membership of APO NT, AMSANT is represented on the Children and Families Tripartite Forum that brings together the Commonwealth and Northern Territory governments with peak Aboriginal and community representatives. The Tripartite Forum provides an oversight role in relation to the reforms and will complement the existing NT Aboriginal Health Forum.

Work has continued on reforms relating to out-of-home care, child protection and juvenile justice and AMSANT completed the development of a service model for Early Intervention Family Support Services (EIFSS) to be provided by ACCHSs in the NT. The work was funded by Territory Families and the service model will be trialled at two of our member health services.

Transition to community control continues to be a priority, with AMSANT supporting our members with this process. This includes the Red Lily Health Board which began service roles during the year and is preparing for the transition of NTG clinics. AMSANT also supports the Mala'la Health Board which has begun transitioning some services at Maningrida. Miwatj Health Service successfully completed the transition of a further two NT Government clinics at Milingimbi and Gapawiyak.

THE YEAR IN REVIEW

AMSANT's support to members continued across a range of other 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 and during the year we established a members' Finance Network which held a successful and well-attended face-to-face meeting.

Much of AMSANT's staff time is taken up 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 and, following a series of frustrating delays, good progress was made during the year in recruiting participants to the trial. More than 90% of those enrolled come from our ACCHSs.

Another significant initiative during the year was a clinical workshop focusing on child health, involving CEOs, board members and senior clinicians. The aim was to ensure a shared understanding among the key leaders of critical child health issues and how to address them. Several actions were taken as a result of the workshop, including the establishment of a Childhood Anaemia Collaborative.

In the 18-month Collaborative process, clinical staff and CQI facilitators from several services participated in monthly video conferences where they shared clinical data and details of the work they are doing to address childhood anaemia, including using CQI tools and health promotion approaches. Clinicians — such as paediatricians and nutritionists — also present to those on-line, by sharing their expertise in this field. Some promising improvements have already been achieved.

AMSANT continues to support services to become trauma-informed, culturally-responsive organisations through system change and education of staff in how inter-generational and current trauma affects our people, and how to deliver services that support healing and recovery. We have established an experienced Aboriginal-led team which has been in demand to provide training to members as well as government, external agencies and Aboriginal partner organisations that are keen to improve their methods of working. We are


OUR LANGUAGES

THE YEAR IN REVIEW

exploring options for long-term funding for this important work.

The Workforce team implemented a new approach to AMSANT's Aboriginal Leadership program and recently delivered its first regional Leadership workshop, in partnership with the Central Australian Aboriginal Congress, to provide a more supported and intensive leadership development experience. The workshop was a huge success and more regional workshops are planned for 2019–2020.

AMSANT and its members are supporters of electronic sharing of health records and we have advocated strongly in relation to the My Health Record (MHR) expansion and 'opt-out' process, and the framework for the secondary use of MHR data. AMSANT plays a crucial role supporting its members and working with key stakeholders to liaise with our communities and their health service providers to better understand the roll-out of the MHR and what it means to consumers and clinicians.

Following a workshop convened in 2016, AMSANT has continued to advocate in relation to the on-going syphilis outbreak in northern Australia. Funds committed by the Commonwealth to an enhanced response to the syphilis outbreak are being rolled out in the Darwin, Katherine, East Arnhem and Maningrida regions.

AMSANT's membership of the APO NT alliance is an important cross-sectoral partnership for advocating on the social determinants of health. In addition to leading APO NT's engagement with the reforms flowing from the youth justice and child protection Royal Commission, AMSANT has provided input on a wide range of issues. This includes the implementation of the Local Decision Making (LDC) policy of the NT Government that will see greater delivery of services by Aboriginal controlled organisations. A related initiative has been the development of the Aboriginal Housing NT (AHNT) committee, supported by APO NT, to become the peak Aboriginal housing body for the NT.

APO NT also continues to advocate for a widely supported alternative model for remote employment as we seek to replace the current (failed!) CDP program. Our members have reported that it is causing significant detriment in

remote communities because of high levels of financial penalties and a general disengagement from the scheme.

In May, the AMSANT Board lifted its moratorium on responding to Aboriginal health research projects through the Board Research Sub-committee. The moratorium was made in response to the pressures experienced by the high volume of research projects and the need to review AMSANT's research priorities in conjunction with our new strategic plan. AMSANT remains 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 many research projects, including the Mayi Kuwayu National Study of Aboriginal and Torres Strait Islander Wellbeing, and the Health Pathways national workforce research project on career pathways for Aboriginal and Torres Strait Islander health professionals, funded through the Lowitja Institute.

The CEO also chairs the Central Australian Academic Health Science Network (CA AHSN) which has become an important conduit for commissioning community-led research. Through CA AHSN, we are leading on, or partnering with, three new research projects that address social and emotional wellbeing, non-clinical indicators for Aboriginal primary health care and a remote community survey.

AMSANT has actively engaged with strategic health partnerships during the year, ranging from our engagement with NACCHO, our sister affiliates and the NACCHO CEO Policy Network; to the development of a Statement of Collaboration with the NT PHN.

Along the way AMSANT was also honoured to be joint winner of the NT Human Rights Award — the "Fitzgerald" — for Social Change (in an organisation), shared with the Tangentyere Women's Family Safety Group.

EXPANDING COMMUNITY CONTROLLED HEALTH SERVICES

One of AMSANT's strategic priorities is our commitment to the principles of Aboriginal community controlled primary health care as the most effective way to address the health needs of Aboriginal people, and to support the transition of existing services to community control.

In achieving this priority, AMSANT works with both the Commonwealth and Northern Territory governments through the mechanism of the NT Aboriginal Health Forum. The Forum has an established policy — Pathways to Community Control — that outlines the shared commitment to expanding community control.

In this context AMSANT is primarily focused on advocating for, and supporting, Aboriginal self-determination and we strive to establish and grow the sector in the Northern Territory.

Accordingly, AMSANT continues to be represented on identified regionalisation reference groups, with a focus to ensure that clinical infrastructure in the regions is in place and ready for 'transferring' those services to Aboriginal community controlled entities.

In this regard, AMSANT provides significant support on regionalisation for member services and, in particular, to the Red Lily Health Board and Malabam (Mala'la).

On 1 April 2019 the rural primary health service that was delivered by the Top End Health Service and funded through NT PHN was successfully transferred to Red Lily Health Board. The transfer of further programs and/or services in the coming months is also being considered.

Following on from this success, formal open discussions have started in planning for the transfer of Minjilang and Outstation Health Services from Top End Health Service to the Red Lily Health Board.

The rural primary health service provides health promotion and health education to community members at the Kakadu homelands and Jabiru town camps. Topics covered include alcohol and other drugs, youth health and chronic conditions.

Additionally, AMSANT has assisted several members with governance matters, including the recruitment of independent Board Directors for member services. Governance training on rule books and processes has been provided to members, with the assistance of ORIC.

Some of the Directors from the Red Lily Health Board: Steven Fejo, June Nadjamerrek, Rosemary Nabulwad, Steve Hayes, Mary Djurrundudu and Reuben Cooper (Chairperson).

NT ABORIGINAL HEALTH FORUM

The Northern Territory Aboriginal Health Forum (NTAHF) is a high-level partnership that provides guidance and advice on Aboriginal health planning and policy in the NT. Forum is guided by the Agreement on Northern Territory Aboriginal Health and Wellbeing 2015–2020, which was launched in July 2015.

The Forum is made up of representatives from the Commonwealth Government, the Northern Territory Government, AMSANT and the NT Primary Health Networks (NTPHN).

AMSANT is an active member of the NTAHF and also provides secretariat support for Forum and nine of Forum's working groups.

NTAHF's strategic focus areas, as outlined in its work plan, are:

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

AMSANT has continued to provide leadership as a member of the Forum during the three Forum meetings that were held during the reporting year.

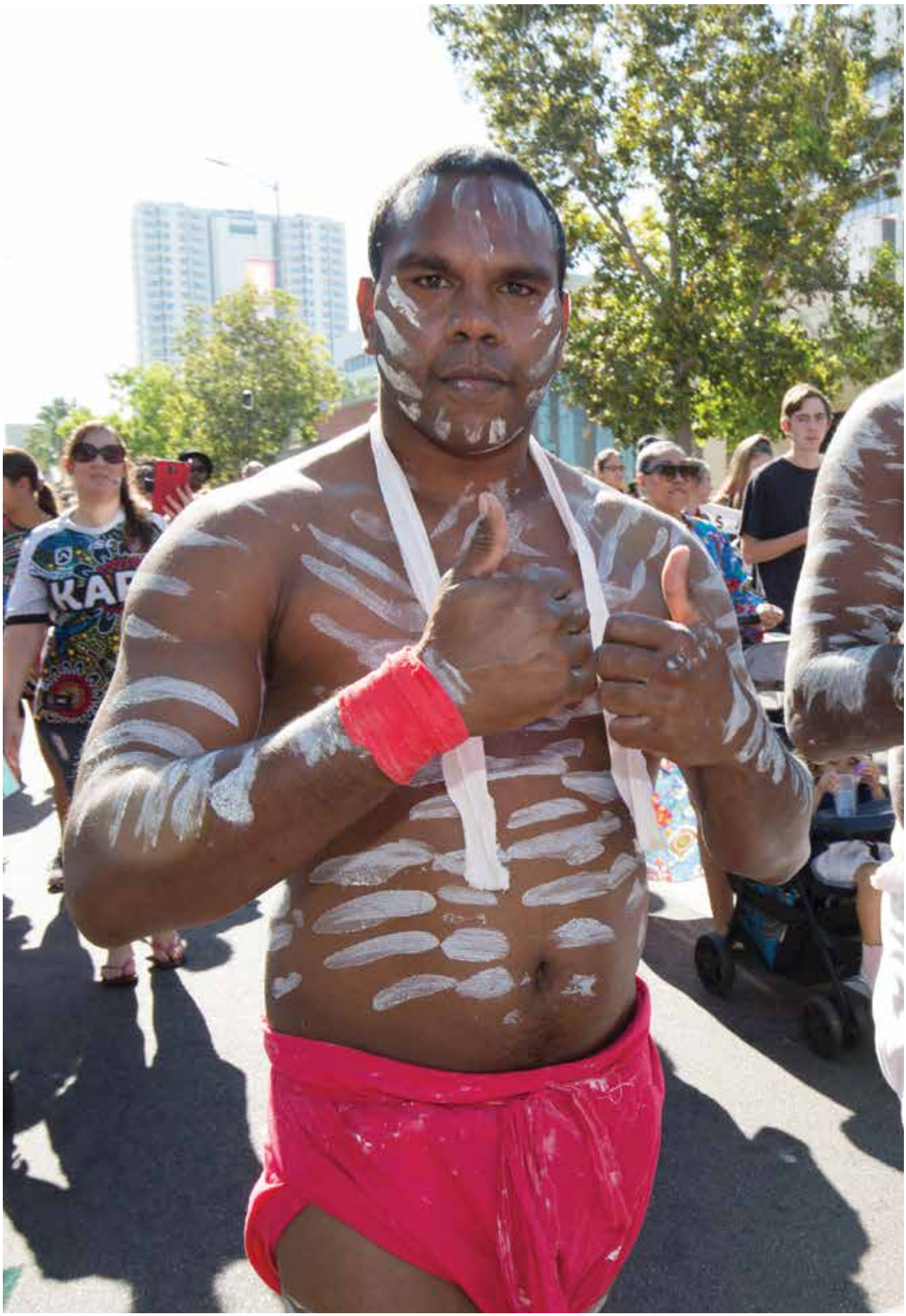
Forum has supported and progressed the transfer of remote primary health care services to Aboriginal community control in the priority regions of East Arnhem, West Arnhem and Maningrida. The transition of health services to Miwatj Health in Ramingining and Lake Evella in East Arnhem has progressed to the handover of these two health services.

Red Lily Health Service in West Arnhem has started delivering public health care services to Jabiru and Forum has continued to support the planning of transfering the Maningrida public health programs to Mala'la Health Service.

NTAHF has also broadened its scope to evaluate the 2017 transfer of health services to community control in Milingimbi.

AMSANT provided input into the Closing the Gap 'refresh' via the Forum and also participated in guiding the site selection for the evaluation on Aboriginal and Torres Strait Islander primary health care systems.

Two new working groups — the Aboriginal Health Practitioner Workforce, and Remote Renal — were established under Forum to focus on strategies to increase the levels of Aboriginal Health Practitioners and to address several renal dialysis concerns in remote areas. Other working groups continued to progress Forum priorities, including hosting a forum on Child Health and contributing to the annual Continuous Quality Improvement collaborative meeting.



PUBLIC HEALTH

PERFORMANCE OF THE SECTOR

Each year AMSANT receives a pooled report detailing the performance of our member services, using NTAHKPI (key performance indicators) data that is differentiated between urban and remote services. This pooled data reveals that 65% of the Aboriginal population seen by the Aboriginal PHC sector are treated in our community controlled clinics.

This high level of coverage and the 60% proportion of episodes-of-care provided by our sector will continue to increase. Two more clinics that have transferred to Miwatj Health Service will be included in next year's reporting period and the community controlled sector is also growing in the West Arnhem and Mala'la regions.

There has been improved performance in several KPIs, including timely antenatal care (4% increase in 12 months and 11% increase over four years); the proportion of people who have been screened for renal disease (8% increase over four years); and cardiovascular disease risk assessment (the proportion screened has more than doubled in the last four years, from 18% to 39%).

For children, ear screening has increased and the rate with ear discharge has dropped by 2%, and three out of four immunisation indicators show a 5% improvement in children who were immunised on time under 12 months of age.

Anaemia has also dropped by 5% this year, with a larger improvement in urban areas. This is a very encouraging reduction because child anaemia is associated with irreversible neuro-cognitive changes.

The pooled data report also indicates the growing burden of chronic disease. There has been a 37% increase in people with rheumatic heart disease requiring penicillin injections over a three-year period; a 13% increase in the number of people with heart disease; and an 11% increase in the number of people with diabetes in the same period. This increases the workloads of our services at a time of stagnating funding.

AMSANT continues to Chair both the technical and clinical working groups of the NTAHKPIs and designs and guides much of the work to develop improved indicators.

Improvements this year included dropping the age limit to five years for the diabetes indicators, so as to include the growing number of children with Type 2 diabetes; and including children in the 'health check' indicator for the first time.

In our sector there were 27 children aged 5–14 years and 174 young people aged 15–24 years who were recorded as having Type 2 diabetes; there were 43 children in the 5–14 age group who had heart disease (rheumatic heart disease and/or congenital heart disease).

AMSANT also provided submissions to the review of the two national Aboriginal health data sets — national KPIs and OSR, which is a workforce and activity data set. The Australian Institute of Health and Welfare responded by acknowledging that our submissions were particularly useful in guiding its review.

CLINICAL SUPPORT

AMSANT has used the pooled data to identify areas to improve in and has prioritised childhood anaemia and immunisation. A review of immunisation issues in our sector found a lack of training options suitable for Aboriginal Health Practitioners. A specific AHP immunisation training course has been piloted as a result of AMSANT's strident advocacy. AMSANT also chaired a NTAHF working group on immunisation which is focusing on training issues at both government and community controlled health services.

AMSANT held a clinical workshop in August to bring together CEOs, Board members and senior clinicians to discuss priority childhood issues, to hear from expert paediatricians and to workshop potential solutions. A range of actions was identified, including the improvement of training and resources for clinicians, as well as strategies to improve food security.

Acting on anaemia in pregnancy was another priority because the evidence is now clear that childhood anaemia is linked to anaemia in pregnancy. An 'anaemia in pregnancy' indicator has been developed and is being piloted at some health services.

AMSANT continues to support a network of senior clinicians through regular teleconferences, meetings and newsletters. We disseminated

PUBLIC HEALTH

information on a wide range of issues including the measles outbreak; an unusually severe influenza season; errors in the CARPA manuals; cervical screening; and new Medicare items. We also held specialist teleconferences on youth diabetes, the syphilis outbreak and cervical screening.

EYE HEALTH CARE

AMSANT attracted funding for two eye health positions in 2018. Kate Andrews started work in October 2018 to review the sustainability of surveillance and management of trachoma and tricihasis — the complication of trachoma that can cause blindness if untreated.

Currently the NT Health Department's communicable disease unit undertakes screening and treatment through Commonwealth funding, but this funding is likely to cease within two years. Screening and treatment would then need to be delivered by the primary health care sector. AMSANT's consultation and input to the development of a national options paper aims to put ACCHSs at the forefront of future planning and policy development,

Sweet home, Lajamanu! … MaeMae Morrison and Rhiannon Binks from AMSANT's digital health team, join Kathryn Drummond, Teresa Matthews, Stanley Matthews Jnr, Christine Tchooga and Rachel Fleming out in the Tanami Desert, 870km south of Darwin by road.

PUBLIC HEALTH

to ensure service delivery is based on the principles of self-determination and community control.

Funding from Canberra has improved access to spectacles across remote communities and has resulted in the development of the Strong Eyes, Strong Communities project with Vision 2020. AMSANT is committed to working collaboratively with Vision 2020 and our partners to ensure ACCHSs and Aboriginal communities are central to the design and implementation of the project.

Retinal cameras have been delivered to all our member services with on-going training and support being delivered by regional optometrists. The Retinal Camera program will increase accessibility to retinal screening and to any subsequent specialist care.

Mobile and portable retinal cameras are being trialled at health services that care for people in the homelands, as new platforms of technology have been introduced to address barriers identified with up-loading, and the triaging of images. This technology assists remote area nurses and Aboriginal Health Practitioners in triaging photographs and accessing specialist support from city-based ophthalmology colleagues.

AMSANT also attracted funding for a position with a Central Australian focus, working with an eye health committee. The position provides secretariat support, as well as undertaking project work on the integration of eye health care across primary, secondary and tertiary sectors.

The position is now filled with the project officer working towards supporting a more effective and coordinated system. In both the Top End and Central Australia, the AMSANT eye health care staff are working to support the use of data from both primary health care and specialist services to improve the system.

The new health centre at Ampilatwatja.

SOCIAL AND EMOTIONAL WELLBEING (SEWB)

The AMSANT Social & Emotional Wellbeing (SEWB) programs got a great boost this year with the recruitment of a Cultural Responsive Trauma Informed Care (CRTIC) project officer, a CRTIC facilitator and a Mental Health Professional. These appointments join the SEWB project officer, a casual consultant and our SEWB and TIC Team Leader.

A highlight this year was the SEWB Forum — Building and Maintaining a Strong and Sustainable SEWB Workforce — which was commissioned by NT PHN and hosted by AMSANT in June 2019. The forum brought together SEWB workers from across the Territory to discuss and identify methods of building and maintaining a strong and sustainable workforce.

Forty SEWB professionals from a range of disciplines and many cultural backgrounds attended from across the NT. Key themes included: the importance of Aboriginal people's connection to culture, community and country; understanding Aboriginal and colonial history in the context of health care; and the dynamism of the SEWB practice and how this informs SEWB design and delivery.

We continue to engage with member services and provide SEWB workforce support by hosting teleconferences, contributing to the NTAHF working group, attending the Remote AOD conference, providing ASSIST training and giving input to the Healing our Spirits Worldwide conference.

We have put considerable effort into establishing the clinical supervision model and framework, and formalising our processes with members. This includes investigating clinical supervision structures to suit ACCHSs, developing an information brochure and collaborating with health service managers.

Our team has built strong rapport with managers, team leaders and staff from our member services and we have provided supervision to SEWB, AOD and mental health staff in the Darwin, Katherine and Barkly regions. We also participated in the SEWB working group, the AOD coordinating committee, and fortnightly Remote AOD workforce support tele-conferences.

The Cultural Responsive Trauma Informed Care program has developed training

materials such as organisational audit tools, training manuals and our own CRTIC frameworks and processes.

We have delivered CRTIC training to five of our member services via 11 workshops; Territory Families and NAAJA staff have also received training with a fee-for-service. This involves exploring the core values of TIC and understanding how they inform work practice, as well as the systems and processes within the relevant organisation.

Key themes in tackling trauma include 'safety, relationships and trust' and we always include 'expressive' activities, such as dancing and yarn cycles, that help to regulate the body and find meaning through symbolism.

We have also presented and facilitated small workshops to many conferences and forums including the International Indigenous Health and Wellbeing Conference; the Baker Educational Symposium — Mind Your Health; the CQI Collaborative; the Sharing and Strengthening our Practice conference; the Care Coordinators Workshop; and the Rural Medicine Australia Conference.

Recruitment of a CRTIC Researcher is underway and we look forward to carrying out the CRTIC training evaluation with the Central Australian Aboriginal Congress (CAAC). The training materials are being finalised and the complex logistics of providing training to four clinics are being developed.

We have also completed four workshops with staff from Piliyintinji-Ki's Stronger Families program at Tennant Creek. We deliver our training in a stepped approach where we build on concepts of CRTIC. For example, we may begin by asking: **What does safety feel like?**; then build on that by discussing the impacts to the physiological system when safety has been compromised; and then build further to ask: **What can we do to support our clients to recover a sense of safety?** There was an abundance of rich information documented and we have started to collate the learnings into a report for Piliyintinji-Ki staff.

The SEWB and TIC team leader, Danielle Dyall, continues to provide oversight as well as input into the multiple projects within SEWB and she is very pleased with the good work, strong training

SOCIAL AND EMOTIONAL WELLBEING (SEWB)

and agile research that is happening. Danielle attended the Indigenous Suicide Prevention Conference and the International Indigenous Health and Wellbeing Conference.

She has also been involved in research projects where she represents AMSANT as an investigator. Healing the Past by Nurturing the Future is a national research project led by expert Aboriginal academics that is developing an Aboriginal and Torres Strait Islander culturally-appropriate trauma screening tool for parents (while the child is in utero) that includes developing culturally-appropriate healing responses.

Another research project is the Demand Study for Alcohol Treatment Services in the NT which aims to secure funding for the CRTIC program. This has involved writing many proposals and holding numerous meetings with funding bodies ... but the hard work has paid off and the program will continue to be funded for two more years with new SEWB positions funded for future development.

CONTINUOUS QUALITY IMPROVEMENT (CQI)

CONTINUOUS QUALITY IMPROVEMENT (CQI)

This year marks our tenth year of operation, during which time we have been busy and productive in support of AMSANT's members via:

- Continued leadership and support through the CQI Steering Committee, with most of our member services represented and actively contributing;
- An evaluation of the NT CQI Strategy, which inspired a review of the NT CQI Strategy Model and the development of the NT CQI Strategy Program Logic;
- Major contributions to the development of the National Framework for Continuous Quality Improvement;
- Significant input from our member services into published CQI research projects eg Centre for Research Excellence Integrated Quality Improvement (CRE IQI);
- Establishing the CQI Data Working Group, with 90% of NT primary health care services involved in this process;
- Continued growth of the CQI Collaborative, with 130 attendees from across the NT primary health care sector, with half of the presenters being Aboriginal and/or


Stan Stokes

CONTINUOUS QUALITY IMPROVEMENT (CQI)

Torres Strait Islander. (2019 will see the 14th CQI Collaborative in Darwin);

- The release of the National Framework for Continuous Quality Improvement in Primary Health Care for Aboriginal and Torres Strait Islander People, 2018–2023; released by NACCHO in November 2018;
- A review and re-design of the NT CQI Strategy Model (2019).

As a consequence of our work with the CQI Data Working Group, there has been increased interaction with health centre staff when members of the CQI team facilitate interpretation and analysis of the data. These sessions, with all health centre staff, give them the opportunity to understand each of the NTAHKPIs. As clinicians and members of the team, they are able to put the data into context; to tell the story behind the numbers and to identify areas of priority for on-going CQI activity.

In the recently-released National Framework for CQI, health services were given the opportunity to self-identify areas where they are doing well (and are encouraged to celebrate these "wins") and where processes and outcomes should be improved. One such area of concern right across the NT is 'childhood anaemia'.

To address this, a new CQI initiative has been implemented — the Childhood Anaemia Collaborative. On a monthly basis, identified health service representatives (RANs, child health nurses, AHPs and CQI facilitators) participate in video-conferences where they share the work they are doing to address anaemia. Clinicians, such as paediatricians and nutritionists, also make presentations to those people on-line, to share their expertise in this field.

Rapid Plan-Do-Study-Act cycles are undertaken by healthcare teams and the results and learnings are fed back at each meeting. Monthly anaemia data is also submitted by the participating services and returned to them in a dashboard format that can be used at health centre level, allowing staff to visualise their progress in dealing with anaemia and their ability to focus on specific aspects of care, eg health promotion activities, the recording of anaemia and the prevention of anaemia in young pregnant women.

Another opportunity to 'share the learnings' (and always a highlight of the year) is the CQI Collaborative. With 130 attendees from AMSANT member services and the NT Department of Health, people came together in Alice Springs to describe how they implement or improve their systems, and how they deliver care that

relates to chronic disease and child health. Primary health care in the NT deals with real people with real issues that need real solutions and so presentations covered care coordination to ensure CQI takes place in all areas of a PHC service; be it urban, regional or remote.

PHC staff are supported on the ground by locally employed CQI Facilitators. This team of CQI Facilitators is mentored and supported by the AMSANT CQI Coordinators who also ensure they have access to professional development opportunities, designed to build their knowledge and skills.

Following the release of the National CQI Framework this year the NT CQI Steering Committee undertook a process of review and comparison between the National CQI Framework and the NT CQI Strategy. The CQI Steering Committee found that both models were consistent and reflected the same components to support effective CQI.

We also strengthened the cultural aspects of appropriateness, respect and safety in the NT model. These three principles encompass all elements of the NT CQI Strategy, with the client at the centre of all the services delivered within the primary health care setting.

POLICY AND ADVOCACY

AMSANT actively engages with national and NT health policy development by providing specialist advice to health reform processes via policy papers and submissions, and by participating in forums and other consultation processes. Submissions and responses are coordinated by AMSANT staff, with on-going guidance and advice from the Primary Health Advisory Group (PHAG), 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.

The volume and pace of external requests for policy input has increased over recent years and it is an on-going challenge because of our limited capacity. This is shown in the numerous and varied submissions we made during the year, including:

- Senate Inquiry into the accessibility and quality of mental health services in rural and remote mental health;
- Development of the National Tobacco Strategy;
- Stronger Outcomes for Families discussion paper, outlining proposed reforms to DSS funding for children and family services;
- Development of an NT Harm Reduction Strategy for Addictive Behaviours;
- NT Tobacco Control Legislation Amendment Bill 2018;
- Reforms to the Indigenous Pharmacy Program;
- Senate Inquiry into Intergenerational Welfare Dependence;
- NT Climate Change discussion paper, to inform the development of an NT Climate Change Strategy;
- Commonwealth Government discussion paper on easing restrictions on kava;
- NT Attorney-General's proposed Victims of Crime reforms;
- Productivity Commission issues paper on the Social and Economic Benefits of Improving Mental Health;
- NT Liquor Act exposure draft;
- Economic Policy Scrutiny Committee on the NT Liquor Bill 2019;
- Social Policy Scrutiny Committee on the Youth Justice and Related Legislative Amendment Bill 2019.

Advocacy on key issues also included pregnancy warning labels on alcohol products; follow-up on the Inquiry into Local Adoption; the Royal Commission into Aged Care Quality and Safety;

proposed changes to the pensioner concession scheme; and the NDIS. AMSANT is also a member of numerous external committees, including the Forum Working Groups and sub-committees, and this provides a further important mechanism for policy development.

An AMSANT Policy Network was formed during the year for staff in policy-related positions and for member services to share information, work collaboratively on key issues and provide mentorship and support across our sector. We provide regular policy updates to the network and to our member services.

AMSANT provided timely media responses during the year on diverse and topical issues, including the stalemate on remote NT Aboriginal housing; graduating young health leaders; the syphilis outbreak in the NT; remote essential services closures; the Don Dale Youth Detention Centre; the Youth Justice Amendment Bill 2019; changes to the Youth Justice Act; and advocating for closed Youth Courts.

As a member of the Aboriginal Peak Organisations NT (APO NT) alliance, AMSANT provides input to its policy and advocacy initiatives and has contributed to numerous submissions and consultation processes that are outlined in the APO NT section on page 64. The primary policy and advocacy issue involving APO NT was our engagement with the national Coalition of Peaks in influencing the direction of the Closing the Gap 'refresh' process and the establishment of a formal partnership with COAG on developing the next iteration of Closing the Gap.

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 seeking feedback or support for research proposals, and is actively engaged in several research projects. We provide guidance for health researchers seeking to involve Aboriginal communities and/or our member services. Health researchers complete a pro forma for consideration, with requests for support or engagement referred to the Board Research Sub-committee.

Researchers may also seek feedback at the early stage of research development. The sub-committee meets before Board meetings to assess research projects and provide recommendations to the Board.

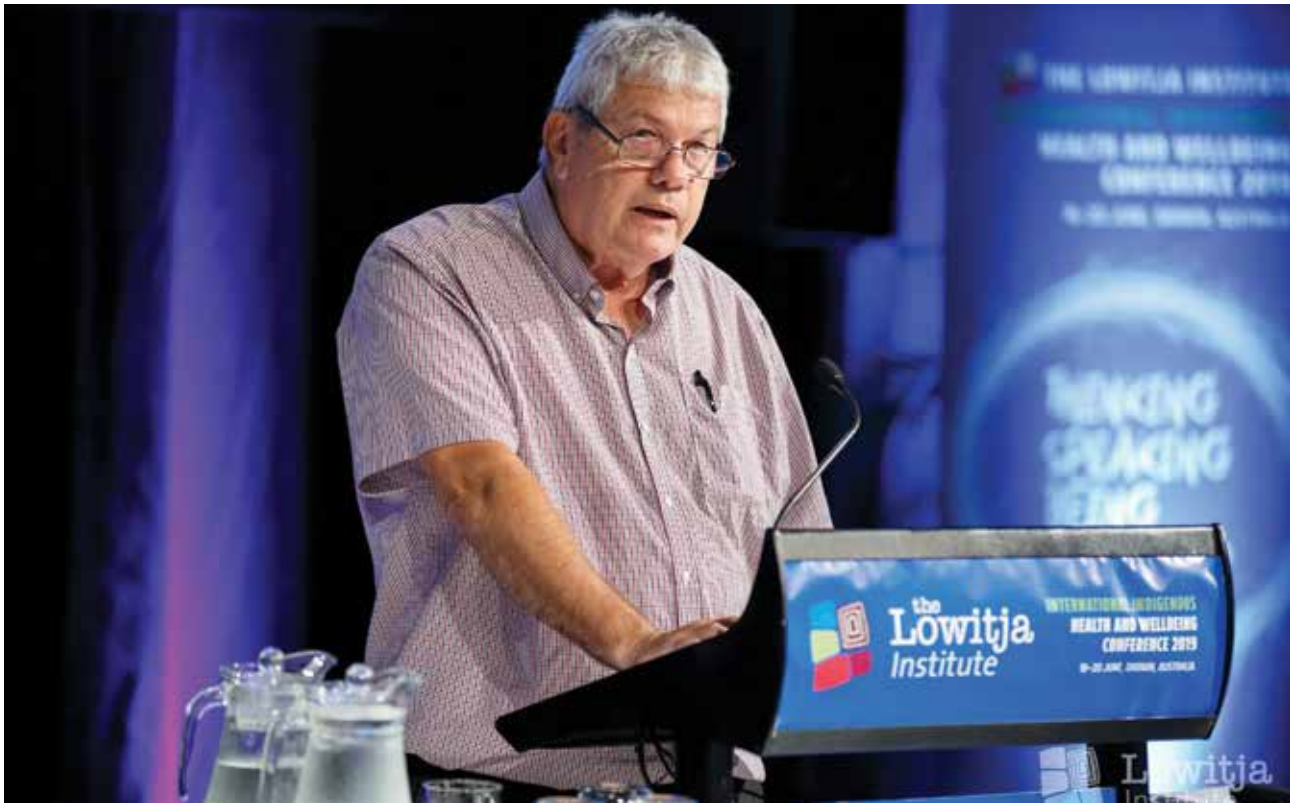
During the year the AMSANT Board resolved to lift a moratorium on considering health research projects, which had been imposed due to the need to review AMSANT's research processes and capacity, in response to the development of a new Strategic Plan.

Despite our limited resources, AMSANT is a contributor to many health research projects. AMSANT is a partner in the Mayi Kuwayu National Study of Aboriginal and Torres Strait Islander Wellbeing and — in partnership with health services, university and peak organisation partners — is in the final stages of a national workforce research project on career pathways for Aboriginal & Torres Strait Islander health professionals, funded by the Lowitja Institute.

Other research involvement includes projects addressing vaccines, implementation of best practice management of hepatitis B, the Healing the Past by Nurturing the Future national research project; as well as CQI, employment of community-based ear health workers in ACCHSs, point-of-care testing, diabetes in pregnancy and young people, and models of dialysis care.

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 is a member of the Central Australian Academic Health Science Network (CA AHSN), which is chaired by AMSANT's CEO. Other partners



include health, government, research and university stakeholders. CA AHSN is accredited as one of only nine Centres for Innovation in Regional Health (CIRH) around the country, providing access to Medical Research Future Fund (MRFF) funding, which to date has been used to commission 20 research projects.

AMSANT is funded or partnering in four projects, focused on: developing non-clinical indicators for our sector; social and emotional wellbeing; PHC workforce strategy; and a remote community survey.

AMSANT's membership of the Lowitja Institute CRC is also an important research relationship, representing a commitment to develop an Aboriginal-controlled health research sector. The Research Advocacy Policy Manager and the CEO attended the Lowitja Participants' Forum which provides direction and input from members to the CRC. AMSANT also supported and presented at the biannual Lowitja Institute International Indigenous Health and Wellbeing Conference that was held in Darwin in June. The AMSANT CEO delivered a keynote address.

WORKFORCE & ABORIGINAL LEADERSHIP SUPPORT (WALS)

During the year AMSANT formed a leadership development partnership with the Australian Indigenous Leadership Centre (AILC). AMSANT CEO, John Paterson, and AILC CEO, Robyn Forester (centre) are joined by AMSANT staff MaeMae Morrison, Gemina Corpus, Timmy Duggan and Erin Lew Fatt, and Mia Christophersen from the Fred Hollows Foundation.

The Workforce & Aboriginal Leadership Support (WALS) team continues to build key partnerships both regionally and nationally, and to collaborate on projects and initiatives on behalf of our members. The team's focus is to support the development of a quality and sustainable Aboriginal health workforce for the NT. A robust Aboriginal workforce contributes to the strength of health services, which in turn helps develop strong and healthy communities.

CAREER PATHWAYS PROJECT

The Career Pathways project is funded by the Lowitja Institute and includes key partners such as Human Capital Alliance and the University of New South Wales. The aim of the project is to provide insights and guidance to enhance the capacity of the health system to recruit, retain and support Aboriginal and Torres Strait Islander people in the health workforce, and to enhance their careers.

The project successfully engaged stakeholders with a survey that elicited 378 responses, 70 interviews across five jurisdictions, and more than 240 participants in the case studies for the NT and NSW. The project is nearing conclusion with a final published report and a range of 'knowledge translation activities' scheduled to present findings and to influence the workforce policy environment.

ABORIGINAL LEADERSHIP PROGRAM

The Aboriginal Leadership program has, for the first time, trialled a regional leadership workshop in Alice Springs using a new format which benefitted those Central Australian Aboriginal Congress staff members who attended. The success of the format and the regionalised workshops was valuable to individuals and their services alike, and will be replicated throughout the NT in the coming months.

Following an independent review of the program, AMSANT entered into a partnership with the Australian Indigenous Leadership Centre (AILC) to allow AMSANT to focus on supporting member services and to jointly coordinate workshop facilitation and content with AILC. Our collaboration and shared contributions will bolster AMSANT's ability to further strengthen Aboriginal health leadership. Planning is well underway for two leadership workshops to be held each year.

ITC WORKFORCE SUPPORT

This year saw the addition of a second Indigenous Health Project Officer (IHPO) at AMSANT to support the Integrated Team Care (ITC) program. With an IHPO now based in the Top End as well as Central Australia, greater support for ITC program sites is now possible.

AMSANT planned and hosted its annual 'care coordination' workshop in May 2019 when we welcomed 30 participants to Darwin. Presentations were made on the NT framework for chronic conditions and self-management; self-care for health practitioners; managing clients with chronic pain; ITC data trends; re-evaluating ITC program outcomes; Health Care Homes; NT Health Pathways; TEHS Primary Health Outreach; and rheumatic heart disease control.

AMSANT is working closely with its members, stakeholders and NT PHN to continually improve the quality and scope of the ITC program by providing support, identifying challenges and realising opportunities.

WORKFORCE & ABORIGINAL LEADERSHIP SUPPORT (WALS)

NT ABORIGINAL HEALTH ACADEMY

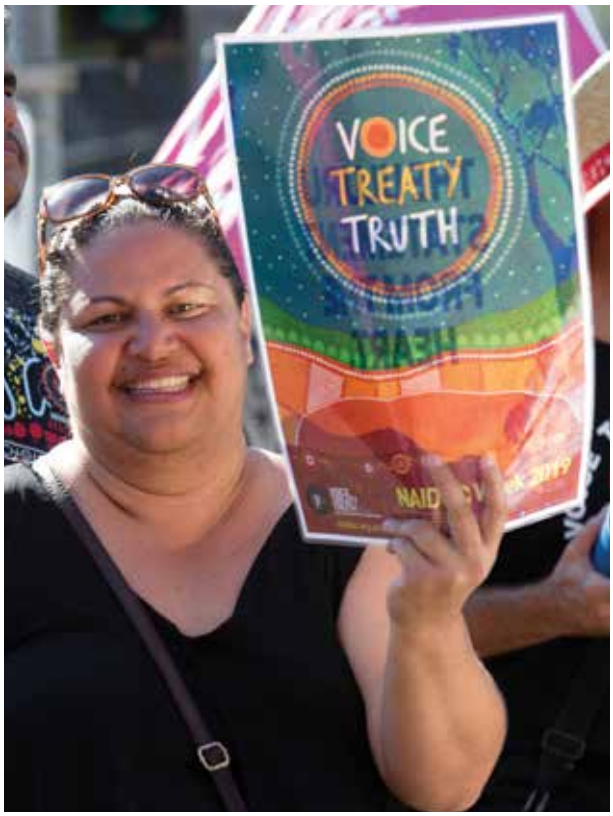
The NT Aboriginal Health Academy pilot program is an initiative of AMSANT and Indigenous Allied Health Australia (IAHA). The pilot has a strengths-based approach to develop the health workforce in the NT by providing Academy students with foundational health qualifications and experience, and building employment opportunities with key stakeholders.

The Academy is a grass-roots program that actively works towards investing in our young people and our health workforce. This year saw the students successfully complete their Certificate II in Health Support Services and move to a school-based traineeship where students are enrolled in the Certificate III in Allied Health Assistance.

As at November 2018, 80% of students had placements with various allied health organisations across the Darwin region. These organisations ~ referred to as 'host employers' ~ were arranged through Group Training Northern Territory (GTNT).

The NT Aboriginal Health Academy has secured funding for a further three years to continue delivering the program, because interest from students and schools wanting to study a VET in Schools pathway in health continues to grow. There was significant interest from the community about the next intake, with many recognising the importance of growing our own Aboriginal health professionals and leaders.

An evaluation of the Academy pilot program is underway. Students enrolled in the Academy pilot program are scheduled to complete the program by September 2019 with a Certificate III in Allied Health Assistance, relevant workplace experience and their Year 12 certificates. AMSANT looks forward to supporting these future leaders in their chosen health journeys.



GP REGISTRAR WORKFORCE SUPPORT

AMSANT continues to work closely with Northern Territory General Practice Education (NTGPE) to deliver on the Aboriginal and Torres Strait Islander Strategic Initiatives program. The partnership gives support to GP Registrars who have been recruited to work at the clinics of AMSANT's member services.

In conjunction with the NTGPE's cultural educators and Aboriginal health medical educators, the partnership embeds cultural capability through orientation and workshops held throughout the year. 'Cultural immersion' camps in Kakadu give further appreciation of Aboriginal lore and society for the GPs.

Another key focus of this work is the facilitation of the Senior Medical Officers Committee and its related networks to discuss key matters relating to GP Registrars and the Senior Medical Officers within member services. This has been a valued network to further build collaboration around GPR placements.

KEY COLLABORATIONS & PROJECTS

This year WALS:

- Planned and hosted an NT Nursing and Midwifery forum in February 2019;
- Worked with member services and the NT Aboriginal Health Forum to identify key workforce initiatives for the Aboriginal health sector;
- Continued to identify and seek funding to support the Aboriginal and Torres Strait Islander Health Practitioner students and workers;
- Worked in partnership with the National Disability Services (NDS NT) to engage with health and community organisations to develop a Human Services Industry Plan for the NT which is due at the end of 2019; and
- Collaborated with NT Primary Health Network (NTPHN) and NT Department of Health (NT DoH) to deliver and implement key workforce projects and initiatives involving clinical and non-clinical workforce.

DIGITAL HEALTH

It has been a busy year for the Digital Health Unit as we contributed to the country-wide education program about the 'opt-out period' for the national My Health Record (MHR) system that saw the creation of an electronic medical record for every Australian. Our member services continue to lead the field in record-sharing, with three of them being in the top ten users of the MHR across the country.

Quality data is the fundament of effective record sharing and we have been active in supporting our members with data quality and reporting processes within their Communicare systems. The January round of reporting to the National Key Performance Indicators (NKPI) for Aboriginal health went very smoothly due to enhancements to the new Commonwealth Health Reporting Portal and a new Communicare reporting approach. We maintained our partnership with the AMSANT CQI team in presenting the yearly CQI and Digital Health workshop.

The year started with concerns over the functioning of the Communicare software as some member services were operating older versions that needed upgrading, but those services that did upgrade had problems. We got stuck in and solved the problems and have seen a steady improvement in software stability ever since. Our focus remains on ensuring that all our members have access to a high-functioning clinical information system that allows them to provide the best possible primary health care.

This year we also identified problems with the Argus messaging software used for secure message delivery (SMD) within Communicare. Messages from the Northern Territory Government had not been arriving at health services despite the NTG receiving electronic notification of successful message delivery. This further strengthened our resolve to update software more regularly and to improve our communications with our key providers, to ensure they keep us up-to-date with known issues within their products.

The Digital Health Unit has continued to follow the progress of the NT DoH 'refresh' of their technology systems through the Acacia Project. This has implications for AMSANT as links to their systems are critical to the patient care our members provide. It is our role to ensure that any improvements to the NT DoH system also provide improvements to how our members interact with their systems.

We have maintained our support for member services' use of tele-health systems and have worked towards providing access to this useful tool for all health services. To that end, a pilot

program has been initiated to streamline access to tele-health sessions at NT DoH hospitals by trialling a direct-dial number to the NT Connection Service. As ever, good internet connections remain essential for these functions.

This year saw the Digital Health Unit strengthen our links with the NT DoH digital health team with a secondment of one of our team to their program; we look forward to developing this relationship further. The Digital Health team also gained a member as we supported our health services through the first phase of Health Care Homes.

For many years the Digital Health Unit has realised that support for our health services provides both clinical excellence and operational effectiveness as a business. Thus we have worked hard on refreshing intranet systems and enabling vast improvements to operations as new software becomes available.

Overall, our approach is one of collaborator and mentor, ensuring that the capacity remains 'in-house' to control and customise systems as required by the health service. This work has broadened into support with communication strategies, including social media and health service websites. There has also been a big focus on 'dashboards' providing visual tools for CQI and reporting processes.

ACCREDITATION

AMSANT and its member services have always recognised the vital importance of achieving and maintaining Clinical Accreditation under the RACGP standards and/or Organisation Accreditation under the ISO 9001 (2015) standards, or through QIC framework and standards.

AMSANT was one of the first organisations in Australia to achieve ISO 9001 (2015) accreditation as a quality organisation and has maintained accreditation, after a full certification re-accreditation in 2018.

We play the lead role in helping to facilitate and prepare our member services to achieve these goals as well. New member services have been visited and supported, such as Peppimenarti, and there continues to be an increase in direct requests from the members for assistance from AMSANT.

AMSANT's Accreditation Officer works directly with the services throughout the Northern Territory and provides facilitation and coordination roles, as required. Mock audits, assessments, expert advice and practical assistance are provided in both Clinical and Organisational accreditation. We also help develop accreditation action plans, audit systems and respond to all related requests. These roles have increased further with the introduction of the RACGP 5th Edition Standards as well as the new ISO 9001 (2015) standard.

Our diligence in these tasks and functions has seen AMSANT's member services achieve the highest rates in Australia for both Clinical and Organisational accreditation.

AMSANT's Accreditation Officer, Ken O'Brien, travels the NT to support AMSANT member services with accreditation, audits and the maintenance of ISO and CQI standards.

AMSANT — 25 years of Health Leadership!

AMSANT celebrated its 25th birthday this year with the **Our Health, Our Way** conference in Alice Springs which consolidated the Aboriginal call for further community control and self-determination through the management of our health services in the NT.

The event energised the 200 delegates, speakers and sponsors to continue their work towards 'transferring' more government health services to the community.

Delegates from the Top End, the Barkly, Central Australia, Far North Queensland and the Kimberley joined together on Arrernte land to develop professional skills, share their experiences and network with their colleagues. Some people, both young and old, stood up for the first time to tell their health story to the biggest mob of people.

The atmosphere was positive and inclusive, yet there was an enduring impatience towards government inaction and bureaucratic hum-bug that has impeded progress in health, housing and justice issues for many years.

AMSANT and our member services always seek to work in collaboration with governments and their agencies but, as the conference was told many times, those politicians too often don't listen to Aboriginal opinions, knowledge and experience.

The conference was imbued with the mood of **Voice, Treaty, Truth!** and a recurring theme was the need for governments to walk with us; not to stand against us.

There were too many deadly speakers to mention them all but Barb Shaw (Chair, AMSANT); Pat Anderson (Chair, Lowitja Institute); Pat Turner (CEO, NACCHO); Donna Ah Chee (CEO, Congress) and Olga Havnen (CEO, Danila Dilba) were articulate and challenging advocates in the plenary sessions. All have been central to the development of community control in the last 25 years.

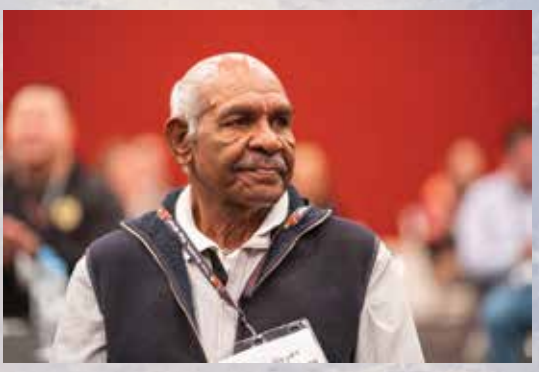
CEO, John Paterson, took questions from the floor and kept things moving and grooving on the dais, and Ben Mitchell (Co-Chair, NAIDOC Committee) was a warm and witty Master of Ceremonies.

There were strong presentations from AMSANT members Pintupi, Ampilatwatja, Anyinginyi, Miwatj, Danila Dilba, Congress and Katherine West; AMSANT staff; and our allies NAAJA, Menzies School of Health, Kimberly Aboriginal Medical Services and Nirrumbuk.

June Oscar, the Aboriginal and Torres Strait Islander Commissioner, gave an after-dinner speech that moved the audience with its revolutionary tone and its power and passion, as she called for better consultation with us, better justice for us and better control by us.

Reflecting the diverse interests and disciplines of our sector, presentations were made on the birth and growth of AMSANT / the effectiveness of community control and the 'transfer' of health services to it / youth justice and child protection / SEWB / child health / regionalisation / building the Aboriginal workforce / health research / environmental health / NDIS / aged care / health promotion / social media.


alice springs




AMSANT




















OUR LANGUAGES MATTER


BUILDING


Our Health, Our Way!
25 Years of Health Leadership
AMSANT
1994-2019

ABORIGINAL PEAK ORGANISATIONS NORTHERN TERRITORY (APO NT)

The Aboriginal Peak Organisations (APO NT), established in 2010, comprises an alliance of AMSANT, the Northern Land Council and Central Land Council. We work collectively to address the key social determinants (poverty, housing, governance, training, justice etc) via engagement with policy issues that impact Aboriginal people across the Northern Territory. We advocate strongly for our rights to self-determination and engage broadly with Aboriginal community leaders, Aboriginal and non-Aboriginal organisations, key stake-holders, and the Northern Territory and Commonwealth governments.

This financial year APO NT provided submissions to many inquiries and committees, and lobbied government agencies with letters and media releases on various policy areas, including law and justice, housing, CDP, income management, 'cashless debit' welfare and alcohol reform.

In particular, APO NT has been at the forefront nationally in pushing for reform of the Community Development Program (CDP). The current CDP program affects many NT-based service providers and directly discriminates against, and impacts on, Aboriginal people living in remote areas. APO NT has provided solutions through the development of an alternative model to the current CDP — the Fair Work and Strong Communities: Remote Development and Employment Scheme. The scheme was developed in collaboration with a wide range of CDP providers, Aboriginal organisations and peak bodies.

Fair Work and Strong Communities seeks to increase the number of jobs in communities, drive community participation, and see a shift away from a focus on compliance and administration, towards a community development and case management model aimed at achieving long-term employment and development outcomes.

In December 2018, APO NT presented this alternative model at the National ALP Conference in Adelaide and continues its advocacy to persuade the Commonwealth Government of the merits of the Fair Work and Strong Communities Scheme.

APO NT continues to strengthen our relationships with the Northern Territory and Commonwealth governments. The APO NT Coordinator, Brionee Noonan, was seconded to the NT Attorney-General's Department for ten weeks to assist the Aboriginal Justice Unit in researching and drafting sections of the Aboriginal Justice Agreement.

APO NT staff celebrate winning the NT Human Rights Diversity Award 2019 for their work addressing the social determinants of health: Aimon Riyana, Isabella Setz, Kate Muir, Daisy Burgoyne, Louise Weber, Theresa Roe and Wes Miller.

APO NT also hosted Jen Yuen from the Department of Social Services in Canberra. Jen drafted a framework that will accompany the APO NT Partnership Principles, providing guidance to non-Aboriginal organisations that have endorsed these principles.

Following the successful FASD (fetal alcohol spectrum disorder) Forum, the APO NT secretariat undertook remote community consultations across the Top End to update people on FASD developments and to provide input to the NT Government's draft FASD Strategy. The APO NT community consultations were held to complement the Department of Health's consultation process.

APO NT continues to work closely with the NTG on the Local Decision Making Reference Group as part of the NTG's commitment to transfer local services and decision-making to local and regional organisations and communities.

In July 2018 the NT Government and the NT Aboriginal land councils (Northern, Central, Tiwi and Anindilyakwa) commemorated the 30-year anniversary of the Barunga Statement by renewing their formal partnership to work collaboratively towards a Treaty. All parties signed a memorandum of understanding to develop a Treaty framework for the NT. APO NT members and staff participated and witnessed this significant event.

ABORIGINAL PEAK ORGANISATIONS NORTHERN TERRITORY (APO NT)

During the year we also met with the federal Indigenous Affairs Minister, Ken Wyatt, and federal shadow minister Linda Burney; the Productivity Commissioner Romlie Mokak; the NT Commissioner for Corrections; and we also hosted international visitor Alounxai Sounnalath, the vice-president of the Lao Youth Union.

HOUSING/ABORIGINAL HOUSING NT

There's been much activity in housing research and policy development in the past year, leading to the historic incorporation of Aboriginal Housing NT (AHNT) as the first Aboriginal peak housing body in the NT.

Position papers were developed and drafted to support the development of an NT Aboriginal community housing model, with the critical support of two Aurora interns who assisted the APO NT Housing Policy Officer.

These papers focused on three central themes that will support the devolution of housing control and reflect the aspirations of AHNT members:

Community Control — Aboriginal organisations will provide strong governance and key partnerships;

Housing for Health — environmental health principles will be embedded to promote healthy living practices;

Culturally-informed sustainable design — cultural practices will be respected and enhanced in response to local environments, and be adaptable to climate change.

APO NT provided on-going advice and presentations to many advisory and stakeholder groups, while advocating for Aboriginal perspectives in all aspects of housing reform. These consultations included:

- Remote Rent Review stakeholder advisory group;
- Homelessness Strategy consultation workshops;
- Town Camps Futures workshops;
- Housing for 'young people leaving care' workshop;
- Transitional accommodation for 'people leaving prison' workshop; and
- Better pathway centres and short-term accommodation workshop.

APO NT provided the Secretariat to AHNT via the Housing Policy Officer, who convened quarterly meetings; increased the AHNT Committee's membership;

secured funding for a consultant to manage the incorporation of the peak body; and established and resourced a steering committee to engage Aboriginal organisational leaders to work with the consultant.

APO NT and AHNT made presentations at the National Aboriginal Housing Caucus in Sydney and submitted successful abstracts for joint presentations at the National Housing Conference 2019 and the World's Indigenous Housing Conference (postponed till 2020).

APO NT was delighted and proud when AHNT was announced as the winner of the NT Human Rights Diversity Award, and was also recognised as the most linguistically-diverse and geographically-dispersed representative body in the NT. It was appropriate that AHNT shared the 'winners' stage with AMSANT at the NT Human Rights Awards in December 2018, because AMSANT has played a central role in auspicing APO NT and supporting the AHNT Committee.

ABORIGINAL GOVERNANCE & MANAGEMENT PROGRAM (AGMP)

APO NT's Aboriginal Governance & Management Program (AGMP) is designed to build operational strength and resilience in Aboriginal organisations. We do this by providing holistic, tailored governance and management support to nominated Aboriginal organisations, according to their self-determined needs. This support complements existing agencies and resources and takes a long-term approach, while recognising that a development approach directed by Aboriginal people ourselves is the key to achieving sustained and effective governance.

In this financial year the AGMP team has been busy supporting directors and managers of organisations in Amanbidji, Imanpa, Weemol, Peppimenarti, Atitjere and Gunbalanya. The team has provided specific tools, assistance and advice to improve governance and management, while building on the organisations' existing resources and strengths.

Self-determination, collaboration and working with strength-based approaches to development continue to be the central values informing our approach to partnering with Aboriginal organisations.

GLOSSARY

ACCHS	Aboriginal Community Controlled Health Services
AHP	Aboriginal Health Practitioner
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
CA AHSN	Central Australian Academic Health Science Network
CIRH	Centre for Innovation in Regional Health
CPHAG	Clinical and Public Health Advisory Group
CQI	Continuous Quality Improvement
CRTIC	Cultural Responsive Trauma Informed Care
DoH	Department of Health (NT or Commonwealth governments)
EIFSS	Early Intervention Family Support Services
GPET	General Practice Education and Training
GPR	General Practice Registrar
ICDP	Indigenous Chronic Disease Package
IHPO	Indigenous Health Project Officer
IRCA	International Register of Certified Auditors
ITC	Integrated Team Care
NACCHO	National Aboriginal Community Controlled Health Organisation
NTAHF	Northern Territory Aboriginal Health Forum
NTG	Northern Territory Government
NTAHKPI	Northern Territory Aboriginal Health Key Performance Indicators
NTPHN	Northern Territory Primary Health Network
ORIC	Office of the Registrar of Indigenous Corporations
PHAG	Public Health Advisory Group
PHC	Primary Health Care
PHMO	Public Health Medical Officer
PHN	Public Health Network
PIRS	Patient Information Recall System
SEMS	Secure Electronic Message Service
SEWB	Social & Emotional Wellbeing
TIC	Trauma Informed Care
WALS	Workforce and Aboriginal Leadership Support

AMSANT Incorporated
ABN 26 263 401 676

General Purpose Financial Statements—30 June 2019

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Financial report for the year ended 30 June 2019

Directors' Report

Your directors present their report, together with the accompanying financial statements of the Corporation, for the year ended 30 June 2019 on the Corporation for the financial year ended 30 June 2019.

Information on Directors

Director	Special Responsibilities	Appointed	Resigned
Barbara Shaw	Chair	26 June 2015	
Leon Chapman	Treasurer	26 June 2015	
Donna Ah Chee	Director	26 June 2015	
David Smith	Director	26 June 2015	
Susan Berto	Director	3 November 2015	
David Galvin	Independent Director	17 November 2017	
Olga Havnen	Director	26 June 2015	
Edward Mulholland	Director	26 June 2015	
Daniel Tyson	Former Director	1 March 2017	18 July 2019
Jeanette Ward	Independent Director	17 November 2017	
William Palmer	Director	18 July 2019	

Information on Corporation Secretary

John Paterson is and has been the Corporation Secretary since 26 June 2015.

Meetings of Directors
During the financial year, 5 meetings of directors were held. Attendances by each director were as follows:

	Directors' Meetings	
	Number eligible to attend	Number attended
Barbara Shaw	5	5
Leon Chapman	5	4
Donna Ah Chee	5	5
David Smith	5	4
Susan Berto	5	3
David Galvin	5	5
Olga Havnen	5	4
Edward Mulholland	5	5
Daniel Tyson	5	4
Jeanette Ward	5	5
William Palmer	-	-

Principal Activities
During the year the principal activities of the Corporation were:

- To alleviate the sickness, suffering and disadvantage, and to promote the health and well-being of Aboriginal people of the NT through the delivery of health services and the promotion of research into causes and remedies for illness and ailment found within the Aboriginal population of the Northern Territory;
- Promote 'Primary Health Care' which means essential health care based on practical, scientifically sound and socially acceptable methods and technologies which address the main health problems in the community through preventive, curative, rehabilitative and promotive services; and
- Serve as a peak body and a forum for the Aboriginal Medical Services in the Northern Territory.

Review of Operations
The profit of the Corporation for the financial year amounted to $119,022 (2018: Loss of $74,002).

Significant Changes in the State of Affairs
No significant changes in the consolidated group's state of affairs occurred during the financial year.

Events Subsequent to the End of the Reporting Period
No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Corporation, the results of those operations, or the state of affairs of the Corporation in future financial years.

Events Subsequent to the End of the Reporting Period
No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Corporation, the results of those operations, or the state of affairs of the Corporation in future financial years.

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation ABN 26 263 401 676
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Likely Developments and Expected Results of Operations
The Corporation expects to maintain the present status and level of operations.

Environmental Regulation
The Corporation's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a state or territory.

Indemnification of Officers
No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor of the Corporation.

Proceedings on Behalf of Company
No person has applied for leave of court to bring proceedings on behalf of the Corporation or intervene in any proceedings to which the Corporation is a party for the purpose of taking responsibility on behalf of the Corporation for all or any part of those proceedings.
The Corporation was not a party to any such proceedings during the year.

Auditor's Independence Declaration
The lead auditor's independence declaration for the year ended 30 June 2019 has been received and can be found on page 5 of the financial report.

This directors' report is signed in accordance with a resolution of the Board of Directors.

Director _____
Barb Shaw
Chairperson

Director _____
Leon Chapman
Treasurer

Dated this 25th day of October 2019

Nexia Edwards Marshall NT

AUDITOR'S INDEPENDENCE DECLARATION UNDER SECTION 339-50 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 2019 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 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

Dated 25 October 2019

Level 2
62 Cavenagh Street
Darwin NT 0800
GPO Box 3770
Darwin NT 0801
p +61 8 8981 5585
f +61 8 8981 5586
w nexiaemnt.com.au

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2019

	Note	2019	2018
		$	$
Revenue and other income	2	8,742,833	8,485,723
Total revenue and other income		**8,742,833**	**8,485,723**
Administration expense	3	67,978	161,393
Consultants and contractors		429,459	315,564
Depreciation and amortisation expense		79,076	149,575
Employee benefits expense	3	5,712,357	5,647,419
Motor vehicle expense		176,893	171,545
Operations expense	3	1,200,072	1,338,245
Return of funds		172,268	-
Travel expense		785,708	775,984
Total expenses		**8,623,811**	**8,559,725**
Profit/(loss) before income tax		119,022	(74,002)
Income tax expense		-	-
Profit/(loss) for the year		119,022	(74,002)
Other comprehensive income		-	-
Total comprehensive income/(loss) for the year		119,022	(74,002)
Profit/(loss) attributable to members of the Corporation		119,022	(74,002)
Total comprehensive income/(loss) attributable to members of the Corporation		119,022	(74,002)

The accompanying notes form part of these financial statements.

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
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Financial report for the year ended 30 June 2019

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2019

	Note	2019	2018
		$	$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	3,752,322	2,775,385
Trade and other receivables	5	306,717	698,705
Other assets	6	233,271	130,543
TOTAL CURRENT ASSETS		4,292,310	3,604,633
NON-CURRENT ASSETS			
Property, plant and equipment	7	247,361	223,188
TOTAL NON-CURRENT ASSETS		247,361	223,188
TOTAL ASSETS		4,539,671	3,827,821
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	8	659,288	686,340
Provisions	9	1,123,300	1,039,960
Other liabilities	10	1,862,614	1,337,780
TOTAL CURRENT LIABILITIES		3,645,202	3,064,080
NON-CURRENT LIABILITIES			
Provisions	9	87,415	75,709
TOTAL NON-CURRENT LIABILITIES		87,415	75,709
TOTAL LIABILITIES		3,732,617	3,139,789
NET ASSETS		807,054	688,032
EQUITY			
Retained earnings		807,054	688,032
TOTAL EQUITY		807,054	688,032

The accompanying notes form part of these financial statements.

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2019

	Note	Retained Earnings	Total
		$	$
Balance at 1 July 2017		762,034	762,034
Comprehensive loss			
Loss for the year		(74,002)	(74,002)
Total other comprehensive income		-	-
Total comprehensive loss attributable to owners of the Corporation for the year		(74,002)	(74,002)
Balance at 30 June 2018		688,032	688,032
Balance at 1 July 2018		688,032	688,032
Comprehensive income			
Profit for the year		119,022	158,461
Total other comprehensive income		-	-
Total comprehensive income attributable to owners of the Corporation for the year		119,022	158,461
Balance at 30 June 2019		807,054	846,493

The accompanying notes form part of these financial statements.

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2019

	Note	2019	2018
		$	$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipt of grants		9,192,059	7,919,758
Interest income		33,387	38,638
Other receipts		409,501	409,402
Payments to suppliers and employees		(8,583,747)	(8,074,471)
Net cash generated from operating activities	11	1,051,200	293,327
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds from sale of property, plant and equipment		28,986	38,346
Payment for property, plant and equipment		(103,249)	(149,981)
Net cash used in investing activities		(74,263)	(111,635)
Net increase in cash held		976,937	181,692
Cash and cash equivalents at beginning of financial year		2,775,385	2,593,693
Cash and cash equivalents at end of financial year	4	3,752,332	2,775,385

The accompanying notes form part of these financial statements.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements cover Aboriginal Medical Services Alliance Northern Territory as an individual entity, incorporated and domiciled in Australia. The Corporation is an Aboriginal Corporation that was established under the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and is a charity registered under the *Australian Charities and Not-for-profits Act 2012*.

Basis of Preparation

The Corporation 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 *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and the *Australian Charities and Not-for-profits Commission 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 accrual 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.

The financial statements were authorised for issue on the same date at which the directors' declaration was signed.

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 the Corporation 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 state of financial position as a liability until the service has been delivered to the contributor; otherwise the grant is recognised as income on receipt.

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 customer.

Rental income is recognised on a straight line basis over the term of the lease.

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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 the estimated recoverable amount, the carrying amount is written down immediately to the 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(e) for details of impairment).

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 improvements.

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. **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.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

d. **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 the date that the Corporation commits itself to either the purchase or sale of the asset (i.e. trade date accounting is adopted).

Financial instruments (except for trade receivables) are initially measured at fair value plus transaction costs, except where the instrument is classified "at fair value through profit or loss", in which case transaction costs are expensed to profit or loss immediately. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Trade receivables are initially measured at the transaction price if the trade receivables do not contain significant financing component or if the practical expedient was applied as specified in AASB 15: Revenue from Contracts with Customers.

Classification and subsequent measurement

Financial liabilities

Financial liabilities are subsequently measured at:

- amortised cost; or
- fair value through profit or loss.

A financial liability is measured at fair value through profit or loss if the financial liability is:

- a contingent consideration of an acquirer in a business combination to which AASB 3: *Business Combinations* applies;
- held for trading; or
- initially designated as at fair value through profit or loss.

All other financial liabilities are subsequently measured at amortised cost using the effective interest method.

The effective interest method is a method of calculating the amortised cost of a debt instrument and of allocating interest expense over in profit or loss over the relevant period.

The effective interest rate is the internal rate of return of the financial asset or liability. That is, it is the rate that exactly discounts the estimated future cash flows through the expected life of the instrument to the net carrying amount at initial recognition.

A financial liability is held for trading if it is:

- incurred for the purpose of repurchasing or repaying in the near term;
- part of a portfolio where there is an actual pattern of short-term profit taking; or
- a derivative financial instrument (except for a derivative that is in a financial guarantee contract or a derivative that is in effective hedging relationships).

Any gains or losses arising on changes in fair value are recognised in profit or loss to the extent that they are not part of a designated hedging relationship.

The change in fair value of the financial liability attributable to changes in the issuer's credit risk is taken to other comprehensive income and is not subsequently reclassified to profit or loss. Instead, it is transferred to retained earnings upon derecognition of the financial liability.

If taking the change in credit risk in other comprehensive income enlarges or creates an accounting mismatch, then these gains or losses should be taken to profit or loss rather than other comprehensive income.

A financial liability cannot be reclassified.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Financial assets

Financial assets are subsequently measured at:

- amortised cost;
- fair value through other comprehensive income; or
- fair value through profit or loss

Measurement is on the basis of two primary criteria:

- the contractual cash flow characteristics of the financial asset; and
- the business model for managing the financial assets.

A financial asset that meets the following conditions is subsequently measured at amortised cost:

- the financial asset is managed solely to collect contractual cash flows; and
- the contractual terms within the financial asset give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specified dates.

A financial asset that meets the following conditions is subsequently measured at fair value through other comprehensive income:

- the contractual terms within the financial asset give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specified dates; and
- the business model for managing the financial asset comprises both contractual cash flows collection and the selling of the financial asset.

By default, all other financial assets that do not meet the measurement conditions of amortised cost and fair value through other comprehensive income are subsequently measured at fair value through profit or loss.

The Corporation initially designates a financial instrument as measured at fair value through profit or loss if:

- it eliminates or significantly reduces a measurement or recognition inconsistency (often referred to as an "accounting mismatch") that would otherwise arise from measuring assets or liabilities or recognising the gains and losses on them on different bases;
- it is in accordance with the documented risk management or investment strategy and information about the groupings is documented appropriately, so the performance of the financial liability that is part of a group of financial liabilities or financial assets can be managed and evaluated consistently on a fair value basis; and
- it is a hybrid contract that contains an embedded derivative that significantly modifies the cash flows otherwise required by the contract.

The initial designation of financial instruments to measure at fair value through profit or loss is a one-time option on initial classification and is irrevocable until the financial asset is derecognised.

Equity instruments

At initial recognition, as long as the equity instrument is not held for trading or not a contingent consideration recognised by an acquirer in a business combination to which AASB 3 applies, the Corporation made an irrevocable election to measure any subsequent changes in fair value of the equity instruments in other comprehensive income, while the dividend revenue received on underlying equity instruments investment will still be recognised in profit or loss.

Regular way purchases and sales of financial assets are recognised and derecognised at settlement date in accordance with the Corporation's accounting policy.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Derecognition

Derecognition refers to the removal of a previously recognised financial asset or financial liability from the statement of financial position.

Derecognition of financial liabilities

A liability is derecognised when it is extinguished (i.e. when the obligation in the contract is discharged, cancelled or expires). An exchange of an existing financial liability for a new one with substantially modified terms, or a substantial modification to the terms of a financial liability, is treated as an extinguishment of the existing liability and recognition of a new financial liability.

The difference between the carrying amount of the financial liability derecognised and the consideration paid and payable, including any non-cash assets transferred or liabilities assumed, is recognised in profit or loss.

Derecognition of financial assets

A financial asset is derecognised when the holder's contractual rights to its cash flows expires, or the asset is transferred in such a way that all the risks and rewards of ownership are substantially transferred.

All the following criteria need to be satisfied for the derecognition of a financial asset:

- the right to receive cash flows from the asset has expired or been transferred;
- all risk and rewards of ownership of the asset have been substantially transferred; and
- the Corporation no longer controls the asset (i.e. has no practical ability to make unilateral decision to sell the asset to a third party).

On derecognition of a financial asset measured at amortised cost, the difference between the asset's carrying amount and the sum of the consideration received and receivable is recognised in profit or loss.

On derecognition of a debt instrument classified as fair value through other comprehensive income, the cumulative gain or loss previously accumulated in the investment revaluation reserve is reclassified to profit or loss.

On derecognition of an investment in equity which the Corporation elected to classify under fair value through other comprehensive income, the cumulative gain or loss previously accumulated in the investments revaluation reserve is not reclassified to profit or loss, but is transferred to retained earnings.

The Corporation recognises a loss allowance for expected credit losses on:

- financial assets that are measured at amortised cost or fair value through other comprehensive income;
- lease receivables;
- contract assets (e.g. amount due from customers under construction contracts);
- loan commitments that are not measured at fair value through profit or loss; and
- financial guarantee contracts that are not measured at fair value through profit or loss.

Loss allowance is not recognised for:

- financial assets measured at fair value through profit or loss; or
- equity instruments measured at fair value through other comprehensive income.

Expected credit losses are the probability-weighted estimate of credit losses over the expected life of a financial instrument. A credit loss is the difference between all contractual cash flows that are due and all cash flows expected to be received, all discounted at the original effective interest rate of the financial instrument.

The Corporation uses the following approaches to impairment, as applicable under AASB 9:

- the general approach;

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

- the simplified approach;
- the purchased or originated credit-impaired approach; and
- low credit risk operational simplification.

General approach

Under the general approach, at each reporting period, the Corporation assesses whether the financial instruments are credit-impaired, and:

- if the credit risk of the financial instrument has increased significantly since initial recognition, the Corporation measures the loss allowance of the financial instruments at an amount equal to the lifetime expected credit losses; and
- if there is no significant increase in credit risk since initial recognition, the Corporation measures the loss allowance for that financial instrument at an amount equal to 12-month expected credit losses.

Simplified approach

The simplified approach does not require tracking of changes in credit risk at every reporting period, but instead requires the recognition of lifetime expected credit loss at all times.

This approach is applicable to:

- trade receivables; and
- lease receivables.

In measuring the expected credit loss, a provision matrix for trade receivables is used, taking into consideration various data to get to an expected credit loss (i.e. diversity of its customer base, appropriate groupings of its historical loss experience, etc).

Purchased or originated credit-impaired approach

For financial assets that are considered to be credit-impaired (not on acquisition or originations), the Corporation measures any change in its lifetime expected credit loss as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

Evidence of credit impairment includes:

- significant financial difficulty of the issuer or borrower;
- a breach of contract (e.g. default or past due event);
- a lender has granted to the borrower a concession, due to the borrower's financial difficulty, that the lender would not otherwise consider;
- the likelihood that the borrower will enter bankruptcy or other financial reorganisation; and
- the disappearance of an active market for the financial asset because of financial difficulties.

Low credit risk operational simplification approach

If a financial asset is determined to have low credit risk at the initial reporting date, the Corporation assumes that the credit risk has not increased significantly since initial recognition and, accordingly, can continue to recognise a loss allowance of 12-month expected credit loss.

In order to make such a determination that the financial asset has low credit risk, the Corporation applies its internal credit risk ratings or other methodologies using a globally comparable definition of low credit risk.

A financial asset is considered to have low credit risk if:

- there is a low risk of default by the borrower;
- the borrower has a strong capacity to meet its contractual cash flow obligations in the near term; and
- adverse changes in economic and business conditions in the longer term, may, but not

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

necessarily, reduce the ability of the borrower to fulfil its contractual cash flow obligations.

A financial asset is not considered to carry low credit risk merely due to existence of collateral, or because a borrower has a lower risk of default than the risk inherent in the financial assets, or relative to the credit risk of the jurisdiction in which it operates.

Recognition of expected credit losses in financial statements

At each reporting date, the Corporation recognises the movement in the loss allowance as an impairment gain or loss in the statement of profit or loss and other comprehensive income.

The carrying amount of financial assets measured at amortised cost includes the loss allowance relating to that asset.

Assets measured at fair value through other comprehensive income are recognised at fair value with changes in fair value recognised in other comprehensive income. The amount in relation to change in credit risk is transferred from other comprehensive income to profit or loss at every reporting period.

For financial assets that are unrecognised (e.g. loan commitments yet to be drawn, financial guarantees), a provision for loss allowance is created in the statement of financial position to recognise the loss allowance.

e. **Impairment of 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 of disposal 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 (eg 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 Corporation 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.

Where 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.

f. **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, annual leave 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 part of current trade and other payables in the statement of financial position.

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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 high quality corporate bonds that have maturity dates that approximate the terms of the obligations. Upon the remeasurement of obligations for other long-term employee benefits, the net change in the obligation is recognised in profit or loss classified under employee benefits expense.

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 12 months after the end of the reporting period, in which case the obligations are presented as current liabilities.

Retirement benefit obligations

Defined contributions 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 time earnings) to the employee's superannuation fund of choice. All contributions in respect of employee's defined contribution entitlements are recognised as an expense when they become payable. The Corporation's obligation with respect to employee's 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.

g. **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 borrowings in current liabilities on the statement of financial position.

h. **Trade and Other Debtors**

Trade and other debtors include amounts due from members as well as amounts receivable from customers for goods sold in the ordinary course of business. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

Accounts receivable are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment. Refer to Note 1(d) for further discussion on the determination of impairment losses.

i. **Goods and Services Tax (GST)**

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

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

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities, which are recoverable from or payable to the ATO, are presented as operating cash flows included in receipts from customers or payments to suppliers.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

j. **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*.

k. **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 the reporting period.

m. **Comparative Figures**

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

n. **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. Trade and other payables are initially measured at fair value and subsequently measured at amortised cost using the effective interest method.

o. **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.

p. **Economic Dependence**

The Corporation is dependent on the Commonwealth and Northern Territory Governments for the majority of its revenue used to operate the business. At the date of this report, the Board of Directors has no reason to believe the Commonwealth and Northern Territory Governments will not continue to support the Corporation.

q. **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 (i.e. unforced) transaction 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 instruments,

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.

r. **New and Amended Accounting Standards Adopted by the Corporation**

Initial application of AASB 9: *Financial Instruments*

The Corporation has adopted AASB 9 with a date of initial application of 1 July 2018. As a result, the Corporation has changed its financial instruments accounting policies as detailed in this note.

The application of AASB 9 has had no impact on the classification and measurement of the Corporation's financial assets and liabilities.

The change in impairment model from an incurred credit loss model to an expected credit loss model has also not materially affected the provision for impairment.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

NOTE 2: REVENUE AND OTHER INCOME

	2019	2018
	$	$
Revenue		
Revenue from (non-reciprocal) government grants and other grants:		
– Grant funding received during the year	9,456,154	7,888,431
– Amounts brought forward from prior year	700,499	918,086
– Amounts carried forward to future years	(1,798,614)	(700,499)
	8,358,039	**8,106,018**
Other income		
– Interest	33,387	38,638
– Recoupment	199,711	98,476
– Insurance reimbursements	40,556	98,913
– Profit on disposal of assets	28,986	19,212
– Other income	82,154	124,466
	384,794	**379,705**
Total revenue	**8,742,833**	**8,485,723**

NOTE 3: EXPENSES

Profit/(loss) includes the following items of expenditure:

Employee benefits expense		
- Salaries and wages	5,025,254	4,819,987
- Superannuation	453,030	431,697
- Workers' Compensation	59,135	71,086
- Fringe Benefits Tax	6,555	15,921
- Movement in employee leave provisions	116,684	247,583
- Other employee expenses	51,699	61,145
	5,712,357	**5,647,419**

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

NOTE 3: EXPENSES (CONTINUED)

	2019	2018
	$	$
Operations expense		
- Advertising and promotion	8,530	8,835
- Agency temporary staffing costs	18,681	30,248
- Bad and doubtful debts	1,082	6,670
- Bank fees and miscellaneous interest charges	898	2,292
- Cleaning costs	35,897	33,363
- Conferences and seminars	39,722	146,692
- ICT expenses	280,155	237,788
- Insurance	21,714	21,172
- Membership fees	8,551	10,231
- Other	12,411	13,924
- Printing, postage and office supplies	60,066	58,517
- Project expenses	194,194	280,780
- Rent	448,938	440,097
- Repairs, maintenance and minor equipment	45,856	25,564
- Utilities	23,377	22,072
	1,200,072	**1,338,245**

NOTE 4: CASH AND CASH EQUIVALENTS

CURRENT			
Cash at bank – operating bank accounts		512,456	1,009,847
Cash at bank – term deposits and other investment accounts		3,239,069	1,765,253
Cash on hand		797	285
	14	3,752,322	2,775,385

NOTE 5: TRADE AND OTHER RECEIVABLES

CURRENT			
Trade receivables		306,717	704,065
Provision for impairment		-	(5,360)
Total current trade and other receivables	**14**	**306,717**	**698,705**

The Corporation's normal credit terms are 30 days

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

NOTE 5: TRADE AND OTHER RECEIVABLES (CONTINUED)

a. **Provision for Impairment of Receivables**

Movement in the provision for impairment of receivables is as follows:

	$
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
– Charge for the year	-
– Written off	(5,360)
Provision for impairment as at 30 June 2019	-

NOTE 6: OTHER ASSETS

	2019 $	2018 $
CURRENT		
Prepayments	225,801	126,750
Bonds receivable	1,064	1,840
Other assets	6,406	1,953
	233,271	130,543

NOTE 7: PLANT AND EQUIPMENT

Plant and Equipment		
Motor vehicles		
At cost	409,476	382,426
Less accumulated depreciation	(185,007)	(182,097)
	224,469	200,329
Other plant and equipment		
At cost	171,921	160,460
Less accumulated depreciation	(149,029)	(137,601)
	22,892	22,859
Total plant and equipment	247,361	223,188

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

NOTE 7: PLANT AND EQUIPMENT (CONTINUED)

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	Other Plant and Equipment	Total
	$	$	$
Carrying amount at 1 July 2018	200,329	22,859	223,188
Additions at cost	91,788	11,461	103,249
Disposals[1]	-	-	-
Depreciation expense	(67,648)	(11,428)	(79,076)
Carrying amount at 30 June 2019	224,469	22,892	247,361

[1]All disposals during the year were fully depreciated and had a written down value of nil.

NOTE 8: TRADE AND OTHER PAYABLES

	Note	2019	2018
		$	$
CURRENT			
Trade payables		269,749	302,739
GST payable		129,558	114,647
Accrued expenses and other sundry payables		251,596	257,646
Corporate credit card liability		6,485	5,288
Bonds payable		1,900	6,020
	8a	659,288	686,340

a. Financial liabilities at amortised cost classified as trade and other payables

Trade and other payables:			
– total current		659,288	686,340
Less GST payable		(129,558)	(114,647)
Financial liabilities as trade and other payables	14	529,730	571,693

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

NOTE 9: PROVISIONS

CURRENT		
Provision for employee benefits: annual leave	601,926	574,642
Provision for employee benefits: long service leave	512,016	443,201
Provision for employee benefits: other	9,358	22,117
	1,123,300	**1,039,960**
NON-CURRENT		
Provision for employee benefits: long service leave	87,415	75,709
	87,415	75,709
	1,210,715	**1,115,669**

	Employee Provisions $
Analysis of employee provisions	
Opening balance at 1 July 2018	1,115,669
Additional provisions raised during year	861,038
Amounts used	(765,992)
Balance at 30 June 2019	1,210,715

Provision for employee benefits

Provision for employee benefits represents amounts accrued for annual leave, long service leave and other employee entitlements.

The current portion for this provision includes the total amount accrued for annual leave entitlements, long service leave entitlements and other 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(f).

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2019

NOTE 10: OTHER LIABILITIES

	2019	2018
	$	$
CURRENT		
Unexpended grant funding carried forward	1,132,502	700,499
Other income in advance	730,112	637,281
	1,862,614	1,337,780

NOTE 11: CASH FLOW INFORMATION

a. **Reconciliation of Cash Flows from Operating Activities with Net Current Year Profit/(Loss)**

Net current year profit/(loss)	119,022	(74,002)
Adjustment for:		
Depreciation and amortisation expense	79,076	149,575
Gain on disposal of property, plant and equipment	(28,986)	(19,212)
(Increase)/decrease in accounts receivable and other debtors	391,988	(573,608)
(Increase)/decrease in other assets	(102,728)	(11,262)
Increase/(decrease) in accounts payable and other payables	(27,052)	189,067
Increase/(decrease) in employee provisions	95,046	213,074
Increase/(decrease) in other liabilities	524,834	419,695
Net cash generated by operating activities	1,051,200	293,327

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

NOTE 12: CAPITAL AND LEASING COMMITMENTS

		2019	2018
		$	$
a.	**Operating Lease Commitments**		
	Non-cancellable operating leases contracted for but not recognised in the financial statements		
	Payable – minimum lease payments:		
	– not later than one year	496,836	477,722
	– later than one year and not later than five years	506,240	-
	– later than five years	-	-
		1,003,076	477,722

The property lease commitments are non-cancellable operating leases contracted for but not capitalised in the financial statements with each lease expiring on 30 June 2021. These leases previously expired on 30 June 2019 and were re-negotiated and entered into during the year. An increase in lease commitments may occur during the lease term in line with the consumer price index.

b. **Capital Expenditure Commitments**

The Corporation had no capital expenditure commitments at 30 June 2019 (2018: Nil).

NOTE 13: CONTINGENT LIABILITIES

The Corporation had no contingent liabilities at 30 June 2019 (2018: Nil).

NOTE 14: FINANCIAL RISK MANAGEMENT

The Corporation's financial instruments comprise cash and cash equivalents, accounts receivable and accounts payable.

The carrying amounts for each category of financial instruments, measured in accordance with AASB 9: *Financial Instruments* as detailed in the accounting policies to these financial statements, are as follows:

	Note	2019	2018
		$	$
Financial assets			
Financial assets at amortised cost			
- Cash and cash equivalents	4	3,752,322	2,775,385
- Trade and other receivables	5	306,717	698,705
Total financial assets		4,059,039	3,474,090
Financial liabilities			
Financial liabilities at amortised cost:			
– trade and other payables	8a	529,730	571,693
Total financial liabilities		529,730	571,693

NOTE 15: KEY MANAGEMENT PERSONNEL COMPENSATION AND OTHER RELATED PARTY TRANSACTIONS

Any person(s) having authority and responsibility for planning, directing and controlling the activities of the Corporation, directly or indirectly, including any director (whether executive or otherwise) of that Corporation, is considered key management personnel (KMP).

The totals of remuneration paid to KMP of the Corporation during the year are as follows:

	2019	2018
	$	$
– short-term employee benefits	1,062,246	1,067,662
– post-employment benefits	104,576	104,857
– other long-term benefits		
	1,166,822	1,172,519

NOTE 16: RELATED PARTY TRANSACTIONS

During the year the Corporation received grant funding from NT PHN of $1,492,082 (2018: $674,116). The Corporation is a member of the Company.

No other related party transactions occurred during the current or prior year.

NOTE 17: EVENTS AFTER THE REPORTING PERIOD

No matter or circumstance has arisen since 30 June 2019 that has significantly affected, or may significantly affect the Corporation's operations, the results of those operations, or the Corporation's state of affairs in future financial years.

NOTE 18: CORPORATION DETAILS

The registered office and principal place of the Corporation is:

First Floor, 43 Mitchell Street
Darwin NT 0800

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation ABN 26 263 401 676
Financial report for the year ended 30 June 2019

DIRECTORS' DECLARATION

The directors of the registered Corporation declare that, in the directors' opinion:

1. The financial statements and notes, as set out on pages 6 to 27, are in accordance with the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and *Australian Charities and Not-for-profits Commission Act 2012* and:
   a. comply with Australian Accounting Standards – Reduced Disclosure Requirements, the *Corporations (Aboriginal and Torres Strait Islander) Regulations 2007* and the *Australian Charities and Not-for-profits Commission Regulation 2013*; and
   b. give a true and fair view of the financial position of the Corporation as at 30 June 2019 and of its performance for the year ended on that date.
2. There are reasonable grounds to believe that the Corporation will be able to pay its debts as and when they become due and payable.

This directors' declaration is signed in accordance with a resolution of the Board of Directors.

Director _____

Director _____

Dated this 25th day of October 2019

Nexia
Edwards Marshall NT

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 2019, 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 *Corporations (Aboriginal and Torres Strait Islander) Act* 2006 and Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012;* including:

i. Giving a true and fair view of the Corporation's financial position as at 30 June 2019 and of its financial performance and cash flows for the year then ended; and
ii. Complying with Australian Accounting Standards – Reduced Disclosure Requirements (including Australian Accounting Interpretations), the *Corporations (Aboriginal and Torres Strait Islander) Regulations 2007* and Div 60 of 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.

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 intend to liquidate the Corporation or to cease operations, or have no realistic alternative but to do so.

Level 2
62 Cavenagh Street
Darwin NT 0800
GPO Box 3770
Darwin NT 0801
p +61 8 8981 5585
f +61 8 8981 5586
w nexiaemnt.com.au

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 the directors.
- 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 communicate with the directors and management regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide the directors 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

Dated 25 October 2019