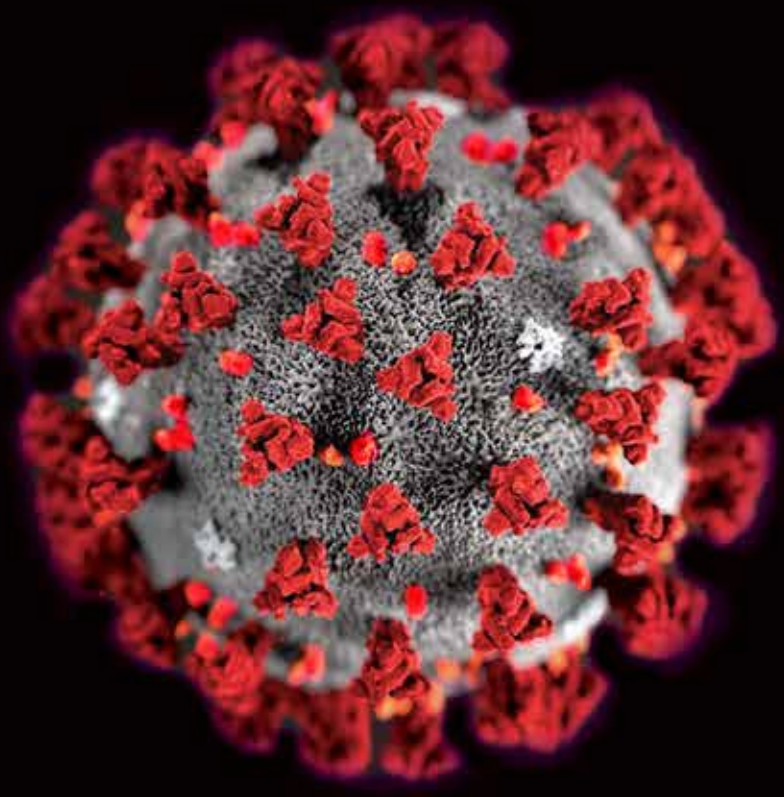
AMSANT
Annual Report



2019–2020

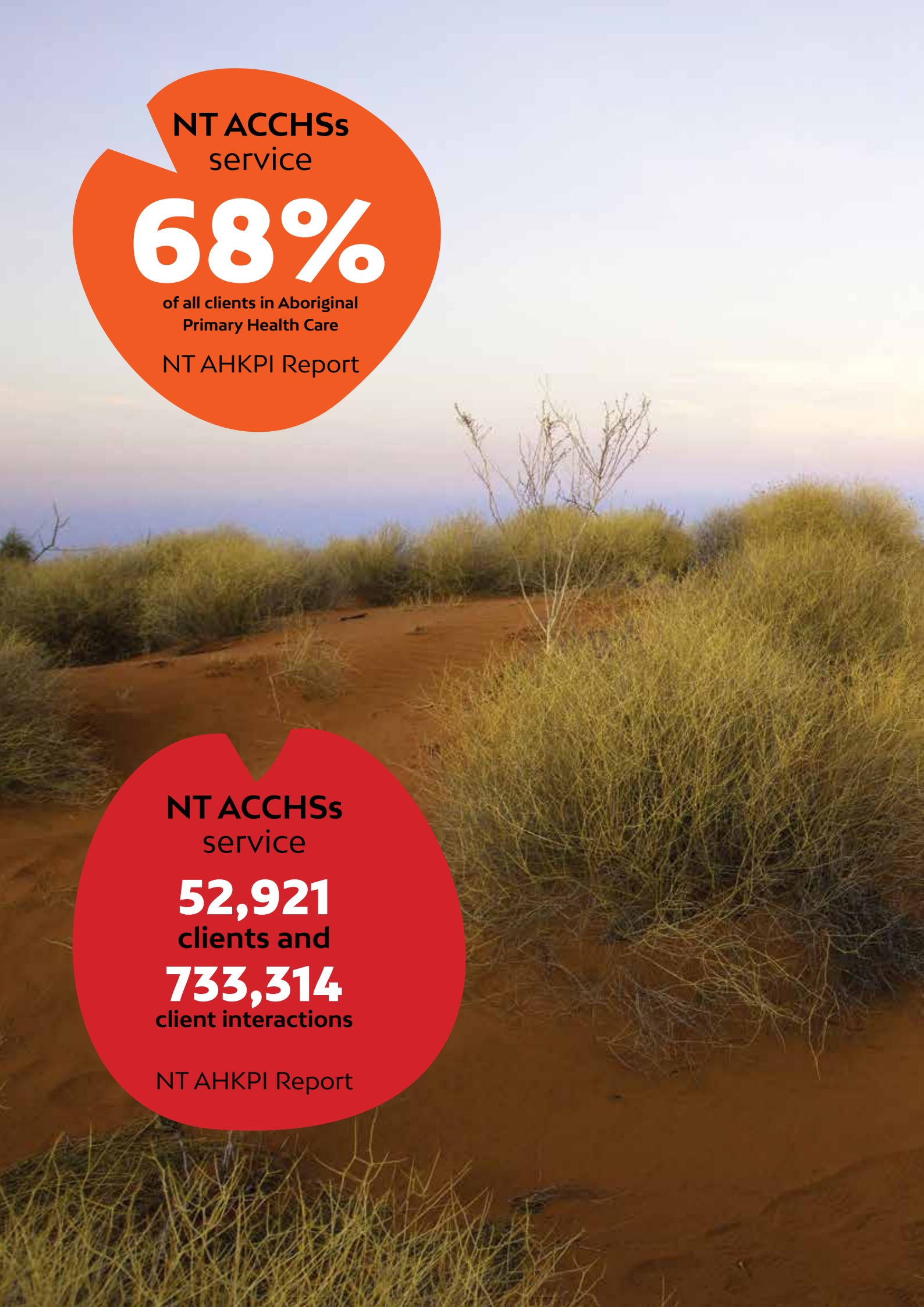
AMSANT


Marthakal Homeland Resource Centre (Galiwin'ku)
FORWAARD
Balunu Foundation
Danila Dilba Health Service
Mala'la Health
Darwin
Nhulunbuy
Miwatj Health
Council for Aboriginal Alcohol Program Services (CAAPS)
Jabiru
Red Lily Health Board
Laynhapuy Homelands Association
Katherine West Health Board
Katherine
Sunrise Health Service
Peppimenarti Health Association
Wurli Wurlinjang Health Service
Tennant Creek
Anyinginyi Health Service
Ampilatwatja Health Service
Urapuntja Health Service
Pintupi Homelands Health Service
Purple House
Alice Springs
Western Aranda Health Service (Ntaria)
Central Australian Aboriginal Alcohol Program Unit (CAAAPU)
Amoonguna Health Service
NPY Women's Council
Mpwelerre Health Service (Santa Teresa)
Utju Health Service (Areyonga)
Central Australian Aboriginal Congress
Mutitjulu Health Service

CONTENTS

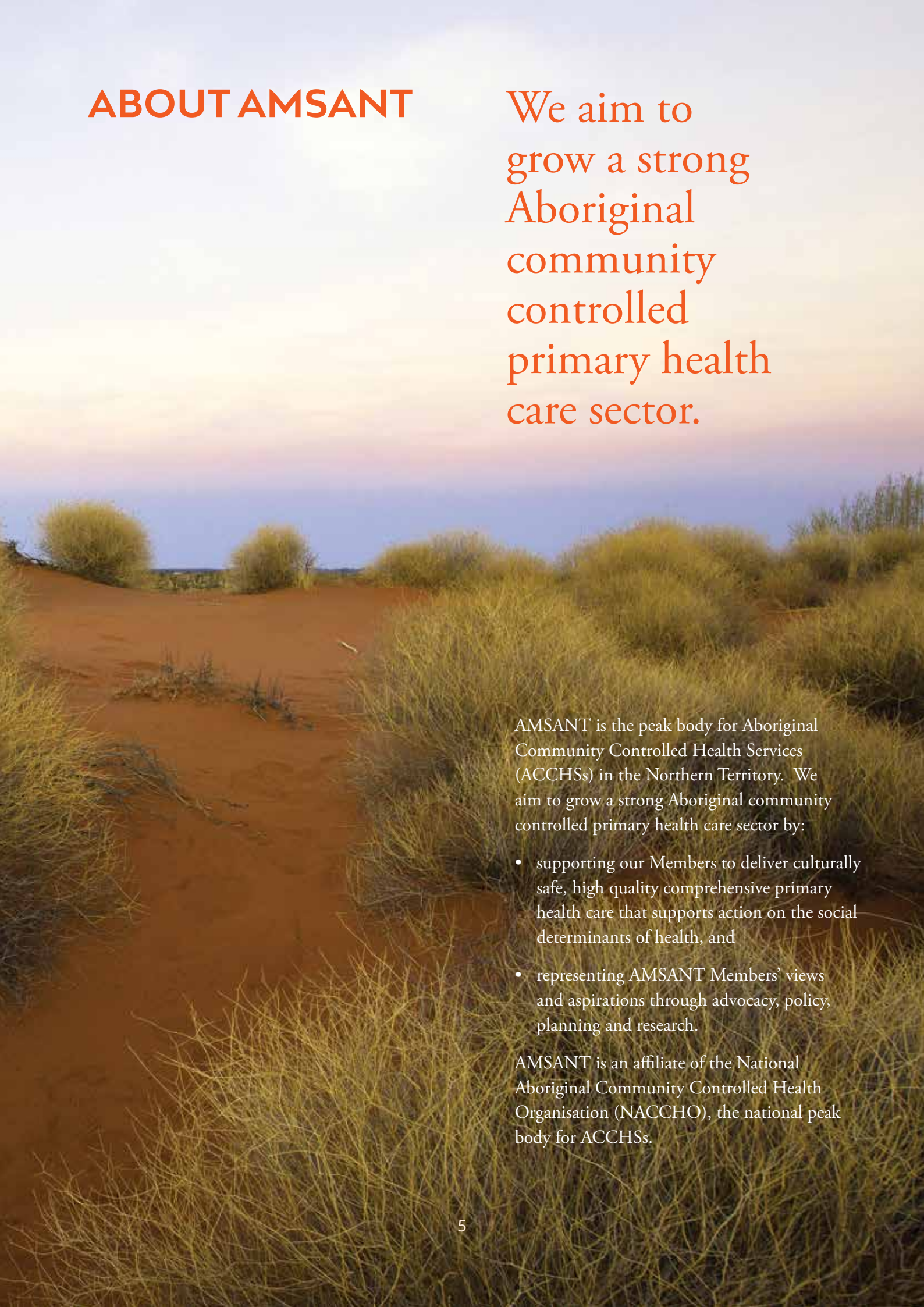
AMSANT respects Aboriginal and Torres Strait Islander cultures and strives to avoid publishing the names or images of deceased people.

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.


NT ACCHSs
service
68%
of all clients in Aboriginal
Primary Health Care
NT AHKPI Report
NT ACCHSs
service
52,921
clients and
733,314
client interactions
NT AHKPI Report

ABOUT AMSANT

We aim to grow a strong Aboriginal community controlled primary health care sector.



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.

AMSANT is an affiliate of the National Aboriginal Community Controlled Health Organisation (NACCHO), the national peak body for ACCHSs.

MEMBERS

AMSANT has Full and Associate Members. Full Members include Aboriginal Community Controlled Health Services that are incorporated with a Board and have a sole focus on primary health care service delivery. Associate Members include: Aboriginal community controlled health services that operate a primary health care service in conjunction with the NT Government or through auspicing by a Full Member; community controlled organisations that operate a primary health care service but also provide non-primary health care functions or services; or Aboriginal controlled organisations that provide health related services.

Full Members

Ampilatwatja Health Centre Aboriginal Corporation

Anyinginyi Health Aboriginal Corporation

Central Australian Aboriginal Congress

Danila Dilba Health Service Aboriginal Corporation

Katherine West Health Board Aboriginal Corporation

Miwatj Health Aboriginal Corporation

Peppimenarti Health Association

Pintupi Homelands Health Service

Red Lily Health Board Aboriginal Corporation

Sunrise Health Service Aboriginal Corporation

Urapuntja Health Service Aboriginal Corporation

Wurli Wurlinjang Health Service Aboriginal Corporation

Associate Members

Amoonguna Health Clinic Aboriginal Corporation

Balunu Foundation

Central Australian Aboriginal Alcohol Program Unit (CAAAPU)

Council for Aboriginal Alcohol Program Services Aboriginal Corporation (CAAPS)

FORWAARD Aboriginal Corporation (Foundation of Rehabilitation with Aboriginal Alcohol Related Difficulties)

Laynhapuy Homelands Aboriginal Corporation

Mpwelarre Health Service (Santa Teresa)

Mala'la Health Service Aboriginal Corporation

Marthakal Homelands Health Service

Mutitjulu Health Service

Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women's Council

Utju Health Aboriginal Corporation

Western Aranda Health Aboriginal Corporation

Western Desert Nganampa Walytja Palyantjaku Tjutaka Aboriginal Corporation (Purple House)

GOVERNANCE

AMSANT is incorporated under the *Office of the Registrar of Indigenous Corporations (ORIC) Act*.

As the peak body for Aboriginal Community Controlled Health Services (ACCHSs) in the Northern Territory, AMSANT's governance is controlled by our Members who elect Board Directors at an Annual General Meeting.

Only Full Members are entitled to vote at General Meetings or nominate for election as a Director. Directors appoint the Chief Executive Officer to manage AMSANT's operations and secretariat.

BOARD

Barb Shaw

Member Director, Chairperson
Chief Executive Officer
Anyinginyi Health Service

Barb Shaw is the Chairperson of AMSANT and the CEO of Anyinginyi Health Service and has worked in Aboriginal health, community development and local government for many years, mainly in the Barkly region. Barb has been the President of the Barkly Regional Council, the Chair of the Tennant Creek Alcohol Reference Group and a member of the Regional Economic Development Committee.

Olga Havnen

Member Director
Chief Executive Officer
Danila Dilba Health Service

Olga has been the CEO of Danila Dilba Health Service since 2013. She has held many senior positions in both the government and non-government sectors including Australian Red Cross, The Fred Hollows Foundation, and the Central and Northern Land Councils. Olga holds a Directorship of the National Aboriginal Community Controlled Health Organisation (NACCHO) as a representative of AMSANT and is a member of the Northern Territory Aboriginal Health Forum (NTAHF).

Donna Ah Chee

Member Director
Chief Executive Officer
Central Australian Aboriginal Congress (Congress)

Donna Ah Chee is a Bundgalung woman from the far north coast of New South Wales who has lived in Alice Springs for more than 30 years. Donna has been CEO of Congress since 2012 and is a Director of NACCHO and a member of the Northern Territory Aboriginal Health Forum (NTAHF) as a representative of AMSANT. Donna is also a Director of the NT Primary Health Network (NTPHN), Chair of NT Children and Families Tripartite Forum and an expert member of the National Aboriginal & Torres Strait Islander Health Implementation Plan Advisory Group (IPAG).

Susan Berto

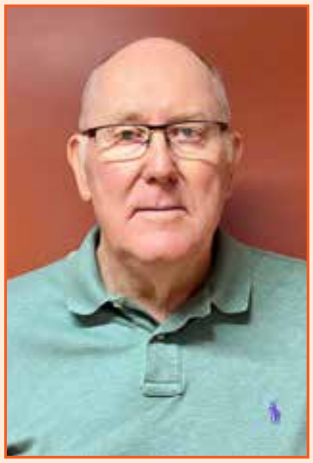
Member Director
Chief Executive Officer
Wurli Wurlinjang Health Service

Susan Berto, known to many as Suzi, is a proud Aboriginal woman who is of Dagoman and Jawoyn descent, born and bred in Katherine NT. Suzi was the Deputy CEO of Wurli for six years before becoming the CEO in October 2015. Suzi previously worked for Katherine West Health Board and also served on the Wurli Board as Chairperson for two terms. She has been involved in the healthcare industry since the early 1980s.

Bill Palmer

Member Director
Chief Executive Officer
Sunrise Health Service

Bill has been with Sunrise Health since July 2018 and CEO of Sunrise Health since July 2019. He has worked in Aboriginal affairs since 1998 and lived in remote communities since 2004. Bill's speciality is community development having worked for a number of years as the executive secretariat of the Murdi Paaki Regional Assembly in far western NSW, where significant progress was achieved on the social determinants of health.



Leon Mariano Chapman

Member Director
Chief Executive Officer
Pintupi Homelands Health Service

Leon has been the CEO of Pintupi Homelands Health Service in Kintore for more than 12 years. Leon was born in Kyogle, NSW and raised in Rockhampton, Queensland. He trained as a Radiographer before moving to the United States on a Rotary Scholarship, where he obtained a Bachelor of Science Degree and Masters of Business Degree. Leon worked in the US in the hospital and medical sectors before moving to the NT in 2003, where he has lived at Mutitjulu, Docker River and Kintore.

Eddie Mulholland

Member Director
Chief Executive Officer
Miwatj Health Aboriginal Corporation

Eddie Mulholland is of Aboriginal and Torres Strait Islander descent, and has lived most of his life in remote Aboriginal communities and townships. Eddie has biological connections to some of the people of East Arnhem (Miwatj Region), and has been the CEO of Miwatj for 11 years. His focus with Miwatj Health is to identify and articulate the interests and aspirations of Aboriginal and Torres Strait Islander people, particularly in the area of empowerment and health care. Eddie is a former Company Director for Medicare Local NT.

David Smith

Member Director
Chief Executive Officer
Ampilatwatja Health Service

David is a proud descendant of the Worimi people in NSW. He studied Nursing in New Zealand and returned to care for his people. He has been involved in Aboriginal health for more than 11 years, predominantly on the frontline in the remote primary health care setting and after-hours emergencies. David is a strong advocate for human rights and has a passion for mental health, especially programs that best support Aboriginal people. He is a proud member of CATSINAM.

David Galvin

Non-member Director

Chairman of the Australian Livestock Exporters' Council

David serves as Chairperson of AMSANT's Audit and Risk Committee. David is also the Managing Director of Tubarao Investments, in addition to other directorships and Advisory Board positions. He is a former chair of the Australian Livestock Export Corporation, CEO of the Torres Strait Regional Authority from 1995 to 2000, and CEO of the Indigenous Land Corporation from 2001 to 2012. He holds a Masters of International Development and is a Member of Australian Institute of Company Directors and a Certified CEO

Prof Jeanette Ward

Non-member Director

Jeanette has extensive experience in non-executive Board Director roles and earned her Fellowship with the Australian Institute of Company Directors (FAICD) in 2011. She is a public health physician working in population health and system reform. She is also a Clinical Senator appointed by the Director-General of WA Health. Jeanette is President-elect for the Australasian Faculty of Public Health Medicine. She lives in Broome, WA.

STRATEGIC PLAN 2019–23

Our Vision

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

Our Role

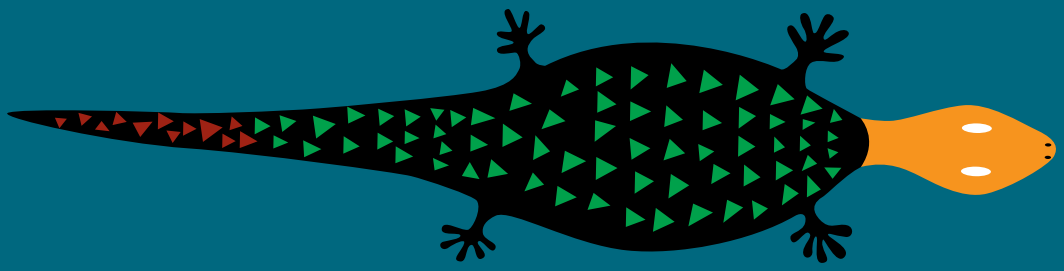
AMSANT is the peak body for Aboriginal Community Controlled Health Services (ACCHSs) in the Northern Territory. We aim to grow a strong Aboriginal community controlled primary health care sector by:

- 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

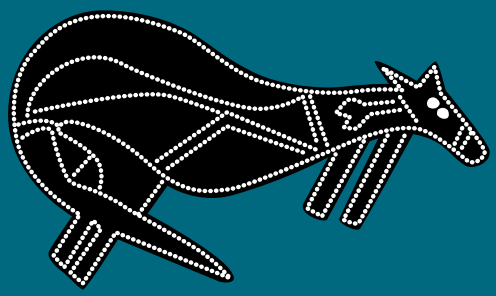
1.3 **Filling the gaps:** Where we are not able to provide support directly, we will seek to link Members to other sources of support and/or advocate on their behalf for their needs to be met.

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

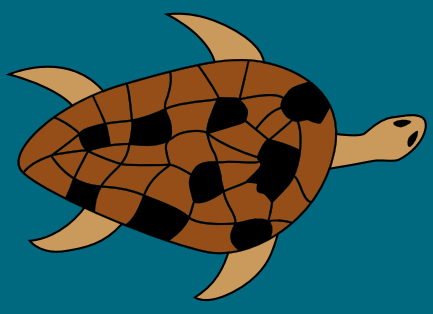
As the peak body for the Aboriginal community controlled sector, we will contribute to the development of a more effective and equitable health system that meets the needs of Aboriginal people, including through engaging in policy and planning processes and ensuring the health system is informed by the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

CHAIRPERSON'S REPORT

I am pleased to present my second report as Chairperson, rounding off a year that has tested us all in ways that we never imagined at the beginning of the year. 2020 will always be known as the year of the COVID-19 pandemic, and in line with the experience of our sector nationally, AMSANT's year was dominated by a pre and post-COVID divide.

Along the way AMSANT also celebrated our 25th year with a conference in Alice Springs in August that brought our members together to reflect on our achievements and discuss the key issues affecting our sector.

AMSANT rose to the challenge of the COVID pandemic. In concert with NACCHO, AMSANT's advocacy helped achieve an early border closure for the NT and establish access restrictions to protect communities. We sought to ensure that the *Biosecurity Act* measures did not unduly impact Aboriginal communities. AMSANT also successfully advocated for supervised rather than self-quarantine. The early and strong action in the NT has undoubtedly contributed to the enviable outcome of no cases of COVID-19 reported in Aboriginal people in the NT.

Close engagement with both government and communities has been vital in protecting the NT from the virus. The AMSANT CEO co-chairs the NT Government Regional and Remote COVID-19 Taskforce and we participate in the Commonwealth COVID-19 Advisory Group,

as well as several jurisdictional response groups. AMSANT also seeks regular advice from, and provides close support to, our member services in remote, regional and urban communities.

AMSANT continues to work closely with government, other stakeholders and our member services on a wide range of issues. Our CEO, John Paterson, led the Aboriginal Peak Organisations Northern Territory (APO NT) contribution to the National Coalition of Peaks' ground-breaking work to negotiate the new Closing the Gap national agreement with the Commonwealth, State and Territory governments. There are many other examples in the pages of this report.

Following the completion of our new Strategic Plan in 2019, the Board initiated an organisational review and has guided its implementation over the latter part of the year. The review's final report was submitted in February 2020 and work on its implementation has progressed steadily, with Nous Consulting engaged to work with the Board, CEO and staff. A draft Business Plan has been developed with further work on a range of governance and operational improvements (including a Board Charter and an Aboriginal Employment Strategy) to follow. I look forward to the completion of this important work in the second half of 2020.

AMSANT has continued to work to ensure that Aboriginal health research in the NT is culturally safe and responsive to the community. To ensure the secretariat's ongoing ability to effectively fulfil this role, the Board initiated a review of AMSANT's research processes and capacity, which will be completed by the end of 2020.

Policy engagement with NACCHO and our sister Affiliates has also continued to be strong through our AMSANT representatives on the NACCHO Board, and engagement with the NACCHO CEOs Forum and Policy Network. I would like to acknowledge the contributions of Olga Havnen and Donna Ah Chee as the AMSANT nominated Directors of NACCHO.

As always I wish to thank all my fellow Board Directors for their valuable contributions, and commend our CEO, John Paterson, and the AMSANT staff, who have worked so hard over the year supporting our members and the communities we serve.

Barb Shaw

CEO'S REPORT

At the close of an extraordinary and challenging year, I could not be more proud of the tireless efforts of my dedicated team and the strong leadership from our Board and Members in rising to the challenge of the COVID-19 pandemic that landed on our doorstep in early 2020.

And yet despite COVID's dominance of the health agenda, AMSANT continued to contribute to other major national and Northern Territory health initiatives during the year, in addition to our core work of supporting our member services to provide and improve high-quality primary health care (PHC) services to Aboriginal people in the Northern Territory.

The COVID pandemic required swift and strong action, recognising the potentially devastating impact it could have on our communities if an outbreak occurred. AMSANT provided leadership and was represented at every level of the pandemic response in the NT and we provided practical and high-level advocacy support to our member services in negotiating the many serious challenges to health service delivery, caused by the complex and confusing administration of community access restrictions.

A highlight of the year has been the successful negotiation of a new National Agreement on Closing the Gap, which we hope will provide the right foundation to achieve real progress on improving the health and wellbeing of our community. Through AMSANT's membership of APO NT, I have served as a Coalition of

Peaks representative on the Joint Council on Closing the Gap.

AMSANT's core business of supporting our member services achieved significant outcomes during 2020, especially in the areas of workforce, clinical and public health, SEWB, digital health, CQI, accreditation and business support. AMSANT provided a pooled ACCHSs data report divided into 'urban' and 'remote' to help services with benchmarking and to identify areas where lower performance reflected system or training issues.

AMSANT's SEWB team continues to expand its support for member services, particularly in the area of trauma-informed service delivery. And the NT CQI Collaborative celebrated 10 years of the NT CQI Strategy with 170 clinicians and staff from NT PHC services coming together.

Meanwhile, AMSANT continued to provide close support for two member services transitioning NT Government clinics to community control, and provided vital support for two member services in difficulty. We are pleased that Red Lily Health Board is on track to take over their first clinic in April 2021, and that Malabam Health has now transitioned all health programs and most of its staff.

The continuing progress on transition has contributed to the expanding community controlled sector in the Northern Territory that has increased its proportion of PHC service delivery to Aboriginal people, with ACCHSs accounting for more than two-thirds (68%) of clients seen in Aboriginal PHC.

Strategic engagement remains a hallmark of AMSANT's approach and we partnered with an Aboriginal justice group to hold a landmark Health & Justice Conference in August 2019, coinciding with the National Indigenous Legal Conference.

As AMSANT CEO, I chair the Central Australian Academic Health Science Network (CA AHSN), which is a vital Aboriginal-led research collaboration. AMSANT is also the lead organisation or partner in three projects commissioned by CA AHSN through funding from the Medical Research Future Fund (MRFF).

The health of our own organisation has not been neglected, with significant progress made in implementing the outcomes of our organisational review, and with negotiations continuing to complete a new Enterprise Bargaining Agreement with staff.

It's been a tough year and along the way we have lost some important leaders of our sector; but they are not forgotten.

As always, I am immensely appreciative of the support and leadership provided by the Chair and Board, and our AMSANT 'family' — our dedicated staff.

John Paterson

COVID-19?

WE'RE ALL IN THIS TOGETHER!

Make sure you wash your hands!

AMSANT

COVID 19 RESPONSE

The ACCHS sector and Aboriginal communities recognised that COVID was a very serious threat in the earliest stages of the pandemic and were very proactive in preparing for it, and in advocating that government take strong measures to protect our communities. AMSANT quickly reoriented our focus to provide an effective COVID response, with many staff working almost exclusively on this issue.

Go early, go hard!

With support from NACCHO, our members and APO NT partners, AMSANT led advocacy for an evidence-based, public health response, helping to achieve an early closure of the NT border and advocating for access restrictions to protect Aboriginal communities, including the cessation of non-essential service provider visits to communities and the suspension of CDP participation requirements. When the Commonwealth *Biosecurity Act* measures were announced, AMSANT sought to ensure that negative impacts on communities were minimised. AMSANT also successfully advocated for supervised rather than self-quarantine. This early and strong action has undoubtedly contributed to there being no cases of COVID-19 contracted by Aboriginal people in the NT.

Influencing decision-making

AMSANT's close engagement with government is vital in protecting the NT from the virus. The CEO co-chairs the NT Government Regional and Remote COVID-19 Taskforce and we participate in the Commonwealth COVID-19 Advisory Group, as well as several jurisdictional pandemic response groups. However, when the NT Government declared a public health emergency it set up control of the pandemic response under the Police through the NT Emergency Operations Centre, normally used for natural disasters and cyclones, rather than

COVID communications

AMSANT website

500

visits in April

1,000

visits per day in May

400

visits in June

Don't Worry, Be Savvy (COVID response)
https://youtu.be/BODMJM3bpLw

COVID communications
AMSANT facebook

700
views in April

800
views per day in May

400
views in June

"Don't worry be savvy"

2,000
views

health emergencies. This embedded a rigid, complex, government dominated decision-making structure that has been difficult for non-government stakeholders in our sector to engage with. We were frequently faced with trying to influence key decisions, after they had already been made and we have continued to strive to ensure that the voice of our sector is heard.

Collaboration with members

Communication and collaboration with our members was a priority and AMSANT organised weekly COVID videoconference meetings with members as the situation escalated. Key issues that were resolved included confusing and frequently changing processes for traversing biosecurity check-points by health service staff, clients and board members; and for interstate staff to gain exemptions to work in the NT. Bureaucratic bottlenecks impeded the normal functions of member services and, at times, nearly caused the closure of community clinics. Further significant issues included difficulties in providing input into pandemic planning processes, lack of access to pandemic documents and a lack of adequate PPE supplies. AMSANT collaborated with the NT PHN to ensure our services had adequate PPE, and also worked with a high school to make face-shields when there was a critical shortage of googles.

Communicating the message

AMSANT recognised the critical need for culturally-appropriate information, including in local languages, and assessed gaps in information resources available to Aboriginal communities

and filled these gaps by developing new resources and reviewing existing material for its suitability for the NT. We organised for voice-overs of materials in different languages, produced a poster on social distancing and adapted key messages to a "We're all in this together" poster. AMSANT staff also recorded a song 'Don't worry, be savvy'. We circulated information widely, including frequent email communication to CEOs and senior clinicians, and shared COVID resources on our website and social media. In spite of our efforts and those of others, effective communication to community members remains a big challenge and it demands improved engagement and resources to ensure Aboriginal people understand, and are prepared for, a possible COVID outbreak.

Pandemic response model

AMSANT advocated for a pandemic response model developed by our member service, Central Australian Aboriginal Congress – the 'contain and test model' — based on the model developed in Vo, Italy. The 'contain and test' model is based on modelling that shows that in order to stop rapid spread in the case of an outbreak all movement in and out of a community must be restricted; infected people are removed to hospital; and the community is supported while tested *in situ* and asked to stay at home. The 'contain and test' model was supported as the basis of the Remote Community Outbreak Plan that was subsequently adopted by the NT Government.

Digital health support

AMSANT's digital health team provided support to enable member services to use their Communicare systems to manage and monitor patient information relating to COVID. This included working with Communicare to develop pathology requests for COVID testing; clinical items to record COVID testing; diagnosis and screening; suspected cases and diagnosis; and COVID surveillance reports.

Ongoing challenges

While achieving support for the 'contain and test' model was an important achievement, other aspects of pandemic planning have not fared as well, in particular, local pandemic plans, the development of which was led by Police. In some instances our member services were excluded from the process altogether. We continue to advocate to ensure that these pandemic plans are reviewed and aligned to avoid confusion should an outbreak occur. We are also advocating for outbreak response plans for urban and town camp communities, as well as for aged care settings.

Mental health impacts of COVID are also of ongoing concern, with AMSANT developing a COVID Aboriginal Mental Health and Social and Emotional Wellbeing Response Plan (with input from SEWB managers) to assist NT ACCHSs plan for the mental health needs of Aboriginal communities during and after the Coronavirus (COVID-19) pandemic. A Remote Area Workforce COVID Plan has also been developed.

EXPANDING COMMUNITY CONTROL

Regionalisation support

One of the four central priorities of AMSANT's Strategic Plan is 'Growing Aboriginal community controlled comprehensive primary health care'. This includes supporting the transition to community control of existing Aboriginal primary health care services run by the NT Government. Regionalisation is the policy to develop regional ACCHSs with sufficient scale to provide the full suite of comprehensive primary health care services for clients. These are also referred to as 'core services' and this policy is supported by the NT and Commonwealth governments and AMSANT.

Over the past year, AMSANT has provided support to two ACCHSs that are transitioning NT Government clinics to community control under their boards. This support has included participating on transition steering committees and providing advice and support about clinical and corporate governance and advocacy. We are pleased that Red Lily Health Board is on track to take over their first clinic in April 2021, and that Mala'la Health has now transitioned all health services and most of its staff. A third member service transitioning NT clinics, Miwatj Health, is a large ACCHS with the capacity to support the transition process.

AMSANT also supports emerging ACCHSs to ensure clinic regional infrastructure is in place and ready for transitioning services to Aboriginal community controlled entities. AMSANT also provided in-kind support through the deployment of staff to a member service, to plan a regionalisation business case.

Northern Territory Aboriginal Health Forum (NTAHF)

The Northern Territory Aboriginal Health Forum (NTAHF or the 'Forum') is the principal NT jurisdictional Aboriginal health planning partnership, made up of AMSANT, the Commonwealth Department of Health, the NT Department of Health, NT PHN and National Indigenous Australians Agency (NIAA). AMSANT chairs and provides the secretariat to the Forum. Importantly, the Forum oversees the transition to community control process under the Pathways to Community Control policy to support transition of all Aboriginal primary health care services in the NT to community control.

Forum has a process for considering and managing requests for regionalisation/transition that includes a set of criteria that applicants must meet and defines that only three priority regionalisation sites will be supported at any one time. This is partly because the Commonwealth funds the transition process and there is a limited budget available during each funding period. However, this year Forum approved a fourth business case, in central Australia, on the basis that the NT Government would provide funding for the transition.

At the September 2019 meeting of the Forum, the NT Department of Health agreed to establish a working group to review the Pathways to Community Control policy and processes. At the March 2020 Forum meeting, members tasked the working group to co-design the scope of a comprehensive evaluation.

Charlie Gunabarra, John James, Norman Winter, Marissa Stewart, Camilla Hayes and Kevin Juwugurra at the Orange Sky laundry service at Mala'la.

Red Lily Health regularly visits Minjilang to engage the community and talk about their health needs.

The Commonwealth Department of Health led a collaborative process to renew the Partnership Agreements on Aboriginal and Torres Strait Islander Health that guide the operation of all the jurisdictional Forums. It was agreed that future directions of collaborative activities under these Agreements will be guided by the new National Agreement developed under the Closing the Gap Partnership that will supersede the National Indigenous Reform Agreement (NIRA).

Forum held four meetings during the year. In addition to the issue of regionalisation, other areas of policy discussion included: health funding; workforce issues; Aboriginal Health Practitioner and GP registrar training; reports on NTAHKPIs and national KPIs; Rheumatic Heart Disease; NDIS; increasing access to remote dialysis 'on country'; the remote syphilis outbreak; suicide prevention; housing for health policy; the allocation of housing; remote policing; digital health and communications access; and the COVID response. The Forum also established an AHP Workforce Working Group to identify and recommend AHP workforce initiatives to build a sustainable quality workforce.

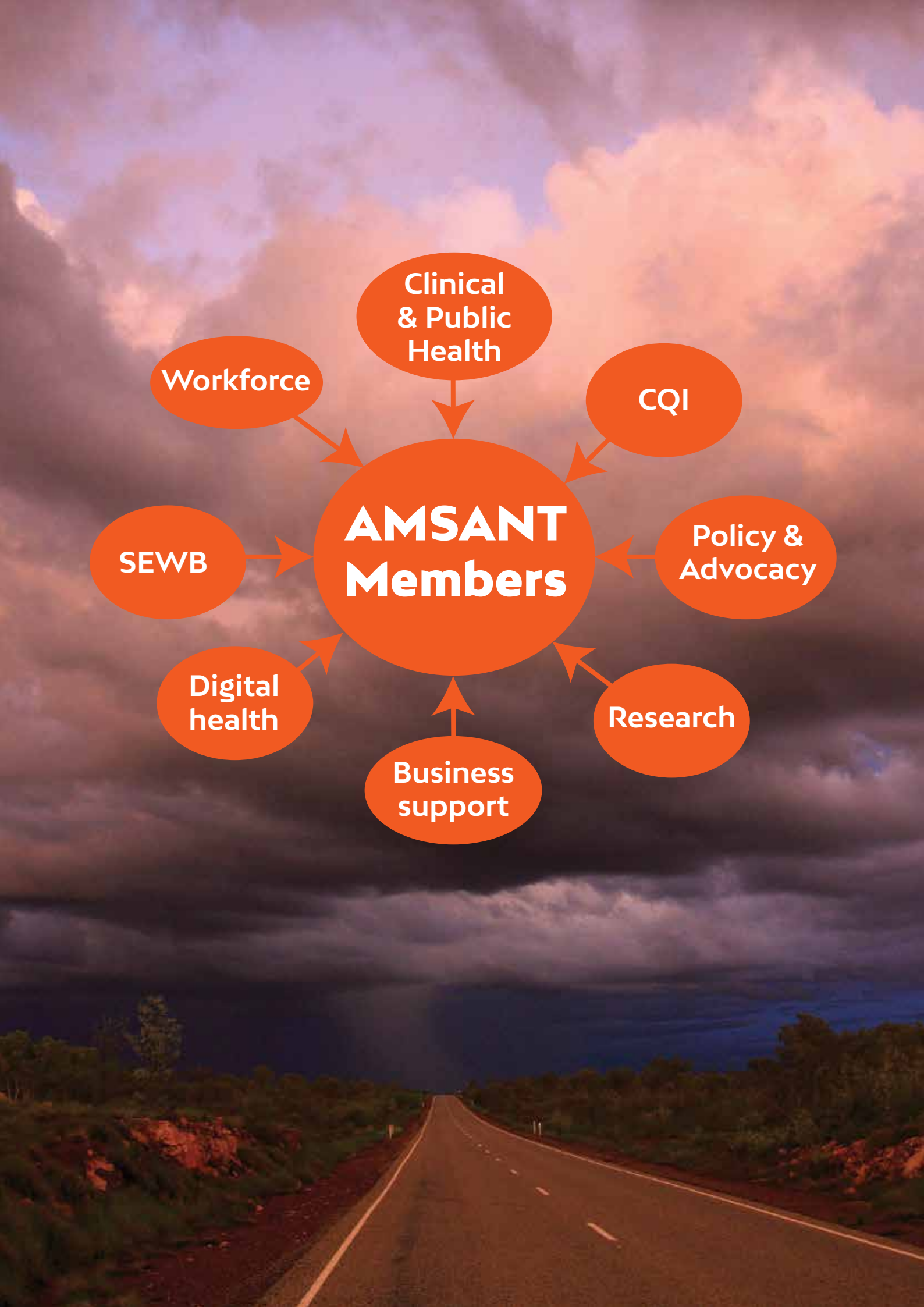
Much of the work of Forum is progressed through working groups. AMSANT provides the secretariat for, and participates in, the following groups:

- Social and Emotional Wellbeing working group
- Primary Health Care working group
- NTAH KPI clinical reference group
- CQI steering committee
- CQI Data working group
- AHP Workforce working group
- NT AHKPI technical working group
- Digital Health strategic group.

We also participate in the following groups:

- Medicines Management working group
- NT Aboriginal Health KPIs steering committee
- Domestic and Family Sexual Violence cross-agency working group
- Suicide Prevention coordination committee.

The new bike track at Peppimenarti has got the children engaged and exercising.


Clinical & Public Health
Workforce
CQI
AMSANT Members
SEWB
Policy & Advocacy
Digital health
Research
Business support

MEMBER SUPPORT

The core of AMSANT's work is to support our member services to provide and improve high-quality primary health care (PHC) services to Aboriginal people in the Northern Territory. Our ACCHS members range in size and scale from large organisations that employ hundreds of staff and run multiple clinics, to small single community health services that employ fewer than 20 staff. This means that their support needs are considerably different and AMSANT strives to ensure that we are able to meet their needs accordingly.

AMSANT maintains a schedule of member service visits where our teams meet regularly with Boards, senior managers and staff to provide a range of assistance and support. However, since the COVID pandemic, AMSANT made the decision to suspend 'in person' visits to communities and health services to prevent the spread of the virus.

WORKFORCE

AMSANT has progressed several initiatives that lay foundations for improving future Aboriginal health workforce outcomes. Two significant workforce strategies were also completed during the year.

Health Care Homes

The Health Care Homes (HCH) model-of-care trial began in 2018 to encourage a team-based, coordinated care approach to chronic condition management. The trial is well suited to the model-of-care provided by ACCHSs, which is based on a multi-disciplinary team approach. Seven AMSANT member services are participating in the trial across 14 sites, along with GP clinics around the country. AMSANT has a project officer who assists with all aspects of the HCH trial, including support on reporting, patient stratification and community events.

Lowitja Career Pathways Project

The Lowitja Career Pathways Project, led by AMSANT and the UNSW, has been finalised and the Career Pathways Project report will be launched later in 2020. The report provides evidence-based findings through the voice of the Aboriginal and Torres Strait Islander health professionals and key stakeholders across the nation, and will further enhance the capacity of the health system to retain and support the development and careers of this workforce.

The report identifies key pillars for action in: leadership; self-determination; cultural safety; valuing cultural strengths; investment in the workforce and workplace; education and training. It provides an evidence-based plan that identifies the need for robust accountability mechanisms at the national level, across all pillars, to ensure health service performance against mandatory minimum standards for culturally appropriate recruitment, retention and career development for Aboriginal and Torres Strait Islander health staff.

Research capacity building and knowledge translation are embedded in the project and provide opportunities to increase the skills of all

Makisha Tilmouth, John Parfitt, Lynnette O'Bree (Tilmouth), Corey Baker, Tawhio McKay and Douglas Pipe, all from Congress, participate in the AHP Traineeship Scholarship Fund in Alice Springs.

study investigators/researchers. An important outcome from the project is to share findings from these local NT and NSW case study sites with other states and territories, so they may utilise the approach and/or adapt it as needed.

Pilot Aboriginal Health Practitioner Traineeship Scholarship Fund

AMSANT has secured funding through the NT Government to provide scholarship support to AHPs and ITC workforce through the establishment of a two-year pilot Aboriginal Health Practitioner (AHP) Scholarship Fund. The fund will increase opportunities for Aboriginal and Torres Strait Islander people to enter the clinical health workforce.

AMSANT will host 14 AHP traineeships with the aim that the qualified AHP Graduates will be employed within the ACCHS sector by June 2021. This will ensure that the NT ACCHS sector continues to drive the delivery of culturally safe health services to our communities. The pilot will be evaluated and the results used to secure resources for the Scholarship Fund to become an ongoing feature of our programs.

Remote Area Workforce (COVID-19) Response Plan

AMSANT developed a Comprehensive Remote Area Workforce (COVID-19) Response Plan as a practical guide and resource for remote area ACCHSs to identify, plan for and manage their health workforce risks when responding to COVID. The Plan considered national and territory-wide initiatives and contains a range of health workforce strategies to assist NT remote health services throughout the different phases of their COVID responses.

AMSANT collaborated with the NTPHN who sourced the Zed Consultancy firm to support development of the plan in consultation with our membership. The plan, endorsed by the AMSANT Board in June 2020, highlights the need to support immediate requirements (such as access to remote-ready staff to provide temporary relief) as well as longer term, sustainable workforce needs. AMSANT has promoted and shared the plan broadly and sees it as one piece of the bigger picture in our approach to dealing with COVID.

Human Service Industry Plan

AMSANT worked in partnership with key NT stakeholders NTCOSS, the National Disability Service (NDS) and NT Government to engage health and community service organisations in the development of a 10-year Northern Territory Human Services Industry Plan 2019–2029. The plan was launched in January 2020.

The human services industry is a large and significant contributor to the economy and a vital contributor to our communities through the services they provide, the revenue they generate and retain in the NT, and the growing workforce they employ.

Implementation of the Plan and improved human services planning will provide an opportunity to influence how governments and providers work together to deliver high-quality human services in the NT, including through the expansion of Aboriginal-controlled human services organisations.

Environmental health worker modelling

AMSANT started a six-month project in early 2020 to develop a case for an Aboriginal environmental health workforce located within ACCHSs. Senior staff and a steering committee of key partners guide the project. A scoping exercise (including a literature review and key stakeholder interviews) will develop interim recommendations that will be workshopped with key Aboriginal leadership groups.

The Social Emotional Wellbeing team: (standing) Jerry Phillips, Aimon Riyana, Daisy Burgoyne, Carmen Cubillo, John Paterson (AMSANT CEO), Danielle Dyall, Kyleen Randall, Jodi Smyth and Jasmine Lyons; (sitting) Anthony Ah Kit, Vincent Mithen.

Laynhapuy Clinic.

Barbara Weir (Chairperson), Cowboy Loy (traditional owner) and Dinny Kunoth (senior elder) at the official opening of the Urapuntja Health Clinic.

This project aims to develop locally responsive, sustainable models of care. Developing an Aboriginal environmental health workforce addresses the social determinants of health directly by improving environmental health, but also through increasing Aboriginal employment, which is a central pillar of Closing the Gap. It will also take into account national policy frameworks to improve support for the Aboriginal and Torres Strait Islander health workforce.

ITC scholarships

AMSANT supported 20 'chronic conditions' care coordinators with scholarships to participate in training and development. The care coordinators are employed by ACCHSs and work hard to ensure Aboriginal people with complex chronic conditions access all the services and supports they need. The role of care coordinators is a valuable one in the PHC team, and these scholarships will enable upskilling that is relevant to their role. Due to COVID, which halted events and travel, care coordinators will undertake the scholarship funded training and development in the 2020/2021 financial year.

NTPHN workforce projects

AMSANT is a contributor to NTPHN's workforce committees and working groups that support the health workforce in the NT. In 2018 and 2019, NTPHN conducted two 'workforce needs' assessments that identified developing the Aboriginal and Torres Strait Islander health workforce as a key priority. To advance investment in this area and to inform future initiatives, NTPHN funded AMSANT to undertake two key projects. The projects engaged widely with employers of Aboriginal health staff, as well as education and training organisations, to deliver a visual resource that maps the existing and emerging employment roles, as well as pathways for entry and career progression. The projects revealed many gaps within the pathways from school to a health career for Aboriginal people; and future initiatives will systematically address these gaps to ensure Aboriginal people in the NT have every chance of entering the health workforce and fulfilling their career potential.

CLINICAL & PUBLIC HEALTH

The AMSANT Public Health Medical Officer (PHMO) coordinates a Senior Clinical Network supporting clinicians in our sector, and provides regular information updates. The network is used to share clinical updates and system support information. The PHMO also provides individual support to senior clinicians on difficult clinical governance issues. The PHMO and other clinically-trained staff provide on-site clinical support, particularly to smaller and more remote member services.

The PHMO also holds regular educational teleconferences which are well attended by clinicians and public health staff of member services. Topics covered included renal transplantation, supplementation of children 4-6 months at risk of anaemia, discharge summary issues, overall childhood anaemia update, sepsis, antibiotic resistance and premature labour.

AMSANT provides clinical support for ear and eye health programs and has worked to improve optometry services by negotiating better arrangements for outreach.

AMSANT worked with the NT Government, the Kirby Institute and others to negotiate locations for point-of-care equipment, based on population and clinic capacity, and we supported ACCHSs with application and training.

AMSANT distributed information on pandemic planning to all ACCHS and provided individual advice to senior public health and clinic staff.

AMSANT also provided training and support on contact tracing in partnership with the Northern Territory Government, with a strong focus on Aboriginal staff. We also provided information on our website about infection control, cleaning and the management of potential COVID cases, and followed up with individual advice.

During the year, AMSANT worked on PHC hospital communication, including systems to ensure patients go to the appropriate specialist in the right location. Clinical and public health staff also worked with the CQI team on providing clinical and public health support to members through the PDSA (plan-do-study-act) cycles process and specific initiatives such as developing dashboards and trend-graphs to make anaemia data accessible to child and maternal health teams, and health promotion workers. We also provide support in relation to Communicare training, and reporting on the nKPIs and NTAHKPIs.

AMSANT and the NT PHN have worked closely in the SEWB/mental health area, with NT PHN funding increasing the capacity for AMSANT to support ACCHSs with clinical supervision, as well as developing culturally responsive and trauma informed systems of care delivery.

SEWB, Mental Health & AOD

AMSANT's SEWB team actively supports member services and provides information through its webpage and quarterly SEWB Communique.

Central to the SEWB team's work is delivering the *Damulgurra* (heart) Program — Culturally Responsive Trauma Informed Care training and organisational support to staff from our member services, as well as to other organisations, such as Territory Families and NAAJA.

Mental Health, AOD and SEWB Clinical Supervision is provided regularly to our members' workforces. Supervision sessions (which are mostly face-to-face) have increased over the year with the employment of a clinical psychologist to provide supervision.

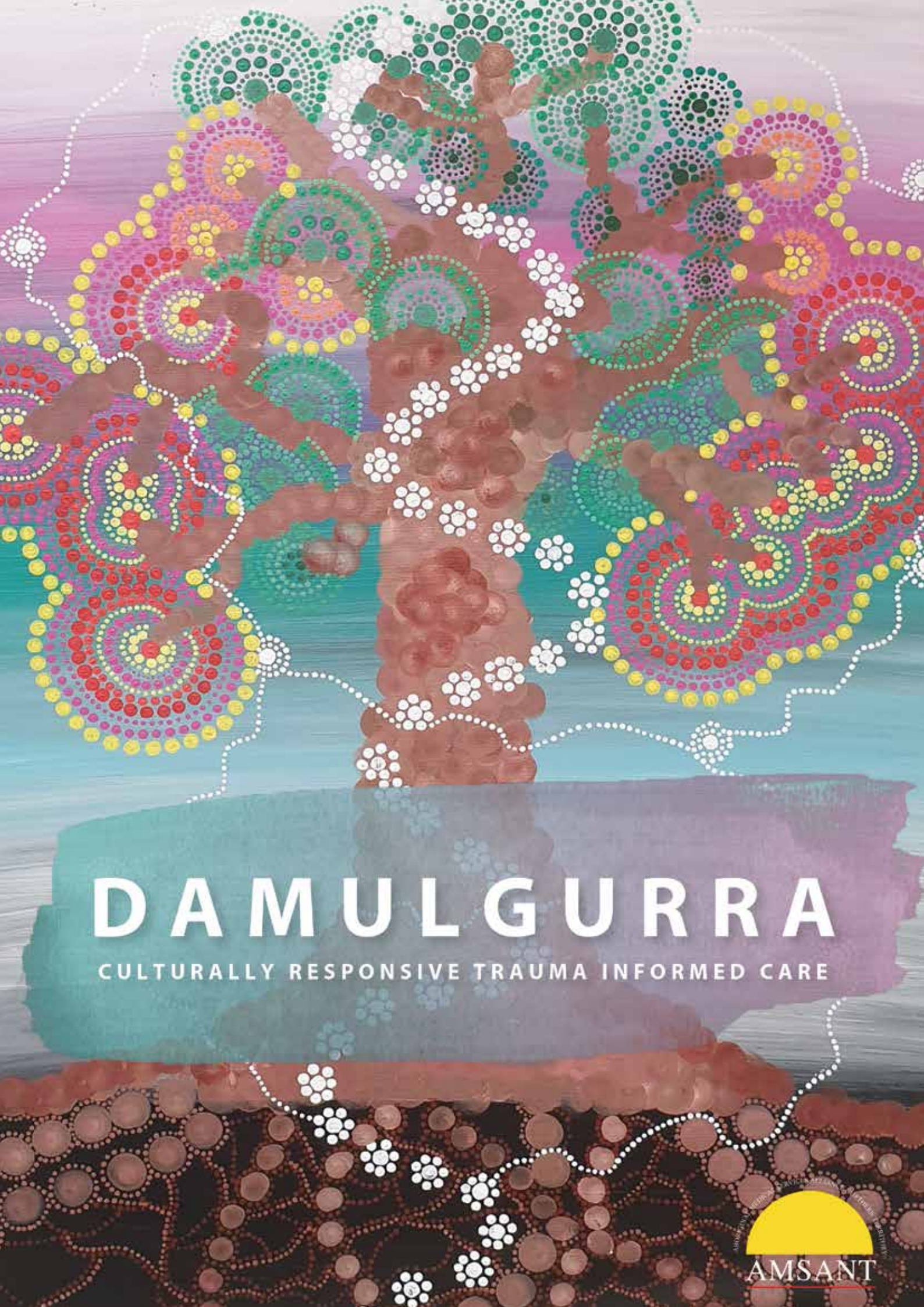
AMSANT also holds a regular SEWB managers' meeting that is open to all members. In response to COVID, SEWB managers participated in a fortnightly teleconference to develop a Mental Health and SEWB COVID-19 response plan. The plan is shared with relevant stakeholders, and synergies and linkages are identified with the Mental Health and Suicide Prevention Systems Integration Project.

During the year a Building and Maintaining a Strong and Sustainable NT SEWB forum was held and it brought together NT PHN-funded SEWB staff from across the NT to discuss and identify methods of building and maintaining a strong and sustainable workforce.

AMSANT Chairs and provides secretariat support to the Social and Emotional Wellbeing Working Group (SEWB WG) which is the peak planning and advisory group to the NT Aboriginal Health Forum (through the Forum's Primary Health Care Working Group) on investment, coordination and collaboration of SEWB services and programs, including AOD and mental health initiatives, across Aboriginal PHC.

The SEWB team provides representation on several external groups:

- the Cross Agency Working Group (CAWG) that facilitates engagement, information sharing, collaboration and reporting to support implementation of the Domestic, Family and Sexual Violence Reduction Framework 2018-2028 (the Framework). The framework and action plans aim to reduce the impact of domestic, family and sexual violence.


DAMULGURRA
CULTURALLY RESPONSIVE TRAUMA INFORMED CARE
AMSANT

- the NT Suicide Prevention Coordinating Committee (NTSPCC) which provides strategic advice and support to suicide prevention across the NT, to oversee a multi-sector approach to halving the incidence of suicide in the NT in the next ten years. The NTSPCC is made up of senior representatives from NT and Commonwealth government departments, as well as the NT PHN and AMSANT.
- the Mental Health and Suicide Prevention Systems integration Project Control Group (PCG) provides strategic direction and governance over a collaborative planning process to develop the NT Mental Health and Suicide Prevention Foundation Plan. Representatives include NT Government, NT PHN, NT Mental Health Coalition, AMSANT, ACCHSs and community representatives.

The SEWB team is active in collaborating with partner organisations. This includes working with Territory Families to support Aboriginal families engaged within child protection and/or experiencing domestic, family or sexual violence; and collaboration with NT PHN to advocate and ensure efficacy within their commissioning processes for tenders relating to SEWB, mental health, AOD, and suicide prevention. Other partners have included the NT Department of Health, TEHS and CAHS, Menzies School of Health Research, and a collaboration with the National Indigenous Australians Agency (NIAA) on SEWB Workforce Development Support Units.

A SEWB and AOD Workforce needs-analysis was conducted with 20 organisations delivering AOD and SEWB programs across the NT. The report is published as an interactive online platform.

CONTINUNOUS QUALITY IMPROVEMENT (CQI)

The Northern Territory's CQI Strategy, coordinated by AMSANT, clocked up ten years of key support to AMSANT's member services in November when 170 primary health care clinicians and staff convened in Darwin for the annual CQI Collaborative.

The meeting had 60 speakers with the theme of *We're all in this together – CQI is everybody's business* and enabled the sharing of successes, challenges and solutions in this expanding field of expertise. The theme proved to be spot-on a few months later when COVID-19 forced the cancellation of face-to-face engagement and travel to remote areas, so Zoom meetings and video workshops were introduced to maintain focused support, with great success. Data analysis and feedback were cranked up, PDSA (plan-do-study-act) cycles were improved and new CQI Facilitators were given orientation and training.

Our work in tackling childhood anaemia (red blood cell deficiency that can cause serious heart problems) continued at seven health services, where the testing and treatment of Aboriginal children reduced the incidence of the disorder. Health services have submitted monthly data and statistics, and AMSANT has developed dashboards and trend-graphs to make the anaemia data accessible to child and maternal health teams, and health promotion workers. Resources, strategies and ideas are shared among participants, as is the case with all aspects of CQI.

The NT CQI Strategy has developed at a great pace in ten years and the knowledge, skills and capability of participants have vastly improved. Proactive support from AMSANT has seen our members become sophisticated and effective users of data. The NTAHKPIs are embedded as a core data set, joined by the National Key Performance

CQI specialists gather for the 10th anniversary CQI Collaborative in Darwin.

Indicators (nKPIs), so health services have become increasingly adept at using tools like Power BI and QI dashboards. This has been of great benefit to clinicians and administration staff and, ultimately, to the patients.

A deep survey of our members in 2019 showed a significant boost in the understanding and implementation of CQI across the ACCHS and NTG primary health sectors. Most health services in the NT now consider CQI as 'core business' and, as a result, there's been a growing maturity in the systematic use of data and other tools. Further strategic support is required, with one area of on-going concern being the high turnover of CQI workers across the sector, leading to challenges in the provision and scheduling of orientation and training.

As COVID restrictions eased a little this year we began to visit our members again for face-to-face sessions with health centre staff. This is what we do best, and our key roles remain: to support Aboriginal health services; to work with them to understand their data; to seek improvements in their operations; to assist them in working strategically to improve care delivery systems; and to build the skills needed to use data to provide improved health outcomes.

Accreditation

Ensuring our member health services achieve and maintain clinical and organisational standards of excellence has always been a priority for AMSANT, and especially so at this time of uncertainty. We remain vigilant to the global COVID pandemic and the vulnerability of many remote areas, and have gradually resumed site visits to remote communities after a hiatus during the peak period of infection risk.

Video conferencing tools (such as Zoom) and the remote access of databases enabled services to meet the strict registration standards set by RACGP (clinical) and ISO 9001 (organisational).

The new clinic at Ampilatwatja achieved accreditation for its quality management practices (governance, accountability, efficiency etc); an incredible 'win' for such a small service. We regularly liaise with members (such as Red Lily, Purple House and CAAC) and provide custom-built databases to capture information. This level of support was also provided to Urapuntja from 'day one' when they opened their new clinic earlier this year.

Overall, AMSANT member services achieved the highest rates for accreditation in the ACCHS sector and this means they have credibility and confidence when it comes time to seeking government funding or support. The AMSANT Accreditation Officer regularly conducts mock audits and assessments, analyses systems, and provides practical advice for health services to keep at the top of their game. A long-term relationship with auditors and health service staff encourages consistent improvements and allows AMSANT to respond quickly to requests for help.

DIGITAL HEALTH

AMSANT provides strong digital health support to our members across Communicare, Telehealth, My Health Record, Information and Communications Technology (ICT) and Information Management (IM) support.

Communicare

The Digital Health team supports our members in their use of the Communicare clinical information system, that is owned by Telstra Health. This includes site visits to Members, providing assistance with training, software modifications, service reporting, patient recall

management, system development, data quality and analysis. Remote support is also provided *via* phone, email, remote log-in and video.

An annual AMSANT Communicare Forum was held with 40 staff from member services attending, as well as workers from Communicare, the Australian Digital Health Agency and the NT Health Department. AMSANT also advocates directly to Telstra Health on behalf of members about Communicare needs, and we completed stage 1 of updating the AMSANT *Brief Guide to Communicare* training resource.

Telehealth

The Digital Health team provides support to members in their use of existing telehealth equipment.

My Health Record

The Digital Health team assists Members in all issues related to the electronic sharing of health records. Our members have been great supporters of the National My Health Record, and they continue to use the NT Shared Record for key information.

ICT/ IM

AMSANT assisted in developing new websites for Red Lily Health Service, Ampilatwatja and CA AHSN; and provides support in managing and maintaining intranets. Purpose-specific extranets were developed for the Central Australia & Barkly Integrated Eye Health Strategy (CABIEHS) and the NT Social Emotional Wellbeing Forum, as well as Board Portals. AMSANT provides support in producing monthly reports, training and mentoring for the Childhood Anaemia Dashboard Report for the Childhood Anaemia Collaborative group.

East Arnhem Communities of Excellence program

AMSANT, NT Health, NT PHN and the Australian Digital Health Agency contribute to the East Arnhem community of excellence for digital health program, a two-year funded program that aims to embed digital health capabilities in East Arnhem focused on four key initiatives: the My Health Record system; secure messaging; telehealth; and medicines safety. AMSANT member services, Miwatj, Marthakal and Laynhapuy are key partners in the project.

BUSINESS SUPPORT

AMSANT provides, as required, a range of business support for members, including in relation to HR and industrial relations, budgets and finance, corporate systems and governance support. AMSANT's Corporate Manager supports a finance officers' network for members.

AMSANT has assisted members in governance matters, including recruitment of independent Board Directors for member services. Governance training on rule books has been provided to members and assisted by ORIC. AMSANT has also developed a Member Portal *via* the internet for members to access AMSANT policies and procedures and for members to share their own.

During the year, AMSANT provided in-kind support through the deployment of staff to a member service to plan and develop a regionalisation business case. We also provided broader business support for two member services transitioning NT Government clinics to community control, as well as providing vital support for two member services facing significant short-term challenges.

Assistance is provided, as required, to members in industrial relations, regarding Fair Work

Commission matters, including acting as an advocate at hearings; addressing enterprise agreement interpretations; employment contract assistance and general human resource advice, ranging from work practices to recruitment. This has resulted in cost savings to services and increased the effectiveness of recruitment and retention.

In line with our efforts to streamline and improve organisational efficiencies, we are in the process of implementing an online Human Capital Management system to manage our HR and payroll processes like Recruitment, On boarding, Performance Management and other employee management processes. This will eventually help us in removing the paper based manual systems to more simplified online processes.

During the year our beloved AMSANT colleague, Foster Stavridis, died prematurely. His leadership and support in Human Relations and Industrial Relations was greatly valued by our Members.

AMSANT's digital health team at a planning session in Darwin.


CQI
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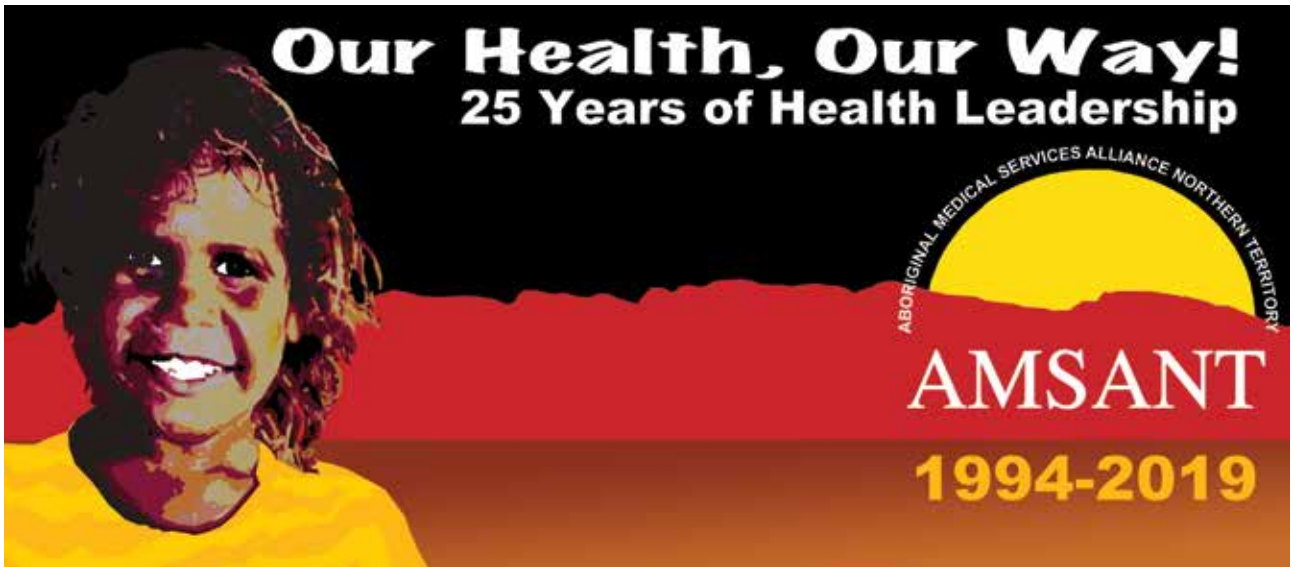
OUR HEALTH, OUR WAY CONFERENCE, ALICE SPRINGS 2019



AMSANT celebrated its 25th birthday this year with the Our Health, Our Way Conference in Alice Springs in August 2019.

The milestone event captured the enthusiasm and dedication that has driven our long journey to achieve community control and self-determination for our health services in the NT. 200 delegates, speakers and sponsors from the Top End, the Barkly, Central Australia, Far North Queensland and the Kimberley joined together on Arrernte land to share their experiences and aspirations. Some people, both young and old, stood up for the first time to tell their health story to the biggest mob of people.

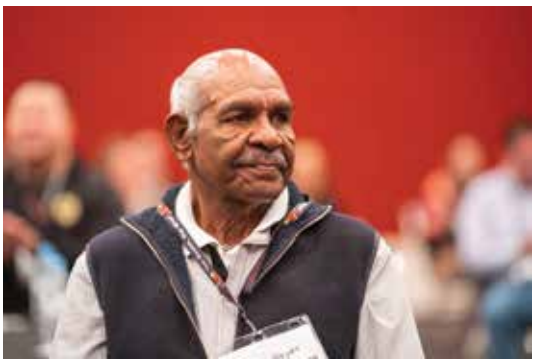
AMSANT and our member services always seek to work in collaboration with governments and their agencies but, as the conference was told many times, too often Aboriginal opinions, knowledge and experience are not listened to. The conference was imbued with the mood of Voice, Treaty, Truth! and a recurring 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 (AMSANT Chairperson); Pat Anderson (Lowitja Institute Chairperson); Pat Turner (NACCHO CEO); Donna Ah Chee (Congress CEO) and Olga Havnen (Danila Dilba CEO) were articulate and challenging advocates in the plenary sessions. All have been central to the development of community control in the last 25 years.

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.


alice springs




AMSANT

The Areyonga Dancers informed and entertained delegates at the Our Health, Our Way Conference in Alice Springs.

POLICY AND ADVOCACY

AMSANT website

52,018

visits this financial year

Policy and advocacy work is critical to AMSANT and our sector generally and as such is embedded throughout our teams and their activities, with leadership from the CEO, Board, members and senior managers. There is a constant need to educate government and other stakeholders about our sector and its governance and service model, to advocate the needs of our members and sector, and to provide input into external policy and program proposals from government and others.

In terms of policy response, AMSANT has two internal groups that assist the CEO and Board — the AMSANT Policy Network, and the Public Health Advisory Group (PHAG). The Policy Network includes policy staff from our members along with AMSANT staff and provides members with an opportunity to share and engage in policy development and responses. During the COVID pandemic, meetings have focused on COVID issues. AMSANT also participates in the NACCHO CEOs Policy Network, providing an opportunity to share and coordinate our work with NACCHO and other Affiliates.

Submissions produced during the year included responses to: the Senate FASD inquiry; National Obesity Strategy; Productivity Commission Inquiry into expenditure on children in the NT; National Primary Health Care Data Asset; the Royal Commission into Aged Care Safety and Quality; and the National Rural Allied Health Strategy. AMSANT gave evidence to the Productivity Commission Mental Health Inquiry hearing.

AMSANT seeks to identify strategic engagement and partnerships in the policy and advocacy space. In August, we worked with the Winkiku Rrumbungi NT Indigenous Lawyers Aboriginal Corporation to hold an inaugural Indigenous Health Justice Conference in Darwin, in conjunction with the National Indigenous Legal Conference. The conference showcased the strong collaborations between ACCHSs and legal services and the potential of extending such collaborations. The AMSANT Chairperson, Barb Shaw, delivered the keynote address.

Strategic policy engagement with our health system partners is a core activity with a primary mechanism provided through the NT Aboriginal Health Forum (see section 6 of the report). AMSANT has strong individual relationships with partners; for example with the NT PHN. We collaborate across multiple areas – public health (immunisation), digital health, data governance, workforce – and participate in high-level meetings with our respective senior management teams to develop joint priorities. AMSANT also worked with NT PHN to organise a jurisdictional workshop with the Commonwealth Department of Health to discuss concerns raised by our member services in relation to the Primary Mental Health Minimum Data Set. AMSANT representatives also participate in the Children and Families Tripartite Forum that oversees the reforms arising from the Royal Commission into the Protection and Detention of Children in the NT.

AMSANT's 25th Anniversary Conference provided a platform for showcasing the work of our members and engaging with our partners on key policy issues, with our Chairperson and some member CEOs providing keynote addresses. AMSANT also had an information stand and delivered a presentation on the Aboriginal Health Career Pathways at the NACCHO Annual Conference, and the CEO delivered many keynote presentations, including to the Indigenous Allied Health Association (IAHA) Conference held in Darwin; the 10th anniversary CQI Collaborative; and the Northern Territory Workshop on Gayaa Dhuwi (Proud Spirit) Declaration Implementation.

Advocacy through the media included: statements calling for agencies to collaborate on GP workforce issues in the NT; concerns about new alcohol purchase restrictions, and a proposal to open a major new liquor outlet close to

Aboriginal communities; the need to suspend non-essential programs and access to Aboriginal communities because of COVID risks; the need for COVID special control measures in the NT; and for special COVID quarantine areas to be set up. The CEO has conducted numerous media interviews responding to the need for information about the COVID pandemic.

AMSANT held a workshop with NDIA to help ACCHSs engage with the NDIS and to highlight to the Agency the barriers to participating that need to be addressed; and the issues with cultural safety and contextual understanding for many of the NDIA planners. There is a steady increase in the numbers of ACCHSs becoming NDIS providers, or increasing the scope of the NDIS services they provide.

AMSANT's CEO, John Paterson, strongly led APO NT's contribution to the National Coalition of Peaks' ground-breaking work to negotiate the new Closing the Gap national agreement with the Commonwealth, State and Territory governments. Through AMSANT's membership of APO NT, John is a Coalition of Peaks representative on the Joint Council on Closing the Gap. AMSANT has also participated in the Partnership Working Group and meetings of the Coalition of Peaks, contributing to the development of positions in negotiating the new Closing the Gap National Agreement, providing NT jurisdictional expertise and by supporting NACCHO in developing health-related targets.

AMSANT's Digital Health team has been active in policy and advocacy. In late 2019, AMSANT, NT Department of Health, and NT PHN collaborated to strengthen and integrate the NT health system through digital health capabilities and innovative changes to the way we work. A joint five-year Digital Health strategy, Strengthening Our Health System Strategy 2020–2025 was developed in early 2020 and sets out the vision and strategic goals for the next five years.

The 2019–2020 wet season brought with it some extended 'outages' across the NT Telstra network, leaving some communities in total isolation. AMSANT negotiated access to the

regular outage reports that Telstra sends to the Department of Corporate and Information Services, to keep members up-to-date with the latest information when electricity and/or communications are down.

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 section 12 of the report.

Maida Stewart from Danila Dilba speaks up strong and advocates for Aboriginal health, whenever she can.

PUBLIC HEALTH

NTAHKPI pooled data report

AMSANT continues to provide leadership and expertise on the NTAHKPI committees — Steering Committee, Clinical Reference Group and the Technical Working group — to ensure the NTAHKPIs provide relevant clinical data to use for clinical governance, CQI and service planning. AMSANT provided a pooled ACCHSs data report for urban and remote settings to help services with benchmarking and to identify areas where lower performance reflected system or training issues.

The pooled data showed that 68% of clients (52,921) in the Aboriginal PHC system were regular clients of NT ACCHSs with the remainder seen by the government sector. This is an increase of 1190 people or 4 percent in 12 months and this proportion is steadily growing as clinics continue to transition to community control and existing services expand their reach. Other significant outcomes in the data include:

- Most (15) indicators were stable which was a good result given the disruption caused by COVID-19.
- There were improvements in some indicators measuring important aspects of PHC including immunisation, where 90% of children aged 6-11 months had up-to-date immunisations; renal disease, where 60% of adults were correctly screened for renal disease; treatment of rheumatic heart


MEDICARE

disease; and screening for cardiovascular risk. There was also increased rates of sexual health screening in urban areas and increased care planning and child health checks in remote regions.

- Of concern, the burden of disease continues to grow, with a total of 6479 people with diabetes being seen in the sector — an increase of 7% (452) in just one year; and a significant number of young people under 24 with Type 2 diabetes. A further area of concern was lower rates of early access to antenatal care.
- Anaemia in pregnancy was measured for the first time, as it's a risk factor for anaemia in children. Nearly half (45%) of women were anaemic at some time during their pregnancy, but only 17% were anaemic at their last clinic visit, which was lower than the NT average of 19%. This suggests that the PHC team is effectively treating anaemia in pregnancy.

AMSANT also provided educational teleconferences to the sector and disseminated information on a range of topics including renal transplantation and evidence-based approaches to childhood anaemia. We worked with TEHS to improve how decisions are made about how specialist services are delivered to remote communities.

AMSANT worked with the NDIA to hold a members workshop on NDIS. This addressed some of the barriers to ACCHSs becoming more involved in the scheme. However, it is clear that the current structure of the scheme is ill suited to remote areas and there has been insufficient adaption and flexibility to date. We continue to advocate for an approach that is more geared to the philosophy of ACCHSs. Some members have become more active in NDIS service provision but we still know that many Aboriginal people with disabilities are missing out.

Food Summit

AMSANT had planned the Food Summit for 2020, working with our member services, the NPY Women's Council and NTCOSS, to develop community-led policy and program recommendations that address food insecurity in urban and remote areas of the NT. However, due to COVID this had to be postponed and our work has focused on food security issues during the initial COVID lock-down and the Commonwealth inquiry into remote food prices and food security in Indigenous communities. Increases in Centrelink payments and changes to mutual obligation under CDP has led to some improvements in food security overall with people having more time to undertake traditional food harvesting and households having more income to purchase healthy food. In 2021, the Food Summit is back on the calendar and community and service provider consultations are underway to help build a greater understanding of the challenges and opportunities to address food insecurity.

Food security is a huge concern in the NT and may have got worse during the period of the remote biosecurity restrictions, which had some impact on food supplies; but Aboriginal organisations such as AMSANT and the Land Councils worked together to address these issues.

Research

AMSANT continues to engage in major research partnerships and assessed new proposals with topics such as early childhood, RHD prevention,

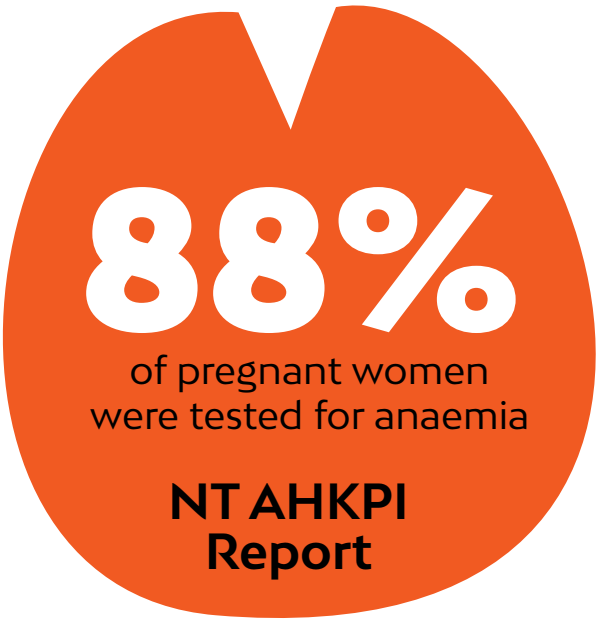
otitis media and alcohol policy. AMSANT is developing a research strategy to support an agenda that is driven by the needs of communities and members. AMSANT has become more engaged in undertaking research itself, including a project on developing indicators across the scope of primary health care, with this project being funded for a second year. This project will fill an important gap, as routinely collected indicators are usually limited to clinical areas; this causes important areas such as health promotion, policy and research to be less visible to communities, funders and external stakeholders.

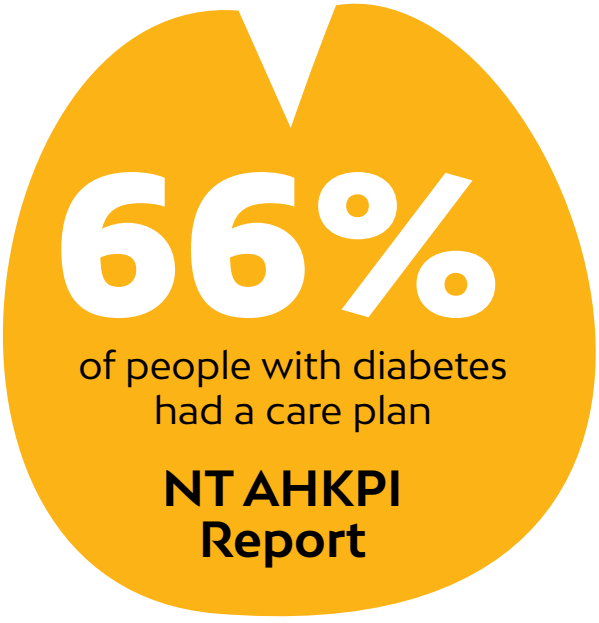
Health Advocacy

The Our Health, Our Way Conference held in August bought together board members, CEOs, senior managers and senior clinicians and provided information on key issues such as NDIS, SEWB, environmental health, research, child health and health promotion. We also co-hosted the first *Indigenous Health Justice Conference* which showcased the strong collaborations between ACCHSs and legal services.

Ear Health

AMSANT was successful in obtaining funding for two ear health coordinator positions for three years. These two positions bring together the key providers for ear and hearing health services with PHC to ensure that services are effective, integrated and meet the needs of our communities. This is particularly important as a new Commonwealth funded service aims to screen Aboriginal children aged 0 to 6 and needs to integrate with the existing NT Hearing services. A Menzies School of Health Research program supporting Aboriginal workers to develop ear health skills, reports that there are both gaps and duplications with ear and hearing services, and the service system is becoming increasingly complex. Progress was somewhat disrupted by COVID but we plan for a needs-analysis to be conducted with Aboriginal PHC services later in 2020.






90%
of children (0–12 months) were fully immunised
NT AHKPI Report


60%
of adults were screened for renal disease
NT AHKPI Report

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's engagement with research is guided by the Board, through the Research Subcommittee. Following completion of the new Strategic Plan, the Board initiated a review of AMSANT's research processes and capacity, which will be finished by the end of 2020.

AMSANT has a formal process for health researchers seeking feedback or support for research proposals. We provide guidance for health researchers seeking to involve Aboriginal communities and/or our member services. Health researchers complete a *pro forma* for consideration by the Research Subcommittee, with recommendations provided to the Board.

Despite 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 UNSW and health services, the Health Pathways national workforce 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, CQI, employment of community based ear workers in ACCHSs, and diabetes in pregnancy.

AMSANT is a member the Central Australian Academic Health Science Network (CA AHSN), which is chaired by AMSANT's CEO. Other partners include Aboriginal community controlled health organisations, government, research and university stakeholders. Accredited as one of only nine Centres for Innovation in Regional Health (CIRH) around the country, CA AHSN has accessed Medical Research Future Fund (MRFF) funding and commissioned 20 research projects. AMSANT is funded or partnering in four projects: to develop non-clinical indicators for our sector; social and emotional wellbeing; PHC workforce strategy; and a remote community survey.

AMSANT continues to have a close relationship with the Lowitja Institute which is developing an Aboriginal controlled health research sector. The CEO is a member of Lowitja's Research Advisory Committee.

Aboriginal Peak Organisations Northern Territory (APO NT)

10-YEAR MILESTONE

In 2020, the Aboriginal Peak Organisations Northern Territory (APO NT) — an alliance of AMSANT, Central Land Council and Aboriginal Housing NT (AHNT) — celebrates 10 years of advocating for our rights to self-determination in the Northern Territory. Since 2010, APO NT has worked collaboratively with our members, Aboriginal community leaders, Aboriginal and non-Aboriginal organisations, government and other key stakeholders on matters critical to the lives of Aboriginal people in the Northern Territory: housing, law and justice, health, employment, community control, governance and leadership.

The ten-year milestone allows us to reflect on many significant achievements: the development of the APO NT Partnership Principles in 2013 that encourage and facilitate action to build Aboriginal community controlled service and program delivery; the establishment of the Aboriginal Governance and Management Program (AGMP) in 2013 that continues to provide critical support for our organisations (see AGMP's report below); and four years' groundwork that has culminated in the development and incorporation of a new peak body for Aboriginal housing in the NT, Aboriginal Housing NT (AHNT).

APO NT has also projected a strong voice to government inquiries, committees, Royal Commissions and public hearings on a range of significant policy issues that impact our communities. APO NT has been actively engaged in the reforms flowing from the Royal Commission into the Protection and Detention of Children in the NT, and is a member of the Children and Families Tripartite Forum that is driving these reforms. And, as a member of the National Coalition of Peaks, APO NT contributed to the development of the new National Agreement on Closing the Gap.

COVID LEADERSHIP

Over the past year, APO NT has provided leadership in response to the COVID pandemic. APO NT advocated for community access restrictions (subsequently achieved through the Commonwealth Biosecurity Act) and for strong border closures to protect our communities from the potentially devastating impacts of an outbreak. We were represented on the NT Regional and Remote COVID Taskforce, and we worked effectively to ensure Aboriginal communities were provided with culturally accessible information and kept abreast of the latest information on the COVID and its potential risks.

While necessary to protect communities, the access restrictions also caused significant disruption and distress on other levels. Access to essential and affordable foods, clothing, linen, face-masks and sanitisers, have been significant challenges, as have been the difficulties of

navigating access restrictions and compulsory quarantining, and supporting homeless people and 'rough sleepers'. APO NT advocated to government and gave input to the Inquiry into Food Pricing and Food Security; the Inquiry into Homelessness in Australia; and the Select Committee on COVID-19 inquiry into the government's response.

RIGHTS ADVOCACY

APO NT raised concerns on the impacts of COVID on the rights of Aboriginal and Torres Strait Islander people, contributing to a joint submission from the Special Rapporteur on the Rights of Indigenous Peoples to the General Assembly of the UN, and joined calls for immediate action to reduce the number of people held in places of detention; prohibit the use of solitary confinement; and establish national preventative mechanisms as part of the COVID-19 response. APO NT also urged the Council of Attorneys-General to raise the age of criminal responsibility to 14 years and provided feedback on the draft NT Aboriginal Justice Agreement. APO NT also led a broad coalition advocating for the Commonwealth Government to reform remote employment and welfare policies, including withdrawing the Cashless Debit Card from the NT and developing a proposal to establish a job creation scheme for Aboriginal people in remote areas to replace the flawed Community Development Program (CDP).

APO NT is supported through a five-year funded partnership agreement with the NT Department of the Chief Minister, that supports the APO NT secretariat comprising a full-time Coordinator, Network Coordinator and a part-time Program Support Officer.

ABORIGINAL HOUSING NT (AHNT)

Aboriginal Housing NT (AHNT) has progressed rapidly since it was incorporated under the *CATSI Act* last year. AHNT held its first AGM and elected a Board of Directors, who have been working to establish the new organisation and have drafted its first strategic plan, Aboriginal Housing into Aboriginal Hands. The Board adopted three AHNT Pillars:

1) Devolve housing to Aboriginal controlled organisations;

2) Embed a 'housing for health' approach to create better health outcomes; and

3) Apply culturally-informed sustainable design principles that respond to local environments and climate change.

AHNT presented at the National Housing Conference held in Darwin, and also published an article in *Parity* magazine.

ABORIGINAL GOVERNANCE & MANAGEMENT PROGRAM (AGMP)

The Aboriginal Governance & Management Program (AGMP) builds the strength and resilience of Aboriginal organisations in the NT. We do this by increasing the skills and confidence of Aboriginal Board members and organisational leaders, and empowering them to run stronger organisations and deliver more effective services. This provides local jobs, develops local economies, reduces disadvantage and promotes community capacity and wellbeing.

Site support is a core activity and in the 2019-2020 financial year, AGMP was invited to work with twelve different Aboriginal organisations across the NT. The range of support included:

- Mentoring and capacity building for Board members
- Training and support on rule books, ORIC compliance and reporting requirements
- Financial advice and mentoring to ensure transparency and accountability
- HR support in recruitment, contract templates and supporting Boards' recruitment of CEOs
- Helping Boards and managers define their areas of responsibility.

AGMP also develops supportive networks for shared learning among Aboriginal organisations, and advocates to government decision makers. In July 2019, AGMP assisted the Department of the Chief Minister to plan and deliver the Northern Territory Aboriginal Leadership and Governance Forum. In October, AGMP played a lead role in the planning and delivery of the Central Australian Community of Practice Forum on Collaborative Impact in Alice Springs, attended by 130 local community development practitioners. The Commonwealth Minister for Indigenous Australians, Ken Wyatt, gave the opening address.

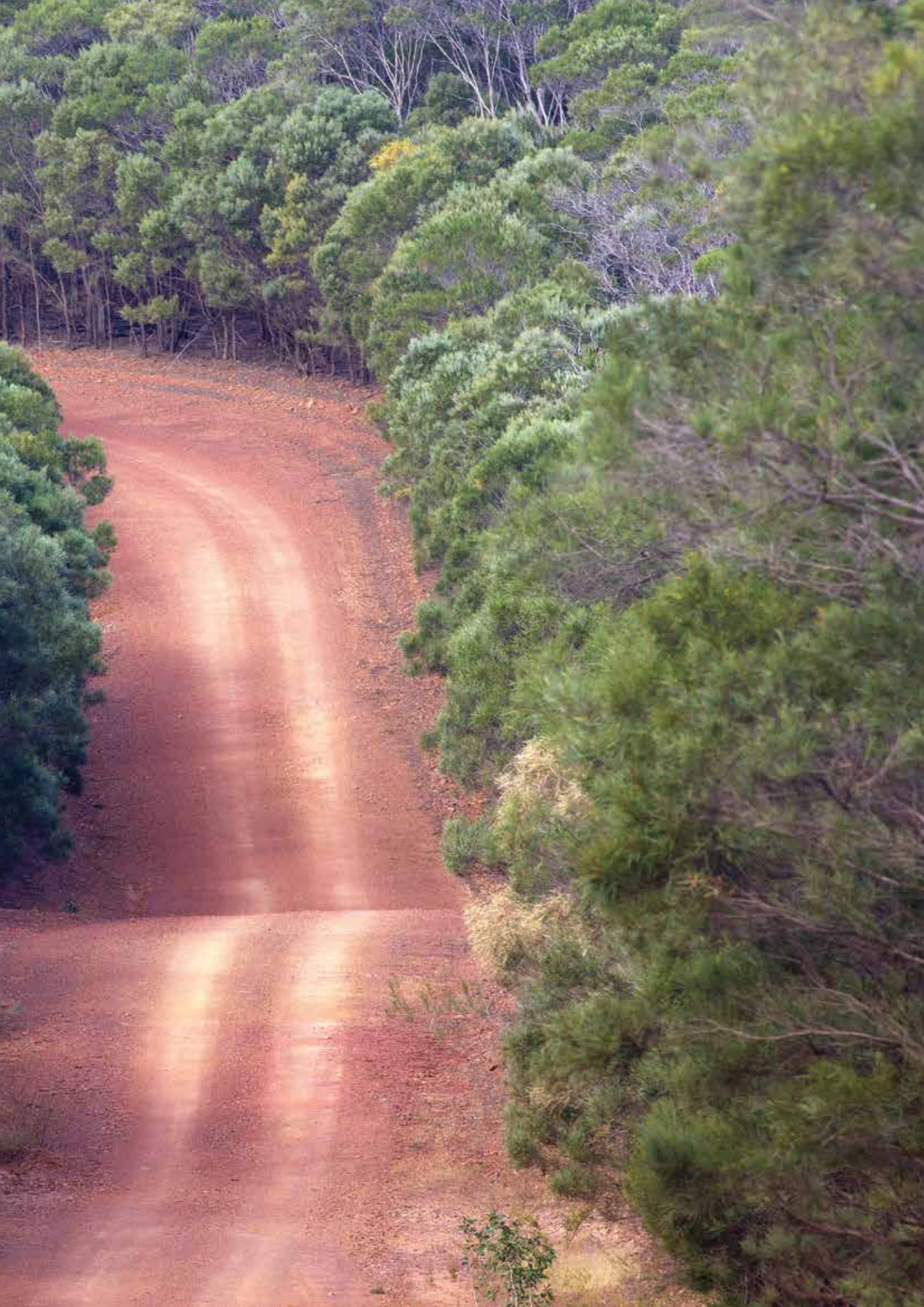
In late 2019, AGMP completed an evaluation conducted by an independent external consultant, KPMG. The evaluation notes AGMP's key role as the only not-for-profit Aboriginal agency devoted to governance and management support specific to the remote Indigenous context of the NT. It highlighted that AGMP's services are provided free-of-charge, offering tailored, practical, support that is responsive to local needs and conditions. The evaluation also noted the cultural skills and competency of AGMP staff.

During this period, we have worked on strengthening our internal systems for monitoring and evaluation, improving our communications and resource development, and finishing a new business plan. Coinciding with the need to adapt to COVID restrictions in 2020, we developed on-line communication tools and resources, using systems such as Zoom, Prezi, PowerPoint and teleconferencing that has allowed for delivery of on-line support for our partners.

Members of Aboriginal Housing NT (AHNT) met in Darwin in June with the Full Board of the Bawinanga Aboriginal Corporation (BAC). (Back row) John Paterson (CEO, AMSANT); Julius Kiernan (BAC); Steve Roberts (ALPA); Oliver Ankin (BAC); David Jones (BAC); Ingrid Stonhill (BAC); Leeanne Caton (Chair, AHNT); Louise Weber (Secretariat, AHNT). (Front row) Wayne Kala Kala (Chair, BAC); Valda Bokmakarray (BAC); Yananymul Mununggur (Director, Laynhapuy & AHNT); Cindy Jinmarabynana (BAC); Janet Marawarr (BAC).

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

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation

ICN 8253

FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2020

ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY ABORIGINAL CORPORATION
ICN 8253

FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2020

Contents

General Information

The financial report covers Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation (the Corporation) as an individual entity. The financial report is presented in Australian dollars rounded to the nearest dollar.

The financial report consists of the financial statements, notes to the financial statements and the directors' declaration.

The financial report was authorised for issue, in accordance with a resolution of directors, on 30th September 2020. The directors do have the power to amend and reissue the financial report.

The Corporation is a corporation registered under the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*, incorporated and domiciled in Australia.

Address
Moonta House Level 1, 43 Mitchell Street, Darwin Northern Territory

ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY ABORIGINAL CORPORATION

ICN 8253

Directors' Report

Your directors present their report, together with the accompanying financial statements of the Corporation, for the year ended 30 June 2020 on the Corporation for the financial year ended 30 June 2020.

Information on Directors

Director	Special Responsibilities	Appointed
Barbara Shaw	Chair	26-Jun-15
Leon Chapman	Treasurer	26-Jun-15
Donna Ah Chee	Director	26-Jun-15
David Smith	Director	26-Jun-15
Susan Berto	Director	3-Nov-15
David Galvin	Independent Director	17-Nov-17
Olga Havnen	Director	26-Jun-15
Edward Mulholland	Director	26-Jun-15
Jeanette Ward	Independent Director	17-Nov-17
William Palmer	Director	18-Jul-19

Information on Corporation Secretary

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

Meetings of Directors

During the financial year, 6 meetings of directors were held. Attendances by each director were as follows:

	Directors' Meetings	
	Number eligible to attend	Number attended
Barbara Shaw	6	5
Leon Chapman	6	6
Donna Ah Chee	6	4
David Smith	6	6
Susan Berto	6	6
David Galvin	6	5
Olga Havnen	6	4
Edward Mulholland	6	4
Jeanette Ward	6	5
William Palmer	6	4

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 $2,940,721 (2019: Profit of $119,022).

Significant Changes in the State of Affairs
No significant changes in the Corporation'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.

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 auditor's independence declaration for the year ended 30 June 2020 has been received and can be found on page 4 of the financial report.

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

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Darwin NT 0800
GPO Box 4640 Darwin NT 0801
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ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY (AMSANT) ABORIGINAL CORPORATION

ICN 8253

DECLARATION OF INDEPENDENCE BY C TAZIWA TO THE DIRECTORS OF ABORIGINAL MEDICAL SERVICES ALLIANCE NOTHERN TERRITORY (AMSANT) ABORIGINAL CORPORATION

As auditor of Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation For the year ended 30 June 2020, I declare that, to the best of my knowledge and belief, there have been:

1. No contraventions of the auditor independence requirements in relation to the audit; and
2. No contraventions of any applicable code of professional conduct in relation to the audit

This declaration is in respect of Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation during the period.

C Taziwa
Partner

BDO Audit (NT)

Darwin, 8th October 2020

ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY ABORIGINAL CORPORATION
ICN 8253

DIRECTORS' DECLARATION

The directors of the Corporation declare that:

1 In the opinion of the directors, the financial statements and notes, as set out on pages 5 to 24, are in accordance with the *Corporations (Aboriginal and Torres Strait Islander) Regulations 2007* (CATSI Regulations) *and*:

(a) comply with Australian Accounting Standards - Reduced Disclosure Requirements and the CATSI Regulations; and the Australian Charities and Not for profit Commission Regulation 2013: and,

(b) provide a true and fair view of the financial position as at 30 June 2020 and of the performance for the year ended on that date of the Corporation.

2 In the opinion of the directors, there are reasonable grounds to believe that the Corporation will be able to pay its debts when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors dated the 30th day of September 2020.

Leon Chapman

Treasurer

Barb Shaw

Chairman

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INDEPENDENT AUDITOR'S REPORT

To the directors of Aboriginal Medical Services Alliance Northern Territory (AMSANT) Aboriginal Corporation

Opinion

We have audited the financial report of Aboriginal Medical Services Alliance Northern Territory (AMSANT) Aboriginal Corporation (the Corporation), which comprises the statement of financial position as at 30 June 2020, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial report, including a summary of significant accounting policies, and the directors' declaration.

In our opinion the accompanying financial report of the Corporation, is in accordance with the *Corporations (Aboriginal and Torres Strait Islanders) Act 2006*, including:

(i) Giving a true and fair view of the Corporation's financial position as at 30 June 2020 and of its financial performance for the year then ended; and

(ii) Complying with Australian Accounting Standards

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 *Corporations (Aboriginal and Torres Strait Islanders) Act 2006* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Other Information

The directors are responsible for the other information. The other information obtained at the date of this auditor's report is information included in the directors report, but does not include the financial report and our auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

If, based on the work we have performed on the other information obtained prior to the date of this auditor's report, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of directors for the Financial Report

The directors of the Corporation are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the *Corporations (Aboriginal and Torres Strait Islanders) Act 2006*, and for such internal control as directors determine is necessary to enable the preparation of the financial report that 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 has no realistic alternative but to do so.

Auditor's responsibilities for the audit of the Financial Report

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

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

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

This description forms part of our auditor's report.

BDO Audit (NT)

C Taziwa

Audit Partner

Darwin, 08 October 2020

ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY ABORIGINAL CORPORATION
ICN 8253

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2020

	Note	2020 $	2019 $
Revenue	2	14,013,280	8,742,833
Expenses			
Employee benefits expense	3 (a)	(6,526,553)	(5,712,357)
Consultants and contractors		(666,513)	(429,459)
Depreciation and amortisation expense		(478,925)	(79,076)
Motor vehicle expense		(162,394)	(176,893)
Operations expense		(2,632,145)	(1,440,318)
Travel expense		(586,257)	(785,708)
Interest		(19,772)	-
		(11,072,559)	(8,623,811)
Profit before income tax		2,940,721	119,022
Income tax benefit (expense)		-	-
Profit for the period		2,940,721	119,022
Other comprehensive income for the year net of income tax		-	-
Total comprehensive income for the year		2,940,721	119,022

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

ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY ABORIGINAL CORPORATION
ICN 8253

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2020

	Note	2020 $	2019 $
ASSETS			
Current assets			
Cash and cash equivalents	4	4,312,370	2,806,603
Trade and other receivables	5	360,858	306,717
Other current assets	6	110,357	233,271
Short term investments		961,114	945,719
Total current assets		5,744,699	4,292,310
Non-current assets			
Property, plant and equipment	7	284,410	247,361
Right of use assets	8	392,363	-
Total non-current assets		676,773	247,361
Total assets		6,421,472	4,539,671
LIABILITIES			
Current liabilities			
Trade and other payables	9	721,896	659,288
Provisions	10	1,378,659	1,123,300
Other liabilities	11	65,000	1,862,614
Lease liability	12	399,778	
Total current liabilities		2,565,333	3,645,202
Non-current liabilities			
Provisions	10	104,403	87,415
Lease liability	12	3,960	-
Total non-current liabilities		108,363	87,415
Total liabilities		2,673,697	3,732,617
Net assets		3,747,775	807,054
EQUITY			
Accumulated Funds		3,747,775	807,054
Total equity	13	3,747,775	807,054

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

ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY ABORIGINAL CORPORATION
ICN 8253

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2020

	Retained Earnings $	Total Equity $
Balance at 1 July 2018	688,032	688,032
Profit (loss) for the year	119,022	119,022
Other comprehensive income	-	-
Balance at 30 June 2019	807,054	807,054
Profit (loss) for the year	2,940,721	2,940,721
Other comprehensive income	-	-
Balance at 30 June 2020	3,747,775	3,747,775

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

ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY ABORIGINAL CORPORATION
ICN 8253
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2020

	Note	2020 $	2019 $
Cash flows from operating activities			
Receipt of grants		10,998,981	9,192,059
Interest income		8,124	33,387
Other receipts		1,065,992	409,501
Payments to suppliers and employees		(10,507,778)	(8,583,747)
Net cash from operating activities		1,565,319	1,051,200
Cash flows from investing activities			
Proceeds from sale of property, plant and equipment		131,963	28,986
Payment for property, plant and equipment		(191,515)	(103,249)
Net cash used in investing activities		(59,552)	(74,263)
Cash flows from financing activities			
Proceeds corporate credit card		-	-
Net cash from/(used in) financing activities		-	-
Net increase (decrease) in cash and cash equivalents		1,505,767	976,937
Cash and cash equivalents at beginning of period		2,806,603	1,829,666
Cash and cash equivalents at end of period	5	4,312,370	2,806,603

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

Note 1 Significant accounting policies

(a) Basis of Preparation

The financial statements cover Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation 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*.

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.

New or amended Accounting Standards and Interpretations adopted

The Corporation has adopted AASB 16 during the current year. The standard replaces AASB 117 'Leases' and for lessees eliminates the classifications of operating leases and finance leases. Except for short-term leases and leases of low-value assets, right-of-use assets and corresponding lease liabilities are recognised in the statement of financial position. Straight-line operating lease expense recognition is replaced with a depreciation charge for the right-of-use assets (included in operating costs) and an interest expense on the recognised lease liabilities (included in finance costs). In the earlier periods of the lease, the expenses associated with the lease under AASB 16 will be higher when compared to lease expenses under AASB 117. However, EBITDA (Earnings Before Interest, Tax, Depreciation and Amortisation) results improve as the operating expense is now replaced by interest expense and depreciation in profit or loss. For classification within the statement of cash flows, the interest portion is disclosed in operating activities and the principal portion of the lease payments are separately disclosed in financing activities. For lessor accounting, the standard does not substantially change how a lessor accounts for leases.

The financial report has been prepared in accordance with the following applicable Accounting Standards:
- AASB 101 - Presentation of Financial Statements
- AASB 107 - Cash Flow Statements
- AASB 108 - Accounting Policies, Changes in Accounting Estimates and Errors
- AASB 136 - Impairment of Assets
- AASB 1048 - Interpretation and Application of Standards
- AASB 16 - Accounting For Leases

Note 1 Significant accounting policies (continued)

(b) Revenue recognition

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 services rendered is recognised in the income statement at the time when the services are performed.

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.

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

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

(c) 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.

(d) Cash and cash equivalents

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

(e) Trade and other receivables

Trade receivables are recognised at initial invoice amount less any provision for impairment and are generally due for settlement within 30 days of invoice.

Collectability of trade receivables is assessed on an ongoing basis. Debts which are known to be uncollectible are written off. A provision for impairment is made when there is objective evidence that the Corporation will not be able to collect all amounts due.

Assessment of the provision for impairment of receivables requires a degree of estimation and judgement. The level of the provision may be assessed by taking into account recent sales history, the ageing of receivables, historical collection rates and past experience of the debtor's payment record.

Other receivables are recognised at initial amount less any provision for impairment.

All receivables are classified as short-term and are accordingly measured at their initial amount and are not discounted.

Note 1 Significant accounting policies (continued)

(f) Property, plant and equipment

Property, plant and equipment is stated at historical cost, including costs directly attributable to bringing the asset to the location and condition necessary for it to be capable of operating in the manner intended by management, less depreciation and any impairment.

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 rate used for each class of depreciable assets are:

Motor Vehicle	4___5 Years
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.

An item of property, plant and equipment is derecognised upon disposal or when there is no future economic benefit to the Corporation. Gains and losses between carrying amount and the disposal proceeds are taken to profit and loss

(g) Trade and other payables

Trade and other payables represent liabilities for goods and services provided to the Corporation prior to the end of the reporting period and which are unpaid. These amounts are unsecured and are usually paid within 30 days of recognition. Due to their short-term nature trade and other payables are measured at their initial amount and are not discounted.

(h) Financial Instruments

(i) 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 (ie 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 15.63.

Note 1 Significant accounting policies (continued)

(h) Financial Instruments (continued)

(ii) Classification and subsequent measurement

Financial liabilities

Financial liabilities are subsequently measured at:

- amortised cost, or
- fair value through profit and 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 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;
- a derivative financial instrument (except for a derivative that is in a financial guarantee contract or a derivative that is in an effective hedging relationship); or
- 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 are taken to profit or loss rather than other comprehensive income.

A financial liability cannot be reclassified.

Financial Assets

Financial assets are subsequently measured at:

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

on the basis of the two primary criteria, being:

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

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

- 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 is subsequently measured at fair value through other comprehensive income when it meets the following conditions:

- 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

Note 1 Significant accounting policies (continued)

(h) Financial Instruments (continued)

- 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 conditions of amortised cost and the fair value through other comprehensive income's measurement condition are subsequently measured at fair value through profit or loss.

The Corporation initially designates financial instruments as measured at fair value through profit or loss if

- it eliminates or significantly reduces a measurement or recognition inconsistency (often referred to as "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 was documented appropriately, so the performance of the financial liability that was 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 the financial instruments to measure at fair value through profit and loss is a one-time option on initial classification and is irrevocable until the financial asset is derecognised.

(iii) 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 (ie 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 of the following criteria need to be satisfied for 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 Entity no longer controls the asset (i.e. it has no practical ability to make unilateral decisions 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 was elected to be classified 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.

Note 1 Significant accounting policies (continued)

(h) Financial Instruments (continued)

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 simplified approaches to impairment, as applicable under AASB 9:

Simplified approach
The simplified approach does not require tracking of changes in credit risk in every reporting period, but instead requires the recognition of lifetime expected credit loss at all times.
This approach is applicable to trade receivables
In measuring the expected credit loss a provision matrix for trade receivables has been 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.).

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. An 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.

(i) Impairment

At the end of each reporting period, the Corporation assesses whether there is any indication that individual assets are impaired. Where impairment indicators exist, recoverable amount is determined and impairment losses are recognised in profit and loss where the asset's carrying amount exceeds its recoverable amount. Non-financial assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for an amount by which the asset's carrying amount exceeds its recoverable amount. Recoverable amount is the higher of an asset's fair value less costs to sell and value in use.

Note 1 Significant accounting policies (continued)

(j) 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.

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

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.

(k) 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. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of the item of expense. Receivables and payables in the statement of financial position are shown inclusive of GST. The net amount of GST recoverable from or payable to the Australian Taxation Office is included in other receivables or other payables in the statement of financial position.

Cash flows are presented in the statement of cash flows on a gross basis except for the GST component of investing and financing activities which are disclosed as operating cash flows.

Commitments and contingencies are disclosed net of the amount of GST.

Note 1 Significant accounting policies (continued)

(l) Economic Dependence

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

(m) Provisions and Contingencies

The Corporation is unable to determine whether or to what extent a contingent liability may exist in relation to the claims by the debtor and no amount is acknowledged by the directors in relation thereto.

Recoveries from the debtor or payments arising from the counter claims will be offset in the year that these are resolved as a write back against the provision for impairment.

(n) Critical accounting judgements, estimates and assumptions

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

(o) 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, recording an asset and a liability equal to the present value of the minimum lease payments, including any guaranteed residual values. The interest expense is calculated using the interest rate implicit in the lease and is included in finance costs in the statement of profit or loss and other comprehensive income. Leased assets are depreciated on a straight line basis over their estimated useful lives where it is likely the Corporation will obtain ownership of the asset, or over the term of the lease. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period.

(p) Right-of-use assets

A right-of-use asset is recognised at the commencement date of a lease. The right-of-use asset is measured at cost, which comprises the initial amount of the lease liability, adjusted for, as applicable, any lease payments made at or before the commencement date net of any lease incentives received, any initial direct costs incurred, and, except where included in the cost of inventories, an estimate of costs expected to be incurred for dismantling and removing the underlying asset, and restoring the site or asset.

Right-of-use assets are depreciated on a straight-line basis over the unexpired period of the lease or the estimated useful life of the asset, whichever is the shorter. Where the Corporation expects to obtain ownership of the leased asset at the end of the lease term, the depreciation is over its estimated useful life. Right-of use assets are subject to impairment or adjusted for any remeasurement of lease liabilities.

The Corporation has elected not to recognise a right-of-use asset and corresponding lease liability for short-term leases with terms of 12 months or less and leases of low-value assets. Lease payments on these assets are expensed to profit or loss as incurred.

		2020 $	2019 $
Note 2	**Revenue**		
	Grant funding received during the year	10,268,869	9,456,154
	Amounts brought forward from prior year	1,862,614	700,499
	Amounts carried forward to future years (Unexpended)	-	(1,798,614)
		12,131,483	8,358,039
	— Interest	23,519	33,387
	— Recoupment	160,545	199,711
	— Insurance reimbursements	-	40,556
	— Profit on disposal of assets	73,032	28,986
	— Other Income	1,624,701	82,154
		1,881,797	384,794
	Total revenue	14,013,280	8,742,833
Note 3	**Expenses**		
(a)			
	Salaries and wages	5,346,419	5,025,254
	Superannuation	493,156	453,030
	Workers' Compensation	44,941	59,135
	Fringe Benefits Tax	19,682	6,555
	- Movement in employee leave provisions	300,842	116,684
	- Other employee expenses	321,513	51,699
		6,526,553	5,712,357
Note 4	**Cash and cash equivalents**		
	Cash at bank-operating bank accounts	516,590	512,456
	Cash at bank	3,795,304	2,293,350
	Cash on hand	476	797
		4,312,370	2,806,603
Note 5	**Trade and other receivables**		
	Current		
	Trade receivables	360,858	306,717
	Other debtors	-	-
		360,858	306,717
Note 6	**Other current assets**		
	Prepayments	110,357	233,271
		110,357	233,271

		2020 $	2019 $
Note 7	**Property, plant and equipment**		
(a)	**Motor Vehicle**		
	At cost	366,649	409,476
	Less accumulated depreciation	(114,506)	(185,007)
	Total plant and equipment	252,143	224,469
	Other Plant and equipment		
	At cost	195,733	171,921
	Less accumulated depreciation	(163,466)	(149,029)
	Total plant and equipment	32,267	22,892
	Total property, plant and equipment	284,410	247,361

		2020 $	2019 $
Note 8	**Right of use asset**		
	Right of use asset at cost	775,753	-
	Less: accumulated depreciation	(383,390)	-
	Total Right of use asset	392,363	-

Right of use asset Reconciliation

	Building $	Motor Vehicle $	Total $	Total $
Carrying value at the beginning of the year				
Addition	743,113	32,640	775,753	-
Disposal	-	-	-	-
Depreciation	(369,402)	(13,988)	(383,390)	-
Carrying value at year end of the year	373,711	18,652	392,363	-

		2020 $	2019 $
Note 9	**Trade and other payables**		
	Current		
	Trade payables	467,331	269,749
	GST payable	(185)	129,558
	Accrued expenses and other sundry payables	251,496	251,596
	Corporate credit card liability	1,355	6,485
	Bonds payable	1,900	1,900
		721,896	659,288
Note 10	**Provisions**		
	Current		
	Provision for employee benefits: annual leave	792,512	601,926
	Provision for employee benefits: long service leave	574,806	512,016
	Provision for employee benefits: other	11,341	9,358
		1,378,659	1,123,300
	Non current		
	Provision for employee benefits: long service leave	104,403	87,415
		104,403	87,415
Note 11	**Other liabilities**		
	Unexpended grant funding carried forward	-	1,132,502
	Other income in advance	65,000	730,113
		65,000	1,862,614
Note 12	**Lease Liability**		
(a)	Current	399,778	-
	Non current	3,960	-
		403,738	-

(b) Reconciliation of Lease Liability

	Building $	Motor Vehicle $	Total $	Total $
				-
Balance at the beginning of the year	743,113	32,640	775,753	-
Less: Total payments	(377,244)	(14,543)	(391,787)	-
Interest	18,522	1,250	19,772	-
Balance at the end of the year	384,391	19,347	403,738	-

Note 13 Accumulated funds

	2020	2019
	$	$
Total at beginning of year	807,054	688,032
Net profit for the year	2,940,721	119,022
Total at the end of year	3,747,775	807,054

Note 14 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).

	2020	2019
	$	$
The totals of remuneration paid to KMP of the Corporation during the year are as follows:		
short-term employee benefits	1,062,437	1,062,246
post-employment benefits	-	104,576
other long-term benefits		
	1,062,437	1,166,822

Note 15 Related party transactions

Related parties of the Corporation where transactions occurred during the year are:
Red Lily Health Board Aboriginal Corporation

	2020	2019
Balances at the year end are as follows:	$	$
Amounts receivable included in trade and other receivables	18,581	-
Amounts payable included in trade and other payables	86,013	14,438
Transactions that occurred during the year are as follows:		
Rent Contribution Income	13,836	-
Income representing recoupment of employee costs	215,025	30,522
Repairs & Maintenance	18,362	-
Consultancy Fees	18,000	-
Motor Vehicle related Costs	14,325	-
Travel	14,104	-
Other Expenditure	34,676	-

During the year the Corporation received grant funding from NT PHN of $1,877,589 (2019: $1,492,082). The Corporation is a member of the Company.

There were no other related party transactions in 2020.

Note 16 Events occurring after the reporting date

No matter or circumstance has arisen since 30 June 2020 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 17 Contingent liabilities and assets

There are no contingent liabilities or assets at 30 June 2020 or 30 June 2019.

Note 18 Commitments

The Corporation had no contingent liability as at 30 June 2020 (30 June 2019 : Nil)

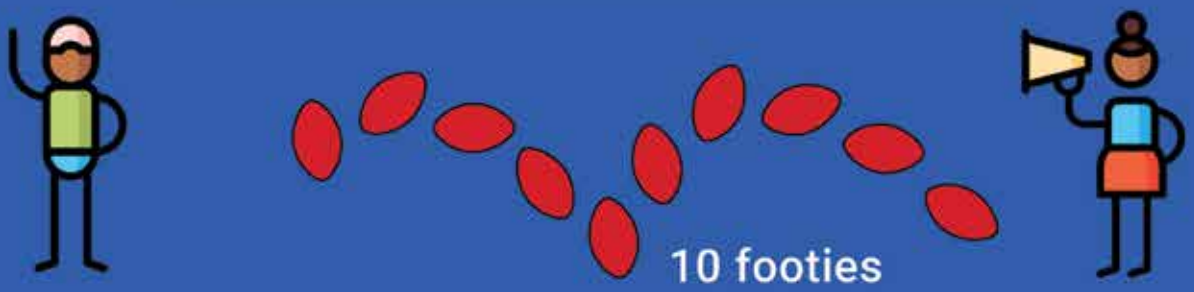
Note 19 Financials and Risk Management

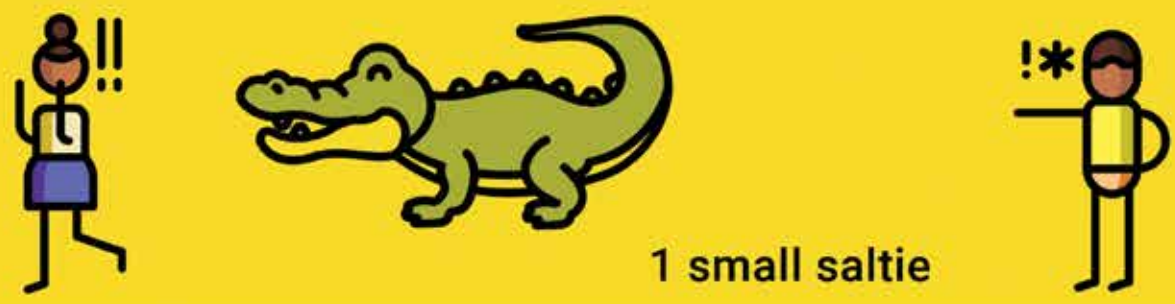
The corporation's Financial instruments comprise cash and cash equivalents, accounts receivable and accounts payable.

The carrying amounts for each category of financial instruments, measured in accordance with AASB9:
Financial Instruments as detailed in the accounting policies to these financials statements, are as follows:

	2020	2019
Financial assets	**$**	**$**
Financials assets at amortised cost		
- cash and cash equivalent	4,312,370	2,806,603
- Trade and other receivable	360,858	306,717
Total financial assets		
Financial liabilities		
Financial liabilities at amortised cost		
- Trade and other payable	721,896	659,288
- Lease	403,738	-
Total financial liabilities		

Social Distancing
in the NT





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