VACCINATE

ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY

AMSANT

Annual Report

2020-2021

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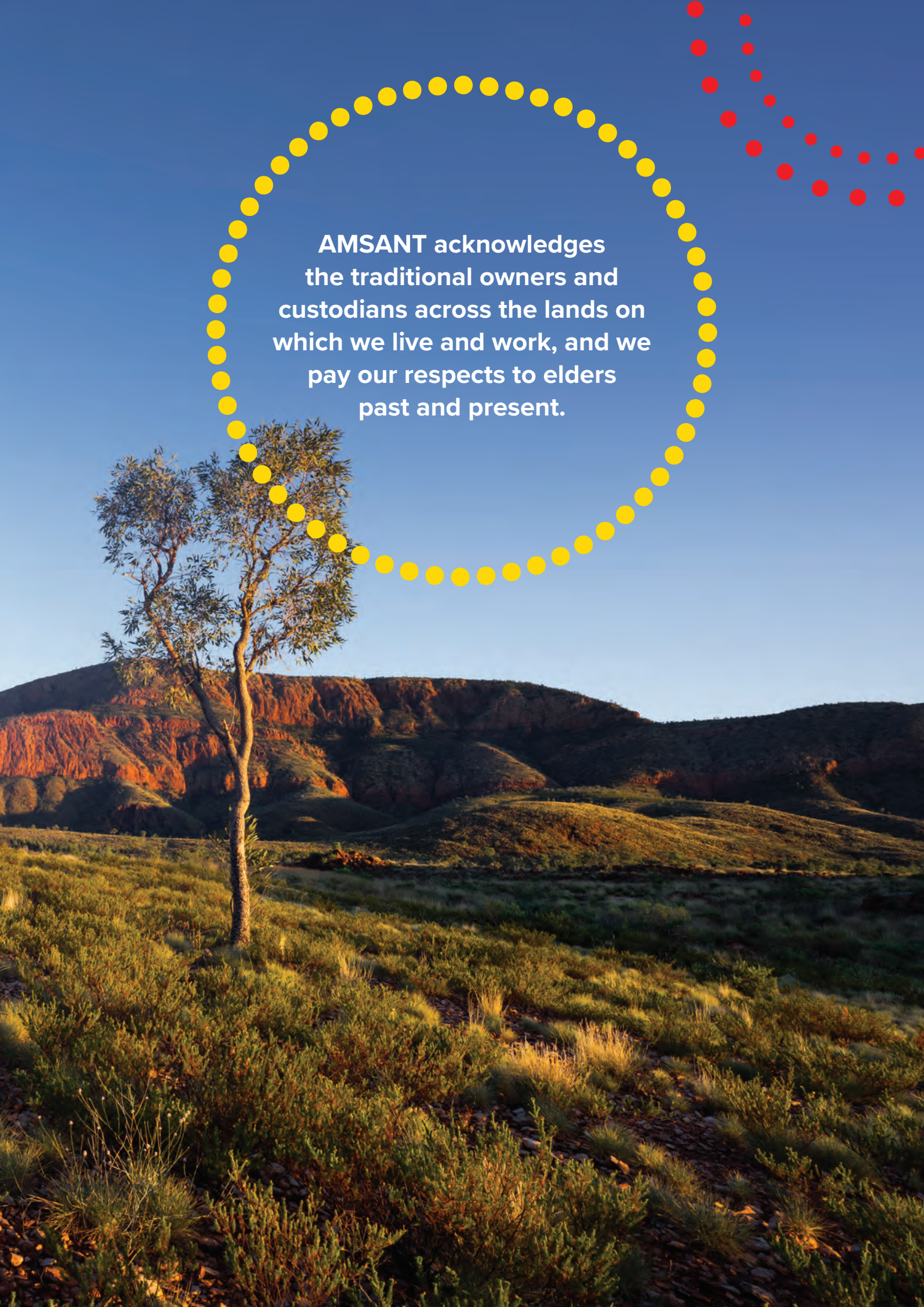
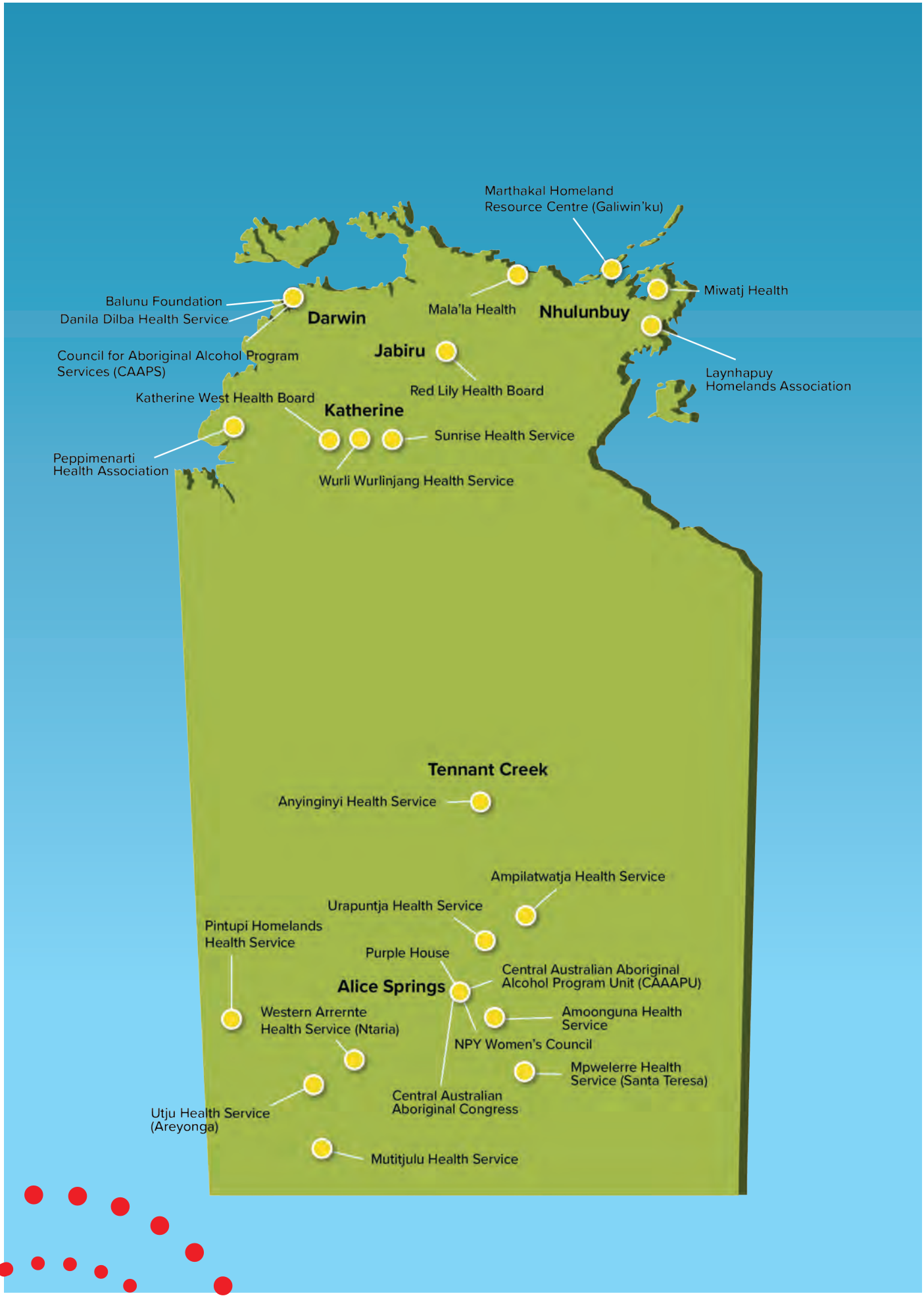
AMSANT respects Aboriginal and Torres Strait Islander cultures and strives to avoid publishing the names or images of deceased people.


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.


Marthakal Homeland
Resource Centre (Galiwin'ku)
Miwatj Health
Balunu Foundation
Danila Dilba Health Service
Darwin
Mala'la Health
Nhulunbuy
Jabiru
Council for Aboriginal Alcohol Program
Services (CAAPS)
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
Central Australian Aboriginal
Alcohol Program Unit (CAAAPU)
Alice Springs
Western Arrernte
Health Service (Ntaria)
Amoonguna Health
Service
NPY Women's Council
Mpwelerre Health
Service (Santa Teresa)
Central Australian
Aboriginal Congress
Utju Health Service
(Areyonga)
Mutitjulu Health Service

Contents

Our Vision

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

About AMSANT

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.

AMSANT members and staff show their solidarity at the AMSANT General Meeting in Katherine in May, 2021.

Our Principles

Aboriginal community control is an act of self-determination. 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. 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 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.

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.

AMSANT Board in session at its meeting in Katherine, May 2021

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
Mala'la Health Service 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)
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

Board

Our current Board is comprised of eight Directors elected from Full Members of AMSANT, and two non-Member Directors appointed by the Full Member Directors. Directors are elected for a two-year term.

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.

Sinon Cooney

Member Director
Chief Executive Officer
Katherine West Health Board

Sinon Cooney has worked at Katherine West Health Board since 2007 and has been the CEO since July 2019. He began his career in Aboriginal Health as a Remote Area Nurse in Lajamanu and has since worked with many communities across the Northern Territory. Sinon has been part of the Katherine West Health Board's leadership team in Primary Health Care for ten years, and holds a Master's Degree in Public Health. He is a Graduate of the Australian Institute of Company Directors and a member of the NT Aboriginal Health Forum (NTAHF) as a representative of AMSANT.

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).

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.

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. 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.

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.

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.

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 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 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 the 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.

Chairperson's report

AMSANT has continued to dig deep over the past year, responding to protect our community from the COVID-19 pandemic, now well into its second year. It has been a whole-of-sector effort with strong leadership from our Board, Members and CEO as they direct the efforts of our dedicated staff.

The COVID challenge has shaped, but not diminished, our broader work in supporting Member Services across a range of areas, and advocating for improved government policies and responses. It has particularly highlighted the importance of Aboriginal workforce and the challenges of recruiting and retaining health professionals in regional and remote areas.

COVID has brought our sector and government closer together, facing a common existential challenge — encapsulated by the *We're all in this together* slogan — that has demanded a deeper level of collaboration. It has also coincided with work to implement the historic Closing the Gap Agreement, which required a co-design process between the NT Government and Aboriginal Peak Organisations NT, of an NT CTG Implementation Plan which is now well advanced.

A further area of enhanced partnership has occurred through AMSANT's participation in the Children and Families Tripartite Forum, which is overseeing another co-design process, this time to develop a ten-year Generational Strategy in response to the Royal Commission into the protection and detention of children in the NT. This is in addition to our leadership of the NT Aboriginal Health Forum, which has responded to the health planning challenges in this COVID world.

Beyond these high-level collaborations, AMSANT's day-to-day work has continued apace with significant growth over the year. Our specialist teams have provided a wide variety of support to Members, including in public health, workforce support, digital health, information technology, chronic disease, SEWB and AOD workforce support, trauma informed care training, policy and advocacy, and CQI.

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 am pleased to report that the Board has successfully guided the implementation of AMSANT's 2020 organisational review. The new Business Plan has been developed, together with a Board Charter and an Aboriginal Employment Strategy. This work provides an important foundation for the continuing growth and development of AMSANT.

I would like to acknowledge our key partners who have made many of the achievements over the past year possible through their collaboration — APO NT, the NT Aboriginal Health Forum, Tripartite Forum, Central Australian Academic Health Science Network, and of course, NACCHO and our sister Affiliates.

I especially wish to offer my heartfelt thanks to my fellow Board Directors for their valuable and insightful contributions, and to 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

More than ever, the past year has demonstrated why we regard ourselves as the 'AMSANT family', honouring our shared commitment to protect and improve the health of our community and to support and care for each other. The COVID challenge has brought out the best in us.

We began the year deep in the task of keeping the virus out of our communities and by year's end we were equally consumed with the mission to get our community members vaccinated as fast as possible. It has been a journey from COVID 'zero tolerance' to 'vax to the max', with many challenges overcome along the way and many still to be faced.

The fact that the Northern Territory has dodged a number of bullets and currently has an enviable record of 'no COVID deaths' is in no small part due to the advocacy and actions of AMSANT and our member services. Our cohesion and collaboration as a sector has been notable, sustained by the weekly Members COVID meetings we have held, to share information and learnings and to plan our response.

In the following pages you will see the breadth of member support activity by AMSANT staff, including both workforce and program support. We supported chronic disease care coordinators, assisted with the rollout of the NDIS Ready Program, and established an NDIS Member Service Support Network. Our Digital Health Team provided direct support to members, including upgrading Communicare and providing support to access external platforms for immunisation, Medicare, NDIS, and Closing The Gap PBS registration.

We collaborated with NT Health Department and NT PHN to develop the Northern Territory Digital Health – *Strengthening Our Health System Strategy 2020-2025*,

with the East Arnhem Communities of Excellence, an early project under the strategy.

AMSANT has continued to grow our deadly SEWB team, whose work leading the development of responses that are community-centred and incorporate Aboriginal knowledge of trauma and healing, is highly-regarded. AMSANT's Dumulgurra project responds to the inter-generational trauma experienced by health workers and patients and provides training for health centre staff. Our SEWB Clinical Support team provides telephone support to anyone in the ACCHSs sector who may need support, and is in high demand. The year also saw the transition of the Suicide Story program to Aboriginal community control at AMSANT and the completion of a needs-analysis of SEWB workforce training and support across our sector.

Public health and clinical support have continued to expand. We started a diabetes-related foot program to address the high rates of foot problems and amputations experienced by Aboriginal people with diabetes. Workshops were held to provide solutions and responses to challenging health issues including: a trachoma workshop (that emphasised the need for an integrated PHC response to common infectious diseases); a syphilis workshop (that developed an 'NT syphilis plan', endorsed by AMSANT and NT Health); a two-day ear health workshop (that discussed key challenges, solutions and pathways for collaboration); and AMSANT's second Food Summit, in Alice Springs (that discussed food security issues that disproportionately impact Aboriginal people).

In May, AMSANT partnered with Anyinginyi Health and the Australian Indigenous Leadership Centre (AILC) to deliver our 15th Aboriginal Leadership Workshop in Tennant Creek.

I am delighted that two members completed successful transition processes during the year – Mala'la Health completed a long transition journey to community control, taking over the Manayingkarirra Primary Health Centre in Maningrida in March, while the Red Lily Health Board took over their first clinic, at Minjilang, on 1 July 2021.

Research and policy development highlights featured the Lowitja Career Pathways Project, finalised this year, and an AMSANT-led project on developing an Aboriginal environmental health workforce. As AMSANT CEO, I chair the Central Australian Academic Health Science Network (CA AHSN), which is an important Aboriginal-led research collaboration. AMSANT also leads four research projects commissioned by CA AHSN.

Through AMSANT's membership of APO NT, I serve as a Coalition of Peaks representative on the Joint Council on Closing the Gap. The potential of the new National Agreement on Closing the Gap has been tested this year with the co-design of an NT implementation plan by APO NT and the NT Government. The plan will be finalised later in 2021, and will be overseen by a new NT Executive Council on Closing the Gap.

I am also pleased to report the successful implemention of AMSANT's organisational review and the completion of new Enterprise Bargaining Agreement with staff.

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

John Paterson


AMSANT

There was a
4% reduction
in the number of babies with a low birth weight

There was a
3% reduction
in the number of pregnant women with anaemia

There were
753,359
client contacts
at community controlled health services

72% of regular PHC clients
in the NT used community controlled health services

28% used government health services

There was a
13% increase
in client contacts
at community controlled health services

67% of all episodes-of-care
were provided by community controlled health services

33% were provided by government health services

85%
of children
aged 1-6 years were fully immunised (for non-COVID diseases)

There was a
10% increase
in clients at community controlled health services

Antony King (COVID Project Officer) had a busy year steering Wurli Wurlinjang health service's vaccination drive in Katherine.

COVID Response

COVID-19 continues to be a major focus for AMSANT's Public Health team ... and everyone in our sector! A key role has been keeping our senior clinicians informed with updates about 'hotspots' and the vaccination roll-out, as well as getting feedback from our member services to guide our advocacy to the Commonwealth and NT governments.

With the emergence of the Delta variant came an increased risk of transmission so AMSANT was active in calling for a more assertive approach to protecting our communities. This included media advocacy in support of more stringent border restrictions for travellers coming from locations with COVID outbreaks.

Our member services continued to conduct pandemic preparedness exercises in readiness for a COVID outbreak. This included rapid response training to support communities in the event of an outbreak, and pandemic scenario testing. The introduction of point-of-care testing in many community clinics allowed for rapid on-site testing for anyone with viral symptoms, as part of our enhanced COVID surveillance.

Lockdown in Darwin and Alice

These systems were put to the test in June 2021 when the Tanami Mine Outbreak saw lockdowns imposed for the first time across the Greater Darwin and Alice Springs regions. A travelling, infected FIFO worker led to a cluster of 19 infections across the country, with 900 close and casual contacts. This included 220 people dispersed across Alice Springs and Darwin, involving some Aboriginal mine workers who returned home to remote communities.

AMSANT staff were seconded to assist with the contact-tracing response and our member services worked tirelessly to locate, isolate and test all potential contacts in the community.

Fortunately, there was no broader community transmission connected to this outbreak ... but it was a very close call! This incident provoked systems improvements and key learnings for future events.

Vaccine roll-out

The COVID vaccination roll-out started in February 2021, with some limited access to vaccines for high-risk community members made available in March. Our services started the AstraZeneca roll-out in April but this was complicated by the changing of the age eligibility criteria after the detection of an association with a serious (but very rare) blood-clotting disorder.

National Pfizer shortages resulted in delays in accessing the vaccine for some remote communities. AMSANT contributed to advocacy efforts to the Commonwealth for priority access and were able to assist services to access the vaccine *via* alternative pathways, such as through the RFDS and dose-sharing from NT Health stocks.

A vaccine promotion workshop was held as part of the AMSANT Members General Meeting in Katherine in May 2021 where

Dr Jessica Johannsen gives the COVID vaccination to the Lead Cultural Advisor at Congress, Sabella Turner, with CEO Donna Ah Chee providing support.

Board Members and CEOs were given the opportunity to raise community concerns about the vaccine, and to share strategies for boosting vaccine acceptance.

The Public Health medical unit provided clinical advice and support (and at other meetings throughout the year) to ensure that services had access to timely, up-to-date resources.

AMSANT fighting 'anti vax' misinformation

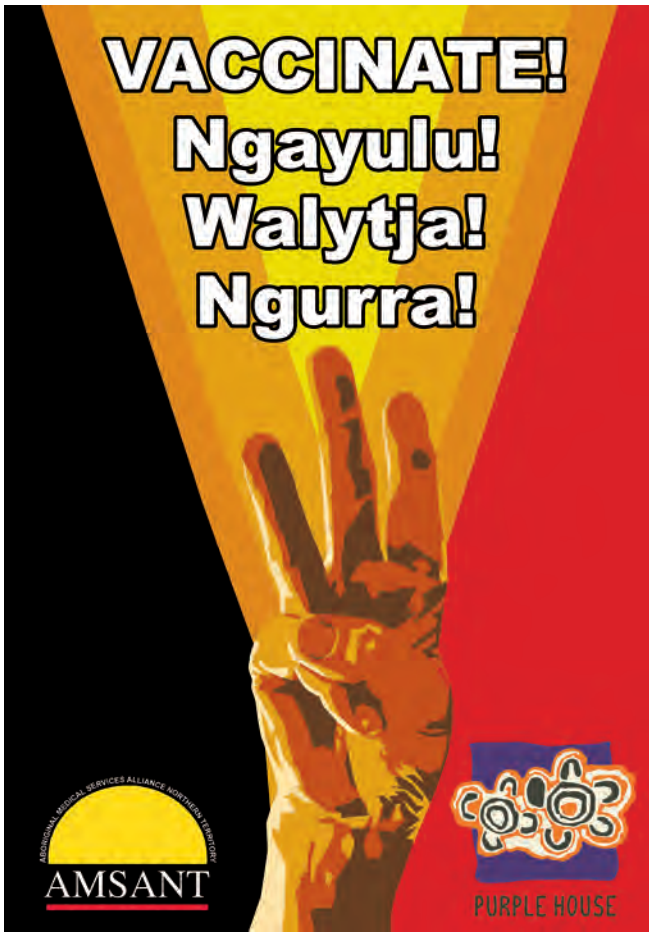
Delays in vaccine supply, along with increasing staff shortages in remote areas, have made it very difficult for our services during the pandemic. This has been compounded by a proliferation of 'anti-vax' messages on social media.

To counter this, AMSANT employed a social media and communications specialist to launch the Vaccination Information Project which has developed graphic material in 14 Aboriginal languages to promote the necessity of vaccinations.

Our basic messages have been:

Vaccinate! To protect our Elders! To protect our Kids! To protect our Communities!

In preparation for NAIDOC, street banners were produced emphasising these messages, as well as banners and posters for many of our Members. AMSANT will soon employ someone to work on vaccination messaging and promotion.



AMSANT developed many Vaccination messages in language during the year for social media, video, radio, emails and public display. This one is in Pintupi/Luritja and says: *Vaccinate! (for) Us! Family! Community!*

AMSANT CEO, John Paterson, flashes a V-sign for *Vaccinate* at the Darwin bus station.

Erin Lew Fatt has worked with AMSANT for 13 years and has just started in a new role as the Chief Operations Officer, after managing the Workforce, Leadership & Digital Health teams.

COVID-19 Communications Data

27,232
people reached
on Facebook posts

500
page views
per day on AMSANT Facebook

550
views on AMSANT videos in June 2021

4,714
posts on AMSANT Facebook

1,000
visits per day
on AMSANT website in June 2021

Expanding community control

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.

The Northern Territory Aboriginal Health Forum (NTAHF) manages the process of transition of health services to Aboriginal community control. This year the Commonwealth DOH established a Pathways to Community Control evaluation working group under the Forum to review the pathways policy, including an evaluation of the transition process. This will assist in allocating transition funding, which received a boost during the year with the Commonwealth extending the Transition to Community Control funding for a further three years.

In the past year AMSANT has provided support to two ACCHSs that have transitioned NT Government clinics to community control under their Boards. This support included participating on transition steering committees and providing advice and support about clinical and corporate governance and advocacy.

In March the Manayingkarirra Primary Health Centre in Maningrida was transitioned to community control under Mala'la Health Service, ending a transition process of more than a decade. Celebrations were echoed by the

The Red Lily Health Board meets up in Darwin ... Back: June Nadjamerrek, Matthew Nagarlbin, Lazarus Lami Lami, Reuben Cooper (Chair), Steven Fejo, Shane Cooper, Sampson Henry (Deputy Chair). Front: Raelene Djandjul, Mary Djurundudu, Rosemary Nabulwad, Carol Naylibidj, Marcia Brennan. Absent: Sandra Djandjul and Ron Mangiru.

Henry Wadaga, Ronnie Waraludj and Stephen Hayes from Red Lily at the transition ceremony outside the Nellie Alabumbu Health Centre in Minjilang.

neighbouring Red Lily Health Board with the successful transfer of Minjilang Health Centre on 1 July 2021 — the first of several clinics to be transitioned to Red Lily in the next two years.

A further positive development in terms of future transitions was that the Central Australian Aboriginal Congress (Congress) received support from the NTAHF to transition Yulara, Imanpa and Kaltukatjara (Docker River) regions to community control. Congress has been approved for transition funding to complete the process and an ongoing plan to progress the transitions is in place.

AMSANT has also supported initial community consultations in several central Australian communities that have expressed interest in transitioning their health clinics to community control.

Charlie Gunabarra (Chair, Mala'la Health Service) in deep thought at a COVID response meeting in Darwin. Charlie was the driving force behind the transition of Mala'la to a full community controlled health service on 1 February, 2021.

People, young and old, were out in force for the transition of Red Lily to community control at Minjilang, in West Arnhem.

Ross Williams (Chair, Anyinginyi Health Service) spoke strongly for COVID safety and vaccination at an AMSANT general meeting in Katherine.

The Northern Territory Aboriginal Health Forum (the 'Forum')

The Northern Territory Aboriginal Health Forum (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 the National Indigenous Australians Agency (NIAA).

AMSANT Chairs the Forum and provides its Secretariat, with meetings held four times a year in Darwin or Alice Springs.

The Forum is a mature partnership of more than two decades' standing with a strong record of providing leadership, decision-making and strategic guidance on key policy and planning issues for Aboriginal people and their health.

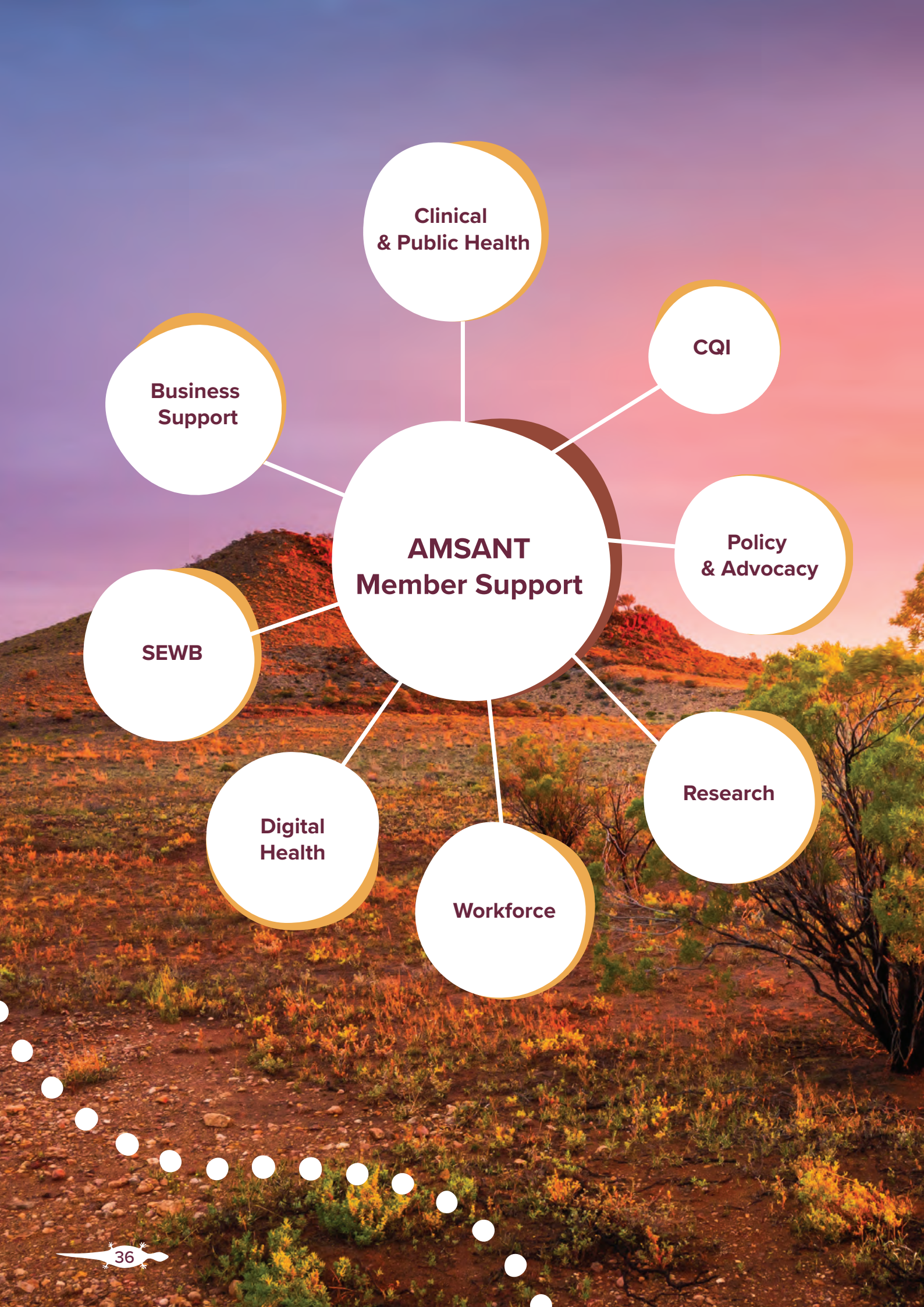
Importantly, the Forum oversees the transition to community control processes under the *Pathways to Community Control* policy that supports the transition of *all* Aboriginal primary health care services in the NT to community control.

Forum has a process for considering and managing requests for transition that includes a set of criteria that applicants must meet. Three priority regionalisation sites are supported at any one time as the Commonwealth funds the transition process from a limited budget available during each funding period.

Working groups provide specialist advice to the Forum in a range of areas. AMSANT provides the Secretariat for many of the working groups as well as participating in most of the groups including: Social and Emotional Wellbeing; Primary Health Care; NTAH KPI clinical reference group; CQI steering committee; CQI Data; AHP Workforce; NT AHKPI technical; and the Digital Health strategic group.

This year the Forum focused on COVID safety, 'vaccination hesitancy' in some Aboriginal communities and further development and action relating to *Pathways to Community Control*.

The Forum was also assisted by the NOUS Group to develop a four-year work plan, which incorporates Forum's role as the partnership vehicle for the implementation of the Agreement on Northern Territory Aboriginal Health and Wellbeing 2015-2020, the Closing the Gap Agreement and the National Aboriginal and Torres Strait Islander Health Plan.


Clinical
& Public Health
CQI
Business
Support
AMSANT
Member Support
Policy
& Advocacy
SEWB
Research
Digital
Health
Workforce

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 less 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 has had to modify our processes for providing member support, initially making the decision to suspend 'in person' visits to communities and health services to prevent the spread of the virus. Video-conferencing ('zooming') provided an effective alternative in giving member support.

The subsequent vaccination roll-out and the maintenance of strong border controls has allowed limited face-to-face visits, and meetings with members have re-commenced. This is subject to AMSANT's COVID policy and is under constant review as circumstances evolve.

Details of AMSANT's member support work will be found in the following sections of this report and are outlined in our work team reports.

Public Health

Medicine management

AMSANT has designed and implemented a project supporting member services to strengthen and refine their management of medicines. We collaborated with NACCHO and the NT Government to advocate (successfully) to DoH for amendments to pharmacy programs and improved conditions for patients in the community controlled sector.

The Public Health unit provided clinical and public health advice and support through daily email updates and at weekly COVID 19 meetings, to ensure that services had access to timely, up-to-date information and resources.

AMSANT has contributed to many pharmacy and medicines working groups this year to ensure that the voices of our sector are heard, and we helped develop the NACCHO medicines management guidelines for the NT.

Trachoma

AMSANT held a trachoma workshop for our member service staff to focus on primary health care perspectives and prevention. This meeting was guided by earlier consultations with ACCHSs about incorporating trachoma into primary health care and strengthening the environmental health component of the SAFE strategy (surgery for trichiasis; antibiotics; facial cleanliness; and environmental health).

The trachoma program has made substantial progress in the Top End, through an emphasis on screening and treatment. However, community rates of trachoma have not improved greatly in the last two years. Expert advice says that antibiotic treatment alone is merely a 'Band-Aid measure' if facial cleanliness, health hardware and environmental health are not addressed. There are also concerns that repeated rounds of antibiotics are increasing antibiotic resistance.

The meeting emphasised that trachoma needs to be incorporated into an over-arching model of primary health care that addresses all common infectious diseases. Environmental health needs to be better resourced, with stronger governance and better links to primary health care. Health promotion programs need to be based in primary health care with strong Aboriginal leadership, if they are to be successful.

AMSANT continues to support an integrated approach to eye health in Central Australia by supporting our working groups, and focusing on workforce and data. We continue to support the roll-out of retinal cameras throughout our sector.

Syphilis

The syphilis outbreak has continued across northern Australia this year so we held a workshop to push for an over-arching 'NT syphilis plan', which was endorsed by the AMSANT Board and the DoH. The workshop agreed that standards should be stringently met by health services, with escalation processes to kick in if they're not.

Peer education about STIs has been helpful when it's well-supported but it requires considerable resourcing. The workshop agreed that sexual health education in schools needs to happen more consistently, and not in its current *ad hoc* form.

The meeting also supported an increased focus on training for Aboriginal primary health care staff, with a particular focus on Aboriginal staff.

Dani Stanley (RAHP) and Tilly Toddhunter (RN) at the Wurli Wurlinjang clinic, doing what they do best ... caring for their clients

Research

AMSANT is leading a major project that is developing non-clinical indicators across the four domains of Aboriginal primary health care ~ health promotion; corporate services (including workforce); knowledge research and planning; and community engagement, control and cultural safety. This project is currently at the stage of selecting a group of indicators to pilot in selected health services.

Ear Health

In the past year AMSANT's two Ear Health Coordinators have worked hard to bring key providers for ear and hearing health services together with PHC to ensure these services are effective, integrated and meet the needs of people in the communities.

Some key activities this year included a needs-analysis to identify the issues that affect the PHC sector's capacity to improve ear and hearing health outcomes for Aboriginal children. This led to a two-day workshop in Darwin that brought together 40 health workers from the ear health sector to discuss key challenges and to identify solutions and pathways for collaboration.

The outcome of this was the development of a draft two-year work-plan and the setting up of working groups in key focus areas. We also developed ear health resources and programs, at a local and national level, to ensure that any outcomes include the consideration of the NT ear health environment.

We're also developing an online 'Ear Hub' for the AMSANT website to make sure that relevant ear and hearing information, and job/PD/training opportunities, are easily accessible for ACCHSs.

Diabetes-related Foot Care

This year AMSANT started to deliver a diabetes-related foot complications program to address the high rates of foot problems and amputations experienced by Aboriginal people with diabetes.

AMSANT leads the delivery of the program ~ in partnership with the South Australian Health and Medical Research Institute and its Wardliparingga Health Equity Unit, Danila Dilba Health Service, Katherine West Health Board and NT Health ~ and provided support and coordination to program partners in the Top End, while establishing the program's steering committee.

The program delivers activities that focus on service integration, improved access to care, better support for people with diabetes, and enhancing education and health promotion for consumers, clinicians and communities.

AMSANT has consulted with many podiatrists to design a new Top End podiatrist network and we held workshops to guide program delivery on referral pathways and workforce needs. We also promoted the need for improved podiatry services and we identified ways to prevent and/or reduce diabetic foot ulcers.

We have consulted widely and developed standardised clinical items to support primary health care staff, and devised better ways to 'capture and manage' our data.

Food Summit

AMSANT hosted our second Food Summit in late June in Alice Springs to address the food security and supply issues that disproportionately impact Aboriginal people in the Territory, especially in regional and remote areas.

This gave Aboriginal community members and service providers the chance to share ideas and develop strategies to improve the access, variety and cost of basic foods.

AMSANT staff, Karen Jackson and Di Crawford (left), delivered Basic Life Support training to Miwatj health workers at Gapuwiyak: Leti Dhamarrandji, Naitini Bukulatjpi, Esther Dhamarrandji, Anna Ragata and Julie Marrkula.

Sarah Quong (AHP) gives the jab to Rosemary Tipiloura at the Danila Dilba clinic in Darwin.

The meeting was in response to the long-term health effects caused by poor nutrition in Aboriginal communities, and to the people's desire for a change to a food-supply system that better supports holistic health and Aboriginal health services.

AMSANT and our member services created initial policy and project support for improvements, including: (i) greater empowerment of community store Boards; (ii) increased support for community-led food harvesting and production; and (iii) more involvement of Aboriginal people in food and nutrition education.

The group identified and developed proposals for evidence-based and community-led solutions to food security issues, such as a larger nutrition health workforce and improved infrastructure across the whole food system. A report of the Food Summit will be circulated widely.

Basic Life Support Training

AMSANT has widened its scope of service by delivering Basic Life Support (BLS) training to clinic staff in remote Aboriginal communities. Two of our nurses visited Yarralin, Kalkarindji, Lajamanu, Gapuwiyak and Galiwin'ku to enhance the skills of their administrators, drivers and health workers. BLS training must be refreshed every year and, by delivering it on country, staff were saved the time and expense of travelling to a major town. The training module was designed

by CRANAplus (a registered training organisation) and was signed off by AMSANT's qualified Trainer and Assessor. Everyone passed the assessment with enthusiasm and style … confident in the knowledge that they could give life-saving assistance, if and when it's needed.

Other activities

Public Health hosted monthly educational teleconferences for member services on climate change, food security, prevention of pre-term birth and self-collection for cervical screening. We also held a workshop on the rapid growth in diabetes (especially among young people). Discussion included use of data to improve prevention strategies, Aboriginal leadership, community engagement, Aboriginal-led health promotion, and information on diabetes remission with rapid weight loss.

We provided input and advice to the NTG about the evaluation of the preventable chronic disease strategy. We also engaged with Territory Kidney Care, a project led by the Menzies School of Health, which creates comprehensive information on kidney patients by collating data from PHC and hospitals.

We provided on-going support to services experiencing staffing difficulties that affected their clinical performance. We also joined a committee of health specialists to develop a rural pathway for GP registrars and GPs who want to develop advanced skills in remote Aboriginal health.

Wurli Wurlinjang's women and children's programs are a priority stream of their operations. Cherryl King (RAHP and Team Leader Child Health) catches up with Valeesha Watson (Community Liaison Officer) on the front desk.

Kahla MacLean (RAHP) administers a COVID vaccination at Wurli Wurlinjang in Katherine.

Workforce and Leadership Support

The importance of our Aboriginal workforce has been recognised more widely since the start of the COVID-19 pandemic and during the current vaccination rollout; as has the challenge of recruiting and retaining health professionals in regional and remote areas.

In this context WALS works with a wide range of local and national stakeholders to support members to deliver primary health care services and pandemic response efforts. Our work provides a range of workforce support initiatives and we have expanded our focus to identify, and advocate for, actions to increase the supply of skilled workers in the coming years.

Collaboration with, and support from, our valued stakeholders ~ including NACCHO, NTGPE, NTPHN and the Commonwealth DoH ~ has been key to our ability to support our member services and to plan for a more sustainable, fit-for-purpose workforce across our sector and throughout the NT.

Leadership Workshop

In May 2020 AMSANT, the Australian Indigenous Leadership Centre (AILC) and Anyinginyi Health worked with AMSANT to deliver our 15th Aboriginal Leadership Workshop in Tennant Creek. Thirty two Aboriginal staff from Anyinginyi Health volunteered to participate and to develop their professional skills.

AMSANT's 15th annual Aboriginal Leadership Workshop was held in May 2021 at Anyingyinyi Health Service in Tennant Creek. Looking pretty deadly are Stephanie Parlow, Shalee James, Annie Morrison, Muriel James, Dion Williams, Daniel Fraser, Kane Seden, Elizabeth Kirby, Perpethua Ali, Patricia Frank, Janelle Cole, Lynda Gabriel, Tony Miles, Rona Presley, Bevan Stokes and Reanna Bathern.

The workshop provided a culturally-safe learning space for people to share, and reflect on, their leadership experiences so far, and to learn about leadership in action. Local Aboriginal leaders were on hand to share their knowledge and advice with participants, using reflective practices and the lived experience of their leadership journeys. Activities built on these experiences explored concepts of emotional intelligence, team building and problem solving, to strengthen individual and organisational leadership capacity.

Participants found this information easy to navigate and to understand. Team-building activities and the sharing of information *via* mapping and brainstorming were empowering and very beneficial.

Feedback from participants showed that the emotional intelligence session was the most useful as it allowed participants to explore themselves and to build their self-confidence ... and to grow and develop further into strong leaders.

Integrated Team Care

The Indigenous Health Project Officers based in Darwin and Alice Springs continued to support the chronic disease care coordinators located within ACCHSs throughout the NT.

This workforce has experienced a high staff turnover (partly due to the COVID pandemic and its flow-on effects) so there's been several new staff to welcome and to introduce into the program. AMSANT provided training and development funds to all care coordinators to assist them with funding for courses, conferences or professional development that was relevant to their roles.

A highlight this year was the two-day care coordination workshop that was held in Darwin in April and attracted 45 participants from across the NT. Guest speakers made presentations about chronic disease, and the care coordinators were appreciative of the opportunity to network with their colleagues after the cancelation of similar events in 2020.

AMSANT looks forward to hosting another workshop in 2022 and is also exploring the possibility of running smaller regional workshops throughout the year.

NDIS Ready Program

AMSANT received funding this year for a dedicated National Disability Insurance Scheme (NDIS) project officer to support the rollout of the NDIS Ready Program. The NDIS Ready Program is a new national initiative funded by the Department of Social Services and implemented through NACCHO, that supports our member services to coordinate and support service-level NDIS feasibility, readiness, planning, compliance and reporting.

The program supports the development and implementation of NACCHO's National NDIS Communication Initiative. AMSANT will lead this collaboration with member services, while co-creating regional and localised strategies to increase awareness of NDIS services and support.

As a foundation activity, AMSANT is establishing an NDIS Member Service Support Network. This network supports coordination and communication between participating members, as well as providing a safe space for them to share learnings and to discuss challenges, sustainability and opportunities for advocacy.

NT Administrator's Medals in Primary Health Care

AMSANT would like to congratulate recipients of the 2020 Administrator's Medals in primary health care:

Team recipient: Panuku Purple House;

Individual recipient: Geraldine Ashby (Central Australian Aboriginal Congress); and

Whole of service recipient: Akeyulerre Healing Centre.

Thank you to all health workers for your ongoing care and support to the Aboriginal people you serve in your communities.

The Purple House Panuku team was awarded the 2020 Administrator's Medal in Primary Health Care. Nathan Garrawarra, Shona Medley, Michelle Misener, Neil Wilkshire, Lachlan Ross, Stella Bambra, Heather Hall and Peter Henwood were proud to accept the award on behalf of the Purple House staff and clients.

Lowitja Career Pathways Project

The Lowitja Career Pathways Project, led by AMSANT and the UNSW, has been fully developed and the project report was launched in August 2020. The report provides evidence-based findings through the voices of the Aboriginal and Torres Strait Islander health professionals and key stakeholders across the nation, and further enhances the capacity of the health system to retain and support this workforce.

The key pillars for action are in: leadership; self-determination; cultural safety; valuing cultural strengths; investment in the workforce and workplace; education; and training.

This provides an evidence-based plan that identifies the need for robust accountability at the national level, to ensure health service performance reaches mandatory standards for culturally appropriate recruitment, retention and career development for Indigenous health staff.

Building research capacity and knowledge translation are embedded in the project and provide opportunities to increase the skills of all study researchers. An important outcome from the project is the sharing of findings from local NT and NSW case study sites with other states and territories, so they may utilise the approach and/or adapt it as needed.

Tobacco Control

AMSANT is supporting member health services to reduce smoking and the harm it causes in our communities. We Chair the tobacco working group of the NT Aboriginal Health Forum and through this group have this year developed an evidence-based tobacco control guide for clinicians and primary health care staff.

During the first half of 2021 AMSANT undertook member service engagement in conjunction with the AMSANT CQI team. We promoted the tobacco control guide among member services and initiated a multi-agency collaboration in the Katherine region with monthly meetings of the Big Rivers Early Action on Tobacco for Health (BREATH) group.

AMSANT is also an active member of the NT Tobacco Action Control Committee and we contributed to the development and implementation of the NT Tobacco Action Plan 2019-2023.

Leandra Huckstadt Rankine and Simon Johnston (both AHPs from Anyinginyi Health) made the most of AMSANT's Aboriginal Leadership Workshop in Tennant Creek.

The workshop provided a culturally-safe learning space for people to share, and reflect on their leadership experiences so far and to learn about leadership in action.

“Being an AHP is so empowering, rewarding … and often very challenging. There’s a real shortage of Aboriginal men working in our sector, so I want to shine a light on this career pathway and highlight the stability and employment opportunities it brings.”

Leading the way...

Darren Braun is a proud Ngalakan, Keyetje and East/West Arrernte man, from the Roper River, through the Neutral Junction and beyond. He was born and raised in Katherine.

In 2020 he completed his Certificate IV Aboriginal and Torres Strait Islander Primary Health Care (Clinical Practice) through Batchelor Institute. During this time, Darren won the VET Student of the Year award 2020 and was a finalist in the Australian Training award 2020.

Darren is the Aboriginal Leadership Officer at AMSANT and he tells us about his life to encourage other Aboriginal people to aim for a career in the health sector, which he says is satisfying, challenging and always interesting.

Here's his story:

I went to school at Clyde Fenton Primary School. My younger brother and I would often be left in care with my mum's sister Aunty Rosie Birch (Hayes). She was an Aboriginal Health Worker so we spent most afternoons at Wurli-Wurlinjang Health Service when it was based at Kalano Community, before it moved to Katherine town.

I have fond memories of doing outreach with my aunty, going to the 'nun's home' (aged care facility) and visiting all the old people. I witnessed first-hand the amazing work AHWs do and I saw the quality of care that was given to our elders by our own people ... this is where I got my inspiration to work in Aboriginal health.

My aunty was also a traditional healer for our family and we'd tag along on her outreach visits and get to learn about our own family history and kinships, and our song-lines and cultural connections.

After leaving school I worked as an administrator at the StrongBala Men's Clinic and this ignited a flame of interest in me. I started asking questions about the clinical practices to my manager and my colleagues and I got inspired again to get involved in health in a deeper way.

I was then lucky enough to secure a public health position in Sydney and worked as a project officer at the Aboriginal Health Medical Research Council. From there, I moved to Brisbane and worked at the Queensland Aboriginal Islander Health Council.

It was during this time that I realised I needed to be working with communities at a grassroots level if I really wanted to contribute to change, and have a positive impact on my people and our communities.

So, in 2017 I returned to the NT and started an Aboriginal Health Practitioner Traineeship with Danila Dilba Health Service in Darwin, while studying at the Batchelor Institute of Indigenous Tertiary Education. Batchelor is a unique place, supporting bilingual two-way learning and education, delivered on country. I finished my course in 2019 and became a Registered Aboriginal Health Practitioner in 2020.

I continued to work with Danila Dilba across the Darwin region, at the Palmerston, Malak and Bagot clinics. Each setting was unique and presented me with different experiences, encounters and health issues.

Being an AHP is so empowering, rewarding ... and often very challenging. There's a real shortage of Aboriginal men working in our sector, so I want to shine a light on this career pathway and highlight the stability and employment opportunities it brings.

Aboriginal Health Practitioners are cultural brokers ... we are the link between two worlds, providing culturally-safe health care and navigating a safe passage for our patients through the health care system.

Policy & Advocacy

Policy and advocacy underpins the work of AMSANT and our sector generally and is embedded throughout our teams and their activities, with leadership from the CEO, Board, members and senior managers. Educating government and other stakeholders about our sector and its governance and service model is an on-going challenge, but it's essential to effectively advocate the needs of our members and our sector, and to provide input into external policy and program proposals from government and others.

AMSANT has two internal groups that assist the CEO and Board with policy advice – 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 year we continued to hold weekly COVID meetings for members which have been effective in sharing information that has led to positive changes in policy outcomes. (A separate section of this report provides further details on our COVID activities.) AMSANT also participates in the NACCHO CEOs Policy Network, providing an opportunity to share and coordinate our work with NACCHO and other Affiliates.

There were numerous submissions produced during the year in response to inquiries and reviews. These included submissions to the Inquiry into food pricing and food security in remote Indigenous communities; NT Health's review of the Mental Health and Related Services Act; the Royal Commission into Disability: First Nations Issues paper; the Senate Standing Committee on Community Affairs inquiry into the continuation of Cashless Welfare Bill; the Commonwealth Electoral Amendment (Ensuring Fair Representation of the Northern Territory) Bill 2020; and the Inquiry into Family, Domestic and Sexual Violence. AMSANT also provided feedback into the draft Increasing Uptake of the NDIS, MBS and PBS in the NT, and to the evaluation of Health Care Homes by Health Policy Analysis (HPA).

Responses to broader health reform initiatives included providing feedback to the Aboriginal and Torres Strait Islander Health Care Reform, the draft National Aboriginal and Torres Strait Islander Health Plan, and a submission to the Gayaa Dhuwi renewal of the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy.

AMSANT also seeks to provide effective health advocacy through community partnerships and media opportunities. During the year we partnered with Danila Dilba and local Aboriginal community leaders to express opposition to the proposed Dan Murphy's development in Darwin. Our CEO has also been a frequent presence in local and national media prosecuting AMSANT's case for evidence-based action and effective, culturally-responsive community education in response to the COVID pandemic. AMSANT has issued many media releases throughout the year on urgent COVID policy issues.

AMSANT chairs the NT Aboriginal Health Forum which provides strategic policy and planning engagement with our key health system partners (see page 35 of this report). AMSANT also participates in the Children and Families Tripartite Forum as an APO NT representative. The Forum oversees the reforms arising from the Royal Commission into the Protection and Detention of Children in the NT, and this year has begun co-designing a ten-year Generational Strategy with the community sector partners, to provide a blueprint for policy reforms.

Danila Dilba CEO, Olga Havnen, community leader Aunty Helen Fejo-Frith, and AMSANT CEO, John Paterson, deliver a petition to the Chief Minister's office.

AMSANT is a key contributor to APO NT's strategic policy work including through the National Coalition of Peaks and the Closing the Gap National Agreement. AMSANT's CEO is a Coalition of Peaks representative on the Joint Council on Closing the Gap and this year has also led APO NT's co-design process with the NT Government on developing an NT jurisdictional Closing the Gap implementation plan. AMSANT provides input to APO NT's policy and advocacy initiatives and has contributed to numerous submissions and consultation processes. AMSANT and Aboriginal Housing NT (AHNT) collaborated on a submission to the Inquiry into Homelessness, which was made under the APO NT banner. Further APO NT initiatives are outlined on page 71 of this report.

AMSANT's specialist teams are active in the policy and advocacy space, and have earned recognition for their leadership in their respective fields. Whether it be in SEWB, digital health, public health, workforce or CQI, our teams' achievements (outlined in other sections of this report) demonstrate AMSANT's high regard and influence in health policy, both in the NT and nationally.

AMSANT also seeks to engage in emerging or neglected areas of health policy. For example, in 2020 AMSANT met with the CLC, APO NT and researchers about water security issues, including the need for a Safe Drinking Water act to clarify water governance issues. We subsequently organised a presentation to our Members' General Meeting, and received strong direction from the meeting to further develop our engagement and advocacy in this area. We also conducted an exploratory project to identify locally responsive and sustainable models to embed Indigenous Environmental Health Workers (EHWs) within NT ACCHSs.

Continuous Quality Improvement

CQI is a quality management process that encourages all health care team members to continuously ask the questions, "How are we doing?" and "How can we do better?"

So, what has been happening in the CQI space at AMSANT in the past 12 months? … although we were unable to host the annual CQI Collaborative because of COVID-19, there's been plenty of other activity.

Instead of holding one big CQI Collaborative we rolled out a bit of a roadshow, holding regional meetings, forums and workshops across the Territory to enable our health services in various regions to identify priority topics that would benefit from a 'CQI approach'. This gave us the opportunity to work together, share what's happening and devise strategies to improve our operations.

Our roadshow started in Katherine with three Aboriginal Community Controlled Health Services ~ Katherine West, Wurli Wurlinjang and Sunrise. They identified smoking cessation and tobacco control as key priorities to improve health outcomes in their communities.

Using the 'tobacco control guide' developed by Prof David Thomas and the team from the Menzies School of Health Research, the three services developed Plan Do Study Act cycles (PDSAs) to focus effort on three key elements: smoke-free spaces; marketing; and messaging.

Juliette Mundy, Rrapa Dhurrkay and Jeni Stubbs get together at a CQI meeting in Darwin.

The Continuous Quality Improvement team meets up with Barkly primary health care workers in Tennant Creek: Kerry Copley (AMSANT), Damian Goggin, Melissa Rankine, Louise Patel (AMSANT), Lynda Gabriel, Kalisha Green, Louise Martin, Jordan Amor-Robertson (AMSANT), Gai Di Donna, Sandy Haddock, Ross Cole, Jeremia Karambakuwa, Paul Izaru Bilal and Jeremia Karambakuwa.

Next, the CQI team went to Tennant Creek to discuss ways to improve the prevention, identification and treatment of childhood anaemia; and also to support the many clients with diabetes. Anyinginyi, NT Health, Julalikari Council and the Marlungku-Kari Child and Family Centre worked together to develop PDSAs on these topic areas.

In Alice Springs, the Central Australian Aboriginal Congress, Purple House and the DoH came together to focus on strategies to improve systems of care for clients with chronic conditions. We heard some inspiring and encouraging presentations.

The Childhood Anaemia Collaborative saw every service implementing enhancement strategies and steady improvements have been made across many regions.

We held CQI workshops in Darwin, Alice Springs, Borroloola and Ampilatwatja with health service staff to build confidence and skills around CQI tools and processes, including a workshop in Central Australia specifically for Aboriginal staff.

In between these workshops we have continued to provide mentoring and support to the CQI facilitators employed by their local health services, and data analysis and support for NT PHC services.

CQI workers from across the NT at a recent Collaborative meeting in Alice Springs.

Continuous Quality Improvement

Social and Emotional Wellbeing

Generational trauma disturbs the lives of many Aboriginal and Torres Strait Islander people and influences the responses to how we exist, and understand ourselves, in contemporary Australia.

Coping with this trauma is at the heart of the Social & Emotional Wellbeing (SEWB) program, whereby we provide information and training sessions to health services and clinical staff, to build their workforce skills and their capabilities to assist clients who are affected by trauma.

This is especially important at this time, and we acknowledge the on-going impacts of COVID-19 on the mental health and wellbeing of all people. Whether being separated from family, managing stress at work or being anxious about getting sick, we are all impacted, so it's important to create space to care for ourselves and others.

Our member services have validated the SEWB program as they recognise an urgent need for such support in their communities, especially in the context of poverty, poor health, the pandemic, suicide, self-harm, drug abuse and despair among many people.

AMSANT's growing investment in social and emotional wellbeing (SEWB) services and activities reflects a wider recognition of post-colonial trauma for Aboriginal people, from one generation to the next, and the profound impacts this has on their mental and physical health.

The clash of philosophies and the need for cultural 'safety' for Aboriginal people in the workplace is at the centre of the Damulgurra project, as AMSANT responds to the inter-generational trauma experienced by health workers and patients at our member services.

SEWB workers meet up in Alice Springs to discuss workforce development.

DAMULGURRA

Culturally Responsive Trauma Informed Care (CRTIC)

Damulgurra is the Larrakia (traditional owners of the Darwin area) word for 'heart' and it supports the principle of building relationships and connectedness as a means of healing from trauma, and of phasing out post-colonial practices in the workplace and in daily life. This allows the health practitioner to have a stronger, more understanding, relationship with their patient.

Our Damulgurra support team provides Culturally Response Trauma Informed Care (CRiTIC) training for health centre staff, and was developed in consultation with hundreds of community members, especially the elders. This training focuses on Aboriginal knowledge of trauma and healing in a local cultural setting.

Working with the Congress Health Service in Central Australia, we use action research to assess, and break down, the many barriers that restrict peoples' safety and effectiveness in the workplace. These barriers may arise due to poor work policies, environment, leadership, culture or governance.

Part of the SEWB philosophy is that for Aboriginal people everything is connected to our wellbeing – self, family, community, country, belief systems, environment, employment – and this guides us in all we do.

In all workplaces there are stereotypes, unconscious biases and racist tendencies in play, and these inhibit the 'safety' and control of Aboriginal people. Many Aboriginal workers – from the cleaner to the CEO – feel unsafe in their workplace ... our workshops equip individuals, or whole organisations, with the skills to operate in this environment, and to change it where they can.

Land, family, culture, language and spirit are essential to Aboriginal people and these elements guide how we provide culturally responsive trauma informed care.

Suicide Story is a program that we developed in 2007 to respond to the deepening crisis of suicide in remote communities and it has just been transitioned to Aboriginal community control at AMSANT, so we welcome those Aboriginal cultural guides and advisors who make the program such a success.

A deep evaluation of Suicide Story by the Batchelor Institute has shown that a focus on cultural safety and community ownership has built resilience in individuals and families, and enabled them to respond better to grief, trauma and the needs of those people contemplating suicide.

The review also identified an urgent need for targeted youth programs and better follow-up support after initial suicide prevention workshops.

The Suicide Story Aboriginal Advisory Group (SSAAG) has found a new home at AMSANT as it continues to promote the use of local languages and protocols, shared knowledge and 'both ways' training in all of the program's activities.

Who cares for the carer? Who is there for the health worker to turn to when they're in trauma and dealing with a death in the family, or work problems, or their own addictions?

Our Clinical Support team is at the end of the telephone to help all people in the community controlled health sector who may need support, or counselling, or a referral to other mental health professionals to get through a rough patch.

The team is in high demand and visits many ACCHSs in the NT, to help staff ease personal, professional and mental health issues that are holding them back and affecting their lives ... trauma presents in many different ways.

Our model-of-care involves mutual respect, cultural informed responses and flexibility in bringing out the problems people have, and in finding the solutions that are needed.

Yarning and music and dance are central to Aboriginal culture and these are often the tools used by the clinical team to unlock deep trauma, and to allow the client to 'let go' of troubling issues.

Our Policy and Research team works with our member services to grow the evidence-base around SEWB, mental health and AOD, and advocate for positive changes in NT policy and legislation that aligns with this.

We host regular SEWB managers' meetings with our members to collaborate on common issues of concern, to share information, and to provide a network of support. This group has contributed significantly to the development of AMSANT's Mental Health and SEWB COVID-19 Response Plan, and suicide prevention guidelines.

We continue to work with the PHN and NT Health to develop and implement the regional plan for mental health and suicide prevention, across the NT.

The team has engaged in policy reviews related to: the NT Domestic, Family and Sexual Violence Framework; the NT Mental Health Act; and the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy, among others.

Our policy and research initiatives gather evidence to promote community controlled health services and are always guided by the needs of the workers and clients at those services.

The Workforce Development Support unit (WDSU) is a nation-wide project, embraced by AMSANT, that is making a detailed review of SEWB workforce training and support needs across our sector. We engaged a consultant to provide a needs-analysis and to talk with health workers in our sector to determine where they most needed training support, based on their complex range of skills and experience.

This analysis identified four main areas in which the WDSU will support member services and their SEWB and AOD teams: training, cultural competency, staff and systems.

Our WDSU team continues to consult at all levels – from frontline staff to CEOs – to discuss the training needs of individuals and organisations. Further, we have held 'foundation workshops' with our members to clarify the roles of the workers and of the organisation, as a whole. We identify where there are gaps in learning and PD opportunities by focusing on knowledge, skills and behaviours.

Our key priorities this year are: induction processes for services; leadership support; 'yarning' and narrative therapy training; cultural health and healing and mentoring.

MHP Clinical Supervisor, Robert Randall, introduces his son Robert to an AMSANT meeting in Katherine.

Research

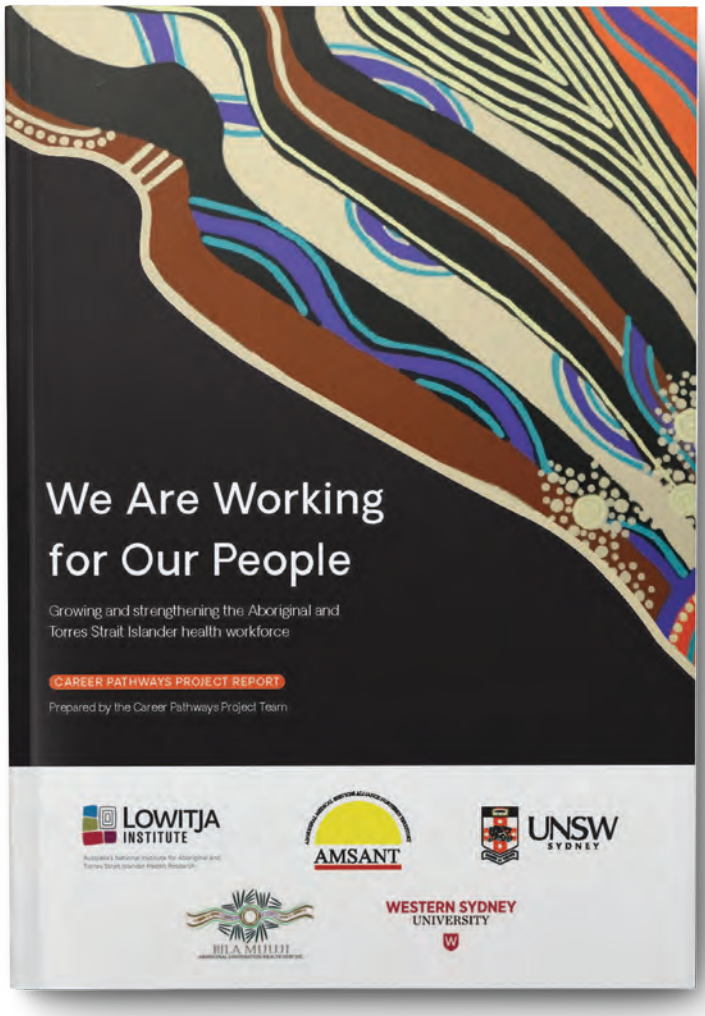
AMSANT is committed to ensuring that health research involving our communities is culturally safe and directed by the community, through better engagement with health researchers at all stages of the research cycle. AMSANT's engagement with research is guided by our Board, through the Research Subcommittee. After finalisation of our new Strategic Plan, the Board initiated a review of AMSANT's research processes and capacity, which will be completed by the end of 2021.

AMSANT has a formal process for health researchers to seek 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 project on career pathways for Aboriginal & Torres Strait Islander health professionals, funded by the Lowitja Institute. Other research includes projects addressing vaccines; implementation of best practice management of hepatitis B; CQI; employment of community based ear-health workers in ACCHOs; 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 ACCHOs, government, and research and university stakeholders. CA AHSN is accredited as one of only nine Centres for Innovation in Regional Health (CIRH) in Australia and has accessed Medical Research Future Fund (MRFF) support in the commission of 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. Our CEO is a member of Lowitja's Research Advisory Committee.



AMSANT partnered with the Lowitja Institute and other research bodies on landmark research on Aboriginal and Torres Strait Islander workforce: the Career Pathways Project.

Digital Health

Digital Health is the strategic use and management of information technology to deliver best practice health care. At AMSANT, we believe that digital health is an enabler so rather than focus on the technology, we like to focus on the people and processes that support delivery of excellent primary health care services.

The COVID pandemic has meant that we have spent a lot of time assisting members on the phone and on Zoom, rather than through community visits. Many of our members have given us remote access to their Communicare systems; this allows our team to provide on-line support as required. This support and advice about the use of the Communicare software remains one of the key services we provide.

Quality data is at the root of effective health care delivery and we have been busy supporting our members with data quality and reporting processes within their Communicare systems. As ever, our members provided good quality reports to both the National KPIs and the NT Aboriginal Health KPIs. Digital Health has maintained our partnership with the CQI team to ensure quality data is available to guide our assessments and decision-making.

AMSANT's COVID responses saw renewed focus on tele-health and its role in healthcare delivery, with expanded Medicare Benefits Schedule (MBS) items. We continue to find simple solutions to tele-health challenges that allow this medium to integrate more fully into the healthcare landscape.

Work has continued with our partners at the NT Department of Health and the NT Primary Health Network on the Strengthening Our Health System Strategy (SOHSS). This strategy outlines the collaborative approach we will take on digital health issues from 2020 to 2025. From experience, we know that digital health initiatives deliver maximum benefit when we work with the NT Health partners in unison.

The Digital Health team is always available to give member services support.

Clinton Franklin, Ken O'Brien and Venjie Diola from the Digital Health team.

Under the SOHSS umbrella, we have worked on an initiative with the Australian Digital Health Agency to develop a 'Community of Excellence' in the East Arnhem region. This allows us to better define the gaps in digital systems and to develop solutions for emerging challenges.

Throughout the past year, we have continued our support for the systems that maintain health services as successful businesses. This includes work to refresh members' intranets and websites. Our approach is one of collaborator and mentor, ensuring that the capacity remains in-house to control and customise systems as required by the health service. Likewise, we have supported CQI reporting with regard to customised dashboards.

Sadly, we learned that the Health Care Homes trial was finishing as of June 30 2021. Most of our participating members (with large numbers of patients enrolled in the trial) reported support for the 'bundled payment' approach to chronic condition care, rather than the fee-for-service model via the MBS.

Corporate Services

AMSANT relies on specialist skills, best practices and new technology to enable us to operate at our peak, while supporting our staff to assist members in the delivery of improved health outcomes.

Our Corporate Services team is the nuts-and-bolts of AMSANT and has considerable financial and operational expertise that keeps us efficient, effective and responsive to the ever-changing fiscal and political landscape.

The team also provides a wide range of support to our members to assist them in the administration of their health services.

Internally, Corporate Services is very busy with budgeting, monthly reports, accounts, audits, asset registers, human resources, recruitment, payroll, accreditation and IT help-desks; all essential elements of modern business.

AMSANT is growing fast in its scope of operations, so sound financial management is essential to the retention of funding sources, and to our sustainable growth.

Many members (such as Red Lily and Peppimenarti) are small operations that require regular assistance from AMSANT in a variety of areas. Recently, this has included monthly reports, advocacy for funding, IT advice, office space, teleconferencing facilities, transport; as well as expert advice about human resources, financial acquittals, payroll, budgeting and industrial relations.

This assistance is part of AMSANT's spirit of support, and our reason for being, that's available to all member services. AMSANT recognises the necessity of good financial and operational performance that, ultimately, is expressed in the improvement of health services to the Northern Territory's 75,000 Aboriginal and Torres Strait Islander people.

Accreditation

Accreditation is the formal process for certifying the competency (and credibility) of our member services, and ensures that quality standards, processes and systems are maintained in our sector. Without this official recognition, standards would fall and health delivery would be compromised, thereby jeopardising patients and their health outcomes.

AMSANT members have the highest rates of accreditation for ACCHSs in the nation, and many gain accreditation for both the clinical and organisational aspects of their services. This gives them confidence and credibility when seeking government funding or support; and ensures patients receive the best possible care.

The relevant organisations and standards that AMSANT work with are the Royal Australian College of General Practitioners (RACGP), General Practice Australia Accreditation Plus (GPA+), the Quality Improvement Council (QIC), the Australian Council on Health Care Standards (ACHC) and the International Standardisation Organisation (ISO).

Accreditation is voluntary and available to all ACCHSs. It usually takes about two years to gain accreditation and is a continuing process that is driven by our full-time Accreditation Officer.

Accreditation is achieved through performance improvement, and leads to a formal recognition of standards reached and a demonstrated commitment to Continuous Quality Improvement (CQI). This gives patients and funders strong confidence in the quality of the health services that our member services provide.

APO NT

Aboriginal Peak Organisations Northern Territory (APO NT)

A highlight of the year has been APO NT's engagement with the NT Government, the Commonwealth (NIAA) and LGANT on a co-design process to develop an NT Closing the Gap Implementation Plan, which is nearing completion. The plan focuses on the priority actions within the National Agreement and will be updated after 12 months.

Discussions have progressed to establish an NT governance structure for Closing the Gap, which will be headed by an NT Executive Council, co-chaired by the NT Minister for Aboriginal Affairs and an APO NT representative.

Work on Closing the Gap coincided with an organisational review of APO NT's structure, which was completed this year. A strengthened APO NT has seen NAAJA and the NLC re-join, along with new members, NT Indigenous Business Network (NT IBN) and the Tiwi Land Council and Anindilyakwa Land Council, thus boosting our alliance to eight members. A Terms of Reference has been agreed to.

APO NT was granted a new five-year funding agreement from the NT Government and has also applied to the Minister for Indigenous Australians to provide support, in recognition of our role in Closing the Gap and the NT implementation plan. This would provide much-needed capacity, including an expanded secretariat and the recruitment of an APO NT Manager.

NAAJA has agreed to auspice the APO NT secretariat and a process is underway to work through the transition issues, although this has been slowed by the lack of confirmation of Commonwealth funding.

The COVID-19 pandemic has continued to demand APO NT's attention and we are represented on the NT Regional and Remote Taskforce COVID-19 (co-Chaired by AMSANT CEO, John Paterson) which has continued to meet regularly throughout the year.

Further welcome news was included in the 2021-22 Federal Budget with the announcement that CDP will be phased out in 2022, and that a new Remote Engagement Program (REP) will be 'co-designed' with Aboriginal people and rolled out in four trial sites. APO NT is continuing to advocate for the model it developed in collaboration with Aboriginal and peak organisations. The outcome of this policy reform will be critical for the future of remote communities.

Also critical, in APO NT's view, is reform of the way governments engage and partner with Aboriginal organisations and leaders, as committed under the Closing the Gap National Agreement. APO NT has expressed concern with aspects of the current NT Aboriginal Affairs Strategy, completed prior to the 2020 NT Election. The NT Government committed to reviewing the strategy with APO NT following the completion of the Closing the

APO NT is a coalition of peak Aboriginal groups in the NT – AMSANT, Central Land Council, North Australian Aboriginal Justice Agency, Northern Land Council, Anindilyakwa Land Council, NT Indigenous Business Network, Aboriginal Housing NT and Tiwi Land Council.

Back: Jerome Cubillo, David Cooper, Georgia Stewart, Benaventure Timaepatua, Les Turner, John Paterson, Donna Hunter, Joel Greenoff, Josie Douglas. Front: Leeanne Caton, Maddi Ginnivan, Jasmine Lyons, Georgie Sutton, Gibson Farmer, Theresa Roe, Priscilla Atkins, Wes Miller. (Absent: Tony Wurramarrba, Joe Martin-Jard, Trish Rigby, John Rawnsley and Sasha Kiessling.)

Gap National Agreement, to ensure it was consistent with the agreement.
An area of concern is the Local Decision Making (LDM) framework. In May 2021 the NT Public Accounts Committee announced an inquiry into the implementation and future of the LDM Framework. It is now anticipated that the review of LDM with APO NT will occur at the end of the Committee's inquiry.

A further priority Closing the Gap commitment is to expand the delivery of services and programs by Aboriginal community controlled organisations, a long-time priority of APO NT. In recognition of the magnitude of this task, APO NT Partnership Principles were developed to guide approaches to expanding community control. APO NT has designed a framework to provide structure, context and tangible strategies to help organisations implement the Principles, and includes key actions, strategies and supporting documentation. APO NT is continuing its work in promoting those Principles.

An important partnership for APO NT is its membership of the Children and Families Tripartite Forum, as community sector representatives. Work this year focused on the co-design of a ten-year NT Generational Strategy under a working group of the Forum. The community sector representatives were funded for four positions on the working group, two of which sit with APO NT. We also participate in the NT Government and NGO Partnership Group (NNPG) and have four representatives, including two from AMSANT.

Housing remains a major priority for APO NT. The Joint Steering Committee (JSC) that oversees Indigenous Housing includes members from the CLC and NLC, and the two sub-committees established under the JSA have members from APO NT and Aboriginal Housing NT (AHNT). Consultations have continued about the CLC's draft Aboriginal remote community housing model. Development of the model through an advisory group is the first step in an advocacy process to achieve a transition to an Aboriginal community housing model in the NT.

AHNT has relocated its base to Yilli Housing, who will now auspice AHNT funding. A proposal has been submitted, seeking on-going support for AHNT, which has so far only received funding for the 2021-22 year.

APO NT is active in policy advocacy and produced many submissions and reports, including submissions to the Senate Committee inquiry into the Continuation of the Cashless Welfare Bill 2020; the Inquiry into food pricing and food security in remote Indigenous communities; the House of Representatives Inquiry into Homelessness; and a submission to the CATSI Act Review Team.

Wes Miller (Manager, Aboriginal Governance & Management Program) meets up with his good friend Otto Dann from the Adjumarllarl Aboriginal Corporation

Aboriginal Governance & Management Program

APONT
Aboriginal Governance & Management Program
Our Decisions | Our Actions | Our Future

The Aboriginal Governance and Management Program (AGMP) was established by APO NT in 2013 to provide governance support to the leadership and Board members of the NT's Aboriginal organisations.

AGMP delivers mentoring, workshops and practical support to build the capability and capacity of Aboriginal organisations, according to their self-determined needs. The outcome of this is better stability, sustainability and service delivery of Aboriginal organisations, leading to improved outcomes for our communities as a whole.

AGMP is a small team with a big vision! In 2020-21, we continued to attract a growing demand for our services and we actively supported 15 organisations across the Territory.

AGMP provided tailored support, designed to the unique needs and context of each organisation. This year there was a strong interest in support for Boards to improve their meetings and decision-making skills, to increase their financial literacy ('the money story') and to meet compliance requirements.

We have gathered feedback and measured our impact with organisations throughout 2020-21. Board and management members have said that AGMP has contributed to the following:

Improved confidence and leadership of board members

"Governance training is one of the best things that ever happened for us. It makes us feel stronger and more comfortable within ourselves." (Board member, Anyinginyi Health Aboriginal Corporation).

Improved understanding of governance and leadership principles.

"The Board has gained a better understanding of their rule book and ORIC. AGMP's efforts have shaped the thinking of the Directors. The Board know what they want now; what the problems are; and they are clear on the solutions. They have an increased confidence and vision for the future." (CEO, Walangeri Aboriginal Corporation).

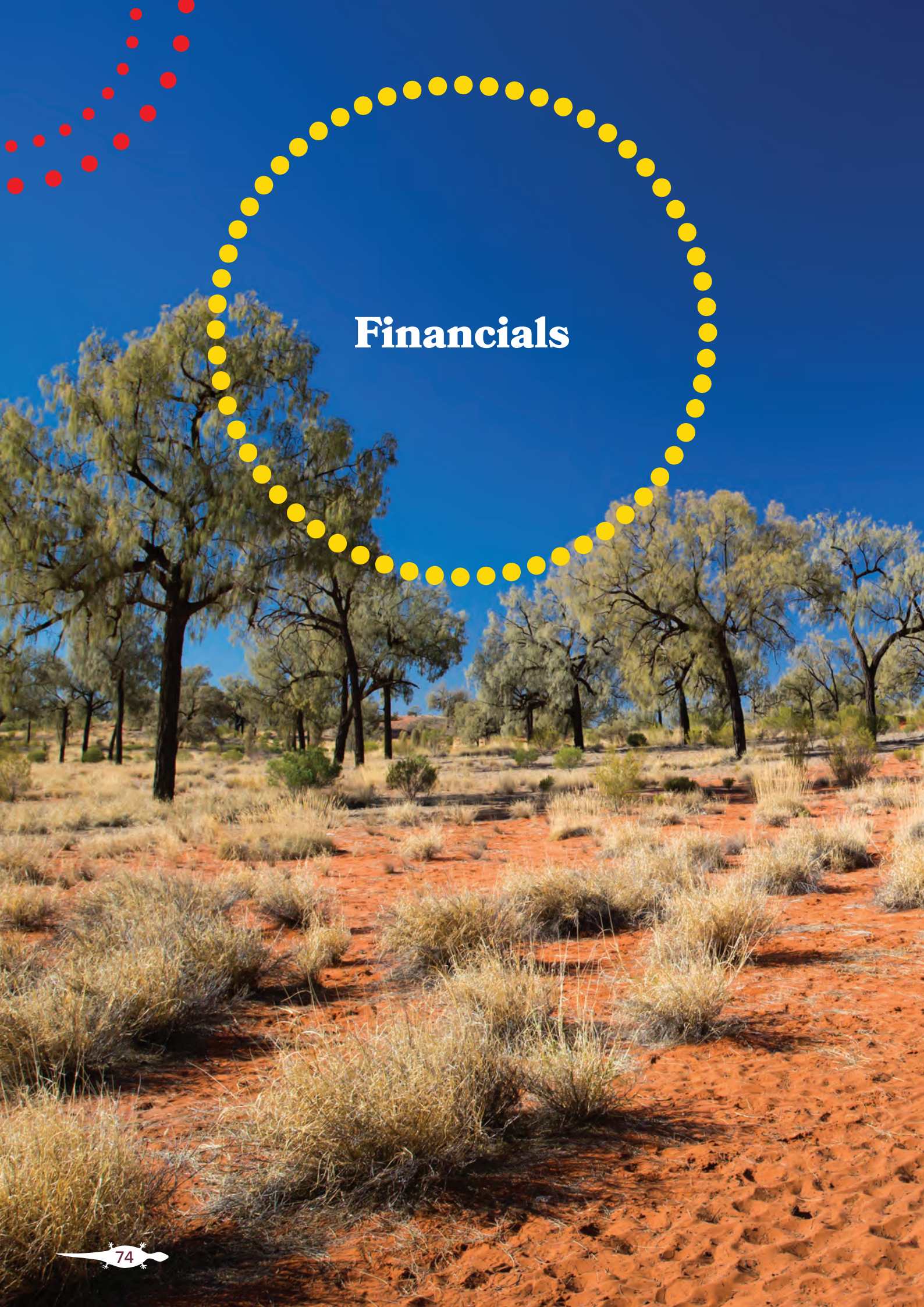
Improved relationship between management and board members

"It was an effective tool for relationship building and improved the mutual understanding of opportunities and challenges between the members and Management." (Park Manager, Kakadu National Park).

AGMP looks forward to working with more organisations and growing the impact of the program in the coming year. This includes opportunities for AGMP to contribute as a key partner in the Closing the Gap NT Implementation Plan, and in growing the Aboriginal community controlled health sector.

Glossary

ACCHO	Aboriginal Community Controlled Health Organisation
AMSANT	Aboriginal Medical Services Alliance Northern Territory
APO NT	Aboriginal Peak Organisations Northern Territory
CAAC	Central Australian Aboriginal Congress
CA AHSN	Central Australian Academic Health Science Network
CIRH	Centre for Innovation in Regional Health
CPHAG	Clinical & Public Health Advisory Group
CQI	Continuous Quality Improvement
CRTIC	Culturally Responsive Trauma Informed Care
DoH	Department of Health (NT or Commonwealth governments)
GPET	General Practice Education & Training
GPR	General Practice Registrar
ICDP	Indigenous Chronic Disease Package
IHPO	Indigenous Health Project Officer
IRCA	International Register of Chartered Accountants
ITC	Integrated Team Care
LDM	Local Decision Making
MRFF	Medical Research Future Fund
NACCHO	National Aboriginal Community Controlled Health Organisation
NIAA	National Indigenous Australians Agency
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
RAHP	Registered Aboriginal Health Practitioner
RFDS	Royal Flying Doctor Service
SEWB	Social & Emotional Wellbeing
TIC	Trauma Informed Care
WALS	Workforce & Leadership Support



Financials

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation

ICN 8253

Financial Report - 30 June 2021

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Contents
For the year ended 30 June 2021

General information

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

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation is a corporation, incorporated and domiciled in Australia. Its registered office and principal place of business are:

Registered office	**Principal place of business**
Moonta House Level 1 43 Mitchell Street Darwin Northern Territory	Moonta House Level 1 43 Mitchell Street Darwin Northern Territory

A description of the nature of the Corporation's operations and its principal activities are included in the directors' report, which is not part of the financial statements.

The financial statements were authorised for issue, in accordance with a resolution of directors, on 15 October 2021.

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Directors' report
For the year ended 30 June 2021

The directors present their report, together with the financial statements, on the Corporation for the year ended 30 June 2021.

Information on Directors
The following persons were directors of the Corporation during the whole of the financial year and up to the date of this report,

Director	Special Responsibilities	Appointed
Barbara Shaw	Chair	26-Jun-15
Leon Chapman	Treasurer	26-Jun-15
Donna Ah Chee	Director	26-Jun-15
Riek Luak	Director	04-Apr-21
Susan Berto	Director	03-Nov-15
David Galvin	Independent Director	17-Nov-17
Sinon Cooney	Director	20-Nov-20
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
The number of meetings of the Corporation's Board of Directors ('the Directors') held during the year ended 30 June 2021, and the number of meetings attended by each director were:

	Directors' Meeting Number eligible to attend	Directors' Meetings Number attended
Barbara Shaw	5	4
Leon Chapman	5	5
Donna Ah Chee	5	5
Susan Berto	5	1
David Galvin	5	5
Sinon Cooney	5	3
Edward Mulholland	5	5
Jeanette Ward	5	4
William Palmer	5	5

Held: represents the number of meetings held during the time the director held office.

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

- Alleviating the sickness, suffering and disadvantage, and promoting 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;
- Promoting '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
- Serving as a peak body and a forum for the Aboriginal Medical Services in the Northern Territory.

Performance measures
The surplus of the Corporation for the financial year amounted to $638,093 (2020: 2,940,721)

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

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Directors' report
For the year ended 30 June 2021

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.

Auditor's Independence declaration
A copy of the auditor's independence declaration as required under section 339-50 of the Corporations (Aboriginal and Torres Strait Islander) Act 2006 is set out immediately after this directors' report.

This report is made in accordance with a resolution of directors.

On behalf of the directors

Leon Chapman
Treasurer

Barb Shaw
Chairman

15 October 2021

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

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

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 2021, 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, 18th October 2021

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Statement of profit or loss and other comprehensive income
For the year ended 30 June 2021

	Note	2021 $	2020 $
Revenue	3	14,547,847	14,013,280
Total revenue		14,547,847	14,013,280
Expenses			
Employee benefits expense	4	(8,063,186)	(6,526,553)
Consultants and contractors		(1,338,291)	(666,513)
Depreciation and amortisation expense		(480,176)	(478,924)
Motor vehicle expense		(126,592)	(162,394)
Operations expense		(3,030,136)	(2,632,146)
Travel expense		(643,468)	(586,257)
Interest		(7,905)	(19,772)
External Project Expenses		(220,000)	-
Total expenses		(13,909,754)	(11,072,559)
Profit for the year	14	638,093	2,940,721
Other comprehensive income for the year		-	-
Total comprehensive income for the year		638,093	2,940,721

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

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Statement of financial position
As at 30 June 2021

	Note	2021 $	2020 $
Assets			
Current assets			
Cash and cash equivalents	5	4,541,585	4,312,370
Trade and other receivables	6	1,079,865	360,858
Short term investments		2,478,776	961,114
Other current assets	7	213,632	110,357
Total current assets		8,313,858	5,744,699
Non-current assets			
Property, plant and equipment	8	256,982	284,410
Right-of-use assets	9	808,472	392,363
Total non-current assets		1,065,454	676,773
Total assets		9,379,312	6,421,472
Liabilities			
Current liabilities			
Trade and other payables	10	1,570,610	721,897
Lease liabilities	12	445,186	399,778
Provisions	11	1,553,470	1,378,659
Other Liabilities	13	991,765	65,000
Total current liabilities		4,561,031	2,565,334
Non-current liabilities			
Lease liabilities	12	358,273	3,960
Provisions	11	74,140	104,403
Total non-current liabilities		432,413	108,363
Total liabilities		4,993,444	2,673,697
Net assets		4,385,868	3,747,775
Equity			
Retained surpluses	14	4,385,868	3,747,775
Total equity		4,385,868	3,747,775

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

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Statement of changes in equity
For the year ended 30 June 2021

	Retained surpluses $	Total equity $
Balance at 1 July 2019	807,054	807,054
Profit for the year	2,940,721	2,940,721
Other comprehensive income for the year	-	-
Total comprehensive income for the year	2,940,721	2,940,721
Balance at 30 June 2020	3,747,775	3,747,775

	Retained surpluses $	Total equity $
Balance at 1 July 2020	3,747,775	3,747,775
Profit for the year	638,093	638,093
Other comprehensive income for the year	-	-
Total comprehensive income for the year	638,093	638,093
Balance at 30 June 2021	4,385,868	4,385,868

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

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Statement of cash flows
For the year ended 30 June 2021

	Note	2021 $	2020 $
Cash flows from operating activities			
Receipt of grants		13,844,919	10,998,981
Interest income		19,300	8,124
Other receipts		877,399	1,065,992
Payments to suppliers and employees		(12,539,592)	(10,507,778)
Net cash from operating activities	21	2,202,026	1,565,319
Cash flows used in investing activities			
Proceeds from sale of property, plant and equipment		38,802	131,963
Payment for property, plant and equipment		(94,172)	(191,515)
Payments for investments		(1,517,662)	-
Net cash used in investing activities		(1,573,032)	(59,552)
Cash flows used in financing activities			
Repayment of Lease Liabilities		(399,779)	2,806,603
Net cash from/(used in) financing activities		(399,779)	2,806,603
Net increase in cash and cash equivalents		229,215	4,312,370
Cash and cash equivalents at the beginning of the financial year		4,312,370	-
Cash and cash equivalents at the end of the financial year	5	4,541,585	4,312,370

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

Note 1. Significant accounting policies

The principal accounting policies adopted in the preparation of the financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

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

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

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.

Historical cost convention
The financial statements have been prepared under the historical cost convention, except for, where applicable, the revaluation of financial assets and liabilities at fair value through profit or loss, financial assets at fair value through other comprehensive income, investment properties, certain classes of property, plant and equipment and derivative financial instruments.

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

Note 1. Significant accounting policies (continued)

Revenue recognition
The Corporation recognises revenue as follows:

Revenue from contracts with customers
Revenue is recognised at an amount that reflects the consideration to which the Corporation is expected to be entitled in exchange for transferring goods or services to a customer. For each contract with a customer, the Corporation: identifies the contract with a customer; identifies the performance obligations in the contract; determines the transaction price which takes into account estimates of variable consideration and the time value of money; allocates the transaction price to the separate performance obligations on the basis of the relative stand-alone selling price of each distinct good or service to be delivered; and recognises revenue when or as each performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised.

Sales revenue
Events, fundraising and raffles are recognised when received or receivable.

Donations
Donations are recognised at the time the pledge is made.

Grants
Grant revenue is recognised in profit or loss when the Corporation satisfies the performance obligations stated within the funding agreements.
If conditions are attached to the grant which must be satisfied before the Corporation is eligible to retain the contribution, the grant will be recognised in the statement of financial position as a liability until those conditions are satisfied.

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

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

Volunteer services
The Corporation has elected not to recognise volunteer services as either revenue or other form of contribution received. As such, any related consumption or capitalisation of such resources received is also not recognised

Income tax
As the Corporation is a tax exempt institution in terms of subsection 50-10 of the Income Tax Assessment Act 1997, as amended, it is exempt from paying income tax.

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

An asset is classified as current when: it is either expected to be realised or intended to be sold or consumed in the Corporation's normal operating cycle; it is held primarily for the purpose of trading; it is expected to be realised within 12 months after the reporting period; or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least 12 months after the reporting period. All other assets are classified as non-current.

A liability is classified as current when: it is either expected to be settled in the Corporation's normal operating cycle; it is held primarily for the purpose of trading; it is due to be settled within 12 months after the reporting period; or there is no unconditional right to defer the settlement of the liability for at least 12 months after the reporting period. All other liabilities are classified as non-current.

Note 1. Significant accounting policies (continued)

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

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

The Corporation has applied the simplified approach to measuring expected credit losses, which uses a lifetime expected loss allowance. To measure the expected credit losses, trade receivables have been grouped based on days overdue.

Other receivables are recognised at amortised cost, less any allowance for expected credit losses.

Investments and other financial assets
Investments and other financial assets are initially measured at fair value. Transaction costs are included as part of the initial measurement, except for financial assets at fair value through profit or loss. Such assets are subsequently measured at either amortised cost or fair value depending on their classification. Classification is determined based on both the business model within which such assets are held and the contractual cash flow characteristics of the financial asset unless an accounting mismatch is being avoided.

Financial assets are derecognised when the rights to receive cash flows have expired or have been transferred and the Corporation has transferred substantially all the risks and rewards of ownership. When there is no reasonable expectation of recovering part or all of a financial asset, it's carrying value is written off.

Financial assets at amortised cost
A financial asset is measured at amortised cost only if both of the following conditions are met: (i) it is held within a business model whose objective is to hold assets in order to collect contractual cash flows; and (ii) the contractual terms of the financial asset represent contractual cash flows that are solely payments of principal and interest.

Investments
Investments includes non-derivative financial assets with fixed or determinable payments and fixed maturities where the Corporation has the positive intention and ability to hold the financial asset to maturity. This category excludes financial assets that are held for an undefined period. Investments are carried at amortised cost using the effective interest rate method adjusted for any principal repayments. Gains and losses are recognised in profit or loss when the asset is derecognised or impaired.

Impairment of financial assets
The Corporation recognises a loss allowance for expected credit losses on financial assets which are either measured at amortised cost or fair value through other comprehensive income. The measurement of the loss allowance depends upon the Corporation's assessment at the end of each reporting period as to whether the financial instrument's credit risk has increased significantly since initial recognition, based on reasonable and supportable information that is available, without undue cost or effort to obtain.

Where there has not been a significant increase in exposure to credit risk since initial recognition, a 12-month expected credit loss allowance is estimated. This represents a portion of the asset's lifetime expected credit losses that is attributable to a default event that is possible within the next 12 months. Where a financial asset has become credit impaired or where it is determined that credit risk has increased significantly, the loss allowance is based on the asset's lifetime expected credit losses. The amount of expected credit loss recognised is measured on the basis of the probability weighted present value of anticipated cash shortfalls over the life of the instrument discounted at the original effective interest rate.

For financial assets mandatorily measured at fair value through other comprehensive income, the loss allowance is recognised in other comprehensive income with a corresponding expense through profit or loss. In all other cases, the loss allowance reduces the asset's carrying value with a corresponding expense through profit or loss.

Note 1. Significant accounting policies (continued)

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

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

Motor vehicle	4-5 years
Plant and equipment	3-7 years

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

Leasehold improvements are depreciated over the unexpired period of the lease or the estimated useful life of the assets, whichever is shorter.

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 the carrying amount and the disposal proceeds are taken to profit or loss.

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.

Right-of-use assets that meet the definition of investment property are measured at fair value where the Corporation has adopted a fair value measurement basis for investment property assets.

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.

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

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

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

Note 1. Significant accounting policies (continued)

Lease liabilities
A lease liability is recognised at the commencement date of a lease. The lease liability is initially recognised at the present value of the lease payments to be made over the term of the lease, discounted using the interest rate implicit in the lease or, if that rate cannot be readily determined, the Corporation's incremental borrowing rate. Lease payments comprise of fixed payments less any lease incentives receivable, variable lease payments that depend on an index or a rate, amounts expected to be paid under residual value guarantees, exercise price of a purchase option when the exercise of the option is reasonably certain to occur, and any anticipated termination penalties. The variable lease payments that do not depend on an index or a rate are expensed in the period in which they are incurred.

Lease liabilities are measured at amortised cost using the effective interest method. The carrying amounts are remeasured if there is a change in the following: future lease payments arising from a change in an index or a rate used; residual guarantee; lease term; certainty of a purchase option and termination penalties. When a lease liability is remeasured, an adjustment is made to the corresponding right-of use asset, or to profit or loss if the carrying amount of the right-of-use asset is fully written down.

Finance costs
Finance costs attributable to qualifying assets are capitalised as part of the asset. All other finance costs are expensed in the period in which they are incurred.

Employee benefits

Short-term employee benefits
Liabilities for wages and salaries, including non-monetary benefits, annual leave, long service leave and accumulating sick leave expected to be settled wholly within 12 months of the reporting date are measured at the amounts expected to be paid when the liabilities are settled. Non-accumulating sick leave is expensed to profit or loss when incurred.

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

Defined contribution superannuation expense
Contributions to defined contribution superannuation plans are expensed in the period in which they are incurred.

Retirement benefit obligations
All employees of the Corporation are entitled to benefits from the Corporation's superannuation plan on retirement, disability or death. The Corporation has a defined benefit section and a defined contribution section within its plan. The defined benefit section provides defined lump sum benefits based on years of service and final average salary. The defined contribution section receives fixed contributions from entities in the Corporation and the Corporation's legal or constructive obligation is limited to these contributions.

Fair value measurement
When an asset or liability, financial or non-financial, is measured at fair value for recognition or disclosure purposes, the fair value is based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date; and assumes that the transaction will take place either: in the principal market; or in the absence of a principal market, in the most advantageous market.

Fair value is measured using the assumptions that market participants would use when pricing the asset or liability, assuming they act in their economic best interests. For non-financial assets, the fair value measurement is based on its highest and best use. Valuation techniques that are appropriate in the circumstances and for which sufficient data are available to measure fair value, are used, maximising the use of relevant observable inputs and minimising the use of unobservable inputs.

Note 1. Significant accounting policies (continued)

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

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

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

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

New Accounting Standards and Interpretations not yet mandatory or early adopted
Australian Accounting Standards and Interpretations that have recently been issued or amended but are not yet mandatory, have not been early adopted by the Corporation for the annual reporting period ended 30 June 2021. The Corporation has not yet assessed the impact of these new or amended Accounting Standards and Interpretations.

Note 2. Critical accounting judgements, estimates and assumptions

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

Allowance for expected credit losses
The allowance for expected credit losses assessment requires a degree of estimation and judgement. It is based on the lifetime expected credit loss, grouped based on days overdue, and makes assumptions to allocate an overall expected credit loss rate for each group. These assumptions include recent sales experience and historical collection rates.

Estimation of useful lives of assets
The Corporation determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment and finite life intangible assets. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

Lease term
The lease term is a significant component in the measurement of both the right-of-use asset and lease liability. Judgement is exercised in determining whether there is reasonable certainty that an option to extend the lease or purchase the underlying asset will be exercised, or an option to terminate the lease will not be exercised, when ascertaining the periods to be included in the lease term. In determining the lease term, all facts and circumstances that create an economical incentive to exercise an extension option, or not to exercise a termination option, are considered at the lease commencement date. Factors considered may include the importance of the asset to the Corporation's operations; comparison of terms and conditions to prevailing market rates; incurrence of significant penalties; existence of significant leasehold improvements; and the costs and disruption to replace the asset. The Corporation reassesses whether it is reasonably certain to exercise an extension option, or not exercise a termination option, if there is a significant event or significant change in circumstances.

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

Employee benefits provision
As discussed in note 1, the liability for employee benefits expected to be settled more than 12 months from the reporting date are recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

Note 3. Revenue

	2021 $	2020 $
Grant funding received during the year	12,918,154	10,268,869
Amounts brought forward from prior year	-	1,862,614
	12,918,154	12,131,483
Other revenue		
Interest	19,300	23,519
Recoupment	262,000	160,545
Profit on disposal of assets	13,987	73,032
Other income	1,334,406	1,624,701
	1,629,693	1,881,797
Revenue	14,547,847	14,013,280

Note 4. Employee benefits expense

	2021 $	2020 $
Salaries and wages	6,620,431	5,346,419
Superannuation	600,422	493,156
Workers' Compensation	66,064	44,941
Fringe Benefits Tax	21,981	19,682
Movement in employee leave provisions	144,546	300,842
Other employee expenses	609,742	321,513
	8,063,186	6,526,553

Note 5. Cash and cash equivalents

	2021 $	2020 $
Cash on hand	614	476
Cash at bank - operating bank accounts	3,740,346	516,590
Cash at bank	800,625	3,795,304
	4,541,585	4,312,370

Note 6. Trade and other receivables

	2021 $	2020 $
Trade receivables	889,122	360,858
Other debtors	190,743	-
	1,079,865	360,858

Note 7. Other current assets

	2021 $	2020 $
Prepayments	213,632	110,357

Note 8. Property, plant and equipment

	2021 $	2020 $
Motor vehicles - at cost	370,709	366,649
Less: Accumulated depreciation	(168,660)	(114,506)
	202,049	252,143
Other Plant and equipment - at cost	231,900	195,733
Less: Accumulated depreciation	(176,967)	(163,466)
	54,933	32,267
	256,982	284,410

Note 9. Right-of-use assets

	2021 $	2020 $
Non-current assets		
Right-of-use assets	1,575,253	775,753
Accumulated depreciation	(766,781)	(383,390)
	808,472	392,363

Right of use asset Reconciliations

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

	Building $	Motor Vehicle $	Total $
Balance at 1 July 2019	743,113	32,640	775,753
Additions	-	-	-
Depreciation	(369,402)	(13,988)	(383,390)
Balance at 30 June 2020	373,711	18,652	392,363

Note 9. Right-of-use assets (continued)

	Building $	Motor Vehicle $	Total $
Balance at 1 July 2020	373,711	18,652	392,363
Additions	799,500	-	799,500
Depreciation	(369,402)	(13,989)	(383,391)
Balance at 30 June 2021	803,809	4,663	808,472

Note 10. Trade and other payables

	2021 $	2020 $
Trade payables	1,260,337	467,331
GST Payable	(140)	(185)
Accrued expenses and other sundry payables	301,567	251,496
Corporate credit card liability	8,846	1,355
Bonds payable	-	1,900
	1,570,610	721,897

Note 11. Provisions

	2021 $	2020 $
Current liabilities		
Provision for employee benefits: Annual leave	884,432	792,512
Provision for employee benefits: Long service leave	657,185	574,806
Provision for employee benefits: Other	11,853	11,341
	1,553,470	1,378,659
Non-current liabilities		
Provision for employee benefits: Long service leave	74,140	104,403
	1,627,610	1,483,062

Note 12. Lease liabilities

	2021 $	2020 $
Current liabilities		
Lease liability	445,186	399,778
Non-current liabilities		
Lease liability	358,273	3,960
	803,459	403,738

Note 12. Lease liabilities (continued)

	Building $	Motor Vehicle $	Total $
Balance at 1 July 2019	743,113	32,640	775,753
Lease Additions	-	-	-
Less: Total payments	(377,244)	(14,543)	(391,787)
Interest	18,522	1,250	19,772
Balance at 30 June 2020	384,391	19,347	403,738

	Building $	Motor Vehicle $	Total $
Balance at 1 July 2020	384,391	19,347	403,738
Lease Additions	799,500	-	799,500
Less: Total payments	(391,720)	(15,964)	(407,684)
Interest	7,328	577	7,905
Balance at 1 July 2021	799,499	3,960	803,459

Note 13. Other Liabilities

	2021 $	2020 $
Current liabilities		
Income in advance	991,765	65,000

Note 14. Retained surpluses

	2021 $	2020 $
Retained surpluses at the beginning of the financial year	3,747,775	807,054
Profit for the year	638,093	2,940,721
Retained surpluses at the end of the financial year	4,385,868	3,747,775

Note 15. Financial instruments

Financial instruments as detailed in the accounting policies to these financials statements, are as follows:

Note 15. Financial instruments (continued)

	2021 $	2020 $
Financial Assets		
Financial Assets at amortised cost		
Short term investment	2,478,776	961,114
Cash and cash equivalent	4,541,585	4,312,370
Trade and other receivables	1,079,865	360,858
	8,100,226	5,634,342
Financial Liabilities		
Financial liabilities at amortised cost		
Trade and other payable	1,570,750	721,896
Lease	803,459	403,738
	2,374,209	1,125,634

Market risk

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

Price risk
The Corporation is not exposed to any significant price risk.

Interest rate risk
Interest revenue is incurred solely on the cash balance and short-term investment in held by the Corporation throughout the year.

The Corporation is exposed to interest rate risk as funds are deposited at fixed and floating rates. Deposits placed at fixed rates expose the Corporation to fair value interest rate risk.

Credit risk
The Corporation is not exposed to any significant credit risk.

Liquidity risk
Liquidity risk arises from the Corporation's management of working capital. It is the risk that the Corporation will encounter difficulty in meeting its financial obligations as they fall due.

At the reporting date, these reports indicate that the Corporation is expected to have sufficient liquid resources to meet its obligations under all reasonably expected circumstances and will not need to draw down any of the financing facilities.

The Corporation is dependent on continuous grant funding.

The Corporation's liabilities have contractual maturities which are limited to Trade payables (not later than a month)

	2021 $	2020 $
Trade Payables & Leases Payable	2,015,796	1,121,675

Fair value of financial instruments
Unless otherwise stated, the carrying amounts of financial instruments reflect their fair value.

Note 15. Financial instruments (continued)

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

Note 16. 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).

Other key management personnel
The totals of remuneration paid to KMP of the Corporation during the year are as follows:

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

	2021 $	2020 $
Short-term employee benefits	1,485,411	1,062,437

Note 17. Contingent assets and liabilities

There are no contingent liabilities or assets at 30 June 2021 or 30 June 2020.

Note 18. Commitments

The Corporation had no commitments for expenditure as at 30 June 2021 and 30 June 2020.

Note 19. Related party transactions

Key management personnel
Disclosures relating to key management personnel are set out in note 16.

Transactions with related parties
Related parties of the Corporation where transactions occurred during the year are: Red Lily Health Board Aboriginal Corporation, NTGPE Limited and NTPHN Limited.

The following transactions occurred with related parties:

	2021 $	2020 $
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	222,208	86,013
Transactions that occurred during the year are as follows:		
Rent contribution income	13,771	13,836
Income representing recoupment of employee costs	235,972	215,025
Repair & Maintenance	-	18,362
Consultancy Fees	-	18,000
Motor Vehicle related costs	-	14,325
Travel	-	14,104
Other Expenditure	86,939	34,676

Note 19. Related party transactions (continued)

Intra company transactions recouping wages and operational costs during the year was $715,448 (2020: $328,328)

During the year the Corporation received grant funding from NT PHN of $2,138,082 (2020: $1,877,589) and from NT GPE $143,883 (2020: $127,213). AMSANT is a member of both companies.

There were no other related party transactions in 2021.

Note 20. Events after the reporting period

No matter or circumstance has arisen since 30 June 2021 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 21. Reconciliation of profit to net cash from operating activities

	2021 $	2020 $
Profit for the year	638,093	2,940,721
Adjustments for:		
Profit on disposal of Property, plant and equipment	(13,987)	(73,032)
Depreciation	480,176	79,076
Change in operating assets and liabilities:		
(Increase)/decrease in trade receivables	(719,007)	(54,141)
(Increase)/decrease in prepayments	(103,275)	(122,914)
Increase/(decrease) in trade payables	848,713	62,608
Increase/(decrease) in grants received in advance	926,765	(1,539,347)
Increase/(decrease) in provision	144,548	272,348
Net cash from operating activities	2,202,026	1,565,319

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Directors' declaration
For the year ended 30 June 2021

In the directors' opinion:

- the attached financial statements and notes comply with the Corporations (Aboriginal and Torres Strait Islander) Act 2006, Accounting Standards, and other mandatory professional reporting requirements;
- the attached financial statements and notes comply with Australian Accounting Standards - Reduced Disclosure Requirements as issued by the Australian Accounting Standards Board as described in note 1 to the financial statements;
- the attached financial statements and notes give a true and fair view of the Corporation's financial position as at 30 June 2021 and of its performance for the financial year ended on that date; and
- there are reasonable grounds to believe that the Corporation will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of directors.

On behalf of the directors

Leon Chapman
Treasurer

Barb Shaw
Chairman

15 October 2021

BDO

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

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

INDEPENDENT AUDITOR'S REPORT

To the 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 2021, 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 2021 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 management and directors for the Financial Report

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

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

Auditor's responsibilities for the audit of the Financial Report

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

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

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

This description forms part of our auditor's report.

BDO

BDO Audit (NT)

C Taziwa
Audit Partner

Darwin, 18 October 2021

ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY
AMSANT

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

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

Our Health Our Way

reception@amsant.org.au
www.amsant.org.au