AMSANT
Annual Report
2021-2022

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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.

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

Members Map


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

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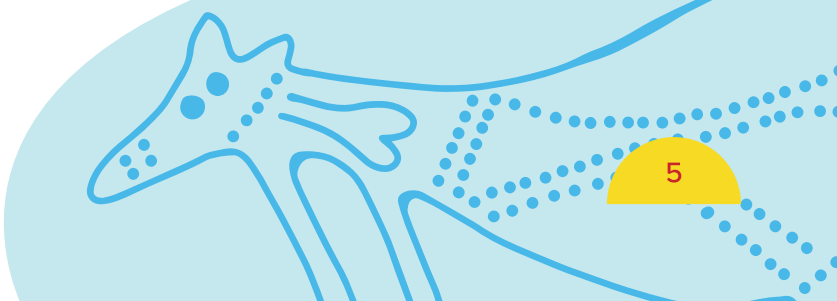


Our Vision

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.

Strategic Objectives

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 with 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. The Board can also appoint up to three Non-Member Directors, with two of these positions currently filled.

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.

Urapuntja Health Service welcomes Steve Edgington (MLA for Barkly) to talk about remote health, governance and community control. Amelia Kunoth-Monk (receptionist), Annette Meins-Kemp (acting clinical manager) and Ronald Plummer (liaison officer) join him for a photo at the Utopia clinic.

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
Ltyentye Apurte Community 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 (Purple House) Aboriginal Corporation (Purple House)

Board

Our Board is made up 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.

Dr Donna Ah Chee

Member Director, Chairperson
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).

Rob McPhee

Member Director, Deputy Chairperson
Chief Executive Officer
Danila Dilba Health Service

Rob McPhee is the Chief Executive Officer for Danila Dilba Health Service in Darwin. Before this he was Deputy CEO and Chief Operating Officer at Kimberley Aboriginal Medical Services in Broome WA. His people are from Derby in the West Kimberley and from the Pilbara region of Western Australia. Rob has an undergraduate degree in Aboriginal Community Management and Development, and a Graduate Certificate in Human Rights. He is passionate about social justice for Aboriginal people and has spent the past 30 years working in Indigenous affairs. Prior to working in Aboriginal health, he taught at Curtin University and the University of Western Australia, and worked as a senior adviser in community relations and Indigenous affairs to the oil and gas industry.

Dr Leisa McCarthy

Member Director
Chief Executive Officer
Anyinginyi Health Service

Leisa is a Warumungu woman with strong family ties to Tennant Creek and the surrounding Barkly Region. She started as CEO at Anyinginyi Health in February 2022 and is based in Tennant Creek. She has worked in Aboriginal health for nearly 30 years and held positions in policy, management, coordination and service delivery at the national, state/territory and local levels with government, non-government and the ACCHO sector, as well as with a Research Institute. Leisa's formal training is in Public Health Nutrition and she holds a Bachelor of Applied Science in Nutrition, a Masters in Community Nutrition, and a PhD in Public Health. Her main passion is in improving the future of Aboriginal leadership in health, and in building the strength of communities for positive and sustainable change.

Riek "Riko" Luak

Member Director
Chief Executive Officer
Ampilatwatja Health Service

Riko has worked in many varied roles in Aboriginal health and community development since 2014 and has wide experience in business, finance and working with young people. He holds a Bachelor of Commerce, an Advanced Diploma in Accounting and a Diploma of Community Services. Riko's passion and motivation is to help build stronger communities by creating positive relationships and activities; to open doors to culture and practice; and to support the development of Aboriginal communities across Australia. Riko is always keen to learn from his more experienced colleagues and community members, and loves to share his own experiences (professional, social and cultural) with people striving for change.

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 the Aboriginal Community Controlled Health sector as a Remote Area Nurse in Lajamanu and has dedicated himself ever since to Aboriginal primary health care and the determinants that impact optimal Aboriginal health ever. Sinon has been part of the Katherine West Health Board's leadership team for ten years and holds a Masters in Public Health. He is a graduate of the Australian Institute of Company Directors and is a member of the NT Aboriginal Health Forum (NTAHF) as a representative of AMSANT.

Steve Rossingh

Member Director
Chief Executive Officer
Miwatj Health Service

Steve is a descendent of the Kamilaroi people in Northern NSW, and has lived and worked in the NT for more than 25 years. Steve has a Bachelor of Business, majoring in Accounting; is a FCPA and GAICD; and also holds a MBA from Deakin University in Victoria. His accounting and FCPA qualifications have been a key "foot in the door" to more diverse roles. Steve started as the CEO of Miwatj Health in February 2022 after he was the inaugural Director of the NT Treaty Commission. He has been a Departmental Chief Executive in the NT public service, General Manager of the NT's largest legal firm and has held CFO roles in the not-for-profit sector.

Kevin Wrigley

Member Director
Chief Executive Officer
Pintupi Homelands Health Service

Kevin is the CEO of Pintupi Homelands Health Service in Kintore and a proud Board Director of AMSANT, which supports an ambitious agenda for Aboriginal member services across the NT. As an experienced Non-Executive Director he recognises that each Board has different dynamics and challenges and, as a result, it highlights the importance of finding compromises and making informed decisions in the best interests of the organisation. Kevin is committed to, and passionate for, social justice and equality for disadvantaged people, by working towards closing the gap for Aboriginal people in health outcomes and addressing the social determinants of health.

Anne Marie Lee

Member Director
Chairperson
Sunrise Health Service

Anne Marie has been the Chairperson of Sunrise for many years and has represented her community of Barunga as a director for 18 years. She started her career as an Aboriginal Health Worker and has worked tirelessly for her community as a member and deputy-chair on the NLC board, and as a member of the local authority board. Anne Marie has also been instrumental in driving the 'reduction of anaemia in children' strategy that has been highly successful, and has been involved in the 'stay strong on community' initiative. More recently, Anne Marie supported health promotion messaging and leadership in response to COVID and the vaccination rollout, and worked closely with Menzies Health in screening community members in and around Barunga for rheumatic heart disease.

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.

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

The past year has seen some significant changes in AMSANT's governance membership, most noticeably with the resignation of our previous Chairperson, Barbara Shaw, in December, coinciding with her resignation as CEO of Anyinginyi Health Service, and the start of a well-earned retirement. Barbara's inspiring leadership and contribution to Aboriginal health, and to Anyinginyi and AMSANT in particular, will be sorely missed.

The year also saw other resignations of long-serving CEOs of some of our Members and, consequently, from the AMSANT Board: Eddie Mulholland from Miwatj Health Service and Leon Chapman from Pintupi Homelands Health Service. Election of new Directors at our 2021 Annual General Meeting, which was delayed because of COVID until March 2022, has brought new leadership to the Board – Rob McPhee from Danila Dilba Health Service, Steve Rossingh from Miwatj Health Service, Leisa McCarthy from Anyinginyi Health Service, Kevin Wrigley from Pintupi Homelands Health Service, and Anne-Marie Lee from Sunrise Health Service.

They join continuing Directors, Reik Luak from Ampilatwatja and Sinon Cooney from Katherine West Health Board, and Non-Member Directors David Galvin and Jeanette Ward. I am privileged to serve as Chairperson alongside fellow Directors who bring a wealth of experience to our important governance responsibilities.

AMSANT's primary role of supporting our Members has been most apparent in our response as a sector to the on-going COVID pandemic. The challenges faced during the year have ranged from preparing for the opening of the NT borders with an urgent and challenging vaccination drive, to managing outbreaks and protecting the most vulnerable people as the pandemic response rapidly shifted.

There is no doubt that the NT's actions in closing its borders, and the leadership and actions of AMSANT and our Member Services, have saved many lives. However, we are all too aware that the pandemic is far from over.

The year has also seen AMSANT continue to strongly engage in partnerships and collaborations that have the potential for far-reaching impacts on Aboriginal health in the Northern Territory. AMSANT has worked as a

member of APO NT on developing the first NT Closing the Gap Implementation Plan which will be overseen by the new NT Executive Council on Aboriginal Affairs, that is Co-Chaired by our CEO, Dr John Paterson, alongside the NT Minister for Aboriginal Affairs.

AMSANT's participation in the Children and Families Tripartite Forum has contributed to the development of a 10-Year Generational Strategy that will provide a blueprint for reforms to the children and families space. This is in addition to our leadership of the NT Aboriginal Health Forum, which AMSANT Chairs, and includes all the key Commonwealth and NT health stakeholders.

Policy engagement with NACCHO and our sister Affiliates has also continued to be strong, including through our AMSANT representatives on the NACCHO Board (thank you Leisa McCarthy and Rob McPhee) and engagement with the NACCHO CEOs Forum and Policy Network.

Leadership in these high-level collaborations is matched by the impressive work of AMSANT's staff. 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, advocacy, CQI and corporate support – much of which you will find detailed in the pages of this report.

On behalf of the AMSANT Board, I especially wish to offer my heartfelt thanks to our CEO, John Paterson, and the AMSANT staff, who worked so hard over the year supporting our Members and the communities we serve.

Donna Ah Chee

CEO's report

A key focus of the past year was on reform, both internal and external. Internally, the continued implementation of AMSANT's organisational review, including trials of a structural change, was matched externally with engagement in the process to develop the first Closing the Gap (CTG) Implementation Plan in the NT. The plan focuses on the four CTG Priority Reforms which aim to drive systemic change through equal partnership with government and by increasing Aboriginal controlled service delivery.

However, the year was dominated by COVID-19, both at the service and affiliate levels. The latter half of 2021 was focused on increasing vaccination rates in advance of the opening of the NT borders in December. COVID outbreaks dominated service delivery early in 2022, exacerbated by a severe early influenza season, which caused high hospitalisation rates.

AMSANT's leadership in public health and clinical responses to the virus has continued, along with flexible support for our services in areas of need, including secondments, and support with access to vaccination providers, information, and advocacy. Our focus has been on protecting the most vulnerable people. The demands of COVID challenged our Members in maintaining their full range of PHC services. The sector is slowly recovering but critical workforce shortages remain across the NT.

Despite this, the sector grew with the successful transition of Minjilang clinic in West Arnhem to Red Lily Health Service and an increase in client contacts in urban areas. ACCHSs provide two-thirds of total client contacts in the Aboriginal PHC system, with the remainder provided by NT Government PHC clinics.

AMSANT's role in supporting improved service provision in challenging areas has also been notable. Our ear coordinators supported an NT steering committee, bringing ear and hearing programs and PHC together. We also coordinated a successful program to improve

management of foot complications caused by diabetes. Such approaches are central to our leadership role in CQI. The COVID-delayed annual AMSANT CQI Collaborative was held in June 2022 under the theme of "Coming Together" with the key topics of improving support and systems-of-care across a wide range of clinical areas.

AMSANT's expanding SEWB team has provided leadership in responding to the profound impacts of COVID on mental health and wellbeing, and the need to focus on healing from both its acute phase and 'long tail'. SEWB teams and staff have been active in supporting wellbeing and resilience in the health centre workforce. This is in addition to their suite of work in workforce support and development, trauma informed care training, clinical and cultural supervision, domestic family sexual violence (DFSV) and suicide prevention support.

A further notable achievement during the year was our successful Food Summit, bringing ACCHSs together with store providers, Aboriginal-led enterprises and government. AMSANT continues to advocate on the summit's recommendations and our leadership sparked an invitation to participate in the co-design of a national food security strategy.

AMSANT's Workforce and Leadership Support Team supported members through a range of projects, new initiatives and policy engagement. Severe COVID impacts on our workforce have underscored the need for investment in a locally-grown workforce, and to this end AMSANT has been a lead collaborator in seeking to establish the first locally-led NT Medical School in the Northern Territory.

Other new initiatives included the establishment of a Tobacco Control Team, a Commonwealth-funded Indigenous Health Workforce Traineeship Program, and development of AMSANT's first Cultural Safety Framework and training modules.

The NT employs the largest number of Aboriginal Health Practitioners in Australia, so we were pleased with the successful outcome of the national Aboriginal health qualifications review, made possible through effective collaboration between AMSANT staff, members and affiliates, and the leadership of NACCHO.

Advocacy and member support is central to our Digital Health team, focused on Communicare support and achieving key developments and solutions through our relationship with the vendor, Telstra Health. The team also works with our partners, the NT Department of Health and the NT Primary Health Network, through the joint digital health Strengthening Our Health System Strategy (SOHSS).

Research engagement and leadership is of particular concern to AMSANT and our members. The development of an AMSANT Research and Evaluation Strategy, due for completion by the end of 2002, seeks to provide a blueprint for achieving our goals. Health research partnerships are also important vehicles ... 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 and as Co-Chair of the new NT Executive Council on Aboriginal Affairs, alongside the NT Aboriginal Affairs Minister – important partnerships that I see as 'game changers'.

As CEO I am privileged to work alongside a strong and experienced Chair and Board and appreciate the support and leadership they provide. I am also grateful to my AMSANT 'family' – our dedicated staff who make all our achievements possible.

John Paterson

AMSANT Member Services and staff at a General Meeting in Alice Springs.

AMSANT Communications Data

35,152
People reached on Facebook posts with an annual increase of 29%

239%
annual increase in engagement on AMSANT's Facebook posts, with 15,981 interactions

1,183
visits per day on AMSANT's website with an annual increase of 18%

1,966 views of AMSANT videos with an annual increase of 257%

169%
annual increase in Facebook page views per day, with a total of 1,347 views

Peter Lindsay, the Deputy-Chair of Sunrise Health, had plenty of good ideas about tackling diabetes when he spoke at the CQI Collaborative in June, 2022.

COVID-19 Healing

One of the most important lessons from the COVID-19 pandemic has been to understand its profound impacts on mental health and wellbeing and the need to focus on healing from both its acute phase and its 'long tail'. The wellbeing of workers and clients is AMSANT's priority.

At the beginning of the COVID-19 outbreak in Australia in early 2020 our Social & Emotional Wellbeing (SEWB) team established and ran a fortnightly meeting to bring together the managers of the SEWB, AOD and mental health workforce from across our Member Services.

This group has continued to meet regularly to share information, to co-ordinate action, and to provide a network of support for all health staff. The pandemic isn't finished yet and we remain vigilant to its impacts on our workforce!

As our experience from previous global pandemics has shown, Indigenous peoples generally (and, specifically, Aboriginal and Torres Strait Islander peoples in Australia) experience significantly poorer health outcomes in response to such viral emergencies.

According to Dudgeon *et al* in their report (2021) *Responding to COVID-19 and Beyond* there are: "Important lessons to be learnt by examining the efficacy of responses to COVID-19 across the globe". The *COVID-19 Roadmap to Recovery report* (commissioned by eight Australian universities) called for immediate action, and, in that spirit, AMSANT's SEWB team provided early leadership and guidance to the national response to the pandemic. We continue to do so.

Across the NT there was a special focus in the past year on the role played by SEWB teams and staff in supporting wellbeing and resilience in the health centre workforce. Strategies and tactics have been shared to respond to times of particular pressure, on staff and clients, and to the on-going stress and 'burnout' our workforce is experiencing. (The SEWB team maintains a suite of resources on the AMSANT website to support this work.)

COVID-19 remains a distinct threat to the health and wellbeing of our Aboriginal communities ... and continues to put additional pressure on clinical and social support services. Strong planning and advocacy is required to ensure that the wellbeing of Aboriginal people is not unduly impacted by the on-going pandemic, and that ACCHSs can continue to build on their strengths, and support healing.

The strength of community control during the pandemic was recognised in a report (2021) by S. Holcombe and A. Nampitjinpa Anderson:

"During the NT's COVID 'lock-down' ... the particular needs of remote communities, their collective identities and their vulnerabilities, were recognised by various levels of government. As a result, it seemed to be understood that they, and their representative bodies, were in the best position to manage the crisis. This decentralisation of control and devolution of decision-making was highly successful."

AMSANT goes bush

The world has responded with different strategies to the COVID-19 pandemic but AMSANT knows it's not over yet and we continue to lead the nation in public health and clinical responses to the virus, for the protection and wellbeing of Aboriginal people.

Last year we deployed staff to 'go bush' and 'go regional' to support our Member Services, so many people up-rooted their lives in Darwin and Alice Springs to live in communities, and to assist and/or lead with COVID planning, testing and vaccination. This tactic is on-going, as and when it's needed.

Our staff were especially busy across the Barkly and Central Australia, and their work reinforced the idea that AMSANT is truly an *alliance* of community controlled health services, with everyone pitching in when and where it's most needed.

AMSANT is proud to work on the lands of Aboriginal peoples across the Northern Territory, and to support health services and communities in their quest for healthier and happier lives.

We have offices in Darwin (Larrakia country) and Alice Springs (Arrernte country) and many of our staff are mobile and travel widely through the Centre, the Barkly, the Gulf and the Top End in support of our Member Services.

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 under the Pathways to Community Control policy. The Pathways to Community Control Evaluation Working Group was established under the Forum to oversee a review of the 'pathways policy', and the Commonwealth DOH has contracted the NOUS Group to carry out the review and prepare a report. The report is nearing completion.

Over the past year, AMSANT has provided support to Red Lily Health Board which is in the process of transitioning NT Government clinics to community control. This support has included participating on transition steering committees and providing advice and support about clinical and corporate governance and advocacy.

On 1 July 2021, Minjilang Health Centre was transitioned to community control under Red Lily Health Board, the first of a number of clinics to be transitioned to Red Lily in the next few years. This milestone moment was the culmination of more than a decade's work by the Red Lily Board to achieve control of their health services.

Meanwhile, Central Australian Aboriginal Congress (Congress) has continued to progress

the transition of Yulara, Imanpa and Kaltukatjara (Docker River) clinics to community control under an agreed transition plan. Progress to date has met all milestones.

Several of other communities in the Central Australia region have expressed the desire to transition their NT Government clinics to community control and AMSANT has supported initial community consultations with these communities. The consultations are being carried out by experienced independent consultants who will provide a report to be considered by Forum.

The Red Lily Health Board and workers meet with the NT Health Minister, Natasha Fyles, in Darwin 2021 ... Brad Palmer, Lazarus Lamilami, Matthew Nagarlbin, Mrinal Dey, June Nadjamerrek, Steven Fejo, Rosemary Nabulwad, Health Minister Natasha Fyles, Ron Mangiru, Carol Nayilibidj, AMSANT CEO John Paterson, Stephen Hayes, Mary Djurundudu, Nilushi Wijesiri and Marcia Brennan.

Roslyn Frith, the Chair of Katherine West Health Board, addresses her colleagues at an AMSANT General Meeting in Alice Springs.

NORTHERN TERRITORY
Aboriginal Health Forum

The NT 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 and Alice Springs.

The Forum is a mature partnership with a 20-year history and 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 PHC services in the NT to community control.

This year the Forum focused on the health workforce shortage; responses to the COVID-19 pandemic, including translating COVID-19 resources into Aboriginal languages; and further development and action relating to *Pathways to Community Control*.

The Forum also signed off on a four-year NTAHF Strategic Plan (2022-2026) developed with the NOUS Group. This incorporates Forum's role as the partnership vehicle for the Agreement on NT Aboriginal Health and Wellbeing 2015-2020, the *Closing the Gap* Agreement and the National Aboriginal and Torres Strait Islander Health Plan.

The Forum has a process for considering and managing requests for 'transition' to community control 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 many areas. AMSANT provides the Secretariat for many of the working groups as well as participating in most of the groups: Social and Emotional Wellbeing; Primary Health Care; NTAH-KPI clinical reference group; CQI steering committee; CQI data; NT-AHKPI technical; and the Digital Health strategic group.

During the year the Health Workforce Stakeholder Group and Workforce Taskforce were discontinued and their functions merged with the NT PHN's Workforce Alliance, which includes the major government and non-government health workforce stakeholders. The Alliance will maintain a reporting role to the Forum.

Member Support

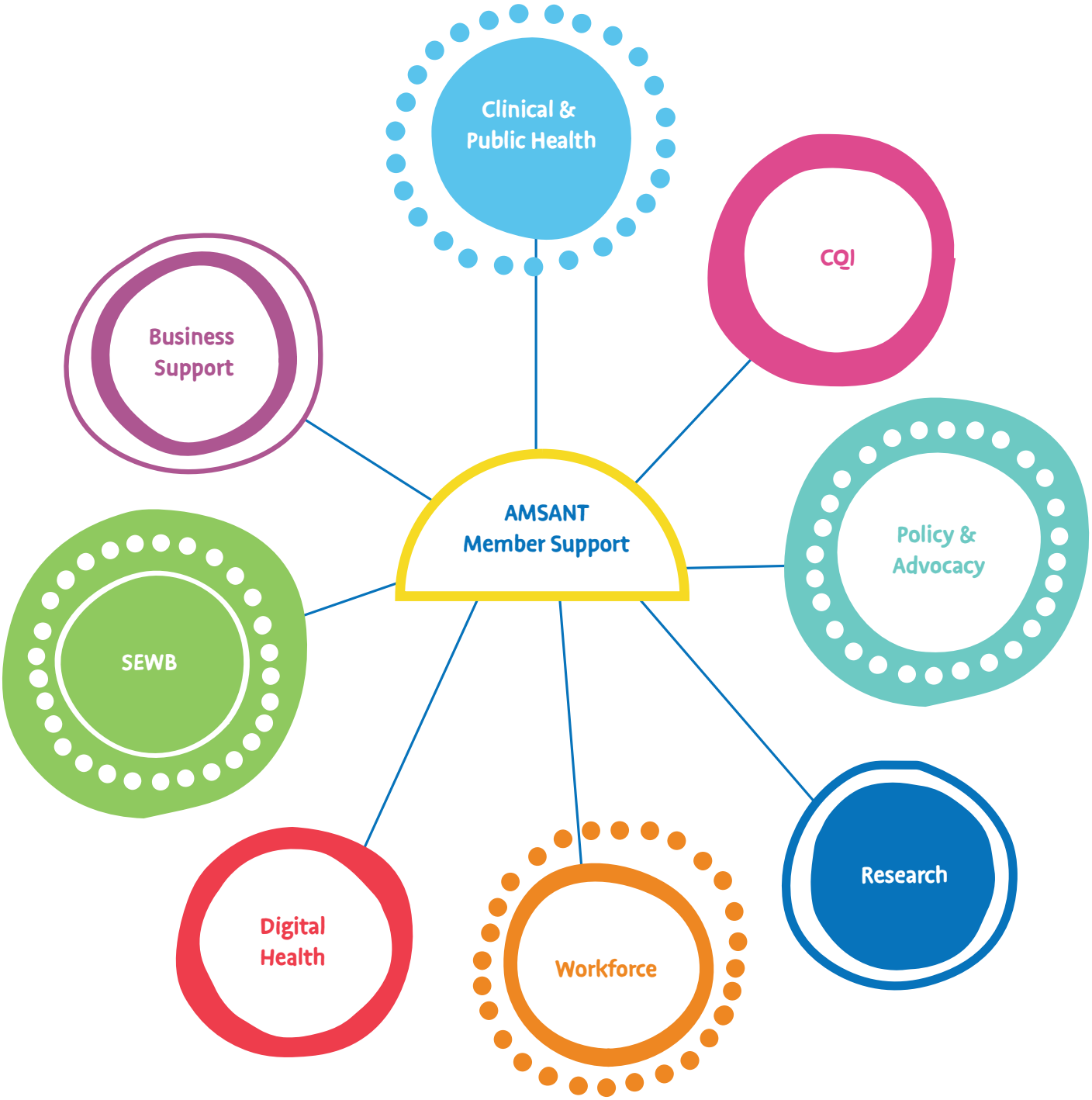
The core of AMSANT's work is to support our member services to provide and improve high-quality primary health care (PHC) services to Aboriginal people in the Northern Territory. Our ACCHS members range in size and scale from large organisations that employ hundreds of staff and run multiple clinics, 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.

Importantly, AMSANT's support activities are directed by our members through their input at members' meetings, working groups, workshops and individual service-level discussions that determine the needs and modes of our support activities.

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. In many cases, video-conferencing provided an effective way to support members.

Recently, conditions have changed with increased vaccinations and the opening of the NT borders, so face-to-face visits and meetings with members are happening again. This remains 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 this report and are outlined in our work team summaries.


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

Public Health

The year was dominated by the continuing COVID-19 pandemic, at both the service and affiliate level. There was intense pressure to increase vaccination rates prior to the borders opening in December 2021, while COVID outbreaks dominated service delivery in the first months of 2022. The pressure on all services was very high and it was difficult (sometimes impossible!) to maintain the full range of primary health care services.

There was also a severe early influenza season which caused high hospitalisation rates, and while the sector is slowly recovering, there are still critical workforce shortages across the NT.

AMSANT provided strong support to our Member Services by seconding clinical and communications staff to health centres with significant outbreaks and/or low vaccination rates; distributing vaccine promotional material; helping services to access vaccination providers and information about anti-virals; and working with ACCHSs and the NTG on guidelines and advice.

Managing Outbreaks

The outbreak response rapidly shifted from 'suppression' to 'managing outbreaks' and protecting the most vulnerable. AMSANT engaged in high-level policy and planning with both the NT and Commonwealth governments on the response to the pandemic, as it rapidly evolved.

NTAH-KPI data

Despite the challenging year, the sector grew with the successful transition of the clinic at Maningrida to community control under the Mala'la Health Service, and an increase in client contacts in urban areas.

Our community controlled sector provides two-thirds of the total client contacts in the Aboriginal PHC system, with the remainder provided by the NTG primary health care system. Overall, most performance indicators worsened slightly because of severe workforce pressure and the COVID-19 pandemic. However, there were reductions in rates of anaemia in pregnancy and in childhood, which is pleasing to note during such challenging times.

Better Hearing

AMSANT's two ear health coordinators had a busy and productive year supporting an NT-wide steering committee that brings ear-and-hearing programs and primary health care together.

We held a workshop to develop priority actions to improve ear-and-hearing health, and we designed clearer referral pathways and a referral form to improve navigation of the system by clinicians.

Regular education 'webinars' were hosted on relevant issues, including the guidelines for *otitis media*. Our face-to-face engagement with PHC services to strengthen ear health programs has increased markedly as it has become safer to travel, and we launched an ear health *Communique* to keep Member Services and PHC workers up-to-date on the ear health resources and programs that are available.

Diabetes-related foot care

AMSANT also coordinated a successful program to improve management of foot complications caused by diabetes. Further work is underway to improve Aboriginal access to appropriate and affordable footwear, and to improve the education of both PHC staff and podiatrists in this challenging (and often misunderstood) area of care.

Food Summit

During the year AMSANT hosted a very successful food summit, following on from

a similar event in 2011. The summit was preceded by significant consultation with the sector and key stakeholders, and brought ACCHSs together with store operators, Aboriginal-led agricultural and fishery initiatives, and both levels of government.

The summit generated high-level recommendations and goals: to strengthen governance; to improve viability and infrastructure at remote stores; to establish an NT food security working group; to develop mechanisms to increase the access to healthy and affordable food in remote communities; and to lift investments in community-led primary and traditional food industries.

AMSANT is pursuing these goals with the appointment of a part-time policy officer and a commitment to develop a national remote food security strategy with our partners.

Other activities

AMSANT engaged in research projects through the Central Australian Academic Health Science Network, including projects to strengthen Aboriginal workforce, and developing and piloting programs for non-clinical indicators in disparate areas such as health promotion and governance.

We have also recruited a sexual health coordinator through NACCHO/Commonwealth funding and have started providing more intensive support and mentoring to services about sexual health in general.

Clinical performance data

The community controlled health sector continued to grow last year with an increase of 9% in the overall number of regular clients in the ACCHSs sector, driven by a rise of 12% in the urban sector and 2% growth in remote regions. The client increase in urban areas was due to people spending more time in towns and/or more Aboriginal people in towns were accessing our health services.

Total episodes-of-care increased by 12%, which is partly due to high client contact during Omicron outbreaks from January to April 2022. ACCHSs treated 76% of the total number of regular clients within the Aboriginal PHC system and provided two-thirds of the total episodes-of-care; the remainder were provided by the NT Government primary health care system.

Most health indicators declined due to the extreme pressure caused by the COVID-19 pandemic and on-going staff shortages in our sector. Improvements were seen in the proportion of women who were ever anaemic in urban areas from 35% to 33%. The proportion of children who had ever been anaemic also declined to 33%.

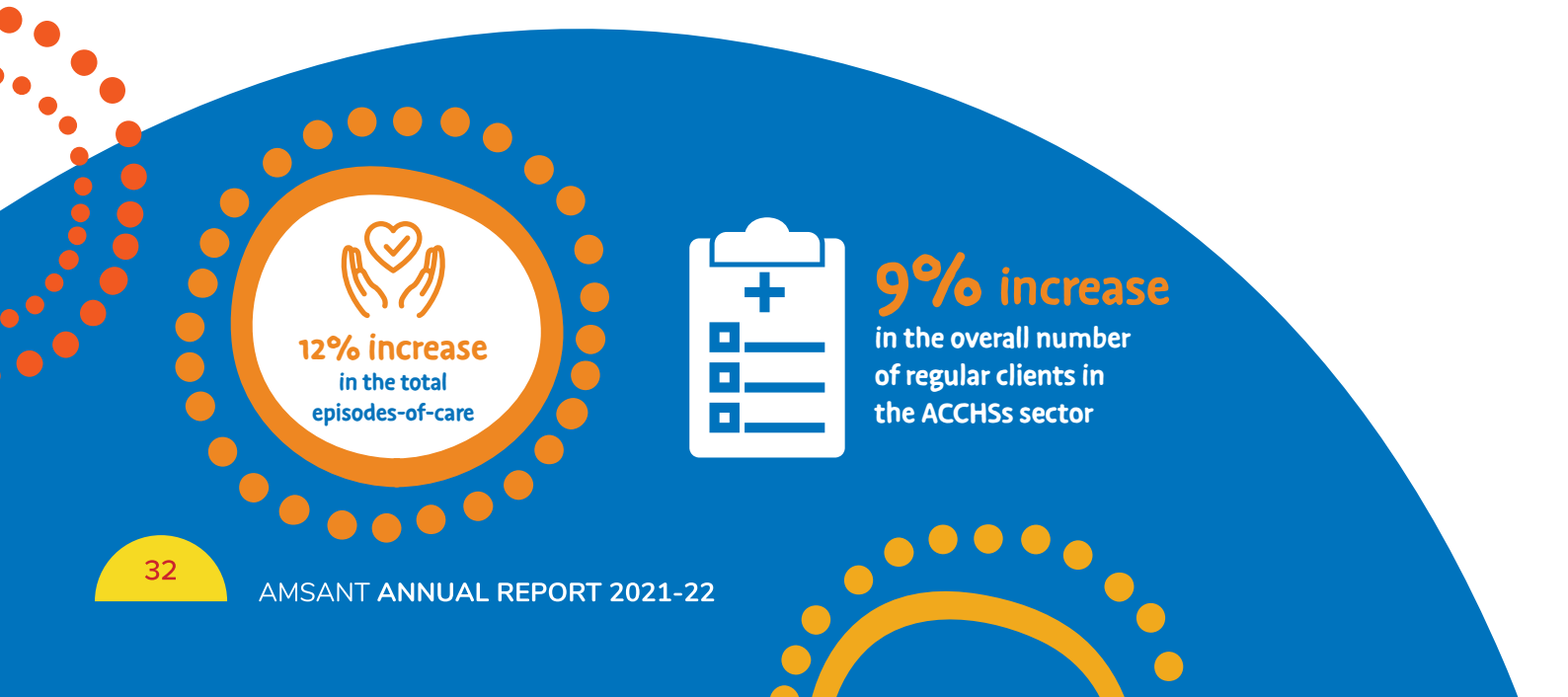
There was an increase in the proportion of people with diabetes who had good control (to 37%) and a corresponding decline in those with very poor control. These changes were recorded in both remote and urban ACCHSs.

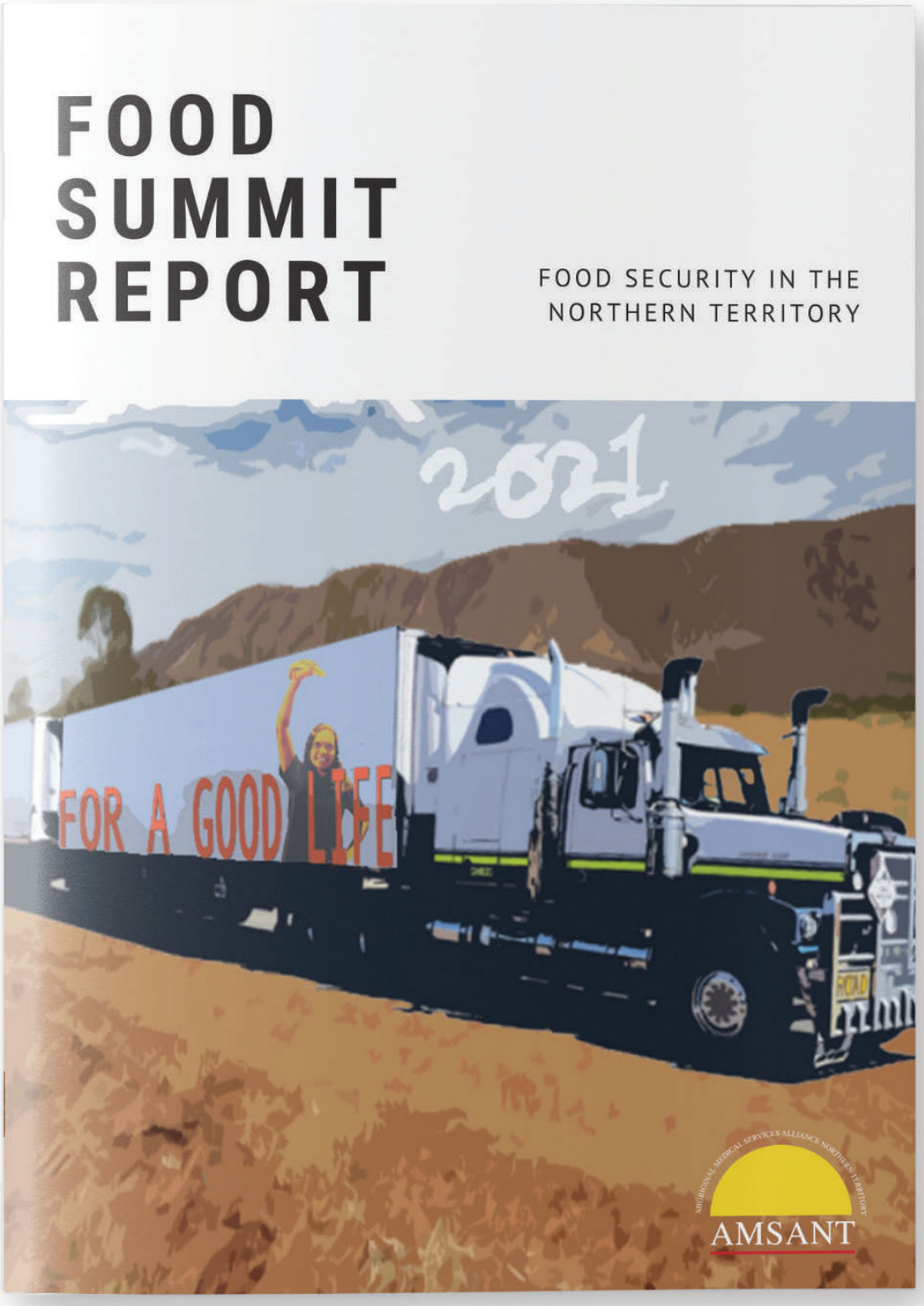
There was a gradual but steady decline in the proportion of people in urban ACCHSs who smoke, from 54% to 49%. Unfortunately, there has not been a decline in smoking rates in remote areas!

There have been significant declines this year in some key indicators, including: childhood immunisation; screening for STIs; and the rates of penicillin prophylaxis for people with rheumatic heart disease/acute rheumatic fever.

The number of people requiring secondary prophylaxis for rheumatic heart disease continues to grow, with a 12% increase in people requiring this treatment across both urban and remote areas. Improvements in the social determinants of health ~ particularly housing, maintenance and overcrowding ~ are critical to reducing rates of acute rheumatic fever.

Overall, our review of the NTAH-KPIs demonstrates the need for sustained action on workforce reform, to improve poor workforce distribution ... and thereby tackle the life expectancy gap between Aboriginal and non-Aboriginal people in the NT.





AMSANT produced a detailed report on its landmark Food Summit held in Alice Springs in 2021.

Ameina Brunker, Coordinator of AMSANT's diabetes foot care program, speaks up for improvements to podiatry services at the CQI Collaborative in Darwin.

AMSANT's Clinical COVID Advisor, Kellie Kerin (RN), addresses a Darwin conference about the pandemic and the responses made by community controlled health services.

Moana Tane, CEO of Urapuntja Health Service, makes her point during an AMSANT General Meeting in Alice Springs.

Rani Lawler from the Katherine West Health Board.

Workforce and Leadership Support

AMSANT continues to work closely with our partners and to collaborate with many stakeholders to design sustainable workforce solutions, to improve the sustainability and continuity of our health professionals. We're moving away from reactive and stop-gap staffing measures to create a workforce that is reliable, responsive and ready for action.

This year we have supported the new CDU Menzies School of Medicine to enable locally-led education pathways for the health workforce in the NT. AMSANT is a key player and is represented on the leadership group of this exciting new venture. We see the School of Medicine as a key development and will ensure Aboriginal workers are clinically-trained and central to the operation of community controlled health services.

AMSANT Cultural Safety Framework

Our sector has proved that we know best when it comes to providing primary health care that is effective, community focussed and culturally relevant for our people. The philosophy of comprehensive (or holistic) care that ACCHSs embody responds to our Aboriginal view of health ... patients and clients are reluctant to seek treatment at the clinic if this philosophy is ignored or they don't feel culturally safe.

Feeling 'culturally safe' is a fundamental attribute of care for Aboriginal people, as we need to receive due regard and appropriate attention when we go to the clinic; it's more than just the 'pills and bandages' approach of some mainstream health services!

With this in mind, AMSANT has designed our own organisational Cultural Safety Framework and Training package. We are using this package to increase our sector's ability to promote culturally safe principles and practices in all areas of our work, by our Member Services, partners, stakeholders and collaborators.

Workforce strategies

Our People, Our Strength is a research project funded by the Central Australia Aboriginal Health Science Network, and involves AMSANT working with Congress and Anyinginyi health services to develop workforce strategies for their operations.

The research draws on the framework developed as part of the Career Pathways Project, funded by the Lowitja Institute. It integrates translational research to grow and support the Aboriginal workforce at our Member Services.

The Framework identifies six pillars of priority for workforce development:

- Leadership and self-determination
- Cultural safety
- Valuing cultural strengths
- Investment in the workforce and the workplace
- Education and training
- Social determinants

Our People, Our Strength engages health service managers, staff and the community in the co-design and action-research activities that define the goals, structure, implementation and evaluation of workforce strategies. The work is also informed by advice from other key stakeholders and academic experts on those complementary projects.

When completed, these workforce strategies will be important tools to enhance the capacity of ACCHSs in Central Australia and the Barkly to support career development among Aboriginal and Torres Strait Islander people in their health workforce.

Aboriginal Health Workforce Traineeship Program

Eight trainees from four member services started their studies at Batchelor Institute this year, with support from the Aboriginal Health Workforce Traineeship (AHWT) Program.

Trainees are studying either a Certificate II in Aboriginal and Torres Strait Islander Primary Health Care or a Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care (Practice), and must complete clinical placement activities as part of their studies. Financial assistance from the program allows services to provide trainees a learning environment that is supported by clinical educators, supervisors and mentors within the services, to build confidence in their new skills.

Trainees also receive 'wrap-around' support from AMSANT's AHWT Program Coordinator, who works closely with the trainees, Batchelor Institute lecturers and Member Service teams, to ensure the trainees get the support they need to attend classes and complete their work on time.

"My job is to empower the trainees, and to work with the team supporting them at their host service to ensure their study experience is as successful as it can be," says the AHWT Program Coordinator, Darren Braun.

Darren is a recent Certificate IV graduate and brings broad knowledge and wise counsel to the trainees, so they can make the most of their learning experience. The program is funded by the Commonwealth Department of Health until 2023.

Tobacco Control and Workforce Support

The WALS Tobacco Control team provides support and expert advice to coordinate activities to reduce Indigenous smoking in remote and very-remote communities.

Throughout the year, the focus of the team was on the planned implementation of the Tobacco Control Guide (TCG) and supporting health services in the NT to implement the TCG for CQI of tobacco control.

Activities included:

- Leadership of the Northern Territory Aboriginal Health Forum's tobacco working group in reducing smoking in remote areas. The group oversees and guides the development and dissemination of expert advice regarding Tobacco Control initiatives, and supports a comprehensive approach to tobacco control in the NT that is based on research and on-the-ground experience.
- Production, promotion, dissemination and implementation of the Tobacco Control Guide. This includes support for health services in the NT to employ the TCG using a CQI approach to tobacco control. The guide was used extensively this year in the Big Rivers Region at Sunrise, Katherine West, Wurli Wurlinjang and the NT Department of Health. This involved a wide variety of staff, not only those working in tobacco control.
- Leadership and support of The Big Rivers Early Action on Tobacco for Health (BREATH) committee.

Learning, thinking and acting out big ideas at the Batchelor Institute for Indigenous Tertiary Education, 100km south of Darwin ... Camellia Benger and Elyssia Tallon Rosas from Wurli Wurlinjang; Jenny Newry from Katherine West; and Leandra Huckstadt Rankine and Sharni Braun from Anyinginyi.

Gemina Corpus is the Manager of the Workforce and Leadership Support team and believes collaboration among Aboriginal groups is the key to improved health, workforce, education, training and career options in the NT. She's had a long and influential career, leading and supporting her colleagues, with AMSANT, NTGPE, Danila Dilba, Bagot Community, Fred Hollows Foundation and the Commonwealth Government.

Excellence Awards

AMSANT congratulates all recipients of the Aboriginal and Torres Strait Islander Health Worker and Practitioner *Excellence Awards* 2021.

The Award partners are: the Commonwealth Department of Health, Rotary Club of Darwin, the United Workers Union, AMSANT and the National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP).

Student Award - Advanced Studies

Sherryl King, Wurli Wurlinjang Aboriginal Health Service

Remote Aboriginal Health Worker

Dorothy Gondarra, Miwatj Health Aboriginal Corporation

New Aboriginal Health Practitioner

Sarah Quong, Danila Dilba Health Service

Urban Aboriginal Health Practitioner

Keinan Keighran, Wurli Wurlinjang Aboriginal Health Service

Remote Aboriginal Health Practitioner

Sarah Mariyalawuy Bukulatjpi, Miwatj Health Aboriginal Corporation

Dr John Hargrave Honour Roll

Congratulations to Charlie Gunabarra of Mala'la Health Service who was listed on the Dr John Hargrave Honour Roll, acknowledging a lifetime career achievement and role modelling behaviour that is an inspiration to all his colleagues.

AMSANT is a peak body in the NT and our CEO, Dr John Paterson, is a great advocate for Aboriginal community control and for improvements to the social determinants of health. He is widely respected by the media, and the general public, for promoting the health and wellbeing of our people. Photo: NT News / Esther Linder

Policy & Advocacy

Policy and advocacy underpin 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 that is essential to effectively advocate the needs of our members and sector, and to respond to external policy and program initiatives 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 regular members' COVID meetings which have been effective in sharing information and learnings that have led to positive changes in policy outcomes. AMSANT also participates in the NACCHO CEOs Policy Network, to share and contribute to work in a national context.

Submissions and responses were provided to various Commonwealth inquiries and consultations, including: the Inquiry into the Purpose, intent and adequacy of the Disability Support Pension; Primary Health Care Reform Steering Group recommendations; Social Security Legislation Amendment (Remote Engagement Program) Bill 2021; the National Indigenous Australians Agency's Digital Inclusion Plan consultation; consultation draft of the Primary Health Care 10-year Plan; Inquiry into how the corporate sector establishes models of best practice to foster better engagement with Aboriginal and Torres Strait Islander consumers; and the Inquiry into oil and gas exploration and production in the Beetaloo Basin.

Responses to NT Government initiatives included the review of the *Mental Health and Related Services* Act; the NT Department of Education's Engagement Strategy; Parliamentary Inquiry into the Local Decision-Making policy; NT Strategic Water Plan Directions Paper; NT Rheumatic Heart Disease Strategy 2022-2032; and the NT Government's Greenhouse Gas Emissions Offsets Policy and Technical Guidelines.

AMSANT also provides effective health advocacy through community partnerships and media opportunities. Our CEO, Dr John Paterson, has been a frequent presence in local and national media, as he prosecutes AMSANT's case for evidence-based action and effective, culturally-responsive community education to counter the COVID pandemic, and other health-related matters. AMSANT issues many media releases about COVID and other policy issues.

AMSANT chairs the NT Aboriginal Health Forum, the key strategic policy and planning body of the NT's health system partners [See page 27 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 co-designed a 10-year Generational Strategy with community sector partners, to provide a blueprint for policy reforms.

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 is Joint-Chair of the NT Executive Council on Closing the Gap, along with the NT Aboriginal Affairs Minister.

AMSANT also provided input into the development of the second annual Closing the Gap NT Implementation Plan, as well as to other APO NT policy and advocacy initiatives. We have also contributed to numerous submissions and consultation processes [See page 57 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.

The NT Health Minister, Natasha Fyles MLA, visits AMSANT to meet with our Board to discuss COVID responses and community control.

Continuous Quality Improvement

The CQI Team has been busy and responsive in the last 12 months with increased visits to health services to provide hands-on CQI support, after COVID restrictions started to ease. It has been productive and enjoyable to support NT health services with planning days, data analysis, systems assessments and on-site CQI training and support. Nothing beats face-to-face collaboration.

In late 2021 the CQI eLearning module was launched and is now freely available *via* the AMSANT website or the RAHC website.

The module was developed to ensure that everyone who works in Aboriginal primary health care in the NT has the chance to know about the CQI Strategy, and to learn about the basics of CQI and how we use it in the NT. We all have a role to play in the delivery of quality health care to our clients and communities ... and we want everyone to get an overview of how CQI looks and functions, and to become familiar with the tools and resources available.

The CQI eLearning module has been developed through an exciting collaboration between AMSANT and Remote Area Health Corps, guided by Alison Laycock from the University Centre for Rural Health (University of Sydney).

The CQI eLearning Module is an interactive online training module designed to:

- Introduce CQI and describe how CQI is applied in primary health care centres in the NT
- Provide a framework for improving systems of care and health outcomes through CQI
- Tell you about the CQI support and training available *via* the NT CQI strategy
- Demonstrate how data can be used to help teams improve the quality of care they deliver
- Explore some of the CQI tools and strategies used for implementing CQI.

CQI Collaborative

After a last-minute cancellation of the November 2021 CQI Collaborative due to a COVID outbreak in Katherine, it was wonderful to have 120 people in Darwin for the June 2022 CQI Collaborative, with the theme of *Coming Together*.

The key focus for this CQI Collaborative was improving support and systems-of-care for people living with diabetes and/or obesity. We also discussed the recommendations from the AMSANT Food Summit held in 2021.

There were presentations on rheumatic heart disease, ear health, improving STI testing, anaemia, diabetes care, strategies to support tobacco control, and engaging youth more effectively in their health journey.

A Diabetes Yarning Circle was hosted for Aboriginal colleagues to discuss the prevention and better management of diabetes. The ideas and proposals from the Yarning Circle informed a diabetes workshop on the second day of the Collaborative.

It has been a challenging journey (for everyone!) since the COVID pandemic first hit the NT in early 2020. We have learned so much since then and the CQI Collab was an ideal opportunity to hear about the ways we have adapted to such serious and unexpected circumstances. CQI is always about learning, adapting and finding ways to do things better, so that we have better outcomes and better engagement with our clients and communities.

It was encouraging to hear how our services worked together across regions (under great

pressure) to communicate, vaccinate, test, treat and support their communities through a stressful time. Our CQI Collaborative heard about the ways services have adapted to the many changes and challenges that COVID brings.

An interactive wellbeing and self-care workshop was a big hit and allowed participants to join in a range of activities designed to encourage, support and refresh our tired but committed workforce.

Feedback from those at the CQI Collaborative was very positive! People appreciated the opportunity to learn from other services; to hear about the work being undertaken to improve the health of NT communities; and to develop different approaches to work with clients living with diabetes.

Once again we heard loud-and-clear how much health services and their staff value and appreciate opportunities to meet together, to learn together and to share the work they are doing together.

Jodi Smyth, Dr Carmen Cubillo and Heidi Perner from the SEWB Team work with passion and purpose as trauma-informed care facilitators, to reduce risk and to support cultural safety in the workplace.

Social and Emotional Wellbeing

Generational trauma impacts 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) programs, whereby we provide information and training sessions to health services and clinical staff, to build their workforce skills and their capacity to assist the many people who are affected by trauma.

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 our mental and physical health.

Damulgurra

Damulgurra is the Larrakia (traditional owners of the Darwin area) word for "heart".

Our Damulgurra team addresses the missing elements of trauma-informed practice through a process of *knowing*, *being* and *doing* in the way of Aboriginal people. There is a constant process of actively understanding what trauma is and how to address it ... while creating space to support and amplify the voices of our people.

We acknowledge the traumatic history of Aboriginal people; explore how this painful history continues to be experienced today; learn how trauma affects people's health, development, brain function and relationships; and seek local solutions to counter the on-going and systemic oppression of our people.

We connect trauma research with Aboriginal ways of healing and we help workers, managers and services to create action-plans to integrate trauma-informed practices at all levels of their organisation.

Organisational change takes much time and effort, so to support an organisation to become trauma-informed or integrated, Damulgurra has developed a CRTIC (culturally responsive trauma informed care) assessment tool that reviews organisations and produces positive practice

outcomes. Our team works in partnership with our Member Services to embed CRTIC within their organisations.

Our program model puts heart, land and connectedness at the centre, understanding that each person and place brings their own history, experiences and values to the process of becoming trauma-informed.

During the year, Damulgurra delivered workshops to Wurli Wurlinjang, Red Lily, Laynhapuy, Congress, Mala'la, Miwatj and external stakeholders, both in and outside the NT.

Culturally Responsive Trauma-informed Care (CRTIC)

CRTIC is now widely recognised as integral to reducing risk, supporting safety and improving overall wellbeing in all contexts of service provision. We help services to understand what CRTIC is and to embark on the complex process of adjusting service provision to make trauma-informed practice more attainable.

Our training program is guided by evidence and grounded in local cultural knowledge, and is continually evolving. We continue to seek the guidance of Aboriginal communities, groups and individuals, and to honour their wisdom and their unique connections to country, language, people, culture and healing.

Justice, Wellbeing and DFSV

In October 2021 a group of 36 people from NT Aboriginal health services and justice organisations met in Alice Springs for a forward-thinking Justice and Wellbeing Workshop. We discussed the need for more programs that invest in Aboriginal-led solutions, are genuinely trauma-informed, and reflect the connection of Aboriginal people to language, kinship, land, law and culture.

The SEWB policy team continues to remain engaged with the cross-agency working group (CAWG) for domestic, family and sexual violence (DFSV), and we provided a formal submission in response to the draft action plan (#2) released by the NTG .

As a result of sustained advocacy from AMSANT, our Member Services, other NGOs and the NTG have engaged in a 'review and reset' process of the multi-agency child and community safety framework (MACCSF).

We also led a submission in response to proposed amendments to the *Care and Protection of Children Act*, and we are encouraged to see the NTG has delayed legislating the MACCSF while this review takes place, in line with recommendations from AMSANT and other allied organisations.

LEARNT Research

The learning from alcohol reforms (LEARNT) research project is well underway and engages with Darwin AOD and rehabilitation services to introduce the study to clients and their families who are on the Banned Drinking Register (BDR).

The aim of LEARNT is to conduct qualitative research in a casual yarning-type interview with people and their families, to share their stories and experiences of being on the BDR.

SEWB has done interviews with people from a Darwin AOD service and other organisations, as we build trust and relationships for long-term partnerships right across the NT.

When consultations are completed the recorded information is shared with Menzies School of Research to transcribe and code the interviews. The data will be used as supporting evidence for planning and advocacy in response to any policy changes to alcohol bans and restrictions.

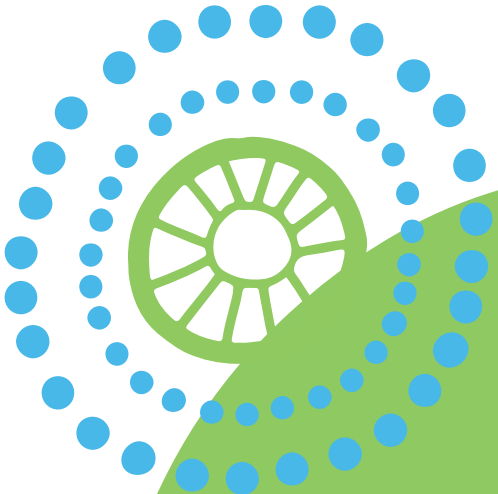
Suicide Story

Suicide Story is a program that was developed in 2007 to respond to the deepening crisis of suicide in remote communities, and the recent evidence from an evaluation by Batchelor Institute shows it's very effective. Batchelor found that participants made big improvements in their awareness and knowledge of suicide; and in their ability to respond and assist people who are contemplating such action.

We've held three-day workshops in Alice Springs, Darwin and Palmerston (with more to come across the NT) and our Train the Trainer program has created 40 support facilitators, or 'community champions'.

Suicide Story enables people to respond better to grief, trauma and the needs of people thinking about suicide. It encourages open and honest discussion about suicide; greater awareness of the problem; and reduces the stigma associated with it.

Local people and cultural protocols are central to the program's success and our on-going training ensures there are people 'coming through' with the skills and confidence to tackle suicide risk.



Mental Health and Suicide Prevention Planning

AMSANT has collaborated with NT PHN, NT Health and NIAA to develop joint regional plans for mental health and suicide prevention. Each regional plan will identify the improvements needed in five priority areas:

- Early engagement with at-risk populations
- Clear pathways for people with moderate mental illness
- Greater support for people with severe and complex needs
- Integrated services
- Using technology for better outcomes.

Workforce Support

SEWB's Workforce Development and Support Unit (WDSU) operates with our Member Services and is informed by the annual training needs analysis (TNA) and on-going feedback from the sector. The focus this year has been on early career and role development, guided by the TNA data.

The WDSU also runs a variety of foundation workshops from Case Notes, to Yarning, and this year we also developed two new accredited training courses that will be ready by early 2023.

We also designed and ran new training pilots focused on domestic, family and sexual violence, supported by funding from Territory Families. To further support the NT workforce the WDSU developed online learning materials, to be launched in early 2023.

The SEWB Tree was created by Kyleen Randall and depicts the many connections that people make on their journey of healing.

Recognition of our leaders

Last year was a big one for the recognition of key AMSANT people ... our CEO, John Paterson, and our Chair, Donna Ah Chee, were both awarded an Honourary Doctorate of Arts by the Charles Darwin University, for their contributions over many years to the health and wellbeing of Aboriginal people.

John was also presented with the NAIDOC Person of the Year (Darwin) award for his advocacy for Aboriginal people, in response to the COVID-19 pandemic.

Research

AMSANT is committed to ensuring that health research involving our communities is culturally safe and directed by the community, and we seek to improve partnerships and engagement with health researchers, at all stages of the research cycle.

AMSANT's engagement with research is guided by the Board and Research Subcommittee, and more broadly by our Members, many of which have their own research capacities and engagement. AMSANT is developing a new Research and Evaluation Strategy in collaboration with our Members which is due to be completed by the end of 2022.

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

Despite limited resources, AMSANT leads several health research projects and is a contributor to many others. AMSANT is leading and/or partnering in four projects funded through the Central Australian Academic Health Science Network (CA AHSN): to develop non-clinical indicators for our sector; social and emotional wellbeing; PHC workforce strategy; and a remote community survey.

AMSANT is a partner in the Mayi Kuwayu national study of Aboriginal and Torres Strait Islander Wellbeing, involving the UNSW and health services. Other research involvement includes projects addressing CQI, employment of community-based ear workers in ACCHSs, and diabetes in pregnancy.

AMSANT is a member the Central Australian Academic Health Science Network which is chaired by AMSANT's CEO. Other partners include Aboriginal community-controlled health organisations, government, 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 the Medical Research Future Fund (MRFF). It has commissioned three rounds of research projects to date.

AMSANT continues to have a close relationship with the Lowitja Institute, which is the Aboriginal and Torres Strait Islander controlled National Institute for Aboriginal and Torres Strait Islander health research.

Old ways meet new ways ... Traditional Owner, Geoffrey Morton (centre), drew lines in the sand to help design better communication networks at Ampilatwatja. Geoffrey met with AMSANT's Digital Health manager, Simon Stafford, and Ampilatwatja Health CEO, Riek Luak, to discuss internet outages in the community.

Digital Health

The Digital Health Unit acknowledges the hard work done by staff at our Member Services, who are responsible for the smooth application of digital systems within their health centres. The effects of COVID-19 on both our healthcare system and health workforce have been massive! Throughout this challenge, staff members have kept digital systems running smoothly while dealing with uncertainty and change.

It has also been a year when many 'digital' staff members at AMSANT, and our services, have moved on to other challenges. This is why we like to focus on the people and processes that deliver excellent PHC services, rather than just technology. We want to remain flexible and relevant, whatever personnel changes may occur.

Our traditional role of Communicare support has been as active as ever and many of our members have given us remote access to their Communicare systems, to enable us to provide support on-line and outside business hours. We have maintained our relationship with Telstra Health, while advocating for key developments and solutions to issues within the Communicare product.

We have maintained our support to Members in data quality and reporting ... good quality data is a key enabler of effective health care delivery. The change in health service staff has presented challenges to some members, as they report to Key Performance Indicators at both a national and NT level. It was great for us to present a small but dynamic Communicare workshop at the CQI Collaborative in June 2022.

This year we have had a special focus on ensuring that vaccination records are being accurately sent to the Australian Immunisation Register (AIR).

This included staff training in the recording of Communicare immunisation information; manual corrections in some Members' databases; and developing vaccination coverage reports.

A big challenge was the transition to the new Services Australia security infrastructure, but this was a good way to get to know new staff within our Member Services.

The COVID-19 response saw renewed focus on telehealth and its role in healthcare delivery, with expanded MBS items. As ever, we seek to find simple solutions to the telehealth challenges that allow this medium to integrate more fully into the healthcare landscape.

Lately there's been an increased use of behind-the-scenes data transfer which does pose data governance challenges ... the NT Department of Health is currently working on a Health Information Exchange (HIE) feasibility study. We continue to support AMSANT's Public Health and Policy units in their responses to this challenge.

AMSANT and its members are keen supporters of the electronic sharing of health records and we celebrated the fact that Western Diagnostic Pathology now sends pathology results to the My Health Record (MHR). As part of our partnership with the Australian Digital Health Agency, we delivered an implementation plan to enable the secure sending of S100 prescribed medications to the MHR.

We have maintained our focus on technical issues faced by our members, especially with some extended Telstra outages in East Arnhem and the Sandover region. We are hoping that some upcoming infrastructure work will improve the situation in those regions.

The Digital Health Unit has continued our support for non-clinical digital systems among our Members. We have had a busy year working with them to develop intranet systems, and refreshing their websites, and doing more remote training and support. We aim to develop local capacity to ensure sustainability of systems by doing more mentoring, and transferring knowledge and skills.

AMSANT has maintained its commitment to working with our partners at the NT Department of Health and the NT Primary Health Network on the *Strengthening Our Health System Strategy* (SOHSS). This partnership provides a good platform to work on joint issues such as secure message delivery (SMD).

Corporate Services

AMSANT relies on best practice, specialist skills and emerging technologies 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 'engine room' of AMSANT and has considerable financial and operational expertise that keeps us efficient, effective and responsive to the ever-changing fiscal and political landscape.

We also provide a wide range of support to our Member Services to assist them in the administration and expansion of their health services.

Internally, Corporate Services is continually 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 given in AMSANT's spirit of support, and is 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 people.

Accreditation

AMSANT's Accreditation Officer provides strategic support to all our Member Services throughout the NT. This includes technical advice, mock audits and templates, to help lift the service to the necessary standards of excellence.

Accreditation is the formal process for certifying the competency (and credibility) of our health 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.

We also support our members in the development of documents, policies and databases in their application of quality management systems.

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 full accreditation and is a continuing process that is driven by our full-time Accreditation Officer, who travels widely to assist health services.

Accreditation is achieved through performance improvement, and leads to a formal recognition of standards reached and a demonstrated commitment to Continuous Quality Improvement (CQI).

Aboriginal Peak Organisations Northern Territory (APO NT)

APO NT is changing and growing fast with new funding from the National Indigenous Australians Agency (NIAA) and a new auspice agreement (from AMSANT to NAAJA) at the end of 2021. Our staff and responsibilities have increased with a continuing focus on implementing *Closing the Gap*, and through a new project in partnership with the NT Government and NIAA to re-design remote service delivery.

APO NT's membership has expanded, comprising the Central Land Council (CLC), Northern Land Council (NLC), Tiwi Land Council, North Australian Aboriginal Justice Agency (NAAJA), Aboriginal Housing NT (AHNT), AMSANT, NT Indigenous Business Network (NTIBN), with Anindilyakwa Land Council (ALC) joining as an associate member.

Under our new structure, the Manager reports to a Governing Group of member CEOs and Chairs. Our expanded staff of fourteen is divided between the secretariat, the Tripartite Forum/ Generational Strategy team and the NT Remote Aboriginal Investment team. New recruitment is underway in the areas of education, administration and traineeships. The Aboriginal Governance Management Program (AGMP) continues to be auspiced under AMSANT but will relocate to APO NT.

Further changes are afoot, with APO NT deciding to become incorporated by mid-2023 and members are exploring what type of corporate entity this will be, and what types of membership will apply.

APO NT recently moved into new premises in Casuarina and now operate with improved systems, equipment and management strategies ... we are bigger, faster and more effective than ever before.

Strategic Policy

This year our alliance has responded effectively to governments, agencies and the media about key issues that affect Aboriginal people in the NT (health, justice, governance, land rights, education, housing etc). We are committed to increasing Aboriginal involvement in policy development and implementation.

APO NT has progressed the implementation and oversight of *Closing the Gap* strategies in the NT, and nationally as the NT jurisdictional member of the National Coalition of Peaks (CoP). Dr John Paterson serves as a CoP representative on the Joint Council on Closing the Gap.

APO NT co-chairs monthly Partnership Working Group (PWG) meetings and works with the Office of Aboriginal Affairs (OAA) on engagement approaches and preparation for the NT Executive Council on Aboriginal Affairs meetings, which are jointly chaired by Dr John Paterson and the Minister for Aboriginal Affairs. We also coordinated input to the CtG NT Implementation Plan and Annual Report.

APO NT advocated for and progressed action to establish an independent NT Aboriginal Peak Education Body, engaging with the Department of Education and successfully securing funding from the NT CtG Sector Strengthening funding pool for a resource to lead this project. We also obtained funding from the pool for AHNT and

APO NT governing group members at the project partnership workshop with NT and Commonwealth governments: Vicki Schulz (DCM), Les Turner (CLC), Dr John Paterson (AMSANT), Tom Dyer (NIAA), David Cooper (AMSANT), Skye Thompson (AHNT), Priscilla Atkins (NAAJA), Leeanne Caton (AHNT), Giovinna D'Alassandro (DCM), Vince Mithen (NIAA), Luci Foote-Short (APO NT) and Seranie Gamble (APO NT).

APO NT to oversee a sector strengthening grant process for the Aboriginal housing sector and for AGMP to develop a governance support program for AMSANT members.

APO NT has engaged widely with government policy development and review, including the NT Aboriginal Grants Policy and review of the *Youth Justice* Act 2021, and provided advocacy through submissions, meetings and media statements across a range of relevant legislative, policy and other issues of concern.

Other priorities

- In addition to *Closing the Gap* initiatives, APO NT priorities include:
- Participation in the Children and Families Tripartite Forum as a community sector member and supporting the implementation of the 10-year Generational Strategy for Children and Families
- Reforming remote employment and income support, including promoting the APO NT model, *Fair Work* and *Strong Communities*
- Reviewing the NTG's local decision-making mechanism through the *Everyone Together: Aboriginal Affairs Strategy 2019-2029*
- Establishing an NT Aboriginal education peak body or 'expert committee'
- Exploring the implications of the 'Voice to Parliament' and the NTG's response to Treaty
- Domestic and family violence
- Alcohol policy.

Remote Aboriginal Investment Options

Funding was received in April 2022 to enable APO NT to enter a partnership with the NT and Commonwealth governments about future options to replace the NT Remote Aboriginal Investment funding arrangements. This is a new opportunity for APO NT to promote change and to involve Aboriginal people and organisations in the design of policy initiatives.

Wes Miller is joined by colleague, Kath Lee, and AGMP "zoom" guests (in Alice Springs) as he says goodbye to full-time work at an AMSANT function in Darwin.

A true fella, (still) making a difference

Wes Miller first got really fired up and inspired to make a difference for Aboriginal people when he discovered, through reconnecting with his biological family at age 26, that he was Jawoyn and also part of the 'stolen generations'.

Since then he's been at the forefront of Aboriginal health, justice, land rights, community development and governance initiatives across the NT.

Wes recently semi-retired from his role as AGMP Manager, so AMSANT was happy to recognise his vast contributions over the years and wish him luck at a small 'farewell' event in Darwin.

"I spent a bit of time at Barunga as a young man and I realised whitefellas were in control of most things, and they were not giving us a go at all," Wes recalls.

"So I enrolled in a management course down in Adelaide and that changed my life! After graduating, I came back to the Territory with the skills and motivations to make a difference and get things done."

Wes went on to have senior roles at the Northern Land Council, Jawoyn Association, KRALAS, ATSIC, Wurli Wurlinjang Health, NT Health, Fred Hollows Foundation, APO NT and AMSANT.

"Community control was really achieved and strengthened by AMSANT in the 1990s, when it first became the peak body for Aboriginal health," he says. "Since then it's gone from strength to strength and continues to meet the needs of Aboriginal people."

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

Aboriginal Governance & Management Program (AGMP)

The Aboriginal Governance & Management Program (AGMP) builds the skills and confidence of Aboriginal Board members and organisational leaders, empowering them to run stronger organisations and to deliver more effective services. The program is an initiative of the Aboriginal Peak Organisations NT (APO NT) and is the community controlled sector's governance provider and advocate.

Our Approach

We build the capacity of NT Aboriginal organisations according to their self-determined needs, which contributes to improved outcomes for families and communities. AGMP's tailored governance support for Aboriginal organisations contributes to:

- Strengthened capacity of Board and senior management
- Increased stabilisation of organisations
- Increased sustainability of organisations
- Improved service delivery and program outcomes.

Site Support

This year AGMP provided face-to-face support to 16 organisations, and many more benefited from our advice, referrals and resources. Feedback from Aboriginal Board members demonstrates that AGMP's support has improved understanding of governance principles, as well as engagement and participation.

"We've stepped up; we've come a long way. I think as Directors, we are more aware now of where we are at as an organisation and the direction we are going in for the future."
Board member, Bagot Community

Governance survey

In 2021-22 AGMP conducted a wide survey of NT organisations, especially in the Aboriginal health sector. The results of this survey helps ensure we are providing the 'right support, in the right way' to Aboriginal organisations.

Policy and advocacy

During the year, we have been actively involved with health-specific advocacy through Closing the Gap and, with AMSANT, we have lobbied and advocated for strengthened governance support for Aboriginal health. In June 2022, AGMP received funding for a 12-month project to create a 'governance tool-kit' for ACCHSs; this is an important investment in building AMSANT members' collective governance capacity.

New website

In late 2021 AGMP launched a new website (www.aboriginalgovernance.org.au) where you can find helpful resources, case studies and more information about AGMP.


AMSANT


AMSANT

Glossary

ACCHS	Aboriginal Community Controlled Health Services
ADHA	Australian Digital Health Agency
AIR	Australian Immunisation Register
AGMP	Aboriginal Governance and Management Program
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
CDU	Charles Darwin University
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
IHPO	Indigenous Health Project Officer
IRCA	International Register of Chartered Accountants
ISO	International Standardisation Organisation
ITC	Integrated Team Care
KRALAS	Katherine Regional Aboriginal Legal Aid Service
LEARNT	Learning from Alcohol Reforms (research project)
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
OAA	Office of Aboriginal Affairs (NTG)
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
RAHP	Registered Aboriginal Health Practitioner
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 2022

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Contents
For the year ended 30 June 2022

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 19 October 2022.

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Directors' report
For the year ended 30 June 2022

The directors present their report, together with the financial statements, on the Corporation for the year ended 30 June 2022.

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, unless otherwise stated:

Name	Position	Duration
Donna Ah Chee	Chair - CEO Congress	26/06/2015 to Current
Steve Rossingh	Treasurer - CEO Miwatj	2/03/2022 to Current
Kevin Wrigley	Director - CEO Pintupi	7/09/2021 to Current
Sinon Cooney	Director - CEO KWHB	10/11/2020 to Current
Anne-Marie Lee	Director - Chair Sunrise	2/03/2022 to Current
Liesa McCarthy	Director - CEO Anyinginyi	02/03/2022 to Current
Robert McPhee	Director - CEO Danila Dilba	2/03/2022 to Current
Riek Luak	Director - CEO Ampilatwatja	7/09/2021 to Current
David Galvin	Independent Director	2/06/2017 to Current
Jeanette Ward	Independent Director	1/06/2017 to Current
Leon Chapman	Director	resigned on 07/09/2021
David Smith	Director	resigned on 07/09/2021
Barbara Shaw	Chair	resigned on 15/02/2022
Edward Mulholland	Director	resigned on 02/03/2022
Olga Havnen	Director	resigned on 02/03/2022
Susan Berto	Director	resigned on 02/03/2022
William Palmer	Director	resigned on 01/05/2022

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

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 $516,277. The result for the year included Grants received yet to be spent of $1,133,383, untied grant balance completed and ongoing projects of $779,425, and unexpended grants of $2,056,383. The total of $3,969,192 (2021: $638,093) which will be applied in the subsequent financial year for ongoing program related activities.

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

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

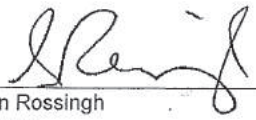
Auditor's independence declaration
A copy of the auditor's independence declaration as required under section 339-50 of the Corporations (Aboriginal and Torres Strait Islander) Act 2006 is set out immediately after this directors' report.

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Directors' report
For the year ended 30 June 2022

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

On behalf of the directors

Donna Ah Chee
Chairperson



Steven Rossingh
Treasurer

19th October 2022

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ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY (AMSANT) ABORIGINAL CORPORATION

ICN 8253

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

As auditor of Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation For the year ended 30 June 2022, 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, 21 October 2022

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Statement of profit or loss and other comprehensive income
For the year ended 30 June 2022

	Note	2022 $	2021 $
Revenue	3	12,375,302	12,817,935
Total revenue		12,375,302	12,817,935
Expenses			
Employee benefits expense	4	8,238,773	8,063,186
Consultants and contractors		612,274	1,338,291
Depreciation and amortisation expense		457,350	480,176
Motor vehicle expense		158,458	126,592
Operations expense		899,432	1,300,224
Travel expense		434,705	643,468
Interest		26,120	7,905
External Project Expenses		1,031,913	220,000
Total expenses		11,859,025	12,179,842
Profit for the year		516,277	638,093
Other comprehensive income for the year		-	-
Total comprehensive income for the year		516,277	638,093

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 2022

	Note	2022 $	2021 $
Assets			
Current assets			
Cash and cash equivalents	5	4,906,339	4,541,585
Trade and other receivables	6	209,211	1,079,865
Short term investments		2,482,874	2,478,776
Other current assets	7	176,021	213,632
Total current assets		7,774,445	8,313,858
Non-current assets			
Property, plant and equipment	8	210,201	256,982
Right-of-use assets	9	686,610	808,472
Total non-current assets		896,811	1,065,454
Total assets		8,671,256	9,379,312
Liabilities			
Current liabilities			
Trade and other payables	10	1,108,428	1,570,610
Lease liabilities	12	456,424	445,186
Provisions	11	1,475,052	1,553,470
Other Liabilities	13	460,240	991,765
Total current liabilities		3,500,144	4,561,031
Non-current liabilities			
Lease liabilities	12	135,148	358,273
Provisions	11	133,819	74,140
Total non-current liabilities		268,967	432,413
Total liabilities		3,769,111	4,993,444
Net assets		4,902,145	4,385,868
Equity			
Retained surpluses		4,902,145	4,385,868
Total equity		4,902,145	4,385,868

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 2022

	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

	Retained surpluses $	Total equity $
Balance at 1 July 2021	4,385,868	4,385,868
Profit for the year	516,277	516,277
Other comprehensive income for the year	-	-
Total comprehensive income for the year	516,277	516,277
Balance at 30 June 2022	4,902,145	4,902,145

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 2022

	Note	2022 $	2021 $
Cash flows from operating activities			
Receipt of grants		12,236,298	13,844,919
Interest income		7,006	19,300
Other receipts		444,668	877,399
Payments to suppliers and employees		(11,818,864)	(12,539,592)
Net cash from operating activities		869,108	2,202,026
Cash flows used in investing activities			
Proceeds from sale of property, plant and equipment		-	38,802
Payment for property, plant and equipment		(23,453)	(94,172)
Payments for investments		(4,098)	(1,517,662)
Net cash used in investing activities		(27,551)	(1,573,032)
Cash flows used in financing activities			
Repayment of Lease Liabilities		(476,803)	(399,779)
Net cash used in financing activities		(476,803)	(399,779)
Net increase in cash and cash equivalents		364,754	229,215
Cash and cash equivalents at the beginning of the financial year		4,541,585	4,312,370
Cash and cash equivalents at the end of the financial year	5	4,906,339	4,541,585

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.

These general purpose financial statements have been prepared in accordance with the Australian Accounting Standards - Simplified Disclosures issued by the Australian Accounting Standards Board ('AASB'), the Australian Charities and Not-for-profits Commission Act 2012 and the Corporations (Aboriginal and Torres Strait Islander) Act 2006, as appropriate for not-for profit oriented entities.

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.

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.

Note 1. Significant accounting policies (continued)

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.

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.

Note 1. Significant accounting policies (continued)

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.

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.

Note 1. Significant accounting policies (continued)

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.

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.

Note 1. Significant accounting policies (continued)

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.

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.

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.

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.

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

	2022 $	2021 $
Grant funding received during the year	11,897,169	12,402,860
Amounts brought forward from prior year	-	-
	11,897,169	12,402,860
Other revenue		
Interest	7,006	19,300
Recoupment	419,764	262,000
Profit on disposal of assets	26,459	13,987
Other income	24,904	119,788
	478,133	415,075
Revenue	12,375,302	12,817,935

Note 4. Employee benefits expense

	2022 $	2021 $
Salaries and wages	7,173,550	6,620,431
Superannuation	706,313	600,422
Workers' Compensation	109,631	66,064
Fringe Benefits Tax	24,517	21,981
Movement in employee leave provisions	69,313	172,099
Other employee expenses	155,449	582,189
	8,238,773	8,063,186

Note 5. Cash and cash equivalents

	2022 $	2021 $
Cash on hand	314	614
Cash at bank - operating bank accounts	2,304,691	3,740,346
Cash at bank	2,601,334	800,625
	4,906,339	4,541,585
Cash balances with restriction of use		
Continuing program funded activities	3,189,767	3,040,166

The above cash at bank balances are tied to ongoing program funded activities and are restricted in its use by the Corporation.

Note 6. Trade and other receivables

	2022 $	2021 $
Trade receivables	209,211	889,122
Other debtors	-	190,743
	209,211	1,079,865

Note 7. Other current assets

	2022 $	2021 $
Prepayments	176,021	213,632

Note 8. Property, plant and equipment

	2022 $	2021 $
Motor vehicles - at cost	378,518	370,709
Less: Accumulated depreciation	(205,431)	(168,660)
	173,087	202,049
Other Plant and equipment - at cost	236,460	231,900
Less: Accumulated depreciation	(199,346)	(176,967)
	37,114	54,933
	210,201	256,982

Note 9. Right-of-use assets

	2022 $	2021 $
Non-current assets		
Land and buildings - right-of-use	1,767,736	1,542,613
Less: Accumulated depreciation	(1,086,006)	(738,804)
	681,730	803,809
Motor vehicles - right-of-use	46,313	32,640
Less: Accumulated depreciation	(41,433)	(27,977)
	4,880	4,663
	686,610	808,472

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

	Building $	Motor Vehicle $	Total $
Balance at 1 July 2021	803,809	4,663	808,472
Additions	225,123	13,673	238,796
Depreciation expense	(347,202)	(13,456)	(360,658)
Balance at 30 June 2022	681,730	4,880	686,610

Note 10. Trade and other payables

	2022 $	2021 $
Trade payables	743,128	1,260,337
GST Payable	76	(140)
Accrued expenses and other sundry payables	353,466	301,567
Corporate credit card liability	11,758	8,846
	1,108,428	1,570,610

Note 11. Provisions

	2022 $	2021 $
Current liabilities		
Provision for employee benefits: Annual leave	825,188	884,432
Provision for employee benefits: Long service leave	637,263	657,185
Provision for employee benefits: Other	12,601	11,853
	1,475,052	1,553,470
Non-current liabilities		
Provision for employee benefits: Long service leave	133,819	74,140
	1,608,871	1,627,610

Note 12. Lease liabilities

	2022 $	2021 $
Current liabilities		
Lease liability	456,424	445,186
Non-current liabilities		
Lease liability	135,148	358,273
	591,572	803,459

	Building $	Motor Vehicle $	Total $
Balance at 1 July 2021	799,499	3,960	803,459
Lease Additions	225,123	13,673	238,796
Less: Total payments	(463,598)	(13,205)	(476,803)
Interest	25,841	279	26,120
Balance at 30 June 2022	586,865	4,707	591,572

Note 12. Lease liabilities (continued)

	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

	2022 $	2021 $
Current liabilities		
Income in advance	460,240	991,765

Note 14. Key management personnel compensation and other related party transactions

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

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:

	2022 $	2021 $
Short-term employee benefits	1,419,920	1,485,411
Post-employment benefits	-	-
Other long-term benefits	-	-
	1,419,920	1,485,411

Note 15. Contingent assets and liabilities

There are no contingent liabilities or assets at 30 June 2022 or 30 June 2021.

Note 16. Commitments

The Corporation had no commitments for expenditure as at 30 June 2022 and 30 June 2021.

Note 17. Related party transactions

Key management personnel
Disclosures relating to key management personnel are set out in note 14.

Note 17. Related party transactions (continued)

Transactions with related parties
Related parties of the Corporation where transactions occurred during the year are: Red Lily Health Board Aboriginal Corporation, Northern Territory General Practice Education (NTGPE) and Northern Territory Primary Health Network (NTPHN).

The following transactions occurred with related parties:

	2022 $	2021 $
Balances at the year end are as follows:		
Amounts receivable included in trade and other receivables	-	-
Amounts payable included in trade and other payables	(8,859)	222,208
Transactions that occurred during the year are as follows:		
Rent contribution income	14,127	13,771
Income representing recoupment of employee costs	22,500	235,972
Cost Allocation	232,148	-
Other Expenditure	-	86,939

Intra company transactions recouping wages and operational costs during the year was $794,267 (2021: $715,448)

During the year the Corporation received grant funding from Northern Territory Primary Health Network of $1,913,124 (2021: $2,138,082) and from Northern Territory General Practice Education $94.648(2021: $143,883). AMSANT is a member of both companies.

Funding auspiced by AMSANT to Aboriginal Peak Organisations Northern Territory: $286,837.

There were no other related party transactions in 2022.

Note 18. Events after the reporting period

No matter or circumstance has arisen since 30 June 2022 that has significantly affected, or may significantly affect the Corporation's operations, the results of those operations, or the Corporation's state of affairs in future financial years.

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Directors' declaration
For the year ended 30 June 2022

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 give a true and fair view of the Corporation's financial position as at 30 June 2022 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

Donna Ah Chee
Chairman

Steven Rossingh
Treasurer

19th October 2022

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INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the financial report of Aboriginal Medical Services Alliance Northern Territory (AMSANT) Aboriginal Corporation (the Corporation), which comprises the statement of financial position as at 30 June 2022, 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 2022 and of its financial performance for the year then ended; and

(ii) Complying with Australian Accounting Standards

Basis for opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the Financial Report* section of our report. We are independent of the Corporation in accordance with the auditor independence requirements of the *Corporations (Aboriginal and Torres Strait Islanders) Act 2006* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Other Information

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

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

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

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

Responsibilities of directors for the Financial Report

The directors of the Corporation are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the *Corporations (Aboriginal and Torres Strait Islanders) Act 2006*, and for such internal control as directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the Financial Report

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

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website (http://www.auasb.gov.au/Home.aspx) at:
http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf
This description forms part of our auditor's report.

BDO Audit (NT)

C Taziwa
Audit Partner

Darwin, 21 October 2022

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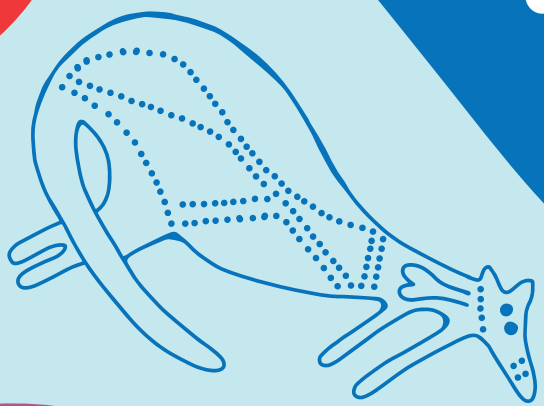

ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY

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