AMSANT
Annual Report
2022-2023

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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.

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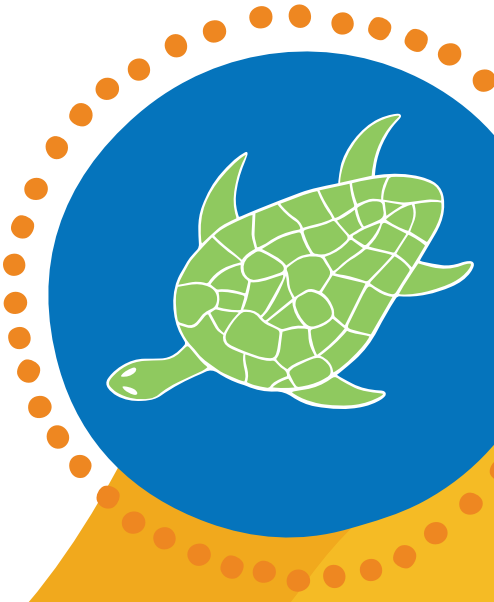
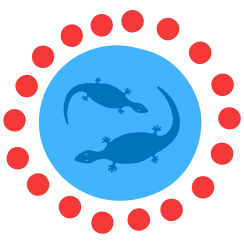




Our Vision

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.

Nathan Garrawurra, Miwatj Health Aboriginal Corporation at the CQI Collaborative

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 whole or part of a primary health care service in conjunction with the NT Government, or through auspicing by a Full Member.
- Community-controlled organisations that operate whole or part of a comprehensive primary health care service but also provide non- primary health care functions or services.
- Aboriginal controlled organisations that provide health-related services.

Full Members

AMSANT has 12 Full Members including:

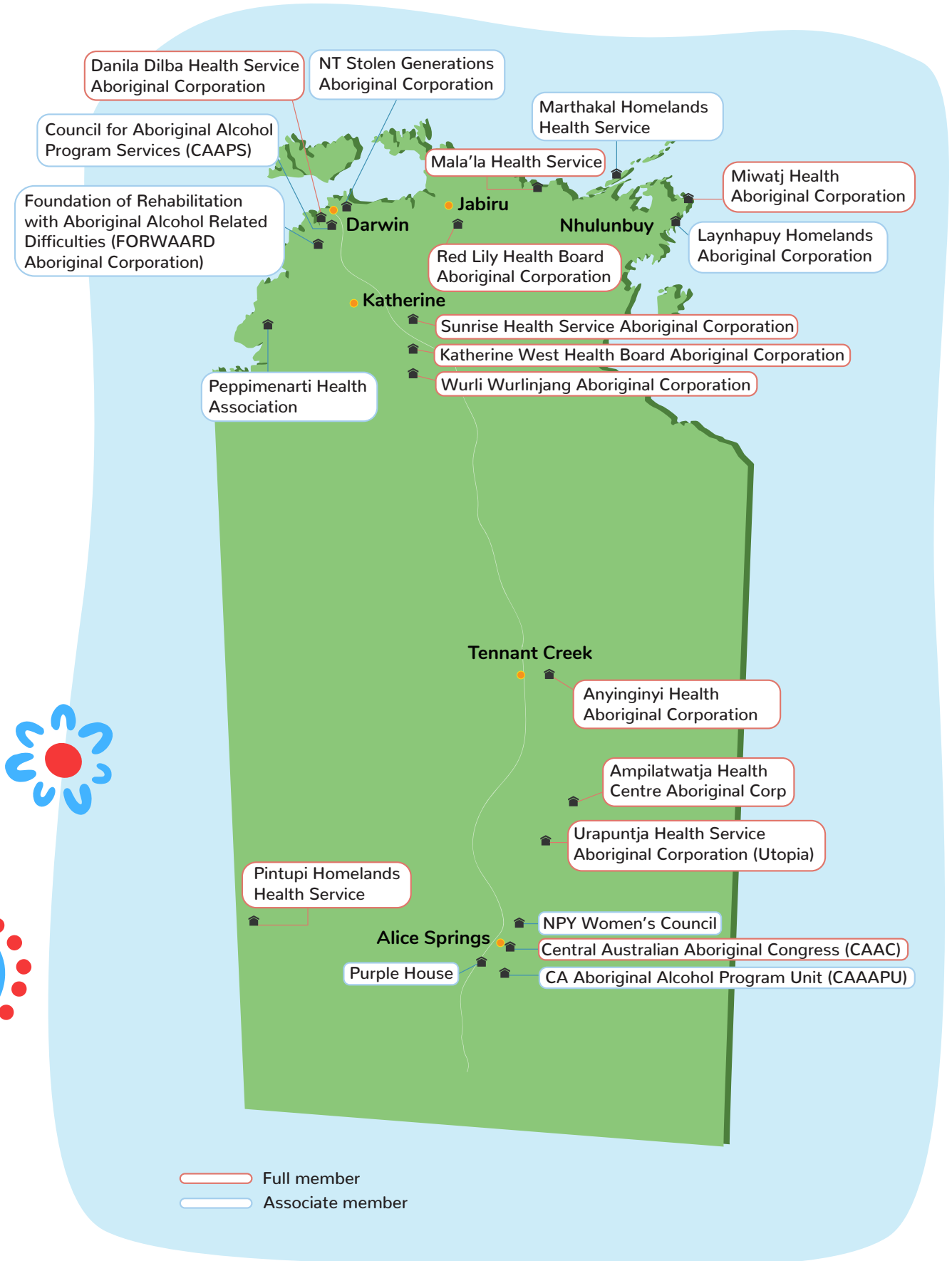
Ampilatwatja Health Centre Aboriginal Corporation
Anyinginyi Health Aboriginal Corporation
Central Australian Aboriginal Congress
Danila Dilba Health Service Aboriginal Corporation
Katherine West Health Board Aboriginal Corporation
Mala'la Health Service Aboriginal Corporation
Miwatj Health Aboriginal Corporation
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

AMSANT has 14 Associate Members including:

Amoonguna Health Clinic Aboriginal Corporation
Central Australian Aboriginal Alcohol Program Unit (CAAAPU)
Council for Aboriginal Alcohol Program Services Aboriginal Corporation (CAAPS)
Foundation of Rehabilitation with Aboriginal Alcohol Related Difficulties Aboriginal Corporation (FORWAARD)
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
Northern Territory Stolen Generations Aboriginal Corporation
Peppimenarti Health Association
Utju Health Aboriginal Corporation
Western Aranda Health Aboriginal Corporation
Western Desert Nganampa Walytja Palyantjaku Tjutaka (Purple House) Aboriginal Corporation

Member Map


Danila Dilba Health Service Aboriginal Corporation
NT Stolen Generations Aboriginal Corporation
Marthakal Homelands Health Service
Council for Aboriginal Alcohol Program Services (CAAPS)
Mala'la Health Service
Miwatj Health Aboriginal Corporation
Foundation of Rehabilitation with Aboriginal Alcohol Related Difficulties (FORWAARD Aboriginal Corporation)
Jabiru
Darwin
Nhulunbuy
Laynhapuy Homelands Aboriginal Corporation
Red Lily Health Board Aboriginal Corporation
Katherine
Sunrise Health Service Aboriginal Corporation
Katherine West Health Board Aboriginal Corporation
Peppimenarti Health Association
Wurli Wurlinjang Aboriginal Corporation
Tennant Creek
Anyinginyi Health Aboriginal Corporation
Ampilatwatja Health Centre Aboriginal Corp
Urapuntja Health Service Aboriginal Corporation (Utopia)
Pintupi Homelands Health Service
NPY Women's Council
Alice Springs
Central Australian Aboriginal Congress (CAAC)
Purple House
CA Aboriginal Alcohol Program Unit (CAAAPU)
Full member
Associate member

Our Board

Our Board comprises 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

Acting Chief Executive Officer (March – June 2023)
AMSANT
Chairperson (July 2022 – March 2023)
Chief Executive Officer
Central Australian Aboriginal Congress (Congress)

Donna 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 a member of the Northern Territory Aboriginal Health Forum (NTAHF) as a representative of AMSANT. She is also an APONT representative on the of NT Children and Families Tripartite Forum and the Congress representative on the Alice Springs Peoples Alcohol Action Coalition.

Rob McPhee

Acting Chairperson (March 2023 to June 2023)
Member Director
Deputy Chairperson (July 2022 to March 2023)
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.

Leisa McCarthy

Acting Deputy Chairperson (March – June 2023)
Member Director (July 2022 – March 2023)
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, and 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 addressing the determinants that impact optimal Aboriginal health. Sinon has been part of the Katherine West Health Board's leadership team for eleven 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. He holds a Bachelor of Business, majoring in Accounting and is a FCPA and GAICD and also holds an 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 Members 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 social justice and equality for disadvantaged people and strives to close the gap for Aboriginal people through 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-19 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

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

Prof Jeanette Ward

Non-member Director

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

Chairperson's Report

It is my pleasure to write this report in the role of Acting Chairperson. Due to the secondment of our CEO, Dr John Paterson, to the position of Acting CEO of the North Australia Justice Agency (NAAJA) in early 2023, our AMSANT Chairperson, Dr Donna Ah Chee, stepped into the role of Acting AMSANT CEO. To support this change, I was appointed Acting Chairperson. I wish to acknowledge Donna's contribution as Chairperson for most of the past year and to note that many of the achievements outlined in this report have occurred under her strong leadership.

AMSANT has taken some important steps during the year in the ongoing process of improving our governance and cultural leadership as the Aboriginal community-controlled health peak in the Northern Territory. This work is ongoing and always challenging, but ultimately defines our value as an organisation in representing and achieving the best outcomes for our Member Services and the communities we collectively represent.

The review of our Constitution, which dates from 2015, is well overdue and the Board tasked the AMSANT Secretariat to prepare a background paper. A Board sub-committee has been established and pro-bono lawyers engaged to drive and advise on the review. Such work takes time and requires the engagement and endorsement of our Members and the process will continue into the next reporting period.

The Constitution review is complemented by recent improvements in our governance systems including:

- the development and implementation of the CEO Performance and Remuneration Review policy
- a review of AMSANT's Code of Conduct policy
- strengthened risk management processes with the inclusion of the AMSANT Senior Management staff in the Conflict of Interest register
- a review of our internal criteria for Associate Membership.

AMSANT also completed a new Cultural Safety Framework with the input and endorsement of our Members. The new Framework reflects AMSANT's determination to lead the development and promotion of strong cultural safety practices within our organisation, sector and more broadly. The Framework has been presented to the NT Aboriginal Health Forum (Forum).

In addition to being our key jurisdictional policy and planning partnership, the Forum provides an opportunity to provide cultural leadership to our government and mainstream partners. Donna Ah Chee, Sinon Cooney, Steve Rossingh and I are the AMSANT Board-nominated Forum representatives along with our CEO, John Paterson. As Acting Chairperson of AMSANT, I have also served as Acting Chairperson of Forum.

Forum has seen the addition of important new non-Aboriginal partners, the National Disability Insurance Agency and the NT Department of the Chief Minister and Cabinet. Not least among the Forum's responsibilities is the oversight of the Pathways to Community Control policy and approval of transition processes. AMSANT has provided strong leadership to ensure that the limited transition funding available is fully utilised and new transitions are ready to proceed. This year saw completion of clinic transitions at Warrawi (Red Lily Health Board), Yulara and Imanpa (Congress). It is always immensely encouraging to see clinics transition to Aboriginal community-control, especially when it results in the creation of a new Full Member of AMSANT, as occurred with admission of the Red Lily Health Board as aFull Member in July 2022. I congratulate the Red Lily Health Board and staff on their hard work over many years and well-deserved success.

The AMSANT Board also supported key partnerships through our Board Director nominated representatives on the NACCHO Board (Leisa McCarthy and myself) and through our role as a one third shareholder of the NT Primary Health Network (NTPHN).

The year also saw progress on the development of a new research and evaluation strategy for AMSANT which has been driven and overseen by the Board. The health research space is a challenging environment that demands greater Aboriginal leadership and participation at strategic and governance levels as well as on research teams. The Board also made a request of the Secretariat to investigate the potential for AMSANT to host an Aboriginal Health Human Research Ethics Committee in the Northern Territory.

The Board has overseen the development of a Governance Toolkit for NT Aboriginal Community-Controlled Health Organisations, through a 12-month project partnership with the Aboriginal Governance & Management Program funded by NT Closing the Gap sector strengthening funding.

On a final and significant note, the AMSANT Board confirmed its strong support for the Uluru Statement from the Heart and endorsed AMSANT to take strong action in advocating for a 'yes' vote at the upcoming referendum.

There is much to celebrate in the achievements over the past year and I thank my fellow Directors and our senior management team and staff for their valuable contributions.

Rob McPhee

Acting Chairperson

CEO's Report

I am pleased to provide this report having returned to my role as CEO of AMSANT, after a temporary secondment as Acting CEO of North Australia Aboriginal Justice Agency (NAAJA). During my time at NAAJA, Dr Donna Ah Chee (CEO of Central Australian Aboriginal Congress) graciously stepped into the role of AMSANT Acting CEO and Rob McPhee (CEO of Danila Dilba) kindly took on the role of Acting Chair. I would like to extend my sincere thanks to both Donna and Rob for their leadership, diligence and determination in their respective roles, and on-going commitment to AMSANT and the Aboriginal Community Controlled Health Service (ACCHS) sector.

As CEO, I am privileged to lead a strong team of people committed to supporting our members and advocating for our sector through a range of forums and partnerships with government and other key stakeholders, including through our representation on the Aboriginal Peak Organisations Northern Territory (APO NT) Governing Group.

Increasingly, effective advocacy in the Aboriginal health policy and funding landscape has brought the need for expanded engagement in national and jurisdictional Aboriginal governance structures, as the focus of government has responded to concerted demands from Aboriginal leaders for a seat at the table in decisions affecting our people. The national Closing the Gap Agreement was enabled by an effective national Aboriginal Coalition of Peaks which included APONT representing the NT. The sheer breadth of the Agreement, spanning the four key priority reforms as well as an integrated set of targets and actions, places partnerships at the centre—no less with our brother and sister Aboriginal organisations as with government itself.

The past year has seen the consolidation of a number of strands of key partnerships, particularly those involving APONT, such as the NT Closing the Gap (CtG) partnership and development of the NT CTG Implementation Plan 2, the Children and Families Tripartite Forum, the new NT Remote Area Investment (NTRAI) codesign and the alcohol reforms resulting from the sunsetting of the Stronger Futures Act. AMSANT has played a significant role in each of these partnerships and has led APONT's position on health-related matters, garnering the support of the NT Aboriginal Health Forum (NTAHF) to align the Forum's health actions under its Strategic Framework with the NT CTG IP actions. Engagement with government is not without its challenges and along with the many achievements, a number of differences remain unresolved.

AMSANT's advocacy within the health sector has been strong, sustained and consistent throughout the year, notably through our leadership role in the NTAHF. Foremost has been our advocacy on the expansion of community control, which continued during the year with successful transition

processes occurring in the West Arnhem region and in Central Australia.

Addressing the health workforce crisis has been a central focus, given its significant ongoing impacts on health services and evidence of its potential to undermine health outcomes. AMSANT developed a Workforce Crisis policy position with tangible short, medium and long-term strategic actions endorsed by the AMSANT Board. These formed the basis of a letter to Minister Butler in October 2022 outlining the extent of the workforce crisis in NT Aboriginal PHC, resulting in meetings between the Minister's office, the Commonwealth Department of Health and AMSANT. Dr Donna Ah Chee, as Acting CEO, also presented our concerns to the NACCHO Health Workforce Summit in Brisbane in March 2023 and advocated through the NTAHF, providing our concerns as input to the NT Workforce Alliance draft Primary Health Care Workforce Strategy for the Northern Territory.

These and other concerns were also raised in other forums and meetings such as the NACCHO and Affiliates CEOs Forum and Collaboration Summit on 24-25 May 2023 in Canberra and AMSANT also presented to the Bilateral State-wide meeting held for the NT in February, which was attended by AMSANT Board and NTAHF representatives. In addition to workforce issues, our presentation addressed the burden of disease and needs-based funding, transition to community control, and the use of data in PHC reform.

A current challenge is the concerning declining trends in clinical indicators, especially for Rheumatic Heart Disease and childhood immunisations, correlated with the critical workforce shortages in the NT. Our Continuous Quality Improvement (CQI) Coordinators rose to the challenge, focussing on supporting services with practical strategies to improve clinical indicators in the face of ongoing workforce shortages.

Building on AMSANT's successful Food Summit in 2021, AMSANT has been endorsed by NACCHO to lead the community-controlled health sector's input to a codesign process to develop a national remote First Nations food security strategy with the National Indigenous Australians Agency (NIAA).

AMSANT has continued to grow our deadly Social and Emotional Wellbeing (SEWB) team, with the expansion of the Suicide Story program over the past year, a welcome new role under the Culture Care Connect program, the continuation of our Culturally Responsive Trauma Informed Practice (CRTIP) training and the clinical and cultural supervision that the team provides.

We have also provided responses to a range of reviews and inquiries during the year, including the National Sector Funding Agreement Review and policy-related reviews on access to dental health, long COVID, workforce development, alcohol and food security.

I have been particularly proud of AMSANT's support for the Uluru Statement from the Heart and its recommendations regarding the establishment of a constitutionally enshrined Voice to Parliament. The enthusiasm of the AMSANT Board and staff reflects our deep aspirations as First Nations peoples for meaningful structural change that can achieve better outcomes for our community.

I am confident that AMSANT is well-placed to continue to rise to the challenges ahead.

Dr John Paterson

Chief Executive Officer

2022-23 Acknowledgements

Acknowledgement of those who have passed

This year we have seen the passing of several longstanding representatives who have played major leadership roles in our sector. AMSANT would like to express our respect for those who have passed and extend our deepest condolences and sympathies to their families.

Farewell Chips

During the year we farewelled a much loved and respected champion of AMSANT and the Aboriginal community-controlled health sector – Chips Mackinolty. Chips served in a COVID communications role running the Vaccination Information Project for the past two years, contributing significantly to AMSANT's successful work in supporting Members to protect our communities from the virus and advocating strongly to government for evidence-based responses to the pandemic.

Chips returned to AMSANT for this role following an earlier stint as Research Advocacy Policy Manager from 2009 to 2013, leading AMSANT's work in these areas. Chips brought immense experience to his work in the sector gained from various roles in both government and Aboriginal community organisations over the course of his career. He also contributed his skills as a talented and renowned artist and graphic designer, producing numerous posters, banners, logos and graphic designs that have defined AMSANT's visual brand while also ensuring that communications targeted to Aboriginal communities were culturally accessible and effective.

Chips' unique contribution will be missed, and we wish him well in retirement.

Gathering of AMSANT team to wish Chips well in retirement

NAIDOC Person of the year

In July 2022 AMSANT CEO, Dr John Paterson, was awarded the highest honour at Darwin's NAIDOC Week Awards, receiving the Person of the Year Award for his tireless efforts and commitment to Aboriginal health in the NT. At the awards he was noted, particularly, for leading the public vaccination campaign to protect our communities against COVID 19.

> As one of our fiercest leaders, he is one who is always willing to Get Up, Stand Up and Show Up

- (Danila Dilba Health Service Facebook post)

Trends in Aboriginal Primary Health Care

The Northern Territory Aboriginal Health Key Performance Indicators (NT AHKPIs) assist us to gauge trends in the accessibility, quality, and reach of Members and factors that are influencing these trends. All Members and government clinics report against the NT AHKPIs every six months. AMSANT receives a consolidated dataset that includes government and community-controlled health services in urban and remote locations which allows Members to benchmark themselves against the urban or remote pooled result. For AMSANT, this data is used to inform how we support our Members in their Continuous Quality Improvement (CQI) work and, importantly, it helps us identify key areas of focus for our policy and advocacy work.

Our Clients

7% increase in regular clients in remote clinics

The number of regular clients grew by 7% in remote clinics and 6% in urban clinics.

Remote growth was driven by transfer of Warrawi, to community control (as part of the growth of the Red Lily Health Service), offset by the Peppimenarti clinic returning to government.

6% increase in regular clients in urban clinics

The number of regular clients in urban clinics increased by 6%. Urban growth may be due to ACCHSs seeing a higher proportion of the total Aboriginal population in towns and/or people moving from remote communities into towns.

4% increase in the regular client population in the NT

Overall, there was a 4% increase in the regular client population of all Aboriginal PHC (government and community controlled) in the NT. This suggests that most of the growth is occurring in the ACCHS sector.

76% of regular clients in Aboriginal primary health care are clients of ACCHS

This year ACCHS have provided regular services to 76% of clients receiving Aboriginal primary health care (government and community controlled) in the NT. This is compared with 74% in the previous reporting period.

ACCHS provided **68%** of all client contacts in Aboriginal PHC

Of all client contacts in Aboriginal primary health care (government and community controlled) in the NT, 68% are delivered by ACCHS. This is compared with 69% in the previous reporting period.

Clinical Indicators

There were some improvements in important clinical indicators such as immunisation (particularly in younger children), and screening for sexually transmitted infections over the last twelve months. However, even in the indicators that have improved, performance is still lower than two years ago and there have been marked declines in many other important indicators over the last two years with little sign of recovery yet. These include care plans, adult health checks, rheumatic heart disease prophylaxis, and cardiovascular risk assessments. These declines are likely to largely reflect the workforce crisis, although COVID and influenza outbreaks may have contributed. It is also possible that vaccine hesitancy is impacting on vaccination rates because of COVID misinformation.

Childhood indicators

After very concerning falls, immunisation rates have improved for very young children who are the most vulnerable to vaccine preventable diseases. Immunisation completeness rates for children aged 6-11 months increased by 5% to 83% over twelve months, although they are still 2% lower than the rates two years ago. Completeness of immunisations in two other age groups did not improve and immunisation timeliness (a more sensitive indicator for immunisation) did not improve over a twelve-month period in any of the four age groups although there were early signs of improvement over six months in two age groups.

Testing for anaemia in children improved over a one-year period by 4%, while anaemia rates reduced by 4% to 17%. This is pleasing given childhood anaemia can cause long term cognitive issues, although the rates of anaemia testing are still 8% lower than they were two years ago.

Pregnancy care

The proportion of women who were seen early in pregnancy was stable at 53% but the proportion of women who were seen either late (>20 weeks) or who had no information recorded dropped from 31% to 28%. Of pregnant women who received antenatal care over the last two years, 90% were tested for anaemia, although rates of anaemia at the last visit did increase over the past two years by 2% to 18%. Anaemia in pregnancy increases the risk of anaemia in the child and can also be dangerous for the mother.

Sexual health

Testing for bacterial sexually transmitted infections increased by 3% to 37% over one year although the rates are still 2% lower than two years ago. Annual testing for syphilis also increased by 4% to 36% over twelve months although again the rates are still lower (by 5%) than they were two years ago. There is an ongoing syphilis outbreak which is unlikely to improve until testing rates reach around 60% of the at-risk population (aged 16-35). However, it is pleasing to see some recovery.

Chronic disease risk factors and chronic disease

Smoking rates were stable in remote communities, however there was a small decline of 1% in urban areas over twelve months with a 4% decline over five years. It is difficult to understand if this decline is real as recording of smoking status has also declined.

Diabetes control has been consistently improving over the last two years. This may be due to better therapeutic options for treating diabetes. The rate of people with excellent control has increased from 33% to 38% while the rate of people with very poor control has dropped from 28% to 25% over a two-year period.

Rheumatic heart disease

Cases of acute rheumatic fever and rheumatic heart disease continue to increase across the NT due to the ongoing failure to comprehensively address social determinants such as housing. AMSANT participated in a national committee on rheumatic heart disease and a registrar project that assessed barriers to secondary prophylaxis. The report highlighted the need for face-to-face training on rheumatic heart disease particularly for Aboriginal staff.

Although the above clinical indicators have improved, the overall picture is still very concerning. With the additional workload caused by COVID 19 reducing, (although it is still significant), it is clear that the workforce crisis is having a substantial impact on clinical service delivery. A recent national workforce survey showed that nearly one third of the vacancies across Australia in Aboriginal primary health care were in the NT. This is a disproportionate share given the high proportion of the Aboriginal population living in the NT. Just over half of the total national vacancies were in remote or very remote areas. AMSANT is continuing to advocate for urgent action on the workforce crisis in the NT.

Our Work in 2022-23

In the 2022-23 reporting period, the AMSANT team has been busy delivering support to the sector, providing policy advice, advocacy, and research in an environment of extreme workforce challenges, both for the sector and our own organisation. It is a credit to the dedication of the AMSANT team that we continue to provide our services at a high standard to our Members in the face of such extreme workforce challenges.

Dave Reeve, Jess Gatti and Kellie Kerin at the CQI Collaborative in 2022.

2022-23 Highlights

Advocacy to resolve the Aboriginal Primary Health Care Workforce Crisis

While not a 'good news' story, the NT Aboriginal primary health care sector is experiencing a workforce crisis that is threatening to reverse some of the life expectancy gains made during the last 20 years. AMSANT has been working hard to advocate for several short to medium term solutions to address this crisis, having the opportunity to present many of these to the Australian Government Minister for Health and Aged Care, Minister Butler, in October 2022, and later at the NACCHO Workforce Summit in April 2023.

AMSANT has developed a Workforce Crisis Policy Paper (the Paper) that the sector can use to advocate collectively for change to government policies that will assist with addressing the severe workforce challenges that persist beyond the COVID-19 pandemic. The Paper proposes several short, medium and long-term solutions for addressing this crisis, with a particular focus on addressing the workforce turnover and retention of Aboriginal health practitioners and workers, general practitioners, nurses, and allied health professionals.

CQI E-Learning Module: Building CQI knowledge and confidence

After its launch in March 2022, the CQI Team has supported the promotion and roll out of the CQI e-Learning module. The module introduces the NT CQI Strategy and provides an interactive learning experience on the basics of CQI, how we use it in the NT, and the resources and supports available for primary health services to apply CQI skills, tools, and processes to achieve their improvement priorities. It demonstrates how data can be used to help teams improve the quality of care they deliver. Videos provide practical training on using specific tools and explains the CQI facilitator roles in different regions. This type of learning module is particularly useful in the face of very high workforce turnover, with some Members including it as part of their Orientation Package for all new staff.

The e-Learning module is freely available to all from a link on the AMSANT CQI page or through the RAHC eLearning Platform.

Sector representatives at the CQI Collaborative in Darwin, 2022

APO NT

Aboriginal Peak Organisations Northern Territory (APO NT)

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

Two-way Governance Manual for the Aboriginal Health Sector

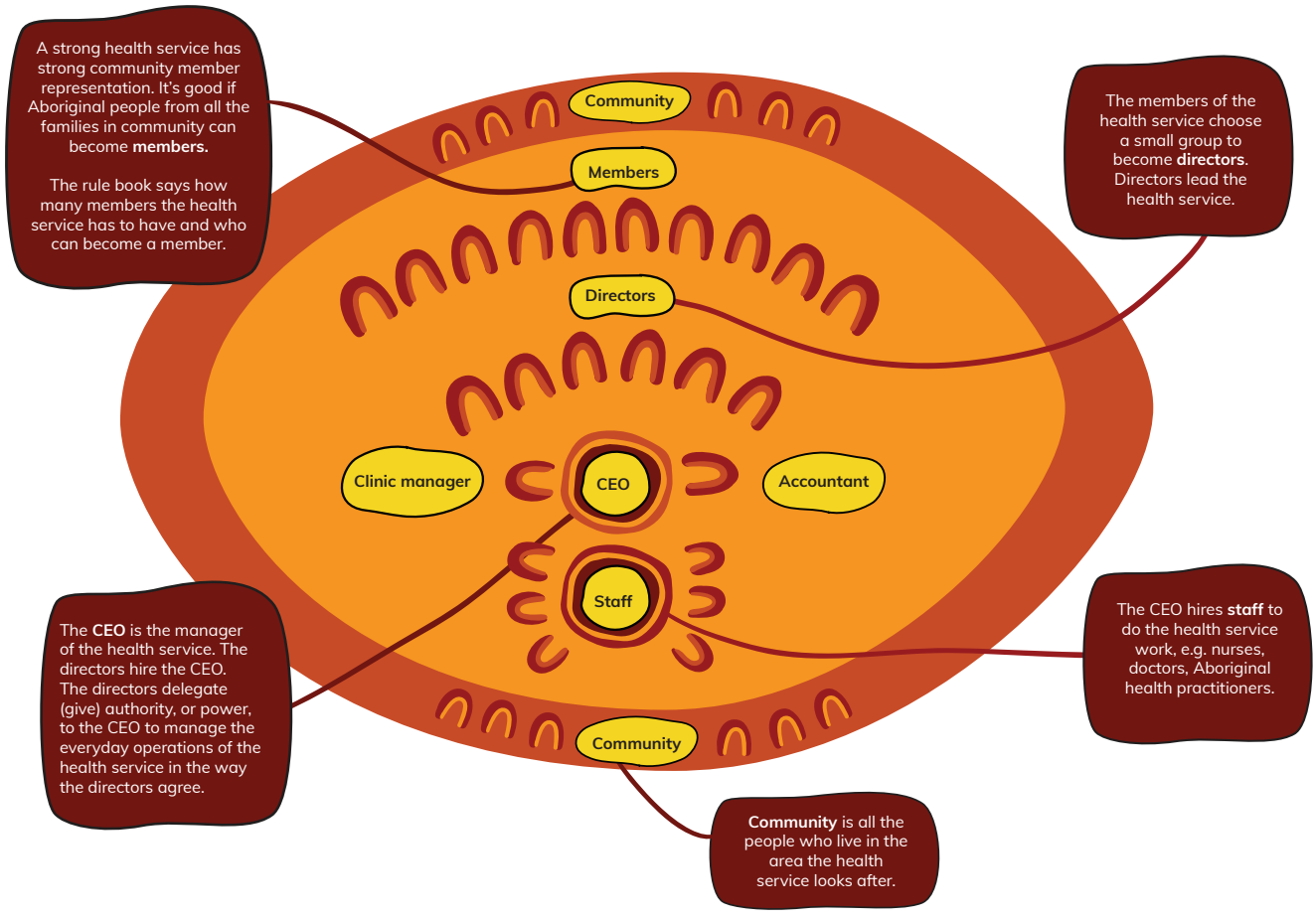
A key highlight of the year is the work AMSANT has undertaken in partnership with APO NT's Aboriginal Governance and Management Program (AGMP) to develop a guide to good governance for boards of Aboriginal health services. This project involved consulting with 20 Members and seeking input from subject matter experts and the AMSANT Steering Group to inform the development of content covering cultural, corporate, and clinical governance with clear learning outcomes, action-focused examples, case studies, glossaries, and questions to ask to support use of the manual in practice.

The manual covers the essentials of good governance as well as sector priorities including:

- Understanding roles and responsibilities.
- How to have good meetings and decision making.
- The Board's role in supporting the CEO.
- Understanding the money story.

With the support of the AMSANT Board, AGMP has secured a further 12 months funding from the NTG Office of Aboriginal Affairs to finalise and test the manual. Throughout 2023-24, AGMP will continue working in partnership with AMSANT, delivering workshops to select Members from the Top End and the Centre to test the content and pilot the manual. This manual is a first step towards a broader vision, which includes further resource development, regular training and workshops, sector-specific governance advice, and a dedicated governance support officer.

When health services do 2-way governance proper way



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.

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. Following a review of the policy in 2021-22, the Pathways to Community Control Evaluation Implementation Group has been formed to implement agreed actions from the review. AMSANT sits on the implementation group.

'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'. This policy is supported by AMSANT, the Northern Territory Government, and Commonwealth Government. 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.

Transitions to Community Control in 2022-23

Over the past year, AMSANT has supported transitions including participating on transition steering committees and providing advice and support about clinical and corporate governance and advocacy.

Red Lily Health Board

Following the transition of its first clinic at Minjilang, the Red Lily Health Board was admitted as a Full Member of AMSANT in July 2022. Red Lily transitioned a second clinic, Warrawi, in September 2022, with a further two transitions remaining, including Jabiru and Gunbalanya.

Central Australian Aboriginal Congress

In March 2023, Central Australian Aboriginal Congress (Congress) transitioned Yulara and Imanpa clinicsto community control under an agreed transition plan, with Kaltukatjara (Docker River) transitioning in July 2023.

Planning for future transitions to Community Control

To support expansion of community control, AMSANT also funded initial community consultations with several communities in the Central Australian region that had expressed the desire to transition their NT Government clinics to community control. The independent consultant's report on the consultations was considered by the Northern Territory Aboriginal Health Forum (NT AHF), and AMSANT has submitted a proposal to fund a business case for a staged transition process, expanded to include additional Central Australian communities seeking transition of their clinics.

NT Aboriginal Health Forum (NTAHF)

Forum Functions

The NT Aboriginal Health Forum (the Forum) is the principal NT jurisdictional Aboriginal health planning partnership, consisting of AMSANT, the Commonwealth Department of Health and Aged Care, the NT Department of Health, the National Indigenous Australians Agency (NIAA), the National Disability Insurance Agency, and NT Primary Health Network (PHN). 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 Aboriginal PHC services in the NT to community control.

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 including:

- Aboriginal Health Key Performance Indicator (NTAHKPI) Steering Committee
- Aboriginal Health Key Performance Indicator (NTAHKPI) Clinical Reference Group
- Aboriginal Health Key Performance Indicator (NTAHKPI) Technical Working Group
- Continuous Quality Improvement Steering Group
- Pathways to Community Control Review Implementation Group
- PHC Funding Reform Working Group
- Sexual Health Advisory Committee (SHAC)
- Social and Emotional Well-Being (SEWB) Working Group
- West Arnhem Strategic Steering Committee
- Workforce Alliance

During the year the Health Workforce Stakeholder Group and Workforce Taskforce and their functions were merged with the NT PHN's Workforce Alliance which will maintain a reporting role to the Forum

Forum focus in 2022-23

Key areas of focus this year included:

- critical health workforce issues.
- improvements in PHC service coordination and funding processes.
- ongoing responses to the COVID-19 pandemic.
- further development and action relating to Pathways to Community Control.

Significantly, the Forum signed off on a four-year NTAHF Strategic Plan (2022-2025). This incorporates the 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.

AMSANT led the Forum's consideration of the alignment of the Strategic Plan with the actions of the NT Closing the Gap Implementation Plan 2 and subsequent request to the NT Executive Council on Aboriginal Affairs for a formal role for the Forum to provide oversight of the implementation of health-related actions.

The Forum also considered significant Commonwealth initiatives including the NT Remote Area Investment (NTRAI) Agreement codesign and the $250 million funding allocated to address alcohol-related needs in the Alice Springs region resulting from the sunsetting of the Stronger Futures Act and associated funding.

Working Groups, Committees and Networks

In 2022-23 AMSANT staff across the organisation participated widely in 81 committees and working groups. In many cases AMSANT led the work of these important groups, chairing or co-chairing. This work, although resource intensive, is very important for supporting the sector as well as providing valuable opportunities to share expertise, influence policy, and advocate for our Members.

APONT Governing Group

APONT Officers Group

Awards Panel – Aboriginal Health Worker and Practitioner Excellence Awards

Awards Panel – NT Administrators Primary Health Care Awards

Awards Panel – NTPHN Health Practitioner of the Year Awards

Barkly Regional Deal Trauma Informed Care Initiative

CDU Menzies NT Better Health Futures Symposium Series Organising Committee

CDU Psychology Course Advisory Group

Central Australia Health and Hygiene Committee

Central Australian Academic Health Science Network Committee

Chief Health Officers Advisory Group

Children and Families Tripartite Forum

Children and Family Safety Oversight Group

Children and Family Safety Working Group

CSIRO Clinical User Group (smartforms and health check)

Darwin Regional Aboriginal and Torres Strait Islander Suicide Prevention Network

Diabetes Lifecourse Steering Committee

Diabetes Research Partnership Committee

Domestic Family Sexual Violence Cross Agency Working Group

Expert Advisory Committee: Aboriginal and Torres Strait Islander Diabetes-related Foot Complications

Heart Foundation Advisory Board

Improving Responses to Domestic Family Sexual Violence Initiative Advisory Group

NACCHO CEO Policy Network

NACCHO-RACGP Health Check Roundtable

National Aboriginal and Torres Strait Islander Health Protection committee

National Cervical Cancer Elimination Strategy

National Coalition of Peaks

National Rheumatic Heart Disease Committee

National Strategy for Food Security in Remote First Nations Communities Drafting Group

National Strategy for Food Security in Remote First Nations Communities Project Reference Group

NT Aboriginal Health Tobacco Working Group

NT Aboriginal Health Forum (NT AHF)

NT AHF Continuous Quality Improvement (CQI) Steering Committee

NT AHF CQI Data Working Group

NT AHF Aboriginal Health Key Performance Indicator (NTAHKPI) Clinical Reference Group

NT AHF Aboriginal Health Key Performance Indicator (NTAHKPI) Steering Committee

NT AHF Aboriginal Health Key Performance Indicator (NTAHKPI) Technical Working Group

NT AHF Pathways to Community Control

NT AHF PHC Funding Reform Working Group

NT AHF Sexual Health Advisory Committee (SHAC)

Shane Wing from Sunrise Health Service at the CQI Collaborative in Darwin, 2022

NT AHF Continuous Quality Improvement (CQI) Steering Committee

NT AHF Social and Emotional Well-Being (SEWB) Working Group

NT AHF West Arnhem Strategic Steering Committee

NT AHF Workforce Alliance

NT Children and Families Generational Strategy

NT Children and Families Tripartite Forum

NT Chronic Conditions Consultative Committee

NT Chronic Conditions Indicators and Measures Working Group

NT Closing the Gap Partnership Working Group

NT Department of Health NT Renal Strategy

NT Diabetes Network

NT Digital Health Primary Health Care Solutions for Emergency and After-Hours Care

NT Disability Strategy Steering Committee

NT Executive Council on Aboriginal Affairs (Closing the Gap)

NT Generational Strategy ACCO Sector Strengthening Plan Working Group

NT Generational Strategy Steering Group

NT Government NGO Partnership Group (NNPG)

NT Harm Reduction Advisory Group (HRAG)

NT Immunisation Working Group

NT Interagency Workforce Sharing Committee

NT Joint Mental Health Regional Plan Project Sponsor Group

NT Joint Suicide Prevention Regional Plan

Project Sponsor Group

NT Justice Partnership Group

NT Mental Health Coalition – Certificate IV Peer Led Training – Steering Group

NT POCT Management Committee

NT Remote Area Investment (NTRAI) Joint Steering Committee

NT Remote Area Investment (NTRAI) Officers Group

NT Rheumatic Heart Disease Steering Committee

NT Sepsis Committee

NT Tobacco Control Advisory Committee

NT Trachoma Committee

NTG Food Security Stakeholder Group

Perinatal Mental Health Screening Project Steering Committee

PHAA National Prevention Conference 2023 organising committee

Pre-CAWG Caucus

Preventative Health Conference Advisory Committee

RTO Capacity Building Registered Training Organisation Community of Practice

SOHSS Steering Group

Syphilis Outbreak Response Group

Territory Kidney Care committee

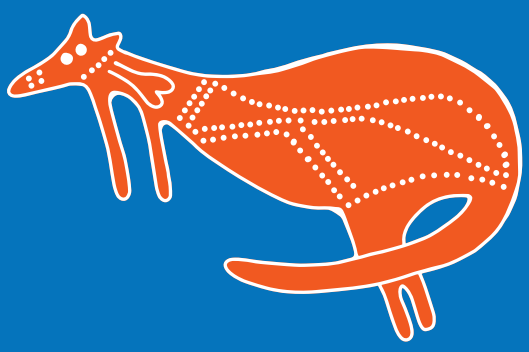
Viral Hepatitis Steering Committee

Policy and Advocacy

Dr John Paterson, Dr Donna Ah Chee, Dr John Boffa, Dr Frank Daly, Dr Marco Briceno and Yolanda Adams with Chief Minister Natasha Fyles at the National Health Workforce Summit in Adelaide, October 2022

Policy and advocacy are essential parts of the work of AMSANT, embedded throughout our teams and their activities, with leadership from the Board, Members, our CEO and senior managers. It is an ongoing challenge to educate government and other stakeholders about our sector, its governance, and the service models we adopt. However, this is essential to providing effective advocacy for our Members and to respond to external policy and program initiatives from government and others.

AMSANT supports the CEO and Board with policy advice through the Public Health Advisory Group (PHAG) and a small Policy and Research unit. Policy input is also provided by our Members through General Members' Meetings and engagement with their policy staff, allowing Members to share and engage in the advocacy and policy development process.



Through 2022-23 we continued to hold regular Members' 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 CEO's Policy Network, to share and contribute to work in a national context.

A number of submissions and responses were provided to various Commonwealth and NT inquiries and consultations during 2022-23, including:

- Senate Dental Services Inquiry (AMSANT also provided input to NACCHO's submission).
- NT Education Department Preschool Review.
- Select Committee Inquiry on Electronic Cigarettes and Personal Vaporisers.
- Consultation on the draft NT Alcohol Action Plan.
- NT Liquor Act 2019 Review.
- Draft National Stigma and Discrimination Reduction Strategy.
- Inquiry on Workforce Development in Northern Australia.
- Commonwealth Treasury Employment White Paper (in conjunction with APONT).
- Inquiry on Establishing an Australian CDC.
- Inquiry into Food Security in Australia.
- Inquiry into Long COVID and Repeated COVID Infections.
- Consultation on the Draft Territory Water Plan.
- Consultation on the Gayaa Dhuwi Declaration Implementation Plan.

AMSANT also provides effective health advocacy through community partnerships and media opportunities. Our CEO, Dr John Paterson, and Acting CEO, Dr Donna Ah Chee, have been frequent presences in local and national media, advocating for evidence-based action and effective, culturally safe responses on a range of health-related matters.

Participation in formal partnership bodies provides important opportunities for AMSANT's advocacy. AMSANT chairs the NT Aboriginal Health Forum, the key strategic policy and planning body of the NT's health system partners [See page 28 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. This year has seen the development of an action plan for the co-designed 10-year Generational Strategy for Children and Families in the Northern Territory with community sector partners, intended to help ensure that the strategy achieves its reforms and outcomes.

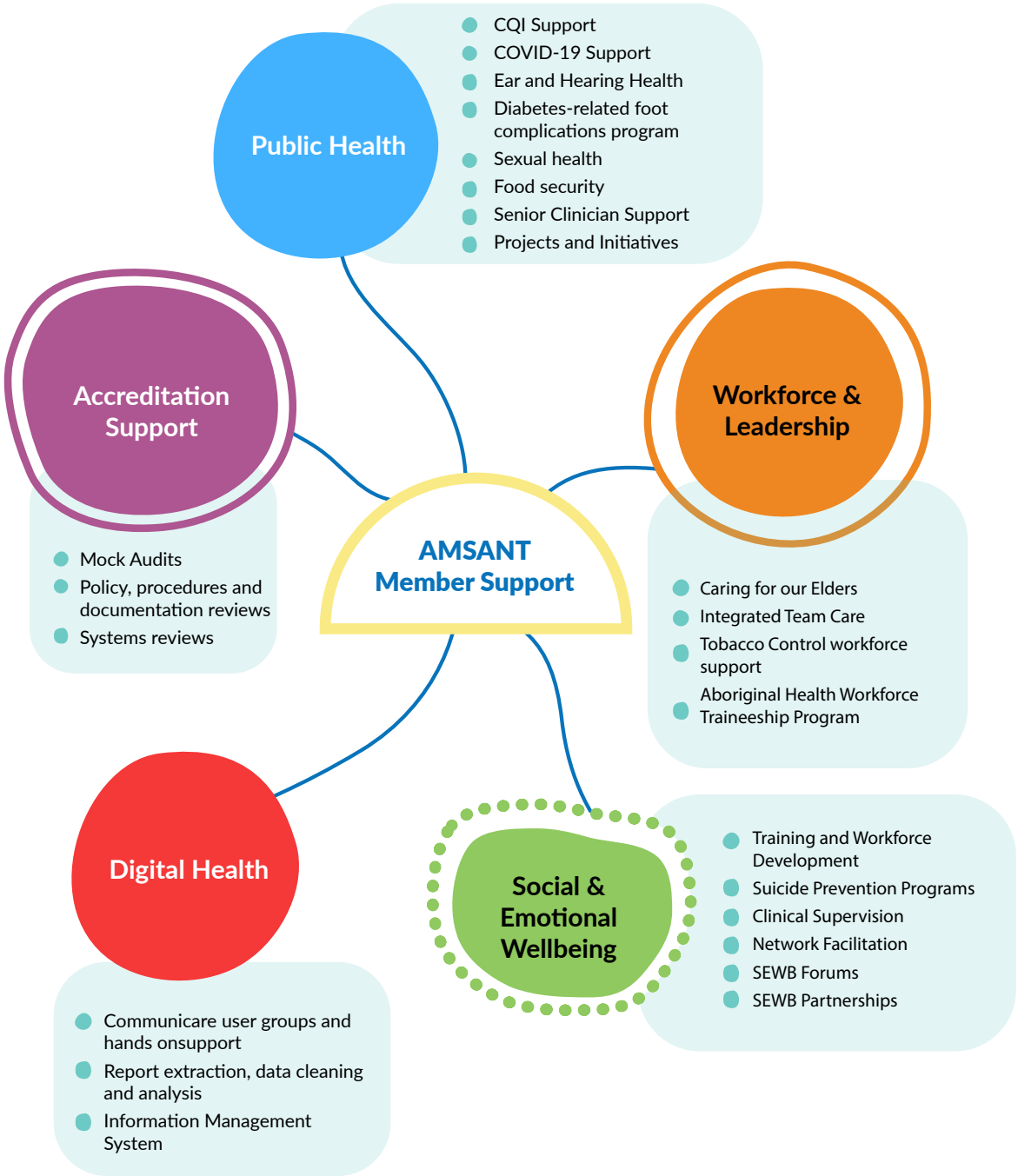
AMSANT is a key contributor to APO NT's strategic policy work, including through the National Coalition of Peaks and the Closing the Gap National Agreement. AMSANT's CEO, Dr John Paterson, served as a Coalition of Peaks representative on the Joint Council on Closing the Gap and as Joint-Chair of the 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.

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 social and emotional wellbeing (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.

Member Support

A key core function of AMSANT's work is to support our Members to provide and improve high-quality primary health care (PHC) services to Aboriginal people in their communities. Support activities are directed by our Members through their input at Members' meetings, working groups, workshops, and individual service-level discussions. Our 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. AMSANT strives to deliver tailored supports responsive to the varied needs of our Members.

The following diagram provides an overview of the member support we provide:



Public Health

Continuous Quality Improvement (CQI) Support

Over the past 12 months AMSANT CQI Program Coordinators have continued to support the dedicated CQI Facilitators in both AMSANT Member services and NT Government primary health care services. The NT has 30 facilitators working towards improving care for Aboriginal people living in the NT, with new facilitators being supported through orientation, mentoring, and regular monthly meetings to share ideas, receive training, and debrief.

This year, the CQI coordinators focused on supporting Members with back to basics, practical strategies to improve clinical indicators in the face of ongoing workforce shortages.

A Program Logic and Evaluation Framework workshop was delivered to increase CQI literacy. This was followed by a face-to-face CQI team meeting in Darwin. Providing a peer network and professional development opportunities continues to build CQI confidence and the skills of people working across the NT in CQI roles.

This year there has been a strong focus on improving childhood immunisation rates as there has been a particularly sharp decline in immunisation timeliness. AMSANT formed an ACCHS immunisation network to share lessons about improving rates and to circulate relevant information. AMSANT is also organising a regular monthly meeting with NTG and NT PHN to discuss support strategies for services and develop health promotion and information campaigns. Promotional materials around immunisation have been developed by other members of the team and shared with services.

Jaye Reid and Cheryl King from Wurli at the CQI Collaborative, 2022

COVID-19 Support

COVID-19 has continued to affect Aboriginal people disproportionately although the impact is slowly decreasing over time. AMSANT has supported Members in relation to COVID-19 vaccinations by providing regular updates and COVID-19 vaccination promotional material. AMSANT has also developed promotional posters about antiviral medications which, if used early in the illness, can reduce the risk of hospitalisation and/or death. These medications are particularly important for Aboriginal people in the NT, given vulnerability due to high rates of complex chronic diseases and the relatively low proportion of Aboriginal people who are fully vaccinated. AMSANT has also worked closely with the NT PHN on supporting services to obtain COVID-19 immunisation grants.

The diabetes-related foot complications program

AMSANT is funded by the South Australian Health and Medical Research Institute until 2025 to deliver the Diabetes-related Foot Complications Program. The program priorities include:

- Supporting Member primary health care staff to:
    - accurately assess the risk of foot complications and provide appropriate care.
    - ensure service delivery is integrated and provides both prevention and management services.
    - holistically supporting clients living with diabetes-related amputation.
- Community education and provision of educational and promotional resources.

In 2022, AMSANT and Central Australian Aboriginal Congress led a round table discussion with leading remote community store holders to discuss the importance of accessible and appropriate footwear for people living with diabetes. From the roundtable discussion, Central Australian Aboriginal Congress and AMSANT worked together to develop educational resources for community members and store holders to promote awareness of the importance of good shoes, and what to look for when choosing shoes.

Ear and hearing health

Ear health in Aboriginal communities remains a focus for AMSANT and we recognise that PHC staff have a central role to play in improving ear disease outcomes. To support Members and their PHC teams, we have delivered information and education illustrating CQI in practice, exploring case studies and the use of digital technologies to support the delivery of ear health care in their communities.

This year AMSANT partnered with NACCHO and Professor Kelvin Kong on a research project reviewing pathways for Aboriginal children to access ENT specialist advice and surgery to better understand what the barriers and enablers are for access to timely surgical intervention for chronic ear disease. Areas identified in the report for focus and improvement included:

- The development of integrated systems to enable families to move more quickly along the ENT pathway.
- Community engagement and resources including ear health workers on community.

The results of the ENT pathways project are described in detail in the report, including recommendations for each theme.

Dr Natasha Pavlin from Wurli and Dr Sam Heard from Congress

Vanessa Lynch from NTG DoH and Charmaine Starr from Batchelor Institute of Indigenous Tertiary Education practising clinical skills at the AMSANT Ear Health Workshop

Sexual health

During the last 12 months, AMSANT has established a dedicated sexual health coordinator position enabling the formation of a sexual health network that meets monthly. Training has been provided across the NT to Members staff in point of care testing, sexually transmitted infection screening and management, and CQI techniques in sexual health. There has been a deliberate focus on Central Australia and the Barkly due to higher STI rates in these regions, with particular focus on supporting smaller and more remote services. Services are being supported to record data so comprehensive collection of STI data can be achieved.

There has been increased collaboration with NT Centre for Disease Control (CDC) both regionally and at a NT level with ongoing discussions about ways to improve sexually transmitted infection screening and management, noting that the syphilis outbreak is still not under control and the ongoing workforce crisis is heavily impacting capacity to screen for and manage STIs.

Senior clinician support

AMSANT continues to host a senior clinical network and provide a diverse range of webinars with topics including cervical screening, melioidosis, and the new CARPA update. A weekly newsletter provides relevant updates and interesting information from the peer reviewed literature. We also provide opportunities for senior clinicians to have input into key issues under focus of AMSANT with recent examples including communication between primary health care and hospitals. AMSANT has also provided regular updates to Members on flood and other weather-related emergencies and has worked to ensure that relevant Members are included in disaster meetings in a timely way.

Projects and initiatives

Rheumatic heart disease

Due to the ongoing failure to comprehensively address social determinants such as housing, cases of acute rheumatic fever and rheumatic heart disease continue to increase across the NT. AMSANT participated in a national committee on rheumatic heart disease and a registrar project that assessed barriers to secondary prophylaxis. The report highlighted the need for face-to-face training on rheumatic heart disease particularly for Aboriginal staff.

Food security

Building on the momentum of the 2021 food summit, AMSANT has been resourced to partner with NIAA, NACCHO, and other relevant affiliates on the development of a remote food strategy. AMSANT will ensure a strong community-controlled voice in the development of the strategy so it reflects the diverse views and meets the needs of remote communities. AMSANT has also engaged with the NT Department of the Chief Minister and Cabinet on the development of a NT based remote stores licensing scheme to replace the Commonwealth scheme that has lapsed.

Mosquito-borne diseases

Japanese encephalitis and other mosquito-borne diseases were of significant concern due to a strong wet season. Much of the Top End was categorised as at risk of Japanese encephalitis with whole communities eligible for vaccination. AMSANT worked with relevant services, providing health promotional materials and assisting them to obtain NT government funding to provide Japanese encephalitis vaccination to their communities.

Workforce and Leadership Support

The health sector in the NT continues to experience concerning levels of workforce shortages, most particularly for clinically trained roles. This year, AMSANT's Workforce Crisis Policy Paper was developed in response to the current workforce challenges. The paper outlines priorities for our sector to advocate for equitable, sustainable, and practical workforce solutions.

This year we have extended our partnership with CDU in support of the CDU inaugural Pre-Health Program to attract potential students to learn about careers in health and our sector. Other areas of collaboration with CDU include advocating for 40 additional medical student placements and the Better Health Futures Symposium Series in partnership with CDU, Menzies, Congress Health Aboriginal Corporation, and NT Health Service.

We continue to expand our workforce development initiatives to include aged care workforce training and support in ACCHS and ACCOs that are delivering aged care services. Further, we have progressed our scoping work to reach the design phase of an Aboriginal environmental health workforce trial in partnership with the NT Centre for Disease Control.

Caring for our Elders

Care and Support Ready Project

AMSANT entered a new area of work this year, with the completion of the Care & Support Ready Project which enabled AMSANT to map current aged care service delivery by Members. Through consultation, we learned that just a few of our Members provide aged care services in their communities. These services currently offer some combination of in-home and/or residential care for about 200 people living in communities and homelands across Central Australia and the Top End. The remaining (and majority) of services consulted do not currently offer aged care support services to their communities, although a number are considering how they can expand their aged care support beyond day-to-day primary health care services. Services consulted noted that the complexity of the aged care system made it very difficult for Elders, older people, and their carers to locate and connect with the services they require.

Elder Care Support Program

Building on our Care and Support Ready Project, AMSANT has welcomed our newest aged care project, the Elder Care Support Program, which commenced just before the end of 2022/23. In this national project, we will be working closely with our Members and NACCHO to identify, train and provide ongoing support to a workforce of Aged Care Coordinators and Aged Care Connectors who will support Elders and their carers to understand and access available aged care supports, and to advocate for expanded access to services on country. The Care and Support Ready Project, the Elder Care Support Project, and the Home Care Workforce Support Program are funded by NACCHO.

Integrated Team Care

Our Integrated Team Care (ITC) Workforce Support Program has been extended for a further 2 years to provide a range of supports targeting the Chronic Disease Care Coordinator workforce in the ACCHS sector in the NT. Health service managers and Care Coordinators were consulted to discuss key issues within their regions. The consultation period also provided an opportunity to reinvigorate the proposed bi-annual regional meetings. The annual ITC Forum was held in Alice Springs last November where participants were introduced to the concept of Shared Medical Appointments (SMA) by representatives from the Australasian Society of Lifestyle Medicine (ASLM).

Following further discussions between AMSANT, NT PHN and ASLM, the SMA portfolio was added to the AMSANT ITC workforce support role. As a result, three of our Members including Danila Dilba Health Service, Miwatj Health Aboriginal Corporation and Central Australian Aboriginal Congress are participating in a two year trial of SMA supported by a consultation team made up of ASLM, AMSANT, and NT PHN.

This new initiative is an Aboriginal-led program whereby program leaders, community members, and other key stakeholders within each of the health services are involved in the design, modelling, and implementation of the program. The consultation team continues to support services through provision of facilitation, education and training to meet the needs of each service to implement this new and innovative model of service delivery.

Tobacco Control and Workforce Support

The tobacco control team continues to support AMSANT Members to reduce rates of smoking. Activities this year included:

- Promotion and sharing information about the Tobacco Control Guide which uses continuous quality improvement (CQI) to support evidence-based tobacco control activities at health services in the NT.
- Leadership of key committees including the Tobacco Working Group of the NT Aboriginal Health Forum and the NT Tobacco Action Committee.
- Collation and sharing of information about vaping and e-cigarettes.
- Advocacy and feedback to the Commonwealth Government as it prepared its plans for the Tackling Indigenous Smoking program from July 2023.
- Contributed chapters on smoking and vaping for the forthcoming NACCHO and RACGP National guide to preventive healthcare for Aboriginal and Torres Strait Islander people.
- Provided support to Members as they successfully applied to host Tackling Indigenous Smoking teams for three years from July 2023.
- In partnership with Mala'la, Red Lily, and NT Health, AMSANT successfully applied to host the Tackling Indigenous Smoking team in the large Jabiru Tiwi region (from Maningrida to Wadeye, including the Tiwi Islands (but not Darwin) for three years from July 2023.

Aboriginal Health Workforce Traineeship Program

Seven out of eight original trainees from four Members are on track to complete Aboriginal Health Care Practice qualifications through Batchelor Institute this year, with support from our Aboriginal Health Workforce Traineeship (AHWT) Program and Program Coordinator. 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. The Program is funded by the Commonwealth Department of Health and Aged Care through to December 2023.

Heart Foundation Deadly Heart Trek

In March 2023, AMSANT's Kellie Kerin, a Central Arrernte woman and registered nurse, participated in The Heart Foundation's Deadly Heart Trek (DHT). Kellie joined the team for the Central Australian portion of the trek. As a cultural guide, Kellie played a critical role as cultural conduit for the visiting team of specialists. Kellie also contributed to general screening and skin checks and provided education to school teachers and various community groups. The DHT covered all four regions of Central Australia as well as the APY Lands. In total, just over 800 children were screened and an alarming 5% of those screened had new diagnoses of Rheumatic Heart Disease.

2022 Awards

Each year there are awards held in the NT to recognise the outstanding contribution of health workers. In the NT Aboriginal Community Controlled Health sector in 2022, AMSANT congratulates the following workers who were recognised for their achievements:

NT Health Practitioner of the Year Awards 2022

RACGP GP of the Year
Dr Alan Kerr, Miwatj Health Aboriginal Corporation

AGPAL Primary Health Care Support Person of the Year
Anita Petersen, Mala'la Health Service Aboriginal Corporation

NT Aboriginal and Torres Strait Islander Health Worker and Practitioner Excellence Awards 2022

Student Award - Emerging Aboriginal Health Practitioner, Encouragement Award
Rebecca Challenger, Wurli-Wurlinjang Aboriginal Health Service

Remote Aboriginal Health Worker

Winner
Brando Yambalpal, Miwatj Health Aboriginal Corporation

Highly Commended
Damien Guyula, Miwatj Health Aboriginal Corporation

New Aboriginal Health Practitioner
Winner: Amber Dunn-Mellett, Danila Dilba Health Service

Highly Commended
Darren Braun, Aboriginal Medical Services Alliance Northern Territory

Urban Aboriginal Health Practitioner
Winner: Rowena Young, Central Australian Aboriginal Congress

Remote Aboriginal Health Practitioner
Highly Commended: Stella Minitjapuyngu Gondarra, Miwatj Health Aboriginal Corporation

Social and Emotional Wellbeing (SEWB)

This year has been a period of expansion for the SEWB team with an increase in the team's training facilitators, onboarding of new programs, and more activities in the sector engagement and policy space.

The AMSANT SEWB team with the Anyinginyi team after the delivery of Culturally Responsive Trauma Informed Practice Workshop

Training and professional development

The SEWB unit has delivered 51 days of training to over 400 people across the Northern Territory. Culturally Responsive Trauma-Informed Practice (CRTIP) is our most popular course and is informed by evidence and grounded in cultural worldviews to provide participants with knowledge and understanding that enhances culturally safe and trauma informed practice.

At Members' requests this year we have also delivered Case Notes and Case Management and culturally informed Domestic & Family Violence Training (developed and piloted in 2021-2022).

Our team Members have been training in narrative therapy and several are now certified to deliver Aboriginal Mental Health First Aid. We are excited to add these to our offerings in the second half of 2023.

Rosie Schubert, Veronica Haddon, Sabella Kngwarrave Turner, Veronica Perrurle Dobson, Jenny Summerville, Kumalie Kngwarraye, Paula Perrurle Turner-Gorey, Phyllis Kngwarraye Gorey at Campfire in the Heart, Alice Springs.

AMSANT SEWB team members were privileged to spend time with Senior Arrernte women co-researching concepts of trauma and healing from an Arrernte cultural perspective.

Suicide prevention programs

Culture Care Connect Program

Culture Care Connect is a NACCHO-led program that is being rolled out to two ACCHS sites (Danila Dilba and Congress) in the NT with a further two sites to follow. At each site, the program will deliver a regional community-controlled suicide prevention network and culturally safe aftercare services for Aboriginal people following a suicide attempt or suicidal crisis.

AMSANT's role at the jurisdictional level is to support ACCHS by leading the program's network, undertaking policy and advocacy activities, and delivery of the Aboriginal and Torres Strait Islander Mental Health First Aid Training (ATSIMHFAT). During this period the program positions were recruited, onboarded, and implementation planning commenced.

Suicide Story

Suicide Story is a three-day suicide prevention workshop developed by Aboriginal people, for Aboriginal people. This year AMSANT coordinated the delivery of Suicide Story workshops in Borroloola, Darwin, Katherine, Tennant Creek, and Wugularr. The program is expanding to include a youth-led component, the delivery of train the trainer workshops, and onboarding of five new Aboriginal Suicide Story Facilitators.

Clinical supervision

The SEWB team have provided Clinical Supervision to support and enable our Members' healthcare workers to feel strong and confident in their roles as they strive to deliver best practices to support their Aboriginal clients. The Clinical Supervision team is made up of Aboriginal and non-Aboriginal professionals with extensive experience in trauma.

Network facilitation

SEWB Managers' Network

Strengthening and supporting the SEWB, mental health, alcohol and other drugs, and wider primary health care workforce is a core focus of the SEWB team and AMSANT facilitates a monthly manager's network and SEWB workforce network to enable this work.

Tennant Creek Suicide Story workshop facilitators: Perpethua Ali, Chuna Lowah, Drudpa Curtis, Raymond Campbell with workshop participant Shan Undugodage (Social and Emotional Wellbeing Manager from Urapuntja Health Service Aboriginal Corporation).

SEWB Workforce Network

Monthly SEWB workforce network meetings have also been held online to provide the wider SEWB workforce the opportunity to exchange information, practices, and receive presentation on topics such as self-care for the workforce.

SEWB forums

The annual SEWB Workforce Forum held in Darwin explored connecting through storytelling, creating metaphors, and creative therapies and provided the opportunity for attendees and agencies to share their presentations and practices. There were two Cultural Health and Healing Forums, one in Alice Springs and the other in Darwin.

The findings from the forum indicated the need for:

- opportunities to strengthen and develop professional pathways for SEWB practice.
- cultural healing practitioners and training to support cultural practice.

SEWB partnerships

The SEWB unit's partnerships have expanded this year. We worked closely with AMSANT partners NT PHN, NT Health, and NIAA on the Joint Regional Planning for Mental Health and Suicide Prevention. We engaged with fifteen services to inform the Aboriginal community-controlled mental health sector's regional priorities for the mental health aspect of the Joint Regional Plan. AMSANT also facilitated ACCHS sector involvement in the planning and delivery of community joint regional engagement sessions to inform the development of the Northern Territory's Keeping Everyone Safe (Suicide Prevention) Plan that was launched post reporting period in September 2023.

AMSANT SEWB team with participants in the Cultural Health & Healing Forum, Darwin 2023

Digital Health

Communicare support

Core to the work of our Digital Health team is supporting our Members in the use of the Communicare product. This year we have continued to deliver this support to Members face to face and remotely. This includes training in the use of Communicare for new staff, assistance with extracting data for KPI, and other funding reports and maintaining close ties with Telstra Health to assist in finding solutions to issues within the Communicare product.

Report extraction, data cleaning and analysis

Quality data is essential to the delivery of effective primary health care through accurate record keeping at the service level and when sharing records with other services through referrals or the My Health Record (MHR). This year we continued to work closely with the CQI team to support our Members to maintain vigilant management of the Communicare database to ensure the data is accurate. We have also supported Members with data cleaning and data analysis to inform the CQI efforts.

Information Management Systems

The Digital Health Unit understands the importance of up-to-date business systems within our Members. AMSANT has supported intranet developments and refresh of websites, ensuring they integrate seamlessly with business processes. This includes assisting with Power BI templates for improved reporting for quality purposes. There is a focus on regular remote training and support. As always, we aim to develop local capacity to ensure sustainability of systems through mentoring and transferring knowledge and skills.

Projects and Initiatives

Strengthening Our Health System Strategy

AMSANT remains a key partner of the NT Department of Health and the NT Primary Health Network on the “Strengthening Our Health System Strategy” (SOHSS) - the digital health strategy for the NT. This partnership has provided an umbrella to work on joint priorities for system improvements.

Health Information Exchange (HIE)

Under SOHSS, AMSANT supported the Health Information Exchange (HIE) feasibility study conducted by the NT DoH. HIE is the electronic sharing of healthcare-related information among healthcare providers, patients, and other authorised services with the health system. The study investigated all the areas of data transfer and sharing occurring within the NT health system and made recommendations for systemic improvements into the future. It is hoped that we will begin work on these recommendations in 2023 -2024.

NTG Department of Health Acacia roll-out

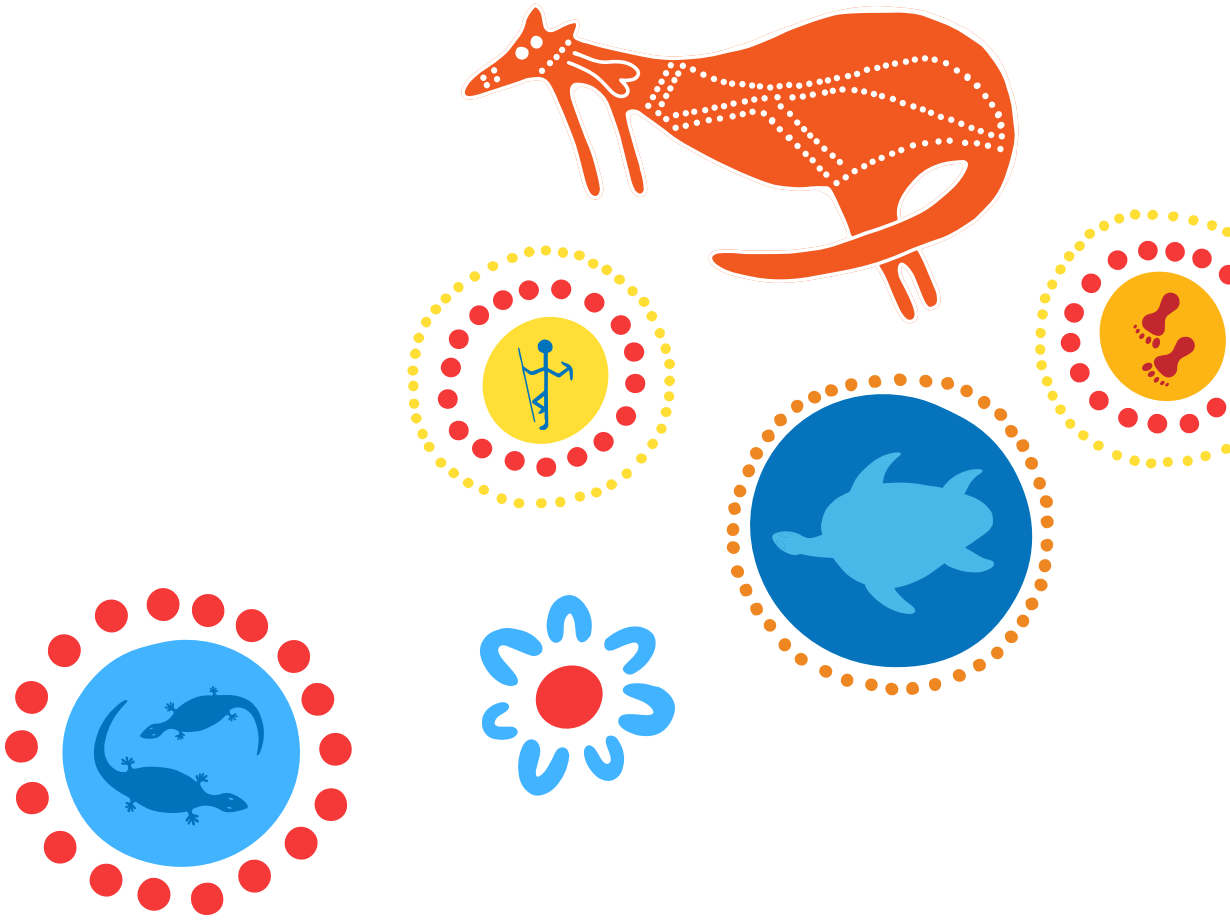
We have continued to follow the progress of the NT DoH refresh of their technology systems through the roll-out of the Acacia product. This has implications for our sector as links to NT DoH systems are critical to supporting the patient journey. We need to ensure that improvements to the NT DoH system flow on to benefit our Members.

Accreditation Support

Accreditation assessment is a formal process undertaken by qualified external peer reviewers to assess the extent to which a health service is compliant with quality, safety, and business standards. AMSANT plays a key role in providing support to its Members to achieve clinical and/or organisational accreditation for their organisations.

In this financial year AMSANT has provided a range of accreditation support to our Members through a total of 56 site visits and regular provision of remote support. This has resulted in 41 mock audits, reviews of quality manuals, and reviews of hundreds of individual policies, procedures, registers, and databases.

Accreditation is achieved through performance improvement and leads to a formal recognition of standards reached and a demonstrated commitment to Continuous Quality Improvement (CQI). This year AMSANT and our Members have all experienced success in achieving and maintaining their accredited status.



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 Research and Evaluation Strategic Priorities Framework: 2024-2028 in collaboration with our Members to align research and evaluation activities to areas of strategic importance. Such areas will address gaps in knowledge and support the continuing delivery of evidence-informed policies and programs which improve outcomes for Aboriginal and Torres Strait Islander people in the Territory. It will require researchers of Aboriginal health to provide proposals with ample evidence of Aboriginal community engagement, genuine participation, and representation.

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 Members. 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) including:

- Measuring Beyond Medicine - The development of non-clinical indicators for our sector.
- Culturally responsive trauma informed practice.
- Our People Our Strengths - Aboriginal Workforce Strategy.
- A remote community survey.

AMSANT also welcomed the news that, in partnership with Sunrise, we were successful in receiving funding from Lowitja Institute for a project to explore social and emotional wellbeing through the lens of Aboriginal communities.

AMASNT 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 of 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 to date. AMSANT is also a partner in a long-standing research collaboration on diabetes which initially focused on diabetes in pregnancy and is now working on childhood and youth diabetes with the aim of developing new models of care and improving long term outcomes.

Corporate Services

AMSANT's Strategic Plan prioritises building a strong, sustainable and accountable organisation. This includes continuing to develop and implement high quality governance and management systems across the organisation, supporting AMSANT staff, building Aboriginal leadership and increasing organisational sustainability. AMSANT utilises best practice approaches, specialist skills and emerging technologies to enable us to operate optimally to support AMSANT Members in the delivery of improved primary health outcomes.

The 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. AMSANT is rapidly growing in its scope of operations, so sound financial management is essential to the retention of funding sources, and to our sustainable growth. AMSANT has seen an increase in staff with a total of 65 employees as of 30 June 2023. Although AMSANT has increased the size of its workforce, it is important to note that there are substantial challenges in recruitment and retention of staff due to the wider workforce shortfall in the NT.

Over the last year the Corporate team have undertaken the following work:

Human Resources Activities:

- Implemented a new suite of HR policies and procedures.
- Commenced a review of all HR induction and onboarding process.

Staff training:

- 18 Employees enrolled to study a Diploma in Project Management.
- 60 Employees attended Anti-Discrimination Harassment and Bullying in the Workplace training presented by the Anti-discrimination Commission NT.
- 13 Employees undertook First Aid Training.
- 20 Employees attended Sexual Bystander Intervention training presented by the Anti-discrimination Commission Northern Territory.

Finance Activities:

- Reviewed and implemented changes to monthly budget reporting to Management.
- Reviewed and implemented changes to improve reporting to the AMSANT Board through the Finance, Risk & Audit Committee (FRAC).
- Successfully obtained an unqualified audit report in accordance with CATSI Act 2006.
- Worked with AMSANT teams to achieve ≥95% compliance in purchasing and supplier system records in internal audit.
- Transitioned auspicing arrangements of the Aboriginal Peak Organisations NT. (APONT) to the Northern Australian Aboriginal Justice Association (NAAJA).
- Finalised auspicing arrangements for Red Lily Health Board.

Information & Communications Technology:

- Established a strong ICT Governance Committee.
- Reviewed AMSANT's ICT Systems and implemented the O365 System across the organisation.

Glossary

ACCHO	Aboriginal Community Controlled Health Organisation
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
CATSI	Corporations (Aboriginal and Torres Strait Islander)
CAAC	Central Australian Aboriginal Congress
CA AHSN	Central Australian Academic Health Science Network
CDU	Charles Darwin University
CPHC	Comprehensive Primary Health Care
CQI	Continuous Quality Improvement
CRTIP	Culturally Responsive Trauma Informed Practice
DoH	Department of Health (NT or Commonwealth governments)
FRAC	Finance, Risk and Audit Committee
GPET	General Practice Education & Training
GPR	General Practice Registrar
ICT	Information Communication Technology
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
WALS	Workforce & Leadership Support

Financials

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation

ICN 8253

Financial Report - 30 June 2023

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Contents
For the year ended 30 June 2023

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 11 October 2023.

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Directors' report
For the year ended 30 June 2023

The directors present their report, together with the financial statements, on the Corporation for the year ended 30 June 2023.

Information on Directors
The following persons were directors of the Corporation during the whole of the financial year of this report, unless otherwise stated:

Name	Position	Duration
Donna Ah Chee	Chair - CEO Congress	26/06/2015 to 03/03/2023
	Acting CEO	03/03/2023 to 04/08/2023
	Director – CEO Congress	13/09/2023 to Current
Greg Drew	Director - Director Congress	12/05/2023 to 13/09/2023
Robert McPhee	Director - CEO Danila Dilba	2/03/2022 to Current
	A/Chair	04/03/2023 to Current
Leisa McCarthy	Director - CEO Anyinginyi	02/03/2022 to Current
	A/Deputy Chair	22/03/23 to 04/08/2023
Kevin Wrigley	Director - CEO Pintupi	7/09/2021 to Current
Steve Rossingh	Treasurer - CEO Miwatj	2/03/2022 to Current
Anne-Marie Lee	Director - Chair Sunrise	2/03/2022 to Current
Sinon Cooney	Director - CEO KWHB	10/11/2020 to Current
Riek Luak	Director - CEO Ampilatwatja	7/09/2021 to 18/07/2023
David Galvin	Independent Director	2/06/2017 to Current
Jeanette Ward	Independent Director	1/06/2017 to Current

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 $1,240,639 (2022: $516,277) which includes untied grant balance and ongoing projects to the value of $345,644 (2022: $779,426). Total of off-balance sheet unexpended grant liability $4,410,298 (2022: $3,969,192) which is included in equity to 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 2023

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

On behalf of the directors

Robert McPhee
Acting Chairman

11 October 2023

Steven Rossingh
Treasurer

11/10/23

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

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

DECLARATION OF INDEPENDENCE BY CASMEL TAZIWA TO THE DIRECTORS OF ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY ABORIGINAL CORPORATION

As lead auditor of Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation for the year ended 30 June 2023, I declare that, to the best of my knowledge and belief, there have been:

1. No contraventions of the auditor independence requirements of the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* 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.

Casmel Taziwa
Audit Partner

BDO Audit (NT)

Darwin

13 October 2023

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Statement of profit or loss and other comprehensive income
For the year ended 30 June 2023

	Note	2023 $	2022 $
Revenue	3	13,200,895	12,375,302
Total revenue		13,200,895	12,375,302
Expenses			
Employee benefits expense	4	7,817,634	8,238,773
Consultants and contractors		589,225	612,274
Depreciation and amortisation expense		650,108	457,350
Motor vehicle expense		214,242	158,458
Operations expense		1,027,553	899,432
Travel expense		761,938	434,705
Interest		12,696	26,120
External Project Expenses		886,860	1,031,913
Total expenses		11,960,256	11,859,025
Profit for the year	14	1,240,639	516,277
Other comprehensive income for the year		-	-
Total comprehensive income for the year		1,240,639	516,277

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 2023

	Note	2023 $	2022 $
Assets			
Current assets			
Cash and cash equivalents	5	6,044,935	4,906,339
Trade and other receivables	6	370,273	209,211
Short term investments		2,517,599	2,482,874
Other current assets	7	247,936	176,021
Total current assets		9,180,743	7,774,445
Non-current assets			
Property, plant and equipment	8	138,506	210,201
Right-of-use assets	9	130,854	686,610
Total non-current assets		269,360	896,811
Total assets		9,450,103	8,671,256
Liabilities			
Current liabilities			
Trade and other payables	10	1,577,098	1,108,428
Lease liabilities	12	131,570	456,424
Provisions	11	1,220,509	1,475,052
Other Liabilities	13	182,594	460,240
Total current liabilities		3,111,771	3,500,144
Non-current liabilities			
Lease liabilities	12	-	135,148
Provisions	11	195,548	133,819
Total non-current liabilities		195,548	268,967
Total liabilities		3,307,319	3,769,111
Net assets		6,142,784	4,902,145
Equity			
Retained surplus	14	6,142,784	4,902,145
Total equity		6,142,784	4,902,145

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 2023

	Retained surplus $	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

	Retained surplus $	Total equity $
Balance at 1 July 2022	4,902,145	4,902,145
Profit for the year	1,240,639	1,240,639
Other comprehensive income for the year	-	-
Total comprehensive income for the year	1,240,639	1,240,639
Balance at 30 June 2023	6,142,784	6,142,784

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 2023

	Note	2023 $	2022 $
Cash flows from operating activities			
Receipt of grants		12,431,460	12,236,298
Interest income		151,245	7,006
Other receipts		648,152	444,668
Payments to suppliers and employees		(11,562,181)	(11,818,864)
Net cash from operating activities		1,668,676	869,108
Cash flows used in investing activities			
Payment for property, plant and equipment		(22,657)	(23,453)
Payments for investments		(34,725)	(4,098)
Net cash used in investing activities		(57,382)	(27,551)
Cash flows used in financing activities			
Repayment of Lease Liabilities		(472,698)	(476,803)
Net cash used in financing activities		(472,698)	(476,803)
Net increase in cash and cash equivalents		1,138,596	364,754
Cash and cash equivalents at the beginning of the financial year		4,906,339	4,541,585
Cash and cash equivalents at the end of the financial year	5	6,044,935	4,906,339

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.

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.

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

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

Note 1. Significant accounting policies (continued)

Grants
Grant revenue is recognised in in line with AASB 15 and AASB 1058. Revenue from grant recognised when the performance obligations are met and can be measured reliably in profit or loss.
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.

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

Note 1. Significant accounting policies (continued)

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, its 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.

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

Note 1. Significant accounting policies (continued)

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.

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.

Note 1. Significant accounting policies (continued)

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.

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

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

	2023 $	2022 $
Grant funding received during the year	12,431,460	11,897,169
Other revenue		
Interest	151,245	7,006
Recoupment	576,327	419,764
Profit on disposal of assets	400	26,459
Other income	41,463	24,904
	769,435	478,133
Revenue	13,200,895	12,375,302

Note 4. Employee benefits expense

	2023 $	2022 $
Salaries and wages	7,010,609	7,173,550
Superannuation	718,355	706,313
Workers' Compensation	64,750	109,631
Other employee expenses	23,920	249,279
	7,817,634	8,238,773

Note 5. Cash and cash equivalents

	2023 $	2022 $
Cash on hand	75	314
Cash at bank - operating bank accounts	4,232,405	2,304,691
Cash at bank	1,812,455	2,601,334
	6,044,935	4,906,339

Note 6. Trade and other receivables

	2023 $	2022 $
Trade receivables	315,095	209,211
Other receivables	55,178	-
	370,273	209,211

Note 7. Other current assets

	2023 $	2022 $
Prepayments	247,936	176,021

Note 8. Property, plant and equipment

	2023 $	2022 $
Motor vehicles - at cost	378,518	378,518
Less: Accumulated depreciation	(280,968)	(205,431)
	97,550	173,087
Other Plant and equipment - at cost	259,117	236,460
Less: Accumulated depreciation	(218,161)	(199,346)
	40,956	37,114
	138,506	210,201

Note 9. Right-of-use assets

	2023 $	2022 $
Non-current assets		
Land and buildings - right-of-use	1,767,736	1,767,736
Less: Accumulated depreciation	(1,636,882)	(1,086,006)
	130,854	681,730
Motor vehicles - right-of-use	46,313	46,313
Less: Accumulated depreciation	(46,313)	(41,433)
	-	4,880
	130,854	686,610

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

	Building $	Motor Vehicle $	Total $
Balance at 1 July 2022	681,730	4,880	686,610
Depreciation	(550,876)	(4,880)	(555,756)
Balance at 30 June 2023	130,854	-	130,854

Note 10. Trade and other payables

	2023 $	2022 $
Trade payables	990,816	743,128
GST Payable	-	76
Accrued expenses and other sundry payables	481,903	353,466
Corporate credit card liability	4,379	11,758
Other payables	100,000	-
	1,577,098	1,108,428

Note 11. Provisions

	2023 $	2022 $
Current liabilities		
Provision for employee benefits: Annual leave	644,373	825,188
Provision for employee benefits: Long service leave	545,312	637,263
Provision for employee benefits: Other	30,824	12,601
	1,220,509	1,475,052
Non-current liabilities		
Provision for employee benefits: Long service leave	195,548	133,819
	1,416,057	1,608,871

Note 12. Lease liabilities

	2023 $	2022 $
Current liabilities		
Lease liability	131,570	456,424
Non-current liabilities		
Lease liability	-	135,148
	131,570	591,572

	Building $	Motor Vehicle $	Total $
Balance at 1 July 2021	818,846	(15,387)	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	606,212	(14,640)	591,572

	Building $	Motor Vehicle $	Total $
Balance at 1 July 2022	606,212	(14,640)	591,572
Less: Total payments	(468,392)	(4,306)	(472,698)
Interest	12,654	42	12,696
Balance at 30 June 2023	150,474	(18,904)	131,570

Note 13. Other Liabilities

	2023 $	2022 $
Current liabilities		
Income in advance	182,594	460,240

Note 14. Retained surplus

	2023 $	2022 $
Retained surplus at the beginning of the financial year	4,902,145	4,385,868
Profit for the year	1,240,639	516,277
Retained surplus at the end of the financial year	6,142,784	4,902,145

Note 15. Key management personnel compensation and other related party transactions

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

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:

	2023 $	2022 $
Short-term employee benefits	1,600,052	1,419,920

Note 16. Contingent assets and liabilities

There are no contingent liabilities or assets at 30 June 2023 or 30 June 2022.

Note 17. Commitments

The Corporation had no commitments for expenditure as at 30 June 2023 and 30 June 2022.

Note 18. Related party transactions

Key management personnel
Disclosures relating to key management personnel are set out in note 15.

Transactions with related parties
Related parties of the Corporation where transactions occurred during the year are: Red Lily Health Board Aboriginal Corporation (Until September 2022), Northern Territory General Practice Education (NTGPE) and Northern Territory Primary Health Network (NTPHN).

The following transactions occurred with related parties:

	2023 $	2022 $
Balances at the year end are as follows:		
Amounts payable included in trade and other payables	(201,183)	(8,859)
Transactions that occurred during the year are as follows:		
Rent contribution income	3,127	14,127
Income representing recoupment of employee costs	46,638	22,500
Cost Allocation	249,712	232,148

Note 18. Related party transactions (continued)

Intra entity transactions recouping wages, operational costs and grant balance during the year was $523,644 (2022: $794,267).

During the year the Corporation received grant funding from NT PHN of $1,765,536 (2022: $1,913,124) and from NT GPE $33,645 (2022: $94,648). AMSANT is a member of both companies.

Funding auspiced by AMSANT to Aboriginal Peak Organisations Northern Territory (AGMP): $790,000.

There were no other related party transactions in 30 June 2023.

Note 19. Events after the reporting period

No matter or circumstance has arisen since 30 June 2023 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 2023

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 2023 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

Robert McPhee
Acting Chairman

11 October 2023

Steven Rossingh
Treasurer

11/10/23

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

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

INDEPENDENT AUDITOR'S REPORT

To the members of Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation (the Corporation), which comprises the statement of financial position as at 30 June 2023, 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 Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation, is in accordance with the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*, including:

(i) Giving a true and fair view of the Corporation's financial position as at 30 June 2023 and of its financial performance for the year ended on that date; and

(ii) Complying with Australian Accounting Standards – Simplified Disclosures and the *Corporations Regulations 2001*.

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 *Corporations (Aboriginal and Torres Strait Islander) Act 2006* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (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 confirm that the independence declaration required by the *Corporations (Aboriginal and Torres Strait Islander) Act 2006*, which has been given to the directors of the Corporation, would be in the same terms if given to the directors as at the time of this auditor's report.

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

Other information

The directors of the Corporation are responsible for the other information. The other information comprises the information contained in Annual report for the year ended 30 June 2023, but does not include the financial statements and our auditor's report thereon, which is expected to be made available to us after that date.

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.

When we read the Annual report, if we conclude that there is a material misstatement therein, we are required to communicate the matter to the directors and will request that it is corrected. If it is not corrected, we will seek to have the matter appropriately brought to the attention of users for whom our report is prepared.

Responsibilities of the directors for the Financial Report

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

In preparing the financial report, the directors are responsible for assessing the Corporation's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Corporation or to cease operations, or 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:

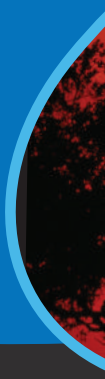
http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf

This description forms part of our auditor's report.

BDO Audit (NT)

Casmel Taziwa
Audit Partner

Darwin, 13 October 2023



DARWIN OFFICE

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

ALICE SPRINGS OFFICE

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

ABORIGINAL MEDICAL SERVICES ALLIANCE NORTHERN TERRITORY
AMSANT

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