



ANNUAL REPORT

2023-2024

AMSANT
Annual Report
2023-2024



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.

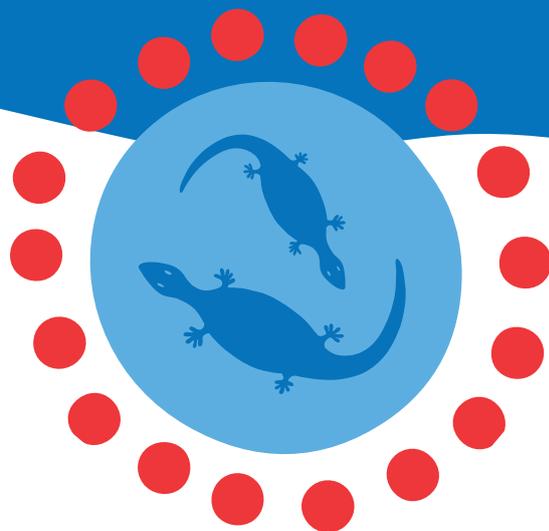
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Our Vision



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 represent 12 Full Member organisations and 14 Associate Members across all areas of the Territory.

- We aim to grow a strong Aboriginal community controlled Comprehensive 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 our Members' views and aspirations through advocacy, policy, planning and research.
- Our ACCHS Members range in size and scale from large organisations that employ hundreds of staff and run multiple clinics, to small single-community health services that employ less than 20 staff. This means that their support needs are variable and AMSANT strives to deliver tailored supports responsive to identified needs of our Members.
- Our Members have substantial experience in delivering high quality Comprehensive Primary Health Care to the diverse Aboriginal communities of the Northern Territory. Our community-elected Boards provide a deep insight into the strengths, challenges and needs of those communities.

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.

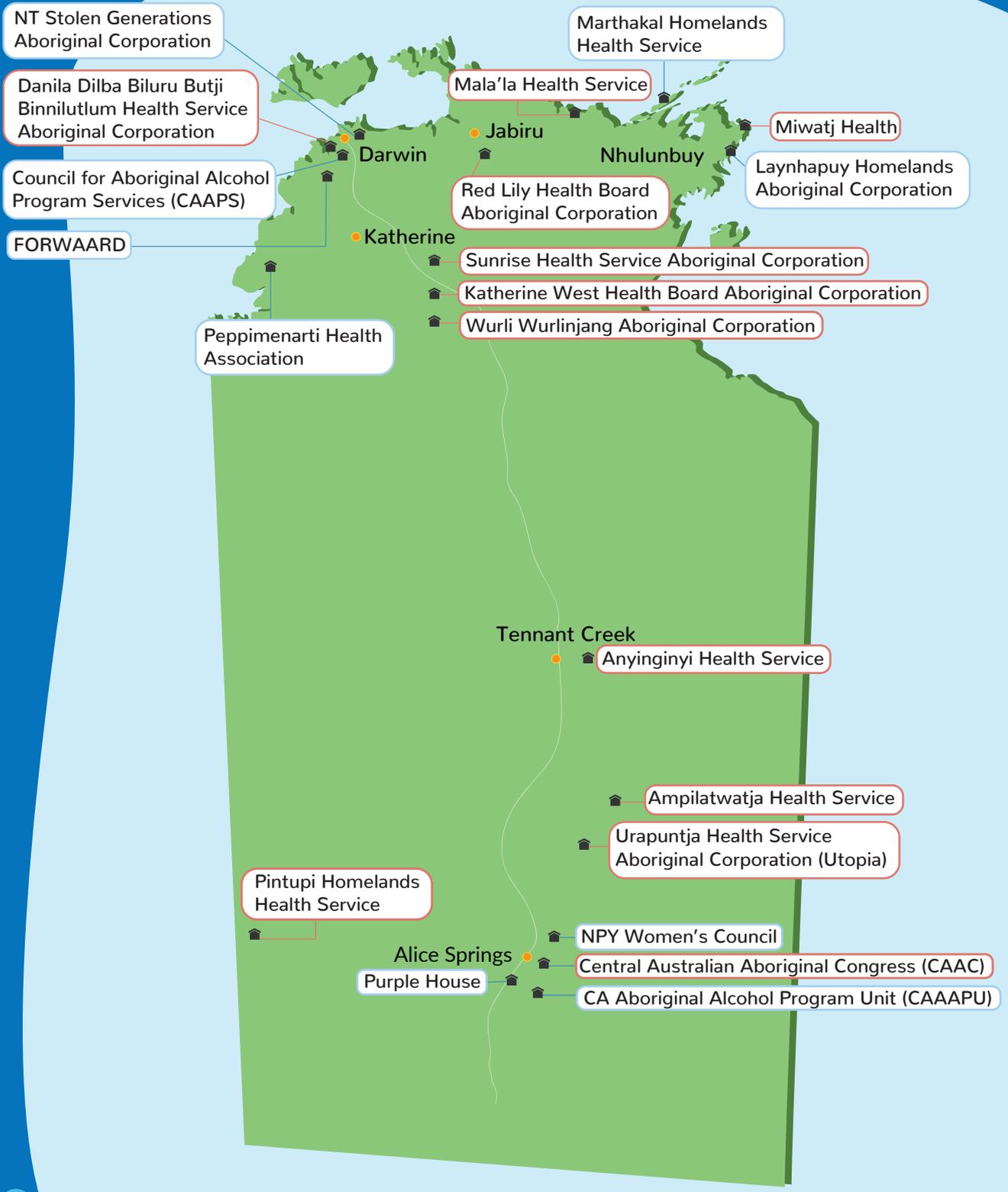
4.3 Building Aboriginal leadership:

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.

Member Map



— Full member
— Associate member

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 our Directors at an Annual General Meeting. The Board can also appoint up to three Non-Member Directors, with two of these positions currently filled.

Members

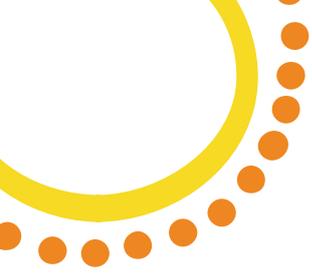
AMSANT has Full and Associate Members.

Full Members include:

- Aboriginal Community Controlled Health Services (ACCHSs) that are incorporated with a Board and;
- Have a dedicated focus on the delivery of Comprehensive Primary Health Care (CPHC).

Associate Members include:

- Aboriginal Community Controlled Health Services that operate a Comprehensive Primary Health Care service in conjunction with the NT Government, or through a supportive arrangement with a Full Member.
- Aboriginal Community Controlled Organisations that operate a Comprehensive Primary Health Care service but also provide non-Comprehensive Primary Health Care functions or services; or
- Aboriginal Community Controlled Organisations that provide health related services.



Full Members

- Ampilatwatja Health Centre Aboriginal Corporation
- Anyinginyi Health Aboriginal Corporation
- Central Australian Aboriginal Congress
- Danila Dilba Health Service Aboriginal Corporation
- Katherine West Health Board Aboriginal Corporation
- Mala'la Health Service Aboriginal Corporation
- Miwatj Health Aboriginal Corporation
- Pintupi Homelands Health Service
- Red Lily Health Board Aboriginal Corporation
- Sunrise Health Service Aboriginal Corporation
- Urapuntja Health Service Aboriginal Corporation
- Wurli Wurlinjang Health Service Aboriginal Corporation

Associate Members

- Amoonguna Health Clinic Aboriginal Corporation
- Central Australian Aboriginal Alcohol Program Unit (CAAAPU)
- Council for Aboriginal Alcohol Program Services Aboriginal Corporation (CAAPS)
- FORWAARD Aboriginal Corporation (Foundation of Rehabilitation with Aboriginal Alcohol Related Difficulties)
- Laynhapuy Homelands Aboriginal Corporation
- Marthakal Homelands Health Service
- Mpwelarre Health Service (Santa Teresa)
- Mutitjulu Health Service
- Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women's Council
- Northern Territory Stolen Generations Aboriginal Corporation (NTSGAC)
- Peppimenarti Health Association
- Utju Health Aboriginal Corporation
- Western Arrente Health Aboriginal Corporation
- Western Desert Nganampa Walytja Palyantjaku Tjutaka (Purple House) Aboriginal Corporation

Board

Our Board is made up of eight Directors elected from Full Members of AMSANT, and up to three Non-Member Directors, with two of these positions currently filled. Directors are elected for a two-year term.



From left to right: Jeanette Ward, Donna Ah Chee, Simon Cooney, Giselle Baku, Rob McPhee, Anne-Maree Lee, Charlie Gunabarra, Leisa McCarthy, Steve Rossingh, David Galvin



Rob McPhee

AMSANT Chairperson
Chief Executive Officer - Danila Dilba Health Service Aboriginal Corporation

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 and Midwest regions 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

AMSANT Deputy Chairperson
Chief Executive Officer - Anyinginyi Health Aboriginal Corporation

Leisa is a Warumungu woman with strong family ties to Tennant Creek and the surrounding Barkly Region. She started as CEO at Anyinginyi Health Aboriginal Corporation in February 2022 and is based in Tennant Creek. She has worked in Aboriginal health for 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 advocating for Aboriginal leadership in health and building the communities' strength for positive and sustainable change.



Anne-Marie Lee

AMSANT Director
Chairperson - Sunrise Health Service Aboriginal Corporation

Anne-Marie has been the Chairperson of Sunrise for many years and has represented her community of Barunga as a director for over 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 Northern Land Council Board, and as a member of the Barunga Local Authority of the Roper Gulf Regional Council. 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 School of Health Research in screening community Members in and around Barunga for rheumatic heart disease.



Charlie Gunabarra OAM

AMSANT Director
Chairperson - Mala'la Health Service Aboriginal Corporation

Charlie began his career at the Maningrida Clinic in 1976 as a 25-year-old, initially working in the old clinic before the new one was built. Early in his career, Charlie managed the Leprosy program and later led the Men's Health program.

Over the years, Charlie has witnessed significant changes in Maningrida. When he started, the community had around 200 people, with most residents living on homelands and outstations. Today, the population has grown to approximately 3,000. Charlie completed his training as an Aboriginal Health Practitioner in 1978 and dedicated 44 years to the Top End Health Service before transitioning to Mala'la Health Service in 2020.

Charlie's commitment to community-controlled health services was realised on 1 February 2021 after years of advocacy. As Chairperson of Mala'la Health Service, he played a key role in the Transition Steering Committee, providing advice and guidance to ensure the community was well-informed and that decisions reflected their needs.

In recognition of his service, Charlie was awarded an Order of Australia Medal in 2007 for his contributions to the Maningrida community, particularly in health. In 2020, he received the Chief Minister's Public Sector Medal for outstanding service to Maningrida.

Charlie continues to provide leadership, most recently during the COVID-19 vaccination rollout. He campaigned tirelessly before and during the rollout and was the first in the community to receive the vaccine. Charlie remains actively involved with Mala'la Health Service, offering leadership to both the community and staff and representing the Board at various meetings and events.



Dr Donna Ah Chee

AMSANT Director
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 Mparntwe (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 (NT AHF) as a representative of AMSANT. She is also an Aboriginal Peaks Organisations Northern Territory (AP ONT) representative on the NT Children and Families Tripartite Forum and the Congress representative on the Alice Springs Peoples Alcohol Action Coalition.



Giselle Barku

AMSANT Director
Director - Pintupi Homelands Health Service

Giselle Barku is a proud Pintupi woman from Walungurru (Kintore), located 550 km west of Mparntwe (Alice Springs). As a highly respected voice for the Luritja Pintupi people. Giselle has been a key advocate for the Kintore community, consistently championing their right to high-quality healthcare. Her deep connection to the land and her people informs her leadership and vision, driving her unwavering commitment to the health and well-being of the Kintore community. As Chairperson of Pintupi Homelands Health Service, Giselle has played a pivotal role in ensuring that the organisation’s strategic principles and values align with the unique needs of the region. Her leadership has fostered a community-focused approach to healthcare delivery, emphasising culturally safe practices and the empowerment of Indigenous voices in decision-making processes. Her foresight and dedication have ensured that the health service continues to deliver culturally responsive care, advocating for the best possible health outcomes for the community. She has also been a strong advocate for sustainability and the strategic development of health services to meet future challenges. Giselle is a Director at AMSANT, she aims to continue to influence Aboriginal health policy at a regional and national level.



Sinon Cooney

Member Director
Chief Executive Officer - Katherine West Health Board Aboriginal Corporation

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 13 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 Fellow Certified Practising Accountant (FCPA) and Graduate Australian Institute of Company Directors (GAICD) and 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.



David Galvin

Non-member Director

David serves as Chairperson of AMSANT's Finance, Risk and Audit 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. Jeanette is President of the Australasian Faculty of Public Health Medicine. She lives in Broome, WA.



AMSANT Directors David Galvin (left) and Steve Rossingh (right) sharing a humorous exchange after the AMSANT Board meeting in Mparntwe (Alice Springs).



Member CEOs, Ray Matthews (Mala'la Health Service Aboriginal Corporations) and Rebecca Bond (Sunrise Health Service Aboriginal Corporation), observing at the AMSANT Board meeting held in May 2024.



Chairperson's report

It's a real privilege to write this report as Chairperson of AMSANT, especially as we get ready to celebrate 30 years of putting Aboriginal health back into Aboriginal hands across the Northern Territory (NT) in 2024.

We have a lot to be proud of. While the life expectancy gap between Aboriginal and non-Aboriginal people in the Northern Territory is still far too wide - more than 15 years - there has been substantial improvement over the last 20 years. Aboriginal men are now living about 9 years longer, with life expectancy rising from 56.6 years in 1999 to 65.6 years in 2018. Aboriginal women have gained nearly 5 years with life expectancy improving from 64.8 years to 69.7 years over the same period.

A big part of this progress is due to better funding and support for primary health care, especially through Aboriginal Community Controlled Health Organisations (ACCHOs). AMSANT and our Members now deliver over 550,000 episodes of care each year to around 55,000 Aboriginal men, women, and children in the NT.

However, there are still major challenges to overcome. Key social determinants of health such as education, housing, poverty, and inequality have not improved and are

holding back further improvements in our health. To make real progress, we need to keep strengthening primary health care under Aboriginal community control, while tackling these broader issues. AMSANT has been working closely with the Aboriginal Peak Organisations NT (APO NT) to push for the kind of deep changes needed to close the gap.

Despite our long history of achievements, 2023 has been a tough year. The result of the Indigenous Voice to Parliament referendum and the findings of the Productivity Commission's Closing the Gap review, have reminded us how much work there is still to do in the fight for self-determination and better wellbeing for our people. However, AMSANT and our Members stand as proof of what's possible when Aboriginal people take charge of our own health.

This year, AMSANT made important strides in reinforcing the role of ACCHOs as leaders in delivering comprehensive primary health care in the NT. One of our most notable achievements is the advocacy that led to discussions with Australian Government Ministers regarding the health workforce crisis in the NT. This has given AMSANT a seat at the table to find solutions to address our significant workforce challenges.

In June, we celebrated the 100th meeting of the NT Aboriginal Health Forum (NT AHF), marking more than 26 years of collaboration with government agencies at both the Territory and national levels. The NT AHF remains the main policy and planning partnership for Aboriginal health in the NT and is recognised across Australia for its longevity and strong relationships. One of the key projects underway is a comprehensive review of the funding environment for ACCHOs, with the goal of securing a fully costed, needs-based funding model.

The NT AHF also oversees the Pathways to Community Control (P2CC) policy and the transition of government clinics to Aboriginal community control. This year, Kaltukatjara (Docker River) successfully transitioned in July, with services now delivered by Central Australian Aboriginal Congress. Red Lily Health Board is also progressing, with Jabiru clinic set to transition early next financial year, followed by Gunbalanya clinic. The newly built clinic in Jabiru and the NT government's commitment to a new clinic in Gunbalanya are positive signs as we continue to push for better health infrastructure across the NT. We've also made good progress on the recommendations from the P2CC evaluation, providing better guidance for communities looking to make the transition to community control.

With these transitions, our sector continues to grow. We now employ over 1,450 staff, making us one of the largest employers in the NT.

Beyond the NT AHF, AMSANT is active in key partnerships that support the health and wellbeing of Aboriginal people, such as the NT Executive Council on Aboriginal Affairs (NTECAA), which oversees Closing the Gap implementation, and the NT Children and Families Tripartite, responsible for the 10-Year Generational Strategy for Children and Families. Together with APO NT, we continue to advocate for long-term, deep changes to ensure sustainable progress.

While our policy and advocacy work are crucial, so is the direct support we offer to our Members. This year, we've introduced several new programs, including Elder Care Support, Culture Care Connect (suicide prevention), and Tackling Indigenous Smoking. These services add to our existing supports in areas like social and emotional wellbeing, sexual health, ear health, foot health, continuous quality improvement, digital health, and accreditation. Together, they help ensure that our Members have everything they need to provide the best possible care.

AMSANT's role keeps evolving, and to make sure we're fit for purpose, the AMSANT Board is reviewing our constitution to streamline our governance as the peak body for ACCHOs. In the months ahead, we'll also start a strategic planning process to set our direction for the future, with plenty of opportunities for Members to help shape the way forward.

Finally, I want to express my deep thanks to the AMSANT staff, led by our Chief Executive Officer (CEO), Dr John Paterson, for their hard work and dedication. I'm also grateful to the AMSANT Board for their support and leadership. Most of all, I want to thank our Members - you are the heart of AMSANT, and we're always grateful for your leadership and commitment to Aboriginal health in Aboriginal hands.



Rob McPhee

Chairperson



CEO's report

I am honoured to present this year's Annual Report for AMSANT. Over the past year, we have continued our essential work, building on previous activities while navigating ongoing challenges faced by our members in the Aboriginal Community Controlled Health Services (ACCHS) sector. The changing political climate has underscored the need for consistency in our commitment to supporting the health and wellbeing of Aboriginal communities across the Northern Territory (NT).

This year, we continued our focus on strengthening collaboration with key stakeholders. Our advocacy for better healthcare funding and equity remains central to our mission through our role in the NT Aboriginal Health Forum (NTAHF). Our involvement in the Primary Health Care (PHC) Funding Reform Working Group represents a crucial step in addressing the complexities of funding distribution across the NT. By collaborating with Member Services, NT Health, and Commonwealth partners, we are working towards a more transparent and equitable funding system that recognises the unique needs of Aboriginal communities. This work guides our advocacy for a fully costed needs-based funding model for our ACCHSs.

This year, NT AHF held its 100th meeting, making it the longest-standing Forum of its kind in the nation. Building on its collaborative work, NTAHF is now well-positioned to report to the Northern Territory Executive Council on Aboriginal Affairs (NTECCA) as part of its formal governance structure. As the Co-Chairperson of the NTECCA—the body responsible for overseeing the implementation of the National Agreement on Closing the Gap in the NT—I look forward to the Forum playing a leading role in planning and decision-making for health-related outcomes under the Closing the Gap initiative in the NT.

As Convenor of Aboriginal Peak Organisations NT (APO NT), we have continued our work to consolidate APO NT's role in representing Aboriginal Community-Controlled Peak Bodies in the NT, working towards transitioning from previous auspicing arrangements to become an incorporated body. As a key partner in the NT Children and Families Tripartite Forum, APO NT continues to build strong relationships with governments that will lead to generational change for children and families in the NT. AMSANT is leading key actions in the 10 Year Generational Strategy for Children and Young People, including the

development of a Cultural Security Framework and Cultural Healing Framework—these will set the foundation for culturally safe and effective service delivery in the Children, Young People and Families sector.

AMSANT's leadership role is further strengthened by our involvement in key boards and forums where our advocacy for Aboriginal health and wellbeing is amplified. As the Convenor of APO NT, I am the nominated representative on the National Coalition of Peaks, and together with our input into the National Aboriginal Community Controlled Health Organisation's (NACCHO) advocacy, we are actively influencing national policy discussions on Aboriginal health. Notably, for the first time, the ACCHS sector has a seat at the table in the re-drafting of the National Health Reform Agreement.

Additionally, I am Co-Chair of the Central Australian Academic Health Sciences Network Board, which this year became an independent incorporated entity—further strengthening the partnership between key research institutions and the ACCHS sector in Central Australia. I am also a member of Charles Darwin University's (CDU) Vice Chancellor's First Nations Engagement Committee. These roles enable AMSANT to secure a strong influence in the development of research and training agendas in the NT, ensuring initiatives truly reflect the health and wellbeing priorities of Aboriginal communities.

Climate change remains a significant focus, particularly its disproportionate impact on remote Aboriginal communities. Severe weather events continue to threaten food security and accessibility. AMSANT has taken a leadership role in advocating for policies that mitigate these risks, including coordinating the development of Remote First Nations Food Security Strategy and participating in the National Parliamentary Inquiry into Darwin's Middle Arm Industrial Precinct. We have also advocated for changes in several policy areas, such as the review of the NT Mental Health and Related Services Act, addressing medicine shortages, the National Disability Insurance

Scheme, and various health workforce reforms through our Health Workforce Crisis Policy Paper (July 2023) and participation on the NT Aboriginal Health Workforce Expert Advisory Group (EAG). This involvement has resulted in an agreed tripartite action plan to drive future projects and policy changes to address the health workforce crisis in the NT.

Beyond these high-level collaborations, AMSANT's support for our Members has significantly expanded. Our specialist teams have provided a wide range of support to Members, including public health workforce support, digital health information technology, SEWB workforce support, trauma-informed care training, elder care policy and advocacy, and Continuous Quality Improvement (CQI). Notably, we have progressed the Aboriginal Community-Based Environmental Health Workforce Initiative, partnering with NT Health's CDC Trachoma Program to design a trial-ready pilot introducing an Aboriginal environmental health workforce to the NT. We look forward to the outcomes of this transformative work in the coming year.

Reflecting on the year, I express my deep gratitude to our Member Services, Board of Directors, and staff for their dedication and hard work. Your collective efforts have been instrumental in advancing our mission and ensuring AMSANT remains a strong advocate for Aboriginal health and wellbeing in the NT and nationally.

As we look ahead to 2025, I am confident that our continued focus on collaboration, community-led decision-making, and cultural security will drive meaningful and lasting change for the people we serve.



Dr John Paterson

Chief Executive Officer

2023 – 2024 Acknowledgements

Acknowledgement of those who have passed

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

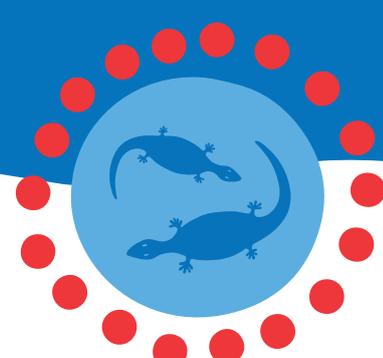


Happy Retirement Coops!

During the year we bid farewell to a long-standing and highly respected employee of AMSANT who dared to retire! Dr David Cooper, aka 'Coops', commenced his role at AMSANT as the first part-time Policy Officer in 2006 and, as AMSANT grew, became the Manager of our Policy, Research and Advocacy portfolio in 2013. In his 17 years at AMSANT, Coops has navigated the highs and lows of the policies and politics, without ever losing sight of our vision and mission. He wore many hats – negotiator, campaigner, researcher, writer, secretariat, journalist, and more... and sitting underneath every hat was a man with sheer determination to uphold the rights of Aboriginal people.

Coops is a true friend of AMSANT and ally for our people (and thankfully, is still on call when we need him!)

Dr David Cooper reporting for his last day of work, retiring after 17 years of service to AMSANT



Trends in Aboriginal Primary Health Care

The ACCHS sector sees 76% of the regular clients and provides 69% of the total contacts in the Aboriginal PHC system. The remote sector grew over the last year with the transition of two clinics to community control in Central Australia.

It was really pleasing to see all 22 of the key clinical indicators improving in the latest data (up till December 2023) with similar levels of improvement in both urban and remote ACCHSs. This improvement demonstrates the resilience and commitment of the sector after steady declines in many indicators over the previous two years due to the disruption caused by COVID 19 and workforce shortages. Highlights include:



A 5% increase in antenatal care (less than 13 weeks) providing opportunity for earlier detection of problems and provision of timely advice to pregnant women.



A 6% reduction in the proportion of women with a cervical screening test overdue by 12 months or less. AMSANT has been promoting self-collection for this test, as all women are now eligible.



An improvement in childhood immunisation completeness rates ranging from 5-9% across three different age groups with a similar improvement in immunisation timelines.

The declines in childhood immunisation in the NT had been particularly worrying given NT Aboriginal children already have high rates of infectious diseases and if the rates had continued to decline, there would be a real risk of significant outbreaks.



A 5% increase for both rates of testing for childhood anaemia and a 5% reduction in the rates of anaemia. Childhood anaemia increases the risks of infection and can also cause developmental delay in children.



A 5% increase in the proportion of people receiving at least 80% of their prescribed penicillin. This is a critical indicator as this vital preventative treatment can prevent lasting damage from rheumatic heart disease heart damage.



Increases in health checks across all age groups including a 5% increase in children 0-4.



A 6% increase in the proportion of children having an ear examination. Early detection and treatment of ear disease is critical to prevent hearing loss.

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 NT AHF manages the process of transitioning health services to Aboriginal community control, under the 'Pathways to Community Control' framework. Following a review of the policy in 2021-22, the Pathways to Community Control Evaluation Implementation Committee has been working towards implementing the recommendations. An outcome of this will be improved guidance for Aboriginal communities wishing to transition their primary health care clinics from government to community control.

Transitions to Community Control in 2022-23 – Central Australian Aboriginal Congress

In July 2023, the Kaltukatjara (Docker River) clinic transitioned from Government to ACCHS control (Central Australian Aboriginal Congress (Congress)), with Yulara and Imanpa clinics having completed their transition earlier in 2022-2023.

Red Lily Health Board

Red Lily has continued its journey towards transitioning to community control, focusing this year on planning for the move into the brand-new Jabiru clinic set to open in September 2024. The Red Lily Board also welcomed the NT Government's commitment to constructing the new Gunbalanya clinic, ahead of its planned transition next year.

Planning for future transitions to Community Control

To support the expansion of community control under the direction of NT AHF, AMSANT has commissioned the development of a business case for the staged transition of thirteen remote clinics in Central Australia to Aboriginal community control.

NT Aboriginal Health Forum

NORTHERN TERRITORY
Aboriginal Health Forum



Top row: Jo Tester (CDoHAC Representative), Ben Mudaliar (CDoHAC Representative), John Paterson (AMSANT Representative), Rob McPhee (NTAHF Chair), Sinon Cooney (AMSANT Representative), Donna AhChee (AMSANT Representative), Jenny Summerville (AMSANT Observer), Dr John Boffa (AMSANT Observer)

Bottom row: Kelly King (CDoHAC Observer), Anna-Louise Kimpton (CDoHAC Observer), Dr Liz Moore (AMSANT Observer), Oanh Nguyen (AMSANT Observer), Mia Temmuyin (NTAHF Secretariat)

The NT Aboriginal Health Forum ('the Forum') is the principal jurisdictional Aboriginal health planning partnership in the Northern Territory, comprising 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 the NT Primary Health Network (NT PHN). AMSANT chairs the Forum and provides secretariat support, with meetings held quarterly.

The Forum is a mature, nationally recognised, partnership with a 26-year history and strong track record of providing leadership, decision-making and strategic guidance on key policy and planning issues for Aboriginal people and their health. The Forum has oversight of the transition of health services to community control amongst a range of other strategic initiatives that promote improved health service delivery for Aboriginal people across the NT.

This year Forum Partners celebrated the 100th meeting of Forum since its inception in 1998 which provided opportunity for Partners to reflect on the history of the Forum and, despite some periods of unrest, the outcomes that can be achieved when partners collaborate for the benefit of Aboriginal people in the NT. A notable example is the development of the NT Aboriginal Health Key Performance Indicators, which set a national benchmark in the pursuit of Continuous Quality Improvement (CQI) in Aboriginal health service delivery.

A key focus this year has been in reforming the increasingly complex funding environment. Ongoing work aims to map the funding received by ACCHS and NT Health, highlighting the extensive reporting burden experienced by AMSANT Members. This project seeks to provide an evidence-based understanding of the systemic complexities that contribute to unnecessary administrative burdens.

The Forum's priorities include:

- Addressing critical health workforce issues.
- Reforming primary health care funding.
- Improving service coordination, particularly with specialist outreach services.
- Implementing the outcomes of the Pathways to Community Control evaluation.





Northern Territory Aboriginal Health Forum Representatives celebrating Forum's 100th meeting
From left to right: John Paterson, Ben Mudiliar, Rob McPhee, Donna Ah Chee and Sinon Cooney



AMSANT CEO, John Paterson, reflecting on the 26 year history of the Northern Territory Aboriginal Health Forum at the 100th meeting celebration dinner.

Working Groups, Committees and Networks

In 2023-24, AMSANT staff actively contributed to 101 committees, working groups, and other collaborative forums across the organisation. AMSANT's involvement frequently included roles such as chairing, co-chairing, and providing secretariat support, underscoring our leadership and commitment to the sector. The extensive time and effort dedicated to these groups foster essential networking and dialogue, connecting individuals and organisations who might not otherwise engage directly. This collaborative approach positions AMSANT as a key driver of advocacy and positive change, strengthening the sector and advancing the interests of our communities.

APONT Governing Group	CSIRO Clinical User Group (smartforms and health check)
APONT Officers Group	Darwin Regional Aboriginal and Torres Strait Islander Suicide Prevention Network
Awards Panel – Aboriginal Health Worker and Practitioner Excellence Awards	Diabetes Lifecourse Steering Committee
Awards Panel – NT Administrators Primary Health Care Awards	Diabetes Research Partnership Committee
Awards Panel – NTPHN Health Practitioner of the Year Awards	Domestic Family & Sexual Violence (DFSV) Cross Agency Working Group
Barkly Regional Deal Trauma Informed Care Initiative	Expert Advisory Committee: Aboriginal and Torres Strait Islander Diabetes-related Foot Complications
Central Australian Academic Health Science Network (CAAHSN) Board	First Nations Expert Advisory Group (FNEAC)
Central Australian Academic Health Science Network (CAAHSN) Aboriginal Review Panel	Harm Reduction Advisory Group
Central Australia Rheumatic Heart Disease (RHD) Steering committee	HTLV1 Clinical Guidelines working group
Central Australia Sexual Health Network	Improving Responses to Domestic & Family Sexual Violence Initiative Advisory Group
Charles Darwin University (CDU) Menzies Medical Program Strategic Board	Joint Mental Health Regional Plan Project Sponsor Group
Charles Darwin University (CDU) Psychology Course Advisory Group	Joint Suicide Prevention Regional Plan Project Sponsor Group
Charles Darwin University (CDU) Vice Chancellors First Nations Engagement Committee	LEARNT steering committee
Chief Health Officers Advisory Group	NACCHO CEO Affiliates Network
Combined Aboriginal Organisation (CAO)	NACCHO CEO Policy Network
Conference Advisory Committee, Annual National Public Health Association Preventive Health Conference 2024	NACCHO Environmental Health Working Group
CRE for Strengthening Health Systems in Remote Australia (CRESTRA) Leadership group	NACCHO First Nations Health Worker Traineeship Program (FNHWTP) Expert Advisory Group
CRE for Strengthening Health Systems in Remote Australia (CRESTRA) steering committee	NACCHO First Nations Health Worker Traineeship Program (FNHWTP) RTO Communities of Practice (CoP) Working Group
CRE for Strengthening Health Systems in Remote Australia (CRESTRA) Stream 4 committee	NACCHO-RACGP Health Check Roundtable
	National Aboriginal and Torres Strait Islander Ear & Hearing Strategy Working Group
	National Aboriginal and Torres Strait Islander

Health Protection committee

National Acoustic Laboratories (NAL) - Research Leadership Group

National Cervical Cancer Elimination Strategy

National Coalition of Peaks

National Health Reform Agreement (NHRA) Aboriginal and Torres Strait Islander Collaboration drafting group

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

National (SEWB) Workforce Development and Support Units

NT ACCHS Sexual Health Network

Northern Territory Aboriginal Health Forum (NT AHF)

NT AHF Aboriginal Community Alcohol Responses Advisory Committee (ACARAC)

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

NT AHF Continuous Quality Improvement (CQI) Data Working Group

NT AHF Continuous Quality Improvement (CQI) Facilitators Meeting

NT AHF Continuous Quality Improvement (CQI) Steering Committee

NT AHF Neurodevelopmental Multidisciplinary Working Group

NT AHF Pathways to Community Control Evaluation Implementation Group

NT AHF Sexual Health Advisory Committee (SHAC)

NT Children and Families Tripartite Forum

NT Children and Families Generational Strategy

NT Children and Families Safety Oversight Group

NT Chronic Conditions Consultative Committee

NT Closing the Gap Partnership Working Group

NT Diabetes Network

NT Executive Council on Aboriginal Affairs (Closing the Gap)

NT Food Security Stakeholder Group

NT Generational Strategy – ACCO Sector Strengthening Plan Working Group

NT Government NGO Partnership Group (NNPG)

NT Harm Reduction Advisory Group (HRAG)

NT Immunisation Working Group

NT Interagency Workforce Sharing Committee

NT Maternal Early Childhood Sustained Home Visiting (MECSH) Program

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

NT Point of Care Testing (POCT) Management Committee

NT Point of Care Testing (POCT) Jurisdiction Stakeholder Meeting

NT Primary Health Care Funding Reform Working Group

NT Primary Health Network (PHN) Nominations Committee

NT Remote Area Investment (NTRAI) Joint Steering Committee

NT Renal Strategy

NT Rheumatic Heart Disease (RHD) steering committee

NT Sepsis Committee

NT Social and Emotional Wellbeing (SEWB) Working Group

NT Social and Emotional Wellbeing (SEWB) and mental health managers network

NT Suicide Prevention Coordination Committee

NT Syphilis Outbreak Response Group

NT Tackling Indigenous Smoking (TIS) Technical Advisory Group (TAG)

NT Tobacco Control Advisory Committee

NT Trachoma Committee

NT Workforce Alliance

Perinatal Mental Health Screening Project Steering Committee

Pre-CAWG Caucus Public Health Advisory Network

Respectful Relationships Advisory Group

RTO Capacity Building Registered Training Organisation Community of Practice

Sexual Health affiliates Network

Sexual Health Promotion Advisory Group

Steering Committee for the After Hours Health Direct phone triage in remote

Strengthening our Health System Strategy (SOHSS) Steering Group

Territory Kidney Care (TKC) committee

Viral Hepatitis Steering Committee

VOICE Management Group Meeting



2023-2024 Awards

Every year in the NT there are awards presented to recognise the strength of our health workers. AMSANT would like to thank the NT PHN and NT Health for hosting these annual awards ceremonies that drive excellence within the health sector. To this end, AMSANT extends its sincere congratulations to staff from our Member and Associate Member services who have been recognised this year for their outstanding achievements.

2024 Health Professional of the Year Awards nominees and winners

Fox Education and Consulting Primary Healthcare Team of the Year:

- Winner: Child Youth Assessment & Therapeutic Service (CYATS), Central Australian Aboriginal Congress

FCD Health Primary Healthcare Service of the Year:

- Winner: Purple House, Western Desert Nganampa Walytja Palyantjaku Tjutaku Aboriginal Corporation

2023 Northern Territory Aboriginal and Torres Strait Islander Health Worker and Practitioner Excellence Awards:

Remote Aboriginal Health Worker

- Winner: Eric Thomas, Wurli Wurlinjang Health Service
- Runner up: Fabian Smith, Mala'la Health Services Aboriginal Corporation

Remote Aboriginal Health Practitioner

- Runner up: Lorraine Johns, Katherine West Health Board

Specialist Aboriginal Health Practitioner

- Winner: Clifford Plummer, Anyinginyi Health Aboriginal Corporation, Tennant Creek

Emerging Aboriginal Health Practitioner (Student Award)

- Runner up: Camellia Benger, Student, Batchelor Institute, based at Danila Dilba Health Service

Dr John Hargrave Honour Roll (Lifetime Achievement)

- Mr Jack Little, Katherine West Health Board



Left to right is Matt Dowling, Leonie Wunungmurra & Tristen Munyarrun from Miwatj Medical Dhawu Dhawu Team. They were awarded the Primary Health Care Team of the Year 2024.



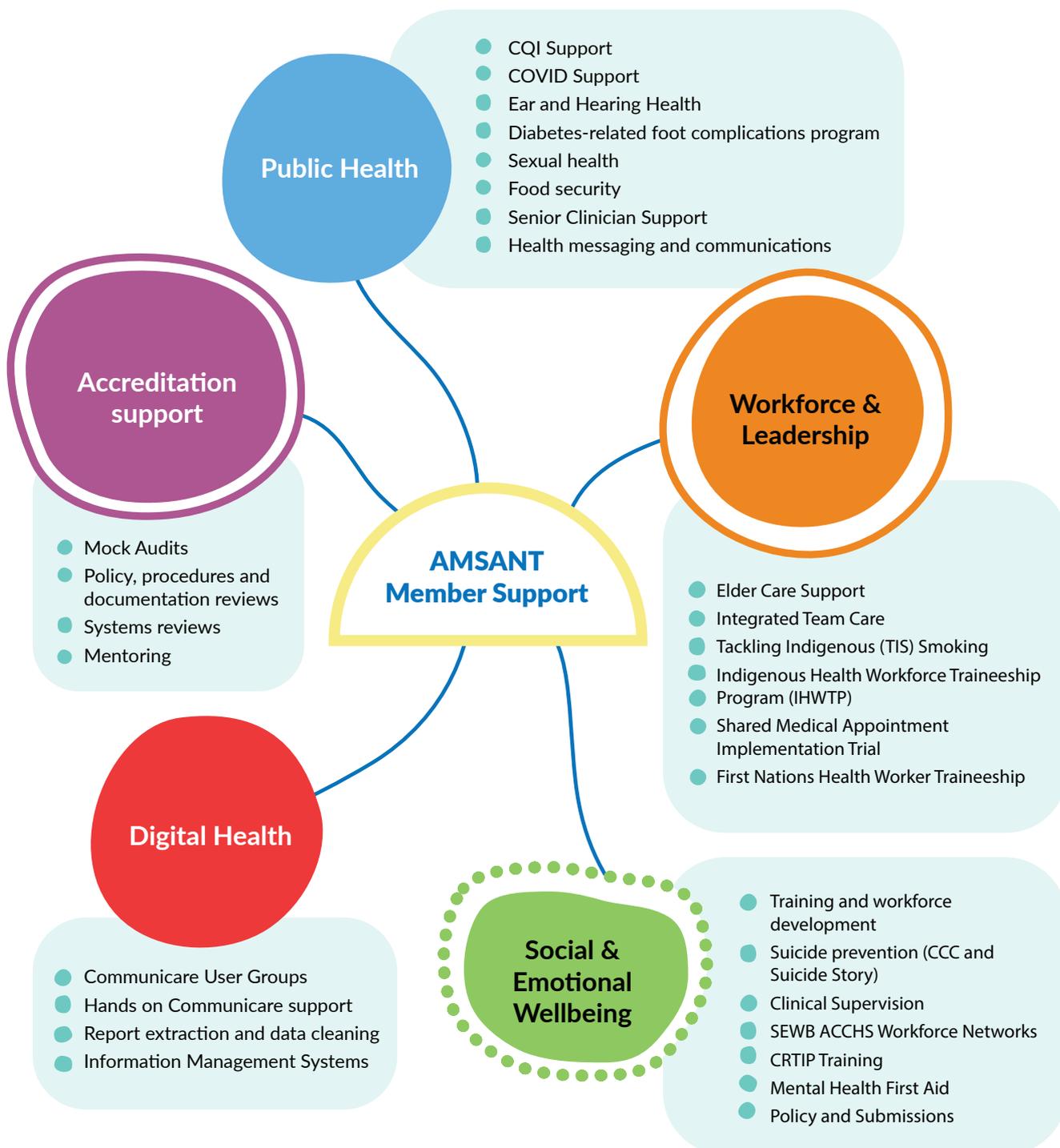


Our Work in 2023-2024



Member Support

A core function of AMSANT is to support our Member Services in delivering and enhancing high-quality Comprehensive Primary Health Care (CPHC) services to Aboriginal people across the Northern Territory. Our support is guided by the needs and priorities of our members, shaped through their valuable input at member meetings, working groups, workshops, and direct service-level discussions. This member-driven approach ensures that our activities are responsive, effective, and aligned with the unique needs of each community.



Public Health

Diabetes Foot Project (TOP END | BIG RIVERS | EAST ARNHEM)

The Top End Diabetes Foot Project, coordinated by AMSANT in partnership with our Member Services across the Top End, aims to improve foot health care for people with diabetes in the Northern Territory, which currently has the highest amputation rate of any jurisdiction in Australia. Key initiatives of the project include enhancing service integration, developing foot health care pathways, and conducting foot screenings for early detection of complications and risk stratification assessments to identify individuals at high risk.

The project has delivered a range of events, workshops, and training sessions in collaboration with the Australian Podiatry Association, Benchmark Group, and NT PHN. These initiatives have equipped primary healthcare clinicians with enhanced skills in foot care, wound management, and offloading techniques. Community-focused activities include community-led 'Falls, Footcare, and Footcare Yarning Circles' with the Larrakia Nation Elders Group, fostering culturally appropriate engagement.

In addition to these activities, the project actively advocates for increased access to podiatrists, medical aids such as appropriate footwear, equipment, and the implementation of best practice foot care in primary healthcare settings. Together, these efforts are driving significant improvements in diabetes-related foot care across the NT.



Frances Elcoate (AMSANT) and the participants at the Chronic Conditions Foot Workshop in Katherine 26 June 2024. Supported by NTPHN in partnership with Benchmark Group (image source NTPHN).

Sexual health

AMSANT's Sexual Health Coordinator works across all Member Services and collaborates with key partners, including the Centre for Disease Control (CDC), to enhance sexual health outcomes in the NT. From January 2023 to January 2024, overall STI and syphilis testing increased by 6%, marking a positive rebound following previous declines during the COVID-19 pandemic.

In November, AMSANT successfully hosted a Sexual Health Workshop, with a key highlight being a half-day peer supervision session that received excellent feedback. The sector now benefits from a more consistent and robust sexual health workforce, supported by the Sexual Health Coordinator's monthly network meetings. These meetings have fostered greater collaboration, with larger services offering support to smaller ACCHSs with limited capacity. Efforts are also underway to improve the consistency and quality of sexual health data recording across ACCHSs, which will enhance data collection and follow-up processes.

The strengthening of sexual health program delivery across the sector has led to a marked improvement following the disruption and resource diversion experienced during the COVID-19 pandemic. This revitalisation contributed to a 6% increase in STI and syphilis testing by January 2024, a welcome improvement after declines in the previous two years.

Despite these advances, the syphilis outbreak remains ongoing, with the persistent risk of congenital syphilis. AMSANT and its members participated in a roundtable on congenital syphilis in Canberra, emphasising the critical importance of building primary health care capacity and ensuring Aboriginal involvement in preventing this severe outcome of untreated syphilis during pregnancy.

Additional key activities during this period included staff training, promoting the use of point-of-care testing (now eligible for Medicare rebates for bacterial sexual infections), supporting community-wide screening initiatives, and providing training and support for self-collection in cervical screening.

Senior clinical network and CPD

AMSANT maintains an active network of senior clinicians, providing a platform for consultation and collaboration on critical health issues. Through this network, AMSANT has sought input on various topics, including cancer services, to inform our contributions to the development of a Northern Territory Cancer Plan. A Specialist Outreach Workshop was convened, highlighting the need for enhanced governance, shared decision-making with ACCHSs, and improved accountability and transparency in the delivery of outreach services.

To support members in managing rheumatic heart disease (RHD), particularly those with dedicated funding, AMSANT has established an RHD network, fostering targeted support and collaboration in this critical area. AMSANT also represents the sector on numerous clinical committees, ensuring that the perspectives of our Member Services are included in key decision-making processes. We have contributed to the development of NT plans

for renal disease, chronic conditions, and RHD, and have advocated strongly for improved communication and collaboration between hospitals and primary health care. This advocacy has contributed to the establishment of regional health committees by NT PHN, which bring together hospitals, ACCHSs, government primary health care, and other relevant services.

AMSANT has also provided professional development through 12 webinars on a diverse range of topics, including sexual assault, immunisation, child developmental screening, pharmacy services within ACCHSs, retrievals, gynaecological issues, emergency management, and hepatitis B. Additionally, AMSANT delivered 48 weekly updates to the senior clinical network, addressing key issues such as CPD opportunities, system changes, and communicable disease updates.



Public Health Registrar, Dr Ruwani Peiris, presenting at the AMSANT General Members meeting on AMSANT's advocacy for safe and palatable drinking water.

Workforce and Leadership Support

Our Members' workforce is their most valuable asset. Through strategic partnerships, advocacy, and targeted program development, AMSANT's Workforce and Leadership team continues to support Member services in strengthening and investing in their current and future workforces. Our ongoing initiatives include education and training programs in Aboriginal Health Worker development and chronic disease management, alongside new programs focused on aged care and environmental health. These efforts ensure that Member Services are equipped to meet evolving health challenges while fostering a skilled and sustainable workforce for the future.

Elder Care Support Program

AMSANT's Elder Care Support Program gained significant momentum this year, supporting Aged Care Coordinators and Connectors across 11 Member Services. Key activities included training workshops in Mparntwe (Alice Springs) and Darwin, which focused on understanding the aged care system and ensuring culturally appropriate support for elders and their families. These workshops facilitated crucial discussions on navigating the complexities of aged care in a culturally safe manner.

The program provided direct assistance to Member Elder Care teams in registering with the My Aged Care Services and Supports Portal, advocating alongside and on behalf of services to navigate this highly complex system. Bi-monthly Communities of Practice meetings were also established, providing Member Service Elder Care teams with a platform to share successes, challenges, and solutions, and to connect with aged care service providers operating in the NT.

Our team also accompanied Member Elder Care workers to the first National Elder Care Support Program Yarning Circle, facilitated by NACCHO. This gathering provided a valuable opportunity to connect with peers from across the country who are working in similar roles, fostering a national network of support and shared learning.

Integrated Team Care

In November 2023, AMSANT's Integrated Team Care program held a successful annual Forum in Darwin, featuring capacity-building workshops on Chronic Disease Management and an introduction to the Shared Medical Appointment model. The program also facilitated a series of targeted meetings with Care Coordinator teams from Anyinginyi, Danila Dilba, and Congress to address key issues, share insights, and strengthen collaboration. Additionally, Regional Meetings have been reinvigorated as essential forums for tackling local challenges and exchanging resources, enhancing the program's impact across the NT.

Tackling Indigenous Smoking Program

AMSANT continues to provide comprehensive support to all Member Services with Tackling Indigenous Smoking (TIS) teams. Our efforts include on-the-ground support for staff and activities, onboarding and training for new staff, and providing in-services. We also support Member Services in advocacy efforts related to the TIS program and broader policies and strategies aimed at reducing the harms caused by smoking and vaping in the NT.

AMSANT coordinates the Top End TIS team in partnership with Mala'la, Red Lily, NT Health, and Menzies, with the recent addition of a dedicated social media officer to drive targeted campaigns for this team. Additionally, we support the Big Rivers TIS team, led by Katherine West Health Board, using research evidence and Continuous Quality Improvement (CQI) to enhance health promotion activities focused on reducing smoking and vaping rates.



SMA - The first face to face Shared Medical Appointment Community of Practice gathering at AMSANT on August 15th 2024. Participants in the photo are:

Back row Left to right is Josph Pearce, Allied Health Assistant from DDHS, Teddy McDiarmid, SMA Project Coordinator from CAAC, Patrice Riley, SMA Facilitator from CAAC, Dr Lou Sanderson, Director of Medical Services from Miwatj. Kellie Kerin, SMA Coordinator from AMSANT, Matt Dowling MDD Project Coordinator from Miwatj, Philippa Cotter, Medical Yarn Ups Project Coordinator from DDHS, Leonie Wunungmurra, MDD Facilitator from Miwatj and Di Bates from NT PHN.

Front row L – R is Laura Stuart, Team Leader - Chronic Conditions Allied Health, Leva Azadi from NT PHN, Tristen Munyarrun MDD Facilitator from Miwatj, Rebecca Bradley, Workforce Policy Officer AMSANT and Prof. John Stevens from the Australasian Society of Lifestyle Medicine.

Indigenous Health Workforce Traineeship Program (IHWTP)

This year, the IHWTP continued to support trainees undertaking Certificate II and Certificate IV studies in Aboriginal and Torres Strait Islander Primary Health Care. Notably, two Certificate IV trainees successfully completed their studies and are now employed as Aboriginal Health Practitioners (AHPs) within their services, while one Certificate II trainee graduated and has commenced her Certificate IV studies.

Following a national program evaluation in late 2023, the Department of Health and Aged Care approved a costed extension of the program for an additional year. With this funding, AMSANT is supporting 12 trainees from four Member Services to pursue Certificate II studies in Aboriginal and Torres Strait Islander Primary Health Care, further strengthening the Indigenous health workforce in the NT.

Shared Medical Appointment (SMA) Implementation Trial

Over the past year, the Shared Medical Appointment (SMA) trial has been implemented in three Member Services across East Arnhem, Central Australia, and the Top End, with a focus on chronic disease management. The trial specifically targets Type 2 Diabetes as the primary condition to support the adaptation of the SMA model of care during this Proof-of-Concept phase. Over 30 clinicians from Member Services participated in SMA training and implementation workshops throughout the year, enhancing their capacity to deliver this innovative model.

AMSANT showcased the trial's progress by presenting "Empowering Health Transformation in the Northern Territory Through Shared Medical Appointments" at the 2024 Essential Health Summit in Adelaide. The presentation was well received, attracting praise for the SMA Model of Care, which was described as a novel and transformative approach that had not been seen before.

First Nations Health Worker Traineeship Program

NACCHO's First Nations Health Worker Traineeship Program (FNHWTP) aims to strengthen the Aboriginal and Torres Strait Islander Health Worker and Practitioner workforce within the ACCHS sector nationwide. In the Northern Territory, approximately 30 students from seven Member Services are participating in the program, working towards a Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice. AMSANT supports the FNHWTP by providing a dedicated program coordinator who facilitates member engagement, offers expert advice, and provides direct support to students, enhancing their educational experience and success.

Environmental Health Workforce Pilot Program development

In June this year, AMSANT advanced the next phase of work that began in 2021, exploring the introduction of an Aboriginal environmental health workforce in the NT. In collaboration with NT Health's CDC Trachoma Program, we are leading efforts to design a trial-ready pilot aimed at establishing a community-based environmental health workforce in the region. Early project development is underway, with a Project Coordinator appointed and an Expert Panel established to guide the design process. We look forward to sharing the outcomes of this important and innovative initiative in the coming year.



Group presentation delivered at the 2024 COMPASS Conference at the Darwin Convention Centre.



Continuous Quality Improvement

Over the past 12 months, AMSANT's CQI Team has been actively supporting Member Services in driving improvements in primary health care. With a new CQI Team in place since the beginning of 2024, our focus has been on leveraging data-driven initiatives to enhance continuous quality improvement across the NT. We are dedicated to fostering a supportive and collaborative environment for our Members' exceptional CQI staff, reinforcing our commitment to the NT CQI Strategy and continually seeking ways to refine our approach.

This year, the NT CQI Steering Committee was refreshed with a new Chair and members, bringing renewed focus on delivering the Strategy's principles. A key development was the creation and pilot of a new CQI Self-Assessment Tool, enabling services to record and monitor their progress in alignment with the Strategy's goals. Engaging the entire CQI workforce in achieving the Strategy's objectives has been central to our approach, underscoring our belief that working together leads to great achievements.

We continued to engage closely with Members through face-to-face interactions, providing a range of CQI support services. This included assistance with data and systems analysis, offering training and professional development opportunities, facilitating regional workshops, and hosting the annual CQI Collaboratives. Our team also delivered in-service presentations and discussions, reinforcing our commitment to ongoing support.

AMSANT's CQI Team is continually exploring new ways to improve the use of data and information to drive performance improvements. We regularly contribute to data discussions and lead the CQI Data Working Group, which reviews service KPIs biannually. This process allows us to provide targeted support where needed and highlight successful services, sharing their achievements and strategies across our network to inspire and inform other Members.

CQI Collaborative 2023

The 2023 CQI Collaborative was held in Mparntwe (Alice Springs), drawing over 130 attendees from across the sector. The event featured a wide range of presentations, with a strong focus on immunisation and secondary prophylaxis for rheumatic heart disease. Key sessions included system mapping in immunisation and demonstrations of pain minimisation techniques aimed at improving the uptake of penicillin injections to prevent rheumatic heart disease. Other topics covered included alcohol screening, cervical screening (self-collection), point-of-care testing in sexual health, eye health, engaging managers in CQI, reviewing trends in NTAH KPIs over a ten-year period, sepsis management, and more.

The CQI Collaborative continues to underscore the robust partnerships between the NT government health sector and Aboriginal Community Controlled Health Services, demonstrating a shared commitment to improving the health of our communities.

Feedback from the event was overwhelmingly positive, with many attendees expressing how they have already begun implementing new insights into their practice. The Collaborative provided a valuable opportunity for health services and their staff to come together, share their work, and learn from each other, reinforcing the collaborative spirit that drives continuous quality improvement in the NT.

Immunisation

Immunisation rates, including childhood vaccination, saw significant declines during the COVID-19 pandemic, with the NT experiencing particularly steep drops due to high workforce turnover and shortages. These declines were especially concerning given the already high rates of infectious diseases among NT Aboriginal children, posing a real risk of significant outbreaks if rates continued to fall.

In response, AMSANT convened regular meetings with key partners, including the CDC and NT PHN, to address challenges, coordinate training, and promote immunisation across the sector. Our efforts have contributed to an improvement in childhood immunisation completeness rates, ranging from 5-9% across three different age groups, with a similar improvement in immunisation timeliness. These gains reflect a positive trend towards reversing the worrying declines seen during the pandemic.

AMSANT supported Member Services by facilitating the sharing of strategies, such as hosting events to promote and provide immunisations. We also provided promotional materials for use during special events and in clinics to encourage vaccination uptake. At the CQI Collaborative, we workshopped system challenges, including how to support new immunisers and locum staff in providing immunisation services effectively.

AMSANT continues to circulate key updates on immunisation, including the impact of COVID-19 waves on hospitals and the latest vaccination guidelines, ensuring that Member Services remain informed and equipped to safeguard community health.

Food security

AMSANT has been funded to support the community-controlled sector in collaboration with Federal and State governments to develop a remote food strategy. Extensive consultations across remote communities in five jurisdictions revealed that food security is at critical levels in many areas, with residents expressing frustration over ongoing discussions without sufficient action. A comprehensive plan is currently being developed, with community voices emphasising the urgent need for concrete solutions.

Key issues identified include energy security and access to safe, palatable drinking water, highlighting the interconnected nature of these challenges. To ensure the success of the Strategy, robust governance and a strong, actionable implementation plan will be essential, addressing not just the immediate concerns but also building long-term resilience in remote communities.

Ear Health

AMSANT has expanded its ear and hearing health capacity with the addition of two regional ear coordinators, including a new position based in Mparntwe (Alice Springs), enhancing engagement with Member Services at a regional level.

Key activities this year included a well-attended workshop in Alice Springs, which focused on the otitis media guidelines and practical skills acquisition. AMSANT has collaborated with partners in the ear and hearing health sector, including TAFE NSW, to enhance the relevance of ear training and offer joint training opportunities where possible. Recognising gaps in existing training, such as the absence of skills like ear syringing, AMSANT commissioned a video demonstrating these critical skills to support PHC staff, including nurses, GPs, and AHPs.

Preparation for the upcoming national Key Performance Indicator (nKPI) on ear disease, which includes tympanometry, has been a significant focus. AMSANT has provided training, equipment review, and support to ensure services are well-prepared to capture the necessary data. Efforts are also underway to improve the recording of ear health data in Communicare, supported by the development of a dedicated data working group. Smaller services have received targeted support, including training, assistance with Communicare, and equipment audits. AMSANT continues to collaborate with ear and hearing health providers, primarily Hearing Australia and the NT Hearing Program, to enhance responsiveness to the needs of ACCHs. Progress is ongoing with shared service agreements with Hearing Australia, which aim to strengthen these partnerships.

To support a comprehensive approach to ear and hearing health, AMSANT developed a policy paper advocating for a Primary Health Care (PHC) and community-led model focused on prevention and early intervention, in alignment with the World Health Organisation's position on ear health. Increasing ACCHs capacity could reduce reliance on visiting services and, more importantly, improve outcomes for children and families by reducing language and speech delays caused by delayed recognition and treatment of ear disease.

A substantial component of the NT government's outreach program for ear and hearing health, funded through the Northern Territory Remote Area Investment (NTRAI) program, is currently under review to align with Close the Gap principles. In November 2023, AMSANT held two workshops focused on the potential transition of ear and hearing health services to ACCHs. These workshops identified areas for improvement in current service delivery, including enhanced communication and integration between PHC and visiting services. The discussions led to improved communication channels between PHC and visiting providers and highlighted the need for greater capacity within ACCHs, including local coordination and upskilling.

There was strong interest in transitioning ear and hearing health services to ACCHs, with flexibility needed to accommodate the diversity of these services. While the NT government has shown willingness to consider this transition, progress has been slow due to broader delays in the transition of NTRAI funding. AMSANT will continue to advocate for this shift, as evidence suggests it would lead to improved health outcomes.

Oral Health

The Northern Territory Remote Area Investment (NTRAI) program also funds oral health services. In February, AMSANT held two regional oral health workshops, which highlighted the significant under-resourcing of oral health outreach. Some Member Services reported needing to supplement NT Government outreach efforts using their core primary health care funding. The workshops underscored the critical importance of prevention, particularly through water fluoridation and the application of fluoride varnish in children, both of which play vital roles in improving oral health outcomes.

AMSANT has collaborated with Miwatj Health and Central Australian Aboriginal Congress to advocate for expanded water fluoridation in remote communities. There is growing interest among Member Services in transitioning oral health services; however, barriers such as inadequate infrastructure, particularly in remote Central Australian communities, and the lack of suitable oral health facilities remain significant challenges. Increasing Aboriginal employment within oral health is identified as a key benefit of transitioning these services, with one Member Service already demonstrating success through a strong Aboriginal workforce.

Social and Emotional Wellbeing

AMSANT's Social and Emotional Wellbeing (SEWB) team plays a critical role in supporting the sector through workforce training in SEWB and Alcohol and Other Drugs (AOD), engaging in policy development and advocacy, and delivering Suicide Prevention programs. The team also provides a range of support projects tailored to the needs of Member Services, strengthening community-led approaches to mental health and wellbeing.

Culturally Responsive Trauma-Informed Practice (CRTIP) Training

AMSANT's SEWB team has delivered Culturally Responsive Trauma-Informed Practice (CRTIP) training to Member services across the NT, reaching over 186 participants. This training equips health workers with essential skills to provide trauma-informed care that is sensitive to the needs of Aboriginal and Torres Strait Islander communities. The SEWB team continues to collaborate with interested ACCHSs to implement CRTIP through organisation-wide systems assessments and change processes, supporting a culturally safe and trauma-informed approach to care.



AMSANT's Billy Spicer and Daniel Fejo delivering our Culturally Responsive Trauma Informed Practice workshop on Larrakia Country (Darwin).



Workforce Development and Support Unit

AMSANT's Workforce Development and Support Unit (WDSU) provides comprehensive training, workshops, forums, and holistic support to health and AOD workers throughout the NT. The unit offers a range of training workshops, including:

- Culturally Responsive Trauma-Informed Practice
- Aboriginal and Torres Strait Islander Mental Health First Aid
- SEWB and Self-Care
- Case Notes and Case Management

In partnership with Monash University, the existing Domestic Family and Sexual Violence training has been refined to strengthen the sector's response to violence within communities. Once finalised, this training package will be available for delivery to interested Member Services.

This year, significant work has been undertaken to develop and trial a 2-day Narrative Practice workshop. In conjunction with a Lowitja-funded research project, the discussions and outcomes from this training are being integrated into professional development and SEWB materials. These updates reflect place-based understandings of wellbeing, wellness, yarning, storytelling, and healing, further enhancing the relevance and impact of the training for Member Services.

SEWB Annual Forum

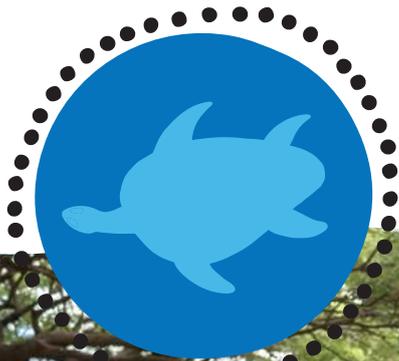
In late May 2024, AMSANT hosted the SEWB Annual Forum at the George Brown Botanic Gardens in Darwin, bringing together 53 attendees from Member Services and other NT-based SEWB support programs. This three-day event provided a valuable platform for participants to share best practices, connect with peers, and gain insights from inspiring speakers. The forum also included a dedicated day of SEWB and self-care training and activities, highlighting the importance of personal wellbeing for those working in the sector.



The Ampilitwatja team participating in the Annual SEWB Workforce Forum



Participants from Mala'la Health Service Aboriginal Corporation at the Annual SEWB Workforce Forum's Self-Care day held at Window to the Wetlands on Wulna and Limilngan land.



The Miwatj team at the Annual SEWB Workforce Forum

SEWB Managers Network Meetings

The SEWB Managers Network plays a crucial role in strengthening the Social and Emotional Wellbeing sector. Following the SEWB Managers Strategic Planning Forum held in February 2024, the outcomes have been drafted into a 'Strengthening the SEWB Sector Strategy Roadmap'. This roadmap, which is currently under review, outlines future priorities for SEWB and will be finalised with input from the AMSANT CEO's Network.

Throughout the reporting period, online SEWB Managers Network meetings continued with strong attendance from SEWB Managers across Member services. These meetings have evolved into a vital space for collaboration, strategic planning, and sharing insights, supporting the ongoing development and cohesion of the SEWB sector.

Clinical Supervision and Support

AMSANT's Clinical Support and Supervision team brings extensive experience in supporting SEWB of Aboriginal communities across the NT. The team provides guidance and supervision that fosters a collaborative alliance between staff and SEWB workers, enhancing work practices, maintaining ethical and professional standards, and supporting professional development.

The approach to clinical supervision is centred on culturally informed, respectful, and flexible responses that encourage workers to voice their challenges and collaboratively find solutions. As Robert Randall, AMSANT Clinical Supervision (AHP), notes:

"The SEWB model of care involves mutual respect, culturally informed responses, and flexibility in bringing out problems that workers have, and in finding the solutions that are needed."

Culture Care Connect Program

AMSANT's SEWB Team has actively supported Member services through the delivery of the Culture Care Connect Program, which focuses on fostering cultural connection and care for Aboriginal and Torres Strait Islander communities. The program's success is bolstered by monthly network meetings, which bring together multiple Member services to collaborate, share experiences, and ensure the effective implementation of the program.

Postvention Member Support

Postvention provides essential support and care to individuals grieving after the loss of someone to suicide, including family, friends, community members, as well as through schools and workplaces. The Postvention Member Support project, a collaboration between AMSANT and StandBy NT, aims to help Member Services deliver culturally safe support to Aboriginal and Torres Strait Islander people affected by suicide in the NT.

The StandBy Support After Suicide model is being adapted to meet the specific needs of AMSANT's Member Services, complemented by training, workshops, and resource development. This initiative is led by the Postvention Member Support Coordinator from AMSANT's SEWB team, ensuring that the approach is tailored, responsive, and culturally appropriate.

Northern Australia community-controlled suicide prevention capacity building

The Northern Australia Community-Controlled Suicide Prevention Capacity Building project is funded by the Australian Government Department of Health and Aged Care through NACCHO. This project is a collaboration between AMSANT and Aboriginal community-controlled partners from Western Australia and Queensland, aiming to strengthen suicide prevention efforts across Northern Australia.

The project has four main objectives:

- Develop and deliver high-quality, culturally appropriate, and evidence-based suicide prevention training.
- Improve mental health and suicide prevention outcomes for Aboriginal and Torres Strait Islander people.
- Provide early intervention measures that enhance social and emotional wellbeing outcomes.
- Increase the capability and capacity of the Aboriginal and Torres Strait Islander suicide prevention and SEWB workforce.

Aligned with the rollout of the Culture Care Connect program, AMSANT's SEWB team drives this initiative, led by a dedicated Northern Australia Suicide Prevention Coordinator. This role ensures the project's objectives are met through culturally informed practices that empower the community-controlled sector and enhance SEWB outcomes.

Suicide Story

Suicide Story is an Aboriginal-designed and delivered program aimed at equipping Aboriginal communities with the knowledge and skills to address suicide. Delivered through a workshop format, the program focuses on:

- Increasing awareness of the signs of suicidal thoughts and behaviours.
- Building on participants' existing knowledge and awareness about suicide.
- Defining suicide in local and cultural terms to reduce stigma and its impact.
- Strengthening understanding of grief, trauma, and the needs of individuals who may be contemplating suicide.
- Empowering participants with the confidence to act and intervene as needed, fostering self-awareness and resilience.

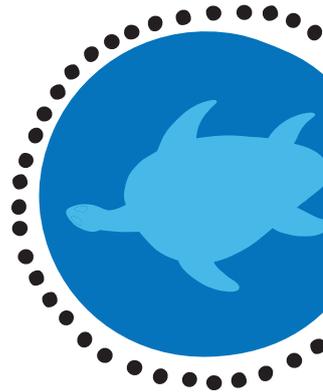
The workshop utilises a 'both-ways' learning approach, incorporating storytelling, group work, short films, and animations to engage participants effectively. To ensure cultural integrity and responsiveness, the Suicide Story Aboriginal Advisory Group (SSAAG) was established in 2011. The SSAAG provides ongoing advice and guidance on cultural practices, community needs, and protocols, ensuring the program remains culturally aligned and relevant.

Joint Regional Mental Health Plan

The Joint Regional Planning Committee for Mental Health and Suicide Prevention has been a key focus of AMSANT's SEWB Team. The Joint Regional Planning for Mental Health (Integration and Joint Investment) Plan is currently in its final stages, with AMSANT awaiting the final draft for circulation to Member Services for review. This plan represents a collaborative effort to enhance mental health services across the NT, aiming to create a more coordinated and integrated approach to mental health and suicide prevention in the region.

Domestic, Family, and Sexual Violence (DFSV) Advocacy

AMSANT's SEWB Team has been diligently developing a comprehensive First Nations DFSV Advocacy Package to support Member Services in addressing domestic, family, and sexual violence. The Package includes a literature review, policy brief, and a suite of resources such as key messages, PowerPoint presentations, and fact sheets. These materials are designed to build the capacity of Member Services, equipping them with the knowledge and tools needed to respond effectively to DFSV in their communities.



Digital health

This year has been challenging for the Digital Health team, with several members taking long-overdue long-service leave. Despite these challenges, the team has been actively addressing changes to the Australian Immunisation Register (AIR) and the introduction of the My Medicare initiative, both of which have placed additional pressure on our Members' digital systems.

Our primary focus remains on supporting the Communicare product, which is widely used by our Membership. We continue to provide face-to-face and remote support through phone, video, and remote login, assisting with KPI and other funding reports when needed. Basic training in Communicare is also provided for new staff members unfamiliar with the software.

AMSANT maintains open communication with Telstra Health to assist in finding solutions to issues within the Communicare product. Unfortunately, we are still experiencing poor performance from the Communicare help desk with the more challenging issues not able to be resolved by skilled staff within our Membership.

Quality data is at the root of effective health care delivery and the Digital Health team has maintained our partnership with the CQI team, ensuring quality data is available for health decision making. This included presenting the yearly Digital Health workshop at the CQI collaborative. It was great to see this event flourish again with high attendance post COVID.

Communications infrastructure has seen some improvements, with fewer extended outages reported this year, likely due to upgrades to the Telstra network. We continue to provide situation reports on known outages. The growth in the use of Starlink Low Earth Orbit (LEO) satellite connections to give redundancy to networks has increased. Although this requires a substantial monthly investment it is delivering rewards in terms of maintaining clinical service provision when terrestrial links fail. Starlink is providing an excellent communications connection and is a technology that will grow into the future.

Throughout the past year, we have continued our support for the digital systems that maintain health services as successful businesses. This has included work to refresh Member's intranets and websites. As ever our approach is one of collaborator and mentor, ensuring that the capacity remains in-house to control and customise systems as required by the Member service.

AMSANT has maintained engagement with the NT Department of Health (NT DoH) on a range of projects related to the refreshment of their digital systems. This has included strengthening our engagement with the Department of Corporate and Digital Development (DCDD) who provide and manage project services to NT DoH. The big project is the continued development and roll-out of the Acacia project.

Looking ahead, new projects are emerging, including the introduction of a new secure message delivery (SMD) system and efforts to resolve persistent address book issues. The transition of the old NT connection service to new infrastructure is expected to enhance access to NT DoH systems, ultimately supporting better continuity of care between the Department and our sector.

This last year has seen us focus on the emerging issue of data and system security. Our presentation to the Digital Health forum was well received and we will be providing more targeted information on this in the future.

Accreditation Support

AMSANT provides vital support to Member Services in achieving and maintaining accreditation for new and existing health clinics and organisations. This year, AMSANT has offered accreditation assistance to 58 sites, including remote support, resulting in 36 mock audits, updates to Quality Management Systems, and comprehensive reviews and updates of Quality Policies and Quality Manuals. Additionally, AMSANT supported hundreds of updates to individual policies, procedures, registers, and databases.

Accreditation is achieved through continuous performance improvement and reflects formal recognition of the standards attained, demonstrating a commitment to Continuous Quality Improvement (CQI). This year, all Member ACCHSs successfully achieved or maintained their accredited status. AMSANT also secured its own organisational reaccreditation under the ISO 9001 (2015) framework, underscoring our commitment to quality and excellence.

Policy and Advocacy



Lyle Kenny speaks up about family violence at his first General Members' meeting after the transition of the Kaltukatjara (Docker River) Clinic to Central Australian Aboriginal Congress (CAAC).

Following the retirement of Dr. David Cooper (Coops), AMSANT has focused on building a strong Policy, Research, and Advocacy team under new leadership. In a complex policy environment, both in the NT and nationally, the team has prioritised listening closely to AMSANT Directors and General Members through meetings held throughout the year.

The team has responded to a wide range of issues raised by Members through letters, meetings, committee memberships, and submissions. Strategic policy and advocacy efforts have been shaped around six key focus areas, ensuring that AMSANT's work aligns with the priorities of our Members and effectively addresses the needs of Aboriginal communities.

Health Workforce Crisis

A key achievement this year was the release of AMSANT's Workforce Crisis Policy Paper in July 2023, which highlighted the critical challenges facing the health workforce. The paper garnered significant attention from Australian Government Ministers, leading to a Health Workforce Summit in Mparntwe (Alice Springs), hosted by Senator Hon Malarndirri McCarthy, Assistant Minister for Indigenous Health, and Hon Ged Kearney MP, Assistant Minister for Health and Aged Care.

Further advocacy efforts, led by AMSANT Directors and CEO Dr. John Paterson, resulted in the establishment of an Aboriginal Health Workforce Expert Advisory Group. This collaborative approach culminated in the development of a tripartite Action Plan, providing a strategic framework to address the significant workforce challenges within the sector.

Health Funding Reform

The complexity of the current health funding environment imposes a significant administrative burden on our Members and impacts the overall efficiency of the health system. In response, AMSANT has been actively engaged in collaborative work with NT Health on the Mapping of Northern Territory Primary Health Care Funding Project, governed by the NT AHF.

Additionally, AMSANT has campaigned for the return of mental health and care coordination funding to the First Nations Division of the Department of Health and Aged Care (DoHAC). This move marks an important first step towards streamlining funding through a single Australian Government agency, reducing complexity and improving funding processes for First Nations health services.

Upgrades to Health Infrastructure

A key concern raised by our Members is the poor condition of ACCHS health clinics and staff housing in communities across the NT. Through the Aboriginal Health Workforce Expert Advisory Group, AMSANT has advocated for a needs-based approach to infrastructure upgrades, aiming to replace the current competitive tendering process and its associated complexities.

In addition, AMSANT is preparing to roll out a media campaign early in the new financial year to highlight the dilapidated state of many health clinics across the NT, drawing attention to the urgent need for investment in health infrastructure to better serve our communities.

Transition to Aboriginal Community Control

The transition of health services to Aboriginal community control is central to AMSANT's mission. This year, we have begun working closely with NT Health to accelerate this process across the NT. Currently, expressions of interest from communities wishing to transition far exceed the existing cap, which allows for only three clinics per year to move to community control.

AMSANT is committed to continuing its collaboration with NT Health and will advocate strongly for the necessary policy changes to accelerate the transition of health services to Aboriginal community control, ensuring that more communities can benefit from self-determined, culturally safe health care.



Closing the Gap

Underpinning all of AMSANT's work is a steadfast commitment to Closing the Gap on health and a broad range of socio-economic outcomes for Aboriginal people compared to their non-Aboriginal peers. In February 2024, the Australian Government Productivity Commission's Review of the National Agreement on Closing the Gap highlighted significant failures of government to engage meaningfully with Aboriginal people and organisations according to the agreed priority reforms.

In response, AMSANT is developing a toolkit for governments and other external stakeholders, guiding them on how to engage effectively with AMSANT and the ACCHS sector. This toolkit aims to promote practices that align with the principles and commitments of the Closing the Gap Agreement, ensuring that future collaborations reflect a genuine partnership with Aboriginal communities.

NT Election Priorities

Ahead of the NT elections this year, AMSANT published the 'Six Point Plan for Improving the Health of Aboriginal Territorians: Priorities for the Northern Territory Election 2024'. This plan outlined key actions needed to enhance the health and wellbeing of Aboriginal people in the Territory. AMSANT will continue to build on these priorities as we approach the Federal election, advocating for policies that support improved health outcomes for Aboriginal communities.

Submissions

Throughout the year, AMSANT actively contributed to various Commonwealth and NT inquiries, reviews, and consultations by making submissions on key issues impacting Aboriginal health. These submissions included:

- Review of General Practice Incentives
- More GPs in MM7 & MM6 (and Aboriginal community controlled health services in MM5 to MM3)
- Working Better for Medicare Survey
- Voluntary Assisted Dying Inquiry
- National Review of First Nations Health Care in Prisons
- Mental Health and Related Services Act 1998 Review
- Unleashing the potential of our health workforce – SoP Review Issues Paper 2
- First Nations Digital Inclusion Roadmap
- Medicine shortages in Australia – Challenges and opportunities
- Towards the National Immunisation Strategy 2025-30
- Remote Store Licensing Scheme
- National Strategy for Food Security in Remote Indigenous Communities
- Australian Disability Strategy (ADS) Review
- Truth and Justice Commission Bill 2024



Media

AMSANT maintains a strong presence in the media, with CEO Dr. John Paterson frequently sought after by journalists for commentary on a wide range of issues. In 2024, AMSANT received 391 mentions across various media platforms, averaging one mention per day, demonstrating the organisation's influence and leadership in advocating for Aboriginal health. AMSANT issued several impactful media releases, including:

- New survey: Rundown health facilities and inadequate staff housing crippling health sector in Aboriginal communities
- AMSANT calls for consultation on CLP pharmacy proposal on
- AMSANT condemns unacceptable backwards step in Closing the Gap targets
- AMSANT calls for better access to FASD screening to stop kids slipping through the cracks
- Urgent care clinics Northern Territory: Six new bulk-billing services funded by commonwealth
- AMSANT welcomes Review of the National Agreement on Closing the Gap
- AMSANT Pays Tribute to the Legacy of Dr Lowitja O'Donoghue, a Trailblazer for Indigenous Rights and Healthcare
- Farewell to a passionate advocate for Aboriginal land rights – Northern Land Council Chairman Dr Bush-Blanasi
- Statement by the AMSANT regarding calls for a Royal Commission into child sexual abuse in Aboriginal communities

Research

Research Subcommittee

AMSANT's engagement with research continues to evolve with the development of the AMSANT Research and Evaluation Strategic Priorities Framework 2024-2028 and a review of AMSANT's policies relating to its role and involvement in research. These initiatives are shaping AMSANT's approach to supporting research that aligns with the priorities of our Member Services.

This year, the Research Subcommittee of the AMSANT Board met four times and reviewed 18 research proposals seeking AMSANT's support. To strengthen the role of Member Services in research, the Board introduced specific criteria, emphasising the need for researchers to engage directly with Member Services when seeking their involvement. Notably, AMSANT will only consider proposals for support if they are co-created with AMSANT or have a national or NT-wide focus. AMSANT also offers to assess proposals on behalf of a Member at their request.

The AMSANT Research Subcommittee assesses and makes recommendations to the AMSANT Board when:

- The research is co-created with AMSANT.
- The research has a national or NT-wide focus.
- A Member or Associate Member requests an assessment.

These measures ensure that AMSANT's involvement in research is strategic, aligned with Member priorities, and reinforces the importance of direct engagement with Aboriginal communities.

Our Research

During the year we continued to work with Partners on a number of projects. Projects led by AMSANT include:

Our People Our Strength: A ground up and evidence-based Aboriginal Workforce Development Strategy

“Our People, Our Strength” is an initiative that integrates existing research with participatory action and co-design strategies to develop a ground-up, evidence-based Aboriginal Workforce Development Strategy. This strategy aims to support the growth and development of the Aboriginal workforce within Central Australian Aboriginal Congress (CAAC), Anyinginyi Health Service Aboriginal Corporation, and other ACCHSs. Funded by the Central Australian Academic Health Sciences Network (CA AHSN), the project focuses on empowering and building the capacity of Aboriginal health workers to strengthen the sector from within.

Measuring Beyond Medicine: Development and piloting of non-clinical indicators in Aboriginal Primary health care

This research project aims to develop and pilot non-clinical indicators of quality healthcare within Aboriginal Primary Health Care, focusing on key areas such as culture and community, workforce, governance and leadership, knowledge and impact, and health promotion. The project also seeks to design a system to integrate these indicators into ongoing Continuous Quality Improvement (CQI) processes, enhancing how quality is measured beyond traditional clinical outcomes. Also funded by the CA AHSN, this initiative aims to capture the broader aspects of health care that are vital to Aboriginal communities.

Culturally Responsive Trauma informed Practice (CRTIP) through the lens of local Aboriginal communities: developing approaches to health care assessments and workforce development that make cultural sense.

In partnership with Sunrise Health Service, this research project aims to train staff in narrative healing practices to enhance Social and Emotional Wellbeing (SEWB) assessments. The project focuses on facilitating discussions and developing place-based SEWB models, tailored to local community needs. Working closely with the Beswick community, the initiative seeks to co-create a culturally appropriate SEWB assessment tool or process specific to Sunrise Health Service. Funded by the Lowitja Institute, this project prioritises culturally responsive approaches that resonate with Aboriginal communities, ensuring that SEWB assessments are meaningful and contextually relevant.

Corporate Services

The Corporate Services Department has experienced a year of significant growth and achievements in the following areas:

Financial Performance

This year, the Corporate Services Department achieved a revenue growth of 51%, with total revenues amounting to \$2.539 million. Operational expenses were effectively managed, resulting in a net income of \$621k. Our financial management practices have been strengthened, ensuring sustainable growth, stability and efficiencies.

Operational Achievements

Technology Integration: Successfully implemented a new enterprise resource planning (ERP) system, improving efficiency and data accuracy across departments. Improving new phone system which integrate with O365.

Process Optimization: Streamlined procurement processes, reducing costs by 50% for phone system and improving supplier relationships.

Customer Service: Enhanced customer service operations with improved vehicle booking system, resulting in a 20% increase in customer satisfaction.

Strategic Initiatives

Sustainability: Maintained our sustainability by achieving ISO 9001 (2015) certification.

Digital Transformation: Continued our digital transformation journey with the implementation of secured cloud-based solutions and enhanced cybersecurity measures.

Strategic Partnerships: Formed strategic partnerships with key industry players to complement and enhance our corporate services operational service delivery.

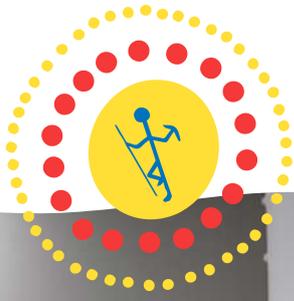
Employee Development

Training and Development: Invested approximately \$100,000 in employee training and development programs, resulting in a 30% increase in employee productivity.

Workforce Diversity: Launched initiatives to promote diversity and inclusion, achieving a 60% representation of women in leadership roles.

Partnerships: Collaborated with local organisations to support AMSANT's corporate operational needs as well as, employee training and development through Cultural Awareness Training and Four-Wheel Drive Training and First Aid Training, enhancing our community impact.

Employee Engagement: Implemented a new employee leave management platform, leading to a 15% increase in employee satisfaction scores.



At the 2024 General Members Meeting in May 2024, AMSANT celebrated nine staff who successfully graduated, earning their Diploma of Project Management.

From Left to Right: John Paterson, Erin Lew-Fatt, Ken O'Brien, Clinton Franklin, Walbira Murray, Rob Randall, Larn Norris, Crystal O'Connell, Oanh Nguyen, Rob McPhee, Shilpesh Pandya, Dirk Bakker, Aimon Riyana

Future Outlook

Looking ahead, we plan to focus on the following areas:

Innovation: Continue investing in innovative solutions to enhance service delivery and operational efficiency.

Sustainability: Further our commitment to sustainability by adopting green technologies and practices across all operations.

We anticipate that these initiatives will drive our growth and success in the coming years.

Glossary

ACCHO	Aboriginal Community Controlled Health Organisation
ACCCHS	Aboriginal Community Controlled Health Service
ADHA	Australian Digital Health Agency
AIR	Australian Immunisation Register
AGMP	Aboriginal Governance and Management Program
AMSANT	Aboriginal Medical Services Alliance Northern Territory
APO NT	Aboriginal Peak Organisations Northern Territory
CAAC	Central Australian Aboriginal Congress
CA AHSN	Central Australian Academic Health Science Network
CDU	Charles Darwin University
CPHC	Comprehensive Primary Health Care
CQI	Continuous Quality Improvement
CRTIC	Culturally Responsive Trauma Informed Care
CRTICP	Culturally Responsive Trauma-Informed Care Practice
DoH	Department of Health (NT or Commonwealth governments)
GPET	General Practice Education & Training
GPR	General Practice Registrar
IHPO	Indigenous Health Project Officer
IRCA	International Register of Chartered Accountants
ISO	International Standardisation Organisation
ITC	Integrated Team Care
KRALAS	Katherine Regional Aboriginal Legal Aid Service
LEARNT	Learning from Alcohol Reforms (research project)
MRFF	Medical Research Future Fund
NACCHO	National Aboriginal Community Controlled Health Organisation
NIAA	National Indigenous Australians Agency
NTAHF	Northern Territory Aboriginal Health Forum
NTG	Northern Territory Government
NTAHKPI	Northern Territory Aboriginal Health Key Performance Indicators
NTPHN	Northern Territory Primary Health Network
OAA	Office of Aboriginal Affairs (NTG)
ORIC	Office of the Registrar of Indigenous Corporations
PHAG	Public Health Advisory Group
PHC	Primary Health Care
PHMO	Public Health Medical Officer
PHN	Public Health Network
RAHP	Registered Aboriginal Health Practitioner
SEWB	Social & Emotional Wellbeing
TIC	Trauma Informed Care
WALS	Workforce & Leadership Support



Financials



Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation

ICN 8253

Financial Report - 30 June 2024

**Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
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For the year ended 30 June 2024**

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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

Moonta House Level 1
43 Mitchell Street
Darwin Northern Territory

Principal place of business

Moonta House Level 1
43 Mitchell Street
Darwin Northern Territory

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

The financial statements were authorised for issue, in accordance with a resolution of directors, on 15 October 2024.

**Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Directors' report
For the year ended 30 June 2024**

The directors present their report, together with the financial statements, on the Corporation for the year ended 30 June 2024.

Information on Directors

The following persons were directors of the Corporation during the whole of the financial year and up to the date of this report, unless otherwise stated:

Name	Position	Duration
Donna Ah Chee	Acting CEO	03/03/2023 to 04/08/2023
	Director	13/09/2023 to Current
Greg Drew	Director	12/05/2023 to 13/09/2023
Robert McPhee	Director	02/03/2022 to Current
	A/Chair	04/03/2023 to 08/11/2023
	Chair	08/11/2023 to Current
Leisa McCarthy	Director	02/03/2022 to 20/08/2024
	A/Deputy Chair	22/03/2023 to 08/11/2023
	Deputy Chair	08/11/2023 to Current
Kevin Wrigley	Director	07/09/2021 to 08/11/2023
Giselle Barku	Director	08/11/2023 to Current
Charlie Gunbarra	Director	08/11/2023 to Current
Steven Rossingh	Treasurer	02/03/2022 to Current
Anne-Marie Lee	Director	02/03/2022 to Current
Sinon Cooney	Director	10/11/2020 to Current
Riek Luak	Director	Resigned 21/07/2023
David Galvin	Independent Director	02/06/2017 to Current
Jeanette Ward	Independent Director	01/06/2017 to Current

Information on Corporation secretary

John Paterson was the Corporation Secretary until 21 May 2024.

Jesse-lee Taylor was appointed as Corporation Secretary on 21 May 2024.

Principal activities

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

- Serving as a peak body and a forum for the Aboriginal Medical Services in the Northern Territory;
- Supporting Aboriginal Community Controlled Health Services (AMSANT 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.

Performance measures

The surplus of the Corporation for the financial year amounted to \$2,311,486(30 June 2023: \$1,240,639), which includes untied grant balance and ongoing projects to the value of \$379,321 (2023: \$345,644). Total of off-balance sheet unexpended grant liability \$6,140,285 (2023: \$4,410,298) 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.

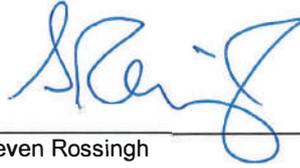
**Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Directors' report
For the year ended 30 June 2024**

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

On behalf of the directors



Robert McPhee
Chair



Steven Rossingh
Treasurer

15 October 2024

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

As auditor of Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation for the year ended 30 June 2024, 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
- . 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 Ta iwa
Audit Partner

BDO Audit (NT)

Darwin

23 October 2024

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Statement of profit or loss and other comprehensive income
For the year ended 30 June 2024

	Note	2024 \$	2023 \$
Revenue	3	14,457,615	13,200,895
Total revenue		<u>14,457,615</u>	<u>13,200,895</u>
Expenses			
Employee benefits expense	4	7,073,209	7,817,634
Consultants and contractors		988,985	589,225
Depreciation and amortisation expense		463,262	650,108
Motor vehicle expense		48,329	214,242
Operations expense		1,153,057	1,027,553
Travel expense		758,422	761,938
Interest		160,908	12,696
External Project Expenses		1,499,957	886,860
Total expenses		<u>12,146,129</u>	<u>11,960,256</u>
Profit for the year	14	2,311,486	1,240,639
Other comprehensive income for the year		<u>-</u>	<u>-</u>
Total comprehensive income for the year		<u><u>2,311,486</u></u>	<u><u>1,240,639</u></u>

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

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Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Statement of financial position
As at 30 June 2024

	Note	2024 \$	2023 \$
Assets			
Current assets			
Cash and cash equivalents	5	9,855,184	6,044,935
Trade and other receivables	6	254,019	370,273
Short term investments		2,619,177	2,517,599
Other current assets	7	267,342	247,936
Total current assets		<u>12,995,722</u>	<u>9,180,743</u>
Non-current assets			
Property, plant and equipment	8	90,516	138,506
Right-of-use assets	9	1,567,536	130,854
Total non-current assets		<u>1,658,052</u>	<u>269,360</u>
Total assets		<u>14,653,774</u>	<u>9,450,103</u>
Liabilities			
Current liabilities			
Trade and other payables	10	2,054,375	1,577,098
Lease liabilities	12	378,802	131,570
Provisions	11	956,258	1,220,509
Other Liabilities	13	1,416,388	182,594
Total current liabilities		<u>4,805,823</u>	<u>3,111,771</u>
Non-current liabilities			
Lease liabilities	12	1,264,480	-
Provisions	11	129,201	195,548
Total non-current liabilities		<u>1,393,681</u>	<u>195,548</u>
Total liabilities		<u>6,199,504</u>	<u>3,307,319</u>
Net assets		<u>8,454,270</u>	<u>6,142,784</u>
Equity			
Retained surplus	14	8,454,270	6,142,784
Total equity		<u>8,454,270</u>	<u>6,142,784</u>

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 2024**

	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	<u>1,240,639</u>	<u>1,240,639</u>
Balance at 30 June 2023	<u>6,142,784</u>	<u>6,142,784</u>
	Retained surplus \$	Total equity \$
Balance at 1 July 2023	6,142,784	6,142,784
Profit for the year	2,311,486	2,311,486
Other comprehensive income for the year	-	-
Total comprehensive income for the year	<u>2,311,486</u>	<u>2,311,486</u>
Balance at 30 June 2024	<u>8,454,270</u>	<u>8,454,270</u>

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

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Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Statement of cash flows
For the year ended 30 June 2024

	Note	2024 \$	2023 \$
Cash flows from operating activities			
Receipt of grants		14,028,862	12,431,460
Interest income		361,562	151,245
Other receipts		1,971,643	648,152
Payments to suppliers and employees		<u>(11,949,090)</u>	<u>(11,562,181)</u>
Net cash from operating activities		<u>4,412,977</u>	<u>1,668,676</u>
Cash flows used in investing activities			
Payment for property, plant and equipment		(28,859)	(22,657)
Payments for investments		<u>(101,578)</u>	<u>(34,725)</u>
Net cash used in investing activities		<u>(130,437)</u>	<u>(57,382)</u>
Cash flows used in financing activities			
Repayment of Lease Liabilities		<u>(472,291)</u>	<u>(472,698)</u>
Net cash used in financing activities		<u>(472,291)</u>	<u>(472,698)</u>
Net increase in cash and cash equivalents		3,810,249	1,138,596
Cash and cash equivalents at the beginning of the financial year		<u>6,044,935</u>	<u>4,906,339</u>
Cash and cash equivalents at the end of the financial year	5	<u><u>9,855,184</u></u>	<u><u>6,044,935</u></u>

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

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Notes to the financial statements
For the year ended 30 June 2024

Note 1. Material accounting policy information

The accounting policies that are material to the Corporation are set out below. The accounting policies adopted are consistent with those of the previous financial year, 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.

Donations

Donations are recognised at the time the pledge is made.

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Notes to the financial statements
For the year ended 30 June 2024

Note 1. Material accounting policy information (continued)

Grants

Grant revenue is recognised 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.

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 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.

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.

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Notes to the financial statements
For the year ended 30 June 2024

Note 1. Material accounting policy information (continued)

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.

Refund liabilities

Refund liabilities are recognised where the Corporation receives consideration from a customer and expects to refund some, or all, of that consideration to the customer. A refund liability is measured at the amount of consideration received or receivable for which the Corporation does not expect to be entitled and is updated at the end of each reporting period for changes in circumstances. Historical data is used across product lines to estimate such returns at the time of sale based on an expected value methodology.

Lease liabilities

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

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

Finance costs

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

Employee benefits

Short-term employee benefits

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

Other long-term employee benefits

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

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Notes to the financial statements
For the year ended 30 June 2024

Note 1. Material accounting policy information (continued)

Defined contribution superannuation expense

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

Fair value measurement

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

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

Goods and Services Tax ('GST') and other similar taxes

Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the tax authority. In this case it is recognised as part of the cost of the acquisition of the asset or as part of the expense.

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

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

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

Note 2. Critical accounting judgements, estimates and assumptions

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

Allowance for expected credit losses

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

Estimation of useful lives of assets

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

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Notes to the financial statements
For the year ended 30 June 2024

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

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

	2024	2023
	\$	\$
Grant funding received during the year	13,897,981	12,431,460
<i>Other revenue</i>		
Interest	361,562	151,245
Recoupment	166,057	576,327
Profit on disposal of assets	1,075	400
Other income	30,940	41,463
	<u>559,634</u>	<u>769,435</u>
Revenue	<u><u>14,457,615</u></u>	<u><u>13,200,895</u></u>

Note 4. Employee benefits expense

	2024	2023
	\$	\$
Salaries and wages	6,448,527	7,010,609
Superannuation	695,665	718,355
Workers' Compensation	67,714	64,750
Other employee expenses	(138,697)	23,920
	<u>7,073,209</u>	<u>7,817,634</u>

Note 5. Cash and cash equivalents

	2024	2023
	\$	\$
Cash on hand	253	75
Cash at bank - operating bank accounts	6,716,671	4,232,405
Cash at bank	3,138,260	1,812,455
	<u>9,855,184</u>	<u>6,044,935</u>

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Notes to the financial statements
For the year ended 30 June 2024

Note 6. Trade and other receivables

	2024	2023
	\$	\$
Trade receivables	179,380	315,095
Other receivables	74,639	55,178
	<u>254,019</u>	<u>370,273</u>

Note 7. Other current assets

	2024	2023
	\$	\$
Prepayments	<u>267,342</u>	<u>247,936</u>

Note 8. Property, plant and equipment

	2024	2023
	\$	\$
Motor vehicles - at cost	380,766	378,518
Less: Accumulated depreciation	<u>(336,772)</u>	<u>(280,968)</u>
	43,994	97,550
Other Plant and equipment - at cost	285,728	259,117
Less: Accumulated depreciation	<u>(239,206)</u>	<u>(218,161)</u>
	46,522	40,956
	<u>90,516</u>	<u>138,506</u>

Note 9. Right-of-use assets

	2024	2023
	\$	\$
<i>Non-current assets</i>		
Land and buildings - right-of-use	1,953,949	1,767,736
Less: Accumulated depreciation	<u>(386,413)</u>	<u>(1,636,882)</u>
	1,567,536	130,854
Motor vehicles - right-of-use	-	46,313
Less: Accumulated depreciation	<u>-</u>	<u>(46,313)</u>
	-	-
	<u>1,567,536</u>	<u>130,854</u>

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:

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Notes to the financial statements
For the year ended 30 June 2024

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

	Building \$	Motor Vehicle \$	Total \$
Balance at 1 July 2022	681,730	4,880	686,610
Depreciation	<u>(550,876)</u>	<u>(4,880)</u>	<u>(555,756)</u>
Balance at 30 June 2023	<u>130,854</u>	<u>-</u>	<u>130,854</u>
	Building \$	Motor Vehicle \$	Total \$
Balance at 1 July 2023	130,854	-	130,854
Additions	1,823,095	-	1,823,095
Depreciation	<u>(386,413)</u>	<u>-</u>	<u>(386,413)</u>
Balance at 30 June 2024	<u>1,567,536</u>	<u>-</u>	<u>1,567,536</u>

Note 10. Trade and other payables

	2024 \$	2023 \$
Trade payables	848,641	990,816
Accrued expenses and other sundry payables	1,203,932	481,903
Corporate credit card liability	1,802	4,379
Other payables	<u>-</u>	<u>100,000</u>
	<u>2,054,375</u>	<u>1,577,098</u>

Note 11. Provisions

	2024 \$	2023 \$
<i>Current liabilities</i>		
Provision for employee benefits: Annual leave	496,871	644,373
Provision for employee benefits: Long service leave	449,744	545,312
Provision for employee benefits: Other	<u>9,643</u>	<u>30,824</u>
	<u>956,258</u>	<u>1,220,509</u>
<i>Non-current liabilities</i>		
Provision for employee benefits: Long service leave	<u>129,201</u>	<u>195,548</u>
	<u>1,085,459</u>	<u>1,416,057</u>

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Notes to the financial statements
For the year ended 30 June 2024

Note 12. Lease liabilities

	2024	2023
	\$	\$
<i>Current liabilities</i>		
Lease liability	378,802	131,570
<i>Non-current liabilities</i>		
Lease liability	1,264,480	-
	<u>1,643,282</u>	<u>131,570</u>

	Building	Motor	Total
	\$	Vehicle	\$
		\$	
Balance at 1 July 2022	580,860	4,306	585,166
Less: Total payments	(468,396)	(4,306)	(472,702)
Interest	19,106	-	19,106
Balance at 30 June 2023	<u>131,570</u>	<u>-</u>	<u>131,570</u>

	Building	Motor	Total
	\$	Vehicle	\$
		\$	
Balance at 1 July 2023	131,570	-	131,570
Lease Additions	1,822,379	-	1,822,379
Less: Total payments	(472,291)	-	(603,861)
Interest	161,624	-	161,624
Balance at 30 June 2024	<u>1,643,282</u>	<u>-</u>	<u>1,511,712</u>

Note 13. Other Liabilities

	2024	2023
	\$	\$
<i>Current liabilities</i>		
Income in advance	-	182,594
Refund liabilities	1,416,388	-
	<u>1,416,388</u>	<u>182,594</u>

Note 14. Retained surplus

	2024	2023
	\$	\$
Retained surplus at the beginning of the financial year	6,142,784	4,902,145
Profit for the year	2,311,486	1,240,639
Retained surplus at the end of the financial year	<u>8,454,270</u>	<u>6,142,784</u>

Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Notes to the financial statements
For the year ended 30 June 2024

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:

	2024	2023
	\$	\$
Short-term employee benefits	<u>1,661,154</u>	<u>1,600,052</u>

Note 16. Contingent assets and liabilities

There are no contingent liabilities or assets at 30 June 2024 and 30 June 2023.

Note 17. Commitments

The Corporation had no commitments for expenditure as at 30 June 2024 and 30 June 2023.

Note 18. Related party transactions

Key management personnel

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

Transactions with related parties

The related party of the Corporation where transactions occurred during the year is Northern Territory Primary Health Network (NTPHN).

The following transactions occurred with related parties:

	2024	2023
	\$	\$
Balances at the year end are as follows:		
Amounts payable included in trade and other payables	(134,278)	(149,033)
Transactions that occurred during the year are as follows:		
Employment cost	1,108,439	1,429,167
Rent contribution income	3,286	3,127
Cost allocation	251,607	244,087
Consultancy fees	100,080	48,260
Motor vehicle related costs	15,358	21,660
Travel	127,333	177,531
Other expenditure	11,139	11,414

Intra company transactions recouping wages, operational costs and grant balance during the year was \$247,221 (2023: \$242,838).

During the year the Corporation received grant funding from NT PHN of \$1,955,473 (2023: \$1,765,536). AMSANT is a member of the NT PHN.

There were no other related party transactions in 2024.

**Aboriginal Medical Services Alliance Northern Territory Aboriginal Corporation
Notes to the financial statements
For the year ended 30 June 2024**

Note 19. Events after the reporting period

No matter or circumstance has arisen since 30 June 2024 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 2024**

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 2024 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.

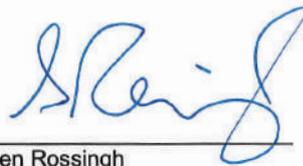
Signed in accordance with a resolution of directors.

On behalf of the directors



Robert McPhee
Chair

17 October 2024



Steven Rossingh
Treasurer

16/10/24

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 2024, 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 2024 and of its financial performance for the year ended on that date and
- (ii) Complying with Australian Accounting Standards - Simplified Disclosures and the *Corporations (Aboriginal and Torres Strait) Regulations 20* .

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 or the auditor's 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 *AP S 110 Code of Ethics or 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 obtained at the date of this auditor's report is information included in the directors report, but does not include the financial statements and our auditor's report thereon.

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

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

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

Responsibilities of 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.

A handwritten signature in black ink that reads 'BDO'.

BDO Audit (NT)

A handwritten signature in black ink, appearing to be 'Casmel Taziwa'.

Casmel Taziwa
Audit Partner

Darwin, 23 October 2024



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