

Your *partner* in
health and *wellbeing*

Diabetes Association of the NT Inc.

trading as

healthy**living**NT

Annual Report

2022-23

2022-23

Annual Report



Life. Be in it.™

GUIDING VALUES

To pursue excellence in all facets of Healthy Living NT's operations, through:

- Professionalism and ethical practice
- Fairness, honesty, confidentiality and compassion
- Mutual respect for all individuals, their roles and the organisation
- Continuous improvement in all activities
- Involvement with, and responsiveness to, community diversity
- Working collaboratively

Healthy Living NT is committed to serving the whole Territory community in all its diversity.

We value and promote inclusive service provision treating clients and staff with dignity and respect.

Our services seek to empower people to make their own informed choices free from bias.

www.healthylivingnt.org.au

ABN: 11 374 693 055

Healthy Living NT is the trading name of the Diabetes Association of the Northern Territory Incorporated.

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Healthy Living NT is the registered NT licence holder for



Life. Be in it.™

Healthy Living NT acknowledges the traditional owners and custodians of the lands on which we live, work and visit. We pay respects to their cultures and their Elders past and present.

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2022/23 was another busy and productive year for Healthy Living NT as Australia and the NT started to emerge from the COVID-19 pandemic. While the pandemic may be officially over, its impacts – especially economic impacts, will be felt for a number of years to come. I am confident that the resilience of Healthy Living NT places us in good stead to manage and adapt to, this ever-changing environment.

Healthy Living NT welcomed the renewal of the 5-year service agreement with the NT Department of Health in July 2023. While funding levels are unchanged, the new service plans allow for significantly greater flexibility in service delivery, improved efficiencies in reporting and more contemporary KPIs.

Advocacy

Advocacy continues to consume a large portion of the Association's resources, both at an individual level and generally on behalf of people with diabetes. Healthy Living NT maintains a proactive presence nationally to ensure representation of the needs of people with diabetes living in rural and remote Australia.

Our strategic alliance with our counterparts in Western Australia and South Australia – areas of the country which face similar geographical and community challenges as the Northern Territory seeks to improve opportunities for people with diabetes in the community to receive the best available support options they require.

A Quality Approach

Healthy Living NT is formally accredited:

- under the Quality Improvement Council's *Health and Community Services Standards* (7th edition V1.1), and
- as a *Primary Care Diabetes Service* under the National Association of Diabetes Centres' quality accreditation program. Healthy Living NT is one of only 22 services accredited in Australia and the only one in the NT.

Service Delivery

Healthy Living NT is a broad-based service provider, performing services on behalf of external funders and providing direct services to its member and constituent base. All major services are directly accessible from our offices in Darwin and Alice Springs. This is complemented by product and information services available at 42 Access Points in NT urban and regional centres. Phone, mail and email services and specific outreach programs are available to other areas.

Supporting our increased community and preventative health focus, Healthy Living NT has built on its *Life. Be In It.* activities. The *Bill Raby Diabetes Fellowship*, auspiced by Healthy Living NT, also funded over \$10,000 in grants to youth with diabetes and community organisations to improve community capacity to promote healthier lifestyles.

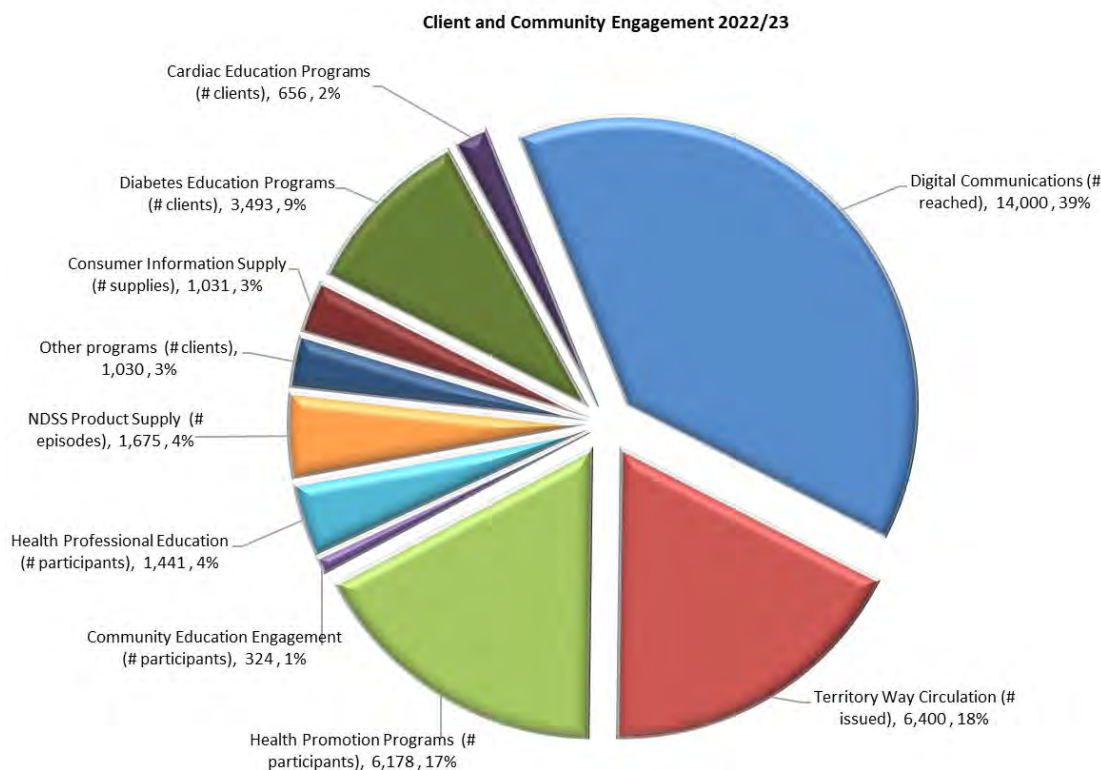
Services provided by Healthy Living NT under formal external agreements include:

- *Diabetes education and cardiac rehabilitation services* in Darwin and Alice Springs, funded by the NT Department of Health (NT DoH);
- *Outreach diabetes, cardiac and dietetic services* to remote Indigenous communities in the NT, funded under the Medical Outreach Indigenous Chronic Disease (MOICD) program by the Commonwealth Department of Health (DoH) and administered by the NT Primary Health Network (PHN);
- *Provision of education and information services* for NDSS registrants, funded under the National Diabetes Services Scheme (NDSS) by the Commonwealth DoH, administered with the assistance of Diabetes Australia;
- *Provision of free syringes and pen needles* to people with diabetes using insulin and non-insulin injectable medications, through payment of the NDSS patient co-payment by the NT Government through NT DoH;
- *Provision of Active Recreation programs to the community*, funded by Territory Families, Housing and Communities;
- *Provision of subsidised blood glucose testing strips, syringes and pen needles, insulin pump consumables and continuous glucose monitoring products* as an NDSS Access Point, under an agreement with Commonwealth DoH;
- *Distribution of NDSS products to Remote Area Aboriginal Health Services* in the NT, QLD and SA, under the NDSS Agency Agreement

Healthy Living NT also delivered services under a range of minor programs and projects including:

- *Healthy Lifestyle program to Bagot and Knuckey Lagoon communities*, funded by NT DoH;
- *School Holiday Physical Activity program*, funded by Territory Families, Housing and Communities.

Collectively under these service contracts, over 14,000 people have accessed direct health education services from Healthy Living NT. When combined with information supply activities, member services and NDSS product interactions, Healthy Living NT engaged with over 36,000 people during the year, over 10% of the Territory's population. By harnessing the synergies of each service into seamless service provision to people with diabetes, heart and other chronic conditions, in combination with preventative health activities, Healthy Living NT seeks to maximise the value-add of each service and the overall collective benefit to the consumer.



Resources and Information

The information and resource needs of people with diabetes and related chronic conditions is a high priority for the Association and is a particularly important requirement for people living in rural and remote areas who are not able to easily access services. The ongoing delivery of *Territory Way*, *Healthy Living News*, an active social media presence and the continued development of Healthy Living NT's website (www.healthylivingnt.org.au) offers members, community members and health professionals full access to information, resources and products.

Governance

The Board of Healthy Living NT has been active in corporate governance during 2022-23, overseeing an updated Strategic Plan, a new planning process and supporting strategic KPIs, the currency of a formal Risk Management review, a Board recruitment process and governance policy development. Good governance practice is vital to charitable, community-based organisations such as Healthy Living NT.

Acknowledgements

To my colleagues on the Board, I extend my particular thanks and appreciation for your input and the time that you have freely devoted over the year. I also wish to formally record my appreciation and acknowledgment to the staff of Healthy Living NT for their sustained work, effort and commitment. To our funders, major sponsors, and the NT Government, we extend our recognition and gratitude for your support and assistance during the year.

I commend this report to you and encourage you to become more involved in the activities of your Association.

RON O'BRIEN
President 2022-23

As at 30 June 2023, **Healthy Living NT's Board** comprised:

President	Ron O'Brien
Vice President & Public Officer	Yvonne Rowan
Vice President	William De Decker
Secretary/Treasurer	Kevin Wrigley
Members	Rob Hall
	Ramona Long
	Ferdinand Daroya (*)
	Benjamin King (*)
	(*) Appointed 17 June 2023
Retiring Board Members during 2022-23	Nil

Honorary Life Members:

Tom Usher
Paul Gooding, OAM
Ian Loftus
Mary Fox
Alasdair McGregor OAM
Vivekanand Mohan-Ram
Dr Diane Howard
Sue Korner



Board of Governors

Mr Gerry Wood (Chair)
Ms Sue Korner
Mr Ken Vowles
Mr William De Decker
Mr Ron O'Brien

The Board of Healthy Living NT extends sincere appreciation and thanks to Fellowship Governors for their service throughout the year.

The Board of Healthy Living NT maintained a high level of proactivity in corporate governance 2022-23. A Board established Governance Policy Committee has overseen a number of governance and planning activities.

Strategic Planning

Commitment to ongoing strategic planning is a firmly established process of the Association's corporate governance. During the year, the Board oversaw the progression of Healthy Living NT's strategic planning process moving from a fixed term strategic plan to a more dynamic and contemporary methodology comprising bi-monthly review of emerging strategic issues and update, combined with an annual review and assurance process. The Strategic Plan is based on four long term strategic goals and supporting KPIs. Specific business objectives support these goals and focus on annual priorities underpinned by an annual budget and resources. During COVID-19, Healthy Living NT's primary strategic goal focussed on ensuring that the Association emerges from the pandemic with optimum workforce, services and funding intact.

Healthy Living NT Strategic Goals (updated June 2023)	
Goal 1: To ensure members and the community are core to the organisation through:	
<ul style="list-style-type: none">• Providing a diverse range of services and support.• Committed advocacy for people with diabetes and for the broad determinants of health at an individual, NT and national level.• Providing responsive, quality information and active communication.	
Goal 2: To provide leadership for strategic advocacy related to health promotion and chronic conditions through:	
<ul style="list-style-type: none">• Representation to influence strategy and policy development and service provision at a NT and national level.• Promoting equity and access for high risk groups of people, particularly people living in regional and remote areas.• Representation of sector needs and requirements through key partnerships and collaborations including the Good Health Alliance NT.• Promoting a holistic approach to a healthier and healthy lifestyle.	
Goal 3: To deliver a portfolio of quality services through:	
<ul style="list-style-type: none">• An effective and collaborative relationship with funders.• A broad range of services to consumers, community and practitioners on behalf of funding bodies, based on best practice and evidence-based protocols.• Examining the feasibility of integrated services to clients and the community through collaboration.• Identifying other relevant services.	
Goal 4: To enhance the sustainability and viability of the organisation through:	
<ul style="list-style-type: none">• Ethical practices and adoption of contemporary business standards in all aspects of governance including succession planning and risk management.• Identifying, assessing and implementing business development and income generation opportunities.• Quality financial management practices, including accountability and transparency.• Effectively interacting with key stakeholders.• Utilising contemporary technologies.• Engaging suitably qualified team members.• Being adaptable and agile in response to changes in the environment.	

Board Performance Evaluation

Board performance evaluation forms part of the annual planning and evaluation cycle of governance. Evaluation is based on the Board's collective performance against its responsibilities and charter and is used to improve Board performance through identifying under-performing areas. The evaluation also provides an opportunity to individual Board members to assess their own performance and contribution and to support continuous quality improvement.

A Quality Approach

Healthy Living NT is formally accredited under the Quality Improvement Council's *Health and Community Services Standards* (7th edition V1.1) and operates under a formal quality improvement framework and plan. This accreditation is valid to June 2026.



Healthy Living NT also has quality accreditation as a Primary Care Diabetes Service under the National Association of Diabetes Centres' quality accreditation program. Healthy Living NT is one of only 22 services accredited in Australia and the only one in the NT. This accreditation is valid to March 2027.



Risk Management Review

A formal Risk Management Review for the Association was initiated by the Board in 2006 and is reviewed bi-monthly with updates as risk profiles change. The Review identifies:

- 13 significant business risks
- Their ranking in importance
- A framework for identifying and managing risks including a number of risk control initiatives.

Risk assessment and management is an ongoing process; risk monitoring is a standing item on all Board meeting agendas. The Board also annually reviews the currency of Healthy Living NT's health and safety risk profile against a review of safety performance.

Policy Development

Significant attention was devoted to policy development for the Association to enhance good governance and best practice in all facets of management and administration. Examples of this include the Ethical Practice and Relationships Guidelines Policy and the Corporate Governance Statement shown on the following page. Policy review, development and implementation are on-going processes that will ensure the Association has a sound basis for future development.

Board Members and Meeting Attendance

Board Members serve in a voluntary capacity and receive no remuneration for services provided. During 2022-23, no conflicts of interest were recorded by any member of the Board or senior management. Ramona Long was re-appointed to the sponsored Board position aimed at engaging younger members with the governance of the Association following the AGM in October 2022. Ramona successfully completed the second term of sponsored position in February 2023 and was awarded CPD support.

A summary of attendance at scheduled cyclical Board Meetings is shown below. The listing includes Board Members elected at either of the Association's 2021 or 2022 Annual General Meetings (held in October annually) and who served on the Board for any period during the 2022-23 financial year.

The Board met on six occasions in 2022-23 for scheduled meetings, with an overall attendance rate of 92%. The Executive Board also met on 5 occasions during the year. The majority of meetings were conducted using digital media. Collectively, Board Members devoted over 600 hours of unpaid time attending Board and associated Committee meetings, valued conservatively at \$60,000 in-kind contribution.

Board Meeting Attendance	Meetings Eligible to Attend	Attended
Ron O'Brien	6	5
Yvonne Rowan	6	6
Rob Hall	6	6
William De Decker	6	6
Kevin Wrigley	6	6
Ramona Long	6	4
Ferdinand Daroya	0	0
Benjamin King	0	0

Corporate Governance Statement

This statement reflects the corporate governance principles and policies adopted by the Diabetes Association of the NT Inc., trading as Healthy Living NT, and followed in the 2022-23 financial period. The Board of Healthy Living NT believes the principles of good corporate governance underpin the values and behaviour of the organisation.

Lay solid foundations for management and oversight

The Board of Healthy Living NT has confirmed six major roles:

- *Strategic thinking* – to ensure that the Board provides strategic leadership for the organisation and focuses at a strategic level in its considerations;
- *Legal role* – to ensure the Constitution is upheld, that good governance is practiced and that the organisation complies with relevant regulatory bodies and legislation;
- *Planning and Policy* – to approve and monitor the Strategic Plan and to approve and monitor relevant policy;
- *Accountability* – to ensure that the performance of the Board and the Chief Executive Officer is reviewed against key performance indicators, the Strategic Plan, budget and against best practice governance;
- *Public Relations* – to represent the mission and present the image of the organisation; and
- *Risk Management* – to identify major risks facing the organisation, to oversee the development of risk management techniques to deal with those risks and to monitor performance against risk management strategies.

The Board has an established set of delegations of authority in place formalising the functions reserved to the Board and those delegated to management.

Structure the Board to add value

The Board is elected from and by Association membership for two-year terms, with 50% of the Board retiring annually. All Board Members are required to act in the best interests of the Association and, as honoraries, are not remunerated.

The Board ensures that it is composed of a broad cross-section of members, with an appropriate mix of qualifications, skills and experience and with representation from Central Australia and other distinct groups. The Association's Constitution provides the Board with authority to appoint additional Board Members who, by virtue of their special qualities or otherwise, could assist in achieving the Objects of the organisation. The Board has an established 2-year sponsored Board position aimed at engaging younger members with the governance of the Association. Ramona Long successfully completed the second term of the sponsored position in February 2023.

In 2023, the Board undertook an extensive Board recruitment process resulting in the appointment of two new general Board members in June 2023: Ferdinand Daroya and Benjamin King (to the sponsored position).

The Board retains the ability to obtain specialist advice and mechanisms for external stakeholders to promote their legitimate interests.

Promote ethical and responsible decision-making

During the year the Board monitored adherence to an Ethical Practice and Relationships Guidelines Policy applying to all people representing Healthy Living NT including Board Members, staff and volunteers. The policy also outlines the organisation's expectations in doing business with external suppliers and stakeholders.

This code of conduct encompasses areas such as active compliance with statutory requirements, fair and equitable dealing, conflict of interest, efficient use of resources and assets, confidentiality and privacy, commercial relationships and reporting mechanisms for unlawful or unethical behaviour.

Safeguard integrity in financial reporting

Financial statements are presented to the Board bi-monthly for their review and consideration. A clear division of responsibility and authority exists between purchase and payment authorisation, the integrity testing of payment claims and the preparation of payments. A formal set of financial and personnel delegations are in place.

The Board cyclically reviews the basis for financial reporting and the relevance of the Australian Equivalents to International Financial Reporting Standards (AEIFRS) to the Association's financial reporting integrity.

During 2022-23, the Board continued its practice of commissioning the Association's Auditor to undertake quarterly financial reviews. The Board is responsible for recommending to the members the appointment of the external auditor at the Annual General Meeting.

Make timely and balanced disclosure

The Constitution of the Association prescribes the documents and information that are freely available to members. Access is enhanced by the publication of key documents and information in an exclusive member area on the Association's website.

The Board is committed to accuracy, openness and timeliness in reporting, including statutory reporting and balanced, detailed reporting of performance under Service Agreements with external stakeholders. The collection of a relevant range of raw data and synthesis of this data in a meaningful and accurate manner within reports provides reviewers with the opportunity to assess transparency.

Respect the rights of members

The Board is committed to upholding the rights of members which are clearly defined in the Constitution of the Association. The Board facilitates members' effective exercise of their rights through quarterly and annual communications, the provision of balanced and understandable information and the use of technology to allow remote members to participate in general meetings.

The ability of members to exercise their rights was further enhanced in 2022-23 with the ongoing development of the website and implementation of a formal communication plan.

Recognise and manage risk

The Board has a formal Risk Management policy and a comprehensive risk management framework.

The framework provides a systematic application of policies to identify, rank, monitor and treat risks. The framework includes action plans to reduce the identified gaps in risk management practice and facilitate an ongoing review and reporting mechanism to the Board.

Encourage enhanced performance

The Board is committed to the fair review and active encouragement of Board and management effectiveness, and assesses individual and collective performance against KPIs. The Board also monitors progress towards goals in the Strategic Plan using defined KPIs.

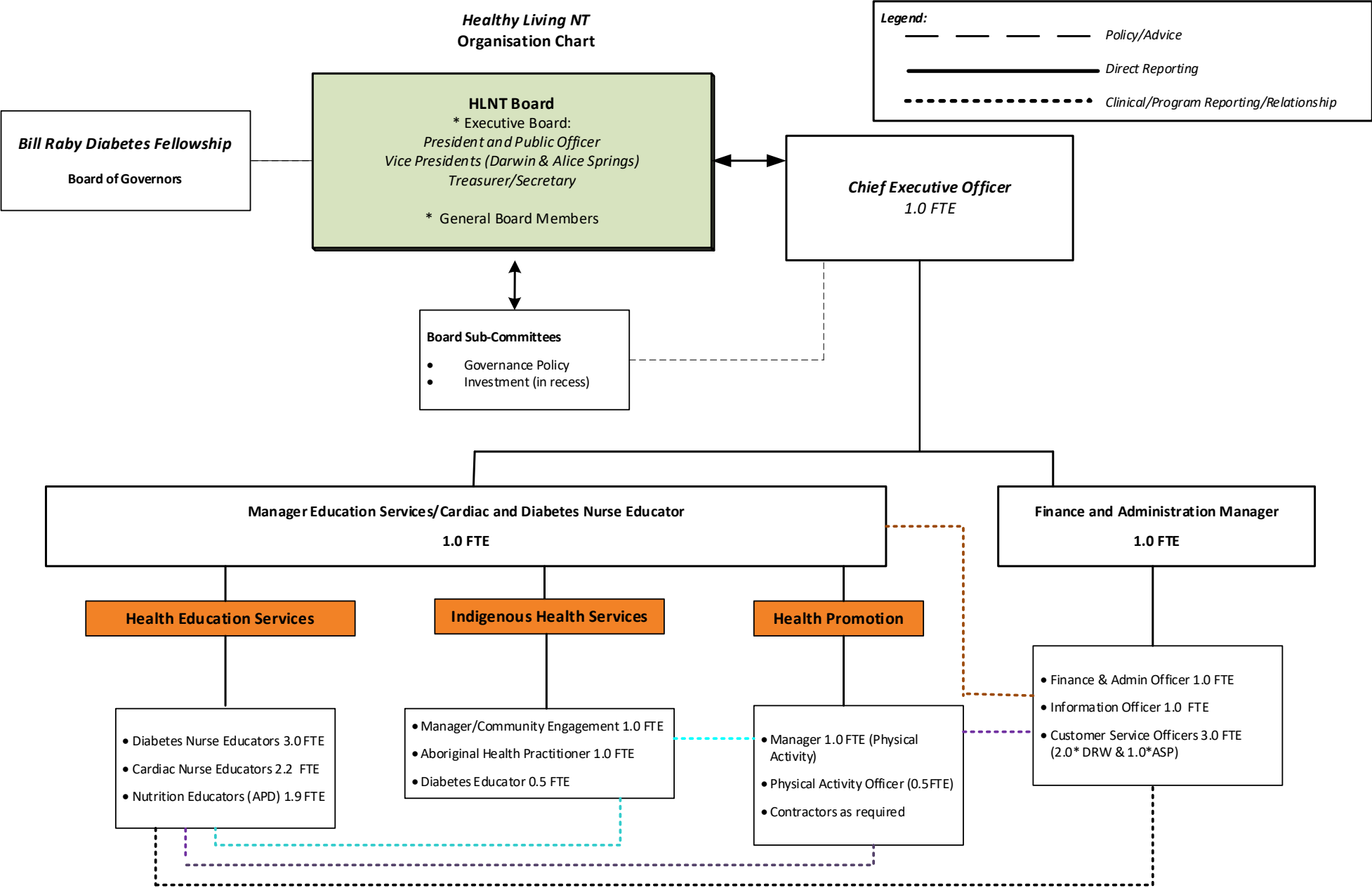
A formal Board Performance Evaluation policy and Board induction program are in place and operational.

Recognise the legitimate interests of stakeholders

Healthy Living NT is a charitable organisation dedicated to providing service and benefit to people with diabetes and related chronic conditions in the NT. Relationships with all stakeholders, including clients, staff, volunteers, Government funding bodies and the broader community are highly valued and recognised as significant contributors to the operations of the organisation.

The Board values integrity of the Association and its dealing with stakeholders. As such, the Board has endorsed and routinely reviews Healthy Living NT's policies and procedures that uphold the reputation of the organisation. Internal and external guidelines, policies and procedures include:

- *Corporate Guiding Values Statement*
- *Ethical Practice and Relationships Guidelines Policy*
- *Privacy and Confidentiality Policy and Statement*
- *Privacy Breach Policy and Procedure*
- *Occupational and Office Health and Safety Policy*
- *Consumer Charter*
- *Complaints Policy*
- *Disclosure of Interests Policy*
- *Discrimination and Sexual Harassment Policy*
- *Workplace Behaviour Policy*
- *Related Party Transaction Policy*
- *Research Participation and Assessment Framework*
- *Improper Conduct Prevention & Management Policy*
- *Whistleblower Policy*
- *Compliance Authority Investigations Policy*
- *Release of Information Policy*
- *Workplace Investigation Policy*
- *Clinical Governance Framework*
- *Cultural Safety Policy*
- *Spokesperson Policy*
- *Child Protection Policy*
- *Data Governance and Cybersecurity Policies*



This chart shows structure and reporting relationships.

Staff

The role of staff in a small and dedicated operation such as Healthy Living NT is vital to the organisation's growth and well-being. Healthy Living NT has been very well served by its staff over the year and they are to be commended for their work, effort and commitment. Staff members employed by the Association as at 30 June 2023 were:

Chief Executive Officer	Anne Kemp (Bachelor of Arts)	
Manager - Education Services	Chrissie Inglis (RN - Bachelor of Nursing, Bachelor of Coronary Care Nursing; Grad Cert Diabetes Education)	
Finance and Administration Manager	Mary Lawler (Bachelor of Business)	
Health Promotion Manager	Lee-Ann Reader (Cert. III Fitness, Cert. IV Nutrition, Cert. IV Personal Training, Bachelor of Business)	
Aboriginal Health Program Manager	Jenon Batty (Grad Dip Public Health, Bachelor of Applied Science Human Movement)	
Information Officer	Jarom Leone (Cert IV Management)	
Finance/Administration Officer	Shani Williams (Bachelor of Exercise and Sport Science)	
Service Location	Darwin	Alice Springs
Diabetes Nurse Educators	Mengying Su (RN - Bachelor of Nursing Grad. Cert. Diabetes Education, CDNE) Kaye Shipard (RN - Bachelor of Nursing, Grad. Cert. Diabetes Education, CDNE) Evelyn Sanchez (RN – Bachelor of Nursing, Grad. Cert. Diabetes Education, Certificate IV Business, BSc. Pharmacy) Leanne Kuchel (Long Service Leave) (RN - Bachelor of Nursing, Grad. Cert. Diabetes Education, CDNE)	Helen Coburn (RN – Masters of Nursing – Diabetes Education and Management, Masters of Public Health Post Grad. Cert. in Renal, CDNE)
Cardiac Nurse Educators	Melanie Smith (RN - Bachelor of Nursing, Grad. Cert. Critical Care Nursing, Cert. IV Training and Assessment) Caroline Atkins (RN - Bachelor of Nursing, Masters of Public Health) Annette Warren (RN – Bachelor of Nursing Grad. Cert. Crit. Care, Diploma of Education)	Karen Stortenbeker (RN - Grad. Dip. Nursing (Critical Care), Grad. Cert. Mental Health Practice, Masters of Counselling, Grad. Cert. Indigenous Engagement)
Nutrition Educators	Andrea Rossides (Bachelor of Nutrition and Dietetics, APD, Grad. Cert. Diabetes Education, DE) Annette Robson (Bachelor of Nutrition and Dietetics, APD, Grad. Cert. Diabetes Education, DE)	Anissia Fairlie (Bachelor of Nutrition and Dietetics, APD, Grad. Cert. Diabetes Education, CDE)
Physical Activity Officer	Jacinta Bandias (Cert. IV Fitness)	
Customer Service Officers	Beverly Mitchell	Janice Barnes

High priority is given to Continuing Professional Development for our health professional staff given the specialised role they play in supporting other health professionals, training and provision of advice to clients. Healthy Living NT acknowledges the support provided by the NT PHN for health professional CPD during the year.



The Board of the Association established a Fellowship in 2005 to recognise Bill Raby's contribution to the well-being of people with diabetes in the NT. From 2005-2015, the Fellowship supported 30 health professionals residing in the NT with financial support of over \$97,000 to increase their knowledge of diabetes through CPD activities. In June 2016, a refreshed Fellowship was launched with objectives realigned to more relevant and contemporary goals, offering funding to two groups:

- **Youth affected by diabetes** – to support activities which promote learning about how to best manage diabetes as soon as possible after diagnosis, and
- **Community-based organisations** - to support the development of community-based solutions aimed at supporting healthier lifestyles and improving community awareness of healthy lifestyles through small preventive chronic disease health projects.

The contemporary Fellowship objectives more closely reflect Healthy Living NT's consumer base and strategic expansion into formal health promotion through acquisition of the *Life. Be In It* brand in the NT. The Fellowship is administered by an independent Board of Governors (listed on page 3), appointed by Healthy Living NT on an honorary basis for their expertise/eminence in their particular field.

In the 7 years since the Fellowship was revitalised in 2016, funding of ~\$108,998 has been awarded to 46 community health promoting projects and youth with diabetes:

- 20 youth with diabetes (type 1 and type 2) have been supported to attend both NT and interstate diabetes camps and to link into diabetes support networks using contemporary media. Over \$11,000 has been awarded directly to youth with diabetes.
- 26 community groups have been supported to initiate a range of health promoting projects as diverse as community health education and support, diabetes youth support, community cookbooks and healthy eating projects, community and school gardens and physical activity projects or equipment. ~\$97,458 has been awarded directly to community organisations.

In 2022-23, the Fellowship Board awarded \$10,000 in funding grants as follows:

- \$5,000 to Children's Ground to make a film clip for Merne Mwerre, a new Arrente song for young people as a call to action to stay healthy and strong, eat good food and bush tucker.
- \$5,000 to the Ironbark Aboriginal Corporation to establish a Knuckey Lagoon Community Market Garden.

Examples of outcomes from previous grants are shown below.

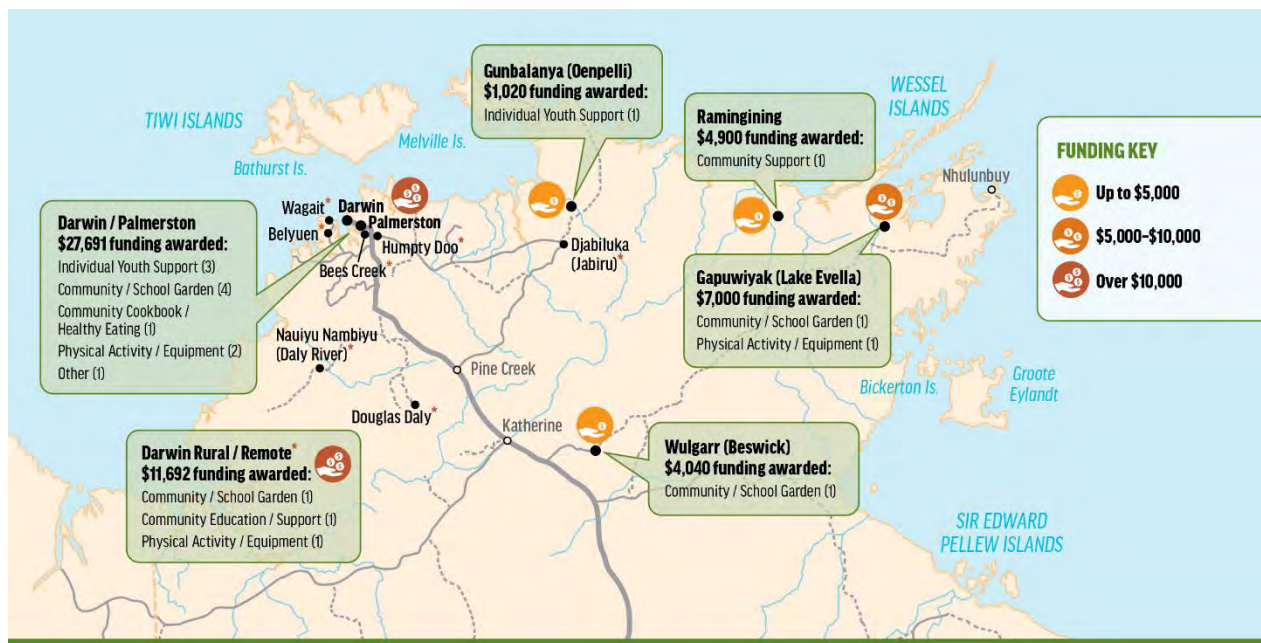


Aquaponics Food Garden
Malak Primary School

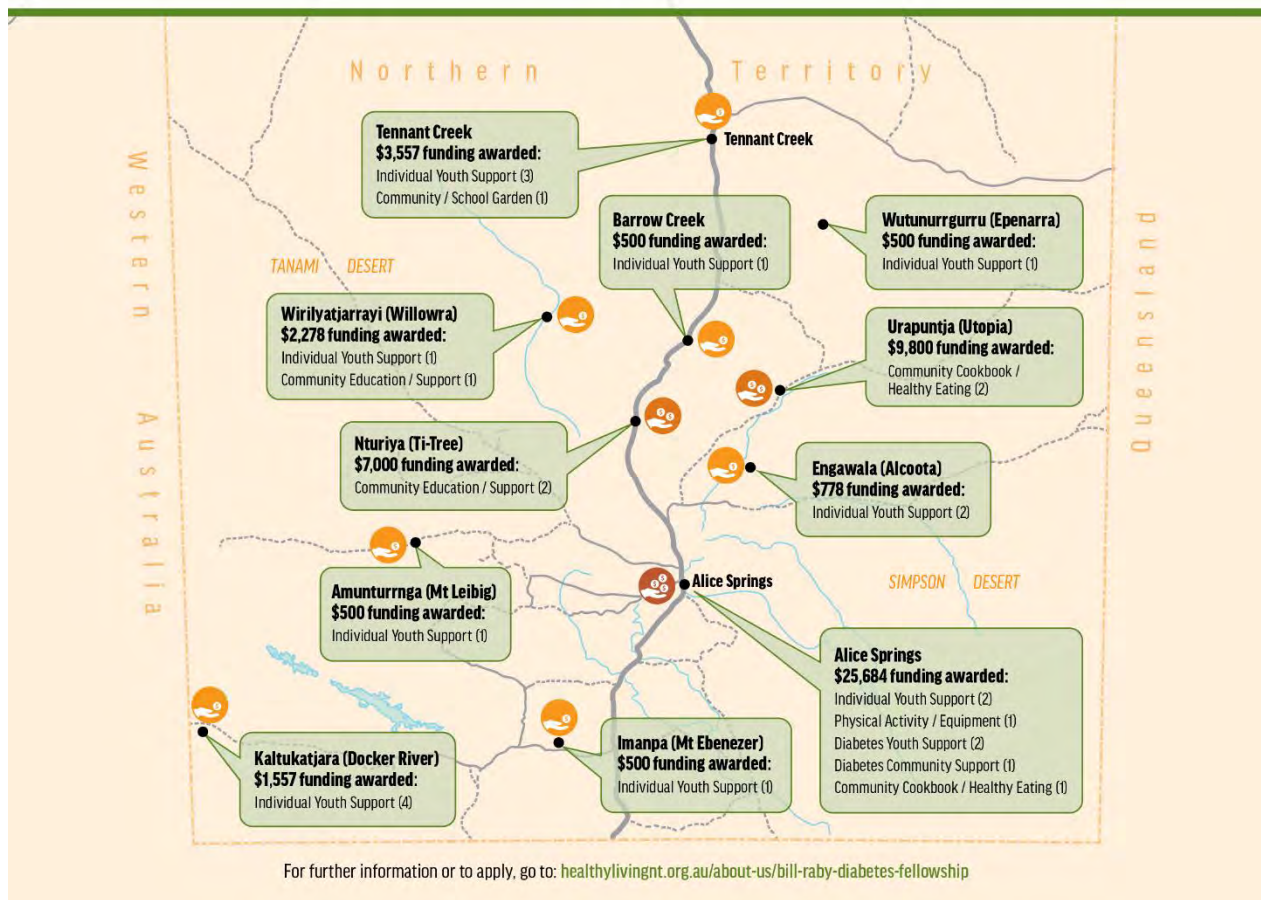


Gurrutu (kinship) map
Bula'Bula Arts in Ramingining

The contribution of the Fellowship to the NT community over the 6 years 2016-2022 is shown below.



2016-2022 FUNDING BY REGION



For further information or to apply, go to: healthylivingnt.org.au/about-us/bill-raby-diabetes-fellowship

As a member-based organisation, committed to improving the lives of people with diabetes in the NT, Healthy Living NT maintained sound performance in 2022-23. In addition to a range of discounted products and four educational magazines per year, Healthy Living NT Members receive a range of value-added benefits including enhanced resource access on our website.

One of the prime benefits of Healthy Living NT membership is our quarterly magazine, *Territory Way*. *Territory Way* is designed to provide members with management, educational and product advice with particular relevance to the NT. An active reader feedback mechanism assists to incorporate reader preferences and information needs into the publication. *Territory Way* is also distributed to all politicians, GP and allied health practices, health clinics and relevant government and community organisations in the NT.



Advocacy continues to consume a large portion of the Association's resources, both at an individual level and broadly on behalf of people with diabetes/chronic conditions. Major areas of Healthy Living NT advocacy during the year included:

- access to driver's licences for people with a chronic condition and workplace issues,
- work with the NT diabetes network focussing on improving diabetes care for Aboriginal children and youth in urban and remote communities and culturally safe diabetes prevention and management programs in primary health services, and
- promoting awareness of the unique primary health care needs of people living in rural and remote Australia in the context of national programs and initiatives.



Healthy Living NT is a founding member of the Good Health Alliance NT, representing all major non-government chronic disease organisations in the NT.

The purpose of the Alliance is to collectively advocate for improved chronic disease prevention and management services in the NT.

Healthy Living NT also maintains a strategic alliance, the *Independent Diabetes Group*, with our counterparts in Western Australia and South Australia – areas of the country which face similar geographical and community challenges as the Northern Territory. By working together and exchanging program and service technologies our collective goal is to improve opportunities for people with diabetes in the community to receive the best available support options they require.

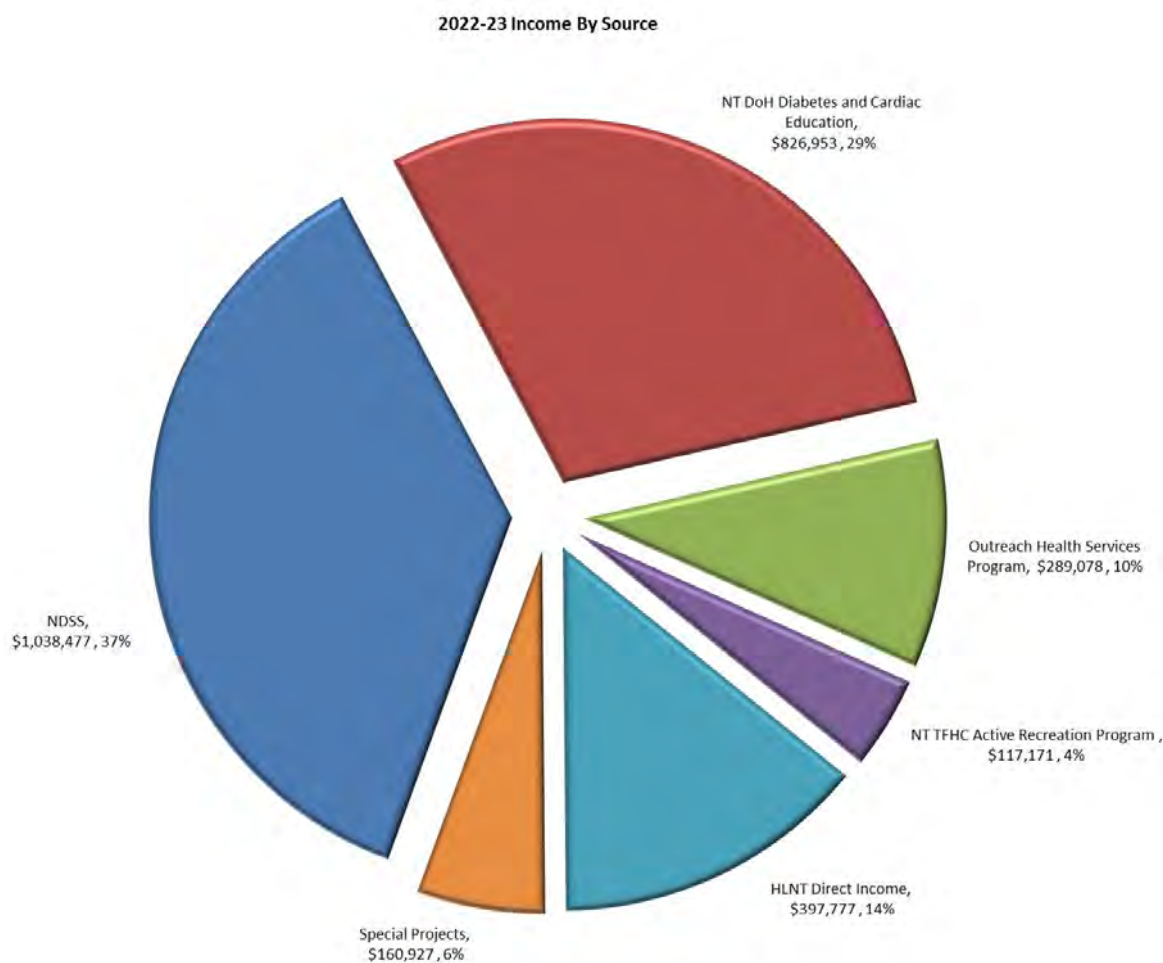
Collaborations 2022/23	
Organisation	Description
NT Department of Education	Provision of services under <i>Life. Be In It</i>
NT Department of Health - Top End Health Service	Diabetes and cardiac education service provision
NT Department of Health - Central Australian Health Service	Diabetes and cardiac education service provision
NT Department of Health - Community Health	Health professional diabetes and cardiac education
NT Department of Health - PCDU	Health professional diabetes and cardiac education
NT Department of Health - PCDU	Steering Committee member
NT Department of Health - PCDU	Managing seed funding for conference and Commonwealth sponsorship
NT Department of Health - RDH Cardiology Team	Various committee memberships for Cardiology services
NT Department of Health - RDH Endocrinology Team	Weekly education meetings and case reviewing
NT Department of Health - RDH Paediatric Team	Paediatric Endocrinology Services from HLNT offices
NT Department of Health - RDH Paediatric Team	Diabetes in Schools NDSS program
NT Department of Health - RDH Cardiac Coordinators	Cardiac Rehabilitation Services
NT Department of Health - ASH Cardiac Coordinators	Cardiac Rehabilitation Services
NT Department of Health - Palmerston CCC	Diabetes and cardiac education service provision
NT Department of Health	Health Promotion into Knuckeyes Lagoon and Bagot Communities
NT Department of Territory Families, Housing and Communities	Provision of services under <i>Life. Be In It</i>
Commonwealth Department of Health	Working Group NDSSE
Diabetes Australia Ltd	Multiple Working groups for the administration of the NDSS
Primary Health Network Northern Territory	Remote diabetes, cardiac education and dietetic education (MOICD)
NT DoH, non government health organisations	NT Diabetes Network
Wurli Wurlinjang	Remote dietetics and cardiac education (MOICD)
Katherine West Health Board	Remote Diabetes Educator services (MOICD)
Darwin Endocrinology Centre	Administration of private services
NT Department of Health, Menzies School of Health	Diabetes Across the Lifecourse Partnership
National Association of Diabetes Centres	Best Practice in Diabetes Centres
Baker IDI	Service provision collaboration and opportunities
Batchelor Institute	Education sessions for AHP courses
NT Cardiac	Service provision collaboration and opportunities
Darwin Podiatry	MOICD collaboration
YMCA	Service provision collaboration
JDRF	Support
Flinders University	Student placements
Deakin University	Student placements
Darwin City Council	Provision of services under <i>Life. Be In It</i>
Palmerston City Council	Provision of services under <i>Life. Be In It</i>
School of the Air	Provision of services under <i>Life. Be In It</i>
Litchfield Shire Council	Provision of services under <i>Life. Be In It</i>
Playgroup NT	Provision of services under <i>Life. Be In It</i>
Larrakia Nation	Provision of services under <i>Life. Be In It</i>
Bagot Community	Provision of services under <i>Life. Be In It</i>
Knuckey Community	Provision of services under <i>Life. Be In It</i>
Palmerston Indigenous Village	Provision of services under <i>Life. Be In It</i>
Minmarama Community Workshop	Provision of services under <i>Life. Be In It</i>
Palliative Care NT	Provision of services under <i>Life. Be In It</i>
Amity	Provision of services under <i>Life. Be In It</i>
COTA	Provision of services under <i>Life. Be In It</i>
Sponsors and Supporters	
Abbott Diabetes Care	Coles Supermarkets
Access Points	Woolworths Supermarkets
Asthma NT	Yeperenye Shopping Centre
First Class Graphic Design	National Heart Foundation
Bill Raby Diabetes Fellowship Governors	Diabetes SA and Diabetes WA
Cancer Council of the NT	Hollands Print Solutions

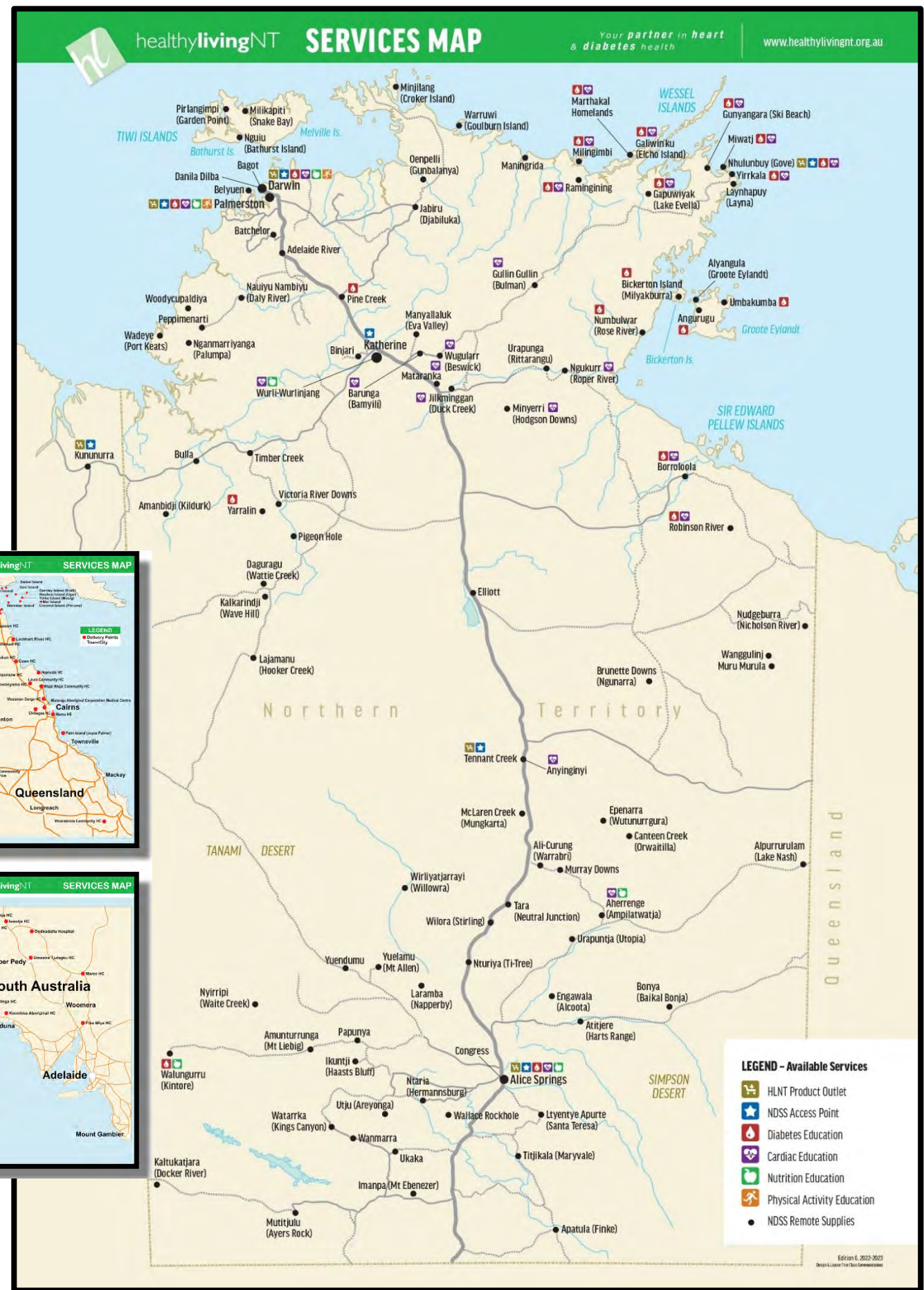
Healthy Living NT delivers a number of services and programs in the Northern Territory on behalf of external funders. All services provided by Healthy Living NT comply with relevant National and/or Territory legislation including the NT Carers Act 2006, *Working with Children* and mandatory reporting of domestic violence. External funders are shown below:

Services:	Funder/Auspicer
• National Diabetes Services Scheme	Diabetes Australia Ltd/Commonwealth Department of Health (DoH)
• Product supply to veterans	Department of Veterans' Affairs
• Diabetes and Cardiac Education Services	NT Department of Health (NT DoH)
• Free Syringe Program	NT Department of Health (NT DoH)
• Active Recreation Program	NT Department of Families, Housing and Communities
• NDSS Access Point	Commonwealth Department of Health (DoH)
• NDSS Rural and Remote Clinic Supply	Diabetes Australia Ltd./Commonwealth Department of Health (DoH)
• Diabetes, Cardiac and Dietetic Education	Outreach Health Services / MOICD – NT Primary Health Network /Commonwealth DoH (DoH)
• Minor service agreements	Varied minor agreements and projects

Healthy Living NT welcomes the opportunity of delivering services and projects in partnership with external funders and organisations. By harnessing the synergies of each service into seamless service provision to people with diabetes, heart and other chronic conditions, in combination with preventative health activities, Healthy Living NT seeks to maximise the value-add of each service and the overall collective benefit to the consumer.

Healthy Living NT sources of income from services (internal and external) are shown in the chart below.





Healthy Living NT is the NT Agent for the National Diabetes Services Scheme (NDSS). The NDSS is an initiative of the Australian Government administered with the assistance of Diabetes Australia Ltd (DAL). The NDSS provides:

- Access to subsidised essential blood glucose testing strips, syringes and pen needles used in the injection of insulin and injectable non-insulin blood glucose lowering medication, insulin pump consumables and continuous glucose monitoring products, and
- Information and support services on diabetes management for people with diabetes.

NDSS Agreements

Healthy Living NT is the Agent for the NDSS in the NT under the NDSS Head Agreement between the Commonwealth Department of Health (DoH) and DAL (2021-2024) for the delivery of ongoing NDSS services. This agreement features an increased centralisation and standardisation of services and digital by default service provision. Concurrently, Healthy Living NT is also an NDSS Access Point Agreement enabling NDSS product supply to education service clients and Rural and Remote Aboriginal Health Services in the NT, SA and QLD.

Product Access

NDSS products are available from:

- Healthy Living NT offices in Darwin and Alice Springs which supply:
 - NDSS products to diabetes education clients and remote registrants
 - NDSS bulk product orders from 141 Remote Area Aboriginal Health Services (RAAHS) in the NT, QLD and SA on behalf of people with diabetes in their care. Locations of these clinics are shown on the maps on the preceding page. Under this arrangement, Healthy Living NT delivered over 9,468 units of product in 334 supply episodes in 2022-23.
- 42 community pharmacy Access Points located in all urban NT centres and Kununurra in WA as shown in the below table, representing over 95% of community pharmacies in the NT. Many Access Points offer a fully integrated service that includes the complete range of Healthy Living NT products and education and information material.

• Alice Springs Pharmacy	• Chemist Warehouse Casuarina	• PharmaSave Howard Springs Pharmacy
• Wizard Pharmacy Casuarina	• PharmaSave Casuarina Village	• Kununurra Pharmacy
• Zuccoli Pharmacy	• Better Health Pharmacy Coolalinga	• PharmaSave Katherine Pharmacy
• United Chemists Alice Springs	• Chemist Warehouse Coolalinga Central	• Territory Pharmacy Terrace
• Northside Pharmacy NT	• Chemist Warehouse Darwin GPO	• Gove Pharmacy
• Priceline Pharmacy Alice Springs	• Territory Pharmacy Stuart Park	• Territory Pharmacy Palmerston
• Territory Pharmacy Alice Springs	• Chemist Warehouse Darwin	• PharmaSave Palmerston Pharmacy
• Berry Springs Pharmacy	• Chemist Warehouse Ludmilla	• Palmerston GP SuperClinic Pharmacy
• Amcal Max Night & Day Casuarina	• Nightcliff Amcal + Pharmacy	• Chemist Warehouse Durack
• Territory Pharmacy Northpharm	• Blooms the Chemist Parap	• Blooms the Chemist Bakewell
• Chemist Warehouse Marrara	• Blooms the Chemist Darwin Galleria	• Pharmacy 4 Less Palmerston
• PharmaSave Casuarina Square	• Blooms the Chemist Darwin Plaza	• Amcal+ Palmerston Health Centre
• Hibiscus Day and Night Pharmacy	• Chemist Warehouse Darwin Mitchell St	• United Chemists Tennant Creek
• PharmaSave Karama Pharmacy	• Large Amcal Chemist	• Winnellie Compounding Pharmacy

Registrant Support Services

The NDSS delivers information and a range of Registrant Support Services to people with diabetes to assist them with managing their diabetes. This includes NDSS Starter Packs for newly registered people, tailored information sheets and online programs.

NDSS Registrant Services fund support of diabetes education services focusing on provision of initial basic group education to people newly diagnosed with diabetes. Through group education programs, in 2022/23, Healthy Living NT reached 92% of women newly registered with the NDSS with gestational diabetes (GDM) and 66% of people newly registered with the NDSS with type 2 diabetes. Healthy Living NT also provided training to Access Point staff on a regular basis and undertook a variety of NDSS community awareness and health professional upskilling activities throughout the year.

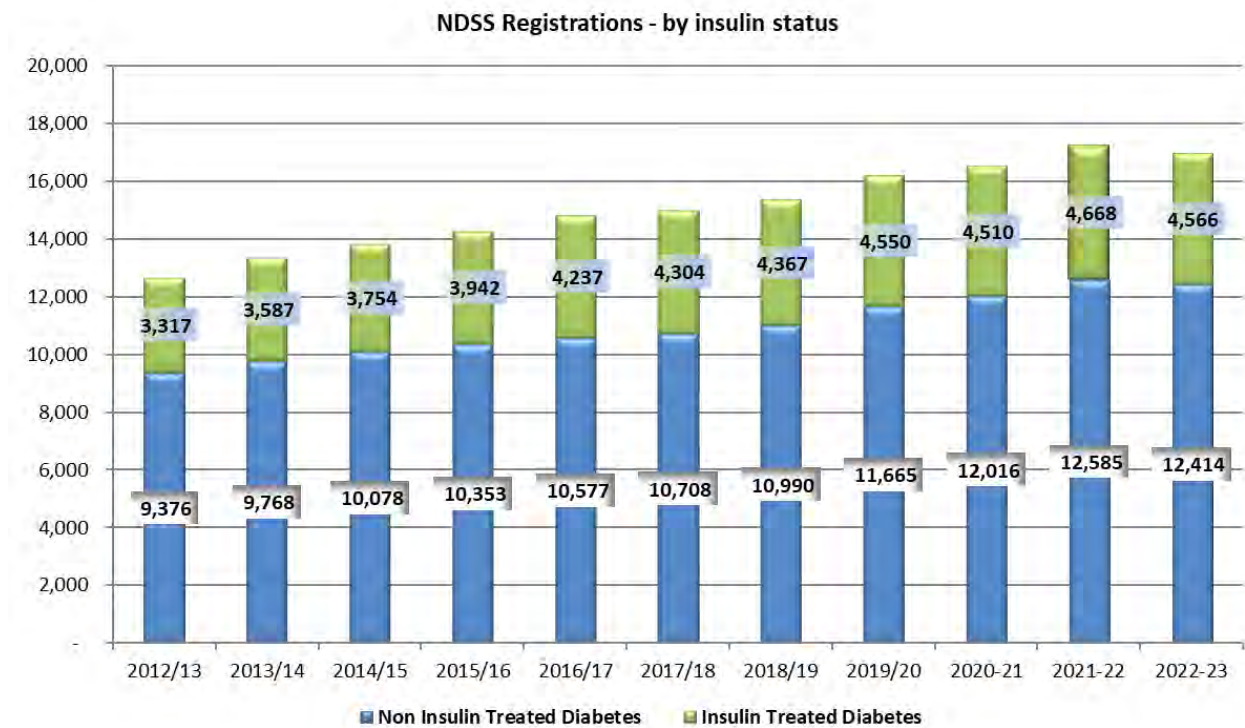
In addition, Healthy Living NT delivers the NDSS Aboriginal and Torres Strait Islander program *Diabetes Yarning* in the NT (page 32) and provides support for the NDSS *Diabetes in Schools* program (page 33).

Registrations

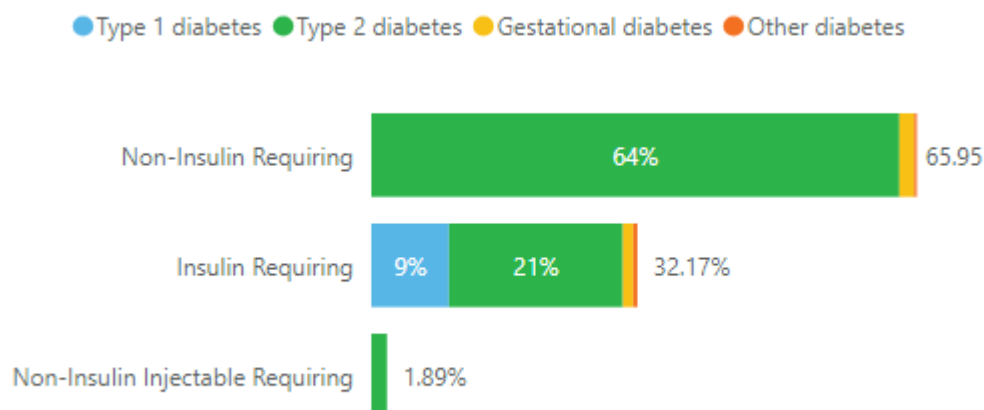
Following National Death Index data cleansing during the year, NDSS registrations in the NT as at 30 June 2023 stood at 16,980, including 1,099 new registrants in 2022-23. Of total NT registrations:

- 45% (7,641) comprise people of Aboriginal and/or Torres Strait Islander descent and
- 27% (4,566) comprise people who manage their diabetes through the use of insulin, including people with type 1, type 2 and GDM.

New GDM registrations comprised 53% of total new NT NDSS registrations in 2022-23.



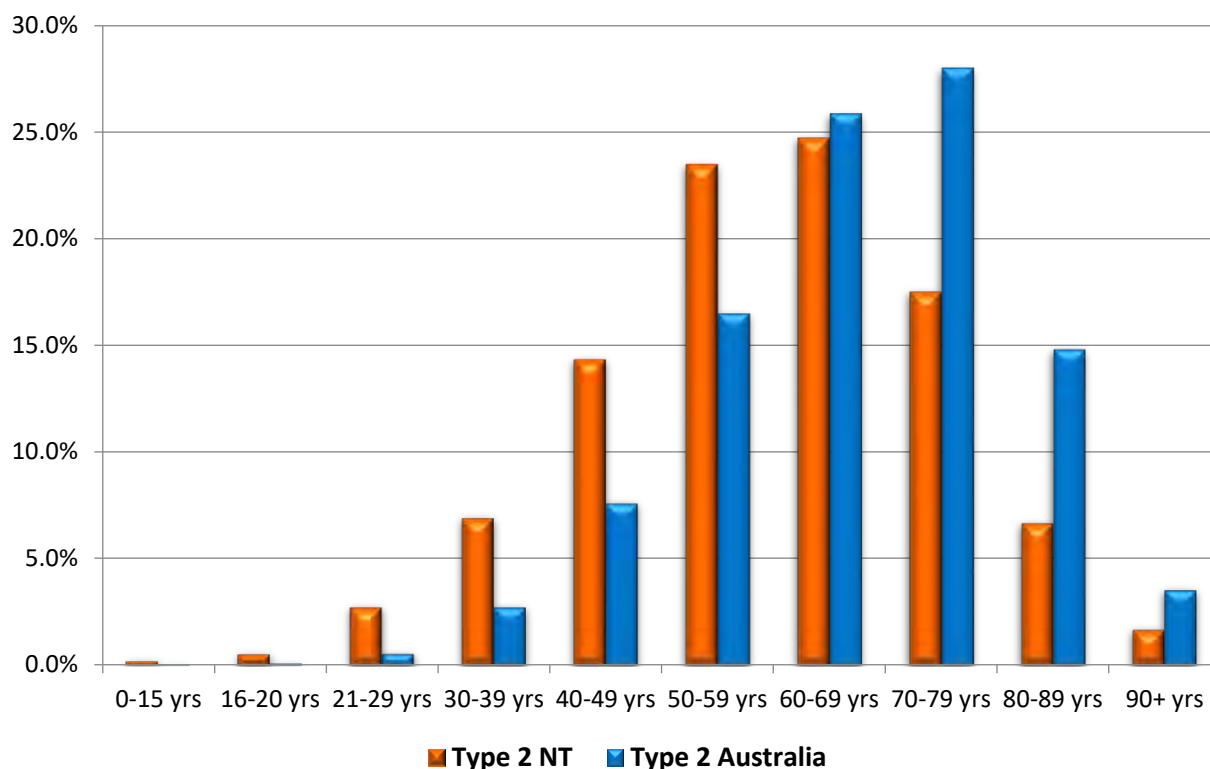
Current registrants by type of diabetes and insulin requirements are shown in the chart below.



The NT's diabetes profile differs significantly to that of Australia. The NT has:

- A lower proportion of people with type 1 diabetes (5% vs. 9% nationally);
- A higher proportion of people with gestational diabetes (4% vs. 3% nationally);
- A higher proportion of Aboriginal and/or Torres Strait Islander NDSS Registrants (45% vs 4% nationally);
- A higher proportion of people with type 2 diabetes (NT=91% vs. 87% nationally). Additionally, type 2 NDSS registrations in the NT are markedly different to the national profile with 48% of people with type 2 diabetes in the NT aged below 60 years, compared to only 27.5% nationally. This is illustrated in the chart below.

**Type 2 NDSS Registrants by Age Group (%):
NT vs. Australia 30 June 2023**



NT Free Syringe Scheme Overview

Under an agreement with Healthy Living NT, the NT Department of Health funds the provision of free syringes and pen needles to NT residents who:

- are NDSS registrants and have insulin requiring diabetes or are prescribed injectable non-insulin blood glucose lowering medication or
- have another chronic medical condition requiring the use of needles or syringes in its management.

In practice, this means the NT Government pays the patient co-payment on syringes and pen needles (\$8 or \$5 per box of 100) for eligible NT residents registered with the NDSS or the full cost of needles or syringes supplied to people with other chronic medical conditions requiring these products. Administered by Healthy Living NT, the scheme is well supported by people with diabetes as it further reduces the cost of diabetes management in a practical manner and lessens the economic need for people with diabetes to re-use their needles and syringes.

The results of the scheme's operation in the NT in the 12 months to 30 June 2023 were:

- The overall volume of needles and syringes supplied was 7,652 (boxes of 100) representing an increase over the previous 12 months (2021/22=7,314);
- Products were supplied to 4,545 NDSS registrants (2021/22=4,301 registrants), averaging out at ~1.7 boxes per accessing registrant (2021/22=1.7 boxes/accessing registrant);
- There was no demand for free products to people with another chronic medical condition.

2022/23 Services Overview

In 2022/23, 12,766 people have accessed direct education services and activities through Healthy Living NT. This comprises:

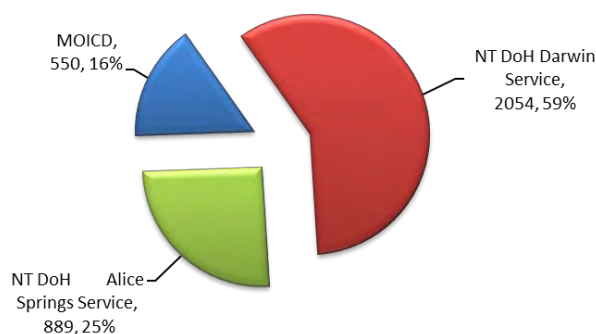
- 3,493 clients with diabetes were provided with education across all services (2021/22 = 3,245)
- 656 clients with heart conditions were provided with education across all services (2021/22 = 689)
- 90 clients with a range of chronic conditions (diabetes, heart disease, respiratory disease, cancer and kidney disease) were provided with specific nutrition education under the MOICD program (2021/22 = 88)
- 6,178 people participated in physical activity and lifestyle modification, health promotion activities via specific programs and activities including the Bagot and Knuckey Lagoon Healthy Lifestyles programs. These were delivered through Healthy Living NT's *Life. Be in it* brand, with 7,975 episodes of interaction. (2021/22 = 4,689 total participants with 5,533 episodes)
- 114 clients received private dietetic support (47 newly referred and 67 review clients)
- Community Education activities (70 attendees) and Health Professional education information face to face (437 health professionals).
- Additional phone services – HLNT HP staff managed 902 phone calls from other health professionals, 198 phone calls from people with cardiac conditions, 529 phone calls from people with diabetes, 7 people who had enquiries about both diabetes and cardiac issues and 92 other members of the general public.
- 23% (1,027) of all clients accessing the diabetes, cardiac and MOICD education services identified as Aboriginal and/or Torres Strait Islander (2021/22 = 1,115).

Diabetes Clients

59% of clients with diabetes were educated through the NT DoH Darwin service, 25% through the NT DoH Alice Springs service, 16% through the MOICD service.

15% (536) of diabetes clients seen across all services identified as Aboriginal and/or Torres Strait Islander.

2022/23 Diabetes Client Breakdown
- All Services

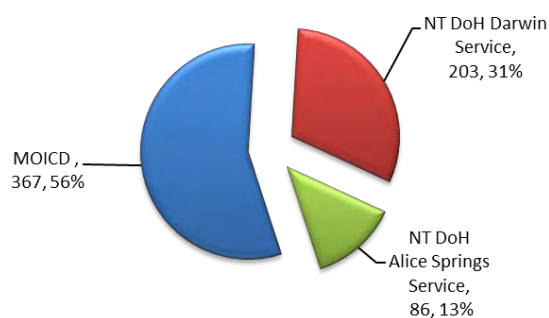


Cardiac Clients

31% of clients with cardiac conditions were educated through the NT DoH Darwin service, 13% through the Alice Springs NT DoH service and 56% through the MOICD service.

61% (403) of cardiac clients seen across all services identified as Aboriginal and/or Torres Strait Islander.

2022/23 Cardiac Client Breakdown
- All Services



Diabetes Education Service (urban NT DoH Service Agreement)

Diabetes education services are provided face to face for Darwin and Alice Springs locations, supported by a flexible model of care incorporating a telephone/telehealth service. The services are funded primarily by the NT Department of Health, supplemented by NDSS funding (for the *Getting Started Group*, the *Gestational Diabetes Group*, the *Diabetes in Schools Program*, *Diabetes Yarning* and NDSS resources) and supported by Healthy Living NT through additional funding, management and administration expertise.

Healthy Living NT operates and develops diabetes education services based on national best practice guidelines and quality standards, including those published by the Australian Diabetes Educators Association, the *CARPA Treatment Manual* and the *RACGP Diabetes Management in General Practice*.

Newly Diagnosed Education

The purpose of Healthy Living NT's education packages for people newly diagnosed with diabetes is to provide the client with a comprehensive understanding of their diabetes, sufficient for them to commence immediate self-management initiatives.

For people with newly diagnosed type 2 and pre-diabetes, Healthy Living NT's preference is for education delivery in an initial group session of 2.5 hours. Women with GDM are educated in a group session of 1.5 hours. This provides efficiencies in the education service by enabling the same basic information to be imparted to a group of people; it has the added benefit of showing the person newly diagnosed with diabetes that they are not isolated in their condition or concerns.

Initial group education sessions called the *Getting Started Group* are scheduled:

- Fortnightly for new type 2 and pre-diabetes clients in the Darwin office, monthly in Palmerston and monthly in the Alice Springs office; and
- Weekly groups for new GDM clients held at the Darwin office.

Individual initial and review education is provided to:

- all new/newly diagnosed clients with type 1 diabetes or those with type 2 diabetes commencing insulin therapy;
- all Alice Springs GDM clients;
- any client for whom English is not a first language and where an interpreter may be required;
- any client with physical or mental impairment e.g. deafness, impaired vision, lack of mobility etc.;
- any client who cannot, or does not wish to, attend a group education session.

Review Education

Review education for people with type 2 diabetes is provided individually to clients after their initial appointment. Clients requiring further individual reviews post initial education are assessed by the educators or GP and are booked as needed. Due to funding constraints, further cyclical individual appointments are not available for continuous ongoing care. Instead Healthy Living NT provides quarterly Touching Base group activity sessions which continue to support clients with education and resources for self-management of diabetes.

Clients undergoing insulin stabilisation are often reviewed on a weekly basis (face to face or phone) until optimum management has been obtained. Clients who have GDM are reviewed initially on a weekly basis.

Type 1 Services

2022/23 has seen a significant increase in services delivered by Healthy Living NT for clients with type 1 diabetes in both Darwin and Alice Springs. This is due to:

- Expansion of NDSS subsidies increasing the number of people with type 1 diabetes accessing CGM technology.
- The employment of a CDNE in Alice Springs who has specialised pump and CGM skill sets that other staff in Alice Springs do not have. Additionally, an Endocrine Registrar from Alice Springs Hospital attends a weekly session at Healthy Living NT's Alice Springs office.

The time commitment required to start someone on a new pump, change over to a new pump, commence on CGM and then review pumps/CGM and adjust advice accordingly, has greatly impacted appointment times in both the Alice Springs and Darwin offices.

Education Venues

Scheduled client education services are delivered from a variety of venues, including directly from:

- Healthy Living NT's Tiwi and Alice Springs offices
- Palmerston Community Care Centre

2022/23 Diabetes Client Overview (urban NT DoH Service Agreement)

In 2022/23 the diabetes education service directly educated 2,943 people with diabetes, an average of 245 per month. 70% of clients were educated by the Darwin service, an average of 171 clients per month (a decrease of 15% from 2021/22); 30% of clients were educated by the Alice Springs service, an average of 74 clients per month (an increase of 261% from 2021/22).

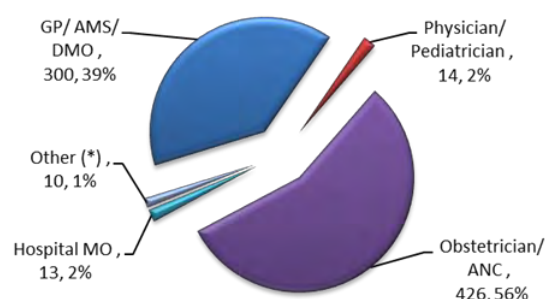
New clients represented an overall 32% of clients (41% of Darwin clients and 9% in Alice Springs); review clients comprised the remaining 68%. More detailed information is in the table on page 22. Other notable factors include:

- Overall, 29 clients commenced insulin/ an injectable in a community setting provided by Healthy Living NT in collaboration with the client's GP. A further 640 reviews of insulin therapy were undertaken (up by 68%);
- 75 clients were commenced on CGM/flash devices with a further 194 reviews of their CGM (since Feb 2023);
- 13 clients were started on or changed over with an insulin pump with a further 124 reviews of their pump management (since Feb 2023);
- 130 clients identified as Aboriginal and/or Torres Strait Islander;
- 21 clients attended *Touching Base* groups;
- 1% (28) clients were living outside of the Darwin/Palmerston and Alice Springs areas

An overriding protocol of the diabetes education service is that all clients should have a referral from a Medical Officer as it ensures better client care and continuity of care within a multi-disciplinary team.

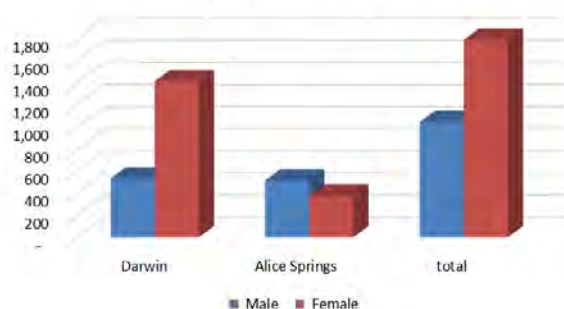
In 2022/23, a total of 763 referrals were received for new clients who attended services. Where clients are not directly referred, they are asked if they want information to be sent back to their current GP.

2022/23 Source of Referrals

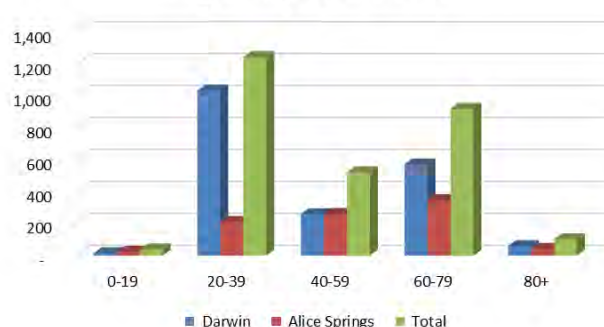


(*) referrals from other allied health professionals

Gender of Clients



Age Groupings of Clients



Service Effectiveness Indicators

The Net Promoter Score for the:

- *Getting Started Group* (for people newly diagnosed with type 2 diabetes) was 79.6;
- *Gestational Diabetes Group* (for women newly diagnosed with GDM) was 75.7.

At the first review appointment following either group or initial education, 86% of Darwin clients and 77% of Alice Springs clients had made a behaviour change. This indicates that people are acting on the information and support they receive and are displaying behaviours of self-management.

Additionally, 59% of GDM women required priority referral to Medical Officers for not meeting *ADIPS* recommendations for lifestyle management of their diabetes in pregnancy. This is an indicator of where early intervention can prevent adverse longer-term outcomes.

Diabetes Client Services 2022/23 NT DoH Service Agreement	Darwin			Alice Springs			Total 2022/23	
	No. 22/23	%	% Change 2021/22	No. 22/23	%	% Change 2021/22	No. 22/23	% Change 2021/22
Total New Clients:	850	41%	-8%	83	9%	41%	933	-5%
Type 1 diabetes	28	3%	33%	27	33%	1250%	55	139%
Type 2 diabetes	266	31%	11%	55	66%	-2%	321	9%
GDM (Gestational Diabetes)	542	64%	-6%	0	0%		542	-6%
IGT (Impaired Glucose Tolerance)	14	2%	75%	1	1%	0%	15	67%
Educated individually (F2F)	120	14%	-33%	73	88%	128%	193	-9%
Educated by Group*	724	85%	8%	5	6%	-67%	729	7%
Educated by Telehealth/Phone	6	1%	-92%	5	6%	-58%	11	-87%
Time since diagnosis < 3 months	525	62%	-3%	14	17%	56%	539	-3%
Appointment Booking Time Exceeded	0	0%		0	0%		0	0%
Did Not Attend	72	8%	24%	0	0%		72	24%
Referred by								
GP/ AMS/ DMO	259	37%	13%	41	76%	86%	300	20%
Physician/Pediatrician	14	2%	56%	0	0%		14	56%
Hospital MO	1	0%	-67%	12	22%	1100%	13	225%
Obstetrician/ANC	426	60%	-19%	0	0%		426	-19%
Other **	9	1%	-10%	1	2%	-50%	10	-17%
Total Referrals	709	83%	-9%	54	65%	116%	763	-5%
Total Review Clients:	1,204	59%	-20%	806	91%	331%	2,010	19%
Type 1	111	9%	11%	493	61%	6943%	604	464%
Type 2	540	45%	-15%	311	39%	85%	851	6%
GDM	507	42%	-31%	0	0%		507	-31%
IGT	27	2%	23%	0	0%	-100%	27	17%
% of clients who had a behaviour change at 1st review	86%	0%		77%	0%		NA	
% of GDM high priority referral req.	59%			NA			59%	
Insulin/Injectable Initial	22	2%	0%	7	1%	-22%	29	-6%
Insulin Stabilisation Review	309	26%	0%	331	41%	353%	640	68%
CGM/ Flash startup ***	16	1%		59	7%		75	4%
CGM/ Flash review ***	37	3%		157	19%		194	10%
Insulin pump start/ change over ***	0	0%		13	2%		13	1%
Insulin pump review ***	0	0%		124	15%		124	6%
Educated by Telehealth/Phone	426	35%	-11%	220	27%	129%	646	12%
Seen by DNE	661	55%	-15%	782	97%	398%	1443	54%
Seen by Dietitian	507	42%	-25%	22	3%		529	-24%
Appointment waiting time >10 mins	1	0%	-80%	0	0%		1	-80%
Did Not Attend	173	14%	3%	34	4%	325%	207	18%
Touching Base (total attendees)	19	2%	-10%	2	0%	-82%	21	-34%
Review Reminders (all sent from DRW)	291	24%	3%	NA			291	-19%
Total Clients	2,054	70%	-15%	889	30%	261%	2,943	10%
General								
Aboriginal/TSI clients	67	3%	-3%	63	7%		130	86%
Letters to Medical Officers	791	39%	-15%	62	7%	-15%	853	-15%
Clients seen externally	116	6%	7%	0	0%		116	7%
Significant Others Seen	353	17%	-2%	91	10%	810%	444	19%
Interpreters Used	12	1%	20%	0	0%		12	-8%
Information Packs (Hard or elec.)								
Type 1	12	1%	0%	3	7%		15	25%
Type 2	236	27%	4%	28	67%	-42%	264	-4%
Type 2 Insulin	13	1%	-50%	0	0%	-100%	13	-52%
GDM	601	68%	-9%	0	0%		601	-10%
IGT	16	2%	0%	1	2%	-50%	17	-6%
NDSS electronic	6	1%		10	24%		16	-47%
Total	884		-8%	42		-39%	926	-10%

* NDSS Co-funded activity ** includes other allied health *** collected from Feb 2023

Cardiac Education Service (urban NT DoH Service Agreement)

The new service agreement Healthy Living NT has with the NT DoH has focused cardiac education and rehabilitation services to cater better for the Phase 2 client group. Inpatient cardiac education in the Alice Springs and Royal Darwin hospitals is now delivered by their staff. This has allowed for a stronger model of the Healthy Heart Program to be delivered, adding a more formalised pre-program assessment of all clients.

Challenges around recruiting staff in Alice Springs has resulted in Healthy Living NT providing a hybrid model of service in Alice Springs. Healthy Living NT utilised telehealth models of care to provide Phase 2 services to the Central region. The services are funded primarily by the NT Department of Health, supported by Healthy Living NT through access to management and administration expertise and resources. The gains around strengthening the telehealth model has allowed staff to broaden the reach of services out of the Darwin and Alice Springs hubs. This is still however limited due to no increase in base funding since the service commenced in 2002.

Healthy Living NT operates and develops cardiac rehabilitation services based on national guidelines and quality standards, specifically *Australian Cardiovascular Health and Rehabilitation Association (ACRA) Core Components of Cardiovascular Disease Secondary Prevention and Cardiac Rehabilitation 2014* and the ACRA and Heart Foundation *Position Statement on Cardiac Rehabilitation: Face-to-face and telehealth delivery options 16 December 2020*.

Purpose and Mode of Education

Healthy Living NT cardiac services provide a range of cardiac rehabilitation and education services which aid people with heart conditions to get back into the community with a healthier lifestyle. Healthy Living NT delivers the Phase 2 and 3 options as follows:

- Phase 2 Healthy Heart Program (HHP) for cardiac patients discharged from hospital, those returning from cardiac intervention procedures interstate and patients referred from GPs. The program focuses on secondary prevention. It is designed to promote the continuance of lifestyle modification, self-management education and deliver appropriate physical activity after a cardiac event. The delivery of the Phase 2 HHP in Darwin and Alice Springs differs: in Darwin and Palmerston, two 4-week face to face group programs are delivered, while the Alice Springs program is based on a combination of individual telehealth and face to face consultations.
- Phase 2 Individual appointments are available to people seeking education who are not able to participate in the Healthy Heart Program.
- Phase 2 Telehealth/Phone program, developed late 2019 and strengthened in response to COVID-19 restrictions, proved popular with clients and is sufficiently flexible to deliver services to people living outside urban centres.
- Phase 3 maintenance commences at the completion of Phase 2 and involves referral to limited ongoing education opportunities through *Touching Base*.

Education Venues

Scheduled client education services are delivered from a variety of venues, including directly from:

- Healthy Living NT's Tiwi and Alice Springs offices
- Palmerston Community Care Centre



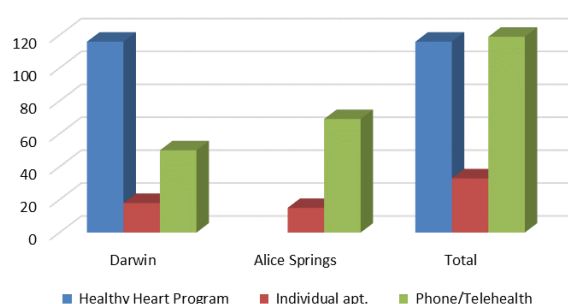
2022/23 Cardiac Client Overview (urban NT DoH Service Agreement)

In 2022/23, 268 clients were seen through Phase 2 programs. This included 116 Phase 2 clients attending the Healthy Heart program for 397 episodes (2021/22 = 68 clients and 237 episodes). There were 33 Phase 2 clients seen individually (2021/22 = 11) and 119 received a telehealth/phone program (2021/22 = 159).

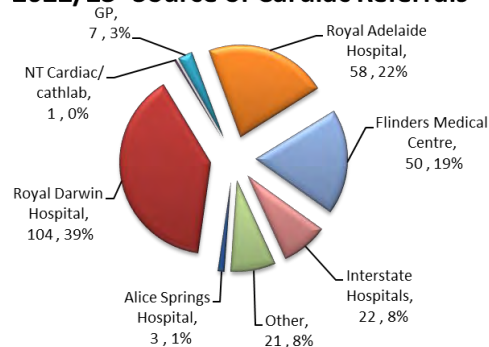
Notable statistics in 2022/23 include:

- 24% (63) of total Phase 2 clients identified as Aboriginal and/or Torres Strait Islander;
- 126 pre-program assessments were completed (with 119 clients proceeding to the Healthy Heart Program)
- 82 electronic or hard copy information packs were given out from the Darwin service and 63 from Alice Springs;
- 74 significant others attended the Healthy Heart Program and 44 significant others attended individual appointments or phone/telehealth with the client;
- 21 people attended Touching Base groups;
- 15% (39) clients were living outside of the Darwin/Palmerston and Alice Springs areas;
- The information response rate to urban referrals is calculated as a percentage dealt with within 10 days of receipt. 89% of referrals received in Darwin and 93% in Alice Springs were acted upon within this time frame.

Mode of Phase 2

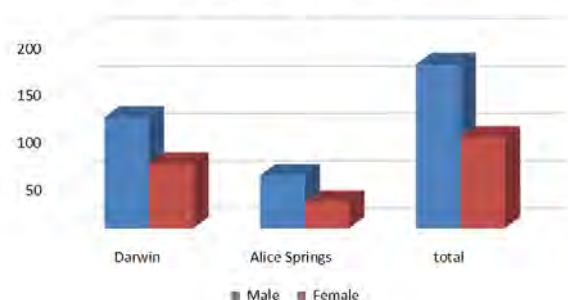


2022/23- Source of Cardiac Referrals *

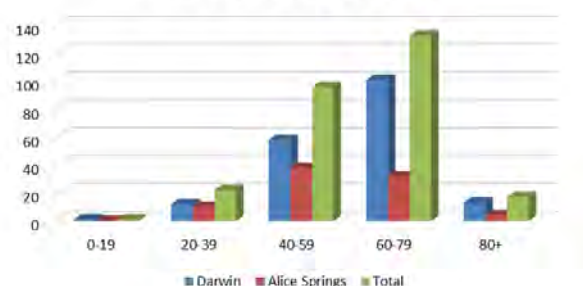


*Clients attending services

Gender of Clients



Age Groupings of Clients



Service Effectiveness Indicators

The Net Promoter Score for the *Healthy Heart Program* was 89.3.

- 77% of attendees fully completed the Healthy Heart Program and 84% completed at least 75% of the program;
- At the first review appointment / during the Healthy Heart Program, 84% of Darwin clients and 62% of Alice Springs clients had made a behaviour change. This indicates that people are acting on the information and support they receive and are displaying behaviours of self-management;
- 17% of cardiac clients assessed with the *PHQ4* mental health screening tool were identified as requiring further intervention and notified to their GP/ primary health service.

<i>Cardiac Client Services 2022/23</i> <i>NT DoH Service Agreement</i>	Darwin		Alice Springs		Total 2022/23	
	No.	% Change 21/22	No.	% Change 21/22	No.	% Change 21/22
Phase 2 - Rehabilitation						
Healthy Heart Program						
Clients seen in HHP	116	71%	0		116	71%
Total times sessions attended	397	68%			397	68%
<i>Tiwi</i>	198	57%			198	57%
<i>Palmerston</i>	199	79%			199	79%
Average number of sessions attended	3.4	-3%			3.4	-3%
Total number of education and exercise sessions held	84	25%			84	25%
No. completing the full program	89	82%			89	82%
No. completing at least 75% of the program	97	83%				
No. returning to or repeating the course	2	-78%			2	-78%
Significant others attending (episodes)	74	139%			74	139%
Phase 2 Individual Appointments (not with HHP)						
No. receiving individual appointments	18	80%	15	1400%	33	200%
No. Significant others attending (f2f or phone)	39	875%	5	-75%	44	83%
Phase 2 Phone Program initial						
Phone program initial	50	317%	69	-53%	119	0%
Phone program reviews	12		56	133%	68	
Phone program completions	48	300%	45	-54%	93	
Total Phase 2 Clients	184		84		268	13%
Phase 3 - Maintenance						
Touching Base education	19		2	-60%	21	320%
Other Service Indicators						
No. of ATSI people educated	31	417%	32	-44%	63	0%
No. of interpreters used	0		0		0	
No. of urban referrals	365	67%	86	-31%	451	31%
No. of Phase 2 remote referrals MOICD covered clinics	74	4%	10	0%	84	4%
No. of Phase 2 remote referrals non MOICD clinics	92		65	117%	157	
Letters to Medical Officers	315	135%	32		347	159%
% contactable urban referrals within 10 day timeframe	89%	98%	93%	11%	2	41%
% of clients who had a behaviour change at 1st review/ HHP	84%		62%			
Phase 2 packs (hard copy or electronic)	82	0%	23	-58%	105	
PHQ4 Assessments	179		29		208	
PHQ4 requiring referral	31		0		31	
Resident of:						
Katherine	3		3		6	
Nhulunbuy	0		1		1	
Tennant Creek	0		0		0	
Other Top End (past Darwin River)	12		3		15	
Other Central (out of Alice Springs)	0		17		17	
Total	15		24		39	
Source of Referrals (clients attended)						
ASH			3	-83%	3	-83%
RDH	104	32%			104	32%
DPH	1				1	
NT Cardiac/cathlab	1	0%			1	-50%
GP/AMS	5	0%	2		7	40%
RAH			58	-41%	58	-41%
FMC	41	32%	9	13%	50	28%
Interstate Hospitals	18	350%	4	-84%	22	-24%
Other	14	367%	7	600%	21	425%
Total	184		83		267	

Outreach Health Services (OHS)

Through the NT Primary Health Network (PHN), Healthy Living NT delivered a range of outreach health services under the *Medical Outreach Indigenous Chronic Disease (MOICD) program*. This program provides diabetes, cardiac and nutrition education services to remote communities throughout the Northern Territory. It aims to increase access to allied health services and expanded primary health care to assist with the management of chronic disease. Additional separate agreements were held with Wurli Wurlinjang Health Service and Katherine West Health Board Aboriginal Medical Services for the delivery of services under this program.

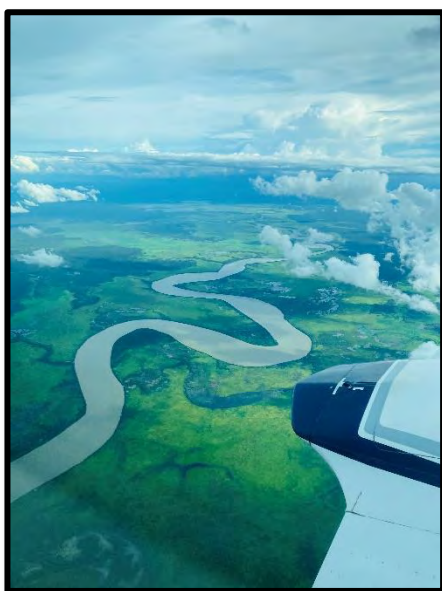
In 2022/23, Healthy Living NT was contracted to visit 27 remote communities, towns and Aboriginal Medical Services for a total of 296 days inclusive of diabetes, cardiac and dietetic education services. Services provided to communities are generally delivered with other allied health professionals such as podiatrists and exercise physiologists. All educators work as part of a multidisciplinary care team with the local Primary Health Care providers and feedback and coordinate care with both this team and any relevant specialists involved in the care of that person.

Communities and Aboriginal Medical Services provided with education services through MOICD and OHS services were:

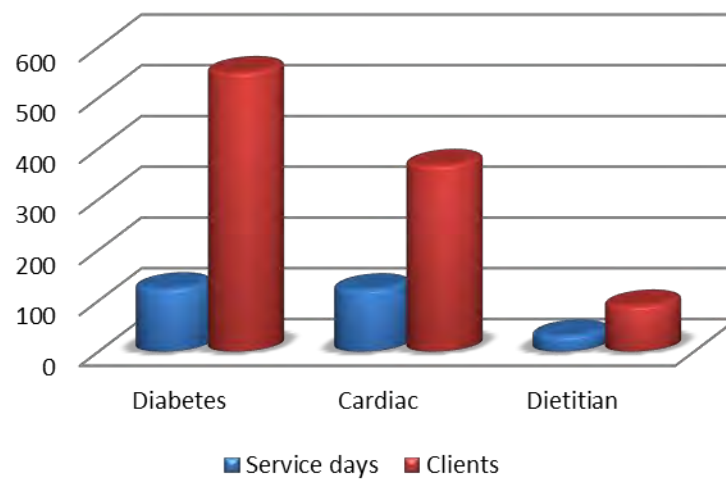
• Ampilatwatja (Cardiac and Dietitian)	• Milyakburra (Diabetes)
• Angurugu (Diabetes)	• Minyerri (Diabetes and Cardiac)
• Anyinginyi (Cardiac)	• Miwatj Main (Diabetes and Cardiac)
• Barunga (Diabetes and Cardiac)	• Ngukurr (Diabetes and Cardiac)
• Beswick (Diabetes and Cardiac)	• Numbulwar (Diabetes)
• Borroloola (Diabetes and Cardiac)	• Pine Creek (Diabetes)
• Bulman (Diabetes and Cardiac)	• Pintupi (Diabetes and Dietitian)- delayed
• Galawinku (Diabetes and Cardiac)	• Ramingining (Diabetes and Cardiac)
• Ganyangara (Diabetes and Cardiac)	• Robinson River (Diabetes and Cardiac)
• Gapuwiyak (Diabetes and Cardiac)	• Umbakumba (Diabetes)
• Jilkminggan (Diabetes and Cardiac)	• Wurli Wurlinjang (Dietitian and Cardiac)
• Marthakal Homelands (Diabetes and Cardiac)	• Yarralin (Diabetes)
• Mataranka (Cardiac)	• Yirrkala (Diabetes and Cardiac)
• Milingimbi (Diabetes and Cardiac)	

The 277 delivered service days represented 94% of total scheduled service days (296 days).

Additionally, a total of 159 clinic health professional staff were provided in-services totalling 29 hours while Healthy Living NT educators (diabetes, cardiac and dietitian) were visiting (refer to page 31 for more detail).



MOICD 2022-23



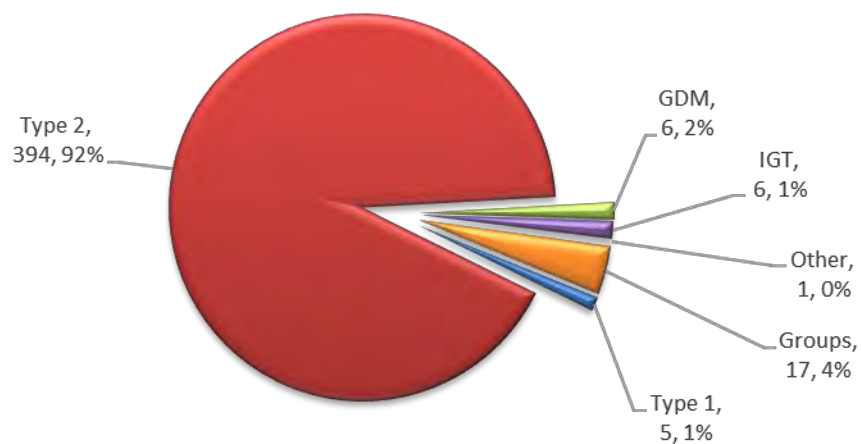
Diabetes Client Services

Under the MOICD program, the Diabetes Nurse Educators provided 124 days of service to 24 communities and delivered diabetes education to 550 clients and community members. Education was provided according to client and clinic need.

- 107 (25%) were newly referred clients and 322 (75%) clients were educated in review appointments;
- 17 community members (4%) participated in group education sessions;
- 86 family members/significant others were also seen with diabetes clients;
- 146 case conferences were conducted; and
- 406 clients (95%) identified as Aboriginal and/or Torres Strait Islander.

The average length of service day was 7.3 hours, comprising an average of 5.3 clinical hours per day and 2 hours of travel time per day.

People seen by diabetes diagnosis



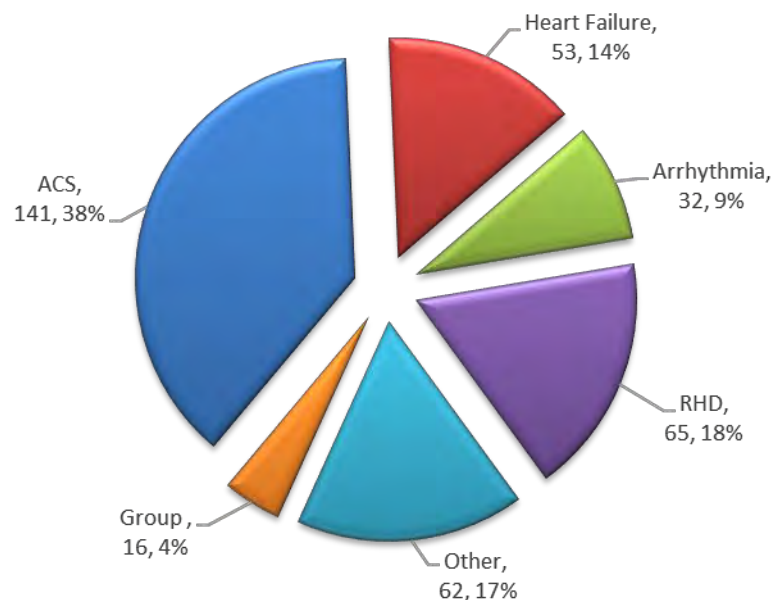
Cardiac Client Services

Under the MOICD program, the Cardiac Nurse Educators provided 122 days of service to 20 communities and delivered cardiac education to 367 community members and clients.

- 135 (37%) were newly referred clients and 232 (63%) clients were educated in review appointments;
- 16 clients (4%) participated in group education sessions;
- 46 family members/significant others were also seen with cardiac clients;
- 151 clients (43%) had been additionally diagnosed with diabetes;
- 3 clients were provided with education prior to a planned cardiac procedure/operation and 13 episodes of care were provided to clients within 6 months of returning to their community post a cardiac event/procedure/operation (cardiac rehabilitation client group);
- 178 case conferences were conducted;
- 340 clients (93%) identified as Aboriginal and/or Torres Strait Islander.

The average length of service day was 7.5 hours, comprising an average of 5.6 clinical hours per day and 1.9 hours of travel time per day.

People seen by cardiac diagnosis



Dietetic Client Services

Under the MOICD program, Healthy Living NT supplied an Accredited Practising Dietitian to 3 communities for 31 days of service. Two of these communities were not able to be serviced in the period due to logistical problems. The dietitian provided nutrition education to 90 people with a chronic condition(s).

- Chronic conditions recorded were:
 - Diabetes 37 (51%)
 - Heart Disease 37 (36%)
 - Kidney Disease 23 (32%)
 - Cancer 2 (3%)
 - Respiratory Disease 58 (15%)
 - Other 58 (81%),
- 18 (20%) were seen in group activities,
- 88 (98%) of people identified as Aboriginal and/or Torres Strait Islander.

The average length of service day was 7.8 hours, comprising an average of 5.3 clinical hours per day and 2.5 hours of travel time per day.

The information and resource needs of people with diabetes, cardiac and related chronic conditions is a high priority for the Association. It is a particularly important requirement for people living in rural and remote areas who are not able to easily access services.

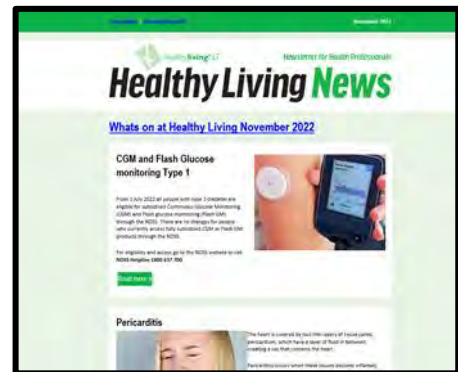
Four editions of Healthy Living NT publications, *Territory Way* (member newsletter with a distribution of almost 1,600/issue – hard copy) and four editions of *Healthy Living News* (health professional e-newsletter) were produced in 2022/23. There were more than 14,000 digital communications sent, including *Healthy Living News* and other information. The production of both publications represents a considerable resource commitment by the organisation.

During the year, Healthy Living NT distributed either electronically or in hard copy, over 926 diabetes information packs and 105 cardiac information packs. All information packs include a range of Healthy Living NT produced sheets and are supplemented by national information sheets auspiced by the NDSS and the National Heart Foundation.

Healthy Living News

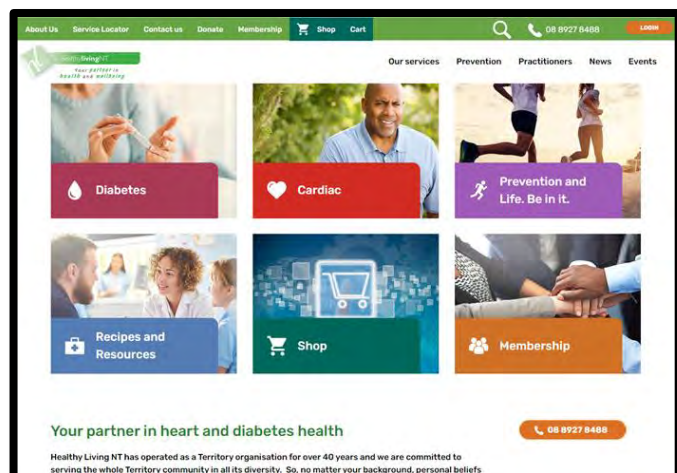
Articles in the Healthy Living News in 2022/23 have included:

- *Keep an eye on your sight*
- *Cardiac Rehab at Healthy Living NT*
- *Looking after your Kidneys*
- *Silent Heart Attacks*
- *Online Fitness Workouts*
- *Heart Health and Depression*
- *CGM and Flash Glucose Monitoring - Type 1*



Healthy Living NT website and social media

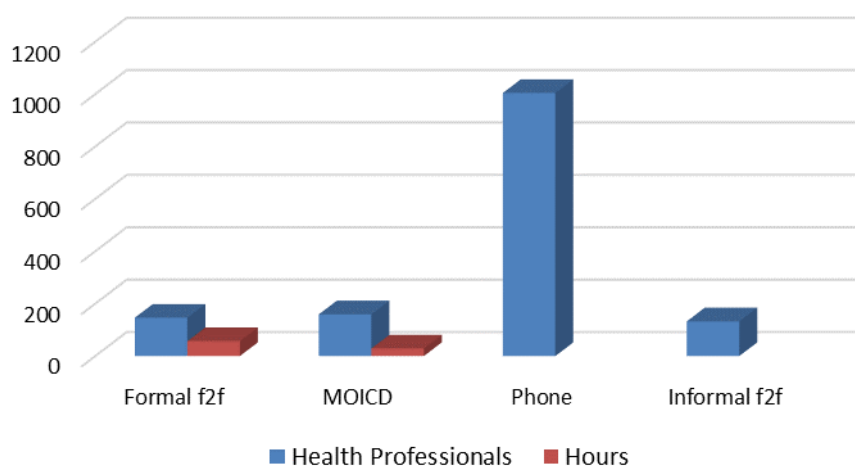
Healthy Living NT's fully interactive website healthylivingnt.org.au allows members, health professionals, people with diabetes or cardiac conditions and the public to obtain services, information and products irrespective of their location. Additionally, Healthy Living NT reached a broad audience through targeted social media advertising with an average of 4 posts per week and increasing the lifetime total likes of the Healthy Living NT Facebook page to 1,816, an increase of 63 likes during 2022/23.



Healthy Living NT provides training and support to health professionals throughout the NT. 1,441 health professionals were educated or assisted through the year (2021/22=1,022) by Healthy living NT educators. 70% (1,004) were assisted via phone consultation. The remainder were assisted in a face to face setting.

146 health professionals were educated in formal training environments, involving 57 hours by Healthy Living NT urban education staff. Another 159 health professionals were provided education through the MOICD program involving 30 hours by Healthy Living NT remote education staff. In addition, Healthy Living NT's administration staff supported 327 phone calls from health professionals and 46 over the counter enquiries.

Health Professional support



Health Professional Education Activities 2022-23				
Darwin and Alice Springs				
Organisation	Activity	Health Professionals	Numbers	Hours
Batchelor Institute	ECGs	AHP students, 1 lecturer	18	8
RDH Diabetes Team	NDSS changes, HP portal	Endos, Endo Regs, CDNEs	11	0.5
ASH Endocrinologist	NDSS changes, HP portal	Endos	2	1
RDH Cardiology Journal Club	Cardiac rehab	Card., Card. Regs Med Student	9	0.75
RDH CCU	Cardiac rehab	RNs, Nursing student	8	0.5
RDH Diabetes Med student	Observing group education	Med student	1	4
RDH CCU	Phase 1 education	RNs	2	0.5
RDH CCU	Phase 1 education	RNs	6	1
RDH CCU	Phase 1 education	RNs	7	0.75
Deakin University	Observing group education	Dietitian	1	8
Flinders University	Observing group education	RNs	2	8
NT Diabetes Summit	NDSS changes, HP portal, services	RANs, GPs, AHPs	15	2
RDH DE	Observing group education	RN	1	4
Renal Dialysis Tennant Creek	Mentoring DE	AHP	1	0.6
Bath Street Medical Centre	HLNT Services, NDSS	GPs, Practice Nurse	8	1.5
RDH CCU	Journal Club - Cardiac Rehab	Card., Card. Regs, CM	7	0.5
ASH DE Student	Case Study	DE Student	1	1
ASH DE Student	Case Study	DE Student	1	3
Bath Street Medical Centre	NDSS registration and products	GPs, Practice Nurse	6	1
Casuarina Community Care Centre	Diabetes in the NT and HLNT services	RNs, student nurse	13	1
Tennant Creek AHP	Case Study	AHP	1	1
Tennant Creek AHP	Case Study	AHP	1	1
ASH Ward staff	CGM and pump use	RNs	4	1.5
CONGRESS	CGM and type 1	CDNE	1	0.5
NT PHN CDNE	HLNT Services, NDSS	CDNEs	2	1
Mall Medical	NDSS information	GPs, Practice Nurse	4	0.75
CCU Inservice	Cardiac nutrition	RNs, CNE, CM	7	0.5
CONGRESS	HLNT Services and mentorship	CDNE, DE	3	1
Tennant Creek AHP	Mentoring	AHP	1	2
ASH ward staff	CGM and pump use	RNs	2	0.2
Total			146	57

Health Professional and Remote Education Activities 2022-23 MOICD				
Organisation/ Clinic	Activity	Health Professionals	Numbers	Hours
Wurli	HLNT Services and resources	RAN	1	0.3
Wurli	High protien energy dietary requirements	Aged care staff	5	0.5
Pine Creek	NDSS services, CGM	RAN, AHP	4	0.5
Anyinginyi	Improving recalls	Chronic Care	1	0.5
Mataranka	ARF and RHD and information app	RAN	1	0.2
Ngukurr	Cardiac arrest/AMI	RAN	1	0.3
Galiwinku	NDSS updates, CGM	GP, RANs, AHPs, allied health	12	0.2
Beswick	HLNT services and resources	NDIS staff	2	0.2
Milingimbi	Insulin and T2 management	RAN	3	0.3
Yarralin	Medications and complications, OGTT	AHP, RAN	2	1.5
Mataranka	HLNT services, NDSS registrations and products	RAN	1	0.2
Umbakumba	Insulin titration and non-insulin injectables	GP	1	1
Angurugu	OGTT results, BGL profiling and goals	RAN & Midwife	2	0.5
Minyerri	Heart failure and lung sounds	AHP	1	0.3
Borrooloola	Diabetes educator role in community	Student Nurse	2	0.2
Borrooloola	Cardiac basics	Student Nurse	1	0.75
Nhulunbuy	NDSS and HLNT	GP	1	0.5
Gunyangara	Medication changes, Ozempic to orals	RAN & HCM	4	0.5
Yirrkala	Oral medications, T2 diabetes in youth.	GP & RAN	3	0.5
Ngukurr	RHD resources, engage families in treatment	RAN	1	0.5
Mataranka	Heart sounds, cardiac diagnosis, ECGs	RAN, APH	8	0.3
Milingimbi	Oral medications, non-insulin injectables, insulin	RAN, GP	2	0.4
Umbakumba	NDSS, oral medications	RAN	1	0.4
Wurli	Renal resources	CDE/Pharmacist	1	0.3
Wurli	Cardiac rehab	Student	2	0.5
Angurugu	NDSS, oral medications, referral process	RAN	2	0.5
Yarralin	Insulin initiation, NDSS	RAN, GP	4	0.3
Minyerri	GLP1 medications	Optometrist	1	0.3
Ngalkanbuy	Education and support	School Nurse	1	0.4
Ngalkanbuy	Orals (SGLT 2) replacing the weekly injectables.	RAN	2	0.4
Marthakal	Support role and explain outreach services	RAN	1	0.4
Marthakal	Oral medications and T2 pathways for ASTI clients	RAN	4	0.3
Ramingining	GDM and healthy eating guidelines	Midwife	1	0.4
Pine Creek	NDSS subsidising of CGM/FCM	AHW, RAN, Podiatrist	4	0.4
Anyinginyi	Our services and cardiac care support	AHW & Student	3	0.3
Wurli	Long QT ECG criteria	GP	1	0.3
Wurli	NDSS and HLNT Services	AHP, RAN	8	1
KWHB Timber Creek	Diabetes screening, medications	RAN	2	0.5
Yirrkala	NDSS and meters	RAN, AHP	2	0.3
Miwatj Main Clinic	Screening for diabetes in youth	AHW	2	0.4
Yirrkala	Screening for diabetes in youth	AHP, CCC	2	0.4
Ngalkanbuy	Screening for diabetes in youth	AHW, CCC	3	0.4
Borrooloola	BGL log books and CGM devices	RAN, Nurse	2	0.3
Umbakumba	Screening for diabetes in youth	RAN	1	0.4
Bickerton	Use of insulin in T2	Nurse	2	0.3
Bickerton	Screening for diabetes in youth	RAN, GP, Nurse	3	0.4
Miwatj Main Clinic	Referral pathways	Nurse	1	0.3
Gunyangara	NDSS & non-insulin injectables	RAN	2	0.4
Yirrkala	NDSS & non-insulin injectables	RAN	2	0.4
Angurugu	Screening for diabetes in youth	RAN	3	0.4
Umbakumba	Screening for diabetes in youth	Dietitian	1	0.3
Milyakburra	NDSS, CARPA, barriers of diabetes management	Student & Pharmacist	2	0.4
Pine Creek	Types of diabetes and support	AHP	1	0.4
Milingimbi	Referral process to NT Cardiac	GP	1	0.4
Milingimbi	Ryzodeg insulin, GLP1-RA and SGLT2 inhibitors	GP, RAN	2	0.4
Wurli	CAD, risk factors	GP, HP, Staff members	4	1.5
Borrooloola	NDSS, non-insulin injectables, insulin titration	GP, RAN	2	0.4
Robinson River	NDSS, non-insulin injectables, insulin titration	GP, RAN	2	0.4
Wurli	Dietary resources, HEHP and supplements	AHW, GP, Health promotion	4	1.5
Pine Creek	Insulin cartriges and pens. Ryzodeg insulin updates	RAN, AHP	2	0.4
Marthakal	CGM for T2 and GDM	RAN, Physio	2	0.6
Ramingining	GDM - BGL profiling	RAN	1	0.3
Gapuwiyak	NDSS registrations and non-insulin injectables	RAN, GP	3	0.4
Wurli	Pericarditis, RHD and dental reviews	GP,AHP	5	0.5
Wurli	Diet information and wound healing	GP,AHP	5	0.5
Total			159	30

Community Education and Support

Healthy Living NT delivered a variety of support to community groups, totalling 70 contacts and 13 hours of staff time. The more structured activities are listed below. A further 983 members of the general public were given education by a health professional either face to face in our offices or via the phone. Healthy Living NT's administration staff also supported 2,912 phone calls from members of the public and 4,688 over the counter enquiries.

This data does not include health promotion programs delivered through Healthy Living NT's Active Recreation services (Mini Movers, seniors' activity program, Fun in the Parks days), *Life. Be in it* activities, which are detailed on pages 34-36

Community Awareness 2022-23 (Non LBI Activities)			
Darwin and Alice Springs			
Organisation	Activity	Numbers	Hours
EON Foundation	Chronic Diseases in the NT and HLNT services	8	5.5
Chinese group	Monitoring BGLs	7	2
Alice Springs T1 Diabetes Support Group	Meet and greet	30	2
Our Lady of the Sacred Heart	Type 1 in schools information	20	1.5
Chinese group	Resistance exercises	5	1.5
Total		70	13

Private Dietetics Services

In 2022/23, Healthy Living NT continued a private fee-for-service dietetics service. This was primarily driven by requests for services from GPs in the Darwin area, for clients not eligible for free diabetes and cardiac education services. In 2023, Healthy Living NT employed a dietitian 0.4 FTE to specifically deliver this service.

In 2022/23 there were:

- 114 private clients seen (2021/22= 39)
- 47 were initial appointments (2021/22= 17)
- 67 were review appointments (2021/22= 22)
- 73% of clients were seen using GPMPs
- 7% had a concession/ were Healthy Living NT members
- 51 Dr letters were sent

NDSS Aboriginal and Torres Strait Islander Program

In 2022/23, Healthy Living NT undertook community stakeholder engagement and formed collaborations to provide a new NDSS program for Aboriginal and Torres Strait Islander people and their health providers.

This national program is to be rolled out in the second half of 2023/24 and involves Healthy Living NT delivering *Diabetes Yarning* to community members and upskilling AHPs and other health staff working with Aboriginal and Torres Strait Islander people to use the resources. This is aimed at improving and empowering Aboriginal and Torres Strait Islander people to understand their diabetes. Yarning sessions are intended to be facilitated by Aboriginal and Torres Strait Islander health staff to ensure participants feel supported in a culturally safe environment.

The community-based *Diabetes Yarning* program is a customisable conversation about health and wellbeing before colonisation. Participants talk about how the body works, what happens in the body with diabetes and strategies to help manage the condition. *Diabetes Yarning* follows a strength-based approach that destigmatises a diagnosis of diabetes. It teaches people about diabetes from a holistic social and emotional health and wellbeing context.

More than 215 health professionals have been engaged and given education in preparation for the delivery of this program over 10 separate events. A further 39 community members at 7 groups have been engaged and received information about this upcoming program.

Support activities targeting youth health promotion needs and high need groups such as children, adolescents and young adults with diabetes also form an important part of Healthy Living NT services. Services specific to youth under 18 years are shown in the table below. There were also 54 episodes of clinical services to youth under 18 years through the Paediatric Diabetes Clinics. Additionally, Healthy Living NT staff saw 39 clients under the age of 20 through our urban diabetes services.

This data does not include specific health promotion programs delivered through Healthy Living NT's Active Recreation services (Mini Movers, Fun in the parks days, 4-week school programs etc.), which are detailed on page 34-36.

HLNT Involvement with youth <18 2022-23 (Clinical - Paediatric Diabetes Clinics)			
Organisation	Activity	Attendees	Hours
HLNT: Public Paeds Clinic	Paeds clinic - July 1 clinic	5	4
HLNT: Public Paeds Clinic	Paeds clinic - August 2 clinics	8	8
HLNT: Public Paeds Clinic	Paeds clinic - October 1 clinic	5	4
HLNT: Public Paeds Clinic	Paeds clinic - November 1 clinic	6	4
HLNT: Public Paeds Clinic	Paeds clinic - December 1 clinic	2	4
HLNT: Public Paeds Clinic	Paeds clinic - January 1 clinic	4	4
HLNT: Public Paeds Clinic	Paeds clinic - February 1 clinic	2	4
HLNT: Public Paeds Clinic	Paeds clinic - March 2 clinics	7	8
HLNT: Public Paeds Clinic	Paeds clinic - April 1 clinic	4	4
HLNT: Public Paeds Clinic	Paeds clinic - May 2 clinics	6	8
HLNT: Public Paeds Clinic	Paeds clinic - June 2 clinics	5	8
Total		54	60

HLNT Involvement with youth <18 2022-23 (Non Clinical)* Does not include LBII activities			
Organisation	Activity	Attendees	Hours
JDRF	One Walk	12	2
Our Lady of the Sacred Heart	Type 1 in schools information	20	1.5
Total		32	4



Diabetes in Schools Program

In 2022/23, Healthy Living NT received funding through the NDSS to support a national program to assist children with type 1 diabetes and their school. The aim of the program is to provide baseline education to teachers and staff in schools through an online portal. This program delivers 3 levels of education to teachers and support staff in schools:

- Levels 1 and 2 are completed online and are pre-requisites for Level 3
- Level 3 involves Diabetes Nurse Educators from the child's clinical treating team attending the schools to give specific individualised education to better support high need children.

In 2022/23, 128 school staff members completed Level 1 education, 127 school staff members completed Level 2 education and 81 school staff members received face to face Level 3 education.

Active Recreation Organisations Program

Healthy Living NT delivers health promotion activities under the *Life. Be in it* brand in the Northern Territory. In 2022/23, 6,178 people participated in a range of physical activity, lifestyle modification and health promotion programs and activities.

Health promotion is primarily funded under the Active Organisations Program, NT Department of Families, Housing and Communities (TFHC). Under TFHC funding, in 2022/23, Healthy Living NT conducted a total of 47 unique activities. The total reach of these activities was 5,937 unique participants and 6,757 total participants, as follows:

The breakdown of unique participants was:

- 433 (7.3%) adult males
- 1331 (22.4%) adult females
- 2091 (35.2%) youth males
- 2082 (35.1%) youth females



Key activities delivered included:

- *Activities promoting physical activity in conjunction with other partners*

Total participants 2,227

- *Bagot Community NAIDOC Week Celebration, Knuckey Lagoon NAIDOC Celebration, Minmarama Community Workshop, JDRF Walk for Type 1 Diabetes, Palmerston Children's Week event, National Families Week event.*

- *Life. Be in it. physical activity and nutrition education programs in schools*

Total participants 2,610; Unique participants 2,498

- *Manunda Terrace Primary School, Jump Rope with the Heart Foundation- School of the Air, Taminmin College Wellbeing Day, Darwin High School.*



- *Programs which seek to actively increase the physical activity levels in the general community*

Total participants 108; Unique participants 47

- *Mummy Movers, Power Up, Touching Base - Exercise for balance and coordination & Self-care and physical activity.*

- *Senior physical activity and nutrition program for the Greater Darwin Region*

Total participants 674; Unique participants 148

- *COTA Love Your Body Program, Move Program with Larrakia Aged Care Social Club, Seniors Resistance Program x6.*

- *The Mini Movers Program in the Greater Darwin Region*

Total participants 113; Unique participants 93

- *Playgroup NT - Marrara, Playgroup NT - Fred's Pass, Playgroup NT - Howard Springs.*



- *Physical activity and nutrition education sessions targeting high need adults*

Total participants 207; Unique participants 124

- *Stronger Together- Territory Palliative Care, Move Program – Larrakia Aged Care (high needs) x2, Bagot Youth Group (with Amity), Healthy Living Workshops - Saltbush, Bagot Women's Group x2 (with Amity), Bagot Community Harmony Day, Supermarket Tour, Healthy Lifestyle Workshop - APM Employment Services, Exercise for lowering BGLs - Chinese Group.*
- *An active and healthy lifestyle through information booths and sessions in the Greater Darwin Region*

Total participants 818

- *Manunda Primary School Health and Wellness Expo, Good Sheppard Lutheran School health education, Moulden Primary School Health and Wellness Expo, Lions club Lap the Map event, Babies Day out, Healthy Lunchbox Activity.*

Additional Activities supported by external funding

- ***Bagot and Knuckey Lagoon Community Healthy Lifestyle Program***

Funded by the NT Department of Health, the Healthy Lifestyle program in both Bagot and Knuckey Lagoon community aims to provide children with after school activities that promote both physical activity and healthy eating.

This activity commenced in 2022 and ceased in July 2023.

Bagot Community: 562 total participants

Knuckey Lagoon: 279 total participants



- ***School Holiday Program***

Territory Families, Housing and Communities funded Healthy Living NT to conduct a School Holiday Physical Activity program.

This program ran from December 2021 till the end of 2022. 186 young people (4-17 years) attended one or more session.

Life. Be in it. and Active Recreation Activities 2022-23	Total no. of Attendances	Total no. of Unique Participants	Unique Participants Adults		Unique Participants Under 18	
			M	F	M	F
Seniors Resistance Program 3	96	15	2	13	0	0
Bagot NAIDOC Week Celebration	200	200	40	40	60	60
Knuckey Lagoon NAIDOC Week	30	30	0	0	16	14
Minmarama Community Workshop	34	34	3	9	12	10
Mummy Movers	6	2	0	2	0	0
Life. Be in it. (Year 3/4) Manunda Terrace Primary School	78	21	0	0	12	9
Life. Be in it. (year 6) Manunda Terrace Primary School	80	25	0	0	14	11
Manunda Terrace Primary School Wellness Expo	120	120	15	25	40	40
Touching Base - Self Care	7	7	0	7	0	0
Love your Body - COTA	34	11	3	8	0	0
Seniors Resistance Program 4	83	13	1	12	0	0
Good Shepherd Lutheran School Health Education	130	130	25	40	30	35
Move It Program - Larrakia Age Care Social Club	14	8	1	7	0	0
Moulden Primary School Health and Wellness Expo	270	270	10	20	120	120
Jump Rope - Heart foundation and School of the Air	6	6	0	0	3	3
Move It Program - Larrakia - High needs Group	24	7	0	7	0	0
Power Up - City of Darwin	15	6	1	5	0	0
Bagot Youth Group	20	11	0	4	4	3
Stronger Together - Palliative Care	40	11	6	5	0	0
JDRF Walk	13	13	4	4	2	3
Palmerston Childrens Week Event - Palmerston City Council	850	880	150	250	225	255
Senior Resistance Program 5	86	16	2	14	0	0
Lap the Map - Lions Club of Australia	181	181	70	70	20	21
Saltbush - Healthy Living	6	6	4	2	0	0
Bagot community Healthy Lifestyle Program 1	128	35	0	0	15	20
Knuckey Lagoon Healthy Lifestyle Program 1	55	21	0	2	13	6
Bagot community Healthy Lifestyle Program 2	54	18	0	5	3	10
Knuckey Lagoon Healthy Lifestyle Program 2	78	3	0	0	2	1
Bagot community Healthy Lifestyle Program 3	74	12	0	6	3	3
Knuckey Lagoon Healthy Lifestyle Program 3	125	6	0	0	5	1
School Holiday Program July	51	44	0	0	19	25
School Holiday Program September	15	10	0	0	3	7
School Holiday Program December	10	10	0	0	6	4
Mini Movers - Playgroup NT	20	16	1	4	5	6
Seniors Resistance Program 4	84	17	2	15	0	0
Mini Movers - Playgroup NT	37	32	1	6	15	10
Power Up	29	12	2	10	0	0
Move Program - Larrakia Aged Care Social Club	12	7	0	7	0	0
Seniors Resistance Program	117	21	2	19	0	0
Bagot Womens Group	25	12	0	12	0	0
Harmony Day Bagot Community	24	24	2	18	2	2
Wellbeing Day Taminmin High School	1206	1206	3	3	600	600
Supermarket Tour	2	2	1	1	0	0
Power Up	44	13	3	10	0	0
Bagot Womens Group Block 2	18	8	0	8	0	0
APM Employment Services	32	32	13	19	0	0
Babies Day Out	110	110	12	98	0	0
Seniors Resistance Program	160	29	4	25	0	0
National Families Week	1100	1100	20	480	300	300
Health and Wellbeing Expo	1240	1240	20	20	600	600
Exercise for Lowing BGLs - Chinese Group	4	4	3	1	0	0
Healthy Lunchbox Activity	7	7	2	5	0	0
Mini Movers - Fred's Pass Playgroup	37	33	4	14	9	6
Exercsie for Balance and Coordination	7	7	1	6	0	0
Mini Movers - Howard Springs Playgroup	19	12	0	6	2	4
Bagot Community Healthy Lifestyle Program 4	127	6	0	0	4	2
Knuckey Lagoon Healthy Lifestyle Program 4	33	2	0	1	1	0
Bagot Community Healthy Lifestyle Program 5	104	10	0	0	4	6
Knuckey Lagoon Healthy Lifestyle Program 5	50	8	0	0	4	4
Bagot Community Healthy Lifestyle Program 6	127	6	0	0	4	2
Bagot Community Healthy Lifestyle Program 7	104	10	0	0	4	6
Knuckey Lagoon Healthy Lifestyle Program 6	33	2	0	1	1	0
Knuckey Lagoon Healthy Lifestyle Program 7	50	8	0	0	4	4
Total	7975	6178	433	1346	2186	2213

From the Treasurer

Healthy Living NT recorded a net deficit of (\$54,116) from 1 July 2022 to 30 June 2023 (2021/22=\$84,567).

This is a creditable result in the context of the economic impacts of the COVID-19 pandemic and its effects on operational overheads while maintaining a strong focus on service provision.

Sustainability of charitable organisations such as the Diabetes Association of the NT is always a challenge, and the Board is focussed on ensuring long term organisational viability. This will necessitate an enhanced conservative and prudent approach to financial management and discipline over the next few years.

Overall assets and liabilities remain well balanced and robustly managed, demonstrated by healthy cash reserves and the Association's current Asset/Liabilities ratio of 2.04:1 (2021/22=2.92:1). During 2022-23 Healthy Living NT renewed its 5-year Agreement with the NT Department of Health for the delivery of ongoing services. Leases for Healthy Living NT's offices in Darwin and Alice Springs have also been renewed.

The Association owns two commercial office units in the Casi House complex. Net income from these leases is credited towards the Association's Building Fund. Income from major service contracts was steady and Healthy Living NT continues to perform strongly against service KPIs. Pleasingly, a new NDSS funding model introduced in 2022/23 resulted in a redistribution of NDSS funds based largely on rurality and proportion of high needs groups in a jurisdiction. Healthy Living NT received significantly increased income under this model based on a weighting for higher costs of operation due to remoteness and for Indigenous diabetes programs.

Membership subscriptions and membership numbers remain stable, in light of generally decreasing membership trends for service organisations throughout Australia, NT population decline and an increasingly ageing demographic.

The Association is in a sound financial position. The Audited Financial Statements for 2022-23 form part of this report. A précis of Healthy Living NT's financial statements and other key performance indicators is shown below, including comparison over previous years.

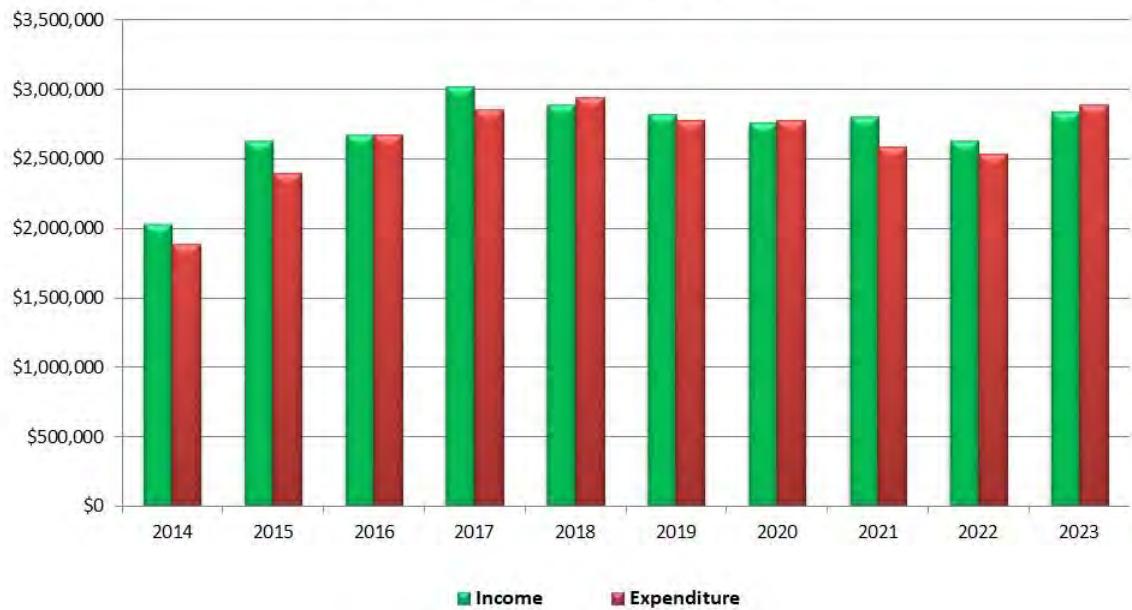
<i>Financial Statement</i>	<i>2023</i>	<i>% Change</i>	<i>2022</i>	<i>2021</i>	<i>2020</i>	<i>2019</i>	<i>2018</i>
<i>Summary</i>	<i>\$</i>	<i>(From 2022)</i>	<i>\$</i>	<i>\$</i>	<i>\$</i>	<i>\$</i>	<i>\$</i>
Profit and Loss							
Income	2,831,704	8%	2,620,589	2,797,662	2,755,855	2,814,087	2,885,269
Expenditure	2,885,820	14%	2,535,932	2,585,516	2,773,270	2,774,411	2,939,475
Surplus/(Deficit)	-\$ 54,116		\$ 84,657	\$ 212,146	-\$ 17,415	\$ 39,676	-\$ 54,206
Balance Sheet							
Total Assets	2,909,657	24%	2,340,781	2,535,538	1,964,916	1,877,807	1,795,645
Total Liabilities	1,425,304	78%	802,312	1,081,726	723,250	618,726	576,240
Assets/Liabilities Ratio	2.04:1		2.92:1	2.34:1	2.72:1	3.0:1	3.1:1
NET ASSETS	\$1,484,353	-4%	\$1,538,469	\$1,453,812	\$1,241,666	\$1,259,081	\$1,219,405

The following charts show the growth and stability of the Association over time and reflect the prudent and stable management of the organisation.

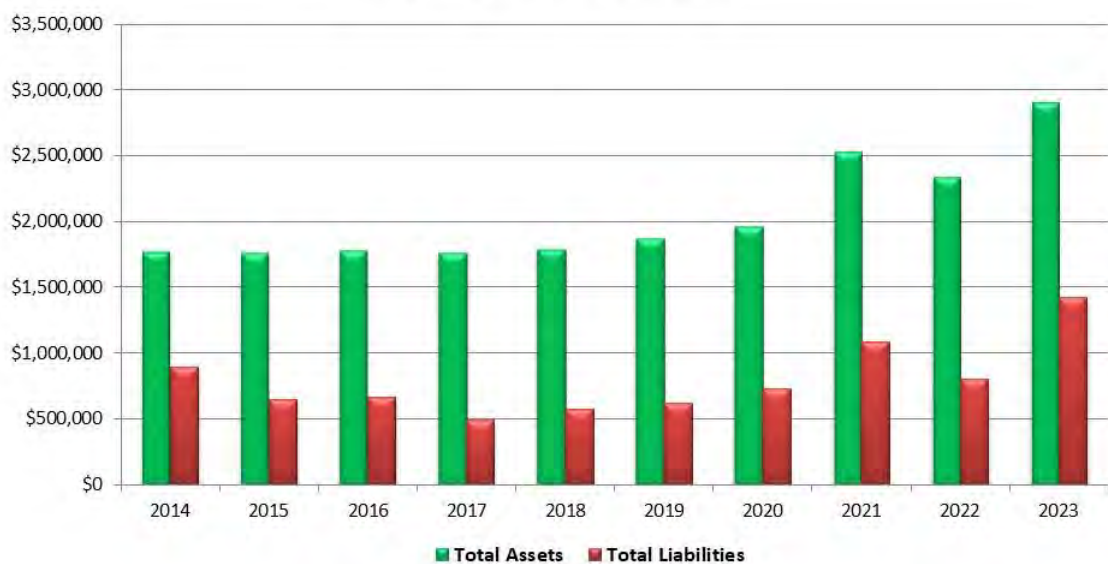


KEVIN WRIGLEY
Treasurer – 2022-23

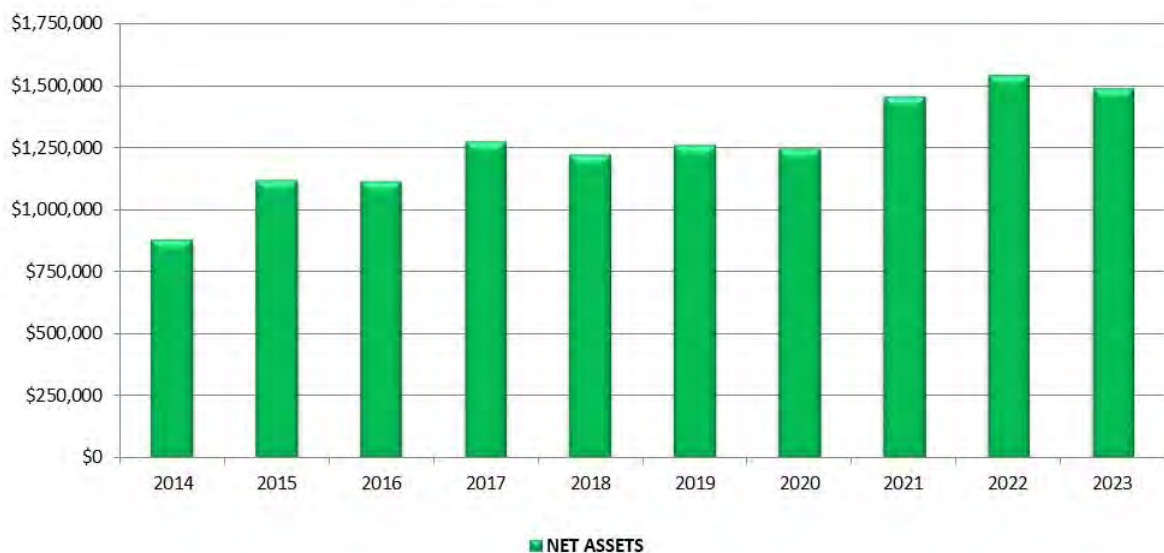
HLNT Income and Expenditure 2014 - 2023

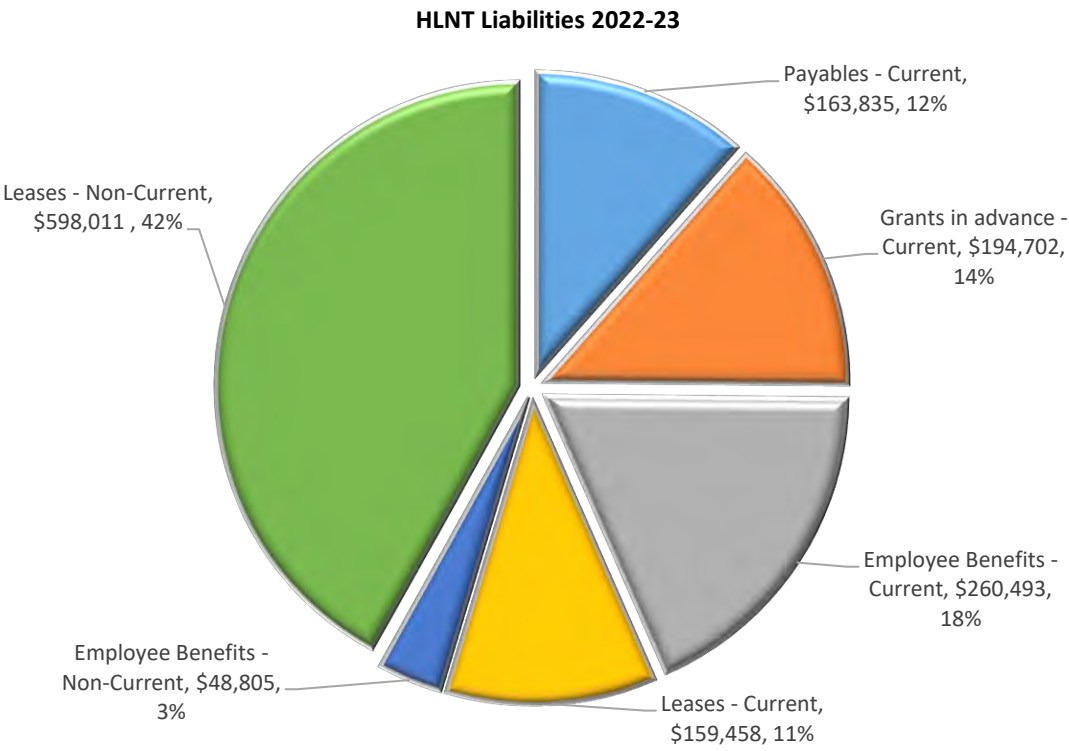
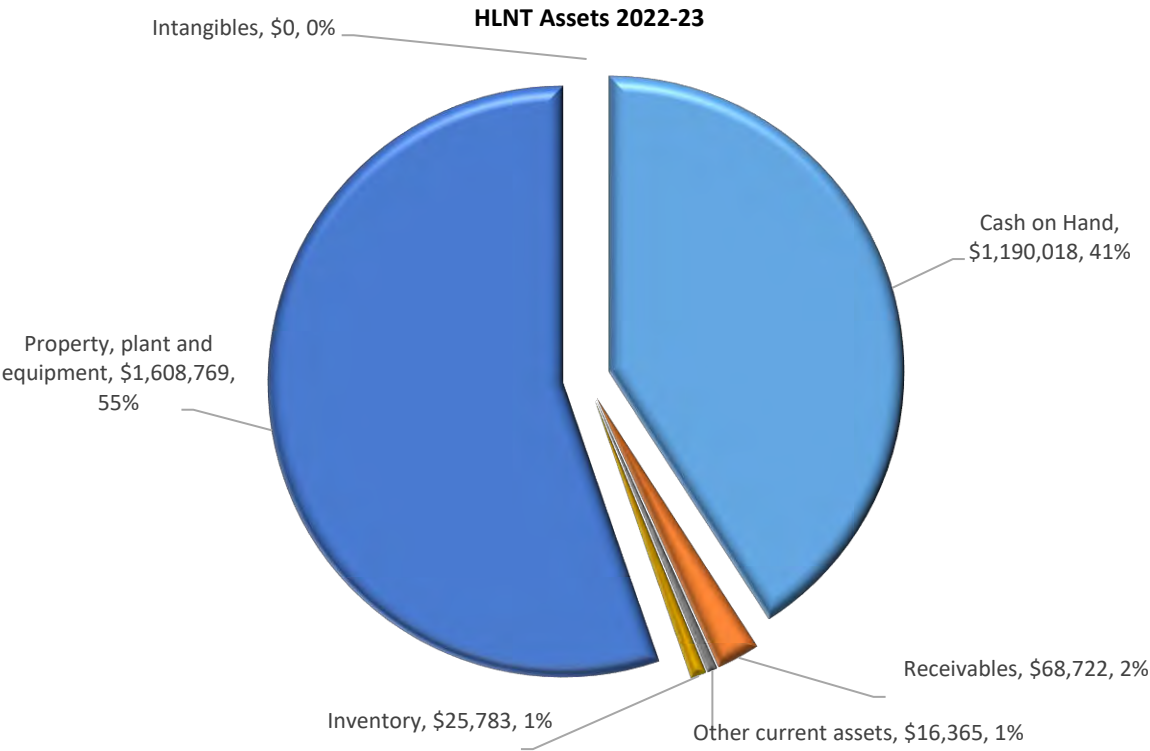


HLNT Assets and Liabilities 2014 - 2023



HLNT Net Assets 2014- 2023





**THE DIABETES ASSOCIATION OF
THE NORTHERN TERRITORY INC.
Trading as
HEALTHY LIVING NT
ABN: 11 374 693 055**

**SPECIAL PURPOSE FINANCIAL REPORT
30 JUNE 2023**

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**THE DIABETES ASSOCIATION OF THE NORTHERN TERRITORY INC.
T/A HEALTHY LIVING NT**

BOARD'S REPORT

Your Board members present this report on The Diabetes Association of the Northern Territory Inc. trading as Healthy Living NT for the financial year ended 30 June 2023.

The names of the Board members throughout the year and at the date of this report are:

Name	Position	Appointed/Resigned
Ron O'Brien	President	Appointed 22 October 2022
Yvonne Rowan	Vice President and Public Officer	Appointed 23 October 2021
William De Decker	Vice President	Appointed 23 October 2021
Kevin Wrigley	Treasurer/Secretary	Appointed 22 October 2022
Robert Hall	Board Member	Appointed 23 October 2021
Ramona Long	Board Member	Appointed 22 October 2022
Ferdinand Daroya	Board Member	Appointed 17 June 2023
Benjamin King	Board Member	Appointed 17 June 2023

Principal Activities

The principal activities of the Association during the financial year were:

- to provide benefits and services to people affected by diabetes;
- to provide education services to people affected by diabetes and people with a cardiac condition,
- to distribute diabetes supplies and services under the National Diabetes Services Scheme;
- to promote the study of the causes of diabetes; and
- to distribute information regarding diabetes.

No significant changes in the Association's state of affairs occurred during the year.

Operating Result

The deficit for the year was \$(54,116) (2022: surplus \$84,657).

Distribution to Members

No distributions were paid to members during the financial years. The Association is a public benevolent institution and is exempt from income tax. This status prevents any distribution to members.

Review of Operations

The Association performed well financially in the provision of health care education and assistance to people with diabetes, people with a cardiac condition and their health professionals in the Northern Territory during the 2022/2023 financial year.

Events Subsequent to Reporting Date

No matters or circumstances have arisen since the end of the financial year which significantly affected, or may significantly affect, the operations of the Association, the results of those operations or the state of affairs of the Association in future financial years.

Likely Developments

The Association will consolidate the provision of health care education and assistance to people with diabetes, people with a cardiac condition and their health professionals and ensure its network is expanded throughout the Northern Territory.

The Association is well placed in terms of governance due to a stable Board and Leadership Group to guide the Association's operations.

**THE DIABETES ASSOCIATION OF THE NORTHERN TERRITORY INC.
T/A HEALTHY LIVING NT**

Environmental Issues

The Association's operations are not regulated by any significant environmental regulation under law of the Commonwealth or of a state or territory.

Indemnifying Officers of the Association

No indemnities have been given, or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor of the Association.

Proceedings on Behalf of the Association

No person has applied for leave of Court to bring proceedings on behalf of the Association or to intervene in any proceedings to which the Association is a party, for the purpose of taking responsibility on behalf of the Association for all or part of those proceedings.

Auditor's Independence Declaration

A copy of the auditor's independence declaration is set out on page 5.

Signed in accordance with a resolution of the Members of the Board.



.....
Ron O'Brien
President
Date: 15 September 2023
Darwin



.....
Kevin Wrigley
Treasurer
Date: 15 September 2023
Darwin

**THE DIABETES ASSOCIATION OF THE NORTHERN TERRITORY INC.
T/A HEALTHY LIVING NT**

BOARD'S DECLARATION

The board of The Diabetes Association of the Northern Territory Inc. trading as Healthy Living NT declare that:

- (i) The financial statements and notes, as set out on pages 8 to 33, are in accordance with the financial reporting requirements of the Associations Act 2003 (NT) and the *Australian Charities and Not-for-Profits Commission Act 2012*.
 - (a) comply with Australian Accounting Standards; and
 - (b) give a true and fair view of the financial position as at 30 June 2023 and the performance for the year ended on that date of the Association.
- (ii) In the board's opinion there are reasonable grounds to believe that the entity will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the board passed on 15 September 2023.



.....
Ron O'Brien
President
Date: 15 September 2023
Darwin



.....
Kevin Wrigley
Treasurer
Date: 15 September 2023
Darwin

Auditors Independence Declaration to the Board of The Diabetes Association of the Northern Territory Inc. trading as Healthy Living NT

In relation to my audit of the financial report of The Diabetes Association of the Northern Territory Inc. trading as Healthy Living NT for the financial year ended 30 June 2023, to the best of my knowledge and belief, there have been no contraventions of:

- the auditor independence requirements of the *Australian Charities and Not-for-Profits Commission Act 2012* in relation to the audit; and
- any applicable code of professional conduct in relation to the audit.



Lloyd Nair
Registered Company Auditor
Darwin
Date: 26 September 2023

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE DIABETES ASSOCIATION OF THE NORTHERN TERRITORY INCORPORATED TRADING AS HEALTHY LIVING NT

Report on the Audit of the Financial Report

Qualified Opinion

I have audited the accompanying financial report, being a special purpose financial report of The Diabetes Association of the Northern Territory Incorporated trading as Healthy Living NT, which comprises the statement of financial positions as at 30 June 2023, statement of profit and loss and other comprehensive income, statement of changes in equity, statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information and the statement by the board.

In my opinion, except for the effects of the matter described in the Basis for Qualified Opinion section of my report, the special purpose financial report of The Diabetes Association of the Northern Territory Incorporated trading as Healthy Living NT has been prepared accordance with Division 60 of the *Australian Charities and Not-for-Profits Commission Act 2012*, including:

- (i) giving a true and fair view of the Association's financial position as at 30 June 2023 and of its financial performance for the year then ended; and
- (ii) complying with the Australian Accounting Standards to the extent described in Note 1 and Division 60 of the *Australian Charities and Not-for-Profits Commission Regulation 2013* and Associations Act (NT).

Basis for Qualified Opinion

The Association only records amounts received from sales takings when they are banked, as it is not practical to establish control over sales takings prior to its initial entry. My audit relating to such income was therefore limited to ensuring that the amounts banked are properly recorded in the accounts. Accordingly, I do not express an opinion on whether all income has been banked and I cannot determine the effects of such adjustments, if any, as might have been determined to be necessary had this limitation not existed.

Basis for Opinion

I conducted my audit in accordance with Australian Auditing Standards. My responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of my report. I am independent of the Association in accordance with the auditor independence requirements of *Australian Charities and Not-for-Profits Commission Act 2012* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (the Code) that are relevant to my audit of the financial report in Australia. I have also fulfilled my other ethical responsibilities in accordance with the Code.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Emphasis of Matter - Basis of Accounting and Restriction on Distribution

I draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared to assist The Diabetes Association of the Northern Territory Incorporated trading as Healthy Living NT to meet the requirements of the Associations Act (NT) and the *Australian Charities and Not-for-Profits Commission Act 2012*. As a result, the financial report may not be suitable for another purpose. My opinion is not modified in respect of this matter.

Board's Responsibility for the Financial Report

The Board of the Association is responsible for the preparation and fair presentation of the financial report and has determined that the basis of preparation described in Note 1 is appropriate to meet to the requirements of the Associations Act (NT) and the *Australian Charities and Not-for-Profits Commission Act 2012* and is appropriate to meet the needs of the members. The Board's responsibility also includes such internal control as the Board determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE DIABETES ASSOCIATION OF THE NORTHERN TERRITORY INCORPORATED TRADING AS HEALTHY LIVING NT – Contd.

In preparing the financial report the Board of the Association is responsible for assessing the Association's ability to continue as a going concern and disclosing, as applicable, all matters relating to going concern and using the going concern basis of accounting unless the Board either intend to liquidate the Association or to cease operations, or have no realistic alternative but to do so.

The Chief Executive Officer and the Board are responsible for overseeing the Association's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Report

My objectives are to obtain reasonable assurance 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 my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with 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 aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

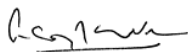
As part of an audit in accordance with Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Association's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, and related disclosures made by management.
- Conclude on the appropriateness of the Board's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Association's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosure in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the Association to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

I communicate with management, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify, if any, during the audit.



Nair Watkins



Lloyd Nair
Registered Company Auditor
Darwin
Date: 26 September 2023

**THE DIABETES ASSOCIATION OF THE NORTHERN TERRITORY INC.
T/A HEALTHY LIVING NT**

**STATEMENT OF PROFIT AND LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2023**

	Notes	2023 \$	2022 \$
Revenue and other income	2	2,830,383	2,620,589
Employee benefits expenses	3	(1,890,475)	(1,590,531)
Depreciation and amortisation	9	(308,864)	(306,970)
Amortisation of intangibles	10	(2,406)	(2,779)
Motor vehicle expenses	3	(16,812)	(23,093)
Project expenditure	3	(98,175)	(104,281)
Other expenses	3	(569,088)	(496,921)
		-----	-----
Results from operating activities		(55,437)	96,014
Finance income		13,643	252
Finance expense		(12,322)	(11,609)
		-----	-----
	2a	1,321	(11,357)
(Deficit)/Surplus for the year		(54,116)	84,657
Other Comprehensive Income		0	0
		-----	-----
Total Comprehensive Income		(54,116)	84,657
		-----	-----

The accompanying notes form part of these financial statements

**THE DIABETES ASSOCIATION OF THE NORTHERN TERRITORY INC.
T/A HEALTHY LIVING NT**

**STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2023**

	Notes	2023 \$	2022 \$
CURRENT ASSETS			
Cash and cash equivalents	5	1,190,018	1,178,305
Trade and other receivables	6	68,722	58,190
Other current assets	7	16,365	12,018
Inventories	8	25,783	23,368
		-----	-----
TOTAL CURRENT ASSETS		1,300,888	1,271,881
		-----	-----
NON-CURRENT ASSETS			
Property, plant and equipment	9	1,608,769	1,066,494
Intangibles	10	0	2,406
		-----	-----
TOTAL NON-CURRENT ASSETS		1,608,769	1,068,900
		-----	-----
TOTAL ASSETS		2,909,657	2,340,781
		-----	-----
CURRENT LIABILITIES			
Trade and other payables	11	163,835	136,230
Lease liabilities	12	159,458	133,595
Unexpended grants	13	194,702	207,979
Employee benefits	14	260,493	264,979
		-----	-----
TOTAL CURRENT LIABILITIES		778,488	742,783
		-----	-----
NON-CURRENT LIABILITIES			
Lease liabilities	12	598,011	0
Employee benefits	14	48,805	59,529
		-----	-----
TOTAL NON-CURRENT LIABILITIES		646,816	59,529
		-----	-----
TOTAL LIABILITIES		1,425,304	802,312
		-----	-----
NET ASSETS		1,484,353	1,538,469
		=====	=====
ACCUMULATED FUNDS			
Accumulated funds		1,484,353	1,538,469
		-----	-----
TOTAL ACCUMULATED FUNDS		1,484,353	1,538,469
		=====	=====

The accompanying notes form part of these financial statements

**THE DIABETES ASSOCIATION OF THE NORTHERN TERRITORY INC.
T/A HEALTHY LIVING NT**

**STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2023**

	Accumulated Funds \$	Total \$
Balance 30 June 2021	1,453,812	1,453,812
Surplus 2022	84,657	84,657
Balance 30 June 2022	1,538,469	1,538,469
(Deficit) 2023	(54,116)	(54,116)
Balance 30 June 2023	1,484,353	1,484,353

The accompanying notes form part of these financial statements

**THE DIABETES ASSOCIATION OF THE NORTHERN TERRITORY INC.
T/A HEALTHY LIVING NT**

**STATEMENT OF CASH FLOWS
YEAR ENDED 30 JUNE 2023**

	Notes	2023 \$	2022 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from customers, projects and administration		743,854	311,306
Payments to suppliers and employees		(2,568,917)	(2,217,003)
Interest received		13,643	252
Grants received		2,062,720	2,171,074
		-----	-----
NET CASH FLOWS FROM OPERATING ACTIVITIES	17(b)	251,300	265,629
		-----	-----
CASH FLOWS FROM INVESTING ACTIVITIES			
Acquisition of property, plant and equipment		(41,530)	(54,056)
Proceeds from the sale of property, plant and equipment		0	10,000
		-----	-----
NET CASH FLOWS PROVIDED USED IN INVESTING ACTIVITIES		(41,530)	(44,056)
		-----	-----
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of lease liabilities		(185,735)	(180,619)
Interest paid		(12,322)	(11,609)
		-----	-----
NET CASH FLOWS USED IN FINANCING ACTIVITIES		(198,057)	(192,228)
		-----	-----
NET INCREASE/(DECREASE) IN CASH HELD		11,713	29,345
Cash at the beginning of the financial year		1,178,305	1,148,960
		-----	-----
Cash at the end of the financial year	17(a)	1,190,018	1,178,305
		=====	=====

The accompanying notes form part of these financial statements

**THE DIABETES ASSOCIATION OF THE NORTHERN TERRITORY INC.
T/A HEALTHY LIVING NT**

**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED
30 JUNE 2023**

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

This financial report covers The Diabetes Association of the Northern Territory Inc. as an individual entity. The financial statements are presented in Australian dollars, which is the Association's functional and presentation currency. The Association is a not-for-profit entity incorporated in the Northern Territory under the Associations Act (NT).

Basis of Preparation

This financial report is a special purpose financial report that has been prepared in accordance with Australian Accounting Standards – Simplified Disclosures of the Australian Accounting Standards Board (AASB), the Associations Act 2003 (NT) and the *Australian Charities and Not-for-Profits Commission Act 2012*.

The financial report has been prepared on an accruals basis and is based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

Australian Accounting Standards set out accounting policies that the Australian Accounting Standards Board has concluded would result in a financial report containing relevant reliable information about transactions, events and conditions to which they apply. Material accounting policies adopted in the preparation of this financial report are presented below and have been consistently applied unless otherwise stated.

The financial statements were authorised for issue by the Board on 15 September 2023.

Revenue

Revenue from the sale of goods or services is recognised at the point of delivery of the goods or services to clients. Revenue is measured at the fair value of the consideration received or receivable after taking into account any trade discounts and volume rebates allowed.

Interest revenue is recognised on a proportional basis taking into account the interest rates applicable to the financial assets. Interest revenue comprises interest received and is recognised as it accrues.

Grant revenue is recognised in the statement of profit and loss and other comprehensive income when controlled. Where binding conditions, or specific milestones, exist relating to the specific purpose for which the grant funds may be applied, grant revenues are recognised in the statement of financial position as a liability until such time that all conditions of the grant are met.

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

**THE DIABETES ASSOCIATION OF THE NORTHERN TERRITORY INC.
T/A HEALTHY LIVING NT**

**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED
30 JUNE 2023**

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Cont'd)

Subscriptions

Subscriptions are brought to account on a cash basis and receivables relating to subscriptions are not recognised.

Inventories

Inventories are valued at the lower of cost and net realisable value. Cost is determined on the first in, first out basis, and comprises the cost of purchase including costs of bringing the inventories to location.

Cash and Cash Equivalents

Cash and cash equivalents in the statement of financial position comprise of cash at bank, cash on hand and short term deposit 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. Where bank accounts are overdrawn, balances are shown in current liabilities on the statement of financial position.

Economic Dependence

The Association is dependent on government grants and contract arrangements for the majority of the revenue to operate its business. The future operations of the Association is dependent on achieving operating surpluses and positive cash flows. At the date of this report, the Board have no reason to believe that the Association will not be able to generate operating surpluses and positive cash flows.

Income Tax

The Association is exempt from income tax.

Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST. Receivables and payables in the statement of financial position are shown inclusive of GST. Cash flows are presented in the cash flow statement on a gross basis.

**THE DIABETES ASSOCIATION OF THE NORTHERN TERRITORY INC.
T/A HEALTHY LIVING NT**

**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED
30 JUNE 2023**

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Cont'd)

Property, plant and equipment

Property, plant and equipment are measured on the cost basis less depreciation and impairment losses.

The carrying amount of plant and equipment is reviewed annually to ensure it is not in excess of the recoverable amounts of these assets.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains and losses are included in the statement of profit and loss and other comprehensive income. When re-valued assets are sold, amounts included in the revaluation relating to that asset are transferred to retained earnings.

Depreciation

The depreciable amount of all property, plant and equipment are depreciated on a straight-line basis over the asset's useful lives commencing from the time the assets are held ready to use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciation rates used for each class of depreciable asset in this financial year which is the same as prior year:

The asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

	2023	2022
<i>Class of Non- Current Asset</i>	<i>Depreciation Rate</i>	
Furniture, fittings and equipment	20%	20%
Renovations – Leasehold improvements	10%-20%	10%-20%
Computers	20%-50%	20%-50%
Buildings	2.5%	2.5%
Motor Vehicles	20%	20%

**THE DIABETES ASSOCIATION OF THE NORTHERN TERRITORY INC.
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**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED
30 JUNE 2023**

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Cont'd)

Financial Instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions to the instrument. For financial assets, this is the date that the entity commits itself to either the purchase or sale of the asset (ie trade date accounting is adopted).

Financial instruments (except for trade receivables) are initially measured at fair value plus transaction costs, except where the instrument is classified “at fair value through profit or loss”, in which case transaction costs are expensed to profit or loss immediately. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Classification and subsequent measurement

Financial liabilities

Financial liabilities are subsequently measured at:

- amortised cost; or
- fair value through profit or loss.

A financial liability is measured at fair value through profit or loss if the financial liability is:

- held for trading; or
- initially designated as at fair value through profit or loss.

All other financial liabilities are subsequently measured at amortised cost using the effective interest method.

Financial assets

Financial assets are subsequently measured at:

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

Measurement is on the basis of two primary criteria:

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

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

- the financial asset is managed solely to collect contractual cash flows; and
- the contractual terms within the financial asset give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specified dates.

A financial asset that meets the following conditions is subsequently measured at fair value through other comprehensive income:

- the contractual terms within the financial asset give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specified dates; and

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**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED
30 JUNE 2023**

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Cont'd)

- the business model for managing the financial asset comprises both contractual cash flows collection and the selling of the financial asset.

By default, all other financial assets that do not meet the measurement conditions of amortised cost and fair value through other comprehensive income are subsequently measured at fair value through profit or loss.

The initial designation of financial instruments to measure at fair value through profit or loss is a one-time option on initial classification and is irrevocable until the financial asset is derecognised.

Derecognition

Derecognition refers to the removal of a previously recognised financial asset or financial liability from the statement of financial position.

Derecognition of financial liabilities

A liability is derecognised when it is extinguished (ie when the obligation in the contract is discharged, cancelled or expires). An exchange of an existing financial liability for a new one with substantially modified terms, or a substantial modification to the terms of a financial liability, is treated as an extinguishment of the existing liability and recognition of a new financial liability. The difference between the carrying amount of the financial liability derecognised and the consideration paid and payable, including any non-cash assets transferred or liabilities assumed, is recognised in profit or loss.

Derecognition of financial assets

A financial asset is derecognised when the holder's contractual rights to its cash flows expires, or the asset is transferred in such a way that all the risks and rewards of ownership are substantially transferred.

All the following criteria need to be satisfied for the derecognition of a financial asset:

- the right to receive cash flows from the asset has expired or been transferred;
- all risk and rewards of ownership of the asset have been substantially transferred; and
- the entity no longer controls the asset (ie has no practical ability to make unilateral decision to sell the asset to a third party).

On derecognition of a financial asset measured at amortised cost, the difference between the asset's carrying amount and the sum of the consideration received and receivable is recognised in profit or loss.

On derecognition of a debt instrument classified as fair value through other comprehensive income, the cumulative gain or loss previously accumulated in the investment revaluation reserve is reclassified to profit or loss.

On derecognition of an investment in equity which the entity elected to classify under fair value through other comprehensive income, the cumulative gain or loss previously accumulated in the investments revaluation reserve is not reclassified to profit or loss, but is transferred to retained earnings.

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**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED
30 JUNE 2023**

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Cont'd)

The entity recognises a loss allowance for expected credit losses on:

- financial assets that are measured at amortised cost or fair value through other comprehensive income;
- lease receivables;
- loan commitments that are not measured at fair value through profit or loss.

Loss allowance is not recognised for:

- financial assets measured at fair value through profit or loss; or
- equity instruments measured at fair value through other comprehensive income.

Expected credit losses are the probability-weighted estimate of credit losses over the expected life of a financial instrument. A credit loss is the difference between all contractual cash flows that are due and all cash flows expected to be received, all discounted at the original effective interest rate of the financial instrument.

Recognition of expected credit losses in financial statements

At each reporting date, the entity recognises the movement in the loss allowance as an impairment gain or loss in the statement of profit or loss and other comprehensive income.

The carrying amount of financial assets measured at amortised cost includes the loss allowance relating to that asset.

Assets measured at fair value through other comprehensive income are recognised at fair value with changes in fair value recognised in other comprehensive income. The amount in relation to change in credit risk is transferred from other comprehensive income to profit or loss at every reporting period.

Key Estimates

Impairment

The Association assesses impairment at each reporting date by the evaluation of conditions and events specific to the Association that may be indicative of impairment triggers. Recoverable amounts of relevant assets are reassessed using value-in-use calculations which incorporate various key assumptions.

Key Judgements

The Association evaluates key estimates and key judgements incorporated into the financial report based on historical knowledge and best available current information. Estimates and judgements assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and internally.

**THE DIABETES ASSOCIATION OF THE NORTHERN TERRITORY INC.
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**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED
30 JUNE 2023**

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - contd

Employee Entitlements

Provision is made for the Association's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled. Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits, where such benefits are material.

Short Term and Long Term Provisions

Provisions are recognised when the Association has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefit will result and that the outflow can be measured reliably. Provisions are measured at the best estimate of the amounts to settle the obligation at reporting date.

Comparatives

Where required comparatives have been restated to facilitate meaningful comparison to current year results.

**THE DIABETES ASSOCIATION OF THE NORTHERN TERRITORY INC.
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**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED
30 JUNE 2023**

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - contd

Leased assets

The Association as a lessee

For any new contracts entered into on or after 1 July 2021, the Association considers whether a contract is, or contains a lease. A lease is defined as ‘a contract, or part of a contract, that conveys the right to use an asset (the underlying asset) for a period of time in exchange for consideration’. To apply this definition the Association assesses whether the contract meets three key evaluations which are whether:

- the contract contains an identified asset, which is either explicitly identified in the contract or implicitly specified by being identified at the time the asset is made available to the Association
- the Association has the right to obtain substantially all of the economic benefits from use of the identified asset throughout the period of use, considering its rights within the defined scope of the contract
- the Association has the right to direct the use of the identified asset throughout the period of use.

The Association assess whether it has the right to direct ‘how and for what purpose’ the asset is used throughout the period of use.

The Association as a lessor

Amounts due from lessees under finance lease are recognized as receivables at the amount of the Association’s net investment in the lease. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the Association’s net investment outstanding in respect of the leases.

Rental income from operating leases is recognized on a straight-line basis over the term of the relevant lease. Initial direct costs in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognized on a straight-line basis over the lease term.

Measurement and recognition of leases as a lessee

At lease commencement date, the Association recognises a right-of-use asset and a lease liability on the statement of financial position. The right-of-use asset is measured at cost, which is made up of the initial measurement of the lease liability, any initial direct costs incurred by the Association, an estimate of any costs to dismantle and remove the asset at the end of the lease, and any lease payments made in advance of the lease commencement date (net of any incentives received).

The Association depreciates the right-of-use assets on a straight-line basis from the lease commencement date to the earlier of the end of the useful life of the right-of-use asset or the end of the lease term. The Association also assesses the right-of-use asset for impairment when such indicators exist.

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**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED
30 JUNE 2023**

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - contd

At the commencement date, the Association measures the lease liability at the present value of the lease payments unpaid at that date, discounted using the interest rate implicit in the lease if that rate is readily available or the Association's incremental borrowing rate.

Lease payments included in the measurement of the lease liability are made up of fixed payments (including in substance fixed), variable payments based on an index or rate, amounts expected to be payable under a residual value guarantee and payments arising from options reasonably certain to be exercised.

Subsequent to initial measurement, the liability will be reduced for payments made and increased for interest. It is remeasured to reflect any reassessment or modification, or if there are changes in in-substance fixed payments.

When the lease liability is remeasured, the corresponding adjustment is reflected in the right-of-use asset, or profit and loss if the right-of-use asset is already reduced to zero.

The Association has elected to account for short-term leases and leases of low-value assets using the practical expedients. Instead of recognising a right-of-use asset and lease liability, the payments in relation to these are recognised as an expense in profit or loss on a straight-line basis over the lease term.

On the statement of financial position, right-of-use assets have been included in property, plant and equipment and lease liabilities have been disclosed separately.

The Association has a lease for office space in Tiwi and Alice Springs. With the exception of short term leases and leases of low-value underlying assets, each lease is reflected on the statement of financial position as a right-of-use asset and a lease liability. Variable lease payments which do not depend on an index or a rate are excluded from the initial measurement of the lease liability and asset. The Association classifies its right-of-use assets in a consistent manner to its property, plant and equipment (see Note 9).

Each lease generally imposes a restriction that, unless there is a contractual right for the Association to sublet the asset to another party, the right-of-use asset can only be used by the Association. Leases are either non-cancellable or may only be cancelled by incurring a substantive termination fee. The Association is prohibited from selling or pledging the underlying leased assets as security. For leases over office buildings and residential premises the Association must keep those properties in a good state of repair and return the properties in their original condition at the end of the lease.

**THE DIABETES ASSOCIATION OF THE NORTHERN TERRITORY INC.
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**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED
30 JUNE 2023**

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - contd

Measurement and recognition of leases as a lessee - contd

The table below describes the nature of the Association's leasing activities by type of right-of-use asset recognised on the statement of financial position:

Right of Use Asset	No of Right of Use assets leased	Range of remaining term	Average remaining lease term	No of leases with options to extend
Office Building Tiwi	1	4.75 years	4.75 years	1
Office Building Alice Springs	1	18 months	18 months	1

	Asset	Carrying amount	Amortisation	WDV
Office Building Tiwi	725,595	725,595	36,280	689,315
Office Building Alice Springs	84,014	84,014	21,033	62,981
Total	809,609	809,609	57,313	752,296

The right-of-use assets are included in the same line item as where the corresponding underlying assets would be presented if they were owned.

Lease Liabilities

Lease liabilities are presented in the statement of financial position as follows:

	30 June 2023	30 June 2022
	\$	\$
Current	159,458	133,595
Non – Current	598,011	0

**THE DIABETES ASSOCIATION OF THE NORTHERN TERRITORY INC.
T/A HEALTHY LIVING NT**

**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED
30 JUNE 2023**

	2023	2022
	\$	\$
NOTE 2. REVENUE AND OTHER INCOME		
Administration Fees	40,407	54,019
Donations	5,030	20,260
Grants		
- NT DoH – Diabetes & Cardiac Education	826,953	510,778
- Alice Springs	0	307,339
- Free Syringe	59,879	59,239
- CDN Seed Funding	0	7,573
- Healthy Lifestyle	21,000	9,000
- NT DTSC – Active Recreation	117,171	117,553
- NT DoCM – School Holiday/After School	0	10,062
- NT – Territory Families	12,518	6,056
- Commonwealth DoH		
- NTPHN Psychology Service	0	119,303
Workers comp reimb	12,369	0
Profit on sale of assets	0	10,000
Medical Outreach Indigenous Chronic Disease	289,078	340,023
Home blood glucose monitors	18,891	22,818
Literature	4,158	6,032
HIC Medicare Claims	7,110	5,399
Mail order postage	1,957	1,249
Medical aids sales	46,690	46,618
National Diabetes Services Scheme Operations	1,038,477	722,663
NDSS Mics. Income / Co Payments	46,979	48,383
Other GST products	13,559	12,598
Projects	115,040	60,526
Subscription/membership fees	16,178	12,541
Rent – CASI House	67,801	55,877
Rent – Heart Foundation	27,581	36,053
Health Promotion Service	6,335	6,796
External Heath Services	5,230	2,395
In-Kind Donation – Shop Lease	8,774	8,436
NTG In-Kind Business Grant	10,000	0
COVID19 – Govt Stimulus Package	0	1,000
Facility Hire Shop 3	11,218	0
	-----	-----
Total Revenue	2,830,383	2,620,589
	=====	=====
NOTE 2a. FINANCE INCOME		
Interest on bank accounts	13,643	252
Interest expense for leasing arrangements	(12,322)	(11,609)
	-----	-----
Net Finance Income	1,321	(11,357)
	=====	=====

**THE DIABETES ASSOCIATION OF THE NORTHERN TERRITORY INC.
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**28NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED
30 JUNE 2023**

	2023	2022
	\$	\$
NOTE 3. EXPENDITURE		
Employee benefits expenses		
Recruitment expenses	845	0
Salaries	1,694,730	1,428,969
FBT	3,620	6,455
Superannuation	177,455	139,428
Staff training	2,535	2,396
Worker's compensation	11,290	13,283
	-----	-----
	1,890,475	1,590,531
	=====	=====
Motor vehicle expenses		
Fuel, repairs and maintenance, registration	16,812	23,093
	=====	=====
Project expenditure		
Project direct expenditure	98,175	104,281
	=====	=====
Other Expenses		
Advertising	6,871	4,846
Audit fees	24,500	22,625
Bank fees	6,432	6,448
Cleaning	17,039	20,697
Computer and email expenses	66,899	59,869
Conference fees and travel	60,219	39,607
Cost of goods sold	44,754	55,392
Consultants	20,568	2,062
Education consumables	695	1,612
Education Resource/Library	97	0
Electricity	19,003	19,623
Freight	10,266	12,952
Health Promotion Programs	3,613	2,612
Insurance	31,018	30,976
Legal expenses	3,396	1,596
License Fees	1,545	1,780
Management fee – CASI House	5,287	6,987
NDSS expenditure- Direct	3,300	(9,114)
NDSS Access Points	0	70

**THE DIABETES ASSOCIATION OF THE NORTHERN TERRITORY INC.
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**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED
30 JUNE 2023**

	2023	2022
	\$	\$
Other Expenses - contd		
NDSS _ Co-Payments – Free Syringes	46,482	48,599
NDSS – Co-Payments –BGTS, IPCs	47,444	41,458
Office expenses	11,621	7,431
Office amenities	2,670	1,929
Office Security	1,486	2,065
Telephone/fax	16,290	20,257
Territory Way newsletter	27,756	21,586
Postage	3,849	5,939
Printing and stationery	27,405	19,429
Rent	9,437	8,535
Repairs and maintenance	18,815	10,193
Rates and taxes	13,938	17,019
Subscriptions	4,008	920
Specialist Sessional Services	10,530	8,060
Web Site maintenance	1,855	2,861
	-----	-----
	569,088	496,921
	=====	=====

NOTE 4. AUDITORS REMUNERATION

Remuneration of the auditors of the association for

- Auditing or reviewing the financial report – Nair Watkins	18,000	18,000
	=====	=====

NOTE 5. CASH AND CASH EQUIVALENTS

Cash on hand	500	500
Westpac Operating Account	122,157	118,294
Westpac Investment Account	425,642	425,771
Future IT Development	21,277	16,489
Building Fund	159,070	127,018
Board Designated Reserve	246,343	243,861
Employee Provisions Fund	213,864	246,372
Undeposited Funds	1,165	0
	-----	-----
	1,190,018	1,178,305
	=====	=====

**THE DIABETES ASSOCIATION OF THE NORTHERN TERRITORY INC.
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**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED
30 JUNE 2023**

	2023	2022
	\$	\$
NOTE 6. TRADE AND OTHER RECEIVABLES		
Trade debtors	66,025	55,493
Bond - Alice Springs Office	2,697	2,697
	-----	-----
	<u>68,722</u>	<u>58,190</u>
	=====	=====

Current receivables are non-interest bearing and are generally receivable within 60 days. Trade and other receivables comprise amounts due for goods and services provided by the Association. These are recognised and carried at original invoice amount less an estimate for any uncollectable amounts. An estimate for doubtful debts is made when collection for the full amount is impaired.

Credit Risk

The Association has no significant concentration of risk with respect to any single counterparty or group of counterparties other than its bank accounts which are held with Westpac.

The following table details the Associations other receivables exposed to credit risk with ageing and impairment provided thereon. Amounts considered 'past due' when the debt has not been settled within the terms and conditions agreed between the Association and the counterparty to the transaction.

The balances of receivables that remain within the initial terms (as detailed in the table) are considered to be high credit quality.

past due but not impaired

2023	Gross Amount	Past due & Impaired	Within initial trade terms	31-60	61-90	>90
	\$	\$	\$	\$	\$	\$
Trade and Other receivables	68,722	0	61,927	2,385	0	4,410

past due but not impaired

2022	Gross Amount	Past due & Impaired	Within initial trade terms	31-60	61-90	>90
	\$	\$	\$	\$	\$	\$
Trade and Other receivables	58,190	0	57,953	166	0	71

The Association does not hold any financial assets whose terms have been renegotiated, but which would otherwise be past due or impaired.

No collateral is held as security for any of the trade and other receivable balances.

**THE DIABETES ASSOCIATION OF THE NORTHERN TERRITORY INC.
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**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED
30 JUNE 2023**

	2023	2022
	\$	\$
Financial assets		
Trade and other receivables	68,722	58,190
	<u>=====</u>	<u>=====</u>

No collateral has been pledged for any of the trade and receivable balances.

NOTE 7. OTHER CURRENT ASSETS

Prepayments	16,365	12,018
	<u>=====</u>	<u>=====</u>

NOTE 8. INVENTORIES (CURRENT)

Medical supplies - at cost	25,783	23,368
	<u>=====</u>	<u>=====</u>

NOTE 9. PROPERTY, PLANT AND EQUIPMENT

Furniture, fittings and equipment at cost	464,439	432,285
Accumulated depreciation	(400,083)	(363,148)
	<u>-----</u>	<u>-----</u>
	64,356	69,137
	<u>-----</u>	<u>-----</u>
Office Renovations	866,597	866,597
Accumulated Depreciation	(532,310)	(462,058)
	<u>-----</u>	<u>-----</u>
	334,287	404,539
	<u>-----</u>	<u>-----</u>
Buildings – at cost	666,151	658,261
Accumulated Depreciation	(208,321)	(189,630)
	<u>-----</u>	<u>-----</u>
	457,830	468,631
	<u>-----</u>	<u>-----</u>
Right of Use Assets	809,609	462,460
Amortisation	(57,313)	(338,273)
	<u>-----</u>	<u>-----</u>
	752,296	124,187
	<u>-----</u>	<u>-----</u>
Closing written down value	1,608,769	1,066,494
	<u>=====</u>	<u>=====</u>

**THE DIABETES ASSOCIATION OF THE NORTHERN TERRITORY INC.
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**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED
30 JUNE 2023**

NOTE 9. PROPERTY, PLANT AND EQUIPMENT – contd.

Movements in carrying amounts

Movement in carrying amounts for each class of property, plant and equipment between the beginning and the end of the financial year.

	FF& Equip \$	Office Renovation s \$	Buildings \$	Right of Use Assets \$	Total \$
Balance at the beginning of year 1 July 2021	55,473	478,252	481,681	304,002	1,319,408
Additions	48,584	0	5,472	0	54,056
Disposals	(50,854)	0	0	0	(50,854)
Writeback	50,854	0	0	0	50,854
Depn. Expense	(34,920)	(73,713)	(18,522)	0	(127,155)
Amortisation	0	0	0	(179,815)	(179,815)
Carrying amount at the end of the year 30 June 2022	69,137	404,539	468,631	124,187	1,066,494
Balance at the beginning of year 1 July 2022	69,137	404,539	468,631	124,187	1,066,494
Additions	33,641	0	7,889	809,609	851,139
Disposals	(1,487)	0	0	(462,460)	(463,947)
Writeback	1,487	0	0	462,460	463,947
Amortisation	0	0	0	(181,500)	(181,500)
Depn. Expense	(38,422)	(70,252)	(18,690)	0	(127,364)
Carrying amount at the end of the year 30 June 2023	64,356	334,287	457,830	752,296	1,608,769

**THE DIABETES ASSOCIATION OF THE NORTHERN TERRITORY INC.
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**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED
30 JUNE 2023**

	2023	2022
	\$	\$
NOTE 10. INTANGIBLES		
Strategic Plan	0	15,575
Amortisation	(0)	(15,575)
	-----	-----
	0	0
	-----	-----
Website	64,555	64,555
Amortisation	(64,555)	(63,753)
	-----	-----
	0	802
	-----	-----
HLNT Client Database	52,579	52,579
Amortisation	(52,579)	(50,975)
	-----	-----
	0	1,604
	-----	-----
	0	2,406
	=====	=====

Movements in carrying amounts

Movement in carrying amounts for each class of intangible between the beginning and the end of the financial year.

	Strategic Plan \$	Website \$	HLNT Client Database \$	Total \$
Balance at the beginning of year 1 July 2021	0	1,702	3,483	5,185
Additions	0	0	0	0
Disposals	0	0	0	0
Amortisation	(0)	(900)	(1,879)	(2,779)
Carrying amount at the end of the year 30 June 2022	0	802	1,604	2,406
Balance at the beginning of year 1 July 2022	0	802	1,604	2,406
Additions	0	0	0	0
Disposals	0	0	0	0
Amortisation	0	(802)	(1,604)	(2,406)
Carrying amount at the end of the year 30 June 2023	0	0	0	0

**THE DIABETES ASSOCIATION OF THE NORTHERN TERRITORY INC.
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**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED
30 JUNE 2023**

	2023	2022
	\$	\$
NOTE 11. TRADE AND OTHER PAYABLES		
Trade creditors, accruals and payroll liabilities	161,786	126,408
GST	2,049	9,822
	-----	-----
	163,835	136,230
	=====	=====
Financial liabilities at amortised cost classified as trade and other payables		
- Total current	163,835	136,230
- Total non-current	0	0
	-----	-----
	163,835	136,230
	=====	=====

Trade creditors and other payables represent liabilities for goods and services provided to the Association prior to the end of the financial year that are unpaid. These amounts are usually settled in 30 days. The notional amount of the creditors and payables is deemed to reflect fair value.

NOTE 12. LEASE LIABILITIES

Current	159,458	133,595
Non-current	598,011	0
	-----	-----
	757,469	133,595
	=====	=====

NOTE 13. UNEXPENDED GRANTS

Bill Raby Fellowship	48,185	37,656
CDN Conference Fund – Seed Funding	132,344	132,344
NT DoH Healthy Lifestyle (Bagot & Knuckkeys Lagoon)	0	21,000
Adolescent Support Group	4,546	4,595
Territory Families – Casuarina School Holiday Program	0	12,518
NDSS Continuing Support Program	9,627	(134)
	-----	-----
	194,702	207,979
	=====	=====

NOTE 14. EMPLOYEE BENEFITS

CURRENT		
Annual Leave	109,482	127,281
Long Service Leave	151,011	137,698
	-----	-----
	260,493	264,979
	=====	=====
NON-CURRENT		
Long Service Leave	48,805	59,529
	=====	=====

**THE DIABETES ASSOCIATION OF THE NORTHERN TERRITORY INC.
T/A HEALTHY LIVING NT**

**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED
30 JUNE 2023**

NOTE 15. FINANCIAL RISK MANAGEMENT

The Association's financial instruments consist mainly of deposits with banks, short term investments, accounts receivables and payables.

The total for each category of financial instruments, measured in accordance with AASB 9 as detailed in the accounting policies to these financial statements, are as follows.

	2023	2022
	\$	\$
Financial Assets		
Cash and cash equivalents	1,190,018	1,178,305
Trade and other receivables	68,722	58,190
	-----	-----
	<u>1,258,740</u>	<u>1,236,495</u>
Financial Liabilities		
Trade and other payables	163,835	136,230
Lease liability – ROU	757,469	133,595
Contractual liabilities	194,702	207,979
	-----	-----
	<u>1,116,006</u>	<u>477,804</u>

Financial Risk Management Policies

The Association's board is responsible for, among other issues, monitoring and managing financial risk exposures of the Association. The board monitor the Association's transactions and reviews the effectiveness of controls relating to credit risk, financial risk and interest rate risk. Discussions on monitoring and managing financial risk exposures are held quarterly and are minuted.

The Association's directors overall risk management strategy seeks to ensure that the Association meets its financial targets, whilst minimising potential adverse effects of cash flow shortfalls.

Specific Financial Risk Exposures and Management

The main risk the Association is exposed to through its financial instruments are interest rate and liquidity risk.

Interest Rate Risk

The Association is not exposed to material interest rate risk.

Liquidity Risk

Liquidity risk arises from the possibility that the Association might encounter difficulty in settling its debts or otherwise meeting its obligations related to financial liabilities. The Association manages this risk through the following mechanisms.

- preparing forward looking reports in relation to its operational, investing and financing activities;
- only investing surplus cash with major financial institutions; and
- proactively monitoring the recovery of unpaid trade and other receivables.

The table below reflects an undiscounted contractual maturity analysis for financial liabilities.

Cash flows from financial assets reflect management's expectation as to the timing of realisation. Actual timing may therefore differ from that disclosed.

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	Within 1 year		1 to 5 Years		Over 5 Years		Total	
	2023 \$	2022 \$	2023 \$	2022 \$	2023 \$	2022 \$	2023 \$	2022 \$
Financial Liabilities due for payment								
Trade & other payables	358,537	344,209	0	0	0	0	358,537	344,209
Lease Liability	159,458	133,595	598,011	0	0	0	757,469	133,595
Total contractual outflows	517,995	477,804	598,011	0	0	0	1,116,006	477,804
Financial Assets – cash flows realisable								
Cash & cash equivalents	1,190,018	1,178,305	0	0	0	0	1,190,018	1,178,305
Trade and other receivables	68,722	58,190	0	0	0	0	68,722	58,190
Total anticipated cash in flows	1,258,740	1,236,495	0	0	0	0	1,258,740	1,236,495

Financial assets pledged as collateral

No financial assets have been pledged as security for any financial liability.

Foreign exchange risk

The Association is not exposed to fluctuations in foreign currencies.

Credit Risk

The Association's exposure to credit risk by class of recognised financial assets at balance date is equivalent to the carrying value and classification of those financial assets (net of any provisions)

Refer to Note 6 for credit risk disclosures.

Net Fair Values

Due to their short term nature the net fair values of financial assets and financial liabilities are approximated by their net carrying values as presented in the statement of financial position and the accompanying notes forming part of these financial statements.

NOTE 16. UNUSED CREDIT FACILITY

	2023 \$	2022 \$
Westpac – Loan	35,698 =====	59,590 =====

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NOTE 17. CASH FLOW INFORMATION

	2023	2022
	\$	\$
a) Reconciliation of cash		
Cash balance comprises:		
- Cash at bank (Note 5)	1,190,018	1,178,305
	<u> </u>	<u> </u>
b) Reconciliation of the operating surplus to the net cash flows from operation		
(Deficit) / Surplus	(54,116)	84,657
Depreciation	127,364	127,155
Amortisation	181,500	179,815
Amortisation of intangibles	2,406	2,779
Interest on lease liability	12,322	11,609
Net gain on disposal of property, plant & equipment	0	(10,000)
Changes in assets and liabilities:		
Inventories	(2,415)	(3,813)
Other current assets	(4,347)	1,391
Trade and other receivables	(10,532)	(29,169)
Trade and other payables	27,605	(9,017)
Unexpended grants	(13,277)	(99,040)
Provision for employee benefits	(15,210)	9,262
	<u> </u>	<u> </u>
Net cash flows provide by / (used in) operations	251,300	265,629
	<u> </u>	<u> </u>

NOTE 18. EVENTS SUBSEQUENT TO REPORTING DATE

There were no events after balance sheet date.

NOTE 19. CONTINGENT LIABILITIES AND CONTINGENT ASSETS

There were no contingent liabilities or assets at 30 June 2023.

NOTE 20. SEGMENT INFORMATION

The Association is involved in the provision of health care education and assistance to people with diabetes, people with a cardiac condition and their health professionals. This is carried out in the Northern Territory of Australia.

**THE DIABETES ASSOCIATION OF THE NORTHERN TERRITORY INC.
T/A HEALTHY LIVING NT**

**NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED
30 JUNE 2023**

NOTE 21. RELATED PARTY DISCLOSURES

Transactions with Diabetes Australia Ltd are carried out under normal commercial terms and conditions under the NDSS Agency Agreement. Healthy Living NT resigned its membership of the Federation on 15 October 2008 with effect from 29 May 2009.

During the year ended 30 June 2023, the Association did not pay directors fees and travel allowances to its board of members who attended meetings for and behalf of the Association.

The Board has established a two-year sponsored Board position aimed at engaging younger members with the governance of the Association. During the year, the Board awarded CPD support to this position on successful completion of the first term.

	2023	2022
	\$	\$
Key Management Personnel Compensation		
Short Term Benefits	469,321	475,899
Long Term Benefits	17,604	8,390
Post-Employment Benefits	36,796	34,604
	-----	-----
Total	523,721	518,893
	=====	=====

NOTE 22. LEASING COMMITMENTS

Minimum Leasing Payments	Within one year	One to two years	Two to three years	Three to four years	Four to five years	After Five Years	Total
Lease Payments	204,034	187,710	171,625	178,125	137,359	0	878,853
Finance Charges	(44,577)	(34,021)	(24,591)	(14,548)	(3,647)	(0)	(121,384)
Net Present Values	159,457	153,689	147,034	163,577	133,712	0	757,469

The Association has elected not to recognise a lease liability for short term leases (leases of expected term of 12 months or less) or for leases of low value assets. Payments made under such leases are expensed on a straight-line basis. In addition, certain variable lease payments are not permitted to be recognised as lease liabilities and are expenses as incurred.

The expense relating to payments not included in the measurement of a lease liability is as follows:

	2023	2022
	\$	\$
Short term leases being for security and IT services	41,365	38,918
	=====	=====

NOTE 23. ASSOCIATIONS DETAILS

The principal place of business of the association is:
The Diabetes Association of the Northern Territory Inc.
Trading as (Healthy Living NT)
Shop 1-3, Tiwi Place
Tiwi, NT 0810