

Latrobe Community Health Service

# Annual Report

2021-  
2022

Incorporating the Strategic Plan 2017 - 2022 review



## **We acknowledge**

All Aboriginal and Torres Strait Islander peoples as the traditional custodians on whose ancestral lands our offices are situated.

## **We recognise and pay our respects**

To Elders – past, present and emerging – and their ongoing connections to country, and to all Aboriginal and Torres Strait Islander peoples and communities across Australia.



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# About us

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## Purpose



Delivering services that improve the health and social wellbeing of Australians.

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## Vision



**Better health, better lifestyles, stronger communities.**

We're inspired by a vision of strong, vibrant communities, where people enjoy good health and healthy lifestyles.

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## Our values



### **Providing excellent customer service**

Actively assist our customers and clients to receive the quality services they require in a professional and courteous manner.



### **Creating a successful environment**

Contribute to making Latrobe Community Health Service a positive, respectful, innovative and healthy place to be.



### **Always providing a personal best**

Embrace a 'can do' attitude and go the extra distance when required.



### **Acting with the utmost integrity**

Practice the highest ethical standards at all times.

# Board Chair and CEO's statement



**Ben Leigh**  
Chief Executive Officer



**Judith Walker**  
Board Chairperson

**The financial year 2021-22 marks the end of Latrobe Community Health Service's current five-year strategic plan. Annual reports, by their nature, are retrospective. But the end of our strategic plan adds another reason for reflection.**

Latrobe Community Health Service is a vastly different organisation compared to five years ago. In 2017-18, we employed 632 staff. At the end of 2021-22, we are an organisation of 1,400 employees. We have welcomed Link Health and Community into the fold, and opened new offices in Sydney. We operated from nine sites in 2017-18. Today, we operate from 70 sites across regional Victoria, Melbourne, and Sydney, and we deliver more than 100 different services.

But it's not just our staff numbers and bricks and mortar that tell our story.

There's a saying that most people overestimate what they can do in a day, and underestimate what they can do in a year. Organisations are no different in that regard.

**In 2017-18, we set out to:**

1. Deliver a genuine integration of primary and community health services in Gippsland.
2. Grow our service footprint across Australia.
3. Innovate to improve client outcomes.
4. Use client outcomes to drive improvements across our services.

We have established three multidisciplinary hubs in Gippsland – including a dedicated children and youth team – to allow people to access a team of health clinicians at the same location, often

in the same appointment. Our service integration is leading to better collaboration between staff from different disciplines and better outcomes for our clients. For example, our dietitians and nurses often work alongside the headspace Morwell team to simultaneously help young people with their mental and physical wellbeing. In 2021-22, the team started a new group program where young people could unleash their creative flair while a nurse and counsellor answered their questions about health, sexuality and stress. This program has been one of our most engaging to-date.

We partnered with the National Disability Insurance Agency (NDIA) to deliver the National Disability Insurance Scheme (NDIS). The NDIS was in its infancy in 2017, and we are proud to have helped roll the scheme out to Australians with disability, their families and carers, across Victoria and Sydney. When we merged Link Health and Community into Latrobe Community Health Service, our NDIS footprint expanded even further. Today, we support more than 71,000 Australians with disability and children with developmental delay.

We have fostered a culture of innovation. We created an innovation framework that outlines our approach to testing and trying new ideas, and employed an Innovation Projects Lead who helps bring our new ideas to life. In 2021-22, we trialled the employment of a non-dispensing community pharmacist in our chronic disease management team. The pharmacist helped clients using multiple medications several times a day, to

understand and manage the risks of their medication use. Over six months, the pharmacist supported 38 people, all of whom told us they'd like the service to continue. We are recruiting an ongoing permanent position, with plans to expand the role.

We are measuring five client outcomes consistently across 15 different services. Measuring outcomes tells us whether the services we provide have a genuine impact on the people we support. We are asking clients: did we help to improve your health? Do you feel better than you did before? We are using this information to understand our strengths, and identify improvement opportunities. We now train our NDIS staff on how to develop SMART goals with participants to ensure their goals are specific, measurable, achievable, relevant and timely. More than 75 percent of NDIS participants older than seven are achieving the goals they set. On average, 86 percent of families with children younger than seven agree the services we link them into, along with their NDIS plans, are helping them achieve their goals.

Over the past five years, Latrobe Community Health Service has evolved and grown with purpose. But importantly, our DNA has remained the same. We have remained true to our vision: better health, better lifestyles, and stronger communities. Our values of excellent customer service, creating a successful environment, providing a personal best, and acting with the utmost integrity have guided our day-to-day activities. Our vision and values have underpinned all we do, and all we have achieved.


As we farewell the past financial year, we get ready to begin a new five-year strategic plan for 2022-27. This plan is available to download now from our website. Our values will continue to be our compass as we look to build on the great progress we've made. Our new priorities reflect the current and future needs of the communities we serve. From 2022-23, we will set out to strengthen community health, enable sustainable growth, grow a fit-for-purpose workforce, and partner for comprehensive care.

While our Board membership remained steady over 2021-22, we would like to welcome Tracey Tobias who was elected to the Board as a Director in October 2021. Tracey is an experienced healthcare executive with strong clinical and corporate governance skills. We would also like to welcome Janet Nelson who joined the Board Nominations Committee as a non-Director Member in February 2022. Janet has served on numerous Boards in Australia and the United States, and brings a strong understanding of the skills Boards require.

Our organisational success in implementing the 2017-22 strategic plan is due in large part to our staff and volunteers. They demonstrate our organisational values on a daily basis. They epitomise community health, and we thank each and every one of you for the job you do. Thank you also to our valued community and clients. Your support remains our inspiration at Latrobe Community Health Service; you are the reason we do what we do.



**Ben Leigh**  
Chief Executive Officer



**Judith Walker**  
Board Chairperson

## Our growth from 2017 - 2022



### Number of staff

2017 → 2022

**632 | 1408**



### Number of sites

2017 → 2022

**9 | 70**



### Total revenue

2017 → 2022

**\$96.1m | \$169.5m**



### NDIS service areas

2017 → 2022

**1 | 10**



### Home Care Packages

2017 → 2022

**147% growth**

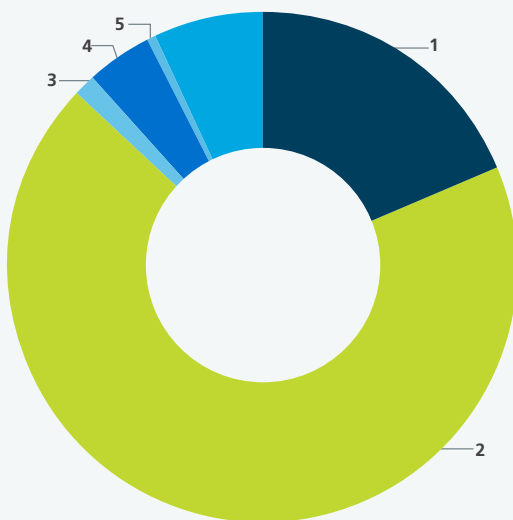
# Financial summary

**Latrobe Community Health Service delivered a net surplus of \$6.4 million and retained a strong financial position in 2021-22. The financial ratios and cash position remained healthy and within financial strategy benchmarks during the year.**

Total revenue increased by 10.6 percent to \$169.5 million. Commonwealth funding increased by 12.2 percent to \$114.3 million and now represents 67.4 percent of operating income received. This is primarily the result of revenue from our Home Care Packages increasing by 40 percent to \$33.3 million.

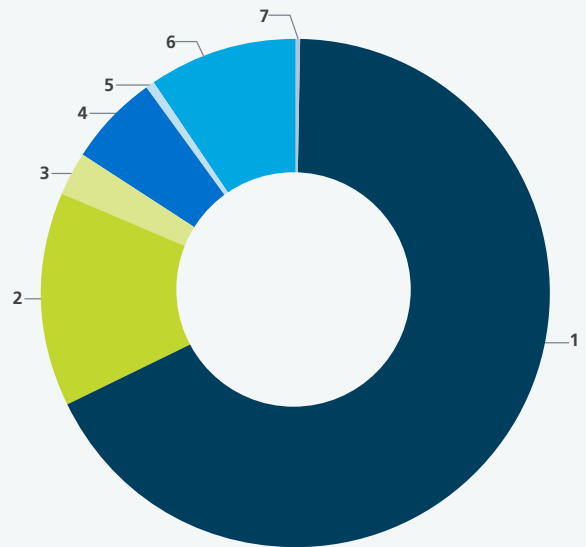
Operating expenditure increased by 9.1 percent (\$13.6 million) to \$163.1 million. This was principally due to an additional \$7.1 million being spent on Brokerage Client Services directly relating to the increase in Home Care Packages noted.

**Total revenue 2021-22**



1. Department of Health and Department of Families, Fairness and Housing
2. Commonwealth Government
3. Other
4. Client fees
5. Interest

**Total expenditure 2021-2022**



1. Employee benefits
2. Brokerage client services
3. Contract labour
4. Depreciation
5. Motor vehicle costs
6. Administration costs
7. Utilities

\*The main components making up 'Program Administration' costs are medical supplies, staff training, information technology, consortium payments and maintenance.



	2021-22 (\$m)	2020-21 (\$m)	2019-20 (\$m)	2018-19 (\$m)	2017-18 (\$m)	2016-17 (\$m)	2015-16 (\$m)
<b>Net results</b>							
What we receive - revenue	169.5	153.3	116.4	117.7	96.1	62.4	49.7
What we spent - expenses	163.1	149.5	113.9	105.3	86.1	54.5	45.8
<b>Operating result for the year</b>	<b>6.4</b>	<b>3.7</b>	<b>2.5</b>	<b>12.4</b>	<b>10.0</b>	<b>7.8</b>	<b>4.0</b>
Plus Link merger	-	10.6	-	-	-	-	-
Plus capital grants received	0.0	-	0.0	0.1	2.5	2.0	0.9
<b>Net result for the year</b>	<b>6.4</b>	<b>14.3</b>	<b>2.5</b>	<b>12.5</b>	<b>12.5</b>	<b>9.8</b>	<b>4.9</b>

## Assets and liabilities

Latrobe Community Health Service's total assets decreased by \$4.3 million which related to our right of use assets decreasing as we progress closer to the end of our facility leases. It should also be noted that our cash reduced by \$10.4 million as a result of purchasing an additional facility and therefore a corresponding increase in our fixed assets.

Liabilities decreased by \$9.4 million. This consists of a \$3.3 million decrease in unexpended grants and income received in advance. In addition to this, there was also a \$5.6 million decrease in Lease Liability.

	2021-22 (\$m)	2020-21 (\$m)	2019-20 (\$m)	2018-19 (\$m)	2017-18 (\$m)	2016-17 (\$m)	2015-16 (\$m)
<b>Assets and liabilities</b>							
What we own - assets	141.9	146.2	98.8	84.7	68.2	51.4	37.6
What we owe - liabilities	54.8	64.2	41.7	21.7	17.7	13.5	9.0
<b>NET ASSETS</b>	<b>87.1</b>	<b>82.0</b>	<b>57.1</b>	<b>63.0</b>	<b>50.4</b>	<b>37.9</b>	<b>28.5</b>
<b>Working capital ratio</b>							
Current assets / current liabilities	1.69	1.79	2.13	2.88	2.54	2.33	2.26
<b>Debt ratio</b>							
Total liabilities / total assets	38.61%	44.19%	42.48%	35.56%	26.01%	26.27%	24.03%

	2021-22 (\$m)	2020-21 (\$m)	2019-20 (\$m)	2018-19 (\$m)	2017-18 (\$m)	2016-17 (\$m)	2015-16 (\$m)
<b>Cash flow including financial assets</b>							
Cash flow from operating activities	9.9	26.9	11.7	21.5	16.5	12.3	6.4
Cash flow from investing activities	(15.5)	4.3	(2.6)	(4.6)	(6.1)	(2.1)	(2.5)
Cash flow from financing activities	(4.8)	(4.3)	(3.5)	-	-	-	-
Cash and cash equivalents at beginning of period	85.0	58.1	52.4	35.5	25.1	25.1	14.8
<b>Cash and cash equivalents at end of period</b>	<b>74.6</b>	<b>85.0</b>	<b>58.1</b>	<b>52.4</b>	<b>35.5</b>	<b>25.1</b>	<b>14.8</b>

# Board and governance

**Latrobe Community Health Service is incorporated under the *Corporations Act 2001* as a Company Limited by Guarantee and is regulated by the *Australian Charities and Not-for-profits Commission Act 2012*. It is also registered with the Victorian Government as a community health service. It is governed by a skills-based Board of up to nine directors who are elected by Latrobe Community Health Service members or appointed by the Board.**

## Professor Judith Walker

**BA (Hons), GradDip Ed, PhD, FACE, AICD.**

### Board Chairperson

Chairperson since October 2019;  
Director since July 2012; Chair of the Board Governance Committee; Member of the Board Community Investment Committee.

Judi has had a long, satisfying and amazing career in higher education leadership, academic and public sector governance, and strategic policy development across Victoria and Tasmania. Currently, she holds a part-time position as Professor Rural Health in the School of Medicine, University of Tasmania where she works with final year medical students building their research capacity. She recently participated in the University's Medical Program re-accreditation. She holds honorary professorial positions at Monash and Federation universities. As Principal Co-Investigator of the Hazelwood Long Term Health Study, Judi investigated the health impact of the 2014 Hazelwood open cut brown coal mine fire in the Latrobe Valley, Victoria. The team developed a unique multidisciplinary, inter-institutional research program based on strong engagement with the local community. Judi led the Older Persons Research Stream and was responsible for the study's community engagement and governance activities. Judi is the inaugural Board Chair of Health Consumers Tasmania and sits on a number of state and national reference groups and committees.



## Stelvio Vido

**BCom, LLB, MBA, GAICD.**

### Deputy Board Chairperson

Director since 2018;  
Deputy Chair; Chair of the Board Quality and Safety Committee; Member of the Board Governance Committee.

Stelvio is an experienced Director with more than 20 years' Board experience across a range of sectors including health and human services, group training and employment services, community legal aid and TAFE.

He also has extensive executive experience having worked in senior roles in community organisations, management consulting, local government and commercial media. His most recent executive role was CEO of Spectrum Migrant Resource Centre. Since then he has focused on governance roles in 'for purpose' organisations.

Stelvio is a Director of Sexual Health Victoria, Windana Drug and Alcohol Recovery Ltd. and Lengo Football Academy.



## Placido Cali

**B. Bus (Accounting), Grad.Dip Business Administration, Chartered Accountant ICAA, MAICD.**

Director since 2017;  
Chair of the Board Audit and Risk Committee; Member of the Board Governance Committee.

Placido has extensive experience in the areas of finance, strategic development, and corporate growth. He has held senior roles in pharmaceutical, primary health, and technology organisations. Placido has helped companies grow from local organisations to nationally-recognised brands.



## Nathan Voll

**BCom, GradCert Bus Mgt, FCPA, MBA, FAICD.**

Director since March 2016;  
Chair of the Board Nominations Committee; Member of the Board Audit and Risk Committee.

Nathan has more than 25 years of experience in the private and public sector in management, consulting and finance / accounting. He is the Regional Finance Manager for South Eastern Victoria with the Department of Education and Training. He previously worked as the General Manager Corporate Services at the Department of Justice and Regulation.

Nathan has experience in the healthcare sector serving on the Board of Latrobe Health Insurance since 2011 and as Director of West Gippsland Healthcare Group (WGHG) for six years. He is also a member of the Latrobe Health Risk and Investment Committee and Chair of the Audit Committee. Nathan is a Director of the Gippsland Primary Health Network, the chair of their Audit Risk and Finance Committee, a former Director and member of the WGHG Audit Committee and Clinical Governance Committee and was previously on the Faculty of Education Board at Monash University. Nathan is a Fellow of CPA Australia (Certified Practising Accountant) and a Fellow of the AICD.



## Joanne Booth

**Cert General Nursing, Cert Governing Non-Profit Excellence, AdvCert Nursing, BA, GradCert Internal Audit, GradDip Occupational Health, MPH, GAICD.**

Director since 2017;  
Member of the Board Quality and Safety Committee;  
Chair of the Board Community Investment Committee.

Joanne is committed to improving health and social outcomes for disadvantaged people and communities. Joanne has a background in public health and policy and has worked extensively in the health, public and not-for-profit sectors, and operates a governance and risk management consultancy.

Joanne has held multiple Board and committee appointments in the Victorian health and water sectors. Her current appointments include: Independent Chair of the Nominations Committee Western Victoria Primary Health Network, Independent Member of the VicHealth Finance, Audit and Risk Committee, and Independent Member of the Latrobe City Council Audit Committee.



## Mark Biggs

**BA (SocSc), Grad Dip Counselling Psychology.**

Director since February 2014;  
Member of the Board Community Investment Committee.

Mark has an extensive management career in the primary health and community services sector including child protection, youth, disability, occupational rehabilitation and project management.

He has expertise in strategic planning, policy, risk and business management, and is skilled in governance, quality assurance and compliance. Mark is on the Board of Lyrebird Village for the Aged. Mark was a Director of Latrobe Regional Hospital for nine years holding positions of Deputy Chair and Audit Chair. He was also a Director of the Gippsland Primary Health Network (GPHN) Board. Mark served as Latrobe Community Health Service Board Chairperson from 2016-2019.



## Tracey Tobias

**Cert Critical Care, Dip Allied Health Science Nursing, BA (SocSc), GradCert Leadership & Catholic Culture, GradCert Care of the Critically Ill Child, MHSM.**

Director since 2021;  
Member of the Board Quality and Safety Committee.

Tracey is an experienced and versatile healthcare executive with a successful background in executive leadership and management roles in public and private healthcare settings. Tracey has significant exposure to the unique needs of various Victorian regions including Gippsland.

Throughout her career she has gained experience in acute care, aged care, community care, mental healthcare, and drug and alcohol services. Tracey has strong clinical and corporate governance skills and is a values-driven leader.



## Murray Bruce

**LLB, BA (Political Science), GAICD.**

Director since 2018;  
Member of the Board Audit and Risk  
Committee; Member of the Board  
Nominations Committee.

Murray is an experienced Director, commercial lawyer and government executive. He has extensive Board and governance experience with expertise in strategic planning, risk management, commissioning, change management and policy development. Murray has held senior roles at the Department of Health and Human Services, including as the Director of the Victorian Bushfire and Flood Appeal Funds from 2010 to 2014.

Prior to this Murray was a Senior Solicitor in the Victorian Government Solicitor's Office and also developed policy, legislation and Ministerial Orders at Consumer Affairs Victoria. He started his career working in private practice as a Barrister and Solicitor for Martin, Irwin & Richards Lawyers in Mildura from 2004-2007. Recently, he was Director of the Commercial and Property Law Division at the Department of Education and Early Childhood Development, and he has served on the Board of the Gippsland Primary Health Network for the past seven years.



## Bernadette Uzelac

**BCom, GradDip Organisation Change and  
Development, FIML, GAICD.**

Director since 2019;  
Member of the Board Governance  
Committee; Member of the Board Community  
Investment Committee.

Bernadette is the former Chief Executive of the Geelong Chamber of Commerce. She previously operated a successful recruitment and human resources company, growing it from a regional start-up business to an international organisation for multinational clients and joint ventures in Hong Kong and Singapore. She has a strong commercial and entrepreneurial background with skills in business development and marketing, brand management, strategic planning, human resources, change management, government relations, stakeholder engagement and media.

Bernadette has several Victorian Government Ministerial Board appointments including Trustee of the Kardinia Park Stadium Trust, Chair of the Kardinia Park Advisory Committee and Trustee of the Geelong Cemeteries Trust. She is also a member of the Telstra Victorian Regional Advisory Council. Bernadette previously served as Chair of the Victorian Small Business Ministerial Council, Chair of the Geelong Tech School Committee, Board Member of G21 Geelong Region Alliance, and Deputy Chair of the Committee for Geelong.





# Board committees

The work of the Board is supported by five Board committees:

- Audit and Risk
- Quality and Safety
- Governance
- Nominations
- Community Investment

## Board Audit and Risk Committee

The purpose of the Board Audit and Risk Committee is to assist the Latrobe Community Health Service Board to discharge its responsibility to exercise due care, diligence and skill.

The terms of reference relate to:

- reporting financial information to users of financial reports
- applying accounting policies
- the independence of Latrobe Community Health Service's external auditors
- the effectiveness of the internal and external audit functions
- financial management
- internal control systems
- risk management
- organisational performance management
- Latrobe Community Health Service business policies and practices
- complying with Latrobe Community Health Service's constitutional documentation and material contracts
- complying with applicable laws and regulations, standards and best practice guidelines.

The committee includes two non-Director Members:

### Tanya James

*BA (PolSci), MSA, CPA, GAICD.*

Tanya is an experienced management consultant and corporate finance executive working previously for global firms such as Deloitte and Carlson Companies and their subsidiaries. She was an external auditor for Deloitte & Touche in the US and Russia and is currently working with the Department of Education and Training Victoria. Tanya held a non-Executive Director position on the Women's Cancer Resource Centre's Board in the USA, and was a Director and chaired the International Service Committee for the Rotary Club of Orono (USA). Tanya previously chaired the Finance Committee for Brighton Secondary College and has served as a College Councillor and Treasurer. She is a GAICD.

### Rob Setina

*BComm, LLB, GradDip Applied Science, MBA, GAICD.*

Rob is a senior leader with more than 20 years of experience in both the private and public sectors, and across business transformations and information technology, including consulting. Rob is a skilled innovator and uses technology, workforce mix, practical thinking, and empowerment as enablers to drive business transformation.

## Board Quality and Safety Committee

The purpose of the Board Quality and Safety Committee is to assist the Latrobe Community Health Service Board to maintain systems by which the Board, managers and clinicians share responsibility and are held accountable for patient or client care, minimising risk to consumers, and continuously monitoring and improving the quality of clinical care (Australian Council on Healthcare Standards).

The committee also ensures Latrobe Community Health Service's quality and safety systems will support the implementation of the four key principles of clinical governance, which are:

- Build a culture of trust and honesty through open disclosure in partnership with consumers and community.
- Foster organisational commitment to continuous improvement.
- Establish rigorous monitoring, reporting and response systems.
- Evaluate and respond to key aspects of organisational performance.

The Quality and Safety Committee is informed by the work of two staff committees:

- Occupational Health and Safety Committee.
- Clinical Governance Advisory Committee.

The committee includes two non-Director Members:

### Kaye Borgelt

*AssDip Medical Record Administration, GradCert Management of Organisational Change, MHSC, HIMAA, GAICD.*

Kaye has more than 30 years' experience working in rural public health services. Over her 20 years at West Wimmera Health Service, Kaye was the Director of Health Information Services, Executive Director of Corporate and Quality Services, and Executive Director of Primary and Preventative Health. She has a depth of experience in quality and safety and primary and preventative health, including meeting the needs of culturally and linguistically diverse communities in her catchment areas. Her new services program was shortlisted as a finalist in the 2016 Victorian Public Healthcare Awards – 'Excellence in CALD Health'. In 2018-19, Kaye worked as a Volunteer Health

Information Manager in the Pacific Island nation of Tuvalu and is now employed as a Health Data Analyst at the Gippsland Primary Health Network (GPHN). In 2021 Kaye was appointed as Deputy Chair of the Gippsland Centre Against Sexual Assault (GCASA) Board of Directors.

### **Petra Boverly-Spencer**

*BSc (Physiotherapy), GradCert Management.*

Petra qualified as a physiotherapist, working in various clinical roles, before taking on leadership and management positions. She has extensive experience in the health industry in senior positions across private and public sectors as well as not-for-profit. With a particular interest in the delivery of safe and effective services for those living and working in rural communities, Petra is committed to ensuring those communities have equitable access to health services and improved health outcomes. Petra has a particular interest in the innovative development of workforce and service models that deliver safe, evidence-based services.

The Board Quality and Safety Committee is also informed by the work of Latrobe Community Health Service's Customer Voice Group. The committee facilitates consumer or community representative feedback to the organisation to influence health services, policy, systems and service reform from the consumer perspective.



### **This includes:**

- Providing a consumer and community member perspective that reflects their health journey and the collective experience of health consumers and community members.
- Helping the organisation to think about things from a consumer perspective by raising consumer concerns and views.
- Providing broader community feedback to inform system and service level improvements.
- Engagement with formal and informal consumer and community networks.

### **Board Governance Committee**

The role of the Board Governance Committee is to assist and advise the Board to fulfil its responsibilities to the members of Latrobe Community Health Service on:

- Matters relating to the composition, structure and operation of the Board and its Committees.
- Matters relating to CEO selection and performance.
- Remuneration.
- Other matters as required by the Board.

### **Board Nominations Committee**

The Board Nominations Committee provides advice and recommendations to the Board on specified matters as set out in the Latrobe Community Health Service Constitution. These include conducting searches for Directors, reviewing elected and appointed nominations for validity, providing advice to the Board on the prevailing skills matrix, and consulting with the Board regarding preferred candidates.

The committee includes two non-Director Members:

#### **John Guy, OAM JP**

*GradDip. Personnel Admin, Latrobe Community Health Service Director September 1997-2018, Chairperson 2002-04 and 2008-16.*

John spent 35 years with the State Electricity Commission of Victoria, six years on the Morwell Shire / City Council (three consecutive years as Mayor); was Chairman of the Latrobe Regional Commission; and Chairman of Commissioners of Wellington Shire during the amalgamation process. He is a Justice of the Peace (JP), President of the Central Gippsland Branch of the Justice Association, a volunteer with the Office of the Public Advocate, Independent Third Person Program and a volunteer with the Youth Referral and Independent Person Program. John is also Chair of Advance Morwell Inc. (life member) and a member of the Latrobe City International Relations Committee.

## Janet Nelson

*B.S.Chem, PhD (Chemistry).*

Janet is a demonstrated senior executive leader with global career experiences and networks that extend across academia, government, not-for-profit organisations, and industrial communities. In Janet's 35-year career, she has gained experience in scientific research and teaching, scientific review and research portfolio administration, complex and multidisciplinary program / project management, business development, and science policy implementation. She has served on numerous Boards in Australia and the United States, and has a strong understanding of the importance of having the right mix of technical and other specific skills (including a good cross-section and generality of skills) on Boards. Janet is a graduate of the Australian Institute of Company Directors.

## Board Community Investment Committee

The Board Community Investment Committee is responsible for overseeing the Latrobe Community Health Service Community Grants program, which is funded by the Latrobe Community Health Service Community Capital Investment Fund dividend as set by the Board annually.

As part of undertaking an annual grants program, the Board Community Investment Committee recommends projects to the Board for funding, and monitors the progress of projects and reports this to the Board.

Upon the Board Community Investment Committee's recommendation, the Board recently provided funding to:

- The Salvation Army to purchase a freezer for the Doorways Latrobe Program to reduce food wastage and increase food security in the community.
- TCB Living to Thrive to go towards the purchase of fresh produce and non-perishables for their food bank, and also the purchase of produce for their workshops to teach clients how to prepare food and minimise wastage.





# Board attendance

**Details of attendance by Directors and non-Director Members of Latrobe Community Health Service at Board, Board Audit and Risk Committee, Board Quality and Safety Committee, Board Governance Committee, Board Nominations Committee and Board Community Investment Committee meetings held during the period 1 July 2021 – 30 June 2022, are as follows:**

	Meetings											
	Board		Board Audit and Risk Committee		Board Quality and Safety Committee		Board Governance Committee		Board Nominations Committee		Board Community Investment Committee	
	A	B	A	B	A	B	A	B	A	B	A	B
Judith Walker	10	10	4 <sup>^</sup>	4 <sup>^</sup>	4 <sup>^</sup>	4 <sup>^</sup>	4	4	-	-	2 <sup>^</sup>	2 <sup>^</sup>
Stelvio Vido	10	10	-	-	4	4	4	4	-	-	-	-
Joanne Booth	10	10	1	1	3	3	-	-	-	-	2	2
Mark Biggs	10	10	-	-	-	-	1	1	1	1	-	-
Nathan Voll	10	10	4	4	-	-	1	1	2	2	-	-
Murray Bruce	10	10	3	3	1	1	-	-	2	2	1	1
Bernadette Uzelac	10	10	-	-	1	1	3	3	1	1	1	1
Placido Cali	10	10	4	4	-	-	3	3	1	1	-	-
Tracey Tobias	9	9	-	-	3	3	-	-	-	-	-	-
	Non-Director members											
Tanya James	-	-	4	4	-	-	-	-	-	-	-	-
Rob Setina	-	-	4	4	-	-	-	-	-	-	-	-
Kaye Borgelt	-	-	-	-	4	4	-	-	-	-	-	-
Petra Boverly-Spencer	-	-	-	-	4	4	-	-	-	-	-	-
Angela Hutson*	-	-	-	-	-	-	-	-	1	1	-	-
John Guy	-	-	-	-	-	-	-	-	3	3	-	-
Janet Nelson**	-	-	-	-	-	-	-	-	2	2	-	-

## Notes:

Column A: Indicates the number of meetings held while the Director / non-Director Member was a member of the Board / Board Committee.

Column B: Indicates number of meetings attended.

<sup>^</sup> Board Chairperson will on occasion attend Board committees ex-officio.

\* Angela Hutson retired as non-Director Member after the October 2021 Board Nominations Committee meeting in line with the constitutional maximum term of five years.

\*\* Janet Nelson was appointed as non-Director Member on the Board Nominations Committee in February 2022.

# Risk management

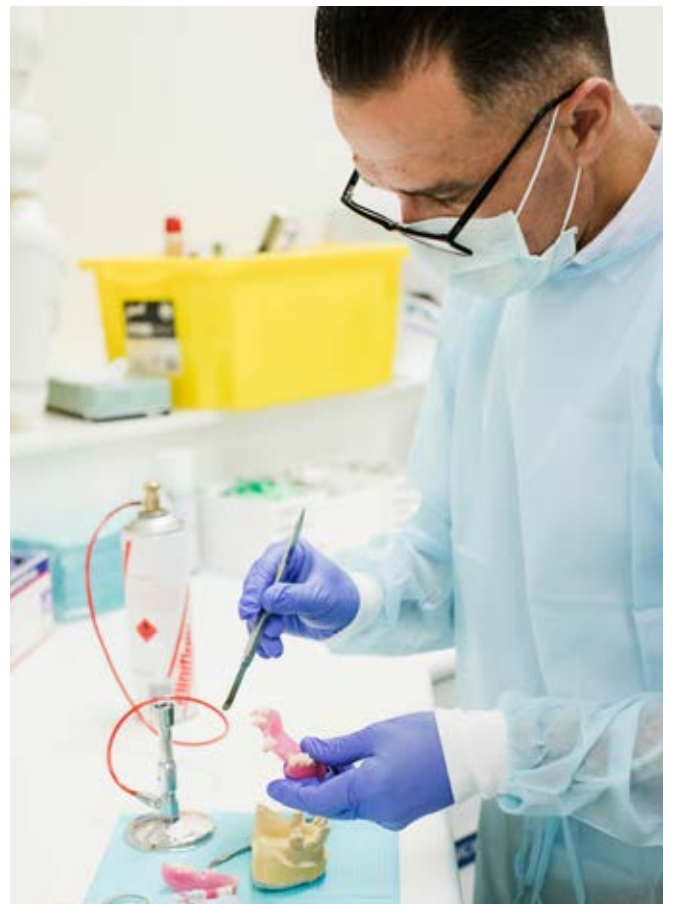
**Latrobe Community Health Service maintains a robust and flexible risk management framework that supports future growth, a safe environment and compliance with relevant legislation, regulations and standards. This framework both promotes and is supported by a positive risk culture in which staff are able to identify and respond to emerging risks. Latrobe Community Health Service ensures effective risk management occurs by connecting the values and goals of the organisation with the practical risk management activities conducted by management and staff.**

The Latrobe Community Health Service Board oversees the organisation's risk management via the Board Audit and Risk Committee and the Board Quality and Safety Committee.

All staff members at Latrobe Community Health Service are responsible for identifying, reporting and responding to risks in a timely and effective manner. Our policies and procedures outline how current and emerging risks should be managed. As a community health service, our exposure to risk may occur at a strategic, operational or clinical level, and therefore our risk management framework relates to the organisation's:

- quality and safety of care
- infection control
- ICT systems and security
- occupational health and safety
- business continuity
- management of physical assets and facilities
- financial position
- strategic growth and innovation.

A positive risk culture at Latrobe Community Health Service is one where staff, volunteers and contractors fulfil their risk management responsibilities to help manage client, community, organisation and workforce risks.



# Organisational structure



**Ben Leigh**  
Chief Executive Officer



**Rick Davies**  
Executive Director  
Corporate

- Manager Marketing and Communications
- Manager Governance
- Senior Manager People, Learning and Culture
- Manager Information, Communication and Technology
- Manager Finance
- Manager Client Services
- Manager Facilities and Fleet
- Manager Business Development
- General Counsel



**Andrina Romano**  
Executive Director  
Primary Health

- Manager Paediatric and Youth Hub
- Manager Integrated Primary Health Central Gippsland
- Manager Integrated Primary Health West Gippsland
- Manager Integrated Primary Health Metro
- Manager Dental Services
- Manager Gateway
- Manager Link Oral Wellbeing
- Manager GP Practice Metro
- Manager GP Practice and Community Paramedics



**Alison Skeldon**  
Executive Director Aged  
and Community Care

- Executive Officer Central West Gippsland Primary Care Partnership
- Manager Prevention and Partnerships
- State Manager Home Care Services
- Manager Commonwealth Home Support and Carer Programs
- Manager Behavioural Health Programs
- Manager headspace Morwell and Youth Services
- Manager Your Care Choice



**Vince Massaro**  
Executive Director  
NDIS Services

- Regional Manager North West Victoria
- Regional Manager South East Victoria and South Eastern Sydney
- Regional Manager Early Childhood Approach

# Key enablers

When we developed the 2017-2022 strategic plan, we identified areas for organisational focus that would be precursors to our strategic success.

Coined 'key enablers', these have been the backbone of our day-to-day operations over the past five years. Our two areas of focus have been service excellence and internal organisation.

## Service excellence

Providing excellent customer service is the first of our four values. We provide the quality services our clients need in a professional and courteous manner.

At Latrobe Community Health Service, service excellence goes beyond providing a smiling face and helping hand. Service excellence is also empowering people to take charge of their own health journey, and giving them the space, confidence and tools to tell us how we can help them do that.

Over the past five years, service excellence has paved the way for our organisation to achieve genuinely positive outcomes for our clients.

## Since 2017-18, we have:

- Employed a Service Excellence Officer.
- Developed a 'Service Design Framework', our handbook for co-designing improvements with staff and clients.
- Integrated service co-design into our everyday practices; every year our Service Excellence Officer leads a co-review and co-design process across 11 different services.
- Employed a Client Family Experience Officer who established our new Customer Voice Group.
- Created a Customer Experience Strategy, which is the overarching framework that guides how we integrate our client voices into our service designs and improvements.





### Customer experience at the forefront of all we do

We recognise a person's experience with our service can influence them in many ways: whether they return to our service or not; whether they feel confused or uplifted on their health journey; whether their health and wellbeing improves or declines. In order to understand what we're doing well, and what we can improve, we ask our clients about their experience with our service – from start to finish.

Was it easy or difficult for you to book an appointment? Did you have to wait a long or short time before seeing your healthcare professional? Did you feel listened to? Did the services we provide actually help?

In 2020-21, we developed an organisation-wide Customer Experience Strategy. This strategy outlines the many ways we capture client voices, understand client experiences, and implement improvements. It is the overarching framework that underpins how we integrate our clients' voices into our services.

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### We ask our clients about their experience with our service – from start to finish.

#### In 2021-22, we:

- Presented the Customer Experience Strategy to every team across the organisation.
- Started using the Net Promoter Score (on a scale of 0 to 10, how likely are you to recommend Latrobe Community Health Service to others?) to understand client experiences across 14 different services.
- Appointed 29 customer experience champions at Latrobe Community Health Service, who receive and act on the client feedback we receive through the Net Promoter Score and subsequent questions.

Our customer experience champions work alongside their teams to identify gaps and improve service delivery using these insights. A direct benefit of this approach is the ability for teams to celebrate the praise our clients share about the staff they interact with – in real-time.

The Net Promoter Score is just one of many ways we gather feedback from the people who use our services. We are now working towards integrating our feedback collection methods to ensure these insights sit together. This will allow us to obtain a more comprehensive overview of the customer experience at Latrobe Community Health Service.

Because service excellence underpins our Customer Experience Strategy, we hope to eventually measure our organisational service excellence against three principles:

1. Care
2. Connection
3. Communication

These principles have been co-developed using client feedback and in consultation with staff.

Our Customer Experience Strategy will continue to be part of our strategic plan for 2022-2027. Over the next five years, we will bring all of our customer service initiatives together, to continue to improve our services and deliver service excellence in all that we do.

### Customer Voice Advisors join Latrobe Community Health Service

To achieve our organisational vision, we need to ask our communities for their advice, experience and ideas, and importantly, we need to listen.

We already do this by distributing surveys and inviting people to fill out feedback forms. We recently introduced the Net Promoter Score, which asks people how likely they are to recommend our services to someone else. We have also been co-designing services and improvements with clients for many years.

However, what we've been missing is a specific group of people we can call upon to help us shape the way we do things. Whether we are looking at upgrading our premises, designing promotional material, or reviewing how people can book an appointment, it is vital the people who are likely to use our services have a say in how they're delivered.

In 2018-19, we formed the inaugural Consumer and Community Participation Committee to help us think about things from a service user perspective. This committee met quarterly, and provided collective feedback, so members were limited in what they could genuinely influence.

So we formed the Customer Voice Group. The group consists of clients and client family members who have recently used our services. Named Customer Voice Advisors, group members can choose from a variety of current Latrobe Community Health Service projects to provide their perspectives and help shape the way they look.

We now have 13 Customer Voice Advisors whose ages range from early-20s to mid-80s, and who are located in Melbourne, the Latrobe Valley, and Ballarat. Some members



have co-designed promotional material with the marketing and communications team, while others are helping with the redesign of our Moe garden.

Our ongoing focus is to ensure the Customer Voice Group reflects the diversity of the communities we serve. This means we hear different perspectives that challenge us to think in inclusive ways. We invite people from different cultural, economic and experiential backgrounds, as well as people from across the different regions where we operate, to become a Customer Voice Advisor. We also remove barriers to participation by asking what people need from us to be able to participate.

### Co-design is everyday practice

We have been co-designing services and improvements with our staff and clients using our Service Design Framework since 2018. Using the framework, we:

- Gain qualitative insights from our staff and clients about their experiences and ideas to improve.
- Use a 'plan, do, study, act' approach to put these ideas into action.

#### Since 2018:

- More than 350 clients and 70 staff have participated in a 'service design review'.
- We have held 35 focus groups to brainstorm solutions.
- We have implemented 70 improvements across 35 services and six internal corporate teams.

## Our Service Design Framework is leading to positive outcomes

Ongoing COVID-19 restrictions in Melbourne meant people with general (non-urgent) footcare needs had to wait longer than usual for an appointment. We recognised this could lead to clients' foot health deteriorating, and so we co-designed an online footcare education group in which people could learn how to take care of their feet at home. Every client told us the sessions were helpful, and the number of clients who felt confident to take care of their feet more than doubled. Because more people felt confident to take care of their feet at home, our podiatrists could see more people at higher risk of poor foot health. We have seen a significant increase in the number of people receiving a timely appointment since we introduced the footcare education groups.

In 2021-22, our Early Childhood NDIS team reviewed their performance against quality and safety benchmarks, and used these insights to inform areas of focus for the qualitative service design review. The quality review found we are performing very well in the areas of client engagement, client satisfaction and record keeping. We also demonstrated a high level of understanding of legislative requirements and responsibilities.

We learnt we could improve the support we provide children and families when they transition between the Early Childhood Approach and Local Area Coordination service at seven years



of age. Our Service Excellence Officer conducted a focus group and interviewed families, and we created a working group tasked with designing a warm handover for families transitioning between services. We are now running a pilot in Inner and Outer Gippsland, and Outer East Melbourne, to see if our new approach delivers better outcomes for families. We will invite families to provide feedback on our pilot. If deemed a success, we will roll out training, communication tools, and a staff manual across all of our NDIS service areas.

## Service excellence in our communication

**As part of our commitment to service excellence, we inform every single client about their rights when accessing our services. Rights include access to healthcare, safety, information, respect, and privacy, as well as opportunities to provide feedback.**

In 2021-22, we produced an Easy English version of our brochure. Easy English is a style of writing that uses words and images to help readers understand the information. It is especially useful for people with low literacy, acquired brain injuries, dyslexia, and who speak English as a second language.

We commissioned an accessible information service to produce the brochure. Using a team of speech pathologists, writers, editors and designers to produce the document, the team then employed people with low levels of literacy to review the brochure and provide feedback. We're pleased to say our Easy English brochure is consumer-approved and meets the needs of those with low English literacy.

The Easy English brochure is one of several ways we communicate rights to clients. We have a standard brochure, one for children, and several translated versions.







# Key enablers *continued*

When we developed the 2017-2022 strategic plan, we recognised early on we needed to focus on several internal activities. Aimed at improving our processes, structures, and technology, these activities have proven key to supporting the successful implementation of our strategic plan.

Workforce planning – including recruiting and retaining talented staff with specialist skills – has been our priority. Never has this been more relevant than during the COVID-19 pandemic. Growing a fit-for-purpose workforce remains part of our strategic ambition for the next five years.

## Organisational focus

Over the past five years, we have appointed an Internal Communications Advisor, updated our intranet platform, and revamped our staff newsletters.

Technology has also been pivotal in communicating across the organisation; the use of videoconferencing and remotely accessing our business systems have well and truly become business-as-usual.

Aside from these visible changes, we have also made subtle but fundamental shifts in the way our organisation operates. Reaccreditation, introducing or updating policies and procedures, and continuing to invest in professional development for our staff have been areas of significant focus.

## Since 2017-18, we have:

- Delivered a workforce plan that aimed to diversify our workforce, and attract and retain staff with specialist skills (such as allied health, psychologists, and general practitioners).
- Recommitted to talking, walking and working together with our First Nations communities through the creation of a new First Nations Health and Wellbeing Committee and Plan.
- Achieved re-accreditation in seven areas.
- Invested \$2.5 million in professional development, training and leadership development for our staff.

## Achieving our purpose is only possible with supported and well-trained staff

Everyday, we ask our staff to live out our values in their actions – including providing excellent customer service in every interaction. Service excellence doesn't just happen, though. It requires a person-centred approach, a 'how can we help' and 'can-do' attitude, and staff who are supported and trained.

In 2021-22, we invested \$527,000 on professional development and leadership development for our staff. The training we fund ranges from cultural competency, best practice in service delivery and software skills, to qualifications in various fields including dental, allied health, health promotion, counselling, nursing, and community services.

Every year, we also deliver training to existing and emerging leaders – communication, coaching, critical thinking, and influencing positive cultures are among the topics our leadership teams learnt throughout 2021-22.

Team leaders and managers in our Primary Health Directorate – which includes GPs, dental, nursing, dietitians, physiotherapists, and other allied health professionals – participated in several workshops with an external management consultant. The workshops were based on the premise that teams don't happen by chance – team building and team maintenance requires unremitting attention. The workshops covered resiliency building, work-life balance, staying healthy, and managing through the generations. Participants also unpacked what leadership and management means to them, as well as how to support their peers and team members.

### Our staff told us:

*"I have done a university degree, but this course gave me practical tools I can use everyday."*

*"It was a wonderful opportunity to understand myself as a leader and manager and highlight what I have to work on."*

*"In this day and age, leadership is critical, so this is a great opportunity to learn together."*

Our managers and team leaders will continue to share experiences and undertake new topics in 2022-23.

## Upskilling our nurses

In 2021-22, we made a deliberate effort to upskill our enrolled and registered nurses who deliver care at home. A diversified nursing workforce means skills, tasks, and processes are known by more than one person, and services continue uninterrupted if one staff member is unavailable.

Our nursing team leader has spent much of the year delivering training across our district and palliative care nurses, so that

more nurses have the ability, confidence, and skillset to triage and plan admissions for our clients.

Four of our enrolled nurses now triage and plan admissions into our district nursing service, and several registered nurses are available and trained to support this service when required. The team leader oversees this process, and helps nurses in their clinical decision-making.

In the palliative care space, which often involves caring for people with more complex, terminal conditions and medical needs, we have introduced a 'buddy' mentoring system. We have trained four registered nurses who are skilled in palliative care to also triage palliative clients. Staff who don't know how to triage are paired with those who do. Six more registered nurses are being upskilled to manage the full breadth of palliative care, and will be the next palliative care nurses to start triage training.

Our new community paramedic team members add an extra layer of clinical support for our nursing workforce. The paramedics also conduct assessment, planning, evaluation and screening for clients and their families and carers. This means we are delivering treatment and care to more people sooner. Our waitlist has reduced significantly, and we are well on our way to our goal of contacting clients within three days of receiving their referral.

## Collaborating with the specialists in palliative care

Nurses at Latrobe Community Health Service have the opportunity to work in a variety of clinical settings. We deliver nursing services at people's homes, we support the health of children at their school, we help expecting parents give their new baby the best possible start to life, and we also deliver multidisciplinary care for people with a terminal illness.

Our nurses can therefore choose which nursing discipline they'd like to specialise in, and we work towards providing the training and work experience to make their goals a reality.

In 2021-22, our palliative care team strengthened ties with other palliative care organisations who are considered the leaders in this space. Three of our nurses each spent three days on placement at Palliative Care South East, observing other palliative care clinicians and developing new transferrable skills. We also signed up to the Program of Experience in the Palliative Approach (PEPA). PEPA is a national initiative that provides opportunities for clinicians to learn from experienced specialist staff to enhance skills, knowledge and experience in the palliative approach. One of our nurses completed PEPA with Eastern Palliative Care in 2021-22.

### Our nurses told us:

*"I have been able to adopt some of Palliative Care South East's practices in my own day-to-day operations, especially the language used when communicating with clients, and also the knowledge / experiences they were able to pass onto their clients. While these may not be my own experiences yet, I feel I am able to relate more with clients by sharing the experiences of others, and making my clients feel more relaxed and confident about palliative care."*

*"Placements at Eastern and South East Palliative Care offered invaluable resources to support the knowledge and practice I already had in place. Getting to go on-road with palliative care nurses, clinical nurse specialists and nurse practitioners gave me insight into how the roles work together to provide the best care for clients and their families. I also got to witness the inner workings of the multidisciplinary team, team lead and education roles and how this comes together to provide best care practices. I was able to develop better triage practices at Latrobe Community Health Service to improve waiting times and overall access to our palliative care service."*

We will continue to offer our nursing workforce similar opportunities given the value they provide.

### Accreditation affirms our approach to quality, safety, and continuous improvement

The Latrobe Community Health Service Quality and Clinical Governance Framework encompasses the many processes, systems and checks we have in place, to ensure we continually improve our practices to help our clients achieve their goals. We have embedded Safer Care Victoria's Victorian Clinical Governance Framework domains into our systems and processes, and we report on our performance through our Board Quality and Safety Committee and Clinical Governance Management Committee. These reports consider our workforce; clinical practice and collaboration; leadership and culture; client partnerships; risk management; systems and processes; and review and oversight.

Everyone at Latrobe Community Health Service is responsible for delivering high-quality services, regardless of our position. Focusing on quality and safety for clients ensures we are:

- Continuously improving our processes, systems and the way we do our business.
- Reviewing and identifying risks to make our workplaces safe for ourselves, our clients and our communities.
- Satisfied in our roles by achieving great results and meeting the needs of our clients and the community.

## Another round of accreditation achieved

**In 2021-22, Latrobe Community Health Service achieved full accreditation against the QIC Health and Community Service Standards and the Human Services Standards until 2024.**

While the QIC Health and Community Service Standards reviewed us from an organisation-wide perspective, our family violence programs were the focus of the Human Services Standards assessment.

"Accreditation reviews are a way for our organisation to objectively ensure our practices match our policies and procedures, but more importantly to ensure we're providing safe and quality services to our clients, and supporting the community," CEO Ben Leigh says.

"Feedback from the assessors indicates ours is a workplace that encourages all staff to model our organisational values and to share great examples of those values via our rewards and recognition system.

"It was also clear to the assessors that staff across all directorates are passionate about supporting their clients and ensuring the best possible health outcomes for those who access our services – this is incredibly pleasing to hear."

We will next undergo accreditation for:

- National Safety and Quality Health Service (NSQHS) Standards
- Glen Waverley GP Clinic
- headspace
- Aged Care Quality Standards

**Between 1 July 2017 and 30 June 2022, we were assessed and obtained accreditation against the following standards:**

- Quality Innovation Council (QIC) Health and Community Services Standards
- National Safety and Quality Health Service (NSQHS) Standards
- Royal Australian College of General Practitioners (RACGP) Standards (across all of our GP Clinics: Glen Waverley, Oakleigh, La Trobe University, Morwell, Churchill, Traralgon, Warragul, Moe)
- Home Care Quality Standard
- Human Services Standards
- headspace Model Integrity Framework
- Diagnostic Imaging Accreditation Scheme (DIAS)

We assure our communities, funding bodies and stakeholders that our quality and clinical governance practices are sound by undergoing assessment against various standards. Independent agencies such as Quality Innovation Performance, Australian General Practice Accreditation, headspace National, and the Aged Care Quality and Safety Commission assess our compliance against these standards.

Most of our accreditations are based on a three-year cycle, with reviews conducted mid-cycle (every 18 months). This allows us to act on identified improvements before we have our full accreditation assessment.

Improvement opportunities that are identified during our assessment against each standard are implemented through our Quality Improvement Plan, which ensures we are continually improving the services we provide.

### Strengthening our commitment to the health and wellbeing of our First Nations communities

At Latrobe Community Health Service, we take reconciliation and closing the gap seriously.

Indigenous and non-Indigenous Australians have vastly different health outcomes, with Indigenous people experiencing shorter life expectancy and poorer health.

To help address this, we created a First Nations Health and Wellbeing Group in 2020. This group replaced our existing Reconciliation Action Plan committee, and is strengthening our focus on improving health outcomes for First Nations people in our community.

As we embark on our new journey to make First Nations health and wellbeing an even more significant part of what we do across the organisation, we have produced our inaugural First Nations Health and Wellbeing Strategy.

Each year, our group will choose a different priority to work towards. An Aboriginal Employment Plan, increased understanding of the need for cultural safety in service provision, and an exploration into barriers for Indigenous people in accessing our services are among the actions listed in our strategy.

The strategy is out for community consultation and has four key themes:

1. Community Inspired
2. Welcoming Environments
3. Cultural Safety
4. First Nations Employment

## Celebrating reconciliation with our local Elders

Latrobe Community Health Service celebrated National Reconciliation Week 2022 in the company of Kurnai Elders Uncle Lloyd Hood and Aunty Michelle Hood. Staff and volunteers gathered to hear the words of Uncle Lloyd, and participate in a smoking ceremony led by Aunty Michelle at our Morwell headquarters.

"Although a cold and bleak day, the atmosphere was warm with support, interest and engagement from our staff who represent a variety of different cultures and backgrounds," Prevention and Partnerships Manager Michelle Ravesi says.

"A long queue snaked through the meandering smoke at the ceremony, and we were reminded of what reconciliation is for, as the smells of burning eucalypt wafted through the building."

Uncle Lloyd told sobering stories of his upbringing at the Lake Tyers mission in regional Victoria, and what he thought was the experience of all boys, not just Aboriginal boys on a mission.

"It is with hope in our hearts and a commitment to create a welcoming, accessible and supportive health service that we will continue to build meaningful relationships with our First Nations people and implement our First Nations Health and Wellbeing Strategy," Ms Ravesi says.

### We look forward to:

- Continuing dialogue and partnerships with First Nations people through initiatives like developing a new First Nations procurement policy.
- Continuing to commission First Nations artwork, such as the new piece in our boardroom at our Morwell headquarters, which was created by Palawa woman Domica Hill.
- Beginning a cultural audit of our organisation through yarning circles.
- Starting our First Nations Employment Plan, which will guide the way we recruit, support, retain and reward First Nations staff members at Latrobe Community Health Service.
- Improving health and wellbeing outcomes of all the First Nations communities we serve.

# Strategic priority one

Focus on primary and community health services within Gippsland.

## GOALS:

- Continue to develop community and primary health service offerings in Gippsland
- Achieve genuine integration of services in the Latrobe Valley

Latrobe Community Health Service has a long, proud history in the Latrobe Valley and in Gippsland. Because of this history, we have strengthened our commitment to delivering better health, better lifestyles and stronger communities where we first began.

### Since 2017-18, we have refined our focus in two key areas:

1. Developing new service offerings across Gippsland.
2. Integrating disciplines that would otherwise operate in silos in traditional healthcare settings.

### We have achieved this by:

- Establishing two multidisciplinary teams that deliver holistic health and community services to Latrobe Valley adults.
- Creating a multidisciplinary paediatric and youth hub that specialises in health and community care for children and young people.

- Offering more ways for people – especially those with multiple health conditions – to see two or more clinicians in one appointment.
- Starting a brand new nursing in primary schools program.
- Coordinating projects that increase social connection, employment and education opportunities for Gippsland's migrants and refugees.
- Partnering with other organisations, such as the Gippsland East Gippsland Aboriginal Cooperative, to deliver place-based, culturally-safe, and person-centred services.



## Integrated health teams place people at the centre of their own care

Our 2017-2022 strategic plan made a commitment to the Gippsland community: we will improve the healthcare experience in the region by providing high quality, person-centred, and multidisciplinary services.

We want to see more people accessing the services they need in the one location, and where possible, during the same appointment. Known as 'integrated' services, this approach allows our clinicians to work together to plan the shared care of clients. It also reduces the need for people to repeat their story. If you have mental and physical health conditions, we address them together. For example, people in palliative care can see a nurse about their medication and an exercise physiologist about pain management, as well as a counsellor or social worker – all within the one appointment.

Our vision of genuinely integrated services is becoming a reality – we have created two multidisciplinary hubs in Gippsland that

deliver nursing, exercise, care coordination, dietetics, podiatry, speech pathology and other allied health services, as well as respiratory services for adults. These teams also work alongside our mental wellbeing and oral health staff, and often coordinate care with other organisations where appropriate.

## In 2021-22, our integrated primary health teams provided six different types of multidisciplinary clinics.

Our multidisciplinary clinics include:

- Complex Diabetes Clinic
- Interdisciplinary Diabetes Clinic
- Diabetes Essentials
- High Risk Foot Clinic
- Interdisciplinary Lymphoedema Clinic
- Early Intervention Clinic for Palliative Care

## Good food leads to better mood

Dozens of Latrobe Valley parents and carers are better equipped to cook fresh, healthy meals and grow their own produce after a series of 'mood and food' workshops.

Latrobe Community Health Service teamed up with food security coalition Food For All Latrobe Valley to show families how food can improve their mental health and wellbeing.

The workshops, made possible through the Victorian State Government's Community Activation and Social Isolation (CASI) initiative, taught families how to prepare simple snacks and healthy meals, grow nutritious foods, and improve daily routines to support better mental health.

"Food can affect the way we feel, and emerging evidence shows the impact nutrients, food and dietary patterns have on mental health," Health Promotion Officer Gabrielle Francis says.

"We know preparing and cooking food can be a great way to connect with family and friends, and eating healthy food can also benefit our brain and gut health.

"When the opportunity arose to deliver a project that increased community connection and reduced social isolation, we thought, what better way to achieve this than through food and cooking in a group setting?"

Latrobe City Council granted the CASI funding to deliver six 'mood and food' workshops across the Latrobe Valley.

A Latrobe Community Health Service dietitian and counsellor, and two local gardening experts, presented the sessions. They helped participants prepare their own healthy

snacks, plant seedlings in pots, and share stories about how they were coping throughout the COVID-19 pandemic.

"One participant told us the workshop introduced them to food they hadn't tried before, and they left willing to try a wider variety of fresh produce," Ms Francis says.

"Another participant said they were keen to grow their own food, many were pleased to learn about soil health, while one person said socialising with others and learning tips about enjoying life were most beneficial to them.

"Several people also showed interest in seeing a dietitian and a counsellor. We are confident more Latrobe Valley families are making positive lifestyle changes after attending these sessions."





## Andrew Blunden has been living with Type 1 diabetes for ten years now.



Andrew's favourite activities are spending time at his local archery club and cooking up a storm at home. And he says diabetes hasn't stopped him from doing what he loves.

"Living with diabetes is okay," Andrew says.

"It's a commitment (for me) to having medication every day. Otherwise, it's not the huge lifestyle changes you're made to believe."

Andrew discovered he was living with diabetes after a regular check-up with his GP. His doctor took a blood sugar level reading, which "went off the meter", and sent him straight to hospital.

"It might have been five or six years before my blood sugar got down to single figures," he says.

He has always taken the condition seriously, and over time, has learnt how he can manage his diabetes. For Andrew, that involves cutting out sugars and reading nutrition information on food packages.

"It's just watching what you eat," he says.

"I have two lots of long acting insulin – one at morning and one at night. I also have some rapid insulin before meals. It helps me to keep my sugar levels in check."

When Andrew moved to Gippsland a couple of years ago, he sought the advice of a diabetes educator, exercise physiologist and doctor at Latrobe Community Health Service. He also sees one of our dentists.

"They helped me plan my diet, use calorie count books, and got me onto a continuous glucose monitoring system," he says.

Andrew says diabetes can be easy to manage – you just need the right mindset and people around you.

"Diabetes is controllable."

## Gippsland's future physio workforce undergoes placement at Latrobe Community Health Service

The first cohort of physio undergraduate students at Federation University's Gippsland campus began their four-year degree in 2021.

Now in their second year, the students joined Latrobe Community Health Service's exercise groups in 2022 as part of their syllabus on neurological and aged care conditions.

Latrobe Community Health Service runs exercise groups that focus on falls and balance, and on managing conditions like Parkinson's Disease or stroke recovery with exercise.

Federation University wanted to give students an opportunity to reinforce the theory they were learning with a practical component. So, students joined our falls and balance group to observe, practise techniques and apply their theory in the real world.

### Students told us:

*"I enjoyed seeing the progression of the patients over such a short period; I felt it to be very rewarding. It was also good to see some of the things we have learnt in class actually put into practice."*

*"From this experience, it made me feel like a physio who is actually working in the environment as if it was a job I could enjoy. I especially encourage future students to undertake placement at Latrobe Community Health Service."*

*"It was great to be 'thrown in the deep end' while working with the clients. While a little daunting at first, it was fantastic."*

Eighteen Federation University students joined our exercise groups in Semester 1 2022, and in 2023 we will welcome another cohort of second-year physio students to join our falls and balance group.

Third-year Federation University students will undertake five-week placements with us in 2023, and fourth-year students will complete five-week placements in 2024.

## Children and young people benefit from youth-focused, place-based services

Ten years ago, Latrobe Community Health Service recognised many Latrobe Valley families were missing out on affordable allied health services that could help improve their child's development. Government-subsidised services were available only to those with severe developmental delays, and private therapy was often too expensive.

In response, we created a low-cost multidisciplinary children's service that helps children to improve their speech, sensory-processing, fine and gross motor skills, and language. Today, we are considered a leader in the paediatrics community health space.

At the start of the 2017-2022 strategic plan, we employed nine staff who delivered the multidisciplinary children's service and a Pathways to Good Health program for children in out-of-home care. Over the past five years, we have created a dedicated Paediatric and Youth Hub, which consists of more than 28 staff members delivering:

**Children's Service:** speech pathologists, occupational therapists, physiotherapists and allied health assistants helping children with mild-to-moderate developmental delay

**Pathways to Good Health:** a paediatrician, psychologist, speech pathologist and nurse coordinator complete comprehensive health assessments and health management plans for children in out-of-home-care

**Healthy Parents Healthy Babies:** a nurse helps expecting mums give their baby the best possible start to life

**Community Health Nurse in Primary Schools Program:** community health nurses are based in primary schools and help students and their families manage their health and wellbeing

**Community Nursing:** a community nurse provides health education about healthy lifestyle choices, personal development, and hygiene

**School Readiness:** speech pathologists, occupational therapists, and psychologists / social and emotional wellbeing practitioners work with kindergarten educators and families to promote healthy development of children

**Speech Pathology in Schools:** speech pathologists and occupational therapists work with school educators to help improve the quality of the language learning environment in the early years of primary school

**Children's Dietetics:** a dietitian provides advice and strategies about children's growth, feeding and nutrition

**Contenance:** a continence nurse helps children who are wetting the bed, experiencing constipation or having accidents during the day

**Between 1 July 2017 and 30 June 2022, our Paediatric and Youth Hub services have:**

- Delivered early intervention and allied health services to more than 4,000 children.
- Delivered nearly 3,000 capacity-building sessions across more than 60 kindergartens.
- Delivered more than 1,500 capacity-building sessions across 24 schools.

## **Nurses deliver better health and learning outcomes for students – where they learn**

In 2017-18, a Morwell primary school approached us about basing a community health nurse at their school. They wanted to improve the health and wellbeing outcomes of their students and families, and promote a supportive learning environment.

We started the Community Health Nurse in Primary Schools Program with funding from the Latrobe Health Assembly and the participating school. The following year, we expanded the program from one school to four. We evaluated the program in 2019-20, and co-designed improvements with the school communities. In 2021-22, we are delivering the nursing program across seven Latrobe Valley primary schools.

**This financial year, our nurses provided or coordinated the provision of:**

- 199 instances of care navigation support, which includes linking families into other services (paediatricians, counselling, etc), and at times actually taking children and their parents to appointments.
- 184 health promotion activities such as hygiene talks, puberty education, menstruation talks, healthy eating, personal hygiene, and mindfulness.
- 647 head lice checks, along with education for children and families.
- 164 student hearing checks.
- 69 consultations regarding management of COVID-19.
- 49 consultations concerning children's continence, linking children into continence nursing services and developing toileting plans for the children.

**We have helped:**

- A student who was limping around the school yard. Our nurse discovered their mobility aid was too small, which was causing blisters and wounds on the child's feet. The nurse helped the student's family to make appointments and gain referrals for a new mobility aid to be made. This has significantly improved the student's ability to participate at school.
- A student who was often vomiting at school and going home early as a result. Our nurse helped the student stay at school if they felt well enough, and supported the family to see a doctor to understand what was causing the vomiting. The nurse helped the family make medical appointments, provided transport to the appointments, and supported them to follow up on the medical team's recommendations.
- A student with a severe toothache. Our nurse asked about the sore tooth and discovered the student hadn't been sleeping because of the pain. With consent, the nurse made an emergency dental appointment for that same day. When the student returned to school, they said they slept much better because they were now pain-free.

## Helping students access the NDIS

In February 2022, we based a school nurse at a Traralgon primary school to help students and families access the NDIS and use their NDIS plans.

The school's welfare officer was concerned about a number of students who:

- May be eligible for the NDIS, but their family had trouble applying.
- Were not using their NDIS plan.
- Had an NDIS plan, but it didn't suit their needs.

In partnership with the school and the Victorian Department of Families, Fairness, and Housing, we based a nurse at the school who was tasked with helping these students and their families.



Between February and June 2022, the nurse:

- Supported 18 children and their families.
- Organised speech pathology and occupational therapy assessments to support the NDIS applications of six children.
- Referred four children to the NDIS Early Childhood team for assessment, planning, and early intervention.
- Linked four children with NDIS plans into services they hadn't been able to access by themselves.

One family with two children – who both had NDIS plans – wasn't accessing allied health services even though both children were eligible. Because of long waitlists and transport barriers for the family, the nurse linked them into a virtual allied health service provider. The children are now receiving regular therapy via telehealth at their school.

## Reading out of poverty

Early literacy charity Reading out of Poverty is helping the children and parents we support to read more books.

With a mission to promote children's language and literacy, Reading out of Poverty provides literacy resources to families with young children from low socio-economic backgrounds.

The charity donated backpacks to our Healthy Parents Healthy Babies program, giving expecting mums a book about raising healthy children and a poster to measure their child's growth, as well as two books they could read to their babies.

Reading out of Poverty also donated seven bookshelves – and books to fill these – to our school nursing team.

We have now set up mini libraries in each school we work within. Children can take a book home to read, and this book then becomes their book; there is no need to return them.



## headspace Morwell and youth services work to improve the emotional and social wellbeing of young people

Our headspace Morwell and youth services team saw firsthand the impact the COVID-19 pandemic had on the health and wellbeing of young people. In 2021-22, we jumped at the opportunity to be out and about in the community again, helping people improve their mental health.

Our youth alcohol and other drug workers visited the local skatepark every week for nine weeks. While cooking up a barbecue, the team engaged with local skaters as well as parents and children about the services headspace offers.

In June 2022, we held the Gippsland Pride Party at Kernot Hall in Morwell. About 100 LGBTQIA+ young people and their allies joined us to celebrate diversity. Attendees enjoyed some pizza, danced to the tunes of DJ Nige, played some friendly games, took lots of happy snaps in a photo booth, and got their faces painted.

Our Kids Connect team helps children and young people aged 0-18 and their families to improve their mental health. We deliver this program in partnership with the Victorian Aboriginal Child Care Agency. In 2021-22, we delivered a group equine therapy program for 12- to 15-year-olds. Participants had four horse riding lessons before completing a trail ride in week five. They also took part in emotional awareness group sessions. Through learning to care for and relate to horses, the young people learnt about confidence, mutual respect, and how to communicate in an assertive and respectful way. These are lessons that can be taken into other areas of their life. Young people, their parents and carers told us they noticed an increase in:

- confidence
- feeling useful
- relaxation
- mood
- decision-making and problem-solving skills
- thinking more clearly
- optimism
- feelings of being loved.

headspace Morwell also welcomed an Early Career Social Worker from headspace National as part of the Early Career Program. The Early Career Program is aimed at increasing the pipeline of mental health staff, and provides clinical education and student placement opportunities. We will be welcoming students to the centre in 2022-23.

## Young people are making, creating, and relating

Our headspace Morwell and Paediatric and Youth Hub teamed up in 2021-22 to deliver a new craft program for young people aged 12-18 years old.

The Make, Create and Relate program aims to give young people arts and craft activities to do together, while chatting about different health questions in a relaxed space.

Our Community Health Nurse and headspace Counsellor ran each session together, with six young people regularly attending and more people joining as the program progressed.

The participants told us they made new friends and others said they would change their oral health habits after attending the sessions. Other headspace counsellors reported positive impacts on their clients' wellbeing.

We are planning a second Make, Create and Relate program in 2022-23 with some adaptations following client feedback.





## Co-location sees neurodiverse people access services sooner

Young people – including those who are neurodiverse – are receiving help sooner, thanks to a new partnership between headspace Morwell and Latrobe Regional Hospital's Child and Youth Mental Health Service (CYMHS).

For some young people, auditory and visual hallucinations, overwhelming ruminations, and obsessive and intrusive thoughts can be related to Autism Spectrum Disorder (ASD). Some young people may experience panic attacks in the context of their ASD, and these can be so severe they dissociate, losing the capacity to talk.

CYMHS clinicians co-locate at headspace Morwell five days a week to provide:

- direct clinical care at headspace
- capacity building and education for headspace staff
- a more streamlined experience for young people who transition between acute and early intervention mental health services.

"The CYMHS clinician may use dialectical-informed therapy to address the symptoms of anxiety and panic, helping

young people to understand hallucinations can be a stress response that is externalised," headspace Manager Tenille Thorburn says.

"At the same time, our headspace counsellors may leverage off a young person's strengths to increase their motivation with things like staying engaged at school or learning a new hobby. They will validate a young person's experience, be a trusted support person, and offer strategies to manage low mood and stress."

Both teams reinforce each other's strengths and expertise to provide young people the best possible care, and also engage their friends and families to help them manage strategies at home.

"This partnership is helping our headspace team to increase their own knowledge and confidence when working with neurodiverse young people," Ms Thorburn says.

"Most importantly, the integration of our services has certainly resulted in more timely access to the most appropriate support for young people in our community."

## A prevention lens and partnerships focus deliver better outcomes

Preventing health and wellbeing problems through place-based, partnerships-focused initiatives is one of our key priorities at Latrobe Community Health Service. Our Health Promotion team works together with early childhood centres, schools, workplaces and community facilities such as leisure centres and sports clubs to create health-promoting cultures where people live, work, learn, and play.

We have spent the most part of 2021-22 planning a Healthy Supermarkets – Reach for the Stars project. This will see us team up with local supermarkets in 2022-23 to promote the fact that all fruit and vegetables – fresh and frozen – are five health stars. Using in-store promotional material, along with site activations and targeted advertising, we hope to make it easier for Latrobe Valley families to choose nutritious food over processed products.

Our Gambler's Help team, which delivers counselling as well as community education, spent Gambling Harm Awareness Week 2021 sharing people's lived experience of gambling harm. Jamie, a father-of-four, told of his own struggles and the steps he took to take back control of his gambling. The team hosted two online events, submitted a letter to the editor in six Gippsland newspapers, shared Jamie's story on social media, and obtained media coverage across radio and newspapers in Gippsland. State Morwell MP Russell Northe mentioned our efforts in the Victorian Parliament.

Our Settlement, Engagement and Transition Support team engages with newly-arrived migrants and refugees to address their needs, and advance their social and economic inclusion in Gippsland. Acknowledging women from refugee backgrounds are at-risk of physical and sexual violence, financial abuse, and social isolation, we received additional funding to help address family violence. Our staff members received specialist family violence training. We also hosted four forums that aimed to enhance financial literacy, digital literacy, navigating the service system, and self-esteem among refugee and migrant women. The women demonstrated increased knowledge and skills, particularly in relation to taking control of their finances. They also became empowered to engage in regular self-care.

Latrobe Community Health Service also employs a Multicultural Strategic Engagement team that works to improve the social, economic and education outcomes of Gippsland's multicultural community. We auspice organisations and community groups to deliver projects designed to achieve these objectives. During Refugee Week 2022, we supported My Community Libraries across Baw Baw, Bass Coast, and South Gippsland to facilitate 'Myli in Real Life' sessions. Speakers from a migrant or refugee background shared their stories of life in their countries of origin, their journey to Australia, and what it was like to start a new life in Gippsland. Participants told us how appreciative and enriched they were after these encounters, which they may not ordinarily have had. Attendees asked how Gippslanders could welcome migrants and ease the challenges of settling into a new country and way of life.

## Engaging First Nations men to help take back control of gambling

Our Gambler's Help team has partnered with the Gippsland East Gippsland Aboriginal Cooperative (GEGAC) to better support First Nations community members who are experiencing gambling harm.

Three staff members – a woman from Latrobe Community Health Service and two men from GEGAC – are breaking down cultural barriers, and encouraging community members to yarn about their experiences of gambling and seek help.

Together, we have hosted fishing, golf, barbecue, walks, budgeting sessions, and community days across Gippsland – all with the aim to encourage people to talk about gambling harm.

The partnership sees GEGAC staff focus on improving the community's financial capability, and our financial counsellor – who works from GEGAC's Morwell office every fortnight – does one-on-one case work for individual clients.

The team also visits Wulgunggo Ngalu Learning Place in Yarram every month, where First Nations men learn about gambling harm in a culturally-appropriate learning place.

This partnership has led to increased engagement and referrals among Gippsland's First Nations community. Elders are working on gambling harm in the community, and we are receiving more referrals.

In 2021-22, we received 45 referrals from the First Nations community – a 150 percent increase on the previous year. In 2022-23, our financial counsellor will also visit GEGAC's Bairnsdale office every fortnight.



## Giving refugees and migrants a voice



### Finding jobs for Gippsland's multicultural job seekers

Nearly 40 Gippsland jobseekers have found secure employment, thanks to Latrobe Community Health Service's Community Employment Connector program.

The program started in September 2021 with funding from the Victorian State Government, and helps Gippsland residents from a multicultural background to overcome barriers and secure a job or start studying.

"We help our clients to write resumes and cover letters. We educate them about the Australian tax system and workers' rights. We also help them submit job applications and transfer overseas qualifications to something that's recognised within Australia, if possible," Community Employment Connector Nicole McNeilage says.

"If we aren't able to help directly, we use our connections to link our clients to other services, including career counsellors or social workers."

Our Community Employment Connectors work across the entire Gippsland region, and have connected with close to 150 people since the program began.

"The scope of what we do is quite broad, and sometimes finding a job isn't the only answer," Ms McNeilage says.

"Often we will provide more general support, and help our clients with things like rental applications and setting up bank accounts.

"These are all tasks that support our clients' wellbeing more generally, and also form the foundation for them to access the community and secure reliable employment."

### Migrants and refugees share hopes of 'greener pastures' in Gippsland

A short film that shares the trauma, hope, courage and resilience of Gippsland's multicultural community is hoped to change the experience for migrants and refugees settling in the region.

Latrobe Community Health Service partnered with production company StoryIsConnection to produce 'Greener Pastures'.

"When we initially planned Greener Pastures, our aim was to start important and challenging conversations around racism and inclusion, and welcome those from multicultural backgrounds into the Gippsland community," Multicultural Strategic Partnerships Coordinator Goshu Tefera says.

"By doing this we hope to create a welcoming environment for migrants and refugees, where they feel comfortable making new friends, trying new things and accessing services within their community."

Arts director Catherine Simmonds OAM produced Greener Pastures by engaging with migrants and refugees who attend our multicultural friendship groups in Wonthaggi and Warragul.

The film premiered during Cultural Diversity Week 2022 with four screenings at Gippsland's premier performing arts centres. Attendees heard from those who featured in the film during a panel discussion led by the director.

"The discussion panels provided an opportunity for those in attendance to ask questions and learn a little more about what it's like to come to a new country and not have a support network around you," Dr Tefera says.

"Many people said they didn't realise the impact a simple 'hello' could have on someone who is settling into a new area."

The aim is for Greener Pastures to become a tool local health services, councils and other service providers use to educate their staff and the broader community about inclusive practices.



## Our response to COVID-19

Latrobe Community Health Service's workforce has remained committed to responding to COVID-19. Not only have our services continued in the face of the pandemic, but throughout 2021-22, we deployed dedicated teams tasked with protecting our communities.

### We conducted 5,836 polymerase chain reaction (PCR) tests for the Moe community

A senior citizens' centre in Moe, the Latrobe Valley, was transformed into a temporary COVID-19 testing centre in 2021.

The walk-through site, which opened in July 2021, provided the Moe and Newborough township with a local testing facility, meaning residents didn't have to drive to another town to get tested.

Available every Tuesday and Thursday – and also on Friday and Sunday during peak periods – the testing centre saw on average 39 clients each day.

### We trained 79 Latrobe Community Health Service employees in administration and swabbing.

And staff members from all across the organisation – including dental, nursing, allied health, marketing, human resources, and facilities – worked shifts at the clinic.

- 5,836 PCR tests over 130 sessions between July 2021 and June 2022
- Distributed more than 500 rapid antigen tests (RATS)
- 225 was the highest number of tests in a day – in October 2021
- Averaged 100 people per opening session during peak outbreak in October and November 2021

### Mobile vaccination van reaches more than 300 Gippsland residents

Latrobe Community Health Service teamed up with the Gippsland Primary Health Network and the Royal Flying Doctor Service to vaccinate some of Gippsland's most remote and vulnerable residents.

A can-do attitude and modified work car helped the team vaccinate more than 300 people across 32 locations.

Using a portable fridge to keep the vaccinations at the required temperature, a team of six nurse immunisers travelled from Drouin to Bruthen, and many towns in-between.

We visited people in their homes, at supported accommodation facilities, caravan parks, and pop-up vaccination sites in the middle of town.

A young boy with Autism Spectrum Disorder became distressed during his first vaccination after his family travelled the long distance to Melbourne. We worked with the family to put some strategies in place for his second vaccination, and visited the boy at home where he felt comfortable. We administered the second vaccination with the boy lying on the couch, watching TV. His mother was so grateful for our outreach service; it made her son's immunisation much easier as he was not distressed, and they did not have to spend an entire day in Melbourne.

The funding for this program has been extended, so the service will continue into the second half of 2022.

### Helping people in shared housing live in a COVID-safe way

Two mobile teams – one in Inner Gippsland and the other in the City of Monash – worked throughout 2021-22 to help shared housing residents stay safe and well amid the COVID-19 pandemic.

Established in 2020-21, the teams' initial focus was on educating people about how to live in a COVID-safe way in communal settings.

Our focus shifted in 2021-22 to a vast and varied COVID-19 response. We tested entire accommodation facilities for COVID-19, helped residents isolate by delivering groceries and medication, and helped people get vaccinated by either taking them to vaccination hubs or bringing a vaccination to them.

#### In the Inner Gippsland region, we:

- Helped residents of community and public housing, rooming houses, caravan parks and supported accommodation settings to get vaccinated, leading to 370 vaccinations.
- Administered 602 PCR tests for people in their home.
- Supported 254 people after they tested positive to COVID-19.

#### In the City of Monash, we:

- Partnered with EACH to deliver 41 vaccination clinics at local halls, neighbourhood houses, community housing settings, and schools.
- Vaccinated 1,100 residents at these vaccination clinics.
- Supported close to 500 people after they tested positive to COVID-19.

Both teams delivered food relief, medication, in-home COVID testing and RAT tests to isolating residents, and even helped walk dogs and take pets to vet appointments.





We also referred residents in need to the NDIS, My Aged Care, housing, mental health triage services, ambulance call-out / assessment, child protection, family violence and homelessness services.

At the start of 2022, we received additional funding to reach other vulnerable population groups, such as people who speak English as a second language, people with disability, and people with health conditions such as needle phobias. Our aim was to educate people about vaccinations, hopefully leading to them getting vaccinated.

Between March and June 2022, we engaged more than 200 community members in Inner Gippsland, which led to 131 vaccinations. Between February and June 2022, we engaged 1,046 community members in the Monash local government area, which led to 600 vaccinations.

A key factor of our success was our community engagement approach. We focused on building relationships in the first instance, so people could trust us with their COVID-19 questions and concerns. Across Gippsland and Monash, we held community lunches and barbecues, and celebrated

cultural events such as Ramadan, Hindi New Year, and Harmony Week. We teamed up with Monash Health and Monash University to engage a large international student population, and we took Gippsland residents on outings to San Remo and Walhalla where many had not ventured before.



# Strategic priority two

Grow our organisation to deliver services across Australia.

## GOALS:

- Achieve coverage across Australia for aged care and disability services
- Achieve growth in aged care and disability services within Victoria
- Grow user-pays services in aged care (across Australia) and dentistry (within Gippsland) to diversify revenue sources

## Our mission is to improve the health and social wellbeing of Australians.

To achieve this, we need diversified revenue streams and sustainable growth across different sectors to ensure our longevity as a charitable, for-purpose organisation.

While growth is a key focus for Latrobe Community Health Service, we have been careful not to grow beyond our purpose. Instead, we have grown in areas that are true to our values and vision. Aged and disability services, along with dentistry, align with our core business. They also present opportunities to reach more people in more communities.

## Since 2017-18, we have:

- Partnered with the National Disability Insurance Agency (NDIA) to help roll out the National Disability Insurance Scheme (NDIS) across regional Victoria, Melbourne, and Sydney.
- Grown our Home Care Packages by 147 percent.
- Responded to the growing demand for aged care support workers.
- Opened the Latrobe Valley University Training Clinic and Dental Prosthetic Laboratory in Churchill.
- Established the Smile Squad school dental program in the Latrobe and Monash local government areas.



## A trusted NDIS partner in the community

### In 2021-22, our NDIS teams:



Created **9,282**  
first plans



Reviewed  
**55,616** plans



Supported **71,631**  
NDIS participants

Latrobe Community Health Service has delivered the NDIS in partnership with the NDIA since 2016. Today, we are the NDIS Partner in the Community in ten service areas spanning regional Victoria, Melbourne and Sydney. We deliver both Local Area Coordination (LAC) services and the Early Childhood (EC) approach, and support more than 71,000 people.

Our impact is evident in many participant stories. Teenager Nathan\* is riding to school, engaging in leisure activities, and growing confident thanks to the NDIS. Nathan lives with autism, hyperactivity, anxiety and low muscle tone. Unable to ride a standard bike, Nathan became socially isolated when his peers started riding to school. Our LAC helped Nathan's family engage an occupational therapist and request an e-bike, and linked him in with road safety and e-bike classes when his assistive technology was approved. We also connected him to headspace and a community drumming school to help him achieve his goals. Nathan uses his e-bike every day to get to school and other activities with his friends. His carer told us the NDIS has changed his life.

Mandarin-speaking Lucy\* lives with polio and uses a wheelchair for mobility. Her husband is her carer, but he works full-time. Our Mandarin-speaking LAC identified Lucy experienced cultural and language barriers, had limited support and understanding of the NDIS, and her physical mobility was impacting her wellbeing. We connected Lucy to Mandarin-specific service providers, and referred her husband to a Chinese carer support group. We also taught Lucy how to use a phone interpreting service, which she uses when out in the community.

#### Thanks to these changes, Lucy can now:

- Swim weekly with a support worker
- Get in and out of bed and chairs independently using assistive technology
- Experience less muscle pain and improved mobility and wellbeing with her increased exercise

The parents of Arlo\*, a 5-year-old boy, were concerned he would disrupt the classroom and become socially isolated due to his anger and emotional 'outbursts'. Together with the family, we developed strategies around emotional regulation and improving his attention span at home and school. We wrote social stories with Arlo about what he could do "when I am angry" and "when I am excited". We linked his family into a parenting network, and invited them to our information sessions. Within six months, Arlo is engaging in class, regulating his emotions well, and making many friends.

## Celebrating Australians with disability

### Brodie Smythe is in the business of helping people.

The 28-year-old is studying community services with the hope to get a job as a youth worker. He is a leader at his local church. He volunteers at a residential aged care facility. And he is a member of the Inner Gippsland Inclusion Working Group, which aims to improve access in the region for people of all abilities.

"I can be pretty passionate about it," Brodie says.

"I would love it if there was absolutely zero discrimination. I have been sacked from a job in town, because I was, in their words, a liability. That just doesn't fly with me.

"There is a guy at the local supermarket with cerebral palsy who walks around and helps people at the self-serve checkouts. We need more of that."



Brodie lives with autism and epilepsy. He takes pain medication every day to help with injuries sustained from epilepsy, "just so I can function". He has a habit of falling – again due to injuries from epilepsy – and feels safer going about town when someone is with him. He uses a whiteboard to remind him to take his medication, and to keep on top of due dates for his course work. He also prefers communicating "using means" like text messages and emails.

Brodie has an NDIS plan, which has taught him how to set goals and believe he is capable of achieving those goals. He says the support he's received through his plan has helped him become the independent, confident person he is today.

"I feel like a regular, everyday person," he says.

"I don't feel like I'm a 'disabled person' discarded to the side.

"I can do a lot of things that you can do – not everything, but a lot of things ... I am more like everyone else. Nobody knows I have a disability now unless I say it."

And he wants others living with disability to have the same experience.

Brodie recently got his driver's licence and bought his first car.

He is halfway through his study and when he finishes, he wants to work with young people who haven't had the same guidance he's had growing up.

He is assessing the accessibility of parks and playgrounds in his local area so kids with disability can enjoy playing outside just like everyone else.

He is also advocating for more support for disability support workers so they have a safe space to debrief and recharge.

"It (helping others) is fulfilling, 100 percent. I love it," Brodie says.

"I just want everyone to have an equal opportunity."

### **Eleven-year-old Vili is on the go from the minute he wakes up until his head hits the pillow at night.**

"Vili is a very jovial, playful, cheeky, happy 11-year-old," mum Leanne says.

"He loves Toy Story toys and playing repetitively throughout his day, but more than anything, Vili loves the water; he's a different kid around water."

Vili was diagnosed with regressive autism at the age of two. He is non-verbal. He also lives with ADHD, OCD and a moderate intellectual disability.

Vili swims every week in a group setting. A visual kid, he has learnt to communicate using pictures. Vili will go to school with a new electronic communication device that helps him communicate how he feels and what he needs. He will also work towards communicative independence,



which includes communicating about topics like money, feelings, and the weather.

"Vili needs a significant level of structure in his life to help manage his disability, which he's been lucky enough to receive from the NDIS and the awesome team of allied health staff who support him daily," Leanne says.

Through a mix of NDIS and self-funding, Vili has a team of 11 professionals who help him with everything from speech therapy, occupational therapy and behavioural therapy, to dental care and continence. His support workers teach him life skills to improve his independence, such as food preparation, general hygiene and grooming, and accessing the community.

Vili's service dog, Tubby, goes everywhere with him. And when Vili's older, Leanne hopes Vili may be well positioned to make it to the Paralympics.

"Anything is possible in life," she says.

"I just want Vili to be positioned in life to experience things he likes – not be confined to four walls," she says.

"I think he'd be content with that."

Everyone deserves to participate in and contribute to the life of their community, and when they do, the lives of people and Australian communities are richer for it. Stories like Nathan's, Lucy's, and Arlo's are the reason we became an NDIS Partner in the Community. And they remain our inspiration to expand our impact into more communities across Australia.

(\*We have not used participants' real names)

### **In 2021-22, we have enhanced our service excellence**

This past financial year, we have made changes in our NDIS service delivery approach to ensure we deliver timely, person-centred service excellence for everyone – no matter where they live.

We have harnessed our scale across ten service areas to make sure any team experiencing higher demand or staff shortages due to leave continues to provide vital services to the community. We forecast the demand six months in advance to identify service areas that may need support from other teams, and identify the teams that may be able to provide that support. This means our NDIS staff not only provide localised, place-based services where they live. They also deliver virtual support across regional Victoria, Melbourne and Sydney, meaning every participant receives continuity of services.

Our newly-established Participant Experience Response Team monitors our national 1800 customer service number, and is the first port of call for all NDIS queries. We answer between 450 and 500 phone calls every day and on average about 9,000 calls a month. We answer 80 percent of these within 10 seconds.

Our new Monitoring team checks in on people to ensure NDIS participants are using their plans, and their plans are meeting their needs. We contact a select number of participants each day – from all service areas – to offer follow-up support, review their progress, and help them implement their NDIS plans. We checked in on an NDIS participant who has a hearing impairment. He wasn't using his NDIS plan, which includes funding for his cochlear implants. Although his plan covered everything he needed, the participant told us he didn't know how to use it. We spent time with him and his wife, stepping them through the process. With this support, the participant ordered the items he needed. He is now using assistive technology and navigating the NDIS portal independently.

We will continue to improve our service delivery model to ensure more people are living their version of a quality and fulfilling life.

### **Helping Australians receive the services they need**

Over the past five years, aged care services has been an area of significant growth for Latrobe Community Health Service. We are well into our third decade of delivering home care services, carer support programs, and aged care assessment services for older Australians. And our team and client base continue to grow.

We provide our own direct home care service, Your Care Choice, and made the strategic decision to grow this service outside of Gippsland in 2019-20. Our revenue from Your Care Choice has experienced a three-fold increase since 2017-18. Our Commonwealth Home Support Program work expanded with additional funding and the merger of Link Health and Community in 2020-21. Our Home Care Package client base grew by 147 percent between 2017-18 and 2021-22. And in 2021-22, we delivered nearly 18,000 hours of service to 768 carers in Gippsland.

#### **Over the last financial year, we have strengthened our focus on quality and safety. Our Home Care Services team has:**

- Grown our service coordination and care advisor team to ensure every client receives person-centred and timely care.
- Employed a workplace trainer who is tasked with developing and delivering aged care-specific training across our team.
- Employed a brokerage officer in our Governance team, who is responsible for onboarding our service providers with stringent quality and safety checks.
- Worked alongside the Aged Care Quality and Safety Commission to ensure our practices align with the Charter of Aged Care Rights.
- Improved our communication with clients through our quarterly newsletter, postal letters, and phone calls.

### **Carers and families benefit from our support**

We offer a wide range of support options for older Australians, Australians living with disability, and those with chronic and complex conditions. Not only do we provide direct care and care coordination for older Australians, but we also:

- Profile the experiences of people with disability, mental health issues, and chronic conditions, to make sure they can access the services they need.
- Help those living with dementia and memory loss to access services to help them manage these conditions.
- Deliver a range of events, education, and carer support groups for people who care for a loved one.

Strong demand for our Linkages case management program in Gippsland led to the employment of an additional two staff members to deliver this service.

Linkages is a short-term service for people aged 6-65 who are living with disability and / or complex health conditions. We link them with appropriate support networks and services that can help them live the life they choose.

**We help:**

- GPs complete NDIS application forms correctly.
- People access occupational therapy and psychological assessments to support their NDIS applications.
- Advocate for people who are struggling to find appropriate support services.

We helped a woman who had fallen down her front steps multiple times to get some safety rails installed. The woman couldn't afford them herself, and wasn't sure what funding was available to her. We arranged the safety rails on her behalf, and she is much safer at home as a result.

In 2021-22, with the addition of two new staff members, we have halved our waitlist and are getting clients the support they need much sooner.

Our Dementia Access and Support Worker in East Gippsland regularly meets with local agencies, including police, to educate them about how dementia and memory loss can impact someone's behaviour.

This led to the police referring a man who'd been contacting the local station several times a day, advising his belongings had been stolen. We arranged two assessments: the first with a dementia nurse consultant, and the second for government-funded aged care services at home. The man is now involved in his community, no longer contacts the police about stolen belongings, and often tells us he is happy.

## After 53 years of marriage, John and Liz know a thing or two about caring for each other.

The husband and wife have approached life doing everything together, and that has remained true ever since Liz's health took a turn.

"I had a series of heart attacks," Liz says. "My heart is good now, but I have developed fibromyalgia and rheumatoid arthritis, meaning some days I can't do much. I've also been diagnosed with generalised neuropathy, which makes me very unsteady."

John is Liz's full-time carer. He cooks, cleans, does the washing, and mows the lawns.

"I do everything but iron," he says.

But he initially had a hard time seeing himself as a carer.

"I don't know where the husband role ends and the carer role starts," he says. "I just find it's part of my role as Liz's husband."

And, the caring role goes both ways.

John has diabetes and coeliac disease, and Liz is there during his highs and lows.

"We do care for each other," Liz says. "We do it, because we love each other. We're certainly not doing it for any money!"

The couple joined a carer support program, Carer Programs, at Latrobe Community Health Service a few years ago.

John admits it took some persuading for him to join, but after a few discussions with the Latrobe Community Health Service crew and meeting some other local carers, the couple hasn't looked back.

Through Carer Programs, carers and the people they care for receive education and training, and attend carer



Image: Rayleen Slegers

catch-up groups where they meet with and learn from other carers.

They can also receive brokered services such as home care or respite, and participate in activities that help them take a break from the caring relationship.

"What haven't we done (with Carer Programs)?" Liz says.

"We've done painting, ceramics, all sorts of online talks and information, tai chi, exercises ... We have a regular morning tea, and started a book club. It is great meeting other people."

As for any other challenge life throws their way, John and Liz agree they're in it together.

"All our lives, we've done things together," John says. "That creates a special bond between the two of you – if you're doing things together, you're used to it (being that way)."

Dementia and memory loss is a difficult world to navigate for most families. Some people find it difficult to come to terms with their diagnosis, and are not thrilled about our visits. Our Dementia Access and Support Worker in Bass Coast says the best part about the role is spending quality time with people to build trust.

*"I recently visited a woman with dementia who was very reluctant to see me. Her family was concerned she would become upset and aggressive. We talked for over an hour about her life, family and home, before talking about available services. By the end of my visit, the woman had shown me around her home and garden, gave me some eggs from her chooks, and her husband had presented me with some home-roasted nuts. As we said goodbye, the woman shared that she hadn't wanted me to come, but she ended up enjoying my visit and said I could drop in any time. We are continuing to work together to slowly introduce services that can help her manage her dementia. Each time we talk, she and her husband ask me to drop by again for some more eggs and nuts."*

### Keeping Victorians smiling

Our dental services were the hardest hit by COVID-19 lockdowns and restrictions during 2020-21 and 2021-22. In 2020, all dental services in Victoria stopped except for emergency treatment. In 2021, dental clinicians shifted to a principle-based approach, meaning they could see clients with urgent needs as well as those who may experience adverse outcomes if treatment was delayed.

Our dental team continued to adapt and respond to the evolving service delivery environment. In 2021, we developed a new triage system and risk assessment tool to help clinicians balance the risk of COVID-19 community transmission against delayed dental treatment.

The tool, inspired by Dental Health Services Victoria's (DHSV) specialist COVID-19 planning group, helped dental clinicians make consistent and balanced decisions about who was able to access dental care during restrictions. Following a simple framework, our clinicians asked a series of questions, engaging their patients as informed partners in the process, to help arrive at the most appropriate decision for that patient within the context of COVID-19.

Our clinicians reported feeling much more confident in their decision-making, knowing there was a robust process behind them. DHSV acknowledged the value of the triaging tool and shared it with all public dental agencies across the state.

### Teaching Victoria's future dental workforce

Most Victorian dental agencies closed their doors to student placements amid the pandemic. But Latrobe Community Health Service was among the few public dental clinics in Victoria to continue student placements throughout 2020-21 and 2021-22.

The University of Melbourne and the Melbourne Dental School commended our regional and metro dental teams for our commitment to student placement in a COVID-safe clinical setting and work environment.

Our Gippsland dental service was also shortlisted in the 2022 Victorian Rural Health Awards for the 'outstanding contribution by a rural health team' category. The nomination was in relation to our commitment to providing dental student placements throughout the COVID-19 pandemic. We not only continued our dental student placement program throughout the pandemic, but increased the number of placement opportunities at Latrobe Community Health Service.

#### Between 1 May 2020 and 31 December 2021 in Gippsland:

- 3,713 Latrobe Community Health Service clients received dental care delivered by students – 23 percent more clients than the previous 17 months.
- 159 students completed one or more placements with Latrobe Community Health Service – a 96 percent increase in students compared with the previous 17 months.

In a supporting letter, the University of Melbourne's Melbourne Dental School described our student placement program as a critical contribution to the timely graduation of 2020 and 2021 dental student cohorts.

We also attract ongoing employees through our student placement program. In 2022, we employed a graduate dentist and two graduate oral health therapists who completed student placement with us.

### Improving the oral health of Victoria's most vulnerable

Latrobe Community Health Service partners with organisations such as Windana Drug and Alcohol Recovery and Neami National to improve the oral health and wellbeing of vulnerable Victorians.

Our metro dental team resumed an old partnership in 2021-22 after COVID-19 restrictions were lifted. At Neami's Youth Residential Recovery Service, we engage with young people who are at higher risk of oral disease.

In 2021-22, we invited the young people to reflect on their oral health needs and goals, and the barriers they experience when accessing dental care. We asked them what an excellent service experience looks like in their eyes, and co-designed oral health education and treatment sessions using these insights.

Our oral health therapist team completed examinations through group oral health education and peer-supported dental check-ups. The young people told us they had a "great" dental experience, and "did not feel uncomfortable at all".





In Gippsland, we are funded to deliver dental outreach at supported accommodation settings. We aim to improve residents' oral health and wellbeing through education, assessments, and treatment. This initiative recognises preventative healthcare and maintaining oral hygiene helps to maintain a person's independence and quality of life.

We visit each setting twice a year to provide dental screening and oral health education, and make referrals for residents who need dental treatment. We also give everyone an oral health pack to help them maintain good oral health habits by themselves.

We also continued our relationship with the Windana Therapeutic Community in Maryknoll, northwest of Warragul, in 2021-22. Windana Therapeutic Community is a 77-bed residential facility for people recovering from alcohol and other drug misuse.

Our partnership began in 2014 when we learnt of the difficulty Windana residents faced in accessing comprehensive dental care. Poor oral health and aesthetics can severely impact a person's rehabilitation. Now Windana residents visit our Warragul dental clinic for check-ups and treatment. This is an integral step in rehabilitating and building a non-addict identity. Building a non-addict identity involves finding and developing new activities, jobs and relationships, a process that is greatly hindered by constantly dealing with pain or embarrassment from teeth.

### Smile Squad rolls into Monash primary schools

In 2020-21, we received funding to deliver the Victorian Government's Smile Squad outreach program across primary schools in Monash and Latrobe. Although COVID-19 restrictions – which saw many students learn from home – impacted our service delivery, we visited our first Monash school on 18 July 2021.

Between COVID-19 lockdowns, we provided dental check-ups to 1,183 children from five primary schools across the City of Monash. Post lockdowns, our metro and Gippsland Smile Squads have prioritised providing services to Victoria's most vulnerable children who experience the highest oral health needs. We provided dental examinations for children with complex health needs, multiple disabilities and intellectual disabilities at Glenallen and Monash Special Developmental Schools.

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**We provided dental check-ups to 1,183 children from five primary schools across the City of Monash.**



## The return of Victoria's dental vans keeping kids smiling

It's been more than a decade since the Link Health and Community (Link HC) dental van visited Albany Rise Primary School.

And in 2021, the same team of experienced clinicians returned to the school – this time in a new, state-of-the-art dental van.

Link HC last visited Albany Rise in 2008 as part of the state's last school dental program. Dental Therapists Manar Maroky and Nootu Isamaela, and Dental Assistant Kaylee Mitchell, are among the three original team members who returned to the school in 2021-22.

"Picking Albany Rise to start the Smile Squad program was just a coincidence really, but for us it was like a family reunion. It's very special," Ms Maroky says.

Albany Rise is one of 34 primary schools in the area to benefit from the Smile Squad program, which will provide free dental care to more than 23,000 children in eligible schools in the Monash LGA.

"The Smile Squad program is a very proactive, accessible and practical way for families at Albany Rise Primary School to access the highest quality dental services, and learn about good oral hygiene and dental care," Principal Judith Drew says.

Ms Drew said Albany Rise staff had witnessed the impact the program has had on children's wellbeing and general health, with regular dental care improving students' learning and self-esteem.

### Churchill manufacturing facility goes from strength to strength

Latrobe Community Health Service's state-of-the-art dental prosthetics laboratory and university training clinic went from strength to strength in 2021-22.

The Churchill-based facility, which opened in December 2017 with funding from the Victorian and Commonwealth governments, is manufacturing dentures for the Latrobe Valley, Monash, Bass Coast and Mornington Peninsula communities.

The Victorian Minister for Regional Development toured the site in March 2022 after we secured two new contracts with other Victorian community health organisations – Bass Coast Health (2019) and Peninsula Health (2022).

The contracts will inject \$6 million dollars into the Gippsland economy over the next three years.

Latrobe Community Health Service now employs nine people who are making dentures at the Churchill laboratory. Three of our staff members have also completed their dental technician apprenticeships at the lab, which we provided in partnership with RMIT University. In December 2021, trainee prosthetic laboratory technicians Ashleigh Angwin and Lisa Palmer joined dental technician Frank Berend in graduating from their course in dental technology as part of our apprenticeship program.

At Latrobe Community Health Service, we are proud to create local jobs, build links with the higher education sector, and develop new manufacturing capacity in the Latrobe Valley. The prosthetics laboratory is an asset to our organisation, to the local community, and to the Victorian dental industry more broadly.



# Strategic priority three

Innovate to improve client outcomes.

## GOALS:

- Use technology innovatively to improve client outcomes
- Use research to drive improvement in client outcomes

**At Latrobe Community Health Service, innovation is a new or improved program, process, system or capability that delivers improved client outcomes.**

Our vision is that innovation will enable our organisation to improve the health and social wellbeing of Australians.

Technology and research are the foundations of innovation at Latrobe Community Health Service. Telehealth, for example, wouldn't be possible without videoconferencing technology. Research allows us to gather the required evidence to understand which interventions work for clients, and which ones need refining.

## Since 2017-18, we have focused on:

- Using technology to improve client outcomes
- Using research to drive improvements

## To achieve this, we have:

- Continued to invest in research via the Latrobe Community Health Service Research Council and CEO Research Grant.
- Continued to invest in technology that helps us improve the way we do things.
- Defined what innovation means to our organisation.
- Developed an innovation framework that outlines our approach to testing and trying new ideas.
- Employed an Innovation Projects Lead who helps bring new ideas to life.



## Testing our innovation approach

We developed the Latrobe Community Health Service Innovation Strategy with the vision of using innovation to improve the health and wellbeing outcomes of the clients and communities we serve. To use innovation in this way, we firstly needed to get our organisation 'innovation-ready'.

Although innovation already occurs across our organisation, prior to implementing our strategy, there was no formal approach to trying new ways of doing things. We want innovation to become part of our culture – a culture in which staff feel safe to try new things, and also feel safe to fail.

## Helping people manage their medication through a community health pharmacist

Latrobe Community Health Service has trialled the employment of a community pharmacist to help people understand and use their medication safely.

The trial comes after our Chronic Disease Management team identified many people who use a range of medications were at risk of medication-related harm.

Research shows 50 percent of medication-related harms are preventable and up to 50 percent of people with chronic diseases do not take their prescribed medication correctly, or at all.

Using a new innovation framework, and led by an Innovation Projects Lead, Latrobe Community Health Service employed a community pharmacist over a six-month period.

"Many people with chronic or complex conditions are prescribed multiple medications, but not everyone knows how to take them properly and others are concerned about the impact certain medications have on other aspects of their health," Executive Director Primary Health Andrina Romano says.

"By employing a community pharmacist, whose role is to review people's medication and educate them about appropriate consumption, we are acknowledging this profession as a subject matter expert in medication and taking pressure off the whole healthcare system."

Focus groups and interviews revealed although people trust their doctor's advice, the shortage and turnover of doctors locally was a big concern.

"Continuity of care, frustration at retelling their story, explaining medications to new doctors, and a lack of communication between GPs and traditional pharmacists were all raised as concerns," Ms Romano says.

The community pharmacist worked within our Integrated Primary Health Services team, and saw clients with chronic conditions who were taking at least five medications more than 12 times a day.

In one-on-one appointments, the pharmacist spoke to 38 clients about their medication, including any side-effects they'd experienced.

After reviewing each client's medication list, the pharmacist also provided advice and communicated concerns with clients' doctors.

Every client was positive about the community pharmacist service, and reflected a desire for it to continue.

"Clients told us they intend to use the service again if available, and the information given and questions answered meant they had 'no need' to raise these questions with their GP," Ms Romano says.

A program evaluation identified opportunities and scope for this role to grow – from a sole practitioner to a team of community pharmacists working alongside doctors, nurses, aged care, alcohol and other drugs specialists, and the chronic disease team.

Latrobe Community Health Service is recruiting an ongoing permanent position for a non-dispensing community pharmacist, with plans to expand the role.



So, we employed an Innovation Projects Lead and created a six-step process to guide staff through our innovation approach. Next, we tested these six steps in an 'innovation project' to make sure they work in practice.

**Our first innovation project – the Non-Dispensing Community Pharmacist Project – served a dual purpose:**

1. To undertake a pilot project that builds a sustainable model for a non-dispensing pharmacist, which improves health outcomes of people at risk of medication misadventure.
2. To test the application and viability of the six-step innovation process.

### Embracing research to drive improvements

At Latrobe Community Health Service, we pride ourselves on delivering services that are evidence-based and outcomes-focused. Research opportunities are therefore an integral part of our organisation. We support research that informs our practice, and that has the potential to deliver better health outcomes for our clients.

Our Latrobe Valley community-based occupational therapy team experienced increased demand for services, which was leading to longer waiting times. In response, our occupational therapists and allied health assistants developed a Basic Assessment Model (BAM).

BAM is a pre-screening tool that allied health assistants use when supporting non-complex clients. Under the new model, our allied health assistant completes the following tasks:

- screening assessments when booking appointments
- additional equipment trials
- monitoring home modifications
- checking in on clients after they receive new equipment or a home modification
- closing client files when all their goals are achieved (as directed by the occupational therapist).

Using BAM, our allied health assistant collects initial background information and identifies any basic equipment the client might need. The occupational therapist then takes this equipment and completes home modification diagrams that are sighted and approved by clients during home visits. This ensures timely interventions and modifications are made while potentially eliminating the need for more visits. Another benefit is that occupational therapists can spend more time with people with more complex needs.

We undertook a quantitative comparative study pre- and post-implementation of BAM to understand whether BAM led to shorter waiting times for occupational therapy.

**Researchers found:**

- There was a significant decrease in the waiting time for occupational therapy after BAM was implemented.
- We completed more occupational therapy assessments under the new model.

The BAM is now fully integrated into Latrobe Community Health Service's community-based occupational therapy service in the Latrobe Valley. Our research was published in the *Australian Journal of Rural Health* in November 2021.

### People at risk of falls benefit from new integrated model of care

In another effort to reduce waiting times for occupational therapy, our occupational therapists, care coordinators and physiotherapists teamed up to develop an integrated model of care.

People often need occupational therapy to make their home safer, to complete tasks independently, and to prevent falls and balance-related problems.

Previously, our occupational therapists screened and triaged all referrals. We then sent clients a waitlist letter, and our occupational therapists would work through the list. This approach made it difficult to see people as soon as possible, particularly because screening, assessments and interventions were the responsibility of occupational therapists.

A working group developed a new model of care, which allows physiotherapists and care coordinators to complete functional assessments of people with falls and balance issues, and provide the results to the occupational therapists. Occupational therapists use this information to prescribe specific interventions and visit clients at home if necessary. Our physiotherapists can provide physiotherapy in the meantime, and our care coordinators can refer clients to other services that may be beneficial.

**We have experienced the following benefits:**

- People are seen sooner, and do not feel forgotten.
- Our clients receive a more comprehensive review of their falls or balance issues.
- Care coordination allows identification and referral to other services, providing holistic care.
- Our occupational therapists spend less time on administrative tasks, and more time on service delivery.
- Clients can see a physiotherapist and occupational therapist in parallel, instead of one service after the other.
- Our waitlist is decreasing, creating less pressure on staff.

## Integrated model of care in the spotlight

Our occupational therapist identified a client waiting for ramp access at home who might be suitable for an interdisciplinary assessment. Our physiotherapist discovered the woman had a history of falls and near misses in the garden.

We arranged a four-wheeled walker for the client to use in the garden, and prescribed some strengthening exercises. Our occupational therapist completed a home assessment later on, and the woman now has ramp access at home. Our client says the walker is helpful, and she feels much safer.

During another interdisciplinary assessment with a woman waiting for front access and bathroom rails, our physiotherapist discovered she needed help with a range of other issues. We referred her to our community pharmacist, diabetes clinic and continence nurse. We also encouraged her to visit her optometrist for a review. Her occupational therapy home visit has now been completed, and we are planning to modify her home with a front step and bathroom rails.



### Pilot program helps more people quit or cut back on smoking

In July 2021, Latrobe Community Health Service established a pilot smoking support program in partnership with the Gippsland Primary Health Network. Co-designed with community members and delivered by a multidisciplinary team,

the Latrobe Smoking Support Service aimed to help Latrobe Valley residents cut back or quit smoking.

We recruited a nurse practitioner, counsellor, project coordinator, and peer support worker. Through the program, people had access to free health assessments, nicotine replacement therapy, counselling, and peer support. This multidisciplinary approach meant people could choose what kind of help they wanted. For example, one person might need counselling, peer support, and nicotine replacement therapy, whereas someone else might just need peer support.

We delivered the Latrobe Smoking Support Service between September 2021 and May 2022. We provided 432 episodes of care to 117 people. Seventy-one clients returned for three to four visits, and over a six-week period there were 985 fewer cigarettes smoked in Latrobe Valley as a result of our support.

## Twenty-one people stopped smoking completely, and 67 people reduced the amount they smoked each day.

The pilot program formed part of a larger smoking cessation project in the Latrobe Valley, which the Collaborative Evaluation and Research Group from Federation University Gippsland evaluated. Researchers noted the Latrobe Smoking Support Service was able to break down barriers for people accessing services, and increase support for smoking cessation. One of the program's key successes was its focus on reduction as an option or step towards quitting.

Researchers described the Latrobe Smoking Support Service as the most successful activity of the broader smoking cessation project.

### Innovation in practice at the Gippsland Pharmacotherapy Network

Latrobe Community Health Service runs the Gippsland Pharmacotherapy Network, which was created to improve the health and wellbeing of people with opioid use disorder. The network aims to reduce drug-related harm, and increase access to services by advocating for people and reducing the stigma associated with their drug use. We work one-on-one with people. We also work alongside service providers to ensure there are sustainable referral pathways and genuine collaboration between community-based and specialist pharmacotherapy providers.

Doctors and nurse practitioners prescribe pharmacotherapy medications to treat opioid use disorder. These are administered in a community pharmacy. Clients must present to the pharmacy up to seven times a week and pay \$5 a day for the medication, placing a considerable burden on their time and finances.





But in response to the COVID-19 pandemic, a new treatment was fast-tracked for approval in Australia. This is called the long-acting injectable buprenorphine (LAIB) depot injection. Administered only once a month, and costing between \$20 and \$30, the injection provides a huge time and cost benefit.

A significant barrier is the pain associated with the injection. A nurse practitioner approached our team for support in conducting a research project on the use of numbing patches when administering this injection. The nurse practitioner wanted to investigate whether the patches would improve client retention in treatment, and reduce their pain. Our Placement, Education and Research Officer connected the nurse practitioner to Federation University academics, via the Latrobe Community Health Service Research Council. The Gippsland Pharmacotherapy Network has also received Department of Health approval to fund and support this research.

### **Community paramedics complement our nursing workforce**

A growing ageing population, prevalence of chronic disease, and shortage of healthcare workers present challenges for Australia's healthcare system. At Latrobe Community Health Service, we have been investigating how we can address these challenges to ensure no one misses out on essential healthcare.

There is growing evidence that community paramedicine can complement community health workforces; paramedics are skilled in emergency care, and they also have the knowledge and skills required to deliver effective primary care, such as nursing services.

We met with the Department of Paramedicine at Monash University, and the Chief Paramedic Officer of Victoria, to understand how community paramedics can complement our workforce. Our ultimate aim is to build our workforce capacity to ensure we provide continuity of services in the communities we serve.

In 2021-22, we employed four community paramedics in Gippsland. The paramedics joined our Integrated Primary Health Services teams, and work a five-day work week from Monday to Friday. We plan on starting a seven-day roster that includes morning, afternoon, and on-call shifts.

Our community paramedics provide health assessments, care planning, and direct care for our home nursing and palliative care clients. Medication supervision and administration, catheter care, wound care, and health education and promotion are among the activities they perform, in partnership with other health clinicians at Latrobe Community Health Service.

The community paramedic workforce is the first of its kind at Latrobe Community Health Service. We are working alongside our paramedics, other staff, and clients to understand where there are other opportunities to grow and introduce new roles.

### **Promoting the safety of women and children**

Our team that works to address family violence in Gippsland and the City of Monash continues to grow. Latrobe Community Health Service is a partner organisation delivering the Orange Door in Inner and Outer Gippsland. We also deliver family violence intervention services in Clayton, a suburb in the City of Monash.

The Inner Gippsland Orange Door opened in Morwell in November 2018; here we partner with Anglicare Victoria, Quantum Support Services, Child Protection, The Salvation Army Leongatha, and the Victorian Aboriginal Child Care Agency to deliver a multi-service hub where women, children, and men receive specialist family violence services. In 2021-22, we celebrated the opening of the Outer Gippsland Orange Door hub in Bairnsdale, where we play a similar role in providing intake and assessment services for men who use violence against women and children. Our partner organisations here are Uniting, Quantum, Gippsland Lakes Complete Health, Yoowinna Wurnalung Aboriginal Healing Service, and Child Protection.

In 2021-22, we continued to deliver Men's Behaviour Change group sessions across the Wellington, Latrobe, Baw Baw and Monash local government areas. We have four pairs of facilitators – more than ever before – who delivered seven groups in the past financial year. We have also introduced a new case management service for family violence perpetrators in Inner Gippsland. Our case manager helps men who have used family violence to access the Men's Behaviour Change Program, mental health services, treatment for alcohol and other drugs use, housing, and funding for things like dental services.

This year, we also piloted a new 'post participation support' program for men who complete the 20-week Men's Behaviour





Change Program. Aimed at encouraging men's ongoing engagement in services and promoting the safety of women and children, we started providing one-on-one support and more group sessions for male perpetrators. Our hope is these men continue to make positive changes in their behaviour. We have received funding for the next two years to deliver this program.

While our team grows, a core group of staff – who are long-serving and experienced team members – create consistency among our team. This ensures we continue to deliver quality outcomes for men, women, and children as our services expand.

### **Increasing social connection through technology**

Our planned activity groups in Melbourne moved to an online delivery mode in response to COVID-19 lockdowns. However, it was evident many people who would normally attend our face-to-face groups weren't able to attend online. This was because they either didn't have a suitable device or had limited access to the internet.

We obtained a grant, which we used to buy tablets for client use. We recognised tablets were new and confusing for most clients, and so we worked to educate and introduce our clients to the use of these devices. Our clients could then access the weekly group sessions online and in their own home. Activities included gentle exercise, craft, guest speakers, mentally-stimulating activities, and discussions, which enabled people to stay socially connected during an otherwise isolating period.

One client was advised to isolate due to low immunity, and exercise regularly to stay healthy. They became increasingly isolated and no longer felt motivated to exercise. When we sourced the tablets and showed the client how to use them, they started attending our planned activity groups every week. They regularly engaged in the group discussions, and started exercising again.

Our online groups gave our clients a safe community to learn new skills and connect with others.

### Continued support online for pregnant women with gestational diabetes

In response to the growing number of pregnant women being diagnosed with gestational diabetes in the City of Monash, we teamed up with Monash Health to deliver an interdisciplinary model of care.



Together, a team of endocrinologists from Monash Health and a diabetes nurse educator, dietitian and allied health assistant from our organisation help pregnant women manage their diabetes.

The program sees pregnant women newly-diagnosed with diabetes receive face-to-face appointments at the interdisciplinary clinic, held at our Clayton site.

#### The clinic includes:

- Individual consultations with a Monash Health endocrinologist, followed by an educational group session with the diabetes nurse educator and dietitian.
- A weekly follow-up appointment with the endocrinologist and / or diabetes nurse educator to help manage things like insulin.

The clinic takes the pressure off the public hospital system, and ensures women with gestational diabetes access timely appointments, care and education. But, during COVID-19 lockdowns, face-to-face clinics were not possible.

In 2021, we adapted our delivery model to ensure mothers and their babies continued to receive the timely care they need without exposing them to COVID-19.



**We have:**

- Delivered online educational sessions, which our diabetes nurse educator and dietitian facilitated with administration support from our allied health assistant.
- Arranged reviews with Monash Health's endocrinologist via telehealth.

Since beginning this collaborative program, we have received more referrals from Monash Health for a range of other services we offer. We have also received referrals to support women and their families post-birth.

### Place-based nutrition education for a Chinese-speaking community

Our paediatric dietitian is educating Chinese-speaking parents and carers about children's nutrition – where they already meet.

The coordinator of a Chinese family support group invited our dietitian to attend two playgroup sessions in Mulgrave and Clayton, to provide basic nutrition information and answer the carers' questions.

### After attending the playgroup in Term Two 2022, we recognised:

- Many carers have growth and nutrition concerns about their child, but don't know where to go for help.
- This community can speak Chinese only.
- Many of the carers can't drive, so travelling to a health centre is a challenge.

More than 20 parents and carers attended the initial sessions, with many sharing they learnt new strategies that helped them feed their babies and toddlers in a healthy way.

In response, we have arranged regular visits – every term our dietitian will attend the playgroup to help parents and carers learn about children's nutrition, and connect them with other helpful services.

## More than 20 parents and carers attended the nutrition education sessions.

## Dietetics education for disadvantaged young people

We are giving young people the knowledge and skills to make better food choices and establish healthier eating habits.

A dietitian is visiting a supported residential facility in Greater Dandenong every month, to talk all things food with young people aged 16-25 who are recovering from mental health issues.

"The residential service manager reached out to our dental team during their outreach visit, expressing concerns about residents' eating habits," Integrated Primary Health Service Manager Jing Yang says.

"Our dental team passed on the request to our dietitian, who conducted a needs assessment. The needs assessment looked at the residents' perceived quality of their current diets, healthy eating knowledge, and areas they would like to learn more about.

"The completed surveys highlighted the residents' current habits and knowledge, along with an interest in learning about healthy eating, so our dietitian started planning a place-based education program."

We designed an education session, followed by a cooking session, to provide a hands-on learning experience.

Our overall aim is to address the gap in basic food knowledge and food preparation skills that exists in this group of young people.

Before the end of June 2022, we conducted three sessions at the facility, and have received positive feedback. Residents are engaging in discussions and contributing to ideas for future topics. We will visit the facility every month.



# Strategic priority four

Use evidence-based outcomes to drive improvement across services.

## GOALS:

- Develop the capability to measure client and organisational outcomes

### Health services have traditionally focused on outputs.

How many clients did we see today? How many episodes of care did we deliver? How many new appointments have we booked?

This is the information we have always collected, because it helps us and our funding bodies plan our workforce and deliver services that meet or exceed community expectations.

But for a for-purpose organisation that aims to improve the health and wellbeing of Australians, there are greater opportunities.

When developing the 2017-2022 strategic plan, we set out to measure outcomes. Measuring outcomes tells us whether the services we provide have a genuine impact on the people we support. Have we helped our clients improve their mental wellbeing? Did the equipment we prescribed help that person safely get in and out of bed? Is that person functioning better after we co-designed and delivered their care plan?

By measuring outcomes (as well as outputs), we are better able to understand the strengths of our services as well as identify improvement opportunities.

### Since 2017-18, we have:

- Employed a Research and Evaluation Officer to lead this work.
- Agreed on five outcomes our organisation will measure consistently across our services.
- Set up the required software and procedures.
- Started trialling the measurement of client outcomes across different services.
- Started measuring all five outcomes across 15 services.



## Measuring outcomes to understand our impact

Latrobe Community Health Service – like most health services – compiles a lot of information to measure our work. This includes things like how many appointments we offer, and what type of treatments we provide.

This information helps us plan for the future. It tells us which services are in demand, and where we might improve. But one thing is missing: it doesn't tell us whether our clients believe we actually improved their health. That's why we're adding a new measure: client health outcomes.

We are now following up after appointments to ask some simple questions, such as: did we help to improve your health? Do you feel better than you did before?

## Crocheting helps Cherie cut back on cigarettes

The 95 hours Cherie spent crocheting a beautiful quilt were 95 hours she didn't spend smoking.

Working with Latrobe Community Health Service, Cherie has cut back on her smoking habits by more than half, and she's feeling fantastic.

"This is the best I have felt in a long time," Cherie says.

Cherie was smoking about 40 cigarettes a day and "not in a million years" did she think she could cut that figure down.

It was a trip to the dental team at Latrobe Community Health Service that changed her mindset.

"I was having trouble with my teeth and I had a dental appointment, and they decided to do a breathing test on me," she says.

"My lung function came back at 38 percent. They told me the respiratory educator could help me. I was very hesitant at first, but I'm really glad I went along."

Latrobe Community Health Service employs oral health educators who help people change their lifestyle to improve their health and wellbeing.

The dental team works collaboratively with other programs across Latrobe Community Health Service, including a respiratory educator.

"We have offered smoking cessation for well over a decade now," Respiratory Educator Karyn Thomas says.

"The first questions we ask clients are about motivation, confidence to quit or reduce, and the reasons why they want to undertake this journey. Cherie wasn't confident she could stop altogether, but wanted to reduce the number she was having, to improve her health and general wellbeing."

Karyn first asked Cherie to write down whenever she had a cigarette, and why. She then asked Cherie what else she could do with her hands.

"When you start writing down when you're having a cigarette, it gives you an eye opener of what your triggers are, and you learn a new coping mechanism," Cherie says.

"I learnt I can extend that smoke for another hour and (do something else). Karyn asked if I did craft, and I said I love crocheting. So I have been putting off having a cigarette by sitting down, and crocheting and relaxing. It does take your mind off the craving."

Cherie says the dental team "saved my life in a way". She's not out of breath, she's walking around a lot easier, and she's full of energy.

"I'd still be smoking in the house, 40 cigarettes a day. I'm forever grateful for that nurse (oral health educator) giving me that breathing test and making me realise if I continued I wouldn't be around much longer," Cherie says.

"I'm just on this cloud nine being able to share my story. I hope it inspires others."







Whether it's aged care, counselling, dental, or one of our many other services, we want to build a picture of what's working – and what's not – so we can focus on effective care.

That's why we are measuring client health outcomes in five different areas:

1. improved or maintained physical health
2. improved or maintained mental health
3. improved or maintained social connection or participation
4. improved or maintained functioning
5. achievement of client's or participant's goals

#### What we've done:

Taking a staged approach, we trialled the measurement of client outcomes in at least one area (such as mental health) across different services in 2020-21. In 2021-22, we continued to expand our approach.

There are now 15 programs measuring client outcomes in all five domains.

We have collected enough data to analyse and understand our impact in three areas: mental health, improvement in

functioning, and achievement of goals. We expect to gain sufficient data on social connection and physical health when more programs begin measuring client outcomes in these areas.

#### In 2021-22\*:

- 89 percent of clients improved or maintained their mental health
- 88 percent of clients improved or maintained their functioning
- 73 percent of clients achieved at least one goal

*\*This data is aggregated from 13 participating programs (not every Latrobe Community Health Service client is represented).*

#### Next steps

We are building a public dashboard on the Latrobe Community Health Service website where our clients and the community can view our client outcomes data. The dashboard is part of our commitment to transparency and continuous improvement; we own what we do, and we continually improve the way we do things.

As we continue to expand our outcomes data collection across remaining services, we are also exploring how we can improve the data collection process. At the moment, we rely on staff to ask the question and input the data. We are keen to try other ways, such as client-led data collection or the use of technology to streamline the process.

Finally, once we are measuring client outcomes consistently across Latrobe Community Health Service, we will use this data to drive improvement in our services.

Some programs are already doing this on a small scale; this aggregated data will help us identify improvement opportunities at a high-level, service-specific-level, and individualised-level.

## Client outcomes in the spotlight

When we first meet NDIS participants, we ask: 'what is important to you', and 'what would you like to be able to do or continue doing?' We work with people as they set their goals, and then we build a plan that helps them achieve those goals. Being able to measure whether a participant has achieved their goals or not has led to new training opportunities for our staff. We now train our staff on how to develop SMART goals with participants to ensure their goals are specific, measurable, achievable, relevant and timely. More than 75 percent of NDIS participants older than seven are achieving the goals they set. We will continue running refresher training for staff, so participants continue to achieve and celebrate genuine outcomes.

And in the early childhood space, we've been able to achieve similar success. On average, 86 percent of families with children younger than seven agree the services we link them into, along with their NDIS plans, are helping them achieve their goals.

Our Latrobe Valley Children's Service started measuring client outcomes in 2021-22, and specifically focused on whether children were achieving their goals. The team works with children aged 0-7 with mild-to-moderate developmental delay. Using an 'early intervention' approach, the team delivers different types of therapy to help children improve their fine or gross motor skills, speech, sensory-processing, and / or communication. Our Children's Service reviews each child's goals three months post therapy, to make sure the interventions we delivered are working. We also review the service's outcomes data during team meetings to celebrate successes and identify improvements.

headspace Morwell uses The Kessler 10 (K10), and Social and Occupational Functioning Assessment Scales (SOFAS), to measure client outcomes. The K10 is self-reported at key intervals throughout a young person's episode of care. It assesses how clients have been feeling over the previous

four weeks in ten key areas. The SOFAS assesses a person's current functioning, using a rating range of between 1 and 100. headspace staff measure client functioning using SOFAS at each occasion of service. We use this information to better support our young people when we are assessing their wellbeing, identifying personal goals, and planning treatment. This data can tell us over time if our young people are feeling more positive and hopeful, and whether their functioning has improved. Our 2021-22 aggregated data (up to March 2022) shows a reduction in our clients' distress levels, and their functioning\* has remained stable.

\*Note: consideration of statewide lockdowns and its impact on a young person's ability to improve functioning (i.e. their participation in school and extracurricular activities) needs to be taken into account.





# Volunteers

From driving Gippsland residents to and from medical appointments, to sewing 'buddy bears' for children who are nervous about seeing a doctor or dentist – volunteers are well and truly an integral part of our organisation.



Volunteer hours  
**14,063**



Active volunteers  
**147**



Monetary value to organisation  
**\$570,957**

**Our first volunteers joined Latrobe Community Health Service in 1979, when community day centres (known as friendship groups and later social support groups) began in the Latrobe Valley.**

Friendship groups were designed to increase social connectedness, and volunteers would prepare meals and help participants do different activities.

We still rely on volunteers in our social support group programs to this day. Our volunteers also take on the roles of:

- Transport driver - taking people to and from their medical appointments
- Bus jockey - helping clients get on and off a shuttle bus, to and from planned activities
- Meal server - preparing and serving meals
- Activity assistant - helping clients participate in crafts and games
- Sewist - sewing buddy bears that are gifted to children when seeing the doctor or dentist

- Simulated patient - acting as a client to help train student medical professionals
- Administration assistant - helping with filing, data entry, mail-outs
- Community visitor - visit people who live in aged care facilities and provide companionship
- Pet carer - help older people take care of their pets

**Between 2017-18 and 2021-22, our volunteers have contributed:**

- 91,280 hours of service
- \$3.6 million value to our organisation



## Perseverance comes to mind when we think of the past 12 months in the volunteering sector

Many of our volunteers have been with us throughout the COVID-19 pandemic. Together we have experienced major changes and regulations we never previously imagined possible. Like all of us, our volunteers adapted to evolving mandates and health recommendations. And throughout the challenges of COVID-19, they continued to turn up to keep everyone safe and to help our clients receive the services they need.

Where possible throughout the past 12 months, our volunteers have continued to transport clients to and from appointments and visit vulnerable residents. We also started providing virtual services, such as Facetime or Zoom catch-ups in vulnerable settings. This connection has proven vital – both for volunteers and for clients alike.

Our volunteer numbers reduced significantly over the past 18 months – many former volunteers are spending their time travelling or with family. Others are focusing on their own health, and some are simply fatigued. We will continue to experience the ebbs and flows of volunteering for a while yet; there has been a 50.2 percent decline in volunteering participation across Victoria.

However, as many services recommence, we expect there will be more and more opportunities for volunteer involvement. Next year, our focus is on rebuilding our volunteer program, and on increasing collaboration between staff, volunteers, and clients.

### In 2021-22, our 147 active volunteers delivered:

- 14,063 hours of service
- \$570,957 value to our organisation

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**They continue to turn up to keep everyone safe and to help our clients receive the services they need.**



## When Angel Fan began volunteering with Latrobe Community Health Service in December 2021, she had two goals in mind.

“To meet new friends and to put myself in others’ shoes,” the volunteer community visitor says.

With more free time during the pandemic, and as someone who enjoys hearing stories from others, Angel thought becoming a community visitor was the perfect fit.

Volunteer community visitors enrich the lives of people who live in Commonwealth-funded aged care homes in the City of Monash.

Volunteers visit residents twice a month, both virtually – over Skype, FaceTime, letters or phone calls – and face-to-face when it’s safe to do so.

“Being a volunteer means I am capable of giving something to others,” Angel says.

“I feel being a volunteer is satisfying. I also did not think that a visit can make someone happy, but it actually does.”

Angel visits Joan and Helen every fortnight, starting each visit with some small talk and a catch-up. Some days, they might do some arts and craft together, while others are simply spent chatting.

“When I first met Joan, she was so shy (but) after a few sessions, she remembered me and welcomed me on my visits,” Angel says.

“Recently, we started to talk about hobbies and she stated she used to crochet. On the following visit, I brought her some yarn and a crochet tool and she was happy to do that. I am so happy that we are bonding and she is willing to maintain our friendship.”



**When Laura Salembier considered volunteering for Latrobe Community Health Service, she realised there was nothing holding her back.**

"I just thought, 'why not?'" Laura says.

"There wasn't ever a thought about why I shouldn't do it; I just knew I wanted to."

Laura started volunteering as a community visitor in October 2021, at a time she was feeling very isolated herself after nearly two years of lockdown.

"I had moved from interstate to Melbourne before the lockdown happened, so I also didn't know many people," she says.

"I liked the idea of interacting with someone new. I knew it would have been very hard in the aged care homes, and I thought it (volunteering) would also be a good way to use my time and help others."

When Laura visits her resident, Trixie, she makes a day of it by also visiting family nearby and getting some tasks done in the same neighbourhood.

"Each encounter has been wonderful, and they always leave me feeling really happy, as I can see how happy Trixie is," she says.

"For anyone who is thinking about volunteering, I'd just ask, why wouldn't you do it?"



**Volunteering as a medical transport driver has helped Sigrid Wilson feel connected to her community.**

The registered paramedic started volunteering with Latrobe Community Health Service when she was in her final year of university.

Keen to learn more about the health and community services available across Gippsland, Sigrid put her hand up to drive clients to and from appointments.

And while she has learnt about the services available, it's the people she's met and the places she's driven that have kept her coming back.

Once a week, Sigrid picks up a pool car from the Warragul site, close to where she lives, and heads off to take people to their appointments at hospitals, allied health services, and specialists.

She has travelled to Cowes, Koonwarra, Nyora, Leongatha, and Korumburra – among other places – and learnt about popular local destinations and the history of the area along the way.

"On Phillip Island, a client told me these little towers I noticed were kilns for drying chicory, because in World War II, Australia was short of coffee so they replaced it with chicory, which was easy to grow on Phillip Island," she says.

"It's the history and little things you see along the way when you're driving people, like beautiful scenery, that make it very enjoyable. It's so easy to make conversation – I have witnessed firsthand how conversation and a scenic drive help take people's minds off their illness, and help them to relax before their appointment."

# Operating & financial review

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30 June 2022

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LATROBE COMMUNITY HEALTH SERVICE LIMITED  
AND CONTROLLED ENTITIES

ABN: 74 136 502 022

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR  
ENDED 30 JUNE 2022

	Note	2022 Consolidated \$	2021 Consolidated \$
Revenue	2	167,339,397	151,352,562
Other income	2	2,197,684	1,926,131
Employee benefits expense		(110,098,480)	(106,432,802)
Depreciation and amortisation expense	3	(9,653,332)	(8,825,632)
Interest expense on lease liabilities	3	(85,074)	(407,682)
Motor vehicle expenses		(944,889)	(807,375)
Utilities expense		(636,933)	(730,634)
Staff training and development expenses		(531,155)	(483,091)
Audit, legal and consultancy fees		(953,074)	(520,515)
Marketing expenses		(454,866)	(447,241)
Service agreements		(2,082,443)	(2,597,133)
Contract labour		(3,657,416)	(2,351,004)
Client support services expense		(22,259,076)	(15,147,015)
Doubtful debts expense		(41,653)	(9,259)
Sundry expense		(11,736,930)	(10,773,261)
Discount on acquisition	9C	-	10,574,088
<b>Current year surplus before income tax</b>		<b>6,401,760</b>	<b>14,317,138</b>
Income tax expense		-	-
<b>Net current year surplus</b>		<b>6,401,760</b>	<b>14,317,138</b>
<b>Other comprehensive income</b>			
<b>Items that will not be reclassified subsequently to profit or loss:</b>			
Gain on revaluation of land and buildings	10	-	9,485,799
Equity instrument at FVOCI - fair value change		(1,247,751)	1,074,621
<b>Total other comprehensive (losses)/income for the year</b>		<b>(1,247,751)</b>	<b>10,560,421</b>
<b>Total comprehensive income for the year</b>		<b>5,154,009</b>	<b>24,877,559</b>

The accompanying notes form part of these financial statements.

LATROBE COMMUNITY HEALTH SERVICE LIMITED  
AND CONTROLLED ENTITIES

ABN: 74 136 502 022

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2022

	Note	2022 Consolidated \$	2021 Consolidated \$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	4	4,226,841	21,838,551
Trade and other receivables	5	1,497,155	283,255
Inventories	6	303,307	252,220
Financial assets	8	70,391,969	63,156,164
Other current assets	7	5,841,995	5,320,470
<b>TOTAL CURRENT ASSETS</b>		<b>82,261,268</b>	<b>90,850,661</b>
<b>NON-CURRENT ASSETS</b>			
Property, plant and equipment	10	56,329,729	46,706,214
Right-of-use assets	11	3,336,256	8,659,419
<b>TOTAL NON-CURRENT ASSETS</b>		<b>59,665,985</b>	<b>55,365,633</b>
<b>TOTAL ASSETS</b>		<b>141,927,253</b>	<b>146,216,294</b>
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Trade and other payables	12	6,780,090	6,920,842
Contract liabilities	13	26,796,868	30,110,074
Lease liabilities	15	2,152,100	4,273,323
Employee provisions	14	12,838,060	13,619,047
<b>TOTAL CURRENT LIABILITIES</b>		<b>48,567,118</b>	<b>54,923,287</b>
<b>NON-CURRENT LIABILITIES</b>			
Lease liabilities	15	1,479,221	4,935,549
Employee provisions	14	4,757,010	4,387,564
<b>TOTAL NON-CURRENT LIABILITIES</b>		<b>6,236,231</b>	<b>9,323,113</b>
<b>TOTAL LIABILITIES</b>		<b>54,803,349</b>	<b>64,246,400</b>
<b>NET ASSETS</b>		<b>87,123,904</b>	<b>81,969,894</b>
<b>EQUITY</b>			
Retained surplus		69,433,936	55,642,143
Reserves		17,689,968	26,327,752
<b>TOTAL EQUITY</b>		<b>87,123,904</b>	<b>81,969,894</b>

The accompanying notes form part of these financial statements.

**LATROBE COMMUNITY HEALTH SERVICE LIMITED  
AND CONTROLLED ENTITIES  
ABN: 74 136 502 022  
STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2022**

Note	Retained Surplus \$	Asset Revaluation Reserve \$	Capital Reserve \$	Community Projects Reserve \$	General Reserve \$	Equity FVOCI Reserve \$	Total \$
<b>Balance at 1 July 2020</b>	45,035,532	486,486	5,125,423	1,500,000	4,929,524	15,370	57,092,336
<b>Comprehensive Income</b>							
Surplus for the year	14,317,138	-	-	-	-	-	14,317,138
Net gain on revaluation of property	-	9,485,799	-	-	-	-	9,485,799
<b>Total other comprehensive income</b>	59,352,670	9,972,266	-	-	-	-	80,895,273
<b>Other transfers</b>							
Transfers to/(from) capital reserve	(2,197,825)	-	2,197,825	-	-	-	-
Transfers to/(from) community projects reserve	1,500,000	-	-	(1,500,000)	-	-	-
Transfers to/(from) general reserve	(3,012,703)	-	-	-	3,012,703	-	-
Equity investments FVOCI - Fair value change	-	-	-	-	-	1,074,621	1,074,621
<b>Total other transfers</b>	(3,710,528)	-	7,323,248	-	7,942,227	1,089,991	1,074,621
<b>Balance at 30 June 2021</b>	55,642,143	9,972,266	7,323,248	-	7,942,227	1,089,991	81,969,894
<b>Balance at 1 July 2021</b>	55,642,143	9,972,266	7,323,248	-	7,942,227	1,089,991	81,969,894
<b>Comprehensive Income</b>							
Surplus for the year	6,401,760	-	-	-	-	-	6,401,760
Net gain on revaluation of property	-	-	-	-	-	-	-
<b>Total other comprehensive income</b>	62,043,902	-	-	-	-	-	88,371,654
<b>Other transfers</b>							
Transfers to/(from) capital reserve	628,983	-	(628,983)	-	-	-	-
Transfers to/(from) community projects reserve	-	-	-	-	-	-	-
Transfers to/(from) general reserve	6,761,051	-	-	-	(6,761,051)	-	-
Equity investments FVOCI - Fair value change	-	-	-	-	-	(1,247,751)	(1,247,751)
<b>Total other transfers</b>	7,390,034	-	(628,983)	-	(6,761,051)	(1,247,751)	(1,247,751)
<b>Balance at 30 June 2022</b>	69,433,936	9,972,266	6,694,265	-	1,181,176	(157,759)	87,123,904

For a description of each reserve, refer to Note 23

The accompanying notes form part of these financial statements.

**LATROBE COMMUNITY HEALTH SERVICE LIMITED  
AND CONTROLLED ENTITIES  
ABN: 74 136 502 022  
STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2022**

Note	2022 Consolidated \$	2021 Consolidated \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Receipts from grants and other income	163,910,747	164,718,861
Payments to suppliers and employees	(154,806,600)	(138,704,525)
Interest received	882,203	879,949
Net cash generated from operating activities	9,986,350	26,894,285
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Proceeds from sale of property, plant and equipment	902,335	3,277,140
Payment for property, plant and equipment	(15,305,819)	(5,220,097)
Payment for held-to-maturity investments	(8,400,000)	(18,561,232)
Acquisition of subsidiary (Net of cash acquired)	-	5,164,352
Net cash used in investing activities	(22,803,484)	(15,339,837)
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
Repayment of lease liabilities	(4,794,576)	(4,279,536)
Net cash used in financing activities	(4,794,576)	(4,279,536)
Net (decrease)/increase in cash held	(17,611,709)	7,274,912
Cash on hand at beginning of the financial year	21,838,551	14,563,639
Cash on hand at end of the financial year	4,226,841	21,838,551

The accompanying notes form part of these financial statements.

**Note 1 Summary of Significant Accounting Policies**

The financial report includes the consolidated financial statements of Latrobe Community Health Service Limited (LCHS), Link Health and Community Limited, Link Private Practice Pty Ltd. and Latrobe CHS nominees Pty Ltd. (controlled entity). Latrobe CHS Nominees Pty Ltd does not have any financial transactions as it is not yet operational. LCHS acquired Link Health and Community Limited and Link Private Practice Pty Ltd. on the 1 July 2020.

**Basis of Preparation**

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Simplified Disclosures of the Australian Accounting Standards Board (AASB) and the Australian Charities and Not-for-profits Commission Act 2012. The entity is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless otherwise stated.

The financial statements, except for the cash flow information, have been prepared on an accrual basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements are in Australian Dollars and have been rounded to the nearest dollar. The accounts have been prepared on a going concern basis.

The financial statements were authorised for issue on 29 September 2022 by the Directors of the company.

**Accounting Policies**

**Principles of consolidation**

Consolidation is the incorporation of the assets and liabilities of the Parent and all subsidiaries as at the reporting date and the results of the Parent and all subsidiaries for the year then ended as if they had operated as a single entity. The balances and effects of intragroup transactions are eliminated from the consolidation. Subsidiaries are those entities controlled by the Parent. An investor controls an investee if and only if the investor has power over the investee; exposure, or rights, to variable returns from its involvement with the investee; and the ability to use its power over the investee to affect the amount of the investor's returns. Where an entity either began or ceased to be controlled during a financial reporting year, the results are included only from the date control commenced or up to the date control ceased. The financial information of all subsidiaries is prepared for consolidation for the same reporting year as the Parent, using consistent accounting policies. Where a subsidiary is less than wholly owned, the equity interests held by external parties are presented separately as non-controlling interests on the consolidated balance sheet, except where the subsidiary is a trust or similar entity for which the third party interest is presented separately on the consolidated balance sheet as a liability.

**Business Combinations**

Business combinations occur where an acquirer obtains control over one or more businesses.

A business combination is accounted for by applying the acquisition method, unless it is a combination involving entities or businesses under common control. The business combination will be accounted for from the date that control is obtained, whereby the fair value of the identifiable assets acquired and liabilities (including contingent liabilities) assumed is recognised (subject to certain limited exemptions).

When measuring the consideration transferred in the business combination, any asset or liability resulting from a contingent consideration arrangement is also included. Subsequent to initial recognition, contingent consideration classified as equity is not remeasured and its subsequent settlement is accounted for within equity. Contingent consideration classified as an asset or liability is remeasured each reporting period to fair value, recognising any change to fair value in profit or loss, unless the change in value can be identified as existing at acquisition date.

All transaction costs incurred in relation to business combinations, other than those associated with the issue of a financial instrument, are recognised as expenses in profit or loss when incurred.

The acquisition of a business may result in the recognition of goodwill or a gain from a bargain purchase.

**(a) Revenue**

**Revenue recognition**

**Operating Grants, Donations and Bequests**

When the group receives operating grant funding, donations or bequests, it assesses whether the contract is enforceable and has sufficiently specific performance obligations in accordance to AASB 15.

When both these conditions are satisfied, the group:

- identifies each performance obligation relating to the grant;
- recognises a contract liability for its obligations under the agreement; and
- recognises revenue as it satisfies its performance obligations.

Where the contract is not enforceable or does not have sufficiently specific performance obligations, the group:

- recognises the asset received in accordance with the recognition requirements of other applicable accounting standards (for example AASB 9, AASB 16, AASB 116 and AASB 138);
- recognises related amounts (being contributions by owners, lease liability, financial instruments, provisions); and
- recognises income immediately in profit or loss as the difference between the initial carrying amount of the asset and the related amount.

**Capital grant**

When the group receives a capital grant, it recognises a liability for the excess of the initial carrying amount of the financial asset received over any related amounts (being contributions by owners, lease liability, financial instruments, provisions) recognised under other Australian Accounting Standards.

The group recognises income in profit or loss when or as the group satisfies its obligations under terms of the grant.

**Client Fees**

The group recognises revenue from client fees when the services are provided to the client.

**Interest income**

Interest income is recognised using the effective interest method.

**(b) Inventories**

Inventories held for sale are measured at the lower of cost and net realisable value. Inventories held for distribution are measured at cost adjusted, when applicable, for any loss of service potential.

Inventories acquired at no cost, or for nominal consideration, are valued at the current replacement cost as at the date of acquisition.

**(c) Property, Plant and Equipment**

Each class of property, plant and equipment is carried at cost or fair value as indicated, less, where applicable, accumulated depreciation and any impairment losses.

**Freehold Property**

Freehold land and buildings are shown at their fair value based on periodic, but at least triennial, valuations by external independent valuers, less subsequent depreciation for buildings.

In periods when the freehold land and buildings are not subject to an independent valuation, the directors conduct directors' valuations to ensure the carrying amount for the land and buildings is not materially different to the fair value.

Increases in the carrying amount arising on revaluation of land and buildings are recognised in other comprehensive income and accumulated in the revaluation surplus in equity. Revaluation decreases that offset previous increases of the same class of assets shall be recognised in other comprehensive income under the heading of revaluation surplus. All other decreases are recognised in profit or loss.

Any accumulated depreciation at the date of the revaluation is eliminated against the gross carrying amount of the asset and the net amount is restated to the revalued amount of the asset.

Freehold land and buildings that have been contributed at no cost, or for nominal cost, are initially recognised and measured at the fair value of the asset at the date it is acquired.

**Plant and Equipment**

Plant and equipment are measured on a cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than the estimated recoverable amount, the carrying amount is written down immediately to the estimated recoverable amount and impairment losses are recognised in profit or loss. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 1(f) for details of impairment).

Plant and equipment that have been contributed at no cost, or for nominal cost, are valued and recognised at the fair value of the asset at the date it is acquired.

#### Depreciation

The depreciable amount of all fixed assets, including buildings and plant and equipment but excluding freehold land, is depreciated on a straight-line basis over the asset's useful life to the group commencing from the time the asset is held ready for 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 assets are:

Class of Fixed Asset	Depreciation Rate
Buildings	3%
Plant and equipment	5% to 33%
Motor vehicles	10% to 20%

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised in profit or loss in the period in which they arise. Gains are not classified as revenue. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained earnings.

#### (d) Leases

##### The Company as lessee

At inception of a contract, the group assesses if the contract contains or is a lease. If there is a lease present, a right-of-use asset and a corresponding lease liability is recognised by the group where the group is a lessee. However all contracts that are classified as short-term leases (lease with remaining lease term of 12 months or less) and leases of low value assets are recognised as an expense on a straight-line basis over the term of the lease.

Initially the lease liability is measured at the present value of the lease payments still to be paid at commencement date. The lease payments are discounted at the interest rate implicit in the lease. If this rate cannot be readily determined, the group uses the incremental borrowing rate.

Lease payments included in the measurement of the lease liability are as follows:

- fixed lease payments less any lease incentives;
- variable lease payments that depend on an index or rate, initially measured using the index or rate at the commencement date;
- the amount expected to be payable by the lessee under residual value guarantees;
- the exercise price of purchase options, if the lessee is reasonably certain to exercise the options;
- lease payments under extension options if lessee is reasonably certain to exercise the options; and
- payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease

The right-of-use assets comprise the initial measurement of the corresponding lease liability as mentioned above, any lease payments made at or before the commencement date as well as any initial direct costs. The subsequent measurement of the right-of-use assets is at cost less accumulated depreciation and impairment losses.

Right-of-use assets are depreciated over the lease term or useful life of the underlying asset whichever is the shortest.

Where a lease transfers ownership of the underlying asset or the cost of the right-of-use asset reflects that the group anticipates to exercise a purchase option, the specific asset is depreciated over the useful life of the underlying asset.

#### (e) Financial Instruments

##### Recognition, initial measurement and derecognition

Financial assets and financial liabilities are recognised when the group becomes a party to the contractual provisions of the financial instrument, and are measured initially at fair value adjusted by transactions costs, except for those carried at fair value through profit or loss, which are measured initially at fair value. Subsequent measurement of financial assets and financial liabilities are described below.

Financial assets are derecognised when the contractual rights to the cash flows from the financial asset expire, or when the financial asset and all substantial risks and rewards are transferred. A financial liability is derecognised when it is extinguished, discharged, cancelled or expires.

##### Classification and subsequent measurement of financial assets

Except for those trade receivables that do not contain a significant financing component and are measured at the transaction price, all financial assets are initially measured at fair value adjusted for transaction costs (where applicable).

For the purpose of subsequent measurement, financial assets other than those designated and effective as hedging instruments are classified into the following categories upon initial recognition:

- Amortised cost
- Fair value through profit or loss (FVPL)
- Equity instruments at fair value through other comprehensive income (FVOCI)

All income and expenses relating to financial assets that are recognised in profit or loss are presented within finance costs, finance income or other financial items, except for impairment of trade receivables which is presented within other expenses.

Classifications are determined by both:

- The company's business model for managing the financial asset
- The contractual cash flow characteristics of the financial assets

##### Subsequent measurement financial assets

###### Financial assets at amortised cost

Financial assets are measured at amortised cost if the assets meet the following conditions (and are not designated as FVPL):

- They are held within a business model whose objective is to hold the financial assets and collect its contractual cash flows
- The contractual terms of the financial assets give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding.

After initial recognition, these are measured at amortised cost using the effective interest method. Discounting is omitted where the effect of discounting is immaterial. The group's cash and cash equivalents, trade and most other receivables fall into this category of financial instruments as well as long-term deposits.

###### Equity instruments at fair value through other comprehensive income (Equity FVOCI)

Investments in equity instruments that are not held for trading are eligible for an irrevocable election at inception to be measured at FVOCI. Under Equity FVOCI, subsequent movements in fair value are recognised in other comprehensive income and are never reclassified to profit or loss. Dividend from these investments continue to be recorded as other income within the profit or loss unless the dividend clearly represents return of capital. This category includes unlisted equity securities – JB Were.

###### Impairment of Financial assets

AASB 9's impairment requirements use more forward looking information to recognize expected credit losses - the 'expected credit losses (ECL) model'. Instruments within the scope of the new requirements included loans and other debt-type financial assets measured at amortised cost and FVOCI and trade receivables.

The group considers a broader range of information when assessing credit risk and measuring expected credit losses, including past events, current conditions, reasonable and supportable forecasts that affect the expected collectability of the future cash flows of the instrument.

In applying this forward-looking approach, a distinction is made between:

- financial instruments that have not deteriorated significantly in credit quality since initial recognition or that have low credit risk ('Stage 1'); and
- financial instruments that have deteriorated significantly in credit quality since initial recognition and whose credit risk is not low ('Stage 2').

'Stage 3' would cover financial assets that have objective evidence of impairment at the reporting date.

'12-month expected credit losses' are recognised for the first category while 'lifetime expected credit losses' are recognised for the second category.

Measurement of the expected credit losses is determined by a probability-weighted estimate of credit losses over the expected life of the financial instrument.

*Trade and other receivables*

The group makes use of a simplified approach in accounting for trade and other receivables records the loss allowance at the amount equal to the expected lifetime credit losses. In using this practical expedient, the group uses its historical experience, external indicators and forward-looking information to calculate the expected credit losses using a provision matrix.

The group assess impairment of trade receivables on a collective basis as they possess credit risk characteristics based on the days past due. The group allows 1% for amounts that are 30 to 60 days past due, 1.5% for amounts that are between 60 and 90 days past due and writes off fully any amounts that are more than 90 days past due.

*Classification and measurement of financial liabilities*

The group's financial liabilities include borrowings and trade and other payables. Financial liabilities are initially measured at fair value, and, where applicable, adjusted for transaction costs. Subsequently, financial liabilities are measured at amortised cost using the effective interest method. All interest-related charges are included within finance costs or finance income.

**(f) Impairment of Assets**

At the end of each reporting period, the group reviews the carrying amounts of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs of disposal and value in use, is compared to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised in profit or loss.

Where the assets are not held primarily for their ability to generate net cash inflows – that is, they are specialised assets held for continuing use of their service capacity – the recoverable amounts are expected to be materially the same as fair value.

Where it is not possible to estimate the recoverable amount of an individual asset, the entity estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Where an impairment loss on a revalued individual asset is identified, this is recognised against the revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the amount in the revaluation surplus for that class of asset.

**(g) Employee Benefits**

**Short-term employee benefits**

Provision is made for the group's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service, including wages, salaries and sick leave. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

The group's obligations for short-term employee benefits such as wages, salaries and sick leave are recognised as part of current trade and other payables in the statement of financial position.

Short term employee benefits also includes annual leave entitlements which are measured at nominal amounts including on costs.

**Other long-term employee benefits**

The group classifies employees' long service leave and annual leave entitlements as other long-term employee benefits as they are not expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service. Provision is made for the group's obligation for other long-term employee benefits, which are measured at the present value of the expected future payments to be made to employees. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to market yields at the end of the reporting period on high quality corporate bonds that have maturity dates that approximate the terms of the obligations. Upon the remeasurement of obligations for other long-term employee benefits, the net change in the obligation is recognised in profit or loss classified under employee benefits expense.

The group's obligations for long-term employee benefits are presented as non-current liabilities in its statement of financial position, except where the group does not have an unconditional right to defer settlement for at least 12 months after the end of the reporting period, in which case the obligations are presented as current liabilities.

**Retirement benefit obligations**

*Defined contribution superannuation benefits*

All employees of the group receive defined contribution superannuation entitlements, for which the group pays the fixed superannuation guarantee contribution (currently 10% of the employee's average ordinary salary) to the employee's superannuation fund of choice. All contributions in respect of employees' defined contribution entitlements are recognised as an expense when they become payable. The group's obligation with respect to employees' defined contribution entitlements is limited to its obligation for any unpaid superannuation guarantee contributions at the end of the reporting period. All obligations for unpaid superannuation guarantee contributions are measured at the (undiscounted) amounts expected to be paid when the obligation is settled and are presented as current liabilities in the group's statement of financial position.

**(h) Cash and Cash Equivalents**

Cash and cash equivalents include cash on hand, deposits held at-call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within short-term borrowings in current liabilities on the statement of financial position.

**(i) Trade and Other Debtors**

Trade and other debtors include amounts due from members as well as amounts receivable from customers for goods sold.

Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

Accounts receivable are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment. Refer to Note 1(e) for further discussion on the determination of impairment losses.

**(j) Goods and Services Tax (GST)**

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

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

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to, the ATO are presented as operating cash flows included in receipts from customers or payments to suppliers.

**(k) Income Tax**

No provision for income tax has been raised as the group is exempt from income tax under Div 50 of the *Income Tax Assessment Act 1997*.

**(l) Provisions**

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

**(m) Comparative Figures**

When required by Accounting Standards comparative figures have been adjusted to conform to changes in presentation for the current financial year.

**(n) Critical Accounting Estimates and Judgements**

The directors evaluate estimates and judgements incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the group.

**Key estimates**

*(i) Valuation of freehold land and buildings*

The freehold land and buildings were independently valued at 30 June 2021 by Bertacco Ferrier property consultants. Properties at Moe, Churchill and Traralgon were separately valued based on the depreciated replacement costs prepared by Prowse Quantity Surveyors. The valuations resulted in a revaluation increment of \$9,485,799 which was credited to the asset revaluation reserve. However, due to the impacts of COVID-19, there is some estimation uncertainty regarding the fair values which cannot be qualified as the impacts are unknown.

At 30 June 2022 the directors have performed a directors' valuation on the freehold land and buildings. The directors have reviewed the key assumptions adopted by the valuers in 2021 and do not believe there has been a significant change in the assumptions at 30 June 2022. The directors therefore believe the carrying amount of the land and buildings of \$39,941,941 correctly reflects the fair value at 30 June 2022.

**Key judgements**

(i) *Performance obligations under AASB 15*

To identify a performance obligation under AASB 15, the promise must be sufficiently specific to be able to determine when the obligation is satisfied. Management exercises judgement to determine whether the promise is sufficiently specific by taking into account any conditions specified in the arrangement, explicit or implicit, regarding the promised goods or services. In making this assessment, management includes the nature/ type, cost/ value, quantity and the period of transfer related to the goods or services promised. Management have assessed its contracts with the National Disability and Insurance Agency and concluded that the contracts have sufficiently specific performance obligations under AASB 15.

(ii) *Lease term and Option to Extend under AASB 16*

The lease term is defined as the non-cancellable period of a lease together with both periods covered by an option to extend the lease if the lessee is reasonably certain to exercise that option; and also periods covered by an option to terminate the lease if the lessee is reasonably certain not to exercise that option. The options that are reasonably going to be exercised is a key management judgement that the group will make. The group determines the likelihood to exercise the options on a lease-by-lease basis looking at various factors such as which assets are strategic and which are key to future strategy of the group.

(iii) *Employee benefits*

For the purpose of measurement, AASB 119: *Employee Benefits* defines obligations for short-term employee benefits as obligations expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service. As the group expects that most employees will not use all of their annual leave entitlements in the same year in which they are earned or during the 12-month period that follows (despite an informal internal policy that requires annual leave to be used within 18 months), the directors believe that obligations for annual leave entitlements satisfy the definition of other long-term employee benefits and, therefore, are required to be measured at the present value of the expected future payments to be made to employees.

(iv) *Estimation of useful lives of assets*

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

(v) *Impairment of non-financial assets other than goodwill and other indefinite life intangible assets*

The company assesses impairment of non-financial assets other than goodwill and other indefinite life intangible assets at each reporting date by evaluating conditions specific to the company and to the particular asset that may lead to impairment. If an impairment trigger exists, the recoverable amount of the asset is determined. This involves fair value less costs of disposal or value-in-use calculations, which incorporate a number of key estimates and assumptions.

(o) **Economic Dependence**

The group is dependent on the Commonwealth and State Government including the National Disability Insurance Agency for the majority of its revenue used to operate the business. At the date of this report the directors have no reason to believe the Commonwealth and State Government will not continue to support Latrobe Community Health Service Ltd.

(p) **Fair Value of Assets and Liabilities**

The group measures some of its assets and liabilities at fair value on either a recurring or non-recurring basis, depending on the requirements of the applicable Accounting Standard.

"Fair value" is the price the entity would receive to sell an asset or would have to pay to transfer a liability in an orderly (i.e. unforced) transaction between independent, knowledgeable and willing market participants at the measurement date.

As fair value is a market-based measure, the closest equivalent observable market pricing information is used to determine fair value. Adjustments to market values may be made having regard to the characteristics of the specific asset or liability. The fair values of assets and liabilities that are not traded in an active market are determined using one or more valuation techniques. These valuation techniques maximise, to the extent possible, the use of observable market data.

To the extent possible, market information is extracted from the principal market for the asset or liability (i.e. the market with the greatest volume and level of activity for the asset or liability). In the absence of such a market, market information is extracted from the most advantageous market available to the group at the end of the reporting period (i.e. the market that maximises the receipts from the sale of the asset or minimises the payments made to transfer the liability, after taking into account transaction costs and transport costs).

For non-financial assets, the fair value measurement also takes into account a market participant's ability to use the asset in its highest and best use or to sell it to another market participant that would use the asset in its highest and best use.

The fair value of liabilities and the group's own equity instruments (if any) may be valued, where there is no observable market price in relation to the transfer of such financial instrument, by reference to observable market information where such instruments are held as assets. Where this information is not available, other valuation techniques are adopted and where significant, are detailed in the respective note to the financial statements.

(q) **Rounding**

Amounts in the financial report have been rounded to the nearest dollar. Figures in the financial report may not equate due to rounding.

(r) **New and Amended Accounting Standards Adopted by the group**

**Initial adoption of AASB 1060: General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities**

The group has adopted AASB 1060: General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities for the first time this reporting period. The Standard, which sets out a new separate disclosure Standard to be applied by all entities that are reporting under Tier 2 of the Differential Reporting Framework in AASB 1053: Application of Tiers of Australian Accounting, replaces the previous Reduced Disclosure Requirements (RDR) framework. The application of this standard has resulted in reductions in disclosures compared to RDR in Revenue, Leases and Financial Instruments; however has resulted in new and/or increased disclosures in areas such as Audit Fees and Related Parties.

**Note 2 Revenue and Other Income**

	2022	2021
	\$	\$
<b>Revenue</b>		
Revenue from grants:		
— Commonwealth government grants – operating	114,258,862	101,820,210
— State government grants - operating	33,943,825	29,956,052
— Other organisations	11,344,732	11,836,699
— Client fees	6,970,818	6,942,682
<b>Total revenue</b>	<b>166,518,237</b>	<b>150,555,643</b>
Other revenue		
— Interest received on investments in government and fixed interest securities	821,160	796,919
	821,160	796,919
<b>Total revenue</b>	<b>167,339,397</b>	<b>151,352,562</b>
<b>Other Income</b>		
— Gain on disposal of property, plant and equipment	416,729	339,419
— Charitable income and fundraising	13,044	10,525
— Rental income from operating leases	152,921	69,619
— Other	1,614,990	1,506,568
<b>Total other income</b>	<b>2,197,684</b>	<b>1,926,131</b>
<b>Total revenue and other income</b>	<b>169,537,081</b>	<b>153,278,693</b>

**Transaction price allocated to the remaining performance obligation**

The table below shows the grant revenue expected to be recognised in the future related to the performance obligations that are unsatisfied (partially unsatisfied) at the reporting date.

	2023
	\$
Revenue from government grants and other grants	16,555,391

**Note 3 Surplus for the Year; includes the following other expenses:**

	2022	2021
	\$	\$
<b>a. Expenses</b>		
Finance costs:		
— interest expense on lease liabilities	85,074	407,682
<b>Total interest expense</b>	<b>85,074</b>	<b>407,682</b>
Depreciation and amortisation:		
— buildings	2,078,799	1,369,521
— motor vehicles	737,273	836,889
— furniture and equipment	2,440,414	2,150,714
— leased assets	4,396,846	4,468,509
<b>Total depreciation and amortisation</b>	<b>9,653,332</b>	<b>8,825,632</b>
Contributions to defined contribution superannuation	9,583,538	8,592,271
Auditor remuneration - Auditing financial statements	26,700	24,602
Auditor remuneration - Audit of funding acquittals	8,525	12,656

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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

**Note 4 Cash and Cash Equivalents**

	2022	2021
	\$	\$
CURRENT		
Cash at bank	1,721,841	2,733,551
Cash on hand	5,000	5,000
Cash at deposit	2,500,000	19,100,000
	<u>4,226,841</u>	<u>21,838,551</u>

**Note 5 Trade and Other Receivables**

	2022	2021
	\$	\$
CURRENT		
Trade receivables	1,049,312	151,884
Other receivables	554,002	195,878
Provision for impairment	(106,161)	(64,507)
Total current accounts receivable and other debtors	<u>1,497,155</u>	<u>283,255</u>

The group's normal credit term is 30 days.

**Note 6 Inventories**

	2022	2021
	\$	\$
CURRENT		
At cost:		
Inventory	303,307	252,220
	<u>303,307</u>	<u>252,220</u>

**Note 7 Other Assets**

	2022	2021
	\$	\$
Accrued income	4,315,932	4,454,593
Prepayments	1,526,064	865,878
	<u>5,841,995</u>	<u>5,320,470</u>

**Note 8 Other Financial Assets**

	2022	2021
	\$	\$
CURRENT		
Term deposits with original maturities greater than 3 months	57,000,000	49,000,000
Other financial assets - Investment portfolio - measured at fair value through OCI.	13,391,969	14,156,164
Total current assets	<u>70,391,969</u>	<u>63,156,164</u>

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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

**Note 9 Interest in Subsidiaries**

(a) **Information about Principal Subsidiaries**

The subsidiaries listed below have share capital consisting solely of ordinary shares or ordinary units or shares limited by guarantee and are controlled by the Group. Each subsidiary's principal place of business is also its country of incorporation.

Name of subsidiary	Principal place of business	Controlling interest held by the Group	
		2022 (%)	2021 (%)
Link Health and Community Limited	81-83 Buckley St Morwell Vic 3840	100%	100%
Link Private Practice Pty Ltd	81-83 Buckley St Morwell Vic 3840	100%	100%
Latrobe CHS Nominees Pty Ltd	81-83 Buckley St Morwell Vic 3840	100%	100%

Subsidiary financial statements used in the preparation of these consolidated financial statements have also been prepared as at the same reporting date as the Group's financial statements.

Link Private Practice Pty Ltd was deregistered in 2022.

(b) **Significant Restrictions**

There are no significant restrictions over the Group's ability to access or use assets, and settle liabilities, of the Group.

(c) **Acquisition of Controlled Entities**

On 1 July 2020, the parent entity acquired 100% control of Link Health and Community Limited and Link Private Practice Pty Ltd. By holding 100% control of Link Health and Community Limited and Link Private Practice Pty Ltd, the Group has the current ability to direct the relevant activities of the entities. The acquisition was part of Latrobe Community Health Service's growth strategy to expand the delivery of health services into the metro region.

	Fair value
	\$
<b>Identifiable assets acquired</b>	
Cash	5,164,352
Trade and other Receivables	521,413
Inventories	108,547
Other Current assets	67,369
Right of use assets	880,021
Property, plant and equipment	11,036,963
	<u>17,778,665</u>
<b>Identifiable liabilities assumed</b>	
Trade and other Payables	3,558,481
Lease liability	891,448
Leave provisions	2,754,648
	<u>7,204,577</u>
<b>Identifiable assets acquired and liabilities assumed</b>	<u>10,574,088</u>
Purchase consideration	-
<b>Discount on Acquisition</b>	<u>10,574,088</u>
<b>Cash inflow on Acquisition</b>	<u>5,164,352</u>

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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

**Note 10 Property, Plant and Equipment**

	2022 \$	2021 \$
<b>LAND AND BUILDINGS</b>		
Freehold land at fair value:		
— Directors valuation in 2022	8,352,340	-
— Independent valuation in 2021	-	8,352,340
<b>Total land</b>	<b>8,352,340</b>	<b>8,352,340</b>
Buildings at fair value:		
— Directors valuation in 2022	23,374,589	-
— At cost	9,354,097	-
— Independent valuation in 2021	-	23,358,009
Less accumulated depreciation	(1,139,085)	(40,395)
<b>Total buildings</b>	<b>31,589,601</b>	<b>23,317,614</b>
Leasehold improvements		
— Leasehold improvements at cost	7,585,875	7,223,794
Less accumulated depreciation	(4,777,147)	(3,784,210)
<b>Total leasehold improvements</b>	<b>2,808,728</b>	<b>3,439,584</b>
<b>Total buildings and leasehold improvements</b>	<b>34,398,329</b>	<b>26,757,198</b>
<b>PLANT AND EQUIPMENT</b>		
Furniture and equipment:		
At cost	28,335,384	24,618,030
Less accumulated depreciation	(19,265,567)	(16,825,153)
	9,069,817	7,792,876
Motor vehicles:		
At cost	4,573,644	4,627,349
Less accumulated depreciation	(1,531,903)	(1,349,937)
	3,041,741	3,277,412
<b>Total plant and equipment</b>	<b>12,111,558</b>	<b>11,070,288</b>
<b>Total property, plant and equipment</b>	<b>54,862,227</b>	<b>46,179,826</b>
Capital work in progress	1,467,502	526,388
	<b>56,329,729</b>	<b>46,706,214</b>

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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2022

**Movements in Carrying Amounts**

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

	Land	Buildings	Motor Vehicles	Furniture and Equipment	Capital work in progress	Total
<b>2021</b>						
Balance at the beginning of the year	3,031,031	16,145,393	2,634,226	6,328,444	119,104	28,258,199
Additions at cost		491,281	1,321,482	3,000,052	407,284	5,220,098
Acquisitions through business combinations	6,595,000	3,330,556	496,314	615,093		11,036,963
Disposals	(2,600,000)		(337,721)			(2,937,721)
Revaluations	1,326,309	8,159,490				9,485,799
Depreciation expense		(1,369,521)	(836,889)	(2,150,714)		(4,357,124)
<b>Carrying amount at the end of the year</b>	<b>8,352,340</b>	<b>26,757,199</b>	<b>3,277,412</b>	<b>7,792,876</b>	<b>526,388</b>	<b>46,706,214</b>
<b>2022</b>						
Balance at the beginning of the year	8,352,340	26,757,199	3,277,412	7,792,876	526,388	46,706,214
Additions at cost		9,719,929	927,421	3,717,355	941,114	15,305,819
Disposals			(425,819)			(425,819)
Depreciation expense		(2,078,799)	(737,273)	(2,440,414)		(5,256,485)
<b>Carrying amount at the end of the year</b>	<b>8,352,340</b>	<b>34,398,329</b>	<b>3,041,741</b>	<b>9,069,817</b>	<b>1,467,502</b>	<b>56,329,729</b>

**Asset Revaluations**

The freehold land and buildings were independently valued at 30 June 2021 by Bertacco Ferrier property consultants based on market value. Specialised properties at Moe, Churchill and Traralgon were separately valued based on the depreciated replacement costs prepared by Prowse Quantity Surveyors. The valuations resulted in a revaluation increment of \$9,485,799 which was credited to the asset revaluation reserve. However, due to the impacts of COVID-19, there is some estimation uncertainty regarding the fair values which cannot be qualified as the impacts are unknown.

At 30 June 2022 the directors have performed a directors' valuation on the freehold land and buildings. The directors have reviewed the key assumptions adopted by the valuers in 2021 and do not believe there has been a significant change in the assumptions at 30 June 2022. The directors therefore believe the carrying amount of the land and buildings of \$39,941,941 correctly reflects the fair value at 30 June 2022.

**Note 11 Right-of-use Assets**

The group's lease portfolio includes equipment, motor vehicles and buildings. These leases have an average of 3 year as their lease term.

**(a) Options to Extend or Terminate**

The option to extend or terminate are contained in several of the property leases of the group. These clauses provide the group opportunities to manage leases in order to align with its strategies. All of the extension or termination options are only exercisable by the group. The extension options or termination options which were probable to be exercised have been included in the calculation of the right-of-use asset. The group has included any options exercisable in the next 5 years in the lease term.

**i) AASB 16 related amounts recognised in the balance sheet**

	2022 \$	2021 \$
<b>Right-of-use assets</b>		
Leased building	8,601,314	15,983,724
Accumulated depreciation	(5,318,000)	(7,431,971)
	3,283,314	8,551,753
Leased motor vehicles	146,808	158,387
Accumulated depreciation	(93,866)	(50,720)
	52,942	107,666
<b>Total right-of-use asset</b>	<b>3,336,256</b>	<b>8,659,419</b>
<b>Movements in carrying amounts:</b>		
Leased buildings:		
Opening balance	8,551,753	9,494,975
Additions	160,422	2,097,630
Terminations	(1,445,218)	
Acquisitions through business combinations	-	880,022
Depreciation expense	(3,983,642)	(3,920,874)
<b>Net carrying amount</b>	<b>3,283,314</b>	<b>8,551,753</b>
Leased motor vehicles:		
Opening balance	107,666	347,586
Additions	358,479	307,715
Depreciation expense	(413,204)	(547,635)
<b>Net carrying amount</b>	<b>52,942</b>	<b>107,666</b>



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ii) AASB 16 related amounts recognised in the statement of profit or loss

	2022 \$	2021 \$
Depreciation charge related to right-of-use assets	4,396,846	4,468,509
Interest expense on lease liabilities	85,074	407,682

Note	2022 \$	2021 \$
<b>CURRENT</b>		
Trade payables	2,449,212	1,626,473
GST payable	(1,497,950)	963,154
Accrued expenses	4,217,662	3,148,715
Employee benefits	1,611,166	1,182,502
Note 12a	<u>6,780,090</u>	<u>6,920,842</u>
	<u>6,780,090</u>	<u>6,920,842</u>
	<u>\$</u>	<u>\$</u>
<b>a Financial liabilities at amortised cost classified as accounts payable and other payables</b>		
Accounts payable and other payables:		
— Total current	6,780,090	6,920,842
	<u>6,780,090</u>	<u>6,920,842</u>
Less other payables (net amount of GST payable)	1,497,950	(963,154)
Financial liabilities as trade and other payables	21	5,957,689
	<u>8,278,040</u>	<u>5,957,689</u>

Note	2022 \$	2021 \$
<b>Contract Liability</b>		
Balance at the beginning of the year	30,110,074	12,132,353
Funding repaid during the year	(7,562,926)	(1,203,808)
Additions:		
Grants for which performance obligations will only be satisfied in subsequent years.	4,249,720	19,181,530
Closing balance at the end of the year	<u>26,796,868</u>	<u>30,110,074</u>

If grants are enforceable and have sufficiently specific performance obligations in accordance with AASB 15, the amount received at that point in time, is recognised as a contract liability until the performance obligations have been satisfied.

Note	2022 \$	2021 \$
<b>Provisions</b>		
<b>CURRENT</b>		
Provision for employee benefits: annual leave	9,031,331	8,671,369
Provision for employee benefits: long service leave	3,806,729	4,947,678
	<u>12,838,060</u>	<u>13,619,047</u>
<b>NON-CURRENT</b>		
Provision for employee benefits: long service leave	4,757,010	4,387,564
	<u>4,757,010</u>	<u>4,387,564</u>
	<u>17,595,070</u>	<u>18,006,612</u>

	2022 \$	2021 \$
<b>Analysis of total provisions:</b>		
Opening balance at 1 July 2021	18,006,612	
Additional provisions raised during the year	10,531,518	
Amounts used	(10,943,060)	
Balance at 30 June 2022	<u>17,595,070</u>	

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**Note 15 Leasing Liabilities**

	2022 \$	2021 \$
<b>a Right of use leases</b>		
Payable - minimum lease payments:		
— not later than 12 months	2,243,575	4,532,203
— between 12 months and five years	1,530,900	5,159,296
— later than five years	-	-
Minimum lease payments	<u>3,774,475</u>	<u>9,691,499</u>
Less future finance charges	(143,154)	(482,627)
Present value of minimum lease payments	<u>3,631,321</u>	<u>9,208,872</u>
Reconciled to:		
Current lease liability	2,152,100	4,273,323
Non current lease liability	1,479,221	4,935,549
	<u>3,631,321</u>	<u>9,208,872</u>

**Note 16 Contingent Liabilities and Contingent Assets**

There were no contingent liabilities or assets as at the reporting date. (2021: Nil)

**Note 17 Events After the Reporting Period**

The directors are not aware of any significant events since the end of the reporting period.

**Note 18 Key Management Personnel Compensation**

**Key Management Personnel**

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

The totals of remuneration paid to KMP of the group during the year are as follows:

	2022 \$	2021 \$
KMP compensation:	<u>1,707,046</u>	<u>1,621,202</u>

**Note 19 Cash Flow Information**

**Reconciliation of Cash Flows from Operating Activities with Net Current Year Surplus**

	2022 \$	2021 \$
Net current year surplus	6,401,760	14,317,138
Non-cash flows:		
Discount on acquisition	-	(10,574,088)
Depreciation and amortisation expense	9,653,332	8,825,632
Gain on disposal of property, plant and equipment	(416,729)	(339,419)
Doubtful debts expense	41,653	9,259
Changes in assets and liabilities:		
(Increase)/decrease in trade and other receivables	(1,255,553)	1,160,833
Increase/(decrease) in trade and other payables	(3,453,959)	14,483,752
Increase/(decrease) in other assets	(521,525)	(3,796,796)
Increase/(decrease) in provisions	(411,541)	2,700,610
(Increase)/decrease in inventories on hand	(51,088)	107,364
	<u>9,986,350</u>	<u>26,894,285</u>

**Note 20 Other Related Party Transactions**

Board Member	Related Parties
Mark Biggs	Lyrebird Village Aged Care
Murray Bruce	Gippsland Primary Health Network
Nathan Voll	Gippsland Primary Health Network
Stelvio Vido	Windana Drug and Alcohol Recovery
Ben Leigh	Latrobe Health Assembly
Ben Leigh	TAFE Gippsland

During the year revenue of \$1,595,996 (2021: \$1,466,870) was received from Gippsland Primary Health Network, \$20,233 (2021: \$6,363) from Latrobe Health Assembly, \$5,368 from Windana Drug and Alcohol Recovery and \$4,929 (2021: \$3,310) from TAFE Gippsland.

During the year \$142,695 (\$138,459) was paid to Windana Drug and Alcohol Recovery, \$2,300 to Tafe Gippsland and \$1,254 (2021: \$2,280) to Lyrebird Village Aged Care.  
All transactions with related parties are per normal commercial terms and conditions.

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**Note 21 Financial Risk Management**

The group's financial instruments consist mainly of deposits with banks, local money market instruments, short-term and long-term investments, accounts receivable and payable, and lease liabilities.

The totals for each category of financial instruments, measured in accordance with AASB 9: *Financial Instruments* as detailed in the accounting policies to these financial statements, are as follows:

	Note	2022 \$	2021 \$
<b>Financial assets</b>			
— cash and cash equivalents	4	4,226,841	21,838,551
— trade and other receivables	5	1,497,155	283,255
— other financial assets	8	70,391,969	63,156,164
<b>Total financial assets</b>		76,115,966	85,277,971
<b>Financial liabilities</b>			
Financial liabilities at amortised cost:			
— trade and other payables	12	8,278,040	5,957,689
— lease liabilities		3,631,321	9,208,872
<b>Total financial liabilities</b>		11,909,361	15,166,561

**Note 22 Fair Value Measurements**

The group measures and recognises the following assets and liabilities at fair value on a recurring basis after initial recognition:

- financial assets at fair value through profit or loss;
- financial assets at fair value through other comprehensive income; and
- freehold land and buildings.

The group does not subsequently measure any liabilities at fair value on a recurring basis, or any assets or liabilities at fair value on a non-recurring basis.

**Valuation techniques**

The group selects a valuation technique that is appropriate in the circumstances and for which sufficient data is available to measure fair value. The availability of sufficient and relevant data primarily depends on the specific characteristics of the asset or liability being measured. The valuation techniques selected by the group are consistent with one or more of the following valuation approaches:

- the market approach, which uses prices and other relevant information generated by market transactions for identical or similar assets or liabilities;
- the income approach, which converts estimated future cash flows or income and expenses into a single discounted present value; and
- the cost approach, which reflects the current replacement cost of an asset at its current service capacity.

Each valuation technique requires inputs that reflect the assumptions that buyers and sellers would use when pricing the asset or liability, including assumptions about risks. When selecting a valuation technique, the group gives priority to those techniques that maximise the use of observable inputs and minimise the use of unobservable inputs. Inputs that are developed using market data (such as publicly available information on actual transactions) and reflect the assumptions that buyers and sellers would generally use when pricing the asset or liability are considered observable, whereas inputs for which market data is not available and therefore are developed using the best information available about such assumptions are considered unobservable.

	Note	2022 \$	2021 \$
<b>Recurring fair value measurements</b>			
<i>Financial assets</i>			
Term deposits with original maturities greater than 3 months		57,000,000	49,000,000
Investment portfolio - measured at fair value through OCI (i)	8	13,391,969	14,156,164
		70,391,969	63,156,164
<i>Property, plant and equipment</i>			
Freehold land (ii)	10	8,352,340	8,352,340
Freehold buildings (ii)	10	31,589,601	23,317,614
		39,941,941	31,669,954

- (i) For investments in listed shares, the fair values have been determined based on closing quoted bid prices at the end of the reporting period.
- (ii) For freehold land and buildings, the fair values are based on a directors' valuation taking into account land and building indices and an external independent valuation performed in the previous year, which used comparable market data for similar properties.

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**Note 23 Reserves**

- (a) **Asset Revaluation Reserve**  
The Asset Revaluation Reserve records the revaluations of non-current assets (land and buildings)
- (b) **Capital reserve**  
The Capital Reserve records funds allocated to Capital projects.
- (c) **Community Projects Reserve**  
The Community Projects Reserve records funds allocated to future Board initiatives and community Projects.
- (d) **General Reserve**  
The General Reserve records funds allocated to deliver programs to the community.
- (e) **Equity Fair Value through Other Comprehensive Income (Equity FVOCI)**  
This reserve records movements in share prices.

**Note 24 Entity Details**

The registered office of the entity is:

Latrobe Community Health Service Limited And Controlled Entities  
81-87 Buckley Street  
Morwell  
Victoria

The principal place of business is:

Latrobe Community Health Service Limited And Controlled Entities  
81-87 Buckley Street  
Morwell  
Victoria

**Note 25 Members' Guarantee**

The group is incorporated under the Australian Charities and Not-for-profit Commission Act 2012 and is a company limited by guarantee. If the group is wound up, the constitution states that each member is required to contribute a maximum of \$10 towards meeting any outstanding obligations of the company. At 30 June 2022 the number of members was 20.

**Note 26 Impact of COVID-19**

The Covid-19 pandemic has not had a significant impact on our financial arrangements. Some programs had restrictions placed on the services they provide, and others could not continue to be delivered in their usual manner. Latrobe Community Health Service has seen this as an opportunity to innovate around our service delivery methods, and in the use of technology. As a result almost all clients have continued to receive services throughout. There has been the requirement to provide additional PPE to employees and to enhance infection control infrastructure at our sites, however these costs have been immaterial.

LATROBE COMMUNITY HEALTH SERVICE LIMITED  
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In accordance with a resolution of the directors of Latrobe Community Health Service Limited And Controlled Entities, the directors of the entity declare that:

1. The financial statements and notes, as set out on pages 1 to 20, are in accordance with the Australian Charities and Not-for-profits Commission Act 2012 and:
  - (a) comply with Australian Accounting Standards - Simplified Disclosures applicable to the entity; and
  - (b) give a true and fair view of the financial position of the consolidated group as at 30 June 2022 and of its performance for the year ended on that date.
2. In the directors' opinion there are reasonable grounds to believe that the registered group will be able to pay its debts as and when they become due and payable.

This declaration is signed in accordance with subs 60.15(2) of the Australian Charities and Not-for-profits Commission Regulation 2013.

Director Judith H Walker  
Judith Walker

Dated this 29th day of September 2022



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To the Members of Latrobe Community Health Service Limited

#### Opinion

We have audited the accompanying financial report of Latrobe Community Health Service Limited and Controlled Entities ("the Group"), which comprises the statement of financial position as at 30 June 2022, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and directors' declaration.

In our opinion, the financial report of Latrobe Community Health Service Limited and Controlled Entities is in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* including:

- (i) giving a true and fair view of the Group's financial position as at 30 June 2022 and of its performance for the year ended on that date; and
- (ii) complying with Australian Accounting Standards – Simplified Disclosures and the *Australian Charities and Not-for-profits Commission Regulation 2013*.

#### Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Group in accordance with the auditor independence requirements of the *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 our audit of the financial report in Australia. We have also

fulfilled our other ethical responsibilities in accordance with the Code.

We confirm that the independence declaration required by the *Australian Charities and Not-for-profits Commission Act 2012*, which has been given to the directors of the Group, would be in the same terms if given to the directors as at the time of this auditor's report.

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

#### Responsibilities of the Directors for the Financial Report

The directors of the Group are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards – Simplified Disclosures and the *Australian Charities and Not-for-profits Commission Act 2012*, and for such internal control as the directors determine 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.

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

#### Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can

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arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We 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 our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for 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 Group's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the directors' 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 Group's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on

the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Group 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.

Justin Brook  
Director  
Forefront Pty Ltd

Place: Sale  
Date: 29 September 2022

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