



Latrobe Community Health Service

Annual Report 2023-24

Better health, better lifestyles,
strong and inclusive communities.



Acknowledgement of Country

We acknowledge Aboriginal and Torres Strait Islander peoples as Australia's First Peoples. We acknowledge Aboriginal and Torres Strait Islander peoples as the Traditional Owners and original custodians of the lands and waters on which we all live and work.

We recognise the continuing sovereignty of Aboriginal and Torres Strait Islander peoples over their lands and waters and the inalienable right of Aboriginal and Torres Strait Islander peoples to self-determination. We offer our respect to all Elders: past, present, and emerging.

The Uluru Statement from the Heart

The Uluru Statement from the Heart is an invitation to all Australians to walk together to build a better future. Latrobe Community Health Service welcomes this invitation and is committed to walking together as non-Indigenous and First Nations peoples in reconciliation.



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Our purpose, vision and values

Purpose

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

Vision

Better health, better lifestyles, strong and inclusive communities.

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

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

The 2023-24 financial year was a year of significant change and renewal for Latrobe Community Health Service (LCHS). With sound foundations, and a shared commitment to the LCHS mission, we have navigated those changes with steadiness and intent. This has positioned LCHS strongly for the future.

In the face of such change and renewal, we have remained committed to providing services that improve the health and social wellbeing of Australians. Our achievements throughout the 2023-24 financial year are proof that our staff, volunteers and clients are delivering on this purpose.

We are pleased to report our staff levels of engagement are sitting above the average for all Victorian health organisations. In our annual staff survey, 76 percent of our employees told us LCHS "is truly a great place to work". These are perhaps the greatest indicators our workforce believes in what we do. And our staff believe in each other. This year we received a record number of nominations for the annual LCHS staff awards and nearly 12,000 messages of recognition and gratitude were sent between colleagues.

Our workforce should be proud of many notable achievements throughout the course of this year.

We are particularly proud of the improvement in our Net Promoter Score (NPS), a key measure of client satisfaction. Over the last 12 months, our NPS rose from +69 to +71, which is generally recognised as an exceptional result. Further, 79 percent of NPS respondents are LCHS promoters, meaning they are willing to recommend us to family and friends. Our Customer Voice Group continues to shape the way LCHS services look, and we have established two inaugural advisory groups that represent our First Nations and aged care communities.

We are grateful for the opportunities to further our engagement with First Nations communities. For example, we now co-locate in First Nations-controlled organisations to provide an integrated clinic that improves foot care for Gippsland residents living with diabetes. Since last year, the number of First Nations attendees has increased from 2.5 percent to 17 percent.

In 2023-24, we expanded our partnership work with other, like-minded organisations to deliver stronger outcomes than we could have achieved on our own. In November last year, our paediatric and youth hub started working with Australian charity Berry Street to provide wrap-around health and wellbeing

support for children and families experiencing disadvantage. We have supported 82 children and their families – with extremely complex health and social needs – to access the services they need and build their health literacy.

In 2023-24, we also continued to deliver our award-winning footcare service in partnership with Latrobe Regional Health. This service has resulted in promising ulcer healing rates and fewer diabetes-related amputations in Gippsland.

We are engaging new cohorts in services where they were previously under-represented, although the need existed. The number of Chinese Australians living with Type 2 Diabetes is significantly higher than the general population. In Melbourne's inner east – where there is a large Chinese population – local doctors with Chinese patients contacted us, concerned their patients weren't able to manage their condition effectively on their own. We have introduced a multidisciplinary Mandarin-speaking clinic for Chinese people living with Type 2 Diabetes. We now have a regular group who have attended the monthly clinic since it started in October 2023.

It is pleasing to see LCHS volunteer numbers returning to pre-COVID-19 levels, with 189 people dedicating their time, energy and expertise to community health in 2023-24. LCHS volunteers help our organisation provide services to the community that our employees cannot do on their own. From transporting Gippsland residents to medical appointments in the city, to sewing buddy bears for children accessing healthcare, to visiting older people living in residential facilities – our volunteers contributed an incredible 21,432 hours of service to LCHS in 2023-24.

This financial year, we farewelled two long-standing members of LCHS: our CEO Ben Leigh resigned after 17 years of service to LCHS, and Board Chairperson Judi Walker completed her term on the LCHS Board after 11 years of service. Both Ben and Judi were instrumental in leading LCHS through periods of rapid growth, in transforming our physical infrastructure, and in shaping our multidisciplinary, person-centred services to meet and exceed community expectations.

When Ben was first appointed CEO of LCHS, we were a community health service that only operated in Gippsland, regional Victoria, with ambitions for growth. Ben grew LCHS to one of the largest community health services in Victoria, delivering more than a decade of net surpluses, and ensuring more people could receive high quality health and support services. Throughout his tenure, Ben worked with state and federal governments to improve funding and recognition for the whole community health sector. He led and won large bids for new work for LCHS; our NDIS service now accounts for more than a third of our work. He also steered our workforce through periods of immense change, including the COVID-19 pandemic and the merger of Link Health and Community into LCHS. Ben's legacy cannot be understated: his unwavering leadership and advocacy for community health have shaped LCHS to be a strong, vibrant and influential community health service that is helping more people than ever before.

Judi joined the LCHS Board in 2012 and took on the role of Board Chair in 2019. With a background in higher education, governance, and policy development, Judi's expertise has proven invaluable to LCHS. She guided the organisation through some pivotal moments in our history, including the redevelopment of our Warragul, Moe, and Churchill sites, as well as our entry into the NDIS Local Area Coordination and Early Childhood function. As LCHS Board Chair, Judi welcomed Link Health and Community into the fold, steered us through the height of the COVID-19 pandemic, and oversaw our takeover of the South Eastern Sydney NDIS area as well as the La Trobe University Medical Centre. One of Judi's lasting legacies will be her commitment and contribution to a sustained focus on quality and safety.

While the resignation of Ben and Judi ends a significant chapter in the history of LCHS, a new chapter begins. In 2023-24 we, Paul Ostrowski and Stelvio Vido, commenced in our roles as the newly-appointed CEO and Board Chair of LCHS, respectively. We have each admired the growth and achievements of LCHS in our respective positions as CEO of another organisation and LCHS Board Director over the past few years. We are incredibly excited to step to the helm of this agile organisation.

In LCHS Board movements this year, Tanya James and Donna Goldsmith were appointed to the Board at the LCHS Annual General Meeting in October 2023. Petra Boverly-Spencer's term as non-Director Member of the Board Quality and Safety Committee expired in December 2023, and Kellie Vivekanantham was appointed to the committee at the same time.

Tony Ficca was appointed as non-Director Member of the Board Audit and Risk Committee in March 2024. The Board also appointed Rajeev Chandra as company secretary.

While our achievements for the 2023-24 year are significant, so too are the challenges and new opportunities our organisation faces. Workforce and skills shortages, an increase in chronic disease, pressures on government funding, and an ageing Australian population all demand more of our ability to deliver services and meet community needs. At the same time, these challenges create opportunities for new, innovative and better-connected ways to deliver community health services. With this in mind, we have taken the opportunity to reflect on our current strategic plan to see whether it is still fit for our purpose in this rapidly-evolving environment. The LCHS Board and Executive have commenced an extensive consultation with staff, volunteers, and clients, and together as an organisation, we are refocusing the future direction and strategy for LCHS. This is a timely refresh, and will ensure our organisation remains agile, customer-focused, and thriving in the face of ongoing change. We look forward to sharing our new strategic plan once it is finalised in September 2024.

The 2023-24 year was one of significant change and celebration for LCHS, and it would be remiss of us not to acknowledge the very people without whom we would not exist. So, thank you – to our funding bodies for entrusting us with such an important role in the community, to our staff and volunteers for your steadfast service, and to our clients for trusting us with your healthcare. A thank you also to our Board directors and non-director committee members for their time and commitment during the year. Our future together is bright.



Paul Ostrowski
Chief Executive Officer



Stelvio Vido
Board Chairperson

Welcoming new CEO, Paul Ostrowski

Paul Ostrowski joined LCHS as CEO in 2023. Paul has 25 years of experience in the health and community services sector. Prior to his appointment at LCHS, he was CEO of Care Connect, an independent provider of community aged care, transitional care and care finding services. Before this, Paul worked with the Air Liquide Group in a number of countries building their in-home respiratory care services. Paul has a Bachelor of Engineering, a Masters of Management, and is a graduate of the Australian Institute of Company Directors (AICD).



Financial summary

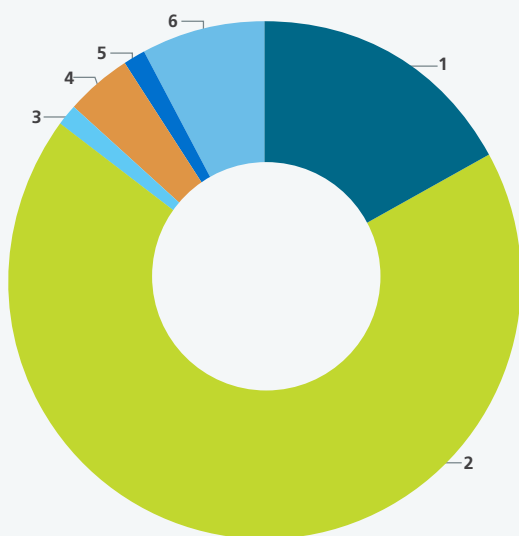
LCHS delivered a net surplus of \$2.5 million and retained a strong financial position in 2023-24. Our financial ratios and cash position remained healthy and within financial strategy benchmarks during the year.

Operating results

Our total revenue increased by 4 percent (\$7.5 million) to \$192.3 million. Commonwealth revenue increased by 0.2 percent to \$130.7 million and represents 68 percent of the operating income LCHS received. The largest source of Commonwealth revenue relates to the National Disability Insurance Scheme (NDIS), which contributed \$74.4 million in 2023-24 (2022-23: \$79.4 million).

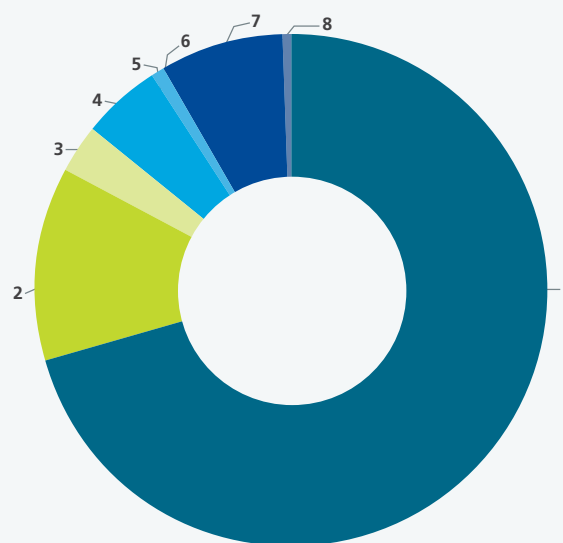
Our operating expenditure increased by 4.3 percent (\$7.7 million) to \$189.8 million. This was principally due to an increase in employment expenses, which showed the largest increase with an additional \$9.2 million spent during 2023-24.

Total revenue 2023-24



- 1. Department of Health and Department of Human Services **17.2%**
- 2. Commonwealth Government **68.0%**
- 3. Other **1.5%**
- 4. Client fees **4.2%**
- 5. Interest **1.5%**
- 6. Other Government grants **7.6%**

Total expenditure 2023-24



- 1. Employee benefits **70.7%**
- 2. Client support services **12.4%**
- 3. Contract labour **3.0%**
- 4. Depreciation **5.1%**
- 5. Motor vehicle costs **0.6%**
- 6. Operating leases **0.0%**
- 7. Program administration costs* **7.9%**
- 8. Utilities **0.3%**

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

Net results

Our overall net result for the 2023-24 financial year was a surplus of \$2.5 million.

	2023-24 (\$m)	2022-23 (\$m)	2021-22 (\$m)	2020-21 (\$m)	2019-20 (\$m)	2018-19 (\$m)	2017-18 (\$m)
Net results							
What we received - revenue	192.3	184.8	169.5	153.3	116.4	117.7	96.1
What we spent - expenses	189.8	182.0	163.1	149.5	113.9	105.3	86.1
Operating result for the year	2.5	2.7	6.4	3.7	2.5	12.4	10.0
Plus Link merger	0	0	0	10.6	-	-	-
Plus capital grants received	0	0	0	-	0.0	0.1	2.5
Net result for the year	2.5	2.7	6.4	14.3	2.5	12.5	12.5

Assets and liabilities

Our total assets increased by \$5 million. This is due mostly to a \$5.4 million increase in property, plant and equipment with land and buildings being independently revalued upward in 2023-24.

Our liabilities decreased by \$3.6 million. This consists of decreases of \$3.3 million in lease liabilities and \$2.8 million in contract liabilities, which were partially offset by an increase of \$1.7 million in employee provisions.

	2023-24 (\$m)	2022-23 (\$m)	2021-22 (\$m)	2020-21 (\$m)	2019-20 (\$m)	2018-19 (\$m)	2017-18 (\$m)
Assets and liabilities							
What we own - assets	155.4	150.5	141.9	146.2	98.8	84.7	68.2
What we owe - liabilities	56.0	59.7	54.8	64.2	41.7	21.7	17.7
NET ASSETS	99.4	90.8	87.1	82.0	57.1	63.0	50.4
Working Capital Ratio							
Current Assets/Current Liabilities	1.52	1.47	1.69	1.79	2.13	2.88	2.54
Debt Ratio							
Total Liabilities/Total Assets	36.05%	39.66%	38.61%	44.19%	42.48%	35.56%	26.01%

	2023-24 (\$m)	2022-23 (\$m)	2021-22 (\$m)	2020-21 (\$m)	2019-20 (\$m)	2018-19 (\$m)	2017-18 (\$m)
Cash flow including financial assets							
Cash flow from operating activities	9.3	6.9	9.9	26.9	11.7	21.5	16.5
Cash flow from investing activities	(5.5)	(4.1)	(15.5)	4.3	(2.6)	(4.6)	(6.1)
Cash flow from financing activities	(4.7)	(4.2)	(4.8)	(4.3)	(3.5)	-	-
Cash and cash equivalents at beginning of period	73.2	74.6	85.0	22.7	17.0	0.1	25.1
Cash and cash equivalents at end of period	72.3	73.2	74.6	49.6	22.7	17.0	0.1

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.



Stelvio Vido

BCom, LLB, MBA, GAICD



Bernadette Uzelac AM

B.Com, Grad Dip Organisation Change and Development, GAICD, FIML

Board Chairperson

Director since 2018; Chair of the Board Governance Committee.

Stelvio is an experienced Board Director with more than 20 years of 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 currently a Director of Sexual Health Victoria, Windana Drug and Alcohol Recovery Ltd. and Sunraysia TAFE.

Board Deputy Chairperson

Director since 2019; Chair of the Board Community Investment Committee; Member of the Board Audit and Risk Committee; Member of the Board Governance Committee.

Bernadette is a former human resources professional, business entrepreneur and passionate advocate for regional communities. She has extensive Director experience across a diverse range of public sector and not-for-profit Boards, including aged care, disability, education, the arts, sports, health and business. Bernadette is a Board Trustee of the Kardinia Park Stadium Trust and Geelong Cemeteries Trust, a member of the Telstra Victorian Regional Advisory Council, and a judge for the Telstra Best of Business Awards.



Joanne Booth

Grad Cert Internal Audit, GAICD, Cert Governing Non-Profit Excellence, Master Public Health, Grad Dip Occupational Health, Bachelor Arts, Advanced Cert Nursing, Cert General Nursing

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



Murray Bruce

LLB, BA (Political Science), GAICD

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



Nathan Voll

B Commerce, Grad Cert Bus Mgt, FCPA MBA, FAICD

Director since March 2016; Member of the Board Community Investment Committee; Member of the Board Quality and Safety 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 a Board Director of West Gippsland Healthcare Group (WGHG) for six years. He is a member of the Latrobe Health Risk and Investment Committee and Chair of the Audit Committee. Nathan is a Director and Deputy Chair 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.



Tanya James

GAICD, US CPA, Bachelor of Arts (Political Science), Master of Science in Accountancy

Director since 2023; Member of the Board Community Investment Committee; Member of the Board Nominations Committee.

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 as the Senior Manager of Sector Monitoring and Support. 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 and was a non-Director Member of the LCHS Board Audit and Risk Committee from 2018 until 2023.



Mark Biggs

BA (SocSci), Grad Dip Counselling Psychology

Director since February 2014; Member of the Board Nominations Committee.

Mark is an accomplished professional with a diverse background in the primary health and community services sector. Throughout his career, he held various management roles in critical areas, including child protection, youth services, disability services, 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 has demonstrated his commitment to the community through his previous Board positions. He served as the Chair of Lyrebird Village for the Aged, Deputy Chair, and Audit Chair at the Latrobe Regional Hospital. Mark was also a Board Director at the Gippsland Primary Health Network and Gippsland Medicare Local.

Mark served as LCHS Board Chairperson from 2016 until 2019.



Donna Goldsmith

GAI/CD, BA Nursing, Post Grad Dip Critical Care Nursing, Master of Clinical Nursing, Masters of Bus. Admin

Director since 2023; Member of the Board Quality and Safety Committee.

Donna is an intensive care nurse with experience in many areas of healthcare, including provision of primary healthcare in a remote First Nations community in far north Queensland. Donna was a farm co-owner in regional Victoria, which included a retail farmgate employing individuals living with a disability as part of a vibrantly inclusive community. Donna has extensive strategic planning Board experience in several not-for-profit organisations, including the Box Hill Cemetery Trust for the past five years. Donna is the Executive Officer for the Australian and New Zealand Intensive Care Society (ANZICS) Clinical Trials Group and is also a Clinical Nurse Specialist at Austin Hospital Intensive Care Unit.



Placido Cali

B. Bus (Accounting), Grad.Dip Business Administration, MA/ICD, Chartered Accountant ICAA

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

Placido has extensive experience in 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.



City Community Health | RECONCILIATION AUSTRALIA

NATIONAL RECONCILIATION WEEK EVENT

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:

Tony Ficca

B.Com, FCPA, FAICD, Registered Tax Agent

Tony is an experienced non-Executive Director and Company Secretary currently serving on Boards of a number of organisations including Wayss Ltd, The Geelong College, Strive2Thrive Geelong, Kardinia Park Stadium Trust, and Great Ocean Road and Parks Authority. He has held several senior executive positions within the healthcare industry with his most recent position being Director of Finance and Company Secretary at Western Victoria Primary Health Network from 2013 to 2021. Prior to that role, Tony was the Director of Finance at St John of God Geelong Hospital for ten years, consulted on strategic development and risk at Defence Health Insurance for one year, and was the Executive Director Finance and Company Secretary at GMHBA Ltd for six years. Tony operates his own consultancy business, undertaking consultancy work in finance, risk and governance.

Rob Setina

GAICD, MBA, Grad. Dip Applied Finance, B.Comm LLB

Rob is a senior leader with more than 20 years of experience in 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:

Melissa McConnell

GAICD

Melissa, a Graduate and Member of the Australian Institute of Company Directors (GAICD), is the Director of MelSafe Audit and Compliance Services, as well as a non-Executive Director with Cricket Victoria. Melissa brings experience in risk and compliance frameworks, specialising in policy and management system development to address stakeholder needs and legislative obligations. Her strengths lie in quality, safety, environmental, social accountability, modern slavery and information security systems, providing organisations with systems and strategies to meet their compliance arrangements.

Kellie Vivekanantham

GAICD, Master Health Service Management, Post Grad Dip Health Service Management, Master Emergency Health, Grad Cert Emergency Health, Adv Dip Bus. Man., Post Grad Dip Adv Nursing Critical Care, B.A. Health Sciences Nursing, AFCHSM CHM

Kellie is an experienced and certified health manager with strong leadership skills in diverse healthcare environments. She has expertise across key business areas including human resources, operations, budget, and quality risk and safety. Kellie has held senior leadership and management positions in the acute health industry for more than two decades. She is the Divisional Director for Aged, Cancer and Continuing Care at Western Health. Kellie spent 22 years working at Eastern Health where she started as a critical care-trained registered nurse and progressed her career to a number of senior management and Director positions. In 2020 and 2021, she held positions at Austin Health as the Divisional Manager of Emergency, Intensive Care and Endocrinology, as well as the Interim Divisional Director of Medical Services. Kellie is committed to ensuring quality fiscal leadership in complex and challenging health environments while ensuring patients have access to safe, quality and timely care.

The Board Quality and Safety Committee is also informed by the work of Latrobe Community Health Service's Customer Voice Group. The group 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:

Janet Nelson

Ph.D. Chemistry, B.A. Chemistry, Member of the Board Nominations Committee 2022

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 member of the Australian Institute of Company Directors and has completed the Company Director's Course.

Leanne Mulcahy

GAICD, LLMEntGov, MBA, NMAS Accredited Mediator

Leanne is a non-Executive Director and corporate governance expert with strengths in risk management, strategic planning, dispute resolution and stakeholder engagement. She has an accomplished career as a senior executive across local government and not-for-profit organisations. Leanne has more than 15 years of non-Executive Director experience across health, employment, statutory authority and not-for-profit organisations. Currently, Leanne serves as a non-Executive Director with North East Water, Co-Chairs the Victorian Women in Water Directors' Network and Chairs the Victorian Local Governance Association's Governance and Risk Committee. She recently established Mediation Resolutions, delivering dispute resolution and corporate governance services. Leanne is a recipient of the Victorian Women's Network Scholarship and is a Fellow of both the Goulburn Murray Fairley Leadership Program and the LGPro Executive Leadership Program.

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:

- Great Latrobe Park to redevelop their website to provide information to the public on the Hazelwood Mine and Lands Repurposing Project.
- Gippsland Youth Spaces to support Latrobe Youth Kitchen to combat food insecurity among young people aged 12-25 in the Latrobe Valley.
- Enjoy Community to support the ReStore Food Pantry, which provides emergency food and grocery relief for members of the community who are in need.
- Churchill Neighbourhood Centre for their 'Budget Bites: Simple Food, Cooked Well' cooking class which empowers individuals and families with the knowledge and skills to cook nutritious meals on a budget.
- Traralgon Neighbourhood Learning House to employ a Victorian Railways Institute (VRI) Garden Coordinator to revive the VRI garden and engage with the community to educate and promote healthy eating and community access to the garden.
- Glengarry Primary School to implement a Community Breakfast Club to support the community with social connectedness and access to healthy foods and drinks.
- Morwell Park Primary School for their Garden to Plate Project, building raised vegetable and herb gardens for students to grow and maintain to support their breakfast club program, social skills groups and cooking classes.

Board attendance

Details of attendance by Board 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 2023 – 30 June 2024, 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 ¹	2	2	1 [^]	1 [^]	1 [^]	1 [^]	1	1	-	-	1 [^]	1 [^]
Stelvio Vido	13	13	3 [^]	3 [^]	4 [^]	4 [^]	4 [^]	4 [^]	1 [^]	3	1 [^]	1 [^]
Joanne Booth	13	13	4	4	-	-	-	-	2	2	-	-
Mark Biggs	13	10	-	-	-	-	-	-	3	2	-	-
Nathan Voll	13	13	-	-	3	3	-	-	1	1	2	2
Murray Bruce	13	12	1	1	4	4	3	3	-	-	1	1
Bernadette Uzelac	13	13	3	3	-	-	4	4	-	-	2	2
Placido Cali	13	11	4	4	-	-	4	4	-	-	-	-
Donna Goldsmith ²	9	8	-	-	3	3	-	-	-	-	-	-
Tanya James ³	9	8	-	-	-	-	-	-	2	2	1	1
	Non-Director Members											
Tanya James ⁴	-	-	1	1	-	-	-	-	-	-	-	-
Robert Setina	-	-	4	4	-	-	-	-	-	-	-	-
Tony Ficca ⁵	-	-	2	2	-	-	-	-	-	-	-	-
Melissa McConnell	-	-	-	-	4	4	-	-	-	-	-	-
Petra Boverly-Spencer ⁶	-	-	-	-	2	2	-	-	-	-	-	-
Kellie Vivekanantham ⁷	-	-	-	-	2	1	-	-	-	-	-	-
Leanne Mulcahy	-	-	-	-	-	-	-	-	3	3	-	-
Janet Nelson	-	-	-	-	-	-	-	-	3	3	-	-

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.

[^] Board Chairperson will on occasion attend Board committees ex-officio.

¹ Judith Walker's term ceased on 19 October 2023 (maximum term reached)

² Donna Goldsmith appointed on 19 October 2023

³ Tanya James appointed on 19 October 2023

⁴ Tanya resigned as Board Audit and Risk Committee non-Director Member on 20 October 2023 (appointed to Board on 19 October 2023)

⁵ Tony Ficca appointed on 5 March 2024

⁶ Petra Boverly-Spencer's term expired on 30 December 2023

⁷ Kellie Vivekanantham was appointed on 30 December 2023

Risk management

Latrobe Community Health Service (LCHS) 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. LCHS 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 objectives of the LCHS risk management framework are to:

- Understand the LCHS operating environment, including the impact of external influences.
- Identify and define risks.
- Implement risk mitigation / optimisation strategies.
- Monitor our risk exposure so it remains within acceptable limits.
- Provide assurance and reporting in relation to risk activities, emerging risks, key risks and indicators of risk culture.

The 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 LCHS 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 categories are:

- care, governance and client
- occupational health and safety
- enterprise-wide financial
- reputation
- legal and compliance
- strategy
- information, knowledge and continuity.

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



Organisational structure



Paul Ostrowski
Chief Executive Officer



Vince Massaro

Executive Director
NDIS Services

- Regional Manager Local Area Coordination Service Victoria and South East Sydney
- Regional Manager Early Childhood Service Victoria and Local Area Coordination Service Gippsland



Andrina Romano

Executive Director
Primary Health

- Manager Paediatric and Youth Hub
- Manager Integrated Primary Health Service Central Gippsland
- Manager Integrated Primary Health Service Metro
- Manager Dental Services Gippsland
- Manager Dental Services Metro and Prosthetics
- Manager Gateway
- Manager GP Practice Gippsland
- Manager GP Practice Metro
- Manager Priority Primary Care Centre



Michelle Francis

Executive Director
Community Care

- Manager Prevention and Partnerships
- Manager Family Safety Services
- Manager Addiction Services
- Manager headspace Morwell and Youth Services



Matt Vella

Executive Director
Aged Care

- State Manager Home Care Services
- Manager Commonwealth Home Support, Carers and Your Care Choice



Steve Avery

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
- Manager Legal / General Counsel
- Manager Systems and Projects

Our organisational enablers

As a for-purpose organisation, everything we do is geared toward having a positive impact on the communities we serve. We therefore focus on delivering quality services, continuously improving how we do things, expanding our reach, and using our influence to shape a better health and social service system.

Our model for impact:

Influence

We use our influence to advocate for stronger, fairer and more accessible health and social service systems.

Reach

We reach more people by growing our services in new and existing communities, including services for under-served groups.

Quality

We deliver effective, evidence-based services to the communities we serve.

Improvement

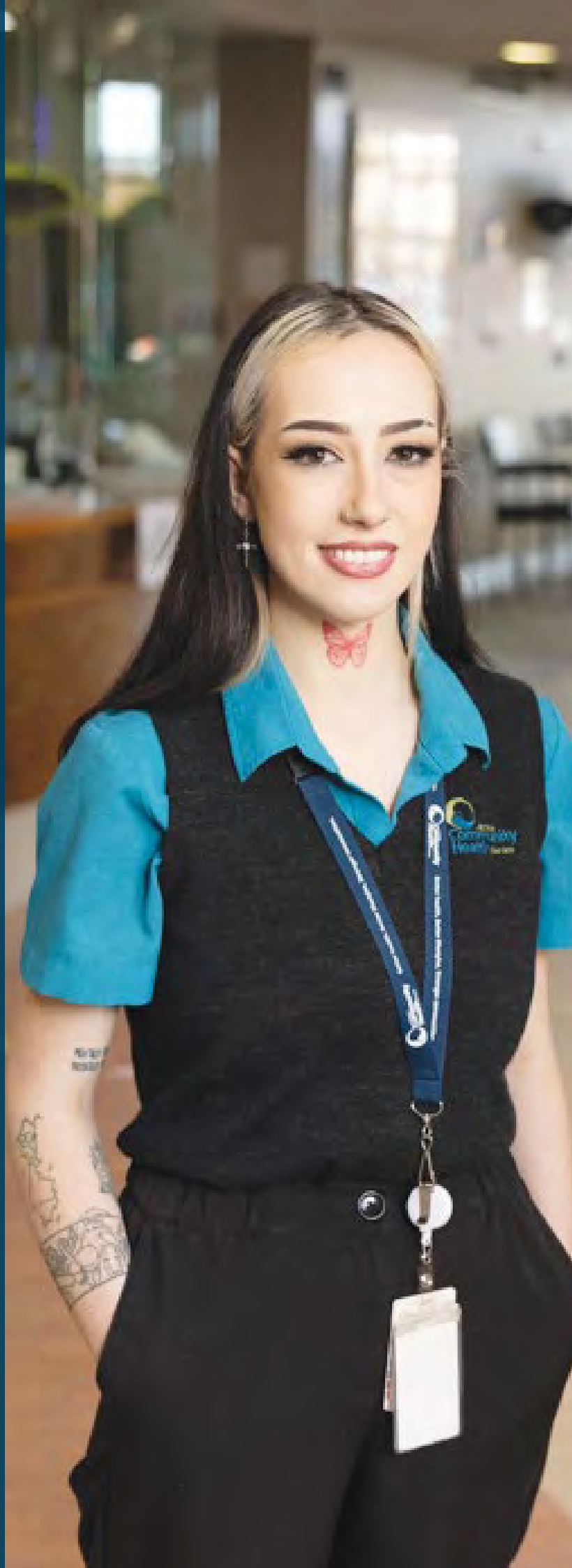
We get better at what we do through data-driven service improvement and innovation, and through engaging our clients in service co-design.

Our organisational enablers:

Our ability to deliver on our model for impact is underpinned by our organisational enablers.

These are:

- the right leadership and culture
- an engaged and enabled workforce
- fit-for-purpose systems and infrastructure
- sound financial health
- strategic independence.





Corporate directorate sets service-delivery staff up for success

The way an organisation is structured plays a key part in how staff members work together and feel supported in their roles. The LCHS Corporate directorate – encompassing human resources, information and communication technology, marketing, business development, reception, fleet and facilities, and governance – provides the backbone of organisational support, which is crucial for our service-delivery teams. LCHS health practitioners are able to deliver timely and multidisciplinary care without compromising on quality or safety, because our Corporate directorate is in the background, leading the checks and balances, systems and infrastructure, service promotion, and feedback management activities.

Although risk management, client experiences, and quality and safety are everybody's responsibility at LCHS, we have dedicated roles in the Corporate directorate that lead this work. Further, the LCHS Board Quality and Safety Committee, LCHS Quality and Clinical Governance Framework, Quality Officers, and existing suite of policies and procedures, provide the organisational oversight and avenue for safe, high-quality and client-centred practices at LCHS.

Accreditation confirms we meet a high standard of quality and safety

LCHS is accredited against the following standards:

- Aged Care Quality Standards
- headspace Model Integrity Framework
- Royal Australian College of General Practice – Standards for General Practice (RACGP)
- Diagnostic Imaging Accreditation Scheme (DIAS)
- Quality Innovation Council Health and Community Services Standards
- National Safety and Quality Health Service Standards (NSQHS)
- Human Services Standards.

Our La Trobe University Medical Centre (LUMC) and Oakleigh GP Clinic each met 100 percent of the RACGP standards in their latest accreditation assessment in 2024. One assessor commented LUMC "is an exceptional, well-managed clinic with well-appointed facilities". The LUMC and Oakleigh GP Practice Manager has since become an accredited assessor, highlighting the expertise of our workforce.

In August 2023, the Latrobe Priority Primary Care Centre (PPCC) became the first standalone PPCC to achieve accreditation against the RACGP standards. Our centre is unique to other PPCCs, because it is not attached to a standard GP clinic. This accreditation confirms we have the right governance, infection control, patient feedback, staff credentialing, and policies and procedures to be able to provide a safe and quality service.

The Gippsland High Risk Foot Service, which we operate in partnership with Latrobe Regional Health, has applied for core accreditation against the National Association of Diabetes Centres' Interdisciplinary High Risk Foot Service Accreditation. This is the only national accreditation of its kind, and if attained, will confirm we are delivering the Gippsland High Risk Foot Service to the highest possible standard. Work to achieve this accreditation is underway, with an outcome expected in 2024-25.

Our healthy financial position and longstanding history proves pivotal in evolving environment

LCHS is in sound financial health, achieved through strong financial management and stringent service delivery planning. We know what it costs to deliver services across the breadth of community health, and this is reflected in our affordable pricing models and ongoing funding agreements with both state and federal governments.

This financial year, LCHS received more than \$93 million in federal funding to deliver significant Australian health and wellbeing programs, including:

- The National Disability Insurance Scheme (NDIS) Local Area Coordination and Early Childhood services across regional Victoria, Melbourne, and Sydney.
- The Commonwealth Home Support Program for older Australians who live in Gippsland and Monash, who need some help managing at home or healthcare services like physiotherapy or podiatry to maintain their independence.
- The Home Care Package program, enabling more than 1600 older Australians with complex needs to remain independent in their own homes.
- Assessments for older Australians who are applying for government-subsidised aged care services, such as care at home, respite, and supported residential accommodation.

In 2023-24, we received more than \$33 million in Victorian government funding to deliver a wide range of health and wellbeing initiatives, including:

- The Smile Squad school dental program across Inner Gippsland and Monash, where in 2023-24 we delivered oral health education and treatment to 3,100 students in their schools.
- The Latrobe Priority Primary Care Centre, which has treated nearly 20,000 people who would have previously gone to the local emergency department instead.
- The Community Health Nurse in Primary Schools program, which in December 2023 received four additional years of funding – testament to the need of this service in the local community.
- The Sexual and Reproductive Health Hub in Morwell, which provides girls, women and gender diverse people with local, affordable, and trusted healthcare.



While we remain a trusted partner of governments, we are acutely aware of the need to charter our own course to respond to community need.

Our strategic independence, diversified revenue streams – which include funding from Victorian and Commonwealth governments, government agencies, as well as client co-payments – and our longstanding history (which spans the existence of community health in Victoria) all hold us in good stead to evolve and respond to the changing needs of our communities.

However, like every organisation, we continue to grapple with the ongoing challenges facing the Australian economy, supply chains, government budgets and health workforce. Advancing technology and a growing ageing and disability population also mean we are continually adapting our services and the way we deliver them to meet the changing needs of our clients.

In 2023-24, LCHS continued to partner with like-minded organisations, advocate for community health in Victoria, and turn to our clients to inform our service design and delivery. All of these activities ensure our services remain relevant to the communities we serve. And despite the challenges we face, the resilience and flexibility of our staff have allowed us to meet an increased demand in several LCHS services. Home care packages for older Australians, dental services, and the Latrobe Priority Primary Care Centre all experienced increased demand in 2023-24, and our staff responded accordingly. Likewise, stronger partnerships with local schools, hospitals and like-minded service providers have enabled us to reach more people sooner, reduce wait times for essential healthcare, and achieve better health outcomes than we could have achieved on our own.

LCHS is driven by community need and our priority is to give them the best we can. Our organisational enablers have proven fundamental to this goal, as is evident in our four strategic priorities.



yourcare
choice
home support community
connection

Latrobe
Community
Health Service

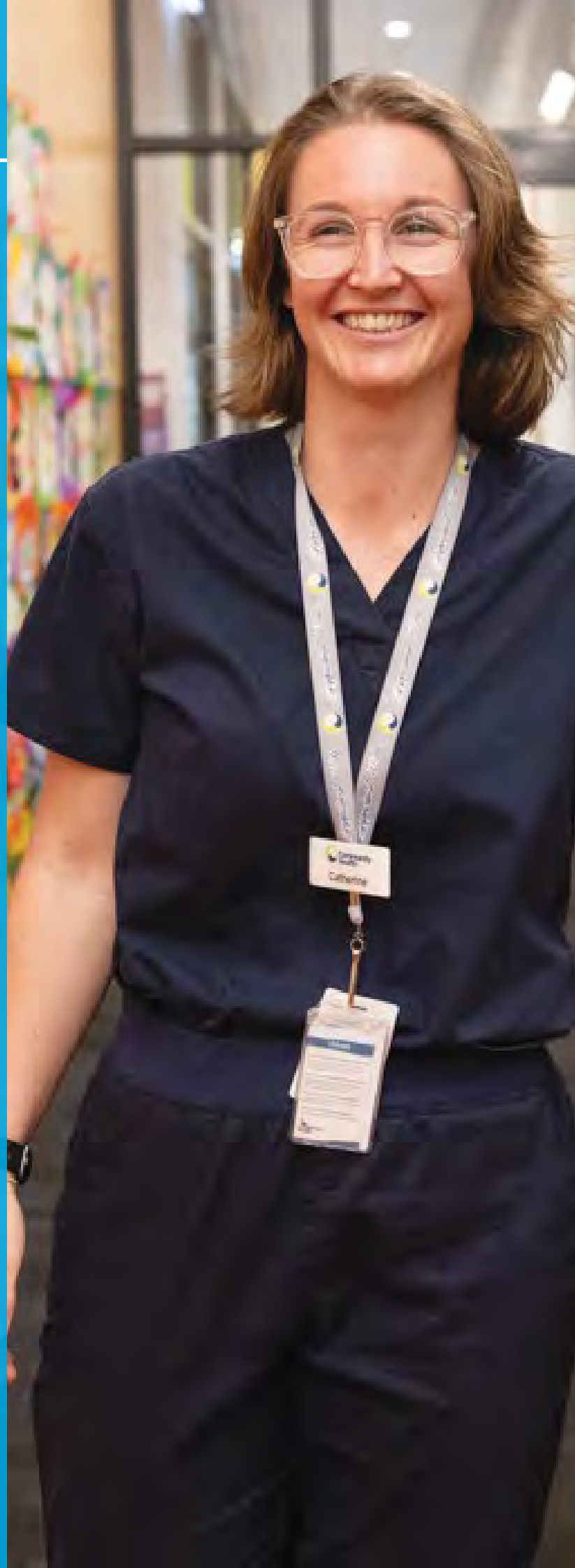
Strategic priority

1.

Strengthening community health

Outcomes

- Evidence and data capability is better integrated into our work.
- Increased influence within the public policy sphere.
- Stronger connections with our service communities.





New and improved systems to strengthen the client experience

LCHS delivers more than 300 different programs across regional Victoria, Melbourne, Sydney, and Western Australia. We have more than 227,000 registered clients who use our services. When Link Health and Community merged into LCHS in 2019-20, we inherited an additional client management system, meaning we now had two very distinct platforms in which to input client information and updates from service delivery staff. This has posed significant challenges for staff – in terms of how we effectively manage, collect and report on client data, and share information in multidisciplinary settings.

In response, LCHS has replaced our two existing client management systems with a single platform – MasterCare. Over the past two financial years, a dedicated project team has carefully and diligently managed the transition of our existing client data onto the new platform. However, the team's work has gone beyond data migration. We have also:

- Worked in collaboration with MasterCare developer Global Health to ensure the platform is fully operational by our go-live date of 1 July 2024.
- Trained and supported more than 50 MasterCare 'super users' from across LCHS, who test-drove the platform and developed procedures for their program areas.
- Coordinated and monitored training for more than 500 staff who will begin using MasterCare from 1 July 2024.

As of 1 July 2024, MasterCare will be the organisation's core client management and electronic medical record system. Its benefits include:

- staff working within the same platform
- simplified workflows and processes
- streamlined data collection
- SMS and email appointment reminders for clients.

The launch of MasterCare on 1 July 2024 represents a major step forward in our ongoing efforts to streamline how we do things, and continually improve our services.

We continue to measure client outcomes

LCHS continues to measure client health outcomes to understand whether our clients are better off having received our treatment and care. The data we collected in 2023-24 shows that after using our services:

- 92% of clients maintained or improved their social connection or participation
- 89% of clients maintained or improved their mental health
- 89% of clients maintained or improved their functioning
- 73% of clients achieved at least one goal they set with their clinician.

We are also collecting data to understand whether our services are helping our clients maintain or improve their physical health, and expect to be able to report on this outcome measure in the future.

We are calling on governments to put community health first

The Community Health First campaign – launched in late 2022 – continued to gain momentum over the last financial year, as all 24 registered independent community health services saw the benefits of working in a coordinated way.

A highlight of the year was a comprehensive budget submission that for the first time put forward a cohesive, compelling case for investing in community health initiatives as a means to reduce pressure on Victoria’s hospital network.

Senior leaders from the community health sector, including LCHS, took the submission to Victorian Parliament and met with Members from across the political spectrum to press the case for community health. While the campaign did not secure additional funding in the 2024 Victorian Government budget, the fact community health survived without major budget cuts is testament to the value of this advocacy work.

Advocacy and research aims to protect Aussie kids from unhealthy food marketing

In Australia, poor diet and obesity are leading causes of avoidable chronic disease and premature death. Exposure to marketing for unhealthy foods and drinks can influence our choices and dietary intake. This is especially true in childhood, when children are forming food habits that will often stay with them for life. Currently in Australia, there are minimal regulatory protections in place, and measures to reduce children’s exposure to unhealthy food marketing are predominantly industry-led and voluntary.

As one of Australia’s largest community health services that supports thousands of children every year, LCHS has the opportunity to advocate for evidence-based actions that protect children from harmful, unhealthy food marketing.

In 2024, we made a submission to the Australian Government’s ‘Feasibility study on options to limit unhealthy food marketing to children’. Findings from the feasibility study and public consultation will inform Australian government policies on food marketing. We felt our expertise could enhance government understanding of the impacts of unhealthy food marketing to children and preferred policy options. Our submission aligned with policy and advocacy group Food for Health Alliance.

The submission also complements an existing health promotion project we are delivering as part of the Inner East Prevention Partnership. ‘Food for Thought’ is a research project that aims to determine the volume of, and perspectives on, unhealthy food and beverage sponsorship and marketing in Manningham, Boroondara, Monash and Whitehorse junior sporting clubs.

Desktop and field research – together with interviews with club officials – has informed our understanding of the state of play of food and beverage sponsorship and marketing in junior sports clubs in Inner East Melbourne. This research will shape how our health promotion team will support local sports clubs to create healthier food environments for kids. Our next step is to conduct community surveys to better understand community attitudes around food marketing to children, and help sports clubs to seek non-food and beverage sponsorships.



Advocating for equitable access to reproductive and sexual healthcare

In March 2024, Sexual Health Nurse Catherine Bateman was invited to be a panellist at the Women’s Health Summit at Parliament House. Below, Cath shares a little about her experience and how she felt sharing her expertise on women’s sexual and reproductive health.

“In March, I was invited to sit on a panel at the Women’s Health Summit at Parliament House in Canberra. To be honest, initially I thought it was a mistake; I’m just a little nurse in Morwell doing a little job in a lovely but little community. Receiving an invitation from a Member of Federal Parliament (Ged Kearney) was a little daunting. The fact some of my heroines of women’s sexual and reproductive health were going to be present didn’t make my nerves any calmer. I was comforted when I met with the other panellists that I did have something to contribute, but was no less in awe of the work they were doing across Australia.

I made three main points during my panel discussion:

1. That abortion care should be easily accessible, both physically and financially.
2. That clinicians and companies that charge high fees for women’s healthcare are contributing to the stigmatisation of this healthcare by making it ‘special’ or ‘only for some women’.
3. And, that the proper funding of women’s health through properly-funded MBS items is essential to combatting the two previous points.

The summit will go down as a highlight of 2024 for me. I have high hopes my presence and my thoughts will influence policy and funding processes at both the state and federal level.”

Valuable school nursing program secures long-term funding

LCHS is a leading provider of children's community health services in Gippsland, where on average there are more families experiencing disadvantage than other regions in Victoria. Health services can be frightening places for children and young people. Families with low levels of health literacy often do not know where to go to address their children's developmental and health needs. This is why we base ourselves where children and families spend most of their time – at school and community settings in the Latrobe Valley.



Our Community Health Nurse in Schools program is in its eighth year. A collaboration between participating schools, the Latrobe Health Assembly, and the Victorian Department of Health, the program sees our nurses work on-campus to respond to the unique health and wellbeing needs of students in nine Latrobe Valley primary schools. In the 2023 school year, our nurses:

- completed hearing screening for all grade 2 and 4 students
- provided hygiene education to every school student
- delivered puberty and menstruation education to students in grades 4, 5 and 6
- helped children and families access the NDIS and other health services, such as doctors and allied health practitioners
- arranged other health providers – such as the Smile Squad, continence nurses and dietitians – to provide services at the school
- provided one-on-one support to any child or family with health concerns.

A 2023 cost-benefit analysis found the Community Health Nurse in Schools program created \$1.50 in value for every dollar invested. After advocating for long-term funding for this program in 2023, in December we received an additional four years of funding – recognition of this program's value.

LCHS has also received funding to expand the nursing program into Latrobe Valley preschools. We will begin this important work in five preschools in 2024-25.

Our clients contribute to our service design and delivery

At LCHS, we have many formal avenues for our clients, their carers and family to provide feedback or share their experience with our services to help us improve. The client voice is perhaps the most critical aspect of our service design and delivery; before we design a new service, we ask potential clients what they need and expect from us, and when looking at how we can improve, we ask existing clients what is working well and what we can do better.

We regularly hear from clients through surveys pre- and post-service, and feedback forms, along with a client experience platform that tracks and measures our Net Promoter Score (NPS). The NPS provides valuable insights into client satisfaction and loyalty, and clients have the opportunity to provide verbatim feedback, enriching our understanding of their experiences. In our second full year of collecting NPS data, we experienced a 61 percent increase in the number of people who responded to our NPS survey. Our organisation achieved an average NPS of +71, indicating a high level of client satisfaction. Further, 79 percent of NPS respondents are LCHS promoters, meaning they are willing to recommend us to family and friends.

Customer experience champions across LCHS analyse the NPS data, and lead their teams to improve the client experience based on these insights. In South East Sydney, a customer experience champion monitors the NPS trends and feedback, and addresses improvement opportunities with additional training in weekly interactive sessions. The team celebrates positive client feedback in fortnightly meetings, and when a specific staff member is mentioned in a client's positive feedback, that staff member receives a personal email and 'Star' card.

Our home care package team averaged an NPS of +72 in our second year of tracking this data, with 79 percent of respondents saying they would recommend the LCHS aged care service to family and friends. Each month, we contact anyone who scores our service between 1 and 8 out of 10 to find out what could improve their experience. Their feedback informs our continuous improvement plan. We also celebrate positive feedback with staff via 'Star' cards and team meetings.

The LCHS Customer Voice Group integrates lived experience and shapes our services

Established in 2022, the Customer Voice Group is made up of LCHS clients and family members who share their experiences with our services to inform how new services look, and how we might improve existing programs. Since the group first formed, Customer Voice Representatives have participated in 37 projects and activities, with six currently underway.

One of those activities was the establishment of a brand new, innovative service in 2023 for people experiencing drug and alcohol problems. This was in response to historic long wait times for alcohol and drug treatment. We wanted to provide a 'walk-in' option where people seeking help could get advice, an assessment, and referrals to other services straight away, while waiting for longer-term support.

Established with input from Customer Voice Representatives with lived experience of supporting loved ones with addiction, The Hub is now open five days a week in its own dedicated space.



I was so proud to be a part of something important.

– Customer Voice Representative

In its first year, The Hub has achieved a 26 percent reduction in wait times compared with the previous year. We are also helping previously under-represented communities; 22 percent of our clients at The Hub identify as LGBTQIA+; 17 percent identify as First Nations; and 16 percent are of African descent.



Working with the Customer Voice Representatives ... has been a very rewarding experience both personally and professionally... [it] has opened my eyes to the experiences and stories of our consumers, and the invaluable depth of knowledge and expertise they provide Latrobe Community Health Service.

– LCHS staff member



Giving older Australians better agency over their aged care

In 2023-24, we established the inaugural LCHS Aged Care Consumer Advisory Body. Made up of the people we deliver aged care services to, the consumer advisory body gives our clients a direct line of feedback into the quality of care and services we provide. Membership consists of between six and eight consumer members, and the LCHS aged care leadership team.

The advisory body's purpose is to:

- Provide a platform for older people to express their opinions on the quality of care and services to the LCHS governing body.

- Provide the LCHS governing body feedback about the quality of aged care services provided by LCHS.
- Identify efficiency and improvement opportunities for the delivery of aged care services to older people and their carers.

The LCHS Aged Care Consumer Advisory Body met for the first time in February 2024, with meetings to be held every quarter.

Stronger connections with First Nations communities

In 2023, LCHS formed the Latrobe First Nations Advisory Group to provide a culturally-safe avenue for First Nations people to inform the way we design and deliver services. In September, the advisory group presented the LCHS Pathway to Equity Framework. This framework describes the environment and supporting factors needed to enable First Nations people to feel comfortable accessing our services, and motivated to do so.

And in May 2024, CEO Paul Ostrowski launched the LCHS First Nations Health and Wellbeing Strategy – the culmination of consultation with First Nations Elders, community members and staff, as well as the LCHS First Nations Health and Wellbeing Working Group and Advisory Group. The strategy lays out practical, actionable steps LCHS will take to create a welcoming and culturally-safe organisation for First Nations people.

- It focuses on improving our employment experience for First Nations staff.
- It commits us to better engaging with First Nations people to shape the work we do.



Our ultimate goal is for First Nations people to be aware of our services, feel welcome and able to access our services, and experience a culturally-safe, person-centred service when they do.

The LCHS First Nations Advisory Group meets regularly to guide and advise on our culturally-safe service design and provision. A dedicated First Nations Liaison Officer and Regional Aboriginal Development Officer keep the organisation accountable and on track in this space.

We are already achieving increased levels of First Nations engagement

Diabetes-related foot disease is a major health concern in Gippsland. The Gippsland High Risk Foot Service – a collaboration with Latrobe Regional Health – provides specialised assessment and treatment of diabetes-related foot complications in a multidisciplinary setting.

In 2023-24, we provided more than 880 episodes of care to 231 Gippsland residents. Diabetes-related foot ulcer healing rates over a 12-week period are 42 percent – the equal second-highest rate nationally and equivalent to Melbourne's major tertiary hospitals. We have also seen a 28 percent decrease in amputations. Hospital in The Home data shows just 29 percent of patients requiring antibiotics are being admitted to hospital.

First Nations Australians are 38 times more likely to undergo an amputation due to diabetes-related foot disease. Multiple socio-economic factors inhibit their uptake in mainstream healthcare. Aboriginal Community Controlled Health Organisations (ACCHOs) are best-placed to overcome these challenges. In 2023-24, we delivered 17 place-based High Risk Foot Service clinics within Gippsland ACCHOs. The number of First Nations clients has since increased from 2.5 percent to 17 percent.

The successful High Risk Foot Service outreach has led to more LCHS allied health practitioners delivering services within Ramahyuck District Aboriginal Corporation, which is based in Gippsland. In September 2023, our physiotherapist joined our High Risk Foot Service clinicians whose rapport with First Nations clients helped us establish trust and engagement quickly. By November, we started a standalone physiotherapy clinic at Ramahyuck, which we have delivered twice-monthly due to demand since December. Twenty First Nations people have engaged in our place-based physiotherapy service.

Our First Nations partners help us deliver culturally-appropriate services

LCHS partners with the Victorian Aboriginal Childcare Agency (VACCA) to deliver Kids Connect, a family mental health support service. Historically, the pathway for First Nations families into Kids Connect was through LCHS, a non-indigenous organisation. We reviewed this pathway in 2023, aiming to promote access and reduce barriers for First Nations families.

Our changes included:

- more culturally-appropriate assessments and planning tools
- direct access to an Aboriginal service if that is what families wanted (instead of entering via our non-indigenous service first)
- giving VACCA sovereignty over First Nations families data
- co-locating a VACCA worker at headspace Morwell (where we deliver Kids Connect) once a week.

VACCA has stronger agency for self-determination when working with First Nations children and families. Results so far include:

- warmer and more successful referrals to VACCA
- no First Nations families on our mainstream service waitlist
- a culturally-appropriate service for First Nations families who wish to engage with an Aboriginal organisation
- increased information-sharing and joint service delivery between LCHS and VACCA
- an Aboriginal worker onsite helps build our capacity to support First Nations children and families
- VACCA contributes to our Clinical Governance and Consortium committees, sharing their expertise about Community.

We are proud to facilitate more choice for First Nations families about the services they have access to.



2.

Enabling sustainable growth

Outcomes

- Fit-for-purpose organisational infrastructure.
- Innovation is embedded in our culture and practice.
- The integrated primary health model is well established.
- Growth in our community-based aged care services.
- Growth in our disability services.





LCHS continues to invest time, money into our infrastructure

LCHS recognises fit-for-purpose systems and infrastructure not only enable our organisation to deliver services efficiently and effectively, but they also have a huge impact on staff culture. When staff turn up to work – in a building that’s well-maintained and well-resourced, with access to modern equipment, technology, work vehicles, and corporate support – they feel valued and better able to perform their roles. This has a positive flow-on effect to our clients. Every year, we invest a proportion of the LCHS budget to upgrade, maintain or replace equipment, software, fleet vehicles, and buildings – recognising how these areas can impact the day-to-day experiences of our staff and the clients who use our services.

In 2023-24, our major ICT projects involved upgrading the LCHS phone system, replacing networking infrastructure, deploying a fleet of new printers, and replacing our online survey tool. Our Facilities and Fleet team completed major renovations and created purpose-built spaces for several programs, including Therapeutic Day Rehabilitation, walk-in alcohol and drug service The Hub, the Latrobe Priority Primary Care Centre, and staff accommodation setting Mayfair House.

Innovation is business-as-usual at LCHS

For nearly a decade, LCHS has placed a strategic focus on innovation. Our aim has been to embed an innovative culture across the organisation where staff feel safe to ask, “is there a better way of doing things?”, and supported to put their ideas into practice. In our previous strategic plan, we focused on establishing the framework and tools to enable innovation to occur, and to evaluate what we implemented. Our Innovation Projects Lead has since supported our workforce to experiment with new ideas, involve clients and colleagues in the testing process, and integrate the learnings into new and improved services. Over the 2023-24 financial year, the innovation landscape at LCHS has notably shifted. Innovation no longer occurs only in pockets of our organisation; our workforce has the confidence to develop and implement their own innovative concepts.

A great illustration of innovation in action at LCHS is ‘The Hub’. With people waiting on average four to five months for treatment for alcohol and drug use, the risk of someone losing motivation or their health deteriorating was high. We wanted to engage with people when they felt most motivated to change. So, we opened The Hub, a free alcohol and drug treatment and support service where clients could walk in when the time was right for them and access on-the-spot help.

We analysed client data and sought input from people with lived experience of addiction – to tailor The Hub to the actual needs of our clients, rather than who we assumed would use the service. Our centralised, wrap-around service includes counselling, harm minimisation, GP consultations, and service connections, allowing us to better meet our clients’ needs as defined by the clients themselves. The Hub is now open five days a week with four clinicians ready to help those who walk in.



Gippsland cancer patients gain access to affordable, community exercise program

In partnership with Gippsland Regional Integrated Cancer Service (GRICS), Latrobe Regional Health, and Latrobe Leisure Centre Morwell, LCHS has developed an affordable, community exercise program for Gippsland cancer patients.

We wanted to give cancer patients access to a low-cost exercise program outside of a healthcare setting, where they spend a lot of their time accessing treatment. So we worked in partnership with oncologists and nurses to incorporate exercise into their cancer patients’ treatment plans. Once a cancer patient is referred to our exercise program, our exercise physiologists conduct initial assessments and place patients in individual, group or home-based exercise programs. This means patients have the option to exercise at home, at our LCHS centre, and / or at the Morwell leisure centre with the guidance of an exercise physiologist and fitness instructor. Further, our collaboration with GRICS ensures the program aligns with regional cancer care guidelines and best practices.



“I love doing something about my cancer symptoms and not having to go to the hospital.”

- Exercise client

Since the program’s inception in November 2022, we have received 123 referrals. This is significant, because it demonstrates healthcare professionals view exercise as a valuable adjunct therapy in cancer treatment and recovery. To date, we have delivered 1,159 episodes of care, including 185 appointments with an exercise physiologist, 802 group exercise sessions, and 172 individual gym sessions. One hundred percent of participants who have completed a reassessment improved on at least one physical test and at least one subjective measure



Exercise proves vital for Barry

Barry Whitehead lives with prostate cancer, liver disease, and stomach cancer. He is reaping the benefits of our exercise program.

“I’m a pretty positive person and I determined that I would tackle this (my diagnosis) head on, and not let it rule the rest of my life,” he says after attending the program for more than a year.

“I think if you experience things like I have, it’s very easy to let yourself go and to let the world get on top of you... along the way I’ve had a couple of setbacks, but each time I’ve wanted to get back to the exercise class because it gives me a focus. It’s about your physical health but also your mental health as well.”

like fatigue, depression or self-worth. Feedback has been overwhelmingly positive, with patients telling us they value the social interaction and sense of belonging the program gives them.

LCHS aims for genuine integration in everything we do

The LCHS organisation structure encourages staff to work as a team of health professionals and deliver multidisciplinary, complementary services that ‘wrap around’ each client. We also embrace collaboration with other providers, knowing this leads to integrated, continuous, and holistic care.

In 2023, LCHS submitted a joint bid with Berry Street to develop a Community-led Integrated Health Clinic on behalf of the Gippsland Primary Health Network. We designed this clinic with families, for families – so they can access the health and social services they need, and feel confident to access these services independently in future. A care coordinator from Berry Street and care coordinator from LCHS work together to provide wrap-around ‘case management’ for children and their families.

We host a multidisciplinary service once a week, where our speech pathologist, physiotherapist, dietitian, continence nurse and dental team are on-site on the same day. This means families do not have to attend multiple appointments at different locations to access essential health services for their child. We have supported 82 children and their families – with extremely complex health and social needs – to access the services they need and build their health literacy.

Every week, a paediatrician from Latrobe Regional Health attends our Churchill centre to participate in Pathways to Good Health. Pathways to Good Health aims to identify health and developmental concerns for children in out-of-home care early, so interventions can be put in place to help these children live their best lives. In January 2024, we received increased funding, allowing us to visit more children living in residential units. In addition to seeing a nurse each week, the children now receive visits from a mental health worker. The service's multidisciplinary clinic at Churchill – which consists of a speech pathologist, paediatrician, nurse and psychologist – now also employs an occupational therapist. The increased funding means we can work better with Child Protection to ensure all children in out-of-home care in Inner Gippsland are accessing appropriate healthcare.

We are also helping more families of children who may have autism to access treatment sooner. In 2023, we established the Autism Assessment Clinic where our allied health practitioners work alongside Latrobe Regional Health paediatricians to provide more timely diagnoses. Before this clinic started, families waited more than two years for an autism assessment or paid more than \$1,000 with private providers. We have assessed 72 children at no cost to families and with a wait time of less than three months.

Our paediatric allied health practitioners and early childhood NDIS practitioners also deliver joint on-site screening appointments at a Morwell early learning centre. At the request of education support service Our Place, we conduct speech pathology and occupational therapy screening on-site with the children and their parents, and make referrals for therapy with the NDIS or LCHS. In September 2023 and March 2024, we screened 19 children and made 16 referrals. This means more families are accessing the knowledge and therapy they need to help their children thrive.

Our aged care services grow in both client numbers and quality improvements

LCHS has delivered aged care to older Australians for 24 years. We are well-known and trusted, and this is evident in our ever-growing aged care client base.

Every year we support more than 10,000 older Australians to maximise their independence, wellbeing and quality of life through the Commonwealth Home Support Program. This program is the first aged care step for many older Australians who need a little help managing at home or maintaining their physical and mental wellbeing. We manage home care packages for nearly 2,000 people. A home care package is Commonwealth Government funding for specific aged care services that help older Australians live safely and happily at home for as long as possible. We also deliver direct care in the form of house cleaning, lawn mowing, spring cleaning, grocery shopping, and friendly catch-ups to more than 1,100 people through our home support service, Your Care Choice. Between 2022-23 and 2023-24, our home care package and Your Care Choice client-bases grew 12 percent and 14 percent, respectively.





“It’s wonderful”: home care invaluable for Morwell woman Jeannie

“I used to do everything myself. If I had to ask for help, I would feel very vulnerable. So I just wouldn’t ask.”

That all changed when 69-year-old Jeannie approached LCHS for help when some of her medical conditions stopped her from doing day-to-day tasks.

Now, thanks to her home care package, Jeannie can focus on the important things in life; her hobbies, her dog Bella and spending time with her friends and family.

“Before I got my home care package, I wasn’t able to cook my meals, do the lawn, wash the windows or peg clothes on the line,” Jeannie says.

“I get help with that now, and it’s just wonderful.”

Throughout Jeannie’s life, she has cared for relatives like her husband, sister and father when they needed illness-related support. Now that she is receiving similar help with her home care package, she feels she has regained her independence.

“To be cared for now is very nice,” she says.

“I went onto the Lite n’ Easy food so I don’t have to cook meals. The LCHS staff come in to help me shower in the mornings. They also do the housework and I don’t have to worry about vacuuming or mopping the floor. It’s just been a godsend.”

Jeannie says the help she receives through her home care package has “opened my life up – so much”.

And her message to others is simple: “You don’t have to go it alone. Don’t be too proud to ask for help, because it’s there for everybody and everybody deserves it.”

Expanding our aged care footprint

In 2023-24, we expanded our aged care service footprint into South East Sydney, where we have provided Local Area Coordination for NDIS participants since December 2019. Although LCHS is nearly as old as community health in Victoria, our name is relatively new to people who live southeast of Sydney. We have therefore spent the past 12 months getting to know the needs of older Australians in this area. We have delivered aged care community information sessions, attended various community events, and liaised with the aged care assessment providers in this region. We have spoken with hundreds of older Australians and in February 2024 signed up our first South East Sydney home care package client.

LCHS conducts aged care assessments for older Australians and veterans who apply for government-subsidised aged care services. Our comprehensive assessments inform government and aged care providers about an older person’s needs as well as the types of services that could benefit them.

This financial year, we were awarded a new contract to manage entry-level aged care assessments in East Gippsland. This contract is a nod to the quality and detail of our assessments, and has led to the employment of five additional team members in East Gippsland.

Our aged care directorate has made crucial in-roads in strengthening the quality and safety of our practices. While our dedicated governance team, Board Quality and Safety Committee, and Clinical Governance Committee continue to provide guidance and oversight in this space, the introduction of new specific quality initiatives has given our clients and staff further reassurance. In addition to establishing the LCHS Aged Care Consumer Advisory Body, whose feedback informs our Clinical Governance Committee, in 2023-24 we also created two aged care quality roles. These roles sit alongside our aged care delivery staff, and are responsible for managing client feedback and our continuous improvement plan, liaising with the Aged Care Quality and Safety Commission, and preparing our workforce for the strengthened Aged Care Quality Standards that are due to be implemented in 2025.

Quality is achieved with consistency, supporting documentation, strong leadership, and well-trained staff. We have instilled a culture of continuous improvement and quality among our staff, and our clients are experiencing better care as a result. The number of complaints we are responding to at any time has reduced by 75 percent since the previous year. A 2024 audit – conducted by the Aged Care Quality and Safety Commission – found we are 100 percent compliant with the Aged Care Quality Standards.



New program helps isolated older people find the care they need

Many older people need help navigating the aged care system and understanding the services available, but not everyone has family or friends who can help. These are often the people who are socially isolated and most in need of aged care and support.

In 2023, LCHS began delivering a new Commonwealth-funded program called Care Finders. Care Finders is for vulnerable and isolated older Australians who do not know about or understand the services that are available to them, which could improve their quality of life. LCHS has employed ten care finders who work across Gippsland to:

- Find older Australians who are most in need of aged care and other services, such as healthcare, mental health, housing and homelessness, drug and alcohol services, and community groups.
- Provide these people with intensive support in accessing the services they need.
- Help clients access services for the first time, change or find new services, and solve life's other challenges (such as housing, addiction, and social isolation).
- Arrange assessments, complete forms, and talk to service providers on a client's behalf.

- Check in with clients once services are up and running to make sure everything is okay.

Our care finders have networked with neighbourhood houses, RSLs, Probus groups, community health providers, eye and ear clinics, and doctors – and travelled across Gippsland to towns like Mallacoota, Bendoc, Lakes Entrance, Marlo and Cann River – to reach the people who are most in need of our help. We have helped:

- A couple in a caravan park access aged care, hearing services, legal assistance, and housing support.
- A man with a history of hoarding to clean up his house, access aged care services and reunite with his family.
- A man who was adopted at birth to apply for his birth certificate, which he received for the first time at 68 years of age.
- A woman at risk of homelessness to move into a residential aged care facility where she finally feels safe and at home.

Since the program's inception in January 2023, we have engaged more than 380 people.

Ann's job helps her grow in confidence, independence

Having a job is closely linked to a person's self-worth and self-esteem, providing a vital sense of independence in the community. With this in mind, we have been working to boost employment opportunities for NDIS participants across Australia. This includes 24-year-old Ann, who has been an NDIS participant since leaving high school.

Somewhere within the eclectic op-shop of clothing and books, nick-nacks, homewares – and everything in-between at Vintage Vibes in Warragul – you'll find Retail Coordinator Ann.

Working at Vintage Vibes – a social enterprise by Knoxbrooke that employs adults with disability – is part of Ann's goal-based NDIS plan, which is tailored to her intellectual disability.

"Working at Vintage Vibes has helped me develop my independence and my confidence," she says.

And her manager, Kerryn, has been thrilled to watch Ann grow.

"Supported employment isn't micromanaging," Kerryn says.

"Ann will have some tasks to complete throughout the day and we just check in every now and again. Her confidence has grown immensely. The joy we receive in seeing Ann thrive is just incredible."



Ann runs the front of house at Vintage Vibes and enjoys the vast and varied tasks involved in her job. She is responsible for customer service, cash handling, sorting clothes, stocking the shelves, and even making coffees. But it's the customers who make her day.

"My favourite thing about working at Vintage Vibes is the different people who come in," Ann says.

"I love coming to work."



The NDIS remains a core aspect of the LCHS service offering

LCHS has remained a trusted NDIS Partner in the Community for eight years. This financial year, we have supported more than 62,000 people with disability to:

- make the most of their NDIS plan
- connect with activities and services that are relevant to their needs and interests, and
- become active members in their local community.

We have helped more than 1,000 people living with disability – who do not have an NDIS plan – to link in with community groups; education, employment and housing services; and activities they are interested in. Our community capacity building teams have also worked closely with small business, local councils, tourism operators, and community groups to help them make small changes to become more accessible and inclusive for people with disability.

Our NDIS contract to deliver Local Area Coordination and Early Childhood services across regional Victoria, Melbourne and Sydney has been extended until 30 June 2025.

NDIS review

In 2023-24 the Federal Government completed an NDIS Review – led by an independent panel – which examined the design and sustainability of the scheme, and how to improve it for the benefit of all Australians living with disability.

The review's final report was publicly released in December 2023 with 26 recommendations and 139 actions for change. The Labor Government introduced its NDIS Amendment Bill 2024 to Parliament in March 2024. LCHS has played a key role in working alongside the NDIA, Government Ministers, and other partners in the community to inform how the NDIS will look. We will continue to turn to our expertise – in delivering the NDIS and hearing directly from people with disability everyday – to help shape the future of the NDIS.

Strategic priority

3.

Growing a fit-for-purpose workforce

Outcomes

- Increased attractiveness as a preferred employer.
- Stronger workforce pipeline.
- Effective leadership at all levels.
- Improved workforce capability.





LCHS invests in our people

Growing a fit-for-purpose workforce is one of our four strategic priorities, because in order to deliver world-class, best-practice services, we need the right culture, leadership, people, and skills. We have several strategies in place to help us achieve this; these focus on attracting the right staff, developing and looking after our people, and embedding a culture of high performance across the organisation.

Every year, we conduct an annual staff survey, which informs our organisational development plan. This plan helps us improve the way we do things internally, so staff feel engaged and enabled in their roles. In this year's survey, 76 percent of employees said LCHS "is truly a great place to work". Our staff levels of engagement are also sitting above the average for all Victorian health organisations.

We invest heavily each year for our staff to undertake professional development and leadership training. In 2023-24, nearly 200 employees completed 'accidental counsellor' training, 100 employees were trained in CPR, and our People, Learning and Culture team delivered DiSC training to several teams.

Twenty LCHS leaders are closer to attaining an MBA after we partnered with Deakin University to create and deliver a Graduate Certificate in Management tailored specifically to our organisation. This certificate is recognised and awarded credits should our leaders wish to study an MBA. Another 20 LCHS leaders are ready to participate in the next program.

“

"I am more mindful of how I am leading... I found lots of positives, tools and resources that I will use in the future. I am grateful to be provided with this opportunity through work and believe it has given me greater skills to lead my team."

- LCHS leader

One more LCHS leader is 'Executive Ready' after completing a seven-month leadership and career program. Katie Graham, LCHS Team Leader of Clinical Operations Community Nursing, is planning to use her Executive Ready graduate status to apply for her Masters of Business Administration. She will follow in the footsteps of her manager Karen Pettifer, who completed Executive Ready in 2021 and is now also studying for her Masters.

“

"The bonus is you also learn real world skills that you can integrate into your work, as you continue your participation in the course."

- Katie Graham

We are building our workforce pipeline

LCHS is giving aspiring health practitioners industry experience and boosting Gippsland's rural health workforce at the same time.

In 2023, we introduced an allied health scholarship for tertiary students who want to pursue a career in community health. We provide scholarship recipients financial support for their studies, along with industry-specific mentorship and placements in our integrated primary health and children's service teams in Gippsland. Thirteen rural health students – enrolled in occupational therapy, speech pathology and physiotherapy at Federation University Gippsland – have been awarded this scholarship.

At our headspace centre, we provide student placements for aspiring mental health workers. In 2023-24, ten students – studying art therapy, social work, community service and counselling – completed placement at headspace Morwell. These students have gained essential industry skills and provided 201 occasions of service to 122 young people with our guidance and supervision.

Every year, our dental teams in Melbourne and Gippsland host students on placement, which provide the aspiring oral health workforce with mentorship, hands-on experience, and practical skills. In Monash, we host up to 10 oral health students in our Smile Squad school dental program for two to three weeks at a time. This financial year, we hosted 28 final year dental students on placement at our Clayton dental clinic ahead of their graduation. The benefits of student placements are twofold – the students gain confidence and competence in the field, and we build a workforce pipeline where students we host often apply to work for us when they graduate.

Across the organisation in 2023-24, LCHS hosted 267 students. These students are the aspiring health workforce of the future, and they now have real-world industry experience in their field of choice after their placement at LCHS.

The most common disciplines to host students at LCHS this financial year were alcohol and other drugs services, dietetics, occupational therapy, speech pathology, physiotherapy, podiatry, aged care, dental, nursing, and social work / mental health. Our hope is that many of these students consider LCHS for employment once they complete their studies.

Upskilling our dental workforce

In 2023-24, we started a new ongoing mentorship program in Gippsland and introduced 'speciality learning days' for graduate dentists who work at LCHS. Our supervising dentists and oral health therapists with specific interests and skill sets – such as paediatric dental care and surgical extractions – mentor our graduates in these fields of practice.

We are also supporting more dental assistants to pursue study and gain qualifications in their areas of interest. More of our dental assistants are studying to become oral health educators, to provide preventative care and education to the community. This year in Monash, two Certificate III-trained dental assistants became qualified in Certificate IV Oral Health Education. Both are now practising as oral health educators / coaches, providing oral health and dietary advice, saliva testing, and plaque disclosing, and are also registered with the Dental Health Services Victoria's Fluoride Varnish program.

Other dental assistants are studying to become sterilisation technicians to ensure we continuously meet sterilisation standards and help educate existing and new staff. We also have dental assistants studying health administration to strengthen our client-focused administration services. Some of our dental leadership team are studying leadership and management-based courses and passing their learnings on to their colleagues. This year, we supported one of our senior oral health therapists to become trained as a clinical coach; they are now equipped to mentor and supervise our future graduate oral health therapists.

Scholarship recipient in the spotlight

Emma Spagnolo joined the LCHS Primary Health directorate last August under our 'Future of Allied Health Professionals' scholarship program.

A Traralgon local, Emma was one of five candidates awarded the scholarship in 2023, which seeks to appeal to new allied health professionals in Gippsland.

Scholarship recipients like Emma have the opportunity to join LCHS as an Allied Health Assistant after completing their first year of university.

In her Allied Health Assistant role at LCHS, which is separate from her university placement, Emma works mainly under the guidance of an Exercise Physiologist – leading some of the exercise classes and undertaking day-to-day administration to keep things running smoothly.





2024 Staff Achievement Awards

Staff recognition is key to positive workplace culture

In 2022, LCHS introduced the online 'Star' platform through which employees can acknowledge their colleagues for demonstrating our organisational values. Nearly 12,000 Star cards were sent among colleagues in 2023-24. We have also refreshed our annual staff awards, making it easier for staff to nominate their colleagues, and started hosting an awards lunch in Melbourne for award nominees and long-serving employees. The LCHS staff awards recognise exceptional performance, values-driven behaviour and innovation. In 2024, we received a record number of nominations; our employees are invested in recognising the achievements of colleagues.

2024 awards recognise values-driven employees

Excellence in Leadership



Michelle Webster – Manager Business Development

Service Excellence



Nicole McNeilage, Elise Tulloch, and Sandy Mullen
Settlement, Engagement, and Transition Support Team

Annual Achievement Award



Taylor Brown
NDIS Services



Minh Nguyen
Primary Health



Vanessa Wells
Aged Care



Neal Daly
Community Care



Morgan Farley
Corporate



Oral health therapist Minh all smiles after being awarded 2024 LCHS Employee of the Year

Described by her peers as empathetic, friendly, and an excellent role model, it is fitting that Oral Health Therapist Minh Nguyen is our 2024 Employee of the Year.

Minh leads our oral health therapy team in Monash, seeing clients at our dental clinics and conducting outreach in local primary schools. She is often praised by colleagues and clients alike for her warm demeanour and excellent customer service.

In an outreach visit to a specialist school where we provided dental check-ups and treatment for students with physical and intellectual disabilities, it was Minh's leadership that created a "beautiful, calm environment".

"This environment can often be challenging and confronting, and Minh led the team by supporting less-experienced clinicians to be comfortable to treat students with additional needs," a colleague of Minh's says.

"As a result, our team received excellent feedback from the school and their families, who reported that the dental experience was wonderful; staff were lovely and created a beautiful, calm environment in which to visit the dentist. This positive feedback is highly attributable to Minh's leadership and commitment to supporting the rest of the team."

This year, Minh completed a six-month clinical coaching program with Dental Health Services Victoria, meaning she is now a qualified clinical coach who can mentor oral health therapist graduates in their new workplace. She also supervises university students on placement at LCHS, and has been recognised several times by Dental Health Services Victoria for her strong guidance and professionalism.

We are proud that Minh can add 'Employee of the Year' to her list of achievements in 2023-24.



LCHS helping to support the Gippsland health workforce

The Gippsland health sector – like so many regional health sectors across Australia – is facing workforce challenges with a shortage of qualified health practitioners. In response, Latrobe Regional Health undertook a recruitment drive in the United Kingdom where they offered 48 people positions at the Traralgon hospital. With most of the immigrants bringing partners and children, we expected more than 150 people to arrive in Gippsland from the UK – the majority of whom are of Indian and Filipino descent.

The LCHS settlement team helps migrants and their families build meaningful lives and connections in Gippsland by providing practical support with finding secure housing, jobs, schools, and activities in the community. So, Latrobe Regional Health reached out to us to help their new employees settle in the area. We developed and continue to lead a working group that includes members from:

- Latrobe Regional Health
- Latrobe Community Health Service
- The Local Jobs Program
- Skills and Jobs Centre – TAFE Gippsland
- Latrobe City Council
- Latrobe Valley Authority.

To date, we have:

- Created a 'welcome to Gippsland' document for every newly-arrived family.
- Established a streamlined referral pathway from Latrobe Regional Health into our settlement program.
- Received 41 referrals and contacted all 41 families.
- After getting to know each referred family's needs, we have signed up nearly half of the referred families into our settlement program to link them into appropriate services, help the partners find work, and enrol children into local schools.
- Advocated for and raised awareness of the new arrivals within the Gippsland community.
- Strengthened collaboration between health services, TAFE, council, recruitment agencies, Department of Education, VicRoads, Services Australia, education and employment services, and cultural groups representing the Indian, Filipino and Zimbabwe communities.

The Gippsland community has embraced this opportunity to come together to showcase the region and welcome new migrants. We are hopeful we have created a model for other employers in the region to attract more employees into the area, boost our economy and promote a welcoming, inclusive Gippsland.

Strengthened workforce capability creates better services for 'missing middle'

headspace Morwell is a safe and welcoming space where young people can go for help with their mental health, alcohol and drug use, sexual health, work and study, and general health needs. Historically, we have been able to see those with mild-to-moderate mental health challenges only, and those with acute mental health needs would see specialists in the area. This meant anyone whose needs were too complex for headspace but weren't acute enough for specialist services would often miss out on treatment and care.

In 2023-24, we hired a new mental health clinician whose experience and qualification has bolstered both our capability and capacity to treat more young people – including those with more complex mental health conditions. Supporting our multidisciplinary approach to mental healthcare, this clinician uses evidence-based psychotherapeutic interventions and collaborates with other health practitioners to treat a range of mental health disorders in young people. We are now able to deliver an additional 1,000 appointments each year.



New group program after staff upskill

Dialectical behaviour therapy (DBT) is a first-line treatment for borderline personality disorder and other psychological conditions. There is growing evidence that DBT is also effective in reducing suicidal ideation and self-harming behaviours compared with other treatments. In 2023-24, two of our mental health clinicians at headspace upskilled in DBT to be able to offer this therapy to young people with these conditions. Since upskilling, the clinicians have also created a brand new group therapy program. Named WISEMINDS, the 10-week program aims to reduce the severity and frequency of suicidal ideation and self-harming behaviour among young people. Participants learn how to respond to distressing situations, enhance respectful communication in their relationships, and safely and effectively manage intense emotions. Participants have told us they are more mindful and present, better at communicating, and feel calmer after completing the program.



Strategic priority

4.

Partnering for comprehensive care

Outcomes

- Stronger lived experience partnerships.
- Increased collaboration with other providers.
- Stronger connections with our service communities.





Recognising the value of lived experience

Over the course of our past two strategic plans, LCHS has made a deliberate effort to incorporate lived experience expertise into our service design and delivery. We consider the specific programs where lived experience employees would improve the service experience for our clients, and we are increasingly hiring workers with lived experience as a result. Our addiction services team now includes two trainees with lived experience of addiction, our Latrobe Community Connectors team involved employees with lived experience of hardship, and our NDIS workforce is made up of nine percent of staff who live with disability. The establishment of our Customer Voice, First Nations Advisory, and Aged Care Consumer Advisory groups further strengthen our understanding of our clients' very diverse needs. These lived experience insights are vital in building genuine connection and trust between our staff and clients, and in better meeting the needs of the communities we serve. In 2023-24, we also developed an organisational policy on client and community engagement. This policy does two things:

1. Sets expectations for how we engage with clients and the wider community.
2. Provides a consistent understanding of client and community engagement across the organisation.

In 2023-24, we officially recognised that just as a business consultant is paid for their services, clients should also receive payment for sharing their lived experience of illness, hardship, or accessing services. This year, the LCHS Executive team approved a formal paid participation policy and procedure that both recognises and respects the valuable contributions of clients when they participate in service improvement projects at LCHS – including our client advisory groups. Approval of the paid participation policy is a big milestone for our organisation as it demonstrates we recognise the value of the lived expertise our clients bring to the table.

Working to increase service access, prevent homelessness

The LCHS Mobile Community Connectors Program was a short-term initiative that connected Latrobe Valley and Baw Baw residents with complex health and social needs to services that could help them. Our community connectors – two of whom had lived experience of similar hardship – focused on preventative health and early intervention for people who lived in local caravan parks, public housing and rooming houses. From previous work, we knew these residents often experienced social isolation and poor health literacy, with difficulty or confusion around accessing health services.

Our connectors focused on three key areas:

- employment and training
- alcohol and other drug support
- financial literacy.

The program, which ran between December 2022 and May 2024, engaged approximately 150 residents every month. In a sample 10-month window, the team connected:

- 35 residents with employment services
- 3 with training services
- 37 with alcohol and drug support services
- 193 to financial support services
- 221 to other services such as foodbanks, aged care services, NDIS, mental health and housing.

The Latrobe Mobile Community Connectors Program has taught us the deployment of a lived experience workforce is invaluable. This is especially true when trying to engage with people with poor health literacy, who are unlikely to seek help for their complex health needs.

Community connectors prevent homelessness

In 2023-24, the Drouin Caravan Park was awaiting closure with residents facing eviction from their homes. In response, we brought together various support agencies who could help each resident advocate for themselves, understand their tenancy rights, and find alternative housing. We engaged with tenancy advocacy and crisis accommodation services, legal support services, and food and financial security programs to help. These efforts helped to equip each resident with the knowledge and resources they needed to navigate the challenge ahead and avoid potential homelessness.

Collaboration leads to stronger connections, better services for our communities

Integrated care has been a strategic priority of ours for many years. When delivered in its true form, integrated care means people receive wrap-around support for a range of health and wellbeing needs from a team of health professionals without having to repeat their story. To genuinely achieve integrated care, LCHS has focused on two things:

1. Structuring our organisation in a way that enables staff from different disciplines to coordinate the care of shared clients.
2. Partnering with like-minded organisations to achieve better health and wellbeing outcomes for the communities we both serve.

Throughout 2023-24, our new and existing partnerships have led to improved client outcomes, reduced pressure on local hospitals, and more people accessing care sooner.

In January 2024, LCHS celebrated the Latrobe Priority Primary Care Centre's (PPCC) first birthday. Established in partnership with the Gippsland Primary Health Network, the Latrobe PPCC is easing pressure on the local emergency department.

Since it opened, nearly 20,000 people have visited the Latrobe PPCC to receive treatment for respiratory infections, dog bites, injuries and fractures – among other concerns. On average, patients wait between 30 and 90 minutes for care. Latrobe Regional Health has redirected 409 patients to the PPCC, ambulance services have transferred 322 patients to the centre, and we have referred 274 patients to other healthcare providers like optometrists, GPs, and specialists. LCHS is pleased to report we operate the highest performing regional PPCC. Ninety-nine percent of the patients we surveyed said they would have visited their local emergency department if the Latrobe PPCC did not exist, and more than 90 percent told us they would visit the Latrobe PPCC again.



We are engaging new cohorts in services where they were previously under-represented, although the need existed. The number of Chinese Australians living with Type 2 Diabetes is significantly higher than the general population. In the City of Monash – where there is a large Chinese population – local doctors with Chinese patients contacted us, concerned their patients weren't able to manage their condition effectively on their own. In response, we established the Chinese Diabetes Clinic for Mandarin-speaking adults who live with Type 2 Diabetes. A diabetes educator, dietitian and podiatrist cater to each client's specific cultural and language needs when delivering diabetes, nutrition, and podiatry assessment and education. Fifteen people have attended the monthly clinic since it started in October 2023, with many returning multiple times. We are seeing firsthand the positive impact of our culturally-attuned education and healthcare, with many clients better able to manage their diabetes on their own.

A growing number of pregnant women are diagnosed with gestational diabetes in the City of Monash, so we have teamed up with Monash Health to deliver an interdisciplinary model of care. Together, a team of endocrinologists from Monash Health, and our diabetes nurse educator, dietitian and allied health assistant help pregnant women manage their diabetes. The clinic takes the pressure off the public hospital system by ensuring women with gestational diabetes access timely appointments, care and education. Each year, our service supports 400 pregnant women, who are also invited to join our postnatal exercise group program for a safe, clinically-guided return to exercise.



More children are receiving oral health check-ups and treatment sooner, thanks to our outreach dental programs. Our Monash and Gippsland dental teams saw more than 3,100 students at their schools in 2023-24, as part of the Smile Squad program. Smile Squad delivers free oral health promotion, dental check-ups and treatment to Victorian government school students at school. In addition to public schools, our Monash dental team visits early childhood centres and kindergartens, as well as private primary schools – to ensure all children have access to dental care and to promote the prevention of oral diseases. In 2023-24, we visited 26 early learning centres and saw 736 children. Our Gippsland dental team is also making the most of our Smile Squad dental treatment vans on non-school-visit days; we visit two supported residential facilities in the Latrobe Valley where we provide residents with on-site dental exams and treatment, as well as oral health education.

Local, affordable healthcare improves gender health equity

LCHS operates the Sexual and Reproductive Health Hub in Morwell. Unlike most sexual and reproductive health services, we are often able to take care of people's health needs in one appointment – instead of the typical three or four appointments elsewhere.

This saves people time and money, and means we are quickly becoming the provider of choice.

In 2023-24, we:

- completed 116 medical terminations of pregnancy
- inserted 20 IUDs and 32 implanons (long-acting reversible contraception)
- tested 60 people for STIs
- provided 48 women with cervical screenings and education around menopause, sexual health and continence
- delivered counselling on contraception use and provided oral and injectable contraception prescriptions.

Co-location and outreach play an important part in the Sexual and Reproductive Health Hub's success. We offer the service from our Morwell GP clinic, and co-locate at other sites every week. We conduct cervical screenings in Traralgon, see clients in Warragul every Friday, and co-locate at headspace Morwell where young people often prefer to go. Ninety percent of the hub's clients are from Gippsland; the remaining 10 percent travel long distances to our clinic to have their sexual and reproductive healthcare taken care of in one appointment. Elsewhere, this costs about \$400. This financial year, two people travelled to our Morwell clinic from the other side of Melbourne. These clients preferred to take one afternoon off work or school to manage their healthcare needs, instead of taking several hours off on different days to attend three-to-four appointments for the same service. We are committed to providing a convenient and affordable service for those who would otherwise not be able to access this essential healthcare.



Safe provision of IUDs for more women

Traditionally, intrauterine devices (IUDs) are reserved for women who have given birth or young women with such severe menstrual bleeding they have to be seen in hospital for management.

This excludes a large number of young women with heavy and painful menstrual bleeding who often miss school, work or social activities when they have their period. We met with clinicians from Peninsula Health in Sydney in September 2023, and learnt about the use of methoxyflurane (green whistle) to manage the discomfort of IUD insertion in women without a history of childbirth. Since adopting this practice we have seen three young women who have comfortably had IUDs inserted in our clinic. There is increasing evidence heavy menstrual bleeding in adolescence is linked to the development of endometriosis. The ability to safely and comfortably offer this service to young women in the Latrobe Valley is potentially preventing significant discomfort later in life.

Healthy supermarkets project expands in Gippsland after successful 2022 trial

LCHS, together with the Latrobe Health Assembly, launched a healthy supermarket project in 2022 that encouraged customers to buy healthier options. Following the successful pilot in three Latrobe Valley supermarkets, Reach for the Stars expanded in 2024 to five supermarkets in the Latrobe Valley and Wellington areas.

Based on the Australian Health Star Rating system, which rates the nutritional profile of foods from half a star to five stars, Reach for the Stars helps customers compare similar products so they can choose the healthiest option. Posters, banners and shelf tags displayed in-store highlight all food products with a rating of four stars and above, and healthy recipes give customers lunch and dinner inspiration. The 2024 Reach for the Stars project ran for eight weeks from April to June in the Moe, Morwell, Glengarry, Rosedale and Stratford IGAs. Alongside the in-store changes, a promotional campaign increased awareness of the project and the health star rating system. The campaign reached an estimated 45,000 people.

Customer surveys showed strong community support for Reach for the Stars:

- 95 percent of customers agreed supermarkets should continue to promote healthy eating
- 64 percent of customers noticed the healthy eating stars
- 38 percent of customers felt Reach for the Stars influenced their purchases.

With input from LCHS, Latrobe Health Assembly, Latrobe Valley community members, and participating supermarkets, a key strength of Reach for the Stars is its co-design. Reach for the Stars will continue with co-designed healthy eating nudges, like healthier drink fridges and end-of-aisle displays, later in 2024.



Our volunteers

When the COVID-19 pandemic decimated volunteering numbers across Victoria, LCHS was impacted as much as any other organisation. The number of our volunteers more than halved, and we have spent the years following trying to rebuild our volunteer base.

Volunteers are vital to LCHS; they dedicate hours upon hours of time and energy providing a service to the community that our employees simply cannot do on their own. From transporting Gippsland residents to medical appointments in the city, to packing clean equipment that reduces harm to people who inject drugs; from sewing buddy bears for children accessing healthcare, to visiting older people in aged care residential facilities who don't have family nearby; our volunteers are crucial members of our organisation and of the communities we serve.

We are pleased to see our volunteer numbers returning to pre-COVID-19 levels, with close to 200 people dedicating time, energy and expertise to community health.

To all of our volunteers, thank you. Your dedication is helping us achieve our vision of better health, better lifestyles, strong and inclusive communities. Thank you for your service.

2023-24 up close



189
Active volunteers



21,432
Hours of service



\$927,377
Monetary value to organisation





Years of Service

Five years

- Allana Dalley
- Tony Bridgman
- Katherine Chan
- Barb Hood
- Gloria Wong
- Amanda Carson
- Verity Keith
- Deb Fletcher

Ten years

- Keith Kosterman
- Karen Spark
- Sheila Madden
- Vicki Grealy
- Deepthi Hettipathirana

Twenty years

- Catherine Manuelipillai

Twenty-five years

- Robyn King

2024 Volunteers of the Year

Gippsland – Dorothy Svensen

Dorothy Svensen shows genuine care and respect for community members of all walks of life, and this is evident in her role as Harm Reduction Volunteer at LCHS. Dorothy packs clean needles and syringes and ensures our supplies are fully-stocked, meaning people who inject drugs have access to clean, safe equipment, and their risk of contracting blood borne viruses is lowered. Dorothy's contribution has taken a huge workload off our Addiction Services team, who are able to spend more time providing clients with therapy and other harm reduction services. Thank you, Dorothy.

Melbourne – Sue Coad

Sue Coad volunteers her expertise in animal behaviour and pet therapy – as well as her own therapy assistance animals – to help older people take care of their pets and provide them with companionship. Her expertise is invaluable. Sue has been a guest speaker at a question and answer session, and wrote a resource on dog behaviour for our other volunteers. An older client with mobility issues is delighted to interact with Sue's therapy cat, as their condition means they no longer have pets of their own. Another client forgets all her worries when Sue and her animals visit, and for five years Sue has continued to visit one particular client – even after they moved into an aged care facility – such is the strength of their bond. Thank you, Sue.

From drawing to pool: Aged care resident Ian finds companionship with volunteer Fiona



The Aged Care Volunteer Visitors Scheme – funded by the Australian Government – connects volunteers who can provide friendship and companionship with older people across Australia.

They include Ringwood resident Fiona, who reached out to LCHS to see how she could help older people in her community who might be feeling lonely.

She was immediately paired with Ian Hill, who lives in Warrandyte Gardens in Ringwood North.

“I visit Ian most weeks,” Fiona says.

“We do a variety of things together. He’s quite interested in art, as am I. So we’ll sometimes draw together, talk, and so on. Ian is admittedly quite shy, so he seems appreciative to have someone to spend time with.

“I’ve done little bits of volunteering in the past. I think we can become a little bit self-absorbed with our roles in life and I started to think something was missing.

I wanted to do something that wasn’t about or for me. So I looked for something flexible and local.”

Ian, 67, moved to Warrandyte Gardens – a single-storey aged care facility that boasts beautiful gardens – with his mother 15 years ago.

“Fiona and I love to play cards, darts and pool together,” he says.

“Sometimes the other residents even take off with our pool balls!”

Fiona says it’s “a nice feeling to do something that isn’t transactional in some way, but for someone else’s wellbeing”.

Walking group leader supporting more than just physical activity



In 2019, volunteer Barb committed to the role of walk leader for the LCHS Moe Carer Programs walking group.

It’s a role she loves and says it’s all about supporting the mental health of carers.

“Our walks are all about wellness, not about how many kilometres we stride or how quickly we can do it,” Barb says.

A full-time carer for her husband who lives with dementia, Barb knows first-hand what it’s like to care for a loved one.

“Carers can bring their dogs along, a warm cuppa, or just themselves as we walk the gardens,” she says.

“We mix it up each week and it really just

feels like friends catching up. We chat as we stroll, but we don’t touch on the heavy subjects – it’s about connection and friendship.”

In 2023-24, Barb reached a milestone of leading 100 walks.

“I was a bit surprised to get the certificate in the mail,” she says.

“When I got my 50 walk certificate I didn’t think much of it, but seeing 100 walks felt different. I felt a big sense of achievement.”

Benefits of volunteering are reciprocal for Sam



A few months into her volunteering journey, and LinkPETS volunteer Sam hasn’t looked back.

“I wanted to give back and liked the idea of helping animals,” Sam says.

LinkPETS helps older people care for their pets, with volunteers providing a friendly face and practical help with things like pet grooming and walking.

Sam has made lots of friends since becoming a volunteer, but a “fiery young cavoodle” called Brandy, and his owner Jacqui, have fast become the highlight of her week.

“Brandy gets excited with birds and other dogs, so I take Brandy for long walks and runs to wear him out and that helps Jacqui back at home,” she says.

And for Sam, who works in an office and finds it hard to stay active, the weekly walk is equally helpful.

“I’ve found working with Jacqui and Brandy hugely rewarding,” she says.

“Brandy lights up when he sees me and I’m able to get my steps in for the day. I’ve also enjoyed getting to know Jacqui; she’s always positive and chatty.”

Financial report for the year ended 30 June 2024

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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 2024**

	Note	2024 Consolidated \$	2023 Consolidated \$
Revenue	2	114,796,517	102,821,246
Other income	2	77,456,945	81,951,219
Employee benefits expense		(134,162,728)	(125,008,345)
Depreciation and amortisation expense	3	(9,592,520)	(9,515,252)
Interest expense on lease liabilities	3	(277,949)	(156,259)
Motor vehicle expenses		(1,176,910)	(1,114,160)
Utilities expense		(599,894)	(663,745)
Staff training and development expenses		(671,690)	(679,348)
Audit, legal and consultancy fees		(719,247)	(490,314)
Marketing expenses		(472,835)	(560,154)
Service Agreements		(2,085,863)	(2,003,275)
Contract Labour		(5,729,584)	(6,407,931)
Client support services expense		(23,538,916)	(24,074,797)
Doubtful debts expense		(6,728)	(121,450)
Other expenses		(10,752,716)	(11,246,526)
Current year surplus before income tax		<u>2,465,882</u>	<u>2,730,210</u>
Income tax expense			
Net current year surplus		<u><u>2,465,882</u></u>	<u><u>2,730,210</u></u>
Other comprehensive income			
Items that will not be reclassified subsequently to profit or loss:			
Gain on revaluation of land and buildings	10	5,391,993	-
Equity Instrument at FVOCI - fair value change		761,726	937,922
Total other comprehensive income for the year		<u>6,153,719</u>	<u>937,922</u>
Total comprehensive income for the year		<u><u>8,619,601</u></u>	<u><u>3,668,132</u></u>

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 2024

	Note	2024 Consolidated \$	2023 Consolidated \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	4,531,227	31,600,534
Trade and other receivables	5	1,762,119	1,848,897
Inventories	6	488,638	578,092
Financial assets	8	52,000,000	27,000,000
Other assets	7	13,722,808	9,586,199
TOTAL CURRENT ASSETS		72,504,791	70,613,721
NON-CURRENT ASSETS			
Financial assets	8	15,753,767	14,587,122
Property, plant and equipment	10	61,970,276	56,532,920
Right-of-use assets	11	5,214,907	8,724,462
TOTAL NON-CURRENT ASSETS		82,938,950	79,844,504
TOTAL ASSETS		155,443,741	150,458,226
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	12	8,820,912	8,035,628
Contract liabilities	13	19,855,404	22,672,600
Lease liabilities	15	3,625,275	3,622,578
Employee provisions	14	15,470,009	13,827,203
TOTAL CURRENT LIABILITIES		47,771,599	48,158,009
NON-CURRENT LIABILITIES			
Lease liabilities	15	1,918,261	5,304,619
Employee provisions	14	6,342,244	6,203,562
TOTAL NON-CURRENT LIABILITIES		8,260,505	11,508,181
TOTAL LIABILITIES		56,032,104	59,666,190
NET ASSETS		99,411,637	90,792,036
EQUITY			
Retained surplus		75,499,829	73,270,622
Reserves		23,911,808	17,521,414
TOTAL EQUITY		99,411,637	90,792,036

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 2024**

Note	Retained Surplus \$	Asset Revaluation Reserve \$	Capital Reserve \$	General Reserve \$	Equity FVOCI Reserve \$	Total \$
Balance at 1 July 2022	69,433,936	9,972,286	6,694,265	1,181,176	(157,759)	87,123,904
Comprehensive Income						
Surplus for the year	2,730,210	-	-	-	-	2,730,210
Total comprehensive income	2,730,210	-	-	-	-	2,730,210
Other transfers						
Transfers to/(from) capital reserve	2,130,749	-	(2,130,749)	-	-	-
Transfers to/(from) general reserve	(1,024,273)	-	-	1,024,273	-	-
Equity investments FVOCI - Fair value change	-	-	-	-	937,922	937,922
Total other transfers	1,106,476	-	(2,130,749)	1,024,273	937,922	937,922
Balance at 30 June 2023	73,270,622	9,972,286	4,563,516	2,205,449	780,163	90,792,036
Balance at 1 July 2023	73,270,622	9,972,286	4,563,516	2,205,449	780,163	90,792,036
Comprehensive Income						
Surplus for the year	2,465,882	-	-	-	-	2,465,882
Net gain on revaluation of land and buildings	-	5,391,993	-	-	-	5,391,993
Total comprehensive income	2,465,882	5,391,993	-	-	-	7,857,874
Other transfers						
Transfers to/(from) capital reserve	703,516	-	(703,516)	-	-	-
Transfers to/(from) general reserve	(946,192)	-	-	946,192	-	-
Equity investments FVOCI - Fair value change	-	-	-	-	761,726	761,726
Total other transfers	(242,676)	-	(703,516)	946,192	761,726	761,726
Balance at 30 June 2024	75,493,828	15,364,278	3,860,000	3,151,641	1,541,889	99,411,637

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 2024**

	Note	2024 Consolidated \$	2023 Consolidated \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from grants and other income		193,538,202	174,119,794
Payments to suppliers and employees		(186,101,853)	(168,444,360)
Interest received		1,862,945	1,176,211
Net cash generated from operating activities		<u>9,299,294</u>	<u>6,851,645</u>
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds from sale of property, plant and equipment		1,112,427	1,475,221
Payment for property, plant and equipment		(5,993,277)	(6,484,732)
Proceeds from/ (used in) held-to-maturity investments		(26,800,000)	29,742,769
Net cash from/ (used in) investing activities		<u>(31,680,850)</u>	<u>24,733,258</u>
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of lease liabilities		(4,687,750)	(4,211,210)
Net cash used in financing activities		<u>(4,687,750)</u>	<u>(4,211,210)</u>
Net increase/ (decrease) in cash held		(27,069,306)	27,373,693
Cash on hand at beginning of the financial year		31,600,534	4,226,841
Cash on hand at end of the financial year	4	<u>4,531,227</u>	<u>31,600,534</u>

The accompanying notes form part of these financial statements.

**LATROBE COMMUNITY HEALTH SERVICE LIMITED
AND CONTROLLED ENTITIES**
ABN: 74 136 502 022
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024

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. Throughout this financial report the consolidated group is referred to as 'the Entity'.

LCHS is a company limited by guarantee which is domiciled in Australia. LCHS is a Community Health Service which aims to prevent health problems through information and awareness, and to intervene sooner through the delivery of truly integrated healthcare.

Note 1 Summary of Material Accounting Policy Information

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. Compliance with Australian Accounting Standards ensures that the financial statements and notes also comply with International Financial Reporting Standards. Material accounting policies adopted in the preparation of the 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 financial statements were authorised for issue on 26 September 2024 by the directors of the entity.

Accounting Policies

Principles of consolidation

The consolidated financial statements include the financial position and performance of controlled entities from the date on which control is obtained until the date that control is lost.

All controlled entities have the same financial year end as the parent.

(a) Revenue and Other Income

The Entity is first required to determine whether amounts received are accounted for as Revenue per AASB 15: Revenue from Contracts with Customers or Income per AASB 1058: Income of Not-for-Profit Entities.

Funding arrangements which are enforceable and contain sufficiently specific performance obligations are recognised as revenue under AASB 15. Otherwise, such arrangements are accounted for under AASB 1058, where upon initial recognition of an asset, the Entity is required to consider whether any other financial statement elements should be recognised (for example, financial liabilities representing repayable amounts), with any difference being recognised immediately in profit or loss as income.

Revenue

Operating Grants, Donations and Bequests

When the entity 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 Entity:

- 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 Entity:

- 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.

**LATROBE COMMUNITY HEALTH SERVICE LIMITED
AND CONTROLLED ENTITIES
ABN: 74 136 502 022
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024**

Other Income

Capital Grant

When the Entity 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 Entity recognises income in profit or loss when or as the Entity 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) 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.

Assets measured using the revaluation model are carried at fair value at the revaluation date less any subsequent accumulated depreciation and impairment losses. Revaluations are performed whenever there is a material movement in the value of an asset under the revaluation model.

Depreciation

The depreciable amount of all fixed assets, including buildings and capitalised lease assets but excluding freehold land, is depreciated on a straight-line basis over the asset's useful life to the entity 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%

(c) Leases

Accounting policy for lease liabilities

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 Entity uses the incremental borrowing rate.

Lease payments included in the measurement of the lease liability, where applicable, 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;
- lease payments under extension options, if the lessee is reasonably certain to exercise the options
- payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

Exceptions to Lease Accounting

The entity has elected to apply the exceptions to lease accounting for both short-term leases (less than 12 months) and leases of low values assets (less than \$10,000). The entity recognises the payments associated with these leases as an expense on a straight line basis over the lease term.

(d) Financial Instruments

Financial Assets

All recognised financial assets are subsequently measured in their entirety at either amortised cost or fair value, depending on the classification of the financial asset.

Classification and subsequent measurement of financial assets

On initial recognition, the Entity classifies its financial assets into the following categories, those measured at:

- amortised cost
- fair value through profit or loss (FVPL)
- fair value through other comprehensive income - equity instrument (FVOCI - equity)

Amortised cost

The Entity's financial assets measured at amortised cost comprise cash and cash equivalents, term deposits with original maturities greater than 3 months and trade and other receivables in the statement of financial position.

**LATROBE COMMUNITY HEALTH SERVICE LIMITED
AND CONTROLLED ENTITIES
ABN: 74 136 502 022
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024**

Equity Instruments at fair value through other comprehensive income (FVOCI - equity)

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. Dividends from these investments continue to be recorded as other income within the profit or loss, unless the dividend clearly represents a return of capital. This category includes unlisted equity securities - JBWere.

Impairment of Financial assets

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

Impairment of Trade Receivables

Impairment of trade receivables have been determined using the simplified approach in AASB 9 which uses estimation of lifetime expected credit losses.

Financial Liabilities

The Entity's financial liabilities include borrowings and trade and other payables, subsequently measured at amortised cost using the effective interest method.

(e) Impairment of Assets

At the end of each reporting period, the entity 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.

(f) Employee Benefits

Short-term employee benefits

Provision is made for the entity'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 entity'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.

Long-term employee benefits

The entity classifies employees' long service leave and annual leave entitlements as 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 entity'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 entity's obligations for long-term employee benefits are presented as non-current liabilities in its statement of financial position, except where the entity 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.

(g) Income Tax

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

(h) Comparative Figures

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

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(i) 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 entity.

Key estimates

(i) Valuation of freehold land and buildings

The freehold land and buildings were independently valued at 30 June 2024 by Bertacco Property Valuations based on market value. Specialised properties at Moe, Churchill, Traralgon and Warragul were separately valued based on their depreciated replacement cost by Prowse Quantity Surveyors. The valuations resulted in a revaluation increment of \$5,391,993 which was credited to the asset revaluation reserve.

The purchase price of the Warragul property was recorded fully as buildings when purchased in June 2022. This property has been split between land and buildings at 30 June 2024 based on valuations from Bertacco Property Valuations and Prowse Quantity Surveyors.

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 entity will make. The entity 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 entity 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) Impairment of assets

The Entity assesses impairment at each reporting period by evaluating the conditions and events specific to the entity that may be indicative of impairment triggers. The recoverable amount of the relevant assets are reassessed using value-in-use calculation which incorporates various key assumptions.

(j) 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 Governments will not continue to support Latrobe Community Health Service Ltd.

(k) Fair Value of Assets and Liabilities

The entity 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.

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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 entity 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 entity'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.

(l) Rounding

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

(m) New and Amended Accounting Standards Adopted by the Entity

AASB 2021-2: Amendments to Australian Accounting Standards – Disclosure of Accounting Policies and Definition of Accounting Estimates

The Entity adopted AASB 2021-2 which amends AASB 7, AASB 101, AASB 108 and AASB 134 to require disclosure of 'material accounting policy information' rather than significant accounting policies' in an entity's financial statements. It also updates AASB Practice Statement 2 to provide guidance on the application of the concept of materiality to accounting policy disclosures.

The adoption of the amendment did not have a material impact on the financial statements.

AASB 2021-6: Amendments to Australian Accounting Standards – Disclosure of Accounting Policies: Tier 2 and Other Australian Accounting Standards

AASB 2021-6 amends AASB 1049 and AASB 1060 to require disclosure of 'material accounting policy information' rather than 'significant accounting policies' in an entity's financial statements. It also amends AASB 1054 to reflect the updated terminology used in AASB 101 as a result of AASB 2021-2. The adoption of the amendment did not have a material impact on the financial statements.

AASB 2022-7: Editorial Corrections to Australian Accounting Standards and Repeal of Superseded and Redundant Standards

AASB 2022-7 makes editorial corrections to various Australian Accounting Standards and AASB Practice Statement 2. It also formally repeals the superseded and redundant Australian Accounting Standards set out in Schedules 1 and 2 of this standard.

The adoption of the amendment did not have a material impact on the financial statements.

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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024**

Note 2 Revenue and Other Income

	2024 \$	2023 \$
Revenue		
Revenue from grants:		
— Commonwealth government grants – operating	56,206,119	51,028,005
— State government grants - operating	33,004,709	28,569,932
— Other organisations	14,678,231	13,847,874
	<u>103,889,059</u>	<u>93,445,811</u>
Other revenue:		
— Client fees	8,023,155	7,533,092
— Interest received on investments in government and fixed interest securities	2,884,303	1,842,343
	<u>10,907,458</u>	<u>9,375,435</u>
Total revenue	<u>114,796,517</u>	<u>102,821,246</u>
Disaggregation of revenue		
The entities' revenue from contracts with customers is disaggregated above by type of good/service and below by timing of revenue recognition.		
Timing of revenue recognition:		
— Goods/services transferred at a point in time	57,578,814	51,572,343
— Goods/services transferred over time	57,217,704	51,248,903
	<u>114,796,517</u>	<u>102,821,246</u>
Other Income		
— Commonwealth government grants - NDIA	74,430,234	79,366,128
— Gain on disposal of property, plant and equipment	545,472	590,052
— Charitable income and fundraising	7,800	22,636
— Rental income from operating leases	58,795	86,846
— Other	2,414,644	1,885,557
Total other income	<u>77,456,945</u>	<u>81,951,219</u>
Total revenue and other income	<u>192,253,462</u>	<u>184,772,465</u>

Commonwealth government grants - NDIA

Commonwealth government grants - NDIA is recognised in profit or loss when the entity obtains control of the funding as the criteria for the funding are not sufficiently specific so as to recognise the revenue in accordance with AASB 15 and therefore the funding is recognised in accordance with AASB 1058.

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Note 3 Surplus for the Year

	2024	2023
	\$	\$
a. Expenses		
Finance costs:		
— interest expense on lease liabilities	277,949	156,259
Total interest expense	277,949	156,259
Employee benefits expense:		
— contributions to defined contribution superannuation funds	12,387,964	11,102,556
— Other employee benefits expense	121,774,764	113,905,789
Total employee benefits expense	134,162,728	125,008,345
Audit fees:		
— audit of financial statements	56,070	27,800
— audit of funding acquittals	19,659	17,178
Total audit remuneration	75,729	44,978
Depreciation and amortisation:		
— buildings	1,795,678	1,890,961
— motor vehicles	723,997	672,560
— furniture and equipment	2,788,938	2,832,851
— Leased assets	4,283,906	4,118,880
Total depreciation and amortisation	9,592,520	9,515,252

Note 4 Cash and Cash Equivalents

	2024	2023
	\$	\$
CURRENT		
Cash at bank	528,402	797,709
Cash on hand	2,825	2,825
Cash at deposit	4,000,000	30,800,000
	4,531,227	31,600,534

Note 5 Trade and Other Receivables

	Note	2024	2023
		\$	\$
CURRENT			
Trade receivables		2,308,222	958,387
Other receivables		182,901	1,052,568
Allowance for expected credit losses		(729,005)	(162,058)
Total current accounts receivable and other debtors	20	1,762,119	1,848,897

The entity's normal credit term is 30 days.

Note 6 Inventories

	2024	2023
	\$	\$
CURRENT		
At cost:		
Inventory	488,638	578,092
	488,638	578,092

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Note 7 Other Assets

	2024	2023
	\$	\$
CURRENT		
Accrued income	12,296,511	8,726,330
Prepayments	1,426,297	859,869
	13,722,808	9,586,199

Note 8 Financial Assets

		2024	2023
	Note	\$	\$
CURRENT			
Term deposits with original maturities greater than 3 months		52,000,000	27,000,000
Total current assets	21	52,000,000	27,000,000
NON-CURRENT			
Other financial assets - Investment portfolio - measured at fair value through OCI.		15,753,767	14,587,122
Total non-current assets	21	15,753,767	14,587,122

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	
		2024 (%)	2023 (%)
Link Health and Community Limited (in liquidation)	81-83 Buckley St Morwell Vic 3840	-	-
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 Health and Community Limited is currently in voluntary liquidation.

(b) Significant Restrictions

There are no significant restrictions over the Group's ability to access or use assets, and settle liabilities, of the Group.

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Note 10 Property, Plant and Equipment

	2024 \$	2023 \$
LAND AND BUILDINGS		
Freehold land at fair value:		
— Independent valuation in 2024	14,909,840	-
— Directors valuation in 2023	-	8,352,340
Total land	14,909,840	8,352,340
Buildings at fair value:		
— Independent valuation in 2024	28,859,060	-
— Directors valuation in 2023	-	32,728,686
Less accumulated depreciation	-	(1,984,944)
Total buildings	28,859,060	30,743,742
Leasehold improvements at cost	9,231,495	9,015,980
Less accumulated depreciation	(6,819,333)	(5,822,249)
Total leasehold improvements	2,412,162	3,193,731
Total buildings and leasehold improvements	31,271,221	33,937,472
PLANT AND EQUIPMENT		
Furniture and Equipment		
— At cost	34,159,935	31,752,675
Less accumulated depreciation	(24,886,553)	(22,098,954)
	9,273,382	9,653,721
Motor Vehicles		
— At cost	5,052,820	4,734,435
Less accumulated depreciation	(1,331,871)	(1,417,124)
	3,720,950	3,317,311
Total plant and equipment	12,994,332	12,971,032
Capital work in progress	2,794,883	1,272,076
Total property, plant and equipment	61,970,276	56,532,920

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 \$
2023						
Balance at the beginning of the year	8,352,340	34,398,329	3,041,741	9,069,817	1,467,502	56,329,729
Additions at cost		1,430,104	1,637,873	3,416,755		6,484,732
Disposals			(689,743)		(195,426)	(885,169)
Depreciation expense		(1,890,961)	(672,560)	(2,832,851)		(5,396,371)
Carrying amount at the end of the year	8,352,340	33,937,472	3,317,311	9,653,721	1,272,076	56,532,920
2024						
Balance at the beginning of the year	8,352,340	33,937,472	3,317,311	9,653,721	1,272,076	56,532,920
Additions at cost		294,934	1,702,677	2,408,599	1,522,807	5,929,017
Disposals			(575,041)			(575,041)
Revaluations	6,557,500	(1,165,507)				5,391,993
Depreciation expense		(1,795,678)	(723,997)	(2,788,938)		(5,308,613)
Carrying amount at the end of the year	14,909,840	31,271,221	3,720,950	9,273,382	2,794,883	61,970,276

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Asset Revaluations

The freehold land and buildings were independently valued at 30 June 2024 by Bertacco Property Valuations based on market value. Specialised properties at Moe, Churchill, Traralgon and Warragul were separately valued based on their depreciated replacement cost by Prowse Quantity Surveyors. The valuations resulted in a revaluation increment of \$5,391,993 which was credited to the asset revaluation reserve.

The purchase price of the Warragul property was recorded fully as buildings when purchased in June 2022. This property has been split between land and buildings at 30 June 2024 based on valuations from Bertacco Property Valuations and Prowse Quantity Surveyors.

Note 11 Right-of-use Assets

The Entity's lease portfolio includes equipment, motor vehicles and buildings. These leases have an average of 3 years as their lease term.

(a) Options to Extend or Terminate

The options to extend or terminate are contained in several of the property leases of the Entity. These clauses provide the Entity opportunities to manage leases in order to align with its strategies. All of the extension or termination options are only exercisable by the Entity. The extension options or termination options which were reasonably certain to be exercised have been included in the calculation of the right-of-use asset.

ij) AASB 16 related amounts recognised in the balance sheet

<u>Right-of-use assets</u>	2024	2023
	\$	\$
Leased building	11,683,446	11,946,721
Accumulated depreciation	(6,681,534)	(3,265,651)
	<u>5,001,913</u>	<u>8,681,070</u>
Leased motor vehicles	750,314	553,637
Accumulated depreciation	(537,320)	(510,244)
	<u>212,994</u>	<u>43,393</u>
	<u>5,214,907</u>	<u>8,724,462</u>

Movements in carrying amounts:

Leased buildings:		
Opening balance	8,681,070	3,283,314
Additions	343,178	9,107,878
Terminations	(268,356)	(7,620)
Depreciation expense	(3,753,979)	(3,702,502)
Net carrying amount	<u>5,001,913</u>	<u>8,681,070</u>
Leased motor vehicles:		
Opening balance	43,392	52,942
Additions	699,529	406,828
Depreciation expense	(529,927)	(416,378)
Net carrying amount	<u>212,994</u>	<u>43,392</u>

ii) AASB 16 related amounts recognised in the statement of profit or loss

	2024	2023
	\$	\$
Depreciation charge related to right-of-use assets	4,283,906	4,118,880
Interest expense on lease liabilities	277,949	156,259

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Note 12 Trade and Other Payables

	Note	2024 \$	2023 \$
CURRENT			
Trade payables		1,132,839	783,013
GST payable		696,639	825,260
Accrued expenses		4,562,879	3,585,122
Employee benefits		2,428,555	2,842,233
	12a	<u>8,820,912</u>	<u>8,035,628</u>
		2024 \$	2023 \$
a Financial liabilities at amortised cost classified as accounts payable and other payables			
Accounts payable and other payables:			
— Total current		<u>8,820,912</u>	<u>8,035,628</u>
		<u>8,820,912</u>	<u>8,035,628</u>
Less GST payable (net amount)		<u>(696,639)</u>	<u>(825,260)</u>
Financial liabilities as trade and other payables	20	<u>8,124,273</u>	<u>7,210,368</u>

Note 13 Contract Liabilities

	2024 \$	2023 \$
Balance at the beginning of the year	22,672,600	26,796,868
Funding repaid during the year	(4,208,606)	(6,304,911)
Additions:		
Grants for which performance obligations will only be satisfied in subsequent years.	1,391,409	2,180,643
Closing balance at the end of the year	<u>19,855,404</u>	<u>22,672,600</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 14 Employee provisions

	2024 \$	2023 \$
CURRENT		
Provision for employee benefits: annual leave	10,274,496	9,546,245
Provision for employee benefits: long service leave	5,195,513	4,280,958
	<u>15,470,009</u>	<u>13,827,203</u>
NON-CURRENT		
Provision for employee benefits: long service leave	6,342,244	6,203,562
	<u>6,342,244</u>	<u>6,203,562</u>
	<u>21,812,253</u>	<u>20,030,765</u>
Analysis of total provisions:		
	Employee Benefits	
Opening balance at 1 July 2023	20,030,765	
Additional provisions raised during the year	16,404,512	
Amounts used	<u>(14,623,024)</u>	
Balance at 30 June 2024	<u>21,812,253</u>	

Provision for employee benefits

Employee provisions represent amounts accrued for annual leave and long service leave.

The current portion for this provision includes the total amount accrued for annual leave entitlements and the amounts accrued for long service leave entitlements that have vested due to employees having completed the required period of service. Based on past experience, the entity does not expect the full amount of annual leave or long service leave balances classified as current liabilities to be settled within the next 12 months. However, these amounts must be classified as current liabilities since the entity does not have an unconditional right to defer the settlement of these amounts in the event employees wish to use their leave entitlement.

The non-current portion for this provision includes amounts accrued for long service leave entitlements that have not yet vested in relation to those employees who have not yet completed the required period of service.

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Note 15 Leasing Liabilities

	2024	2023
	\$	\$
a Right of use leases		
Payable - minimum lease payments:		
— not later than 12 months	3,758,812	3,882,913
— between 12 months and five years	2,006,723	5,524,059
— later than five years	-	-
Minimum lease payments	5,765,535	9,406,972
Less future finance charges	(221,998)	(479,775)
Present value of minimum lease payments	5,543,536	8,927,197
Reconciled to:		
Current lease liability	3,625,275	3,622,578
Non current lease liability	1,918,261	5,304,619
	5,543,536	8,927,197

Note 16 Contingent Liabilities and Contingent Assets

There were no contingent liabilities or assets as at the reporting date. (2023: 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 entity directly or indirectly, including any director (whether executive or otherwise) is considered key management personnel (KMP). KMP consists of the Board, CEO and Executive Directors.

The totals of remuneration paid to KMP of the entity during the year are as follows:

	2024	2023
	\$	\$
KMP compensation:	2,299,003	2,040,885

Note 19 Other Related Party Transactions

Board Member	Related Parties
Murray Bruce	Gippsland Primary Health Network
Nathan Voll	Gippsland Primary Health Network
Nathan Voll	Quantum Support Services
Ben Leigh (to 18/9/23)	Latrobe Health Assembly
Ben Leigh (to 18/9/23)	TAFE Gippsland

During the year revenue of \$5,327,674 (2023: \$3,324,971) was received from Gippsland Primary Health Network.

During the year \$22,321 (2023: \$4,949) was paid to Quantum Support Services.

In the period to 18/9/23 revenue of \$95,700 (2023: \$1,137,550) was received from Latrobe Health Assembly and \$2,030 (2023: \$51,669) from TAFE Gippsland.

In the period to 18/9/23 \$0 (2023: \$160) was paid to TAFE Gippsland.

All transactions with related parties are made at normal, arms length, commercial terms and conditions.

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Note 20 Financial Risk Management

The entity'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	2024 \$	2023 \$
Financial assets			
Financial assets:			
— cash and cash equivalents	4	4,531,227	31,600,534
— trade and other receivables	5	1,762,119	1,848,897
— other financial assets	8	67,753,767	41,587,122
Total financial assets		74,047,113	75,036,553
Financial liabilities			
Financial liabilities at amortised cost:			
— trade and other payables	12a	8,124,273	7,210,368
— lease liabilities	15	5,543,536	8,927,197
Total financial liabilities		13,667,809	16,137,565

Note 21 Fair Value Measurements

The entity 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 entity 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 entity 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 entity 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 entity 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.

Recurring fair value measurements	Note	2024 \$	2023 \$
<i>Financial assets</i>			
Term deposits with original maturities greater than 3 months	8	52,000,000	27,000,000
Investment portfolio - measured at fair value through OCI (i)	8	15,753,767	14,587,122
		67,753,767	41,587,122
<i>Property, plant and equipment</i>			
Freehold land (ii)	10	14,909,840	8,352,340
Buildings (ii)	10	28,859,060	30,743,742
		43,768,900	39,096,082

(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 an external independent valuation.

**LATROBE COMMUNITY HEALTH SERVICE LIMITED
AND CONTROLLED ENTITIES
ABN: 74 136 502 022
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2024**

Note 22 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 23 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 24 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 2024 the number of members was 20.

**LATROBE COMMUNITY HEALTH SERVICE LIMITED
AND CONTROLLED ENTITIES
ABN: 74 136 502 022
DIRECTORS' DECLARATION**

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 18, 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 registered entity as at 30 June 2024 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 entity will be able to pay its debts as and when they become due and payable.
3. The entity has not prepared a consolidated entity disclosure statement as Australian Accounting Standards do not require it to prepare consolidated financial statements.

This declaration is signed in accordance with subs 60.15(2) of the Australian Charities and Not-for-profits Commission Regulation 2022.

Director



Stevio Vido

Dated this 26th day of September 2024



Andrew Frewin Stewart
61 Bull Street Bendigo VIC 3550
ABN: 65 884 604 390
afs@afsbendigo.com.au
03 5443 0344

Independent auditor's report to the Directors of Latrobe Community Health Service Limited

Report on the audit of the financial statements

Opinion

We have audited the financial report of Latrobe Community Health Service Limited's (the company), which comprises:

- Statement of financial position as at 30 June 2024
- Statement of profit or loss and other comprehensive income for the year then ended
- Statement of changes in equity for the year then ended
- Statement of cash flows for the year then ended
- Notes comprising a summary of significant accounting policies and other explanatory notes
- The directors' declaration of the company.

In our opinion, the financial report of the company is in accordance with the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- i. giving a true and fair view of the company's financial position as at 30 June 2024 and of its financial performance for the year ended on that date, and
- ii. complying with Australian Accounting Standards – Simplified Disclosures and the Australian Charities and Not-for-profits Commission Regulations 2022.

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

Independence

We are independent of the company 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 (including Independence Standards)* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.



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Directors' responsibility for the financial report

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards - Simplified Disclosures and the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the company'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 company or cease operations, or have no realistic alternative but to do so.

Auditor's responsibility for the audit of the financial report

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



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- 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 company'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 company 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.
- Communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

A handwritten signature in black ink, appearing to read 'Andrew Frewin Stewart', is positioned above the printed name.

Andrew Frewin Stewart
61 Bull Street, Bendigo, 3550
Dated this 26th day of September 2024

A handwritten signature in black ink, appearing to read 'A. Downing', is positioned above the printed name.

Adrian Downing
Lead Auditor





1800 242 696 • www.lchs.com.au
Latrobe Community Health Service ABN: 74 136 502 022