Better health, Better lifestyles, Stronger communities

Annual Report 2009

Latrobe Community Health Service
Gippsland Wide

Vision

Better health, Better lifestyles, Stronger communities

Purpose

To enable people to live healthier, live better, live longer.

Strategic directions

1. A healthy population
2. Quality services
3. Community - our greatest asset
4. Excellence in knowledge management

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.

Contents

Chairperson & Chief Executive Officer's Report

John Guy
Board Chair
Grad. Dip P.A.

Ben Leigh
Chief Executive Officer
BAAppSci, MPPM, ACHSE CHE

Latrobe Community Health Service's (LCHS) vision of ***Better health, Better lifestyles , Stronger communities*** has continued to drive our endeavours of the past 12 months as we have implemented the second year of the 2007-2012 Strategic Plan.

Serving our Community
During 2008/09 LCHS provided over 66 health and community support programs across Gippsland. Included in these programs has been the provision of 67,000 hours of health services, 4,000 aged and disability assessments, 42,000 hours of respite, 50,000 dental treatments, 11,000 hours of assisting people to access the right service, 7,800 after hours general practitioner (GP) consultations, 2,000 palliative care consultations, 1,700 alcohol and other drug episodes of care, 9,800 needle and syringe exchanges and the provision of care packages to over 600 clients.

In addition to this enormous level of direct service delivery, LCHS has implemented many health promoting and community building programs aimed at improving health in the areas of mental health and wellbeing, food and nutrition and physical activity.

The financial position of LCHS has strengthened with total revenue (excluding capital) increasing from $26.5M in 2007/08 to $28.9M in 2008/09 with total equity rising from $11.9M to $17M.

New Facilities
Capital facilities have also been substantially improved with the Morwell development progressing well following the demolition of the Del Spana Motel in November 2008, and the initial sod turned by the Victorian Health Minister the Honourable Daniel Andrews on 16 March 2009. The project is on track for completion of the first stage in April 2010 and the second stage in August 2010.

Refurbishment of the Traralgon site on the corner of Princes Highway and Seymour Street was completed with staff and services relocating in June 2009. The site is now bright, modern and spacious featuring two large group rooms, a physiotherapy clinic, seven counselling rooms, three clinical consulting rooms, a clinical treatment room, a large meeting room, 16 staff workstations and a staffroom. The Seymour Street building has been decommissioned and handed back to its owner. An official opening for the refurbished site will be scheduled for later in 2009. Master planning for the improvement of the Churchill and Moe sites is underway with Vincent Chrisp Architects.

This year Moe After Hours Medical Service (MAHMS) celebrated the tremendous milestone of 10 years of operation. MAHMS provides important after hours GP services in partnership with local GP clinics and consultations have grown from 3,000 consultations per year to 7,800.

It was immensely pleasing that LCHS and Ramahyuck District Aboriginal Corporation Nindedana Quarenook Aboriginal Health Services received the Latrobe City Australia Day Award 2009 for Community Event of the Year, for the 2008 “Sorry Day Celebration”. The Board also formally committed LCHS to the elimination of the appalling 17 year gap between the life expectancy of Indigenous and other Australians.

Natural disaster again featured in Gippsland and LCHS played a very important role in recovery support for fire victims of the 2009 Gippsland fires. Many staff provided counselling, case management and health services to fire affected residents. LCHS also participated in the development of Victoria's Psychosocial Recovery Plan.

Attracting appropriately qualified health professionals continues to challenge rural Australia and LCHS continues to develop strategies to improve the availability of qualified staff. Current strategies include a work force review with a view to qualification substitution, identifying organisational vocational training needs, and engaging with registered training organisations to increase the skills pool.

A new status for Latrobe Community Health Service

The Federal Government undertook three major reviews of Australia’s health system this year; the National Health and Hospitals Reform Commission Report, the National Primary Care Strategy and the National Preventative Health Task Force paper. LCHS submitted responses for each of these and the Board will evaluate and grasp appropriate opportunities to contribute to the better health of the Gippsland community.

LCHS, along with 38 other independent Victorian community health services, fought to retain Australian Tax Office charitable status this year. After personal intervention by the Victorian Minister for Health, the Honourable Daniel Andrews, the Victorian Health Services Act was amended to establish a registration system for Victorian community health services that will support the delivery of high quality services to local communities, while protecting community health services’ charitable status. This status allows LCHS to offer important tax concessions and assists in recruiting and retaining highly skilled staff, particularly in a rural area.

In order to become a registered community health centre LCHS members agreed at the November 2008 Annual General Meeting (AGM) for the change in status from an Incorporated Association to a Company Limited by Guarantee. Registration was achieved in April 2009. The first AGM of the new company will be held in 2009 and elections will be held for five community representative Board Directors. The new constitution provides for three Board Directors to continue for additional terms of one, two and three years.

As a result of changes to the Victorian Health Services Act, LCHS is no longer subject to the Freedom of Information (FOI) Act (except for information submitted to a government department). However, LCHS remains subject to the Health Records Act and will continue to support clients to access their health information as required.

The Board found it timely this year to refresh the branding of LCHS. The new logo represents the professional holistic helping and leadership role that LCHS provides to communities across Gippsland. As well, it was decided to introduce a uniform in the coming year for LCHS staff to enhance the service's professional image and to assist the community to identify LCHS staff.

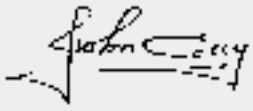
Due to a strong focus on quality improvement this year LCHS gained Quality Improvement Council Accreditation for another three years. Systems to monitor and report LCHS performance at a governance and operational level have also been significantly enhanced improving the management capacity and reporting to funding bodies.

LCHS continues to support the Central West Gippsland Primary Care Partnership (CWGDGP) of primary health and community support organisations. The CWGDGP undertook a strategic review this year, which identified opportunities for maximising administrative efficiencies and enhancing the definition of the CWGDGP as a partnership. Consequently the CWGDGP's administrative costs have been reduced and relocation from within the LCHS Moe main building to the MAHMS building has increased autonomy for members. The range of activities has been extended to include Kids Life, Community Kitchens, problem gambling, refugees services, drought relief and service coordination particularly in the areas of chronic disease management, electronic referral and falls prevention.

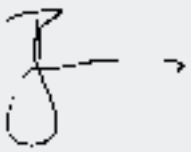
In partnership with the Monash University Department of Rural and Indigenous Health (MUDRIH), LCHS established a Professional Education and Research Unit. A Senior Lecturer and a Senior Administrative Officer from MUDRIH will be located at LCHS's Morwell site to assist in the development of the student placement program, to increase LCHS research activities and to implement a model of interdisciplinary learning across the organisation. As part of the strategic plan a Service Excellence Officer was appointed to take responsibility for coordinating professional development, interdisciplinary learning and implementation and support of the new Service Excellence Forum.

Many opportunities and challenges lie ahead for LCHS in particular the potential policy directions of the Federal Government arising from the National Health and Hospitals Reform Commission Report, the National Primary Care Strategy and the National Preventative Health Task Force paper. The Board and the Executive have already commenced the strategic thinking required for this next important stage in the development of Australia's health system.

And lastly a big thank you to all LCHS supporters including customers and clients, volunteers, staff, community members, partners and funding bodies for another productive and rewarding year.



John Guy
Board Chair
Grad. Dip. P.A.

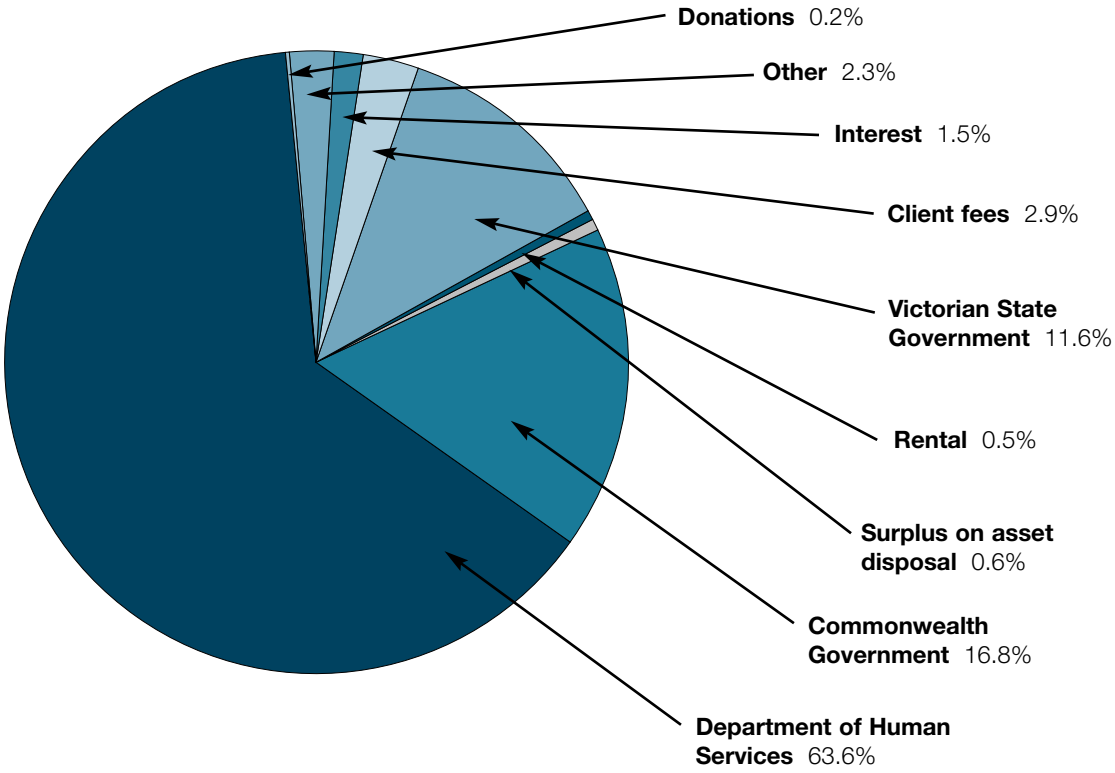


Ben Leigh
Chief Executive Officer
BAppSci, MPPM, ACHSE CHE

Financial Overview

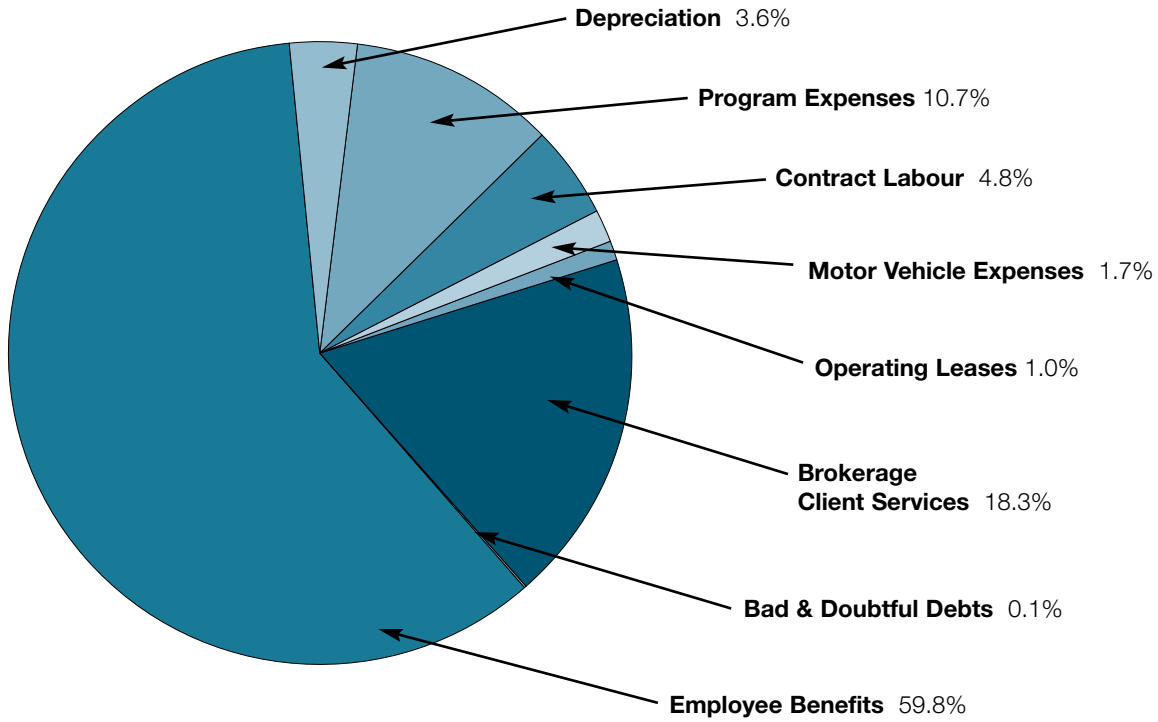
Latrobe Community Health Service's (LCHS) financial results have delivered continued growth this year. Operating revenue (revenue excluding capital grants) increased by 8.9% to $28.9M and net operating surplus increased by 8.1% to $1.33M. This, combined with the Victorian Government grants of $3.82M to support the major capital development program, brought the overall result for the year to $5.15M. As in previous years, the Department of Human Services was the major source of operating funds. Victorian State Government funding increased by $0.99M to reach 11.6% of LCHS total operating revenue.

2008/09 Total Operating Revenue



The increase in revenue is accompanied by a corresponding increase in expenses, reflecting the range of services LCHS provides. The cost of services is dominated by staffing costs, with employee and contract labour making up almost two thirds of the operating expenditure.

2008/09 Total Expenses



Capital Program highlights in 2008/09:

- Sale of the Del Spana Motel in Morwell to the Victorian Government for $1.25M to allow the construction of a new community health centre.
- Purchase and redevelopment of a new site in Traralgon for a state of the art community health centre.
- Construction of a new $21M flagship LCHS site in Morwell commenced in partnership with the Victorian Government, for completion in 2009/10.
- Initial planning of major works to refurbish LCHS's Moe and Churchill sites.

The Traralgon redevelopment and Moe and Churchill master planning are being funded from internal reserves. The construction of the new LCHS site in Morwell is funded by the Victorian Government with capital grants of $3.82M received in 2008/09.

	2008/09 ($M)	2007/08 ($M)	2006/07 ($M)
What we Received - (Revenue)	28.93	26.58	24.35
What we Spent - (Expenses)	27.60	25.35	23.78
Operating result for the year	**1.33**	**1.23**	**0.57**
Plus Capital funding received	3.82	0.09	0.51
Net Result for the year	**5.15**	**1.32**	**1.08**

Assets and Liabilities

	2008/09 ($M)	2007/08 ($M)	2006/07 ($M)
What we Own - (Assets)	22.47	17.15	15.90
What we Owe - (Liabilities)	5.41	5.24	5.50
NET ASSETS	**17.06**	**11.91**	**10.40**

LCHS net assets grew by $5.15M to $17.06M as a result of the operating surplus, the sale of the Del Spana Motel and the capital grants received, while liabilities increased only minimally.

A significant component of assets ($8.86M) is held as cash and cash equivalent, invested in deposits spread over eight banking institutions secured by the Government Guarantee Scheme. This conservative strategy protected LCHS's capital and generated positive returns over a period in which other investment classes were negatively impacted by the global financial crisis. Investments returned $426,834 in interest compared to $473,293 in 2007/08.

As a result of LCHS's improved balance sheet and net asset position the working capital ratio, a measure of our ability to meet short term commitments, has improved to 2.16 and LCHS's debt ratio, indicating the organisation's ability to service debt, improved to 24.07%.

LCHS has decided it is prudent to create specific reserves for future projects including $4.6M for future capital development, $0.82M for community projects and $0.36M for other fixed asset improvements.

Cash Flow

LCHS's cash flow remains healthy, with the cash position improving by $3.4M over the year.

	2008/09 $M	2007/08 $M	2006/07 $M
Cash Flow from Operating Activities	5,921,205	1,909,059	2,911,775
Cash Flow from Investing Activities	*(2,489,118)*	*(3,981,835)*	*(1,315,008)*
Cash and Cash Equivalents at beginning of Year	5,423,209	7,495,985	5,899,218
Cash and Cash Equivalents at end of Year	**8,855,296**	**5,423,209**	**7,495,985**

Board & Governance

Latrobe Community Health Service (LCHS) is registered under the Corporations Act 2001 as a Company Limited by Guarantee. It is governed by a nine member Board, of which five members are elected by the membership of the company and up to four members appointed by the Board.

John V Guy
JP Chairperson
Joined the Board in September 1997.

Board Executive, previous Chair Audit Committee, Remuneration Committee, previous CEO Appraisal Committee Board Recruitment Selection Panel. Grad Dip PA, JP.

John spent 35 years with the State Electricity Commission of Victoria (SECV), six years on the Morwell Shire/City Council (three consecutive years as Mayor), he was Chairman of the Latrobe Regional Commission and Chairman of Commissioners of Wellington Shire during the amalgamation process. John is currently Chairperson of Advance Morwell Inc and Chair of Gippsland Regional Clinical School Community Support Group.

Peter Wallace
Deputy Chairperson
Joined the Board in January 2007.

Audit Committee, Quality and Safety Committee, Remuneration Committee, BA Business (Marketing), Post Grad Dip Health Services Management, Master of Administration & AFACHSE.

Peter was fomerly Director Corporate Services at Latrobe Regional Hospital. His previous appointments include Chief Executive Officer at Maroondah Hospital, Deputy and Acting Chief Executive Officer at Box Hill Hospital and Director of General Services at Monash Medical Centre. Peter has also undertaken project-consulting assignments at Mercy Health and Aged Care, the Royal Children's Hospital and Barwon Health. Peter has worked as a Project Manager for the HealthSMART Financial Management Information System implementation for Gippsland, Dental Health Services Victoria and is currently employed as a Program and Service Advisor in Acute Health at the Department of Human Services Gippsland.

Steven Porter

Joined the Board in November 2004.

Chair Audit Committee, previous Treasurer, CEO Appraisal Committee. BA Eng (Civil).

Steven is a previous alumni of Leadership Victoria and completed professional Board Orientation Series training. He has experience in senior management positions of asset planning, capital works, communications/public relations, business processes and resource management. Steven is currently undertaking a Masters at RMIT in Organisation Dynamics and is a sessional member with Planning Panels Victoria.

Margaret Peters OAM

Joined the Board in October 1999.

Previous Board Chairperson, Board Recruitment Selection Panel, previous CEO Appraisal Committee; Previous Chair Audit Committee. FACM (Dist).

Margaret is a retired Deputy Director of Nursing and previous Director in a number of midwifery and not-for-profit organisations both nationally and internationally. Margaret has completed board training including Nous Group Rural Health Boards Management Development Program and Governance and Risk Management. She was a member of the Latrobe Regional Hospital Board from November 2000 to July 2009 where she held the position of Deputy Chair.

The work of the Board is supported by Board Committees, including;

- Audit
- Quality and Safety
- Remuneration

In addition the Board established two additional committees in order to assist the Morwell redevelopment. The Art Committee was established to oversee the installation of public art and the History Committee to document and display the history of LCHS.

Don Flanigan

Joined the Board in June 1995.

Previous Board Chairperson and Vice Chairperson, Audit Committee.

Don spent 39 years with the State Electricity Commission of Victoria (SECV) in trade and middle management. He was a foundation member of Churchill Community Health Centre in 1974 serving until amalgamation in 1995 and was later appointed onto the LCHS Board in June that year. He has served on a number of boards of management in the community.

Chris Devers

Joined the Board in October 2001.

Previous Chair Audit Committee, Board Recruitment Selection Panel, Previous Treasurer. Assoc Dip Mech Eng.

Chris' previous roles include eight years in power station operations with State Electricity Commission of Victoria (SECV), power industry technical writing, Parliamentary electorate offices and community development worker positions. He currently works as a Ministerial Advisor within the Victorian State Government. Chris is active in numerous community groups and has served on Disability Advisory, Advocacy and Resource Council Boards within the Gippsland region.

Dr Janice Chesters

Joined the Board in June 2005.

Chair Quality and Safety Committee. BA Hons La Trobe and PhD Monash.

Janice is currently Acting Director of the Monash University Department of Rural and Indigenous Health. Her primary research area is rural mental health services and the history of mental health services. Janice is also involved in Indigenous health. She is a core member of Latrobe Regional Hospital Ethics Committee and is the Chair of SNAP Gippsland Inc.

Steven Elvy

Joined the Board in November 2007.

Member Quality and Safety Committee. BA Science (Human Movement), BA Applied Science (Physiotherapy) and Masters Health Services Management.

Steven is employed as the Director Community Services at Yarram and District Health Service. Steven's background is in the Allied Health industry as a qualified Physiotherapist and a past Executive Member of the Australian Physiotherapy Association Victorian Chapter Physiotherapy Leaders and Managers. Steven is currently Chairperson of the Wellington Primary Care Partnership and a member of the Australasian College of Health Service Executives.

Details of attendance by members of LCHS at Board, Audit Committee and Quality & Safety Committee, meetings held during the period 30 June 2008 – 30 June 2009, are as follows:

Board Director/Committee Member	Meetings					
	Board Meetings		Audit Committee		Quality & Safety Committee	
	A	B	A	B	A	B
Margaret Peters (Chairperson until Board election at 27 November 08 AGM)	14	12	---	---	---	---
John Guy** (Deputy Chairperson until Board election at 27 November 08 AGM - when elected as Chairperson)	14	10	1	2	---	---
Peter Wallace (Deputy Chairperson elected at 27 November 08 AGM)	14	13	4	4	6	6
Steven Porter (Treasurer until 7 April 09 - LCHS change to Company Limited by Guarantee)	14	10	4	2	---	---
Janice Chesters	14	12	---	---	6	6
Don Flanigan	14	13	3	3	---	---
Chris Devers	14	10	---	---	---	---
Steven Elvy	14	14	---	---	6	5
Martha Karagiannis*	2	0	---	---	---	---

Audit Committee Independent Representative	A	B
Bill Dyt *	1	0
Michael Clamp ***	2	1
Liz Collins ^	1	1
John Anderson ^	1	1

Notes:
Column A - Indicates number of meetings held while Board Director/Committee Member was a member of the Board/Audit Committee/Quality & Safety Committee
Column B - Indicates number of those meetings attended
* resigned effective September 2008
** two year Audit Committee term ended September 2008
*** two year Audit Committee term ended December 2008
^ appointed June 2009

Organisational Chart

LCHS Board

- **Board Audit Committee**
- **Board Quality & Safety Committee**
- **Chief Executive Officer**
  - **Senior Manager Strategic Projects**
  - **Primary Care Partnership**
  - **Executive Director Community Support**
    - Manager Drug Treatment Services
    - Manager Counselling Services
    - Manager Respite Services
  - **Executive Director Ambulatory Care**
    - Manager Ambulatory Care
    - Manager Ambulatory Care
  - **Executive Director Coordinated Care**
    - Manager Carer Services
    - Manager Aged & Veterans' Services
    - Manager Case Management
  - **Executive Director Primary Health**
    - Manager Allied Health & Stay Healthy Latrobe
    - Manager Community Dental
    - Manager Consumer Services
    - Manager Health Promotion & Education
  - **Executive Director Corporate**
    - Manager Accounting Services
    - Manager Sourcing, Fleet & Facilities
    - Manager Information, Communication and Technology
    - Manager People & Culture
    - Manager Quality

Nicole Steers
RN Div 1, Grad Cert Cancer Nursing, RN Critical Care, MRCNA, AFACHSE

Ambulatory Care

The Ambulatory Care directorate is responsible for the areas of district nursing, palliative care, the Moe After Hours Medical Service (MAHMS) and wound management.

During the year, the directorate completed an Infection Control Audit at Latrobe Community Health Service (LCHS), and in January 2009, LCHS employed a Practice Excellence Officer charged with the development, management and evaluation of research activities and to assist in the achievement of clinical excellence.

The need for clinical expertise to triage the enquiries coming into the service was identified and led to the employment of a Division 2 Nurse in May 2009. This has provided clinical expertise and administrative support to Ambulatory Care clients and staff.

Targets

Ambulatory Care	Key Performance Indicator	Annual Target	Achieved to 30/06/2009	% Achieved
District Nursing - Community Health	Hours by Staff	1,788	303	17
District Nursing - Home and Community Care	Hours to Consumer	23,551	23,223	99
District Nursing - Full Cost Recovery	Hours to Consumer	5,108	4,768	93
Palliative Care - Community Health	Hours by Staff	2,171	1,217	56
Palliative Care - Community (Sub Acute)	Contacts	2,693	2,560	95
Moe After Hours Medical Services (MAHMS)	Contacts	15,934	7,845	49

Community Health targets in both District Nursing and Ambulatory Care are down and as a result of a foot care review 1,022 targets (the equivalent 0.8 EFT) have been transferred to the Primary Health directorate. This will mean the Community Health total target will reduce to 2,937. Of the 2,937, there will no longer be a palliative care component. Recruitment during 2008/09 has seen an increase in staff profile and this will continue in 2009/10. Resources have been allocated to Community Health activities which will enable this target to be met.

With streamlining of processes there are also significant gains to be made within Home and Community Care (HACC) nursing to meet targets again in 2009/10. A full cost recovery review of existing contracts as well as Department Veterans Affairs (DVA) reporting has occurred and all contracts will now reflect current rates.

Palliative Care services will all be reported according to Victorian Integrated Non-Admitted Health requirements in 2009/10. The target for LCHS for 2009/10 for Palliative Care is 4,254. This is based on historical data collected by Department Human Services (DHS) and will provide baseline information for the introduction of performance measures and activity targets in the future. Ambulatory Care has reviewed service delivery processes including incorporating district nurses into the Palliative Care service. This streamlining of service delivery and reporting of contacts as opposed to hours will assist in targets being met within the funding available. The new Palliative Care targets will not incur recall and will be reviewed at the end of 2009/10.

Moe After Hours Medical Service (MAHMS) target has been adjusted by DHS. The target is historical and not reported against.

District Nursing
The Executive Director Ambulatory Care accepted an invitation to join the newly formed Royal College of Nursing Community and Primary Health Care Faculty Advisory Committee. This Committee will facilitate the exchange of information and advice on community and primary health care issues at a national level.

Following the streamlining of processes significant gains were made within HACC Nursing including a full cost recovery review of existing contracts. All contracts will now reflect current rates. A slight increase in staff will enable targets to be achieved, with future recruitment planned.

Foot care services were transferred to the Primary Health directorate from July 2009, allowing Allied Health assistants to perform foot care under the guidance of the podiatrist.

Ambulatory Care has a partnership program with the Gippsland Integrated Cancer Services to up-skill nurses in Central Venous Access Device care for cancer patients. The aim is to reduce unwanted variations in care, improving the quality of care for Gippsland cancer patients in both acute and community sectors.

A project undertaken by consultants Ochre Health regarding the future role for LCHS in the provision of General Practitioner (GP) services for Latrobe Valley was commissioned by the Board, the Board is now considering the report's recommendations.

Palliative Care
In June 2009, an Inter-Professional Learning (IPL) forum focused on chronic disease management and the palliative approach. The Practice Excellence Officer will now implement IPL across the organisation as part of the service coordination project.

As a result of an extensive review, service delivery processes including incorporating district nurses into the Palliative Care service have been streamlined. The delivery and reporting of contacts as opposed to hours will result in targets being met within available funding.

The Executive Director of Ambulatory Care represents LCHS on the Gippsland Regional Palliative Care Consortium. The Consortium presented the play "Four Footprints" across Gippsland in May. LCHS, in conjunction with Latrobe Regional Hospital and the Central West Division of General Practice (CWGDGP) hosted the Traralgon performance. More than a hundred people attended this touching comedy creating a better understanding of palliative care.

Moe After Hours Medical Service
LCHS and CWGDGP offer MAHMS to meet community needs. The service has introduced electronic encryption which allows after hours GPs to safely transfer information about a consumer's medical status to their regular GP via Medical Director to the various clinics using Alltalk software. This facilitates more effective communication between the Moe clinic and the consumers' regular GPs.

Wound Management
LCHS is the lead agency for the Gippsland Regional Wound Management Program. The aim is to support HACC funded district nursing services and residential aged care services with high care beds, for patients with complex and chronic wounds. This will include identification of learning needs and the subsequent provision of clinical teaching and training activities relating to wound care.

This year, two Monash University scholarships were awarded to Ambulatory Care staff:
- *'Low Intensity Laser Therapy as an adjunctive therapy in chronic wound healing'.*
- *'Graduate Certificate in Wound Management'.*

Antoinette Mitchell
Master of Business and Technology, BA, Grad Cert Management, Dip Community & Social Education, Dip Youth Leadership, AFACHSE

Coordinated Care

The Coordinated Care directorate encompasses Aged Care Assessment Service (ACAS), Carer Services, Case Management Services and Veterans' Home Care Service (VHC) across Gippsland.

ACAS assesses those over 70 years of age for packaged care and residential accommodation.

Carer Services provide information and support to carers of the elderly and families with children with disabilities. Case Management supports the frail elderly, the disabled or those with an Acquired Brain Injury (ABI). Veterans' Home Care offers a telephone based assessment for eligible Veterans to access domestic assistance.

This year, additional funds were received for Dementia Education for Carers, Koorie Liaison workers, a review in ACAS, Mental Health Respite and National Respite for Carers Forum and Capacity Building and Extended Aged Care at Home packages. All programs meet regularly with the Department of Human Services (DHS).

A forum on Consumer Directed Care was hosted at Green Inc. Churchill in partnership with aged and disability service providers. Locum case managers worked with Latrobe City in the bushfire recovery centre in Traralgon and facilitated access to support services.

Targets

Coordinated Care	Key Performance Indicator	Annual Target	Achieved to 30/06/2009	% Achieved
Aged Care Assessment Service	Completed Assessments	2,827	2,541	90
Department Veterans' Affairs - Veteran's Home Care	Completed Assessments	Not set	1,513	N/A
Commonwealth Carer Respite Centre	Brokerage Value	$368,402	$383,258	104
Carers of Young People	Number of consumers	80	80	100
Aged Carer Support Worker Respite	Number of hours provided	7,000	9,193	131
In & Out of Home Respite	Number of hours provided	23,500	23,258	99
Psychiatric Respite - In Home	Contact Hours	3,880	4,425	114
Disability Respite (including Ageing Carers Respite Initiative)	Number of Episodes	139	131	94
Aged Flexible Respite	Number of hours provided	4,778	5,307	111
Dementia Services	Number of carers assisted	43	54	126
Young Carer Program	Number of consumers	12	14	117
National Respite for Carers Program - Ongoing Respite	Number of consumers	45	88	196
Mental Health Respite Program	Brokerage Value	$199,412	$215,275	108
Linkages	Number of Consumers	183	183	100
Community Aged Care Packages	Maximum Active	148	148	100
Flexible Support Packages	Number of Consumers	190	214	113
Individualised Support Packages	Number of Consumers	17	17	100
Case Management	Number of Consumers	9	9	100
Continuity of Care	Number of Consumers	1	1	100
Home and Community Care Response Services	Number of hours provided	144	545	378
Early Childhood Intervention Services	Number of Consumers	12	41	342

Carer Services
Carer Services "Building Blocks for Better Health" offered an alternative to structured respite providing women with a chance to share experiences and to learn about caring for themselves and loved ones. The women showcased their experiences to more than 100 people at the Victorian Carer Service Network Best Practice forum.

Koorie Liaison Officers have been employed to improve our ability to offer respite to Koorie communities and visits to Lake Tyers Aboriginal Trust continue. A team meeting was held at the Keeping Place in Bairnsdale. All staff undertook cultural awareness training, and camps for Koorie Young Carers and Elders have been held. A bus trip for Koorie carers was also organised for "Dreamtime at the G".

Over performance in Carer Services enabled more episodes of care to be delivered to meet the increasing demand for service. Staff monitor budgets monthly to ensure full use of brokerage funds.

Aged Care Assessment Service
ACAS clinicians have integrated personal computers into their assessment work. Now information collected at assessment is directly entered to the database and approval documentation, consumer care plans and letters are auto populated. In March Latrobe Community Health Service (LCHS) commenced transmission of the Aged Care Client Record electronically to Medicare, allowing residential care services to access approval paperwork from the Medicare website within days.

Gippsland ACAS implemented the ACAS/Adult Mental Health Protocol negotiated with Latrobe Regional Health Service (Mental Health Services) and Department of Human Services (DHS). This is the first protocol addressing those falling outside of the aged person's mental health system and was nominated for a Victorian Public Health Care Award 2009.

The DHS funded Hospital Liaison Follow Up Project was completed in June providing new protocols, education sessions delivered to all hospital based ACAS referral coordinators, procedures and documents for the annual review and feedback mechanisms.

The ACAS program exceeded key performance targets, achieving 8% more face-to-face assessments than 2007/08. Reduced community waiting times brought Gippsland under the rural average for the first time in several years. Increased staffing capacity and improved processes have resulted in an increase in performance this year. However the program has undergone several major changes which have been introduced statewide or nationally. The implementation of such changes has had an impact on the productivity of all staff while technical issues are resolved and staff skill sets are developed.

Case Management Services
The Case Management program is developing a training manual for person centred care planning. This project was implemented in response to the Quality Framework for Disability Services which requires care planning to incorporate all aspects of a consumer's life, also refining the use of SMART (specific, measurable, attainable, realistic and timely) objectives with measurable consumer outcomes.

Over performance in programs was due to the flexibility in case planning and being able to meet the higher than expected demand for services. The HACC Response Service is demand driven and experienced an increase in service delivery. The Early Childhood Intervention Service was able to over perform against target and provide additional services within the budget.

LCHS is involved in the Assistance With Extensive Planning pilot project implemented by DHS in April, to increase planning skills within the service system and improve consumer outcomes. Five case managers from across the Gippsland region attended training for this project and will work with eight people with a disability over the next 12 months.

Case management staff work closely with Koorie specific service providers, in recognition of the importance of community to this group. Current initiatives are assistance with community transport and provision of lawn mowers at Lake Tyers Aboriginal Trust.

The ABI network across Gippsland is supported by LCHS with training and secondary consultations. This year funding was made available for 12 local neuropsychological assessments, which are generally only available in Melbourne. High demand for both response services and early childhood packages enabled LCHS to over perform and manage to meet the needs within the budget parameters.

Veterans' Home Care
VHC continued to deliver high quality services to veterans and war widows with bi-annual reviews of services completed promptly without waiting time for initial assessment. LCHS convenes the VHC Service Provider Meetings networking LCHS and contracted service providers.

Anne-Maree Kaser
RN Div 1, AFACHSE

Community Support

The Community Support directorate provides social support services including Counselling, Alcohol and Drug Treatment services and Respite services.

This year new programs have been introduced including the regional Gambler's Help Service and some existing programs have been redeveloped.

Targets

Community Support	Key Performance Indicator	Annual Target	Achieved to 30/06/2009	% Achieved
Counselling	Hours by Staff	6,014	6,445	107
Men's Behaviour Change Program	Number of Consumers	70	99	141
Family Violence	Number of Consumers	29	50	172
Child Assault Management Program[1]	Number of Consumers	57	20	35
Regional Gambler's Help	Hours of Service	5,648	3,863	68
Gippsland Withdrawal & Rehabilitation Service	Episodes of Care	583	588	101
National Illicit Drug Strategy - Breaking the Cycle	Episodes of Care	50	48	96
Counselling Consultancy Continuing Care	Episodes of Care	696	565	81
Forensic Services	Episodes of Care	374	360	96
Supported Accommodation	Episodes of Care	12	12	100
Women's Supported Accommodation	Episodes of Care	12	11	92
Youth Outreach	Episodes of Care	56	40	71
Mobile Drug Worker	Contacts	120	138	115
Parent Support [2]	Episodes of Care	50	24	48
Pharmacotherapy Support	Episodes of Care	13	10	77
Koorie Counselling Consultancy Continuing Care	Episodes of Care	49	51	103
Acquired Brain Injury Forensic Counsellor	Episodes of Care	22	23	105
Needle and Syringe Program	1 to 1 Client contact	Not set	9,837	N/A
National Respite for Carers Program	Brokerage Value	$121,686	$121,785	100
Overnight Respite (Mayfair House) Creative House	Contact Hours	3,423	3,819	112
Planned Activity Groups - Core	Hours by Consumer	38,283	33,540	88
Planned Activity Groups - High	Hours by Consumer	2,837	2,705	95

1 Several episodes reported under Women's and Children's Family Violence

2 Referrals to program declined over 2008/09. Program has been redesigned and heavily promoted. Will be delivered in Moe, Morwell and Traralgon in 2009/10

Koorie Community Engagement
Activities aimed at strengthening connections with the Koorie community continued throughout the year. Services to the Koorie community have increased, with the recently established Open Days targeting Koorie people, well attended.

Counselling
Staff from the Counselling program provided psychological first aid to people affected by the February bushfires at relief centres in Traralgon, Traralgon South and Churchill for 14 days before resuming normal centre based services. As well, staff assisted with debriefing sessions for Red Cross and Country Fire Authority volunteers.

Referrals for general counselling, women's and children's family violence counselling and children's counselling have increased markedly since February and an after hours service has been established to accommodate the demand for services outside business hours. A team psychologist has successfully completed training as a facilitator in Skills for Psychological Recovery. This program, facilitated by the Australian Psychological Society and funded by Department of Human Services (DHS), provides three tiers of training:

- Level 1 - "Incidental" counsellors (hairdressers, bus drivers etc)
- Level 2 - Professionals (counsellors, social workers, nurses)
- Level 3 - Specialist Mental Health Professionals.

Two (Level 2) Workshops have been facilitated by the Latrobe Community Health Service (LCHS) psychologist to date.

Referrals to the region's new Gambler's Help Program increased steadily over the first 12 months, with Gambler's Help Service staff based in Bairnsdale, Sale, Morwell and Korumburra providing support to those affected by gambling.

Submissions for the provision of enhanced intake to men's behaviour change programs and the provision of case management for Indigenous men who use family violence were successful.

Drug Treatment Services
A grant specifically for training and professional development provided a three year training program through Turning Point Alcohol & Drug Centre for the introduction, implementation and integration of the PsyCheck screening tool.

The PsyCheck intervention utilises four core cognitive techniques:

- Educating the client about the cognitive model and the common unhelpful thinking patterns.
- Educating the client about how to identify their unhelpful patterns of thinking.
- Modifying these negative or distorted thoughts by a process called cognitive restructuring.
- Developing strategies to prevent relapse and maintain healthier patterns of thinking.

A dedicated forensic team, established in Drug Treatment Services now manages forensic work previously handled by generic drug treatment programs. The fee for service nature of this work has improved the Drug Treatment Services' capacity to deliver and count block funded episodes of care.

Respite Services
Moe Planned Activity Group (PAG) celebrated 30 years of operation with a luncheon at the Newborough Hall in May.

An upgrade of the kitchen and the development of a food safety plan for Mayfair House has improved the meals for clients accessing overnight respite at the facility.

Improving the low uptake of PAG services has become a priority for the Respite Services. Alternative methods of delivery are being examined in consultation with DHS, and recently commenced delivery of PAG in supported residential services.

The Creative House program has undergone significant change over the past year, with greater focus on recovery through individualised planning and support. Clients with serious mental illnesses are being supported to develop living skills that will assist them to more fully participate in the community. Eight clients of the program have successfully transitioned into supported employment or further education.

Sue Medson OAM
BA Education, Master of Health Administration AFACHSE

Primary Health

The Primary Health directorate is responsible for meeting the health needs of consumers; encouraging them to participate actively in their health and welfare.

The directorate priorities include Allied Health Services, Dental Services, Health Promotion and Education, and Community Health Nursing. The directorate is also responsible for managing the consumer services of front office and service access for all of Latrobe Community Health Service (LCHS).

Targets

Primary Health	Key Performance Indicator	Annual Target	Achieved to 30/06/2009	% Achieved
Home and Community Care Assessment & Care Management	Hours to Consumer	550	535	97
Allied Health - Community Health	Hours by Staff	2,657	4,178	157
Allied Health - Home and Community Care	Hours to Consumer	10,885	11,022	101
Stay Healthy Latrobe	Hours by Staff	5,062	2,918	58
Kids Life	Hours by Consumer	500	176	35
On Call	Number of hours provided	650	510	78
Common Intake	Hours by Staff	5,108	7,841	154
Commonwealth Carelink Centre	Number of phone calls	Not set	3,467	N/A
Emergency Relief	Number of Consumers assisted	Not set	1,016	N/A
Dental	Number of Consumers seen	Not set	6,846	N/A
Dental	Number of Treatments	Not set	50,602	N/A
Dental	Number of Emergency Vouchers Issued	Not set	3,142	N/A
Community Nursing - Community Health	Hours by Staff	7,161	6,560	92
Community Nursing - Home and Community Care	Hours to Consumer	523	554	106
Family Planning	Hours by Staff	252	262	104
Refugee Health Nursing	Hours by Staff	661	85	13
Innovative Health Services for Homeless Youth	Hours by Staff	920	933	101

Primary Health has experienced some highs and lows throughout 2008/09. While there was underachievement in some areas, other areas excelled at delivering services to the communities of Gippsland.

An increased demand for Dietetics and Physiotherapy for Community Health eligible clients resulted in higher than expected numbers for Allied Health – Community Health.

Stay Healthy Latrobe achieved improved numbers on previous years and undertook a major review of the program. The most recent statistics indicate continuing growth for 2010.

Statistics for Common Intake are well above expectation reflecting the overall growth in service provision and funding for LCHS during the year. Common Intake provides initial needs assessment for all of LCHS.

The Refugee Health Nursing Program was announced early in the year but funding did not commence until December 2008. 2009 targets will reflect full year. Kids Life is a new program which has concentrated on establishment in the first two months of funding. Targets reflect those set for the 2009/10 year.

Allied Health and Stay Healthy Latrobe
Demand on Allied Health Services will continue to increase in line with our aging population. The workforce is under review to enable LCHS to meet anticipated demand and in future will include roles for clinicians and Allied Health assistants. This year the Primary Health directorate will introduce a significant number of student placements, giving preference to local Gippsland regional residents.

A recently engaged speech pathologist represented the service presenting conference papers in both Australia and New York.

The Stay Healthy Latrobe program is proving a success with patients with chronic conditions as care coordinators assist clients to gain skills and the management of conditions using evidence based models. As well, our partnership with the Division of General Practice, the General Practitioner (GP) engagement project, provides patients with timely access to all LCHS services.

Dental Services
Waiting times for dental treatment have been reduced from 27 months down to 22 months aided by the addition of a dentist and a dental therapist in April 2009 and by the introduction of specific efficiency strategies. Limited Victorian Denture Scheme funding from Dental Health Services Victoria has seen the prosthetic wait list time rise from 26 months to 32 months.

Future recruitment of dental professionals will bring all four LCHS dental sites to full capacity and further reduce waiting times.

LCHS dental therapists and dentists support the Melbourne University partnership with on the job supervision for Bachelor of Oral Health undergraduates. Since March 2009, up to two new students have been trained every two weeks during school terms. Students also assist with the Smiles 4 Miles program promoting dental friendly diet, water consumption and teeth brushing for preschool aged children.

Consumer Services
Primary Health acknowledge the front office workers who represent LCHS so well, assisting customers and service staff alike to an exceptional standard.

Following recommendations from the evaluation of Common Intake in 2008, service access and coordination have been enhanced by improved work practices and stronger partnerships within LCHS. The improvement in service access is clearly evident in the increased number of referrals received via both S2S and direct client contact.

This year, LCHS received additional Emergency Relief funding for Moe, Morwell and Churchill, to assist people affected by bushfires and the global financial crisis.

Health Promotion and Education
Community Health Nurses and Nurse Educators work with the community providing health education and assistance for chronic disease management.

The Integrated Health Promotion program's three priorities - mental health and wellbeing; food and nutrition; and physical activity, align with those of Department of Human Services (DHS) and Central West Gippsland Division of General Practice (CWGDGP).

Activities and highlights include:
- Community Kitchens forum recognising the great contribution of volunteer kitchen leader.
- Loy Yang Power Station donation to the Community Kitchens program.
- Victorian Certificate of Applied Learning Achievement Award for the Go For Your Life program with Latrobe City Council, Lavalla Catholic College and Stockdale Road Primary School a state-wide initiative to encourage healthier Victorian children.
- Connecting Rural Communities project in Boolarra,Yallourn North and Glengarry.
- Support for local women through an International Women's Craft Group.
- Exercise groups funded through a Transport Accident Commission (TAC) Road Safety Grant and SMARTmovers.
- Best Start, focused on creating welcoming environments for breastfeeding.
- Diabetes Prevention program: 'Life! Taking action on Diabetes'.
- Smiles 4 Miles, a state-wide oral health promotion program for preschool children.

Anubis Pacifico
MBA, Grad Dip Applied Finance, B Bus (Accountancy), Dip Fin Serv., FCPA, AFAIM, AFACHSE

Corporate

The Corporate directorate provides the central business framework that underpins the organisation's portfolio of services.

The Corporate directorate is directly responsible for accounting and finance, properties, the motor vehicle fleet; management of assets, human resources, information and communication systems, quality and records management, risk management and corporate communications. The objective is to deliver essential services in a professional, efficient and cost effective manner, direct cost of corporate administration accounts for less than 5% of total expenses.

The prudential and reporting requirements necessary to complete Latrobe Community Health Service's (LCHS) transition from an incorporated association to a company limited by guarantee have been satisfied. This has included financial records and reporting, information management and security, corporate governance and external communications.

Improving Controls
This year, Corporate concentrated on improving control systems, including internal controls, investment of reserves, billing, service contracts and compliance.

The newly appointed internal auditors, Pitcher Partners, completed investigations in key areas and their recommendations for strengthening internal controls and improving processes were adopted and implemented.

Due to current market conditions and the introduction of the Government Guarantee Scheme, LCHS funds are now spread over eight banking institutions to take full advantage of the Guarantee and to safeguard funds for future use.

Billing and credit management practices for services involving customer payment have been streamlined leading to operational savings and improved cost recovery. As well, service contracts with third parties were upgraded to ensure that the requirements of police record and working with children checks are consistently met. An electronic legislative compliance system is now in place to enable understanding of and compliance with the applicable legal and regulatory requirements.

Managing Properties and Vehicles
An external audit of each of our 10 sites identified only minor areas of non-compliance with the new Building Safety Standards regulations and corrective works are nearing completion. A new keyless security system has been implemented at 80% of LCHS sites.

The cost of running the LCHS fleet has been reduced by better managing the utilisation of vehicles, the size of the fleet and through "Go Green" initiatives including moving to four cylinder and gas fuelled vehicles.

Information and Communication Systems
The efficiency of LCHS's information technology platforms has been improved using virtualisation technology, with 15 independent servers replaced with three host servers. This has saved physical space, reduced hardware costs and power consumption; and provided a capacity for new systems without investing in new hardware.

Enhanced remote access to corporate systems with higher data speeds has been provided through the implementation of new Access software. An upgrade of server software and a restructuring of data has improved network security.

The new website, launched in November 2008 incorporates an integrated service directory, menus providing access to newsletters, media releases and publications as well as maps to find LCHS locations. A careers page has been added.

Managing our Records
Consumer records have been centralised, improving consistency in tracking and service coordination. While LCHS is no longer required to comply with the Freedom of Information Act (FOI), the present status requires LCHS to comply with the Health Records Act. Of the 14 requests for information under the Freedom of Information Act received; 12 were met in full, one did not proceed and no documents were available for the remaining request. LCHS has complied with three releases of information under the Health Records Act.

Assuring Quality and Managing Risk
LCHS quality accreditation has been extended for the next three years, following an audit of quality systems and processes by QICSA. LCHS has introduced a risk management framework as a result of a risk assessment conducted by internal auditors, based on the Australian Standard for risk management, supported by a commercial risk management software package.

An upgraded complaints procedure now provides better support for both customers and staff.

A Clinical Governance Advisory Committee was established to review the quality of consumer service delivery and to discuss clinical issues.

Supporting Home and Community Care
LCHS is the lead agency for Home And Community Care (HACC) training throughout Gippsland. This year Gippsland HACC training delivered 64 training programs to 1,079 attendees, up from 36 programs and 698 participants in 2007/08. Training is conducted face-to-face, by video-conference and by web stream. A 20 minute training DVD was produced to demonstrate the use of technology in Planned Activity Groups

LCHS is also the lead agency in Gippsland for a Department of Human Services (DHS) funded program to provide continence training to all HACC agencies and residential aged care providers.

Work is also underway to improve coordination of HACC volunteers.

Supporting our People
Investment in external training has increased by 50% this year as part of the staff development program. In-house training continues its focus on major consumer databases to ensure customers are appropriately supported – over 100 sessions were held comprising 430 staff and over 1150 training hours.

Details of staff member credentials and the scope of clinical practice undertaken by each person is now documented for over 350 staff and a new electronic staff safety monitoring system will be rolled out across the organisation. The new system will replace the existing manual based process and will improve the safety of staff working off-site.

An electronic recruitment system has replaced the former paper based system. All applications, notifications, selection outcomes and contracts are now completed online, with some 900 people registering their interest in working for LCHS.

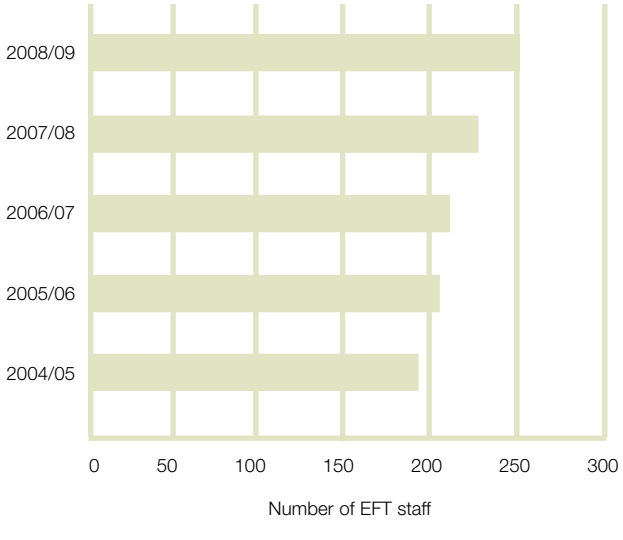
Information concerning the Swine Flu epidemic was regularly provided to staff and 78 staff participated in a flu vaccination program.

A Growing Organisation
As at the end of June 2009, LCHS employed 337 permanent staff - 133 full time and 204 part time. This is an increase of 17 permanent staff compared to 2007/08. In addition, 36 staff were engaged as casuals.

The equivalent full time staff level (EFT) as at July 2009 was 262 (excluding casuals) which is an increase of 23 compared to the same time last year.

The organisation's gender mix remains the same as last year with an 87% female workforce.

Equivalent Full Time Staff (EFT)



Recognition

Employees
Each year Latrobe Community Health Service (LCHS) recognises employees who achieve 10 years continuous service (either full time or part time). Staff who achieve this milestone receive a Certificate of Service Recognition which is presented at the LCHS staff Christmas function in December.

This year the following staff were congratulated and thanked for their dedication and loyalty.

25 years of service
Janice Smart
Janine Parise

15 years of service
Leonie Coleman
Maria Iriondo
Carolynn Richards

10 years of service
Janina Vikis
David Taylor
Sonja Spehar
Sharon Smith
Penny Silby
Anita Ryan
Jean Murphy
Janet Milne
Margaret Longmore
Hans Juschkat
Theresa Jenkins
Maureen Cunningham
Leanne Crowe

The Employee of the Year Award is an annual award presented to one staff member who displays key personal attributes in areas such as job performance, dedication, positive attitude, team player as well as organisational commitment and contribution to continuous quality improvement, leadership, organisation success and the organisation's mission and values.

Across all directorates 13 staff were nominated for the 2008 award.

This prestigious award was announced to staff in December 2008 at the LCHS Christmas function with the winner being Wendy Marshall from the Carer Services team in the Sale office.

Wendy assisted in the development of two new programs being run through LCHS (Rhyme Time Sessions and Active Boys group).

Wendy is always happy to share her wealth of knowledge with others and is often asked to assist with difficult queries. Wendy's work at LCHS is highly valued and appreciated by her colleagues.

Volunteers
To celebrate National Volunteers' Week LCHS held a special function on 12 May 2009 to pay thanks to its dedicated group of volunteers. Volunteers play a very important role in assisting the delivery of community health services to the residents of Gippsland.

During the function volunteers were presented with certificates and gifts as reward and recognition of service to the community for 5, 20 and 30 year milestones.

This year Alan Treadwell was awarded Volunteer of the year. Alan has been a volunteer member of the Planned Activity Group (PAG) for almost four years, and is viewed by others as having a caring nature and shows consideration towards our frail aged consumers. Alan always displays a friendly attitude/smile and is willing to put others first. According to his nominee, Alan is a "…wonderful person, who truly cares about others. An ordinary person doing extraordinary things".

Five volunteers received awards for long service. Their deication and assistance has been greatly valved.

30 years
Lil Galbraith
Judy van Maurik
June Gilfillan

20 years
Wendy Steenbergen

5 years
Gary Presley

Donations
LCHS would like to sincerely thank all community members and organisations for their generous donations throughout the year. In particular the Ambulatory Care directorate continues to receive enormous support from both the community and Latrobe Valley Palliative Care Fundraisers Association Inc.

Unfortunately, names of donators can not be published due to the Privacy Act.

Morwell & Traralgon Redevelopments

Morwell
Work on the construction of Latrobe Community Health Service's (LCHS) new $21M Morwell centre has rapidly progressed in the last 12 months. October saw the demolition of buildings on the corner of Church and Buckley Streets which included the Del Spana Motel, the old Country Fire Authority building and the old dairy building.

In January 2009 contracts with Kane Constructions were exchanged and in February 2009 construction of the 4,300 sq metre building commenced. By June the ground floor slabs were poured and erection of the concrete walls had commenced. Of significance is the local labour content of the project and at the end of June 90% of the 35 to 45 workers on site on any one day were local.

Once completed LCHS will continue deliver a range of health services including physiotherapy, nursing, dietetics, palliative care, alcohol and drug treatment services, respite and women's health. The centre will also provide a major boost to public dental services in the region, with additional dental chairs. It is anticipated that services will be relocated to the new building by April 2010 with completion of the car parking on the remaining site scheduled for completion by August 2010.

Traralgon
Following the purchase of the building on the corner of the Princes Highway and Seymour Street, Traralgon by the Board last financial year a major upgrade of the building commenced in January. Kirway Constructions undertook the upgrade which was completed at the end of May 2009.


CASE

Financial Report

Contents

LATROBE COMMUNITY HEALTH SERVICE ABN: 74 136 502 022
DIRECTORS' REPORT

Your directors present this report on the entity for the financial year ended 30 June 2009

Directors
The names of each person who has been a director during the year and to the date of this report are:

Margaret Peters
John Guy
Peter Wallace
Steven Parker
Janice Chesters
Don Flanigan
Chris Devers
Steven Elvy
Martha Karagiannis (retired 1/09/08)

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

Company Secretary
The following person held the position of entity secretary at the end of the financial year:
Ben Leigh

Principal Activities
The principal activity of the entity during the financial year was:

Provision of Community Health Services

No significant changes in the nature of the entity's activity occurred during the financial year

Operating Results

The profit of the entity amounted to $5,151,657.

Significant Changes in State of Affairs

No significant changes in the entity's state of affairs occurred during the financial year.
Whilst the company has transitioned from an Incorporated Association to a Company Limited by guarantee, there have been no changes to our trading activities. (Refer to note 1)

After Balance Date Events

According to discussions held on the 22nd September 2009 between a representative from the Department of Human Services and the CEO of LCHS, ownership of the Morwell redevelopment is being reassessed by the Department of Human Services. Should ownership be reverted back to DHS, adjustments to fixed assets and equity will take place in the next financial year

Future Developments

The entity expects to maintain the present status and level of operations and hence there are no likely developments in the entity's operations

Environmental Issues

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

LATROBE COMMUNITY HEALTH SERVICE ABN: 74 136 502 022
DIRECTORS' REPORT

Information on Directors

Margaret Peters		Chairperson until 27 November 2008
John Guy	—	Deputy Chairperson until elected as Chairperson at 27 November 2008
Peter Wallace	—	Deputy Chairperson effective from 27 November 2008
Steven Porter	—	Treasurer until 7 April 2009
Janice Chesters	—	Board Member
Don Flanigan	—	Board Member
Chris Devers	—	Board Member
Steven Eby	—	Board Member
Martha Karagiannis	—	Board Member until 1 September 2008

Meetings of Directors
During the financial year, 14 meetings of directors were held. Attendees by each director were as follows:

	Directors Meetings	
	Number eligible to attend	Number attended
Margaret Peters	14	12
John Guy	14	10
Peter Wallace	14	12
Steven Porter	14	10
Janice Chesters	14	12
Don Flanigan	14	13
Chris Devers	14	10
Steven Eby	14	14
Martha Karagiannis	2	0

Indemnifying Officers or Auditor
Professional Indemnity insurance has been taken out for Directors and Officers of the company to the limit of $20,000,000 per claim.

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

The entity was not a party to any such proceedings during the year.

Auditor's Independence Declaration
The lead auditor's independence declaration for the year ended 30 June 2009 has been received and can be found on page 3 of the directors' report.

Signed in accordance with a resolution of the Board of Directors:

Director John Guy

Dated this 24TH day of SEPTEMBER 2009

LSH Accounting

Latrobe Community Health Service Limited
ABN 74 136 502 022

Auditor's Independence Declaration under Section 307C
of the Corporations Act 2001

I declare that to the best of my knowledge and belief, during the year ended 30 June 2009 there have been

a) no contraventions of the auditor's independence requirements as set out in the Corporations Act 2001 in relation to the audit; and

b) no contraventions of any applicable code of professional conduct in relation to the audit.

LSH

LSH ACCOUNTING

Joanna Loh
Partner

Dated this 17th day of September 2009
Morwell

Latrobe Community Health Service ABN: 74 136 502 022

Income Statement

for the year ended 30 June 2009

	Note	2009 $	2008 $
Revenue	2	27,063,567	24,994,818
Other income	2	5,690,899	1,669,317
Employee benefits expense	3	(16,508,570)	(14,736,659)
Depreciation and amortisation	3	(979,079)	(1,004,934)
Doubtful debts	3	(17,326)	(1,816)
Repairs, maintenance and vehicle running expense		(465,282)	(506,795)
Fuel, light and power expense		(183,998)	(196,120)
Rental expense	3	(286,604)	(287,530)
Training expense		(137,214)	(116,412)
Audit, legal and consultancy expense		(264,494)	(237,943)
Marketing expenses		(29,008)	(11,359)
Contracts Labour		(1,328,923)	(1,456,796)
Brokerage Client Services		(5,050,423)	(4,559,657)
Other expenses		(2,351,889)	(2,235,615)
Profit before income tax	2	5,151,657	1,312,498
Income tax expense			
Profit after income tax		5,151,657	1,312,498

Latrobe Community Health Service ABN: 74 136 502 022

Balance Sheet

as at 30 June 2009

	Note	2009 $	2008 $
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	8,855,295	5,423,209
Trade and other receivables	5	178,240	131,426
Inventories	6	141,642	107,319
Other assets	7	761,363	638,697
TOTAL CURRENT ASSETS		9,936,541	6,300,651
NON-CURRENT ASSETS			
Property, plant and equipment	8	10,020,583	10,849,050
Capital WIP		2,510,037	-
TOTAL NON-CURRENT ASSETS		12,530,620	10,849,050
TOTAL ASSETS		22,467,161	17,149,701
CURRENT LIABILITIES			
Trade and other payables	9	2,470,596	2,472,066
Short term provisions	10	2,123,025	1,965,841
TOTAL CURRENT LIABILITIES		4,593,620	4,437,907
NON-CURRENT LIABILITIES			
Long term provisions	10	816,132	806,042
TOTAL NON-CURRENT LIABILITIES		816,132	806,042
TOTAL LIABILITIES		5,409,752	5,243,949
NET ASSETS		17,057,408	11,905,752
EQUITY			
Retained earnings		9,679,647	10,332,150
Reserves		7,377,761	1,573,602
TOTAL EQUITY		17,057,408	11,905,752

Latrobe Community Health Service ABN: 74 136 502 022

Statement of recognised Income and Expenditure

for the year ended 30 June 2009

	Retained Earnings $	Asset Revaluation Reserve $	Capital Improvements Reserve $	Community Projects Reserve	General Reserve	Total $
Balance at 1 July 2007	9,019,653	1,573,601	-	-	-	10,593,254
Profit attributable to the entity	1,312,498	-	-	-	-	1,312,498
Balance at 30 June 2008	10,332,151	1,573,601	-	-	-	11,905,752
Profit attributable to the entity	5,151,657	-	-	-	-	5,151,657
Transfer to Capital Improvement Reserve	(4,624,138)	-	4,624,138	-	-	-
Transfer to Community Project Reserve	(815,521)	-	-	815,521	-	-
Transfer to General Reserve	(364,501)	-	-	-	364,501	-
Balance at 30 June 2009	9,679,648	1,573,601	4,624,138	815,521	364,501	17,057,409

For a description of each reserve, refer to Note 18.

Latrobe Community Health Service ABN: 74 136 502 022

Cash Flow Statement

for the year ended 30 June 2009

	Note	2009 $	2008 $
CASH FLOW FROM OPERATING ACTIVITIES			
Receipt of Grants		32,347,378	26,005,476
Other receipts		-	-
Payments to suppliers and employees		(26,866,628)	(24,562,001)
Interest received		440,455	465,584
Net cash provided from operating activities	13(b)	5,921,205	1,909,059
CASH FLOW FROM INVESTING ACTIVITIES			
Proceeds from sale of property, plant and equipment		2,064,199	1,173,672
Payment for property, plant and equipment		(4,553,317)	(5,155,507)
Net cash provided in investing activities		(2,489,118)	(3,981,835)
Net increase in cash held		3,432,087	(2,072,776)
Cash at the beginning of the financial year		5,423,209	7,495,985
Cash at the end of the financial year	13(a)	8,855,296	5,423,209

Latrobe Community Health Service ABN: 74 136 502 022

Notes to the Financial Statements

for the year ended 30 June 2009

The financial report is for Latrobe Community Health Service as an individual entity, incorporated and domiciled in Australia. Latrobe Community Health Service is a company limited by guarantee.

Note 1 Statement of Significant Accounting Policies

Basis of Preparation

The financial report is a general purpose financial report that has been prepared in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) and the *Corporations Act 2001.*

Commencing 7 April 2009, LCHS completed transition from an incorporated association to a company limited by guarantee. This change in structure is in line with changes to the Health Services Legislation Amendment Act 1988.

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

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

Accounting Policies

(a) Revenue

Revenue from the sale of goods is recognised upon the delivery of goods to customers.

Grant revenue is recognised in the income statement when the entity obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

When grant revenue is received whereby the entity incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the balance sheet as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

Latrobe Community Health Service receives non-reciprocal contributions of assets from the government and other parties for zero or a nominal value. These assets are recognised at fair value on the date of acquisition in the balance sheet, with a corresponding amount of income recognised in the income statement.

Donations and bequests are recognised as revenue when received.

Interest revenue is recognised using the effective interest rate method, which for floating rate financial rate financial assets is the rate inherent in the instrument. Dividend revenue is recognised when the right to receive a dividend has been established.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customers.

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

(b) Inventories

Inventories are measured at the lower of cost and current replacement cost.

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

(c) Property, Plant and Equipment

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

Property

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

Increases in the carrying amount arising on revaluation of land and buildings are credited to a revaluation reserve in equity. Decreases that offset previous increases of the same classes of assets are charged against fair value reserves directly in equity; all other decreases are charged to the income statement. Each year the difference between depreciation based on the revalued carrying amount of the asset charged to the income statement and depreciation based on the asset's original cost is transferred from the revaluation reserve to retained earnings.

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

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

Plant and equipment

Plant and equipment are measured on the cost basis less depreciation and impairment losses.

The carrying amount of plant and equipment is reviewed annually by directors to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the assets employment and subsequent disposal. The expected net cash flows have been discounted to their present values in determining recoverable amounts.

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

Depreciation

The depreciable amount of all fixed assets including buildings and 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	20 to 33%
Leased plant and equipment	20 to 33%
Motor Vehicles	21%

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at each balance sheet date.

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

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are included in the income statement. When revalued assets are sold, amounts included in the revaluation reserve relating to that asset are transferred to retained earnings.

Latrobe Community Health Service ABN: 74 136 502 022

Notes to the Financial Statements

for the year ended 30 June 2009

(d) Leases

Leases of fixed assets, where substantially all the risks and benefits incidental to the ownership of the asset, but not the legal ownership, are transferred to the entity are classified as finance leases.

Finance leases are capitalised, recording an asset and a liability equal to the present value of the minimum lease payments, including any guaranteed residual values.

Leased assets are depreciated on a straight-line basis over their estimated useful lives where it is likely that the entity will obtain ownership of the asset. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period.

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses on a straight-line basis over the lease term.

Lease incentives under operating leases are recognised as a liability and amortised on a straight-line basis over the life of the lease term.

(e) Financial Instruments

Initial Recognition and Measurement

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

Financial instruments are initially measured at fair value plus transactions costs except where the instrument is classified 'at fair value through profit or loss' in which case transaction costs are expensed to profit or loss immediately.

Classification and Subsequent Measurement

Finance instruments are subsequently measured at either fair value, amortised cost using the effective interest rate method or cost. Fair value represents the amount for which an asset could be exchanged or a liability settled, between knowledgeable, willing parties. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Amortised cost is calculated as (i) the amount at which the financial asset or financial liability is measured at initial recognition (ii) less principal repayments (iii) plus or minus the cumulative amortisation of the difference, if any, between the amount initially recognised and the maturity amount calculated using the effective interest method; and (iv) less any reduction for impairment.

The effective interest method is used to allocate interest income or interest expense over the relevant period and is equivalent to the rate that exactly discounts estimated future cash payments or receipts (including fees, transaction costs and other premiums or discounts) through the expected life (or when this cannot be reliably predicted, the contractual term) of the financial instrument to the net carrying amount of the financial asset or financial liability. Revisions to expected future net cash flows will necessitate an adjustment to the carrying value with a consequential recognition of an income or expense in profit or loss.

(i) Financial assets at fair value through profit or loss

Financial assets are classified at 'fair value through profit or loss' when they are either held for trading for the purpose of short term profit taking, derivatives not held for hedging purposes, or when they are designated as such to avoid an accounting mismatch or to enable performance evaluation where a group of financial assets is managed by key management personnel on a fair value basis in accordance with a documented risk management or investment strategy. Such assets are subsequently measured at fair value with changes in carrying value being included in profit or loss.

(ii) Loans and receivables
Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost.

(iii) Held-to-maturity investments
Held-to-maturity investments are non-derivative financial assets that have fixed maturities and fixed or determinable payments, and it is the entity's intention to hold these investments to maturity. They are subsequently measured at amortised cost.

(iv) Available-for-sale financial assets
Available-for-sale financial assets are non-derivative financial assets that are either not capable of being classified into other categories of financial assets due to their nature, or they are designated as such by management. They comprise investments in the equity of other entities where there is neither a fixed maturity nor fixed or determinable payments.

(v) Financial liabilities
Non-derivative financial liabilities (excluding financial guarantees) are subsequently measured at amortised cost.

Fair value
Fair value is determined based on current bid prices for all quoted investments. Valuation techniques are applied to determine the fair value for all unlisted securities, including recent arm's length transactions, reference to similar instruments and option pricing models.

Impairment
At each reporting date, the entity assesses whether there is objective evidence that a financial instrument has been impaired. In the case of available-for-sale financial instruments, a prolonged decline in the value of the instrument is considered to determine whether an impairment has arisen. Impairment losses are recognised in the Income Statement.

Derecognition
Financial assets are derecognised where the contractual rights to receipt of cash flows expires or the asset is transferred to another party whereby the entity no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised where the related obligations are either discharged, cancelled or expired. The difference between the carrying value of the financial liability, which is extinguished or transferred to another party and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed, is recognised in profit or loss.

(f) Impairment of Assets
At each reporting date, the entity reviews the carrying values 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 to sell and value in use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the Income Statement.

Where the future economic benefits of the asset are not primarily dependent upon on the asset's ability to generate net cash inflows and when the entity would, if deprived of the asset, replace its remaining future economic benefits, value in use is determined as the depreciated replacement cost of an asset.

Where it is not possible to estimate the recoverable amount of an assets class, the entity estimates the recoverable amount of the cash-generating unit to which the class of assets belong.

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

Latrobe Community Health Service ABN: 74 136 502 022

Notes to the Financial Statements

for the year ended 30 June 2009

(g) Employee Benefits

Provision is made for the entity's liability for employee benefits arising from services rendered by employees to Balance Sheet date. Employee benefits expected to be settled within one year together with benefits arising from wages, salaries and annual leave which may be settled after one year, have been measured at the amounts expected to be paid when the liability is settled. Other employee benefits payable later than one year have been measured at the net present value.

Contributions are made by the entity to an employee superannuation fund and are charged as expenses when incurred.

(h) Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at-call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts.

(i) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of expense. Receivables and payables in the Balance Sheet are shown inclusive of GST.

Cash flows are presented in the Cash Flow Statement on a gross basis, except for the GST component of investing and financing activities, which are disclosed as operating cash flows.

(j) 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.

(k) Provisions

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

(l) Comparative Figures

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

(m) Critical accounting estimates and judgments

The directors evaluate estimates and judgments incorporated into the financial report 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 company.

(n) Economic Dependence

Latrobe Community Health Service is dependent on the Department of Human Services for the majority of its revenue used to operate the business. At the date of this report the Board of Directors has no reason to believe the Department will not continue to support Latrobe Community Health Service.

(o) New Accounting Standards for application in future periods

The AASB has issued new, revised and amended standards and interpretations that have mandatory application dates for future reporting periods and which the Company has decided not to early adopt. A discussion of those future requirements and their impact on the Company is as follows:-

Notes to the Financial Statements

for the year ended 30 June 2009

•AASB 2008-11: Amendments to Australian Accounting Standard – Business Combinations among Not-for-Profit Entities (applicable to annual reporting periods beginning on or after 1 July 2009). These amendments make the requirements in AASB 3: Business Combinations applicable to business combinations among not-for-profit entities (other than restructures of local governments) that are not commonly controlled, and to include specific recognition, measurement and disclosure requirements in AASB 3 for restructures of local governments.

•AASB 101: Presentation of Financial Statements, AASB 2007-8: Amendments to Australian Accounting Standards arising from AASB 101, and AASB 2007-10: Further Amendments to Australian Accounting Standards arising from AASB 101 (all applicable to annual reporting periods commencing from 1 January 2009). The revised AASB 101 and amendments supersede the previous AASB 101 and redefines the composition of financial statements including the inclusion of a statement of comprehensive income. There will be no measurement or recognition impact on the Company. If an entity has made a prior period adjustment or reclassification, a third balance sheet as at the beginning of the comparative period will be required.

•AASB 123: Borrowing Costs and AASB 2007-6: Amendments to Australian Accounting Standards arising from AASB 123 [AASB 1, AASB 101, AASB 107, AASB 111, AASB 116 & AASB 138 and Interpretations 1 & 12] (applicable for annual reporting periods commencing from 1 January 2009). The revised AASB 123 has removed the option to expense all borrowing costs and will therefore require the capitalisation of all borrowing costs directly attributable to the acquisition, construction or production of a qualifying asset. Management has determined that there will be no effect on the Company as a policy of capitalising qualifying borrowing costs has been maintained by the Company.

•AASB 2008-2: Amendments to Australian Accounting Standards – Puttable Financial Instruments and Obligations Arising on Liquidation [AASB 7, AASB 101, AASB 132 & AASB 139 & Interpretation 2] (applicable for annual reporting periods commencing from 1 January 2009). These amendments introduce an exception to the definition of a financial liability to classify as equity instruments certain puttable financial instruments and certain other financial instruments that impose an obligation to deliver a pro-rata share of net assets only upon liquidation.

•AASB 2008-5: Amendments to Australian Accounting Standards arising from the Annual Improvements Project (July 2008) (AASB 2008-5) and AASB 2008-6: Further Amendments to Australian Accounting Standards arising from the Annual Improvements Project (July 2008) (AASB 2008-6) detail numerous non-urgent but necessary changes to accounting standards arising from the IASB's annual improvements project. No changes are expected to materially affect the Company.

•AASB 2008-8: Amendments to Australian Accounting Standards – Eligible Hedged Items: [AASB 139] (applicable for annual reporting periods commencing from 1 July 2009). This amendment clarifies how the principles that determine whether a hedged risk or portion of cash flows is eligible for designation as a hedged item should be applied in particular situations and is not expected to materially affect the Company.

•AASB 2008-13: Amendments to Australian Accounting Standards arising from AASB Interpretation 17 – Distributions of Non-cash Assets to Owners [AASB 5 and AASB 110] (applicable for annual reporting periods commencing from 1 July 2009) This amendment requires that non-current assets held for distribution to owners to be measured at the lower of carrying value and fair value less costs to distribute.

•AASB Interpretation 15: Agreements for the Construction of Real Estate (applicable for annual reporting periods commencing from 1 January 2009) Under the interpretation, agreements for the construction of real estate shall be accounted for in accordance with AASB 111 where the agreement meets the definition of 'construction contract' per AASB 111 and when the significant risks and rewards of ownership of the work in progress transfer to the buyer continuously as construction progresses. Where the recognition requirements in relation to construction are satisfied but the agreement does not meet the definition of 'construction contract', revenue is to be accounted for in accordance with AASB 118. Management does not believe that this will represent a change of policy to the Company.

•AASB Interpretation 16: Hedges of a Net Investment in a Foreign Operation (applicable for annual reporting periods commencing from 1 October 2008). Interpretation 16 applies to entities that hedge foreign currency risk arising from net investments in foreign operations and that want to adopt hedge accounting. The interpretation provides clarifying guidance on several issues in accounting for the hedge of a net investment in a foreign operation and is not expected to impact the Company.

•AASB Interpretation 17: Distributions of Non-Assets to Owners (applicable for annual reporting periods commencing from 1 July 2009). This guidance applies prospectively only and clarifies that non-cash dividends payable should be measured at the fair value of the net assets to be distributed where the difference between the fair value and carrying value of the assets is recognised in profit or loss.

•AASB Interpretation 18: Transfers of Assets from Customers (applicable for annual reporting periods commencing from 1 July2009). This guidance applies prospectively to entities that receive transfers of assets, such as plant and equipment from their customers in order to connect customers to a network and provide them with access to a supply of goods or services. The Interpretation outlines the appropriate accounting treatment in respect of such transfers.

The Company does not anticipate early adoption of any of the above reporting requirements and does not expect them to have any material effect on the Company's financial statements.

Latrobe Community Health Service ABN: 74 136 502 022

Notes to the Financial Statements

for the year ended 30 June 2009

Note 2 Revenue and Other Income	Note	2009 $	2008 $
Revenue from Government Grants and Other Grants			
— State/federal government grants		23,280,133	22,157,786
— Other government grants		3,356,601	2,363,739
		26,636,734	24,521,525
Other Revenue			
— Interest recieved on financial assets not at fair value through profit or loss	2b	426,834	473,293
		426,834	473,293
Total Revenue		27,063,567	24,994,818
Other Income			
Gain on disposal of property, plant and equiment		171,531	126,590
Charitable income and fundraising		43,757	61,542
Capital grants		3,822,687	88,733
Rental income		142,958	253,365
Other		663,110	378,828
Client Fees		846,856	760,259
Total Other Income		5,690,899	1,669,317
Total Revenue and Other Income		32,754,466	26,664,135

Note 3 Profit for the Year	2009 $	2008 $
(a) Expenses		
Depreciation and Amortisation		
— land and buildings	127,010	108,059
— motor vehicle	479,340	545,556
— furniture and equipment	372,729	351,319
Total Depreciation and Amortisation	979,079	1,004,934
Doubtul debts expense	17,326	1,816
Total Employee Benefits Expenses	16,508,570	14,736,659
Rental expense on operating leases		
— minimum lease payments	286,604	287,530
Total rental expense	286,604	287,530
Auditor Remuneration		
— audit services	12,665	18,440
Total Audit Remuneration	12,665	18,440

Notes to the Financial Statements

for the year ended 30 June 2009

Note 4 Cash and Cash Equivalents	2009 $	2008 $
CURRENT		
Cash at bank	577,302	540,108
Cash on hand	4,940	4,840
Cash at Deposit	8,273,053	4,878,261
	8,855,295	5,423,209

Note 5 Trade and Other Receivables	Note	2009 $	2008 $
CURRENT			
Trade receivables		172,106	110,544
Provision for impairment	5(i)	(11,530)	(6,118)
		160,576	104,426
Consumer fees		17,665	27,000
Total current trade and other receivables		178,240	131,426

(i) Provision for Impairment of Receivables
Current trade receivables are generally on 30 day terms. These receivables are assessed for recoverability and a provision for impairment is recognised when there is objective evidence that an individual trade receivable is impaired. These amounts have been included in other expense items.
Movement in the provision for impairment of receivables is as follows:

	$
Provision for impairment as at 30 June 2007	16,609
- Charge for year	1,815
- Written off	(12,306)
Provision for impairment as at 30 June 2008	6,118
- Charge for year	17,326
- Written off	(11,914)
Provision for impairment as at 30 June 2009	11,530

Credit risk - Trade and Other Receivables
The company does not have any material credit risk exposure to any single receivable or group of receivables.

The following table details the company's trade and other receivables exposed to credit risk (prior to collateral and other credit enhancements) with ageing analysis and impairment provided for thereon. Amounts are considered as 'past due' when the debt has not been settled with the terms and conditions agreed between the company and the customer or counter party to the transaction. Receivables that are past due are assessed for impairment by ascertaining solvency of the debtors and are provided for where there are specific circumstances indicating that the debt may not be fully repaid to the company.

Latrobe Community Health Service ABN: 74 136 502 022

Notes to the Financial Statements

for the year ended 30 June 2009

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

		Past due but not impaired (days overdue)					
2009	Gross Amount $	Past due & impaired $	<30 $	31 – 60 $	61 – 90 $	>90 $	Within initial trade terms $
Trade and term receivables	172,106	11,530	12,139	1,088	451	-	146,898
Other receivables							
Total	172,106	11,530	12,139	1,088	451	-	146,898

		Past due but not impaired (days overdue)					
2009	Gross Amount $	Past due & impaired $	<30 $	31 – 60 $	61 – 90 $	>90 $	Within initial trade terms $
Trade and term receivables	110,544	6,118	27,782	31,514	1,044	689	43,397
Other receivables							
Total	110,544	6,118	27,782	31,514	1,044	689	43,397

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

There are no balances within trade receivables that contain assets that are not impaired and are post due. It is expected that these balances will be received when due.

Note 6 Inventories	2009 $	2008 $
CURRENT		
At cost	141,642	107,319
Stock	141,642	107,319

Note 7 Other Assets	2009 $	2008 $
CURRENT		
Accrued Income	608,210	544,513
Prepayments	153,152	94,184
	761,363	638,697

Notes to the Financial Statements

for the year ended 30 June 2009

Note 8 Property, Plant and Equipment	2009 $	2008 $
LAND AND BUILDINGS		
Freehold land:		
At fair value	2,068,546	3,318,546
Total Land	2,068,546	3,318,546
Buildings		
At cost	5,295,170	4,566,229
Less accumulated depreciation	(327,125)	(200,114)
Total Buildings	4,968,045	4,366,115
Total Land and Buildings	7,036,592	7,684,662
PLANT AND EQUIPMENT		
Furniture and Equipment		
Furniture and Equipment at cost	3,714,298	3,192,961
(Accumulated depreciation)	(2,583,088)	(2,210,379)
	1,131,210	982,582
Motor vehicles		
Motor vehicles at cost	2,514,667	2,855,906
(Accumulated depreciation)	(661,886)	(674,099)
	1,852,781	2,181,807
Total plant and equipment	2,983,991	3,164,389
Total property, plant and equipment	10,020,583	10,849,050

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 and Buildings $	Motor Vehicles $	Furniture and Equipment $	Total $
2008				
Balance at the beginning of the year	4,500,542	2,304,906	940,111	7,745,559
Additions at cost	3,292,177	1,469,539	393,790	5,155,506
Disposals		(1,047,082)		(1,047,082)
Depreciation expense	(108,058)	(545,556)	(351,319)	(1,004,933)
Carrying amount at end of year	7,684,661	2,181,807	982,582	10,849,050
2009				
Balance at the beginning of the year	7,684,661	2,181,807	982,582	10,849,050
Additions at cost	728,942	792,982	521,357	2,043,281
Disposals	(1,250,000)	(642,668)		(1,892,668)
Depreciation expense	(127,011)	(479,340)	(372,729)	(979,080)
Carrying amount at end of year	7,036,592	1,852,781	1,131,210	10,020,583

Latrobe Community Health Service ABN: 74 136 502 022

Notes to the Financial Statements

for the year ended 30 June 2009

Note 9 Trade and Other Payables

	Note	2009 $	2008 $
CURRENT			
Trade payables		409,118	1,432,926
Deferred income		1,268,542	674,777
Other current payables		231,490	6,981
Short-term employee benefits		126,890	55,758
Accrued expense		434,556	301,623
	9(a)	2,470,596	2,472,066

(a) Financial liabilities at amortised cost classified as trade and other payables

	2009 $	2008 $
Trade and other payables — Total Current		
	2,470,596	2,472,066
	2,470,596	2,472,066
Less deferred income		
Less annual leave entitlements		
Financial liabilities as trade and other payables 15	2,470,596	2,472,066

Note 10 Provisions

	2009 $	2008 $
CURRENT		
Short-term Employee Benefits		
Opening balance at 1 July 2008	1,965,841	1,955,584
Additional provisions raised during year	1,567,343	1,278,860
Amounts used	(1,410,159)	(1,268,603)
Balance at 30 June 2009	2,123,025	1,965,841
NON-CURRENT		
Long-term Employee Benefits		
Opening balance at 1 July 2008	806,042	727,158
Additional provisions raised during year	10,090	78,884
Amounts used	-	-
Balance at 30 June 2009	816,132	806,042

Analysis of Total Provisions	2009 $	2008 $
Current	2,123,025	1,965,841
Non-current	816,132	806,042
	2,939,157	2,771,883

Provision for Long-term Employee Benefits

A provision has been recognised for employee entitlements relating to long service leave. In calculating the present value of future cash flows in respect of long service leave, the probability of long service leave being taken is based on historical data. The measurement and recognition criteria relating to employee benefits has been included in Note 1 to this report.

Notes to the Financial Statements

for the year ended 30 June 2009

Note 11 Capital and Leasing Commitments

(a) Operating Lease Commitments
Non-cancellable operating leases contracted for but not capitalised in the financial statements

	2009 $	2008 $
Payable – minimum lease payments		
— not later than 12 months	185,333	179,936
— later than 12 months but not later than 5 years	227,769	320,635
— greater than 5 years	-	-
	413,102	500,571

The property lease commitments are non-cancellable operating leases contracted for but not capitalised in the financial statements with a five-year term. Increase in lease commitment may occur in line with CPI.
The motor vehicle lease commitments are non-cancellable finance leases contracted for with a two or three-year term. No capital commitments exist in regards to the lease commitments at year-end. Increase in lease commitments may occur in line with CPI. The leases have an effective yield of 3% and are secured by the underlying motor vehicle.

(b) Capital Commitments
The company has capital commitments with contractors for the development of the new Buckley St building. As at 30 June future commiments added to $12,832,000.

Note 12 Key Management Personnel Compensation

	Short-term benefits $	Post employment benefits $	Other long-term benefits $	Total $
2009 Total compensation	496,055	44,645	-	540,700
2008 Total compensation	435,250	39,170	-	474,420

Latrobe Community Health Service ABN: 74 136 502 022

Notes to the Financial Statements

for the year ended 30 June 2009

Note 13 Cash Flow Information

	Note	2009 $	2008 $
(a) Reconciliation of cash			
Cash at bank		582,243	544,948
Other cash		8,273,053	4,878,261
Cash at end of financial year	4	8,855,296	5,423,209
(b) Reconciliation of cash flow from operations with profit after income tax			
Profit after income tax		5,151,657	1,312,498
Non cash flows			
Depreciation and amortisation		987,222	1,004,934
Impairment of receivables		17,326	1,816
Unrealised gain on fair value through profit and loss financial assets			
Profit/(loss) on sale of property, plant and equipment		(179,674)	(126,590)
Furniture and equipment written off			
Loss on sale of investments			
Gain on assets contributed			
Change in assets and liabilities			
(Increase)/decrease in trade and other receivables		(73,476)	88,254
Increase/(decrease) in trade and other payables		(1,470)	(570,222)
(Increase)/decrease in other assets		(54,362)	127,093
Increase/(decrease) in provisions		167,273	89,142
(Increase)/decrease in inventories		(34,324)	(25,540)
(Increase)/decrease in prepayments		(58,967)	7,674
Net cash provided by Operating activities		5,921,205	1,909,059

Note 14 After Balance Day Events

According to discussions held on the 22nd September 2009 between a representative from the Department of Human Services and the CEO of LCHS, ownership of the Morwell redevelopment is being reassesed by the Department of Human Services. Should ownership be re-verted back to DHS, adjustments to fixed assets and equity will take place in the next financial year.

Notes to the Financial Statements

for the year ended 30 June 2009

Note 15 Financial Risk Management

The company's financial instruments consist mainly of deposits with banks, local money market instruments, short-term investments, accounts receivable and payable and leases.

The totals for each category of financial instruments, measured in accordance with AASB 139 as detailed in the accounting policies to these financial statements, are as follows:

	Note	2009 $	2008 $
Financial Assets			
Cash and cash equivalents	4	8,855,295	5,423,209
Loans and receivables	5	178,240	131,426
		9,033,535	5,554,635
Financial Liabilities			
Financial liabilities at amortised cost			
— Trade and other payables	9(a)	2,470,596	2,472,066
		2,470,596	2,472,066

Financial Risk Management Policies
Consisting of senior committee and Independant members, the audit committee's overall risk management strategy seeks to assist the company in meeting its financial targets, whilst minimising potential adverse effects on financial performance. Risk management policies are approved and reviewed by the audit committee on a regular basis.

Specific Financial Risk Exposures and Management
The main risks the company is exposed to through its financial instruments are interest rate risk, liquidity risk, credit risk and equity price risk.

a. Interest rate risk
Exposure to interest rate risk arises on financial assets and financial liabilities recognised at reporting date whereby a future change in interest rates will affect future cash flows or the fair value of fixed rate financial instruments.

b. Liquidity risk
Liquidity risk arises from the possibility that the company might encounter difficulty in settling its debts or otherwise meeting its obligations related to financial liabilities. The company manages this risk through the following mechanisms:-
- preparing forward looking cash flow analysis in relation to its operational, investing and financing activities
- maintaining a reputable credit profile
- managing credit risk related to financial assets
- investing only in surplus cash with major financial institutions
- comparing the maturity profile of financial liabilities with the realisation profile of financial assets

The tables below reflect an undiscounted contractual maturity analysis for financial liabilities.

Cash flows realised from financial assets reflect management's expectation as to the timing of realisation. Actual timing may therefore differ from that disclosed. The timing of cash flows presented in the table to settle financial liabilities reflect the earliest contractual settlement dates.

Latrobe Community Health Service ABN: 74 136 502 022

Notes to the Financial Statements

for the year ended 30 June 2009

Financial liability and financial asset maturity analysis

	Within 1 Year		1 to 5 years		Over 5 years		Total	
	2009 $	2008 $	2009 $	2008 $	2009 $	2008 $	2009 $	2008 $
Financial liabilities due for payment								
Lease liabilities							-	-
Trade and other payables (excl. est. annual leave and deferred income)	1,075,164	1,741,531					1,075,164	1,741,531
Total expected outflows	1,075,164	1,741,531	-	-	-	-	1,075,164	1,741,531

	Within 1 Year		1 to 5 years		Over 5 years		Total	
	2009 $	2008 $	2009 $	2008 $	2009 $	2008 $	2009 $	2008 $
Financial Assets - cash flows realisable								
Cash and cash equivalents	8,855,295	5,423,209					8,855,295	5,423,209
Trade, term and loans receivables	786,451	675,939					786,451	675,939
Other investments							-	-
Total anticipated inflows	9,641,746	6,099,148	-	-	-	-	9,641,746	6,099,148
Net (outflow) / inflow on financial instruments	8,566,582	4,357,617	-	-	-	-	8,566,582	4,357,617

c. Credit risk

Exposure to credit risk relating to financial assets arises from the potential non-performance by counter parties of contract obligations that could lead to a financial loss to the company.

Credit risk is managed through the maintenance of procedures (such procedures include the utilisation of systems for the approval, granting and removal of credit limits, regular monitoring of exposures against such limits and monitoring of the financial stability of significant customers and counter parties), ensuring to the extent possible, that customers and counter parties to transactions are of sound credit worthiness. Such monitoring is used in assessing receivables for impairment. Credit terms are generally 30 days from the invoice date. Customers who do not meet the company's strict credit policies may only purchase in cash or only use recognised credit cards.

Risk is also minimised through investing surplus funds in financial institutions that maintain a high credit rating, or in entities that the finance committee has otherwise cleared as being financially sound. Where the company is unable to ascertain a satisfactory credit risk profile in relation to a customer or counterparty, then risk may be further managed by retention clauses over goods or obtaining security by way of personal or commercial guarantees over assets of sufficient value which can be claimed against in the event of any default.

Credit Risk Exposures

The maximum exposure to credit risk by class of recognised financial assets at balance date is equivalent to the carrying value and classification of those financial assets (net of any provisions) as presented in the balance sheet.

Trade and other receivables that are neither past due or impaired are considered to be of high credit quality. Aggregates of such amounts are as detailed in Note 5.

The company does not have any material credit risk exposure to any single receivable or group of receivables under financial instruments entered into by the company. The trade receivables balance at 30 June 2009 and 30 June 2008 do not include any counterparties with external credit ratings. Customers are assessed for credit worthiness using the criteria detailed above.

Credit risk related to balances with banks and other financial institutions is managed by the finance committee in accordance with approved Board policy. Such policy requires that surplus funds are only invested with counter parties with a Standard and Poor's (S&P) rating of at least AA-. The following table provides information regarding the credit risk relating to cash and money market securities based on S&P counter party credit ratings.

	Note	2009 $	2008 $
Cash and cash equivalents			
- AA Rated		8,855,296	5,423,209
	4	8,855,296	5,423,209

Latrobe Community Health Service ABN: 74 136 502 022

Notes to the Financial Statements

for the year ended 30 June 2009

d. Price risk

Changes in market prices do not effect the company, therefore Price risk is not relevant.

Net Fair Values

Fair value estimation

The fair values of financial assets and financial liabilities are presented in the following table and can be compared to their carrying values as presented in the balance sheet. Fair values are those amounts at which an asset could be exchanged, or a liability settled, between knowledgeable, willing parties in an arm's length transaction.

Fair values derived may be based on information that is estimated or subject to judgement, where changes in assumptions may have a material impact on the amounts estimated. Areas of judgement and the assumptions have been detailed below. Where possible, valuation information used to calculate fair value is extracted from the market, with more reliable information available from markets that are actively traded. In this regard, fair values for listed securities are obtained from quoted market bid prices. Where securities are unlisted and no market quotes are available, fair value is obtained using discounted cash flow analysis and other valuation techniques commonly used by market participants.

Differences between fair values and carrying values of financial instruments with fixed interest rates are due to the change in discount rates being applied by the market since their initial recognition by the Company. Most of these instruments which are carried at amortised cost are to be held until maturity and therefore the net fair value figures calculated bear little relevance to the company.

		2009		2008	
	Footnote	Net Carrying Value $	Net Fair Value $	Net Carrying Value $	Net Fair Value $
Financial assets					
Cash and cash equivalents	(i)	8,855,295	8,855,295	5,423,209	5,423,209
Trade and other receivables	(i)	786,451	786,451	675,939	675,939
Total financial assets		9,641,746	9,641,746	6,099,148	6,099,148
Financial liabilities					
Trade and other payables	(i)	2,662,610	2,662,610	2,472,066	2,472,066
Total financial liabilities		2,662,610	2,662,610	2,472,066	2,472,066

The fair values disclosed in the above table have been determined based on the following methodologies:

(i) Cash and cash equivalents, trade and other receivables and trade and other payables are short term instruments in nature whose carrying value is equivalent to fair value. Trade and other payables exclude amounts provided for relating to annual leave and deferred income which is not considered a financial instrument.

Notes to the Financial Statements

for the year ended 30 June 2009

Sensitivity Analysis

The following table illustrates sensitivities to the company's exposures to changes in interest rates and equity prices. The table indicates the impact on how profit and equity values reported at balance date would have been affected by changes in the relevant risk variable that management considers to be reasonably possible. These sensitivities assume that the movement in a particular variable is independent of other variables.

Year ended 30 June 2009	Profit $	Equity $
2% in interest rates	177,007	177,007
-2% in listed investments	(177,007)	(177,007)

Year ended 30 June 2008	Profit $	Equity $
2% in interest rates	105,954	105,954
-2% in listed investments	(105,954)	(105,954)

The above interest rate sensitivity analysis has been performed on the assumption that all other variables remain unchanged.

No sensitivity analysis has been performed on foreign exchange risk, as the company is not exposed to foreign currency fluctuations.

Note 16 Contingent Liabilities and Assets

As at 30 June 2009 there were unresolved court proceedings against the Company. It is likely that these procedings will be settled within 12 months.

Note 17 Capital Management

Management control the capital of the entity to ensure that adequate cash flows are generated to fund its initiatives and that returns from investments are maximised. The audit committee ensures that the overall risk management strategy is in line with this objective.

The audit committee operates under policies approved by the Board of Directors. Risk management policies are approved and reviewed by the Board on a regular basis.

The entity's capital consists of financial liabilities, supported by financial assets.

Management effectively manage the entity's capital by assessing the entity's financial risks and responding to changes in these risks and in the market. These responses may include the consideration of debt levels.

Latrobe Community Health Service ABN: 74 136 502 022

Notes to the Financial Statements

for the year ended 30 June 2009

Note 18 Reserves

a. Asset Revaluation Reserve
The asset revaluation reserve records the revaluations of non-current assets.

b. Capital Improvements Reserve
The Capital Improvements reserve records funds allocated to Capital projects including the Morwell development.

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 the replacement of IT equipment and other Fixed Assets.

Note 19 Entity Details

The registered office of the entity is:
Latrobe Community Health Service
81-85 Buckley St Morwell Victoria 3840

The principal place of business is:
Latrobe Community Health Service
81-85 Buckley St Morwell Victoria 3840

Note 20 Members' Guarantee

The entity is incorporated under the Corporations Act 2001 and is an entity limited by guarantee. If the entity is wound up, the constitution states that each member is required to contribute a maximum of $10 each towards meeting any outstandings and obligations of the entity. At 30 June 2009 the number of members was 32.

LATROBE COMMUNITY HEALTH SERVICE ABN: 74 136 502 022
DIRECTORS' DECLARATION

The directors of the entity declare that:

1. The financial statements and notes, as set out on pages 3 to 19, are in accordance with the Corporations Act 2001:
   (a) comply with Australian Accounting Standards, and
   (b) give a true and fair view of the financial position as at 30 June 2009 and of the performance for the year ended on that date of the entity
2. In the directors' opinion there are reasonable grounds to believe that the entity will be able to pay its debts as and when they become due and payable

This declaration is made in accordance with a resolution of the Board of Directors.

Director: John Guy

Dated this 24th day of November 2009

LSH Accounting

[redacted]

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF LATROBE COMMUNITY HEALTH SERVICE

Report on the financial report

We have audited the accompanying financial report of Latrobe Community Health Service (the company), which comprises the balance sheet as at 30 June 2009, and the income statement, statement of recognised income and expenditure and cash flow statement for the year ended on that date, a summary of significant accounting policies and other explanatory notes and the directors' declaration.

Directors' responsibility for the financial report

The directors of the company are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the *Corporations Act 2001*. This responsibility includes establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error, selecting and applying appropriate accounting policies, and making accounting estimates that are reasonable in the circumstances.

Auditor's responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report 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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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

[redacted]

Independence

In conducting our audit, we have complied with the independence requirements of the *Corporations Act 2001*. We confirm that the independence declaration required by the *Corporations Act 2001*, provided to the directors of Latrobe Community Health Service on 17th September 2009, would be in the same terms if provided to the directors as at the date of this auditor's report.

Auditor's Opinion

In our opinion, the financial report presents fairly, in all material respects, the financial position of Latrobe Community Health Service as of 30 June 2009, and its financial performance and cash flows for the year then ended in accordance with the Corporations Act 2001 and the Australian Accounting Standards (including Australian Accounting Interpretations)

LSH Accounting

LSH Accounting

Joanne Lobb
Partner

25th September 2009

Services Provided

- Aged Care Assessment Service
- Alcohol & Drug Treatment Service
- Carer Services - Commonwealth Respite & Carelink Centre
- Case Management
- Child Assault Management Program
- Community Aged Care Packages
- Community Health Nursing
- Continence Nurse advisor
- Counselling & Support Services
- Creative House
- Dementia Education & Training for Carers
- Dental Services
- Diabetes Education
- Disability Services
- District Nursing Service
- Early Childhood Intervention Services
- Early Parenting Day Stay Program
- Exercise Programs
- Falls Prevention Program
- Gambler's Help Service
- Gippsland Auslan Interpreter Service
- Gippsland Withdrawal and Rehabilitation Service
- Home & Community Care Response Service
- Health Promotion
- Health Services for Homeless Youth
- Hydrotherapy
- Kids Life! MEND Program
- Koorie Community Aged Care Packages

- Life Skills Group
- Lymphoedema Clinic
- Mayfair House
- Mental Health Assistance
- Men's Health Clinics
- Moe After Hours Medical Service (MAHMS)
- Men's Self Help Ending Domestics (SHED) and Young Aboriginal Men's SHED Project
- Needle & Syringe Exchange Program
- Non Case Managed Packages/Early Intervention
- Nutrition and Dietetics
- Occupational Therapy
- Palliative Care
- Parent Support Program
- Physiotherapy
- Planned Activity Groups
- Podiatry and Foot Care
- Refugee Health Services
- Relaxation and Stress Management Group
- Stay Healthy Latrobe - Early Intervention in Chronic Disease Management
- Support Groups
- Supported Accommodation Program
- Veteran's Home Care
- Women and Children's Family Violence counselling
- Women's Health Clinics
- Wound Management

Better health, Better lifestyles, Stronger communities

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5/111 Main Street. Ph: 5152 0500

Churchill
11 Philip Parade. Ph: 5122 0400

Korumburra
Gordon Street at Gippsland Southern Health Service. Ph: 5651 8101

Moe
42-44 Fowler Street. Ph: 5127 9100

Morwell
81-87 Buckley Street. Ph: 5136 5400

Sale
52 MacArthur Street. Ph: 5143 9888

Traralgon
Cnr. Princes Hwy & Seymour Street. Ph: 5171 1400

Warragul
122 Albert Street. Ph: 5622 7444

www.lchs.com.au
Freecall: 1800 242 696

Latrobe Community Health Service ABN: 74 136 502 022

Latrobe Community Health Service Gippsland Wide

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