Latrobe Community Health Service
Gippsland Wide

2012 Annual Report

People making it happen

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 and Chief Executive Officer's Report

Ben Leigh
Chief Executive Officer
Master Public Policy and Management, B AppSci, ACHSM, AIMM

John Guy OAM
Board Chair
Grad Dip PA

The theme for our 2012 Annual Report is *People making it happen* and, as you read on, you will see many outstanding examples of LCHS Board, staff, volunteers, clients and community partners doing just that.

A few of our many achievements this year have been:

- providing services to over 26,000 clients from eight sites across Gippsland; 18,686 referrals received and 80,385 phone enquiries handled
- successfully completing the 2007-2012 Strategic Plan and development of the 2012-2017 plan
- increasing the range, quantity and quality of the services we provide, while at the same time achieving contract performance requirements and delivering a financial operational surplus
- the expansion of the Worker Health Check Program to the Grampians and Hume regions
- obtaining over $7.3 million in capital grants in order to fast-track the Moe Centre Redevelopment
- implementation of a new Finance and Payroll System
- achievement of Quality Accreditation, attaining an 'Exceeded' rating in governance
- the introduction of Board Director Remuneration, and
- the publication of *Our History 1974-2010*.

We look forward to the coming year with much enthusiasm as we:

- open our new Inter-professional GP clinic in Morwell and work closely with the new Gippsland Medicare Local
- implement the new $2.5 million per annum 'Latrobe Preventative Health Project' designed to tackle high rates of obesity and smoking and to increase physical activity and fruit and vegetable consumption, in partnership with Latrobe City, and
- look to take advantage of government initiatives for our clients, such as the National Disability Insurance Scheme, new Federal Dental Funding, Psychiatric Disability Rehabilitation Service and Alcohol and Drug Treatment Reform.

John Guy OAM
Board Chair
Grad Dip PA

Ben Leigh
Chief Executive Officer
Master Public Policy and Management
B App Sci, ACHSM, AIMM

Financial Summary

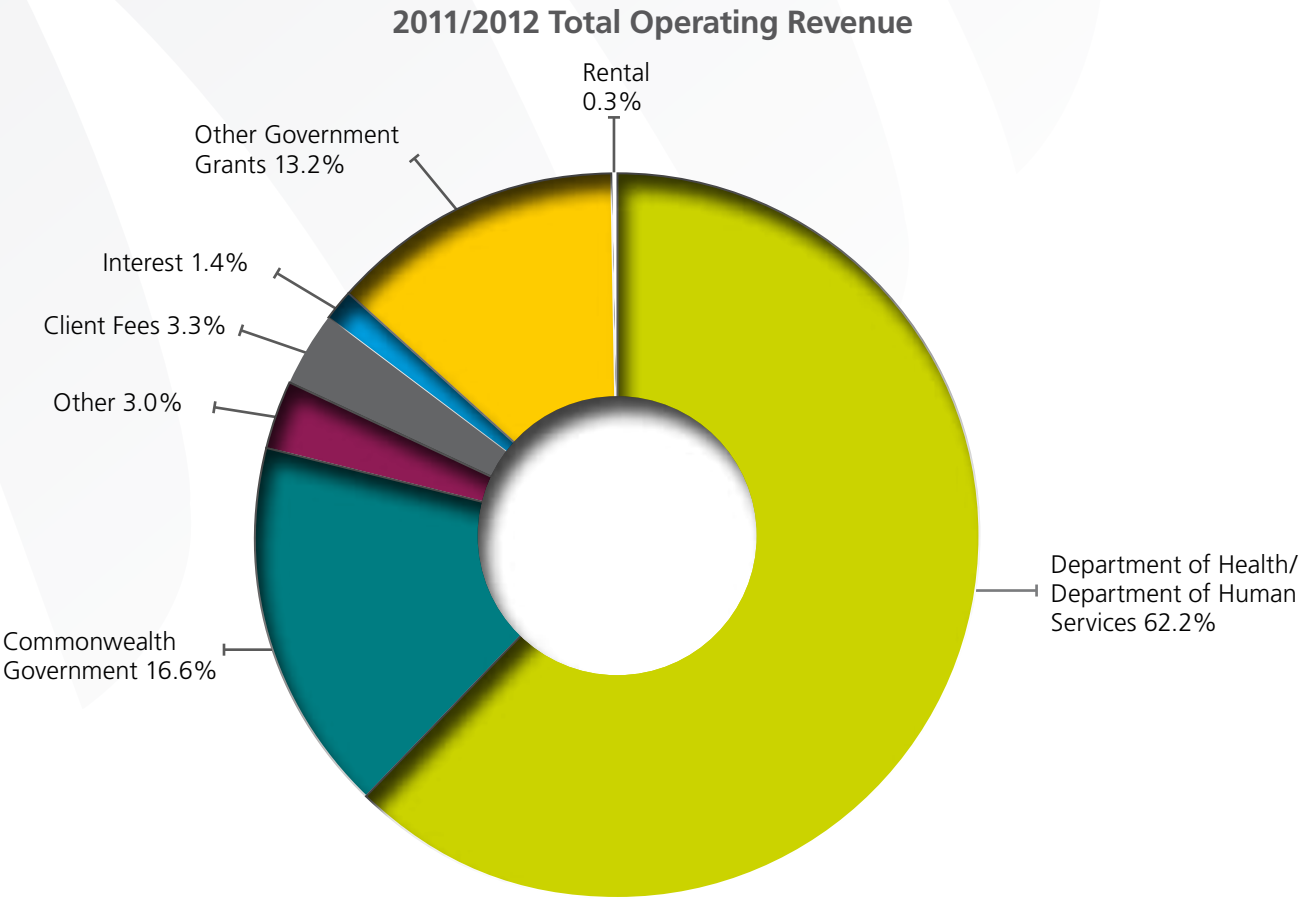
Operating Results

Latrobe Community Health Service (LCHS) delivered a net surplus of $1.64 million in the 2011/12 financial year, supported by an improved cash position and continuing healthy financial ratios. This was achieved whilst continuing to expand services to the community, ongoing delivery of infrastructure improvements and operational efficiencies.

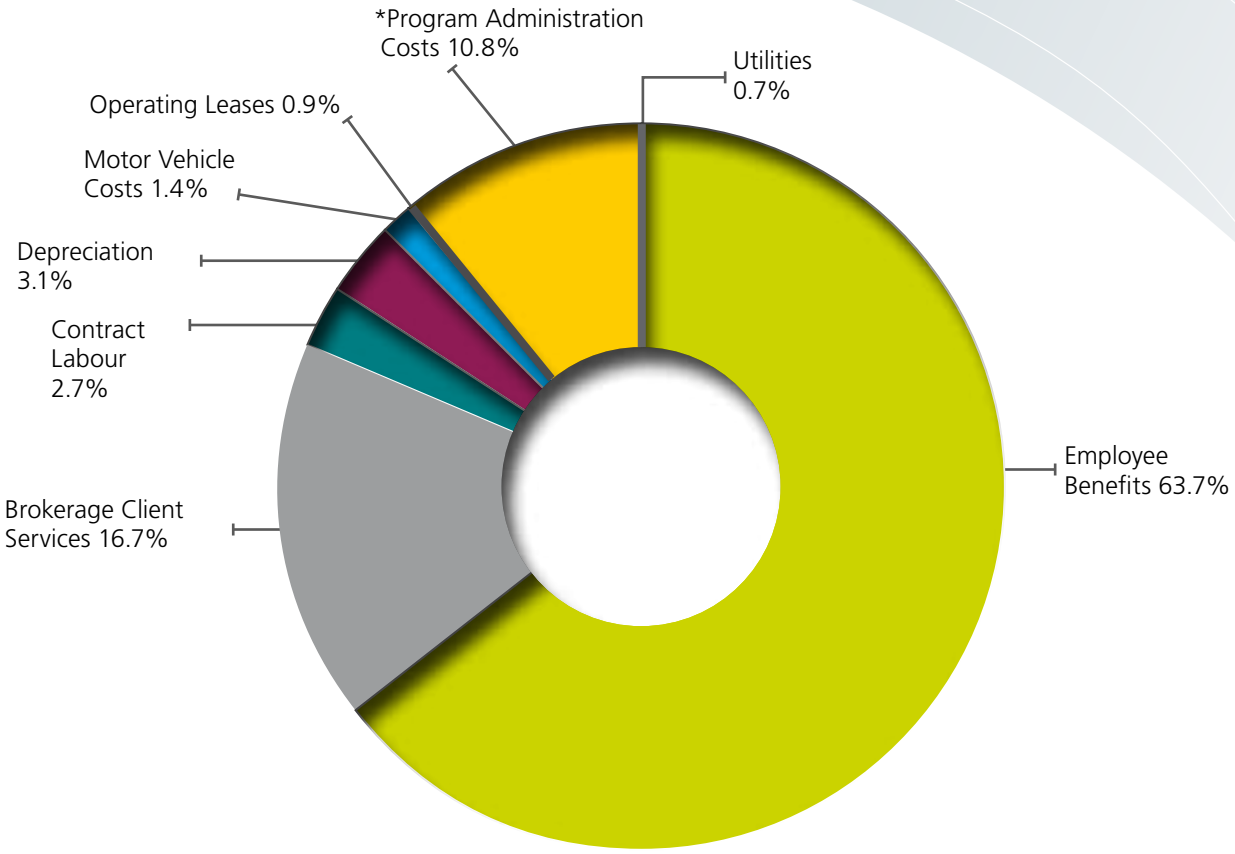
Our Operating result for the year was a surplus of $1.45 million, a significant improvement from the $0.44 million deficit in 2010/11. Operating revenue (excluding capital grants) increased by 2.37% to $34.69 million.

The Department of Health funding increased by $0.74 million from last year and was again the major source of funding representing 62.2% of operating income. Client fees increased by 17% ($0.17 million) predominately due to work health checks being conducted across Gippsland. There were no other significant changes in all other income sources.

Although there was a 2.22% increase in funded brokered services provided to our community, overall expenditure decreased by $1.093 million. This decrease is due to contract labour in dental services now being provided by LCHS employed staff.



2011/2012 Total Operating Expenditure



**The four main components making up Program Administration costs are Medical supplies, Staff training, Information technology and Maintenance.*

Net Results

After taking into consideration capital grants related to the Moe site development, LCHS' overall net result for the 2011/12 financial year was a surplus of $1.64 million.

NET RESULTS	2011/12 ($M)	2010/11 ($M)	2009/10 ($M)	2008/09 ($M)
What we received - Revenue	34.69	33.89	31.48	28.93
What we spent - Expenses	33.23	34.33	30.70	27.60
Operating result for the year	**1.45**	**(0.44)**	**0.78**	**1.33**
Plus Capital Grants received	0.19	0.54	13.95	3.82
Less building contractor payments	-	1.30	16.17	-
Less loss on disposal of assets	-	-	.084	-
Net Result for the year	**1.64**	**(1.20)**	**(2.28)**	**5.15**

The above mentioned changes in assets and liabilities result in a minor reduction of Working Capital ratio and improvements in the Debt ratio.

Assets and Liabilities

Total assets increased by $2.13 million. One main contributor is working capital related to the implementation of a new Finance/Payroll/HR Management Information System and initial works on the development of the Moe site namely upgrades to the dental sterilisation facilities and staff accommodation area, amounting to $1.17 million. The other contributor is a cash grant of $0.61 million received for future student and clinical facilities, part of the Moe redevelopment.

	2011/12 ($M)	2010/11 ($M)	2009/10 ($M)	2008/09 ($M)
What we own - Assets	21.17	19.04	20.06	22.47
What we owe - Liabilities	6.09	5.61	5.42	5.41
NET ASSETS	**15.08**	**13.43**	**14.64**	**17.06**

The above mentioned changes in assets and liabilities result in a minor reduction of Working Capital ratio and improvements in the Debt ratio.

	2011/12 ($M)	2010/11 ($M)	2009/10($M)	2008/09 ($M)
Working Capital Ratio				
Current Assets/Current Liabilities	1.90	1.94	2.26	2.16
Debt Ratio				
Total Liabilities/Total Assets	28.78%	29.67%	27.02%	24.07%

Cash flow

The cash position has increased by $0.98 million over the 2011/12 financial year due to capital funding relating to the Moe site re-development being received late in the financial year which has been placed in reserves for expenditure in 2012/13.

	2011/12 ($M)	2010/11 ($M)	2009/10 ($M)	2008/09 ($M)
Cash Flow from Operating Activities	3,077,100	(1,002,111)	(1,725,712)	5,921,205
Cash Flow from Investing Activities	(2,091,534)	(227,870)	2,225,919	(2,489,118)
Cash and Cash Equivalents at Beginning of Period	8,125,522	9,355,502	8,855,296	5,423,209
Cash and Cash Equivalents at End of Period	**9,111,088**	**8,125,521**	**9,355,503**	**8,855,296**

Board and Governance

Latrobe Community Health Service (LCHS) is incorporated under the Corporations Act 2001 as a Public 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 four members appointed by the Board.

The work of the Board is supported by Board committees, including:

- Audit and Risk
- Quality and Safety
- Remuneration

Audit and Risk Committee

The purpose of the Audit and Risk Committee is to assist the LCHS Board to discharge its responsibility to exercise due care, diligence and skill. In May 2012 new Terms of Reference were adopted in relation to:

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

The committee includes two independent representatives:

Liz (Elizabeth) Collins
– appointed April 2009

BBus, CPA, GAICD, Cert Bus. Liz is the General Manager Governance at Wellington Shire Council. A former Manager Finance at Latrobe City Council for 10 years, Liz has experience with financial controls, risk assessments, legislative compliance, policy development, management accounting and asset management.

Ron Gowland
– appointed February 2012

Dip Management, CPA, Economics Degree. Ron is employed by Silcar Pty Ltd as a Commercial Manager for the High Voltage Technical Services business. He has Public Practice Certification from CPA Australia and is the owner/principal at Latrobe Business Solutions Pty Ltd public accounting practice. Ron served four years as Chair of the Gippsland Water Audit Committee and has been a member of the Latrobe City Council Audit Committee for the past three years.

Summary of achievements:

Oversight of key commercial risks included in risk register; review of annual accounts, external audit strategy and scope; lead selection of internal and external auditors; lead development of internal audit program and monitor implementation of internal auditor's recommendations. Internal auditors appointed: RSM Bird Cameron. External auditors appointed: LSH Accounting.

Quality and Safety Committee

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

The committee also ensures LCHS quality and safety systems will support the implementation of the four key principles of clinical governance, which are:

- build a culture of trust and honesty through open disclosure in partnership with consumers and community
- foster organisational commitment to continuous improvement
- establish rigorous monitoring, reporting and response systems
- evaluate and respond to key aspects of organisational performance.

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

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

The committee includes a client member:

Allison Higgins
– appointed August 2009

Bachelor of Arts (Communications). Allison has Cerebral Palsy and requires the use of a mobility aid and paid personal care supports. She has a keen interest in disability advocacy and is actively involved in the management of her care in order to be as independent as possible. As a client receiving care and support services, Allison is able to draw on her personal experiences within the healthcare system and provide her valuable insights to the Board Quality and Safety Committee.

Summary of achievements:

Oversight of development of the Quality of Care Report and Quality Work Plan; endorsement of the identification of 21 risks; review reports related to 20 clinical indicators.

Board Remuneration Committee

The role of the Remuneration Committee is to provide advice and make recommendations to the Board on:

- remuneration policy and any changes to remuneration policy and practices for all employees whose remuneration is not determined through awards or enterprise bargaining agreements
- the remuneration for the Chief Executive Officer (CEO) and members of the executive group, being those executives reporting to the CEO
- the performance of the CEO
- the review and assessment of the effectiveness of the company's remuneration policy
- corporate governance processes relating to remuneration
- the Remuneration Report and processes supporting its preparation.

LCHS held a General Meeting on 31 May 2012 for members to consider remuneration for LCHS' Board.

LCHS has seen significant growth and change over recent years and LCHS' Board, following extensive consideration, decided to propose moving from a volunteer Board to a remunerated one.

Since becoming a Company Limited by Guarantee in 2008, LCHS has increased independence from government and greater accountability under the Corporations Act 2001. This has greatly increased the personal accountability and liability of Board Directors.

At the General Meeting, members passed a vote for Board Directors of LCHS to be remunerated for their services at a rate no greater than the lowest rates of the applicable Victorian Government Schedule.

A vote was also passed for independent Committee members, who are not Board Directors and who are appointed because of their expertise to Board committees (such as the Audit and Risk Committee and Quality and Safety Committee), to be paid a sitting fee for each meeting attended. Remuneration was effective from 1 July 2012.

LCHS' Constitution has been amended in order to comply with the above.

Profiles of Board Directors


1.


2.


3.


4.

1. John V Guy, OAM JP (Chairperson)

Board Director since September 1997. Member Remuneration Committee, Board Recruitment Selection Panel, Former Chair Audit Committee.

Grad Dip PA. John spent thirty five years with SECV, served six years on the Morwell Shire/ Latrobe City Council (three consecutive years as Mayor); was Chairman of the Latrobe Regional Commission; and Chairman of Commissioners Wellington Shire. Currently Chair, 'Advance Morwell Inc.' and Chair, Gippsland Regional Clinical School Community Support Group. He is a volunteer with the Office of the Public Advocate, the Youth Referral and Independent Person Program and the Document Signing Roster at the Morwell Police Station.

2. Peter Wallace (Deputy Chairperson)

Board Director since January 2007. Member Quality and Safety Committee, Remuneration Committee; previous Member Audit Committee.

Bachelor of Business (Marketing), Post Graduate Diploma (Health Services Management), Master of Administration, GAICD. Previous appointments have included Director Corporate Services at Latrobe Regional Hospital, Chief Executive Officer at Maroondah Hospital, Box Hill Hospital and Director of General Services at Monash Medical Centre. Peter has also undertaken project and consulting assignments at Mercy Health and Aged Care, Royal Children's Hospital, Barwon Health, Dental Health Services Victoria and Department of Health.

3. Chris Devers

Board Director since October 2001. Member Remuneration Committee; previous Board Treasurer, Board Executive, Member Audit Committee and Chair, Chair History Committee, Board Recruitment Selection Panel.

Assoc Dip Mech Eng. Chris' previous roles include eight years in power station operations with SECV and power industry technical writing. Over the past decade he has held parliamentary electorate and ministerial policy adviser roles. Chris is currently employed as a media adviser for a Federal Member of Parliament. He has served on Disability Advisory, Advocacy and Resource Council Boards within the Gippsland region.

4. Steven Porter

Board Director since November 2004. Chair Audit and Risk Committee; previous Audit Committee Member and Board Treasurer.

BA Eng (Civil). Previous alumni of Leadership Victoria and member of the Australian Institute of Company Directors. Completing Masters in Organisation Dynamics at RMIT. Experience in senior management positions in asset planning, capital works, communications/public relations, business processes and resource management.

5. Carolyne Boothman

Board Director since February 2010. Member Quality and Safety Committee.

Bachelor of Education (Primary), Graduate Certificate of Religious Education. Carolyne has been a member of the GippSport Board of Management for 16 years, and many other sporting committees in the local area. She is a member of the LRH Community Advisory Committee and Foundation, and Minutes Secretary/Publicity Officer for the Gippsland Acoustic Music Club. Currently in a leadership role at Newborough East Primary School, with a passionate interest in health and fitness and music, and has previously lectured at Monash University.

6. Melissa Bastian

Board Director since January 2011. Member of the Audit Committee.

Bachelor of Laws with Honours, Graduate Diploma in Legal Practice, Bachelor of Business (Management), former State Registered Nurse, Graduate 2011 Gippsland Community Leadership Program, Member of the Australian Institute of Company Directors. Melissa has a diverse background in the health, insurance and legal industries. She has held a variety of senior roles and is experienced in managing teams and stakeholders in both the private and public sectors. Melissa is currently part of the senior management team of a Commonwealth Public Service agency in Traralgon where she manages registry compliance, partner relationships and access to public information.

7. Dennis O'Neill

Board Director since June 2012. Member Quality and Safety Committee.

Bachelor of Science with Honours. Dennis has comprehensive experience in the Australian resource and infrastructure sectors in board, management, policy, technical and commercial roles in both private and public sectors. He has been a Director at Resource Futures P/L since 1988 and has specialities in governance, strategy, project management and policy leadership, technical and financial management, media representation, political and commercial negotiation.

Attendance at Board, Audit and Risk Committee and Quality and Safety Committee Meetings

Details of attendance by Board Directors of LCHS at Board, Audit and Risk Committee and Quality and Safety Committee meetings, held during the period 1 July 2011–30 June 2012, are as follows:

BOARD DIRECTOR	MEETINGS							
	Board		Audit & Risk Committee		Quality & Safety Committee		Remuneration Committee	
	A	B	A	B	A	B	A	B
John Guy (Board Chairperson)	11	10	—	3	—	1	2	2
Peter Wallace (Deputy Chairperson)	11	10	1	1	4	4	2	2
Steven Porter	11	10	4	3	—	—	—	—
Don Flanigan *	4	4	1	1	—	—	—	—
Chris Devers	11	11	—	—	—	—	2	2
Steven Elvy **	7	6	--	--	2	2	--	--
Carolyne Boothman	11	10	—	—	4	2	—	—
Melissa Bastian	11	11	4	4	—	—	—	—
Dennis O'Neill ***	1	1	—	—	—	—	—	—

AUDIT & RISK COMMITTEE INDEPENDENT REPRESENTATIVES	A	B
Liz Collins	4	3
Ron Gowland	2	2
John Anderson ^	1	0

QUALITY & SAFETY COMMITTEE CLIENT MEMBER	A	B
Allison Higgins	3	3

Notes:

Column **A** – Indicates number of meetings held while Board Director/Committee member was a member of the Board/ Audit and Risk Committee/Quality and Safety Committee

Column **B** – Indicates number of meetings attended

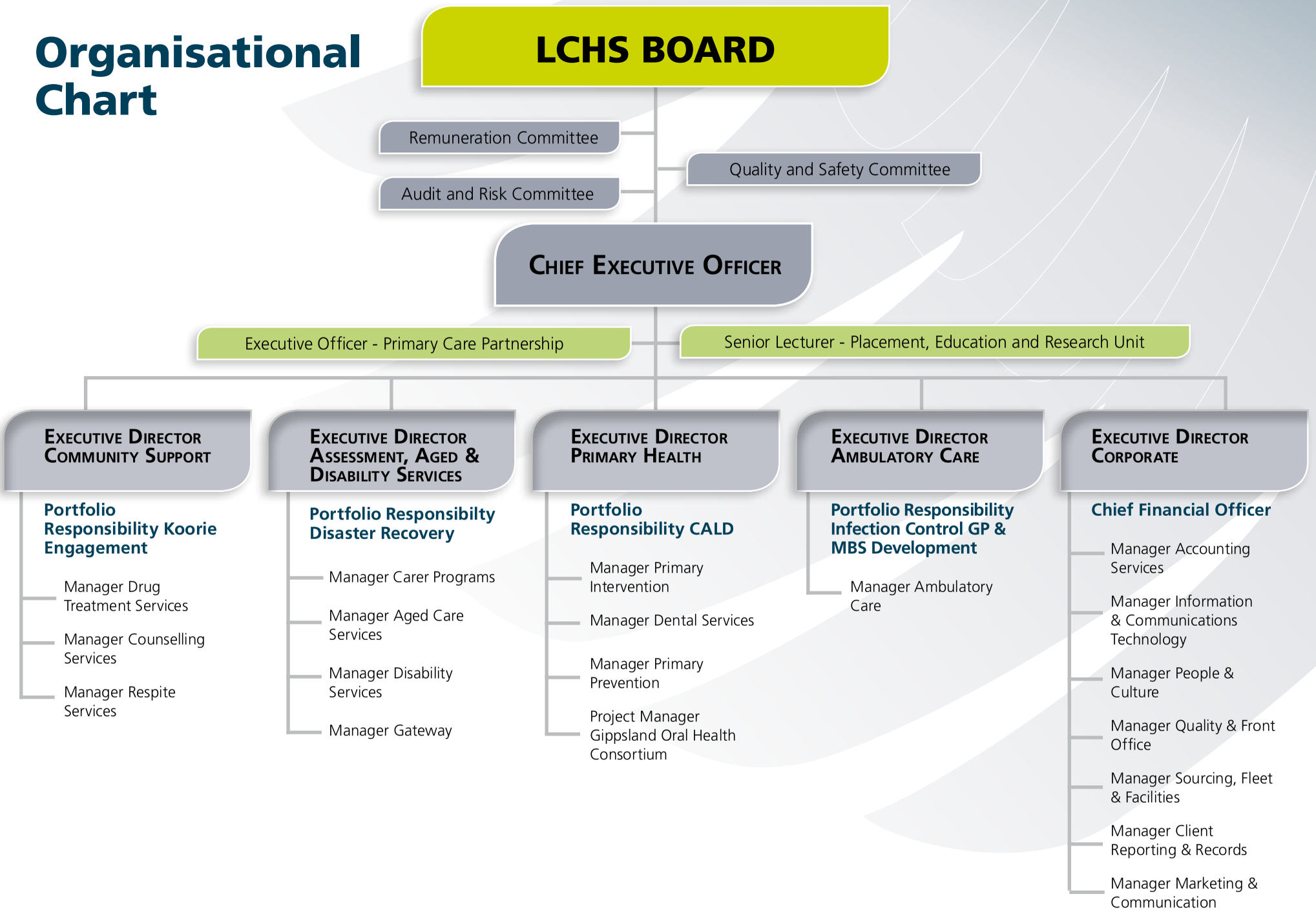
* Don Flanigan's term on the Board ceased effective November 2011

** Steven Elvy resigned from the Board effective December 2011

*** Dennis O'Neill appointed to the Board effective June 2012

^ John Anderson resigned from Audit and Risk Committee effective September 2011

Organisational Chart



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

Ambulatory Care

The Ambulatory Care Directorate is responsible for district nursing; palliative care; the Moe After Hours Medical Service; Churchill Clinic; wound management; and infection control. In addition, Ambulatory Care is responsible for the implementation of the new Integrated Primary Health Care Clinic, due to open in late 2012 at our Morwell site.

Ambulatory Care	Key Performance Indicator	Annual Target	Achieved to 30/06/2012	% Achieved
District Nursing Community Health	Hours by staff	2,936	2,709	92%
District Nursing Full Cost Recovery	Hours to clients	3,768	3,893	103%
District Nursing HACC	Hours to clients	23,551	23,520	100%
Moe After Hours Medical Services (MAHMS)	Contacts	8,000	8,694	109%
Palliative Care Community (Sub Acute)	Contacts	4,254	4,288	101%

The overall result for the Ambulatory Care Directorate was again very positive. All targets were either met or exceeded apart from Community Health which was slightly under. This is attributed to the introduction of the Active Service Model and the commitment to 'doing with' the client rather than 'doing for' the client.

District Nursing and Palliative Care

The emphasis of our service once again was on the delivery of high-quality care and support to clients, their families and carers. We continue to promote high levels of health, independence and quality of life as the reliance of the community on the expertise and range of services available from Ambulatory Care continues to grow.

Within the Victorian Home and Community Care (HACC) framework, we are shifting our philosophy from 'doing for' clients to 'doing with' clients, due to the implementation of the Active Service Model (ASM). The ASM is a quality improvement initiative that focuses on promoting person-centred care, capacity building and restorative care in service delivery.

The ASM goal is for frail older people and people with disabilities in the HACC target group to live in the community as independently as possible, making decisions about their life and health care as much as possible. This includes the type of services they receive and the goals they wish to achieve.

A comprehensive refresh of the fleet of mobile computer devices was conducted. Computers represent the most important tools-of-trade for our clinical workforce. The development of a mobile model provides access to client information, scheduling, online medical resources, email and other important functions to assist in the delivery of care.

The Specialist Palliative Care Team from Calvary Healthcare Bethlehem continues to provide an outreach service to LCHS palliative care clients. Both primary and secondary consultations are offered and the response to this service from the local general practitioners (GPs) has increased gradually. Our Palliative Care Nurse Practitioner Candidate is now in her second year and is one of three appointed in the region, all working very closely with the specialist team.

The Palliative Care service continues to participate in the National Standards Assessment Program (NSAP). This is a structured framework for continuous quality improvement built on the Palliative Care Australia national standards for providing quality palliative care for all Australians. The core objective of NSAP is quality improvement in palliative care experiences and outcomes for patients, carers and families.

The development of a Stomal Clinic by our consultant Stomal Therapist has seen improved services to our stomal clients and a significant increase in staff education and mentoring to increase the skill base of our existing workforce, along with improved collaboration and partnerships with Latrobe Regional Hospital and other referrers.

Ambulatory Care remains committed to staff development as it is the individual success of staff that provides positive outcomes for clients. Ambulatory Care currently has staff enrolled in post-graduate training including Master of Nursing (Nurse Practitioner), Graduate Diploma in Palliative Care and Graduate Diploma in Wound Management.

Ambulatory Care team.

The LCHS wound clinic has been a successful initiative.

Wound Management

The Gippsland Regional Wound Management Project has now been completed and evaluated. The favourable evaluation has resulted in recurrent funding, including the Regional Wound Consultant position. To date this project has delivered 58 full wound management study days to 677 attendees across the region, increasing the wound knowledge of nursing staff region-wide. Funding for wound equipment complemented the training, providing staff with the necessary tools to treat wounds effectively.

Another initiative was the implementation of the three-year Mobile Wound Care multi-site research project, the recipient of the 2011 Victorian Healthcare Association award. The second year has concluded with the successful introduction of a region-wide skin tear clinical pathway of care. The data collected at each site on skin tears will provide opportunity for benchmarking with other major providers of community care within the region. The final 12 months will be exciting as we move towards a final analysis of the project. This will involve increasing the number of wounds recorded within the data base and measuring the clinical and financial outcomes for clients and organisations.

Evidence of our continued commitment to wound management has resulted in the implementation of wound clinics at both Morwell and Moe. This has led to increased client involvement in their own care, reduced nurse travel time and seen the opportunity to embrace the principles of the Active Service Model. The Regional Wound Consultant is also available to review referred clients in one location, allowing access to a greater number of clients requiring a specialist service. The challenge remains in encouraging clients to attend clinics as there is an ongoing perception that the nurse will visit the home. Transport remains a major issue for many clients.

Infection Control

Infection Control is embedded into everyday practice supported by policy, procedures and education. External audits are undertaken annually including comprehensive site visits, appraisal of quality improvement initiatives and policy and procedure reviews. This year the annual audit will occur in August with particular focus on the Dental Program, ensuring practice meets the new accreditation requirements for dental services.

Moe After Hours Medical Service (MAHMS)

MAHMS continues to provide a seven-day-per-week after hours general practice service for the community. The clinic is staffed by GPs rostered from local Moe and district clinics, with nursing and clerical staff supplied by LCHS. The clinic treats in excess of 8,500 clients per year.

LCHS has recently been granted funding for the next two years under the Commonwealth GP After Hours Program. This will assist MAHMS to maintain the current level of service.

Churchill Clinic

LCHS has a continued relationship with the GP Clinic co-located at our Churchill site. LCHS provides administrative and nursing support to this very busy clinic. The staff at Churchill are included in all training and education opportunities provided by LCHS. The Churchill Clinic is also included in the annual Infection Control audit.

Integrated Primary Health Care Clinic (IPHCC)

We are very pleased to announce the recent appointment of our Medical Director, Dr James Bvirakare, who will lead the implementation of the new IPHCC at Morwell. Recruiting GPs to a regional location is always challenging so we are thrilled with this senior appointment.

The process to recruit additional GPs is now well underway, along with other key clinic positions including Manager Clinic Services, General Practice Nurse and various Allied Health and administration roles. The official opening is planned for Spring 2012.

The upcoming year is expected to be extremely busy with plans that the clinic will become fully operational before the end of 2012.

Chris Trotman
B.Bus (Acc), Grad Dip Ed (Health), Cert Gen Nursing (Div1), JP,GAICD, AIMM, AFACHSM

Assessment, Aged and Disability Services

The Directorate of Assessment, Aged and Disability Services was formed in 2012 from the previous programs within the Coordinated Care Directorate, combined with the LCHS intake programs. The Directorate provides a range of assessment, education and support services for the frail aged, people with a disability and their carers across the Gippsland region. The 90 staff in the Directorate are based over seven LCHS sites across the region.

The new Gateway program completes new clients' initial needs identification, which may be followed by a more specialised assessment such as an Aged Care Assessment. The Aged Care Services and Disability Services programs determine client care needs and arrange in-home support and respite services for the frail aged, including veterans and people with a disability, respectively. Our Carer Programs team delivers education and capacity-building programs and arranges respite packages and events for carers.

Quality Services

The Gippsland Aged Care Assessment Service continued to reduce the wait times for aged care assessments this year. We improved our business processes to enable an increased presence and speedier response in acute care settings. A video-conferencing model of assessment was trialled with some of the more remote acute care settings and this proved to be very successful. While face-to-face assessments remain the preferred option, the video-conference assessment is a feasible option where distance impedes the ability of clinicians to attend in a timely manner.

The addition of the Service Access and On-Call programs into the Gateway program will result in streamlining of assessment services and processing of referrals. A specific project addressing the difficulties in electronic referrals from GPs identified opportunities for improvement and changes to our business processes are being implemented.

Days wait	Hospital assessment	Community assessment
2008/09	7	33.7
2009/10	6.2	22.7
2010/11	5	19
2011/12	2.73	16.96

Healthy Communities

Our Carer Programs team delivered a range of innovative programs this year.

The Paying Attention To Self (PATS) early intervention program provides support and information to young people who care for a parent affected by mental illness. Through this program, young carers aged 12-18 years learnt about mental health and illness; acquired new coping strategies; and formed strong friendships with their peers. LCHS will continue to work with Families where a Parent has a Mental Illness (FaPMI) to enable the graduates of this program to undertake leadership training after which they will have the opportunity to take up peer leadership roles in future PATS programs.

A Koorie Dementia Education Pilot Program was developed and delivered to 20 participants in a three-day residential weekend in February 2012. The program recognised and addressed the specific needs of Gippsland's Indigenous community and included dementia information sessions from Alzheimer's Australia and the Dementia Behaviour Management Advisory Service. Issues included strategies for carers experiencing difficulties with behaviours of concern and sessions covering the use of reminiscence, creative arts, music and stimulating and soothing the senses. To assist with engaging and meeting the needs of participants, the program included guest Indigenous presenters throughout the weekend with an Indigenous artist, musician and chef taking part.

The 'Move and Groove' program is another innovation developed by our Carer Programs team this year. It promotes healthy and active ageing through physical activity, fun, self-expression, laughter and carer education. The five-week program included creative performing arts sessions and an education program delivered by Carers Vic entitled 'Lasting the Distance'. The chosen performing arts sessions were Burlesque dance and African drumming, facilitated by a qualified therapist. The 'Move and Groove' program provides a creative outlet for carers, promotes self-expression and increases a carer's sense of wellbeing. In addition, the program explores self-care strategies and facilitates friendships between carers. This program has the potential to enhance the carers' sense of self, their coping abilities and resilience and to facilitate feelings of empowerment as they 'have a go' at something out of the ordinary. LCHS was allocated

Assessment, Aged and Disability Services	Key Performance Indicator	Annual Target	Achieved to 30/06/2012	% Achieved
Aged Care Assessment Service (ACAS)	Completed assessments	3,177	2,742	86%
Aged CSW Respite	No of hours provided	7,000	27,538	393%
Aged Flexible Respite	No. of hours provided	4,778	27,538	576%
Carers of Young People	No of clients	60	59	98%
Case Management	No of clients	33	18	55%
Commonwealth Carelink Centre	Number of phone calls	Not set	1,966	NA
Commonwealth Carer Respite Centre	No. of clients	550	703	128%
Community Aged Care Packages	Maximum active packages	158	160	101%
Consumer Directed Respite Care	No. of clients	7	11	157%
Dementia Education & Training for Carers	Information sessions	8	8	100%
Dementia Services	No of carers assisted	43	118	274%
Dementia Support Services Tea @ Twilight	No of carers assisted	10	6	60%
Disability Respite	No of episodes	130	111	85%
DVA Veterans' Home Care	Completed assessments	Not set	1,336	NA
Early Childhood Intervention Services (ECIS)	No of clients	12	33	275%
Extended Aged at Home Dementia Packages	Maximum active packages	4	5	125%
Extended Aged at Home Packages	Maximum active packages	10	12	120%
Facilitation Reviews and Set Ups	No of clients	22	35	159%
Flexible Support Packages	No of clients	170	184	108%
Futures for Young Adults	No of clients	14	23	164%
Home & Community Care Response Service	No of call outs provided	Not set	468	NA
In & Out of Home Respite	No of hours provided	23,500	25,184	107%
Individual Support Packages	No of clients	19	19	100%
Individual Support Packages (Respite)	No of clients	10	10	100%
Information Training & Secondary Consults	No of consults	18	22	122%
Linkages	Maximum active packages	183	182	99%
Mental Health Respite Program	No of clients	160	120	75%
NRCP Ongoing Respite	No of clients	50	95	190%
On Call	No of hours provided	650	9	1%
Respite for Older Carers Direct Service	No of clients	14	26	186%
Service Access	Hours by staff	5,108	10,034	196%
Young Carer Program	No of clients	25	39	156%

seven Consumer Directed Respite Care (CDRC) packages this year. New policies and procedures were developed to identify suitable carers and modify care plans to ensure the client maximised the benefits of the consumer directed package. The processes for service delivery for the CDRCs are operating very well with positive client feedback.

Aged Care and Disability Services

One of the aims of the Directorate re-structure was to develop specialised teams of Case Managers and Carer Support Coordinators to work together in cross-functional teams. This enabled them to specifically focus on the needs of the frail aged and clients with a disability across the Gippsland region.

The Aged Care Services team includes the Veterans' Home Care program and a range of Home Care packages. This year LCHS was allocated additional Community Aged Care Packages which equates to a total of 218 Home Care packages for our aged clients in addition to our 950 Veterans' Home Care clients. These packages provide case management and support services to assist our clients to remain living at home and enjoying their local community.

The Disability Services team delivers case management and carer support services to clients with a disability and their families, living in the community. This includes assistance with planning for the future which is particularly important for our young people and school leavers, and those whose parents or primary caregivers are themselves experiencing age-related health issues. Our internal business processes were reviewed and strategies implemented which resulted in improved quality and timeliness of Disability Support Register applications. In turn, this resulted in increased access to Disability Emergency Funding and increased funding for Individual Support Packages.

In addition, the team delivers education and capacity-building programs throughout the region. This includes the Information Technology and Secondary Consults program which continued to deliver training events for professionals treating Acquired Brain Injury (ABI) clients. The program this year featured specialist topics including therapeutic techniques, ABI and Mental Health, Adolescents with ABIs, and a four-part ABI Behaviour Series. As a result of this work, the Gippsland ABI Mental Health Clinic was developed (commenced in 2012) which affords the Gippsland region access to specialist metropolitan-based services, including opportunities for treatment and assessment by a clinical neuropsychologist and a psychiatrist.

Anne-Maree Kaser
Grad Dip Human Services Management, Div 1 Nursing, AFACHSM, AIMM

Community Support

The Community Support Directorate provides social support services including counselling, drug treatment, and respite services.

Community Support	Key Performance Indicator	Annual Target	Achieved to 30/06/2012	% Achieved
Aquired Brain Injury Forensic Counsellor	Episodes of care	22	23	105%
Child & Adolescent Sexual Assault Service	No of clients	96	92	96%
CM for Indigenous Men who use Family Violence	No of clients	31	31	100%
Community Nursing for IHSHY	Hours by staff	358	474	132%
Community Support Service/Emergency Relief	Hours by staff	638	661	104%
Community Support Service/Emergency Relief	No of clients assisted	Not set	982	Not applicable
Counselling	Hours by staff	6,014	6,105	102%
Counselling, Consultancy & Continuity of Care (CCCC)	Episodes of care	696	703	101%
Creative House Camps	Contact hours	3,880	3,869	100%
Creative House Community Respite	Contact hours	423	427	101%
Creative House Day Programs	Contact hours	3,000	2,999	100%
Family Violence	No of clients	29	158	545%
Forensic Services	Episodes of care	399	378	95%
Gippsland Withdrawal & Rehabilitation Service	Episodes of care	596	612	103%
Indigenous Men's Groups	No of clients	33	60	182%
Innovative Health Services for Homeless Youth	Hours by staff	920	1,218	132%
Koori CCCC	Episodes of care	50	50	100%
Men's Behaviour Change Program (MBCP) Enhanced Access	No of referrals	120	890	742%
MBCP	No of clients	62	192	310%
Mobile Drug Worker	Contacts	120	369	308%
Needle & Syringe Program	1 to 1 client contact	Not set	7,931	Not applicable
NIDS Breaking the Cycle	Episodes of care	40	45	113%
NRCP Overnight Respite (Mayfair House)	Hours of service	6,994	6,728	96%
Parent Support	Episodes of care	50	9	18%
Planned Activity Groups Culturally and Linguistically Diverse (CALD) Garden Group	Hours by client	Not set	790	Not applicable
Planned Activity Groups Core	Hours by client	34,011	33,780	99%
Planned Activity Groups High	Hours by client	10,025	9,988	100%
Regional Gambler's Help Counselling	Hours of service	3,812	2,912	76%
Regional Gambler's Help Financial Counselling	Hours of service	1,835	1,444	79%
Supported Accommodation	Episodes of care	12	16	133%
Victorian Integrated Hepatitis C Service	No of clients	Not set	37	Not applicable
Women's Supported Accommodation	Episodes of care	12	10	83%
Youth Outreach	Episodes of care	56	58	104%

Strengthening Services

The dedication and commitment of Community Support staff saw the Directorate strengthen performance, respond to increased demand and implement new programs and approaches this year.

Building on our commitment to the Koorie community, Community Support staff worked closely with the Lake Tyers Aboriginal Trust and the Department of Justice's Wulgunggo Ngalu Learning Place at Won Wron to provide a range of therapeutic services. Our Koorie Choices program is being well received in East Gippsland and Latrobe City and plans are underway to offer the program in Wellington.

Two staff members completed the Indigenous Family Violence Graduate Certificate at Swinburne and a third completed the Group Facilitation for the Men's Behaviour Change Program Graduate Certificate through Swinburne University of Technology. Two additional staff will complete the training this year to build our capacity in our family violence program.

A culturally sensitive tobacco cessation program targeting Koorie pregnant women and mothers was developed and piloted. The Ngalla Ngal Yacken Lidj (Stop by Themselves Mother and Child) 12-week program was trialled at our Morwell site in partnership with Gippsland and East Gippsland Aboriginal Cooperative and evaluated by Monash University.

Our Planned Activity Groups (PAGs) continued to embed the Active Service Model, implementing a number of new programs, including ten pin bowling competitions, coffee critiques and a current affairs debating group. A school visiting program brought together members of the Moe Planned Activity Group and students from Albert Street Primary School in Moe for a reading program that utilises iPads® in place of traditional books. The students reciprocated with a visit to the PAG each term.

A group for carers of people living with depression was established in Traralgon. Facilitated by two counsellors, the Partners in Depression group met weekly for eight weeks to learn from and support each other.

A presentation to the East Gippsland Primary Care Partnership by one of our Gambler's Help counsellors inspired a 12-month project to address issues relating to the use of electronic gaming machines by people with an intellectual disability. Led by the Central West Primary Care Partnership, People with a Cognitive and/or Intellectual Disability Electronic Gaming Machines, Education and Alternatives project includes education for gambling venue staff, disability support service staff and carers. The project will also produce a Pokies Free Places for Social Outings guide.

The Drug Treatment Services team delivered several community education sessions during Drug Action Week providing information, education and activities promoting healthy lifestyles and harm minimisation.

Increasing Demand

Demand on the family violence programs continues to challenge the counselling service. On average 50 referrals to the Men's Behaviour Change Program (MBCP), Women's and Children's Family Violence and Child and Adolescent Sexual Assault Service are received each week. An enhanced access position has been introduced to prioritise referrals from police called to a family violence situation. MBCP provided 820 interventions in 2011/12 against a target of 129. A 12-week structured program aligned with No to Violence guidelines commenced during the year, improving our capacity to deliver the program in Latrobe City, Wellington and Baw Baw.

Mayfair House is working with Ambulatory Care and Carer Services to implement regular health checks and education to clients attending the Mayfair House Koorie Elders group.

Our Victorian Integrated Hepatitis C Service for Gippsland extended from Latrobe City to Wellington Shire, increasing access to Hepatitis C treatment through outreach support to GPs.

Improving Services

We developed a Reconciliation Action Plan that outlines our formal commitment to reconciliation and closing the health gap experienced by Aboriginal and Torres Strait Islander people. Our Koorie programs are fully staffed and working closely with the Koorie community to deliver culturally appropriate services that reflect Koorie community need. Koorie staff make up almost 3% of the workforce, exceeding the government's 1% target.

The Gambler's Help Recovery Assistance Program and Men's Behaviour Change Program were audited for compliance with operational guidelines and standards and all programs participated in the organisation-wide Quality Improvement and Community Services Accreditation (QICSA) process in March. QICSA assessors spent time with Creative House staff and clients during LCHS' accreditation process. The program was commended by the assessors as meeting all 19 Psychiatric Disability Rehabilitation and Support standards.

The research project to examine and revise the model of care provided at Creative House concluded during the year. The report entitled Creative House – Establishing a Social Inclusion Model of Recovery recommended some operational improvement activities which have been included in an implementation plan.

Two initiatives improved access to our Drug Treatment and Gambler's Help programs. The Gambling Information Support Team provides immediate access to a gambling counsellor in person or by telephone. This new approach allows clients to remain anonymous throughout their contact with reception and service access staff. A new clinic worker role was established at our Fast Forward clinics to improve the experience of people seeking assistance with alcohol and other drug issues.

Rachel Strauss
Bachelor of Nursing, Cert Gen Nursing, Cert Midwifery, ACHSM, AIMM

Primary Health

The Primary Health Directorate provides a range of clinical, allied health and nursing, chronic disease, dental, health promotion and education services to support our communities in managing their health.

Primary Health	Key Performance Indicator	Annual Target	Achieved to 30/06/2012	% Achieved
Allied Health Community Health	Hours by staff	5,066	5,096	101%
Allied Health Home and Community Care (HACC)	Hours to clients	11,327	13,840	122%
Allied Health Nursing	Hours by staff	1,022	1,735	170%
Stay Healthy Latrobe	Hours by staff	5,062	5,039	100%
New Arrivals Program	Level of satisfaction	80%	100%	125%
Dental	No. of patients	Not set	14,673	Not applicable
Dental	No. of treatments	Not set	79,242	Not applicable
Dental	No. of dental units of value	23,173	20,769	90%
Community Nursing Community Health	Hours by staff	4,422	4,899	111%
Community Nursing HACC	Hours to clients	523	698	133%
Family Planning	Hours by staff	252	216	86%
Refugee Health Nursing	Hours by staff	661	405	61%
Worksafe Work Health Checks	No. of employees seen	3,129	3,208	103%

The Primary Health Care Directorate underwent a structural change during 2011/12 with the development of three program areas: Primary Prevention, Primary Intervention and Dental Services. This enables us to strengthen areas that address prevention, early intervention and chronic disease management. We have an emphasis on increasing clinical services through our allied health, nursing and dental services.

Primary Prevention

Latrobe Community Prevention: The new Latrobe Preventative Community Model was implemented in early 2012. This saw us providing a new approach to addressing the issues of preventative health, in particular smoking rates, nutrition, physical activity and obesity in Latrobe where people live, learn, work and play. This is a partnership approach between LCHS, Latrobe City Council and the Department of Health. The program builds on the good work undertaken with the Kids Go For Your Life program based in schools and will support all schools and early childhood centres in Latrobe to come on board with the school achievement programs. It will also build on the work undertaken through the Integrated Health Promotion Plan in regard to the food system, community kitchens and healthy lifestyle programs.

WorkHealth Program: In response to the Victorian WorkSafe WorkHealth program, LCHS provided 3,477 work health checks across Gippsland in 2011/12. Since November 2011, this work was undertaken in partnership with staff from West Gippsland Health Care Group, Gippsland Lakes Community Health Service and Bairnsdale Health Service as subcontractors to LCHS. LCHS was also contracted to provide the WorkHealth program to employees in their workplaces for the Hume and Grampians regions from May 2012.

Primary Health encompasses a broad range of professional skills.

Primary Intervention

Clinical Services: A range of clinical services including speech pathology, physiotherapy, podiatry, dietetics, occupational therapy, lymphedema, respiratory, diabetes education and continence nursing have continued to be provided to the local community in the Latrobe Valley.

Early Day Stay Program: Over 200 families have benefited from attending this program which offers support and practical advice in managing children from birth to three years of age. The main issues for which families seek support include feeding, settling and sleeping. The program also provides information sessions in early learning/maternal child care centres.

Chronic Disease: The Chronic Disease Management care coordinators provide support to clients who have chronic health issues such as diabetes, chronic respiratory or musculoskeletal conditions. Programs such as the Better Health Self-management program assist over 60 people per year to improve their health. They also conduct individual care planning and health coaching sessions. Each term we run five different types of physical activity programs over four sites. These are run each term and cater for a variety of activity levels. With over 100 participants each term that's a lot of people becoming more active.

Culturally and Linguistically Diverse (CALD) Services: A strengthening of our commitment to the Refugee and New Arrival Community has seen a significant growth in the number of community members accessing our services. This work is supported through the Settlement Program, Refugee Nursing program and the Vulnerable Communities programs all working together, along with the strong network of providers across Gippsland. Highlights for the year included interactive information sessions such as access to housing, managing your bills, and accessing health services such as eye care. Another highlight has been the successful training of two community members to deliver ICT (computer) training to a larger group. The training is designed to build the capacity of the community in the use of ICT, to seek employment.

Dental Services

Dental: A new funding model was introduced for all state Dental Services in Victoria this financial year which has seen some challenges for the program. We have continued to provide services with an average of 11 chairs open each day. Unfortunately our waiting times, which we had reduced dramatically over the past few years, have started to grow again but still remain below the Victorian average. We have been successful in recruiting several new dentists to the organisation and we are hoping that, together with the announcement of increased Federal funding for the Public Dental Sector, that we are able to further address the waiting lists through increased dental chair utilisation.

Gippsland Oral Health Consortium (GOHC): LCHS is the lead agency for the GOHC which is a collaborative group including all Public Dental Services in Gippsland, the Department of Health, Dental Health Services Victoria and Melbourne University. Together the Consortium has been working towards improved access to services, workforce models, operational best practice and Oral Health Promotion. Highlights include the development of common practice procedures and embarking on a dental workforce research project using questionnaires to determine recruitment and retention strategies.

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

Corporate

The Corporate Directorate is a multi-disciplinary professional team providing company-wide management of finance and accounting, human resources, industrial relations, properties, motor vehicles, sourcing, information technology and telecommunications, marketing and corporate communication, as well as the front offices in each location. The Directorate also leads quality, record management and clinical governance programs across the organisation. The Executive Director, Corporate is the Chief Financial Officer of LCHS.

A new state-of-the-art business system to position LCHS for future opportunities

A new company-wide IT system integrating finance and accounting, procurement, budgeting and payroll functions has been successfully installed. Work on this major project commenced in August 2011 with a team consisting of the system vendor, Technology One and LCHS staff. The rigorous project management process that was adopted ensured that the cut over to the new system occurred with minimal problems and rework. The implementation was supported by a robust change management program that encompassed training of over 350 users.

The system provides automation in payroll via electronic timesheets, electronic purchasing processes, ease of access to key information via its automatic interfaces and employee self-service function. It strengthens internal controls and data accuracy. It also provides flexible reporting capability to support and enhance decision making.

Robust business and financial controls

LCHS' ongoing internal audit program, conducted by Pitcher Partners, reviewed three key areas: funding and services agreements; business continuity and disaster recovery; and the implementation of improvements in asset and contract management. The Board Audit Committee continues to monitor progress in the implementation of all internal audit recommendations.

With oversight by the Board, a due diligence process was instituted to support the selection and appointment of external and internal auditors for the next three-year cycle.

We have maintained the prudent course of investing reserves in a range of fixed term deposits within the Australian banking system.

Managing risk and assuring quality

The identification and management of clinical and non-clinical risks continues as a high priority task. Robust controls are in place, with risks monitored and reviewed on a regular basis with Board oversight. The LCHS risk register has been expanded to include identified project risks that are monitored through the life of each project.

LCHS has been re-accredited for three years based on an audit by Quality Improvement and Community Services Accreditation against the 18 Quality Improvement Council Standards. LCHS was compliant with all standards and 'exceeded' standard requirements in Governance.

Over 500 policies and procedures were developed and/or reviewed to ensure that they reflect current legislation and best practice.

Forty-two requests for personal health information were received under the Health Records Act.

Essential Information Technology and Telecommunications (IT) support

LCHS business sustainability relies on IT support. Demand for services has continued to grow with over 500 staff and volunteers in all sites accessing our network, systems, email and telecommunication facilities. The Directorate responded to 7,868 service requests over the year.

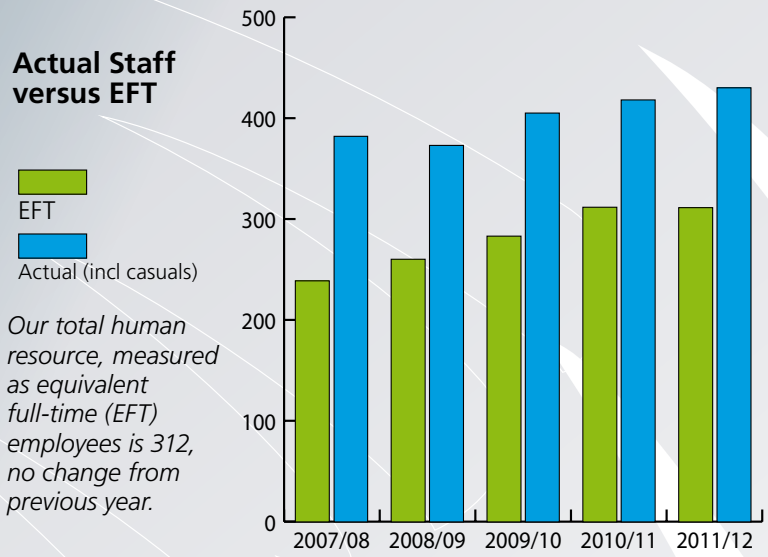
New management systems enable IT staff to resolve service problems remotely, leading to improved response times and avoiding the need for site visits.

Effective use of property assets

Since taking over management of the Morwell headquarters building, the Directorate arranged completion of all warranty works by June 2012 and effected a number of site improvements to meet client needs, including improved parking and footpaths. Efficiencies and improved working conditions were achieved through the relocation of Central Records and Archives from external premises into the Morwell headquarters.

At Moe, improvements to the dental sterilisation area and staff accommodation areas have been completed. Unfortunately, the Warragul site was flooded on two occasions with some interruption to services. Following negotiations with the landlord, drainage improvements have been made and the results are being monitored.

Actual Staff versus EFT



Our total human resource, measured as equivalent full-time (EFT) employees is 312, no change from previous year.

Maintaining an efficient vehicle fleet

LCHS' motor vehicle fleet has been successfully reduced by six cars through the application of our web fleet booking system, optimising utilisation and deployment of motor vehicles at all sites.

In keeping with our focus on the environment, we are moving to reduce the organisational carbon footprint through a changeover to diesel-powered fleet vehicles that will result in reduced fuel and maintenance costs. By the end of 2012, it is planned that one-third of the vehicle fleet will be diesel powered.

Supporting all our people including our valued volunteers

LCHS continues to grow. Total employment rose by 2.8% to 430 by year end. Growth was mainly in part-time staff.

Staff make-up	2011/12	2010 /11	Change
Full Time	170	176	–6
Part Time	214	202	+12
Casuals	46	40	+6
Total	430	418	+12

Over 460 various employment contracts were generated during 2011/12 along with over 100 recruitment actions. The LCHS online recruitments system was upgraded. The system holds 3,700 registered users.

The second annual staff survey conducted by Best Practice Australia was run in June 2012. Feedback from the 2011 survey has been implemented, including increasing car parking facilities for staff.

The volunteer program continues to expand and is crucial to the support of various programs and the wider community in general. As at 30 June 2012, LCHS had over 160 registered volunteers, an increase of 54% compared to last year.

LCHS volunteers contribute over 50,000 volunteer hours across a number of program areas and in various roles. This is a 10,000-hour increase compared to 2010/11.

LCHS received a $75,000 grant from the Department of Planning and Community Development to introduce a Transport Buddy Support Service to support people who experience transport disadvantage.

Supporting Home and Community Care (HACC) training

LCHS is the lead agency for Home and Community Care (HACC) training throughout Gippsland. Fifty-two HACC training programs were provided with 763 regional participants from community health services, public hospitals, bush nursing services, local government bodies, Aboriginal organisations, several small agencies and organisations.

Training covered the Active Service Model (ASM), Autism, Case Note Writing, Catheterise with Confidence, Consent in Medical treatment (video conference), Easy Moves for Active Ageing, Guardianship and Administration, Handling Difficult People, Behaviour and Situations, Hoarding Disorder, Dealing with aggression following Acquired Brain Injury, Mental Health, Managing Violent and Potentially Violent Situations, Osteoporosis, Time Management, Adynamia and Chronic Illness.

Relating to the community – our brand and our communications

A major event for the year was the official launch of a book recording the official history of LCHS by the Hon. Peter Hall, Minster for Higher Education and Skills and Minister responsible for the Teaching Profession. The book includes the history of the predecessor organisations which merged to form LCHS in 1995 and was written by Catherine Earl.

Marketing and Communication programs continued to improve public knowledge and understanding of services provided by the company. This included television and radio advertising and advertorial program through local newspapers, over 100 flyers, brochures and posters.

The website was upgraded including enhanced search and navigation facilities to enable clients to more easily find information on specific services.

Professional Development

LCHS continues to support staff in developing their skills and knowledge through professional development training. A significant amount of training and development was undertaken by staff and volunteers during 2011/12.

Training Type	No. of participants
Business Practice	588
Clinical Practice/ Service Delivery	155
Conference	15
OH&S	40
Other	2
TOTAL	**800**

The Performance Review and Development Plan (PRDP) remains the key tool used to determine individual development needs for staff across the organisation.

When new staff or volunteers commence with LCHS, along with being booked into the organisation's Orientation, they are also required to complete mandatory training including Privacy and Confidentiality, Excellence in Customer Service and Koorie Cultural Awareness. In the past year 269 staff members attended a one-hour Bullying and Harassment session. With the implementation of the new finance and payroll system (TechOne), over 400 staff have attended training regarding payroll, finance and purchasing.

In addition to the above mandatory Business Practice topics, of interest are:

- Refugee Cultural Awareness
- Bridges out of Poverty
- eKey Policies and Procedures
- Advanced Citrix Training
- Learning to Program VB.Net 2010.

Clinical Practice/Service delivery training included:

- Refugee and Asylum seeker Health in Rural and Regional areas
- Professional Boundaries workshop
- Mental Health First Aid
- A number of courses attended in relation to Acquired Brain Injuries, Mental Health and Dementia.

Volunteers undertook a range of training programs including:

- Privacy and Confidentiality
- Safe Food Handling
- Safe driving
- Palliative care
- Simulated patient (acting as a patient to assist in training)
- Handling difficult people, behaviour and situations.

In addition, a number of Ambulatory Care staff participated in training, such as Working with Chronic Illness, Relationships and Loss, Chronic Disease Management, Advancing Clinical Education Level 2 and Catheter Care.

The LCHS Management team attended a Marketing workshop which was aimed at providing them with an understanding of marketing, especially in developing base promotional plans within their individual program areas.

LCHS continues to support staff to undertake a tertiary qualification which has a workplace application. Many staff have received support (financial or other incentives) assisting them in their studies, which in turn developed the skills and knowledge within the organisation.

Staff Recognition

Tahnee Trembath, receiving the Employee of the Year 2011 Award.

LCHS recognises outstanding performance through a number of instruments. These include annual staff and volunteer awards, Service Recognition Awards and Staff Achievement Awards.

In 2011, LCHS continued the second tier level to its annual staff awards. In addition to the Employee of the Year Award, LCHS recognises outstanding performance and commitment from teams and individuals from each directorate.

The Executive team determines the Service Excellence Award at the commencement of each year and focuses on key elements of the business which strengthen relationships or processes. The Service Excellence Award for 2011 was based on service coordination.

Employee of the Year 2011

Tahnee Trembath

2011 Annual Achievement Award winners:

Ambulatory Care – Marianne Cullen

Corporate – Blair Muller

Community Support – Ann Riley

Coordinated Care – Heather Kuczer

Primary Health – Tahnee Trembath

Service Excellence Award 2011 –
Service Coordination
Jo Downey and Tisher McNamara

Staff Achievement Awards

July 2011 – Anna Janca

August 2011 – Sharon Robinson

September 2011 – Christine Parsons

October 2011 – Creative House Team
(A. Hammond, J. Billington,
C. Howard)

November 2011 – Debra Brighton

February 2012 – Carer Services Team
(J. Statkus, S. Borg, R. Edwards,
S. Kingaby, V. Wallace, N. Baxter)

May 2012 – Podiatry Team
(S. Beacham, H. Lavell, S. Baker)

Staff Service Recognition Awards

10 Years
Lisa Zomer
Kathryn Sultana
Lauren Neilsen
Alison Skeldon
Julie Statkus
Narelle Zomer
John Mifsud
Jo-Anne Walsh
Andrea Norman
Leah Trewern

15 Years
Janet Marcollo
Louise Morley

20 Years
Anne Kane

25 Years
Janette Henry

30 Years
Patricia Cronin

Volunteer Recognition

Mad hatters volunteers' function.

Volunteer of the year, Pam Atlee.

LCHS welcomes and values volunteers - their commitment, generosity and dedication is vital in assisting LCHS to provide support, preventative and health management programs to enable the people of Gippsland to live healthier, happier, longer lives.

The volunteer program continues to expand and introduce new opportunities for volunteers to support programs and the wider community. At the end of June 2012, we now have over 160 volunteers (up by 54% compared to last year), who have contributed over 50,000 hours across a number program areas and in varying roles. Volunteers can regularly be seen out and about in Gippsland offering support, sharing their skills and making new friends.

Over the past four years both numbers and hours of volunteer support have significantly increased which is a fantastic result.

Volunteers undertake a variety of roles contributing to the community including cooking and servicing meals, day trips and camps, transport and driving, palliative care, health promotion, new immigrant programs, individual support, community kitchens and as simulated patients.

Highlights of the volunteers' program include:

Buddy Bears

Volunteers, community members and participants involved in mental health programs come together on a fortnightly basis as a group to support the community by sewing, assembling and distributing soft, handmade teddy bears to children and adults who may have suffered a traumatic experience and need a friend. Each Buddy Bear comes complete with nontoxic markers, a birth certificate and in a bright colourful bag.

National Volunteers Week

This was celebrated in May 2012, with a range of events including a Mad Hatters Tea Party celebrating the contributions of volunteers, along with the volunteers' Years of Service and Volunteer of the Year awards.

Transport Buddy Support Service

The 'Transport Buddy Support Service' recruits, trains and coordinates volunteers to assist people who are transport disadvantaged and needing to learn how use public transport to be able to access appointments, medical centres and other support services.

Volunteer Service Recognition Awards

5 Years

Judy Bone
Geoff Bruerton
Gail Ludlow
Josephine Marek
Wendy Mathieson

10 Years

Grant Cowley
Gwenda Martyn

15 Years

Magdalena Rappal
Jean Turner

25 Years

Margaret McMaster

2012 Volunteer of the Year

Pam Atlee

As a valued volunteer with Creative House, Pam's passion and commitment to provide support and new opportunities for individuals with ongoing mental health illness has assisted in broadening support and increasing the opportunities available.

Research

Interprofessional collaboration workshop.

PERU team.

Placements Education and Research Unit (PERU)

Building successful service and education partnerships

Through a Memorandum of Understanding between LCHS and Monash University Department of Rural and Indigenous Health (MUDRIH), the PERU unit was formed with three key goals: to enhance and increase student placements; to facilitate education and research for staff; and to build an interprofessional, collaborative, capacity-building model.

Interprofessional collaboration

LCHS has a strong commitment to Interprofessional Collaboration (IPC) supported by policy and the Interprofessional Collaboration Development Group (IPCDG), which has representation from every directorate; and is responsible for the twice-yearly Interprofessional Collaboration Forum for staff.

Student placements

PERU provided LCHS with a dedicated Student Placement Officer responsible for negotiating placements for over 150 students across the organisation this year. In the past 12 months PERU have had 95% of the students return their placement evaluations which overwhelmingly reported a positive experience. Six of these students have been offered employment at LCHS in 2011/12. PERU works with all program managers to negotiate placements and nominate a student supervisor for each student. PERU also provides a variety of IPC activities where students learn 'from, with and about' each other. The most significant of these is the student-supervised clinic (SSC) funded by the Department of Health, Victoria, in 2011, and further funded from Health Workforce Australia (HWA) in 2012. Students from different disciplines collaboratively interview simulated clients and soon will treat real clients with the aim of gaining 'realistic' experience to improve their interviewing and teamwork skills.

Education

Twice a year PERU delivers a Student Supervision Training program for LCHS staff. 37 LCHS staff have completed the basic program with the addition of eight who have attended the advanced training and now co-present this program with PERU. PERU also co-ordinates the MUDRIH Gippsland Mental Health Vacation School program at LCHS with the aim of attracting healthcare professionals to Mental Health.

Research

Through PERU, the LCHS Research Council was formed to monitor and support research in LCHS. Currently there are eight internal research projects with approximately 20 staff involved and eight external research projects involving LCHS staff, clients or carers. In addition, more than 30 LCHS staff accessed research training from MUDRIH.

PERU is supporting each LCHS directorate in implementing Journal Clubs which provide members with quick ways to scan the latest research and apply it to practice. LCHS is also a partner in the Joanna Briggs Institute Gippsland Node for Chronic Disease Management.

Funding

PERU has been successful in assisting LCHS gain significant funding in a number of grants for staff and program development, infrastructure and equipment, from the Victorian Healthcare Association; Department of Health, Victoria; Rural Education Infrastructure Development Pool; and HWA.

Outcomes: 'Spreading the word'

PERU plays a significant role in disseminating the initiatives developed at LCHS. Statewide and international presentations have included: Clinical Placement Network Summit; the Department of Health, Victoria – Breakfast Forum; the Coalition of National Nursing Organisations, International conference on simulation; and Monash School of Rural Health Research Day. PERU has hosted a number of state, national and international visitors and participated in the national 'Shaping the Future of Interprofessional Education in Australia', a forum for IPC leaders.

The LCHS/MUDRIH partnership has already achieved a great deal and we will continue to improve our collaboration to meet our goals.

Redevelopments

Morwell

Following occupation of the Morwell facility in June 2011 and the official opening in October 2011, corporate staff have been working with the builder to identity and rectify warranty works. Warranty works identified were: water leakage, replacement of flooring, and repairs to the car park and driveway. All building warranty works were completed in June 2012.

In conjunction with the warranty works, several other projects were also conducted at the Morwell site to improve client information, provide additional car parking for staff and an upgrade of the Buckley Street footpath not completed during the construction of the building.

Moe Redevelopment

Stages 1A and 1B

In June 2011 staff at Moe were relocated to allow construction of Stages 1a and 1b of the Moe Redevelopment to begin. Stage 1a comprised the expansion and upgrade of the Dental Steriliser Room, Stage 1b the development of an open-space staff accommodation area to seat 33 staff. These works were completed on program in November 2011 and staff reoccupied the area in December 2011. Stages 1a and 1b were completed on time and within budget.

Future Development

Works began during 2011 on the staging and design for the remaining Moe Redevelopment, with the design finalised and signed off by the LCHS Board in April 2012.

Expressions of Interest for Stages 2 and 3 were advertised in June 2012 with endorsement of five selected Tenderers to go to the July 2012 Board Meeting.

Construction of Stages 2 and 3 is anticipated to begin in October 2012 with completion of Stage 2 by March 2013, and Stage 3 by September 2013.

Staff relocation plans have been developed, with affected client services being relocated to other sites during the construction works.

Other Sites – Refurbishment

Refurbishment of both the Sale and Churchill sites was completed during the year comprising painting, new carpet and installation of client information boards.

Artist's impressions of the new Moe redevelopment.

Business Continuity

During the year the business was subjected to numerous natural disasters and forced shutdowns. These included two incidences of flooding in November 2011 and January 2012 at the Warragul site, and an earthquake during June 2012 causing damage to both the Moe and Morwell sites.

Forced shutdowns due to power outages by SP AusNet were experienced at Moe in January and March 2012 and Morwell in June 2011.

Both Bairnsdale and Moe sites were also shut down during the year due to a fume alert and smoke inundation in March and February 2012 respectively.

Many of these incidents required staff to be relocated, some for extended periods of time.

Book Celebrates History

Over 80 people attended the official launch of a book on the history of Latrobe Community Health Service by the Hon. Peter Hall, Minister for Higher Education and Skills and Minister responsible for the Teaching Profession.

The book, *LCHS Our History 1974- 2010*, written by Catherine Earl captures the efforts of the many people and organisations that worked to develop community health in Gippsland.

Community health in Latrobe began with the formation of four Community Health Centres in Moe, Churchill, Morwell and Traralgon.

These services were amalgamated and joined with Co-Care Gippsland and the Ambulatory Care services from Latrobe Regional Hospital to become Latrobe Community Health Service in 1995.

The launch of the book gave LCHS the opportunity to acknowledge past achievements and recognise people and events that have helped shape Latrobe Community Health Service into what it is today.

Those attending the launch received a free copy of the book *LCHS Our History 1974-2010*, along with the opportunity to take a tour of the new Morwell Centre.

Latrobe Community Health Service

Financial Report

for the year ended 30 June 2012

Latrobe Community Health Service Ltd
81-87 Buckley Street Morwell Victoria
(PO Box 960 Morwell Victoria 3840)

ABN: 74 136 502 022

Call 1800 242 696

Latrobe Community Health Service

Financial Report

for the year ended 30 June 2012

ABN: 74 136 502 022

CONTENTS **Page**

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

Your directors present this report on the company for the financial year ended 30 June 2012.

Directors

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

John Guy
Peter Wallace
Steven Porter
Don Flanigan resigned (1/11/2011)
Chris Devers
Steven Elvy resigned (1/12/2011)
Carolyne Boothman
Melissa Bastian
Dennis O'Neill appointed (1/06/2012)

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

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.

Information on Directors

John Guy	—	Chairperson
Peter Wallace	—	Deputy Chairperson
Steven Porter	—	Director
Don Flanigan	—	Director
Chris Devers	—	Director
Steven Elvy	—	Director
Carolyne Boothman	—	Director
Melissa Bastian	—	Director
Dennis O'Neill	—	Director

Meetings of Directors

During the financial year, 11 meetings of directors were held. Attendances by each director were as follows:

	Directors' Meetings	
	No. eligible to attend	No. attended
John Guy	11	10
Peter Wallace	11	10
Steven Porter	11	10
Don Flanigan	4	4
Chris Devers	11	11
Steven Elvy	7	6
Carolyne Boothman	11	10
Melissa Bastian	11	11
Dennis O'Neill	1	1

The entity is incorporated under the Corporations Act 2001 and is a 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 outstanding obligations of the company. At 30 June 2012 the total amount that members of the company are liable to contribute if the company is wound up is $310(2011:$290).

The lead auditor's independence declaration for the year ended 30 June 2012 has been received and can be found on page 3 of the financial report.

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

Director  John Guy

Dated this 27th day of September 2012

LSHACCOUNTING
simple solutions

Chartered Accountants

Phone (03) 5134 4955
Fax (03) 5134 6201
Email admin@lshaccounting.com.au

235-237 Princes Drive
Morwell VIC 3840

PO Box 600
Morwell VIC 3840

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 2012 there have been:

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

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

LSH Accounting

LSH ACCOUNTING

Joanne Loh
Partner

Dated this 20th day of September 2012
Morwell

Latrobe Community Health Service ABN: 74 136 502 022

Statement of Comprehensive Income

For the Year Ended 30 June 2012

	Note	2012 $	2011 $
Revenue	2	32,388,838	32,017,006
Other income	2	2,487,405	2,407,544
Employee benefits expense		(21,177,211)	(21,379,427)
Depreciation and amortisation expense		(1,021,429)	(1,023,774)
Bad and doubtful debts expense	3	713	(1,679)
Motor vehicle expenses		(464,172)	(457,571)
Utilities		(203,251)	(210,746)
Rental expense	3	(311,881)	(357,479)
Staff training and development expenses		(259,807)	(299,477)
Audit, legal and consultancy fees		(450,394)	(453,414)
Contract Labour		(507,761)	(1,263,734)
Marketing expenses		(147,741)	(124,482)
Client support services expenses		(5,550,777)	(5,430,245)
Loss on uncompensated transfer of buildings		-	(1,301,425)
Sundry expenses		(3,139,331)	(3,324,371)
Current year surplus before income tax		1,643,201	(1,203,272)
Income tax expense			
Net current year surplus		1,643,201	(1,203,272)
Other comprehensive income:			
Net gain on revaluation of property, plant and equipment	8	-	-
Other comprehensive income for the year		-	-
Total comprehensive income for the year		1,643,201	(1,203,272)
Net current year surplus attributable to members of the entity			
Total comprehensive income attributable to members of the entity		1,643,201	(1,203,272)

The accompanying notes form part of these financial statements.

Latrobe Community Health Service ABN: 74 136 502 022

Statement of Financial Position

For the Year Ended 30 June 2012

	Note	2012 $	2011 $
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	**4**	9,111,088	8,125,522
Accounts receivable and other debtors	**5**	499,065	191,484
Inventories on hand	**6**	90,538	79,055
Other current assets	**7**	456,092	1,047,326
TOTAL CURRENT ASSETS		10,156,782	9,443,386
NON-CURRENT ASSETS			
Property, plant and equipment	**8**	9,839,637	9,462,235
Other non-current assets		-	-
Capital WIP		1,171,703	137,045
TOTAL NON-CURRENT ASSETS		11,011,340	9,599,280
TOTAL ASSETS		21,168,122	19,042,666
LIABILITIES			
CURRENT LIABILITIES			
Accounts payable and other payables	**9**	3,071,050	2,566,755
Provision for employee benefits	**10**	2,261,373	2,296,255
TOTAL CURRENT LIABILITIES		5,332,423	4,863,010
NON-CURRENT LIABILITIES			
Provision for employee benefits	**10**	759,107	746,265
TOTAL NON-CURRENT LIABILITIES		759,107	746,265
TOTAL LIABILITIES		6,091,530	5,609,275
NET ASSETS		15,076,592	13,433,391
EQUITY			
Retained surplus		11,595,002	9,112,118
Reserves	**16**	3,481,590	4,321,273
TOTAL EQUITY		15,076,592	13,433,391

The accompanying notes form part of these financial statements.

Latrobe Community Health Service ABN: 74 136 502 022

Statement of Changes in Equity

For the Year Ended 30 June 2012

	Retained Surplus $	Asset Revaluation Reserve $	Capital Improvements Reserve $	Community Projects Reserve $	General Reserves $	Total $
Balance at 1 July 2010	11,960,295	1,432,346	340,799	369,724	533,500	14,636,663
Comprehensive Income						
Profit/(Loss) attributed to the entity	(1,203,272)					(1,203,272)
Transfers to/(from) Capital Improvements Reserve	(1,021,001)		1,021,001			-
Transfers to/(from) Community Projects Reserve	268,596			(268,596)		-
Transfers to/(from) General Reserve	(892,500)				892,500	-
Balance at 30 June 2011	9,112,118	1,432,346	1,361,800	101,128	1,426,000	13,433,391
Comprehensive Income						
Profit/(Loss) attributed to the entity	1,643,201					1,643,201
Transfers to/(from) Capital Improvements Reserve	121,476		(121,476)			-
Transfers to/(from) Community Projects Reserve	(302,323)			302,323		-
Transfers to/(from) General Reserve	1,020,530				(1,020,530)	-
Balance at 30 June 2012	11,595,002	1,432,346	1,240,324	403,451	405,470	15,076,592

For a description of each reserve, refer to Note 16.

The accompanying notes form part of these financial statements.

Latrobe Community Health Service ABN: 74 136 502 022

Statement of Cash Flow

For the Year Ended 30 June 2012

	Note	2012 $	2011 $
CASH FLOW FROM OPERATING ACTIVITIES			
Commonwealth, State and Local Government grants		34,666,713	33,911,008
Payments to suppliers and employees		(32,079,948)	(35,400,396)
Interest received		490,335	487,277
Net cash generated from operating activities		3,077,100	(1,002,111)
CASH FLOW FROM INVESTING ACTIVITIES			
Proceeds from sale of property, plant and equipment		192,331	183,166
Payment for property, plant and equipment		(2,283,865)	(411,036)
Net cash used in investing activities		(2,091,534)	(227,870)
Net increase/(decrease) in cash held		985,566	(1,229,980)
Cash and cash equivalents at the beginning of the financial year		8,125,522	9,355,502
Cash and cash equivalents at the end of the financial year	4	9,111,088	8,125,522

The accompanying notes form part of these financial statements.

Latrobe Community Health Service ABN: 74 136 502 022

Notes to the Financial Statements

For the Year Ended 30 June 2012

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Preparation

Latrobe Community Health Service Ltd has elected to early adopt the Australian Accounting Standards – Reduced Disclosure Requirements as set out in AASB 1053: Application of Tiers of Australian Accounting Standards and AASB 2010–2: Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements.13 As a consequence, the entity has also adopted AASB 2011–2: Amendments to Australian Accounting Standards arising from the Trans-Tasman Convergence Project – Reduced Disclosure Requirements and AASB 2011–6: Amendments to Australian Accounting Standards – Extending Relief from Consolidation, the Equity Method and Proportionate Consolidation – Reduced Disclosure Requirements. This is because the reduced disclosure requirements in AASB 2011–2 and AASB 2011–6 relate to Australian Accounting Standards that mandatorily apply to annual reporting periods beginning on or after 1 July 2011.

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements of the Australian Accounting Standards Board and the Corporations Act 2001. The company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

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

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

The financial statements were authorised for issue on 27 September 2012 by the directors of the company.

Accounting Policies

(a) Revenue

Non-reciprocal grant revenue is recognised in the statement of comprehensive income 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 statement of financial position 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 Ltd 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 statement of financial position, with a corresponding amount of income recognised in the statement of comprehensive income.

Donations and bequests are recognised as revenue when received.

Interest revenue is recognised using the effective interest rate method, which for floating 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 on hand

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

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

(c) Property, Plant and Equipment

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

Freehold Property

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

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

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

As the revalued buildings are depreciated, the difference between depreciation recognised in the statement of comprehensive income, which is based on the revalued carrying amount of the asset, and the depreciation based on the asset's original cost, is transferred from the revaluation surplus to retained earnings.

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

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

Plant and Equipment

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

Plant and equipment that have been contributed at no cost, or for nominal cost are 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 available for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciation rates used for each class of depreciable assets are:

Class of Fixed Asset	Depreciation Rate
Buildings	3%
Plant and equipment	5% to 33%
Leased plant and equipment	20% to 33%
Motor Vehicles	10% to 15%

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

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

(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, recognising 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 recognised 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 (i.e. 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

Financial instruments are subsequently measured at fair value, amortised cost using the effective interest rate method, or cost. 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 the amount at which the financial asset or financial liability is measured at initial recognition less principal repayments and any reduction for impairment, and adjusted for any cumulative amortisation of the difference between that initial amount and the maturity amount calculated using the effective interest method.

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 item in profit or loss.

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.

(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. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

(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 company's intention to hold these investments to maturity. They are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

(iv) Available-for-sale financial assets

Available-for-sale investments 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.

They are subsequently measured at fair value with any remeasurements other than impairment losses and foreign exchange gains and losses recognised in other comprehensive income. When the financial asset is derecognised, the cumulative gain or loss pertaining to that asset previously recognised in other comprehensive income is reclassified into profit or loss.

Available-for-sale financial assets are classified as non-current assets when they are expected to be sold within 12 months after the end of the reporting period. All other available-for-sale financial assets are classified as current assets.

(v) Financial liabilities

Non-derivative financial liabilities other than financial guarantees are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial liability is derecognised.

Impairment

At the end of each reporting period, the company assesses whether there is objective evidence that a financial asset has been impaired. A financial asset or a group of financial assets is deemed to be impaired if, and only if, there is objective evidence of impairment as a result of one or more events (a 'loss event') has occurred, which has an impact on the estimated future cash flows of the financial asset(s).

In the case of available-for-sale financial assets, a significant or prolonged decline in the market value of the instrument is considered to constitute a loss event. Impairment losses are recognised in profit or loss immediately. Also, any cumulative decline in fair value previously recognised in other comprehensive income is reclassified to profit or loss at this point.

In the case of financial assets carried at amortised cost, loss events may include indications that the debtors or a group of debtors is experiencing significant financial difficulty, default or delinquency in interest or principal payments, indications that they will enter bankruptcy or other financial reorganisation and changes in arrears or economic conditions that correlate with defaults.

For financial assets carried at amortised cost (including loans and receivables), a separate allowance account is used to reduce the carrying amount of financial assets impaired by credit losses. After having taken all possible measures of recovery, if the management establishes that the carrying amount cannot be recovered by any means, at that point the writing off amounts are charged to the allowance account or the carrying amount of impaired financial assets is reduced directly if no impairment amount was previously recognised in the allowance accounts.

When the terms of financial assets that would otherwise have been past due or impaired have been renegotiated, the company recognises the impairment for such financial assets by taking into account the original terms as if the terms have not been renegotiated so that the loss events that have occurred are duly considered.

Derecognition

Financial assets are derecognised where the contractual rights to receipt of cash flows expire 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 when the related obligations are discharged, cancelled or expired. The difference between the carrying amount 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 the end of each reporting period, the entity assesses whether there is any indication that an asset may be impaired. If such an indication exists, an impairment test is carried out on the asset by comparing the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised immediately in profit or loss, unless the asset is carried at a revalued amount in accordance with another Standard (e.g. in accordance with the revaluation model in AASB 116). Any impairment loss of a revalued asset is treated as a revaluation decrease in accordance with that other Standard.

Where the future economic benefits of the asset are not primarily dependent upon 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 individual asset, the entity estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Impairment testing is performed annually for goodwill and intangible assets with indefinite lives

(g) Employee Benefits

Provision is made for the company's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled. Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may not satisfy vesting requirements. Those cash outflows are discounted using market yields on national government bonds with terms to maturity that match the expected timing of cash flows attributable to employee benefits.

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. Bank overdrafts are shown within short-term borrowings in current liabilities on the statement of financial position.

(i) Accounts receivable and other debtors

Accounts receivable and other debtors include amounts due from members as well as amounts receivable from customers for goods sold in the ordinary course of business. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

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

(j) Goods and Services Tax (GST)

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

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

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

(k) Income Tax

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

(l) Intangibles

Software

Software is initially recognised at cost. Software has a finite life and is carried at cost less any accumulated amortisation and impairment losses. It has an estimated useful life of between three and ten years. It is assessed annually for impairment.

(m) 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 the end of reporting period.

(n) Comparative Figures

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

(o) Accounts Payable and Other Payables

Accounts payable and other payables represent the liabilities for goods and services received by the company during the reporting period that remain unpaid at the end of the reporting period. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

(p) Critical Accounting Estimates and Judgments

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

Key Estimates

Impairment - General

The freehold land and buildings were independently valued at 21 May 2010 by CJALee Property valuers and Consultants. The valuation was based on the fair value less cost to sell. The critical assumptions adopted in determining the valuation included the location of the land and buildings and recent sales data for similar properties. The valuation resulted in a revaluation decrement of $141,256 being recognised for the year ended 30 June 2010.

At 30 June 2012 the directors have performed a directors' valuation on freehold land and buildings. The directors have reviewed the key assumptions made by the valuers in 2010 and do not believe there has been a significant change in the assumptions at 30 June 2012. The directors therefore believe the carrying value of the land correctly reflects the fair value less cost to sell at 30 June 2012.

(q) Economic Dependence

Latrobe Community Health Service is dependent on the Department of Health 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 of Health will not continue to support Latrobe Community Health Service.

NOTE 2: REVENUE AND OTHER INCOME

	2012 $	2011 $
Revenue from (non-reciprocal) government grants and other grants		
- Commonwealth government grants - operating	5,801,811	5,751,606
- State government grants - operating	21,503,059	20,759,507
- Local government grants - operating	4,598,076	4,956,609
	31,902,946	31,467,721
Other revenue		
- interest received on investments in government and fixed interest securities	485,893	549,284
	485,893	549,284
Total revenue	32,388,838	32,017,006
Other income		
- Gain on disposal of property, plant and equipment	25,832	13,936
- State government grants - capital	188,603	538,966
- Rental income	102,851	106,061
- Other	1,004,742	765,895
- Charitable income and fundraising	21,968	5,382
- Client Fees	1,143,410	977,304
Total other income	2,487,405	2,407,544
Total revenue and other income	34,876,243	34,424,550

Latrobe Community Health Service ABN: 74 136 502 022

Notes to the Financial Statements

For the Year Ended 30 June 2012

NOTE 3: SURPLUS FOR THE YEAR

	2012 $	2011 $
(a) Expenses		
Employee Benefits Expense	21,177,211	21,379,427
Depreciation and amortisation:		
- land and buildings	35,540	108,395
- motor vehicle	316,123	335,664
- furniture and equipment	669,766	579,715
Total depreciation and amortisation	1,021,429	1,023,774
Bad and doubtful debts	(713)	1,679
Rental expense on operating leases		
- minimum lease payments	311,881	357,479
- contingent rentals	-	-
Total Rental Expense	311,881	357,479
Other expenses	10,723,235	11,564,039
(b) Significant Revenue and Expenses		
Loss on uncompensated transfer of building	-	1,301,425
Total expenses	33,233,042	35,627,822

NOTE 4: CASH AND CASH EQUIVALENTS

	2012 $	2011 $
CURRENT		
Cash at bank - unrestricted	1,500,005	257,770
Cash float	5,512	5,430
Cash at deposit	7,605,571	7,862,321
Total cash and cash equivalents as stated in the statement of financial position	9,111,088	8,125,522
Total cash and cash equivalents as stated in the cash flow statement	9,111,088	8,125,522

NOTE 5: ACCOUNTS RECEIVABLE AND OTHER DEBTORS

	Note	2012 $	2011 $
CURRENT			
Accounts receivable		470,161	175,422
Provision for doubtful debts	5(i)	(10,534)	(12,468)
		459,627	162,954
Other debtors		-	-
Consumer fees		39,438	28,530
Total current accounts and other receivables	15	499,065	191,484

(i) Provision for doubtful debts

When the company is satisfied that no recovery of the amount owing is possible, the amounts are written off against the receivable directly.

Movement in the provision for doubtful debts is as follows:

	$
Provision for doubtful debts as at 30 June 2010	17,395
- Charge for year	1,679
- Written off	(6,606)
Provision for doubtful debts as at 30 June 2011	12,468
- Charge for year	(713)
- Written off	(1,220)
Provision for doubtful debts as at 30 June 2012	10,534

NOTE 6: INVENTORIES ON HAND

	2012 $	2011 $
CURRENT		
At cost		
Inventory	90,538	79,055
	90,538	79,055

NOTE 7: OTHER CURRENT ASSETS

	2012 $	2011 $
Accrued Income	401,363	1,027,064
Prepayments	54,729	20,262
	456,092	1,047,326

NOTE 8: PROPERTY, PLANT AND EQUIPMENT

	2012 $	2011 $
LAND AND BUILDINGS		
Freehold land at fair value:		
- At cost	44,382	
- Independent valuation 2010	2,054,840	2,054,840
Total land	2,099,222	2,054,840
Buildings at fair value:		
- At cost	1,100,494	395,770
- Independent valuation 2010	3,878,328	3,878,328
- Less accumulated depreciation	(254,261)	(124,893)
Total buildings	4,724,561	4,149,205
Total land and buildings	6,823,784	6,204,045
PLANT AND EQUIPMENT		
Furniture and equipment at cost		
At Cost	5,958,996	5,424,479
(Accumulated depreciation)	(4,154,596)	(3,630,639)
	1,804,401	1,793,840
Motor Vehicles		
At Cost	2,198,070	2,312,776
(Accumulated depreciation)	(986,617)	(848,425)
	1,211,453	1,464,350
Total plant and equipment	3,015,854	3,258,190
Total property, plant and equipment	9,839,637	9,462,235

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 $
2012				
Balance at the beginning of the year	6,204,045	1,464,352	1,793,838	9,462,235
Additions at cost	749,107	225,570	590,654	1,565,331
Additions at fair value				-
Disposals		(162,346)	(4,155)	(166,501)
Revaluation increment				-
Depreciation expense	(129,367)	(316,123)	(575,938)	(1,021,428)
Carrying amount at end of year	6,823,785	1,211,453	1,804,399	9,839,637

Asset revaluations

The freehold land and buildings were independently valued at 21 May 2010 by CJALee Property valuers and Consultants. The valuation was based on the fair value less cost to sell. The critical assumptions adopted in determining the valuation included the location of the land and buildings and recent sales data for similar properties. The valuation resulted in a revaluation decrement of $141,256 being recognised in the revaluation surplus for the year ended 30 June 2012.

At 30 June 2012 the directors reviewed the key assumptions made by the valuers at 30 June 2010. They have concluded that these assumptions remain materially unchanged, and are satisfied that the carrying value does not exceed the recoverable amount of land and buildings at 30 June 2012.

NOTE 9: ACCOUNTS PAYABLE AND OTHER PAYABLES

	Note	2012 $	2011 $
CURRENT			
Accounts payable		229,873	531,766
Deferred income		1,847,693	1,063,834
Other current payables		229,518	160,224
Employee benefits		400,916	316,198
Accrued Expenses		363,049	494,733
	9(a)	3,071,050	2,566,755

	2012 $	2011 $
(a) Financial liabilities at amortised cost classified as trade and other payables		
Accounts payable and other payables		
- Total current	3,071,050	2,566,755
- Total non-current	-	-
	3,071,050	2,566,755
Less deferred income	(1,847,693)	(1,063,834)
Financial liabilities as accounts payable and other payables	1,223,357	1,502,922

NOTE 10: PROVISIONS

CURRENT Short-term Employee Benefits	2012 $	2011 $
Opening balance at 1 July 2011	2,296,255	2,069,220
Additional provisions raised during year	1,607,328	2,052,533
Amounts used	(1,642,209)	(1,825,498)
Balance at 30 June 2012	2,261,373	2,296,255
NON-CURRENT		
Long-term Employee Benefits		
Opening balance at 1 July 2011	746,265	723,824
Additional provisions raised during year	177,214	56,241
Amounts used	(164,372)	(33,800)
Balance at 30 June 2012	759,107	746,265

Analysis of Total Provisions	2012 $	2011 $
Current	2,261,373	2,296,255
Non-current	759,107	746,265
	3,020,480	3,042,520

Provision for Non-current 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 of financial statements.

NOTE 11: CAPITAL AND LEASING COMMITMENTS

(a) Operating Lease Commitments

Non-cancellable operating leases contracted for but not recognised in the financial statements

Payable – minimum lease payments	2012 $	2011 $
- not later than 12 months	282,348	232,592
- later than 12 months but not later than 5 years	866,950	280,531
- greater than 5 years	25,576	
	1,174,874	513,123

The property lease commitments are non-cancellable operating leases contracted for but not recognised in the financial statements with a five-year term. Increase in lease commitments may occur in line with the Consumer Price Index (CPI).

NOTE 12: CONTINGENT LIABILITIES AND CONTINGENT ASSETS

	2012 $	2011 $
Estimates of the potential financial effect of contingent liabilities that may become payable:		
a. The company is in dispute with a utility supplier. The directors are confident that the claim will be successfully defended. The maximum contingent liability in respect of this action is as follows.	37,500	37,500
b. As at 30 June 2012 there were award increases pending that were relevant to the company which included: - Health Community Services & Ambulance, Management & Admin Award, - Health & Allied Services Award, - Professional Service Award. It is expected that once resolved there will be back payments relating to 2011/12 effecting over 165 staff. Estimates based on an agreement model used for other health agencies, however these are estimates as specifics still to be finalised.	209,026	-

NOTE 13: EVENTS AFTER THE REPORTING PERIOD

LCHS is currently negotiating the sale of land attached to the Buckley St premises in Morwell to the Department of Health for $505,000.

NOTE 14: RELATED PARTY TRANSACTIONS

a. Key Management Personnel

Any persons having authority for planning, directing, and controlling the company's activities, directly or indirectly (other than directors), are considered key management personnel (KMP).

The total of remuneration paid to KMP of the company during the year are as follows:

There were two key positions vacant in 2011 that were later filled in 2012.

	2012 $	2011 $
KMP compensation	1,013,589	791,317

b. Other Related Parties

During the 2011/12 financial year there were no transactions with related parties.

NOTE 15: FINANCIAL RISK MANAGEMENT

The company's financial statements consist mainly of deposits with banks, local money market instruments, short-term investments and long-term investments, receivables and payables, and lease liabilities.

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	2012 $	2011 $
Financial Assets			
Cash and cash equivalents		9,111,088	8,125,522
Accounts receivable and other debtors	5	499,065	191,484
Total Financial Assets		9,610,153	8,317,005
Financial Liabilities			
Financial liabilities at amortised cost			
- Accounts payable and other payables	9	3,071,050	2,566,755
Total Financial Liabilities		3,071,050	2,566,755

NOTE 16: 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.

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 17: 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 outstanding's and obligations of the entity. At 30 June 2012 the number of members was 31.

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

In accordance with a resolution of the directors of Latrobe Community Health Service Ltd, the directors declare that:

1. The financial statements and notes are in accordance with the Corporations Act 2001 and:

   (a) comply with Accounting Standards, which, as stated in accounting policy note 1 to the financial statements, constitutes explicit and unreserved compliance with international financial reporting standards (IFRS); and

   (b) give a true and fair view of the financial position as at 30 June 2012 and of the performance for the year ended on that date of the company.

2. In the directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

Director _____ *John Guy*

Dated this 27th day of September 2012

LSHACCOUNTING
simple solutions

Chartered Accountants

Phone (03) 5134 4955
Fax (03) 5134 6201
Email admin@lshaccounting.com.au

235-237 Princes Drive
Morwell VIC 3840

PO Box 600
Morwell VIC 3840

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

Report on the financial report

We have audited the accompanying financial statements of Latrobe Community Health Service (the company), which comprises the statement of financial position as at 30 June 2012, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information and the directors' declaration.

Directors' responsibility for the financial report

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the *Corporations Act 2001* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion on the financial statements 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 statements are 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 statements 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 statements.

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

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 20th September 2012, would be in the same terms if provided to the directors as at the date of this auditor's report.

Opinion

In our opinion, the financial report of Latrobe Community Health Service is in accordance with the Corporations Act 2001, including:

(i) giving a true and fair view of the company's financial position as at 30 June 2012 and of its performance for the year ended on that date; and

(ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements and the Corporations Regulations 2001.

LSH Accounting

LSH Accounting

Joanne Loh
Morwell

28th September 2012

Services Provided

- Aged Care Assessment Service
- Alcohol and Drug: Cautious with Cannabis
- Ambulatory Care – Moe After Hours Medical Centre (MAHMS)
- Auslan Interpreter Service
- Better Health Self Management
- Carer Services – Commonwealth Respite and Carelink Centre (CRCC)
- Case Management
- Children and Adolescent Sexual Assault Support Services
- Children's Counselling (Aged 4 to 17)
- Chronic Disease Management Care Coordination
- Community Health Nursing
- Community Health Nurse – Innovative Health Services for Homeless Youth
- Community Kitchens
- Continence Program
- Counselling Group – Partners in Depression
- Counselling/Psychology
- Creative House
- Dementia Education and Training for Carers Program
- Dental
- Diabetes Education
- District Nursing Service
- Drug Treatment Services
- Early Parenting Day Stay Program (Day Stay)
- Emergency Relief
- Facilitation, Futures for Young Adults and Assistance with Extensive Planning
- Fit 4 Life
- Flexible Support Packages
- Gamblers' Help – Counselling
- Gamblers' Help Financial Counselling
- Home & Community Care Response Service
- Health Promotion
- Hydrotherapy
- Koorie Services
- Koorie – Yarning with the Mob – Walk in Clinic
- Latrobe Valley Sudanese Women's Group
- Life! Taking action on Diabetes – Diabetes Prevention Program
- 'Liverwise' Program' (Victorian Integrated Hepatitis C Service (VIHSC))
- Lymphoedema Clinic
- Mayfair House – Planned Overnight Respite
- Men's Behaviour Change Program (MBCP)
- Nutrition and Dietetics
- Occupational Therapy
- Open Gym
- Palliative Care
- Physical Activity Programs Physiotherapy
- Planned Activity Groups (PAG)
- Podiatry
- Refugee Health Nurse
- Respiratory Exercise Groups
- Respiratory Clinical Nurse Consultant
- Settlement Grants Program
- SMARTmovers Exercise Program
- Speech Pathology
- 'Start Me Up' – Low Level Exercise Group
- Support Group – Breast Cancer
- Support Group – Cardiac
- Support Group – Chestnuts Respiratory Disease
- Support Group – LADS – Latrobe Asbestos Disease
- Support Group – Latrobe Type 2 Diabetes
- Support Group – LVD1 (Latrobe Valley Type 1 Diabetes)
- Support Group – Parkinson's
- Support Group – Prostate
- Venue Support Worker – Gamblers' Help
- Veterans' Home Care
- Video Relay Interpreting
- Walking Groups
- Women & Children's Family Violence Counselling
- WorkHealth
- Wound Clinic

Bairnsdale
68 Macleod Street

Morwell
81-87 Buckley Street

Churchill
20-24 Philip Parade

Sale
52 Macarthur Street

Korumburra
Gordon Street, at Gippsland Southern Health Service

Traralgon
Corner Princes Highway and Seymour Street

Moe
42-44 Fowler Street

Warragul
122 Albert Street

Latrobe Community Health Service Ltd
81-87 Buckley Street Morwell Victoria
(PO Box 960 Morwell Victoria 3840)
ABN: 74 136 502 022

Call 1800 242 696

www.lchs.com.au

Boolarra Community Kitchen

Volunteers Week barbeque

Better health lifestyles

Stronger communities