2017 ANNUAL REPORT

BETTER HEALTH
BETTER LIFESTYLES
STRONGER COMMUNITIES

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Latrobe Community Health Service

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BETTER LIFESTYLES
STRONGER COMMUNITIES

MISSION

Latrobe Community Health Service is a rapidly developing health service that has grown its people, its technology and infrastructure to offer more services to those who need them, along with a greater ability for people to look after their own health using a variety of fee-free and fee-based models.

VALUES

Providing excellent customer service

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

Always providing a personal best

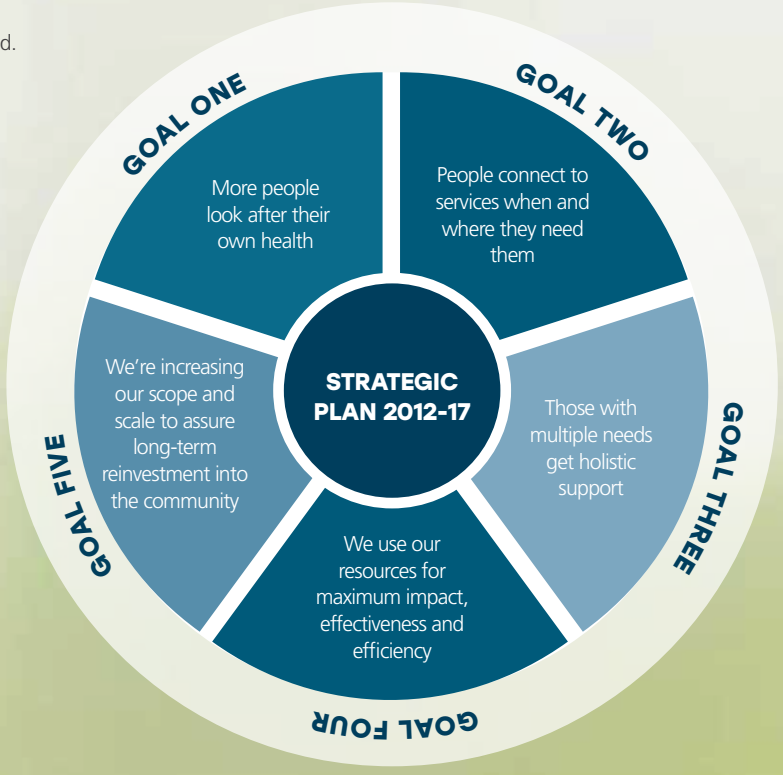
Embrace a 'can do' attitude and go the extra distance when required.

Creating a successful environment

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

Acting with the utmost integrity

Practice the highest ethical standards at all times.



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FINANCIAL SUMMARY

FINANCIAL SUMMARY

LATROBE COMMUNITY HEALTH SERVICE DELIVERED A NET SURPLUS OF $9.8 MILLION AND RETAINED A STRONG FINANCIAL POSITION IN 2016/17.

The financial ratios and cash position remained healthy and within financial strategy benchmarks during the year.

OPERATING RESULTS

Our operating result for the year, excluding capital income, was a surplus of $7.8 million. Operating revenue, excluding capital grants, increased by 25.4% to $62.4 million.

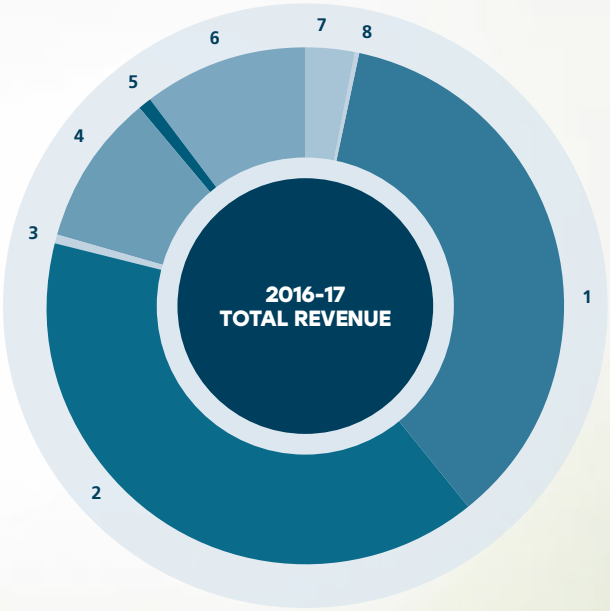
Funding from the Commonwealth Government is now higher than funding from the Victorian Department of Health and Human Services; this is due to receiving $10.1m in NDIS funding for Local Area Coordination and Early Childhood Early Intervention services. Client fees increased by $1.4m and represent 9.5% of income.

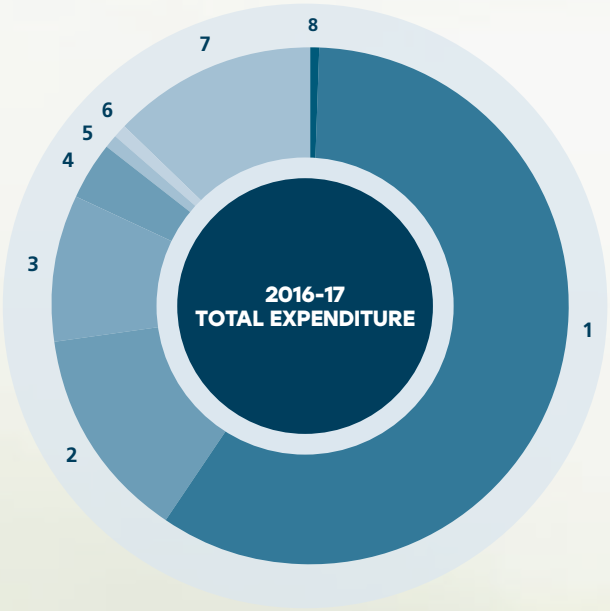
The increase in revenue is accompanied by an increase in operating expenditure of 19% ($8.7 million) to $54.5 million.

This was principally due to the costs of the new NDIS programs.

NET RESULTS

After taking into consideration capital grants (primarily related to the Churchill site redevelopment), the Latrobe Community Health Service overall net result for the 2016-17 financial year was a surplus of $9.8 million.





1. Department of Health and Human Services **35.7%**
2. Commonwealth Government **39.7%**
3. Other **0.6%**
4. Client fees **9.5%**
5. Interest **0.7%**
6. Other government grants **10.2%**
7. Capital grants **3.1%**
8. Rental **0.5%**

1. Employee benefits **57.7%**
2. Brokerage client services **13.1%**
3. Contract labour **9.0%**
4. Depreciation **3.7%**
5. Motor vehicle costs **0.8%**
6. Operating leases **0.8%**
7. Program administration costs **12.3%**
8. Utilities **0.7%**

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

	2016-17 ($m)	2015-16 ($m)	2014-15 ($m)	2013-14 ($m)	2012-13 ($m)
NET RESULTS					
What we receive - revenue	62.4	49.7	44.1	43.6	37.5
What we spent - expenses	54.5	45.8	41.2	43.9	39.0
Operating result for the year	**7.8**	**4.0**	**2.9**	**(0.3)**	**(1.6)**
Plus capital grants received	2.0	0.9	1.1	2.4	4.2
Net result for the year	**9.8**	**4.9**	**4.0**	**2.1**	**2.7**

ASSETS AND LIABILITIES

Latrobe Community Health Service's total assets increased by $13.8 million. This consists of an increase in current assets of $10.7 million due mostly to cash held for regular programs that will be completed in future years; these grants have been transferred to reserves. Non-current assets increased by $3.0 million with this primarily relating to ICT equipment purchased for NDIS services and the Churchill building redevelopment.

Liabilities increased by $4.5 million primarily due to a change in funding requirements for Home Care Packages. Unspent client funding is now required to be returned to the Commonwealth and is recognised as a liability.

	2016-17 ($m)	2015-16 ($m)	2014-15 ($m)	2013-14 ($m)	2012-13 ($m)
ASSETS AND LIABILITIES					
What we own - assets	51.4	36.6	31.1	27.0	27.1
What we owe - liabilities	13.5	9.0	7.4	6.9	9.4
Net assets	**37.9**	**28.5**	**23.7**	**20.1**	**17.8**

	2016-17 ($'000)	2015-16 ($'000)	2014-15 ($'000)	2013-14 ($'000)	2012-13 ($'000)
CASH FLOW INCLUDING FINANCIAL ASSETS					
Cash flow from operating activities	12.3	6.4	6.0	(0.2)	5.4
Cash flow from Investing activities	(2.1)	(2.5)	(2.0)	(5.0)	(2.2)
Cash and cash equivalents at beginning of period	14.8	11.0	7.0	12.3	9.1
Cash and cash equivalents at end of period	**25.1**	**14.8**	**11.0**	**7.0**	**12.3**

CHAIR AND CEO'S STATEMENT

Latrobe Community Health Service is now truly a statewide organisation. As a secular, not-for-profit and independent healthcare provider, we are uniquely placed in the health sector, distinguished by our commitment to reinvesting into the communities we serve.

Ben Leigh
Chief Executive Officer

Mark Biggs
Chairman

Our vision of 'Better health, better lifestyles, stronger communities' has proved enduring since its adoption seven years ago. It is a vision that resonates strongly with new clients when they are introduced to Latrobe Community Health Service for the first time, providing them with a clear sense of our holistic approach to health.

Most importantly it is a vision that is realised in many ways every day. It is reflected in the better health of Michael. Our Children's Services team discovered Michael had a previously undiagnosed cardiac problem. Our team worked to refer him to a cardiac surgeon, and Michael underwent lifesaving surgery, making a full recovery.

It is reflected in the rich lives of 95-year-old Dot and 103-year-old Eric, who this year celebrated their 70th wedding anniversary with their friends at our Planned Activity Group. Together they were active volunteers for our Planned Activity Groups for over three decades, until they eventually joined the program as recipients.

And our vision is reflected in our work to strengthen our community, celebrating Harmony Day in March. Harmony Day is a celebration of our cultural diversity – a day of cultural respect for everyone who calls Australia home.

More than 200 community members from a multitude of countries attended a morning tea hosted by Latrobe Community Health Service. We heard from Soula, who migrated from Greece 1960s, and Akout, a Sudanese refugee who moved from Egypt to Australia in 2005.

With such a rapid increase in clients, it would be easy to become removed from the day-to-day experiences of the people we help. However as leaders of Latrobe Community Health Service, it is important to us that we do not lose sight of the individual stories that make up the community of people we serve. Their stories are a reminder of the positive impact of the exceptional, personal client care Latrobe Community Health Service provides.

THE NATIONAL DISABILITY INSURANCE SCHEME

We are proudly providing local area coordination for seven National Disability Insurance Scheme (NDIS) service areas. We also provide Early Childhood Early Intervention in two service areas, making Latrobe Community Health Service the single largest provider of such services in Victoria. At the time of writing, we are halfway through securing an additional 31 sites and recruiting more than 400 new staff throughout Victoria.

It has been remarkable to watch staff galvanise around the delivery of this new program area. Their single-minded focus has allowed us to achieve a tremendous amount of work in a very short time. They have adopted new ways of working and new technology. Creative thinking and innovation has been critical to our success. In addition, the implementation of this new program area positions us well for similar work in the future.

It is a tremendous privilege to be a small part of the largest social reform in Australia since Medicare was introduced. The work is a natural fit for Latrobe Community Health Service, and we are confident of our ability to deliver quality, caring service as part of the NDIS.

CHURCHILL REDEVELOPMENT

After five years of planning and advocacy, we were delighted to finally break ground and commence redevelopment of our Churchill site. The town of Churchill is central to the Latrobe Community Health Service story: Churchill and District Community Health Centre was formed in 1974, originally running from a housing commission house. The organisation later joined with other Latrobe Valley health services to form Latrobe Community Health Service.

The facility we are rebuilding is nearly 40 years old, and will be transformed into a state-of-the-art dental prosthetics laboratory, three dental surgeries, two podiatry rooms, two physiotherapy rooms, and community meeting rooms.

The calibre of the project has also attracted partnership opportunities. RMIT University will work with Latrobe Community Health Service to develop clinical expertise and training opportunities, while an agreement with Federation University makes Latrobe Community Health Service the preferred health provider for staff and students at their Churchill campus. This includes access to same day GP appointments, private dental and a range of private allied health services.

When completed in December 2017, the new site will be an asset to the town and community, with more quality primary healthcare services to choose from.

CHANGES TO THE AGED CARE SECTOR

In February 2017 substantial change commenced in the aged care sector, when home care package funding became associated with clients, rather than with health services. This provides elderly community members with far greater control of their home care package, including the ability to move between service providers. Latrobe Community Health Service is an experienced and trusted provider of home care packages throughout Victoria, and this year we have taken significant strides to offer this high-quality, reliable service to other communities. This will continue to be a focus for us in the coming years.

CONCLUDING OUR CURRENT STRATEGIC PLAN

This is our last year of reporting against the 2012-2017 strategic plan. At the start of 2017, we asked consultancy firm KPMG to help us map out a plan for the next five years. We sought input from a whole range of people, including staff, the Board and community members. Their collective feedback has helped shape this plan.

The plan will be fully introduced in next year's annual report, but is available now at lchs.com.au.

THANKS TO OUR BOARD, STAFF, AND OUR CLIENTS

In October 2016, John Guy retired as chair of the Latrobe Community Health Service Board.

As with all other areas of his professional life, John worked relentlessly to support the community in his role as board chair. His stewardship of Latrobe Community Health Service over the past eight years has been exemplary. We're grateful for his work, and we are glad to retain his vast experience in his capacity as a board director.

Mark Biggs has been on the board of Latrobe Community Health Service since February 2014 and takes over from John Guy.

From our client services staff answering the phones and greeting clients, through to our clinical staff helping people to overcome chronic disease and live full lives, to our settlement services team helping refugees and new arrivals settle in Australia, and all the staff and volunteers in-between, we are extremely proud of the excellent customer service on display throughout Latrobe Community Health Service.

The professionalism of our staff gives us confidence to pursue new opportunities. It is important we recognise the considerable skill and commitment they apply in their daily work. 'Excellence in customer service' is one of our organisation's four values, and we are proud to see that value lived out every day.

BOARD AND GOVERNANCE

Latrobe Community Health Service is incorporated under the Corporations Act 2001 as a Company Limited by Guarantee and is regulated by the Australian Charities and Not-for-profits Commission Act 2012.

It is also registered with the Victorian Government as a Community Health Centre. It is governed by a skills-based Board of up to nine directors who are elected by LCHS members or appointed by the Board.

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

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

BOARD AUDIT AND RISK COMMITTEE

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

The terms of reference relate to:

- Reporting financial information to users of financial reports
- Applying accounting policies
- The independence of Latrobe Community Health Service's external auditors
- The effectiveness of the internal and external audit functions
- Financial management
- Internal control systems
- Risk management
- Organisational performance management
- Latrobe Community Health Service business policies and practices
- Complying with Latrobe Community Health Service's constitutional documentation and material contracts
- Complying with applicable laws and regulations, standards and best practice guidelines.

The committee includes two independent representatives:

Ron Gowland

Dip Management, FCPA, Economics Degree

Appointed February 2012.

Ron is semi-retired, has a Public Practice Certification from CPA Australia and is a director of public accounting practice Latrobe Business Solutions Pty Ltd. Ron is a former Chair of Gippsland Water and Latrobe City Audit Committees. He has substantial experience in the finance sector spanning 50 years.

Maria Dalton

B. Bus, Masters of Risk Management, GAICD, Dip Superannuation, Dip Insurance (Life), CCP (Fellow), CPRM, FASFA, ANZIIF (Fellow).

Appointed September 2016.

Maria has worked in financial services for 29 years, specialising in superannuation, investments and life insurance, in roles including portfolio administration, regulatory affairs, compliance and risk management. In the last 19 years she has been the Chief Risk & Compliance Officer (or equivalent) in some of the country's largest superannuation funds and wealth management companies.

Most recently Maria has been a consultant to health insurers.

Maria has worked for Marsh Mercer, MLC/NAB, AMP, Suncorp, Financial Synergy, Mellon, Plum Financial Services and QSuper and has been on several board audit & risk committees.

BOARD QUALITY AND SAFETY COMMITTEE

The purpose of the Board Quality and Safety Committee is to assist the Latrobe Community Health Service Board to maintain systems by which the Board, managers and clinicians share responsibility and are held accountable

for patient or client care, minimising risk to consumers and continuously monitoring and improving the quality of clinical care (Australian Council on Healthcare Standards).

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

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

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

- Occupational Health and Safety Committee
- Clinical Governance Advisory Committee

The Committee includes a consumer representative:

Allison Higgins

Bachelor of Arts (Communications)

Appointed August 2009.

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.

BOARD GOVERNANCE COMMITTEE

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

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

The Board Governance Committee is not a policy making body but assists the Board by implementing Board policy and recommending nominations which require Board approval.

BOARD NOMINATIONS COMMITTEE

The Board established a Board Nominations Committee to provide advice and recommendations to the Board on specified matters as set out in the LCHS Constitution, including conducting searches for board directors, reviewing elected and appointed nominations for validity, providing advice to the Board on the prevailing skills matrix and consulting with the Board regarding preferred candidates.

The Committee includes one independent member:

Angela Hutson

FAICD, B. Arts, Masters Organisational Leadership, Dip Frontline Management, Dip Education, Grad. Dip Business in Entrepreneurship and Innovation, Grad. Dip Enterprise Management

Appointed June 2017.

Angela is the Board Chair of Bairnsdale Regional Health Service and has previously been an inaugural Board Member of VET Development Centre and has served as Board Chair.

Angela is familiar with, and has experience in establishing skills matrix and developing skills profiles, the recruitment and shortlisting process, and has a strong background in governance. Angela is a Fellow of AICD.

BOARD COMMUNITY INVESTMENT COMMITTEE

The Board Community Investment Committee has the oversight responsibility for the LCHS Community Grants program, which is funded by the LCHS Community Capital Investment Fund dividend as set by the Board annually.

As part of undertaking an annual grants program, the Board Community Investment Committee will develop grant guidelines, assessment criteria, recommend projects to the Board for funding and monitor the progress of projects and report to the Board.

BOARD OF DIRECTORS

Mark Biggs

BA (SocSci), Grad Dip Counselling Psychology

Board Chairperson

Board Director since February 2014, Board Chairperson since October 2016, Chair of the Board Governance Committee, Member of the Board Quality & Safety Committee.

Mark has an extensive management career in the primary health and community services sector including child protection, youth, disability, occupational rehabilitation and project management. He has expertise in strategic planning, policy, risk and business management.

Mark is currently on the Board of the Gippsland Primary Health Network and a member of the Gippsland Clinical Advisory Council.

Mark was a Board Director of Latrobe Regional Hospital for nine years holding positions as Deputy Chair and Audit Chair. Mark is skilled in the area of governance, quality assurance and compliance.

John Guy, OAM JP

JP Grad. Dip P.A.

Board Director

Board Director since September 1997, Board Chairperson 2002-04 and 2008-October 2016, Member of the Board Governance Committee.

John spent 35 years with the State Electricity Commission of Victoria, six years on the Morwell Shire/City Council; (three consecutive years as Mayor); was Chairman of the Latrobe Regional Commission and Chairman of Commissioners of Wellington Shire during the amalgamation process.

He is a Justice of the Peace, a volunteer with the Office of the Public Advocate, Independent Third Person Program and a volunteer with the Youth Referral and Independent Person Program.

John is a member of the Hazelwood Mine Fire Recovery Committee and represents Latrobe Community Health Service on the Hazelwood Mine Fire Health Study.

Nathan Voll

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

Board Director

Board Director since March 2016, Chair of the Board Audit & Risk Committee.

Nathan has over 20 years of experience in the private and public sector in management, consulting and finance/accounting. He is currently the Regional Finance Manager for South East Victoria with the Department of Education and Training and has previously worked as the General Manager Corporate Services at the Department of Justice and Regulation.

Nathan has experience in the healthcare sector serving on the Board of Latrobe Health Insurance since 2011 and as a Board Director of West Gippsland Healthcare Group (WGHG) for six years.

He is also the Chair of the Latrobe Health Audit Committee, a former member of the WGHG Audit Committee and Clinical Governance Committee and was previously on the Faculty of Education Board at Monash University. Nathan is a Fellow of CPA Australia (Certified Practising Accountant) and a Fellow of the AICD.

Carolyne Boothman

Bachelor of Education (Primary), Graduate Certificate of Religious Education

Board Director

Board Director since February 2010, Member of the Board Audit & Risk Committee and Board Quality & Safety Committee.

Carolyne has been a member of the Gippsport Board of Management for over 20 years. She is Chair of the Morwell and Districts Community Recovery Committee, which has worked closely with all levels of government following the bushfires and Hazelwood Mine Fire of 2014.

Carolyne is an appointed community representative to the Community Advisory Committee for the Hazelwood Health Study. She has lectured at Monash University in music and sport. Carolyne is currently teaching at Newborough Primary School leading the Respectful Relationships program.

She has a passionate interest in health, fitness, music and community development. Carolyne is a Fellow of the AICD.

Peter Starkey

Board Director

Board Director since June 2013, Member of the Board Quality & Safety Committee, Board Audit & Risk Committee and Board Governance Committee.

Peter has 20 years of experience in diverse roles focusing on business management in the education and financial services industries.

Due to this experience he has developed leadership, management and communication skills. Peter has experience in human resources as well as strategic management, continuous quality improvement, risk management and financial management.

Peter is also a board member of the Baw Baw Latrobe Learning and Employment Network and is Chairman of Trafalgar and District Financial Services.

Steph Howe

BEng Civil (Hons), FIE Aust CP Eng

Board Director

Board Director since February 2014, Member of the Board Audit & Risk Committee.

Stephen is the Regional Manager Gippsland for SMEC Australia. He was the Independent Director for Greater Eastern Primary Health for many years and is a member, and former president and vice president, of the Warragul Theatre Company.

Stephen is a Fellow of Engineers Australia and has held the status of Chartered Professional Engineer since 1992. In 2006 Stephen completed the AICD Company Directorship Diploma with an Order of Merit.

He has experience in management, business planning, strategic development, financial management, human resources and corporate governance. He also has expertise in the areas of asset planning, construction and capital works.

Peter Wallace

BBus (Marketing), Post Graduate Diploma (Health Services Management), Master of Administration

Board Director

Board Director since January 2007, Chair of the Board Quality & Safety Committee.

Peter's previous appointments include Director Corporate Services at Latrobe Regional Hospital, Chief Executive Officer at Maroondah Hospital, Deputy Chief Executive Officer at 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. Peter completed the AICD Company Directors course in 2011.

Professor Judi Walker

PhD, Grad Dip Ed, BA Hons, FACE & AFACHSE

Board Director

Board Director since July 2012, Member of the Board Quality & Safety Committee and Board Governance Committee.

Judi Walker is Principal Co-Investigator (Gippsland) of the Hazelwood Health Study, which is investigating the long term health impact of the 2014 Hazelwood Mine Fire in the Latrobe Valley.

The study team has recently been awarded the Dean's 2017 Award for Excellence in Research (Economic and Social Impact) at Monash University (Faculty of Medicine, Nursing and Health Sciences) where she is a Professor of Rural Health.

Judi holds Adjunct Professorial positions in both the Faculty of Health at the University of Tasmania and the Faculty of Health at Federation University Australia.

Judi held office as Vice President, Monash Academic Board for four years and has recently been re-elected as a member of the Board. She is a Board member of the Tasmanian Health Service Governing Council.

Melissa Bastian

LLB (Honours), BBus (Management), Grad Dip Legal Practice, FAICD

Deputy Board Chairperson

Board Director since January 2011, Deputy Board Chairperson since 2016, Member of the Board Governance Committee and Board Audit & Risk Committee.

Melissa has a diverse background and experience in a variety of industries including local and federal government, health, insurance, law, banking, education and leadership development. She has advanced leadership and communication skills and extensive management, business planning, compliance, strategy development, financial management and corporate governance experience.

Melissa is a former State Registered Nurse and a 2011 graduate of the Gippsland Community Leadership Program. She is also a Non-Executive Director of Bank Australia and the Victorian Healthcare Association, and a member of the Gippsland Committee for the Australian Institute of Company Directors.

ORGANISATIONAL STRUCTURE

Ben Leigh
Chief Executive Officer
MPubPolMgt, BAppSc, GAICD, FAIM

Rachel Strauss
Executive Director Primary Health
BN, Member ACHSM, Member AAPM

Portfolio
Infection control
GP & MBS development

Site responsibility
Melbourne CBD, Bundoora, Traralgon and Sale

- Manager, Primary Intervention
- Medical Director
- Manager, Ambulatory Care
- Manager, Dental Services

Vince Massaro
Executive Director NDIS Services (Acting)
BA, GradDipSocWelf

Portfolio
NDIS sites

Site responsibility
NDIS sites

- Manager, LAC (Central Highlands)
- Manager, ECEI (Central Highlands)
- Manager, LAC (Barwon)
- Manager, LAC (Wimmera South West)
- Manager, ECEI (Wimmera South West)
- Manager, LAC (Inner East Melbourne)
- Manager, LAC (Outer East Melbourne)
- Manager LAC (Inner Gippsland)
- Manager, LAC (Ovens Murray)

Rick Davies
Executive Director Corporate
BBus(Acc), GradDipOpMgt, CPA, Company Directors Diploma

Portfolio
Chief Financial Officer
Disaster recovery

Site responsibility
Morwell and Moe

- Manager, Accounting Services Sourcing & Procurement
- Manager, Client Reporting & Records
- Manager, Fleet & Facilities
- Manager, Client Services
- Senior Manager, People, Learning & Culture
- Senior Lecturer, Placement,Education & Research Unit
- Manager, Information & Communication Technology
- Manager, Marketing & Communications
- Manager, Governance

Alison Skeldon
Executive Director Community Support and Connection
GradDipBusIT, AssocDipWelf, Member ACHSE

Portfolio
Koorie Engagement

Site responsibility
Churchill and Bairnsdale

- Manager, AOD & Counselling
- Manager, Connected Communities
- Manager, Primary Prevention

Michelle Possingham
Executive Director Assessment, Aged & Disability Services (Acting)
BAppSc

Portfolio
CALD and Diversity
GAIS (Interpreting Service)

Site responsibility
Wonthaggi and Warragul

- Manager, Disability & Carer Programs
- Statewide Manager, Aged Care Services
- Manager, Gateway

BOARD ATTENDANCE

Details of attendance by Board Directors and Independent Board Committee Members of Latrobe Community Health Service at Board, Board Audit & Risk Committee, Board Quality & Safety Committee and Board Governance Committee meetings held during the period 1 July 2016 – 30 June 2017, are as follows:

Neither the Board Nominations Committee nor the Community Investment Committee met during the 2016-17 financial year, as they have just commenced.

BOARD MEETINGS								
Board Directors	Board		Audit and Risk Committee		Quality and Safety Committee		Governance Committee	
	A	B	A	B	A	B	A	B
John Guy *	11	10	-	-	-	1^	4	4
Mark Biggs **	11	10	-	2^	1	4^	4	4
Peter Wallace	11	11	-	-	4	4	-	-
Judi Walker	11	8	-	-	4	3	4	3
Carolyne Boothman	11	10	1	0	3	3	-	-
Melissa Bastian	11	8	1	1	-	-	3	3
Peter Starkey	11	10	3	3	1	0	1	1
Stephen Howe	11	9	4	4	-	-	-	-
Nathan Voll	11	10	4	4	-	-	-	-
Independent/consumer representatives								
Ron Gowland	-	-	4	4	-	-	-	-
Maria Dalton	-	-	4	4	-	-	-	-
Allison Higgins	-	-	-	-	4	4	-	-
Angela Hutson	-	-	-	-	-	-	-	-

NOTES:

Column A: Indicates number of meetings held while Board Director or committee member was a member of the Board committee.
Column B: Indicates number of meetings attended.

* John Guy (Board Chairperson 2008 - October 2016)
** Mark Biggs (Board Chairperson October 2016 - current)
^ Board Chair will on occasion attend Board Committees ex-officio

GOAL ONE

MORE PEOPLE LOOK AFTER THEIR OWN HEALTH

WHEN IT COMES TO PEOPLE'S HEALTH, GETTING IN EARLY DELIVERS THE BEST RESULTS.

We aim to help people to look after their own health and stay independent wherever possible. We're helping people to make healthy lifestyle choices, and want to reach more people than ever before.

WE ARE DOING THIS BY:

- making our services more youth friendly and working with young people in schools
- helping people with high needs stay at home with support packages tailored to their specific circumstances
- doing health assessments in workplaces and communities
- improving the health information we provide online
- helping you keep track of your health using internet-based tools.

GOAL ONE

MORE PEOPLE LOOK AFTER THEIR OWN HEALTH

FORGING GOOD HEALTH HABITS

Good health habits are forged early. For this reason we continue to focus on teaching children about their health, and how health systems work.

In the first half of 2017, we were pleased to host children from Goodstart Learning and Grace Berglund Kindergarten in Warragul. Over three days, nearly 50 children learnt about visiting the doctor and dentist. They were able to weigh themselves, listen to their heartbeat with a stethoscope, try the dental chair and speak with health professionals. Collectively, these experiences help children become comfortable in a health setting and begin to shape expectations about positive health management.

ADDRESSING THE RISKS OF ONLINE GAMBLING

The impact of gambling and gaming on secondary school students continues to be of concern. Many video games allow children to play 'gambling-style' games, normalising gambling.

Young people across Gippsland are being exposed to screens and technology like never before. Digital Australia reports that 96% of children aged between 6-15 engage in some form of gaming screen time on a regular basis. Many games are set up with false odds that give players the impression it's easy to win. Often young people are under the false impression there is minimal risk involved.

In May 2017, Latrobe Community Health Service partnered with the Institute of Games to host a youth and gaming forum for parents, teachers and other youth professionals to explore the impacts of gaming on young people.

Gaming expert and Director of the Institute of Games, Steven Dupon, spoke at the forum on the impacts of excessive gaming, managing gaming behaviours and violence in video games. The forum was a great success, with participants gaining new skills to better manage the risks associated with online gaming.

HEALTH ASSESSMENTS IN WORKPLACES AND COMMUNITIES

As well as our physical sites, Latrobe Community Health Service is committed to doing health assessments in communities where possible. The Koolin Balit oral health promotion project is a Gippsland-wide initiative to improve oral health among indigenous children aged 0-6 years. Along with Ramahyuck and Gippsland and East Gippsland Aboriginal Co-Operative (GEGAC), Latrobe Community Health Service has been involved in this project since early 2015.

The key strategies of the program are to increase the rate of tooth brushing, reduce the consumption of sugary drinks, and engage with maternal and child health staff in Gippsland to upskill them in good oral health practices.

Children from Park Lane Preschool in Traralgon enjoyed a healthy snack when they met Hugo the Health Champ Hound, our health mascot, in July 2016.

PAG Program Leader, Emma Liu (left) gardens with a PAG member at our Moe site.

The program has now screened over 100 children. Kindergartens, long day care and play groups are offered 6-monthly screening and oral health promotion sessions. The project has engaged with the Aboriginal community by participating in various events and gatherings, including NAIDOC week, Close The Gap day, and the Latrobe Children's Expo.

The primary prevention team has been assisting schools in the Latrobe Valley who are working towards Achievement Program accreditation. The Achievement Program is a simple, evidence-based framework to support whole-organisation health and wellbeing approaches for early childhood services, schools and workplaces. Organisations work through eight health priority areas, seeking to improve their performance in each. St Kieran's Primary School in Moe has now completed four of the eight modules, while Newborough East Primary School has completed three modules. This is important because it reflects a deeper cultural shift towards healthier school communities.

During the year a health promotion officer was also embedded at Churchill North Primary School for two days per week. In partnership with the school, the staff member worked on initiatives such as improving the canteen menu and providing healthy food options at the school fete.

The whole school held a picnic where children made their own lunch and tasted new fruits, vegetables and other healthy foods. The initial partnership expanded into other health areas, with Latrobe Community Health Service organising head lice checks for children, a health-related inservice day for teachers at the school, and dental checks for students. There is more work to be done, but significant progress was made during the year - a great result for Churchill North Primary School students and their families.

COORDINATING SCHOOL ENGAGEMENT

Many Latrobe Community Health Service program areas have contact with the education sector. To better coordinate our engagement, this year we created a schools working group. There is now a common email address for school engagement (schools@lchs.com.au) as well as a brochure that provides schools with a full picture of the services they can access through Latrobe Community Health Service.

HOME CARE PACKAGES

One of the objectives within our strategic plan is 'helping people with high needs stay at home with support packages tailored to their specific circumstances'.

One major way we seek to achieve this objective is through the provision of home care packages.

Traditionally the Federal Government distributed these packages directly to service providers, who in turn provided them to eligible clients.

However in February 2017 the Federal Government rolled out changes to home care packages, which are now distributed directly to eligible community members. The effect is to create competition: clients now have the right to choose their service provider, and to swap providers if they wish to.

Latrobe Community Health Service has a long history of quality care management services. We provide an independent, secular, not-for-profit and community-focused service, and we feel this will serve us well as we continue to grow in metropolitan Melbourne and other parts of Victoria.

HUGO THE HEALTH CHAMP HOUND

One of the keys to helping more people look after their own health is to meet them where they are. In recent years, this inevitably means being online.

In 2016 our health promotion team created 'Hugo the Health Champ Hound'. As a health mascot, Hugo has spent time with a range of community members who are living healthy lives ('Health Champions'). These health champions share their healthy lifestyles on Hugo's facebook page (www.facebook.com/HugoHealthChampHound). The aim of the project is to show what makes each person a health champion in Latrobe, and capture the everyday ways they encourage health and wellbeing.

This social media project is led and owned by members of our Health Champions Latrobe network. In the 12 months since Hugo launched he has spent time with over 26 health champions, who in turn represent many different groups and clubs across the community.

The facebook page has reached over 40,000 people who have liked, shared or watched content more than 14,000 times.

GOAL TWO

PEOPLE CONNECT TO SERVICES WHEN AND WHERE THEY NEED THEM

WE BELIEVE THAT PEOPLE IN RURAL AND REGIONAL AREAS HAVE A RIGHT TO THE SAME QUALITY OF HEALTHCARE AS THOSE WHO LIVE IN CITIES.

We know that better links between health providers will deliver the quality services people deserve. We're working to provide the services that are often missing in regional areas - and at the same time reduce the waiting times for all of our services.

WE ARE DOING THIS BY:

- improving our existing services and prioritising the areas of greatest need
- working with other community and health agencies to plug service gaps
- trialling 'virtual' clinics so you can contact health professionals and even get some services online
- building systems so you track appointment times, get test results and referrals - from your phone or computer
- developing a centralised call centre covering Victoria, so you can get through to us easily and quickly
- reaching out to people in isolated areas with mobile health services
- making many more people aware of the services we provide and how they'll benefit from them.

Paolo Mamcarella enjoying a cup of tea at Mayfair House.

GOAL TWO

PEOPLE CONNECT TO SERVICES WHEN AND WHERE THEY NEED THEM

IMPROVING HEALTH ACCESS FOR THE LGBTI COMMUNITY

One segment of the community that often feels excluded from accessing health services are people who identify as Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI).

At Latrobe Community Health Service, we are committed to providing an inclusive service for LGBTI clients. Similarly, we want LGBTI staff to feel fully included in their workplace.

We are undertaking an organisation-wide review of how inclusive our day-to-day practices are. This involves educating and training staff, and reviewing our policy framework. It also involves engaging the community.

Ultimately, we are aiming to achieve the national LGBTI-inclusive workplace standards. In doing so, Latrobe Community Health Service will be better placed to provide safe and inclusive services to clients who identify as LGBTI, and provide a safe and inclusive work environment for staff who identify as LGBTI.

As part of this commitment, in May 2017 more than 100 people came together to show their support for the LGBTI community at an event hosted by Latrobe Community Health Service at our Morwell site.

'Love makes a family' was the theme of the day. Community members enjoyed free activities and music, and took the opportunity to have a professional family photo portrait. At the conclusion of the event, the rainbow flag was raised for the third consecutive year to coincide with International Day Against Homophobia, Biphobia, Intersexphobia and Transphobia, also known as IDAHOBIT day.

ENSURING EXCELLENT CUSTOMER SERVICE

Our central 1800 242 696 phone number remains the most common way for the community to access or enquire about our services. We know our clients value convenience, ease of access and speed of response when they contact us.

To ensure they have a great experience, we have worked hard to improve benchmarking for how quickly we answer calls. During the 2016-17 financial year, we received 155,748 calls, an increase of 8 percent from the 144,881 calls we received in the previous year. Despite this growth, we continued to meet or exceed call answer targets.

During the year, we further invested in our front office team by adding more staff and setting up a dedicated team to answer calls relating to the National Disability Insurance Scheme (NDIS). This will ensure that when the NDIS rolls out in areas where we provide local area coordination services, we are well placed to maintain our high standards of call answer rates.

Members of the Lesbian Gay Bisexual Transgender and Intersex Community Reference Group raise the rainbow flag in celebration of International Day Against Homophobia, Transphobia and Biphobia in Morwell.

BOOKING GP APPOINTMENTS ONLINE

Making an appointment to see the doctor usually takes a brief phone call. To make it more convenient to book an appointment, in 2015 we introduced Appointuit, an online GP booking application. Now when you are awake at 3am with a sick child, you can immediately make an appointment for later the same day. During 2016-17 there were 7,020 online bookings, a 310 percent increase on the 1,711 bookings in 2015-16.

As client expectations for online health services continue to grow, we will in turn continue to invest in technology solutions that allow people to better manage their own health.

MOBILE HEALTH SERVICES

We continue to provide mobile health services to people who are isolated, geographically, by virtue of poor health, or because of limited transport options. Our district nursing team continued to bring their compassion and health expertise into the homes of the frail aged and those unable to travel to attend health checks. In the last financial year, our team of 33 nurses made 36,696 visits to clients to assist with the management of diabetes, wounds, medication and pain. The service provided by the nurses, complemented by home visits from allied health staff, ensures the community can receive health services, even in their own homes.

NDIS LAUNCH EVENT IN BALLARAT

Making people aware of the services we provide has always been important to Latrobe Community Health Service. However this work is particularly important as we move to new regions of Victoria.

In March this year, we formally launched our National Disability Insurance Scheme (NDIS) office in Central Highlands, when community members and local disability organisations joined together for a free community fun day in Armstrong Street Ballarat.

Community members celebrate the commencement of the National Disability Insurance Scheme in the Central Highlands region at a free community fun day in Ballarat.

The fun day aimed to foster a sense of ownership and community pride in the NDIS. Community members were able to meet and chat with our local staff. Hundreds of people gathered to enjoy live music and entertainment, face painting, a petting zoo, and plenty of food.

MEETING WITH THE COMMUNITY

We remain keenly aware of the need to be out in the community, meeting people face-to-face. This personal connection remains the most effective way of letting people know about the services we provide, and how those services can benefit them.

Sharing health information with men is a long-standing challenge. The importance of talking, listening and checking in with workmates was the message of a Men's Health at Work event hosted by Latrobe Community Health Service at the Premier Function Centre in Traralgon in June.

Over 100 people from Gippsland businesses and community organisations gathered together to hear keynote speaker Wayne Schwass speak about his battle with depression throughout his AFL playing career and his journey to recovery.

The event was an important step in breaking down the stigma surrounding mental ill-health and encouraged the men in the audience to feel comfortable in talking about their feelings and asking for help.

The event also featured presentations from Worksafe on the important role workplaces have in supporting good mental health and wellbeing of their staff, in particular how workplaces should encourage men to reach out and ask for help.

The night was well received by audience members, with many encouraged to make the effort to check in with colleagues, and to keep an eye on their own mental health.

GOAL THREE

THOSE WITH MULTIPLE NEEDS GET HOLISTIC SUPPORT

WHEN PEOPLE HAVE MORE THAN ONE HEALTH ISSUE IT MAKES SENSE THAT THEY'RE NOT TREATED FOR EACH ISSUE ALONE, BUT AS PART OF A WHOLE.

This means coordinating the care and support a person needs in a way that's highly customised to their particular situation. At Latrobe Community Health Service, we're working to make sure that more of our clients are able to access the care and support they need, when they need it.

WE ARE DOING THIS BY:

- trialling new systems where one key worker co-ordinates all your needs, so you don't end up having to tell your story over and over
- joining up different programs that logically go together, so you don't need to find your way around a complicated system - we'll do that for you
- using the latest technology to coordinate client information and supports, so our people always know what they need to do next, for you
- working out which combination of service supports have the greatest impact - and the best ways to pay for these with the least burden on clients.

PAG participant Maria Pastuszyn enjoying gardening activities.

GOAL THREE

THOSE WITH MULTIPLE NEEDS GET HOLISTIC SUPPORT

CHRONIC DISEASE MANAGEMENT

Providing truly integrated healthcare remains a driving force for Latrobe Community Health Service. We are constantly seeking to join up different programs that logically go together. Over 2016-17 these efforts were reflected in the multidisciplinary clinics run by our primary intervention team.

As part of the response to the Hazelwood Mine Fire, Latrobe Community Health Service received additional funding to develop a multidisciplinary diabetes service and to expand our respiratory service. The Guided Care model underpins the delivery of these services.

The Guided Care model is part of an ongoing research project examining the ability of people with chronic diseases to self-manage their chronic health condition. The aim is to avoid preventable hospitalisations.

All clients presenting with a diagnosis of diabetes are eligible for the multidisciplinary diabetes service. Clients are offered a comprehensive multidisciplinary assessment which involves a diabetes educator, dietician, podiatrist and care coordinator.

Together with the client, the multidisciplinary team develops a care plan. Regular reviews are incorporated into the plan so that each client receives the amount of support and guidance they require to achieve their goals.

CHILDREN'S SERVICE

The allied health clinicians in the children's team include speech pathologists, occupational therapists, physiotherapists and allied health assistants. Together they work with children with undiagnosed developmental delays. Since its launch in 2013, it has supported more than 1,000 children and their families. As well as on-site individual and group programs, the team works closely with families, kindergartens and schools to ensure there is a comprehensive and coordinated support network so every child can reach their full potential.

ALIGNING YOUTH SERVICES

We also reorganised our provision of services to young people during 2016-17, co-locating all Latrobe Community Health Service youth programs with headspace Morwell. It has been a successful arrangement, aligning programs for a 'one-stop shop' outcome for clients, better using the space at headspace Morwell and giving the centre a more vibrant atmosphere.

In February a psychologist commenced via video link, which has been well used. A sexual health nurse commenced in May, and a mental health social worker specialising in transgender issues has also started. Opening hours were also reviewed and headspace Morwell is now open late on a Monday night, providing improved access to health services for young people living in Latrobe City.

As a result of the trial of co-located youth services, in June 2017 the Primary Prevention team became 'Youth and Primary Prevention Services'.

headspace Morwell staff and volunteers celebrate #headspaceday in October 2016.

AGED CARE ASSESSMENT SERVICE

The Aged Care Assessment Service completed 3,131 assessments during 2016-17. This is an increase on the previous year, when 2,932 assessments were completed.

The object of the aged care assessment program is to comprehensively assess the care needs of frail older people and assist them to gain access to the most appropriate type of care for their individual need, as well as improve their health and wellbeing. Having access to the correct supports enables people to remain in their own home for longer and prevents premature or inappropriate admission to more restrictive care, such as an aged care facility.

THE ALCOHOL AND OTHER DRUG SUPPORT PROGRAM

One area of constant attention for Latrobe Community Health Service is working out which combination of service supports have the greatest impact for each client. In the field of alcohol and other drug support, there are several different types of support available. Working out which combination of programs works for each client takes time.

To help make this process more efficient, we have developed and implemented the alcohol and other drug support program. It is delivered from our therapeutic day rehabilitation facility in Moe.

Over an intensive two-week period, the program provides participants with education and information on a range of support options, including:

- Non-residential withdrawal nursing
- Alcohol and other drug counselling
- Alcohol and other drug care and recovery

At the conclusion of the two weeks, our team of clinicians and counsellors are in a far stronger position to work with the client to create an ongoing program of treatment that best suits that client's particular set of needs.

The program also provides bridging support to clients who may have been approved for a therapeutic day rehabilitation program that commences in several weeks. The alcohol and other drug support program allows us to support those clients sooner. It starts a therapeutic relationship with the clinicians, improving the likelihood the client will complete their course of care.

EARLY ENGAGEMENT FOR CLIENTS WITH DRUG AND ALCOHOL ISSUES

During the financial year, we centralised our referral and appointment-making system within our Alcohol and Other Drugs and Counselling team.

Historically, clients needing multiple services would often access them in consecutive fashion. For example, they might access family violence counselling, and then generalist counselling, and then financial counselling.

The new centralised model allows us to refer new clients to multiple streams of help simultaneously. So while a client may have to go on a waitlist for family violence counselling, they can immediately commence generalist counselling in the meantime.

This small change is very important. We believe that when a person dealing with alcohol and drug issues engages with support services early, they are more likely to engage for longer too. That continuity of care ultimately leads to better client outcomes.

Aboriginal Family Violence Worker, John Hannah (right) joins with community members to celebrate Harmony Day in Morwell.

SERVICES THE WHOLE COMMUNITY CAN AFFORD

As in previous years, we have maintained the affordability of our health services.

Underpinning this is a central principle that no-one should ever miss out on healthcare services because they are unable to afford them. Our role as a community health provider is vital, and we ensure that anyone who needs help receives it.

We also believe those people who can afford to pay for our excellent healthcare services should do so. As well as receiving the best possible care, they also support our larger mission to provide health services for the whole community.

CARERS RECOGNITION ACT 2012

LATROBE COMMUNITY HEALTH SERVICE RECOGNISES AND UPHOLDS THE CARERS RECOGNITION ACT 2012.

In 2016-17, we:

- Distributed information about the Act to attendees of our Carer Programs events
- Provided information to clients about their rights under the Act, if applicable.

GOAL FOUR

WE USE OUR RESOURCES FOR MAXIMUM IMPACT, EFFECTIVENESS AND EFFICIENCY

WE WANT TO CREATE THE MOST SKILLED TEAM WE CAN.

We know that when staff are well-supported and united behind common goals, they will work hard for their clients and for the organisation they believe in. Our productivity is testament to their passion. We also invest in technology and other systems to create better outcomes for our clients.

WE ARE DOING THIS BY:

- improving our technology so we collect better information about our results as well as link services much better
- partnering more with other services with whom we have common aims
- pioneering new ways to attract and retain staff so that we continue to be an 'employer of choice'
- putting our volunteers in areas where they have greatest impact
- telling individuals and communities about the areas in which we have great success.

Federation Training student Nyaroun Gawar.

GOAL FOUR

WE USE OUR RESOURCES FOR MAXIMUM IMPACT, EFFECTIVENESS AND EFFICIENCY

PROMOTING OUR SERVICES

We continue to work hard to tell the community about the areas in which we have experienced success.

Over the past 12 months, our services have been profiled in the media more than 150 times. In addition, we have produced more than 450 advertisements, brochures and flyers to promote our services.

Our online presence is becoming more and more important to raise awareness of the services we provide. More than 80,000 people have visited the Latrobe Community Health Service website in the past year, with more than 226,700 pageviews.

We continue to invest in ensuring our organisation and services are strongly represented in google search results, which are quickly becoming the dominant channel for people seeking health services.

In May, we launched an official Latrobe Community Health Service Facebook page. In the first month alone, there were 556 new page likes, and our content reached 32,200 people.

There has been very warm and positive feedback from the community. This is an exciting new avenue for connecting with the communities we work with. Importantly, the Facebook page not only allows us to promote our services, but is in itself a vehicle for encouraging healthy lifestyle changes and improved health outcomes.

Community Settlement Worker, Anne Roberts (second from right) with community members celebrating Harmony Day in Morwell.

RMIT UNIVERSITY DENTAL TRAINING PARTNERSHIP

We believe very strongly in partnering with other services with whom we share common aims. This strengthens health outcomes, and more importantly provides a higher quality experience for our clients.

In 2017 Latrobe Community Health Service began a strategic partnership with RMIT University to develop clinical expertise and training opportunities at the Churchill dental prosthetics laboratory.

The laboratory is part of the broader Latrobe Community Health Service building redevelopment at Churchill, which is due for completion in December. Upon completion, the building will host 38 new positions.

Our two organisations have combined expertise in clinical management and education. RMIT is a university with a proven track record of excellence in education and research in health and community services. Their experience in these fields will assist us in making the Churchill dental prosthetics laboratory a world-leading facility.

There are several areas for collaboration, including:

- Establishing clinical, management and teaching roles at the laboratory
- Engaging in applied dental research and innovation projects
- Collaborating on student placements for RMIT dental students
- Delivering RMIT dental training in Churchill
- Developing local training and teaching practices at the clinic.

REMAINING AN 'EMPLOYER OF CHOICE'

With the need to recruit a large number of staff for our work as part of the National Disability Insurance Scheme (NDIS), it's important we continue to pioneer new ways to attract and retain staff so that we continue to be an 'employer of choice'.

To achieve this, we undertook a large-scale recruitment campaign titled 'Make a living making a difference'. The campaign aimed to attract people from a wide range of career backgrounds who may not have ordinarily considered a career in a not-for-profit health service.

The campaign slogan sought to appeal to those with altruistic motivations who would be a strong value fit for Latrobe Community Health Service.

The campaign has so far been extremely successful, with more than half of the 400 new NDIS staff already recruited.

To help manage the large number of applicants (who are spread throughout Victoria), we licensed 'Vidcruiter', automated applicant video interviewing software. This innovative technology dramatically increased productivity, and slashed the screening time required at the pre-interview stage. It also ensured a stronger mix of candidates at the final, in-person, interview stage. The tool will continue to be used by our People, Learning & Culture team.

OUR VOLUNTEERS

In the 2016-2017 year our volunteers contributed 22,828 hours of work, worth at least $708,809 to our organisation. This is a staggering contribution.

We currently have approximately 120 active volunteers working across at least 26 different programs. Many of these volunteers work up to five days a week across multiple programs.

One of the most important contributions our volunteers make is the production of 'Buddy Bears'. These bears are provided to children experiencing trauma, or used as a circuit-breaker for children who may be feeling anxious about a medical appointment.

We have distributed well over 1,600 buddy bears since August 2016, both within Latrobe Community Health Service, and to organisations such as Anglicare, emergency day surgery and paediatrics at Latrobe Regional Hospital, Gippsland Pathology, Morwell police station, Relationships Australia Victoria, Gippsland Centre Against Sexual Assault and Regional Imaging.

Chief Executive Officer, Ben Leigh presents Jacqueline Eddy with the 2016 Employee of the Year Award

Richard Kolek with his 2017 Volunteer of the Year Award.

YEARS OF SERVICE (VOLUNTEERS)

5 YEARS

- Marion Byrne
- Joanne O'Brien
- Charles D'Costa
- Peter Raft
- Julie Myrteza
- Lynda Bilton
- Sandra Lawler
- Beth Richardson

10 YEARS

- Michael Lancaster
- Wendy Matheison
- Gail Ludlow

15 YEARS

- Wally Weston
- Gwenda Martyn

20 YEARS

- Marianne Franssen

EMPLOYEE OF THE YEAR

Jacqueline Eddy

SERVICE EXCELLENCE AWARD

Nikki Visser and Stacey Podmore
Latrobe Health Champions Network

ANNUAL ACHIEVEMENT AWARDS

Deborah Sevenson
Community Support and Connection

Christine Mullavey
Aged, Assessment and Disability Services

Nicole McFarlane
Primary Health

Jacqueline Eddy
Corporate

KUDOS OVERALL PEOPLE'S CHOICE AWARD

Linda McDill

YEARS OF SERVICE (EMPLOYEES)

10 YEARS

- Nicole Fife
- Karen Wade
- Candice Evans
- Wendy Marshall
- Gayle Pace
- Helen Whitby
- Neal Daly
- Jane Rouget
- Heather Kuczer
- Barbara Ritchie
- Matt Vella
- Ian Glover
- Catherine Pedersen

15 YEARS

- Lisa Zomer
- John Mifsud
- Narelle Zomer
- Kathryn Sultana
- Alison Skeldon
- Jo-Anne Walsh

20 YEARS

- Louise Morley

35 YEARS

- Tricia Cronin

GOAL FIVE

WE'RE INCREASING OUR SCOPE AND SCALE TO ENSURE LONG-TERM REINVESTMENT INTO THE COMMUNITY

ADDING TO OUR RANGE OF SERVICES MEANS SMOOTHER AND MORE COMPLETE SUPPORT, ESPECIALLY FOR PEOPLE WITH MULTIPLE NEEDS.

A mix of free and fee-paying services makes our services available to all, regardless of income. We think this is the fairest way to service our community.

WE ARE DOING THIS BY:

- attempting to secure extra funds from new sources, particularly for our coordinated support work, to support disadvantaged clients, and reach new communities
- collaborating with smaller providers for smoother client care
- asking our clients (and the communities we operate in) for regular feedback, so we can continue to improve
- expanding into new markets, across Gippsland and beyond
- gathering evidence about what works and what doesn't and thinking about everything we do in this context.

GOAL FIVE

WE'RE INCREASING OUR SCOPE AND SCALE TO ENSURE LONG-TERM REINVESTMENT INTO THE COMMUNITY

NATIONAL DISABILITY INSURANCE SCHEME (NDIS)

Latrobe Community Health Service is helping 27,000 people across Victoria join the National Disability Insurance Scheme (NDIS). Our role as a Local Area Coordinator for the National Disability Insurance Agency (NDIA) is to work alongside people with a disability, their families and carers to plan the mix of supports that will allow them to meet their goals and aspirations through the NDIS. It is the biggest expansion of our services since Latrobe Community Health Service was created in 1995, and dramatically increases our geographic footprint across metropolitan Melbourne and regional Victoria.

Latrobe Community Health Service is the single largest provider of NDIS Local Area Coordination in Victoria, covering:

- Inner Gippsland
- Inner Eastern Melbourne
- Outer Eastern Melbourne
- Barwon
- Ovens Murray
- Wimmera South West
- Central Highlands

We also provide the Early Childhood Early Intervention service in the Central Highlands and Wimmera South West service areas.

The Early Childhood Early Intervention approach supports children with developmental delay or disability and their families to achieve better long-term outcomes through support services in their local community.

Work began in early 2017 to secure 31 new sites and more than 400 new staff to deliver the NDIS. The program is of a large enough scale to demand its own directorate in our organisational structure. To this end, in April 'NDIS Services' was created as our fifth directorate.

CHURCHILL

Work on our Churchill site redevelopment commenced in July 2016. Building is well underway, and we are on schedule for completion in December 2017.

The new site will include:

- a specialist laboratory to make dental prosthetics
- new dental surgeries
- consultation rooms for physiotherapy, podiatry and counselling
- workspaces and offices for staff, students and academics
- GP clinics
- NDIS Local Area Coordination services

Staff celebrate the commencement of the National Disability Insurance Scheme in the Central Highlands region.

The revitalised site provides both an expansion of our existing services in Churchill, as well as entry into a new market through the design and manufacture of dental prosthetics.

PALLIATIVE CARE

In March Latrobe Community Health Service was able to secure $35,100 through a Victorian Government equipment and infrastructure grant for community palliative care.

This was used to purchase nursing kit equipment such as stethoscopes, sphygmomanometers, oximeters, glucometers, and nursing bags to provide nurses with all the equipment required to undertake holistic assessments on our clients.

In the past we haven't had enough equipment to allow for single-visit patient assessments, so we would have to conduct assessments over multiple days as equipment became available. The new equipment means we can conduct single-visit assessments for patients, disturbing them less. It also frees up valuable staff time to see more clients.

ELDER ABUSE

Elder abuse takes many forms, including physical, verbal, emotional or sexual abuse, financial exploitation and neglect.

It may be committed by adult children against their parents, but intimate partner violence has also been reported. It is an issue that is under-reported; this may be because victims don't want to seek help as they feel ashamed, or simply don't know who to report the abuse to.

During the year, Latrobe Community Health Service received funding for the new Elder Abuse Integrated Model of Care pilot. This project came about through recommendations made by the Royal Commission into Family Violence. These funds pay for an Elder Abuse Liaison Officer for a trial period of 12 months.

The trial was developed after the Royal Commission into Family Violence found that elder abuse is under-reported, and not identified as family violence. Gippsland is one of three trial sites selected across Victoria.

The project is called an 'integrated model of care for responding to suspected elder abuse', and involves counselling support provided by the Family Mediation Centre.The Bouverie Centre is also providing training in identifying

and responding to suspected episodes of elder abuse.

We are currently in the development stage, refining the position description, role requirements and reporting framework. We will also participate in an elder abuse prevention network, which will have representation from agencies across Gippsland.

SEEKING CLIENT FEEDBACK

In March 2017, we commissioned research into the community's understanding of Latrobe Community Health Service and the services we offer.

More than 470 people across ten local government areas responded to the survey. The sample drew from both our established sites in Gippsland, and also our newer sites in eastern metropolitan Melbourne, Hume and the Grampians. This provides an important baseline for Latrobe Community Health Service as we move into these new areas and seek to grow awareness of our services.

Most importantly, those who use our services indicated they had a great experience:

- 61 percent of respondents who used one of our services said Latrobe Community Health Service was very / extremely important to them and their family.
- 78 percent of respondents that had used our services rated them as good or excellent.

GIPPSLAND MULTICULTURAL STRATEGIC PLAN

Latrobe Community Health Service commenced work with a range of organisations to develop a 3-year strategic plan to strengthen multiculturalism in Gippsland, after receiving $920,000 over four years from the Department of Premier and Cabinet.

The strategic plan will strengthen economic and participation outcomes for regional multicultural communities, including refugees and asylum seekers.

The plan aims to build on the good existing work of many organisations in Gippsland that work to strengthen the region's diversity. It will also identify other areas where, as a community, we may be falling short in fostering multiculturalism. At the end of the project there will be a shared vision for fostering multiculturalism in Gippsland, and a clear roadmap to coordinate efforts.

In April and May 2017, more than 250 people from multicultural backgrounds across Gippsland provided input into the consultation phase of the Gippsland Multicultural Strategic Plan.

We also received responses from 19 skilled migrant surveys and 28 service provider surveys.

Based on the information generated through the consultation process, an in-depth literature review of previous work achieved in this area, and analysis of community profiles, the final Gippsland-wide Multicultural Strategic plan is now in development.

The plan will outline goals against four key areas of focus:

1. Education and employment
2. Access to information and services
3. Social cohesion
4. Health

After the plan is finalised, funding will be available for small, localised projects to help address any service gaps that the plan identifies.

Latrobe Community Health Service will deliver the strategic plan in partnership with Gippsland Ethnic Communities' Council, Latrobe City Council and Centre for Multicultural Youth.

COMMUNITY INVESTMENT FUND

In 2016 Latrobe Community Health Service established a community investment fund. A portion of our surplus funds were set aside to grow. In the future this fund will be used to invest in eligible health and community projects that are not funded by any other source.

The community investment fund continued to build over the past financial year, and in coming years we will make funds available to the community.

PLACEMENT, EDUCATION AND RESEARCH UNIT (PERU)

Health innovation is important to Latrobe Community Health Service. To ensure we remain competitive, our Placement, Education and Research Unit (PERU) works to coordinate research and evaluation activities within the organisation. This unit is a partnership between Latrobe Community Health Service and Monash University. Latrobe Community Health Service encourages research projects led by staff, and a CEO Research Scholarship is available for staff who are interested in conducting a project.

A resident researcher supports the research process by assisting staff to develop their research question, submit ethics applications and conduct the project. The Latrobe Community Health Service Research Council advises on external requests for research collaborations, and monitors all research conducted within the service. Two examples of current projects are:

THE GUIDED CARE PROJECT

In this project, Latrobe Community Health Service clinicians partner with clients who have a chronic condition to develop a management plan. These plans are guided by each client's goals for good health. The research project is evaluating whether this approach helps clients to achieve better outcomes, and also whether it improves access to services for community members with diabetes, respiratory or cardiac conditions.

UNDERSTANDING UPTAKE OF THE CHILD DENTAL BENEFIT SCHEDULE IN GIPPSLAND

In this project, Latrobe Community Health Service is collaborating with La Trobe University to explore the uptake of a free dental scheme for children. Interviews and focus groups are being conducted with parents and carers of children who were screened at primary schools in the region, to determine factors that influenced their decision to use the Child Dental Benefits Schedule. Findings will be used to improve access to children's dental services at Latrobe Community Health Service.

Both of these projects demonstrate our ongoing commitment to evidence-informed practice and improving service delivery.

OPERATING AND FINANCIAL REVIEW

CONTENTS OF THE OPERATING AND FINANCIAL REVIEW

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

Your directors present this report on the company for the financial year ended 30 June 2017.

Directors

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

John Guy
Mark Biggs
Peter Wallace
Judi Walker
Carolyne Boothman
Melissa Bastian resigned (12/07/2017)
Peter Starkey
Stephen Howe
Nathan Voll

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 company during the financial year was:
Provision of Community Health Services

Information on Directors

John Guy	—	Board Chair until October 2016
Mark Biggs	—	Board Chair from October 2016
Peter Wallace	—	Director
Judi Walker	—	Director
Carolyne Boothman	—	Director
Melissa Bastian	—	Director - Resigned 12 July 2017
Peter Starkey	—	Director
Stephen Howe	—	Director
Nathan Voll	—	Director

Meetings of Directors

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

	Directors' Meetings	
	Number eligible to attend	Number attended
John Guy	11	10
Mark Biggs	11	10
Peter Wallace	11	11
Judi Walker	11	8
Carolyne Boothman	11	10
Melissa Bastian	11	8
Peter Starkey	11	10
Stephen Howe	11	9
Nathan Voll	11	10

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

The entity is incorporated under the Australian Charaties and Not-for-profit Commision Act 2012 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 entity. At 30 June 2017, the total amount that members of the entity are liable to contribute if the entity is wound up is $220 (2016: $210).

Auditor's Independence Declaration
The lead auditor's independence declaration for the year ended 30 June 2017 has been received and can be found on page 2 of the financial report.

This directors' report is signed in accordance with a resolution of the Board of Directors.

Director _____

Mark Biggs

Dated this 26th day of September 2017

AUDITOR'S INDEPENDENCE DECLARATION

UNDER SECTION 60-40 OF THE AUSTRALIAN CHARITIES AND NOT-FOR-PROFITS COMMISSION ACT 2012

To the Directors of Latrobe Community Health Service Ltd

We declare that, to the best of our knowledge and belief, during the year ended 30 June 2017, there have been:

(i) no contraventions of the auditor independence requirements as set out in the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and

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

Rochelle Wrigglesworth
Director
GippsAudit Pty Ltd

Date: 26 September 2017
Place: Sale

STATEMENT

OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2017

	Notes	2017 $	2016 $
PROFIT OR LOSS			
Revenue	2	55,364,520	43,987,450
Other income	2	9,022,224	6,643,182
Employee provisions expense		(31,442,068)	(27,617,757)
Depreciation and amortisation expense	3	(2,018,937)	(1,751,585)
Bad and doubtful debts expense	3	(2,057)	(1,075)
Repairs, maintenance and vehicle running expenses		(427,839)	(371,405)
Fuel, light and power expense		(327,769)	(282,250)
Rental expense	3	(1,001,414)	(669,106)
Training expense		(226,883)	(160,913)
Audit, legal and consultancy fees		(971,882)	(396,259)
Marketing expenses		(549,696)	(310,896)
Client support services expense		(7,609,947)	(6,160,653)
Impairment on buildings	9	(195,120)	-
Service agreements		(866,258)	(825,537)
Contract labour		(4,084,652)	(2,865,157)
Sundry expenses		(4,846,919)	(4,360,791)
Current year surplus before income tax		**9,815,304**	**4,857,247**
Tax expense		-	-
Net current year surplus		**9,815,304**	**4,857,247**
OTHER COMPREHENSIVE INCOME			
Decrement on revaluation of property, plant and equipment	9, 18a	(486,293)	-
Total other comprehensive income for the year		(486,293)	-
Total comprehensive income for the year		**9,329,011**	**4,857,247**
Surplus attributable to members of the entity		9,329,011	4,857,247
Total comprehensive income attributable to members of the entity		**9,329,011**	**4,857,247**

The accompanying notes form part of these financial statements.

STATEMENT
OF FINANCIAL POSITION AS AT 30 JUNE 2017

	Notes	2017 $	2016 $
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	9,088,199	3,844,035
Trade and other receivables	5	2,177,986	585,767
Inventories	6	185,318	156,817
Financial assets	8	15,002,676	11,000,000
Other current assets	7	1,464,112	1,598,968
Total current assets		**27,918,290**	**17,185,587**
NON-CURRENT ASSETS			
Property, plant and equipment	9	20,299,969	20,198,205
Capital work in progress	9	3,143,304	195,845
Total non-current assets		**23,443,274**	**20,394,050**
Total assets		**51,361,564**	**37,579,637**
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	10	7,816,881	3,897,715
Employee provisions	11	4,182,922	3,719,609
Total current liabilities		**11,999,803**	**7,617,324**
NON-CURRENT LIABILITIES			
Employee provisions	11	1,490,316	1,412,752
Total non-current liabilities		**1,490,316**	**1,412,752**
Total liabilities		**13,490,119**	**9,030,076**
Net assets		**37,871,446**	**28,549,561**
EQUITY			
Retained surplus		30,598,488	23,184,765
Reserves	18	7,272,958	5,364,796
Total equity		**37,871,446**	**28,549,561**

The accompanying notes form part of these financial statements.

STATEMENT

OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2017

	Note	Retained surplus $	Asset revaluation reserve $	Capital reserve $	Community projects reserve $	General reserve $	Financial assets reserve $	Total $
BALANCE AT 1 JULY 2015		**20,154,392**	**972,779**	**1,005,008**	**1,560,134**	**-**	**-**	**23,692,313**
COMPREHENSIVE INCOME								
Surplus for the year attributable to members of the entity		4,857,247	-	-	-	-	-	4,857,247
Total comprehensive income attributable to members of the entity		4,857,247	-	-	-	-	-	4,857,247
OTHER TRANSFERS								
Cumulative revaluation surplus relating to sale of property, transferred to retained surplus								
Transfers to/(from) asset revaluation reserve								
Transfers to/(from) capital reserve		(956,978)	-	956,978	-	-	-	-
Transfers to/(from) community projects reserve		1,060,134	-	-	(1,060,134)	-	-	-
Transfers to/(from) general reserve		(1,930,030)	-	-	-	1,930,030	-	-
Total transactions with owners and other transfers		**(1,826,874)**	**-**	**956,978**	**(1,060,134)**	**1,930,030**	**-**	**-**
Balance at 30 June 2016		**23,184,765**	**972,779**	**1,961,986**	**500,000**	**1,930,030**	**-**	**28,549,561**
Balance at 1 July 2016		**23,184,765**	**972,779**	**1,961,986**	**500,000**	**1,930,030**	**-**	**28,549,561**
COMPREHENSIVE INCOME								
Surplus for the year attributable to members of the entity		9,815,304	-	-	-	-	-	9,815,304
Net (loss) on revaluation of property	9	-	(486,293)	-	-	-	-	(486,293)
Total comprehensive income attributable to members of the entity		9,815,304	(486,293)	-	-	-	-	9,329,011
OTHER TRANSFERS								
Transfers to/(from) capital reserve		84,637	-	(84,637)	-	-	-	-
Transfers to/(from) community projects reserve		(500,000)	-	500,000	-	-	-	-
Transfers to/(from) general reserve		(1,986,217)	-	-	1,986,217	-	-	-
Transfers to/(from) investment revaluation reserve		-	-	-	-	-	(7,125)	(7,125)
Total transactions with owners and other transfers		**(2,401,580)**	**-**	**(84,637)**	**500,000**	**1,986,217**	**(7,125)**	**(7,125)**
Balance at 30 June 2017		**30,598,488**	**486,486**	**1,877,349**	**1,000,000**	**3,916,247**	**(7,125)**	**37,871,446**

For a description of each reserve, refer to Note 18. The accompanying notes form part of these financial statements.

STATEMENT
OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2017

	Notes	2017 $	2016 $
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from grants and other income		60,843,541	48,849,843
Payments to suppliers and employees		(48,923,453)	(42,779,340)
Interest received		419,946	296,539
Net cash generated from operating activities	16	**12,340,034**	**6,367,042**
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds from sale of property, plant and equipment		362,642	452,887
Payment for property, plant and equipment		(5,426,491)	(3,497,056)
Payment for held to maturity investments		(4,002,676)	(4,000,000)
Receipts from capital grants		1,970,655	564,243
Net cash used in investing activities		**(7,095,870)**	**(6,479,926)**
Net increase in cash held		5,244,164	(112,885)
Cash on hand at beginning of the financial year		3,844,035	3,956,919
Cash on hand at end of the financial year	4	**9,088,199**	**3,844,035**

The accompanying notes form part of these financial statements.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of preparation

Latrobe Community Health Service applies Australian Accounting Standards – Reduced Disclosure Requirements as set out in AASB 1053: Application of Tiers of Australian Accounting Standards.

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 (AASB) and the Australian Charities and Not-for-profits Commission Act 2012. 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 otherwise stated.

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

The financial statements were authorised for issue on 26 September 2017 by the directors of the company.

Accounting Policies

(a) Revenue

Non-reciprocal grant revenue is recognised in profit or loss 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.

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 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 profit or loss.

Donations and bequests are recognised as revenue when received. Interest revenue is recognised using the effective interest 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.

(b) Inventories

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

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

(c) Property, Plant and Equipment

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

Freehold Property

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

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

Increases in the carrying amount arising on revaluation of land and buildings are recognised in other comprehensive income and accumulated in the revaluation surplus in equity.

Revaluation decreases that offset previous increases of the same class of assets shall be recognised in other comprehensive income under the heading of revaluation surplus. All other decreases are recognised in profit or loss.

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

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

Plant and Equipment

Plant and equipment are measured on 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 the estimated recoverable amount, the carrying amount is written down immediately to the estimated recoverable amount and impairment losses are

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 valued and recognised at the fair value of the asset at the date it is acquired.

Depreciation

The depreciable amount of all fixed assets, including buildings and capitalised lease assets but excluding freehold land, is depreciated on a straight-line basis over the asset's useful life to the entity commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

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

Class of Fixed Asset	Depreciation Rate
Buildings	2.5%
Plant and equipment	5% to 33%
Motor vehicles	10% to 20%

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

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised in profit or loss in the period in which they arise. When revalued assets are sold, amounts included in the revaluation surplus 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 recognised immediately as expenses in profit or loss.

Classification and Subsequent Measurement

Financial instruments are subsequently measured at fair value (refer to Note 1(p), amortised cost using the effective interest method, or cost.

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 amount with a consequential recognition of an income or expense item in profit or loss.

(i) 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.

(ii) 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

(iii) Available-for-sale financial assets (investments)

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 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 non-current assets.

(iv) 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") having 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 are 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 management establishes that the carrying amount cannot be recovered by any means, at that point the written-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 have 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 of disposal 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 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

Short-term employee benefits

Provision is made for the Company's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination

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

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

Other long-term employee benefits

The company classifies employees' long service leave and annual leave entitlements as other long-term employee benefits as they are not expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service.

Provision is made for the company's obligation for other long-term employee benefits, which are measured at the present value of the expected future payments to be made to employees.

Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to market yields at the end of the reporting period on government bonds that have maturity dates that approximate the terms of the obligations.

Upon the remeasurement of obligations for other long-term employee benefits, the net change in the obligation is recognised in profit or loss classified under employee benefits expense.

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

(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) 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

(j) Income Tax

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

(k) Provisions

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

(l) Comparative Figures

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

(m) Trade and Other Payables

Trade 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.

(n) Critical Accounting Estimates and Judgements

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

Valuation of freehold land and buildings

The freehold land and buildings were independently valued at 30 June 2017 by Herron Todd White. 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, recent sales data for similar properties and their highest and best use.

The valuation resulted in a revaluation decrement of $681,413 being recognised for the year ended 30 June 2017 of which $486,293 was written back to the asset revaluation reserve to fully utilise available reserves for the respective asset class and the remaining $195,120 was taken up as an impairment on buildings expense in the statement of profit or loss.

Employee benefits

For the purpose of measurement, AASB 119: Employee Benefits (September 2011) defines obligations for short-term employee benefits as obligations expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related services.

As the Company expects that most employees will not use all of their annual leave entitlements in the same year in which they are earned or during the 12 month period that follows (despite an informal Company policy that requires annual leave to be used within 18 months), the Directors believe that obligations for annual leave entitlements satisfy the definition of other long-term employee benefits and, therefore, are required to be measured at the present value of the expected future payments to be made to employees.

(o) Economic Dependence

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

(p) Fair Value of Assets and Liabilities

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

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

As fair value is a market-based measure, the closest equivalent observable market pricing information is used to determine fair value. Adjustments to market values may be made having regard to the characteristics of the specific asset or liability.

The fair values of assets and liabilities that are not traded in an active market are determined using one or more valuation techniques. These valuation techniques maximise, to the extent possible, the use of observable market data. To the extent possible, market information is extracted from the principal market for the asset or liability (ie the market with the greatest volume and level of activity for the asset or liability). In the absence of such a market, market information is extracted from the most advantageous market available to the entity at the end of the reporting period (ie the market that maximises the receipts from the sale of the asset or minimises the payments made to transfer the liability, after taking into account transaction costs and transport costs).

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

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

(q) Rounding

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

NOTE 2 REVENUE AND OTHER INCOME

	2017 $	2016 $
REVENUE		
Revenue from (non-reciprocal) government grants and other grants		
Commonwealth government grants – operating	25,412,382	11,180,959
State government grants	22,943,153	26,067,768
Other organisations	6,551,855	6,376,781
	54,907,389	**43,625,508**
OTHER REVENUE		
Interest received on investments in government and fixed interest securities	457,131	361,942
Total revenue	**55,364,520**	**43,987,450**
OTHER INCOME		
Gain/(Loss) on disposal of property, plant and equipment	22,894	(3,501)
Charitable income and fundraising	13,581	17,626
Capital grants	1,970,655	891,328
Rental income	327,616	296,192
Other	546,623	669,029
Client fees	6,140,857	4,772,508
Total other income	9,022,224	6,643,182
Total revenue and other income	**64,386,744**	**50,630,631**

NOTE 3 EXPENSES

	2017 $	2016 $
EXPENSES		
Depreciation and amortisation		
Land and buildings	366,956	313,335
Motor vehicles	427,512	375,740
Furniture and equipment	1,224,469	1,062,510
Total depreciation and amortisation	2,018,937	1,751,585
Bad and doubtful debts:		
Trade and other receivables	2,057	1,075
Rental expense on operating leases:		
Minimum lease payments	1,001,414	669,106
Total rental expense	1,001,414	669,106
Total expenses	**54,571,441**	**45,773,384**

NOTE 4 CASH AND CASH EQUIVALENTS

	2017 $	2016 $
CURRENT		
Cash at bank	192,158	158,194
Cash on hand	4,780	4,580
Cash at deposit	8,891,260	3,681,261
Total cash on hand as stated in the statement of financial position and statement of cash flows	**9,088,199**	**3,844,035**

NOTE 5 TRADE AND OTHER RECEIVABLES

	2017 $	2016 $
CURRENT		
Accounts receivable	2,082,742	506,972
Provision for doubtful debts (a)	(18,709)	(16,652)
	2,064,033	490,320
Other debtors		
Consumer fees	113,953	95,447
Total current accounts receivable and other debtors	**2,177,986**	**585,767**
(a) Provision for doubtful debts Movement in the provision for doubtful debts is as follows:		
Provision for doubtful debts as at 1 July 2015	15,576	
Charge for the year	1,076	
Written off	-	
Provision for doubtful debts as at 30 June 2016	16,652	
Charge for the year	2,057	
Written off	-	
Provision for doubtful debts as at 30 June 2017	18,709	

NOTE 6 INVENTORIES

	2017 $	2016 $
CURRENT		
At cost		
Inventory	185,318	156,817
	185,318	**156,817**

NOTE 7 OTHER ASSETS

	2017 $	2016 $
CURRENT		
Accrued Income	509,062	865,604
Prepayments	955,050	733,364
	1,464,112	**1,598,968**

NOTE 8 FINANCIAL ASSETS

	2017 $	2016 $
CURRENT		
Term deposits with original maturities greater than 3 months	14,000,000	11,000,000
Community Investments Fund	1,002,676	-
	15,002,676	**11,000,000**

NOTE 9 PROPERTY, PLANT AND EQUIPMENT

	2017 $	2016 $
LAND AND BUILDINGS		
FREEHOLD LAND AT COST		
Freehold land at cost	-	2,112,840
Independent valuation in 2017	2,064,839	-
Total land	**2,064,839**	**2,112,840**
BUILDINGS AT COST		
Buildings at cost	-	10,798,989
Independent valuation 2017	9,592,902	
Less accumulated depreciation	(7,404)	(337,395)
Total buildings	**9,585,498**	**10,461,594**
LEASEHOLD IMPROVEMENTS		
Leasehold improvements at cost	1,305,853	1,205,230
Less accumulated depreciation	(360,559)	(264,201)
Total leasehold improvements	945,294	941,029
Total land and buildings	**12,595,631**	**13,515,462**
PLANT AND EQUIPMENT		
Furniture and equipment		
At cost	14,464,352	12,486,810
(Accumulated depreciation)	(8,650,827)	(7,426,358)
	5,813,525	**5,060,452**
Motor vehicles		
At cost	2,724,738	2,336,076
(Accumulated depreciation)	(833,924)	(713,785)
	1,890,814	1,622,291
Total plant and equipment	**7,704,339**	**6,682,743**
Total property, plant and equipment	**20,299,969**	**20,198,205**
Capital work in progress	3,143,304	195,845
	23,443,274	20,394,050

NOTE 9 PROPERTY, PLANT AND EQUIPMENT *(CONTINUED)*

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 $
2016				
Balance at the beginning of the year	11,186,137	1,538,068	4,474,289	17,198,494
Additions at cost	2,642,660	916,351	1,648,673	5,207,684
Disposals	-	(456,388)	-	(456,388)
Depreciation expense	(313,335)	(375,740)	(1,062,510)	(1,751,585)
Carrying amount at the end of the year	**13,515,462**	**1,622,291**	**5,060,452**	**20,198,205**
2017				
Balance at the beginning of the year	13,515,462	1,622,291	5,060,452	20,198,205
Additions at cost	128,538	1,035,783	1,977,542	3,141,863
Disposals	-	(339,749)	-	(339,749)
Revaluations	(681,413)	-	-	(681,413)
Depreciation expense	(366,956)	(427,512)	(1,224,469)	(2,018,937)
Carrying amount at the end of the year	**12,595,631**	**1,890,813**	**5,813,525**	**20,299,969**

Asset revaluations

The freehold land and buildings were independently valued at 30 June 2017 by Herron Todd White. The valuation resulted in a revaluation decrement of $681,413 for the year ended 30 June 2017 of which $486,293 was written back to the asset revaluation reserve to fully utilise available reserves for the respective asset class and the remaining $195,120 was taken up as an impairment on buildings expense in the statement of profit or loss.

NOTE 10 TRADE AND OTHER PAYABLES

	Notes	2017 $	2016 $
CURRENT			
Accounts payable		1,848,976	1,481,725
Deferred income		2,653,181	301,881
Other current payables		10,931	5,015
GST payable		354,231	90,897
Accrued expenses		1,669,438	1,016,376
Accrued salaries and wages		1,280,125	1,001,821
	10(a)	7,816,881	3,897,715
(a) Financial liabilities at amortised cost classified as trade and other payables Accounts payable and other payables:			
Total current		7,816,881	3,897,715
GST payable		(354,231)	(90,897)
		7,462,650	3,806,818

NOTE 11 PROVISIONS

	2017 $	2016 $
CURRENT		
Provision for employee benefits: annual leave	2,502,352	2,126,506
Provision for employee benefits: long service leave	1,680,570	1,593,103
	4,182,922	**3,719,609**
NON-CURRENT		
Provision for employee benefits: long service leave	1,490,316	1,412,752
	1,490,316	1,412,752
	5,673,238	**5,132,361**

NOTE 12 CAPITAL AND LEASING COMMITMENTS

	2017 $	2016 $
(a) Operating lease commitments		
Payable – minimum lease payments:		
not later than 12 months	1,480,908	709,156
between 12 months and five years	2,687,115	1,756,315
later than five years	1,354,256	1,321,225
Minimum lease payments	5,522,279	3,786,696
(b) Capital commitments		
Churchill site development		
not later than 12 months	2,602,471	-
Total capital commitments	2,602,471	-

NOTE 13 CONTINGENT LIABILITIES AND CONTINGENT ASSETS

On 31 December 2015 the Victorian Stand Alone Community Health Service Award multiple enterprise agreement expired. A new agreement has not been ratified, and negotiations have not yet been finalised. There is a potential liability of $494,221 related to staff employed under this award as at 30 June 2017.

NOTE 14 EVENTS AFTER THE REPORTING PERIOD

No material events occurred after the reporting date.

NOTE 15 KEY MANAGEMENT PERSONNEL COMPENSATION

Key management personnel

Any person(s) having authority and responsibility for planning, directing and controlling the activities of the entity directly or indirectly, including any director (whether executive or otherwise) is considered key management personnel (KMP).

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

	2017 $	2016 $
Key management personnel compensation:	1,273,380	1,219,020

NOTE 16 CASH FLOW INFORMATION

	2017 $	2016 $
Reconciliation of cash flow from operating activities with net current year surplus		
Net current year surplus	9,815,304	4,857,247
Less capital income	(1,970,655)	(564,243)
Non-cash flows:		
Depreciation and amortisation expense	2,018,937	1,751,585
Fair value gain on investments in held-for-trading shares		
Gain on disposal of property, plant and equipment	172,226	3,501
Doubtful debts expense	2,057	1,075
Changes in assets and liabilities:		
(Increase)/decrease in trade and other receivables	(1,594,276)	(386,920)
Increase/(decrease) in trade and other payables	3,249,209	987,272
(Increase)/decrease in other assets	134,856	(951,399)
Increase/(decrease) in provisions	540,877	661,840
(Increase)/decrease in inventories on hand	(28,502)	7,084
	12,340,034	**6,367,042**

NOTE 17 FINANCIAL RISK MANAGEMENT

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

	Notes	2017 $	2016 $
FINANCIAL ASSETS			
Cash and cash equivalents	4	9,088,199	3,844,035
Loans and receivables	5	2,177,986	585,767
Held-to-maturity investments	8	15,002,676	11,000,000
Total financial assets		**26,268,861**	**15,429,802**
FINANCIAL LIABILITIES			
Financial liabilities at amortised cost:			
accounts payable and other payables	10(a)	7,462,650	3,806,818
Total financial liabilities		**7,462,650**	**3,806,818**

NOTE 18 RESERVES

(a) Asset revaluation reserve
The Asset Revaluation Reserve records the revaluations of non-current assets (land and buildings).

(b) Capital reserve
The capital reserve records funds allocated to capital projects.

(c) Community projects reserve
The community projects reserve records funds allocated to future board initiatives and community projects.

(d) General reserve
The General Reserve records funds allocated to deliver programs to the community.

(e) Available for sale financial asset reserve
The available for sale financial asset reserve records movements in share prices.

NOTE 19 RESPONSIBLE PERSONS DISCLOSURES

Board member	Related parties
Mark Biggs	Gippsland Primary Health Network
Carolyne Boothman	Gippsport
Executive management	
Ben Leigh	Gippsland Primary Health Network

During the year revenue of $792,585 was received from Gippsland Primary Health Network and revenue from Gippsport was $2,000. All transactions with related parties are per normal commercial terms and conditions.

NOTE 20 ENTRY DETAILS

The registered office of the entity is:
Latrobe Community Health Service Ltd
81-87 Buckley Street
Morwell 3840
Victoria

The principal place of business is:
Latrobe Community Health Service Ltd
81-87 Buckley Street
Morwell 3840
Victoria

NOTE 21 MEMBERS' GUARANTEE

The entity is incorporated under the Australian Charities and Not-for-profit Commission Act 2012 and is an entity limited by guarantee. If the entity is wound up, the constitution states that each member is required to contribute a maximum of $10 each towards meeting any outstandings and obligations of the entity. At 30 June 2017 the number of members was 22.

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

The directors have determined that the company is a reporting entity that does not have public accountability as defined in AASB 1053: Application of Tiers of Australian Accounting Standards and that these general purpose financial statements should be prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements.

The directors of the Company declare that, in the directors' opinion:

1. The financial statements and notes, as set out on pages 3 to 17, are in accordance with the Australian Charities and Not-for-profits Commission Act 2012 and:
   (a) comply with Australian Accounting Standards - Reduced Disclosure Requirements; and
   (b) give a true and fair view of the financial position of the registered entity as at 30 June 2017 and of its performance for the year ended on that date.

2. There are reasonable grounds to believe that the registered entity will be able to pay its debts as and when they become due and payable.

This declaration is signed in accordance with subs 60.15(2) of the Australian Charities and Not-for-profits Commission Regulation 2013.

Director _____

Mark Biggs

Dated this 26th day of September 2017

INDEPENDENT AUDITOR'S REPORT

To the Members of Latrobe Community Health Service Ltd

Opinion

We have audited the accompanying financial report of Latrobe Community Health Service Ltd, which comprises the statement of financial position as at 30 June 2017, the statement of profit or loss and other comprehensive income, statement of changes in equity, and statement of cash flows for the year then ended, for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and directors' declaration.

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

(i) giving a true and fair view of the company's financial position as at 30 June 2017 and of its performance for the year ended on that date; and

(ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements and the *Australian Charities and Not-for-profits Commission Regulation 2013.*

Basis for Opinion

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

We confirm that the independence declaration required by the *Australian Charities and Not-for-profits Commission Act 2012*, which has been given to the directors of the Company, would be in the same terms if given to the directors as at the time of this auditor's report.

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

Responsibilities of the Directors for the Financial Report

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

AUDIT & ADVISORY

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

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

In conducting our audit, we have complied with the independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012*. We confirm that the independence declaration required by the *Australian Charities and Not-for-profits Commission Act 2012,* which has been given to the directors of the company, would be in the same terms if given to the directors at the time of this auditor's report.

Rochelle Wrigglesworth
Director
GippsAudit Pty Ltd

Date: 26 September 2017
Place: Sale