Latrobe Community Health Service

Annual Report

2020-2021

Latrobe Community Health Service

"Each of us has our own unique path throughout life. This artwork represents that journey, with a particular focus on caring, health, community and the environment. The four pathways depict the diversity within our community, which is depicted as the large circle in the middle. The outreached hands represent care-giving and nurturing. The large U-shaped symbols represent our elders guiding us on our journey, and passing down knowledge to the smaller 'u' shaped symbols – acknowledging cultural principle exchange. The smaller circles depict the satellite communities across Gippsland. The gum leaves symbolise caring for Country and also encompass caring for people and culture."

– Dixon Patten, Yorta Yorta and Gunai man

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

We recognise and pay our respects to Elders – past, present and emerging – and their ongoing connections to country, and to all Aboriginal and Torres Strait Islander peoples and communities across Australia.

Contents

Latrobe Community Health Service is working towards developing stronger ties to the Aboriginal community.

About us

Purpose

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

Vision

Better health, better lifestyles, stronger communities.

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

Our values

Providing excellent customer service

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

Creating a successful environment

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

Always providing a personal best

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

Acting with the utmost integrity

Practice the highest ethical standards at all times.

Board Chair and CEO's statement

Ben Leigh
Chief Executive Officer

Judith Walker
Board Chairperson

The past financial year has been a tale of two halves. The coronavirus response dominated the last six months of 2020, but as the urgency that accompanied the early months of the pandemic response receded, in 2021 our organisation has sought to take back the initiative and drive forward our strategic plan.

We have now concluded the penultimate year of our 2017-2022 strategic plan, and we are steadily achieving the goals we set ourselves.

The coronavirus pandemic continued to shape our lives in 2020-21, and Latrobe Community Health Service played a vital role in the whole-of-community response. We established a pop-up COVID-19 testing site in Moe, where more than 2,500 people were tested for coronavirus between August 2020 and June 2021. We visited more than 3,500 households and supported approximately 4,000 people in Inner Gippsland and in the City of Monash to reduce their household risk for contracting COVID-19. Our primary health staff also helped the Victorian Department of Health and other community health services respond to COVID-19 outbreaks in other regions.

While coronavirus has undoubtedly challenged Latrobe Community Health Service, our staff and volunteers have responded magnificently, continuing to provide the health services our community relies on so much. However in the same time period the Board has become increasingly concerned about more conventional threats to our organisation's ability to operate effectively.

A range of state government initiatives continue to disproportionately impact how we deliver our community health services.

From the *Long Service Portability Act*, to the expanded audit powers granted to the Victorian Auditor General's Office, these initiatives have the same impact: they duplicate existing oversight mechanisms, they impose an excessive administrative and financial burden, and they erode our organisational sovereignty.

Latrobe Community Health Service has the scale and infrastructure to meet the obligations imposed by these new initiatives. However we are concerned that many other, smaller community health services cannot meet these new demands.

This report is testament to how transformative community health services can be. For example, Latrobe Community Health Service is now delivering a truly integrated healthcare experience for young people in the Latrobe Valley. We combined our children-specific services to create a Paediatric and Youth Hub, through which children, families and educational settings receive multidisciplinary treatment and advice. We co-locate some of these services where children and young people spend most of their time, including at headspace Morwell where young, expecting parents can now receive parenting support among other services.

Our service footprint expanded yet again in 2020-21. Our National Disability Insurance Scheme (NDIS) services in South Eastern Sydney officially began on 1 July, and Link Health and Community is now well and truly part of Latrobe Community Health Service. We experienced a 23 percent growth in the number of people with NDIS plans we support. Our dental client base in Monash has grown by more than 13,000 people, two-thirds of whom are children. Our Gippsland dental client base has grown by 4,800 people. And we continue to help more older Australians live safely and independently at home; our provision of Home Care Packages increased by more than 37 percent from the previous financial year.

Latrobe Community Health Service continues to champion the importance of research and technology to improve our service delivery. Our paediatrics team, which supports children with stuttered speech, trialled the use of an online system and SMS reminder to help parents deliver therapy at home. The online system improved our clinical oversight and helped parents track their child's progress, and our staff published a peer-reviewed article in the *Journal of Clinical Practice in Speech-Language Pathology*.

We also surveyed 600 Australians who live with disability, and their carers, about their everyday experiences when accessing their community. Half of the people we surveyed told us they don't feel included in their community – because of the physical environment and attitudes of others. We released a discussion paper based on our survey findings, and detailed a list of practical steps that government, businesses and other organisations can take to improve the lived experience of people with disability.

Together, our strategic priorities seek to deliver on one overarching purpose: to improve the health and social wellbeing of the people and communities we serve. We have therefore been building our capacity to measure our client outcomes consistently across the organisation. This will allow us to understand whether we are improving the health and wellbeing of our clients, and identify where our service delivery must improve.

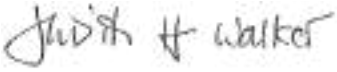
Five programs are now measuring at least one client outcome, six programs are undergoing a trial, and six others are developing the tools and training to start measuring client outcomes consistently. Our goal is to use this information to drive improvement in the quality of our services.

The membership of the Board and its committees remained steady over the year, but we would like to welcome Petra Bovery-Spencer to her role as a non-Board Director on the Board Quality and Safety Committee. Petra brings extensive experience to her new role, including past experience as a Latrobe Community Health Service manager.

We have a steadfast commitment to completing the strategic plan we set out in 2017. We enter the final year of the plan with great pride in our staff and our volunteers, who continue to deliver our other essential health and community care services to such a high standard. Whether providing telehealth appointments from home, or delivering face-to-face healthcare onsite, our workforce remained as dedicated as ever. We thank each and every one of you for your resilience and commitment over the past twelve months.

Ben Leigh
Chief Executive Officer

Judith Walker
Board Chairperson



Financial summary

Latrobe Community Health Service delivered a net surplus of $14.3 million and retained a strong financial position in 2020-21. This included an extraordinary income item of $10.6 million, which represents the transfer of assets and liabilities resulting from the merger of Link Health and Community into LCHS. The financial ratios and cash position remained healthy and within financial strategy benchmarks during the year.

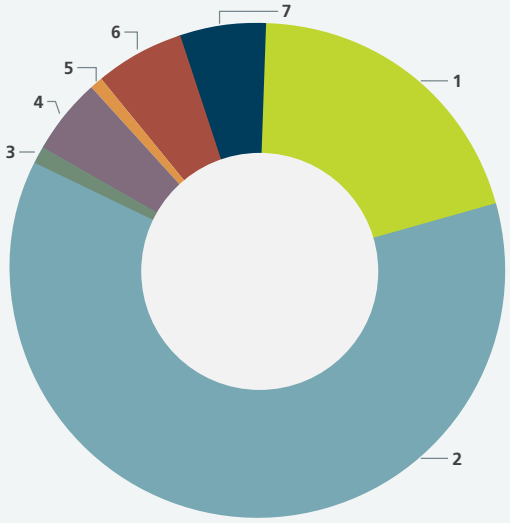
Operating results

Our operating result for the year, excluding capital income and the Link merger, was a surplus of $3.7 million. Operating revenue, excluding capital grants and the Link merger, increased by 31.7 percent to $153.3 million.

Commonwealth revenue increased by 33.7 percent to $101.8 million and now represents 66.4 percent of operating income received. This is primarily the result of National Disability Insurance Scheme (NDIS) revenue for 2020-21, which contributed $66.7 million (2019-20: $47.1 million). This included $15.8 million of NDIS revenue for programs that joined from Link Health and Community.

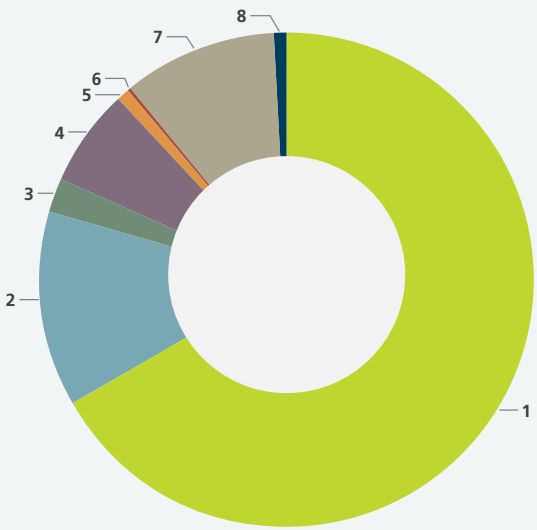
Operating expenditure increased by 31.2 percent ($35.6 million) to $149.5 million. This was principally due to an increase in employment expenses, which showed the largest increase with an additional $28.3 million spent during 2020-21.

Total revenue 2020-21



1. Department of Health and Human Services **18.3%**
2. Commonwealth Government **62.1%**
3. Other **1.1%**
4. Client fees **4.2%**
5. Interest **0.5%**
6. Other government grants **7.2%**
7. Link merger **6.5%**
8. Rental **0.0%**
9. Capital grants **0.0%**

Total expenditure 2020-21



1. Employee benefits **71.0%**
2. Brokerage client services **10.1%**
3. Contract labour **1.9%**
4. Depreciation **5.9%**
5. Motor vehicle costs **0.6%**
6. Operating leases **0.04%**
7. Program administration costs **9.8%***
8. Utilities **0.6%**

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

Net results

After taking into consideration capital grants and the Link merger, Latrobe Community Health Service's overall net result for the 2020-21 financial year was a surplus of $14.3 million.

	2020-21 ($M)	2019-20 ($M)	2018-19 ($M)	2017-18 ($M)	2016-17 ($M)	2015-16 ($M)	2014-15 ($M)	2013-14 ($M)
Net Results								
What we receive - revenue	153.3	116.4	117.7	96.1	62.4	49.7	44.1	43.6
What we spent - expenses	149.5	113.9	105.3	86.1	54.5	45.8	41.2	43.9
Operating result for the year	**3.7**	**2.5**	**12.4**	**10.0**	**7.8**	**4.0**	**2.9**	**(0.3)**
Plus Link merger	10.6	-	-	-	-	-	-	-
Plus capital grants received	-	0.0	0.1	2.5	2.0	0.9	1.1	2.4
Net result for the year	**14.3**	**2.5**	**12.5**	**12.5**	**9.8**	**4.9**	**4.0**	**2.1**

Assets and liabilities

Latrobe Community Health Service's total assets increased by $47.4 million. This consists of an increase in current assets of $26.9 million due mostly to cash held for regular programs that will be completed in future years; these grants have been recognised as current liabilities. Non-current assets increased by $17.3 million with this relating to $11 million of assets that were acquired from Link Health and Community and a $9.5 million increase in the valuation of land and buildings.

Liabilities increased by $22.5 million. This consists of an $18 million increase in unexpended grants and income received in advance. In addition to this, there was also a $4.1 million increase in leave provisions with the growth in staff numbers during 2020-21, including provisions for staff who have joined from Link Health and Community.

	2020-21 ($M)	2019-20 ($M)	2018-19 ($M)	2017-18 ($M)	2016-17 ($M)	2015-16 ($M)	2014-15 ($M)	2013-14 ($M)
Assets and Liabilities								
What we own - assets	146.2	98.8	84.7	68.2	51.4	37.6	31.1	27.0
What we owe - liabilities	64.2	41.7	21.7	17.7	13.5	9.0	7.4	6.9
NET ASSETS	**82.0**	**57.1**	**63.0**	**50.4**	**37.9**	**28.5**	**23.7**	**20.1**
Working capital ratio								
Current assets/current liabilities	1.79	2.13	2.88	2.54	2.33	2.26	1.93	1.59
Debt Ratio								
Total liabilities/total assets	44.19%	42.48%	35.56%	26.01%	26.27%	24.03%	23.75%	25.52%

	2020-21 ($M)	2019-20 ($M)	2018-19 ($M)	2017-18 ($M)	2016-17 ($M)	2015-16 ($M)	2014-15 ($M)	2013-14 ($M)
Cash flow including financial assets								
Cash flow from operating activities	26.9	11.7	21.5	16.5	12.3	6.4	6.0	(0.2)
Cash flow from investing activities	4.3	(2.6)	(4.6)	(6.1)	(2.1)	(2.5)	(2.0)	(5.0)
Cash flow from financing activities	(4.3)	(3.5)	-	-	-	-	-	-
Cash and cash equivalents at Beginning of period	58.1	52.4	35.5	25.1	14.8	11.0	7.0	12.3
Cash and cash equivalents at end of period	**85.0**	**58.1**	**52.4**	**35.5**	**25.1**	**14.8**	**11.0**	**7.0**

Board and governance

Latrobe Community Health Service is incorporated under the *Corporations Act 2001* as a Company Limited by Guarantee and is regulated by the *Australian Charities and Not-for-profits Commission Act 2012*. It is also registered with the Victorian Government as a community health service.

It is governed by a skills-based Board of up to nine directors who are elected by Latrobe Community Health Service members or appointed by the Board.

Professor Judith Walker

Board Chairperson

PhD, Grad Dip Ed, BA Hons, FACE, AICD

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

Judi has had a long, satisfying and amazing career in higher education leadership, academic and public sector governance, and strategic policy development across Victoria and Tasmania. Currently, she holds a part-time position as Professor Rural Health in the School of Medicine, University of Tasmania and honorary professorial positions at Monash and Federation universities. Judi is governance consultant to the Beacon Foundation, developing and implementing a sustainable community wellbeing governance model. In 2020-21 she was involved in a multi-university cohort study of the COVID-19 outbreak among healthcare workers in northwest Tasmania and was Lead of an action research project taking a population health approach to the prevention and management of chronic health conditions. Judi is the inaugural Board Chair of Health Consumers Tasmania.

Judi is outgoing Principal Co-Investigator of the Hazelwood Long Term Health Study, investigating the health impact of the 2014 Hazelwood open cut brown coal mine fire in the Latrobe Valley, Victoria. The team developed a unique multidisciplinary, inter-institutional research program based on strong engagement with the local community. She led the Older Persons Research Stream and developed the study's community engagement and governance activities.

Stelvio Vido

Deputy Board Chairperson

BCom, LLB, MBA, GAICD

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

Stelvio is an experienced Board Director with more than 20 years' Board experience across a range of sectors including health and human services, group training and employment services, community legal aid and TAFE. He also has extensive executive experience having worked in senior roles in community organisations, management consulting, local government and commercial media. His most recent executive role was CEO of Spectrum Migrant Resource Centre. Since then he has focused on governance roles in 'for purpose' organisations.

Stelvio is currently a Director of AMES Australia, Family Planning Victoria, Windana Drug and Alcohol Recovery Ltd. and Lengo Football Academy.

Nathan Voll

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

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

Nathan has more than 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 Eastern 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 for six years. He is also a member of the Latrobe Health Risk and Investment Committees and the Chair of the Audit Committee. Nathan is an independent member of the Gippsland Primary Health Network, Risk and Finance Committee, a former Director and member of the WGHG Audit Committee and Clinical Governance Committee and was previously on the Faculty of Education Board at Monash University. Nathan is a Fellow of CPA Australia (Certified Practicing Accountant) and a Fellow of the AICD.

Joanne Booth

Grad Cert Internal Audit, Grad Australian Institute of Company Directors, Cert Governing Non-Profit Excellence, Master Public Health, Grad Dip Occupational Health, Bachelor Arts, Advanced Cert Nursing, Cert General Nursing

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

Joanne is committed to improving health and social outcomes for disadvantaged people and communities. Joanne has a background in public health and policy and has worked extensively in the health, public and not-for-profit sectors, and operates a governance and risk management consultancy. Joanne currently serves as Independent Chair Nominations Committee Western Victoria Primary Health Network, Independent Member VicHealth Finance, Audit and Risk Committee and Independent Member Latrobe City Council Audit Committee. Previous appointments include Chair East Gippsland Water Corporation, Chair Gippsland Lakes Community Health and non-executive directorships with Victorian Healthcare Association, Access Health and Community and Workways Australia.

Placido Cali

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

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

Placido has more than 17 years' experience in areas of finance, strategic development and corporate growth. Working in senior roles within the pharmaceutical and technology sectors, Placido has helped companies grow from local organisations to nationally-recognised brands.

Mark Biggs

BA (SocSci), Grad Dip Counselling Psychology

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

Mark has an extensive management career in the primary health and community services sector including child protection, youth, disability, occupational rehabilitation and project management. He has expertise in strategic planning, policy, risk and business management and is skilled in governance, quality assurance and compliance. Mark is on the Board of Lyrebird Village for the Aged. Mark was a Board Director of Latrobe Regional Hospital for nine years holding positions of Deputy Chair and Audit Chair, and was a Board Director of the Gippsland Primary Health Network. Mark served as Latrobe Community Health Service Board Chairperson from 2016 until 2019.

Murray Bruce

LLB, BA (Political Science), GAICD

Board Director since 2018; Member of the Board Quality and Safety Committee; Member of the Board Community Investment Committee.

Murray is an experienced commercial lawyer and government executive with extensive experience in commercial law, administrative law, contract management, procurement and compliance. From 2010 until 2014, he was employed by the Department of Health and Human Services undertaking roles as the Director of the Victorian Bushfire and Flood Appeal Funds, Principal Risk Advisor and Acting Director Contract Management and Procurement Branch. Prior to this Murray was a senior solicitor in the Victorian Government Solicitor's Office and also developed policy, legislation and Ministerial Orders at Consumer Affairs Victoria. He worked in private practice as a Barrister and Solicitor for Martin, Irwin & Richards Lawyers in Mildura from 2004 until 2007. Recently, he managed the Commercial and Property Law Division of the Department of Education and Early Childhood Development, and he has served on the Board of the Gippsland Primary Health Network for the past three years.

Bernadette Uzelac

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

Board Director since 2019; Member of the Board Governance Committee; Chair of the Board Nominations Committee.

Bernadette is the former Chief Executive of the Geelong Chamber of Commerce and previously operated a successful recruitment and human resources company, growing it from a regional start-up business to operating internationally for multinational clients and joint ventures in Hong Kong and Singapore. She has a strong commercial and entrepreneurial background with skills in business development and marketing, brand management, strategic planning, human resources, change management, government relations, stakeholder engagement and media. Bernadette currently has several Victorian Government Ministerial Board appointments including Trustee of the Kardinia Park Stadium Trust, Chair of the Kardinia Park Advisory Committee and Trustee of the Geelong Cemeteries Trust. She is also a member of the Telstra Victorian Regional Advisory Council. Bernadette previously served as Chair of the Victorian Small Business Ministerial Council, Chair of the Geelong Tech School Committee, Board Member of G21 Geelong Region Alliance and Deputy Chair of the Committee for Geelong.

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

Board committees

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

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

Board Audit and Risk Committee

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

The terms of reference relate to:

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

The committee includes two independent non-Board Directors:

Tanya James

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

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

Rob Setina

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

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

Board Quality and Safety Committee

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

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

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

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

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

The Board Quality and Safety Committee includes two non-Board Directors:

Kaye Borgelt (BQSC)

GAICD, Master of Health Sciences (HIM), Grad. Cert Management of Organisational Change, Assoc. Dip Medical Record Administration, HIMAA

Kaye has more than 30 years of experience working in rural public health services. Over her 20 years at West Wimmera Health Service, Kaye was the Director of Health Information Services, Executive Director of Corporate and Quality Services, and Executive Director of Primary and Preventative Health. She has a depth of experience in quality and safety and primary and preventative health, including meeting the needs of culturally and linguistically diverse communities in her catchment areas resulting in her new services program being shortlisted as a finalist in the 2016 Victorian Public Healthcare Awards – "Excellence in CALD Health". In 2018-19 Kaye worked as a Volunteer Health Information Manager in the Pacific Island nation of Tuvalu and is now employed as a Health Data Analyst at the Gippsland Primary Health Network (GPHN).

Petra Bovery-Spencer (BQSC)

B.A Science (physiotherapy), Grad Cert Management

Petra is a qualified physiotherapist with management experience in the health industry across a number of sectors, private and public. She is a former Senior Program Advisor at the Department of Health and Human Services and a former Manager and Acting Executive Director of Latrobe Community Health Service in the Primary Health directorate (ten years), including experience on the Clinical Governance Committee. Petra has been actively involved in many committees focused on improving the services and outcomes for those living and working in rural communities and is committed to ensuring people in rural and remote communities have equitable access to health services and improved health outcomes. She has a particular interest in the innovative development of workforce and service models that deliver evidence-based services.

In 2020-21, the Board Quality and Safety Committee was also informed by the work of Latrobe Community Health Service's Consumer and Community Participation Committee. The committee facilitated consumer or community representative feedback to the organisation to influence health services, policy, systems and service reform from the consumer perspective.

This included:

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

The committee's membership consisted of four community representatives and three Latrobe Community Health Service staff members. The community representatives were:

- Bec Taylor
- Peter Corser
- Bev Mason (resigned in January 2021)
- Janet O'Keeffe (resigned in January 2021).

Our Consumer and Community Participation Committee met twice during 2020-21. In 2021-22 the committee will transition to a Client and Family Advisory Council, with our existing members invited to join the steering group for the new council.

Board Governance Committee

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

- matters relating to the composition, structure and operation of the Board and its committees
- matters relating to CEO selection and performance
- remuneration
- other matters as required by the Board.

Board Nominations Committee

The Board Nominations Committee provides advice and recommendations to the Board on specified matters as set out in the Latrobe Community Health Service Constitution. These include conducting searches for 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 two non-Board Directors:

Angela Hutson

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

Angela served on the Board of Bairnsdale Regional Health Service for 17 years and was Board Chair for six years. She is currently a Board Director of Workways Australia, East Gippsland Water, TAFE Gippsland and GunaiKurnai Traditional Owner Land Management Board. Angela has a depth of experience in establishing skills matrices, developing Board capability profiles, the recruitment and shortlisting process and has a strong background in governance and executive leadership. She is FAICD.

John Guy, OAM JP

Grad. Dip. Personnel Admin, Latrobe Community Health Service Board Director September 1997-2018, Chairperson 2002-04 and 2008-16, Member of the Board Nominations Committee 2020

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

Board Community Investment Committee

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

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

Board attendance

Details of attendance by Board Directors and non-Board Directors of Latrobe Community Health Service at Board, Board Audit and Risk Committee, Board Quality and Safety Committee, Board Governance Committee, Board Nominations Committee and Board Community Investment Committee meetings held during the period 1 July 2020 – 30 June 2021, are as follows:

	Meetings											
	Board		Board Audit and Risk Committee		Board Quality and Safety Committee		Board Governance Committee		Board Nominations Committee		Board Community Investment Committee	
	A	B	A	B	A	B	A	B	A	B	A	B
Judith Walker	10	10	4^	4^	4^	4^	4^	4^	-	-	1	1
Stelvio Vido	10	10	-	-	4	4	4	4	-	-	-	-
Joanne Booth	10	10	4	4	-	-	4	4	-	-	1	1
Mark Biggs	10	10	-	-	3	3	1	1	2	2	-	-
Nathan Voll	10	10	4	4	-	-	4	4	-	-	-	-
Murray Bruce	10	9	-	-	4	3	-	-	1	1	1	1
Bernadette Uzelac	10	10	-	-	1	1	3	3	3	3	-	-
Placido Cali	10	8	4	3	-	-	-	-	3	2	-	-
	Non-Board Director members											
Tanya James	-	-	4	4	-	-	-	-	-	-	-	-
Rob Setina	-	-	4	4	-	-	-	-	-	-	-	-
Kaye Borgelt	-	-	-	-	4	4	-	-	-	-	-	-
Petra Bovery-Spencer	-	-	-	-	2	2	-	-	-	-	-	-
Angela Hutson	-	-	-	-	-	-	-	-	3	3	-	-
John Guy	-	-	-	-	-	-	-	-	3	3	-	-

Notes:

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

Column B: Indicates number of meetings attended.

^ Board Chair will on occasion attend Board committees as ex-officio

- Petra Bovery-Spencer was appointed as non-Board Director on the Board Quality and Safety Committee in December 2020.

Risk management

Latrobe Community Health Service maintains a robust and flexible risk management framework that supports future growth, a safe environment and compliance with relevant legislation, regulations and standards. This framework both promotes and is supported by a strong risk culture in which staff are able to identify and respond to emerging risks. The Latrobe Community Health Service Board oversees the organisation's risk management via the Board Audit and Risk Committee and the Board Quality and Safety Committee.

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

- quality of care
- infection control
- occupational health and safety
- business continuity
- management of facilities
- financial position
- growth and innovation.

A strong risk culture at Latrobe Community Health Service means that all risks are adequately managed; incidents are promptly reported, responded to and resolved; staff complete mandatory training; and our clients receive high-quality and safe healthcare.

Organisational structure

Ben Leigh

Chief Executive Officer

Rick Davies

Executive Director
Corporate

Reports

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

Andrina Romano

Executive Director
Primary Health

Reports

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

Alison Skeldon

Executive Director
Aged and Community Care

Reports

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

Vince Massaro

Executive Director
NDIS Services

Reports

- Regional Manager North West Victoria Local Area Coordination (LAC)
- Regional Manager South East Victoria and South Eastern Sydney LAC
- Regional Manager Early Childhood Early Intervention (ECEI)

Key enablers

When the 2017-22 strategic plan was developed, we identified areas for organisational focus that would be precursors to our strategic success.

Coined 'key enablers', these are the backbone of our day-to-day operations. The two areas of focus are service excellence and internal organisation.

Service excellence

Capturing client voice drives service excellence

When we know whether our clients have had a good or bad experience with our service, and why, we can use that knowledge to keep doing what we do well, and improve on what we're not doing so well. This is what drives service excellence.

Latrobe Community Health Service has a formal feedback management process that outlines how clients can submit feedback, and how our organisation responds to that feedback. We proactively seek feedback in many ways, including through client surveys and a Consumer and Community Participation Committee. Our governance team analyses feedback trends and improvement opportunities, and reports these to our Board Quality and Safety Committee.

Latrobe Community Health Service values all kinds of feedback – it is essential to delivering service excellence. In fact, feedback management is one of the nine domains we recognise as key to delivering safe and high quality services. While many of our feedback gathering processes have held us in good stead when capturing and responding to our client voices, we wanted to implement a more engaging way for both staff and clients to inform service improvements across our organisation.

In 2020-21, we undertook several steps to better capture our client voices. We:

- developed a consumer survey framework, which ensures we consistently capture client feedback and act on it appropriately
- started to transition our Consumer and Community Participation Committee into a Client and Family Advisory Council to better reflect the client-centred services we aim to provide
- developed a customer experience strategy, which outlines the many ways we capture our client voices, measure our client experiences, and implement improvements.

Consumer Survey Framework

We think we can do better to understand our consumers' needs and experience of our services. So in 2020, led by our governance team, we:

- assessed what surveys we already distributed
- understood how we did surveys
- worked with an external consultant to learn the best ways to develop consumer surveys for our diverse community.

These steps allowed us to develop a consumer survey framework for our staff to use when creating surveys for our clients, carers and community members. The Latrobe Community Health Service Consumer Survey Framework promotes a consistent, coordinated and evidence-based approach to collecting feedback as part of our broader consumer engagement and ongoing quality improvements. It will guide the development and distribution of consumer surveys across all of our public-facing programs for many years to come. We will launch the framework in July 2021.

Client and Family Advisory Council

During a 2019 study tour to the United States and Canada, CEO Ben Leigh met with the Thunder Bay Regional Health Sciences Centre to learn about their Consumer Engagement and Patient Family Advisory program. The program consists of people who have received care within the last two years. They influence the policies, programs and practices at Thunder Bay Health based on their experience. This may be a one-off conversation with a healthcare provider, or involve ongoing participation in a working group, committee or team.

Latrobe Community Health Service already turns to its Consumer and Community Participation Committee for insight into the experience of health consumers and community members. However, this committee provides a collective insight and meets on a quarterly basis. The patient family advisory model is a more engaging, person-centred and timely way to learn how our services impact people, so we can improve the care experience for others.

We have consulted with Thunder Bay Health, the Latrobe Health Advocate, Gippsland Primary Health Network and our Consumer and Community Participation Committee members, and we will move towards a similar patient family advisory model in 2021-22. Our existing committee will transition into the Latrobe Community Health Service Client and Family Advisory Council. A newly-created role of Client and Family Experience Officer will establish and coordinate the council, with our current members providing input as part of the steering committee.

Customer Experience Strategy

Latrobe Community Health Service's third strategic priority is to innovate to improve client outcomes. We recognise service excellence is a key enabler of improving client outcomes, and to achieve service excellence, we must deliver great client experiences.

We have therefore focused our efforts over the past three years on putting our clients at the centre of everything we do. We have developed, tested and implemented the Service Design Framework. We have established the Consumer and Community Participation Committee, and approved its transition into a more engaging Client and Family Advisory Council. We have reviewed how we collect and respond to feedback, and we developed a consumer survey framework to do this in a more consistent and meaningful way. We have also trialled the use of a Net Promoter Score across some of our services to measure client experiences.

Our newly-developed Customer Experience Strategy is the overarching framework that guides our client experience activities across Latrobe Community Health Service. It brings together all of the work we do to understand and learn from our client experiences, and how we act on this information to improve our services and in turn, our client outcomes. The strategy is set to launch in 2021-22.

Co-designing improvements

In 2018, Latrobe Community Health Service developed a tool that could help us find out how our clients experience our services. Named the Service Design Framework, this tool allows us to do two things:

1. Give our clients direct input into their service delivery and care, because clients know best what they need.

2. Co-design service improvements with clients and staff, using a 'plan, do, study, act' methodology.

Since we developed the Service Design Framework, we have:

- asked more than 250 clients and 70 staff members about what we do well, and what we can do better

- run more than 25 focus groups to brainstorm solutions

- co-designed and implemented more than 50 improvements across 30 client-facing services and three internal business functions (our ICT, facilities and fleet, and marketing and communications support teams).

The Service Design Framework has proved crucial in helping us deliver service excellence at every touch point a client has with our organisation. Whether it's picking up the phone to book an appointment, seeing a doctor or a podiatrist for treatment, or reading about rights and responsibilities as a client – our Service Design Framework allows us to delve into these areas to ensure every stage of the client experience is high quality. Three years since developing the framework, including an initial 12-month pilot, it is now well and truly embedded in our business-as-usual operations.

Latrobe Community Health Service is a National Disability Insurance Scheme (NDIS) partner in the community. We help people who are eligible for the scheme to develop a plan that includes funding for disability support services and equipment. We provide information about the different services, community activities and equipment available, and we help people with NDIS plans start their funded services and obtain their funded equipment.

In 2020-21, we interviewed 15 people with disability who receive NDIS planning and community connection services from our team in Inner Eastern Melbourne. We are often an NDIS participant's first point of contact, so we need to ensure they can contact us easily and get the information they need. About 80 percent of the people we spoke to said this usually happened. However, others reported gaps in our service, including sometimes not hearing back from their known contact person.

To address this, we implemented a new process to ensure we respond to everyone within one business day. A three-month review of our new process found:

- We resolved 92 percent of calls on the day of initial contact.

- Most people receive a call back from our staff members within one day, and their query is resolved.

We are now working on rolling out the same process across all of our NDIS service areas.

At Link Health and Community, we have a team of allied health clinicians who help people manage their diabetes. People with diabetes can see a diabetic nurse educator, dietitian, podiatrist, exercise physiologist and / or physiotherapist at our Link sites.

During a service design review, we found our appointment reminder system differed depending on whether someone was seeing a podiatrist or another allied health professional. Some clients weren't given the option to have an appointment reminder sent via text, and others had a reminder slip to phone and book an appointment themselves.

We co-designed and implemented a standard SMS reminder system for all allied health clients, and now everyone receives text reminders for their upcoming appointments.

Our Service Excellence Officer presented our Service Design Framework to the Australian and New Zealand Consumer Health Forum in March 2021. Feedback at the forum confirmed Latrobe Community Health Service is leading the way in capturing the voices of our clients, and using co-design thinking to plan service improvements.

Service excellence stems from well-trained staff

Latrobe Community Health Service continues to invest in education and training for our staff, without whom we could not deliver vital services, let alone service excellence. In 2020-21, our workforce completed more than 9,000 training and professional development sessions. This included eLearning modules that cover health literacy, family violence identification, and child safety standards. Forty-eight leaders underwent decision-making and change management training, and dozens of emerging and existing leaders participated in three virtual workshops that focused on managing their own wellbeing during times of stress, and connecting with other people.

Training retains local dental workforce

No one knows about the challenges of learning new skills quite like the Latrobe Valley's Frank Berend.

The former Hazelwood Power Station worker is now a fully-qualified dental technician after he completed a three-year Diploma in Dental Technology.

"I can honestly say it has been one of the hardest things I've ever done," Frank says.

"I thought my fine motor skills were okay, but on my first day I was asked to carve a tooth from wax, and I thought, 'what have I gotten myself into?' – it didn't get any easier, but was worth the hard work!"

Frank is the first person to undergo a dental technician traineeship at Latrobe Community Health Service.

When Hazelwood Power Station closed in 2017, Frank left the power industry with more than 30 years' experience but without industry-recognised qualifications. He hoped the health sector would provide better opportunities for long-term employment.

Frank learnt on the job at the Latrobe Valley University Training Clinic and Dental Prosthetics Laboratory in Churchill, and completed his studies under a Memorandum of Understanding with RMIT University.

"Prior to the creation of our new, state-of-the-art laboratory, we were only able to recruit fully-trained and qualified dental technicians from Melbourne," Dental Services Manager Jenny Juschkat says.

"We made the strategic decision to operate the lab as a training facility with RMIT University. This allows for the majority of training and assessments to be completed at Churchill, meaning our staff don't need to travel to Melbourne for study or block placements," she says.

"Frank is a great success story from this partnership."

Frank is now a permanent Latrobe Community Health Service employee, fabricating dentures at the Churchill laboratory and building on the experience he gained during his traineeship.

Two more trainee dental technicians will complete their diploma in 2021, growing Churchill's permanent dental workforce to 12 staff members.

"Our increased manufacturing capacity in the Latrobe Valley not only enables us to employ and train more local staff, but we are also able to deliver high-quality, locally-made dentures to more people," Jenny says.

Latrobe Community Health Service has a commercial contract to produce prosthetic dentures for Bass Coast Health, and in 2021 we started producing dentures for Link Health and Community clients in Melbourne.

Dental appointments at our Churchill health centre have also increased from 102 in 2016 to an average of 2,500 a year since the revamped facility opened.

Internal organisational focus

Responding to our staff

Every year, we distribute a confidential staff survey to understand how our staff feel about working for our organisation, and what we can do to support them in their roles. Just as we do with client feedback, we analyse the feedback from our staff and develop an action plan in response.

Our 2020 staff survey offered some fresh perspectives, with staff from Link Health and Community and our new offices in South Eastern Sydney taking part for the first time. The survey showed almost 70 percent of our workforce believes Latrobe Community Health Service is a 'truly great place to work'. The survey also reinforced Latrobe Community Health Service's culture of 'ambition', a positive recurring theme for our organisation over the past three years.

Over the past 12 months, we have been busy implementing our staff survey response plan, which has the following themes:

- more support and training for managers
- improved change management
- internal promotion of how our corporate teams can help client-facing programs
- clearer links between performance and quality service.

Workforce planning helps us prepare for future

Latrobe Community Health Service has had a workforce plan for many years. Led by our People, Learning and Culture team, the plan helps us recruit high-quality staff, grow strong leaders, and build a culture of success.

For the past 12 months, we have focused our workforce activities on:

- Leadership - we support our managers with one-on-one coaching and leadership development sessions.
- Staff reward and remuneration - we are researching new reward and recognition platforms where colleagues can highlight the achievements of others.
- Culture - we are working towards being an employer of choice.
- Recruitment - we have introduced career pathways in specific areas to allow more staff members to grow professionally within our organisation.
- Technology - we are rolling out new and improved platforms for staff to request leave, submit timesheets, and log training and development.

Managing information in a more consistent way

Our ability to deliver high-quality services relies on our staff recording and accessing information that is complete, accurate and reliable. Our workforce does this with the support of our ICT and records management teams, who oversee our information management processes. These teams help staff handle health and business records in a secure and suitable way, and ensure our systems and processes adhere to the latest privacy and record-keeping legislation.

An independent review of our processes identified we could benefit from an electronic document and record management system, which consolidates the way we store, transfer, and archive corporate documents across the organisation. In essence, this system could help us better manage who accesses certain records, how we classify our documents, and when we can dispose of our records. This results in better security for our business and health information.

Not only did we want to strengthen access, security, classification and disposal of our corporate records, but we wanted staff to do this in a way that would save them time when finding, sending and saving information.

An electronic document and record management system allows teams to create one document that all users can access. One user can 'check out' the document to proof-read and edit, and 'check in' the document and prompt another user to approve their changes. Instead of attaching documents in emails, staff send links to the latest version, make their comments in the shared system, and save newer versions without deleting the first draft. There is now a record of how that document was created, edited and approved. The new system automatically ensures our documents are retained in line with our retention and disposal schedule which guides the length of time a document is kept.

After a comprehensive procurement process, we selected our preferred system and employed an Information Management Coordinator to implement and manage our chosen system. Our first group of staff started using our new system in September 2020. By Christmas, five corporate teams were using it. By June 2021, the entire Corporate directorate and Executive suite had transitioned, with the rest of the organisation scheduled to start using it by August 2021.

130 users

24 training sessions

19,500 documents and emails registered in our new official repository for organisational records

Our new electronic document and record management system is estimated to improve staff productivity by at least 1.3 hours a week for every full-time-equivalent staff member, providing a productivity improvement valued at $1.26 million a year.

Family violence awareness and response remains front and centre for our staff

Victoria's Royal Commission into Family Violence was tasked with finding solutions to prevent family violence, better support victim survivors, and hold perpetrators to account. In response to the 227 Royal Commission recommendations, the government developed a 10-year industry plan for family violence prevention and response in Victoria. This plan covers workforce requirements for all government and non-government agencies and services that have or will have responsibility for preventing or responding to family violence.

Latrobe Community Health Service is a non-government agency that has many responsibilities under this plan.

The government also created a family violence information sharing scheme, a child information sharing scheme, and Multi Agency Risk Assessment Management (MARAM) framework in response to the Royal Commission. Embedding the two information sharing schemes and the MARAM framework into legislation aims to provide greater consistency of family violence identification, assessment and risk management.

As of 18 April 2021, Latrobe Community Health Service is a prescribed organisation at law under all three schemes. We have worked hard to ensure our client-facing staff are aware of their new responsibilities to support women and children who are experiencing family violence. Through training and awareness campaigns, we have supported all staff to understand the behaviours and actions that constitute family violence.

During 2020-21, we took several steps to ensure our organisation and our staff are well-positioned to meet our legislative responsibilities.

To date, we have:

- mapped our workforce against the relevant responsibilities outlined in the MARAM framework
- developed an organisational family violence plan to help us identify, respond and prevent family violence
- delivered an eLearning module to 1,394 staff to support an understanding of behaviours that constitute family violence and evidence-based risk factors
- reviewed program procedures to incorporate MARAM and information sharing responsibilities
- developed client reporting systems that will help us meet our record-keeping obligations
- inserted responsibility statements into staff position descriptions, so all of us are aware of our new responsibilities
- created a support plan for staff members who experience family violence
- launched a family violence and child safety intranet page to guide understanding and practice
- established a team that provides secondary consultation and advice for staff who are responding to child safety or family violence concerns
- implemented MARAM and information sharing training for teams who deliver specialist family violence, integrated family services, and alcohol and other drug services
- conducted 'Communities of Practice' for alcohol and other drug staff so our workforce is familiar with best practice family violence assessment and risk management
- scheduled MARAM training for all managers.

In 2021-22, we will:

- provide MARAM and information sharing training and practice support to all staff who work with clients, including dentists, physiotherapists and NDIS planners
- strengthen our quality improvement processes, including audits of our family violence and child safety practices
- work with staff to identify and keep perpetrators of family violence in view.

Renewing our commitment to Aboriginal health and wellbeing

For many years, Latrobe Community Health Service's approved Reconciliation Action Plan (RAP) has guided our efforts to build a culturally sensitive and safe organisation. Following a 2020 review in consultation with Aboriginal staff, we have moved away from our RAP approach, towards the creation of an Aboriginal Health and Wellbeing Strategy.

In 2020 we formed an Aboriginal Health and Wellbeing Working Group to realise the development and implementation of our strategy. Our working group has 20 members, three of whom identify as Aboriginal. The working group is guided by the principles within Korin Korin Balit-Djak (Victoria's Aboriginal Health, Wellbeing and Safety Strategic Plan 2017-2027) and the Victorian Aboriginal Affairs Framework.

Through our working group and strategy, we hope to help empower Aboriginal people and communities' self-determination towards a healthy and safe future.

We want to be an organisation that Aboriginal and Torres Strait Islander people recognise as a culturally safe place to access services and seek employment. We currently employ about ten people who identify as Aboriginal or Torres Strait Islander, but we understand many may not wish to disclose their cultural identity. Our focus is therefore on how we support Aboriginal and Torres Strait Islander people in the workplace, and in developing stronger ties to the broader Aboriginal community.

A number of community Elders who were part of our RAP committee continue to provide guidance and support our new approach. These Elders will inform the direction of our official Aboriginal Health and Wellbeing Strategy. We will turn to these Elders for insight into what self-determination means for Aboriginal people, and to help us align our strategy with the Korin Korin Balit-Djak vision.

In 2020-21, we:

- held a workshop to discuss our Aboriginal Health and Wellbeing Working Group and Strategy. Seventeen staff members attended.
- met with a number of community Elders who support our new approach. These Elders will continue to provide input and advice about culturally safe and sensitive practices at Latrobe Community Health Service.
- released Aboriginal and Torres Strait Islander cultural competency training across the organisation during National Reconciliation Week
- commissioned renowned Aboriginal artist, Yorta Yorta and Gunai man Dixon Patten, to create a digital artwork. This artwork will be used on our official website and brochures, and form part of a welcome plaque at each of our sites. These plaques acknowledge the traditional owner group of the land on which our sites are located, which can help show Aboriginal and Torres Strait Islander people they are safe and welcome at Latrobe Community Health Service.

In 2021-22, we will:

- continue to meet with Aboriginal Elders who will inform the direction of our working group and strategy
- celebrate NAIDOC Week with a Welcome To Country, smoking ceremony and morning tea event
- unveil the organisational-wide plaque that acknowledges the traditional owners of the land on which our sites are located. This plaque features Dixon Patten's artwork, which represents the following story:

"Each of us has our own unique path throughout life. This artwork represents that journey, with a particular focus on caring, health, community and the environment. The four pathways depict the diversity within our community, which is depicted as the large circle in the middle. The outreached hands represent care-giving and nurturing. The large U-shaped symbols represent our elders guiding us on our journey, and passing down knowledge to the smaller 'u' shaped symbols – acknowledging cultural principle exchange. The smaller circles depict the satellite communities across Gippsland. The gum leaves symbolise caring for Country and also encompass caring for people and culture."

We hope to help empower Aboriginal people and communities' self determination towards a healthy and safe future.

Strategic Priority One

Focus on primary and community health services in Gippsland

GOALS

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

It is widely known that regional areas such as the Latrobe Valley often have fewer healthcare options, longer wait times and large travel distances when compared with cities and metropolitan areas. We want to be part of the solution so more people – particularly those in regional areas – can access high-quality and timely healthcare where and when they need it.

The Latrobe Valley is where our organisation began, and we are proud to be part of this community. So for the past four years, we have focused on developing our community and primary health service offerings in Gippsland. We have also developed an integrated healthcare experience where Latrobe Valley residents see a team of healthcare professionals who work together to coordinate their care.

In practical terms, when someone walks into our centre to see one healthcare professional, our staff are trained to recognise whether that person may also need advice and treatment from another healthcare discipline. We encourage our staff to pick up the phone or walk down the corridor to their colleagues to ensure our clients receive timely advice and referrals. We provide appointments where people can see a podiatrist, diabetes educator and dietitian at the same time. We have care coordinators who ensure people with chronic or complex conditions are seeing doctors, allied health professionals and specialists who provide consistent advice and treatment. Our Gambler's Help staff refer to our counsellors and alcohol and other drug workers, and vice versa, when clients disclose they are experiencing several issues. We also co-locate services – such as doctors at secondary schools, nurses in primary schools, and dietitians in community settings – to reach people where they spend most of their time.

Integrated healthcare delivers a truly person-centred healthcare experience where a team of professionals work with their shared client to come up with a plan to improve their health.

- ✓ Fewer appointments
- ✓ Less travel time
- ✓ Less waiting time
- ✓ More affordable
- ✓ Clients are in control

Four years into our strategic plan, and we are seeing many examples of integrated healthcare at Latrobe Community Health Service.

Children and families centre of multidisciplinary hub

In 2012, Latrobe Community Health Service identified that many Latrobe Valley children experience mild to moderate developmental delays in their communication, and their fine motor, gross motor, and sensory processing skills. These same children were also missing out on affordable allied health services. Private therapy was the only option for many families, as government-subsidised services were available only to children with severe delays in their development.

To address this gap, we created a children's service that consisted of an occupational therapist, physiotherapist, speech pathologist and allied health assistant who worked together to help children develop their core skills. We saw our first clients in 2013, and since then have supported more than 2,000 children with mild to moderate developmental delay. Our children's service now runs five days a week, with occupational therapists, speech pathologists and allied health assistants working together to deliver group and one-on-one therapy.

Our paediatrics service has grown steadily over the years. Since 2013, we have introduced paediatrics-specific nursing and allied health services – such as continence nursing, dietetics, and a parenting support program – to our service offering. In 2015, we started providing pathways to good health for children in out-of-home care. In 2017, we established a school-based nursing team; began the Healthy Parents, Healthy Babies program; and a community health outreach nurse joined our service to deliver health education to schools and community groups about sexual and reproductive health, healthy lifestyle choices, and personal hygiene. In 2019, we received funding to work alongside kindergartens and primary schools to upskill educators and families in supporting children with developmental delays.

In 2020-21, we formed the Latrobe Community Health Service Paediatric and Youth Hub. This hub combines all of our paediatrics-specific services in the one team. Instead of our speech pathologists working only alongside other speech pathologists, and our nurses working only with other nurses, our staff collaborate with one another and across disciplines to coordinate children's care. This leads to more internal referrals, better pathways for children, and earlier intervention. Our staff have also reported the hub has created a team environment where everyone is supported and supportive of each other.

Our Paediatric and Youth Hub consists of community nurses, continence nurses, occupational therapists, speech pathologists, allied health assistants, psychologists, and dietitians. We deliver nine programs dedicated to improving the health and wellbeing of children, and collaborate with other services such as headspace Morwell to provide integrated health and community care to Latrobe Valley children and their families.

Young people benefit from a holistic healthcare experience

We operate the headspace Morwell centre, where we not only provide young people with mental healthcare and treatment for alcohol and other drugs, but we also bring in services like doctors and nurses to ensure we're treating a young person's mental and physical health. We do this, because we know our mental health can suffer if we're not doing well physically, or we're facing challenges in other aspects of our lives. So when young people have access to the services they need under the one roof, they are more likely to improve their emotional, social and physical wellbeing.

Young expecting parents can now receive health and parenting advice, help getting to and from appointments, and support from other young pregnant people at headspace Morwell. As part of our integrated healthcare focus, the youth centre teamed up with our Victorian Government-funded Healthy Parents, Healthy Babies program in 2020-21 to provide parenting support to people aged 25 and younger.

The Healthy Parents, Healthy Babies program supports pregnant people who are unable to access antenatal care services or who are at risk of poorer health outcomes. It is available throughout pregnancy and up to the first eight weeks of the baby's life.

A Latrobe Community Health Service outreach worker is now based at headspace Morwell every week, and helps vulnerable young parents gain knowledge and confidence when caring for themselves and their baby. Our outreach worker helps book healthcare appointments, refers expecting parents to services, and sources supplies like cots, prams and bedding. headspace Morwell also embraced a gender neutral name for the program, to be more accessible for young people from the LGBTIQA+ community.

The Healthy Parents, Healthy Babies program is one of three services we introduced to headspace Morwell in April 2021. A doctor and a nurse are also at the centre every week. The registered nurse provides sexual health advice and education, pregnancy testing, sleep education, wound care, and advice about chronic health conditions such as endometriosis. The nurse can also make referrals, coordinate a young person's care, and advocate for them.

Not only can young people get physical and mental health advice and treatment in the one location, but our clinical staff are also upskilling as they share knowledge, resources and client care.

Improving the end-of-life healthcare experience for Latrobe Valley residents

When people are diagnosed with an illness that can't be cured and that they're likely to die from, they experience fear, sadness, anxiety and pain. Pain medications, medical appointments, legal affairs, and family are often front of mind, and it can be difficult for the person and their loved ones to accept their diagnosis.

Palliative care providers not only help people manage their pain and provide information to get their affairs in order, but they become a person's confidante – a friendly, trusted face in a time of uncertainty. As the community palliative care provider in the Latrobe Valley, we are aware palliative care is as much about reminding people and their families they have life left to live, as it is about pain medication and counselling.

In 2019-20, we established a centre-based clinic where our palliative care clients see a team of health professionals who can help them manage their medication and remain as active and independent as possible. This means clients not only see a nurse, but they receive treatment and advice from allied health professionals who can help them improve or maintain their physical health and emotional wellbeing.

We ran three face-to-face clinics, delivered four telehealth appointments and supported ten people in 2019-20. We refined our clinic model in 2020-21 and people can now see a nurse with same-day access to an occupational therapist, dietitian, social worker and counsellor. Between January and March, we ran 19 clinics, supported 32 people, and made 49 referrals to other services, such as meals on wheels, home help, and physiotherapy.

Not only does this model of care mean people receive timely access to health and community palliative care, but it increases collaboration among our health professionals and upskills our nursing workforce. In 2021-22, we will increase the number of centre-based clinics, educate more nurses to become proficient in palliative care, and determine a community-designed name for our clinic.

Integration extends to other organisations

People who live with a complex or chronic condition often need regular healthcare, support services and equipment. However, knowing how to access those services and equipment can be a confusing and overwhelming task.

Latrobe Community Health Service and Latrobe City Council have teamed up to help those people who are at risk of missing out on vital services.

Latrobe Community Health Service provides planning and community connection support for people who are eligible for the National Disability Insurance Scheme (NDIS), and also provides chronic disease care coordination and allied health services for people who are not eligible for the NDIS.

Latrobe City delivers the Home and Community Care Program for Younger People, which supports vulnerable people who are not eligible for the NDIS to remain in their own home.

Our two organisations recognised we share many clients who may benefit from a shared service approach. We met to learn about each other's services and discussed how we could coordinate our shared clients' care to ensure no one misses out on the support they need.

We have now established a formal meeting structure where Latrobe Community Health Service and Latrobe City Council staff share resources and expertise, discuss mutual concerns about service provision, and conduct case conferences about shared clients (with consent) to ensure we are meeting their needs.

We want to help our clients navigate the health and social services network more easily, and minimise avoidable hospital admissions.

We have been able to better assist a young person living with mental and physical conditions as a result of this collaboration. This person was in and out of hospital and at risk of homelessness. Through our coordinated discussions, the person is now receiving in-depth financial counselling, help to apply for the NDIS, and bulk-billed allied health appointments to improve their health.

A person with early onset dementia was admitted to hospital due to their condition. During a case conference between Latrobe Community Health Service and Latrobe City Council, we identified a number of services that could help this person live well at home. They are now receiving help at home, assistance with grocery shopping and support to apply for the NDIS following our case conference. A multidisciplinary team continues to care for the person's dementia, with Latrobe Community Health Service nurses providing medication support every day.

In 2020-21, we held four meetings and established terms of reference for future meetings. We now meet every six to eight weeks, and communicate regularly between meetings.

Integrated healthcare leads to improved client outcomes

Each of our strategic priorities links back to our vision of better health, better lifestyles and stronger communities. It makes sense, then, that all of our priorities also link to each other. Every strategic priority has this objective in mind: improving client outcomes. As we continue to develop health services across Gippsland and provide genuinely integrated services in the Latrobe Valley, we are achieving this objective.

Here are the stories of three people whose health and wellbeing has improved as a result of our focus on person-centred, integrated healthcare.

Introducing Barry, who is breathing a new lease on life

A Newborough resident is breathing easier after a lung transplant saved his life.

Barry Leicester was diagnosed with pulmonary fibrosis a few years ago, damaging his lung tissue and leaving him short of breath.

"Some nights I woke up and felt like I couldn't breathe; I'd have to turn my oxygen back on," Barry says.

"I knew the only chance I had was a lung transplant. It was either I get a lung, or that was it."

The former fitter and turner was initially told he was "too old" to be eligible for a transplant. But thanks to guidance from his GP, and the healthcare teams at Latrobe Regional Hospital and Latrobe Community Health Service, Barry was placed on the waiting list in January 2020.

He started an exercise program with Latrobe Regional Hospital and received respiratory education from Latrobe Community Health Service. In the midst of the COVID-19 pandemic, his health took a turn, and he was admitted into palliative care.

"When he got really sick, even going to answer the door was an effort – he was exhausted all of the time," Respiratory Educator Karyn Thomas says.

"The LCHS palliative care team managed the medical side of things, while the allied health team at Latrobe Regional Hospital took care of his exercises. I was available for any support or advice Barry needed."

Barry began putting his affairs in order, including selling his house. And then, he received a phone call that would save his life.

"Alfred Hospital called and said they had a match," he says.

Following the transplant Barry spent two weeks in intensive care, another two weeks in the ward and then two months in Melbourne as an outpatient.

He's now back in Newborough, getting ready to start exercise and breathing rehabilitation with Karyn and the Integrated Primary Health Services team at Latrobe Community Health Service.

"I'm much more active now. I can go anywhere I want; I can walk anywhere and go fishing. I appreciate everything my healthcare team has done for me."

Introducing John, a stroke survivor who thanks exercise for changing his life

John Akkerman allows exercise to "interrupt his day".

The Morwell resident had a stroke during an operation five years ago, and ever since he's been working towards getting mobility back in his right leg.

"I was having a triple bypass and while I was on the table I had a stroke. I didn't know anything about it and I woke up the next morning and they said, 'hello, you've had a stroke and you're paralysed on the right-hand side'," John says.

John spent three months in hospital and was later referred to Latrobe Community Health Service to continue his rehabilitation.

Latrobe Community Health Service provides exercise physiology services across the Latrobe City and Monash local government areas. Exercise physiology is the prescription of exercise to help people manage long-term health conditions like diabetes, lung and heart conditions, and cancer. It can also treat mobility, balance or pain issues, such as those experienced when recovering from stroke.

Exercise Physiologist Jordan McMillan has been working with John in one-on-one sessions for a year now. With Jordan's supervision, John rides a stationary bike, stands up and sits down unassisted from a chair, and completes sets of stepping up and down from a low platform.

"The exercises we go through with John are repetitive – we want him to do the same exercise each week to help with that muscle memory," Jordan says.

"John has been fantastic throughout his one-on-one exercise program. He has been really determined to work at his goals, and he's achieved his first one.

"We review his program together every 12 weeks, and then we set new goals and come up with new exercises to help him reach them."

John's exercise program consists mainly of leg exercises, which he believes has helped his right leg move more naturally.

"When I walk I'm on the verge of, 'it's just another leg like this one'," John says.

John's first goal was to walk completely around the Kernot Lake in Morwell. Now he's able to do that, his next goal is to have fewer rest stops and attempt longer walks.

"I know if I stay home, I'll do nothing and within three months I'll be back where I started," John says.

"Exercise has changed my life. Nobody talked about exercise in my family, and now I swear by it, and I allow it to interrupt my day. Jordan's been very helpful, and I couldn't have done it without him, really."

Introducing Jason, who is improving his diabetes, bit-by-bit.

Sale resident Jason Lord travels over an hour each fortnight to see the Integrated Primary Health Services team at Latrobe Community Health Service.

Jason has been living with diabetes for 15 years, and says he didn't take his condition seriously until this year.

"I was on tablets at the start, but like a typical bloke I didn't listen. I didn't take the tablets and I just kept eating what I wanted to, and it turned out I had to use insulin after that. I've been on insulin for about 12 years," Jason says.

"This is the first time I've tried to manage my diabetes."

Jason first came into our Moe centre in early 2021 when a wound on his foot hadn't healed. His doctor had referred him to a wound specialist, who referred him onto Latrobe Community Health Service.

In the Latrobe Valley, we run a multidisciplinary clinic for people with diabetes who are experiencing complex or chronic foot complications. This can include ongoing sores or ulcers, foot infection, or bone and soft tissue degeneration.

At the clinic, a podiatrist treats the person's foot issue, while dietitians, diabetes educators and care coordinators are available to provide holistic advice and treatment.

"This is brilliant – it's a one-stop shop," Jason says.

"You get here and see a dietitian, a podiatrist, a diabetes educator – you see everybody all in the one go."

Jason's wound healed after one treatment, and he is now concentrating on managing his blood sugar levels and eating a balanced diet.

"I'm not right on top of my diabetes, but I'm getting there," he says.

"I've improved bit by bit. If I could just improve slowly, hopefully I can keep it going the way it should go."

Podiatrist Emma Miller says collaboration is vital when treating people with chronic conditions, such as diabetes.

"It is so important for us to all work together holistically," she says.

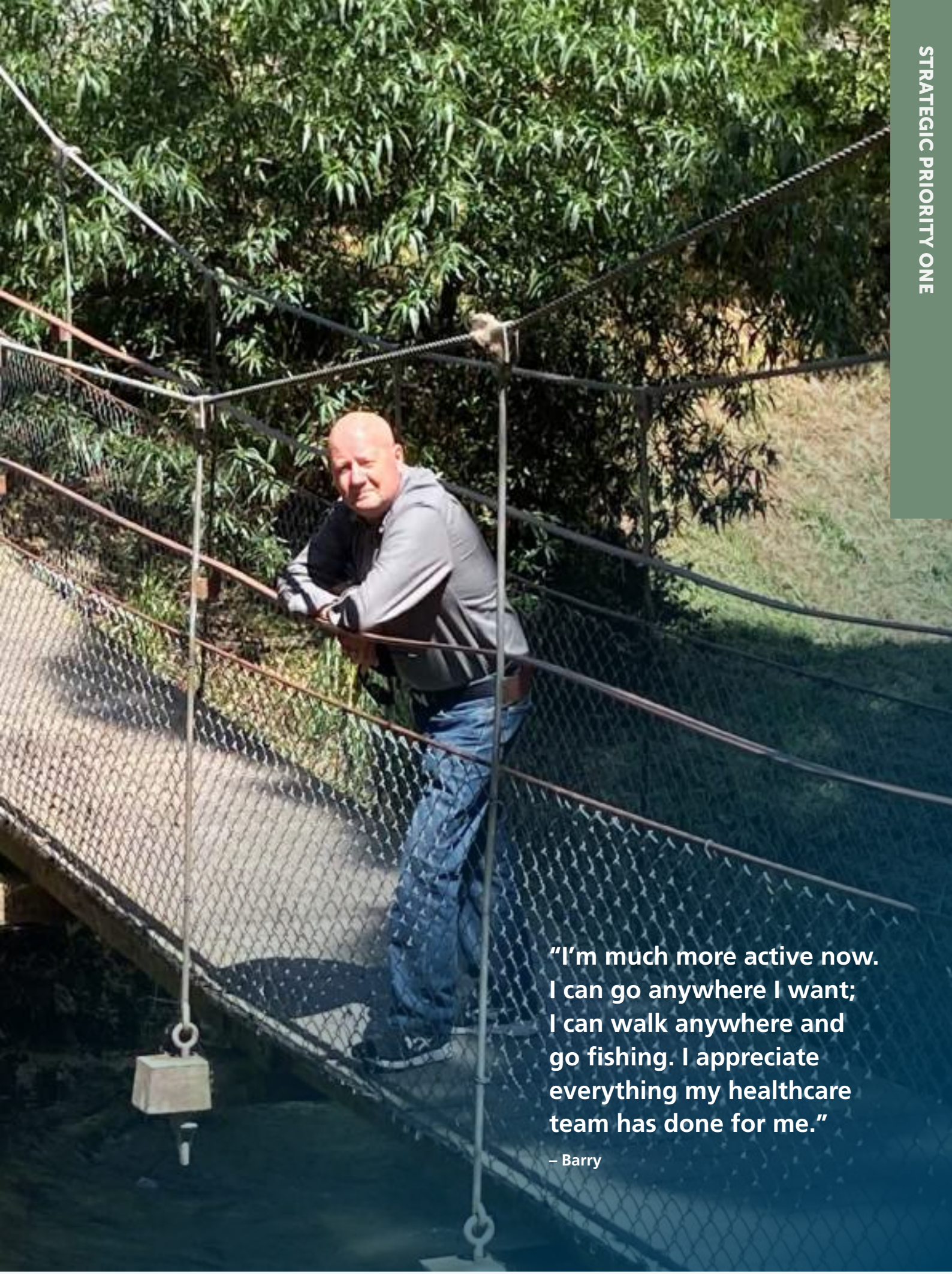
At the clinic, each staff member tackles a different aspect of diabetes care. Improved blood glucose levels increase wound healing capability. Diet advice helps people stay on track with appropriate food portions, substitutes and ideas. And podiatrists treat and manage wound care, educate people to prevent re-ulceration, and empower clients to protect their feet from diabetes-related complications in future.

"We are proud of how well Jason has taken on all of our advice," Emma says.

"He is losing weight, improving his diabetes management, and has healed his foot ulcer. He also reports feeling more energetic, less thirsty and just better overall."

At the beginning, Jason didn't want to lose his feet. Now, he's simply looking after himself.

"My health is slowly getting better," he says.



"I'm much more active now. I can go anywhere I want; I can walk anywhere and go fishing. I appreciate everything my healthcare team has done for me."

– Barry

Our primary health staff join COVID-19 response

Responding to the coronavirus crisis takes a whole-of-community effort.

As an organisation that has been part of the Latrobe Valley community for decades, we are pleased our dedicated workforce can play its part in the response.

On 20 August 2020 – at the height of the COVID-19 crisis – we opened a pop-up drive-through clinic in Moe where Latrobe Valley residents could get tested for the virus from the comfort of their car.

We opened the testing site for two hours twice a week to bolster the existing testing resources, and increased our opening hours in periods of high demand.

42 staff members were trained in COVID-19 administration and swabbing

15 staff members assisted with set-up onsite

83 testing sessions were conducted

2,545 people were tested

Our drive-through clinic was set-up as a short-term response, and we thank our dedicated staff who braved the elements each morning they opened the site.

We look forward to operating a testing facility at a new Moe location in 2021-22.

Helping the community access reliable COVID-19 information and care

Latrobe Community Health Service joined the efforts to create and maintain COVID-19 safe environments and communities in 2020-21. We established two teams – one in Inner Gippsland and the other in the City of Monash – who worked in shared accommodation settings such as community, public and disability-supported accommodation, caravan parks and boarding houses.

We wanted to help the community live safely and well while all of us grappled with the pandemic. We distributed reliable and up-to-date information about the virus, where and when to get tested, and vaccination options. We assessed the shared accommodation settings and helped managers and proprietors improve their COVID-19 safety measures. We also checked in on residents to see how they were faring, and linked them in with relevant health and community services.

During the first phase of our work, our main focus was on COVID-19 safety and people's wellbeing. In our second phase, we have helped residents get vaccinated and responded to local outbreaks.

In 2020-21, we have:

- visited about 3,500 households at public and community housing sites, caravan parks and rooming houses

- checked in on approximately 4,000 Gippsland and Monash residents
- distributed show bags to everyone we met with personal hygiene kits that can be used in the event of a COVID-19 outbreak
- developed winter care packs for vulnerable residents:
  – These include slippers, bamboo socks, scarf, gloves, beanie, toothbrush packs, thermal long sleeve tops, antibacterial spray and sponges, mask, hand sanitiser, sherpa blanket and PVC rain jacket.
- transported 74 Gippsland residents to vaccination centres
- assisted 522 Monash residents to get vaccinated at pop-up clinics we ran in partnership with Eastern Access Community Health (EACH Social and Community Health).

Changing eating habits where people shop

According to the 2017 Victorian Population Health Survey, only 2.4 percent of Latrobe Valley adults eat enough fruit and vegetables, 13.9 percent consume sugary drinks every day, and more than half are considered overweight or obese. We know poor diet can lead to obesity, however we also know our food environment – think marketing techniques like product placement and pricing – can influence our eating behaviours.

Our Latrobe Health Promotion team uses place-based and practical initiatives to improve the health and wellbeing status of the Latrobe Valley population. Research shows supermarkets are big influencers when we're buying our food, and so we've been looking into how we can change the Latrobe Valley population's eating habits – starting at the supermarket.

With funding from the Latrobe Health Assembly, we completed a scoping project in 2020-21 that looked into successful health-focused supermarket interventions, and whether we could implement a similar project in the Latrobe Valley. Interventions include marketing fruit and vegetables as the healthiest choice by using tools people are already familiar with, such as the Australian Health Star Rating System.

We established a steering group, conducted a literature review of existing supermarket initiatives, ran focus groups with Latrobe Valley residents to test our concept marketing material, and approached local supermarkets to gauge their interest in supporting a healthy supermarkets project in Latrobe. Some of our proposed interventions include posters that remind people all fruit and vegetables are 5 stars; shelf tags that point people to 4.5 and 5 star health star-rated products; healthy eating messages from Latrobe Valley locals and healthy recipes; and a social media and communications plan to complement the healthy supermarkets messages. Our overall message is 'reach for the stars' when buying your groceries.

Our scoping project confirmed Latrobe Valley residents saw the benefits in such an initiative, with focus group participants stating the draft marketing material was eye-catching, educational and effective. Supermarkets were also supportive, with seven stores expressing interest. Our studies of existing supermarket interventions also found a positive shift in purchasing behaviour – purchases of 4.5 and 5 star foods increased while purchases of energy-dense, packaged foods reduced.

Latrobe Community Health Service will deliver the Healthy Supermarkets Latrobe - Reach for the Stars project over the next three years. Kicking off in July 2021, we will partner with supermarket retailers, co-design interventions with them, resume working groups, and develop a catalogue of in-store marketing materials. Evaluation will form an important part of measuring the success of our chosen interventions – we will monitor purchasing behaviour and customer and supermarket sentiment throughout each stage of the project.

Healthy Supermarkets Latrobe - Reach for the Stars is an initiative of the Latrobe Health Innovation Zone, with funding provided by the Latrobe Health Assembly in partnership with the Victorian Government.

Recipe for healthy communities

When people experience food insecurity, their ability to access appropriate types and amounts of food is limited or uncertain. Rates of food insecurity in Latrobe are higher than Victoria's average, and so the Central West Gippsland Primary Care Partnership – auspiced by Latrobe Community Health Service – facilitates a community-led food security coalition that aims to increase people's ability to access healthy, affordable and appropriate food.

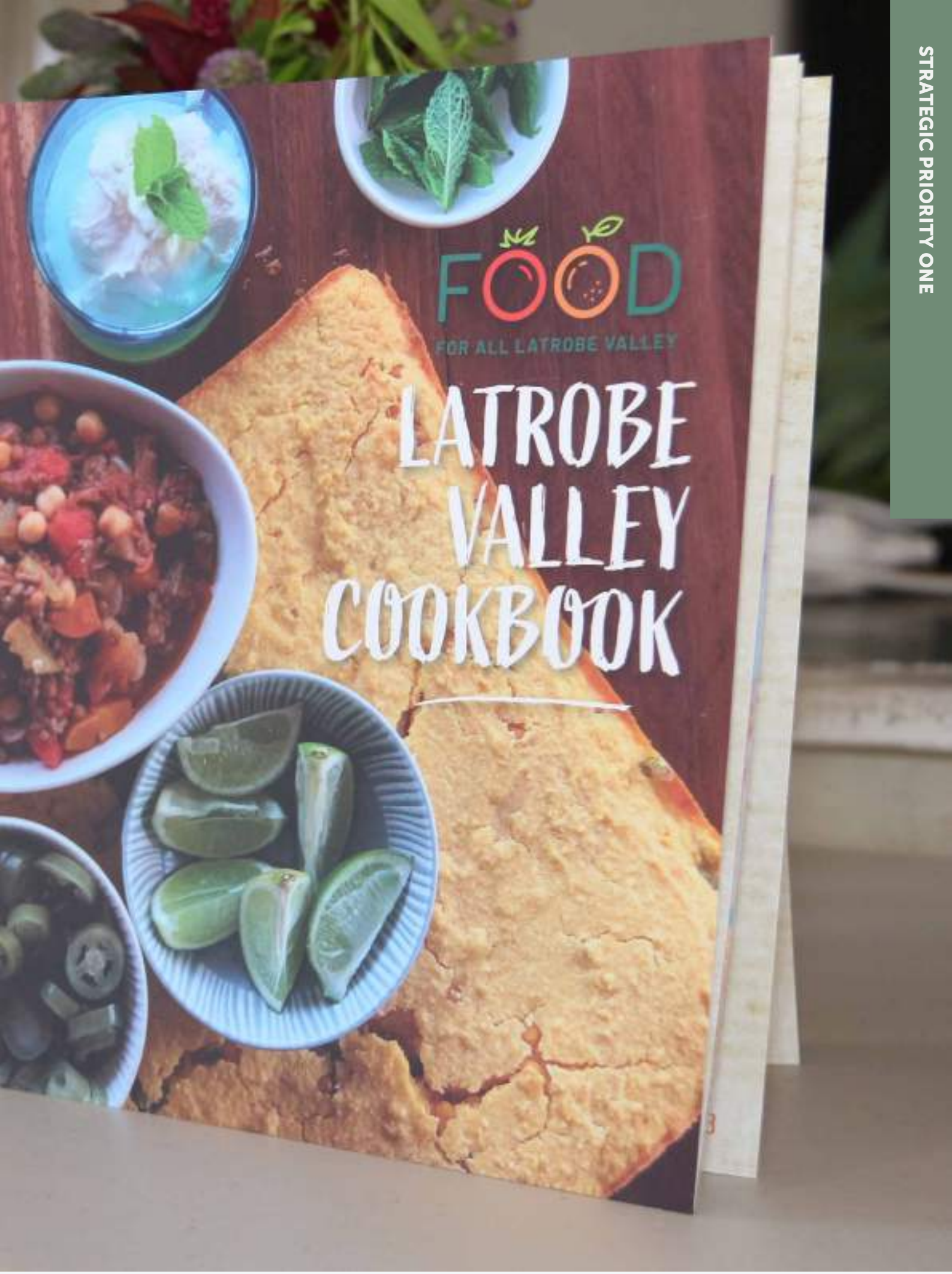
The coalition, Food For All Latrobe Valley, recognises many families are not cooking at home due to busy household schedules, the convenience of takeaway food outlets, and an increase in ready-made meals available at supermarkets. To encourage more people to learn how to cook healthy family meals, save money, and support local producers, Food For All Latrobe Valley developed a community cookbook.

Over two years, we collected 30 recipes and stories from Latrobe Valley residents who shared family favourite meals that are simple and affordable to cook. A Latrobe Community Health Service dietitian reviewed each recipe, our project officer tried and tested them, and we invited contributors to share a story about their recipe so others could learn to love the culture and tradition behind it.

With funding from the Latrobe Health Assembly, we sourced a Latrobe Valley-based graphic designer and printer to produce a visually-appealing cookbook. High-quality paper protects the pages from cooking splashes, and wire binding enables pages to fold back for easy reading while cooking. Electronic versions are also available for download on local websites.

In March 2021, more than 40 community members – including half of the cookbook contributors – gathered to celebrate the launch of the community cookbook. We have since distributed 10,000 copies across the Latrobe Valley, including at libraries, community centres and community gardens. Importantly, copies of the cookbook are available at organisations that support those who are most at risk of food insecurity. Locals can borrow the cookbook from five sustainable living libraries; it's promoted through the Latrobe Youth Council's 'Fab Food, Marvellous Mood' campaign; and parents and carers of young children receive copies when they participate in mood and food workshops.

Feedback has been overwhelmingly positive. Families have told us the recipes are tasty and simple to prepare, and they enjoy cooking recipes from people they know.


FOOD
FOR ALL LATROBE VALLEY
LATROBE VALLEY COOKBOOK

Strategic Priority Two

Grow our organisation to deliver services across Australia

GOALS

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

In our 2017-2022 strategic plan, Latrobe Community Health Service set out to grow our organisation to deliver services across Australia. We have grown rapidly since we first put this goal in place, but it is important to understand why we want to grow.

We are a not-for-profit, secular and charitable organisation, and we are inspired by a vision of more people enjoying good health and leading fulfilling lifestyles. In order to realise our vision, we need to reach more people. In order to reach more people, we need to grow.

Through growth, we can improve access to vital health and community care services. We can give more people reliable healthcare information and advice. We can help more people make better lifestyle choices, like exercising, eating well, drinking less or not at all, and cutting back or quitting smoking. And, we can do these things in more communities.

By growing our organisation, we can grow stronger and healthier communities.

In 2020-21, we continued to grow our aged care and NDIS services across Victoria and New South Wales. Our dental services also expanded rapidly when Link Health and Community merged into our organisation. We are delivering more services to more people, and in more communities. Most importantly though, we are improving the health and social wellbeing of more Australians – our core purpose.

Helping 36,567 people with disability to live full lives in the community

The National Disability Insurance Scheme (NDIS) remains an area of significant growth for Latrobe Community Health Service. We deliver Local Area Coordination (LAC) and Early Childhood Early Intervention (ECEI) services as an NDIS partner in the community, meaning we help people with disability access services, equipment and activities that help them live the life of their choosing.

In 2016, we expanded our service footprint into the Central Highlands region of southwest Victoria after we partnered with the National Disability Insurance Agency (NDIA) for the first time. In 2017, we expanded again, having won the contract to deliver NDIS LAC services in six more Victorian service areas, and ECEI services in one more Victorian service area. In 2018, we further expanded our LAC services into two more service areas. We retained our existing NDIS contracts in 2019, secured another contract in 2020 to deliver LAC services in South Eastern Sydney, and added five NDIS ECEI Victorian service areas to our service footprint after we merged Link Health and Community into our organisation.

We now deliver LAC services in:

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

We deliver ECEI services in:

- Central Highlands
- Inner East Melbourne
- Outer East Melbourne
- Southern Melbourne
- Inner Gippsland
- Outer Gippsland
- Wimmera South West

In 2020-21, we:

- created 8,287 new NDIS plans for people who joined the NDIS for the first time
- reviewed 35,804 plans to ensure they meet the needs and wants of the people they were created for
- supported 36,567 people with NDIS plans – a 23 percent growth from 2019-20.

Not all Australians who live with disability are eligible for the NDIS. Our staff help people who aren't eligible for the NDIS to navigate the many services, activities and non-NDIS funding sources that are available to them. We link people in with community groups, disability support services and other funding sources to help them access the care and equipment they need to do the things they want to. We also provide local businesses, leisure centres, neighbourhood houses and schools – just to name a few – with practical advice that can improve the accessibility of their facilities and enhance disability awareness among their staff.

Celebrating International Day of People with Disability

Every year on 3 December, the world celebrates International Day of People with Disability. International Day of People with Disability recognises the contribution and achievements of people with disability, and campaigns for a society in which we break down the physical, technological and attitudinal barriers people with disability continue to experience. Latrobe Community Health Service celebrated International Day of People with Disability in 2020 by featuring the achievements and ambitions of Sharon, Kim and Jay. These are their stories.

Meet Sharon

Of all the traits that make up Sharon Eacott's character, she's proudest of her 'bugger you' gene.

"If I were to die tomorrow, I think the thing I'd want people to remember is I didn't let things stop me," Sharon says.

"Even if my head said, 'you can't possibly do that – it's just physically unlikely', I'd still give it a shot, to see."

Sharon lives with six auto-immune diseases, is chronically fatigued and hurts everywhere all of the time. She has asthma, Graves' disease, Multiple Sclerosis (MS), fibromyalgia, psoriatic arthritis and Type-1 diabetes.

Sharon has "good days, bad days and days from hell", but she has learnt to accept the symptoms of her conditions and is living life on her own terms.

Her resilience has seen her advocate, not only for her own needs, but for others who are living in a world that wasn't built for them.

Her lobbying started at her former workplace, where she couldn't get to her desk some days because of an inaccessible building. She's since advocated for medication to be subsidised through the Pharmaceutical Benefits Scheme (PBS), helped edit a longitudinal study that provides real-life data about MS, testified at two Commonwealth Senate inquiries, joined multiple boards, and is now a member of her local council's disability advisory committee, creating a more accessible township.

Alongside her battle of removing trip hazards, poor lighting and unsafe pathways, Sharon's breaking down the myth that these improvements will benefit just a handful of people.

"There is that attitude that you're asking for something for a niche group of people who won't use it very much anyway, and how dare you, when really this is something we can all use at one time or another," she says.

"It sounds like I'm kicking up a storm – I'm not, really. You're used to it being this way, and you can manage it. Just because our bodies aren't working the same as yours, it doesn't mean we don't have minds and emotions and needs the same as everyone else," she says.

"We don't need to be included. We're here. What we want is an invitation to participate. The things that I stir up are, 'what do we need to do to make it possible for me to take part?'"

Meet Jay

Living with a disability has not taken away Jay Shastri's desire in life.

Jay uses splints to walk, needs help getting dressed, and is a little slower at typing emails than others. But every day when Jay wakes up, he chooses to do the best he can.

"A very long time ago, a general practitioner of mine said, 'Jay, you'll never run a 100m sprint in the Olympics, but you'll probably do anything else you want to do in life'," Jay says.

"Having a disability may take away some of your physical ability and some of your mental ability – and those are challenges – but having a disability doesn't take your desire. It doesn't take your passion, and it definitely doesn't take the outlook you have."

When Jay was first diagnosed with the rare neurological condition, Charcot-Marie Tooth (CMT) disease, he was shattered. The degenerative condition affects the peripheral nervous system and causes progressive weakness and muscle wasting of the legs, ankles, hands and arms. Jay feared he wouldn't complete university, join the workforce or have the social life he knew and loved.

He's proven himself wrong every day since.

"The choice is absolutely mine and nobody else's," he says.

"It's me who had to get out of bed and make a choice about whether I wanted to complete university, whether I wanted to go to find work, whether I wanted to do something for myself."

So he did.

Jay swims most days, has a personal trainer who helps him manage his physical mobility, and he and his wife love to catch up with their core group of friends. He has found a football family in the Collingwood Football Club, attending games every weekend before COVID-19. Jay has built a successful career in the finance and banking sector, and is somewhat of a mentor for colleagues, often challenging them to build resilience, think positively and test themselves as much as possible.

"I just want to do the best I can every day that I wake up," Jay says.

"Every day that I wake up is an opportunity to make a difference. If I can make a difference, I think that's a job done well."

Meet Kim

If there is one thing Kim Hopton wants you to know about her, it's that she has a brain and she can communicate with you.

All she asks of you is to give her time.

"I've had cerebral palsy since I was born," Kim says.

"My disability affects my whole body. It moves, but I have no control or fine motor skills. But I can control my brain," she says.

"The main thing I want people in the community to know is I have a brain and I can communicate."

Kim uses technology and therapy to help her do what her body cannot do on its own.

A powered chair helps Kim move around. A feeding tube fills her with the nutrients she needs. A speech device enables her to communicate with others.

Kim needs full support for everything she does. With that support in place – along with her happy-go-lucky attitude – she's been able to achieve a raft of academic and personal goals.

Kim completed year 12 and then went straight to TAFE and then to Swinburne University, where she studied Certificate IV in Professional Editing and Writing. Kim graduated from that course in 2019 and plans on studying script-writing as her next venture.

"Writing is my escape from life," she says.

"Anything can happen when you write fiction. I love writing romantic stories – usually a character like me involved with hot guys!"

Kim also fancies herself as a bit of a comedian. When she's not writing romantic stories, she's rewriting chapters of her favourite novels in fan fiction forums online. When she's not reading or writing, she's getting lost in TV dramas and following her favourite footy team, the Richmond Tigers.

When the world gets a little safer, she'd love to travel to the United States. In the meantime, she's pretty content with her life of words and fiction.

"My motto is to read and write every day."

"We don't need to be included. We're here. What we want is an invitation to participate. The things that I stir up are, 'what do we need to do to make it possible for me to take part?'"

– Sharon

Helping older Australians live healthily and happily at home

For many years now, Latrobe Community Health Service has helped older Australians to live independently and safely within their own homes.

We do this by delivering services like cleaning, shopping assistance, lawn mowing and personal care through our direct care service, Your Care Choice. In 2020-21, our total hours of service through Your Care Choice increased by 33 percent and our user-pays service provision quadrupled from the previous financial year.

We manage Home Care Packages for Australians aged 65 and older, and Aboriginal and Torres Strait Islander people aged 50 and older. This includes managing the budget for people who have a Home Care Package, organising a care plan that outlines the range of services or equipment that person will receive using their Home Care Package funds, and then buying that equipment and organising those services to start.

We have experienced a 37.5 percent growth in our Home Care Package client base compared with the previous year. We recruited 17 extra staff members as a result of this growth, and introduced a new role that will ensure there is no delay in service provision when a client's usual contact person is unavailable.

We now provide Home Care Packages in ten regions across Victoria and in New South Wales:

- Riverina (NSW)
- Gippsland (VIC)
- Grampians (VIC)
- Eastern Metropolitan (VIC)
- Southern Metropolitan (VIC)
- Western Metropolitan (VIC)
- Northern Metropolitan (VIC)
- Barwon South Western (VIC)
- Loddon Mallee (VIC)
- Hume (VIC).

Latrobe Community Health Service also receives government funding to deliver Commonwealth Home Support Program services across Gippsland, and the City of Monash and surrounding areas. The Commonwealth Home Support Program is often seen as the entry point into government-subsidised aged care services. As people's needs change or increase, they may transition onto a Home Care Package, which provides more funding for more help at home.

The Commonwealth Home Support Program is designed to help people remain independent and living at home. It can fund services such as support workers who clean the house, do basic home maintenance, help with the grocery

shopping, and accompany the older person while their carer takes a break. It can also fund services such as occupational therapy, physiotherapy and dietetics. In Gippsland, we work with the older person to plan the services they need based on their health and independence, and then we put those services in place. Southeast of Melbourne, we accept referrals from other organisations to deliver services that are subsidised by the Commonwealth Home Support Program. We deliver allied health sessions, social activities, exercise groups, and pet care, among other services, to people who live in Monash and surrounding areas who meet the eligibility criteria.

Our Gippsland client base in the Commonwealth Home Support Program grew by four percent in 2020-21, and we recruited an additional staff member. Our metropolitan team received more than 2,000 referrals for our services under the Commonwealth Home Support Program, accounting for about 40 percent of our total referrals at Link.

Golf a reality thanks to meaningful respite

Gippsland Commonwealth Home Support Coordinator Kym Coote says her role is not only about helping people remain living in their own homes. The services she puts in place are also aimed at helping people continue to lead meaningful lives.

A Gippsland man living with Lewy Body Dementia was able to play golf, and his carer was able to take a break, thanks to the help they received from Kym.

When Kym was developing the client's care plan, his carer revealed the man, who is in his late 60s, has an avid passion for golf. However, due to his condition, he can no longer play with his mates. Kym sought a support worker who shared a similar passion for the sport, and was able to get the support worker's round paid for through the Disability Access Program at Golf Australia.

Kym's client started playing weekly rounds of golf with the aid of a support worker. When golf isn't an option – due to support worker availability, family commitments, the client's health, and / or inclement weather – Kym offers other respite options for her client and his carer. The choice is always up to the client and his carer – they are not obligated to pay for alternative respite if it won't meet their needs.

This is just one example of how our team goes out of its way to ensure the services we put in place are flexible and have a meaningful impact on our clients.

Recognising unpaid carers

For every person who is living with a chronic or complex condition, there is usually a loving partner, child, parent or relative who provides them with care and comfort, day in and day out. In Australia, there are 2.7 million unpaid carers who stop or reduce their paid work to look after their loved one.

Unpaid carers help loved ones manage their medications, get to and from appointments, bathe, dress and eat safely, and deal with emergencies. According to Carers Australia, carers provide about 2.2 billion hours of unpaid care every year – the equivalent of $77.9 billion.

Latrobe Community Health Service employs a team of people who provide carers in Gippsland with:

- education and training to help them manage their loved one's condition
- peer support groups so carers can meet with and learn from other carers
- brokered services, including home care, personal care, and respite
- activities and events that help them connect with other people and take a break from their caring role.

Before COVID-19, our carers met in-person to attend peer support groups, education sessions or social events. Lockdowns forced us to think a little differently, and we now move most of our activities online when this occurs.

Throughout 2020-21, our carer support coordinators held the following types of guided activities online:

- ceramics
- painting
- baking
- dance
- Tai Chi
- art therapy
- meditation and mindfulness
- book club
- Feldenkrais
- yoga
- music therapy for carers of people with dementia
- educational speakers
- peer support groups.

While we embraced technology because of COVID-19, we recognised many carers who didn't have access to tablets or Wi-Fi connections were at risk of isolation. Our Events Support Coordinator in Baw Baw sourced funding to buy tablets and Wi-Fi connections for some carers, organised loan laptops for others, and arranged for trained support workers to help many carers participate in the online activities.

"Many carers had no other contact with people outside of their household. In some cases, the only person they had contact with was the person they cared for, and in lockdown this became a 24/7 situation with reduced capacity for respite. I sourced a tablet for one carer who had never used technology or a smartphone. I arranged for the council to send a support worker to help that carer set up the tablet and learn how to join Zoom meetings. They could then attend telehealth appointments for the person they cared for. This carer also told me they were missing out on funerals of friends during the COVID-19 lockdowns. I helped them download an app so they could attend the funerals online. This carer stated this was such an assistance for their mental health and they felt overwhelmed by the emotional relief our support provided."

– Claudia Stow, Events Support Coordinator - Baw Baw

In 2020-21, we delivered nearly 13,000 occasions of care equating to more than 26,000 hours of service to 880 carers in Gippsland.

Expanding our dental service offering

Our ability to help more people to enjoy good health and fulfilling lifestyles is being realised through the addition of Link Health and Community into our organisation. Many of the primary health services we have historically provided only in Gippsland, we now also provide in the south-eastern suburbs of Melbourne. This immediate growth has been of particular significance in our dental service offering.

Our dental service now has 11 dental chairs in Clayton and a dental van for outreach service provision. Our dental client base in Monash has grown by more than 13,000 people, two-thirds of whom are children. Our metropolitan team is treating more than 20 percent of the catchment's eligible public dental patients, which is higher than the state's average of 16.7 percent. Our Gippsland client base has grown by 4,800 people, and we are treating 18.4 percent of the eligible catchment – also higher than the state's average.

Both our Gippsland and metropolitan dental teams received funding to deliver the Victorian Government's Smile Squad program. Smile Squad is an outreach program, which will see our workforce deliver free dental care to children in eligible schools. Our Gippsland team is funded to visit 30 schools with about 8,000 students. We started visiting schools in 2020-21. So far, we've been to 12 schools and offered in-house appointments to another school during the COVID-19 restrictions. We have already seen 1,723 children as part of the Smile Squad program.

Our metropolitan team is funded to visit 34 schools and support more than 23,000 children in some of Victoria's most vulnerable communities. Our first school visit will take place in 2021-22.

Our workforce continues to influence oral health service planning across Victoria. We are active members of Dental Health Services Victoria's Population Health Committee and Victorian Oral Health Promotion Advisory Group, as well as the Primary Care Service Delivery Model Reference Group. This allows us to help reduce the oral health gap for people who are at high risk of oral disease.

Strategic Priority Three

Innovate to improve client outcomes

GOALS

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

In 2019-20, we defined what innovation means to us as a community health organisation. We described our innovation vision. We also developed a framework that will pave the way for us to curate, trial and monitor new ideas.

At Latrobe Community Health Service, innovation is a new or improved program, process, system or capability that improves client outcomes. Our vision is that innovation will enable us to improve health and social wellbeing outcomes.

Innovation is often a buzzword. But for Latrobe Community Health Service, it is fundamental to delivering person-centred care, service excellence and continuous improvement.

A significant first step to innovation is preparing our organisation to think and operate in innovative ways.

Before we start asking staff for new ideas and trying new ways of doing things, we need to first create a culture in which staff feel safe to fail. Such a culture fosters innovative activities with leaders encouraging staff to propose new ideas, and supporting them to try and test them in an appropriate way. Although innovation already occurs in our organisation, this culture will mean innovation becomes part of our normal business operations. Staff will feel safe to ask, 'is there a better way?' Our leaders will give them the time and resources to find out.

For innovation to become 'business-as-usual', we need to create a clear process that outlines how staff can identify, strengthen, develop and validate ideas, and deploy solutions that improve health and social wellbeing outcomes. We also need to establish a governance council that oversees the safe and strategic execution of new ideas and solutions. Benchmarks, databases and evaluation methods will help us plan, trial, monitor and implement new ideas.

Our Business Development Manager has spent the most part of 2020-21 getting our organisation 'innovation ready'. In 2020-21, our Business Development Manager:

- researched ways to promote and develop innovative behaviours
- researched how to support our leaders so they can foster and develop a culture that supports innovation activities

- developed tools and resources that support innovation activities and structures for collaboration
- created an implementation plan, which sets out a deliberate and methodological approach to our innovation projects.

With Executive and Board approval, we will now test and refine the work already completed in developing our innovation framework. This includes our innovation governance, processes, benchmarks and systems. We will also undertake two innovation projects that align with our operational plan to further test and refine our innovation approach.

We will gradually expand the volume of innovation projects undertaken as we learn from and improve our approach. An annual communications plan and culture-building activities will be crucial to this as we foster our organisation-wide innovation culture.

Thought leadership on the issues affecting our communities

Normally we think about improving client outcomes through service provision. However, we can also do that by contributing our expertise to inform the laws, policies and community attitudes that impact health and wellbeing.

One of our organisational objectives is to better represent the views and experiences of the communities we serve. Our approach to this is to become a thought leader on matters of health and wellbeing. Thought leadership means highlighting problems that communities need solved, and promoting collaboration to develop solutions. We hope to find our voice on health and wellbeing issues by drawing on evidence from research, the services we deliver and the needs of the people we serve. As a thought leader, we will then seek to contribute to public debate on these issues.

During 2020-21, we developed and approved an advocacy model that will help shape our thought leadership. The first stage in bringing that model to life is to build our capacity. Our aim is to have a small advocacy unit within our organisation, and a campaign is now underway to recruit a leader for that unit.

Research leads to building inclusive communities

Our role as an NDIS Partner in the Community gives us an authentic insight into the daily lives of people with disability – every day we hear from them, their families and carers. We have heard time and time again that people with disability are treated differently; that they can't do the things they aspire to. This is not because they aren't capable of doing those things, but because they aren't given equal access in the community, or they are treated unfairly.

In 2020, we set out to expand on these firsthand insights by asking Australians with disability about their day-to-day experiences. What are their most common activities? How do they feel and how are they treated when they are doing those activities? What would they love to do, and what's stopping them?

We surveyed 600 Australians living with disability, aged between 18 and 65, and their carers. Half of the people we surveyed told us they don't feel included in their community, and it's the most basic things – such as physical access and the attitudes of others – that remain the biggest barriers.

These are sobering findings, and it's up to all of us to redouble our efforts. We understand most organisations and people want to be inclusive and accessible for everyone, but many don't know where to start. So we released a discussion paper that outlines practical steps all organisations can take to truly improve the experiences for people with disability.

Improving accessibility and inclusivity of people with disability in a community and mainstream setting focuses on four key areas – physical access, community attitudes, information, and sensory-friendly experiences. It is a practical guide for governments, small business owners and community groups who want to better include people with disability through simple, achievable changes. Our solutions include changing the layout of shop floors, introducing sensory-friendly hours or experiences, training staff in disability awareness, and updating online business information so people with disability can plan their participation. These changes aren't ground-breaking, but they'll go a long way in improving the experience for everyone when accessing their community.

After we released our discussion paper, we:

- achieved national media coverage via *The World Today*, an ABC Radio current affairs program, and *Pro Bono News*, a social-minded online news outlet
- presented our research and recommendations to the:
  - National Disability Insurance Agency
  - Australian Library and Information Association
  - Australian Public Library Alliance
  - Accessible and Inclusion Tourism Conference in the Asia Pacific
- published case studies of access and inclusion on several external websites.

'Welcome to my world' - video showcases the everyday lived experience of people with disability

Our experience during COVID-19 lockdowns is what people with disability experience every day – this is the powerful message of a video that was released at the height of the pandemic.

'Welcome to My World' features seven people with and without disability who describe their experience during COVID-19 or living with a disability.

"Not seeing my family and friends regularly has been really hard for me," one person says.

"I can't remember the last time I left my house," another person says.

"I just feel isolated from the rest of the community," says another person. "I want to feel included."

Some people are talking about their experience during COVID-19, while others are talking about their experience living with a disability. The video reminds viewers the COVID-19 restrictions will end, however the barriers to access and inclusion will remain for many people living with disability.

"By producing this video, we want to encourage everyone to work together to end these barriers for people living with disability," Senior Community Development and Capacity Building Coordinator Frances Riggs says.

"Our built environment, along with the attitudes and behaviours of others, continue to prevent people with disability from participating in their community. It's up to all of us to change that."

Latrobe Community Health Service produced the video in partnership with the Central Highlands Inclusion Working Group, which is a coalition of people with lived experience of disability, advocates, councils and organisations looking to improve accessibility and inclusion.

Posted on Facebook, the video reached 25,500 people and was viewed 15,000 times. It is now published on our website, where people can learn how to build inclusive communities.

Photographic exhibition captures lived experience of migrant and refugee women

Latrobe Community Health Service helps migrant and refugee families settle in Gippsland by connecting them with housing, employment, schooling, healthcare and social services. We also work in partnership with community groups and organisations to increase employment, education and social connection among our culturally and linguistically diverse communities.

A large part of our multicultural settlement and strategic engagement activities is about bringing the lived experience of migrants and refugees to the fore. When we increase the broader community's understanding of cultural safety, language barriers, and trauma, we are better-equipped to help newly-arrived families settle in the region.

With this in mind, Latrobe Community Health Service commissioned renowned Gippsland-based photographer Lauren Murphy to explore migration to the region in a series of photographic portraits.

Using digital and medium format photography – captured via film, environmental or doubly exposed photographs – Lauren captured the profiles of eighteen remarkable women. Latrobe Community Health Service's communications advisor, Emma Watson, interviewed each of the women and drafted their written profiles.

The result is *Our New Home*, a powerful photographic exhibition that featured at one of the largest public galleries in eastern Victoria – Latrobe Regional Gallery.

Our New Home challenges common misconceptions of what it is to be culturally and linguistically diverse in Australia. It asks the viewer to connect with difference and to share a sense of pride in the communities and people who call Gippsland home.

Each woman is captured within her natural environment, while her written profile details her journey from her home country to Gippsland.

Exhibition participant, Rohingya refugee and Morwell resident Amina Khatun, says the project has created an opportunity for Gippslanders to get to know her community.

Through *Our New Home*, we wanted to show each of the photographed women, and the communities they represent, that they are valued and they are part of our region. We also wanted the broader community to similarly connect with these women, and to start challenging conversations with their neighbours, their colleagues, and their friends.

When people consider the roles community health organisations play, photographic exhibitions are not usually top of mind. However, *Our New Home* is an example of how innovation can build better health, better lifestyles and stronger communities.

Latrobe Community Health Service will gift the framed photographs to each of the women involved in the project.









"Not many people know much about where Rohingya people have come from. This exhibition creates awareness. It feels amazing to be involved in this project. My grandma had never taken her photo before, and to be able to do that as part of Our New Home, well that's a special memory as well."

– Amina Khatun, Our New Home participant and Rohingya refugee






Using evidence-based resources to upskill our staff

We have a strong research focus at Latrobe Community Health Service that ensures we're using evidence-based practices and tools to deliver high-quality and safe care and treatment.

We continually look into emerging technology and peer-reviewed research that can improve our service delivery. This approach extends also to our staff training – we know a well-trained workforce is better-placed to deliver excellent customer service and improve client outcomes. So, we turn to research to ensure our staff have the latest cutting-edge tools and training to better meet our clients' needs.

Each year, a CEO research grant is available for staff members who wish to undertake research that contributes to our strategic priorities. Our gambling, alcohol and other drugs teams had recognised a link between crystal methamphetamine use and gambling, but couldn't find research that informed the theory. Our CEO awarded a grant for our Gambler's Help Coordinator to research the co-occurrence of crystal methamphetamine use and gambling among our clients, and in turn upskill our workforce to better identify and help people who are experiencing gambling and drug harm.

The research explored the need for a combined referral and management pathway that staff could use to identify gambling and crystal methamphetamine use among their clients, and then offer appropriate referrals and care. With ethics approval, we surveyed staff members who treat people experiencing alcohol and other drugs issues, and those who support people experiencing gambling harm. We performed an audit of client data in both programs to understand the co-occurrence of gambling and crystal methamphetamine use among our clients. We then presented our findings to both teams and co-designed a screening tool and cross-referral pathway.

The screening tool and cross-referral pathway are now available for all gambling, alcohol and other drugs staff members to use. We will continue to monitor the effectiveness of the new interventions, including whether staff feel supported in screening and referring clients, and whether clients are receiving the treatment they need sooner.

Simple swaps make for successful therapy

A simple swap to an online tool has improved the experience of Latrobe Valley parents whose children are receiving treatment for stuttered speech.

Latrobe Community Health Service delivers a multidisciplinary allied health service for families of children experiencing mild to moderate developmental delay.

Our paediatrics team provides early intervention in the areas of communication; social, emotional, and behavioural skills; sensory processing; and fine and gross motor skills.

"We deliver behavioural treatment therapy to target children's stuttered speech using the Lidcombe Program," Paediatric Speech Pathologist Adrienne Robinson says.

"This relies on parents managing their children's stuttering in different environments, including delivering the therapy and rating their child's stuttering severity at home."

Parents were asked to rate their child's stuttering severity each day, using a paper-based tool. However, parents often misplaced the paper, forgot to fill it out and sometimes didn't bring their ratings to clinical appointments.

The team trialled the use of an online rating system and a daily SMS reminder, to gauge whether this encouraged greater engagement in the therapy.

"We received ethical approval from Monash University Research Ethics Committee to conduct the trial, and after a 12-month study we found the online system improved our clinical oversight and helped parents track their child's progress," Adrienne says.

"Parents told us they preferred the online rating tool, and so we continue to use this system in our stuttering therapy sessions."

A peer-reviewed research article is published in the *Journal of Clinical Practice in Speech-Language Pathology.*

"We are very proud our simple innovation has improved the experience for parents and children, and we're incredibly excited to have our research published," Adrienne says.

Adapting our service delivery in response to COVID-19

In the face of changing restrictions due to COVID-19 outbreaks, our staff continue to think outside the box to deliver services to clients. In 2019-20, we established a strong telehealth service offering so people didn't miss out on vital healthcare. Our dental workforce began providing oral health education over the phone to help people maintain healthy oral hygiene habits at home. Our doctors, counsellors, care coordinators, allied health professionals and NDIS staff delivered appointments either over the phone or via video link. This service offering continued in 2020-21, and some teams went a step further to ensure our services remained engaging for our client groups.

Many migrants and refugees experience social isolation when they are settling in new areas. Getting kids to school, finding work, and navigating the health and social services system can be quite a busy time for many families. It can be difficult knowing where to go for help, and it can be overwhelming trying to make new friends in your new town – even more so when English isn't your first language. Our community settlement workers increase social connections among our culturally and linguistically diverse communities by running friendship groups where migrants and refugees meet, share advice, and make friends. During the COVID-19 stay-at-home restrictions, our friendship groups could no longer meet face-to-face. Our settlement workers were concerned many families would experience social isolation, and so we created a private Facebook group where friends could stay in contact and we could share reliable and up-to-date information about the pandemic. In 2020-21, the group had 125 active members and shared more than 800 posts about the latest public health advice, government assistance, home learning activities, and fun things to do at home.

Our Paediatric and Youth Hub runs group programs for families of children who are experiencing difficulties developing communication, sensory processing, fine motor and / or gross motor skills. These group programs allow families to meet face-to-face and participate in activities that help children grow these skills. During the height of COVID-19 restrictions, we were unable to offer group programs. Our paediatrics team took the activities online so children could continue learning and practising new skills. We created two private Facebook groups for our clients – one was for families of preschool-aged children and the other was for families of infants and toddlers. Our team posted activity sheets and videos describing those activities, so families could follow along at home. More than 60 families took part in the online groups.

In the thick of the lockdowns, our metropolitan dental team explored teledentistry as a new way of improving the oral health of isolated communities. We explored the barriers and enablers of teledentistry, and provided 103 people aged between 24 and 84 with telehealth consultations. We helped a further 29 people who were experiencing minor pain to manage their condition while they were unable to come in for treatment. We found teledentistry can play an important role in improving people's oral health, particularly when face-to-face contact is limited. We will use this approach to inform future teledentistry models of care.

Empowering cancer patients to talk about end of life

Cancer is a chronic illness that places new demands on patients and their families as they try to understand their condition while managing their care and future needs. It can be a stressful time for everyone, and missing vital information – including decisions about goals of care – can lead to a person's wishes not being recognised. It can also increase anxiety and confusion for family members and carers who are sometimes required to make decisions on their loved one's behalf.

Current research supports the introduction of 'advance care directives' to improve outcomes for people with a diagnosis of cancer. Studies show 50 percent of people will not be able to make their end-of-life medical decisions, and less than 15 percent of Australians have formally documented their preferences in an advance care directive. Advance care directives are a formal document that outlines a person's wishes during treatment and end-of-life care.

Latrobe Community Health Service identified the need to support cancer patients, their families and carers to have conversations with healthcare professionals about their advance care directives. We also recognised many staff do not feel comfortable starting an end-of-life conversation with their clients.

With funding from Gippsland Regional Integrated Cancer Services, we started a project with the aim to upskill staff and inform our clients about advance care directives. We established a project team and recruited advance care directive champions to roll out an educational campaign.

We surveyed our allied health and nursing staff about their knowledge of advance care directives. Our champions underwent 'train the trainer' training. The project team shared a short video from the peak body, Advance Care Planning Australia, and developed an educational package complete with conversation starters and booklets. Our champions ran a series of interactive sessions to teach our staff how to describe an advance care directive, identify the benefits, start conversations, complete forms, and document clients' wishes in our databases. We created an informative brochure to hand out when initiating the conversations with clients and their families. The project team also developed a procedure and work instruction as an ongoing resource our staff can refer to when supporting clients with a cancer diagnosis.

We again surveyed our staff about their knowledge and confidence in speaking about advance care directives, and found confidence has increased and more staff are starting these important conversations. We will now look to train more staff in advance care directives by offering this education across the organisation.

Strategic Priority Four

Use evidence-based outcomes to drive improvement across services

GOALS

- Develop the capability to measure client and organisational outcomes

In most organisations, performance is usually measured by outputs. How many cars did that manufacturer produce? How many televisions did that salesperson sell?

Health services similarly measure outputs. The number of referrals received, episodes of care delivered, information sessions presented, and enquiries made can tell our organisation about current and emerging health and wellbeing trends, where we should invest staff resources, and how we can best help the communities we serve.

Latrobe Community Health Service measures outputs via annual performance reviews, key performance indicators and client data reports to our funding bodies. However, we have been acutely aware we are not consistently measuring the outcomes we produce. Did that diabetes education session help that person lower their blood glucose levels? Is that stroke survivor able to walk unaided after a 12-week exercise program and guidance from our exercise physiologist? Our staff may already gather this information to plan a client's care or inform best practices for their program area, but we don't yet look at these outcomes at an organisational level.

Unlike outputs, outcomes describe the effect our services have on the people who receive them. For our service to have an effect, something needs to have changed for the client. Often, that change needs to be in relation to why the client sought our services in the first instance.

Take, for example, a middle-aged man who wants some professional help improving his mental health. He phones Latrobe Community Health Service and sees a generalist counsellor over several appointments. The client outcomes are not the client having access to Latrobe Community Health Service, nor the client completing their counselling sessions. The client outcomes in this scenario are the changes to the man's mental health status. Has his mental wellbeing improved? Is he able to live a better quality life with the new tools his counsellor has equipped him with?

When you send your car to the mechanic, the outcome you're looking for is not to have access to the mechanic, nor to have a good experience in the mechanic's waiting area. These things matter, but they are not outcomes. The outcome you are looking for is to get your car fixed.

When we developed our current strategic plan, we set out to measure client outcomes consistently across our organisation. This not only involves having the tools and capacity for staff to measure client outcomes, but we also needed to agree on the outcomes we wanted to measure.

In 2017-18, we employed a Research and Evaluation Officer to lead this work. In 2018-19, our Executive and Board approved five outcomes our organisation will be able to measure across GP, dental, nursing, counselling, aged care, alcohol and other drugs treatment, NDIS, and allied health services, among other areas.

Eventually, we want to be able to measure whether we are achieving the below five outcomes for our clients:

- improved or maintained physical health
- improved or maintained mental health
- improved or maintained social connection or participation
- improved or maintained functioning
- achievement of a client's or participant's goals.

In 2019-20, we evaluated how we already measure some of these outcomes, including the tools and methods our staff use to gather this important information.

In 2020-21, we selected 18 programs to start measuring at least one outcome. Our Research and Evaluation Officer led a capacity-building exercise in which we established how staff could both measure and report on client outcomes. This included setting up the software, educating staff to measure the outcome, and establishing a database to extract, interpret and report on the results.

18 programs were selected to take part in the trial.

5 programs are now able to measure at least one client outcome.

6 programs are undergoing trials now.

6 programs are building capacity to start the trial.

1 program was unable to extract data due to external factors.

In three services that measured the client outcome of "improved or maintained mental health", we now know:

29 percent of headspace Morwell clients improved their mental health at the end of treatment.

30 percent of clients seeking treatment for alcohol and other drugs use improved their mental health at end of treatment*.

67 percent of clients participating in the Forensic Mental Health in Community Health program improved their mental health at end of treatment*.

This data relates to Q3 FY 2020-21.
*This data should be viewed as preliminary due to small sample size.

In 2021-22, we will continue to build capacity and start measuring outcomes for the remaining 13 programs involved in this project.

Once we start collecting client outcomes data consistently, we will use this evidence to drive improvement in the quality of our services. One of our goals is to display this data publicly, so clients and the broader community can see the impact we have on the people and communities we serve. Our next step will be in scoping an appropriate dashboard reporting system to make sure our data is easily understood and actioned.

Our Volunteers

If you ever wanted to know how valuable volunteers are to our organisation, you only need to ask our clients.

Our clients' faces light up when they see our volunteers. After all, they are there during
some of our clients' most vulnerable moments.

175
active volunteers

9,500
hours of service

$333,545
monetary value of volunteer contribution

Volunteers provide a friendly face, a listening ear, and comfort. Above all, they provide social connection – something we've all learnt the importance of during the COVID-19 pandemic.

Among the hardest hit by the COVID-19 pandemic are our volunteers. Our volunteers have endured service disruptions and cancellations throughout the 2020 stay-at-home restrictions and 2021 snap lockdowns, but many continue to work on-site when it's safe to do so. Without volunteers, we wouldn't be able to provide low-cost transport to get people to and from medical appointments. We wouldn't be able to organise regular cups of tea and chats in the homes of people receiving palliative care treatment. We wouldn't be able to create 'buddy bears' in-house so we can offer children a safe distraction when they see the doctor or dentist.

Despite many volunteer services being put on hold throughout 2020-21, our volunteers contributed 9,500 hours of service. This equates to $333,545 in monetary value to our organisation. Whether you've been with us for one month or ten years, thank you to all of our volunteers.

We appreciate all that you do.

Getting people to and from appointments

In 2019-20, Latrobe Community Health Service received funding to run a low-cost volunteer transport service via the Commonwealth Home Support Program. This funding would allow us to transport more Gippsland residents aged 65 and older to and from medical appointments in Gippsland and in Melbourne. We were able to lease three new vehicles and increase our employed volunteer coordinators' working hours to coordinate the expanded service.

We rely on volunteers to drive people to and from their appointments. The COVID-19 pandemic stopped this service, due to many of our volunteers and clients being at high risk of serious illness if they contracted the coronavirus. Fortunately, we were able to start the service again in October 2020, after Victoria's second lockdown period had ended.

Between October 2020 and June 2021, 32 volunteer drivers transported 608 people to and from their medical appointments. This equates to about 155,007 kilometres on the road. Not only do our volunteer drivers help people get to vital appointments, but they provide comfort and support during what can be an anxious time.

Years of service

LCHS

5 years
- Shirley Newman
- John Matherson
- David Dunbar

10 years
- Leslie Watson
- Dianne Watson

LINK

5 years
- Kumudini Sundaralingam
- Claire Rodier
- Alan Gilliland
- Van Huynh
- Laura Barstow

10 years
- Robin Matheson

15 years
- Packiam Ambihaipahar

Donat's driven to help more people

Latrobe Valley man Donat Santowiak joined Latrobe Community Health Service as a new volunteer in 2020-21, and he's enjoying every moment.

"My experiences so far have been wonderful; the aspect of picking people up and having a short conversation is something I personally find really rewarding," Donat says.

"In a sense it is great to see people so appreciative of the work you are doing and giving back to the community."

Donat is one of our 32 volunteer drivers who help people get to and from medical and specialist appointments.

He not only gets people to their appointments on time, but provides a listening ear and some comfort.

"This is a wonderfully rewarding engagement with individuals," Donat says.

"You get a sense you're really contributing to the broader community."

Volunteers like Donat help Latrobe Community Health Service deliver more services to more people.

Without them, some of our services would not run.

"We don't often realise the difference a simple task can make to someone else," Volunteer Coordinator Adriana Pezzutto says.

"Without volunteers we could not provide our transport service. Something as simple as taking someone to and from an appointment can mean the world to someone else, who otherwise would struggle accessing the medical or specialist treatment they need."

Thank you to Donat and our many volunteers for the work you do.

LATROBE COMMUNITY HEALTH SERVICE LIMITED
AND CONTROLLED ENTITIES

ABN: 74 136 502 022

Financial Report For The Year Ended
30 June 2021

Latrobe Community Health Service Limited
And Controlled Entities

ABN: 74 136 502 022

Financial Report For The Year Ended 30 June 2021

CONTENTS **Page**

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

Your directors present this report on the entity for the financial year ended 30 June 2021.

Directors

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

Judith Walker
Mark Biggs
Nathan Voll
Joanne Booth
Placido Cali
Murray Bruce
Stelvio Vido
Bernadette Uzelac

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

Principal Activities

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

Provision of Community Health Services

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
Judith Walker	11	11
Mark Biggs	11	11
Nathan Voll	11	11
Joanne Booth	11	11
Placido Cali	11	9
Murray Bruce	11	10
Stelvio Vido	11	11
Bernadette Uzelac	11	11

The entity is incorporated under the Australian Charaties and Not-for-profit commission Act 2012 and is a company 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 2021, the total amount that members of the entity are liable to contribute if the entity is wound up is $170 (2020: $170).

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

Director Judith H Walker

Judith Walker

Dated this 30th [day] day of September [month] 2021

LATROBE COMMUNITY HEALTH SERVICE LIMITED
AND CONTROLLED ENTITIES
ABN: 74 136 502 022

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2021

	Note	2021 Consolidated $	2020 Consolidated $
Revenue	2	151,352,562	115,130,139
Other income	2	1,926,131	1,283,167
Employee benefits expense		(106,432,802)	(78,139,858)
Depreciation and amortisation expense	3	(8,825,632)	(7,351,702)
Interest expense on lease liabilities	3	(407,682)	(442,603)
Motor vehicle expenses		(807,375)	(783,940)
Utilities expense		(730,634)	(691,785)
Staff training and development expenses		(486,091)	(455,725)
Audit, legal and consultancy fees		(520,515)	(946,716)
Marketing expenses		(447,241)	(617,231)
Service agreements		(2,597,133)	(1,772,381)
Contract labour		(2,351,004)	(2,060,351)
Client support services expense		(15,147,015)	(12,593,426)
Doubtful debts expense		(9,259)	(22,006)
Sundry expenses		(10,773,261)	(8,028,754)
Discount on acquisition	9	10,574,088	-
Current year surplus before income tax		14,317,138	2,506,828
Income tax expense		-	-
Net current year surplus		14,317,138	2,506,828
Other comprehensive income			
Items that will not be reclassified subsequently to profit or loss:			
Gain on revaluation of land and buildings	10	9,485,799	-
Equity instrument at FVOCI - fair value change		1,074,621	(178,977)
Total other comprehensive (losses)/income for the year		10,560,420	(178,977)
Total comprehensive income for the year		24,877,559	2,327,851

The accompanying notes form part of these financial statements.

LATROBE COMMUNITY HEALTH SERVICE LIMITED
AND CONTROLLED ENTITIES
ABN: 74 136 502 022
STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2021

	Note	2021 Consolidated $	2020 Consolidated $
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	21,838,551	14,563,639
Trade and other receivables	5	283,255	931,934
Inventories	6	252,220	251,037
Other Financial assets	8	63,156,164	43,520,311
Other current assets	7	5,320,470	1,456,306
TOTAL CURRENT ASSETS		90,850,661	60,723,227
NON-CURRENT ASSETS			
Property, plant and equipment	10	46,706,214	28,258,199
Right-of-use assets	11	8,659,419	9,842,561
TOTAL NON-CURRENT ASSETS		55,365,633	38,100,760
TOTAL ASSETS		146,216,294	98,823,987
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	12	37,030,917	18,988,684
Lease liabilities	15	4,273,323	3,778,499
Employee provisions	14	13,619,047	9,562,415
TOTAL CURRENT LIABILITIES		54,923,287	32,329,598
NON-CURRENT LIABILITIES			
Lease liabilities	15	4,935,549	6,413,115
Employee provisions	14	4,387,564	2,988,938
TOTAL NON-CURRENT LIABILITIES		9,323,113	9,402,053
TOTAL LIABILITIES		64,246,400	41,731,651
NET ASSETS		81,969,894	57,092,336
EQUITY			
Retained surplus		55,642,143	45,035,532
Reserves		26,327,752	12,056,804
TOTAL EQUITY		81,969,894	57,092,336

The accompanying notes form part of these financial statements.

LATROBE COMMUNITY HEALTH SERVICE LIMITED
AND CONTROLLED ENTITIES
ABN: 74 136 502 022
STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2021

	Retained Surplus	Asset Revaluation Reserve	Capital Reserve	Community Projects Reserve	General Reserve	Equity FVOCI Reserve	Total
	$	$	$	$	$	$	$
Balance at 1 July 2019	45,084,588	486,486	5,104,068	1,000,000	11,083,501	194,347	62,952,990
Cumulative adjustment upon adoption of new accounting standards - AASB 16 and AASB 1058	(8,188,506)						(8,188,506)
Balance at 1 July 2019 (Restated)	36,896,082	486,486	5,104,068	1,000,000	11,083,501	194,347	54,764,484
Comprehensive Income							
Surplus for the year	2,506,828						2,506,828
Total other comprehensive income	39,402,910	-	-	-	-	-	39,402,910
Other transfers							
Transfers to/(from) capital reserve	(21,355)		21,355				-
Transfers to/(from) community projects reserve	(500,000)			500,000			-
Transfers to/(from) general reserve	6,153,976				(6,153,976)		-
Equity investments FVOCI - Fair value change						(178,977)	(178,977)
Total other transfers	5,632,622	486,486	5,125,423	1,500,000	4,929,524	15,370	-
Balance at 30 June 2020	45,035,532	486,486	5,125,423	1,500,000	4,929,524	15,370	57,092,336
Balance at 1 July 2020	45,035,532	486,486	5,125,423	1,500,000	4,929,524	15,370	57,092,336
Comprehensive Income							
Surplus for the year	14,317,138						14,317,138
Net Gain on revaluation of property		9,485,799					9,485,799
Total other comprehensive income	59,352,670	9,485,799	-	-	-	-	80,895,273
Other transfers							
Transfers to/(from) capital reserve	(2,197,825)		2,197,825				-
Transfers to/(from) community projects reserve	1,500,000			(1,500,000)			-
Transfers to/(from) general reserve	(3,012,703)				3,012,703		-
Equity investments FVOCI - Fair value change						1,074,621	1,074,621
Total other transfers	(3,710,528)	-	7,323,248	-	7,942,227	1,089,991	-
Balance at 30 June 2021	55,642,143	9,972,286	7,323,248	-	7,942,227	1,089,991	81,969,894

For a description of each reserve, refer to Note 23

The accompanying notes form part of these financial statements.

LATROBE COMMUNITY HEALTH SERVICE LIMITED
AND CONTROLLED ENTITIES
ABN: 74 136 502 022
STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2021

	Note	2021 Consolidated $	2020 Consolidated $
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from grants and other income		164,718,861	114,036,930
Payments to suppliers and employees		(138,704,525)	(103,535,132)
Interest received		879,949	1,186,556
Net cash generated from operating activities	19	26,894,285	11,688,354
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds from sale of property, plant and equipment		3,277,140	1,073,250
Payment for property, plant and equipment		(5,220,097)	(3,454,791)
Payment for held-to-maturity investments		(18,561,232)	1,724,431
Acquisition of subsidiary (Net of cash acquired)		5,164,352	-
Net cash used in investing activities		(15,339,837)	(657,110)
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of lease liabilities		(4,279,536)	(3,512,099)
Net cash used in financing activities		(4,279,536)	(3,512,099)
Net increase in cash held		7,274,912	7,519,145
Cash on hand at beginning of the financial year		14,563,639	7,044,494
Cash on hand at end of the financial year	4	21,838,551	14,563,639

The accompanying notes form part of these financial statements.

Note 1 Summary of Significant Accounting Policies

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

Basis of Preparation

Latrobe Community Health Service Limited and Controlled Entities 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 accounts have been prepared on a going concern basis.

The financial statements were authorised for issue on 30 September 2021 by the directors of the company.

Accounting Policies

Principles of consolidation

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

Business Combinations

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

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

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

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

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

(a) Revenue

Revenue recognition

Operating grants, donations and bequests

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

When both these conditions are satisfied, the group:

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

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

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

If a contract liability is recognised as a related amount above, the group recognises income in profit or loss when or as it satisfies its obligations under the contract.

Capital grant

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

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

Client Fees

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

Interest income

Interest income is recognised using the effective interest method.

(b) Inventories

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

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

(c) Property, Plant and Equipment

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

Freehold Property

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

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

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

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

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

Plant and Equipment

Plant and equipment are measured on 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 plant and equipment but excluding freehold land, is depreciated on a straight-line basis over the asset's useful life to the entity commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

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

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

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

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

(d) Leases

The Company as lessee

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

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

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

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

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

Right-of-use assets are depreciated over the lease term or useful life of the underlying asset whichever is the shortest. The average lease term is approximately 3 years.
Where a lease transfers ownership of the underlying asset or the cost of the right-of-use asset reflects that the group anticipates to exercise a purchase option, the specific asset is depreciated over the useful life of the underlying asset.

(e) Financial Instruments

Recognition, initial measurement and derecognition

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

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

Classification and subsequent measurement of financial assets

Except for those trade receivables that do not contain a significant financing component and are measured at the transaction price, all financial assets are initially measured at fair value adjusted for transaction costs (where applicable).
For the purpose of subsequent measurement, financial assets other than those designated and effective as hedging instruments are classified into the following categories upon initial recognition:

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

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

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

Subsequent measurement financial assets

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

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

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

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

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

Impairment of Financial assets
AASB 9's impairment requirements use more forward looking information to recognize expected credit losses - the 'expected credit losses (ECL) model'. Instruments within the scope of the new requirements included loans and other debt-type financial assets measured at amortised cost and FVOCI and trade receivables.
The group considers a broader range of information when assessing credit risk and measuring expected credit losses, including past events, current conditions, reasonable and supportable forecasts that affect the expected collectability of the future cash flows of the instrument.
In applying this forward-looking approach, a distinction is made between:

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

'Stage 3' would cover financial assets that have objective evidence of impairment at the reporting date.
'12-month expected credit losses' are recognised for the first category while 'lifetime expected credit losses' are recognised for the second category.
Measurement of the expected credit losses is determined by a probability-weighted estimate of credit losses over the expected life of the financial instrument.

Trade and other receivables
The group makes use of a simplified approach in accounting for trade and other receivables records the loss allowance at the amount equal to the expected lifetime credit losses. In using this practical expedient, the company uses its historical experience, external indicators and forward-looking information to calculate the expected credit losses using a provision matrix.
The group assess impairment of trade receivables on a collective basis as they possess credit risk characteristics based on the days past due. The group allows 1% for amounts that are 30 to 60 days past due, 1.5% for amounts that are between 60 and 90 days past due and writes off fully any amounts that are more than 90 days past due.

Classification and measurement of financial liabilities

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

(f) Impairment of Assets

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

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

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

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

(g) Employee Benefits

Short-term employee benefits

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

The group's obligations for short-term employee benefits such as wages, salaries and sick leave are recognised as part of current trade and other payables in the statement of financial position.
Short term employee benefits also includes annual leave entitlements which are measured at nominal amounts including on costs.

Other long-term employee benefits

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

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

Retirement benefit obligations

Defined contribution superannuation benefits

All employees of the group receive defined contribution superannuation entitlements, for which the group pays the fixed superannuation guarantee contribution (currently 9.5% of the employee's average ordinary salary) to the employee's superannuation fund of choice. All contributions in respect of employees' defined contribution entitlements are recognised as an expense when they become payable. The group's obligation with respect to employees' defined contribution entitlements is limited to its obligation for any unpaid superannuation guarantee contributions at the end of the reporting period. All obligations for unpaid superannuation guarantee contributions are measured at the (undiscounted) amounts expected to be paid when the obligation is settled and are presented as current liabilities in the group's statement of financial position.

(h) Cash and Cash Equivalents

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

(i) Trade and Other Debtors

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

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

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

(j) Goods and Services Tax (GST)

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

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

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

(k) Income Tax

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

(l) Provisions

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

(m) Comparative Figures

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

(n) Critical Accounting Estimates and Judgements

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

Key estimates

(i) Valuation of freehold land and buildings

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

(ii) Useful lives of property, plant and equipment

As described in Note 1, the Company reviews the estimated useful lives of property, plant and equipment at the end of each annual reporting period.

Key judgements

(i) Performance obligations under AASB 15

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

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

The lease term is defined as the non-cancellable period of a lease together with both periods covered by an option to extend the lease if the lessee is reasonably certain to exercise that option; and also periods covered by an option to terminate the lease if the lessee is reasonably certain not to exercise that option. The options that are reasonably going to be exercised is a key management judgement that the company will make. The company determines the likeliness to exercise the options on a lease-by-lease basis looking at various factors such as which assets are strategic and which are key to future strategy of the group.
The company has included any options exercisable in the next 5 years in the lease term.

(iii) Employee benefits

For the purpose of measurement, AASB 119: *Employee Benefits* defines obligations for short-term employee benefits as obligations expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service. As the company expects that most employees will not use all of their leave entitlements in the same year in which they are earned or during the 12-month period that follows, the directors believe that obligations for 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

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

(p) Fair Value of Assets and Liabilities

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

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

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

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

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

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

(q) Rounding

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

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

Initial adoption of AASB 2020-04: Amendments to Australian Accounting Standards – Covid-19-Related Rent Concessions

AASB 2020-4: *Amendments to Australian Accounting Standards – Covid-19- Related Rent Concessions* amends AASB 16: *Leases* by providing a practical expedient that permits lessees to assess whether rent concessions that occur as a direct consequence of the COVID-19 pandemic and, if certain conditions are met, account for those rent concessions as if they were not lease modifications.

Initial adoption of AASB 2018-6 Amendments to Australian Accounting Standards – Definition of a Business

AASB 2018-6: *Amendments to Australian Accounting Standards – Definition of a Business* amends and narrows the definition of a business specified in AASB 3 Business Combinations, simplifying the determination of whether a transaction should be accounted for as a business combination or an asset acquisition. Entities may also perform a calculation and elect to treat certain acquisitions as acquisitions of assets.

The adoption of these standards did not have any impact on the amounts recognised in prior periods and are not expected to significantly affect the current or future periods.

Note 2 Revenue and Other Income

	2021 $	2020 $
Revenue		
Revenue from delivery of services		
— Commonwealth government grants - operating	101,820,210	76,983,433
— State government grants	29,956,052	24,514,259
— Other organisations	11,836,699	6,875,603
— Client fees	6,942,682	5,815,086
Total revenue	150,555,643	114,188,380
Other revenue		
— Interest received on investments in government and fixed interest securities	796,919	941,758
	796,919	941,758
Total revenue	151,352,562	115,130,139
Other income		
— Gain on disposal of property, plant and equipment	339,419	301,905
— Charitable income and fundraising	10,525	6,237
— Rental income	69,619	145,775
— Other	1,506,568	829,251
Total other income	1,926,131	1,283,168
Total revenue and other income	153,278,693	116,413,307

Transaction price allocated to the remaining performance obligation

The table below shows the grant revenue expected to be recognised in the future related to the aggregate amount of the transaction price allocated to the performance obligations that are unsatisfied (partially unsatisfied) at the reporting date.

	2022 $
Revenue from government grants and other grants	19,621,002

Note 3 Surplus for the Year; includes the following other expenses:

	2021 $	2020 $
a. Expenses		
Finance costs:		
— interest expense on lease liabilities	407,682	442,603
Total interest expense	407,682	442,603
Depreciation and amortisation:		
— buildings	1,369,521	1,023,626
— motor vehicles	836,889	620,832
— furniture and equipment	2,150,714	1,846,093
— Leased assets	4,468,509	3,861,152
Total depreciation and amortisation	8,825,632	7,351,702

Note 4 Cash and Cash Equivalents

	2021 $	2020 $
CURRENT		
Cash at bank	2,733,551	860,139
Cash on hand	5,000	3,500
Cash at deposit	19,100,000	13,700,000
	21,838,551	14,563,639

Note 5 Trade and Other Receivables

	2021 $	2020 $
CURRENT		
Trade receivables	151,884	740,810
Other receivables	195,878	246,372
Provision for impairment	(64,507)	(55,248)
Total current accounts receivable and other debtors	283,255	931,934

The entity's normal credit term is 30 days.

Note 6 Inventories

	2021 $	2020 $
CURRENT		
At cost:		
Inventory	252,220	251,037
	252,220	251,037

Note 7 Other Assets

	2021 $	2020 $
Accrued Income	4,454,593	715,601
Prepayments	865,878	740,705
	5,320,470	1,456,306

Note 8 Other Financial Assets

	2021 $	2020 $
CURRENT		
Term deposits with original maturities greater than 3 months	49,000,000	36,724,000
Other financial assets - Investment portfolio - measured at fair value through OCI.	14,156,164	6,796,311
Total current assets	63,156,164	43,520,311

Note 9 **Interests in Subsidiaries**

(a) **Information about Principal Subsidiaries**

The subsidiaries listed below have share capital consisting solely of ordinary shares or ordinary units or shares limited by guarantee and are controlled by the Group. Each subsidiary's principal place of business is also its country of incorporation.

		Controlling interest held by the Group	
		2021	2020
Name of subsidiary	Principal place of business	(%)	(%)
Link Health and Community Limited	81-83 Buckley St Morwell Vic 3840	100%	0%
Link Private Practice Pty Ltd	81-83 Buckley St Morwell Vic 3840	100%	0%
Latrobe CHS Nominees Pty Ltd	81-83 Buckley St Morwell Vic 3840	100%	100%

Subsidiary financial statements used in the preparation of these consolidated financial statements have also been prepared as at the same reporting date as the Group's financial statements.

Subsequent to year end, Link Private Practice Pty Ltd was deregistered.

(b) **Significant Restrictions**

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

(c) **Acquisition of Controlled Entities**

On 1 July 2020, the parent entity acquired 100% control of Link Health and Community Limited and Link Private Practice Pty Ltd. By holding 100% control of Link Health and Community Limited and Link Private Practice Pty Ltd, the Group has the current ability to direct the relevant activities of the entities. The acquisition was part of Latrobe Community Health Service's growth strategy to expand the delivery of health services into the metro region.

	Fair value $
Identifiable assets acquired	
Cash	5,164,352
Trade and other Receivables	521,413
Inventories	108,547
Other Current assets	67,369
Right of use assets	880,021
Property, plant and equipment	11,036,963
	17,778,665
Identifiable liabilities assumed	
Trade and other Payables	3,558,481
Lease liability	891,448
Leave provisions	2,754,648
	7,204,577
Identifiable assets acquired and liabilities assumed	10,574,088
Purchase consideration	-
Discount on Acquisition	10,574,088
Cash inflow on Acquisition	5,164,352

Note 10 Property, Plant and Equipment

	2021 $	2020 $
LAND AND BUILDINGS		
Freehold land at fair value:		
— Independant valuation in 2021	8,352,340	
— Directors valuation in 2020		3,031,031
Total land	8,352,340	3,031,031
Buildings at fair value:		
— Independant valuation in 2021	23,358,009	
— Directors valuation in 2020		15,039,261
Less accumulated depreciation	(40,395)	(1,044,299)
Total buildings	23,317,614	13,994,962
Leasehold improvements		
— Leasehold improvements at cost	7,223,794	4,060,142
Less accumulated depreciation	(3,784,210)	(1,909,711)
Total leasehold improvements	3,439,584	2,150,431
Total land and buildings	35,109,538	19,176,424
PLANT AND EQUIPMENT		
Furniture and Equipment		
At cost	24,618,030	20,259,326
(Accumulated depreciation)	(16,825,153)	(13,930,882)
	7,792,876	6,328,444
Motor Vehicles		
At cost	4,627,349	3,412,731
(Accumulated depreciation)	(1,349,937)	(778,505)
	3,277,412	2,634,226
Total plant and equipment	11,070,288	8,962,671
Total property, plant and equipment	46,179,826	28,139,095
Capital work in progress	526,388	119,104
	46,706,214	28,258,199

Movements in Carrying Amounts

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

	Land $	Buildings $	Motor Vehicles $	Furniture and Equipment $	Capital work in progress $	Total $
2020						
Balance at the beginning of the year	3,031,031	17,169,020	2,125,900	6,739,351	-	29,065,303
Additions at cost			1,900,502	1,435,186	119,104	3,454,791
Disposals			(771,345)			(771,345)
Depreciation expense		(1,023,627)	(620,831)	(1,846,092)		(3,490,550)
Carrying amount at the end of the year	3,031,031	16,145,393	2,634,226	6,328,444	119,104	28,258,199
2021						
Balance at the beginning of the year	3,031,031	16,145,393	2,634,226	6,328,444	119,104	28,258,199
Additions at cost		491,281	1,321,482	3,000,052	407,284	5,220,098
Acquisitions through business combinations	6,595,000	3,330,556	496,314	615,093		11,036,963
Disposals	(2,600,000)		(337,721)			(2,937,721)
Revaluations	1,326,309	8,159,490				9,485,799
Depreciation expense		(1,369,521)	(836,889)	(2,150,714)		(4,357,124)
Carrying amount at the end of the year	8,352,340	26,757,199	3,277,412	7,792,876	526,388	46,706,214

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

Note 11 Right-of-use Assets

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

(a) Options to Extend or Terminate
The option to extend or terminate are contained in several of the property leases of the group. These clauses provide the group opportunities to manage leases in order to align with its strategies. All of the extension or termination options are only exercisable by the group. The extension options or termination options which were probable to be exercised have been included in the calculation of the right-of-use asset. The group has included any options exercisable in the next 5 years in the lease term.

AASB 16 related amounts recognised in the balance sheet

Right-of-use assets	2021 $	2020 $
Leased building	15,983,724	13,006,073
Accumulated depreciation	(7,431,971)	(3,511,098)
	8,551,753	9,494,975
Leased motor vehicles	158,387	697,640
Accumulated depreciation	(50,720)	(350,055)
	107,666	347,586
Total right-of-use asset	8,659,419	9,842,561

Movements in carrying amounts:

Leased buildings:		
Opening net carrying amount	9,494,975	13,006,073
Additions	2,097,630	
Acquisitions through business combinations	880,022	
Depreciation expense	(3,920,874)	(3,511,098)
Net carrying amount	8,551,753	9,494,975
Leased motor vehicles:		
Opening net carrying amount	347,586	350,265
Additions	307,715	347,376
Depreciation expense	(547,635)	(350,055)
Net carrying amount	107,666	347,586

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

	2021 $	2020 $
Depreciation charge related to right-of-use assets	4,468,509	3,861,152
Interest expense on lease liabilities	407,682	442,603

Note 12 Trade and Other Payables

	Note	2021 $	2020 $
CURRENT			
Trade payables		1,626,473	3,945,347
Contract liability		30,110,074	12,132,353
GST payable		963,154	150,213
Accrued expenses		3,148,715	2,237,137
Employee benefits		1,182,502	523,635
	Note 12a	37,030,917	18,988,684

		2021 $	2020 $
a	**Financial liabilities at amortised cost classified as accounts payable and other payables**		
	Accounts payable and other payables:		
	— Total current	37,030,917	18,988,684
		37,030,917	18,988,684
	Less contract liability	(30,110,074)	(12,132,353)
	Less other payables (net amount of GST payable)	(963,154)	(150,213)
	Financial liabilities as trade and other payables 21	5,957,689	6,706,118

Note 13 Contract Liability

	2021 $	2020 $
Balance at the beginning of the year	12,132,353	13,404,104
Funding repaid during the year	(1,203,808)	(7,505,006)
Additions:		
Grants for which performance obligations will only be satisfied in subsequent years.	19,181,530	6,233,255
Closing balance at the end of the year	30,110,074	12,132,353

If grants are enforceable and have sufficiently specific performance obligations in accordance with AASB 15, the amount received at that point in time, is recognised as a contract liability until the performance obligations have been satisfied.

Note 14 Provisions

	2021 $	2020 $
CURRENT		
Provision for employee benefits: annual leave	8,671,369	6,191,910
Provision for employee benefits: long service leave	4,947,678	3,370,505
	13,619,047	9,562,415
NON-CURRENT		
Provision for employee benefits: long service leave	4,387,564	2,988,938
	4,387,564	2,988,938
	18,006,612	12,551,353

Analysis of total provisions:	
Opening balance at 1 July 2020	12,551,353
Additional provisions raised during the year	12,017,711
Additional provisions acquired through business combinations	2,754,648
Amounts used	(9,317,100)
Balance at 30 June 2021	18,006,612

Note 15 Leasing liabilities

	2021 $	2020 $
a Right of use leases		
Payable - minimum lease payments:		
— not later than 12 months	4,532,203	4,087,881
— between 12 months and five years	5,159,296	6,706,737
— later than five years	-	-
Minimum lease payments	9,691,499	10,794,618
Less future finance charges	(482,627)	(603,004)
Present value of minimum lease payments	9,208,872	10,191,614
Reconciled to:		
Current lease liability	4,273,323	3,778,499
Non current lease liability	4,935,549	6,413,115
	9,208,872	10,191,614

Note 16 Contingent Liabilities and Contingent Assets

There were no contingent liabilities or assets as at the reporting date. (2020: Nil)

Note 17 Events After the Reporting Period

The directors are not aware of any significant events since the end of the reporting period.

Note 18 Key Management Personnel Compensation

Key Management Personnel

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

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

	2021 $	2020 $
Key management personnel compensation:	1,621,202	1,604,915

Note 19 Cash Flow Information

Reconciliation of Cash Flows from Operating Activities with Net Current Year Surplus

Net current year surplus	14,317,138	2,506,828
Less capital income	-	-
Non-cash flows:		
Discount on acquisition	(10,574,088)	-
Depreciation and amortisation expense	8,825,632	7,351,702
Gain on disposal of property, plant and equipment	(339,419)	(301,905)
Doubtful debts expense	9,259	22,006
Changes in assets and liabilities:		
(Increase)/decrease in trade and other receivables	1,160,833	185,500
Increase/(decrease) in trade and other payables	14,483,752	(1,130,616)
(Increase)/decrease in other assets	(3,796,796)	301,222
Increase/(decrease) in provisions	2,700,610	2,742,182
(Increase)/decrease in inventories on hand	107,364	11,435
	26,894,285	11,688,354

Note 20 Other Related Party Transactions

Board Member	Related Parties
Mark Biggs	Lyrebird Village Aged Care
Murray Bruce	Gippsland Primary Health Network
Stelvio Vido	Windana Drug and Alcohol Recovery
Ben Leigh	Latrobe Health Assembly
Ben Leigh	TAFE Gippsland

During the year revenue of $1,613,557 was received from Gippsland Primary Health Network, $7,000 from Latrobe Health Assembly and $3,641 from TAFE Gippsland.

During the year $152,430 was paid to Windana Drug and Alcohol Recovery and $2,508 to Lyrebird Village Aged Care.

All transactions with related parties are per normal commercial terms and conditions.

Note 21 Financial Risk Management

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

The totals for each category of financial instruments, measured in accordance with AASB 9: *Financial Instruments* as detailed in the accounting policies to these financial statements, are as follows:

	Note	2021 $	2020 $
Financial assets			
— cash and cash equivalents	4	21,838,551	14,563,639
— trade and other receivables	5	283,255	931,934
— other financial assets		63,156,164	43,520,311
— other assets	7	4,454,593	715,601
Total financial assets		89,732,564	59,731,485
Financial liabilities			
Financial liabilities at amortised cost:			
— trade and other payables	12	5,957,689	6,706,118
— lease liabilities		9,208,872	10,191,614
Total financial liabilities		15,166,561	16,897,732

Note 22 Fair Value Measurements

The group measures and recognises the following assets at fair value on a recurring basis after initial recognition:

- financial assets at fair value through profit or loss;
- financial assets at fair value through other comprehensive income; and
- freehold land and buildings.

The group does not subsequently measure any liabilities at fair value on a recurring basis, or any assets or liabilities at fair value on a non-recurring basis.

Valuation techniques

The group selects a valuation technique that is appropriate in the circumstances and for which sufficient data is available to measure fair value. The availability of sufficient and relevant data primarily depends on the specific characteristics of the asset being measured. The valuation techniques selected by the group are consistent with one or more of the following valuation approaches:

- the market approach, which uses prices and other relevant information generated by market transactions for identical or similar assets or liabilities;
- the income approach, which converts estimated future cash flows or income and expenses into a single discounted present value; and
- the cost approach, which reflects the current replacement cost of an asset at its current service capacity.

Each valuation technique requires inputs that reflect the assumptions that buyers and sellers would use when pricing the asset or liability, including assumptions about risks. When selecting a valuation technique, the group gives priority to those techniques that maximise the use of observable inputs and minimise the use of unobservable inputs. Inputs that are developed using market data (such as publicly available information on actual transactions) and reflect the assumptions that buyers and sellers would generally use when pricing the asset or liability are considered observable, whereas inputs for which market data is not available and therefore are developed using the best information available about such assumptions are considered unobservable.

Recurring fair value measurements	Note	2021 $	2020 $
Financial assets			
Term deposits with original maturities greater than 3 months		49,000,000	36,724,000
Investment portfolio - measured at fair value through OCI (i)	8	14,156,164	6,796,311
		63,156,164	43,520,311
Property, plant and equipment			
Freehold land (ii)	10	8,352,340	3,031,031
Freehold buildings (ii)	10	23,317,614	13,994,962
		31,669,954	17,025,993

(i) For investments in listed shares, the fair values have been determined based on closing quoted bid prices at the end of the reporting period.

(ii) For freehold land and buildings, the fair values are based on an independent valuation taking into account an external valuers report in the current year, which used comparable market data and replacement costs for similar properties.

Note 23 Reserves

(a) **Asset Revaluation Reserve**

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

(b) **Capital reserve**

The Capital Reserve records funds allocated to Capital projects.

(c) **Community Projects Reserve**

The Community Projects Reserve records funds allocated to future Board initiatives and community Projects.

(d) **General Reserve**

The General Reserve records funds allocated to deliver programs to the community.

(e) **Equity Fair Value through Other Comprehensive Income (Equity FVOCI)**

This reserve records movements in share prices.

Note 24 Entity Details

The registered office of the group is:

Latrobe Community Health Service
81-87 Buckley Street
Morwell
Victoria

The principal place of business is:

Latrobe Community Health Service
81-87 Buckley Street
Morwell
Victoria

Note 25 Members' Guarantee

The group is incorporated under the Australian Charities and Not-for-profit Commission Act 2012 and is a company limited by guarantee. If the group is wound up, the constitution states that each member is required to contribute a maximum of $10 towards meeting any outstanding obligations of the company. At 30 June 2021 the number of members was 17.

Note 26 Impact of COVID-19

The Covid-19 pandemic has not had a significant impact on our financial arrangements. Some programs had restrictions placed on the services they provide, and others could not continue to be delivered in their usual manner. Latrobe Community Health Service has seen this as an opportunity to innovate around our service delivery methods, and in the use of technology. As a result almost all clients have continued to receive services throughout. There has been the requirement to provide additional PPE to employees and to enhance infection control infrastructure at our sites, however these costs have been immaterial.

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

In accordance with a resolution of the directors of Latrobe Community Health Service Limited And Controlled Entities, the directors of the entity declare that:

1. The financial statements and notes as set out on pages 2 to 21 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 consolidated group as at 30 June 2021 and of its performance for the year ended on that date.

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

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

Director 

Judith Walker

Dated this 30th [day] day of September [month] 2021

INDEPENDENT AUDITOR'S REPORT

To the Members of Latrobe Community Health Service Limited

Opinion

We have audited the accompanying financial report of Latrobe Community Health Service Limited and Controlled Entities ("the Group"), which comprises the statement of financial position as at 30 June 2021, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and directors' declaration.

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

(i) giving a true and fair view of the Group's financial position as at 30 June 2021 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 Group in accordance with the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

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

Responsibilities of the Directors for the Financial Report

The directors of the Group are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards – 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.

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

Auditor's Responsibilities for the Audit of the Financial Report

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

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Group's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.

- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Group's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Group to cease to continue as a going concern.

- Evaluate the overall presentation, structure, and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

Justin Brook
Director
GippsAudit Pty Ltd

Date: 30 September 2021
Place: Sale

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 2021, 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.

Justin Brook
Director
GippsAudit Pty Ltd

Date: 30 September 2021
Place: Sale

Latrobe Community Health Service
ABN: 74 136 502 022

t: 1800 242 696
w: www.lchs.com.au

Latrobe Community Health Service