



**Better health, better
lifestyles, strong and
inclusive communities.**

Annual Report 2025





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MAKE IT ONE.



MAKE IT EASY.



**MAKE IT
SUSTAINABLE**

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Acknowledgement of Country

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

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

The Uluru Statement from the Heart

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



Artwork by Dixon Patten (Yorta Yorta and Gunai artist)



Our purpose

We exist to enable people in our communities to thrive by providing quality care, support, education and connections.



Vision

Better health, better lifestyles, strong and inclusive communities.

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

Our values

Our values guide how we do things, how we work together and how we treat each other.



Providing excellent 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 statement

The 2024-25 financial year was one of significant reflection and renewal for Latrobe Community Health Service, as we refreshed the path forward for our organisation with the development of a new five year strategic plan.



Paul Ostrowski
Chief Executive Officer

Stelvio Vido
Board Chair

With the creation of this new plan, came the opportunity to reflect on what it means to be a part of LCHS. As we spoke with staff across the organisation, one thing became clear: the pride and care we feel for our work, for the people we support, and for each other.

It was only fitting in charting this new course for LCHS to engage with our staff and our clients to determine what is important to them. Our clients told us they value the health and social care services we deliver directly in the community, but they find the health system confusing. Even within our four walls, it's sometimes hard to know where to turn for answers. Our staff told us they were so focused on delivering their programs they risk not seeing the overall health needs of the client before them. Together, clients and staff told us we need a strategy to unify what we do: to Make it One.

Our clients and staff told us engaging with our health service can be too complex. They told us they recognise the need for policies and procedures, systems and hierarchies to keep us safe, but we need to simplify things to enable great outcomes. In short, we need to Make it Easy.

Finally, our clients told us they recognised the challenges of the environment we operate in. From pressure on the broader healthcare system to limitations with government funding, clients understand the fragility of community healthcare. Our staff recognise this too, and want us to be financially sustainable to ensure we endure for the people we support. Both clients and staff told us they were aware of the impact of our environmental footprint as we operate and grow. From a financial and environmental standpoint, our clients and staff want us to Make it Sustainable.

Our staff and clients threw themselves into the strategy process. And we're proud of the result—a new five-year plan that is a model for balanced health and social care into the future.

In the 2024-25 financial year, we've already made progress. We've reenergised our technology journey to help unify and simplify our work and services. As a symbol of how technology is improving health outcomes, we renamed our Information and Communications Technology team to Digital Health. They've risen to this new challenge with vigour, embracing the opportunities and challenges of digital technology in service planning, service delivery, and client experience.

We've changed the way we work as a leadership team, relying not only on the CEO and Executive, but engaging line leadership in crafting our future and improving decision making. We're tackling some of our biggest challenges; calling them out so they are fully and widely understood. It's been a pleasure to see staff everywhere respond with ideas on how to improve our services. We've overhauled the way we communicate too, running virtual all staff meetings or 'town halls' so everyone has the opportunity to hear how we're going, and to ask questions.

We are particularly proud our commitment to providing safe, high-quality care was recognised this year with several outstanding accreditation results—from receiving zero recommendations in the Aged Care Quality and Safety Standards accreditation process to being recommended for a commendation in the Primary and Community Healthcare Standards; we're proud to provide the very best care to our community.

In 2024-25, we continued to collaborate with like-minded organisations, as well as grow our existing programs to address critical social and health needs in the community. This year, we partnered with Quantum Support Services and Ramahyuck District Aboriginal Corporation to reduce chronic homelessness in Inner Gippsland, providing wrap-around support and access to housing for 15 people. We also partnered with Quantum and Cairnmillar Institute to deliver trauma-informed recovery care for victim-survivors of family, domestic and sexual violence. Since the program's inception, we have supported more than 200 people on their recovery journey. Our award-winning Autism Assessment Clinic, which we run in conjunction with Latrobe Regional Health, has also helped more than 200 families gain access to autism assessments.

Within LCHS, we've achieved growth across many of our core program offerings. We remain a trusted NDIS Partner in the Community, and our contract to deliver Local Area Coordination and Early Childhood services across regional Victoria, Melbourne and Sydney has been extended until 1 June, 2027. We continue to be a trusted provider of aged care services. This year, we saw a six per cent increase in home care package clients; our in-home support service Your Care Choice also grew by 12 per cent. The Australian Government also extended our contract to deliver Care Finders, a program that helps older people navigate the aged care system and understand the services available, until June 2027.

We continue to embed the customer voice in everything we do. Our various customer voice groups continue to grow both in numbers and diversity. Our First Nations Advisory Group generated real momentum this year across a range of initiatives. In 2025, we formed the First Nations Health and Wellbeing Strategic Group to incorporate the First Nations experience into everything we do. We now have two roles embedded into our organisational structure to support the delivery of our First Nations Health and Wellbeing Strategy.

This year we farewell two long-standing members of our Board, who will finish their tenure at our 2025 AGM in October. Placido Cali's tenure concludes after eight years of service. Throughout his time with us, Placido blended his passion for serving our community with his commercial acumen and expertise. Throughout his career, Placido has helped companies grow from local organisations to nationally recognised brands, and this rings true at LCHS in the many ways our service has grown over the past eight years. Placido was passionate about our obligation and purpose; to provide accessible, high quality, safe and responsive care and support to our community. We thank Placido for his valuable contribution to LCHS.

Also leaving us is Mark Biggs, who has been a Board Director at LCHS for almost 12 years. In that time, Mark has served as both Deputy Chair and, from 2016 to 2019, Chair of the Board. Mark's legacy lies

in the positive energy he brought to the Board throughout his tenure, which was particularly important over the past 12 months with the development of our new strategic plan. Mark's style and insights always engage other directors. Mark is an accomplished professional with a diverse background in many primary health and community service organisations, including Latrobe Regional Hospital, Gippsland Primary Health Network, and Gippsland Medical Local. As such, Mark was always collaborative, knowledgeable, and questioning in his approach at LCHS. His contribution, experience, and leadership will be missed.

The 2024-25 year was one of immense change and growth for LCHS, and embracing such a transformative year for our organisation is only possible thanks to the hard work and dedication of our entire workforce. We'd like to thank each and every staff member—from those who care for our community on the front-line, to those who provide services back of house, and everyone in between—for their support this year. We'd like to acknowledge leadership across the organisation for being so prepared to work differently, and to collaborate for a better LCHS.

Thank you to our volunteers for your ongoing service and enabling us to do so many good things for our community we couldn't otherwise. We'd also like to say a big thank you to our funding bodies for their ongoing trust in us. Finally, we'd like to acknowledge our clients who seek support from LCHS every day. You are the 'community' in community health and make our work the rich and rewarding experience it is every day. Thank you.

A thank you also to our Board Directors and non-Director committee members for their time and commitment during the year, and openness to looking at things differently; to acknowledging and respecting what has been achieved at LCHS, while shifting gears to reposition us for the future. We look forward to a transformative five years together.



Paul Ostrowski
Chief Executive Officer



Stelvio Vido
Board Chair

Financial summary

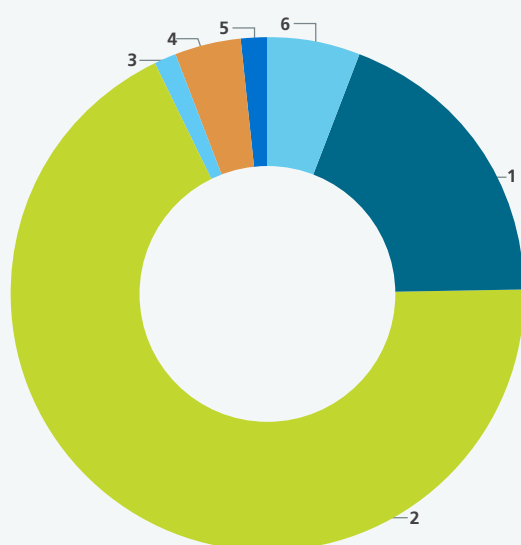
Latrobe Community Health Service delivered a net surplus of \$6.3 million and retained a strong financial position in 2024-25. Financial ratios and cash position remained healthy and within financial strategy benchmarks during the year.

Operating results

Total revenue increased by 10.9 per cent (\$20.9 million) to \$213.2 million. Commonwealth revenue increased by 10.8 per cent to \$144.7 million and represents 67.9 per cent of operating income received. The largest source of Commonwealth revenue relates to the National Disability Insurance Scheme (NDIS), which contributed \$75.2 million in 2024-25 (2023-24: \$74.4 million).

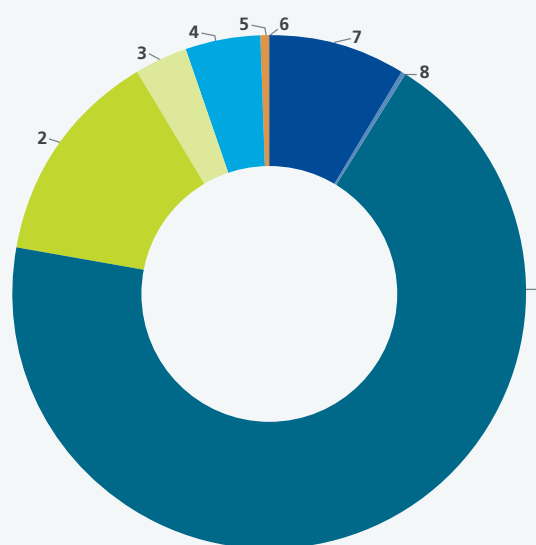
Operating expenditure increased by 9.0 per cent (\$17.1 million) to \$206.9 million. This was principally due to an increase in employment expenses which showed the largest increase with an additional \$8.0 million spent during 2024-25.

Total revenue 2024-25



1. Department of Health and Department of Families, Fairness and Housing **19.0%**
2. Commonwealth Government **67.9%**
3. Other **1.5%**
4. Client fees **4.2%**
5. Interest **1.4%**
6. Other Government grants **6.0%**

Total expenditure 2024-25



1. Employee benefits **68.7%**
2. Client support services **13.5%**
3. Contract labour **3.4%**
4. Depreciation **4.7%**
5. Motor vehicle costs **0.5%**
6. Operating leases **0.0%**
7. Program administration costs* **8.8%**
8. Utilities **0.3%**

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

Net results

Latrobe Community Health Service's overall net result for the 2024-25 financial year was a surplus of \$6.3 million.

	2024-25 (\$m)	2023-24 (\$m)	2022-23 (\$m)	2021-22 (\$m)	2020-21 (\$m)	2019-20 (\$m)	2018-19 (\$m)
Net results							
What we receive - revenue	213.2	192.3	184.8	169.5	153.3	116.4	117.7
What we spent - expenses	206.9	189.8	182.0	163.1	149.5	113.9	105.3
Operating result for the year	6.3	2.5	2.7	6.4	3.7	2.5	12.4
Plus Link merger	0	0	0	0	10.6	-	-
Plus capital grants received	0	0	0	0	-	0.0	0.1
Net result for the year	6.3	2.5	2.7	6.4	14.3	2.5	12.5

Assets and liabilities

Latrobe Community Health Service's total assets increased by \$6.5 million. This mostly consists of \$2.8 million in other assets and \$3.4 million in right-of-use assets.

Liabilities decreased by \$0.3 million. This consists of a decrease of \$4.8 million in contract liabilities which were partially offset by increases of \$3.2 million in lease liabilities and \$1.4 million in employee provisions.

	2024-25 (\$m)	2023-24 (\$m)	2022-23 (\$m)	2021-22 (\$m)	2020-21 (\$m)	2019-20 (\$m)	2018-19 (\$m)
Assets and liabilities							
What we own - assets	162.0	155.4	150.5	141.9	146.2	98.8	84.7
What we owe - liabilities	55.8	56.0	59.7	54.8	64.2	41.7	21.7
NET ASSETS	106.2	99.4	90.8	87.1	82.0	57.1	63.0
Working Capital Ratio							
Current Assets/Current Liabilities	1.70	1.52	1.47	1.69	1.79	2.13	2.88
Debt Ratio							
Total Liabilities/Total Assets	34.42%	36.05%	39.66%	38.61%	44.19%	42.48%	35.56%

	2024-25 (\$m)	2023-24 (\$m)	2022-23 (\$m)	2021-22 (\$m)	2020-21 (\$m)	2019-20 (\$m)	2018-19 (\$m)
Cash flow including financial assets							
Cash flow from operating activities	9.4	9.3	6.9	9.9	26.9	11.7	21.5
Cash flow from investing activities	(4.0)	(5.5)	(4.1)	(15.5)	4.3	(2.6)	(4.6)
Cash flow from financing activities	(4.3)	(4.7)	(4.2)	(4.8)	(4.3)	(3.5)	-
Cash and cash equivalents at beginning of period	72.3	73.2	74.6	85.0	22.7	17.0	0.1
Cash and cash equivalents at end of period	73.4	72.3	73.2	74.6	49.6	22.7	17.0

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.



Stelvio Vido
Board Chair

Appointed: 2018

Committees: **G**

B.Com, LLB, MBA, GAICD – Director since 2018; Chair of the Board Governance Committee.

Board skills and experience

Stelvio is an experienced Board Director with more than 25 years of Board experience across a range of sectors including health and human services, group training and employment services, community legal aid and TAFE.

He also has extensive executive experience having worked in senior leadership roles in community organisations, management consulting, local government, and commercial media. Stelvio is currently a Director of Sunraysia TAFE.



Bernadette Uzelac AM
Board Deputy Chair

Appointed: 2019

Committees: **Q G C**

B.Com, Grad Dip Organisation Change and Development, GAICD, FIML – Director since 2019 (second term); Chair Board Quality & Safety Committee, Member of the Board Governance Committee, Member Board Merger & Acquisition Committee.

Board skills and experience

Bernadette brings a strong background in human resources and business entrepreneurship, with a deep commitment to supporting regional communities. She has extensive board experience across a broad range of public sector and not-for-profit organisations, including aged care, disability, education, the arts, sport, health, and business.

Based in Geelong, Bernadette also provides board governance consulting services to not-for-profits and family businesses. She currently serves as Deputy Chair of the Kardinia Park Stadium Trust and as a Trustee of the Geelong Cemeteries Trust.



Mark Biggs

Appointed: 2014

Committees: **A**

BA (SocSci), Grad Dip Counselling Psychology – Director since February 2014 (last term); Member of the Board Audit & Risk Committee.

Board skills and experience

Mark is an accomplished professional with a diverse background in the primary health and community services sector. Throughout his career, he held various management roles in critical areas, including child protection, youth services, disability services, occupational rehabilitation and project management. He has expertise in strategic planning, policy, risk and business management and is skilled in governance, quality assurance and compliance.

Mark has demonstrated his commitment to the community through his previous board positions. He served as the Chair of Lyrebird Village for the Aged, Deputy Chair, and Audit Chair at the Latrobe Regional Hospital. Moreover, Mark was a Board Director at the Gippsland Primary Health Network (GPHN) and Gippsland Medical Local.

Mark served as LCHS Board Chairperson from 2016-2019.

Committee key

A Audit and Risk Committee	G Governance Committee
Q Quality and Safety Committee	N Nominations Committee
C Community Investment Committee	



Nathan Voll

Appointed: 2016

Committees: **A** **G** **C**

B Commerce, Grad Cert Bus Mgt, FCPA MBA, FAICD – Director since March 2016 (last term); Chair Board Audit & Risk Committee, Member Board Governance Committee, Member Board Merger & Acquisition Committee.

Board skills and experience

Nathan has more than 25 years of experience in the private and public sector in management, consulting, and finance and accounting. He is currently the regional finance manager for South Eastern Victoria with the Department of Education and Training. He previously worked as the general manager of corporate services at the Department of Justice and Regulation. Nathan has experience in the healthcare sector serving on the Board of Latrobe Health Insurance for twelve years and as a Board Director of West Gippsland Healthcare Group (WGHG) for six years.

He has served as a member at the Latrobe Health Risk and Investment Committees and chaired their audit committee. Nathan is the Chair of the Gippsland Primary Health Network, a former Chair and independent member of their audit risk and finance committee, a former Director and member of the WGHG audit committee and clinical governance committee and was previously on the Faculty of Education Board at Monash University. Nathan was a Director of Quantum Support Services enabling its successful merger with Melbourne City Mission. Nathan is a Fellow of CPA Australia (Certified Practising Accountant) and a fellow of the AICD.



Murray Bruce

Appointed: 2018

Committees: **N** **G**

LLB, BA (Political Science), GAICD – Director since 2018 (second term); Chair of the Board Nominations Committee; Member of the Board Governance Committee.

Board skills and experience

Murray is an experienced director, commercial lawyer and government executive. He has extensive Board and governance experience with expertise in areas of strategic planning, risk management, commissioning, change management and policy development. Murray has held senior roles at the Department of Health and Human Services, including as the Director of the Victorian Bushfire and Flood Appeal Funds from 2010 to 2014.

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 started his career working in private practice as a barrister and solicitor for Martin, Irwin & Richards Lawyers in Mildura from 2004-2007. Recently, he was Director of the Commercial & Property Law Division at the Department of Education and Early Childhood Development, and he has served on the Board of the Gippsland Primary Health Network for the past nine years.



Placido Cali

Appointed: 2017

Committees: **Q**

B. Bus (Accounting), Grad.Dip Business Administration, MAICD, Chartered Accountant ICAA – Director since 2017 (last term); Member of the Board Quality and Safety Committee.

Board skills and experience

Placido has extensive experience in areas of finance, strategic development and corporate growth. He has held senior roles in pharmaceutical, primary health, and technology organisations.

Placido has helped companies grow from local organisations to nationally recognised brands.

Board and governance



Joanne Booth

Appointed: 2017

Committees: **A**

Grad Cert Internal Audit, GAICD, Cert Governing Non-Profit Excellence, Master Public Health, Grad Dip Occupational Health, Bachelor Arts, Advanced Cert Nursing, Cert General Nursing – Director since 2017 (last term); Member of the Board Audit & Risk Committee.

Board skills and experience

Joanne has a background in public health and policy and she is committed to improving health and social outcomes for disadvantaged people and communities. She is an experienced non-executive director, board chair and former chief executive and has worked extensively in the health, not-for-profit, and public sectors.

She also operated a governance and risk management consultancy in Victoria until 2024. Joanne has held multiple Board and committee appointments in the Victorian health, water and employment sectors. She is a graduate of the AICD and completed *Governing for Non-Profit Excellence* at Harvard Business School.



Donna Goldsmith

Appointed: 2023

Committees: **N**

GAICD, BA Nursing, Post Grad Dip Critical Care Nursing, Master of Clinical Nursing, Masters of Bus. Admin – Director since 2023; Member of the Board Nominations Committee.

Board skills and experience

Donna is an intensive care nurse at Austin Hospital, with experience in many areas of healthcare including provision of primary healthcare in a remote First Nations community in far north Queensland and the Northern Territory. Donna was previously a farm co-owner in regional Victoria which included a retail farmgate employing individuals living with a disability as part of a vibrantly inclusive community. Donna has extensive strategic planning board experience in several not-for-profit organisations including at the Box Hill Cemetery Trust for seven years, Whitehorse Community Enterprises Ltd (Bendigo Bank Blackburn South) for two years, Victorian Voluntary Assisted Dying Board member for two years, as well as being a sessional member of VCAT for two years. Donna is currently the executive officer for the Australian and New Zealand Intensive Care Society Clinical Trials Group.



Tanya James

Appointed: 2023

Committees: **N Q C**

GAICD, US CPA, Bachelor of Arts (Political Science), Master of Science in Accountancy – Director since 2023; Member of the Board Nominations Committee, Member Board Quality and Safety Committee.

Board skills and experience

Tanya is an experienced management consultant and corporate finance executive with a focus on strategic vision and analysis, solution development and forensic audit. She was an external auditor for Deloitte & Touche in the US and Russia and is currently working with the Department of Education most recently as the senior manager of sector monitoring, early learning operations and monitoring.

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 in the USA. Tanya previously chaired the finance committee for Brighton Secondary College and has served as a college councillor and treasurer. She is a GAICD and was a non-Director member of LCHS's Board Audit and Risk Committee from 2018-2023.



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.
- Internal control systems.
- Non-clinical risk management.
- Latrobe Community Health Service business policies and practices.
- Information and communication technology.
- Complying with Latrobe Community Health Service's constitutional documentation and material contracts.
- Complying with applicable laws and regulations, standards and best practice guidelines.
- Monitoring and evaluation of Latrobe Community Health Service's external investments in accordance with guidelines and policies.

The committee includes two non-Director Members:

Tony Ficca (Board Audit & Risk Committee)

B.Com, FCPA, FAICD, Registered Tax Agent

Tony is an experienced non-executive Director and company secretary currently serving on Boards of a number of organisations including Wayss Ltd, The Geelong College, Strive2Thrive Geelong, Kardinia Park Stadium Trust, and Great Ocean Road & Parks Authority. He has previously held several senior executive positions within the health care industry with his most recent position being Director of Finance and company secretary at Western Victoria Primary Health Network from 2013 to 2021. Prior to that role, Tony was the Director of finance at St John of God Geelong Hospital for 10 years, consulted on strategic development and risk at Defence Health Insurance for one year and was the executive Director finance and company secretary at GMHBA Ltd for six years. Tony also operates his own consultancy business undertaking consultancy work in finance, risk and governance.

Rob Setina (Board Audit & Risk Committee)

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

Rob is a senior leader with over 25 years of experience within both the private and public sector, 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 monitoring and improving the quality of clinical care (Australian Council on Healthcare Standards).

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

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

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

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

The committee includes two non-Director Members:

Melissa McConnell (Board Quality & Safety Committee)

GAICD

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

Kellie Vivekanantham (Board Quality & Safety Committee)

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

Kellie is an experienced and certified health manager with strong leadership skills within diverse healthcare environments across key business areas including human resources, operations, budget, and quality risk and safety. Kellie has held senior leadership and management positions within the acute health industry for over two decades and is currently the divisional Director for Aged, General Medicine & Subacute Services at Western Health and Board Director at Alexandra District Health. Kellie spent 22 years working at Eastern Health where she commenced as a critical care trained registered nurse progressing her career to a number of senior management and Director positions. Kellie also held positions at Austin Health as the divisional manager of emergency, intensive care and endocrinology at Austin Health, as well as the interim divisional Director of the medical services division. Kellie is committed to ensuring quality fiscal leadership in complex and challenging health environments whilst ensuring patients have access to safe, quality and timely care.

The Board Quality and Safety Committee is also informed by the work of Latrobe Community Health Service's Customer Voice Group. The group facilitates consumer or community representative feedback to the organisation to influence health services, policy, systems and service reform from the consumer perspective. This includes:

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

Board Governance Committee

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

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

Board Nominations Committee

The Board Nominations Committee provides advice and recommendations to the Board on specified matters as set out in the Latrobe Community Health Service Constitution. These include conducting searches for non-Director Members and Directors including reviewing elected and appointed nominations for validity, providing advice to the Board on the prevailing skills matrix, and consulting with the Board regarding preferred candidates.

The committee includes one non-Director Member:

Leanne Mulcahy (Board Nominations Committee)

GAICD, LLMEntGov, MBA, NMAS Accredited Mediator

Leanne is an experienced non-executive Director and corporate governance professional with more than 20 years of senior leadership experience across local government, not-for-profit organisations, and the Victorian public sector. She has a strong background in risk management, strategic planning, dispute resolution, and stakeholder engagement. Currently, Leanne serves on multiple audit and risk committees, including those for North East Water, Indigo Shire Council and the Murray River Council. She is also an independent member of the Victorian Local Governance Association's Governance & Risk Committee. Leanne founded Mediation Resolutions, a practice delivering mediation and corporate governance services across northeast Victoria and southern New South Wales. Her qualifications include a Master of Laws in Enterprise Governance, an MBA, and accreditation as a Nationally Accredited Mediator under the NMAS. Leanne is a Graduate of the Australian Institute of Company Directors (GAICD) and a fellow of both the Goulburn Murray Fairley Leadership Program and the LGPro Executive Leadership Program.

Community Investment Committee

In line with our Make it Easy approach, the Board decided the Community Investment Fund will now be overseen through a simplified approach. As a result, the Community Investment Committee was dissolved.



Board attendance

Details of attendance by Board Directors and non-Director Members of Latrobe Community Health Service at Board, Board Audit and Risk Committee, Board Quality and Safety Committee, Board Governance Committee, Board Nominations Committee and Board Community Investment Committee meetings held during the period 1 July 2024 – 30 June 2025, are as follows:

Directors	Meetings											
	Board		Board Audit and Risk Committee		Board Quality and Safety Committee		Board Governance Committee		Board Nominations Committee		Board Community Investment Committee ¹	
	A	B	A	B	A	B	A	B	A	B	A	B
Stelvio Vido	10	10	4 [^]	4 [^]	4 [^]	4 [^]	4 [^]	4 [^]	-	-	1 [^]	1 [^]
Joanne Booth	10	10	4	4	-	-	-	-	1	1	-	-
Mark Biggs	10	10	3	3	-	-	-	-	1	1	-	-
Nathan Voll	10	9	3	3	1	1	3	3	-	-	1	1
Murray Bruce	10	10	-	-	1	1	4	4	1	1	-	-
Bernadette Uzelac	10	10	1	1	3	3	4	4	-	-	1	1
Placido Cali	10	8	1	1	3	2	1	1	-	-	-	-
Donna Goldsmith	10	10	-	-	1	1	-	-	1	1	-	-
Tanya James	10	10	-	-	3	3	-	-	2	2	1	1
Non-Director Members												
Robert Setina	-	-	4	4	-	-	-	-	-	-	-	-
Tony Ficca	-	-	4	4	-	-	-	-	-	-	-	-
Melissa McConnell	-	-	-	-	4	4	-	-	-	-	-	-
Kellie Vivekanantham	-	-	-	-	4	3	-	-	-	-	-	-
Leanne Mulcahy	-	-	-	-	-	-	-	-	2	2	-	-
Janet Nelson ²	-	-	-	-	-	-	-	-	1	1	-	-

Notes:

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

Column B: Indicates number of meetings attended.

[^] Board Chair will on occasion attend board committee meetings.

¹ Board Community Investment Committee was dissolved in October 2024

² Janet Nelson's term expired 31 December 2024

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 positive risk culture in which staff are able to identify and respond to emerging risks.



Latrobe Community Health Service ensures effective risk management occurs by connecting the values and goals of the organisation with the practical risk management activities conducted by management and staff.

Our risk management framework informs all staff of our intention and approach to risk management to ensure:

- A positive risk culture where staff, volunteers, and contractors fulfil their risk management responsibilities to help manage client, community, organisation, and workforce risks.
- A cohesive organisation-wide approach to risk management, where risk management is integrated into processes and decision-making.

- Roles and responsibilities are documented and communicated to all personnel.
- The risk management framework is strongly aligned with our organisation's strategic plan, understood by all staff at all levels, and effectively used and practised.
- Risks are managed in a structured and consistent manner across the organisation.
- Our organisation's appetite for risk is defined.

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 policies and procedures outline how current and emerging risks should be managed. As a community health service, our exposure to risk may occur at a strategic, operational or clinical level, and therefore our risk categories are:

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

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

Organisation structure



Paul Ostrowski

Chief Executive Officer

Paul commenced as Chief Executive Officer in 2023 with 25 years of experience in the health and community services sector, both locally and internationally.

Prior to joining Latrobe Community Health Service, Paul was Chief Executive Officer of another major Australian home care provider specialising in community aged and transitional care services.

Paul has a Bachelor of Engineering, a Master of Management, is a graduate of the Australian Institute of Company Directors (AICD), and a Director on the Board of the Latrobe Health Assembly.



Vince Massaro

Executive Director – NDIS & Assessment Services

Vince is responsible for NDIS and Assessment Services, incorporating Local Area Coordination (LAC), Early Childhood Approach (EC), and Assessment Services.

LAC services assist eligible participants to engage with the NDIS and support participants to create and implement their plans, along with providing capacity building activities and information, linkages and support for people not eligible for the NDIS.

Early Childhood Approach services undertake a holistic assessment of children with developmental delay or disability and their families. In delivering EC, we assist families to determine the right supports to help meet their individual goals.

Assessment Services include Aged Care Assessments, Veterans' Home Care and Care Finders, providing comprehensive assessments and tailored recommendations to connect people with the supports they need to maintain independence and quality of life.

Vince has a Bachelor of Arts, Graduate Diploma of Social Welfare, and Graduate Diploma of Business Administration.



Michelle Francis

Executive Director – Specialist & Community Services

Michelle Francis is the Executive Director of Specialist and Community Services, leading programs in mental health and addiction, health promotion, paediatrics, youth, multicultural services, community development, and family violence.

She also leads the Gippsland AOD Consortium, the Pharmacotherapy Area-Based Network, and is Executive Sponsor for the First Nations Health and Wellbeing Strategy.

With postgraduate qualifications in Addictive Behaviours and Business Administration, and as a graduate of the Australian Institute of Company Directors, Michelle brings over 15 years' experience across service delivery, research, and leadership in health and human services.

She is dedicated to strengthening services that are person-centred, innovative, collaborative, and responsive to community needs.



Matt Vella

Executive Director – Senior & Adult Integrated Health

Matt is responsible for the Senior and Adult Integrated Health directorate, which includes Home Care Services, the Commonwealth Home Support Program and Carers program, Allied Health and Nursing.

These services oversee both centre-based and community-based aged care support, as well as community development initiatives aimed at improving the quality of life for the older community.

In addition to his leadership in these areas, Matt plays a key role in several consortia and partnerships, driving initiatives related to elder abuse prevention and catchment-based planning.

His work ensures that these critical programs are effectively coordinated, delivered, and continuously improved to meet the evolving needs of the community.



Vicki Doherty

Executive Director – Medical Services & Oral Health

Vicki is responsible for overseeing medical services and oral health at LCHS, ensuring high-quality clinical care and strategic leadership across these service areas.

With a strong background in health research, policy, and executive leadership, Vicki is committed to driving service innovation, strengthening partnerships, and improving health outcomes for the community.

She previously served as Executive Director of the Australasian Menopause Society (AMS), where she led national advocacy to raise awareness of women's health issues and contributed to major government investment in the sector. Vicki has also held a board position with the Gippsland Primary Health Network.

Vicki has a Bachelor of Science (Hons), a Master of Public Health, a Postgraduate Certificate in Education, and is a graduate of the Australian Institute of Company Directors.



Tara Oldham

Director of Clinical Policy and Practice

Tara Oldham is the Director of Clinical Policy and Practice at LCHS. In her role, Tara works to reinforce our clinical leadership by developing and overseeing clinical strategy, governance and practice.

Tara is an experienced healthcare leader and Registered Nurse with a diverse background spanning executive, management and clinical roles across primary health, acute, and aged care. Her previous leadership roles include positions at Lyrebird Villages during the demanding COVID-19 period and at West Gippsland Healthcare Group, where she drove improvements in clinical practice and care delivery.

Tara is known for her collaborative approach and ability to unify teams, drive operational excellence, and implement evidence-based improvements that enhance care quality and outcomes.

Tara holds a Bachelor of Nursing and Master of Nursing (with Distinction) with majors in Advanced Practice and Management & Leadership.

Organisation structure



Steve Avery

Executive Director - Corporate and Chief Financial Officer

Steve is responsible for finance and procurement, governance, client services, facilities and fleet, customer insights and engagement, and client reporting. Steve is also the Chief Financial Officer of the company.

Steve has 25 years of experience in the health services sector. Prior to joining Latrobe Community Health Service, Steve has held a number of senior management roles in public, not-for-profit and for-profit health care organisations.

Steve has a Bachelor of Business, an Executive Masters of Business Administration, and is an active registered Certified Practicing Accountant (CPA).



Michelle Webster

Executive Director – People, Learning & Culture

Michelle is responsible for the employee experience across the entire employee lifecycle from recruitment and onboarding, talent management, health & safety, IR/ER, volunteering and the development of systems and frameworks which promote a positive organisational culture.

With a strong background in strategy, Michelle is dedicated to enhancing the learning and development programs within Latrobe Community Health Service, aligning the workforce with the strategic goals of the organisation, ensuring the continuous growth and engagement of all employees.

Michelle has a Master of Business Administration, a Bachelor of Applied Science (Physical Education) and a Graduate Certificate in Health Promotion.



Arindam Chaudhuri

Executive Director – Digital Health

An accomplished digital health executive, Arindam is responsible for digital transformation, technology diffusion, and capacity-building across the organisation.

Arindam is highly-experienced in the healthcare sector with more than 25 years of experience working as a technology professional in both the public and private sector in Australia.

Prior to joining Latrobe Community Health Service, Arindam was Executive Director Digital Health at Northern Adelaide Local Health Network.

Arindam has a Master of Business Administration, a Master of Engineering, and a Bachelor of Engineering.



Our strategic plan 2025-29

In 2024-25, we set a new direction for our organisation with the launch of a five-year strategic plan. This plan is significant, because its development is a direct reflection of the evolving health and wellbeing needs of Australian communities, and of the role we need to play as a community health service.

As a nation, Australia faces challenges and opportunities as new technologies emerge, our population ages, and our economy responds to and recovers from global events, including the long-term repercussions of the COVID-19 pandemic. Community health recently celebrated 50 years in Victoria. At the same time however, the broader healthcare system is facing immense pressure. More than ever before, health organisations like ours need to be adaptive and responsive to the changing needs and landscapes of the communities we support.

With this in mind, in 2024 we asked ourselves if our current strategy remained fit-for-purpose. Our Board and Executive then spent eight months asking management and staff from across the organisation, volunteers, and our clients about what they felt our core purpose is, and how we can best achieve it.

We collected input from 35 team meetings, 200 staff surveys, three client pop-up stalls and other client feedback, too. We also conducted a full-day workshop with the Board and two strategic plan workshop days with the Executive and our extended leadership team, as well as two all staff updates to share progress and invite feedback before finalising the new strategic plan.

We heard health and social care is complex, and people want us to make it easier for them. In a similar vein, our staff want to make health and social care simple for people; they want to be able to treat clients holistically instead of with a set of isolated health and wellbeing needs. To do this, we need fit-for-purpose systems and streamlined processes that make it easy to deliver integrated care.

There was immense support for a clearer future direction for our organisation, with a specific focus on building a fully-connected health service.

In September 2024, CEO Paul Ostrowski launched the Latrobe Community Health Service Strategic Plan 2025-29 and a redefined organisational purpose.

Our purpose:

We exist to enable people in our communities to thrive by providing quality care, support, education and connections.

Our strategic priorities:

- Make it One.
- Make it Easy.
- Make it Sustainable.

By 2029, Latrobe Community Health Service will improve outcomes for the people we support by delivering a consistent and high-quality care experience that treats clients as a whole person. More people will access more of our services, and together these services will follow a unified model of care. We are confident our new strategic plan better reflects the role Australian communities need and expect us to play.

There are 13 initiatives the organisation is now working on that will help us achieve our strategic plan. These initiatives and our progress are described in detail in the remaining pages of this annual report.



Our strategic priorities



MAKE IT ONE.

Enhancing the experience and outcomes for both the people we support and our staff.



MAKE IT EASY.

Simplifying engagement with LCHS, both for people we support and our staff, by investing in efficient fit-for-purpose technologies, systems and processes.



MAKE IT SUSTAINABLE.

Strengthening LCHS' sustainability through strategic growth, financial discipline and environmentally conscious practice.

Strategic initiatives

Initiative 1



Refine our model of care

Latrobe Community Health Service delivers more than 100 different health and wellbeing services across regional Victoria, Melbourne, and Sydney. Our services range from doctors, nurses and dentists, to gambling and drug addiction services; from disability and aged care, to multicultural settlement and specialist health services for children. People come to us for a variety of health and wellbeing needs; when they do, we need to provide a consistent care experience.

For our first strategic initiative, we will refine and review our model of care to create consistency. In practical terms, consistent care means our clients will experience the same set of attitudes and behaviours from the clinicians who are treating them, regardless if the clinician is a doctor, a dentist, or a dietitian.

It will be easy to book an appointment with any of our services, even if a client is accessing a service for the first time. There will be fewer forms to fill in and clients will not need to repeat their story.

Under Initiative 1, we will focus on streamlining referral pathways, leveraging digital modalities such as telehealth, webchat and e-based forms, and simplifying service navigation across the breadth of programs we have on offer. Each of these areas will support our new and refined model of care, which will improve the experience and outcomes for both our staff and the people we support.

Teams from Melbourne and regional Victoria become 'one'

One of the challenges with operating a health service that has a client base as broad as ours is the different experience people may receive for the same service, depending on where they live. With this in mind, we've restructured some of our core services to provide a unified care experience for our clients, wherever they choose to see us. These changes have brought about greater collaboration within teams and aligned programs with a single point of leadership. This year:

- Our Dental Services teams in Gippsland and in metropolitan Melbourne merged into one program called Oral Health. This team sits under our newly formed Medical Services and Oral Health directorate.
- Our Integrated Primary Health Service Gippsland and Integrated Primary Health Service Metro teams have also merged into one program, called Integrated Primary Health Service.

- Our Children's and Youth Services team and our Gippsland-based Paediatric and Youth Hub have merged into our newly titled Paediatrics Service, which operates across Gippsland and metropolitan Melbourne.
- Our GP clinics in Gippsland and Melbourne have combined into one reporting unit called Medical Services.



Replicating successful metro-based exercise program in Gippsland

One of the benefits of combining teams across Gippsland and metropolitan Melbourne is the opportunity for shared knowledge, expertise, and program outcomes, which is exactly what our newly formed Integrated Primary Health Service team delivered.

The GLA:D program is a group-based exercise program for people with knee or hip arthritis who have poor mobility, or for people waiting for a knee or hip replacement. We have run this program at our Clayton and Glen Waverley sites for several years. Through collaboration between sites, physiotherapists in Gippsland gained a better understanding of the program and how to run it. Our Gippsland-based team undertook training on the program, and we ran a pilot session in Gippsland. Following strong expressions of interest and positive feedback from the community, we have now embedded GLA:D as a regular offering in Gippsland.

Improved referral pathway makes it easier and faster to access our suite of allied health services

Some of the most common services older Australians access through their Home Care Package are allied health services, including podiatry, physiotherapy, and occupational therapy. Historically, our home care package clients have found it easier to access external allied health and nursing services than our own. However, accessing these services in-house offers several benefits. Clients can access services quickly and more easily when communication sits within one organisation. It also ensures continuity of care; as our own staff attend to client needs, we can more easily report progress back to a client's care advisor and keep track of how they are progressing in a way other organisations may not. With these benefits in mind, we have prioritised making changes to our referral pathway to make it easier and faster for clients to access our suite of allied health services. Through collaboration between our allied health and aged care teams, we have redesigned the process for clients using our allied health services.

Following these changes to our referral process, Latrobe Community Health Service has seen a 112 per cent increase in clients using our internal allied health and nursing services from July 2024 to June 2025.

New clinics allow us to step up access to podiatry services

There is long-term demand for podiatry services in Gippsland, which can often result in longer wait times for clients. At the same time, many of our clients require time sensitive and complex clinical care. This means ensuring clients have streamlined access to our services is crucial to achieving good health outcomes. This year, our podiatry team introduced a 'rapid clinic' to treat clients who have low to medium risk foot concerns. At this clinic, clients have a shorter 15-minute appointment with a podiatrist for treatment of issues like corns or calluses. After this appointment, they can be 'handed over' to a footcare assistant for follow up care. Our podiatrists are able to see more clients by offering these shorter appointments in a rapid clinic. This reduces wait times for anyone accessing our podiatry services and provides our podiatrists with more availability who see higher risk clients.

We introduced a new care pathway for clients to receive more specialised care at the Gippsland High Risk Foot Clinic. These clients are often 'stepped down' for ongoing care at Latrobe Community Health Service, but still require high levels of clinical care and timely appointments. Due to the demand on our podiatry team, clinicians are often booked out in advance. This creates a barrier for clients who need to access appointments with less notice.



To ensure we see these clients consistently, we introduced a 'step down clinic.' In this clinic, we schedule clients according to their clinical risk. This means they can be seen in a timely manner, according to the level of care they require. This also reduces the burden on our administrative and clinical teams to find appointments in an already full schedule.

New denture recall program is putting a smile on client faces

In 2024, the Oral Health team launched a denture recall program to streamline follow-up care for clients receiving new dentures. This initiative enables clients to review their dentures over the phone, removing the need for in-person visits. Client feedback to this program has been overwhelmingly positive. Scheduling short, over-the-phone appointments soon after denture delivery means clients feel prioritised and they can address their concerns quickly. The program has improved access to our service for older clients or people with mobility issues who would need to arrange transport, they can now do this from the comfort of their own home. Reducing the time required for follow-up appointments also means our Oral Health clinicians have increased capacity to see and support new clients.

Initiative 2



Develop a quality framework

At Latrobe Community Health Service, we have long prided ourselves on going above and beyond healthcare compliance. We have strived towards delivering care that meets our legislative and regulatory obligations, and is person-centred, evidence-based, and exceeds community expectations. To us, this is what quality care truly looks like.

We continually review and improve the way we do things to ensure we deliver quality care consistently. We focus on:

- doing the right things for the right people, at the right time, in the right way, and always look for ways to improve; and
- putting in place and improving the systems, processes, leadership and culture that support us to deliver safe, effective and person-centred services.

Initiative 2 further elevates our organisation's focus on quality. Under this initiative, we will bring together the best clinical experience from across the organisation to develop a common approach to quality. The Latrobe Community Health Service Quality Framework will underpin our policies and practices to ensure our clients receive safe, effective, person-centred and connected services.

To lead this work, we created the new role of Director Clinical Policy and Practice to serve as the ultimate voice for clinical policy and practice at our organisation. They collaborate with the best clinical experience from across the organisation to oversee our clinical strategy, governance and practice, and reinforce our clinical leadership.

Accreditation confirms high LCHS standards

In 2025, the Australian Commission on Safety and Quality in Health Care assessed Latrobe Community Health Service against the Primary and Community Healthcare Standards. A large component of this accreditation focused on reviewing our community nursing, oral health, and other supporting services. We are proud to say Latrobe Community Health Service passed on all three standards and were recommended for a commendation. This is the first time this assessor has recommended an organisation for a commendation under these standards, which is a reflection of our commitment to providing a safe, high-quality service.

We were also assessed against the Quality Innovation Council (QIC) Health and Community Services Standards, a comprehensive assessment that required involvement from many teams within our organisation. Throughout this process, independent assessors spoke with First Nations Advisory Group and Customer Voice Group members, clients, volunteers, staff, managers, our Executive, CEO, Board members and external stakeholders. Some of the strengths noted by the assessors during their three-day assessment include our sophisticated governance and management systems and processes, our excellent reputation with partner organisations, our robust



internal and external collaboration, and our staff culture and strong leadership.

In 2025, Latrobe Community Health Service also underwent a full assessment against the Aged Care Quality and Safety Standards. The assessors spoke to a considerable number of clients as part of this process, and the feedback we received about all aspects of our service—from our staff, to the care we provide, the systems and processes we have in place to support clients, and our feedback avenues—was overwhelmingly positive. We met all standards and received no recommendations for improvement, which is incredibly rare.

LCHS is accredited against the following standards:

- Aged Care Quality Standard – Commonwealth
- Child Safe Standards
- headspace Model Integrity Framework Version 2
- Quality Innovation Council (QIC) Health and Community Services Standards
- Social Services Standards
- RACGP Standards for General Practice
- Diagnostic Imaging Accreditation Scheme (DIAS)
- National Safety and Quality Health Service Standards (NSQHS)
- Interdisciplinary High Risk Foot Service (iHRSF) Standards
- National Safety and Quality in Primary and Community Healthcare Standards

Latrobe Community Health Service represented on external clinical governance committee

This year, Safer Care Victoria appointed our Director of Clinical Policy and Practice to the Health Response to Restrictive Practice (HRRP) Advisory Group. The purpose of this group is to develop an organisational governance framework for reducing restrictive practices across all health services in Victoria. These types of practices can include sedating a person to influence behaviour, using physical restraints to restrict movement, or subduing a person and preventing them from leaving a medical facility.

We will have the opportunity to contribute to the design and implementation of state-wide guidance that will foster safer and more compassionate care for all health service providers in our state.



High quality care leads to great outcome for dental patient

In 2024, one of our oral health patients was particularly grateful after an appointment for a denture fitting led to an oral cancer diagnosis.

The patient had visited a private practice several months prior for root canal planning, fillings, and an extraction. She had also mentioned a spot on her gum hurt when she brushed her teeth, ate, or drank. Despite this, the patient left the clinic without having the lesion investigated further.

When the patient attended our oral health service for a separate issue, one of our dental students identified the lesion and booked the patient in for a review. Our team photographed the lesion, noted the lesion's history, and referred the patient to the Royal Dental Hospital Melbourne. The patient was subsequently referred to Royal Melbourne Hospital for advanced imaging.

After the lesion was identified as cancerous, the patient underwent surgery in September 2024. Thanks to early detection, the surgical team successfully removed the tumour, found the surrounding tissue and lymph nodes clear, and confirmed follow-up treatments such as radiotherapy or chemotherapy were not required.

Although this was a strong outcome, Latrobe Community Health Service is committed to continuing to improve and to provide the best quality care possible. We have implemented several follow up actions to ensure we can maintain this level of care for all future oral health patients.

Initiative 3



Develop a brand strategy

Since Latrobe Community Health Service began in 1996, we have had one name and two visual identities. We introduced our current visual identity in 2008-09. At that time, the organisation had a revenue of \$28.9 million, 337 staff, and eight locations all in Gippsland.

In 2024-25, Latrobe Community Health Service achieved an annual revenue of \$213.2 million. We employ more than 1500 staff, and deliver more than 100 different services across 39 sites in regional Victoria, Melbourne, and Sydney.

In the past decade alone, we became a major partner in the National Disability Insurance Scheme (NDIS). We acquired (and maintain) the Link Health and Community brand, and created Your Care Choice, a home care support service. We also operate a headspace centre in Morwell, a medical clinic at La Trobe University in Bundoora, and a walk-in alcohol and other drug support clinic called The Hub.

With our expanded organisational footprint, our client demographics have also shifted. We now serve a far larger metropolitan customer base, which is much more multicultural. Australia's ageing population continues to grow. And while we are well-known in Gippsland, we are lesser known elsewhere. Our current brands cause confusion for both staff and clients.

Under Initiative 3, we will establish a unified brand strategy that tightly coordinates our brands and programs. Our aim is to make it easier for people to recognise us and what we stand for. We will therefore develop a brand strategy that will bring clarity to our staff and the people we support. This aligns with our strategic intent to 'make it one' and 'make it easy'. This work will commence in the coming years.

Initiative 4



Build partnerships

Over the three decades since Latrobe Community Health Service first formed, our clients and staff have navigated a disjointed health and social care system.

Those with multiple or complex conditions in particular often face a myriad of repetitive administration and paperwork, and are asked to repeat their story time and again, in order to receive treatment and support. Yet the different organisations involved in their care don't necessarily speak to each other, resulting in overlap and contradictory advice. Other people often describe going around 'in circles', unable to access one service until they receive help for a different issue, even though these issues are often interlinked and should be treated simultaneously. Finally, there are people who miss out on services entirely, simply because the service they need isn't available where they live.

While Latrobe Community Health Service has focused on delivering integrated, wrap-around care with multidisciplinary programs for these reasons, partnerships with other, like-minded organisations present another valuable opportunity. By partnering with other providers, we can deliver services together, broadening the range of services available and reducing the need for people to repeat their stories.

Initiative 4 will see us build partnerships with other organisations to address service gaps in local communities, and deliver a more holistic approach to health and social care.

Combining expertise to reduce homelessness in the Latrobe Valley

Latrobe Community Health Service, together with Quantum Support Services and Ramahyuck District Aboriginal Corporation, are working to address chronic homelessness in Inner Gippsland through the delivery of the Home First program.



This Victorian Government initiative is the first of its kind in Gippsland, and offers people flexible, tailored and long-term homelessness support. As well as access to safe and secure housing, recipients of the program will have the option to engage in intensive wrap-around support. This may relate to mental health, drug and alcohol use, financial counselling, or family violence. Importantly, recipients of the program are able to choose the level of service and support they want to engage with, empowering them to direct their own goals and address the underlying social and health reasons that often lead to homelessness.

The program will support a client for a minimum of 12 months, to ensure sustained support for some of the most vulnerable members of the community. Latrobe Community Health Service's dual diagnosis clinician will provide this wrap-around support to end cycles of homelessness and foster sustainable livelihoods. To date, we have housed 15 clients through packages provided by the Victorian Government, with 15 more packages to be allocated in the coming financial year.

Collaboration leads to healthier habits

Latrobe Community Health Service, in collaboration with the Latrobe Health Assembly, launched a healthy supermarket project in 2022 called Reach for the Stars. Based on the Australian Health Star Rating system, which rates the nutritional profile of foods from half a star to five stars, the project helps customers compare similar products so they can choose the healthiest option.

Since the project's inception, five Gippsland IGA supermarkets have participated in the program. In 2024-25, the initiative grew to encourage healthy drink choices and make them more accessible to shoppers in the region. Three of the five supermarkets took part in the expansion by increasing shelf space for healthier drinks (rated 3.5 stars and above) and displaying bottled water in a prominent position in every fridge. One supermarket introduced a new bottled water product as the cheapest drink option available on shelves.

Following the implementation of this healthy drinks nudge, local supermarkets achieved:

- Nine per cent average increase of healthier drinks shelf space in fridges.
- 50 per cent average shelf space for healthier drinks.
- Increased sales of bottled water.

With input from our Preventions and Partnerships team, Latrobe Health Assembly, Latrobe Valley community members, and participating supermarkets, co-design is a key strength of Reach for the Stars. As part of the evaluation process at the end of the pilot, each supermarket decided if they wanted to abandon, adapt, adopt, or amplify the campaign. All five supermarkets decided to adapt the campaign but maintain its key features, switching 4-star shelf tags and replacing them with shelf strips, which are easier to maintain. Reach for the Stars is now a permanent feature in local IGA supermarkets across the Latrobe Valley.



All smiles for preschool students

The Latrobe Little Smiles program is an oral health promotion program LCHS delivers in early learning centres across the Latrobe Valley. The program provides oral health education sessions in conjunction with dental screening sessions to children.

It is run in collaboration with the LCHS Health Promotion Officer, LCHS Oral Health team, and University of Melbourne Rural Dental Program students. This partnership ensures we have a diverse team with different areas of expertise to provide the best quality service.

In this financial year, this program expanded to service all 11 early learning centres across the Latrobe Valley. From June 2024 to April 2025, 268 children received dental screening and oral health education sessions. Of these children, 75 required follow-up dental care. Latrobe Little Smiles improves the long-term oral health of students because dental issues are identified early, and families are linked in with us to ensure dental care happens sooner. The program also provides early learning centres with support to update their nutrition and oral health policies, educate children and families about oral health and the importance of regular dentist visits, and provides a toothbrush and toothpaste for each child.

Helping victim survivors to recover from trauma

Latrobe Community Health Service works with Quantum Support Services and Cairnmillar Institute to deliver trauma-informed recovery care for victim-survivors of family, domestic and sexual violence. This partnership emerged from a \$7.4 million tender awarded through the Gippsland Primary Health Network, as part of the Australian Government's Supporting Recovery program pilot.

The program improves coordination and access to trauma-informed recovery services for victim-survivors in Latrobe City and Baw Baw Shire, and it eases the pressure on existing local services. Quantum Support Services delivers care coordination that guides participants through their recovery and healing journey, while we deliver trauma-informed mental health services and therapeutic support in partnership with the Cairnmillar Institute.

Through this collaboration, people can access free longer-term support to guide their recovery journey. While other programs address short-term needs, this two year funded program supports people as they rebuild their lives over months and years. The funding awarded through the Gippsland Primary Health Network allows us to build the skills and capacity of the mental health workforce in Gippsland through training and additional clinical supervision. The program commenced on July 1, 2024 and has supported more than 200 community members across Latrobe City and Baw Baw Shire.

Like-minded organisations improving the settlement experience for multicultural communities

Our Settlement, Engagement and Transition Support (SETS) team helps migrants and their families build meaningful lives and connections in Gippsland and provides practical support for people to access housing, employment, education, or social activities. The SETS team has delivered a range of programs that make it easier for migrants to live and thrive in Gippsland through building relationships with other community organisations.

This financial year, we partnered with Gippsland Trades and Labour Council, Victoria Police and Vic Roads to give migrants the skills and road safety knowledge to drive on Victorian roads, and get their drivers licence. Migrants face a range of barriers when it comes to obtaining their licence, including taking the test in their non-preferred language, driving on the opposite side of the road to what they are used to, and even in their ability to get to Vic Roads to take the test. This limits their ability to participate in the community, because not having a licence makes it harder to obtain employment, go to school, or even get groceries from the shops to home. Our team designed the Let's Get Driving program to address these barriers.

Supported through the Victorian Government's \$1.5 million Community Road Safety Grants Program, the Victoria Police Road Safety team delivered safety lessons and gave participants the opportunity to familiarise themselves with law enforcement. Participants received five core education sessions on road rules, driver behaviour, pedestrian and cyclist safety, as well as paid professional driving lessons. Two iterations of the program have taken place, with 18 participants taking part since the program's inception. Since completing the program, five participants now have their driver's licence, with many others preparing to take the test in the coming weeks and months.

Another program delivered by the SETS team filled the gap in water safety knowledge and practical skills for the migrant community in Gippsland. Multicultural communities often face unique challenges when it comes to water safety. These include cultural differences, religious considerations, and uncertainty about where to begin learning essential swimming skills.

In response, Latrobe Community Health Service launched a swimming program designed to improve water safety in the region.

The program fosters a welcoming, supportive environment that encourages people to participate in safe swimming activities. Participants had access to equipment like swimsuits, goggles, and caps to ensure cost wasn't a barrier to participating.

Thirty-six people completed the course across two programs. This was possible due to the collaboration of community organisations such as Quantum Support Services, Department of Jobs, Skills, Industry and Regions, Warragul Leisure Centre, Intercultural Exchange Inc., Warragul Community House, and Gippsland Regional Aquatic Centre.



Calling Australia home

Orapin is a step closer to calling Gippsland home for good, thanks to a course that's helped her feel more confident to take the Australian citizenship test. Originally from Thailand, Orapin moved to Australia after some of her family migrated to Sydney. After moving around for a few years, she eventually settled in Sale.

Orapin took part in a six-week course at Sale Neighbourhood House, which helped her and other participants prepare for the Australian citizenship test.

"When I first thought about the test, I was worried. But once I studied, it made me feel more confident. It's a fantastic course," Orapin said.

The course—hosted by Learn Local with help from Latrobe Community Health Service, Heyfield Community Resource Centre and TAFE Gippsland—helps people become Australian citizens by teaching them about the multiple choice test, how to prepare for the interview, and by equipping participants with digital skills like uploading documents so they can complete their online application. After passing her citizenship test, Orapin is now an Australian citizen and can officially call Australia home.



Partnering with the local hospital reduces pressure on the health system

Latrobe Community Health Service partnered with Latrobe Regional Hospital (LRH) to deliver several programs and services to reduce pressure on the health system, limit hospital admissions, and allow people to get the care they need, close to home. Our Urgent Care Clinic (UCC) provides immediate care to people who would have previously gone to the local emergency department for treatment. This year, the UCC saw 16,670 patients for a range of health concerns including chest pain and respiratory distress, viral illnesses, fractures, and animal bites. LRH redirected 450 of their patients to our UCC, and Ambulance Victoria transferred 272 patients to the centre. We have also referred more than 650 patients to LRH for additional care. GPs have continued to see the value of our UCC, and referred 655 patients to us this year.

The local community also recognises our value. Ninety-nine percent of the patients we surveyed this year said they would have visited their local emergency department if the Latrobe UCC did not exist, and more than 90 percent told us they would visit the Latrobe UCC again.

In 2024-25, we delivered our award-winning footcare service in partnership with Latrobe Regional Hospital. This service has resulted in promising ulcer healing rates and fewer diabetes-related amputations in Gippsland. In October 2024, the Gippsland High Risk Foot Service successfully obtained core accreditation against the National Association of Diabetes Centres' Interdisciplinary High Risk Foot Service Accreditation. This is the only national accreditation of its kind, and confirms we are delivering a high quality, evidence-based service. The committee applauded several aspects of our service in their accreditation, including our robust interdisciplinary collaboration, our strong links to external services to support escalation of care, and our culturally sensitive care for First Nations clients.

We also partnered with LRH to deliver a new exercise and dialysis program, exclusively for people who are undergoing dialysis treatment at LRH. The initiative is a free 12-week exercise program participants undergo to improve their physical fitness and overall health and wellbeing. An accredited exercise physiologist delivers the program and tailors it to meet the needs of the individual. To date, we have delivered two iterations of the program and received positive feedback from participants.

Strong partnerships lead to better health outcomes for children

Our community health outreach nurse delivers healthcare and wellbeing education to children and families in school settings across the Latrobe Valley. Our Nurse in Schools program is one way we deliver this support. It sees our nurses work on-campus to respond to the unique health and wellbeing needs of students in nine Latrobe Valley primary schools.

In the 2024 school year, this program provided hearing screening, hygiene education, and puberty and menstruation education to students ranging from grade 2 to grade 6. Our community health nurse also provided one-on-one support to any child or family with health concerns; supported children and families to access the NDIS and other health services; and arranged other health providers such as the Smile Squad, continence nurses and dietitians to provide services at the school. Now in its ninth year, the program is a collaboration between participating schools,



Autism Assessment Clinic wins at Gippsland PHN Awards

A free, multidisciplinary autism assessment clinic is making it easier for children in Gippsland to be assessed for the developmental condition.

Our Autism Assessment Clinic offers autism assessments for children aged between 2 and 7 years from vulnerable backgrounds living in the Latrobe Valley. Working with Latrobe Regional Health, the clinic provides assessments, diagnosis, and family support with a team of specialists, including paediatricians, speech pathologists, and occupational therapists.

The clinic was recognised at the Gippsland Primary Health Network Awards, with a win in the 'transforming practice through multidisciplinary care' category. This service provides children with the assessment and guides families through the process of diagnosis, helping them to understand autism and the resources and supports available to them.

To date, almost 200 families who would not have ordinarily been able to access this service have been able to access autism assessments.

the Latrobe Health Assembly, and the Victorian Department of Health.

This year, we expanded the Nurse in Schools program to include preschools and childcare centres.

The Nurses in Childcare program supports children and families at Goodstart Early Learning Morwell to stay healthy and manage their healthcare needs. This includes facilitating appointments with other health professionals such as GPs, paediatricians, allied health professionals, or continence nurses. They may also coordinate dates for dental, vision, or hearing screenings. The nurse also supports children who become unwell while at the centre, and provides education on health issues like chronic conditions, and accessing the NDIS. This program is part of a research project between Latrobe Community Health Service,



Our Place, Goodstart Early Learning, and Monash University. The research will evaluate the impact of having a community nurse program in an early learning setting. To date, 161 out of 182 children and their families have signed up to participate in the Nurses in Childcare program to receive this support.

Similarly, the Nurse in Preschools program improves health and education for children and gets them ready to start school. It provides guidance on how to access other health services, hearing, eye and dental checks, health and wellness education, and management support for chronic conditions such as asthma or diabetes. The program, which commenced in 2024 has so far seen:

- Children linked into supports such as speech pathology, occupational therapy and physiotherapy as part of their Early Childhood Early Intervention plan.
- Children receive continence support, with the goal to be toilet trained before commencing school.
- Collaboration with other health providers, such as screening days with the NDIS.
- Transport of a child and their family to a health appointment they would be unable to attend without support.
- Collaboration with programs such as the HAPPEE program, which has resulted in four First Nations children being identified with hearing loss, and referred to ear, nose and throat specialists for further treatment.
- Children identified with vision issues following screening, resulting in those children being referred for further assessment.

This program is funded by the Latrobe Health Assembly and is in five preschools in the Latrobe Valley, Victoria. We are currently seeking alternative funding sources for the continuation of this program, following the closure of the Latrobe Health Assembly.

Delivering culturally safe services

Ramahyuck District Aboriginal Corporation provides culturally appropriate health and community services for Aboriginal families in Wellington and Latrobe shires. This year, a multidisciplinary team of speech pathologists, physiotherapists and occupational therapists from Latrobe Community Health Service worked in collaboration with Ramahyuck to deliver comprehensive assessments for children.

The outreach service commenced in 2024 in response to a gap in referrals from Aboriginal and Torres Strait Islander families for our allied health services. Understanding the potential barriers to children accessing this care, we reached out to Ramahyuck to collaborate on a culturally safe, more accessible model of care. Together, we trialled providing allied health services onsite at the Ramahyuck clinic, where families already feel comfortable and supported by familiar staff. Ramahyuck team members identified children needing assessment and managed appointment bookings with our visiting staff. Some of the achievements we've seen with this program include:

- Families accessing allied health services for the first time.
- Children receiving assessments who otherwise may have continued to go without.
- Increased trust and engagement from the community.

Initiative 5



Develop and implement a growth strategy

Latrobe Community Health Service has grown rapidly in recent years. Our service footprint grew exponentially when we became a major partner of the NDIS. We have experienced growth year-on-year in our aged care programs over the past decade. Our reputation for delivering high-quality, person-centred services has enabled us to grow our service offerings in allied health, mental health, addiction, and multicultural spaces, too.

The motivation behind this growth is to deliver our vision and our purpose in more communities, helping more people to thrive. A secondary benefit is diversified revenue streams; by growing strategically we create a more robust organisation that is less exposed to the risks inherent in having fewer funding streams.

We are acutely aware our growth should be driven by our purpose. Initiative 5 is focused on developing and implementing a growth strategy that will provide a clear structure and game plan around the kinds of growth opportunities we pursue. Our growth strategy will define how our organisation identifies and pursues future opportunities. It will also focus on expanding the range of services available to each person we support.

Throughout our history, we have grown most rapidly through the acquisition of other health services, and through securing grants and tenders to deliver health services on behalf of state and federal governments. Identifying opportunities for growth and securing them is a substantial undertaking, which is why this year, we've recruited a tender and grants coordinator to provide this expertise. This role drives our efforts in securing new funding from federal and state governments, as well as philanthropic sources.

This financial year, LCHS received more than \$144 million in federal funding to deliver Australian health and wellbeing programs, including:

- The National Disability Insurance Scheme (NDIS) Local Area Coordination and Early Childhood services across regional Victoria, Melbourne, and Sydney.
- The Commonwealth Home Support Program for older Australians who live in Gippsland and Monash, who need help at home or access to healthcare services like podiatry or occupational therapy to maintain their independence.
- The Home Care Package program, which allows older Australians with complex needs to remain independent in their own homes.
- Assessments for older Australians who are applying for government-subsidised aged care services, such as care at home, respite, and supported residential accommodation.
- The Supporting Recovery program, which has helped more than 200 people rebuild their lives following experiences of family, domestic, or sexual violence.

In 2024-25, we received more than \$40 million in Victorian government funding to deliver a wide range of health and wellbeing initiatives, including:

- The Smile Squad school dental program across Inner Gippsland and Monash.
- The Latrobe UCC which has treated more than 16,000 people who would have previously gone to the local emergency department instead.
- The Community Health Nurse in Primary Schools program, which provides wellbeing education, health screening, service referrals and vision, hearing, and dental checks to primary school students.
- The Homes First program, which tackles chronic homelessness in Inner Gippsland by providing access to housing, and wrap-around support for factors related homelessness, including mental health, drug and alcohol use, financial counselling, or family violence.

This financial year, Latrobe Community Health Service won several tender opportunities that have grown our service offering to the community. We were awarded a Victorian Department of Health Community Pharmacotherapy Grant for 2025-2027, which supports community health services to provide pharmacotherapy prescribing within the community. In Gippsland, there is a long-standing shortage of GPs who provide pharmacotherapy or Alcohol and Other Drug (AOD) treatment, which means people travel long distances to access a prescriber, often at huge cost to them.

As a community health service dedicated to meeting the needs of all clients, we have long prioritised increasing access to this service. Due to this grant, we will be able to employ an AOD Nurse Practitioner to prescribe pharmacotherapy through face-to-face or telehealth appointments. This practitioner will be employed with us on an ongoing basis, and will remove the need for clients to travel to Melbourne to find a GP who offers this service. We previously trialled this nurse practitioner model of care over a nine-month period in 2024, when we supported 79 clients through 530 appointments. This grant will allow us to build upon these results and support more people to access pharmacotherapy services close to home.

Latrobe Community Health Service also won a tender to develop and deliver the Pathways to Good Health program to children living in Inner East Melbourne. Pathways to Good Health provides comprehensive health assessments and health management plans for children in out-of-home care. This program ensures all children who live out of home receive every opportunity to live a happy and healthy life.

We have a proven track record of delivering this program in Gippsland, which will be used to inform the development of the program in Inner East Melbourne. It includes a multi-disciplinary assessment clinic, care navigation, and outreach to residential care, which will be delivered through collaboration with Access Health, healthAbility, and Link Health and Community.

Growing our capacity to support the most vulnerable people in our community.

Many older people need help navigating the aged care system and understanding the services available, but not everyone has family or friends who can help. Some people may live alone, or face language, cultural, or health challenges that make accessing these services hard.





“Home is everything to me” says home care package recipient Ann

From raising children together, to tending their garden, and looking after their cats—Ann and Brad have always been a team.

As they started to age, Ann and Brad found the things they loved doing together got harder to manage.

That’s when they applied for a Home Care Package with LCHS, to make things like maintaining their garden a bit easier. They were both approved for a Level 2 package.

When Brad passed away, and with her mobility continuing to deteriorate, Ann realised she needed more help.

“I spoke to LCHS on the phone and the next thing I know, I’d been approved for a Level 3 Home Care Package. I was staggered about how quick it was.”

Ann’s package provides her with garden care, so the trees she and Brad planted together continue to thrive, and a monthly massage to help with her mobility. Ann also gets domestic support so she can keep her house tidy for visits from family and friends.

“My support worker comes and does the heavy stuff: vacuuming, washing the floors and toilets,” she said. “But we’re friends, and if we finish early there’s always time for a coffee.”

Now Ann has time for the important things: prayer groups on Thursdays, hair appointments on Fridays and Church on Sundays, as well as time with her kids, grandkids, and her feline friend Mr Cat.

“Home is everything to me, and I thank LCHS I can stay in my home,” Ann said. “I’ve been with LCHS for many years now, and they’ve always been fantastic. I’ve recommended them to a few people, and they’re very happy as well.”

Our Care Finders program supports older Australians who are at risk of missing out on essential services because of those reasons.

Our care finders work with the most vulnerable people in our community to help them understand and access My Aged Care, help them register and complete assessments to access care, and connect people with aged care providers. Once linked with services, they also help people attend meetings, manage their services, and can advocate on behalf of their clients to ensure they are receiving the very best care.

This is an important program for the most vulnerable people in our community, and we’re pleased the Australian Government has extended our contract to deliver it until June 2027. To date, we have the equivalent of 8.6 full time roles to deliver this program across Morwell, Sale, Warragul, Wonthaggi and Leongatha. We are supporting 222 clients across Gippsland to access the aged care services they need to stay well.

Latrobe Community Health Service has delivered aged care to older Australians for 25 years. We are well-known and trusted, and this is evident in our ever-growing aged care client base. Every year we support thousands of older Australians to maximise their independence, wellbeing and quality of life through the Commonwealth Home Support Program. This program is the first aged care step for many older Australians who need a little help managing at home or maintaining their physical and mental wellbeing. We also manage home care packages for older Australians. A Home Care Package is an allocation of Commonwealth Government funding that can be used for specific aged care services to help older Australians live at home for as long as possible. We also deliver direct care in the form of house cleaning, lawn mowing, grocery shopping, and social support to more than 900 people through our home support service, Your Care Choice. Between 2023-24 and 2024-25, our home care package and Your Care Choice client-bases grew six per cent and 18 per cent, respectively. This year, we employed an additional three staff members to grow our Your Care Choice footprint in metropolitan Melbourne. This has increased our capacity to service more clients, and allows them to experience the same high quality and reliable care in their homes, as they do through other LCHS services they engage with.

We have remained a trusted NDIS Partner in the Community for nine years. Our NDIS contract to deliver Local Area Coordination and Early Childhood services across regional Victoria, Melbourne and Sydney has been extended until 1 June, 2027. This year, we have supported more than 10,469 people with lived experience of disability or children with developmental delay to gather information to access the NDIS. We have also supported more than 18,133 people, including children and their families, to understand their NDIS plan and connect them to services and supports that can help them remain active members of their local community. We also provided more than 26,782 ‘check-ins’ with our Early Childhood or Local Area Coordinator teams to ensure participants were making the most of their plan.

Some of the clients we have supported to remain active members of their community, include:

- Andrew, who received funding for a mobility tricycle with support from his Local Area Coordinator, allowing him to enjoy outdoor activities he was previously unable to participate in.
- David, who has an intellectual disability and received help from his Local Area Coordinator to connect with supports that will allow him to live within his own dwelling on the family property.

■ Peter, who has Multiple Sclerosis, received support from his Local Area Coordinator to link in with various services that have allowed him to continue a yearly tradition of acting as Santa at his local karate studio during the festive season.

We have also helped more than 1,684 people who do not need an NDIS plan to link in with community groups; education, employment and housing services; and activities they are interested in. This includes 145 children, who we have supported by helping families link into early intervention services, and by building their capacity to support their child's development.

Addiction Services continues to grow

This year we grew our addiction services, particularly through our free walk-in clinic The Hub and our Therapeutic Day Rehabilitation (TDR) program.

The Hub is a free service where people can drop in and speak to someone about getting the help they need in relation to their alcohol or drug use. Our centralised, wrap-around service includes counselling, harm minimisation, GP consultations, and service connections, which allows us to meet a variety of our clients' needs. In the last financial year, the service has experienced a growth in engagement from traditionally hard to reach communities. Of the 160 people who accessed the service in the past 12 months, 17 per cent identified as First Nations, 35 per cent were homeless or at risk of homelessness, and 22 per cent of people identified as being part of the LGBTQIA+ community. Over the past financial year, we have undertaken work to ensure the right staff are available to support the clients who walk into The Hub, including through having a mix of

personalities, availability, and flexibility with case loads that can be moved to accommodate any walk-in clients.

We created a virtual iteration of our Therapeutic Day Rehabilitation program to increase the number of people we can support. Our TDR program helps people who are seeking ongoing and professionally-guided support throughout their recovery from substance use. Our program is an alternative or addition to residential rehabilitation, allowing people who participate to have the support of family and friends on their recovery journey. It helps people settle back into a healthy, fulfilling life where their sobriety is maintained.

We first offered the program virtually during COVID-19 lockdowns, to provide ongoing support to clients who had to remain in their homes. Strong engagement then led us to develop a virtual model of service delivery. We completed a pilot program in October 2024, with two additional intakes of the program to continue in 2025. This online model of care will allow us to reach more people, in hard-to-reach places. Throughout the pilot, we've been able to support:

- One client who lives very remotely in a small town near Leongatha. This client wanted to access long-term residential care, and because he participated in the program with us, his preferred residential rehabilitation facilities fast-tracked him to the top of the intake list.
- Another client accessed the program when she reached a stage in her journey where she wanted to be around like-minded people who were not using substances. She successfully completed the program all the way from Bendigo.



Initiative 6



Implement a digital strategy

A typical pain point for most people who either work in or receive healthcare is the amount of paperwork and steps involved in accessing or delivering services. Many healthcare organisations still accept referrals via fax only. Most GP clinics, including ours, ask clients to fill in a paper form before their first appointment. Healthcare was traditionally designed as an in-person only service; until COVID-19 forced us to think differently about service delivery, most health services were not set up for telehealth.

Under initiative 6, we will implement a digital strategy that connects our services and minimises duplication of effort. We will become an organisation that implements better ways of working and embraces technology in innovative service delivery. With a shift towards digital health, we can embrace innovations such as telehealth, mobile health applications, and integrated data analytics. We will unify processes, workflows and data sharing with careful planning and modern tools, ultimately making it easy for staff and clients to deliver and access care.

To achieve this, it is essential our current ICT infrastructure is reliable and capable of enhancing health outcomes, streamlining patient experiences, and supporting staff to provide more efficient and personalised care. This financial year, we focused on building a strong foundation of fit-for-purpose technology to help us achieve these outcomes.

Latrobe Community Health Service rolled out Microsoft 365 to facilitate collaboration, communication and effortless work across teams. We replaced our suite of existing programs with Microsoft 365 cloud-based programs, including Microsoft Teams. This transition is about modernising the way we work by having powerful tools in place to support cross-directorate collaboration and communication, ultimately making us more connected and better equipped to support our clients.

Another key project that will lay the foundation for our digital transformation is the transition to a new Enterprise Resource Planning (ERP) solution called SAP. ERP is a software system that helps us carry out core business processes, such as managing staff leave, submitting timesheets, reviewing payslips, managing suppliers, and more. The new SAP ERP system will allow us to have a single platform for managing people, resources and finances across our organisation. It will replace 11 of our current systems with one integrated platform that will simplify our processes and make it easier for us to support our staff and clients.

We have also commenced work to transition to a new document management system made up of two platforms, which will ensure staff have access to clear and up-to-date documentation. Prompt is a web-based document management system that will host our policies and procedures. SharePoint will be rolled out to host our operational files and work instructions. This dual-system will ensure each type of document is hosted in the most effective

and user-friendly environment possible. Together, Prompt and SharePoint will deliver a cohesive and accessible document management system across the organisation. Our Digital Health and Governance teams have undertaken foundational work to support the roll out of this system. To date, staff planning sessions have been carried out across the organisation, and we have reviewed and updated 2,720 documents. We have also commenced document migration and staff training to prepare for the change, which will put us in good stead for the rollout of Prompt and SharePoint in November 2025.

Introducing these platforms to build a unified and effective way of communicating and working across the organisation is the first phase of our digital strategy. Our focus in the next phase is to build upon these technologies to create easier access to services for clients, better access to information for decision-making when treating our clients, and identifying opportunities to leverage new and emerging technologies to create better solutions or health outcomes for the people we support.

Initiative 7



Expand our customer voice groups

As a person-centred community health service, we make a concerted effort to involve our clients and their loved ones in our service design and improvements. From incorporating changes based on what clients tell us via feedback forms and surveys, to establishing customer voice groups to help shape our service models, we regularly ask our clients “what’s important to you?” to understand how best we can help the communities we serve.

In 2024-25, we collected 7,126 survey responses from clients and held regular meetings with our organisation-wide Customer Voice Group (CVG), Aged Care Consumer Advisory Group, Youth Reference Group, Disability Inclusion Working Groups, and Latrobe Valley First Nations Advisory Group.

The lived experience of our clients and their family members is instrumental to help us better understand community needs and preferences, identify service gaps, and deliver high-quality and consistent care experiences. Under Initiative 7, we are expanding the scope and membership of our customer voice groups to further embed lived experience in the design and delivery of our services.

In 2025, we released a Customer Voice Strategy that acts as a roadmap to guide our future growth and direction. It outlines a vision for the next four years: that all LCHS services are developed in partnership with customers, contributing to enhanced customer experience, client outcomes and overall organisational impact. The four key objectives we want to achieve through this strategy are to:

- Strengthen relationships with current and potential Customer Voice Representatives and partner organisations.
- Embed customer participation within our directorates.



- Deepen customer participation in service design and improvement initiatives.
- Share our work across the health sector.

One of the key enablers that will allow the Customer Voice Group to grow is the ability for us to maintain meaningful engagement with our Customer Voice Representatives (CVRs) and support them as they engage with impactful activities across the organisation. To do this, Latrobe Community Health Service employed a Customer Voice Coordinator. This position plays an essential role in ensuring the quality of the relationships with our CVRs is upheld while the group grows. The person in this role is responsible for supporting the day-to-day administration of the CVG and running activities that will be essential to its growth, including running community pop-up stalls and events for staff. They provide support and coaching to representatives, and teams engaging with CVG feedback.

We want to ensure our CVG is representative of the communities we support, which is why our goal is to not only grow in numbers, but in diversity. This year our Customer Voice Group grew to 19 members. Currently, we have two representatives who identify as being part of the LGBTQIA+ community, three members who identify as having lived experience of disability, and four people who come from a Culturally and Linguistically Diverse (CALD) background. This financial year, the CVG participated in 20 activities, completed 49 shifts, and attended 10 meetings, resulting in impactful outcomes across the organisation.

One of these projects was the development and co-design of customer feedback into our new strategic plan. Drawing on 14 interviews, three pop-up stalls and 100+ conversations with clients, several of our CVRs delivered a presentation of insights to the Latrobe Community Health Service Board, Executive team, and management. This work demonstrated the importance of customer participation across the organisation to staff, clients, and the CVG itself, and became the basis for Initiative 7.

This was also the first year in which CVRs played a proactive role in identifying and scoping areas of improvement across the organisation. One member of the group led a body of work to improve the way carers could access respite programs at LCHS, after experiencing difficulty in trying to access these services herself. After this representative brought her experience to the group, three CVRs worked together to identify barriers to accessing respite programs at LCHS, and developed solutions to improve the experience for carers. These recommendations included providing staff training about including carers in the aged care process, improving the way we refer carers to our carer programs, and establishing a project group focused on improving the carer experience. These recommendations were presented to the Manager of Home Care Support Services and were all accepted for implementation in 2025 and beyond.

Lived experience vital to building inclusive communities

Latrobe Community Health Service has six Inclusion Working Groups (IWGs) made up of people with lived experience of disability, who work together to highlight areas of access and inclusion in the community. They also find ways to remove barriers so everyone has the opportunity to participate in the community in which they live. As an NDIS partner, this work is part of our commitment to help build more accessible and inclusive communities for all.

In 2025, our IWGs operated across Inner East Melbourne, Outer East Melbourne, Southern Melbourne, Central Highlands, Wimmera South West and Ovens Murray, with a total of 45 members. Each group achieved outstanding outcomes in their local communities. Some of these include:

- Following advice from the Inner East Melbourne IWG, Boroondara Council undertook work to remove accessibility barriers at Camberwell Junction.
- The Southern Melbourne IWG provided feedback on construction and development at Monash Health.
- The Outer East Melbourne IWG negotiated a 25 per cent discount at a local gym in Mooroolbark for people with a disability.
- The Central Highlands IWG proposed a community project to highlight accessible toilets in the region on the national public toilet map, following feedback from the community that the map was not accurate. The group created documentation to assess if toilets were accessible, ambulant or standard, and reidentified toilets in all council facilities on the national map. This has resulted in accurate information for people living with a disability to pre-plan their community participation. Other Local Government Areas have since flagged their interest in using this process to better identify accessible toilets in their own regions.

Older Australians at the centre of their care

In 2023-24, we established the inaugural LCHS Aged Care Consumer Advisory Body. Made up of the people we deliver aged care services to, the consumer advisory body gives our clients a direct line of feedback into the quality of care and services we provide. The input of this group was critical this year, as we navigated the changes set out by the Australian Government under the new Aged Care Act, particularly with the transition from home care packages to the Support at Home program. This year, the Aged Care Consumer Advisory Body:

- Provided input on how to best communicate the Support at Home changes to clients, which were implemented across LCHS channels.
- Shared feedback about wait times for occupational therapy assessments, which led to the recruitment of additional OTs at LCHS.
- Provided feedback on marketing materials including our Home Care Package welcome pack and aged care newsletter, which we have since implemented.
- Recommended we advertise our aged care offering on community radio stations, which has led to several ongoing local radio sponsorships in the areas we service.

First Nations Advisory Group informs how we deliver services for First Nations communities

Embedding the First Nation experience into all aspects of service delivery has continued to be a key focus for Latrobe Community



Brian's experience with the CVG

When Brian McMahon attended a physiotherapy appointment at Latrobe Community Health Service more than a year ago, he didn't think he'd end up helping shape its services. Now, he's part of the Customer Voice Group, and uses his personal experience to provide advice on how LCHS can improve its services or create new ones.

"My favourite project was the community survey in relation to forming the new LCHS Strategic Plan. I was involved in analysing information from the surveys and presenting it to management. That was a really challenging but fun project to be a part of."

"I enjoy that the CVG challenges me. We're all here because we want to be, we're all friends, but we sort of challenge ourselves and each other while we're at it."

"I like the fact that our group can help make change. All you need is your own good self to turn up, and you will be provided with everything you need to make a great contribution. And you'll be feeling like you're doing a good thing for the community."

Health Service this year, as we seek to build genuine connection and trust between our staff and First Nations clients.

The First Nations Advisory Group (FNAG) has been key to building this trust and collaboration. Made up of First Nations people who live in the Latrobe Valley, the group provides advice, guidance and insights on First Nations issues, including how Latrobe Community Health Service can improve access to our services for First Nations people in the Latrobe Valley. Although the group has been in place since 2023, the FNAG generated real momentum in the past year. To date, the group has:

- Developed an action plan outlining how LCHS can improve access to services for First Nations people.
- Provided advice on LCHS brochures, to make them more welcoming and accessible to First Nations people.

- Participated in a photoshoot to expand the image library at LCHS, and to ensure photos on our marketing material appeal to First Nations clients.
- Introduced a new culturally appropriate way for First Nations people in the Latrobe Valley to provide feedback.
- Advocated for the introduction of more First Nations artwork at LCHS sites.

The FNAG is visiting our Moe, Morwell, Churchill, and Traralgon sites to learn more about the spaces and the services we offer, and how we can make both more welcoming for First Nations people. The group will also oversee the expansion of training for staff about First Nations culture and cultural safety in the Latrobe Valley, and prioritise increasing the visibility of the group across the organisation.

Staff appointments to support First Nations Advisory Group

In 2024, LCHS launched the First Nations Health and Wellbeing Strategy, which laid out practical, actionable steps LCHS will take to create a welcoming and culturally safe organisation for First Nations people, and to facilitate improved health and wellbeing outcomes for them. Vital to implementing this strategy and supporting the First Nations Advisory Group is having staff who are equipped to carry out this work. This is why in 2025, we formed the First Nations Health and Wellbeing Strategic Group.

The strategic group is made up of management representatives; these staff represent a cross-section of the organisation and, most crucially, have decision-making power to ensure we are driving First Nations initiatives forward. Sitting within the strategic group are two working groups. These groups will be made up of interested staff members who have the capacity to deliver strategic actions from the First Nations Health and Wellbeing Strategy.

Built into the structure of this group are two roles: a First Nations Liaison Officer, and a First Nations Strategic Officer. The First Nations Liaison Officer helps First Nations clients navigate LCHS services and makes it easy for First Nations people to receive healthcare and advocate for their health. The strategic officer drives the actions set out in our strategic plan, enabling LCHS to have a dedicated resource to make systematic improvements to the way First Nations clients experience care at LCHS.

The formation of the strategic working group, together with the work undertaken by the First Nations Advisory Group, will allow us to consider the First Nations experience in everything we do at LCHS and to ensure we deliver on our First Nations Strategic Plan in the coming months and years.

Customer experience embedded in our service design

Latrobe Community Health Service has many avenues in place for our clients to share their experience of our services and provide feedback on how we can do better. This input is crucial to the way we design and deliver our services. Before we design a new service, we ask potential clients what they need and expect from us. When looking at how we can improve, we ask existing clients what we're doing well, and what we can work on. Two of the ways we measure client satisfaction is through a Net Promoter Score (NPS) and a Customer Satisfaction score (CSAT).

The NPS, derived from customer responses on the likelihood of recommending us to other people, provides valuable insight into customer loyalty and overall satisfaction. The CSAT, derived from customers' assessment of their level of satisfaction with the service received, provides insights into overall customer satisfaction. In 2024-25, our NPS score increased to 76, from 73 the previous year. Our overall customer satisfaction score remained above 90 per cent in the 2024-45 financial year.



Initiative 8



Support staff learning, development and knowledge sharing

Latrobe Community Health Service is a person-centred organisation. This person-centred lens applies to both the people we support, as well as the people we employ. Without our people, we simply would not exist. That's why our three strategic pillars—Make it One, Make it Easy, Make it Sustainable—are about enhancing the experiences and outcomes for both our clients and our staff.

We want to invest in fit-for-purpose technologies, systems, and processes that make it easier for our staff to do their job. We want to integrate our services to improve staff engagement and job satisfaction. We want to do things in a sustainable way, so we are around for a long time and our staff are proud of the organisation they work for.

Staff have told us they want more learning and development opportunities. They also want to understand how the work they do links back to our broader organisational strategy. So we are looking to build a culture of continuous feedback and learning. This is a culture in which staff see a clear link between their role and the organisation's vision, because they receive consistent feedback on how their work is helping the organisation achieve its goals. Within Initiative 8, we are implementing a consistent approach to staff learning, development and knowledge sharing.

Latrobe Community Health Service is undergoing a period of transformation and growth. From the expansion of Your Care Choice, and preparation for Support at Home in aged care, to the introduction of the NDIS Navigator Service, to digital integration and growth aspirations; our operating environment is rapidly evolving. Our workforce structures, capabilities, and planning processes also need to evolve.

This year, we released a workforce plan that will lay the foundation for our long-term success. It will help us grow a workforce that is capable, connected, and positioned to deliver on our strategic priorities. Without this workforce plan, we can't adequately support our staff or identify the opportunities for learning, development or knowledge sharing. This plan has helped us review our current and future workforce demands, analyse our demographics and growth areas, and identify critical role gaps within our organisation. It has also helped us map several workforce initiatives that support staff learning and development, including a new integrated performance management framework and competency model.

Our new integrated performance management framework will strengthen the connection between our people and the organisation's vision, purpose, values and strategic plan. Under this framework, all performance and development activities will be transparent and measurable. We'll align performance management with clear roles, regular feedback, and role specific learning and development plans to foster continuous professional growth.



Nurse Practitioner Candidate Cath Bateman upskills with scholarship

Sexual health nurse Cath Bateman is upskilling to become a nurse practitioner thanks to a Women's Health Scholarship funded by the Victorian Government, through LCHS.

"While I still see myself collaborating with the GPs at LCHS, it does mean I could be working at sites that don't have GPs available five days a week. This means I can provide more services to more people, in places that are convenient to them. I'm excited about the opportunities for expansion and extension this will bring."

Cath says it is through the support of her colleagues and Latrobe Community Health Service she was motivated to take on this opportunity.

"Some of the ways LCHS is supporting me include allowing me to do my placement during my working hours to substantially reduce the workload and pressure; they are providing me with a highly skilled supervisor in Dr Paul, who is salaried to provide supervision; they are ensuring I get sufficient study leave to attend classes; and they are changing my title to Nurse Practitioner Candidate in my contract which ensures I have a place as an Nurse Practitioner in the organisation once I have completed my endorsement."

Cath is one of a number of LCHS staff members who have been supported to upskill to become a nurse practitioner candidate this financial year.

It creates a clear and consistent structure for setting expectations, providing feedback, and measuring progress, ensuring everyone understands how their contributions connect to broader organisational objectives.

Our competency framework compliments this work, and defines the key skills, behaviours, and attributes required for success in each role. This provides a shared language for development, performance assessment, and career progression. We are currently defining competencies at LCHS at executive, manager, team leader and individual levels of the organisation. Together, the integrated performance and competency frameworks



underpin everything we do, embedding clarity, consistency, and accountability into our culture, and enabling continuous growth and improvement across the organisation.

This work will also support us in the development of a robust leadership development program to identify strengths and areas for improvement. This year, another 19 LCHS leaders obtained their Graduate Certificate in Management from Deakin University as part of our Leading for Success program. Tailored to our staff, the program helps participants learn the skills to lead high performance teams in a positive, respectful, and innovative environment. To date, 39 leaders have participated in the program. In 2025, we will transition into a new-look leadership development program that will replace Leading for Success. The leadership program will be based on the leadership competencies we identify under the competency framework and will broaden the scope of the program beyond managers, to include leaders across different levels of the organisation.

Investing in staff reward and recognition

To recognise the contribution of our hard-working teams, Latrobe Community Health Service offers staff a range of employee benefits.

These include a robust rewards and recognition program, in-house and external staff development, support for further study, salary packaging benefits, flexible work arrangements, and access to the Employee Assistance Program (EAP).

This year, we also introduced mindfulness workshops with Smiling Mind as an opportunity for staff to pause, reset, and learn practical techniques to manage stress. These workshops were delivered online during the workday so they were more accessible to staff. This year our EAP provider, Converge, launched an EAP mobile app to make this support more available. It gave staff immediate access to wellbeing resources, self-assessments, mindfulness tips, and a confidential pathway to mental health support right at their fingertips. Staff responded positively to these additional initiatives, reporting increased awareness of their mental health needs, improved focus, and greater confidence in seeking help when needed. Many acknowledged the benefit of being able to access these resources at any time, particularly outside of traditional work hours.

Initiative 9



Develop a single, digital view of every person we support

Given the nature of our organisation—delivering more than 100 different types of health and social care services, each with varying funding streams and unique legislative requirements—we have historically found it difficult to capture a comprehensive view of each person we support.



We are mandated to save client records in the system our funding bodies set, and because we deliver such a broad range of services, we have multiple client record systems. This means a client may access multiple services at Latrobe Community Health Service, but depending on the types of services they receive, their care history and medical records are not necessarily saved in the same database. This makes it difficult for our staff to gain a overall picture of their client's social, emotional and physical health. Clients feel equally frustrated when we ask them to repeat themselves when accessing different services; most programs need the same information to deliver care, but there is currently no consistent way to share information quickly or easily between services.

As we 'make it one' and 'make it easy', we will create a single, digital view of every person we support no matter their needs or services. This will allow our vision of integrated care to come to life. Integrated care teams will be able to share information in real-time and coordinate a person's care seamlessly. Clients will tell us their story once, and this information will enable any of our service streams to deliver the right care at the right time and place.

This single digital view will paint a complete picture of health for both the clinician and client to understand.

It will not only provide clinicians with a comprehensive, real-time understanding of each person's health journey, but also empower clients to engage with their own care. People will be able to view upcoming appointments across different disciplines, contribute personal health data such as mood tracking, medication adherence, or lifestyle updates, and monitor their progress over time. By creating a client portal that gives people visibility and puts them at the centre of their own care experience, clients will feel informed, involved and in control of their health.

Due to the scale of this project, Latrobe Community Health Service will deliver upon this initiative across the next two financial years. In 2025, we commenced engagement with a range of market leaders to explore potential systems and technologies capable of delivering a single digital view of every person we support. The purpose of this consultation process is to understand the technologies that will need to be incorporated into our organisation to deliver this work. We will evaluate the capabilities, scalability, and user experience of proposed solutions to ensure they align with the needs of our clients and clinicians, and can deliver on our vision of technologically driven, client-centred, integrated healthcare.

Initiative 10



Strengthen our viability

We are well-known and trusted by clients and funders alike. We have families who have been coming to Latrobe Community Health Service since they were kids, and now they bring their own kids to see us. But like all health services, our costs continue to grow, and we need to be proactive in securing funding from a broad range of sources. We also need to be diligent in how we spend money; if we don't operate our services in a sustainable way, we are limited in our ability to reinvest our revenue into providing low-cost care for people who cannot afford to pay.

Under Initiative 10, we will identify opportunities to strengthen our viability. Our aim is to remain a stable, robust, and diversified organisation for years to come.

Equipping more leaders with financial literacy skills

Financial literacy is a critical skill for effective leadership, particularly within a complex health service such as ours. This year, we began developing a financial literacy training program that ensures managers and team leaders receive comprehensive education on budgeting and strategic financial decision-making. The key outcomes of this program include:

- Increased financial confidence among managers and team leaders, enabling them to make data-driven decisions.
- Improved transparency in financial management, reducing reliance on senior executives for routine budgetary decisions.
- More effective resource allocation, ensuring programs are



financially sustainable.

- A long-term shift towards financial literacy as a core competency of leadership at LCHS.

Grants to support growth across our dental service

This year, we were able to secure a substantial grant from Dental Health Services Victoria to outfit our dental plant room in Clayton with a brand new compressor and suction unit, and to refurbish the site's sterilisation room.

The compressor and suction unit powers a range of dental equipment, including handpieces, air-water syringes, and other systems which are used in dental surgeries. This unit has improved upon our clinical capabilities to ensure we can deliver reliable, high-quality dental care. In the spirit of 'making it sustainable', the new system also offers lower energy consumption and reduced noise levels, aligning with our commitment to reducing the environmental impact of our clinical operations. The refurbishment of our sterilisation room saw the installation of a new reverse osmosis water system, a thermal washer, and two new sterilisers. These enhancements strengthen our infection control capabilities and provide assurance all stages of our instrument reprocessing meet strict decontamination standards. Together, these new facilities have put us in good stead to deliver high quality dental care to thousands of clients over the next few years.

Funding from Dental Health Services Victoria has also allowed us to introduce digital printing technology for denture production in our prosthetics lab. The digital printing technology works by taking a 3D scan of a client's mouth, replacing the traditional process of taking a physical impression using casts or moulds. This 3D scan is used to design the denture using specialist software and is produced through a milling machine. The digitisation of this process will deliver faster, more accurate, and consistent denture products. It will also reduce the number of appointments clients are required to attend: digital dentures can now be delivered in as few as two appointments, compared to the traditional four. The scanning process is also less intrusive for clients because it replaces traditional impressions with a faster, gentler, and more comfortable experience with the 3D scan.

Aside from the client benefits, digital denture production will position our organisation well for scalable growth and will generate revenue for our Oral Health program. Not only does it grow our capacity to see more clients, we can also offer this service on behalf of other dental providers in the region. This will generate additional revenue for us to reinvest back into our dental prosthetics laboratory, and into other areas of dental health for clients, including education and preventative care.

Single assessment workforce's fee-for-service model

At the end of 2024, the Australian Government implemented the Aged Care Single Assessment System to simplify the process

of assessing older Australians for aged care services. Under this system, several aged care assessment services were combined into one. In Gippsland, Latrobe Community Health Service undertakes this assessment work on behalf of the Victorian Government. The implementation of the new system prompted a change in the funding model for these assessments. While previously organisations received block funding to carry out this work, under the new fee-for-service model organisations are paid based on the number of people they assess. For Latrobe Community Health Service, this means funding is tied to our service delivery, but it also gives us the flexibility to scale services based on demand.

To ensure we are making the most of this funding model, we have developed a flexible workforce that can respond to fluctuating demand. In addition to our permanent workforce, we recruited a pipeline of casual staff to help us respond to demand peaks. Historically, health organisations have struggled to find allied health staff to service the casual workforce in Gippsland, so we took on an innovative approach by offering staff true flexibility. Staff are able to work a non-traditional work day. They have flexible days and flexible hours. We advertised internally and externally to recruit staff, targeting people who work part-time, have retired but would enjoy a few days of casual work, or staff who work in other areas but want to supplement their income. This has resulted in a strong casual team who we can scale up or down depending on demand for assessments. Due to our ability to respond flexibly to high demand, Latrobe Community Health Service has secured an extension to deliver this assessment work in Gippsland on behalf of the Victorian Government for another year.

Initiative 11



Develop an advocacy plan

Advocacy takes many shapes and forms. It can look like speaking publicly in support of a particular social cause or issue. It can also look like requests to governments to step in and appropriately fund vital services in the community.

Latrobe Community Health Service has a rich history of advocating on behalf of the communities we serve, both in the form of funding requests as well as calling out social issues such as disability inclusion in Australia. We have typically responded to different issues as they arise. However, our approach to advocacy could be more systematic.

Initiative 11 will see us develop an advocacy plan that provides a strategic approach to our advocacy work. This plan will articulate the key areas we will focus our efforts on, so we do not become lost in a sea of different issues. The plan will identify the two or three biggest social needs we will champion as an organisation, so we give ourselves the best chance of making a tangible difference through our advocacy work.

Latrobe Community Health Service continued to advocate for several key community health and social issues this year.

Putting community health first

With ongoing pressure on our health system, and the escalating cost of living causing more Victorians to rethink their healthcare, the role of community health in keeping Victorians out of hospital is more important than ever. In this context, Latrobe Community Health Service continued to advocate for the value of community health in our overall healthcare system through the Community Health First campaign.

A highlight of the year included the publication of our first-ever collective Community Health Impact Report, which was launched at Parliament House in October 2024. The collective impact report, which featured contributions from all community health organisations in Victoria, advocated for the value of community health in meeting the wellbeing and social needs of our communities. Representatives from community health organisations like LCHS, MPs from across the political spectrum, and Minister for Health Mary-Anne Thomas attended a two-day showcase to support the report and to understand the stories, programs, and outcomes community health has achieved for all Victorians.

At the 2025 Victorian Budget, Community Health First again advocated for an increase in investment for preventative community healthcare that reduces the burden on the acute hospital-sector. While the State Government did not announce additional funding for community health, they did not cut the community health budget. This is a testament to the importance of this advocacy work.

Mental health support for young people, close to home

Over the past 12 months, the community has increasingly sought mental health services close to home. This has prompted us to advocate for expanding the capacity of headspace centres in Gippsland.

headspace is a free and welcoming safe space for young people aged between 12 and 25, and their family and friends. It provides support and information on a range of concerns including mental health, drugs and alcohol, physical and sexual health, employment, and education. In Gippsland, Latrobe Community Health Service operates headspace Morwell.

While Morwell has its own dedicated headspace centre, the local government area of Baw Baw remains the only catchment in Gippsland without a specialised, youth-focused service offering mental health and social support. More than 10,000 young people live in this region, and 238 of them travelled to headspace Morwell in the previous financial year to access care. The establishment of a headspace centre in Baw Baw is vital to providing the quality care, support, education, and connection young people in the area need.

Latrobe Community Health Service wrote to, and met with, members of parliament from both sides of the political spectrum to seek support and secure funding for the establishment of a new centre. In May 2025 we welcomed Liberal MP for Monash, Mary Aldred, to our Warragul site. While this work is ongoing, we will continue to advocate for a dedicated mental health centre that is close to home and easy to access for young people in Baw Baw.

We have also commenced work to move into a new headspace centre in Morwell. As demand for our services has grown, both in our program offering, the number of clients we see, and the staff we employ, the need for a larger, purpose-built site that will expand our capacity has become clear.



In the coming year, we will relocate to a new space that will feature additional consulting rooms, a dedicated group room that can also serve as a staff meeting space, and more desk space for our growing team. The Youth Reference Group—made up of a diverse group of young people who ensure young people's voices and opinions remain front and centre of the services we deliver—will have input into the design of the new site, ensuring it feels inclusive and welcoming for all young people. The new site will address our current space challenges and support our continued growth and commitment to high-quality, youth-focused care.

Supporting older Australians through significant aged care reforms

In 2023, the Australian Government announced changes to their Home Care Package program as part of sweeping reforms to the aged care sector. Home care packages are being replaced by a new program called Support at Home, to make it easier and simpler for people to live at home for longer. While these changes are welcome, as a Home Care Package provider we recognise the impact they will have on the most vulnerable members of our community. Because of this, Latrobe Community Health Service has undertaken work to prepare ourselves and our clients for these changes, and have advocated on behalf of our clients to government to ensure these changes are communicated with consistency and clarity.

We have participated in round table meetings with Ageing Australia who presented our views to the Department of Health. These include package management fees, client contribution caps, and the communication of these changes to clients. We worked with other health services in the region including Omeo District Health, Central Gippsland Health Service, Southern Health, and Gippsland Lakes Complete Health to understand these changes and how we can collaborate to support older people in the region.

As the Australian Government continues to finalise its plans for the rollout of Support at Home on November 1, we continue to keep our clients informed, advocate on their behalf when opportunities arise, and prepare our service so we are ready to support clients through this transition.

Navigating new systems with NDIS participants

In 2023-24 the Federal Government completed an independent NDIS Review which examined the design and sustainability of the scheme, and how to improve it for the benefit of all Australians living with disability. The review recommended a new 'navigator model' to replace the roles of Local Area Coordination and Early Childhood Coordination. Instead participants will have access to a single, independent point of contact—a navigator—who can guide them through the system.

Latrobe Community Health Service is a 'Partner in the Community,' which means we work alongside the National Disability Insurance Agency (NDIA) to deliver the NDIS at a local level. This year, we advocated to the NDIA and the Federal Government to ensure Partners in The Community (PiTC) like LCHS are actively consulted in the design of the 'navigator model'.

In February 2025, CEO Paul Ostrowski travelled to Canberra alongside other PiTC CEOs and executives, to meet with federal parliamentarians. This visit raised awareness of the vital role PiTC play, and to emphasise how our expertise can support the Government and NDIA in implementing the reforms recommended by the independent review. We are now working with the NDIA to assess their interest in piloting key elements

of this 'navigator model' over the next two years to ensure it can achieve the best possible outcome for participants on the scheme. We will continue to advocate for our participants as the NDIS evolves, to ensure it is meeting the needs of our community.

Latrobe Community Health Service also continues to advocate for people with lived experience of disability to ensure they can access and enjoy as much of their community as possible. Our community capacity building teams have worked closely with small businesses, local councils, tourism operators, and community groups to help them make changes to become more accessible for people with lived experience of disability.

The work we have undertaken in this area this year spanned Victoria. In the Bellarine Peninsula, our Community Capacity Building team worked with The Q Train, a Bellarine rail restaurant, to build upon the accessibility features the service already had on board. Following consultation with our team, who assist by helping businesses identify free or low-cost changes they can make to enhance accessibility, The Q Train introduced:

- Braille and large print, high-contrast menus.
- Visual Story to help guests understand what to expect from the experience.
- Communication board to assist those with social communication difficulties.
- Audio guide to enable those with a vision impairment to listen to information about the experience.
- Online pre-planning information to help people prepare for the experience.
- Staff disability and awareness training through the Hidden Disabilities Sunflower program.

In the Dandenong Ranges, Link Health and Community has worked in partnership with Emerald Library for several years. This partnership has achieved several positive outcomes, including increasing staff understanding of how to identify inclusion barriers in the library. In 2025, our Community Capacity Building team worked with Emerald Library to roll out a survey to identify which inclusion and accessibility features are important to the community. Following these survey results, the library implemented a 'sensory exploration storytime' trial in April 2025 that was well attended by the community. With support from our team, Emerald Library has since made sensory items like fidget toys available during their storytime sessions, and have introduced specific sensory storytime sessions during school holiday periods.



Initiative 12



Develop an environmental sustainability strategy

As we developed our new strategic plan in consultation with staff and community members, people told us they want us to deliver services for a long time, and they want us to tread lightly on the earth as we do it.

Our third strategic pillar—Make it Sustainable—is not just about our financial sustainability, it's about our environmentally-conscious practices, too. We want to reduce our carbon footprint, power usage and wastage, and our communities expect us to do this as well.

From introducing recycling systems that are fit-for-purpose, to installing solar panels on the roofs of the buildings we own, there are many ways we can achieve this. Rather than pursue environmental sustainability in random areas of our organisation, we want to create a methodical approach. Therefore, within Initiative 12, we will develop and implement a strategy to enhance the environmental sustainability of our programs.

To guide this work, we have formed an Environmental Sustainability Working Group tasked with creating and implementing this strategy. The group will assist in the consideration, design and delivery of key environmental sustainability strategies and policies across our organisation and will embed the operational aspects of this plan into our program areas.

The group will provide us with the platform to consult with key stakeholders, seek specialist opinion, and enable community participation in environmental sustainability initiatives.

Latrobe Community Health Service has already completed several sustainability projects this financial year. In November 2024, we installed solar panels at our Traralgon, Moe and Morwell sites. This project minimises the carbon emissions generated from our electricity use and reduces costs across the organisation. To date, we have installed 240 panels at our Moe and Morwell sites, and 96 panels at our Traralgon site. We are now generating 17 per cent of our own power in Traralgon, 63 per cent of our own power in Moe, and 72 per cent of our own power in Morwell. In the second half of 2025, we will add solar panels to our site in Oakleigh and assess our ability to install panels at our Warragul site, in line with the building's body corporate regulations.

This year we made progress towards transitioning our pool vehicles to hybrid models to save on fuel consumption and reduce our carbon emissions. As of June 30, 2025, 18 per cent of the Latrobe Community Health Service fleet is hybrid. While some models in our fleet—like buses and vans—do not have a hybrid alternative, our goal is to transition 100 per cent of the vehicles that have a hybrid alternative by 2028. In 2024, we spent \$9,946 less on fuel than in 2023, which is approximately 6,000 litres in fuel reduction.

Latrobe Community Health Service also introduced a new container deposit scheme to reduce the number of beverage containers that enter landfill, and to increase recycling rates across our organisation. The scheme is currently in place at Morwell. As the scheme grows, the funds generated will be reinvested back into our Volunteer Program.



Initiative 13



Develop an internal staff mobility model

Within a multidisciplinary organisation like ours sits an abundance of knowledge and skills, where staff can grow in their chosen profession and have the opportunity to learn from experts in other fields.

In order to embrace the opportunities a multidisciplinary workforce like ours presents, we are focused on creating an environment where silos are broken down so staff share their knowledge across disciplines and have a real opportunity to progress their career with us in a new discipline of their choosing.

Under Initiative 13, we will develop an internal staff mobility model, which facilitates cross-directorate training, career pathways and collaboration. We want to build a strong talent pipeline and support career progression so staff can move into new roles, projects or teams aligned with their skills and aspirations. The end goal for this initiative is an increase of internal hires versus external hires, having succession plans in place across directorates, and having staff tell us they think the organisation provides good career opportunities. By enabling staff to explore new challenges and contribute in different ways, we will strengthen staff retention and create a more engaged and supported workforce.

In order to understand the needs and aspirations of our team and create a model that resonates, we need to engage with staff to understand what mobility means to them, where they see the gaps in our current processes, and how teams define and understand career opportunities at LCHS. In June 2025 we commenced outreach to managers to begin these conversations with teams, with the goal of answering questions like: what do career opportunities at LCHS mean to our team? What barriers do we see that make career growth at LCHS harder? What things are helping or could help us grow our careers at LCHS? Following this consultation process, our People, Learning and Culture team will begin mapping our internal mobility model.

Student placements shared across teams

This year, students undertaking placement within our Addiction Services team gained exposure to multiple LCHS programs as part of their placement, resulting in the development of a broad range of skills and experience. This includes shadowing staff and supporting clients in The Hub, observing sessions in our Men's Behavioural Change Program, gaining exposure to youth-focused care at headspace, and participating in community outreach alongside our Community Connectors team. This approach exposed students to a wide breadth of learning opportunities and strengthened service delivery at LCHS; students brought insights and skills developed from one area into another, resulting in good outcomes for students, staff, and clients alike.

This year, LCHS staff members also participated in cross-management unit placements for the first time. Two team members—one from headspace and one from the Prevention and Partnerships team—were due to undertake student placements as part of their studies at the same time.

Their managers collaborated to facilitate a 'staff swap' that allowed the staff members to work in each other's teams. This ensured each staff member could meet their student placement requirements and continue to support their clients. This supported the professional development of each team member and created a new approach to collaboration and knowledge sharing across the organisation.

Scholarships for allied health university students

Our allied health scholarships are for students who want to pursue a career in community health. We provide scholarship recipients financial support for their studies, along with industry-specific mentorship and placements in our integrated primary health and paediatric teams in Gippsland. The scholarship recipients work alongside our allied health professionals to assist with one-on-one client consultation appointments, exercise groups facilitation, and other projects. This year, 14 students enrolled in occupational therapy, speech pathology and physiotherapy at Federation University Gippsland were awarded this scholarship and will gain invaluable experience working alongside our allied health teams. These scholarships are mutually beneficial; students gain real-world experience in disciplines of their choosing and experience what it means to work for LCHS. Similarly, these students grow into becoming the future allied health workforce in Gippsland. Providing them with a positive learning experience gives us a leg up when recruiting for these roles in the future.



Occupational Therapy Cadet Amy is jumping feet first in to work

Occupational therapy student Amy is part of the LCHS Cadetship program and couldn't think of a better way to develop her skills as an allied health assistant.

"I thought it would be a great way to develop my skills and to make myself more ready for my future as an occupational therapist.

"Since I've started, the team has always supported me to achieve any of the goals I want. Anytime I ask if I can do anything, it's yes straight away, it's never no. It's always yes, and how can we make that happen?"

"Working here as an OT cadet has been the most valuable thing for my learning, I feel so ready to enter the workforce as an OT now."



2025 Staff achievements

Each year we conduct an annual staff survey to understand how our staff feel about working for Latrobe Community Health Service, and how they feel we are progressing against our strategic plan.

In this year's survey, 77 per cent of employees said LCHS "is truly a great place to work". This is eight per cent above the average benchmark for all Victorian health organisations. The survey classified our culture as 'surging' which means our staff are focused on building better and new ways of doing things. In 2022, LCHS introduced the online 'Star' platform through which employees can acknowledge their colleagues for demonstrating our organisational values. More than 9,500 Star cards were sent among colleagues in 2024-25.

This year, we once again hosted our annual staff awards lunch in Melbourne to recognise award nominees and long-serving employees. The LCHS staff awards recognise exceptional performance, values-driven behaviour, and leadership. Each year we see a growing number of nominations, demonstrating the value of the awards both to nominees, and the staff who wish to recognise them.

Excellence in Leadership Award



Luke Salienko - Team Leader
Therapeutic Day Rehabilitation

Service in Excellence Award



Client Services team

Annual Achievement Awards



Kavi Nambiar
Corporate



Elisha Williams
Senior & Adult Integrated
Health



Wayne Atkinson
Specialist & Community
Services



Charlene Bier
NDIS & Assessment
Services



Catherine Bateman
Medical Services & Oral
Health

Cath is the driving force behind the establishment, delivery, and success of our Sexual and Reproductive Health Hub in Gippsland. Our service supports clients with everything from contraception, abortion and menopause care to pelvic pain, and other sexual health concerns. Accessibility plays an important role in the hub's success, and Cath works across three GP clinics in Gippsland to ensure we provide a convenient and affordable service to those who might not otherwise have access. Her colleagues say Cath "is always looking to see how the clinic can be improved."

Cath has channelled her expertise in this area to advocate for a better model of care for people seeking early medical abortions, particularly around limiting the use of unnecessary ultrasounds which are common in early medical abortion care. Throughout her time at LCHS, she has taken up countless opportunities to speak about her work. At each of these opportunities, Cath represents our organisation with pride, purpose, and expertise.

This year, Cath is upskilling to become a Nurse Practitioner. The outcome is better availability for clients: Cath will be able to work independently from GPs, which means the services Cath provides will be available more frequently, in more places.

A collage of 15 photographs capturing various moments from a community event. The images include: a vibrant bouquet of pink and red flowers in a gold vase; a 'Welcome' sign with a logo; two women smiling outdoors; a man in a suit and glasses talking to a woman; two men smiling together; a woman in a pink blazer; two women standing together; a group of people embracing; a woman in a white shirt and black apron; a plate of food featuring steak and vegetables; a woman in a red blazer; and several other people socializing and dining at tables.

Our volunteers

Volunteers are vital to our organisation. They dedicate hours of time and energy, providing a service to the community our staff couldn't manage on their own.

Whether it's transporting Gippsland residents to medical appointments, sewing buddy bears for children accessing healthcare or visiting older people in aged care residential facilities, our volunteers provide crucial services to clients. This year, we were pleased to see our volunteer numbers remain steady at our pre-pandemic levels, with close to 200 volunteers dedicating their time to support our community. To all of our volunteers, thank you. Your dedication is helping us achieve our vision of better health, better lifestyles, strong and inclusive communities. We couldn't do what we do without you. Thank you for your service.



193
Active
volunteers



22,633
Hours of
service



\$1,062,850
Monetary value
to organisation

Years of service

Five years

- | | |
|-----------------|----------------------|
| ■ Tony Bridgman | ■ Katherine Chan |
| ■ Verity Keith | ■ Olga Lamb |
| ■ Don Santowiak | ■ Lyn Bourke- Finn |
| ■ Kevin Huang | ■ Giancarlo Leonardi |
| ■ Dominic Maher | |

Ten years

- | | |
|------------------|---------------|
| ■ Qi Ming Mao | ■ Karen Spark |
| ■ Shirley Newman | |

Fifteen years

- | | |
|----------------|-------------------|
| ■ Kaye Chester | ■ Annelie Roberts |
|----------------|-------------------|

2025 Volunteer of the Year



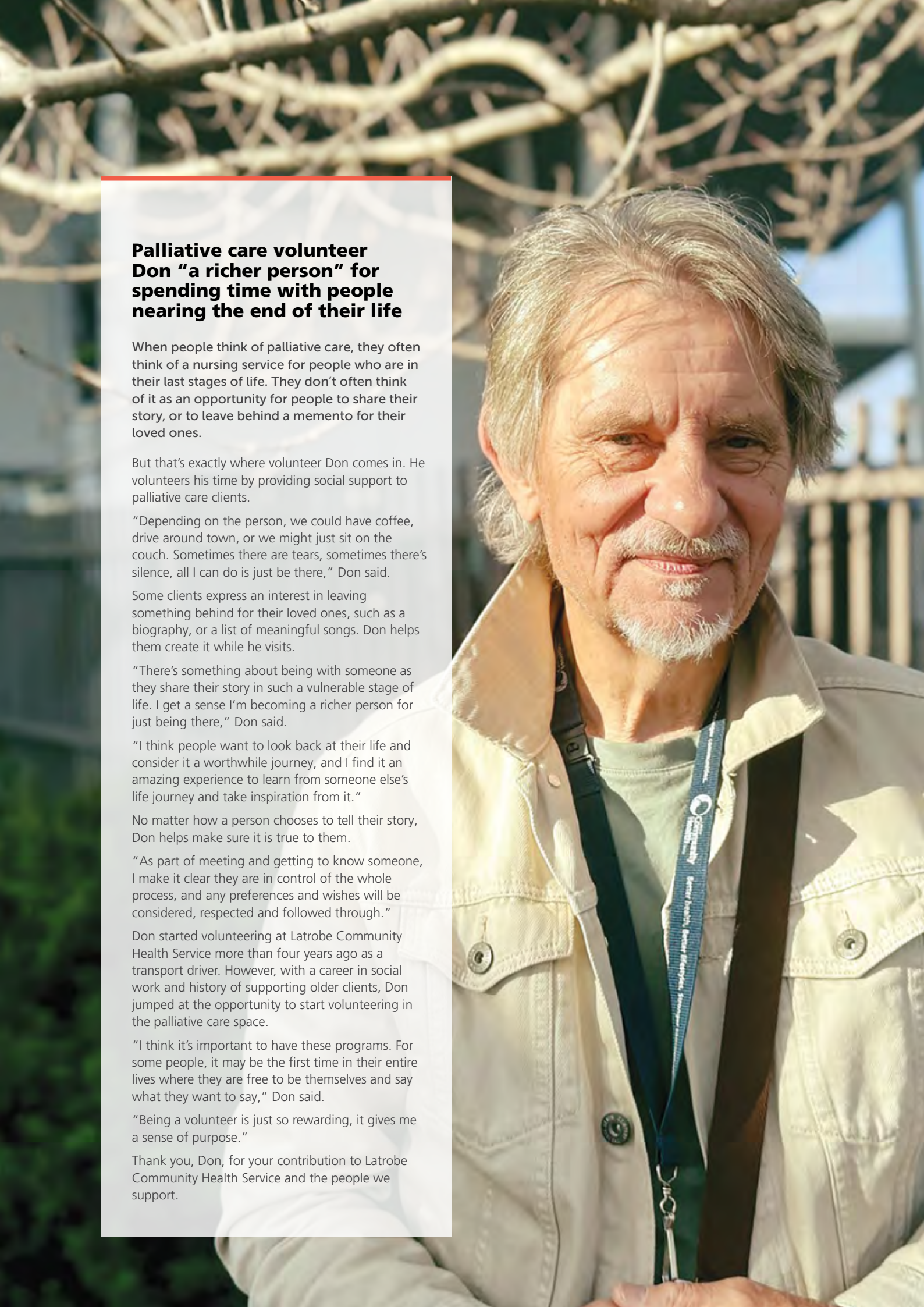
Mark Anderson (Gippsland)

Mark Anderson provides transport and a friendly face to community members who need to get to important medical appointments. Mark is friendly, energetic, and upholds the values of our organisation. Mark often makes himself available outside of work hours to ensure our clients can get to early and late medical appointments, and is always up for a chat and a laugh. He is highly requested by our clients when they book in transport, which is a testament to the quality of care Mark provides. Thank you, Mark.



Danni Ramalingnam (Metro)

Danni Ramalingnam provides companionship to lonely or isolated members of the community as a volunteer with LinkPets and our Aged Care Volunteer Visitors Scheme. Danni is dedicated to the people she supports, and visits four clients across multiple shifts each week. When a client's circumstances change, Danni ensures they continue to receive regular social contact. Danni's clients say her visits have a positive impact on their mental health, and bring joy to their day. Thank you, Dani.

A portrait of an older man with grey hair and a goatee, wearing a light-colored jacket and a lanyard. He is smiling slightly. The background is a blurred outdoor setting with bare tree branches. On the left side of the image, there is a white text box with a red top border containing the title and body text.

Palliative care volunteer Don “a richer person” for spending time with people nearing the end of their life

When people think of palliative care, they often think of a nursing service for people who are in their last stages of life. They don't often think of it as an opportunity for people to share their story, or to leave behind a memento for their loved ones.

But that's exactly where volunteer Don comes in. He volunteers his time by providing social support to palliative care clients.

“Depending on the person, we could have coffee, drive around town, or we might just sit on the couch. Sometimes there are tears, sometimes there's silence, all I can do is just be there,” Don said.

Some clients express an interest in leaving something behind for their loved ones, such as a biography, or a list of meaningful songs. Don helps them create it while he visits.

“There's something about being with someone as they share their story in such a vulnerable stage of life. I get a sense I'm becoming a richer person for just being there,” Don said.

“I think people want to look back at their life and consider it a worthwhile journey, and I find it an amazing experience to learn from someone else's life journey and take inspiration from it.”

No matter how a person chooses to tell their story, Don helps make sure it is true to them.

“As part of meeting and getting to know someone, I make it clear they are in control of the whole process, and any preferences and wishes will be considered, respected and followed through.”

Don started volunteering at Latrobe Community Health Service more than four years ago as a transport driver. However, with a career in social work and history of supporting older clients, Don jumped at the opportunity to start volunteering in the palliative care space.

“I think it's important to have these programs. For some people, it may be the first time in their entire lives where they are free to be themselves and say what they want to say,” Don said.

“Being a volunteer is just so rewarding, it gives me a sense of purpose.”

Thank you, Don, for your contribution to Latrobe Community Health Service and the people we support.

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**LATROBE COMMUNITY HEALTH SERVICE LIMITED
AND CONTROLLED ENTITIES**
ABN: 74 136 502 022
**STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR
ENDED 30 JUNE 2025**

	Note	2025	2024
		Consolidated	Consolidated
		\$	\$
Revenue	2	134,718,283	114,796,517
Other income	2	78,471,746	77,456,945
Employee benefits expense	3	(142,180,262)	(134,162,728)
Depreciation and amortisation expense	3	(9,679,258)	(9,592,520)
Interest expense on lease liabilities	3	(171,515)	(277,949)
Motor vehicle expenses		(1,106,688)	(1,176,910)
Utilities expense		(628,739)	(599,894)
Staff training and development expenses		(751,053)	(671,690)
Audit, legal and consultancy fees		(1,302,384)	(719,247)
Marketing expenses		(400,037)	(472,835)
Service agreements		(3,557,187)	(2,085,863)
Contract labour		(7,001,970)	(5,729,584)
Client support services expense		(28,031,258)	(23,538,916)
Doubtful debts expense		(110,358)	(6,728)
Other expenses		(11,996,625)	(10,752,716)
Current year surplus before income tax		6,272,693	2,465,882
Income tax expense			
Net current year surplus		6,272,693	2,465,882
Other comprehensive income			
Items that will not be reclassified subsequently to profit or loss:			
Gain on revaluation of land and buildings	10	-	5,391,993
Equity Instrument at FVOCI - fair value change		529,440	761,726
Total other comprehensive income for the year		529,440	6,153,719
Total comprehensive income for the year		6,802,133	8,619,601

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 2025**

	Note	2025 Consolidated \$	2024 Consolidated \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	13,864,633	4,531,227
Trade and other receivables	5	1,425,731	1,762,119
Inventories	6	512,234	488,638
Financial assets	8	42,168,529	52,000,000
Other assets	7	16,504,057	13,722,808
TOTAL CURRENT ASSETS		74,475,183	72,504,791
NON-CURRENT ASSETS			
Financial assets	8	17,317,569	15,753,767
Property, plant and equipment	10	61,594,092	61,970,276
Right-of-use assets	11	8,580,023	5,214,907
TOTAL NON-CURRENT ASSETS		87,491,684	82,938,950
TOTAL ASSETS		161,966,868	155,443,741
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	12	8,573,930	8,820,912
Contract liabilities	13	15,049,949	19,855,404
Lease liabilities	15	3,412,691	3,625,275
Employee provisions	14	16,845,119	15,470,009
TOTAL CURRENT LIABILITIES		43,881,689	47,771,599
NON-CURRENT LIABILITIES			
Lease liabilities	15	5,322,593	1,918,261
Employee provisions	14	6,549,667	6,342,244
TOTAL NON-CURRENT LIABILITIES		11,872,260	8,260,505
TOTAL LIABILITIES		55,753,949	56,032,104
NET ASSETS		106,212,919	99,411,637
EQUITY			
Retained surplus		82,026,557	75,499,829
Reserves		24,186,362	23,911,808
TOTAL EQUITY		106,212,919	99,411,637

The accompanying notes form part of these financial statements.

**LATROBE COMMUNITY HEALTH SERVICE LIMITED
AND CONTROLLED ENTITIES**
ABN: 74 136 502 022
STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2025

Note	Retained Surplus	Asset Revaluation Reserve	Capital Reserve	General Reserve	Equity FVOCI Reserve	Total
	\$	\$	\$	\$	\$	\$
Balance at 1 July 2023	73,270,622	9,972,286	4,563,516	2,205,449	780,163	90,792,036
Comprehensive Income						
Surplus for the year	2,465,882	-	-	-	-	2,465,882
Net gain on revaluation of land and buildings	-	5,391,993	-	-	-	5,391,993
Total other comprehensive income	2,465,882	5,391,993	-	-	-	7,857,874
Other transfers						
Transfers to/(from) capital reserve	703,516	-	(703,516)	-	-	-
Transfers to/(from) general reserve	(946,192)	-	-	946,192	-	-
Equity investments FVOCI - Fair value change	-	-	-	-	761,726	761,726
Total other transfers	(242,676)	-	(703,516)	946,192	761,726	761,726
Balance at 30 June 2024	75,493,828	15,364,278	3,860,000	3,151,641	1,541,889	99,411,637
Balance at 1 July 2024	75,493,828	15,364,278	3,860,000	3,151,641	1,541,889	99,411,637
Comprehensive Income						
Surplus for the year	6,272,693	-	-	-	-	6,272,693
Total other comprehensive income	6,272,693	-	-	-	-	6,272,693
Other transfers						
Transfers to/(from) capital reserve	(94,000)	-	94,000	-	-	-
Transfers to/(from) general reserve	354,886	-	-	(354,886)	-	-
Equity investments FVOCI - Fair value change	-	-	-	-	529,440	529,440
Total other transfers	260,886	-	94,000	(354,886)	529,440	529,440
Balance at 30 June 2025	82,027,407	15,364,278	3,954,000	2,796,755	2,071,328	106,212,919

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 2025

	Note	2025 Consolidated \$	2024 Consolidated \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from grants and other income		216,108,136	193,538,202
Payments to suppliers and employees		(210,446,620)	(186,101,853)
Interest received		3,709,692	1,862,945
Net cash generated from operating activities		<u>9,371,208</u>	<u>9,299,294</u>
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds from sale of property, plant and equipment		1,022,944	1,112,427
Payment for property, plant and equipment		(5,748,716)	(5,993,277)
Proceeds from/ (used in) held-to-maturity investments		8,987,771	(26,800,000)
Net cash from/ (used in) investing activities		<u>4,261,999</u>	<u>(31,680,850)</u>
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of lease liabilities		(4,299,802)	(4,687,750)
Net cash used in financing activities		<u>(4,299,802)</u>	<u>(4,687,750)</u>
Net increase/ (decrease) in cash held		9,333,405	(27,069,306)
Cash on hand at beginning of the financial year		4,531,227	31,600,534
Cash on hand at end of the financial year	4	<u><u>13,864,633</u></u>	<u><u>4,531,227</u></u>

The accompanying notes form part of these financial statements.

**LATROBE COMMUNITY HEALTH SERVICE LIMITED
AND CONTROLLED ENTITIES
ABN: 74 136 502 022
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025**

The financial report includes the consolidated financial statements of Latrobe Community Health Service Limited (LCHS), Link Health and Community Limited, Latrobe CHS Nominees Pty Ltd and Latrobe Community Assessment and Navigation Services Limited. Latrobe CHS Nominees Pty Ltd was deregistered in October 2024 and did not have any financial transactions. Latrobe Community Assessment and Navigation Services Limited does not have any financial transactions as it is not yet operational. LCHS acquired Link Health and Community Limited on the 1 July 2020, it is in voluntary liquidation and does not have any financial transactions. Throughout this financial report the consolidated group is referred to as 'the Entity'.

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

Note 1 Summary of Material Accounting Policy Information

Basis of Preparation

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Simplified Disclosures of the Australian Accounting Standards Board (AASB) and the Australian Charities and Not-for-profits Commission Act 2012. The entity is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

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

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

The financial statements were authorised for issue on 25 September 2025 by the directors of the entity.

Accounting Policies

Principles of consolidation

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

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

(a) Revenue and Other Income

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

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

Revenue and Other Income

Operating Grants, Donations and Bequests

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

When both these conditions are satisfied, the Entity:

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

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

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

**LATROBE COMMUNITY HEALTH SERVICE LIMITED
AND CONTROLLED ENTITIES**

ABN: 74 136 502 022

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

Other Income

Capital Grant

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

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

Client Fees

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

Interest income

Interest income is recognised using the effective interest method.

(b) Property, Plant and Equipment

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

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

Depreciation

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

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

Class of Fixed Asset	Depreciation Rate
Buildings	2.5% to 4%
Plant and equipment	5% to 33%
Motor vehicles	10% to 20%

(c) Right-of-use assets and lease liabilities

Accounting policy for lease liabilities

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

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

- fixed lease payments less any lease incentives;
- variable lease payments that depend on an index or rate, initially measured using the index or rate at the commencement date;
- lease payments under extension options if 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

Exceptions to Lease Accounting

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

For leases that have significantly below-market terms and conditions principally to enable the entity to further its objectives (otherwise known as peppercorn or concessionary lease arrangements), the entity measures the right-of-use asset at cost on initial recognition.

The entity has three peppercorn leases in place:

- 20 years plus two further options for renewal of 5 years each with the Department of Human Services situated at 85 & 87 Buckley Street, Mowell. The lease agreement commenced on 19 July 2006 and expires at the end of the renewal periods in July 2036, with lease payments equal to \$12 per annum.
- 16 year sub-lease with Monash City Council (head landlord) and the Secretary to the Department of Health (landlord) for part of the building situated at 34-38 O'Sullivan Road, Glen Waverley. The lease agreement commenced on 1 July 2021 and expires on 24 July 2037, with lease payments of \$1 per annum if demanded.
- 12 years and 10 month sub-lease with Monash City Council (head landlord) and the Secretary to the Department of Health (landlord) for part of the Clayton Community Centre, Centre Road, Clayton. The lease agreement commenced on 1 July 2021 and expires on 6 April 2033, with lease payments of \$1 per annum if demanded.

**LATROBE COMMUNITY HEALTH SERVICE LIMITED
AND CONTROLLED ENTITIES**
ABN: 74 136 502 022
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

These leases meet the definition of a peppercorn/concessionary lease which the entity is dependent on to further its objectives. While the entity operates from a broader portfolio of properties, access to this site under concessionary terms provides significant support in meeting community objectives. The cost of the right-of-use asset and lease liability relating to this lease agreement is considered trivial and has therefore not been recognised on the statement of financial position.

(d) Financial Instruments

Financial Assets

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

Classification and subsequent measurement of financial assets

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

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

Amortised cost

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

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

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

Impairment of Financial Assets

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

Impairment of Trade Receivables

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

Financial Liabilities

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

(e) Impairment of Assets

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

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

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

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

(f) Employee Benefits

Short-term employee benefits

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

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

**LATROBE COMMUNITY HEALTH SERVICE LIMITED
AND CONTROLLED ENTITIES
ABN: 74 136 502 022
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025**

Long-term employee benefits

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

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

(g) Income Tax

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

(h) Comparative Figures

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

(i) Critical Accounting Estimates and Judgements

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

Key estimates

(i) Valuation of freehold land and buildings

The freehold land and buildings were independently valued at 30 June 2024 by Bertacco Property Valuations based on market value. Specialised properties at Moe, Churchill, Traralgon and Warragul were separately valued based on their depreciated replacement cost by Prowse Quantity Surveyors. The valuations resulted in a revaluation increment of \$5,391,993 which was credited to the asset revaluation reserve at 30 June 2024. Director's performed a director's valuation at 30 June 2025, noting no material change in fair value.

Key judgements

(i) Performance obligations under AASB 15

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

Management have assessed its contracts with the National Disability and Insurance Agency and concluded that the contracts have sufficiently specific performance obligations under AASB 15.

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

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

(iii) Employee benefits

For the purpose of measurement, AASB 119: *Employee Benefits* defines obligations for short-term employee benefits as obligations expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service. As the entity expects that most employees will not use all of their annual leave entitlements in the same year in which they are earned or during the 12-month period that follows (despite an informal internal policy that requires annual leave to be used within 18 months), the directors believe that obligations for annual leave entitlements satisfy the definition of other long-term employee benefits and, therefore, are required to be measured at the present value of the expected future payments to be made to employees.

(iv) Provision for impairment of receivables

The entity makes use of a simplified approach in accounting for trade and other receivables and records the loss allowance at the amount equal to the expected lifetime credit losses. The entity uses its historical experience, external indicators and forward-looking information to calculate the expected credit losses using a provision matrix.

The entity assesses impairment of trade receivables on a collective basis as they possess credit risk characteristics based on the days past due. The entity does not consider the provision for expected credit losses to be material.

**LATROBE COMMUNITY HEALTH SERVICE LIMITED
AND CONTROLLED ENTITIES**

ABN: 74 136 502 022

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

(j) Economic Dependence

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

(k) Fair Value of Assets and Liabilities

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

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

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

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

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

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

(l) Rounding

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

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

AASB 2022-5: Amendments to Australian Accounting Standards – Lease Liability in a sale and leaseback

AASB 2022-5 amends AASB 16 to add subsequent measurement requirements for sale and leaseback transactions that satisfy the requirements in AASB 15 Revenue from Contracts with Customers to be accounted for as a sale.

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

AASB 2023-3 Amendments to Australian Accounting Standards – Disclosure of Non-current Liabilities with Covenants – Tier 2

AASB 2023-3 amends AASB 1060 to align the disclosure requirements of Tier 2 entities with the Tier 1 equivalents in AASB 2020-1 and AASB 2022-6.

AASB 2023-3 amends AASB 1060 to:

- (a) clarify that a liability is classified as non-current if an entity has the right at the reporting date to defer settlement of the liability for at least twelve months after the reporting date;
- (b) clarify the reference to settlement of a liability by the issue of equity instruments in classifying liabilities; and
- (c) require the disclosure of information that enables users of the financial statements to understand the risk that non-current liabilities with covenants could become repayable within twelve months.

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

**LATROBE COMMUNITY HEALTH SERVICE LIMITED
AND CONTROLLED ENTITIES
ABN: 74 136 502 022
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025**

Note 2 Revenue and Other Income

	2025 \$	2024 \$
Revenue		
Revenue from grants:		
— Commonwealth government grants – operating	69,500,388	56,206,119
— State government grants - operating	40,493,399	33,004,709
— Other organisations	12,748,089	14,678,231
	<u>122,741,876</u>	<u>103,889,059</u>
Other revenue:		
— Client fees	9,041,498	8,023,155
— Interest received on investments in government and fixed interest securities	2,934,909	2,884,303
	<u>11,976,406</u>	<u>10,907,458</u>
Total revenue	<u>134,718,283</u>	<u>114,796,517</u>
Disaggregation of revenue		
The entities' revenue from contracts with customers is disaggregated above by type of good/service and below by timing of revenue recognition.		
Timing of revenue recognition:		
— Goods/services transferred at a point in time	92,461,027	57,578,814
— Goods/services transferred over time	42,257,256	57,217,704
	<u>134,718,283</u>	<u>114,796,517</u>
Other Income		
— Commonwealth government grants - NDIA	75,203,855	74,430,234
— Gain on disposal of property, plant and equipment	236,645	545,472
— Charitable income and fundraising	8,860	7,800
— Rental income from operating leases	58,369	58,795
— Other	2,964,016	2,414,644
Total other income	<u>78,471,746</u>	<u>77,456,945</u>
Total revenue and other income	<u>213,190,028</u>	<u>192,253,462</u>

Commonwealth government grants - NDIA

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

**LATROBE COMMUNITY HEALTH SERVICE LIMITED
AND CONTROLLED ENTITIES**
ABN: 74 136 502 022
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

Note 3 Surplus for the Year

	2025 \$	2024 \$
a. Expenses		
Finance costs:		
— interest expense on lease liabilities	171,515	277,949
Total interest expense	<u>171,515</u>	<u>277,949</u>
Employee benefits expense:		
— contributions to defined contribution superannuation funds	13,785,813	12,387,964
— Other employee benefits expense	128,394,450	121,774,764
Total employee benefits expense	<u>142,180,262</u>	<u>134,162,728</u>
Audit fees:		
— audit of financial statements	58,340	56,070
— audit of funding acquittals	33,640	19,659
Total audit remuneration	<u>91,980</u>	<u>75,729</u>
Depreciation and amortisation:		
— land and buildings	1,750,656	1,795,678
— motor vehicles	827,976	723,997
— furniture and equipment	2,798,970	2,788,938
— Leased assets	4,301,657	4,283,906
Total depreciation and amortisation	<u>9,679,258</u>	<u>9,592,520</u>

Note 4 Cash and Cash Equivalents

	2025 \$	2024 \$
CURRENT		
Cash at bank	873,637	528,402
Cash on hand	3,225	2,825
Cash at deposit	<u>12,987,771</u>	<u>4,000,000</u>
	<u>13,864,633</u>	<u>4,531,227</u>

Note 5 Trade and Other Receivables

	Note	2025 \$	2024 \$
CURRENT			
Trade receivables		1,520,479	2,308,222
Other receivables		165,985	182,901
Allowance for expected credit losses		(260,732)	(729,005)
Total current accounts receivable and other debtors	20	<u>1,425,731</u>	<u>1,762,119</u>

The entity's normal credit term is 30 days.

Note 6 Inventories

	2025 \$	2024 \$
CURRENT		
At cost:		
Inventory	<u>512,234</u>	<u>488,638</u>
	<u>512,234</u>	<u>488,638</u>

**LATROBE COMMUNITY HEALTH SERVICE LIMITED
AND CONTROLLED ENTITIES**
ABN: 74 136 502 022
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

Note 7 Other Assets

	2025	2024
	\$	\$
CURRENT		
Accrued income	12,805,934	12,296,511
Prepayments	3,698,123	1,426,297
	<u>16,504,057</u>	<u>13,722,808</u>

Note 8 Financial Assets

	Note	2025	2024
		\$	\$
CURRENT			
Term deposits with original maturities greater than 3 months		42,168,529	52,000,000
Total current assets	20	<u>42,168,529</u>	<u>52,000,000</u>
NON-CURRENT			
Other financial assets - Investment portfolio - measured at fair value through OCI.		17,317,569	15,753,767
Total non-current assets	20	<u>17,317,569</u>	<u>15,753,767</u>

Note 9 Interest in Subsidiaries

(a) Information about Principal Subsidiaries

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

Name of subsidiary	Principal place of business	Controlling interest held by the Group	
		2025 (%)	2024 (%)
Link Health and Community Limited (in liquidation)	81-83 Buckley St Morwell Vic 3840	-	-
Latrobe CHS Nominees Pty Ltd	81-83 Buckley St Morwell Vic 3840	-	100%
Latrobe Community Assessment and Navigation Services Limited	81-83 Buckley St Morwell Vic 3840	100%	100%

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

Link Health and Community Limited is currently in voluntary liquidation.

(b) Significant Restrictions

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

**LATROBE COMMUNITY HEALTH SERVICE LIMITED
AND CONTROLLED ENTITIES**
ABN: 74 136 502 022
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

Note 10 Property, Plant and Equipment

	2025 \$	2024 \$
LAND AND BUILDINGS		
Freehold land at fair value:		
— Directors valuation in 2025	14,909,840	-
— Independent valuation in 2024	-	14,909,840
Total land	<u>14,909,840</u>	<u>14,909,840</u>
Buildings at fair value:		
— Directors valuation in 2025	28,859,060	-
— Independent valuation in 2024	-	28,859,060
Less accumulated depreciation	(751,711)	-
Total buildings	<u>28,107,349</u>	<u>28,859,060</u>
Leasehold improvements at cost	9,608,962	9,231,495
(Accumulated depreciation)	(7,818,278)	(6,819,333)
Total leasehold improvements	<u>1,790,684</u>	<u>2,412,162</u>
	<u>-</u>	<u>-</u>
Total buildings and leasehold improvements	<u>29,898,033</u>	<u>31,271,222</u>
PLANT AND EQUIPMENT		
Furniture and Equipment		
— At cost	38,976,133	34,159,935
(Accumulated depreciation)	(27,684,400)	(24,886,553)
	<u>11,291,732</u>	<u>9,273,382</u>
Motor Vehicles		
— At cost	5,485,013	5,052,820
(Accumulated depreciation)	(1,488,855)	(1,331,871)
	<u>3,996,158</u>	<u>3,720,949</u>
Total plant and equipment	<u>15,287,891</u>	<u>12,994,332</u>
Capital work in progress	1,498,329	2,794,883
Total property, plant and equipment	<u>61,594,092</u>	<u>61,970,276</u>

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 \$
2024						
Balance at the beginning of the year	8,352,340	33,937,472	3,317,311	9,653,721	1,272,076	56,532,920
Additions at cost		294,934	1,702,677	2,408,599	1,522,807	5,929,017
Disposals			(575,041)			(575,041)
Revaluations	6,557,500	(1,165,507)				5,391,993
Depreciation expense		(1,795,678)	(723,997)	(2,788,938)		(5,308,613)
Carrying amount at the end of the year	<u>14,909,840</u>	<u>31,271,221</u>	<u>3,720,950</u>	<u>9,273,382</u>	<u>2,794,883</u>	<u>61,970,276</u>
2025						
Balance at the beginning of the year	14,909,840	31,271,221	3,720,950	9,273,382	2,794,883	61,970,276
Additions at cost		377,467	1,850,484	4,817,319		7,045,270
Disposals			(747,298)		(1,296,554)	(2,043,852)
Depreciation expense		(1,750,655)	(827,976)	(2,798,970)		(5,377,601)
Carrying amount at the end of the year	<u>14,909,840</u>	<u>29,898,033</u>	<u>3,996,158</u>	<u>11,291,732</u>	<u>1,498,329</u>	<u>61,594,092</u>

**LATROBE COMMUNITY HEALTH SERVICE LIMITED
AND CONTROLLED ENTITIES**
ABN: 74 136 502 022
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

Asset Revaluations

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

At 30 June 2025, the directors have performed a directors' valuation on the freehold land and buildings. The directors have reviewed the key assumptions adopted by the valuers in 2024 and do not believe there has been a significant change in the assumptions at 30 June 2025. The directors therefore believe the carrying amount of the land correctly reflects the fair value less costs of disposal at 30 June 2025.

Note 11 Right-of-use Assets

The Entity'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 options to extend or terminate are contained in several of the property leases of the Entity. There were no extension options for equipment leases. These clauses provide the Entity opportunities to manage leases in order to align with its strategies. All of the extension or termination options are only exercisable by the Entity. The extension options or termination options which were reasonably certain to be exercised have been included in the calculation of the right-of-use asset.

i) AASB 16 related amounts recognised in the balance sheet

<u>Right-of-use assets</u>	2025	2024
	\$	\$
Leased building	18,047,927	11,683,446
Accumulated depreciation	(9,737,310)	(6,681,534)
	<u>8,310,616</u>	<u>5,001,913</u>
Leased motor vehicles	805,921	750,314
Accumulated depreciation	(536,514)	(537,320)
	<u>269,407</u>	<u>212,994</u>
 Total right-of-use asset	 <u>8,580,023</u>	 <u>5,214,907</u>
Movements in carrying amounts:		
Leased buildings:		
Opening balance	5,001,913	8,681,070
Additions	7,338,068	343,178
Terminations	(176,168)	(268,356)
Depreciation expense	(3,853,197)	(3,753,979)
Net carrying amount	<u>8,310,616</u>	<u>5,001,913</u>
 Leased motor vehicles:		
Opening balance	212,994	43,392
Additions	504,873	699,529
Depreciation expense	(448,460)	(529,927)
Net carrying amount	<u>269,407</u>	<u>212,994</u>

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

	2025	2024
	\$	\$
Depreciation charge related to right-of-use assets	4,301,657	4,283,906
Interest expense on lease liabilities	171,515	277,949
Total depreciation and interest	<u>4,473,171</u>	<u>4,561,855</u>

**LATROBE COMMUNITY HEALTH SERVICE LIMITED
AND CONTROLLED ENTITIES**
ABN: 74 136 502 022
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

Note 12 Trade and Other Payables

	Note	2025 \$	2024 \$
CURRENT			
Trade payables		286,402	1,132,839
GST payable		38,503	696,639
Accrued expenses		4,799,721	4,562,879
Employee benefits		3,449,304	2,428,555
	12a	<u>8,573,930</u>	<u>8,820,912</u>

		2025 \$	2024 \$
a Financial liabilities at amortised cost classified as accounts payable and other payables			
Accounts payable and other payables:			
— Total current		<u>8,573,930</u>	<u>8,820,912</u>
		<u>8,573,930</u>	<u>8,820,912</u>
Less GST payable (net amount)		<u>(38,503)</u>	<u>(696,639)</u>
Financial liabilities as trade and other payables	20	<u>8,535,427</u>	<u>8,124,273</u>

Note 13 Contract Liabilities

	2025 \$	2024 \$
Balance at the beginning of the year	19,855,404	22,672,600
Grants repaid during the year	(1,235,899)	(4,208,606)
Grants recognised during the year	(3,885,541)	(1,244,903)
Grants for which performance obligations will only be satisfied in subsequent years.	<u>315,986</u>	<u>2,636,312</u>
Closing balance at the end of the year	<u>15,049,949</u>	<u>19,855,404</u>

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

Note 14 Provisions

	2025 \$	2024 \$
CURRENT		
Provision for employee benefits: annual leave	10,637,485	10,274,496
Provision for employee benefits: long service leave	<u>6,207,634</u>	<u>5,195,513</u>
	<u>16,845,119</u>	<u>15,470,009</u>
NON-CURRENT		
Provision for employee benefits: long service leave	<u>6,549,667</u>	<u>6,342,244</u>
	<u>6,549,667</u>	<u>6,342,244</u>
	<u>23,394,787</u>	<u>21,812,253</u>

Analysis of total provisions:

	Employee Benefits
Opening balance at 1 July 2024	21,812,253
Additional provisions raised during the year	17,253,419
Amounts used	<u>(15,670,885)</u>
Balance at 30 June 2025	<u>23,394,787</u>

Provision for employee benefits

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

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

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

**LATROBE COMMUNITY HEALTH SERVICE LIMITED
AND CONTROLLED ENTITIES**
ABN: 74 136 502 022
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

Note 15 Leasing Liabilities

	2025	2024
	\$	\$
a Right of use leases		
Payable - minimum lease payments:		
— not later than 12 months	4,069,892	3,758,812
— between 12 months and five years	4,681,421	2,006,723
— later than five years	641,172	-
Minimum lease payments	9,392,485	5,765,535
Less future finance charges	(657,200)	(221,998)
Present value of minimum lease payments	8,735,284	5,543,536
Reconciled to:		
Current lease liability	3,412,691	3,625,275
Non current lease liability	5,322,593	1,918,261
	8,735,284	5,543,536

Note 16 Contingent Liabilities and Contingent Assets

There were no contingent liabilities as at the reporting date. (2024: Nil)

Contingent Assets: At the reporting date, LCHS is pursuing \$2.4m from Services Australia related to funds which were incorrectly returned for Home Care Package clients who closed packages with LCHS. These amounts have been recognised through profit and loss in the 2021/22 and 2022/23 years. (2024: Nil).

Note 17 Events After the Reporting Period

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

Note 18 Key Management Personnel Compensation

Key Management Personnel

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

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

	2025	2024
	\$	\$
KMP compensation:	2,569,221	2,299,003

Note 19 Other Related Party Transactions

Board Member	Related Parties
Murray Bruce (to November 2024)	Gippsland Primary Health Network
Nathan Voll	Gippsland Primary Health Network
Nathan Voll (to February 2025)	Quantum Support Services

During the year revenue of \$7,620,522 (2024: \$5,327,674) was received from Gippsland Primary Health Network.

In the period to February 2025 \$15,254 (2024: \$22,321) was paid to Quantum Support Services.

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

**LATROBE COMMUNITY HEALTH SERVICE LIMITED
AND CONTROLLED ENTITIES**
ABN: 74 136 502 022
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

Note 20 Financial Risk Management

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

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

	Note	2025 \$	2024 \$
Financial assets			
Financial assets:			
— cash and cash equivalents	4	13,864,633	4,531,227
— trade and other receivables	5	1,425,731	1,762,119
— other financial assets	8	59,486,098	67,753,767
Total financial assets		74,776,462	74,047,113
Financial liabilities			
Financial liabilities at amortised cost:			
— trade and other payables	12a	8,535,427	8,124,273
— lease liabilities	15	8,735,284	5,543,536
Total financial liabilities		17,270,710	13,667,809

Note 21 Fair Value Measurements

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

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

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

Valuation techniques

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

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

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

	Note	2025 \$	2024 \$
Recurring fair value measurements			
<i>Financial assets</i>			
Investment portfolio - measured at fair value through OCI (i)	8	17,317,569	15,753,767
		<u>17,317,569</u>	<u>15,753,767</u>
<i>Property, plant and equipment</i>			
Freehold land (ii)	10	14,909,840	14,909,840
Buildings (ii)	10	28,107,349	28,859,060
		<u>43,017,188</u>	<u>43,768,900</u>

- (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 a directors' valuation taking into account an external independent valuation performed in the previous year, which used comparable market data for similar properties. Significant assumptions include the location of the land and buildings, the current strong demand for land and buildings in the area and recent sales data for similar properties.

**LATROBE COMMUNITY HEALTH SERVICE LIMITED
AND CONTROLLED ENTITIES
ABN: 74 136 502 022
NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025**

Note 22 Reserves

(a) Asset Revaluation Reserve

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

(b) Capital reserve

The Capital Reserve records funds allocated to Capital projects.

(c) General Reserve

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

(d) Equity Fair Value through Other Comprehensive Income (Equity FVOCI)

This reserve records movements in share prices.

Note 23 Entity Details

The registered office of the entity is:

Latrobe Community Health Service Limited And Controlled Entities
81-87 Buckley Street
Morwell
Victoria

The principal place of business is:

Latrobe Community Health Service Limited And Controlled Entities
81-87 Buckley Street
Morwell
Victoria

Note 24 Members' Guarantee

The group is incorporated under the Australian Charities and Not-for-profit Commission Act 2012 and is a company limited by guarantee. If the group is wound up, the constitution states that each member is required to contribute a maximum of \$10 towards meeting any outstanding obligations of the company. At 30 June 2025 the number of members was 20 (2024: 20).

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

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

1. The financial statements and notes, as set out on pages 1 to 18, are in accordance with the Australian Charities and Not-for-profits Commission Act 2012 and:
 - (a) comply with Australian Accounting Standards - Simplified Disclosures applicable to the entity; and
 - (b) give a true and fair view of the financial position of the Registered Entity as at 30 June 2025 and of its performance for the year ended on that date.
2. There are reasonable grounds to believe that the Entity will be able to pay its debts as and when they become due and payable.

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

Director



Stelvio Vido

Dated this 25th day of September 2025



Andrew Frewin Stewart
61 Bull Street Bendigo VIC 3550
ABN: 65 684 604 390
afs@afsbendigo.com.au
03 5443 0344

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

Report on the audit of the financial statements

Opinion

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

- Statement of financial position as at 30 June 2025
- Statement of profit or loss and other comprehensive income for the year then ended
- Statement of changes in equity for the year then ended
- Statement of cash flows for the year then ended
- Notes comprising a summary of significant accounting policies and other explanatory notes
- The directors' declaration of the company.

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

- i. giving a true and fair view of the company's financial position as at 30 June 2025 and of its financial performance for the year ended on that date, and
- ii. complying with Australian Accounting Standards and the Australian Charities and Not-for-profits Commission Regulations 2022.

Basis for opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of our report.

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

Independence

We are independent of the company in accordance with the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* and the ethical requirements of the Accounting Professional and Ethical Standards Board's *APES 110 Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.



Andrew Frewin Stewart
61 Bull Street Bendigo VIC 3550
ABN: 65 684 604 390
afs@afsbendigo.com.au
03 5443 0344

Directors' responsibility for the financial report

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

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

Auditor's responsibility for the audit of the financial report

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

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

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.



Andrew Frewin Stewart
61 Bull Street Bendigo VIC 3550
ABN: 65 684 604 390
afs@afsbendigo.com.au
03 5443 0344

- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.
- Communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

A handwritten signature in black ink, appearing to read 'Andrew Frewin Stewart'.

Andrew Frewin Stewart
61 Bull Street, Bendigo, 3550
Dated this 25 day of September 2025

A handwritten signature in black ink, appearing to read 'Adrian Downing'.

Adrian Downing
Lead Auditor



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