



Gippsland Lakes Community Health  
42nd Annual Report 2016/17

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We acknowledge our work in the community takes place on the traditional lands of the Gunaikurnai people of Gippsland and respectfully recognise elders both past and present.



We are committed to inclusive practice and welcome feedback on our services, in particular from Aboriginal, LGBTI and Disability communities.

# About us

We exist so that people in our regional, rural and remote communities are supported to live well

We've been based in East Gippsland since 1975, providing services throughout the region from our central locations and via our extensive network of partnerships. We are a major service provider across East Gippsland, employing over 380 staff members and 600 volunteers across five sites – Lakes Entrance, Bairnsdale, Bruthen, Metung and Nowa Nowa. We provide quality health care services in the areas of home care, allied health, nursing, medical, counselling, and family, youth and children's services. GLCH has a strong partnership with the Lakes Entrance Aboriginal Health Association, which operates from the same site in Jemmeson Street, Lakes Entrance.

Our role is to develop and deliver accessible health and support services that:

- Are of the highest quality
- Meet the health and support needs of our communities
- Can attract and allocate resources to deliver
- Allow us to attract and develop a talented local workforce and be an employer of choice
- Intervene early and promote best outcomes
- Are innovative and adaptable
- Integrate with the services of others
- Can be delivered efficiently and offer value for money
- Strengthen our ability to influence policy-makers and funders

# Gippsland Lakes Community Health Board

## Chief Executive Officer Sue Medson

### Aged & Disability Services

Christopher Tipa

- Assisted Shopping
- Carer Services (Creative Respite)
- Disability Services: NDIS, DHHS
- Packages and Planning
- Domestic Assistance
- Flexible Respite
- Home Care Packages
- Home Maintenance
- Meals on Wheels
- Personal Care
- Regional Assessment Service
- Volunteer Services – Transport, Meal Delivery

### Clinical & Nursing Services

Cheryl Bush

- Advance Care Planning
- Chronic Condition and Lifestyle Modification Support
- Clinical Triage and Assessment at Lakes Entrance, Bruthen and Nowa Nowa
- Dementia Nurse Consultant
- Diabetes Educators
- General Practitioners (GP)
- GP Outreach Clinics (Bruthen, Metung, Nowa Nowa, LTHCS and LEAHA)
- Health Assessments
- Home Based Nursing
- Immunisations
- Lymphoedema Clinic
- Pathways to Good Health
- Palliative Care and Bereavement Support
- Respiratory Clinic
- Supportive Care Volunteers
- Visiting Medical Specialists
- Women's Health Service
- Wound Management

### Community Health Services

Angela Ellis

- Aqua Therapy
- Art Therapy
- Autism Diagnostic Clinic
- **Children's Clinical Psychology**
- Dietetics
- Exercise Physiology
- Four-year-old Kindergarten
- Health Promotion
- Long Day Care
- Medical Equipment and Aids for Hire
- Occupational Therapy
- Paediatric Services
- Physiotherapy
- Podiatry
- Pulmonary Rehabilitation
- Speech Pathology
- Social Connection Groups

### Corporate Services

Leah McFadzean

- Administration Support
- Asset Management
- Budgeting
- Centrelink Agency
- Client Records
- Customer Service
- Environmental Services
- Facilities Management
- Financial Management
- Health and Safety
- Human Resources
- Information Management
- ITC Management and Support
- Marketing and Communications
- Organisation Wide Telephony
- Payroll
- Quality and Compliance
- Statistical Reporting

### Family, Youth & Children's Services

Ailsa Carr

- Alcohol and Drug Services
- Assessment and Response
- Child FIRST
- Cradle to Kinder
- Emergency Assistance
- Enhanced Home Visiting Service
- Family Violence Outreach
- Family Violence Support Packages
- General Counselling
- HACCC/CHSP Counselling
- Healthy Mums, Healthy Babies
- Homelessness Support Program
- Integrated Family Services (IFS)
- IFS Child FIRST Support Packages
- Diversion Program
- Maternal and Child Health
- Men's Family Violence and Behaviour Change Program
- Reconnect
- Risk Assessment Management Panel
- School Focused Youth Service
- School Nursing
- Women's and Children's Family Violence Counselling
- Youth Justice Community Support Program

# CEO & Chair

Sue Medson OAM & Carol Ross

On behalf of the board, management and staff of Gippsland Lakes Community Health (GLCH) we are pleased to present the 42nd Annual Report on the 2016 – 17 financial year.

We have experienced substantial growth in our service provision throughout the year. This has been welcomed by management, staff and clients but it has continued to pose the problem of accommodating additional staff.

Looking ahead to this situation, the board authorised purchase of the two storey building at 66 McCulloch Street, Bairnsdale in 2014. Until the end of the reporting period this building was leased to the East Gippsland Shire Council, however we now have vacant possession and are currently planning the refurbishment to allow for the growth.

We made several applications for funding during the year but until quite late in the year we had only received \$100,000 towards this refurbishment. A phone call in late June however, announced that we would receive the \$1,300,000 that we knew would be necessary to complete the works to make this a comfortable space for our hard working staff. We are thankful to the Victorian Department of Health and Human Services for both of these amounts; the \$100,000 from the Alcohol and Other Drug Treatment program to enhance client spaces; and \$1,300,000 from the *Rural Health Infrastructure Fund*. This is great acknowledgement to our board, managers and staff of the work that they do in the community. We hope to have the two storeys of the building completed within the year and also plan to connect that building and the building at 281 Main Street, Bairnsdale together with a new reception and office suite.

The full project still required additional funding and we applied to the Federal Government's *Building Better Regions Fund* for them to match us dollar for dollar.

We were supported in this application by the Gippsland Regional Development Australia Committee and our Local Member, Darren Chester MP. In July we were thrilled to be advised that this submission had also been approved so we will be able to complete this exciting build.

## WORKING PARTNERSHIP

For three years now we have been working with Bairnsdale Regional Health Service (BRHS), Orbst Regional Health (ORH) and Omeo and District Health (ODH) to develop - with the assistance of Aspex Consulting - a strategic service plan for East Gippsland that will take into account the varied roles and locations of each of our services. The plan was completed in this reporting period and directors of the four boards met to discuss the content, how this will roll out over time and the importance of reporting against the plan. It was agreed that the strategic service plan would be the vehicle of prioritizing partnership and collaboration activities in the future. The boards plan to meet regularly to receive progress reports and each organisation has utilised the extensive information gathered to inform the health aspects of their individual strategic and operational plans. A summary of the plan relevant to GLCH is available at [www.glch.org.au](http://www.glch.org.au)

## STRATEGIC PLAN

July 2017 marked the end of the 2012 – 2017 GLCH Strategic Plan. In preparation for this, the board engaged consultant Andrew Hollo to lead a process that would outline our next five year journey. Andrew worked with our board, executive managers and staff, and a multitude of feedback provided by local community

members over the years and helped us to develop a very different looking plan to guide our work. The plan is outlined on a page and will be augmented each year with a review and an annual business plan that will adapt and change as communities do. The new plan is included in the back of this report for your interest.

#### OUR PEOPLE

With organisational growth comes additional staff. In most areas we have been fortunate to recruit and retain staff with the skills to provide services, and to assist staff to improve their skills through additional training. The board's Scholarship Program has supported a series of onsite management training sessions designed to assist with succession into management positions for the future, as well as up-skill on day-to-day management tasks. Also supported were training programs in the management of intravascular devices; information management; training for home care and disability workers; early childhood education; and staff supervision skills.

Whether they are reception, facilities or professional practitioners, all our staff work hard to meet the growing needs of our community. We are proud of the work that they do, the innovative changes they make to work practices and the additional training that they engage in. On behalf of our board of directors, we extend a thank you to all staff at GLCH.

Our Executive Management Team has remained stable this year. Ailsa Carr, Angela Ellis, Cheryl Bush, Chris Tipa and Leah McFadzean have all worked tirelessly throughout the year as a team and within their own units. We thank them for their dedication and commend their reports from each of our service units to you.

#### VOLUNTEERS AND SUPPORTERS

We would like to take this opportunity to thank our hard working volunteers for the work they do onsite and in the community. The many and varied tasks you undertake to help people who are older or less able are greatly appreciated by the recipients and highly valued by us as an organisation.

Volunteer hours help to make funding dollars reach many more people and add a rich variety to the activities that we provide.

#### STABLE AND HARDWORKING BOARD

Key amongst our volunteers are of course, the board of directors, who give their time to ensure that the company that is GLCH is governed in the best interests of the communities that it serves.

At our last AGM Jeff Wilson accepted a further term as a director and Robyn Cooney was also elected to the board, having served some time as the independent member of the Audit and Risk Committee for GLCH.

Jeff stepped down as vice chair this year and Judith Congalton was nominated to that position. Patricia Bryce has served as the chair of the Audit and Risk Committee with Jason Hellyer recently joining us as the independent member.

Nicholas Earley continued in his role as the chair of the Finance Committee. This committee, along with the GLCH board, acknowledge the great contribution made by Chad Burrell as the independent member of this committee. Chad has left the committee after five years of service and is now a director on the board of

Bairnsdale Regional Health Service. Thank you Chad.

A final change to the GLCH board was the appointment of Phil Bogle.

#### FINANCIAL PERFORMANCE

The financial performance of GLCH has again been strong. The end of year results, taking into account capitalisation, depreciation and loss on disposal of assets, was a surplus of \$417,722

In the previous reporting period we purchased additional property at 30 Jemmeson Street, Lakes Entrance. This has allowed us to expand the client space available in the main building by moving some of the corporate and support services to the adjoining property.

A full summary of our financial position is available towards the back of this report and our Audited Financial Statements are available in hardcopy or online at [www.glch.org.au](http://www.glch.org.au)



Sue Medson OAM  
Chief Executive Officer

Carol Ross  
Chair

# Our year 01.07.2016 to 30.06.2017

Our Children's  
Centre Team  
organised  
**282**  
offsite excursions

Our HR & Payroll Team processed 242\*  
employment contracts and responded  
to 1,405 enquiries from staff - a 40%  
increase on last year

\* new and variation

Our volunteers  
delivered  
**12,890**  
meals

On average our Centrelink Agency:

- Had 6,096 customer contacts
- Sent 756 faxes
- Contacted the Centrelink office for customers 768 times
- Had customers use their self service facilities\* 744 times

\* phone, fax, computer & internet



Across our six locations we used approximately...

- 7,488 rolls of toilet paper
  - 1,300 litres of cleaning chemicals
  - 6,788 packets of hand towel
  - 5,600 75 litre black rubbish bags
  - 9,000 27 litre white rubbish bags
- ...and our Environmental Services Team changed the water in our mop buckets 2,912 times!

Our Social Support staff were  
supported by an awesome  
team of 24 volunteers

3 male & 21 female

who clocked a combined  
3,200 hours and cooked  
11,500 meals and  
served 320 cappuccinos

- Our GPs saw 32,207 patients
- Our combined nursing teams\* delivered 11,628 hours of services
- Our home support team clocked up 22,517 hours of domestic assistance

\*Community Health, HACC,  
Palliative & CHSP

Service highlights from our  
Family, Youth and Children's  
Services Team included:

- 1,101 drug treatment episodes of care
- 3,714 hours of counselling
- 292 episodes of housing support
- 118 family violence cases
- 14,962 hours of family services

We processed  
1,927 new client  
registrations...

- 554 were under 10 years of age
- 939 were male
- 988 were female
- 1,922 were English speaking
- 108 were ATSI

# Leadership & Quality

Gippsland Lakes Community Health is a not-for-profit, non-government organisation operating as a company limited by guarantee under the Corporations Act 2001. We are a Victorian Registered Community Health Service under the Health Services Act (1988), and a Registered Community Services Organisation under the Children, Youth and Families Act (2005).

Our board of directors bring a diverse range of skills, expertise and experience to GLCH, particularly in areas such as education, health, local government, business administration, information technology, journalism and law.

Each board director has strong connections to the local community and volunteers their time to provide the organisation with strong governance and guidance.

The board is made up of nine directors – six who are **elected from GLCH's membership and three who are appointed based on their skills and experience.**

The board is responsible for:

- Ensuring GLCH delivers quality health services in line with its mission and values
- Ensuring organisational operations are directed by effective systems and processes
- **Defining and developing the organisation's purpose.**

We have integrated the following elements throughout GLCH to ensure quality improvement:

- Consistent work to a three year Quality Improvement Plan that is reported to the Quality Improvement Council
- Investment in a dedicated senior Quality position
- Integration of Continuous Quality Improvement principles into strategic plans, operational plans, integrated planning models, position descriptions, planning, review and reporting

- Incorporation of learning and development activities that improve service quality
- Systematic internal and external auditing in the areas of client records, finance and OHS
- Demonstrated application, practice and review of clinical governance throughout the organisation.

OUR BOARD MEMBERS ARE CURRENTLY ACTIVE ON THE FOLLOWING COMMITTEES...

FINANCE COMMITTEE | MEETS BI-MONTHLY

The purpose of the Finance Committee is to assist the board of GLCH to meet its responsibilities for financial reporting and external audit functions.

AUDIT & RISK COMMITTEE | MEETS BI-MONTHLY

The purpose of the Audit and Risk Committee is to assist the board of GLCH to meet its responsibilities for internal control structures, internal audit functions, quality, clinical service and risk management systems.

EXECUTIVE COMMITTEE | MEETS AS REQUIRED

The Executive Committee is made up of the Chair, Vice Chair, Chair of Finance Committee and Chair of Audit and Risk Committee. This Committee assists the board in discharging its responsibilities by dealing with matters of importance to the board which arise between board meetings. The Committee also exercises such powers and performs such other functions as may be delegated to it by the board from time to time.

The board of directors meets approximately ten times per year and has two standing committees – Finance, and Audit and Risk. During the financial year, 10 meetings of the board were held. Attendance by each director was as follows:

| DIRECTOR                          | NUMBER ELIGIBLE TO ATTEND | NUMBER ATTENDED |
|-----------------------------------|---------------------------|-----------------|
| Jeffrey Wilson                    | 10                        | 10              |
| Carol Ross                        | 10                        | 10              |
| Darryl Andy                       | 10                        | 3               |
| Patricia Bryce                    | 10                        | 9               |
| Nicholas Earley                   | 10                        | 9               |
| Glenn Hodges                      | 10                        | 7               |
| Judith Congalton                  | 10                        | 8               |
| Philip Bogle (appointed 09/06/16) | 10                        | 7               |
| Robyn Cooney (elected 22/11/16)   | 6                         | 5               |



GLCH board | pictured back L to R: Patricia Bryce, Sue Medson (CEO), Judith Congalton, Nicholas Earley, Glen Hodges, Darryl Andy and Carol Ross. Front L to R: Jeff Wilson, Robyn Cooney and Phil Bogle



## Healthy lifestyle & education programs

- Anaphylaxis Management Course
- Art Therapy
- Asthma Emergency Management Course
- Bruthen Women's Craft Group
- Caution with Cannabis
- Children's Centre programs including:
  - Full time, part time and casual child care
  - Before and after school care
  - Four year old Kindergarten
  - Vacation Care
- Community Arts Group
- Drumbeat for adults, children and young people
- Fitness programs including:
  - Aqua Therapy
  - Bokes Gym
  - Cardio-pulmonary Rehab
  - Community Rehab
  - Core Concept
  - Healthwise Gym
  - Health Moves
  - Keep Active Gym
  - Kinder Gym Programs (from various locations throughout East Gippsland)
  - Men's Gym
  - Staff Gym
  - Stay Safe (Falls Prevention)
  - Tai Chi & Pilates
  - Walking Group
- Health Aging Options Information Sessions
- Healthy Eating Programs with local primary schools
- Healthy Together Victoria Achievement Program
- Homebased Library
- LIFE! Program (Diabetes Prevention)
- Life Matters – Living Skills program
- Men's Behaviour Change
- Men's Shed (Bruthen, Lakes Entrance and Nowa Nowa)
- Mindful Meditation
- Paediatric Therapy Groups including:
  - Active Lorikeets
  - Busy Bees
  - Handwriting Group
  - Little Wrens
  - Lyrebirds
  - More than Words
  - Moving Meerkats
  - Paddling Penguins (paediatric aqua therapy)
  - Phonological Awareness for Literacy
  - Proloq2go
  - School Readiness
- Parenting Groups including:
  - Bumps to Bubs
  - FAB Tuesdays
  - New Parents Group
  - Circle of Security
- Parkinson's Support Group
- Planned Activity Groups including:
  - Café Mix
  - Memory Lane
  - Monday on the MOVE
  - Social and Active
  - The Lounge
  - Wednesday Roast
- Pre Advance Care Planning (Making the last chapter reflect the whole book)
- Protective Behaviours for Children & Young People
- Technology Project – Introducing technology to Home Care Package recipients
- Time Out Respite Group
- Wheels to Meals
- WISE (Women Inspired Supported and Empowered)
- Your Choice Program

# Serving up the good stuff in our local schools

By working in partnership with our Health Promotion team and the Victorian Government's Achievement Program, a local Primary School has embraced healthy eating as a priority for its students.

Initially the school leaders had concerns that criticism from parents would be an issue and might create an obstacle for change. We acknowledged these concerns, but forged ahead - starting with discussions around how food and drink choices can impact learning in the classroom. Many successful outcomes have occurred including...

- Canteen menus, usually supplied by external sources and full of unhealthy eating options, have been swapped for home cooked lunches with parent volunteers. Sugary drinks have also been dropped from menus.
- Health and wellbeing content is included in newsletters with a focus on nutrition, healthy lunchbox ideas, and other ways to lead a healthy, happy and active lifestyle.
- The schools are aiming to reduce packaged playlunch food by swapping it for make-at-home options. Healthy lunchbox sessions targeting parents have commenced with children, who have learnt to cook nutritious food for their lunchbox, demonstrating these skills to their parents.
- In some schools children are growing their own vegetables. At one school the children are caring for chickens that supply them with fresh eggs for their breakfast club, where 15 children attend the school early each day for a nutritious breakfast.
- Parental engagement is increasing as they are keen to get involved in the garden and kitchen.
- Children are being encouraged to be active during their scheduled breaks.
- Food and drink policies are being drafted to ensure that this direction is followed into the future regardless of a change in a schools leadership.

## **WE'RE HAPPY BECAUSE...**

Taking a whole-of-school approach to achieve behaviour change and school culture change can work with the partnership of enthusiastic school leaders and health professionals. It is important to go at a pace that parents and staff feel comfortable with and that doesn't create a judgemental atmosphere towards families that struggle with healthy food choices.

We're seeing the creation of a long term change in how children consume food and drinks at school that will positively affect their health status and ability to learn.

Children are learning that what they eat and how they feel are linked. This knowledge will serve them well as they become more independent around their food choices.



The leaders of our local schools recognised the importance of healthy eating and together with students, parents and our Health Promotion Team, they have adopted a healthy eating culture designed to last for future generations.

# Aged & Disability Services

Christopher Tipa, Executive Manager

The Aged and Disability Services Unit provides support and services to assist older people, younger people with disabilities, and their carers so they can remain active and independent in their own homes and within the community for as long as possible.

The services are delivered predominantly by a staff base of approximately 90 community support workers. They range in experience and/or qualifications in Aged or Disability Certificates Level III or IV. Contractors are employed at times to provide property maintenance services.

We currently deliver 82 Commonwealth funded homecare packages and are the Veterans Home Care (VHC) provider for East Gippsland. We also act as a preferred brokered service agency for other local aged care package providers including Bairnsdale Regional Health Service (BRHS) Post-Acute Care (PAC) and various disabilities service providers (later referred to as fee-for-service agencies). These agencies cater to around 25% of our current client base.

## HIGHLIGHTS

- Consumer forums have given clients the opportunity to sit down with staff and talk about their experiences with our services. The Disability team and Home Care Package team both hosted forums over the last 12 months with positive results. We also convened a Carer discussion group in May 2017, providing an opportunity for local carers to let us know if our Creative Respite program was still meeting their needs. The discussion group provided valuable feedback in recognising the care relationships and assisted in the future direction of the program.
- The introduction of a smart phone App has been in the planning and will give our clients another avenue to provide us with feedback and let us know if our services have, or have not, met their expectations.
- In response to specific services that are increasingly consumer driven, we have created a regular advertising presence in local newspapers and via radio to ensure that future clients are aware of GLCH as the leading community health organisation in East Gippsland.
- We switched over to *Ezitracker*, a software program that enables our support workers to receive their rosters on their smart phones instead of printed paper. This project has resulted in a vast improvement in data accuracy as well as the ability to communicate roster changes in real-time to workers. The project taught us that smart phones will have many other uses in the future which will help us be more responsive to both workers and clients.
- Meals on Wheels clients moved from a daily heated meal to chilled meals with a three-day refrigerated shelf-life. This change corresponded with a new service agreement with Bairnsdale Regional Health Service (BRHS) to manufacture and pack these meals and was months in the planning prior to February. A new

packaging plant installed in the BRHS kitchen meant that meals can now be heated safely in the home, are visibly appealing to the consumer upon delivery, and ingredients properly labelled.

- In May 2017 we started a project called *Can Do Services*. With over 18 months in conception *Can Do Services* is a good descriptor of how we see the future for home care and our community support workforce. It provides a more flexible approach to a wider range of clients than traditional CHSP/HACC services have allowed. We think there is a need for flexibility within the community support workforce for casual work assignments where the client (or their care manager) can choose a support worker and the support worker can agree, decline or negotiate the assignment using a smart phone App. This project is likely to run at least for 12 months to test both the software and the new services provided on a larger scale of staff and clients.

#### CHALLENGES

- Often because we are the local Regional Assessment Service and Commonwealth Home Support Provider, clients who are new to the My Aged Care system are keen to talk with us to clarify what has been discussed by the call centre and sometimes be reassured about what to expect.
- From our inaugural disability clients forum held in February we learned more about what our clients will look to receive from us, both in the lead up to NDIS and once this scheme officially rolls out in 2019. Since then we have advertised our availability to meet with and prepare such clients in advance of their NDIA assessments.
- The increasing demand on our staff and services will continue to be a challenge moving forward. The My Aged Care portal has meant nearly a thousand more clients are accessing services for

the elderly this year, than when HACC Services were the main funding agency. In addition, we are seeing a large increase from contracted agencies regarding client service changes. This new environment has resulted in a major adjustment and growth in our scheduling and roles are more specialised to reflect the different needs of clients or agencies we work with.

The number of home care package clients has increased by 36% since February 2017 when clients were able to move to another package provider. We have also seen a three-fold increase in clients with complex care in this same period. This demand has seen an increased need for a wider range of services such as assistance with home modifications and nursing or allied health support.

A major challenge to teams using My Aged Care portals has been working within newly mandated timeframes or 'KPI's' to complete assessments or commence services. This has driven both productivity and prompted ongoing revision and streamlining of processes. Complex assessments appear to be required for about 60% of clients coming through to the Regional Assessment Service.

The Regional Assessment Service (RAS) commenced 'live' operation from the My Aged Care Assessment portal on 1st August 2016. The RAS provide Home Support Assessments via a new National Assessment and Screening Form (NASF) and develop a Support Plan (SP) alongside older clients. The implementation of the portal and NASF provide consistency of practice and reduce the risk of duplication for all older people nationally. The SP identifies client goals and the RAS refers them onto supports and services of their choice, such as funded programs like CHSP (if eligible) or non-funded services offered locally that meet clients goals. With shorter deadlines in which to operate they have performed well to deliver high quality assessments in a much-reduced time frame.

# Clinical & Nursing Services

Cheryl Bush, Executive Manager

The Clinical and Nursing Services Unit provides access to medical services including general practitioners (GPs) and medical specialists, along with a wide range of nursing services.

We deliver our services across four GLCH sites and the two local Aboriginal health services. Our GP practice, medical specialists, clinical nursing and home based nursing teams are supported by a small administration and Customer Service team. Palliative care and dementia consultancy roles provide services across East Gippsland.

The unit continues the long standing practice of offering clinical placement opportunities for undergraduate students primarily in the fields of nursing and medicine, as well as training places for GP registrars and nurse practitioner candidates.

## HIGHLIGHTS

- The physical needs of clients and staff has been supported by the purchase of height adjustable electric examination couches for seven GP consulting rooms. This was funded by a community grant from Freemasons Victoria.
- Access to specialist appointments via the Telehealth initiative has proved a popular option for our clients, with at least 10 specialists including psychiatrists now offering this mode of appointment attendance. Clients can now access some specialist care without the added burden of traveling four hours to Melbourne. They also now have the option of having their GP or nurse at their appointment.
- The introduction of SMS appointment reminders, in an effort to reduce non attendances and increase capacity to address on-the-day demand, has been successful.
- A Kidney Disease Awareness Project funded by Gippsland Primary Health Network has also been successful. The project involved a registered nurse providing training to Aboriginal Health Workers (AHW) and supporting them to provide community education sessions and screening for their local community. A recall reminder system was also developed, incorporating the role of the AHW.
- We incorporated the Burthen nurse role into the Home Based Nursing team as a sustainability strategy and an opportunity to support the alignment of practices and processes across the nursing team.
- The introduction of tablets to the Home Based Nursing team has phased out paper files and allows us remote access to electronic records and documentation.
- A successful Palliative Care Equipment grant will enable the purchase of items to support people receiving care in their home. These items may include height adjustable electric beds, syringe drivers and occupation health and safety resources, such as a worker tracker system and duress alarms.



- The incorporation of a supportive care model into our home based nursing services which focuses on supporting people with cancer and other life threatening or limiting chronic conditions, while actively undergoing available treatment options.
- Special initiatives funding from the GLCH board supported the training of our nurse coordinator and another staff member to ensure that all members of the Home Based Nursing team are competent in the management of intravascular devices, primarily used in the care of cancer clients.

#### CHALLENGES

- As a service provider, balancing community expectations with sustainable service delivery models has continued to be a point of contention. Understandably, communities with reducing or changing populations have expressed concern about the potential for reduction or loss of services. Funding models are based on meeting identified need and demand which will require more innovative or flexible approaches rather than catering for the *just-in-case* scenarios. This situation has been further compounded by changes to funding and service requirements, and there are further changes on the horizon.
- GP recruitment continues to be an ongoing concern with current reports indicating that only 10 percent of graduating medical students are entering a GP career pathway. Doctors, like many people, are seeking a more balanced approach to work and lifestyle and the Government and community expectations of a GP are not entirely conducive to this. There is also the attraction of being close to the city, that as East Gippsland locals we find hard to comprehend.
- The changing landscape of healthcare, particularly with program funding either ceasing, not increasing with CPI, or coming with a greater administrative burden, presents considerable challenges. The freezing of Medicare has created financial pressures on the GP Practice, as almost 90% of clients serviced by the Practice are health care card holders or pensioners. Burdening this client group with additional health care costs, when they are already struggling financially with rising costs of daily living, is not an ideal option.

# Community Health Services

Angela Ellis, Executive Manager

The Community Health Services Unit (CHSU) provides an extensive range of allied health services, social support groups and regional health promotion activities.

The unit also manages an early childhood education and development centre that delivers long day care, a funded four-year-old kindergarten program, outside school hour care and vacation care programs.

Our team works with all sectors of the community from infants to seniors, delivering services in both individual and group settings.

Services are delivered at GLCH's five sites as well as Lake Tyers Health and Children's Services, Lakes Entrance Aged Care Facilities, Lakes Entrance Aboriginal Health Association, Neighbourhood Houses, Gippsland and East Gippsland Aboriginal Cooperative, regional primary schools, kindergartens, early education and childhood development facilities, and in clients' homes.

All services are accessed via our Service Access team and supported by qualified allied health assistants, volunteers and health promotion workers.

The Health Promotion team continue to address issues in the community that influence health and wellbeing by encouraging more activity, healthy eating and social interaction; and providing children with a healthy start under the Victorian Government's Achievement Program framework.

## HIGHLIGHTS

- The development of a stepped model of care for paediatric clients needing mental health support, including a supervision model to improve access for children requiring group based psychological therapy for mild to moderate mental disorders.
- Registering as service providers with the Department of Education and Training to deliver our services within local schools. We currently have contracts with five local primary schools.
- Receiving funding to deliver physiological therapies to underserved groups and supporting clinical psychology to paediatric clients.
- Remodelling our Planned Activity Groups in line with the new funding guidelines. Our new social support programs are now more tailored to individual clients' care plans and involve more off-site activities. Our revamped *Lounge Group*, for people aged 20 to 45 with special needs, have developed their own business plan to produce and market reusable items to help fund their off-site outings.
- Working to improve the learning and health development outcomes of young Aboriginal children and their families as part of the new East Gippsland Best Start Partnership.
- Eastwood Childcare and The Early Learning Centre in Lakes Entrance have both bought our Little Wrens program and training package; and we are liaising with a NSW University to formally evaluate the Active Lorikeets program.
- Our Speech Pathology team is now successfully delivering the evidence based *Lee Silverman Voice Therapy - intervention for speech and voice difficulties for people with Parkinson's*.



- Receiving funding to deliver the ELLA (Early Learning Languages Australia) Italian program as part of our four year old Kindergarten program.
- Several staff members are now qualified Secret Agent Society (SAS) facilitators. The SAS Small Group Program is an evidence-based, multimedia program to help children to improve their social and emotional resilience. This breakthrough social skills approach is used with 8 to 12-year-old children with a range of social and emotional challenges, including high functioning Autism/Asperger's; anxiety disorders; ADHD and anger management difficulties.
- Our Autism Diagnostic Observation Service has commenced with nine assessments completed and the service booked out until 2018.
- A new dysphagia assessment and management service is now provided for carers of clients presenting with dysphagia to assist them staying home independently.
- 71 households in East Bairnsdale were consulted about their local environment as part of our East Bairnsdale Consultation and Engagement Project. The project, supporting capacity building and advocacy for residents, was coordinated by our health promotion team in conjunction with other local agencies. A comprehensive project report is available on our website.
- Being part of the Department of Health and Human Services steering committee to develop a supervision and delegation framework for

disability support workers working under the supervision of allied health professionals.

- Representation on an expert panel bringing together the disability sector and industry knowledge, practice experience and advice to inform the content of the framework and ensure training workshops for the transition of allied health services to NDIS is fit for purpose.

#### CHALLENGES

- Ongoing training to ensure accurate reporting and that targets are being met via the TCM client data management system.
- The complexity of our growing multi-funding sources and reporting requirements requiring ongoing training and modification of original programming in TCM.
- The transition to CHSP funding requiring referrals for eligible clients via the My Aged Care portal.
- Understanding and preparing for the NDIS and the implications it has on our current service models.
- Recruitment of both allied health professionals and early childhood educators.
- Managing the small amount of public funding for paediatric allied health services in Bairnsdale.
- The lack of paediatric allied health therapy spaces and funds to support paediatric service delivery in Bairnsdale.

# GLCH Children's Centre

inspire | nurture | engage | respect

Our vision is to provide children with a safe and friendly environment where they are able to learn and play, creating a sense of belonging.

## WE VALUE

- Families as the first teachers of children
- Children's diversity by respecting cultures, abilities, and individual needs
- Strong and respectful partnerships with families, community and early childhood services
- Children's wellbeing by supporting their social, emotional, physical and intellectual development
- Play based learning influenced by the child's strengths and interests
- Enriching children's knowledge of our local environment
- Our professionalism as educators.

We are committed to our families, children and educators, ensuring they belong to a happy and inviting centre where children develop a love of learning and are provided with opportunities to gain confidence and reach their full potential. Therapies and services from throughout the agency support and enhance the experiences at the Children's Centre.

## SERVICE SNAPSHOT FOR 2016/17

- 104 families attended the Children's Centre, with a further 21 families registered for vacation care.
- Long day care attendance is up from 68.14% to 72.89% and our Four-year-old Kindergarten is at maximum capacity.
- Transport was made available to vulnerable families to ensure all children were able to attend kindergarten.

- A cultural audit conducted by educators resulted in the development of an improvement plan to ensure we are culturally welcoming to Aboriginal families.
- Fundraising activities over the 12 month period included family, kindergarten and Christmas photo sessions; Easter raffle; and plate making. Staff raised over \$2,000 to purchase additional multicultural resources and child safe car and booster seats.
- We celebrated several themed days including Mothers and Fathers days; National Book Week; NAIDOC Week and Footy Colours Day. We also celebrated the children's kinder graduation; and Easter and Christmas with families.
- Work on our outside play area commenced, opening up previously restricted spaces, allowing for more interactive play amongst the children.
- We introduced parent/teacher interviews for all children attending the Children's Centre, with 92% of families participating.



# Corporate Services

Leah McFadzean, Executive Manager

The Corporate Services Unit provides administrative and infrastructure support to GLCH and a small number of partner agencies. The Corporate Services Unit has a budget of approximately \$5 million, supports seven locations and a staffing base of 50.

## HIGHLIGHTS

- Stages 2 and 3 of the TCM client data management system project were implemented. The original system, SWITCH, was retired in April 2017, which had been a long-standing goal of the agency. Evaluation of stages 1-3 and planning for the fourth and final stage of TCM has commenced.
- Facility upgrades continued at the Jemmeson Street site resulting in additional administrative and treatment space for the Allied Health team. Works continued at the Children's Centre. A lease on 142 McLeod Street was sought to alleviate pressures in Bairnsdale whilst the 66 McCulloch Street Project (additional accommodation previously owned by the East Gippsland Shire Council located behind our existing buildings) is underway.
- Audits by an external agency were conducted in the areas of: Contract Management; Capital Project Management; and Stakeholder Partnerships/Engagement/Advocacy. The resulting quality actions are monitored by the Audit and Risk Committee.
- The Human Resources team reviewed its recruitment processes and as a result upgraded our E-Recruit system, adopted an additional referee checking platform (aimed at detecting deception at referee level) and adjusted the linked advertising campaigns to take maximum advantage of social media and job network platforms.

## CHALLENGES

- The introduction of new technology, additional buildings, and increasing staff numbers are putting significant pressure on the corporate function. Impacted most are the human resources, environmental/facilities management, finance and information technology teams.
- Two major technology (TCM and Finance Software Upgrade) and one capital works (66 McCulloch Street in Bairnsdale) projects are currently being managed from the corporate unit. This places additional pressure on day to day workloads, budgets, resourcing and risk assessment processes.
- We have now completed three out of the four implementation stages of the TCM Client Data Management System Project. This is one of the largest projects undertaken by GLCH. The last and final stage will require careful management to ensure organisational wide benefits are maximised.

# Family Youth & Children's Services

Ailsa Carr, Executive Manager

The Family, Youth and Children's Services (FYCS) unit includes a diverse range of program areas that have a primary focus of working with families, individuals, young people and children that are experiencing a variety of complex social, emotional and wellbeing issues.

Services are provided in partnership with both our clients and other agencies, to facilitate a practice that builds on the strengths and resilience of individuals, communities and the service system as a whole.

Over the last 12 months there has been a significant growth in funding to the FYCS unit, primarily in response to the Family Violence Royal Commission and the State Government's increasing focus on addressing the causes and impact of family violence on clients. It is expected that the growth in this area will continue for the next two years, however it will bring with it substantial change to the service system in which the unit operates.

Today we provide services locally to the communities of Bairnsdale, Lakes Entrance and surrounds; and programs across the East Gippsland Shire.

The FYCS unit seeks to provide services that are relevant in rural and remote communities.

The FYCS unit provided a total of 8,832 episodes of client support in the 2016/17 financial year, which is an approximate 16% increase in support provided to clients in comparison to the 2015/16 financial year. The unit has 46 EFT made up of 58 staff.

## HIGHLIGHTS

- Key peak bodies, governance groups and networks have been utilised to advocate for quality service provision in rural areas.

- Current models of practice have been evaluated and there has been an increased use of group work. This has allowed the unit to positively engage with client cohorts that were previously difficult to support such as:
  - women and children experiencing family violence
  - male perpetrators of family violence
  - fathers and grandfathers who are caring for their children/grandchildren
  - clients identifying as gender and sexual orientation diverse
  - children with a range of complex social and emotional issues
  - parents experiencing problems with child attachment in the early years.
- GLCH has continued to lead the evolution and further development of a strong governance structure for the Outer Gippsland Catchment called the Outer Gippsland Leadership Alliance.
- Partnerships with other agencies have continued to be a strong focus across all program areas including active involvement in the establishment of Headspace, the coordination of the HEY (Healthy Equal Youth) Project and the establishment of an early identification program for at risk students in schools.

- Partnership agreements for co-location and joint service provision with other agencies have included:
  - Alcohol and drug services and the Men's Behavioural Change Program at Orbost Regional Health, Within Australia and Headspace
  - Youth team attending secondary colleges in Orbost, Bairnsdale and Lakes Entrance
  - Integrated Family Services partnering with the Centre Against Sexual Assault to provide group work.
- The new client database TCM has been utilised to improve service coordination and care planning across the FYCS unit. This has been facilitated through the use of diaries and program screens to avoid service duplication.
- Staff have been sponsored to attend a series of planned professional development events that support the work of the organisation and unit including: Drumbeat group work, Protective Behaviours, Body Image, Trauma informed practice, Family Violence Intervention Orders and Risk Assessment.
- All programs have been actively involved in advocating on behalf of disadvantaged and vulnerable cohorts through partnerships with other agencies during themed weeks, e.g. Youth, Homelessness, Child Protection, Children's and Mental Health week.
- All programs have also been involved in collaborative models of service provision and community consultation, examples include: Youth Ambassadors, Men's Parenting Group and the Risk Assessment and Management Panel.

## CHALLENGES

A number of programs work with cases where clients have high risk complex health and welfare needs requiring careful management, good understanding of legislation, practice theory and application.



Our Homelessness Support team invited local community members to join them for lunch in the Nicholson Street Mall as part of Homelessness Awareness Week.

Management of this is required through:

- focused professional development to ensure staff have the appropriate knowledge and skills,
- high quality supervision, case review and performance management to facilitate early identification of issues and ensure staff are well supported,
- partnerships with other agencies to ensure clients have the right interventions provided in a timely manner.

Service provision is now occurring in an environment of constant change and program review requiring:

- active involvement and representation at key forums, workshops and meetings,
- a responsive environment that allows for greater flexibility,
- active involvement in all program evaluation and reviews.

With increased funding and program establishment there are potential challenges in being able to recruit the appropriately skilled staff in a timely manner. This is assisted through partnerships with other agencies, use of networks to promote vacant positions and marketing of GLCH as an employer of choice.

# More than just an acknowledgement of country

Our commitment to working with local Aboriginal organisations and communities

GLCH has a deep commitment to working respectfully with Aboriginal and Torres Strait Islander communities. We recognise that the small populations in East Gippsland are a challenge for Aboriginal Community Controlled Health Organisations (ACCHOs) to provide a full range of services that meet the needs of their communities, so we work with these organisations to meet those needs.

LAKES ENTRANCE ABORIGINAL HEALTH ASSOCIATION (LEAHA) who we support with accommodation; administration services; a regular general practitioner (GP) session and access to specialist nursing and allied health staff as required; and some supervision and mentoring of staff. This all goes towards helping LEAHA, a small, fully incorporated ACCHO, offer a growing range of wellness services to the Aboriginal community in Lakes Entrance. LEAHA is located on the same site as us in Jemmeson Street, but occupy a separate building.

YOOWINNA WURNALUNG HEALING SERVICE (YWHS) is also located in our service precinct in Lakes Entrance and have their own building and garden. YWHS is an Aboriginal specific family violence service that delivers a range of trauma informed general and specialist services and programs aimed at supporting and empowering Aboriginal people of all ages to have a better understanding of family violence, address issues arising from family violence and make decisions to keep them safe. The team at YWHS focus on providing family violence education and prevention based programs; clinical support; advocacy and referral pathways; and post intervention support for Aboriginal community members and their families.

During 2016/17, YWHS had 724 contacts with community members through counselling and a range of activities, with highlights including:

- The initiation and leadership of three White Ribbon Day events on 25 November in Sale, Bairnsdale and Lakes Entrance. Each event involved multiple agencies and incorporated guest speakers raising awareness and outlining the impacts of family violence. They also included activities to reinforce

family violence prevention and an opportunity to make a pledge to stand up, speak out and act to prevent men's violence against women.

- Partnering with other Aboriginal service providers to host the Cape Conran Community Day - an important community event that brings around 300 Aboriginal community members together for a day of celebration, activity and information in the relaxing beach location of Cape Conran.
- Transitions – a weekly program for Aboriginal students in years 5 and 6 at the Lakes Entrance Primary School. Transitions aims to build students confidence, skills and knowledge that will assist their transition to secondary school.
- **The provision of men's activities to build capacity,** develop skills and knowledge, raise family violence awareness and provide opportunities for social inclusion. Activities included carpentry, welding, horticulture and arts and crafts; with 32 sessions held in Sale and 29 at the Nicholson Farm. Men also participated in 11 golf days and a fishing trip.
- **The delivery of 12 women's sessions** with activities such as sewing, art and craft and pie making using fruit from the Nicholson Farm.
- **An Elders' Forum with Gary Ferguson from Senior Rights Victoria** covering topics that included Ageism, Elder's Rights and Elder Abuse.
- Young Luv and Bellevue Dinner - a young women's leadership day that featured a workshop focusing on healthy relationships for young Aboriginal women and girls aged 13 to 18 years.

- **Women's Safety Dinner in Sale and a Women's Safety Forum in Lakes Entrance**, both raising family violence awareness including recognising the signs of family violence and developing safety plans.

The team at YWHS are now working towards incorporation and independence as a stand-alone organisation, but will maintain close contact with us for support and administration services.

GLCH All services provided by GLCH are available to the whole community, but some specific Aboriginal and Torres Strait Islander services and initiatives are:

- We signed an Aboriginal Best Start Partnership Agreement which ensures that all Victorian Aboriginal children have access to and participate in high quality early childhood education and care services.
- Our early childhood educators conducted a **cultural safety audit at our Children's Centre** and as a result, developed an action plan which they have started to implement. **In 2017 the Children's Centre had eight Aboriginal children attend kindergarten under Best Start funding.**
- We provide registered nurses to staff the **medical clinic at Lake Tyers Health and Children's Service (LTHCS)**, an ACCHO located at the Lake Tyers Aboriginal Trust. Our GPs also visit regularly and we provide podiatry, physiotherapy, exercise physiology and a weekly hydrotherapy session at Lakes Aquadome.
- Our maternal and child health nurses provide a **Koori Enhanced Home Visiting service** in Bairnsdale, Lakes Entrance and Lake Tyers Aboriginal Trust. They also provide services at Gippsland and East Gippsland Aboriginal Cooperative (GEGAC) Play Groups and Lakes Tyers Day Care.
- The homelessness support team work closely with **staff at Willaneen Women's Shelter and GEGAC** to support clients to access suitable housing solutions and to raise community awareness of housing issues in our region.
- Our allied health professionals provide paediatric allied health services to GEGAC (Physically Active Kids), Nowa Nowa Kindergarten and LTHCS (Active Lorikeet program).



- Jeff Lyell, our Koori drug diversion worker works closely with alcohol and drug workers at the ACCHOs to encourage and support community members to engage with services. Jeff and GLCH were publicly acknowledged by the Magistrates for our continued support of the Koori Court at their 10 year celebrations of the Bairnsdale Koori Court. Jeff is now the longest serving Koori drug diversion worker in the state.
- Our youth team work with GEGAC, Djillay Ngalu and the East Gippsland Shire Council on community events such as National Youth Week and NAIDOC Week, youth activities and client care. The youth team also network with local schools for Reconciliation Week activities, the Clontarf Student Support Program, Drumbeat mentoring and case coordination with the Koori Education Support Officers.
- Members of our aged and disability team met with our Aboriginal clients at LEAHA to seek their feedback on access to our aged and disability services and the new *My Aged Care* portal.

GLCH continue to learn from Aboriginal and Torres Strait Islander people in East Gippsland. We have undertaken the Gippsland Aboriginal Health Cultural Competence Framework audit tool and we are currently revising our cultural education plan to assist all staff and our board to work with community members in a culturally safe way. LEAHA and community members are assisting us with this.

# Health & Safety

In 2016/17 we implemented a health and safety framework, a three-year plan, and a range of Key Performance Indicators (KPIs) to assist with annual reporting.

A reporting template was developed to meet governance and accountability requirements of the new framework and provides:

- An outline of performance against the Health and Safety Plan, including the KPIs agreed to
- A report on performance against GLCHs Health and Safety Framework
- A summary of the health and safety initiatives undertaken
- Workcover trends and data (this is also covered in the Human Resources Report).

In 2016/17 we maintained our strong focus on our health and safety responsibilities.

For an agency of our nature and size, working across a large geographical area, with many sites to control, we can demonstrate awareness of, and compliance with, OH&S legislative requirements.

The range of controls we have in place to mitigate risk appear to be working in terms of the incident and injury rates, particularly when you consider the nature of our work and the 380 staff we employ.

Our Health and Safety Committee are engaged and active. Consultative practice is evidenced and involves all relevant parties.

All staff were supported to attend training and are reminded routinely of the health and safety responsibilities that apply.

Audits were conducted routinely and system reviews were a frequent occurrence with evidence of staff from various areas of the agency being routinely included.

The only limitation at this point is resourcing, however we are hopeful that the recent appointment of a Health and Safety Officer will assist staff and management to attend to their ongoing responsibilities.

The agency undertook many other activities during this year. They include but were not limited to:

- Sit/Standing Workstation Project
- Plant and Equipment system review
- Development of additional Staff and Manager Resources (Fact Sheets, Induction checklists, guidelines)
- Working from Home systems review
- OH&S Induction review
- Dangerous Goods and Hazardous Substances Procedural review
- Revitalisation of Site Safety Inspection system
- Implementation of an OH&S Communication Plan (fortnightly reminders to staff of their OH&S responsibilities and a range of tips and tricks)
- Car Park Assessment and adjustments at the Lakes Entrance site
- Participated in Worksafe's 'Jobs at Home Day' campaign
- Revised and restructured content on GLCHs staff intranet GLORIA
- Smoke Free Environment review
- OH&S support of 3 significant office moves
- Review and rewrites of 6 key policies and related documents.

# Our people 01.07.2016 to 30.06.2017

Number of staff

375

Full-time

70

Part-time

273

Casual

32

Average age

48.5

♀ 307  
♂ 68



22 ATSI

Number of student placements across all business units

31

Age of our...

youngest employee

18

oldest employee

75



## Recognition of service

10 years

Julian Goss  
Michael Flynn  
Jennifer Hengstberger  
Lisa Swindells  
Damien Goodall  
Wayne Dahan  
Tom Alwyn  
Parivesh Kumar  
Alison Hall  
Barbara Phillips  
Eion May

15 years

Leah McFadzean  
Carolyn Paten  
James Owen  
Tara Crees  
Linda Wright  
Kerry Hubbard

20 years

Marjorie Answer  
Carol Blandford  
Catherine Cunningham  
Helen Gibson  
Kaye Hallam  
Gayle Hoffman  
Carol Keighran  
Margaret Schutte  
Jane Christie  
Raelene Calvert



# Finance Summary

Ross Davis, Finance Manager

Gippsland Lakes Community Health is a financially healthy and viable organisation. The organisation is highly regarded by funding bodies and well positioned to embrace future opportunities as they arise.

## Analysis and commentary

### Income

The end of year result, including depreciation and profit on disposal of assets, was a surplus of \$417,724.51

Gippsland Lakes Community Health (GLCH) continues to be supported in seeking and successfully attracting the funding required to build service delivery.

This has been demonstrated over the year with an increase in the operating income of \$1.48m (a 6.4% increase from 2015/16). Key factors influencing this growth are increases to Family Violence funding of \$1.2m, Tobacco funding of \$285k and AHPACC funding of \$258k.

### Expenditure

GLCH has a sound financial base, showing strong liquidity and associated ability to meet all employee and program commitments.

Total operating expenditure increase in the period was greater than income, increasing by \$2.1m (9.5%). Salary costs were the main impact on expenditure, representing 77% of total operating expenditure. Salary costs increased 9.2% over 2015/16. This increase was driven by an increase in headcount of 7.25%. Total non-salary expenditure increased in the period by \$526.5k (10.6% increase). Client cost increases accounted for a large proportion of this increase at \$488.3k.

## Balance Sheet

The Balance Sheet reports an improved position with net assets increasing by \$417,725 (6.3%). Total assets have increased during the period by \$4,483,076 (23.6%), driven by increases in cash holdings and investments of \$4.84m and a reduction in Debtors of \$259k. Total liabilities increased during the period by \$4,065,352 (56.9%).

Contributing factors include increases to Unexpended Funds and Prepaid revenue of \$2.936m, Expense accruals and provisions of \$612.9k and Salary accruals and provisions of \$674k.

## Governance

The Board recognises the importance of a strong governance framework and support this with well-established Finance and Audit and Risk Committees that meet bi-monthly. The Finance Committee reviews financial reports, ensures accounting policies are applied, recommends the approval of audited annual financial statements, and ensures that issues raised as part of internal and external financial audits are addressed. The Finance Committee reviews the engagement of external financial auditors, including criteria for appointment, proposed audit scope, and approach. The Finance Committee includes an independent member, previously identified as best practice.

## Audited Financial Statements

GLCH prepares financial reports in accordance with the requirements of the *Corporations Act 2001 (Cth)*.

The Financial Statements for the year were audited by Crowe Horwath. Auditors expressed the opinion that the Financial Statements represent a true and fair view of the financial position of the organisation as at 30 June 2017.

A complete set of Financial Statements, notes and Auditor's Report are included as a supplement with this Annual Report. They are available on request from our Lakes Entrance and Bairnsdale sites and via [www.glch.org.au](http://www.glch.org.au)

| Comprehensive Statement of Income for the year ending 30 June 2017 | 2017 \$      | 2016 \$      |
|--|--------------|--------------|
| Revenue from ordinary operations                                   | 24,581,320   | 23,025,326   |
| Employee expenses  | (18,683,232) | (17,107,336) |
| Other expenses from ordinary activities                            | (4,924,989)  | (4,441,045)  |
| Capital grants   | 25,000       | 60,000       |
| Depreciation and gain/loss on disposal on assets                   | (580,375)    | (510,815)    |
| Net result for the year  | 417,725      | 1,026,130    |

| Statement of Financial Position as at 30 June 2017 | 2017 \$      | 2016 \$     |
|--|--------------|-------------|
| Current assets                                     | 11,689,179   | 7,129,461   |
| Non-current assets                                 | 11,817,095   | 11,897,700  |
| Total assets                                       | 23,506,274   | 19,027,161  |
| Current liabilities                                | (10,601,983) | (6,567,176) |
| Non-current liabilities                            | (613,737)    | (587,154)   |
| Total liabilities                                  | (11,215,720) | (7,154,330) |
| Net assets/total equity                            | 12,290,554   | 11,872,831  |



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