

ipc Health

Annual Report



2024

Acknowledgements

IPC Health pays respect to the Traditional Custodians of the lands on which we provide our services to the community – the Wurundjeri, Bunurong and Wadawurrung people of the Kulin Nation. We thank their Elders past, present and emerging for their ongoing guidance and valuable wisdom. We acknowledge all First Nations people and groups across this country and also acknowledge that sovereignty was never ceded.

We thank all LGBTIQ+ people who have come before and continue to work towards the improved health and wellbeing of their peers, children, families, friends and communities. We celebrate the extraordinary diversity of people's bodies, genders, sexualities and relationships that they represent.

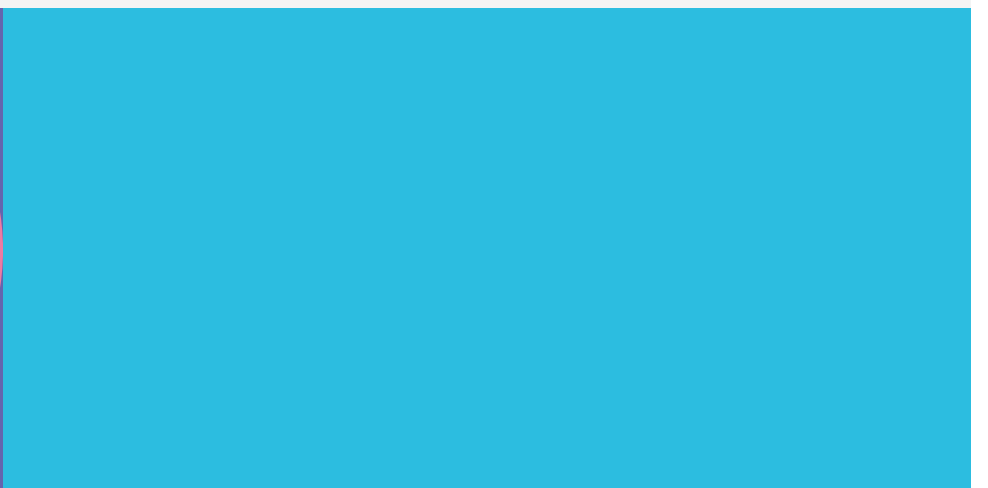
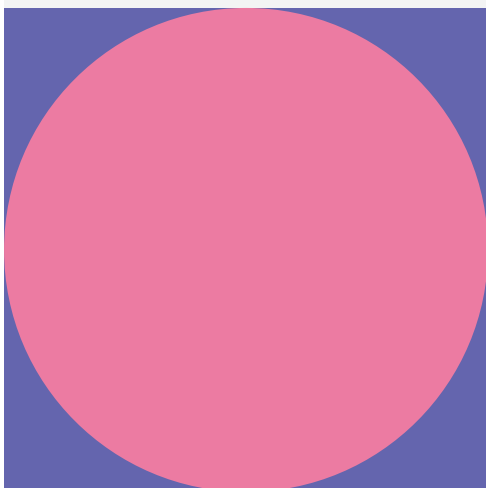
This edition of the IPC Health Annual Report outlines our performance against our Strategic Vision over the 2023–2024 financial year, unless otherwise stated. The details contained within were correct at the time of publication, November 2024. This Annual Report, along with previous editions, can be found on our website at www.ipchealth.com.au.

You can request a copy by contacting our Client Services team on 1300 472 432 or emailing ipchealth@ipchealth.com.au.

IPC Health is pleased to acknowledge funding from the Victorian and Commonwealth Governments.



Australian Government
Department of Health



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Message from the Chair and CEO

We believe prevention through intervention and education is the future of good health and wellbeing for Victorians. IPC Health's long-standing commitment to empower communities to achieve better health and wellbeing and an improved quality of life continues.

We know that good health is more than just medical and physical health, good health includes mental, social health and connection to community. This year, IPC Health continued to improve health and wellbeing outcomes for individuals, families and our local communities.

During the 2023/24 financial year, IPC Health has been advocating for community health, exploring and testing growth opportunities and accelerating the move to our new service model that truly puts the client at the centre of holistic, supportive and integrated health and wellbeing care.

All 24 registered community health services in Victoria worked together in the past year advocating to government and sector leaders, with a powerful central message focused on the need to reimagine our health system to deliver better outcomes for all Victorians. We are asking all levels of government to draw on the recommendations in the Community Health First position paper ***Strengthening Victoria's Health System through Community Health*** to support work to rebuild and reimagine provision of healthcare. We know that our registered community health services hold the solutions to many of the problems facing our health and social care systems. Through investing in community health services governments can tackle issues surrounding access to care and disparities in health outcomes through a cost-effective and locally responsive model of service delivery.

Following our Community Health First campaign, IPC Health was offered the unique opportunity to present at the 2024 Victorian Health Sector Summit about the impacts of social prescribing, prevention, and community health's ability to relieve the strain on the Victorian hospital system and GP clinics.

Social prescribing is a person-centred model of care that complements traditional forms of medical and health care to help clients who have social and wellbeing needs affecting their health. The outcomes of IPC Health's social prescribing pilot showed 60% of clients reporting improved mental health wellbeing outcomes, 39% actively joined a group, minimal to no loneliness increased by 12% and high to severe loneliness decreased by 24%. The economic impact showed 50% of clients reporting a decrease in the number of GP visits, 23% reduction in emergency department presentations and 56% reduction in unplanned nights in hospital.

IPC Health's new service delivery model is now based on our social prescribing learnings and includes interdisciplinary teams with wellbeing coordinators and case conferencing with clients.

Our Service Model Transformation team held a wide range of staff consultation sessions at the end of 2023 to develop a deeper and broader understanding of organisational and service wide strengths and challenges in order to identify quick wins and co-design opportunities for 2024.

Another focus this year has been on **growth**. We have trialled new services, explored opportunities to develop a potential fee model for those clients that can afford to pay for our services, and we have worked towards registration and accreditation for NDIS. In September 2024, we launched our Packaged Funded Services, for Home Care Package, adult NDIS, and Chronic Disease Management Plan clients. Following our Surplus for Purpose strategy, profits gained will always be re-invested back into IPC Health services to benefit and meet the needs of our local community.



The west of Melbourne continues to experience significant and sustained **population growth** and IPC Health commissioned a Demand and Configuration Report end of 2023, to get a better understanding of the demographic profiles as our catchment is not homogenous. This report will assist IPC Health regarding which locations provide opportunity in the immediate and long term.

IPC Health's Built Environment Masterplan has been approved by the Board and is the result of a review of organisational strategic reports, site visits to all campuses and a detailed process of engagement and consultation with staff and clients. The focus is on ensuring the client is at the centre of the model by delivering the right service at the right time in the right place and meeting the growing and evolving need for services in Melbourne's west by providing appropriate services in the locations that will continue to expand.

IPC Health is on track to deliver its 2025 Strategy and the Board and Executive Leadership Team have begun working on **IPC Health's Strategy to 2030 and beyond**. The Board has influenced the organisation's work through the 4 Board Committees and successfully delivered the recommendations from the **Clinical Governance Review**. Board Directors and the Executive Leadership Team participated in **Cyber Security** training and welcomed many **Ministers and VIPs**, including the **Victorian Minister for Health**, to IPC Health campuses throughout the 2023/24 financial year for launches, meet and greet tours and promotion of community health.

Reflecting on our impact in 2023/24, this report includes powerful stories from clients in our **Homeless and At Risk of Homelessness** program and our **Diabetes Hub**. Other highlights for the past financial year include our one-stop-shop and holistic approach for **mental health services**, the implementation of the **Sexual and Reproductive Health Hub**, the first stage of our **digital dentures** project, the expansion of the **Brimbank Melton Children's Health & Wellbeing Local** and a re-design of our **Aged Care Services**.

We take pride in being more than just a provider of services; we are listeners, partners, and passionate advocates for our clients. We do our utmost to connect people with the right care, at the right time in a culturally safe place that is close to home. Our staff, including volunteers, are the key to our organisation's continued success and we would not be where we are today without their passion, their creativity, and their drive to make a difference. We applaud the work of our One Team at IPC Health for another great year of achievement.

Along with our staff and volunteers, we would like to thank our Board, our funders, partners, clients and collaborators for their contributions. We look forward to continuing to work together to provide the best outcomes for our local communities by keeping people safe and well.

Daryl Whitfort
IPC Health Board Chair

Jayne Nelson
IPC Health CEO

Who we are

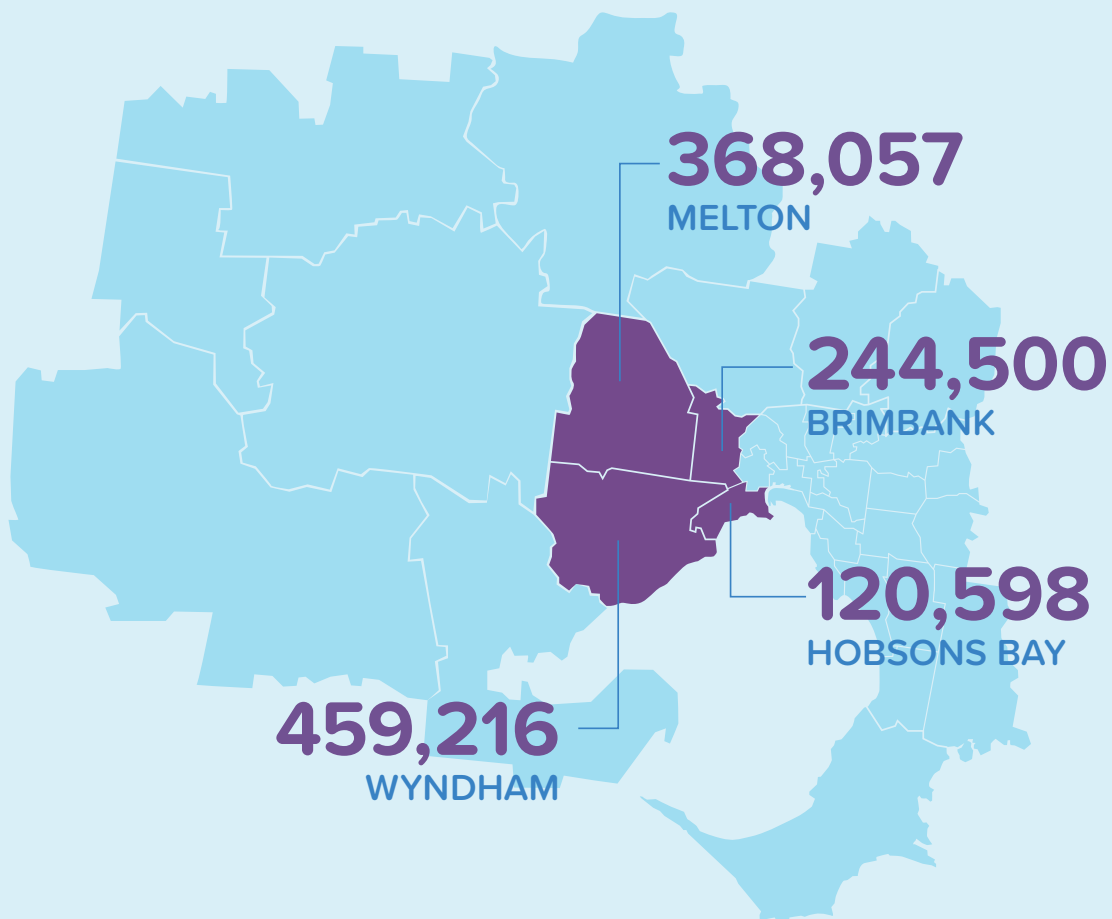
IPC Health is one of the largest providers of community health services in Victoria.

Our purpose is to improve quality of life for the people we serve by maximising access to health and wellbeing services.

We operate from 6 sites in Melbourne's west and employ over 530 staff.

We are committed to working with the rapidly growing areas of Melbourne's middle and outer west, where population is forecast to grow by more than 430,000 by 2041. By then, the total population served in the local government areas of Brimbank, Hobsons Bay, Wyndham, Melton, Maribyrnong and Moorabool will be approximately 1.42 million.

FORECAST POPULATION





IPC Health is a not-for-profit company limited by guarantee and is managed by an Executive Management Team who reports to the Chief Executive Officer, who in turn reports to our Board. The IPC Health Board consists of Directors with a range of specialist skills.

We provide a diverse range of services to the community including health services such as General Practice, nursing, diabetes education, paediatric, youth and women's health, as well as dental and allied health services like podiatry, occupational therapy, speech pathology, physiotherapy, dietetics and cardiac rehabilitation. We also offer psychosocial services such as counselling, Gambler's Help, and alcohol and other drugs counselling, as well as aged care services like Home Care Packages.

We work with communities to address and strengthen major contributors to wellbeing and quality of living, for example, in the areas of family violence, child and family services, activity groups, health promotion and community strengthening.

IPC Health complies with a range of healthcare standards and is accredited accordingly. We work to improve quality and seek to continuously improve all our services.

Our mission and objectives

Our mission is to deliver innovative, high-quality services that are client centred, collaborative, coordinated and demonstrate value through measured impact.

Individuals, through a single point of contact, can connect to a full spectrum of care and support using consistent approaches including those of our partners.

While we work with anyone who requires our services, regardless of circumstances or ability to pay, we prioritise access to those who face obstacles to getting health services tailored to their needs:

- Young people
- Children and families
- Older people
- Vulnerable people
- Diverse communities

We know that our communities have numerous needs, some of them complex, but all are addressable by delivering services close to home, in a culturally relevant way, and that prevents people going to hospital, or other high-acuity services.

Our objectives are to:

- be widely known and highly regarded
- be a contributor to local system outcomes
- attract more active clients
- improve quality of life
- provide an exceptional client experience
- enhance access and equity of access to services
- provide comprehensive coordinated service delivery
- transition from treatment to prevention
- achieve financial sustainability
- achieve operational excellence and quality governance
- support passionate creative staff who make a difference
- create a sustainable organisation



Our services

Aged care

IPC Health Care Finder Service

Home Care Packages

Commonwealth Home Support Program

- Allied Health
 - Audiology
 - Dietetics
 - Exercise physiology
 - Physiotherapy
 - Podiatry
 - Speech pathology
 - Social work
- Social support - group
- Domestic assistance
- Personal care
- Home maintenance
- Goods, equipment and assistive technology

Social work and independence support

Allied health

Audiology

Dietetics

Exercise physiology

Occupational therapy

Physiotherapy

Podiatry

Speech pathology

Child, youth and family

Autism assessment clinic

Brimbank Melton Children's Health and Wellbeing Local

Child and Family Hub @Wyndham Vale

Early Help Family Service

Engaging Wyndham Families

Family Services

Healthy Mothers, Healthy Babies

Occupational therapy

Paediatrician Service

Psychology

Speech pathology

Young people's health

Chronic conditions

Cardiac rehabilitation

Diabetes education

Diabetes Wellbeing Hub / Diabetes Connect

Endocrinology

Homeless and At Risk of Homelessness program

Living Well (integrated chronic disease management)

Needle and Syringe Program

Power Over Pain

- Specialist pain physician

General health

Aboriginal and Torres Strait Islander health

Dental Services

GP clinics

Health Promotion and Community Strengthening

Community and General Practice nursing services

Refugee and asylum seeker health

Sexual and Reproductive Health Hub

Women's health

Mental health and wellbeing

Alcohol and other drug counselling and support

CAREinMIND

Family violence support

Gambler's Help and financial counselling

Head to Health

Melton Mental Health and Wellbeing Local

Social work

Generalist counselling and psychology

Our impact in numbers

Numbers of clients and services

Allied health & mental health services clients

19,760

UNIQUE CLIENTS

301,618

TOTAL SERVICES



GP Service clients

14,599

UNIQUE CLIENTS

95,887

TOTAL SERVICES



Dental Services clients

14,743

UNIQUE CLIENTS

35,631

TOTAL SERVICES



Aged Care clients

409

UNIQUE CLIENTS



Victorian Responsible Gambling Foundation (VRGF) / Gambler's Help clients

471

UNIQUE CLIENTS



Family Services clients

652

UNIQUE CLIENTS



Multi-disciplinary teams

Brimbank Melton Children's Health and Wellbeing Local

13,833

TOTAL SERVICES

Diabetes Wellbeing Hub

5,865

TOTAL SERVICES

Diabetes Connect

227

REFERRAL CLIENTS

Coordinated service delivery

Referrals

16,731

TOTAL REFERRALS (INTERNAL AND EXTERNAL) INTO IPC HEALTH ALLIED HEALTH & MENTAL HEALTH SERVICES

4,689 28%

TOTAL INTERNAL REFERRALS INTO ALLIED HEALTH & MENTAL HEALTH SERVICES

New service referrals per client

10,978 82%

1 SERVICE

2,398 18%

2 + SERVICES

Client Feedback

Victorian Health Experience Survey

The Victorian Health Experience Survey is an annual independent check-in with our clients to see how we performed over the past year.

In 2024, 4,020 people across the IPC Health client cohort were invited to participate in the Community Health survey; 480 participated, this is a response rate of 12%.

We are pleased to report that **we scored 93.3% for Overall Experience**, this is similar to the overall Victorian score of 93.4%.

Client Feedback Survey

Our clients receive an invitation to give us their feedback via an online survey after they have attended one of our campuses for an appointment. We use this information to make continual improvements to our services and campuses throughout the year.

- Number of client feedback surveys completed: 3,937
- **Surveyed clients who told us they were happy or very happy with the service: 94%**
- **Surveyed clients who told us they were likely or very likely to recommend IPC Health to their families and friends: 88%**

Sustainability

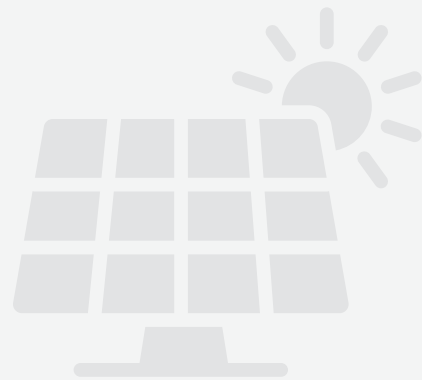
After assessing annual energy spends, solar was found to be a financially viable solution to reduce ongoing operational costs to our organisation. This also represented an opportunity to reduce reliance on the grid and significantly lessen carbon emissions from our campuses into the environment.

The Deer Park, St Albans and Hoppers Crossing campuses all had their solar panels installed in December 2023, meaning they are now being supplied with 100% green energy and will become cost neutral.

The combined carbon abatement of all three sites is estimated to be about 221.55 tons annually!

After having their solar installed in 2020, **Altona Meadows campus cost savings are at about 85%**. Deer Park, St Albans and Hoppers Crossing are expected to have similar outcomes and are estimated to be cost neutral in 5 to 6 years.

Wyndham Vale campus is currently in the process of undergoing viability assessment for solar installation.







Our people, our culture

Our staff

As at 30 June 2024

Total number of staff	534		
Full time	259	49%	
Part time	257	48%	
Casual	18	3%	
Ongoing	458	86%	
Fixed term	76	14%	
Full time equivalent	422		
Average tenure	7 years		
Median tenure	5.15 years		
Staff over five years tenure	265	50%	
12-month employee turnover rate to the end of June 2024	68	13%	
Employees in leadership roles	19	Female	66%
	9	Male	31%
	1	Non-binary	3%



Staff Safety and Wellbeing

In the 2023 – 2024 financial year, IPC Health delivered Negotiation & Crisis Intervention training to our staff. Over 4 full-day sessions, 70 of our frontline employees from across a variety of programs attended the training. Offering this skill development training to our staff was part of our commitment to providing a safe and supportive working environment.

We designed the course to be interactive and engaging, providing attendees with the skills to detect early warning signs of occupational violence and avoid escalation. Conflict resolution principles, negotiation and

de-escalation methodologies were obtained as part of this training, aimed at improving personal safety of frontline workers.

The feedback we captured from attendees directly after the training included that they found it to be educational, beneficial and relevant.

Comments received:

“Safe environment to explore challenging content”

“De-escalation methods were helpful”

“It was very educational and will help me deal with aggressive clients”

Staff and client consultation for Service Model Transformation

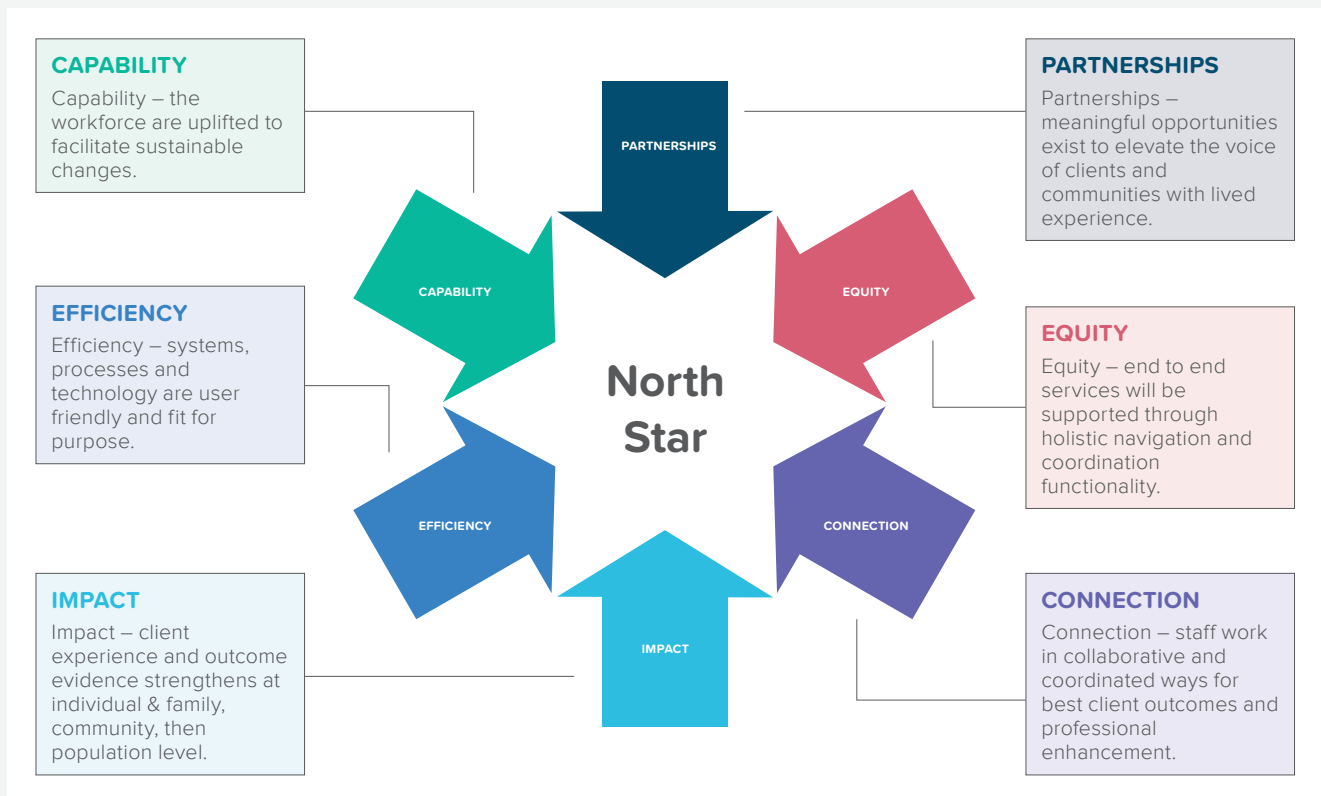
The Service Model Transformation (SMT) project is IPC Health’s flagship strategic project to move the entire organisation to a new service model that truly puts the client at the centre of holistic, supportive and integrated health and wellbeing care. In doing so, we also aim to achieve a richer and more personally and professionally fulfilling employee experience for our people.

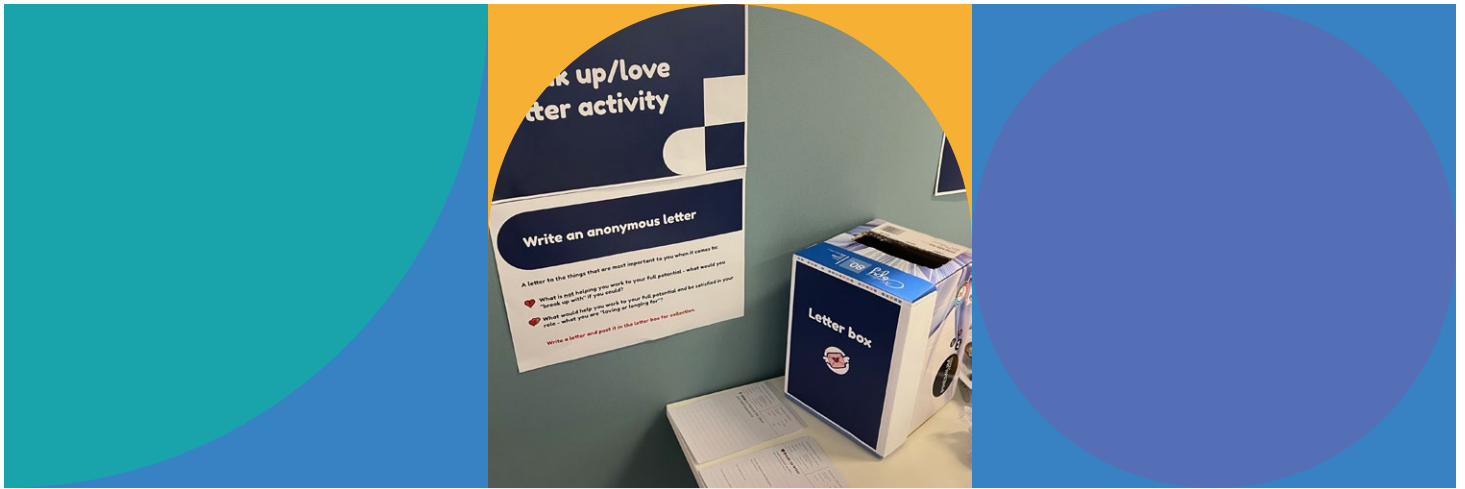
IPC Health’s vision for its new service model is to deliver safe, connected and affirming care tailored to the needs of the whole person across any given age or lifespan.

Our values and unifying phrase “one team IPC Health” are reflected in a workplace culture operating on principles of:

- partnership
- equity
- connection
- impact
- efficiency
- capability

A particular focus has been staff consultation and participation. In late 2023, several in-person staff consultation sessions were facilitated by the service designers in our SMT team. Staff who were unable to attend in person were given the option to attend virtual VC sessions, or to complete a survey to provide their input. Sessions adopted a hands-on and participative human-centred design approach.





Over 46 hours of consultation, more than 150 staff participated in these sessions, contributing over 1,700 data points of input.

All data were analysed and synthesised by the SMT team into relevant themes and insights. Workshop outcomes were reported back to staff via IPC Health’s intranet and at a “Town Hall” all-staff meeting, and subsequently incorporated into the SMT program activity plan.

Opportunities incorporated into the SMT activity plan included:

- increasing awareness of IPC Health’s service offering
- improving and enhancing ways in which people can contact and communicate with us
- improving internal communication and information sharing
- providing better support to our busy, front-line Client Service Officers
- adopting a more consistent approach to initial client contact, assessment and care planning
- reducing the time clients have to wait until their first appointment
- reducing the amount of paperwork clients need to complete
- improving wayfinding for clients
- improving learning and development opportunities for staff
- more options for flexible work arrangements
- improving opportunities for cross-team and cross-campus collaboration
- enhancement to performance evaluation and recognition procedures
- more opportunities for social interaction to support connection and wellbeing

These insights were combined with insights from extensive client consultation to design a new Service Model built on an enhanced client journey through IPC Health services with the following high-level steps:

- Hearing about IPC Health
- Enquiring about IPC Health
- Screening and assessment
- Waiting for an appointment
- Initial appointment
- Receiving care
- Completing care goals
- Exiting services
- Post care follow-up

The SMT project has now shifted into an intensive implementation phase. Numerous services have already adopted the new service model or were designed to align with it, including:

- Brimbank Melton Children’s Health and Wellbeing Local
- Care Finder Service
- Autism Spectrum Disorder Assessment Service
- Diabetes Hub
- Power over Pain
- Homeless and At Risk of Homelessness program



Volunteer program

IPC Health's volunteers are working harder than ever! We have roughly the same number of people in the team as last year, 34, but these wonderful people are giving us even more of their time with an almost **30% increase in the number of volunteer support hours.**

Alongside these volunteers, the Deer Park Knitting Group continues to support the organisation and the Homelessness Community Advisory Group provides invaluable insights to the Homeless and At Risk of Homelessness (HaRH) team.

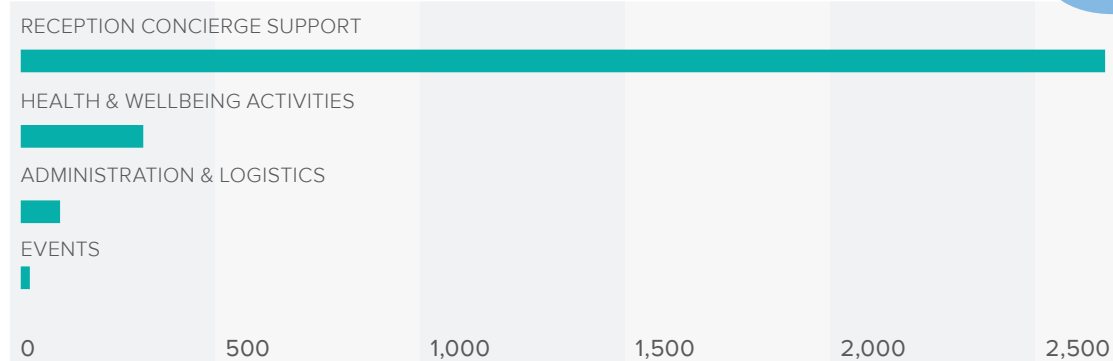
Our volunteers continue to work across the organisation in a variety of programs from front of house in our

reception areas, to back-office admin work, to helping out in BinGO MOVE, the Diabetes Wellbeing Hub and other wellbeing programs. They even head off site with our developing volunteer driver client transport activity!

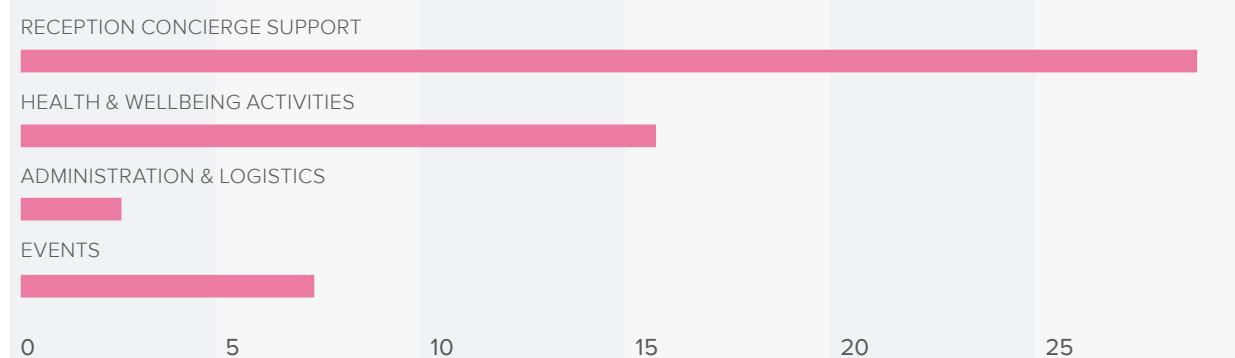


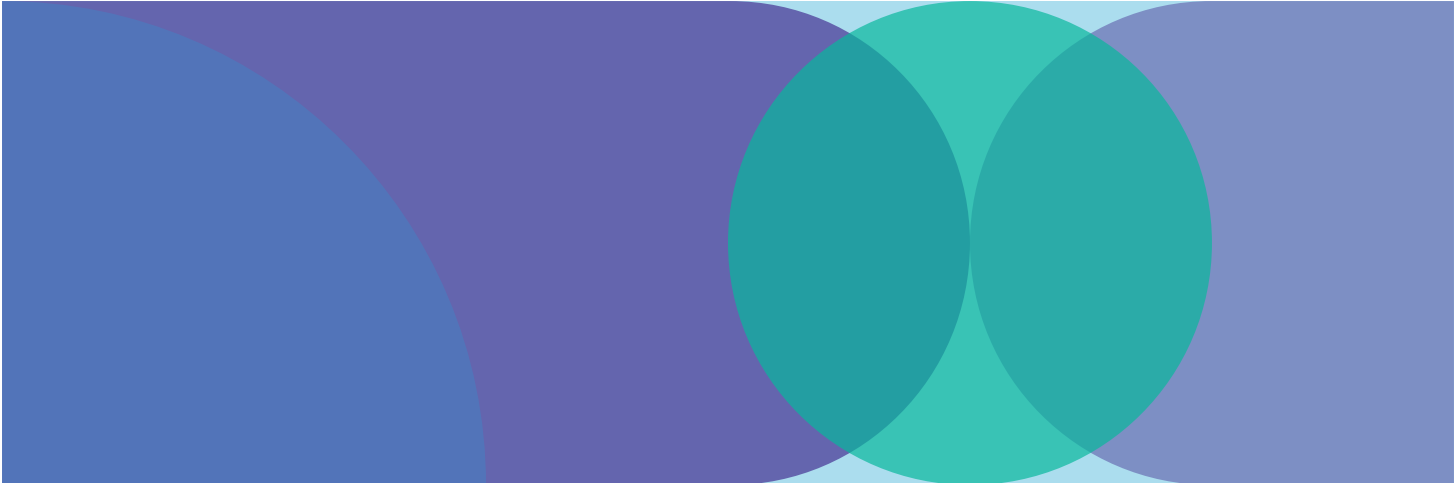
30% increase
in the number of
volunteer support
hours

Logged Hours By Activity Category



Number of volunteers by activity category





Volunteering - the 'employment and recruitment' win-win

Many of our volunteers are engaging in volunteering as part of their pathway to employment. For some, that employment has ended up being at IPC Health itself. Last year Shree and Sruthi became highly valued members of the staff team in administration roles, having started in our Volunteer Reception Concierge team, and this year two more people have come on board as staff members. Kirsty with the Homeless and At Risk of Homelessness (HaRH) team and Kalimna in the Diabetes Wellbeing Hub.

Kalimna's story is a great example of strategic recruitment thinking and effective collaboration by the IPC Health team along with Kalimna's determination to go the extra mile to support high quality community health services and her career development.

Kalimna was referred to the volunteering program having narrowly missed out on a position as a diabetes educator. The Diabetes Wellbeing Hub team know that the best way to recruit in the future is by keeping the 'talent close', so they jumped at Kalimna's offer to volunteer in the Diabetes Wellbeing Hub. This way the team kept in touch with her until a position became vacant and Kalimna kept in touch with an area of health work she was super keen to move into. Kalimna assisted with client interviews and data entry for the next few months, putting her in the perfect spot to apply for a position when it came up. Her application was successful, and the Diabetes Wellbeing Hub got a skilled new colleague who was already a valued team member – win-win!

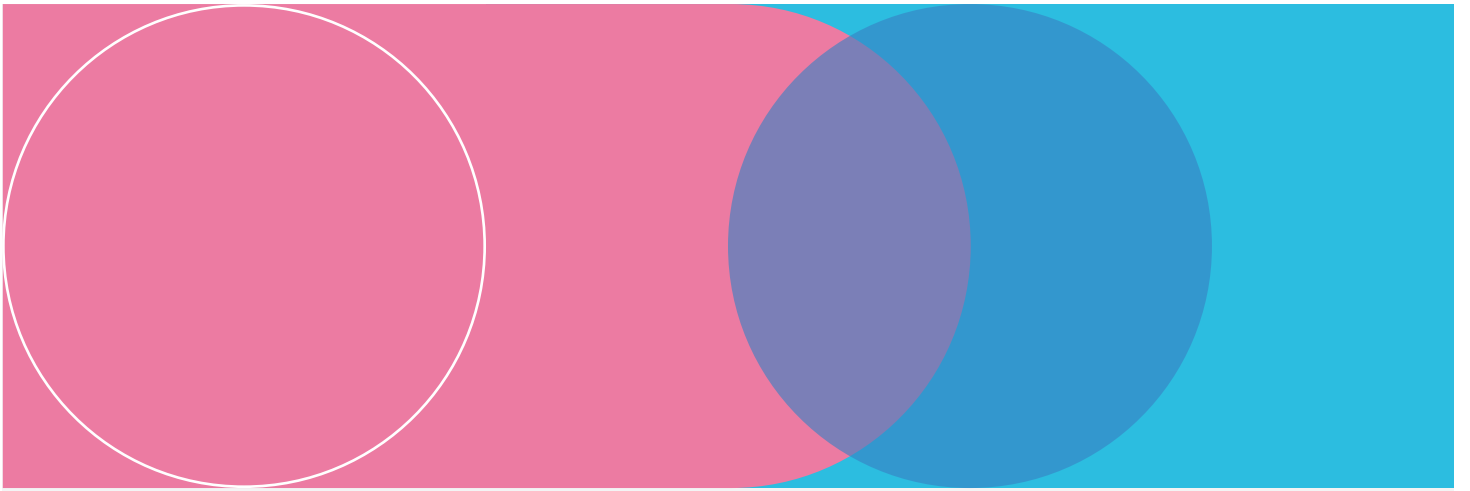
Volunteer story

Nada

Nada started as a Reception Concierge volunteer but did not hesitate to step into a much more demanding role.

Our Family Services team works with a family facing life threatening health problems affecting their younger children. The team needed a volunteer to support an older sibling who was becoming withdrawn and isolated. Nada gently stepped in, providing the older child with reassuring companionship and practical homework help. As an older sister figure, Nada provides much needed ordinary social contact when life is anything but normal for this family. Nada found they have plenty in common: their neighbourhood, the child's school community, religious culture, and youth. Nada builds on this, developing trust and friendship, and her assistance has a positive impact on the older child, the family and the Family Services team. "It is so good to hear my child just talking to someone in the house" said the mother after one of Nada's visits.

Nada has finished her master's in Social Services and is currently doing a placement with our Family Services team whilst continuing to volunteer with IPC Health.



Volunteering is for everyone – especially at IPC Health

IPC Health attracts, recruits and supports volunteers facing barriers to inclusion in community life. These barriers may be disability or other health issues, lack of primary photographic ID due to refugee status, homelessness and other circumstances.

Thanks to the organisation’s proactive approach to inclusion, our volunteer coordinator has been able to work one on one with a number of prospective volunteers to help them get their ID completed and to advocate for the appropriate placement of volunteers with complex life histories. This focus on inclusion in our volunteer program has made a positive impact for the people involved, opening doors to further volunteering, employment, study, and active participation in community life.

Staff work with volunteers, discussing tasks and ensuring they are appropriate to the volunteer’s capacity and interests whilst willingly considering risk management or reasonable adjustment strategies, making inclusion work for all.

One of our volunteers, Shriya, lives with cerebral palsy and by working effectively with her support worker, is determined to live an active productive life in the community. She is very clear about how she wants to reach this goal and any reasonable workplace adjustments she needs to get tasks done.

Shriya’s determination led to her taking on a range of administration tasks including packing up all the translated brochures for distribution across the organisation, preparing and installing the safety stickers on phone handsets at all campuses and preparing information packs for the Family Services team.

IPC Health even starred in Shriya’s entry to the All Abilities Film Festival 2024 as an example of an inclusive volunteer involving organisation!



▲ Left and right: Shriya at work with Support Worker Fabina, filming for the All Abilities Film festival and packing goody bags for a community engagement event.



Victorian Volunteering Awards 2023 – finalists!

The Deer Park Knitting Group and IPC Health were thrilled to be nominated as finalists in the Volunteering Partnerships Category for the Victorian Volunteering Awards 2023. 40 years in, the partnership between IPC Health and the Deer Park Knitting Group is going strong despite the pandemic and changes in personnel, purposes and location.

Initially an activity group for the health service clients, the group meets to knit and crochet a wide range of items with all proceeds donated to our clinics. The fund-raising enables clinics to buy extra equipment and trial new approaches, such as a recent virtual reality pain management program.

‘We used knitting group funds for the first subscription to the pain management software, and demonstrated its effectiveness. It’s now included in our main budget!’ said IPC Health wellbeing coordinator, Catherine.

Our service practitioners have always referred clients for extra social connection but once the IPC Health Social Prescribing and our holistic new service model with wellbeing coordinators became established, a reciprocal partnership emerged. Group members participated in the reference group for the innovative Social Prescribing activities and engaged as volunteers in other parts of the organisation while continuing to welcome new members referred by IPC Health.



From client to volunteer to staff member at Homeless and At Risk of Homelessness health

Kirsty

“I have been a client and volunteer and am now a staff member at IPC Health and I would like to tell you a bit about my story.

By the age of 14, I was kicked out of home. I then started to take drugs to cope. I was on heroin, pills and basically anything I could get my hands on. I became a mum at the young age of 15. By the age of 17, I overdosed from heroin. Then I nearly lost my life for the second time from another overdose with heroin at the age of 19.

My mental health was declining. I was also trying to survive every day as I was a victim of domestic violence. I was able to finally escape and relocate with the help of Victoria Police, they moved me to Deer Park where I was able to detox from the drugs. Not long after that, I had a door knock from IPC Health, it was the Homeless and At Risk of Homelessness (HaRH) team. They introduced themselves and told me about their services such as social prescribing, counselling and other allied health services. They also were able to give me my second Covid shot, which was fantastic because I didn't have to leave the house. They were able to put a referral in for an Alcohol and Other Drug (AOD) counsellor and I was also put on the waiting list for dental services. I was seen by the dentist quite quickly and now have the confidence to say I have beautiful teeth.

The other referral I was wanting was social prescribing, once I got in with that team, I was seen by a lovely lady who helped me to enrol in classes at my local community house. This really helped me to get out in the community, and it was the best thing I ever did. Not long after that, I had a look into volunteering with IPC Health and I met with the lovely volunteer coordinator, who was able to help me start the process. We did run into a bit of an issue trying to get all my ID (birth certificate), but the volunteer coordinator was great, and she helped and supported me with this process. She also had mentioned to me that there was a HaRH community advisory group that I might be interested in, so not long after that I met another lovely lady from the HaRH team

who told me all about the group. As soon as the lady started to tell me about it, I knew I wanted to be involved, so I jumped at it and I went to my first meeting and found it so insightful, the group are all so lovely, and so welcoming, and it was good to hear that once a month we come together for our meeting.

Then came the opportunity to work alongside the HaRH team as a casual community engagement support lived experience team member, I jumped at it and got it. That in itself for me is huge, the fact that I'm 44 years old, never worked and never thought I ever would. But that's all changed now, the fact that people want my input, I'm not looked down upon, and there is no judgement, just like everyone else that works at IPC Health. With my past of addiction abuse I always thought well this is my life. Wow how I was wrong!

My life today is completely different, I want to get up in the morning and go to work, it just feels so different. The big thing for me is: my boys, they now tell me how proud they are of me.

I now would like to go to TAFE and do my Certificate 4 in Community Service or Peer Work course. Because I would like to turn my pain and trauma into helping others and letting them know that they can get through it too. I strongly believe that if I didn't engage with IPC Health when I did, I would still be at home sitting with my grief/trauma. Since being with IPC Health, I have gained my Mental Health Certificate plus just recently I did my CPR and first aid training and passed! If it wasn't for IPC Health, I would not have had the opportunity to complete these courses.”



“The fact that people want my input, I’m not looked down upon, and there is no judgement.”



Lived Experience workers at the Children's Local

Matt

“Working at the Children’s Local is my first time working within the lived experience discipline, though I have five years of experience as a youth mental health advocate.

I was interested in the Children’s Local and the lived experience role because I love being able to help other people by sharing my experiences, and I’d always wanted to work with children and families. This role gives me the freedom to be creative in how I approach families and their care and allows me to pull from my passions and education, no matter how different it may be from the position description.”

Romy

“I came to the Children’s Local with around four years’ experience in the consumer lived and living experience workforce, working in various advocacy, peer support and administrative roles.

When I saw the lived experience practitioner role advertised, I felt like it had been built for me because it combined all of the things I am most passionate about – lived experience, neurodivergence, child wellbeing and creative approaches. This is my first time working in community health, and with families.

I am loving the learning and growth it has already offered. I spent the first 2 to 3 months getting familiar with the different ways of working within the Children’s Local, shadowing other workers and undertaking various professional development opportunities. Attending a home visit for the very first time was a definite highlight. I am now working with three families and feeling much more confident in my approach. I feel that the Children’s Local has warmly welcomed me into the fold. I am grateful to be among so much passion and expertise, and on this journey with my team.”

Improving capability and capacity with a new allied health graduate program

IPC Health's average allied health vacancy rate was consistently challenging. The ratio of graduates within the workforce was also low. This resulted in capacity issues, lack of talent pipeline and long-term succession planning.

In response, we implemented a structured graduate program focused on:

- attracting students who live or study in the west
- providing a collective onboarding experience for added support
- structuring a support program to develop skills and knowledge
- providing full clinical education and supervision

The initial group of graduates, with 2 clinicians in each of occupational therapy, physiotherapy and podiatry, along with one clinician in child health speech pathology, started employment in January 2024, working in all 3 local government areas that we service.

They have been supported in the following ways:

- New graduate group orientation and education program through months 1-3
- Allied Health grade 1 education and peer support program is ongoing and occurs quarterly
- Regular clinical supervision (discipline specific)

Significant benefits have been realised, including:

- substantial reduction in vacancies
- graduates were close to 100% productive by the third month, this was 2 months ahead of the initial target timeframe
- reduction in wait times to service

- at the one-month mark, all graduates rated organisational onboarding processes as good or very good, and senior clinician support as excellent

Feedback from participants:

- The senior clinicians team reported that the group orientation process was more efficient than having to orientate individual new graduates.
- New graduates reported that it was beneficial to have peers who are going through the same orientation and learning process, that it was good to be able to support one another.
- "I liked the duration of the orientation, it gave me enough time to learn about IPC Health, its protocols, my own discipline and team."

In May 2024, we held another Allied Health New Graduate evening for graduates for 2025, 22 students attended from a range of universities: The University of Melbourne, Charles Sturt, La Trobe, Deakin and Australian Catholic Universities.



▲ New graduates team building session, L – R: Katrina, Silvia and Vanessa

Awards

Chop Out Convos app

We are very proud to have our Chop Out Convos app, which was created with input from tradies and uses AI to help tradies initiate tough mental health conversations with their workmates, recognised with a number of awards and nominations.

We have received an Anthem Award for Best Use of AI in the Health category, along with our partners No Moss and HALT. Chop Out Convos was shortlisted for the Victorian Premier's Design Awards in the Digital Design category.

The Chop Out Convos app was also recognised twice in the 2023 Australian Good Design Awards, for both Digital Design and Social Impact.

We have been looking at ways to get the app out to reach more people who need it, including broader groups of workers, and looking at how we might build out even more features to further amplify its impact.



Co-design at the Local

Today Design's work with IPC Health, Royal Children's Hospital and Western Health on the co-design of the Brimbank Melton Children's Health and Wellbeing Local (the Local) has won an award for Service Design, Public Sector Services at the 2023 Australian Good Design Awards.



Wyndham Vale student led dental clinic finalist 'Celebrating innovation in health care' in Victorian Public Healthcare Awards

IPC Health's student-led dental clinic in Wyndham has achieved significant improvements in access to dental care. As well as reducing waitlists and wait times, it's also provided clinical experience and increased workforce career pathways for students. Students deliver oral health education, care and treatment under the supervision of senior qualified clinician mentors to help them become job ready and build client care skills.



Contributions to the community

The West of Melbourne Aboriginal and Torres Strait Islander community hosted their own NAIDOC Week Ball for the first time in July 2023 with huge success. Aboriginal Community Controlled Organisations Kirrip Aboriginal Corporation, Wunggurrwil Dhurrung Centre, VACCA, Djirra, Aboriginal Wellness Foundation organised the event with additional sponsorship from IPC Health, Western Health, Lendlease, Melton City Council and Greater Western Water.

Key to the event are community-nominated awards to recognise those Aboriginal and Torres Strait Islander people in the West's community who always go above and beyond expectations in their contributions to the community.

IPC Health's Aboriginal Outreach worker, Lisa Saunders, a proud Kamilaroi woman, was one such recipient, recognised for her outstanding contributions to her community. Lisa has a strong personal mission to make a difference for her community and to create a thriving future for the younger generations enriched in culture and community.



▲ Lisa and Uncle Manny

Volunteering

IPC Health and the Deer Park Knitting Group were also shortlisted for Volunteering Victoria's Volunteering Partnerships Award. The Knitting Group provides social connection, consumer participation opportunities, fundraising revenue, a health referral pathway and strengthened networks with local organisations.



▲ Finalists in the Victorian Volunteering Awards 2023 Volunteering Partnership Category enjoying the ceremony at Government House

Read more about our volunteers on pages 16–19





Our ways of working



Quality and Safety

IPC Health is aiming to deliver safe, effective, excellent care, and continuous improvement, together with managing risks and meeting the strategic objectives.

Accreditations

IPC Health was awarded ongoing accreditation against the following standards in the 2023-2024 financial year.

- QIC and National Standards Mental Health Services mid cycle assessment report.
 - The QIC Standards support continuous improvement, focussing on governance principles.
 - The National Standards for Mental Health Services (NSMHS) focus on safety, quality, diversity, governance and care delivery underpinned by continuous improvement.
- Aged Care short notice assessment against the Aged Care Quality Standards for Home Care and Commonwealth Home Support Program (CHSP) services. Despite the short notice of assessment by the Aged Care Commission, IPC Health met all requirements of the standards.
- Other accreditation statuses maintained include RACGP standards for our GP clinics and National Safety and Quality Healthcare Standards (NSQHS) for our Dental Services.

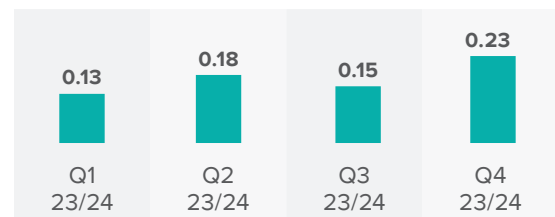
Incidents

The most common type of incident reported at IPC Health is staff experiencing occupational violence and aggression (OVA) from clients. This is behaviour from clients where staff are abused, threatened, or assaulted whilst at work. OVA is not uncommon in healthcare however is unacceptable. To manage this risk to staff, a range of controls have been put in place, including staff training, improving the environment, and introduction of a duress system.

See also the story on [Staff Safety and Wellbeing on page 13](#)

Clinical incidents

Clinical incidents/1000 appointments

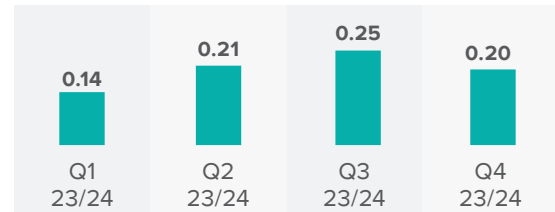


Visit count (number of appointments)



Occupational Health and Safety

OHS incidents/1000 appointments

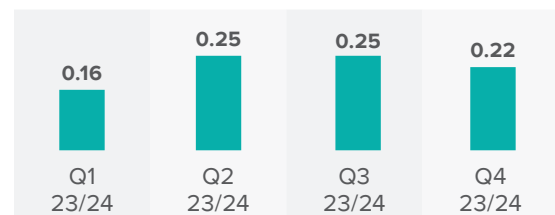


Visit count (number of appointments)

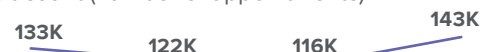


Hazards

Hazards incidents/1000 appointments



Visit count (number of appointments)



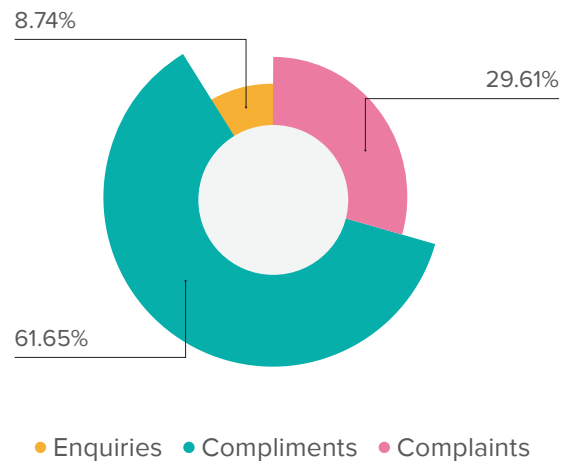
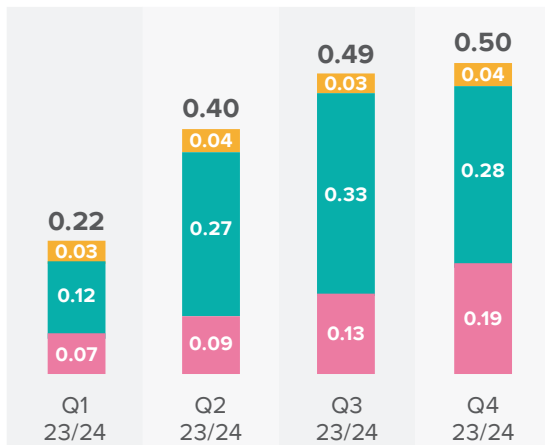
Client Feedback

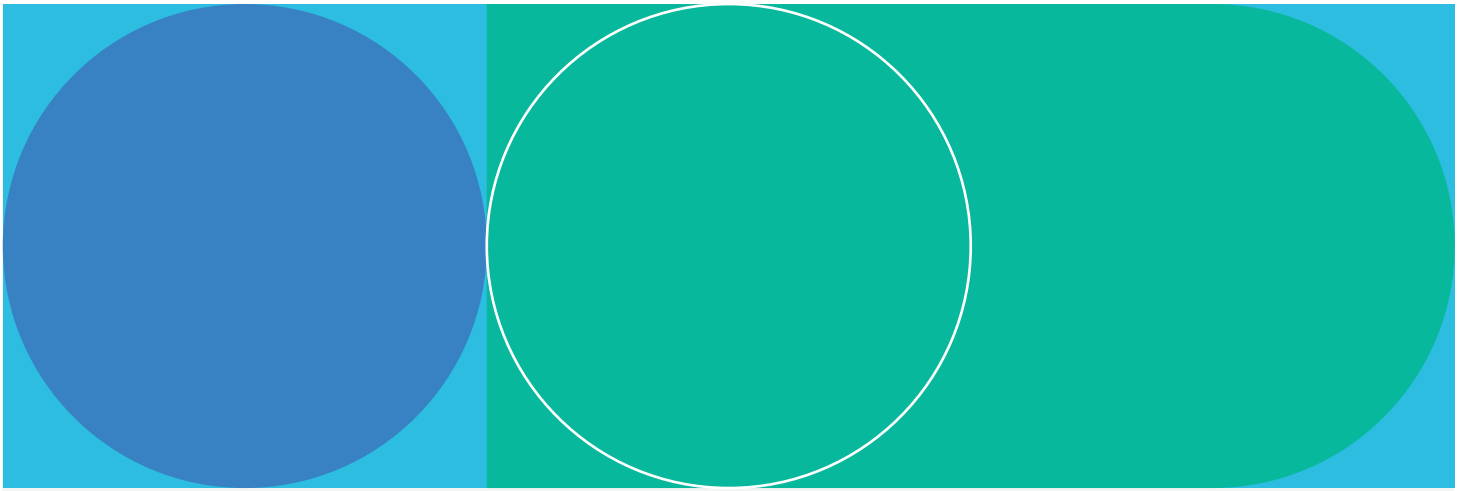
Compliments, complaints and enquiries

IPC Health has multiple ways for people to provide feedback, including our website, in person or by phone and on our paper forms in the waiting rooms. Feedback provided is reviewed by the manager of the service and responded to accordingly.

Feedback tells us that most of the time clients are happy with the service they receive at IPC Health. Where someone is not satisfied with our service, IPC Health will work with the client to seek a prompt resolution in collaboration with them.

Feedback / 1000 visits





Comments from clients

"You treated me with respect and did all you could to make sure I was looked after. I felt like a human and I was not judged and I'm so grateful" (Dental clinic)

"I visit the Diabetes team, dietitian, counselling, pathology and the GP and I have always felt warmly welcomed and taken good care of. Thank you to every staff member I have contact with, all of you are very much appreciated and the care you give me, goes above and beyond, and I am thankful." (Dietetics)

"Very valuable information and good to touch base with professionals to be sure I'm on the right track." (Diabetes education)

"This centre is an extremely vital service to the Altona Meadows community. I cannot enforce how important it is to have access to emergency dental services readily available to the public on low incomes or health care card holders at such an affordable cost. This centre is so attentive to the needs of their patients and is prompt and efficient in every day." (Dental clinic)

"Just to say how pleased I am to have IPC Health in my area." (Exercise physiology)

"The whole time I have been to the Cardiac Rehab, it has been an absolute pleasure, with friendly, caring, efficient staff, who have treated me with the most respect and care to improve my health and be confident again in all I do." (Cardiac Rehabilitation)

"I appreciate the services provided by IPC Health and consider myself most fortunate together with others living in the Western Region for an essential health system at a most economic and sustainable cost, excellent in all aspects. Thank you." (Dietetics)

"Loved the service we received. Awesome atmosphere." (Child speech therapy)

"I have been a patient at the clinic for over 40 years." (GP clinic)

"The team at high-risk podiatry are fantastic at all levels friendly, helpful and knowledgeable, thank you team." (Podiatry)

Response to client feedback

An example of a response to client feedback:

- Clients told us it was hard to communicate and hear with the screen in place at reception.
- The sizes of the reception screens at Hoppers Crossing have been reduced to improve communication between clients and staff.

Cyber security

Cybersecurity continues to be one of our main focuses in IT.

In January this year, our leadership team took part in a Cybersecurity Business Continuity Exercise. The intent of this exercise was to build a common understanding and language across the executives and relevant managers on how we would manage a cyber crisis and to identify any improvement opportunities in our business continuity plans and processes. The scenario that our leadership team had to work through during the exercise was a Ransomware attack.

Lessons learned and subsequent actions have resulted in numerous meetings with senior managers and executives to ensure our Business Continuity Plans are current and inclusive of all actions needed from day 1 to day 7 of any malicious attack.

In May this year, we conducted Phishing email simulation exercises. These increase training and awareness for all staff. The exercise included a Teams invite and introduced a Barcode as a malicious link in an email designed to raise awareness and prompt safe work practices.

IPC Health users are reporting more spam emails to our Helpdesk than ever before, and our systems have blocked countless attacks.

Ransomware is still the major theme, and Australia is the most targeted region with Microsoft applications the most abused. Telephone Oriented Attack Deliveries, TOADs, are now on the rise, targeting high value targets (CEOs, General Managers, etc.), finance and human resources positions to gain access to bank account details and request false invoices to be paid.

** Phishing email - a way cyber criminals trick you into giving them personal information. They send fraudulent emails or text messages pretending to be from organisations you know or trust. They try to steal your login credentials or online banking logins, credit card details or passwords.*

** Ransomware - malicious software (malware) that threatens to publish or blocks access to data or a computer system, usually by encrypting it, until the victim pays a ransom fee to the attacker.*



Working together to maximise outcomes for our clients

Our Service Model Transformation, Innovation, and Growth teams work together to support transformational change and growth within IPC Health to enable sustainability and diversification of our services. This allows the organisation to adjust to the changing health environment and ensure IPC Health continues to maximise outcomes for our clients, communities, and staff.

The core of our service model transformation work is orientated around enhancing the client experience, especially for vulnerable and under serviced groups within the community, and sustainably improving the lives of the people and communities we serve. We are transitioning to an improved, holistic, interdisciplinary team care model of service delivery with a core focus on wellbeing coordination and navigation.

IPC Health's vision for its new service model is to deliver safe, connected and affirming care tailored to the needs of the whole person across any given age or lifespan.



The Innovation and Growth teams are looking at ways to create better access and alternative solutions, in order to reach our strategic objectives. They work with the organisation, and a range of specialties within it, to operationalise changes, drawing on the skills of others to support this. Community participation and staff consultation are important elements of the process.

The teams have come together under the acronym SIG (Service Model Transformation, Innovation, Growth) and the emphasis is a link between innovation and growth and between innovation and service model transformation.

Sebastian, Growth Lead: “The time we put into working together takes effort and prioritising, knowing that the benefits will come.”

In the past financial year, the teams developed a shared language for the organisation, so everyone has a unified understanding.

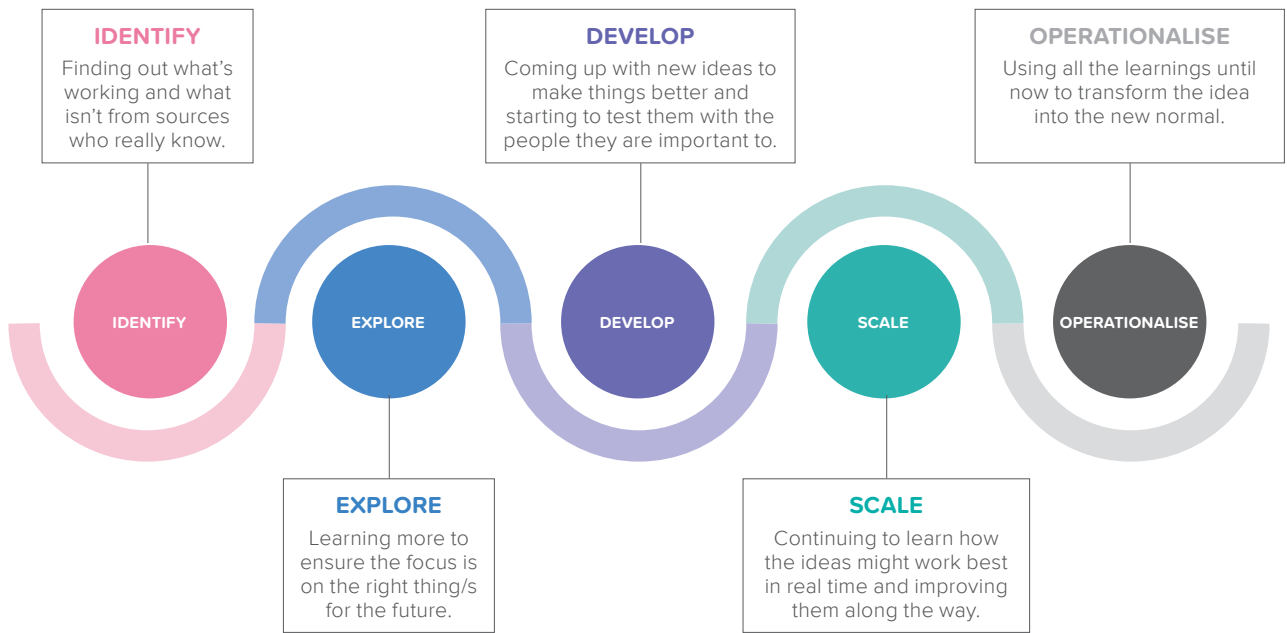
Another challenge was having to work in a state of flux for a lot of the time. We have a shared end goal, but how we get there is often unclear, we are dealing with a lot of unknowns.

As an organisation, we have had to transition our mindsets. There needs to be creativity and curiosity as we develop projects, learn and improve, then test our assumptions. We sometimes ‘fail’ before reaching implementation phase and this is ok as we have learned from the experience and can adjust accordingly.

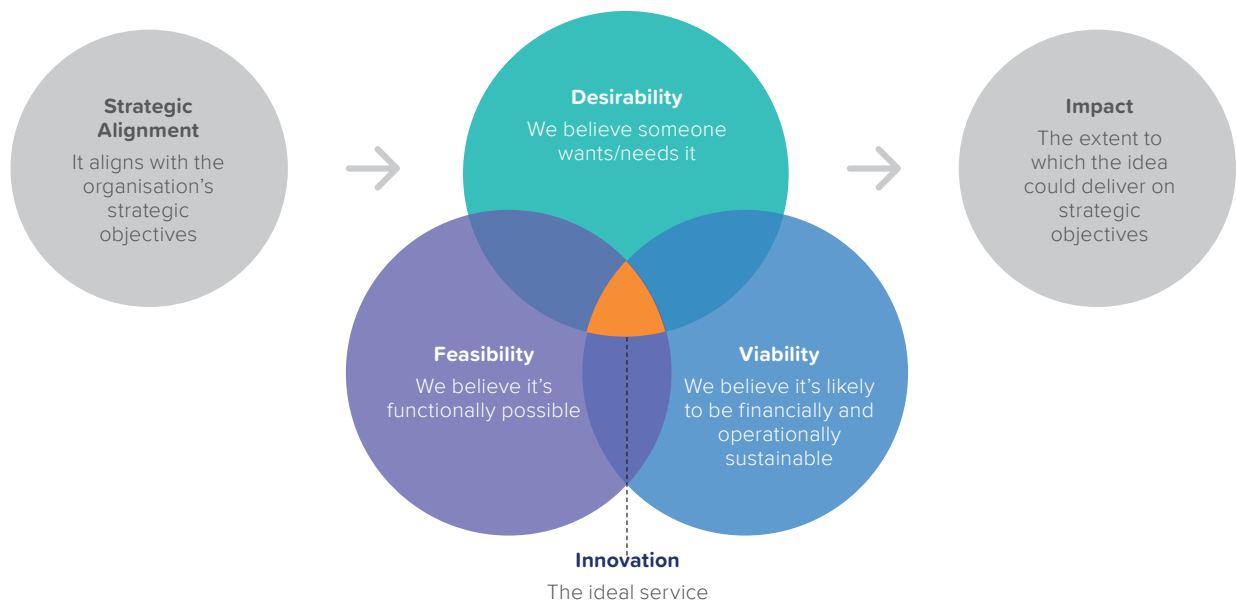
Central to IPC Health's Innovation Strategy is an Innovation Framework that adopts a structured and strategic process for developing major innovations and service improvements. The framework approaches innovation as a light-touch variation of the scientific method: innovations are treated as experiments with testable hypotheses to be proven before further investment of funds or effort is approved.

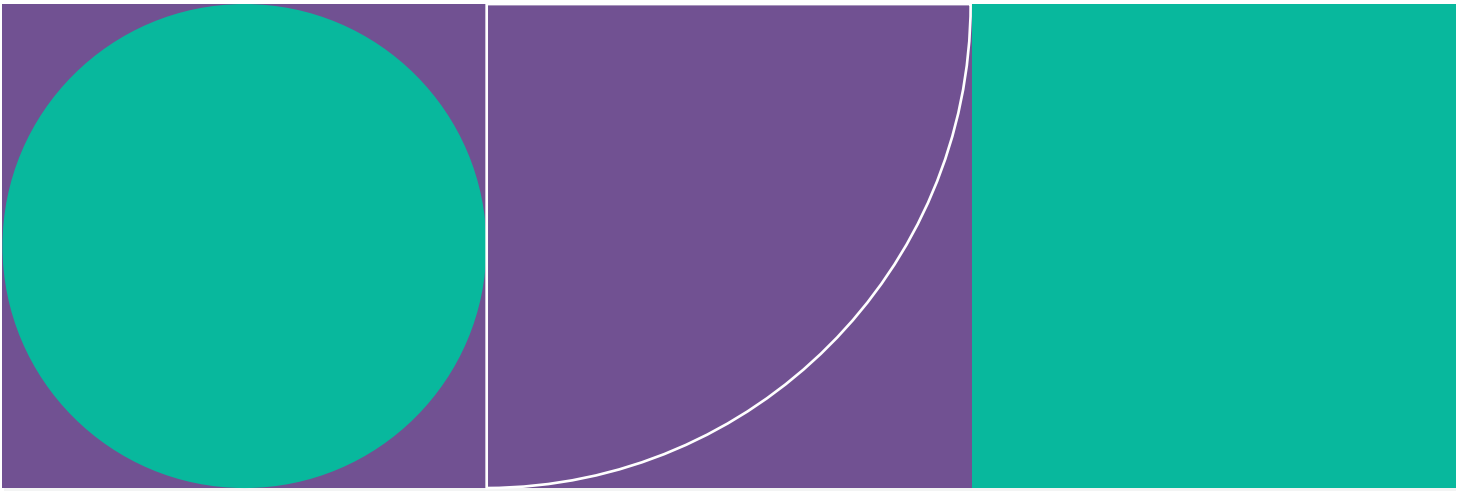


Our innovation framework includes the following phases:



Our high-level criteria for idea evaluation include strategic alignment, impact, desirability, feasibility and viability.





Highlights for the year include:

- Service Model Transformation, Innovation and Growth teams (SIG) coming together to develop their theory of change
- adding our new Digital Health Lead to the SIG team
- commencement and ramping up of various projects, including wellbeing coordination and service navigation functionality, client onboarding process, demand management strategies and multi-disciplinary team ways of working
- SIG helping other teams with funding submissions and development of new services, such as Care Finder Service, Sexual and Reproductive Health Hub, Brimbank Melton Children's Health and Wellbeing Local, Power Over Pain Clinic
- taking a system thinking approach to understand and address co-dependencies in the work
- upskilling staff, shared learnings and community of practice for the organisation
- the Brimbank Melton Child Health and Wellbeing Local, where an embedded service model transformation model staff member gathers inputs such as data from client interviews, landscape research, internal and external focus groups and runs regular co-creation workshops with staff to build out and validate operational improvements together.





One stop shop for mental health

The IPC Health Mental Health Service comprises of three mental health programs: Community Health Counselling, Head to Health and CAREinMIND. We provide non-urgent and semi-urgent support.

People ages 6+ experiencing emotional distress and mental ill-health can receive help from our Mental Health and Wellbeing Services along with their families and carers. We are a free short-term service that provides 12 counselling sessions. Other free supports include mental health support groups, wellbeing coordinators and peer support workers with lived experience who have insight, empathy and understanding of what a client is going through.

Since January 2024, IPC Health has been piloting a centralised entry point for our Mental Health and Wellbeing Services to improve and streamline client entry into the appropriate service. We have a 'no wrong door' approach, this means that we will find the best support for the client, either with IPC Health or another service (which is also free or low cost).

All referrals go to the Mental Health Central Intake. Our intake wellbeing coordinators will then contact the client, offer social connection and support and assess which service is most suitable. It is a step care approach with a focus on mental health and social issues that impact the client's daily living.

Through our offerings of peer support worker, community health counselling, Head to Health and CAREinMIND, we can match the need of the client.

Approximately 500 clients have gone through this new approach since its start.

Melton Mental Health and Wellbeing Local

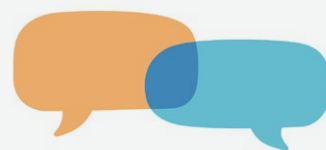
This same 'no wrong door' and holistic approach is also the focus of the Melton Mental Health and Wellbeing Local, where IPC Health works in partnership with Mind Australia, the lead agency, and other partners MidWest Area Mental Health Service, Thorne Harbour Health Ltd and Western Health.

IPC Health will provide adult and older adult therapeutic and psychosocial supports, physical health support, clinical supports, and integrated mental health and alcohol and other drugs (AOD) treatment and support at the Melton Mental Health and Wellbeing Local.

Mental Health and Wellbeing Locals support Victorians aged 26 years and over to get walk-in mental health and wellbeing treatment, care and support closer to home, without the need for a GP referral. The Locals are a safe space for everyone and act as the 'front door' to the mental health system. All support is free, voluntary and easy to access, with no need for a Medicare card.

The Melton Mental Health and Wellbeing Local focuses on listening and understanding a client's concerns so they can work with them and, if they are comfortable, their family, carers and supporters, to design a care plan that meets their goals and preferences. This may involve connecting them to other health and social services.

This new approach of Mental Health and Wellbeing Locals is part of the Victorian Government's commitment to rebuilding Victoria's mental health and wellbeing system by implementing 74 recommendations from the Royal Commission into Victoria's Mental Health System.



mental health & wellbeing local

Free support in your community

Adult mental health referral pathways

Level 1	Level 2	Level 3	Level 4	Level 5
<p>Self-management protocol</p>	<p>Low intensity protocol</p>	<p>Moderate intensity protocol</p>	<p>High intensity protocol</p>	<p>Acute and specialised protocol</p>
<p>Symptoms</p>	<p>Symptoms</p>	<p>Symptoms</p>	<p>Symptoms</p>	<p>Symptoms</p>
<ul style="list-style-type: none"> • No risk of harm • Evidence-based digital therapy 	<ul style="list-style-type: none"> • Mild symptoms • Low level of distress • No risk factors • No need for formal referral 	<ul style="list-style-type: none"> • Mild to moderate symptoms • No risk of harm • Structural, frequent and intensive evidence-based interventions 	<ul style="list-style-type: none"> • Severe mental illness • Moderate or high problems associated with risk • Functioning and co-existing condition • May involve multidisciplinary approach • Warm referral to Level 5 if a person develops significant mental health symptoms 	<ul style="list-style-type: none"> • Significant mental health symptoms • Hallucinations • Automatic exclusion of PTSD • Paranoia • Disordered thinking • Delusions • Problems in functioning independently across multiple or everyday roles • High risk of suicide • High risk of harm • High levels of distress, debilitating consequences
<p>Referral recommendation</p>	<p>Referral recommendation</p>	<p>Referral recommendation</p>	<p>Referral recommendation</p>	<p>Referral recommendation</p>
<ul style="list-style-type: none"> • Self-help • Psychoeducational • Lifestyle recommendations • Encourage engagement with friends, family, social networks • Mental health website 	<ul style="list-style-type: none"> • Groups • Telephone support • Digital intervention • Psychoeducation • Lifestyle recommendations • Encourage family and friends support 	<p>Warm referral:</p> <ul style="list-style-type: none"> • Head to Health • CAREinMIND • Evidence-based intervention/ counselling • Other IPC Health services • IPC Health Community Health Counselling • Multi-discipline services • Groups 	<p>Warm referral:</p> <ul style="list-style-type: none"> • Head to Health • CAREinMIND • Evidence-based intervention/ counselling • Other IPC Health services • IPC Health Community Health Counselling • Multi-discipline services • Groups 	<p>Warm referral:</p> <ul style="list-style-type: none"> • Acute Services • Crisis Assistance Team • Mercy Mental Health Triage • CoHealth • Orygen Youth Health

Mental health service teams

Peer support worker	Community health counselling	Head to Health	CareinMind I targeted psychological support	CareinMind I suicide prevention support
Protocol level	Protocol level	Protocol level	Protocol level	Protocol level
<ul style="list-style-type: none"> • 2 and 3 • Low intensity 	<ul style="list-style-type: none"> • 3 and 3+ • Mild to moderate intensity 	<ul style="list-style-type: none"> • 3, 3+, 4 and 4+ • Moderate to high intensity 	<ul style="list-style-type: none"> • 3, 3+, 4 and 4+ • Moderate to high intensity 	<ul style="list-style-type: none"> • 3, 3+, 4 and 4+ • Moderate to high intensity
Service delivery	Service delivery	Service delivery	Service delivery	Service delivery
<ul style="list-style-type: none"> • Hobsons Bay, Wyndham, Brimbank, Melton, Bacchus Marsh and Little River • Adults 	<ul style="list-style-type: none"> • Hobsons Bay, Wyndham and Brimbank • Children 6+, their families and carers 	<ul style="list-style-type: none"> • Hobsons Bay, Wyndham, Brimbank, Melton, Bacchus Marsh and Little River • All ages 	<ul style="list-style-type: none"> • Hobsons Bay, Wyndham and Brimbank • Adults and children 12+ 	<ul style="list-style-type: none"> • Hobsons Bay, Wyndham and Brimbank • Adults and children 12+
Episode of care	Episode of care	Episode of care	Episode of care	Episode of care
<ul style="list-style-type: none"> • 12 sessions • Short term service • Face to face service, option of phone or via video call 	<ul style="list-style-type: none"> • 12 sessions • Short term service • Face to face service, option of phone or via video call 	<ul style="list-style-type: none"> • 12 sessions • Short term service • Face to face service, option of phone or via video call 	<ul style="list-style-type: none"> • 12 sessions of evidence-based psychological interventions (this includes sessions used to perform comprehensive assessments and reviews) per 12 months* 	<ul style="list-style-type: none"> • A person referred to CareinMind SPS may receive up to 8 sessions of psychological interventions (this includes sessions used to perform comprehensive assessments and reviews) per 8 weeks. The time to deliver 8 sessions may be accepted under the exceptional circumstances policy
Eligibility	Eligibility	Eligibility	Eligibility	Eligibility
<ul style="list-style-type: none"> • Focus on providing lived experience counselling for people who are unable to access or afford private providers and those who have complex social needs and disadvantages • No immediate risk of harm to self or others • Low mental health symptoms 	<ul style="list-style-type: none"> • Focus on providing counselling for people who are unable to access or afford private providers and those who have complex social needs and disadvantages • No immediate risk of harm to self or others • Low to moderate mental health symptoms 	<ul style="list-style-type: none"> • Focus on providing counselling for people who are unable to access or afford private providers and those who have complex social needs and disadvantages • No immediate risk of harm to self or others • Moderate to high mental health symptoms 	<ul style="list-style-type: none"> • A person can receive up to 2 years of consecutive service under TPS • However, a new referral must be sought after the first 12-month referral has expired • A referral is valid for 12 months 	<ul style="list-style-type: none"> • The SPS service can be accessed over consecutive years, however, following the completion of an episode of care, clients must be referred back to their GP for ongoing management • A referral is valid for 12 months
			Eligibility	Eligibility
			<ul style="list-style-type: none"> • Who cannot afford a fee-based service. A referring GP may provide information about financial hardship, which may include, but is not limited to, evidence of a health care card, pension card or other reasonable evidence of hardship or inability to pay for service • People who face additional or structural barriers to accessing safe care. This includes priority population groups; people at risk of homelessness, people escaping domestic violence, Aboriginal and Torres Strait Islander people, the LGBTIQ+ community and asylum seekers or refugees 	<ul style="list-style-type: none"> • At risk of self-harm or suicide but not in crisis
			<ul style="list-style-type: none"> • No immediate risk of harm to self or others 	

Doing things differently in Dental Services

Innovation in Oral Care

Digital Dentures

We are very excited about implementing the first phase of a full Digital Dentures Service at our Wyndham Vale dental clinic, **a first for public dental services in Victoria**. This has been made possible with an innovation grant from Dental Health Services Victoria.

This Digital Dentures Service is **complementary to our existing denture service**, addressing waiting lists and meeting community demand. With the digital dentures, we aim to deliver a premium quality product, increase efficiency, and reduce turnaround times for dentures.

Liam Bradford is the dental prosthetist at IPC Health working with the new digital dentures.

Advantages for clients include:

- **using the technology to deliver a better client experience**
- **fewer appointments needed to get the end product**
- digital scanning of teeth, which means a lesser chance of needing messy and uncomfortable alginate mouth impressions during the process
- **use of a digital library of teeth, which means opportunity to create dentures with a more natural look, closer to what the client's teeth were**
- **better fit of dentures**
- **stronger dentures**
- name of client can be embossed / engraved on dentures, so no mix ups in hospitals / nursing homes
- digital records mean that dentures can be simply recreated if they are lost
- future option of being scanned offsite (e.g. at home or in a nursing home)





Liam:

“I never thought I could do this in public health. Our technology and materials are absolutely state-of-the-art, and the dentures we make at IPC Health are the strongest in the market.”

As a clinician, Liam works with the client, assesses, and digitally scans their mouth and bite during the first visit. This digital scan is so accurate that it is also routinely used as the final impression. Liam also takes photos of the client’s mouth and smile if the denture includes front teeth. This helps with the creation work in the lab. He gets all of the technical and clinical info that he needs, along with a client’s input on design requirements and preferences, all at the very first visit. Everything is then stored safely in an electronic format so it takes up less space in the lab and can be transferred and referenced at any time in the future as required.



Mentoring and coaching

Our student led dental clinic in Wyndham Vale has become very popular with students, universities, staff and clients and was also a finalist in Celebrating innovation in health care in the Victorian Public Healthcare Awards.

We offer dental students from Melbourne University a mentoring program in public health that gives them the unique opportunity to run their own dental chair and to experience the whole spectrum of clients (children and adults from all walks of life) and treatments, including in challenging situations. **This approach offers them a much wider experience than in other mentoring programs.** We also run a summer clinic where ex-students can return and work with us to get more experience in areas they request while still receiving mentoring.

Besides our student program, **we commenced a dental graduate program in 2024**, offering qualified first year graduates an ongoing contract where they can consolidate their learnings and get a broader experience than in the private sector. During their graduate year we actively support the students, and they receive structured coaching, quarterly check-ins and can reach out at any time for advice in an online support group.

Our experienced and talented existing staff have welcomed the opportunities to mentor and coach, bringing them diversity and challenges in their work.

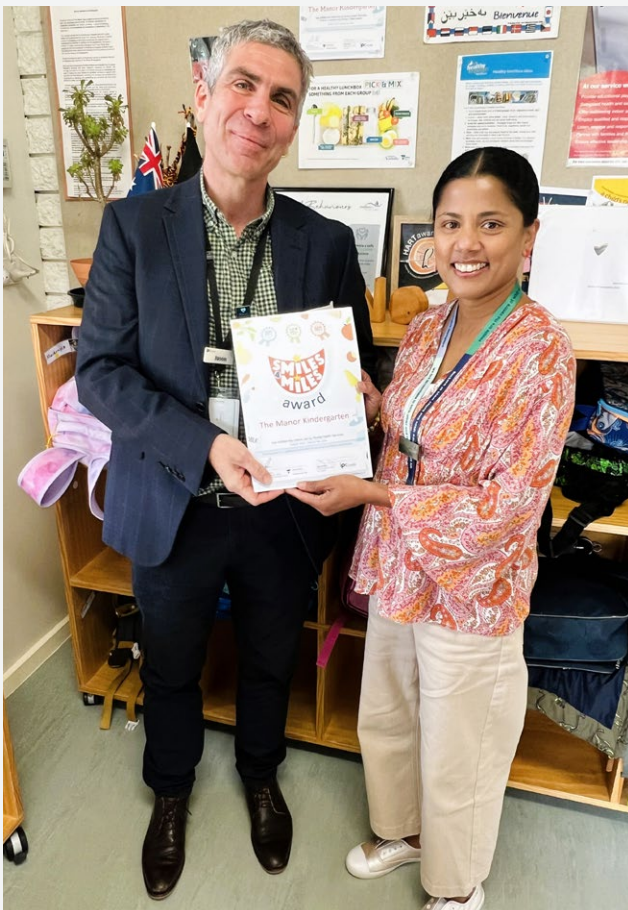




Community Outreach

Our dental team works with local council departments and community groups to undertake a large number of outreach activities with a focus on children to educate and prevent oral decline. These programs include Smiles 4 Miles kindergarten education, playgroups, Hippo Zoo party at Werribee Open Range Zoo and Healthy Smiles school holiday programs.

The team also meets community demands by working with a Vietnamese young women's group in Brimbank, a Karen group in Wyndham and holding dental outreach sessions for Aboriginal and Torres Strait Islander community members at the Wunggurwil Dhurrung Community Centre in Wyndham.



▲ Smiles 4 Miles Award for The Manor Kindergarten in Werribee



A focus on child health and wellbeing

Brimbank Melton Children's Health and Wellbeing Local

In the Brimbank Melton Children's Health & Wellbeing Local (the Children's Local), IPC Health, in partnership with the Royal Children's Hospital and Western Health, provides **holistic, integrated support for families with children who are experiencing developmental delays, behavioural or other challenges**. The Children's Local significantly expanded in the 2023 – 2024 financial year, offering an additional 255 children services compared to the previous year. The Children's Local delivers a fully integrated service across psychiatry, paediatrics, mental health, allied health, lived experience work, family support and community development.

It is one of three pilots of its kind in Victoria established directly from recommendations from Victoria's Royal Commission into Mental Health.

Funders are the Australian Department of Health and Aged Care, Victorian Department of Health (DOH), the Department of Families Fairness and Housing (DFFH) and IPC Health's Innovation Budget.

Partnerships

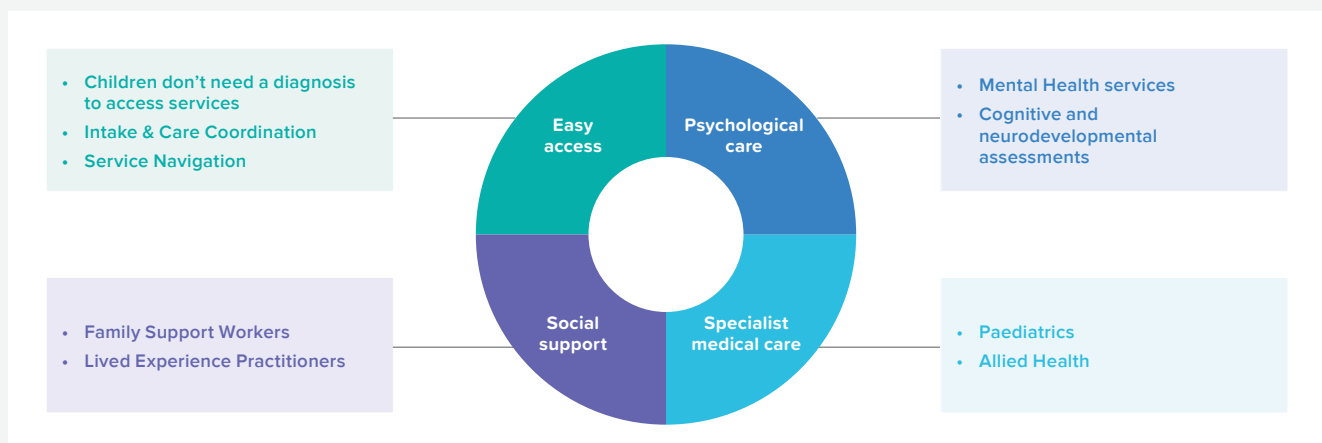
Partnership with the Royal Children's Hospital and Western Health has enhanced client outcomes at significant scale. The Royal Children's Hospital provides mental health services, including psychiatry. Western Health provides paediatricians and allied health services. IPC Health provides intake, care coordination, family support, lived experience and in-reach outreach services. Access is through a single holistic assessment, with care delivered seamlessly through an integrated, interdisciplinary model across all three organisations.

Partnership with Salvation Army

Salvation Army Victoria also has a full-time family housing support worker onsite at the Brimbank Melton Children's Health and Wellbeing Local who has been able to provide support to families who are homeless or in insecure housing. **This partnership with the Salvation Army highlights the holistic approach of the Children's Local, showing the positive impact social supports can have on a family's health and wellbeing.**

Enhancing Clinical Safety & Quality in the Children's Local

Essential to the success of the Children's Local was the development of a clinical governance framework. It includes appropriate policy, procedures and control measures to ensure high quality care and safe care across all partners and disciplines. The framework was informed by community co-design and aligned with Safer Care Victoria's best practice clinical governance



approach. This framework was supported by a detailed document outlining at the role level who was accountable, responsible, consulted on or informed about specific activities.

Implementation of this framework has given partner organisations and Local team members a clear understanding of quality and safety policy and procedures, including their responsibilities within that framework.

Official launch of Children's Health and Wellbeing Locals

Victorian Minister for Mental Health Ingrid Stitt and Federal Assistant Minister for Mental Health and Suicide Prevention Emma McBride officially opened three new Children's Health and Wellbeing Locals on 8 December 2023 at IPC Health Sunshine campus. The Children's Locals form part of the national network of Head to Health Kids services being delivered across Australia.



▲ L to R: Margaret McDonald (Loddon Local/Bendigo Community Health Services), Associate Professor Michelle Telfer (Brimbank Melton Local/Royal Children's Hospital), The Hon Dr Daniel Mulino MP (Federal Member for Fraser), Jayne Nelson (Brimbank Melton Local/IPC Health), The Hon Ingrid Stitt MP (Victorian Minister for Mental Health, for Ageing and for Multicultural Affairs), The Hon Emma McBride MP (Federal Assistant Minister for Mental Health and Suicide Prevention and for Rural and Regional Health), John Ferraro (Brimbank Melton Local/Western Health) and Sara Edwards (Southern Melbourne Local/Monash Health)

Peer visits

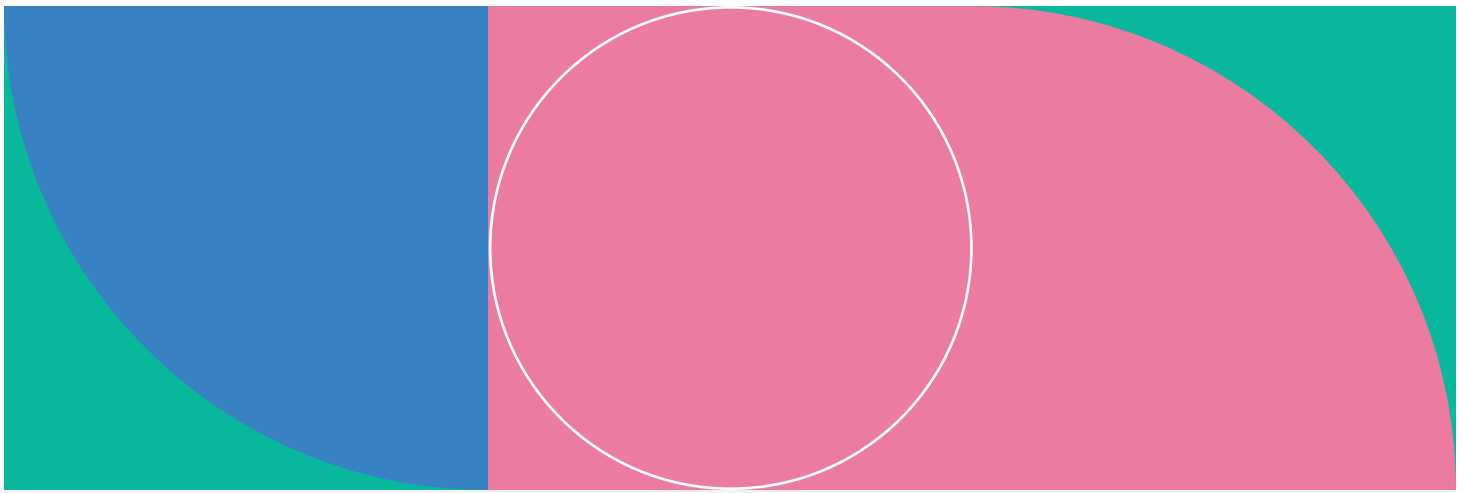
In March 2024, a delegation from the Queensland Health department visited The Local. The Children's Local has been collaborating with numerous agencies from across Victoria and Australia.

Client participation

Between March to June 2024, we held interviews with a mix of newly onboarded, ongoing and clients recently supported to end care with the Local. Parents were asked to describe the services they were offered and accessed in their own words. A safe space was created, and they were encouraged to highlight any delight and confusion points so that their experience can be used to further service model elements that were deemed important.

Feedback received included:

- Key features of what works well when onboarding and supporting a family:
 - Clients expressed relief when recalling how they found out about a service that delivered a number of ways to move forward with care, not just one.
 - Whether they were referred regarding an assessment, therapy or the family wanted developmental support, all interviewed were offered more than a solution. They were also offered supports to reinforce the care plan at home.
 - Ways to engage with the family outside of appointments strengthened trusting parent and staff relationships.
 - It seems that there was a lot of informal contact before and after formal appointments that gave the families confidence in and empowerment regarding their role in the care.
 - Parents reflected that staff they were in contact with helped them to understand and, in some cases, normalise challenges facing the family.
 - The support post course of care with next steps clearly communicated was regarded as the most important when navigating the system for and with children, as families reached a point of possible discharge.



Ongoing, reflections from parents are also recorded at key times during the multiple week group therapy delivery sessions (such as Lego therapy groups). We have started to record reflections pre and post sessions to understand and evaluate what is valuable to children and parents.

Comments from clients:

“I was aware of what my son needed...just really lost in how to get it for him. There was only so much I could do, so much I could manage myself.”

“They break it down into small pieces just to understand me and then they bring that all together.”

“It felt as if they knew our story and that was reassuring... it’s clear they had actually reviewed the case / talked between them before we got there.”

“Honestly, having the wellbeing coordinator just made things happen.”

“They treated my 4 year old with the dignity she deserves.”

Outcomes

Over the past year, the Local has worked with and supported the health and wellbeing needs of 331 families who might not otherwise have been able to access services, comprised of the following key demographics:

- Approximately 20% who are citizens of countries other than Australia
- Approximately 20% children with non-English primary language
- Approximately 7% children born overseas
- Approximately 7% children from a refugee background

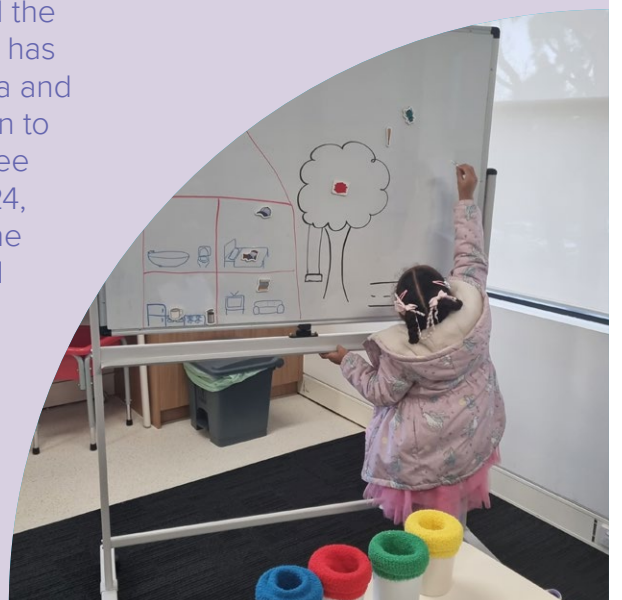
See also stories from lived experience staff at the Children’s Local in Our people, our culture (page 22)



Intensive Speech Sound Clinic

In 2024, IPC Health successfully applied for funding through Communities for Children Brimbank and received funds from the Smith Family to run an Intensive Speech Sound Clinic for children who have moderate-severe speech sound disorders.

This project was proposed and designed by speech pathologist Olivia Yip based on best-practice research. Olivia trialled the model of care in 2023, with impressive results. The clinic has been funded since March 2024 and is being run by Olivia and speech pathologist, Dominique Burcul. It enables children to access intensive blocks of speech therapy with up to three therapy appointments per week. From March to July 2024, 12 children participated. Evaluation forms from 100% of the parents indicated positive outcomes for their children. All families have reported less pressures for home practice making their experience with speech therapy (and IPC Health) more enjoyable and family-centred. **This is an example of state-of-the-art clinical practice for speech therapy and is one of very few clinics providing gold standard speech sound therapy in Victoria at no cost to Brimbank families.**



Caring for older people in our community

We have a wide range of services to assist our older clients. This includes IPC Health Care Finder Service and Home Care Packages and allied health services such as audiology, dietetics, exercise physiology, physiotherapy, occupational therapy, speech pathology, podiatry, and social work. Through the Commonwealth Home Support Program we also assist with services such as personal care and home maintenance.

Allied health groups

We offer several specialised groups that benefit elderly people.

Gentle Exercise group

The Gentle Exercise group offers an 8-week lower intensity program at our St Albans and Altona Meadows campuses that caters to our clients who are less accustomed to exercising. This program gradually increases intensity over an 8-week period, and also includes some education on topics such as arthritis, avoiding falls, safe medications use, urinary incontinence and nutrition and ageing. Exercises are adapted to each client's abilities with some commencing with seated exercises, progressing to standing and balance exercises for those being able.

These groups are a fun way for older clients to feel safe and supported while exercising with the aim that they



will be able to transition into local community exercise or social groups. In Brimbank, we have a partnership with Victoria University, St Albans campus which have set up Master Movers groups specifically for our clients to attend long term.

Dementia Carers group

The Dementia Carers group is held monthly at our Hoppers Crossing campus, offering carers support and provides guest speakers on topics such as pharmacist medication and dementia, enduring power of attorney, advanced care directive, changed behaviours in dementia, self-care and stress management. The group also gives people an opportunity to talk, holds social outings and facilitates coffee and chat catch ups. Carers can self-refer and can attend in person or via Zoom.

Feedback from participants in an evaluation in December 2023:

- 67% found the group sessions always useful (17% mostly and 17% a little).
- 83% attended social meetings and 58% attended information sessions.
- Comments on what was most useful:
 - “Meeting and talk to others that are in similar situations.”
 - “Opportunities to hear other people’s stories.”
- Comments on what they enjoyed most:
 - “Enjoyed the relaxed atmosphere.”
 - “The social interaction.”
 - “Friendships. Knowing I’m not alone in the journey of looking after a loved one with dementia.”

Falls and Balance Service

The Falls and Balance Service commenced in February 2023 as a way to provide a comprehensive multi-disciplinary assessment of our clients who have recently had a fall or are at a high risk of falling. It is run by a physiotherapist and occupational therapist who provide an in-depth holistic assessment of all factors that could contribute to our client's falling. From there we provide them with options on how they could improve their balance via education and strategies to reduce their falls risk (including referral to other relevant specialist services internal and external to IPC Health). Clients have a choice of attending a Falls and Balance group run by an exercise

physiologist and allied health assistant (an 8-week program that includes exercise and education sessions from pharmacists, occupational therapists, podiatrists, dieticians, etc.) at our Sunshine campus, one-on-one therapy sessions at either St Albans or Sunshine campus or a home-based program.

This service has now also expanded to the Altona Meadows campus where it continues to service the community of Hobson's Bay.

Connecting with our community

The Aged Care Services and Care Finder teams got together to present IPC Health's services for older people at our local shopping centres in the Melton, Moorabool, Maribyrnong and Wyndham local government areas in April and May 2024. They engaged with approximately 400 people. The engagements included questions on IPC Health services and locations, in-depth information to individuals on the age care system, IPC Health Home Care Packages and the Care Finder Service, and how we can help individuals stay in their homes for longer, whether it be for family members or themselves.



Care Finder Services

The IPC Health Care Finder Service aims to connect vulnerable older adults, who experience challenges and barriers to engaging with services and have no one else who is willing or able to support them, with aged care and community support, including My Aged Care.

Through assertive outreach and personalised and tailored information sessions, the IPC Health Care Finder team has been successful in connecting with hard-to-reach vulnerable elderly people in our community. Our Care Finders speak 10 languages and create a range of opportunities for engagement and individual responses that suit our clients to meet the needs of our community.

Over the 2023-2024 financial year, **the Care Finder team held a total of 124 engagement activities and had a total of 2120 engagements as a result of these activities.**

The team collaborates with other Care Finder teams in Melbourne's north-west through monthly newsletters and meetings, learning together to overcome challenges.

Improving client experience of Home Care Packages Service

IPC Health offers Home Care Packages to help elderly clients stay living in their own home for longer with all the supports that they need to live safely and independently.



The Aged Care Services team has undertaken a re-design project to improve the way we deliver Home Care Packages to clients and their significant others in their homes.

The team undertook a series of staff workshops, client/carer focus groups and surveys.

What we heard from the staff:

- We had a strong focus on client-centred care and strong relationship building capacity with clients and providers.
- Current processes were often inconsistent.
- Duplication was occurring with multiple touchpoints required to action tasks.

What we heard from the clients/significant others:

- It was largely felt that the service allowed them to have adequate choice and control over their care.
- They valued time with their case managers. Frequent contact with their case managers helped them to feel supported.
- It was important to receive prompt follow-up of their requests, this was something they felt we could improve on.

We have improved the centralised aged care administration structure and reviewed roles and responsibilities between intake worker and case managers. The following new processes have been established:

- Separate email addresses and phone options for existing and new clients which will promote consistent and prompt follow-up to enquiries.
- Increased focus on the client/case manager relationship with the initial assessment now allocated to the case manager rather than the intake worker. This also hopes to reduce duplication in information gathering.
- Centralisation of the senior care liaison administrators to promote a consistent service able to action requests within reasonable timelines.

IPC Health's Aged Care Services team also went live with their new software AlayaCare on 1 March 2024. This new technology has better capability and sets the team up well for the future. The team has also been

collaborating with the Finance team to improve the large invoicing and Home Care Package claiming component to the program.

Quality of Service

After three days of interviewing Aged Care Services and allied health staff and Home Care and Commonwealth Home Support Program (CHSP) clients and examining documentation in April 2024, the Aged Care Commission delivered an overall positive assessment against the Aged Care Quality and Safety Standards and found IPC Health was operationally compliant against all 8 of Aged Care Quality and Safety Commission's quality standards.

The Aged Care Assessment team provided the following feedback:

- Our consumers are involved in care planning.
- Case Managers conduct thorough assessments and know their clients well.
- Care plans and emergency plans are documented well.
- Risk is assessed and managed.
- Our facilities are well maintained and clean.

The Aged Care Commission Assessment team felt well supported when onsite, they were grateful to clients and staff that participated for their friendliness and helpfulness.



Client Participation

IPC Health set up an Aged Care Community Advisory Body in December 2023, that meets quarterly, currently consists of six clients and continues to grow. The group so far have advised us about ways of communicating with clients.

Outcomes

- Our Aged Care Services team managed 409 home care package clients in the 2023-2024 financial year.
- Care Finder Services from July 2023 until end of June 2024:

New Clients

New clients can be defined as a case where a person has been referred, or self-referred into the Care Finder Service, triaged and identified as meeting the program eligibility criteria and requires support to navigate the aged care service system.

	New clients
July- Dec 2023	317
Jan- June 2024	384
Total 2023-2024 financial year	701

Active Clients

An active client is one in which a referral has progressed from being a new client, they have been allocated to a Care Finder for support and a planned appointment has taken place.

	Active clients
July- Dec 2023	248
Jan- June 2024	323
Total 2023-2024 financial year	571

Closed Cases (clients)

Closed cases indicate number of clients who have received some or all their required services and do not want or need to receive any further support from the Care Finder Service. These clients would then have received a 'follow up' call, High Level Check In, from their care finder 4 – 6 weeks after closure, to check in that the services are meeting their needs.

	Closed cases
July- Dec 2023	177
Jan- June 2024	308
Total 2023-2024 financial year	485

Outbound referrals total for 2023-2024 financial year

Health service	36
Mental health and support	5
Social services and support	19
Housing and homelessness support	5
Drug and alcohol support	0
Community groups	16
Aged Care services	656
Other	41

Internal referrals total for 2023-2024 financial year

Drug and alcohol support	0
Mental health and support	4
Allied health	140
Other groups	23

Providing accessible services for our diverse community

Provision of interpreters and translations

IPC Health has in-house interpreters to assist with interpreting and translating. Our staff members can assist with Burmese, Karen, Chin, Arabic and Vietnamese languages.

We also use external interpreters. In the 2023-2024 financial year **we provided services for a total of 60 different languages**. The most used languages are: Arabic, Burmese, Chin Haka, Dari, Karen, Karenni, Mandarin, Persian, Swahili and Vietnamese.

Our 'Information For You' and 'Our Services' brochures are available in English, Arabic, Burmese, Chin Haka, Dinka, Farsi/Persian, Karen, Karenni, Spanish, Swahili, Tamil and Vietnamese.

We also offer translated brochures on specific services in Arabic, Karen and Vietnamese, with our 'Head to Health' brochures also translated in Amharic, Assyrian, Chins, Dari, Farsi/Persian, Greek, Hakha Chin, Hindi, Italian, Macedonian, Punjabi, Tamil and Turkish. Our 'Care Finder Service' brochures are also available in Burmese, Croatian, Greek, Italian, Punjabi, Serbian and Turkish.

Our case managers in Aged Care have French, Greek, Turkish, Croatian, Serbian, Macedonian and Chinese backgrounds and most are bilingual.

Upskilling bicultural workers on women's health

A partnership with Jean Hailes for Women's Health to improve health and wellbeing for women in the west.

Jean Hailes for Women's Health approached IPC Health to partner with them in a project focused on building health literacy of women in Melbourne's west and increasing the capacity of local health services. **The provision of plain language, accessible, culturally appropriate, and in-language resources to community and health educators aimed to:**

- improve women's understanding of common women's health issues
- help them to manage these issues themselves
- help them to recognise when care from a health professional is required
- give them the confidence and knowledge to seek appropriate care

Together, we identified communities with a significant shortage of accessible, in-language health information. We conducted community consultations to identify specific health information gaps as well as priority languages for resource translations.

Community consultation involved working with 39 local community members and 11 bicultural workers. The result of the consultations was the development of a suite of education resources on health checks and cancer screening. These were designed to meet the health information and health literacy needs of women in the local Karen and Vietnamese communities, which were identified as priority language groups.



► Right: Participants of one of the consultation sessions

Resources

The suite of resources (in digital and hard copy format) includes:

- an educational presentation for delivery by bicultural workers or health professionals
- a health information booklet
- Karen fact sheets: Health checks for women and Cervical screening test
- Vietnamese fact sheets: Health checks for women and Cervical screening test
- Easy Read fact sheets in plain language with illustrations to support the content
- a Health checks poster in Karen and Vietnamese
- a stakeholder kit for promotion and dissemination of the resources

All resources are available on www.jeanhailes.org.au/resources/translated-presentations

IPC Health will use these resources across all our sites and share with women in our communities.

Bicultural worker training

IPC Health's Youth and Women's Health nurses trained bicultural workers to deliver education sessions to the Karen-speaking and Vietnamese-speaking communities using the newly developed suite of resources.

They trained 14 Vietnamese and Karen bicultural workers from various community organisations, including West Justice, Wyndham Central College, Brimbank Council, Wyndham Park Community Centre plus our own amazing IPC Health bicultural staff members. The training session focused on educating the bicultural workers on the importance of regular health checks and providing them with the confidence to deliver education sessions to women in their communities.

Evaluation of the training sessions showed that participants found the resources useful, easy to understand and felt 'they'll help many women with language barrier'. The participants felt that in-language resources would help women to understand the importance of regular health checks and 'will prompt the

women to have health checks and cancer screening'. **All the participants felt the resources in-language will help them better deliver health information to women in their communities.**

The training sessions aimed to educate, support and give the bicultural workers the confidence to deliver the education sessions to their communities. Some of the bicultural workers did not gain enough confidence to deliver the education sessions, so the nurses ran the consumer education sessions instead, with the support of the bicultural workers who assisted with communication in language when needed.

Client education

In total, 77 women attended 5 education sessions in the local Vietnamese and Karen communities. The aim was to increase women's understanding of the importance of health checks and encourage them to participate in appropriate preventive health activities and screening programs.

The translated fact sheets, booklets and posters were provided to women to take home and share with their families and friends. After the sessions, women provided feedback, reporting that the session was helpful, they all gained new knowledge, and most of them were encouraged to book a health check in the future. After one of the sessions, women had the opportunity to have a cervical screening test at the centre.



▲ Participants of one of the education sessions in Melbourne's west

Feedback from education session participants:

"The session was very informative because we came to know new tests which we never heard about before."

"Very helpful because it helps our daily lives and health. What to do and where to do it."

"I was due for the test, and I had it on the day."

"This session helped me to better understand women's health and [know] what I need to do in the future."

"I will share this information today with my partner and my family, also my friends."

"The session was very informative, and we have to talk more about women health."



Importance of partnership

Feedback from IPC Health's Youth and Women's Health Nurse team:

"The Youth and Women's Health Nurse (YWHN) team at IPC Health have really enjoyed our experience working collaboratively with Jean Hailes for Women's Health staff members and local community members to identify language and knowledge gaps within communities, upskill and educate bicultural workers, see the benefits of new resources and get to deliver programs with these communities and support the bicultural workers to educate their community members."

The YWHM team are passionate about educating community members, and this collaborative work has highlighted to us the benefits of a well-trained bicultural workforce.

The partnership has benefitted our team as we have seen the evidence of engaging with community members to ask about gaps and then the process involved in the development of new resources. We probably didn't appreciate the length of time that was involved in this process.

We have seen firsthand the resources in action and how excited community members are when they get to take them home and can read in their own language.

We have witnessed the increase in confidence of bicultural workers in action and it has been such a delight to watch the bicultural workers soar in confidence when working to deliver education sessions. These women are fantastic advocates for the women in their community and work endlessly to ensure that women from their community get the help and support that they need.

This opportunity has solidified our commitment to these communities and will definitely open the door to future work with the same and other communities.

Personally, I have loved all of the process of working in this partnership. Immediately, I wanted to be involved in this project and am putting my hand up for more! I have always known that bicultural workers are the key to educating communities, but it was fantastic to be able to run the information sessions in the evening, provide food in a casual environment and pay the bicultural workers for their time. I have really loved watching these bicultural workers blossom in their roles."

Supporting Swahili speaking clients

The Refugee Health team held a Games Day on 28 June at our Wyndham Vale campus for Swahili speaking clients.

A total of 30 participants attended on the day, sharing their stories about their time in Australia, discussing the hardships they are currently facing, including concerns around the rental crisis, Medicare and Centrelink issues.

We had a mix of clients who have just arrived and clients who have been in Australia for many years and are now supporting their family members to settle in Australia. They were sharing positive stories and wanted to show that although it is initially hard, things do get better.

They asked questions about IPC Health services and requested more information about certain services. We provided them with the best contact number for the Refugee Health program and bicultural worker in an effort to make clients feel more supported.

We discussed ideas as a group as to how IPC Health's Refugee Health team can support clients more, for example, with more transport training, group orientation to the area, support groups and advocacy groups.

Many appreciated that we took the time to listen to their concerns and expressed appreciation that the Refugee Health team will do their best to support those who are struggling.



Centrelink information session for Burmese community

The Healthy Mothers, Healthy Babies team at IPC Health held a Centrelink information session with a Centrelink Multicultural Support Officer for Burmese clients at our Sunshine campus on 21 May. In total 6 clients attended. It was a very successful and interactive group with lots of questions. The session was initially booked for two hours but the clients were so engaged that the Centrelink officers were happy to stay back another 90 minutes to answer individual questions.

The clients were very keen for more information sessions, and it was identified that a session just dedicated to parenting payments would be beneficial for the next one. The team was very happy with the outcome and hope to continue this strong partnership with Centrelink and to also improve on their own knowledge to better support their clients.

Refugee Health client giving back to the community

Jolie, who was supported by our Refugee Health team and referred to counselling at Foundation House, speaks with high regard for the work IPC Health does, saying that when she had gone through very difficult times with her overall wellbeing / mental health IPC Health helped her. She'd like to give back by talking to her Rwandan community on how she's come out of a very trying time and doing well and that they too can do it with some support from IPC Health.

She is now running her own business (NDIS provider) and studying to be a counsellor.

Supporting clients with chronic health conditions

Multi-disciplinary support for people with diabetes

Diabetes Hub / Diabetes Connect

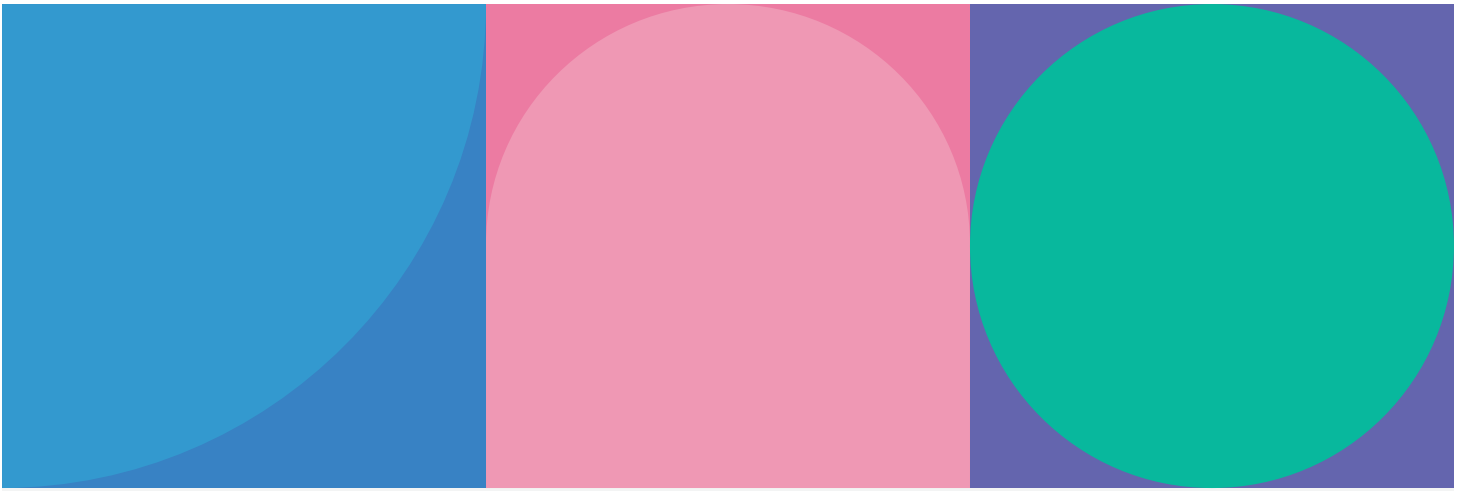
People living with diabetes require support, assessment and interventions from multiple health care professionals to manage diabetes and prevent diabetes related complications. Providing this in a team environment facilitates access to timely, coordinated care and enhanced care planning for clients with complex medical and social needs.

The Diabetes Hub was designed in alignment with IPC Health's new service model. The Hub offers a person-centred approach to care to ensure people have access to the right care at the right time, to optimise health and wellbeing goals. The Hub's interdisciplinary team consists of an endocrinologist, diabetes educator, dietitian, podiatrist and a wellbeing coordinator.

The Hub aims to build knowledge, skills and confidence of people living with diabetes to self-manage their health and navigate the healthcare system. Clients are included in all aspects of their care as much as they wish to be (e.g. participation in case conferences with their care team). The client's holistic health and wellbeing needs are assessed, and services are centred around "what matters most" to the client.



▲ Diabetes Connect team



The Hub received 241 referrals and saw 181 clients in the first 12 months of service and has now transitioned into Diabetes Connect, the next iteration of the model made possible by additional funding from the Victorian Department of Health. In addition to the core interdisciplinary team, with the support of the wellbeing coordinator, clients were also referred to over 20 other types of services (counting “allied health” as one type).

Evaluation data is currently being collected, with 20 client responses collected so far showing compelling results (average score out of a maximum 5):

- 4.85 - satisfied with experience
- 4.80 - felt listened to and concerns were addressed
- 4.90 - support of a team of clinicians was beneficial
- 4.75 - having appointments at one location helped
- 4.85 - being able to see an endocrinologist is important
- 4.80 - wellbeing coordinator helped me access services I needed

Comments from clients:

“I’m grateful, happy and very satisfied. I’ve never had a service like this offered to me before, this is the first time since I was diagnosed 20 years ago to have a team to help me. I’m managing quite well now, thank God.”

“Absolutely amazing, my experience has been eye opening. I was in a bad way when I met them, but my health and wellbeing has had a 100% turn around. They are an amazing team of men and women.”

“They have gone above and beyond, they’re like my medical family. They’ve been brilliant. At the start I was embarrassed to go back but they’ve been so encouraging and made me feel comfortable. The staff there make me feel like a human being. I just had a case conference a few weeks ago, that was really beneficial because I have all this other stuff going on as well, not just diabetes. I’m so grateful for them. My mom, she’s my carer, she’s so happy as well because my diabetes is well controlled now. They help me get back to everyday life.”

“The Hub is very streamlined, I like the information given by Maria. She got me in touch with the social worker (and other allied health services), all in one place. And it’s not far from where I live. Thank you so much.”



Interdisciplinary team coordination at the Diabetes Wellbeing Hub

Paul

Client story

Client Paul on his diabetes journey and experience with the interdisciplinary team coordination at the Diabetes Wellbeing Hub:

“My experience starts with deciding I needed to see about getting a glucose sensor, as I thought that’d help me gain control over what was going on with my diabetes. I’d neglected things far too long, thought things were fine, they were not. Seeing a new doctor at IPC Health, I was given a referral to an educator to get the ball rolling.

I was sitting down to lunch with a friend and my phone rang, curiosity got the better of me and I answered. Nicole introduced herself as a diabetes educator from IPC Health. We spoke for a while and when I said that I was already seeing an educator, Nicole said that there would be more connection between my doctor and her, give it a try, see how it goes and if it isn’t a fit for me, then I’ve not lost anything. Ok, that sounds alright, book me in!

I’m so glad Nicole took the time to speak to me that day, because if I’d just said, “Nah, it’s alright, had to find someone else”, I’d not be writing this for starters, and I’m not sure my experience of educators would have changed much.

The visit to Nicole went from an educator visit to a dietician visit with Belinda, and a visit to the wellbeing coordinator nurse with Maria and suddenly I’m seeing an endocrinologist again! Something that I’d not done for a very long time after an experience where I lost a lot of trust. I was dubious about a wellbeing nurse, but when I saw Maria, it took a couple of visits before it clicked and I understood what her role was, I’m not sure why she is not supplied with a cape to be honest. **What I felt was above and beyond, was just par for the course for Maria.** I spoke about things I’d not really spoken about for a long time, or that had been sitting with me, and suddenly there’s options to explore other things should I need. I was even offered a gym membership in partnership with Reclink, which I have taken up and am very happy to be able to use.

Back to diabetes education and my meetings with both Belinda the dietician and Nicole. I’ve said it before to them both, that I really appreciate the space they have given me, the information and the time spent working through what my diabetes is doing and how to best tackle things at certain times. I thought I knew about diabetes, having had it for over 30 years, doing a DAFNE course about 10 years ago, etc. The first couple of visits, I’d leave and realise I knew nothing, it was like being diagnosed for the first time all over again. The glucose sensor is sending information to Nicole, so when I’m there, I can see what it’s doing in more detail, it gives me a sense of knowing that someone else can see what’s happening as well. I might have mentioned on occasion about knowing I’d be in trouble when things went pear shaped as Nicole could see it. I was assured she doesn’t sit up at night watching my every blood sugar move, lol.

Ways to deal with prolonged high sugars, foods that might need a half dose here and the rest a bit later due to fat content. The fact that protein Up & Go’s cause my blood sugar spike due to the protein in them. Such tiny little macro adjustments and things to think about that I’ve been able to take on board and add to what I’m doing in regards to looking after myself. **I have not had this level of attention before. I have not had my doctor, my endocrinologist, my educator, my dietician, or a newly acquired wellbeing coordinator nurse within easy reach before at all.** They have always been different people in different buildings that exist in the depths of an old hospital in the city, or I would have to wait months to see and then wait three hours beyond my appointment even though I was the second person there for the day. I have access, I have the ability to send an email to ask for help (I feel guilty doing that as I know they are all busy with other people too).

“There was even talk of me being involved in the meeting between everyone, so I had a stake in my care as well, something that I have not experienced, something that is important to me.”

We recently adjusted my doses of insulin to combat times where my sensor information shows I tend to go high. Another app was introduced where it takes into account my carb count, my blood sugar and calculates that information into how much insulin I should be taking at the time to help keep things in range. That has been a great help also, not only to help my blood sugar, but to also decide if I really need to eat that particular item. It's kind of weird not snacking as much as I used to, but every bit helps.

I cannot express how appreciative I am of all the efforts from everyone involved! There was even talk of me being involved in the meeting between everyone, so I had a stake in my care as well, something that I have not experienced, something that is important to me, something that made me realise I'm glad I took the chance to find out.”

▼ Paul and Maria





First Nations Diabetes Clinic (Koori Clinic)

First Nations diabetes educator, Kalimna Jackomos, in collaboration with the Aboriginal Health Team, coordinate a monthly Diabetes Clinic dedicated to supporting IPC Health's First Nations clients living with diabetes. The clinic is focused on providing culturally safe clinical care in a chronic condition self-management framework and offers scheduled appointments or drop-in options.

In May 2024, Kalimna ran Felt-man training, an education initiative developed in partnership between VACCHO (Victorian Aboriginal Community Controlled Health Organisation) and Diabetes Victoria. The education session was open to all First Nations clients and is a culturally safe space where members can come together to learn about diabetes, complications, and management tools. The training was attended by 15 people with diabetes and pre-diabetes, along with the Aboriginal Health Team. Participants were able to ask questions, share their stories and learn from one another throughout the session.

In July 2023, Emma Ryan from our Dietetics team ran an education session titled 'Understanding food labels: how to compare and choose healthier products at the supermarket'. This session was supported by Kalimna and the Aboriginal Health Team, assisting our First Nations clients to gain confidence in understanding food labels to facilitate informed food choices.

Positive feedback from the participants centered around the cultural safety within the session allowing participants to ask questions and share their lived experiences, that they otherwise wouldn't. This feedback highlights the need for ongoing educational opportunities dedicated to improving health outcomes for our First Nations clients. The diabetes education team is committed to continuing monthly dedicated clinics and facilitating educational sessions to meet needs identified by both clients and staff.

Flash Glucose Monitoring

Our Aboriginal Health Team has been supporting Integrated Team Care (ITC) clients to participate in a new trial of flash glucose monitoring being run at the Austin Hospital.

Through the team care planning of the diabetes educator, a local endocrinologist, and ITC's dedicated care coordinator, we successfully referred a young client with type 2 diabetes to participate in this clinical trial. This trial aims to evaluate whether Flash Glucose Monitoring can effectively improve blood glucose levels among Indigenous Australians with type 2 diabetes.

Due to current limitations in funding from the ITC program for Flash Glucose Monitoring, our hope is that by enrolling our clients in such trials, we can pave the way towards future subsidies.

As part of this process, our client will receive six months' worth of Freestyle Libre sensors. Our care coordinator is actively collaborating with IPC Health's diabetes educator and a local endocrinologist to enrol more clients in this groundbreaking study. The team has seen strong improvements for the client participating in the trial and hopes to enable more clients to participate down the line.



Power over Pain

Power over Pain is a holistic service for people living with persistent pain. **It aligns with our new service model and was co-designed by IPC Health and staff from Western Health with clients.** It offers physical, psycho-social and educational supports.

Clients reported a transformative shift in their experience of pain:

- 56% reported increased self-belief in their pain management
- overall reduction in risk of opioid use disorder
- 40% reported reduction in GP visits for pain
- 53% reported reduced pain severity
- clients had a 97% reduction in Emergency Department presentations

Wellbeing coordinator Catherine and pharmacist Pene presented their poster POWER OVER PAIN – IS CARE COORDINATION THE MISSING INGREDIENT? at the 2024 Australasian Pain Society 44th Annual Scientific Meeting in Darwin in April 2024.

Multi-disciplinary pain clinic

Building on the fantastic work that our Power over Pain team have been doing, **IPC Health is now holding a multidisciplinary pain clinic every Thursday at our Deer Park campus.**

The clinic consists of appointments with a care coordinator / pain science educator, occupational therapist, physiotherapist, psychologist, and a pharmacist.

In an exciting development, Dr Karin Jones, pain specialist, joined the team in June, which will greatly benefit our clients and referrers in having someone of the calibre of Dr Jones at IPC Health.



How does it work?

- The client initially has an extensive assessment with the care coordinator (up to 2 hours).
- After that, they are booked in to attend the clinic on a Thursday morning and will be reviewed by all the clinicians over a 2-hour period, this includes clients that are referred to the pain specialist.
- The clinicians will then coordinate any treatments, reviews, referrals, follow-up, etc. as required.
- A case conference is held with the client, pain specialists and the team to jointly create a care plan.
- Reports of progress, issues, etc. will be sent through to the referrer and/or GP.



Prevention

Health literacy

Aboriginal and Torres Strait Islander health

Our Aboriginal Health team has been involved in several health education and training initiatives to support health literacy.

Women's Health session at VACCA

IPC Health's Aboriginal Health team arranged a women's health session for women, with staff at VACCA. Carol, IPC Health's women's health nurse, supported the women, reminding them of regular health checks they should be getting, while offering the new self-collection pap smear test at the same time. Several women took this offer up on the day.

This was a wonderful opportunity for women with very busy work and home lives, who often forget to take care of themselves or don't have the time to book appointments, to do these tests during business hours, so having it come to them was a massive help.

Aboriginal and Torres Strait Islander Financial Wellbeing session

The First Nations community attended a workshop on financial wellbeing at Wunggurrwil Dhurrung Centre in Wyndham Vale on 28 February which was delivered by our Gamblers Help Team. The Aboriginal Health team supported in the planning and getting the community to the workshop. Five community members attended the preliminary workshop where they learned about creating a budget, needs vs wants, spending leaks, payday lenders, loan sharks and shopping tips.

Wills Information Day

The Aboriginal Health team coordinated a Wills Information Day in May 2024 and a few of our Elders attended. Following this event, session lawyers will be providing assistance to our Elders with documents such as wills and power of attorney.

Smiles 4 Miles

Tooth decay is Australia's most preventable chronic health problem. Smiles 4 Miles assists early childhood services to encourage and promote good oral health habits and healthy eating among children in their care.

In the City of Brimbank, 46% of children in the age group 0 – 5 years and 70% in the age group 6 - 8 years attending public dental services, have at least one decayed, missing or filled tooth. Children with tooth decay and poor oral health can have trouble eating, sleeping, and paying attention at kindergarten / day care.

Instilling healthy behaviours during early childhood leads to improved health and health-related behaviours throughout life.

High-risk postcode data provided by Dental Health Services Victoria enabled IPC Health to target early year settings, inviting them to participate in the Smiles 4 Miles and Achievement Programs.

In the 2023-2024 financial year, 50 kindergartens registered for the Smiles 4 Miles program with IPC Health, 13 were new to the program and 18 kindergartens achieved the Smiles 4 Miles award.

Early Education staff were provided training, healthy eating and/or dental policy was reviewed, and access to an online portal with lunchbox ideas, healthy eating and toothbrushing resources was provided.

The program also requires long day cares to assess their menus via a FoodChecker tool developed by Healthy Eating Advisory Service, to ensure national standards for nutrition and growth are met in their daily meals.

Free dental checks for every child were provided to registered kindergartens which helped identify any underlying dental issues. Families were then encouraged to make an appointment for a secondary follow up. The checks reduce children's fear of visiting a dentist and instills the importance of regular dental checks as part of maintaining oral health from a young age to avoid hospitalisation later.

Stroke Week

On 26 October 2023, IPC Health was involved in completing health checks for Stroke Week in Wyndham. The Wyndham Council has engaged IPC Health since 2019 and this relationship as well as the event itself has gone from strength to strength. The early morning commenced at the Refuse Disposal Facility with all workers there, then the Civic Centre and finally at Saltwater Community Centre.

IPC Health did 176 health checks, consisting of blood pressure checks, blood glucose checks, and risk factor/preventative health information was undertaken. IPC Health nursing staff were able to identify 10 of the community members that required further assessment and referred these people on to their local GP or to IPC Health services.

Staff at the sites were appreciative of IPC Health taking time out to provide information and health checks and it was a fun environment at the Saltwater Community Centre. IPC Health not only were providing health checks to the Indian community that were meeting there but were also entertained and invited into their space to observe the traditional dancing that was occurring.



Diabetes Day

Tuesday 14 November 2023 was World Diabetes Day (WDD). The campaign for WDD 2023 focused on the importance of knowing your risk of type 2 diabetes to help delay or prevent the condition and highlighting the impact of diabetes-related complications. Type 2 diabetes is the fastest growing chronic condition in Australia.

Team members from IPC Health programs, including diabetes educators, dietitians, podiatrist, Living Well health coach, pharmacist, nursing and diabetes education students and the Diabetes Wellbeing Hub, attended the Point Cook Community Library to raise awareness of the risk of diabetes, the roles of different health care professionals in supporting people living with diabetes and diabetes-related complications.

They delivered a short presentation on diabetes risk and assisted attendees to complete a diabetes risk assessment tool, which included free blood pressure checks. Our “drop-in” session allowed community members talk to a health professional about their health concerns. The team was also invited to speak at some of the local activity groups running throughout the day and the Werribee Diabetes Support Group.



Getting Active

binGO MOVE Community

IPC Health have transformed a sedentary activity into one that involves physical activity and fun, enhancing the physical, social, and emotional health of participants.

binGO MOVE is a popular innovative program developed by our Cardiac Rehabilitation team and is aimed at increasing physical activity in older adults which, in turn, reduces the incidence and impact of chronic health conditions. The program, an active version of traditional bingo where players are invited to participate in gentle movement to a piece of music once a number is called, is run by a multidisciplinary team of health professionals.

The Cardiac Rehabilitation Team have been delivering binGO MOVE at Hoppers Crossing and Altona Meadows and have had a waitlist of clients growing for some time, but clients haven't been keen to leave the program. As there are limited resources for the Cardiac Rehab Team to do external work, the Health Promotion team were approached to see what options were available to undertake binGO MOVE in other settings.

To increase participation in active recreation activities and meet the growing demand of the binGO MOVE program, both teams began to investigate ways of developing this program to help it reach the broader community.

We piloted an adapted version suitable for local community settings at the Quantin Binnah Community Centre in Werribee and the Irramoo Community Centre in Wyndham Vale (relocated at the Lollypop Creek community centre at the time due to renovations).

IPC Health grew existing relationships with community centres and neighbourhood houses to support the training and delivery of the binGO MOVE in these settings. The program complimented existing activities with an added benefit of encouraging fun, physical activity to improve health and wellbeing in a safe, inclusive local setting.

Evaluation findings showed improved motivation by participants to undertake physical activity. Of the surveyed participants, 95% said there was an "excellent"

chance they would continue to attend the program and mentioned that it was "a great way to exercise and have fun."

Community operated binGO MOVE programs have created a pathway for existing clients out of the clinical setting and into the community. It also provides an all-abilities physical activity offering for the broader community.

The team will also roll out the binGO MOVE Community program with the Altona North Senior Citizens group in the Lorraine Bedella Seniors Centre in Altona North after completing the evaluation from the first two sites.



Active Travel Arts Project

Introducing active living topics in primary schools can be difficult when generalist teachers already have a very prescribed curriculum to deliver, but art teachers have some freedom to overlay a health and wellbeing theme in their art-based lessons.

The rates of physical activity in the Wyndham local government area are very low. Data show that 74% of children aged 5 to 12 do not achieve the 60 minute daily physical activity guideline (Australian Institute of Health and Welfare 2012 data, www.aihw.gov.au/reports/physical-activity/physical-activity).

In partnership with the lead art teacher and the sustainable transport officer from Wyndham City Council, a pilot 12-week Active Travel Arts Program (1hr per week per grade 6 class) was developed,

implemented, and evaluated with the Wyndham Vale Primary School. Working in collaboration with the art teacher enabled the theme 'Active Travel' to overlay the existing art curriculum.

The aim was to raise awareness of what Active Travel is among students and why it is important for long term physical and mental health. Art lessons included:

- mapping walking routes
- creating active travel Claymation scenes
- Active Travel Procreate digital art

Less than 5% of students could articulate active travel at the start of the program, but 95% (n=150 approx.) of grade 6 students could define Active Travel with an example at the end. Podcast interviews were also used to evaluate the program with a randomly selected group of grade 6 students. A selection of the podcasts is on the school's website "Active Travel" page (wvpsactivetravel.my.canva.site/active), along with examples of the active travel themed art and iMovies created.

The Procreate Active Travel pictures were used to create a permanent 15 metre, colour printed mesh art installation around the school bike shed.

Active travel will continue with some existing school partners and is due to start in new schools later in the year.



Grassland project

Highlighting the value of cultural grasslands for health and wellbeing.

This project promoted healthy recreation amongst Brimbank residents through nature-based activities at Howardson Grassland Reserve, St Albans. This project was a combined effort of IPC Health members from allied health and Health Promotion teams and Brimbank City Council and part of this project was undertaken on land managed by Brimbank City Council. Participants helped to restore a section of the grassland alongside the existing pathway and encouraged the residents of St Albans, Cairnlea and beyond to use the paths, waterways and parks in the area.

The value of our native grasslands and outdoor spaces as well as the value of recreation in outdoor settings that connect people with nature, improving physical health and mental health was well promoted and understood by participants.

This project provided opportunities to First Nation Elders and community members to participate in physical activity and highlighted the cultural significance of local grasslands, developing a deepened understanding for all participants.

Another community planting event was organised by IPC Health in August 2024 which enhanced the ongoing partnership with Brimbank City Council.



Improving client experience

St Albans waiting room and reception improvements

On 10 April 2024, we celebrated the newly upgraded waiting room and reception at our St Albans campus with a grand opening day.

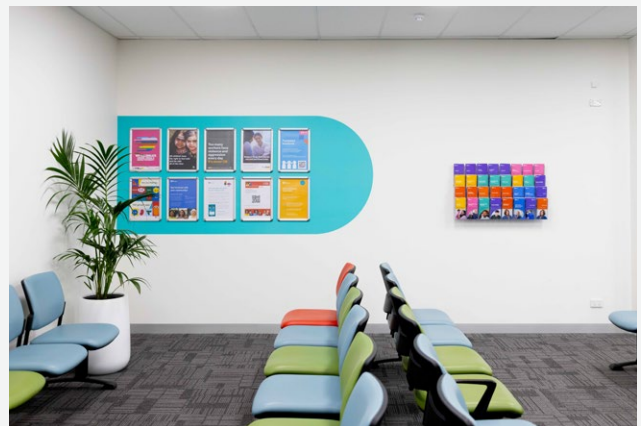
The day started out with a Welcome to Country from Colin Hunter Jnr from the Wurundjeri Woi-wurrung Cultural Heritage Aboriginal Corporation, followed by an excellent yidaki performance from Djarrin Wilson Blow. We thank them for sharing with us.

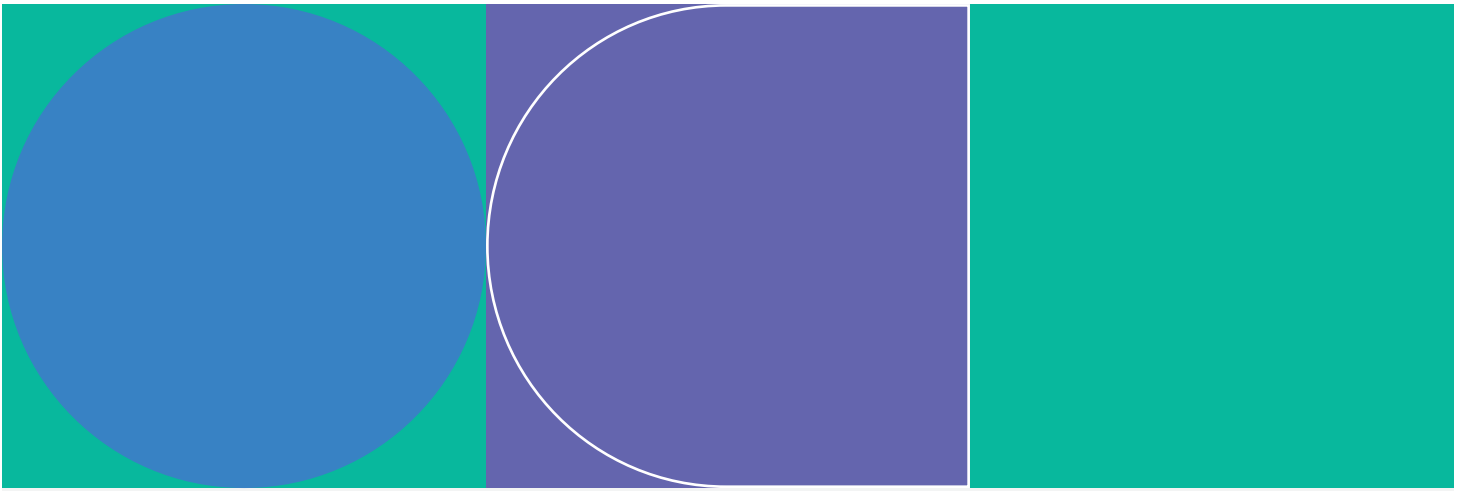
It was a fantastic turnout from staff across IPC Health as well as a number of external guests. This included The Hon Natalie Suleyman MP, several representatives from the West Division of the Department of Families, Fairness and Housing as well as members of our Aboriginal and Torres Strait Islander community.

The waiting room upgrade improves the safety and amenity for St Albans clients, staff and healthcare workers, creating a more welcoming environment.

Initially, the waiting room had two separate receptions for general and dental, however this has been combined into one to create a streamlined service point with a substantially increased waiting area. In other words, a one-stop-shop!

The upgrade also includes all-new male, female, all-abilities and all-gender bathroom facilities. There is also a parents room and new Needle and Syringe (NSP) room, both of which have their own dedicated spaces accessible from the main entry. We're thankful to the Department of Health for making this project possible through the Metropolitan Health Infrastructure Fund.







▲ IPC Health Board of Directors from left to right:
Peter Gluskie, Jenny McMahon, Chris Arnold, Ngaire Anderson, Jayne Nelson (CEO),
Sanela Osmic, Daryl Whitfort (Chair), Riwka Hagen, Kylie Maher, Mike Clarke.



Financial Report

Financial statement

For the year ended 30 June 2024

IPC Health Ltd
ACN 136 685 151

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IPC Health Ltd Directors' Report 30 June 2024

The Directors present their report of IPC Health Ltd for the year ended 30 June 2024.

Directors

The following persons were Directors of the company during the whole of the financial year and up to the date of this report, unless otherwise stated:

Daryl Whitfort	Board Director / Board Chair
Jenny McMahon	Board Director / Deputy Board Chair (to 13 December 2023)
Ngairé Anderson	Board Director / Deputy Board Chair (from 13 December 2023) / Chair Clinical Governance and Clinical Risk Committee
Peter Gluskie	Board Director / Chair Strategy and Planning Committee
Riwka Hagen	Board Director / Chair Finance, Audit and Risk Management Committee
Chris Arnold	Board Director / Chair Governance, Nominations and Remuneration Committee
Sanela Osmic	Board Director
Kylie Maher	Board Director
Mike Clarke	Board Director

Principal activities

IPC Health Ltd aims to improve the quality of life for the people we serve by maximising access to health and wellbeing services. We deliver innovative, high quality services that are client centred, collaborative, coordinated and demonstrate value through measured impact.

IPC Health Ltd delivers services primarily, but not limited to, the cities of Brimbank, Wyndham, Hobsons Bay and Melton with a total population of over 500,000 across the west. We exist so that communities are healthy and well, and individuals, through a single point of contact, can connect to a full spectrum of care and support using consistent approaches including those of our partners.

Our role spans primary prevention, quality of life support, service navigation, secondary prevention and harm reduction and primary health treatment.

Our care addresses a full range of health conditions including those most prominently contributing to the health burden in Melbourne's West, namely heart disease, diabetes, hepatitis, mental health, dental health, chronic obstructive pulmonary disease and stroke.

Our services are provided in a range of settings including care at home and via telehealth. Our six campuses are located across Western Melbourne at St Albans, Sunshine, Deer Park, Hoppers Crossing, Wyndham Vale and Altona Meadows.

We collaborate with our partners including local government authorities in support of their Health and Wellbeing Plans that focus attention on the determinants of health and associated risk factors and behaviours such as physical inactivity, mental health, and alcohol and drug consumption.

IPC Health Ltd Directors' Report 30 June 2024

Review of operations

The accounting result for the company for the 2023/24 financial year was a deficit of \$951k against a budgeted deficit of \$947k.

Within the financial year, the result of the company included a Strategy and Innovation spend of \$1.4m (funded from retained earnings as included in the budget). The decision to fund these projects out of prior year surpluses (retained earnings) demonstrates a commitment by the Board and the Executive to invest in the ongoing effectiveness of the company. Some of these Strategy and Innovation projects were:

- The Service Model Transformation project, that aims to transition IPC Health Ltd to a new, holistic, multidisciplinary team care service model by 30 June 2025;
- Identification of key opportunity areas for IPC Health Ltd's Growth Strategy, that aims to generate surplus revenue for reinvestment in the company's purpose;
- Appointment of a Digital Health Lead to identify and implement digital solutions that enable or enhance IPC Health Ltd's Service Model Transformation and Growth Strategies; and
- High value innovation projects that included:
 - Support in setting up IPC Health Ltd's newly established Women's Sexual and Reproductive Health Hub;
 - Support in setting up a new service to assist older people in gaining access to the health and wellbeing services that they need, particularly for people encountering barriers to access;
 - Design and pilot testing of an Autism Spectrum Disorder assessment service;
 - Exploring the purpose and responsibilities of care coordination and service navigation roles at IPC Health Ltd;
 - Effectively collaborated within a selected group of IPC Health Ltd's staff to develop an Employee Value Proposition to support the service delivery; and
 - Identifying and implementing enhancements to IPC Health Ltd's 1300 number system to better communicate and collaborate with its clients and customers.

The company continues to operate with a healthy balance sheet and liquidity position, and commits to continue investing in the future of the organisation.

Significant changes

There have been a number of changes impacting on IPC Health Ltd during the year ended 30 June 2024:

- We have established a Digital Dentures service offering;
- We have spent \$4.3m on capital works project that included:
 - Reception upgrade to our St Albans Campus that was largely funded from the Metropolitan Health Infrastructure Fund;
 - Security systems upgrade across all our Campuses that was also funded from the Metropolitan Health Infrastructure Fund; and
 - The refurbishment of the staff admin and kitchen areas at Hoppers Crossing Campus, with a focus on activity based working utilising the Robin Desk booking system.
- Successful tenders awarded for the following new programs:
 - CAREinMIND;
 - Diabetes Connect;
 - Women's Sexual and Reproductive Health Hub;
 - Care Finders; and
 - Melton Adult Mental Health Local.
- Continued the rollout of number of digital projects aimed at providing more efficient and effective services including:
 - Implemented a new cloud based system for Doctors' revenue management;
 - Accounts Payable automation for our Aged Care Program; and
 - We have transitioned our Aged Care (Consumer Directed Care Program) to a new cloud based patient management system.

No further significant changes in the company's state of affairs occurred during the financial year.

IPC Health Ltd Directors' Report 30 June 2024

Objectives

IPC Health Ltd's short and medium term objectives are set out in the IPC Health Ltd's Strategy 2020-2025 and include three phases.

Short term objectives

The company's short term objectives as set out in its Strategy 2020-2025 include: *Phase One: Embedding Innovation* as IPC Health Ltd becomes known as design innovators by introducing and testing business innovations that have potential to enhance access to services.

Medium term objectives

The company's medium term objectives as set out in its Strategy 2020-2025 include: *Phase Two: Scaling for Demand* (commenced in 2022), and *Phase Three: Evidence of Impact* (commenced in 2024).

Long term objectives

The company's long term objectives are to deliver innovative, high quality services that are client centred, collaborative, coordinated and demonstrate value through measured impact.

How principal activities assisted in achieving the objectives

The company has recently adopted a service delivery model of holistic care that focuses on the individual needs of clients where a health and wellbeing plan is co-designed with the client to address not just the health aspect but psychosocial needs and linking many clients to their local community. Through strong partnerships and alliances with funding bodies, research bodies, the acute health sector and other community health organisations, IPC Health Ltd will achieve the 12 objectives set out in its Strategy 2020 – 2025. Work has commenced in 2024 on developing the IPC Health Ltd's 2025-2030 Strategy.

Performance measures

We judge our success by three factors:

- We have a positive reputation
- We provide person centred care that is valued by all, and
- We are an effective viable business.

The 12 Strategic Objectives as outlined in IPC Health Ltd's Strategy 2020 – 2025 are the KPIs on which the company monitors and measures its performance.

Members guarantee

IPC Health Ltd is a company limited by guarantee. In the event of, and for the purpose of winding up of the company, the amount capable of being called up from each member and any person or association who ceased to be a member in the year prior to the winding up, is limited to \$10 for all members, subject to the provisions of the company's constitution.

At 30 June 2024 the collective liability of members was \$90 (2023: \$90).

Events after the reporting period

No matters or circumstances have arisen since the end of the financial year that significantly affected or may significantly affect the operations of IPC Health Ltd or the state of affairs of IPC Health Ltd in future financial years.

Environmental regulations

The company is not subject to any significant environmental regulation.

Directors' benefits

No director has received or become entitled to receive, during or since the financial year, a benefit because of a contract made by the company, with a director, a firm which a director is a member or an entity in which a director has a substantial financial interest except as disclosed in Note 8.1 to the financial statements. This statement excludes a benefit included in the aggregate amount of emoluments received or due and receivable by Directors shown in the company's financial statements.

IPC Health Ltd Directors' Report 30 June 2024

Indemnification and insurance of Directors and Officers

The company has indemnified all Directors and the Chief Executive Officer in respect of liabilities to other persons (other than the company) that may arise from their position as Directors or Chief Executive Officer of the company except where the liability arises out of conduct involving a lack of good faith.

Disclosure of the nature of the liability and the amount of the premium is prohibited by the confidentiality clause of the contract of insurance. The company has not provided any insurance for an auditor of the company.

Proceedings on behalf of the company

No person has applied for leave of Court to bring proceedings on behalf of the company or intervene in any proceedings to which the company is a party for the purpose of taking responsibility on behalf of the company for all or any part of those proceedings.

The company was not a party to any such proceedings during the year.

Information on Directors

Name:	Daryl Whitfort
Qualifications:	MBA; BBus (Accounting); FCPA; GAICD.
Special responsibilities:	Board Director / Board Chair
Name:	Jenny McMahon
Qualifications:	BBus; GAICD; IECL Accredited Coach
Special responsibilities:	Board Director / Deputy Board Chair (to 13 December 2023)
Name:	Ngaire Anderson
Qualifications:	GAICD; MBA; BHSc (Paramedicine); Diploma (Leadership Coaching); Diploma (OHS); Diploma (Project Management).
Special responsibilities:	Board Director / Deputy Board Chair (from 13 December 2023) / Chair Clinical Governance and Clinical Risk Committee
Name:	Peter Gluskie
Qualifications:	BEng; MBA; CPPD; GAICD; FAIPM.
Special responsibilities:	Board Director / Chair Strategy and Planning Committee
Name:	Riwka Hagen
Qualifications:	FAICD; FAAPM; B.App.Sc (Med Sc); Diploma (Leadership Coaching); Diploma (Project Management).
Special responsibilities:	Board Director / Chair Finance, Audit and Risk Management Committee
Name:	Chris Arnold
Qualifications:	BComm; MBA; FCPA; FAICD.
Special responsibilities:	Board Director / Chair Governance, Nominations and Remuneration Committee
Name:	Sanela Osmic
Qualifications:	Masters (International Business); BBus (Economics and International Trade); GAICD; John Maxwell Certified Coach; Speaker and Trainer.
Special responsibilities:	Board Director
Name:	Kylie Maher
Qualifications:	BBus; CPA; GAICD.
Special responsibilities:	Board Director
Name:	Mike Clarke
Qualifications:	BA (Hons); CMInstD.
Special responsibilities:	Board Director

**IPC Health Ltd
Directors' Report
30 June 2024**

Meetings of Directors

During the financial year, 7 meetings of Directors were held. IPC Health Ltd also has four Board subcommittees, that include the Finance Audit and Risk Management Committee, Clinical Governance and Clinical Risk Committee, Strategy and Planning Committee and, Governance Nominations and Remunerations Committee.

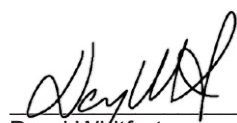
	Board of Directors		Finance, Audit and Risk Management Committee		Clinical Governance and Clinical Risk Committee	
	Eligible	Attended	Eligible	Attended	Eligible	Attended
Daryl Whitfort	7	7	6	6	-	-
Jenny McMahon	7	7	-	-	-	-
Ngaire Anderson	7	7	6	3	4	4
Peter Gluskie	7	7	-	-	4	4
Riwka Hagen	7	6	6	6	4	4
Chris Arnold	7	7	-	-	-	-
Sanela Osmic	7	7	-	-	3	2
Kylie Maher	7	6	6	6	-	-
Mike Clarke	7	7	-	-	-	-

	Strategy and Planning Committee		Governance, Nominations and Remunerations Committee	
	Eligible	Attended	Eligible	Attended
Daryl Whitfort	-	-	5	5
Jenny McMahon	4	3	-	-
Ngaire Anderson	-	-	-	-
Peter Gluskie	4	4	-	-
Riwka Hagen	-	-	-	-
Chris Arnold	4	3	5	5
Sanela Osmic	-	-	5	2
Kylie Maher	-	-	-	-
Mike Clarke	4	4	-	-

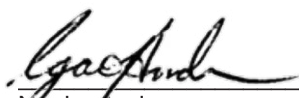
Auditor's independence declaration

The lead auditor's independence declaration in accordance with section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012*, has been received and can be found on page 7 of the financial report.

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



Daryl Whitfort
Chairperson



Ngaire Anderson
Deputy Chairperson

9 October 2024

Auditor-General's Independence Declaration

To the Directors, IPC Health Ltd

The Auditor-General's independence is established by the *Constitution Act 1975*. The Auditor-General, an independent officer of parliament, is not subject to direction by any person about the way in which his powers and responsibilities are to be exercised.

Under the *Audit Act 1994*, the Auditor-General is the auditor of each public body and for the purposes of conducting an audit has access to all documents and property, and may report to parliament matters which the Auditor-General considers appropriate.

Independence Declaration

As auditor for IPC Health Ltd for the year ended 30 June 2024, I declare that, to the best of my knowledge and belief, there have been:

- no contraventions of auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit.
- no contraventions of any applicable code of professional conduct in relation to the audit.

MELBOURNE
21 October 2024



Sahchu Chummar

as delegate for the Auditor-General of Victoria

IPC Health Ltd
Statement Of Profit Or Loss And Other Comprehensive Income
For the year ended 30 June 2024

	Note	2024 \$	2023 \$
Revenue and other income			
Revenue from contracts with customers	2	62,897,455	65,177,416
Other income	2	6,047,558	4,033,647
Total revenue and other income		68,945,013	69,211,063
Expenses			
Employee benefits	3	(44,528,254)	(40,560,483)
Supplies and consumables	3	(14,804,389)	(17,744,124)
Lease expenses	3	(191,451)	(291,472)
Other operating and administration expenses	3	(7,601,167)	(8,261,786)
Depreciation and amortisation	4	(2,835,541)	(2,394,409)
Appreciation / (impairment) of financial assets	4	64,636	(29,447)
Total expenses from transactions		(69,896,166)	(69,281,721)
Net result for the year		(951,153)	(70,658)
Other comprehensive result			
Items that will not be reclassified subsequently to profit or loss			
Gain on the revaluation of land	4	-	3,969,710
Gain on the revaluation of buildings	4	-	2,686,447
Items that may be reclassified subsequently to profit or loss			
Gain/(loss) on the revaluation of financial assets at fair value through other comprehensive income	4	326,284	248,257
Other comprehensive result for the year		326,284	6,904,414
Total comprehensive result for the year		(624,869)	6,833,756

The above statement of profit or loss and other comprehensive income should be read in conjunction with the accompanying notes

IPC Health Ltd
Statement Of Financial Position
As at 30 June 2024

	Note	2024 \$	2023 \$
Assets			
Current assets			
Cash and cash equivalents	6	9,552,438	6,835,580
Investments in other financial assets	4	12,495,181	23,367,515
Receivables	5	413,883	677,804
Contract assets	5	4,691,894	2,625,211
Other assets	5	407,949	431,396
Total current assets		<u>27,561,345</u>	<u>33,937,506</u>
Non-current assets			
Investments in other financial assets	4	9,999,592	9,066,094
Property, plant and equipment	4	42,246,927	40,398,595
Right-of-use assets	4	2,692,191	2,752,846
Intangible assets	4	219,054	191,308
Total non-current assets		<u>55,157,764</u>	<u>52,408,843</u>
Total assets		<u>82,719,109</u>	<u>86,346,349</u>
Liabilities			
Current liabilities			
Payables	5	4,416,732	4,887,033
Contract liabilities	5	8,141,528	11,348,148
Lease liabilities	6	357,008	309,957
Employee benefits provisions	3	9,131,899	8,403,962
Total current liabilities		<u>22,047,167</u>	<u>24,949,100</u>
Non-current liabilities			
Contract liabilities	5	25,438	25,438
Lease liabilities	6	2,499,331	2,514,726
Employee benefits provisions	3	1,717,505	1,802,548
Total non-current liabilities		<u>4,242,274</u>	<u>4,342,712</u>
Total liabilities		<u>26,289,441</u>	<u>29,291,812</u>
Net assets		<u>56,429,668</u>	<u>57,054,537</u>
Equity			
Financial asset revaluation reserve	4	404,278	77,994
Asset revaluation reserve	4	10,348,095	10,348,095
Accumulated surplus		45,677,295	46,628,448
Total equity		<u>56,429,668</u>	<u>57,054,537</u>

The above statement of financial position should be read in conjunction with the accompanying notes

IPC Health Ltd
Statement Of Changes In Equity For the year
ended 30 June 2024

	Financial asset revaluation reserve	Asset revaluation reserve	Accumulated surplus	Total equity
	\$	\$	\$	\$
Balance at 1 July 2022	(170,263)	3,691,938	46,699,106	50,220,781
Net result for the year	-	-	(70,658)	(70,658)
Other comprehensive result for the year (Note 4)	248,257	6,656,157	-	6,904,414
Total comprehensive result for the year	248,257	6,656,157	(70,658)	6,833,756
Balance at 30 June 2023	77,994	10,348,095	46,628,448	57,054,537

	Financial asset revaluation reserve	Asset revaluation reserve	Accumulated surplus	Total equity
	\$	\$	\$	\$
Balance at 1 July 2023	77,994	10,348,095	46,628,448	57,054,537
Net result for the year	-	-	(951,153)	(951,153)
Other comprehensive result for the year (Note 4)	326,284	-	-	326,284
Total comprehensive result for the year	326,284	-	(951,153)	(624,869)
Balance at 30 June 2024	404,278	10,348,095	45,677,295	56,429,668

The above statement of changes in equity should be read in conjunction with the accompanying notes

IPC Health Ltd
Statement Of Cash Flows
For the year ended 30 June 2024

	2024	2023
	\$	\$
Cash flows from operating activities		
Receipts		
Receipts from clients	7,341,804	6,930,165
Receipts from grants	59,705,291	71,719,633
Interest and dividends received	1,992,846	992,591
Payments		
Payments to employees	(43,365,819)	(38,826,731)
Payments to suppliers	(28,158,635)	(33,172,978)
Interest paid on lease liabilities	(91,055)	(137,510)
Short term and low-value lease payments	(45,596)	(31,056)
Net cash from/(used in) operating activities	(2,621,164)	7,474,114
Cash flows from investing activities		
Payments for property, plant and equipment	(4,717,860)	(4,058,981)
Payments for investments in other financial assets (Note 4.1 & 6.2)	(3,598,325)	(2,387,594)
Receipts from sale of property, plant and equipment	97,727	37,968
Receipts from sale of investments in other financial assets (Note 4.1& 6.2)	13,910,172	151,235
Net cash (used in)/generated from investing activities	5,691,714	(6,257,372)
Cash flows from financing activities		
Repayment of lease liabilities	(353,692)	(403,660)
Net cash used in financing activities	(353,692)	(403,660)
Net increase in cash and cash equivalents	2,716,858	813,082
Cash and cash equivalents at the beginning of the financial year (Note 4.1& 6.2)	6,835,580	6,022,498
Cash and cash equivalents at the end of the financial year (Note 4.1& 6.2)	9,552,438	6,835,580

The above statement of cash flows should be read in conjunction with the accompanying notes

IPC Health Ltd

Notes To The Financial Statements

30 June 2024

Note 1. Basis of preparation

This section explains the basis of preparing the financial statements.

Note 1.1 Basis of preparation of the financial statements

These financial statements represent the audited general purpose financial statements for IPC Health Ltd for the year ended 30 June 2024. IPC Health Ltd is a not-for-profit company limited by guarantee, primarily involved in the provision of health and community services.

Basis of preparation

These general purpose financial statements have been prepared in accordance with the Australian Accounting Standards - Simplified Disclosures issued by the Australian Accounting Standards Board ('AASB') and the *Australian Charities and Not-for-profits Commission Act 2012*.

The company does not have 'public accountability' as defined in AASB 1053 *Application of Tiers of Australian Accounting Standards* and is therefore eligible to apply the 'Tier 2' reporting framework under Australian Accounting Standards.

The financial statements comply with the recognition and measurement requirements of Australian Accounting Standards, the presentation requirements in those Standards as modified by AASB 1060 *General Purpose Financial Statements - Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities* (AASB 1060) and the disclosure requirements in AASB 1060.

Accordingly, the financial statements comply with Australian Accounting Standards – Simplified Disclosures.

Unless otherwise stated, all accounting policies applied in the preparation of these financial statements are consistent with those of the prior financial year.

The financial statements, except for the cash flow information have been prepared on an accrual basis of accounting whereby assets, liabilities, equity, revenue and expenses are recognised in the reporting period to which they relate, regardless of when cash is received or paid, and are based on historical costs, modified where applicable, by the measurement of fair values of non-current financial assets, property, plant and equipment and financial liabilities.

The financial statements have been prepared on a going concern basis that contemplates continuity of normal business activities and the realisation of assets and the settlement of liabilities in the ordinary course of business (refer to Note 8.4 Economic Dependency).

These financial statements are presented in Australian dollars, which is the company's functional and presentation currency.

The amounts presented in the financial statements have been rounded to the nearest dollar. There could be minor discrepancies in tables between totals and sum of components due to rounding.

These annual financial statements were authorised for issue by the Board of Directors on 9 October 2024.

Note 1.2 Income tax

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

Note 1.3 Current and non-current classification

Assets and liabilities are presented in the Statement of Financial Position based on current and non-current classification.

IPC Health Ltd
Notes To The Financial Statements
30 June 2024

Note 1. Basis of preparation (continued)

An asset is classified as current when:

- it is either expected to be realised or intended to be sold or consumed in the company's normal operating cycle;
- it is held primarily for the purpose of trading;
- it is expected to be realised within 12 months after the reporting period; and
- the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least 12 months after the reporting period.

All other assets are classified as non-current.

A liability is classified as current when:

- it is either expected to be settled in the company's normal operating cycle;
- it is held primarily for the purpose of trading;
- it is due to be settled within 12 months after the reporting period; and
- there is no unconditional right to defer the settlement of the liability for at least 12 months after the reporting period.

All other liabilities are classified as non-current.

Note 1.4 Goods and services tax ('GST') and other similar taxes

Revenues, expenses, assets and liabilities are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the tax authority. In this case it is recognised as part of the cost of the acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the tax authority is included in other receivables or other payables in the Statement of Financial Position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the tax authority, are presented as operating cash flows.

Commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to, the tax authority.

Note 1.5 Material accounting judgements and estimates

Judgements and estimates require assumptions to be made about highly uncertain external factors such as discount rates, probability factors, the effects of inflation, changing technology and, political and social trends. There are many uncertainties in the estimation process and assumptions that are valid at the time of estimation may change significantly when new information becomes available.

Management makes estimates and judgements when preparing the financial statements.

These estimates and judgements are based on historical knowledge and best available current information and assume any reasonable expectation of future events. Actual results may differ.

Revisions to material estimates are recognised in the period in which the estimate is revised and also in future periods that are affected by the revision.

The accounting policies and significant management judgements and estimates used, and any changes thereto, are identified at the beginning of each section where applicable and are disclosed in further detail throughout the accounting policies.

IPC Health Ltd
Notes To The Financial Statements
30 June 2024

Note 1. Basis of preparation (continued)

Note 1.6 Reporting entity

The financial statements include all the controlled activities of IPC Health Ltd.

IPC Health Ltd's registered office/principal place of business is:

IPC Health Ltd
106 Station Rd
Deer Park VICTORIA 3023

IPC Health Ltd
Notes To The Financial Statements
30 June 2024

Note 2. Funding delivery of our services

IPC Health Ltd's overall objective is to provide high quality health services that are client centred, collaborative, coordinated and demonstrate value through measured impact. IPC Health Ltd is predominantly funded by grants from the Federal and Victorian State Governments, and other funding bodies for the provision of its community health services.

Structure

- 2.1 Revenue from contracts with customers
- 2.2 Other income

Material judgements and estimates

This section contains the following material judgements and estimates.

Material judgements and estimates

Material judgements and estimates	Description
Determination and timing of revenue recognition under AASB 15	For each revenue stream, the company applies significant judgement to determine when a performance obligation has been satisfied and the transaction price that is to be allocated to each performance obligation. A performance obligation is either satisfied at a point in time or over time.
Identifying 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.

Note 2.1 Revenue from contracts with customers

	2024 \$	2023 \$
Revenue from contracts with customers	<u>62,897,455</u>	<u>65,177,416</u>

Disaggregation of revenue

The company has disaggregated revenue by nature and timing of revenue recognition as follows:

	2024 \$	2023 \$
Nature of revenue recognition		
Commonwealth government recurrent funding	18,930,528	17,544,360
Victorian government recurrent funding	30,143,196	26,417,028
Victorian government COVID-19 funding *	-	6,564,639
Non-recurrent government funding	999,323	3,103,178
Non-government funding	6,724,782	6,555,338
Medicare billing	4,848,804	3,917,348
Fees for service	1,250,822	1,075,525
Total disaggregated revenue from contracts with customers under AASB 15	<u>62,897,455</u>	<u>65,177,416</u>

IPC Health Ltd
Notes To The Financial Statements
30 June 2024

Note 2. Funding delivery of our services (continued)

* The COVID-19 consortium agreement among IPC Health Ltd (Lead Agency), Cohealth Limited, DPV Health Ltd, EACH and Star Health Group Limited ceased on 31 December 2022.

	2024 \$	2023 \$
Timing of revenue recognition		
Services transferred to customers at a point in time	6,099,626	4,992,873
Services transferred to customers over time	56,797,829	60,184,543
	<u>62,897,455</u>	<u>65,177,416</u>

How we recognise revenue from contracts with customers

Government grants

When the company receives government grants, it assesses whether there is a contract that is enforceable and has sufficiently specific performance obligations in accordance with AASB 15: *Revenue from Contracts with Customers*.

When both these conditions are satisfied, the company:

- identifies each performance obligation relating to the revenue;
- recognises a contract liability for its obligations under the agreement; and
- recognises revenue as it satisfies its performance obligations, at the time or over time when services are rendered.

Where the contract is not enforceable or does not have sufficiently specific performance obligations in accordance with AASB 15, the company:

- recognises the asset received in accordance with the recognition requirements of other applicable Accounting Standards (for example AASB 9: *Financial Instruments*, AASB 16: *Leases*, AASB 116: *Property, Plant and Equipment* and AASB 138: *Intangible Assets*);
- recognises related amounts (being contributions by owners, lease liability, financial instruments, provisions, revenue or contract liability arising from a contract with a customer); and
- recognises income immediately in the Statement of Profit or Loss as the difference between the initial carrying amount of the asset and the related amount in accordance with AASB 1058.

IPC Health Ltd
Notes To The Financial Statements
30 June 2024

Note 2. Funding delivery of our services (continued)

Performance obligations

The types of government grants recognised under AASB 15: *Revenue from Contracts with Customers* include:

Federal Department of Health Community and Home Support - Allied Health and Therapy Services	This program funds a comprehensive range of services, including podiatry, occupational therapy, physiotherapy, social work, dietetics and speech pathology. IPC Health Ltd is required to provide a set number of hours of service delivery. Revenue is recognised over time, as and when the services are provided. IPC Health Ltd uses the output method to measure its progress in satisfying its performance obligations.
State Department of Health Community Health	This program funds general counselling, allied health and nursing services and IPC Health Ltd is required to provide a set number of hours of service delivery. Revenue is recognised over time, as and when the services are provided. IPC Health Ltd uses the output method to measure its progress in satisfying its performance obligations.
State Department of Health Individual, Child and Family Support	This program funds a comprehensive range of services for vulnerable children (from pre-birth up to 17 years old) and their families to promote children's safety, stability, and healthy development. IPC Health Ltd is required to provide a set number of hours of service delivery. Revenue is recognised over time, as and when the services are provided. IPC Health Ltd uses the output method to measure its progress in satisfying its performance obligations.
State Department of Health HACC Allied Health	This program funds the provision of allied health services, including clinical assessment, treatment, therapy or professional advice, which may be provided in the client's home or at a centre. IPC Health Ltd are required to provide a set number of hours of service delivery. Revenue is recognised over time, as and when the services are provided. IPC Health Ltd uses the output method to measure its progress in satisfying its performance obligations.
State Department of Health Refugee and Asylum Seekers Health Services	This program responds to the poor health and complex health issues of arriving refugees in Victoria. IPC Health Ltd is required to provide a set number of hours of service delivery. Revenue is recognised over time, as and when the services are delivered. IPC Health Ltd uses the output method to measure its progress in satisfying its performance obligations.
State Department of Health Healthy Mothers and Healthy Babies	This program funds the provision of support, health education and referrals for pregnant women. IPC Health Ltd is required to provide a set number of hours of service delivery. Revenue is recognised over time, as and when the services are delivered. IPC Health Ltd uses the output method to measure its progress in satisfying its performance obligations.
State Department of Health Integrated Chronic Disease Management	This program supports chronic disease management services. IPC Health Ltd is required to provide a set number of hours of service delivery. Revenue is recognised over time, as and when the services are delivered. IPC Health Ltd uses the output method to measure its progress in satisfying its performance obligations.

Note 2.2 Other income

	2024	2023
	\$	\$
Government funding recognised under AASB 1058	966,055	815,001
Minor works funding	619,217	209,904
Other income from operating activities	929,426	534,654
Rental income	547,003	555,571
Interest income	1,660,882	1,153,433
Dividends	159,345	63,380
Capital funding	1,136,474	691,353
Donations	29,156	10,351
	6,047,558	4,033,647

IPC Health Ltd
Notes To The Financial Statements
30 June 2024

Note 2. Funding delivery of our services (continued)

How we recognise other income

Volunteer services

A not-for-profit entity may, as an accounting policy choice, elect to recognise volunteer services, if the fair value of those services can be measured reliably, whether or not the services would have been purchased if they had not been donated. The company receives volunteer services from members of the community. Whilst the provision of such volunteer services is important to the achievement of the entity's objectives, as an accounting policy choice, the company has elected not to recognise such volunteer contributions as revenue and expenditure within the Statement of Profit or Loss. This election has no impact on the company's surplus or net assets.

Other income from operating activities

Other income from operating activities includes income generated from student placements, health records, and tenants' occupancy related cost recoveries. Other income from operating activities is recognised at a point in time, upon provision of the goods or service to the customer.

Rental income

Rental income from professional tenants in IPC Health Ltd's premises is recognised on a straight-line basis over the term of the lease unless another systematic basis is more representative of the pattern of use of the underlying asset.

Where a lease incentive is provided to a lessee, this is considered an integral part of the net consideration agreed for the use of the lease asset and therefore the incentive is recognised as a reduction of rental income over the period to which it relates.

The following table sets out the maturity analysis of undiscounted future lease payments receivable under our operating leases:

	2024 \$	2023 \$
Maturity analysis		
Future lease receivables are due as follows:		
Within one year	527,055	377,512
One to five years	571,778	505,170
More than five years	32,367	32,367
Total future lease receivable commitments	1,131,200	915,049

Interest income

Interest income is recognised as interest accrues using the effective interest method over the relevant period.

Dividends

Dividend income is recognised at a point in time when the right to receive payment is established. Dividends represent the income arising from IPC Health Ltd's investments in other financial assets.

Capital funding

Where IPC Health Ltd 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 liabilities, financial instruments, provisions, revenue or contract liabilities arising from a contract with a customer) recognised under other Australian Accounting Standards.

Income is recognised progressively as the asset is being constructed, in accordance with IPC Health Ltd's obligation to construct the asset. The progressive percentage of costs incurred is used to recognise income, as this most accurately reflects the stage of completion.

IPC Health Ltd
Notes To The Financial Statements
30 June 2024

Note 2. Funding delivery of our services (continued)

Donations

Donations are generally recognised as income upon receipt (that is when IPC Health Ltd usually obtained control of the asset) as they do not contain sufficiently specific and enforceable performance obligations. Where sufficiently specific and enforceable performance obligations exist, revenue is recorded as and when the performance obligation is satisfied.

Contributed assets

The company may receive assets from the government and other parties for nil or nominal consideration in order to further its objectives. These assets are recognised in accordance with the recognition requirements of other applicable Accounting Standards (for example AASB 9, AASB 16, AASB 116 and AASB 138).

On initial recognition of an asset, the company recognises related amounts being contributions by owners, lease liability, financial instruments, provisions, revenue, or contract liability arising from a contract with a customer.

The company recognises income immediately in the Statement of Profit or Loss as the difference between the initial carrying amount of the asset and the related amounts.

Non-cash contributions from the Department of Health

The Department of Health purchases professional medical indemnity and other insurance products for IPC Health Ltd that is paid directly to the Victorian Managed Insurance Authority. IPC Health Ltd records this contribution by recognising it as income with a matching expense in the net result for the year in the Statement of Profit or Loss.

All revenue is stated net of the amount of goods and services tax (GST).

IPC Health Ltd
Notes To The Financial Statements
30 June 2024

Note 3. The cost of delivering our services

This section provides an account of the expenses incurred by the company in delivering services and outputs. In Section 2, the funds that enable the provision of services were disclosed and in this note the costs associated with the provision of services are recorded.

Structure

- 3.1 Expenses from transactions
- 3.2 Employee benefits in the Statement of Financial Position
- 3.3 Superannuation expense

Material judgements and estimates

This section contains the following material judgements and estimates.

Material judgements and estimates

Material judgements and estimates	Description
Classification of employee benefits liabilities	<p>IPC Health Ltd applies significant judgment when measuring and classifying its employee benefits liabilities. Employee benefits liabilities are classified as a current liability if IPC Health Ltd does not have an unconditional right to defer payment beyond 12 months. Annual leave, accrued days off and long service leave entitlements (for staff who have exceeded the minimum vesting period) fall into this category.</p> <p>Employee benefit liabilities are classified as a non-current liability if IPC Health Ltd has a conditional right to defer payment beyond 12 months. Long service leave entitlements (for staff who have not yet exceeded the minimum vesting period) fall into this category.</p>
Measuring employee benefits liabilities provision	<p>IPC Health Ltd applies significant judgment when measuring its employee benefits liabilities.</p> <p>The Company applies judgement to determine when it expects its employee entitlements to be paid. With reference to historical data, if the Company does not expect entitlements to be paid within 12 months, the entitlement is measured at its present value, being the expected future payments 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 on government bonds at the end of the reporting period. All other entitlements are measured at their nominal value.</p>

Note 3.1 Expenses from transactions

	2024	2023
	\$	\$
Salaries and wages	38,991,080	35,722,964
On-costs	4,342,729	3,767,648
Agency labour	788,837	837,328
Workcover premium	405,608	232,543
Total employee benefits	44,528,254	40,560,483
Purchased client services	11,049,227	12,392,210
Client services expense	2,658,514	2,418,299
Dental vouchers	435,409	2,415,316
Medical and paramedical supplies	611,282	502,029
Medical/paramedical aids	49,957	16,270
Total supplies and consumables	14,804,389	17,744,124
Finance costs - operating leases	91,055	137,510
Property rental - low value	77,324	93,272
Motor vehicle lease charges	23,072	60,690
Total lease expenses	191,451	291,472

IPC Health Ltd
Notes To The Financial Statements
30 June 2024

Note 3. The cost of delivering our services (continued)

	2024	2023
	\$	\$
Consultancy expenses	2,043,038	2,762,624
Information technology - software and licensing	1,234,826	1,036,101
Cleaning	953,216	929,618
Utilities	828,695	794,317
Staff and recruitment costs	707,505	582,791
Repairs and maintenance	670,739	1,089,378
Motor vehicles	114,465	134,937
Audit fee	94,792	112,800
Other administrative expenses	953,891	819,220
Total other operating and administration expenses	<u>7,601,167</u>	<u>8,261,786</u>
Total operating expenses	<u>67,125,252</u>	<u>66,857,865</u>
Depreciation and amortisation	4 2,835,541	2,394,409
Total depreciation and amortisation	<u>2,835,541</u>	<u>2,394,409</u>
(Appreciation) / impairment of financial assets	4 (64,636)	29,447
Total other non-operating expenses	<u>(64,636)</u>	<u>29,447</u>
Total non-operating expenses	<u>2,770,905</u>	<u>2,423,856</u>
Total expenses from transactions	<u>69,896,166</u>	<u>69,281,721</u>

How we recognise expenses

Expenses are recognised as they are incurred and reported in the financial year to which they relate.

Employee expenses

Employee expenses include:

- Salaries and wages (including fringe benefits tax, leave entitlements and termination payments);
- On-costs (includes the company's contribution to employees' superannuation funds);
- WorkCover premium; and
- Agency labour (In the Statement of Cash Flows agency labour payments are included under payments to suppliers).

Supplies and consumables

Supplies and consumables include the materials and services purchased in servicing the company's clients in the areas of General Practitioners' Clinics, Aged Care, Allied Health, Dental and all other minor programs.

Other operating expenses

Other operating expenses represent the day to day running costs incurred in normal operations supporting delivery of the company's services. Other admin expenses include expenditure related to the purchase of capital assets that are below the capitalisation threshold of \$3,000, service promotion and advertising, innovation, and other office overhead.

IPC Health Ltd
Notes To The Financial Statements
30 June 2024

Note 3. The cost of delivering our services (continued)

Note 3.2 Employee benefits in the Statement of Financial Position

	2024	2023
	\$	\$
Current liabilities		
Provision for accrued day off	329,432	279,217
Provision for annual leave	4,036,102	3,859,967
Provision for long service leave	4,766,365	4,264,778
Total current provisions for employee benefits	9,131,899	8,403,962
Non-current liabilities		
Provision for long service leave	1,717,505	1,802,548
Total non-current provisions for employee benefits	1,717,505	1,802,548
Total provisions for employee benefits	10,849,404	10,206,510

How we recognise employee benefits

Provision is made for employee benefits in respect of accrued days off (ADOs), annual leave (AL) and long service leave (LSL) for services rendered to the reporting date as an expense during the period the services are delivered.

No provision has been made for sick leave as all sick leave is non-vesting and it is not considered probable that the average sick leave taken in the future will be greater than the benefits accrued in the future. As sick leave is non-vesting, an expense is recognised in the Statement of Comprehensive Income as it is taken.

Short-term employee benefits

The current portion for this provision includes 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 company does not expect the full amount of 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 company does not have an unconditional right to defer the settlement of these amounts in the event employees wish to use their leave entitlement.

Long-term employee benefits

The company classifies employees' LSL entitlements as long term employee benefits where employees have not completed the required years of service and 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 long-term employee benefits, that 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 government bonds that have maturity dates that approximate the terms of the obligations. In calculating the present value of future cash flows in respect of long service leave, the probability rates have been determined based on historical employee attrition data. Any remeasurements for changes in assumptions of obligations for long-term employee benefits are recognised in the Statement of Profit or Loss in the periods in which the changes occur.

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

IPC Health Ltd
Notes To The Financial Statements
30 June 2024

Note 3. The cost of delivering our services (continued)

Note 3.3 Superannuation expense

	2024	2023
	\$	\$
Defined contribution plans		
Aware Super - Clearing House	4,186,984	3,569,511
Emergency Services and State Super	30,239	30,450
	<u>4,217,223</u>	<u>3,599,961</u>
Defined benefit plans		
Aware Super Fund	<u>3,376</u>	<u>6,266</u>
	<u>4,220,599</u>	<u>3,606,227</u>

How we recognise superannuation

Employees of IPC Health Ltd are entitled to receive superannuation benefits and it contributes to both defined benefit and defined contribution plans.

Defined contribution superannuation plans

In relation to defined contribution (i.e. accumulation) superannuation plans, the associated expense is simply the employer contributions that are paid or payable in respect of employees who are members of these plans during the reporting period. Contributions to defined contribution superannuation plans are expensed when incurred.

Defined benefit superannuation plans

The defined benefit plan provides benefits based on years of service and final average salary. The amount charged to the Statement of Profit or Loss in respect of defined benefit superannuation plans represents the contributions made by IPC Health Ltd to the superannuation plans in respect of the services of current IPC Health Ltd's staff during the reporting period. Superannuation contributions are made to the plans based on the relevant rules of each plan and are based upon actuarial advice.

IPC Health Ltd does not recognise any unfunded defined benefit liability in respect of the plans because the company has no legal or constructive obligation to pay future benefits relating to its employees; its only obligation is to pay superannuation contributions as they fall due.

The Department of Treasury and Finance (DTF) discloses the State's defined benefits liabilities in its disclosure for administered items. However, superannuation contributions paid or payable for the reporting period are included as part of employee benefits in the Statement of Profit or Loss of IPC Health Ltd.

The amounts that have been expensed in relation to the major employee superannuation funds and contributions made by IPC Health Ltd are disclosed above. There was no amount outstanding to defined contribution plans at 30 June 2024 (2023: \$158,372) nor to defined benefit plans at 30 June 2024 (2023: \$174).

IPC Health Ltd
Notes To The Financial Statements
30 June 2024

Note 4. Key assets to support service delivery

IPC Health Ltd controls property, plant and equipment and investments in other financial assets that are utilised in fulfilling its objectives and conducting its activities. They represent key resources that have been entrusted to IPC Health Ltd to be utilised for delivery of those outputs.

Structure

- 4.1 Investments in other financial assets
- 4.2 (Impairment) / appreciation of investments in other financial assets
- 4.3 Financial asset revaluation reserve
- 4.4 Property, plant and equipment
- 4.5 Asset revaluation reserve
- 4.6 Right-of-use assets
- 4.7 Intangible assets
- 4.8 Depreciation and amortisation
- 4.9 Impairment of property, plant and equipment and intangible assets

Material judgements and estimates

This section contains the following material judgements and estimates.

Material judgements and estimates

Material judgements and estimates	Description
Estimation of useful lives and residual values of property, plant and equipment assets	The company determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment assets. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down. The company reviews the useful life, residual value and depreciation rates of all property, plant and equipment assets at the end of each financial year and where necessary, records a change in accounting estimate.
Fair values of land and buildings	<p>IPC Health Ltd measures its land and buildings at fair value. IPC Health Ltd obtains independent valuations for such non-current assets at least every five years. At the end of each reporting period, the Directors update their assessment of the fair values of land and buildings to ensure the fair values recorded are materially correct.</p> <p>The Directors determine fair values of land and buildings using a range of reasonable fair value estimates such as current prices in an active market for similar assets. Where such information is not available the Directors consider information from a variety of sources including current prices in an active market for assets of a different nature or recent prices of similar assets in less active markets. The Directors believe the fair values of such assets recorded at 30 June 2024 are considered materially correct given an independent valuation was obtained at 30 June 2023.</p>
Identifying indicators of impairment	The company assesses impairment at each reporting period by evaluating the conditions and events specific to the company that may be indicative of impairment triggers. The recoverable amounts of the relevant assets are reassessed using the value-in-use calculation that incorporates various material assumptions.
Estimating restoration costs at the end of a lease	Where a lease agreement requires the company to restore a right-of-use asset to its original condition at the end of a lease, the company estimates the present value of such restoration costs. This cost is included in the measurement of the right-of-use asset, which is depreciated over the relevant lease term.
Estimating the useful life of intangible assets	The company assigns an estimated useful life to each intangible asset with a finite useful life, which is used to calculate amortisation of the asset.

IPC Health Ltd
Notes To The Financial Statements
30 June 2024

Note 4. Key assets to support service delivery (continued)

Note 4.1 Investments in other financial assets

	2024	2023
	\$	\$
Current assets		
Financial assets at amortised cost		
Bank deposits with maturity more than 90 days*	12,495,181	23,367,515
Total current investments in other financial assets	<u>12,495,181</u>	<u>23,367,515</u>
Non-current assets		
Financial assets at amortised cost		
Subordinated debt floating rate notes	1,913,052	2,502,471
Subordinated debt fixed rate notes	1,793,548	-
Cash	560,719	570,201
	<u>4,267,319</u>	<u>3,072,672</u>
Financial assets at fair value through profit or loss		
Equity instruments - units	1,137,507	1,769,360
Debt instruments - capital notes	1,831,035	1,806,822
	<u>2,968,542</u>	<u>3,576,182</u>
Financial assets at fair value through other comprehensive income		
Equity instruments - shares	2,763,731	2,417,240
	<u>2,763,731</u>	<u>2,417,240</u>
Total non-current investments in other financial assets	<u>9,999,592</u>	<u>9,066,094</u>
Total current and non-current investments in other financial assets*	<u>22,494,773</u>	<u>32,433,608</u>

*Bank deposits with maturity more than 90 days were reclassified under current assets as 'investments in other financial assets' including the comparative figures at 30 June 2023 (Note 6.2).

Assets pledged as security

During 2023-24 financial year IPC Health Ltd established a Margin Lending facility of \$2m with National Australia Bank Ltd secured against the assets listed in the above table. The lending facility has not been drawn down at 30 June 2024 (Note 6.3).

How we recognise investments in other financial assets

The valuation techniques and material assumptions in measuring the fair value of investments of other financial assets are as follows:

- Subordinated debt floating rate notes are initially measured at fair value plus transaction costs, and are subsequently measured at amortised cost using the effective interest rate method.
- Cash is initially measured at fair value plus transaction costs, and is subsequently measured at amortised cost using the effective interest rate method.
- Equity instruments (units) are initially measured at fair value, and are subsequently measured at fair value through profit or loss based on the market value at 30 June each year.
- Debt instruments (capital notes) are initially measured at fair value plus transaction costs and are subsequently measured at fair value through profit or loss based on the market value at 30 June each year.
- Equity instruments (shares) are initially measured at fair value plus transactions costs. Subsequent to this the fair value is measured through other comprehensive income, based on the market value (closing price) of the investment at 30 June each year.

IPC Health Ltd
Notes To The Financial Statements
30 June 2024

Note 4. Key assets to support service delivery (continued)

The market value of these financial assets at 30 June is determined by the closing price of the investment at 30 June based on the relevant stock market. As the company's investments in other financial assets are invested for medium and long term periods (3 to 10 years), they are classified as non-current.

Note 4.2 (Impairment) / appreciation of investments in other financial assets

	2024	2023
	\$	\$
Financial assets at fair value through profit or loss		
Equity instruments - units	1,097,084	1,815,448
(Impairment) / appreciation of equity instruments - units	40,423	(46,088)
Debt instruments - capital notes	1,806,822	1,790,180
Appreciation of debt instruments - capital notes	24,213	16,642
	<u>2,968,542</u>	<u>3,576,182</u>
Financial assets at fair value through other comprehensive income		
Balance at 1 July - equity instruments - shares	2,417,240	1,575,962
Purchases	53,313	717,668
Disposals	(33,106)	(124,647)
Appreciation of equity instruments - shares	326,284	248,257
Balance at 30 June - equity instruments - shares	<u>2,763,731</u>	<u>2,417,240</u>
	<u>5,732,273</u>	<u>5,993,422</u>

Fair value increases and decreases at 30 June are included under appreciation / (impairment) of financial assets.

How we recognise impairment of financial assets

Impairment of financial assets records the fair value increments and decrements that relate to non-current financial assets recognised at fair value through profit or loss and, fair value through other comprehensive income.

Note 4.3 Financial asset revaluation reserve

	2024	2023
	\$	\$
Financial asset revaluation reserve	<u>404,278</u>	<u>77,994</u>
Movement of financial asset revaluation reserve		
Balance at 1 July	77,994	(170,263)
Revaluation increment	326,284	248,257
Balance at 30 June	<u>404,278</u>	<u>77,994</u>

How we recognise financial asset revaluation reserves

The financial asset revaluation reserve records the revaluation increments and decrements that relate to non-current investments in other financial assets recognised at fair value through other comprehensive income.

IPC Health Ltd
Notes To The Financial Statements
30 June 2024

Note 4. Key assets to support service delivery (continued)

Note 4.4 Property, plant and equipment

(i) Gross carrying amount and accumulated depreciation

	2024	2023
	\$	\$
Freehold land - at fair value	10,770,000	10,770,000
Net carrying amount	10,770,000	10,770,000
Buildings - at fair value	33,213,535	32,782,103
Accumulated depreciation	(8,298,734)	(7,115,209)
Net carrying amount	24,914,801	25,666,894
Leasehold improvements - at cost	4,228,957	1,845,648
Accumulated amortisation	(346,113)	(116,556)
Net carrying amount	3,882,844	1,729,092
Motor vehicles - at cost	1,186,417	1,010,808
Accumulated depreciation	(510,057)	(444,233)
Net carrying amount	676,360	566,575
Computer equipment - at cost	1,079,604	1,673,571
Accumulated depreciation	(881,830)	(1,485,045)
Net carrying amount	197,774	188,526
Office equipment - at cost	1,192,410	966,379
Accumulated depreciation	(463,997)	(368,273)
Net carrying amount	728,413	598,106
Clinical equipment - at cost	358,056	291,714
Accumulated depreciation	(86,556)	(59,364)
Net carrying amount	271,500	232,350
Grounds infrastructure - at cost	156,488	-
Less: Accumulated depreciation	(2,672)	-
Net carrying amount	153,816	-
Machinery and equipment - at cost	12,186	-
Less: Accumulated depreciation	(702)	-
Net carrying amount	11,484	-
Works in progress - at cost	639,935	647,052
Total property, plant and equipment - Net carrying amount	42,246,927	40,398,595

IPC Health Ltd
Notes To The Financial Statements
30 June 2024

Note 4. Key assets to support service delivery (continued)

(ii) Reconciliation of movements in carrying values

Reconciliations of the net carrying values at the beginning and end of the prior and current financial years are set out below:

	Freehold land \$	Freehold buildings \$	Leasehold improvements \$	Motor vehicles \$	Computer equipment \$	
Balance at 1 July 2022	3,951,938	23,593,865	802,923	467,452	610,063	
Revaluations	3,969,710	2,686,447	-	-	-	
Additions	1,924,817	-	-	153,370	-	
Disposals	-	-	-	(18,437)	-	
Depreciation and amortisation	-	(1,108,840)	(112,698)	(35,810)	(562,904)	
Transfers in/(out)	923,535	347,539	1,038,867	-	141,367	
Reclassification	-	147,883	-	-	-	
Net carrying amount at 30 June 2023	10,770,000	25,666,894	1,729,092	566,575	188,526	
Revaluations	-	-	-	-	-	
Additions	-	-	-	273,847	-	
Disposals	-	-	-	(25,140)	-	
Depreciation and amortisation	-	(1,189,295)	(229,556)	(138,922)	(601,509)	
Transfers in/(out)	-	437,202	2,383,308	-	610,757	
Reclassification	-	-	-	-	-	
Net carrying amount at 30 June 2024	10,770,000	24,914,801	3,882,844	676,360	197,774	
	Office equipment	Clinical equipment	Grounds infrastructure \$	Machinery and equipment \$	Capital works in progress \$	Total \$
Balance at 1 July 2022	603,365	71,635	-	-	1,655,044	31,756,285
Revaluations	-	-	-	-	-	6,656,157
Additions	-	-	-	-	2,115,628	4,193,815
Disposals	-	-	-	-	-	(18,437)
Depreciation and amortisation	(184,261)	(53,190)	-	-	-	(2,057,703)
Transfers in/(out)	326,884	213,905	-	-	(2,992,097)	-
Reclassification	(147,882)	-	-	-	(131,523)	(131,522)
Net carrying amount at 30 June 2023	598,106	232,350	-	-	647,052	40,398,595
Revaluations	-	-	-	-	-	-
Additions	-	-	-	-	3,945,114	4,218,961
Disposals	-	-	-	-	-	(25,140)
Depreciation and amortisation	(127,664)	(55,169)	(2,672)	(702)	-	(2,345,489)
Transfers in/(out)	257,971	94,319	156,488	12,186	(3,952,231)	-
Reclassification	-	-	-	-	-	-
Net carrying amount at 30 June 2024	728,413	271,500	153,816	11,484	639,935	42,246,927

IPC Health Ltd

Notes To The Financial Statements

30 June 2024

Note 4. Key assets to support service delivery (continued)

How we recognise property, plant and equipment

Each class of property, plant and equipment is carried at cost or fair value as indicated less, where applicable, any accumulated depreciation, amortisation and impairment losses. The company's property, plant and equipment are tangible items that are held for the use in the supply of services, for rental to others and for administrative purposes that the company expects to use during more than one financial year. Items with a cost or value in excess of \$3,000 (2023: \$3,000) and a useful life of more than one year are recognised as an asset. All other assets acquired are expensed.

Freehold land

Freehold land is initially recognised at cost and subsequently measured at fair value based on periodic valuations either by external independent valuers or management revaluations using the relevant land indices published by the Valuer General Victoria. Scheduled revaluations are undertaken every five years with an annual assessment of fair value to determine if it is materially different to the carrying value. Revaluation increases or decreases arise from differences between freehold land's carrying value and its fair value. If the difference to carrying value is greater than 10 per cent, a management revaluation is undertaken while a movement greater than 40 per cent will normally involve an Approved Valuer to perform a detailed assessment of the fair value. If the movement in fair value since the last revaluation is less than or equal to 10 per cent, then no change is made to carrying amounts.

At 30 June 2023 an independent valuation of freehold land was performed by a certified practicing valuer CIVIC MJD. The valuation resulted in a gross asset value increment of \$3,969,710. Freehold land was valued using a market based direct comparison approach whereby the subject land was compared to recent comparable land and development site sales, making adjustments for points of difference by applying an appropriate value rate per square metre from the sales analysed. The fair value of freehold land recorded at 30 June 2024 are considered materially correct as the movement in fair value since the last revaluation is less than 10 per cent.

Increases in the carrying values arising on revaluation of freehold land are recognised in other comprehensive income and accumulated in the asset revaluation reserve in equity. Revaluation decreases that offset previous increases of the same class of asset are recognised in other comprehensive income under the heading of asset revaluation reserve. All other decreases are charged to the profit or loss. Revaluation increases are recognised in the profit or loss to the extent that it reverses a net revaluation decrease of the same class of assets previously recognised in the profit or loss.

Buildings

Buildings are initially measured at cost less accumulated depreciation and impairment losses and subsequently measure at fair value.

Buildings that have been contributed at no cost, or for nominal cost are valued and recognised at the fair value of the asset at the date it is acquired (deemed cost).

At 30 June 2023 an independent valuation of buildings was performed by a certified practicing valuer CIVIC MJD. The valuation resulted in a gross asset value increment of \$2,686,447. The current replacement cost method is used when valuing the buildings due to the specialised nature of its current use.

Increases in the carrying values arising on revaluation of buildings are recognised in other comprehensive income and accumulated in the asset revaluation reserve in equity. Revaluation decreases that offset previous increases of the same class of asset are recognised in other comprehensive income under the heading of asset revaluation reserve. All other decreases are charged to the profit or loss. Revaluation increases are recognised in the profit or loss to the extent that it reverses a net revaluation decrease of the same class of assets previously recognised in the profit or loss.

Plant and Equipment

Plant and equipment (that include motor vehicles, computer equipment, office equipment and clinical equipment) are measured initially on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than its estimated recoverable amount, the carrying amount is written down immediately to its estimated recoverable amount and impairment losses are recognised in the profit or loss. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 4.9 for details of impairment).

Plant and equipment that have been contributed at no cost, or for nominal cost, are valued and recognised at the fair value of the asset at the date it is acquired.

IPC Health Ltd
Notes To The Financial Statements
30 June 2024

Note 4. Key assets to support service delivery (continued)

Leasehold improvements

Leasehold improvements are initially recognised at cost and subsequently measured at fair value and are amortised over the remaining term of the lease or the estimated useful lives, whichever is the shorter.

For all measured at fair value, the current use is considered the highest and best use.

Note 4.5 Asset revaluation reserve

	2024 \$	2023 \$
Land revaluation reserve	7,661,648	7,661,648
Building revaluation reserve	2,686,447	2,686,447
	10,348,095	10,348,095
	2024 \$	2023 \$
<i>Movement of asset revaluation reserve</i>		
Balance at 1 July	10,348,095	3,691,938
Revaluation increment / (decrement)	-	6,656,157
Balance at 30 June	10,348,095	10,348,095

How we recognise the asset revaluation reserve

The asset revaluation reserve records the revaluation increments and decrements that relate to non-current land and building assets at valuation.

Note 4.6 Right-of-use assets

(i) *Gross carrying amount and accumulated depreciation*

	2024 \$	2023 \$
Non-current assets		
Leased buildings - right-of-use	3,711,985	4,167,697
Accumulated depreciation	(1,020,645)	(1,419,105)
Net carrying amount	2,691,340	2,748,592
Leased equipment - right-of-use	17,015	17,015
Accumulated depreciation	(16,164)	(12,761)
Net carrying amount	851	4,254
Net carrying amount of right-of-use assets	2,692,191	2,752,846

IPC Health Ltd
Notes To The Financial Statements
30 June 2024

Note 4. Key assets to support service delivery (continued)

(ii) Reconciliation of movements in right-of-use assets

Reconciliations of the written down values of right-of-use assets at the beginning and end of the prior and current financial years are presented below:

	Leased land	Leased buildings \$	Leased equipment \$	Total \$
Balance at 1 July 2022	1,243,016	3,079,728	7,657	4,330,401
Additions	-	1,832	-	1,832
Transfer to property, plant and equipment	(1,243,016)	-	-	(1,243,016)
Depreciation expense	-	(332,968)	(3,403)	(336,371)
Net carrying amount as at 30 June 2023	-	2,748,592	4,254	2,752,846
	Leased land	Leased buildings \$	Leased equipment \$	Total \$
Balance at 1 July 2023	-	2,748,592	4,254	2,752,846
Indexation rebasing	-	380,347	-	380,347
Depreciation expense	-	(437,599)	(3,403)	(441,002)
Net carrying amount at 30 June 2024	-	2,691,340	851	2,692,191

How we recognise right-of-use assets

A right-of-use asset is recognised at the commencement date of a lease. The right-of-use asset is measured at cost, which comprises the initial amount of the lease liability, adjusted for, as applicable, any lease payments made at or before the commencement date net of any lease incentives received, any initial direct costs incurred, and, except where included in the cost of inventories, an estimate of costs expected to be incurred for dismantling and removing the underlying asset, and restoring the site or asset.

Right-of-use assets are depreciated on a straight-line basis over the unexpired period of the lease or the estimated useful life of the asset, whichever is the shorter. Where the company expects to obtain ownership of the leased asset at the end of the lease term, the depreciation is over its estimated useful life. Right-of-use assets are subject to impairment or are adjusted for any remeasurement of lease liabilities.

The company's leased land includes a purchase option which the company is reasonably certain to exercise. As the land has an indefinite useful life to the company, depreciation is not being applied to the right-of-use asset.

The company has elected not to recognise a right-of-use asset and corresponding lease liability for short-term leases with terms of 12 months or less and leases of low-value assets (that are new assets where the underlying asset value is \$10,000 or less). Lease payments on these assets are expensed to the Statement of Profit or Loss as incurred.

For leases that have significantly below-market terms and conditions principally to enable the company to further its objectives (that are commonly known as peppercorn/concessionary leases), the company has adopted the temporary relief under AASB 2018-8: *Amendments to Australian Accounting Standards - Right-of-Use Assets of Not-for-Profit Entities* and measures the right-of-use assets at cost on initial recognition. Refer to Note 6.1 for further information regarding the company's leases with below market terms.

IPC Health Ltd
Notes To The Financial Statements
30 June 2024

Note 4. Key assets to support service delivery (continued)

Note 4.7 Intangible assets

	2024	2023
	\$	\$
Intangible assets - at Cost		
Opening balance	21,236	21,571
Transfers in	225,248	-
Amortisation	(49,050)	(335)
Net carrying amount	197,434	21,236
Works in progress - at cost		
Opening balance	170,072	-
Additions	76,796	170,072
Transfers out	(225,248)	-
Net carrying amount	21,620	170,072
Net carrying amount	219,054	191,308

How we recognise intangible assets

Included in the intangible assets is the company's corporate website that is initially recognised at cost. It has a finite life and is carried at cost less any accumulated amortisation and impairment losses. The corporate website has an estimated useful life of five years and is assessed annually for impairment.

Note 4.8 Depreciation and amortisation

	2024	2023
	\$	\$
Depreciation		
Property, plant and equipment		
Buildings	1,189,295	1,108,840
Motor vehicles	138,922	35,810
Computer equipment	601,509	562,904
Office equipment	127,664	184,261
Clinical equipment	55,169	53,190
Grounds Infrastructure	2,672	-
Machinery and Equipment	702	-
	2,115,933	1,945,005
Right-of-use assets		
Leased buildings	437,599	332,968
Leased equipment	3,403	3,403
	441,002	336,371
Total depreciation	2,556,935	2,281,376
Amortisation		
Leasehold improvements	229,556	112,698
Intangible assets	49,050	335
Total amortisation	278,606	113,033
Total depreciation and amortisation	2,835,541	2,394,409

IPC Health Ltd
Notes To The Financial Statements
30 June 2024

Note 4. Key assets to support service delivery (continued)

How we recognise depreciation and amortisation

All property, plant and equipment that have finite useful lives including right-of-use assets, but excluding freehold land are depreciated on a straight line basis over the asset's useful life to the company commencing from the time the asset is held ready for use.

The depreciation rates applicable to each class of asset, that are consistent with the previous reporting period, are:

Class of property, plant and equipment	Depreciation / amortisation rates
Buildings	2.5-10%
Leasehold improvements	4-12.5%
Motor vehicles	20%
Computer equipment	25%-33.33%
Office equipment	10-33.33%
Clinical equipment	10-33.33%
Grounds Infrastructure	4-7.69%
Machinery and Equipment	10-20%

The residual values, useful lives and depreciation / amortisation methods are reviewed, and adjusted if appropriate, at each reporting date.

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

Note 4.9 Impairment of property, plant and equipment, and intangible assets

At the end of each reporting period, the company reviews the carrying amounts of its property, plant and equipment, 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 the Statement of 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 of those assets are expected to be materially the same as their fair value.

Where it is not possible to estimate the recoverable amount of an individual asset, the company 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.

During the financial year no impairment loss is identified or recorded in the financial statements (2023: \$Nil).

IPC Health Ltd
Notes To The Financial Statements
30 June 2024

Note 5. Other assets and liabilities

This section sets out those assets and liabilities that arose from IPC Health Ltd's operations.

Structure

- 5.1 Receivables
- 5.2 Contract assets
- 5.3 Other non-financial assets
- 5.4 Payables
- 5.5 Contract liabilities

Material judgements and estimates

This section contains the following material judgements and estimates.

Material judgements and estimates

Description	
Contract liabilities	Depending on the nature of the agreement, some grant payments are required to be recognised as contract liabilities until grant conditions are satisfied. There is some element of judgement in determining partial completion of some grant conditions.

Note 5.1 Receivables

	2024 \$	2023 \$
Current receivables		
Contractual		
Trade receivables	378,183	671,264
Dividend receivable	-	6,540
Total contractual current receivables	<u>378,183</u>	<u>677,804</u>
Statutory		
GST receivable	35,700	-
Total statutory receivables	<u>35,700</u>	<u>-</u>
Total current receivables	<u><u>413,883</u></u>	<u><u>677,804</u></u>

(a) *Financial assets at amortised cost classified as trade and other receivables*

	2024 \$	2023 \$
Total current trade receivables	378,183	671,264
Total current dividend receivable	-	6,540
Total financial assets at amortised cost	<u><u>378,183</u></u>	<u><u>677,804</u></u>

How we recognise receivables

Receivables consist of:

Contractual receivables, which mostly includes amounts due from customers for services performed in the ordinary course of business. These receivables are classified as financial instruments and categorised as 'financial assets at amortised costs'. They are initially recognised at fair value plus any directly attributable transaction costs. IPC Health Ltd holds the contractual receivables with the objective to collect the contractual cash flows and therefore they are subsequently measured at amortised cost using the effective interest method, less any impairment.

IPC Health Ltd
Notes To The Financial Statements
30 June 2024

Note 5. Other assets and liabilities (continued)

Statutory receivables, includes Goods and Services Tax (GST) input tax credits that are recoverable. Statutory receivables do not arise from contracts and are recognised and measured similarly to contractual receivables (except for impairment), but are not classified as financial instruments for disclosure purposes. IPC Health Ltd applies AASB 9: *Financial Instruments* for initial measurement of the statutory receivables and as a result statutory receivables are initially recognised at fair value plus any directly attributable transaction cost.

Trade receivables are carried at nominal amounts due and are due for settlement within 30 days from the date of recognition.

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

Impairment losses

Contractual receivables

IPC Health Ltd is not exposed to any significant credit risk exposure to any single counter-party or any group of counter-parties having similar characteristics. Based on historical information about customer default rates, management consider the credit quality of trade receivables that are not past due or impaired to be good. The company recognises a loss allowance for expected credit losses on trade receivables using the simplified approach, as applicable under AASB 9 where material. The expected credit losses were not considered material and therefore not brought to account.

Statutory receivables

In assessing impairment of statutory (non-contractual) financial assets, which are not financial instruments, professional judgement is applied in assessing materiality using estimates, averages and other computational methods in accordance with AASB 136: *Impairment of Assets*.

Note 5.2 Contract assets

	2024 \$	2023 \$
Contract assets	4,691,894	2,625,211
	2024 \$	2023 \$
Represented by:		
Current assets	4,691,894	2,625,211

How we recognise contract assets

Contract assets relate to IPC Health Ltd's right to consideration in exchange for goods or services transferred to customers for works completed, but not yet billed at the reporting date. The contract assets are transferred to receivables when the rights become unconditional, at this time an invoice is issued. Contract assets are expected to be recovered within 12 months of the end of the reporting period. Contract assets are treated as financial assets for impairment purposes.

Contract assets include accrued income, including accrued interest income.

Note 5.3 Other non-financial assets

	2024 \$	2023 \$
Current Contractual Prepayments	407,949	431,396

IPC Health Ltd
Notes To The Financial Statements
30 June 2024

Note 5. Other assets and liabilities (continued)

Other non-financial assets include prepayments which represent payments in advance of receipt of goods or services or that part of expenditure made in one accounting period covering a term extending beyond that period.

Note 5.4 Payables

	2024 \$	2023 \$
Contractual		
Trade payables	1,216,817	991,700
Other payables	3,199,915	3,835,713
Total contractual current payables	<u>4,416,732</u>	<u>4,827,413</u>
Statutory		
GST payable	-	59,620
Total statutory payables	<u>-</u>	<u>59,620</u>
Total current payables	<u>4,416,732</u>	<u>4,887,033</u>

(a) *Financial liabilities at amortised cost classified as trade and other payables*

	2024 \$	2023 \$
Total current trade payables	1,216,817	991,700
Total current other payables	3,199,915	3,835,713
Total financial liabilities at amortised cost	<u>4,416,732</u>	<u>4,827,413</u>

How we recognise payables

Payables consist of contractual payables, which mostly includes payables in relation to goods and services received by the company that remain unpaid at the end of the reporting period, with other current payables that include operating, capital, and employee expense accruals and other non-current payables that include deposits payable. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability. These payables are classified as financial instruments and measured at amortised cost.

The normal credit terms for accounts payable are usually Net 30 days.

Note 5.5 Contract liabilities

	2024 \$	2023 \$
Current liabilities		
Contract liabilities - Federal Department of Health	79,566	3,064,847
Contract liabilities - Other funding bodies	8,061,962	8,283,301
Total current contract liabilities	<u>8,141,528</u>	<u>11,348,148</u>
Non-current liabilities		
Contract liabilities	25,438	25,438
Total current and non-current contract liabilities	<u>8,166,966</u>	<u>11,373,586</u>

IPC Health Ltd
Notes To The Financial Statements
30 June 2024

Note 5. Other assets and liabilities (continued)

How we recognise contract liabilities

Contract liabilities represent IPC Health Ltd's obligation to transfer goods or services to customers and are recognised as a contract liability when a customer pays consideration, or when the company recognises a receivable to reflect its unconditional right to consideration (whichever is earlier) before the company has transferred the goods or services to the customer.

IPC Health Ltd
Notes To The Financial Statements
30 June 2024

Note 6. How we finance our operations

This section provides information on the sources of finance utilised by IPC Health Ltd during its operations, along with interest expenses and other information related to financing activities of IPC Health Ltd. This section includes disclosures of balances that are financial instruments. Note 7.1 provides additional, specific financial instrument disclosures.

Structure

- 6.1 Lease liabilities
- 6.2 Cash and cash equivalents
- 6.3 Commitments for expenditure

Material judgements and estimates

This section contains the following material judgements and estimates.

Material judgements and estimates

Material judgements and estimates	Description
Lease term	<p>The lease term is a significant component in the measurement of both the right-of-use asset and lease liability. Judgement is exercised in determining whether there is reasonable certainty that an option to extend the lease or purchase the underlying asset will be exercised, or an option to terminate the lease will not be exercised, when ascertaining the periods to be included in the lease term. In determining the lease term, all facts and circumstances that create an economical incentive to exercise an extension option, or not to exercise a termination option, are considered at the lease commencement date. Factors considered may include:</p> <ul style="list-style-type: none"> - the importance of the asset to the company's operations; - comparison of terms and conditions to prevailing market rates; - incurrence of significant penalties; - existence of significant leasehold improvements; and - the costs and disruption to replace the asset. <p>The company reassesses whether it is reasonably certain to exercise an extension option, or not exercise a termination option, if there is a significant event or significant change in circumstances.</p>
Incremental borrowing rate	<p>Where the interest rate implicit in a lease cannot be readily determined, an incremental borrowing rate is estimated to discount future lease payments to measure the present value of the lease liability at the lease commencement date. Such a rate is based on what the company estimates it would have to pay a third party to borrow the funds necessary to obtain an asset of a similar value to the right-of-use asset, with similar terms, security and economic environment.</p>

Note 6.1 Lease liabilities

	2024	2023
	\$	\$
Current liabilities		
Lease liability	357,008	309,957
Non-current liabilities		
Lease liability	2,499,331	2,514,726
Total lease liabilities	2,856,339	2,824,683

IPC Health Ltd
Notes To The Financial Statements
30 June 2024

Note 6. How we finance our operations (continued)

Maturity analysis

Future lease payments are due as follows:

Within one year	437,396	388,827
One to five years	2,182,106	1,925,610
More than five years	561,114	876,673
Minimum future lease liability	3,180,616	3,191,110

Unexpired future finance expenses	(324,277)	(366,427)
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Present value of lease liabilities	2,856,339	2,824,683
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How we recognise lease liabilities

The company's lease portfolio includes land, buildings, motor vehicles and equipment. The lease terms for each type of lease arrangement are:

Class of lease	Lease term
Land	2 - 25 years
Buildings	2 - 25 years
Motor vehicles	1 - 2 years
Equipment	5 years

At inception of a contract, the company assesses if the contract contains or is a lease. If there is a lease present, a right-of-use asset and a corresponding lease liability are recognised by the company where the company is a lessee. However, all contracts that are classified as short-term leases (that is: a lease with a remaining lease term of 12 months or less) and leases of low-value assets (that is: a lease with fair value less than \$10,000) are recognised as an operating expense on a straight-line basis over the term of the lease.

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

Lease payments included in the measurement of the lease liability, where applicable, 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 the 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.

Each of the company's lease arrangements are for use in the production of supply of goods or services, or for administrative purposes.

The company as lessor

The company has no lease arrangements under a sub-lease arrangement where it is a lessor.

Options to extend or terminate

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

IPC Health Ltd
Notes To The Financial Statements
30 June 2024

Note 6. How we finance our operations (continued)

Concessionary/peppercorn leases

The company holds three concessionary leases:

Deer Park	The company holds a 20 year concessionary lease (expiring in 2032) with the Department of Health (DOH) for the exclusive use of the property located at 106 Station Road, Deer Park, from which IPC Health Ltd conducts services in accordance with the company's Service Agreement with the DOH. The company may not use this space for any other purpose during the lease term without prior consent of the DOH. The lease payments are \$104 (ex GST) per annum, payable yearly in advance.
St Albans	The company holds a 25 year concessionary lease (expiring in 2048) with the Department of Human Services (DHS) for the exclusive use of the property located at 1 Andrea Street, St Albans, from which IPC Health Ltd conducts services in accordance with the company's Service Agreement with the DHS. The company may not use this space for any other purpose during the lease term without prior consent of the DHS. The lease payments are \$104 (ex GST) per annum, payable yearly in advance.
Hoppers Crossing	The company holds a 20 year concessionary lease (expiring in 2032) with the Department of Health (DOH) for the exclusive use of the property located at 117-129 Warringa Crescent, Hoppers Crossing, from which IPC Health Ltd conducts services in accordance with the company's Service Agreement with the Department of Health. The company may not use this space for any other purpose during the lease term without prior consent of the DOH. The lease payments are \$104 (ex GST) per annum, payable yearly in advance.

The company is dependent on these leases to further its objectives. Without these concessionary leases, the company's service delivery to the community would be impacted.

Note 6.2 Cash and cash equivalents

	2024 \$	2023 \$
Current assets		
Cash on hand	1,360	1,360
Cash at bank	3,073,861	4,738,288
Short term bank deposits with maturity up to 90 days*	6,477,217	2,095,932
Total cash and cash equivalents*	9,552,438	6,835,580

* Bank deposits with maturity more than 90 days were reclassified under current assets as 'investments in other financial assets' including the comparative figures at 30 June 2023 (Note 4.1).

How we recognise cash and cash equivalents

Cash and cash equivalents include cash on hand, cash at bank, other short-term, highly liquid investments with original maturities of three months or less, and they are held for the purpose of meeting short term cash commitments rather than for investment, purposes, which are readily convertible to known amounts of cash and are subject to insignificant risk of changes in value.

Note 6.3 Margin Lending Facility

	2024 \$
Margin Lending Facility	
Used at year end	-
Not used at year end	2,000,000

IPC Health Ltd
Notes To The Financial Statements
30 June 2024

Note 6. How we finance our operations (continued)

The Margin Lending facility was established on 29 May 2024 to meet any short term funding requirements, and it is held with National Australia Bank Ltd secured against other financial assets (Note 4.1).

Note 6.4 Commitments for expenditure

(a) Short-term operating lease commitments

The company's lease commitments (GST exclusive) relating to lease arrangements that meet the short-term lease exemption criteria of AASB 16 include:

	2024	2023
	\$	\$
Within one year	<u>2,868</u>	<u>2,898</u>

(b) Capital expenditure commitments

Capital commitments are commitments for future expenditure arising from contracts. These commitments are disclosed at their nominal value and are inclusive of the GST payable. These future expenditures cease to be disclosed as commitments once the related liabilities are recognised on the Statement of Financial Position.

Total capital commitments at 30 June 2024 are \$484,881 (2023: \$853,378).

IPC Health Ltd
Notes To The Financial Statements
30 June 2024

Note 7. Risks, contingencies and valuation uncertainties

IPC Health Ltd is exposed to risk from its activities and outside factors. In addition, it is often necessary to make judgements and estimates associated with recognition and measurement of items in the financial statements. This section sets out financial instrument specific information as well as those items that are contingent in nature or require a higher level of judgement to be applied, for which the company is related mainly to fair value determination.

Structure

- 7.1 Financial instruments
- 7.2 Contingent assets and liabilities
- 7.3 Fair value determination

Note 7.1 Financial instruments

The company's financial instruments consist mainly of deposits with banks, short-term investments, accounts receivable, accounts payable, lease liabilities and investments in other financial assets.

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

	Note	2024 \$	2023 \$
Current			
Cash and cash equivalents	6	9,552,438	6,835,580
Investments in other financial assets	4	12,495,181	23,367,515
Receivables	5	378,183	677,804
Contract assets	5	4,691,894	2,625,211
Total current contractual financial assets at amortised cost		27,117,696	33,506,110
Trade and other payables	5	4,416,732	4,827,413
Lease liabilities	6	357,008	309,957
Total current contractual financial liabilities at amortised cost		4,773,740	5,137,370
	Note	2024 \$	2023 \$
Non-current			
Investments in other financial assets at amortised cost	4	4,267,319	3,072,672
Investments in other financial assets at fair value through profit or loss	4	2,968,542	3,576,182
Investments in other financial assets at fair value through other comprehensive income	4	2,763,731	2,417,240
Total non-current contractual financial assets		9,999,592	9,066,094
Lease liabilities	6	2,499,331	2,514,726
Total non-current contractual financial liabilities at amortised cost		2,499,331	2,514,726
		2024 \$	2023 \$
Net current contractual financial instruments		22,343,956	28,368,740
Net current and non-current contractual financial instruments		29,844,217	34,920,108

IPC Health Ltd

Notes To The Financial Statements

30 June 2024

Note 7. Risks, contingencies and valuation uncertainties (continued)

How we recognise financial instruments

Financial assets

Initial recognition and measurement

Financial assets (except trade receivables) are initially measured at its fair value plus, in the case of a financial asset not at fair value through profit or loss, transactions costs.

Subsequent measurement

Subsequently, financial assets are measured at amortised cost, fair value through other comprehensive income (OCI) or fair value through profit or loss.

The subsequent basis for measurement of financial assets depends on the financial asset's contractual cash flow characteristics and IPC Health Ltd's business model for managing them.

In order for a financial asset to be classified and measured at amortised cost or fair value through OCI, it needs to give rise to cash flows that are 'solely payments of principal and interest' (SPPI) on the principal amount outstanding. This assessment is referred to as the SPPI test and is performed at an instrument level. IPC Health Ltd's business model for managing financial assets refers to how it manages its financial assets in order to generate cash flows. The business model determines whether cash flows will result from collecting contractual cash flows, selling the financial assets, or both.

For the purposes of subsequent measurement, the financial assets of IPC Health Ltd are classified into three categories:

- Financial assets at amortised cost (debt instruments);
- Financial assets at fair value through profit or loss (debt and equity instruments); and
- Financial assets at fair value through other comprehensive income (equity instruments).

Financial assets at amortised cost (debt instruments)

IPC Health Ltd measures its financial assets at amortised cost if both of the following conditions are met:

- The financial asset is held within a business model with the objective to hold financial assets in order to collect contractual cash flows; and
- The contractual terms of the financial asset give rise on specified dates to cash flows that are solely payments of principal and interest on the principal outstanding.

Financial assets at amortised cost are subsequently measured using the effective interest rate (EIR) method and are subject to impairment. Gains and losses are recognised in the profit or loss when the asset is derecognised, modified, or impaired.

IPC Health Ltd's financial assets at amortised cost include cash and cash equivalents, receivables and contract assets and subordinated debt floating rate notes.

Financial assets at fair value through profit or loss (debt and equity instruments)

Financial assets are classified at fair value through profit or loss when they do not meet the conditions of amortised cost and fair value through other comprehensive income.

Gains and losses and interest earned on these financial assets are recognised in the profit or loss. IPC Health Ltd's financial assets at fair value through profit or loss include capital notes and units in various funds.

Financial assets at fair value through other comprehensive income (equity instruments)

Upon initial recognition, IPC Health Ltd can elect to classify irrevocably its equity investments as equity instruments designated at fair value through other comprehensive income when they meet the definition of equity under AASB 9: *Financial Instruments* and are not held for trading. The classification is determined on an instrument-by-instrument basis.

IPC Health Ltd

Notes To The Financial Statements

30 June 2024

Note 7. Risks, contingencies and valuation uncertainties (continued)

Gains and losses on these financial assets are never recycled to the profit or loss. Dividends and other contributions are recognised as other income in the Statement of Profit or Loss and other comprehensive income when the right of payment has been established, except when IPC Health Ltd benefits from such proceeds as a recovery of part of the cost of the financial asset, in which case, such gains are recorded in other comprehensive income. Equity instruments designated at fair value through other comprehensive income are not subject to impairment assessment. IPC Health Ltd's financial assets at fair value through other comprehensive income include shares, both domestic and international.

Derecognition

A financial asset is derecognised when all of the following criteria are satisfied:

- The right to receive cash flows from the asset has expired or been transferred;
- All risks and rewards of ownership of the asset have been substantially transferred; and
- The company no longer controls the asset (that is the company has no practical ability to make unilateral decisions to sell the asset to a third party).

On derecognition of a financial asset measured at amortised cost and fair value through profit or loss, the difference between the asset's carrying amount and the sum of the consideration received and receivable is derecognised in the profit or loss.

On derecognition of a financial asset at fair value through other comprehensive income, the cumulative gain or loss previously accumulated in the financial asset reserve is reclassified to retained earnings.

Impairment of financial assets

IPC Health Ltd recognises an allowance for expected credit losses (ECLs) for all debt instruments not held at fair value through profit or loss. ECLs are based on the difference between the contractual cash flows due in accordance with the contract and all the cash flows that IPC Health Ltd expects to receive, discounted at an approximation of the original effective interest rate. The expected cash flows will include cash flows from the sale of collateral held or other credit enhancements that are integral to the contractual terms.

Financial liabilities

Initial recognition and measurement

Financial liabilities are initially measured at its fair value plus transaction costs.

Subsequent measurement

Financial liabilities are subsequently measured at amortised cost using the effective interest method. The effective interest method is a method of calculating the amortised cost of a debt instrument and of allocating interest expense in the profit or loss over the relevant period. The effective interest rate is the internal rate of return of the financial asset or liability. That is, it is the rate that exactly discounts the estimated future cash flows through the expected life of the instrument to the net carrying amount at initial recognition.

A financial liability cannot be reclassified.

IPC Health Ltd recognises trade and other payables and lease liabilities in this category.

Derecognition

A financial liability is derecognised when the obligation under the liability is discharged or cancelled or expires. When an existing financial liability is replaced by another from the same lender on substantially different terms, or the terms of an existing liability are substantially modified, such an exchange or modification is treated as the derecognition of the original liability and the recognition of a new liability. The difference in the respective carrying amounts is recognised in the profit or loss.

Note 7.2 Contingent assets and liabilities

The company holds a \$265k bank guarantee with the National Australia Bank Limited in relation to the ten year operating lease of land and buildings at 499 Ballarat Road, Sunshine that commenced in July 2021 (expiring in 2031).

IPC Health Ltd
Notes To The Financial Statements
30 June 2024

Note 7. Risks, contingencies and valuation uncertainties (continued)

There are no other known contingent assets or contingent liabilities for IPC Health Ltd as at 30 June 2024 (30 June 2023: nil).

How we measure and disclose contingent assets and contingent liabilities

Contingent assets and contingent liabilities are not recognised in the Statement of Financial Position but are disclosed by way of note and if quantifiable, are measured at nominal value. Contingent assets and liabilities are presented inclusive of GST receivable or payable respectively.

Contingent assets

Contingent assets are possible assets that arise from past events, whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the health service. These are classified as either quantifiable, where the potential economic benefit is known, or non-quantifiable.

Contingent liabilities

Contingent liabilities are:

- possible obligations that arise from past events, whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the health service or
- present obligations that arise from past events but are not recognised as it is not probable that an outflow of resources embodying economic benefits will be required to settle the obligations or the amount of the obligations cannot be measured with sufficient reliability.

Contingent liabilities are also classified as either quantifiable or non-quantifiable.

Note 7.3 Fair value determination

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

"Fair value" is the price the company would 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 information.

To the extent possible, market information is extracted from the principal market for the asset or liability (i.e. 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 company at the end of the reporting period (i.e. the market that maximises the receipts from the sale of the asset and 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 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.

IPC Health Ltd
Notes To The Financial Statements
30 June 2024

Note 8. Other disclosures

This section includes additional material disclosures required by accounting standards or otherwise, for the understanding of this financial report.

Structure

- 8.1 Key management personnel and related party transactions
- 8.2 Remuneration of auditors
- 8.3 Events after the reporting period
- 8.4 Economic dependency

Note 8.1 Key management personnel and related party transactions

Key Management Personnel (KMP) are those people with the authority and responsibility for planning, directing, and controlling the activities of IPC Health Ltd, directly or indirectly.

The KMP of IPC Health Ltd are deemed to be the:

- Board of Directors
- Chief Executive Officer
- General Manager Operations and Clinical Care
- General Manager Strategy and Growth (2023: General Manager Innovation and Community Care)
- General Manager Financial and Corporate Services
- General Manager People, Governance and Community (commenced in 2023-24 financial year)

The total remuneration of the key management personnel (including Board Directors) of IPC Health Ltd during the reporting period is as follows:

	2024	2023
	\$	\$
Salary and fees*	1,243,568	997,650
Superannuation	132,428	97,610
Leave entitlements	126,997	102,653
Total KMP remuneration*	1,502,993	1,197,913

*KMP remuneration was previously disclosed on cash basis (that is the paid remuneration) and now they are reported on an accrual basis (that is the earned remuneration regardless of when the payment is made).

Total KMP remuneration above comprises employee benefits in all forms of consideration paid, payable or provided in exchange for services rendered. Leave entitlements include annual and long service leave.

Outside of ordinary business operation transactions with IPC Health Ltd, there were no related parties' transactions that involved key management personnel, their close family members and their personal business interest. No provision has been required, nor any expense recognised, for impairment of receivables from related parties (2023: None noted).

Note 8.2 Remuneration of auditors

During the financial year the following fees were paid or payable for services provided by Victorian Auditor-General's Office, the auditor of the company:

	2024	2023
	\$	\$
<i>Audit services - Victorian Auditor-General's Office</i>		
Audit of the financial statements	52,500	50,400

IPC Health Ltd
Notes To The Financial Statements
30 June 2024

Note 8. Other disclosures (continued)

Note 8.3 Events after the reporting period

No matters or circumstances have arisen since the end of the financial year that significantly affected or may affect the operations of the IPC Health Ltd, the results of the operations or the state of affairs of IPC Health Ltd in future financial years.

Note 8.4 Economic dependency

IPC Health Ltd is dependent upon the State of Victoria, via the Department of Health, for funding a significant proportion of its operations. At the date of this report the Board of Directors believe the Department will continue to support IPC Health Ltd.

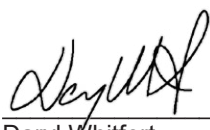
IPC Health Ltd
Directors' Declaration
30 June 2024

In accordance with a resolution of the Directors of IPC Health Ltd, the Directors of the entity declare that:

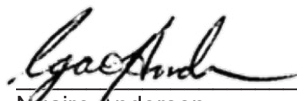
- the attached financial statements and notes comply with the Australian Accounting Standards - Simplified Disclosures and the *Australian Charities and Not-for-profits Commission Act 2012*;
- the attached financial statements and notes give a true and fair view of the company's financial position as at 30 June 2024 and of its performance for the financial year ended on that date; and
- there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of Directors made pursuant to section 60.15(2) of the *Australian Charities and Not-for-profits Commission Regulation 2022*.

On behalf of the Directors:



Daryl Whitfort
Chairperson



Ngaire Anderson
Deputy Chairperson

9 October 2024

Independent Auditor's Report

To the Directors of IPC Health Ltd

Opinion	<p>I have audited the financial report of IPC Health Ltd (the company) which comprises the:</p> <ul style="list-style-type: none"> • statement of financial position as at 30 June 2024 • 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 to the financial statements, including material accounting policy information • directors' declaration. <p>In my opinion the financial report is in accordance with Division 60 of the <i>Australian Charities and Not-for-profits Commission Act 2012</i>, including:</p> <ul style="list-style-type: none"> • giving a true and fair view of the financial position of the company as at 30 June 2024 and of its financial performance and its cash flows for the year then ended • complying with Australian Accounting Standards— <i>Simplified Disclosure Requirements</i> and Division 60 of the <i>Australian Charities and Not-for-profits Commission Regulations 2022</i>.
Basis for Opinion	<p>I have conducted my audit in accordance with the <i>Audit Act 1994</i> which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the <i>Auditor's Responsibilities for the Audit of the Financial Report</i> section of my report.</p> <p>My independence is established by the <i>Constitution Act 1975</i>. My staff and I are independent of the company in accordance with the auditor independence requirements of the <i>Australian Charities and Not-for-profits Commission Act 2012</i> and the ethical requirements of the Accounting Professional and Ethical Standards Board's <i>APES 110 Code of Ethics for Professional Accountants</i> (the Code) that are relevant to my audit of the financial report in Victoria. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code.</p> <p>I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.</p>
Directors' responsibilities for the financial report	<p>The Directors of the company are responsible for the preparation of a financial report that gives a true and fair view in accordance with Australian Accounting Standards – <i>Simplified Disclosure Requirements</i> and the <i>Australian Charities and Not-for-profits Commission Act 2012</i>, and for such internal control as the Directors determine is necessary to enable the preparation of a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.</p> <p>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 it is inappropriate to do so.</p>

Auditor's responsibilities for the audit of the financial report

As required by the *Audit Act 1994*, my responsibility is to express an opinion on the financial report based on the audit. My objectives for the audit 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 my 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. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.


As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I 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 my 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
- 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 I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my 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.

I 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 I identify during my audit.

I also provide the Directors with a statement that I have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on my independence, and where applicable, related safeguards.

MELBOURNE
21 October 2024



Sanchu Chummar

as delegate for the Auditor-General of Victoria

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