

Annual
Report
2022

ipc Health
improving and promoting community health

Innovation.
Growth.
People.



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 over the 2021–2022 financial year, unless otherwise stated. The details contained within were correct at the time of publication, November 2022. This Annual Report, along with previous editions, can be found on our website at ipchealth.com.au.

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



Interpreters available

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



Australian Government
Department of Health

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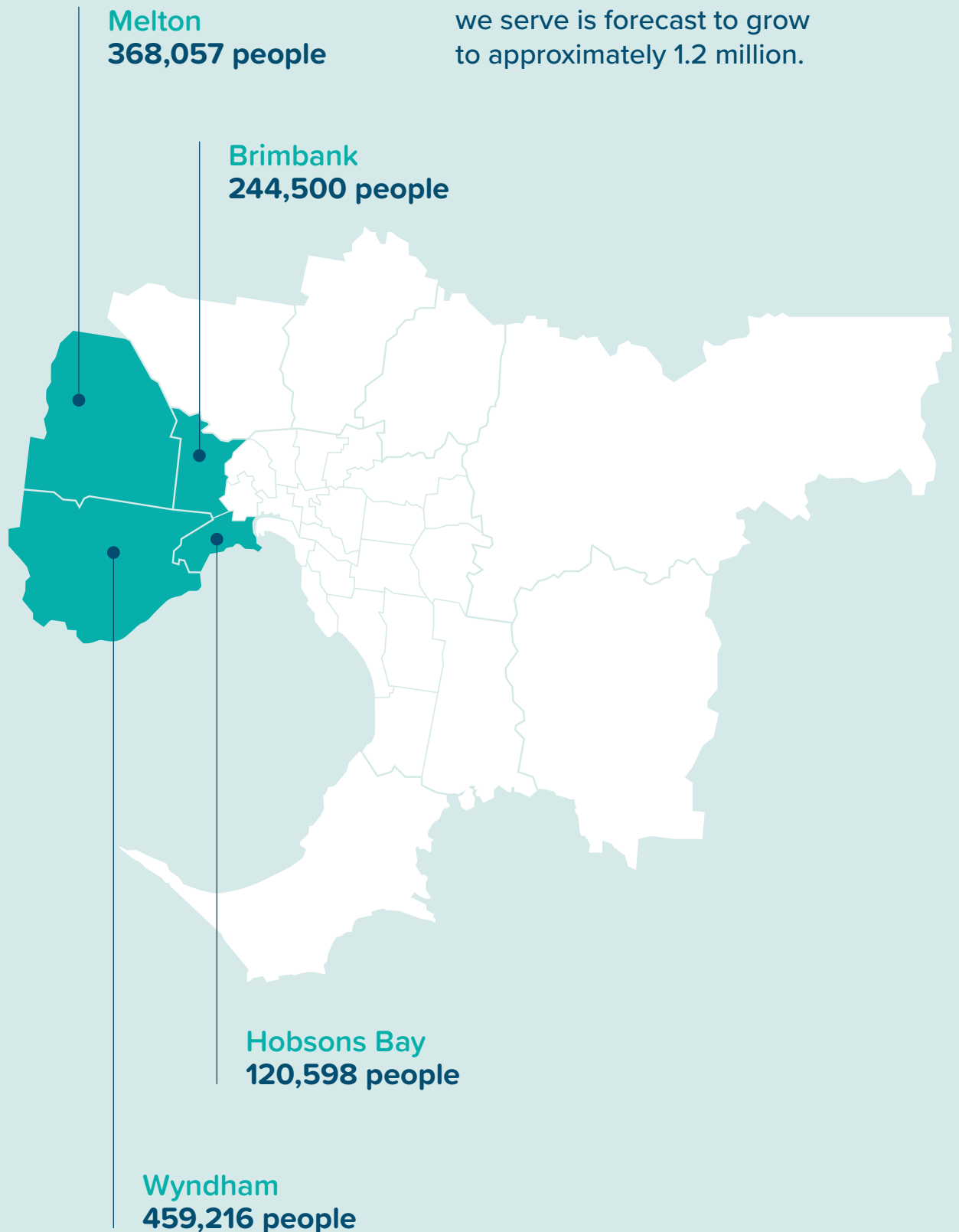
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Cover Image

Torres Strait Islander Elder Aunty Pauline with Alex, IPC Health's Care Coordinator Aboriginal Health

Who we are

IPC Health is committed to working with the rapidly growing areas of Melbourne's middle and outer West, where the population will grow by 400,000 in the coming 15 years. By the year 2035, the total population we serve is forecast to grow to approximately 1.2 million.



Our services

Aged care

- Home Care Packages
- Home Support Program

Allied health

- Dietetics
- Occupational therapy
- Physiotherapy
- Exercise physiology
- Social work
- Podiatry
- Speech pathology
- Audiology
- Child occupational therapy
- Psychology for children
- Child speech therapy

Child, youth and family

- Specialist paediatrician service
- Family services
- Early Help Family Service
- Brimbank-Melton Infant, Child and Family Health and Wellbeing Hub
- Child and Family Hub at IPC Health Wyndham Vale
- Healthy Mothers, Healthy Babies
- Cradle to Kinder
- Youth health
- Family violence support

Chronic conditions

- Cardiac rehabilitation
- Diabetes education
- Living Well
- Needle and syringe program

COVID-19 testing and vaccination

General health

- GP clinic
- Nursing
- Health Promotion and Community Strengthening
- Oral health
- Refugee health
- Aboriginal and Torres Strait Islander health
- Women's health

Wellbeing and counselling

- Alcohol and other drugs
- Family counselling
- General mental health
- Gambler's Help
- Head to Health
- Power Over Pain
- Social Prescribing

Our impact in numbers



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.



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. Due to the COVID-19 pandemic, the survey was suspended for the previous two years. We weren't back at full capacity for face-to-face appointments for all of 2021, which also impacted on our ability to have clients complete the survey.

We're pleased to report that we scored

84.4%

for overall experience

344

number of Victorian Health Experience Surveys completed

Our people

631

total number of staff (including casuals and contractors) as at 30 June 2022

422

full-time equivalent

241

full time

312

ongoing

167

fixed term

48%

of our staff have been with IPC Health between five and 20 years

37%

of our staff identified as speaking another language with their family or community

Top five identified languages

- Hindi
- Macedonian
- Vietnamese
- Greek
- Italian

Message from the Chair and CEO

In a complex environment, IPC Health's teams remained focused on delivering for our clients, partners, funders and the communities in which we operate. Supported by our central teams and empowered to identify opportunities in line with our purpose, IPC Health provided access and delivered health care and support to more people in local communities who were most in need.

Our strategy to empower communities to achieve better health and wellbeing and an improved quality of life is unchanged. Over time, this has seen us build deep and trusting relationships with local communities, reaching those who are uncomfortable accessing mainstream health care, connecting them into the health system and supporting them on their wellbeing journeys.

For the year ended 30 June 2022, IPC Health delivered a net result of \$7.569 million compared to \$5.178 million in 2021, an increase of 46%. This result reflects our continued response to the COVID-19 pandemic including our testing and vaccination clinics, outreach services, our bicultural workforce engagement activities, our homelessness and at risk of homelessness program, and our increased mental health services.

Our Surplus for Purpose strategy continues with re-investment into the organisation and local communities. The surplus underpinned the organisation's highlights for the year including the opening of our new purpose built community health space, now IPC Health Sunshine, and the establishment of our long-awaited dental wing at the IPC Health GP Super Clinic in Wyndham Vale with eight new dental chairs and supporting equipment.

IPC Health continues to build on our strong reputation. Our COVID Response as Lead Agency and the resulting external evaluation by La Trobe University has proven IPC Health is known as an innovative organisation, providing quality health care to those most in need and a reliable partner that works collaboratively to achieve positive outcomes with impact.

IPC Health conducted more than 460,000 COVID-19 tests and delivered more than 100,000 COVID-19 vaccines throughout metro and regional Victoria since the commencement of the pandemic through fixed hubs, pop up clinics, outreach activities, and in home visits. Most importantly, over 48.3%

of people vaccinated by the C-19 Network were born outside of Australia, demonstrating the ability of the C-19 Network to effectively reach out to diverse community groups, engage and deliver much needed services.

The 2021–2022 financial year has seen us emerge from the COVID-19 pandemic and move our focus to IPC Health's ongoing commitment to providing innovative, personalised and holistic health care. We have strengthened our partnerships this year, working closely with Commonwealth, State and Local Governments, North Western Melbourne Primary Health Network, Western Health, Murdoch Children's Research Institute, Royal Children's Hospital, Movember, Amaze, Victorian Legal Aid, West Justice, Parenting Research Centre, University of Melbourne, La Trobe University, Charles Sturt University, other community health partners and many more organisations.

IPC Health has ambitious plans to establish more innovative, multidisciplinary services and expand across the western region of Melbourne. Our new service model has come to life in the newly established **Child and Family Hub in Wyndham**, the **Head to Health Mental Health Service Hubs** in Wyndham and Melton and the **Early Help Family Clinic** at Timbertop Children's Community Centre in Aintree, Melton.

In partnership with Western Health and the Royal Children's Hospital, IPC Health was successful in securing the contract to lead the **Brimbank Melton Infant Child and Family Health and Wellbeing Hub** with a soft launch scheduled for mid-November 2022 and an aim to be fully operational by June 2023.

In partnership with Amaze, a peak body for autistic people in Victoria, IPC Health has researched and tested a **multidisciplinary Autism Assessment Clinic**, enabling children with autism and their families to access early assessment.

The **Transgender, Gender Diverse & Non-Binary Wellness Service** pilot project is working closely with the local community to understand how we could better support them and provide much needed services closer to home.

IPC Health has a **culture centred around creativity, passion and making a difference**. We are constantly finding new and better ways of working and providing valuable care; that is, we are living our values. Results from the People Matter survey show 99% our staff who responded feel they can make a valuable contribution at work; 97% said they are achieving something important through their work and are using their skills and knowledge; and 52% of staff said they planned to stay with the organisation for more than five years.

We continue to listen to valuable staff feedback and invest in areas focusing on enablement and empowerment. The successful delivery of the **Modern Workplace project** which delivered new technologies and flexible working practices, at \$2.5 million, was the largest investment that IPC Health has ever made for its staff and the organisation.

IPC Health won the national **Human Resource Director Award for Innovation and Culture** and IPC Health has been recognised in the top 30 organisations in Australia and made the Human Resources Director (HRD) Innovative HR Teams list for 2021. IPC Health now has pride of place amongst other winning organisations including the Royal Australian Navy; Coles; oOH!media; Deloitte; James Hardie, Transport NSW, and the Department of Foreign Affairs and Trade.

Sadly, our former Board Member Rennis Witham, who retired from the IPC Health Board in July 2021 after more than five years of service, passed away in October 2021. Other changes in our Board included the appointments of Chris Arnold AM and Riwka Hagen as Board Directors in May 2022.

We greatly value all our staff and volunteers who have done an excellent job in continued challenging circumstances. We thank them for their hard work, commitment and support during these exceptional times.

We would also like to thank our Board Directors, clients, partners and funders for their ongoing support. It has been another incredible year and we look forward to continuing our work as One Team IPC Health.



George Kogios
IPC Health Board Chair



Jayne Nelson
IPC Health CEO





Our people, our culture

Our People & Culture team has grown rapidly in the past couple of years (see the Volunteer Program page) providing guidance and information to all levels of staff across the organisation as well as potential new staff members. They've even been seen out and about at the Melbourne Career Expo with the most inviting stall of them all, if we do say so ourselves!

A big win for One Team IPC Health

We were thrilled to be nominated as a finalist for the Australian Human Resources Institute's (AHRI) Sir Ken Robinson Innovation and Creativity Award. What's more is that we won! This category acknowledges outstanding initiatives or programs that support and create a culture that stimulates creativity in the workforce and harnesses innovation to achieve organisational outcomes.

We were recognised for the range of best practice initiatives and approaches we've implemented to drive innovations and better ways of working for the benefit of our staff, clients and communities. These include:

- Surplus For Purpose: One Team IPC Health (Growth Strategy & People Plan) initiative
- Modern Workplace program
- Innovation Challenge series
- Leadership MINDset
- Leading COVID-19 response (see page 36)

Through this award we're celebrating our culture and new ways of working as One Team IPC Health. We support staff-led innovation and include our clients and partners in the modelling of new or improved service delivery.

We also empower our clients to take charge of their health and wellbeing while supporting them with holistic connected care and prevention services that meet their individual clinical, mental health and social needs.



People Matter wellbeing check survey

The annual People Matter survey is a check-in to see what our people think about the year past.

The survey results provide valuable insights for developing and implementing improvements to inclusion and wellbeing, eliminating negative behaviours, and ensuring the public service workforce reflects the diversity of the Victorian community.

Safe, healthy workplaces with positive, ethical cultures drive better outcomes for our clients and the communities we serve. We continue to use this feedback to find out what we're doing well and identify the areas we need to focus on improving.

As a direct result of staff input, we've taken action in key areas that are meaningful to our staff, including:

- Flexible working
- Psychological safety
- Learning and development
- Workloads
- Performance conversations
- Team building
- Stress prevention and self-care
- Communication

Here are some of our results from the last survey:

Staff satisfaction with their jobs, work/life balance and careers



Staff feel as if they belong and can be themselves at work



Staff engagement



Index scored out of 100

99%

I can make a worthwhile contribution at work

97%

I achieve something important through my work

94%

I get a sense of accomplishment from my work

93%

My organisation encourages employees to act in ways that are consistent with human rights

MOMENTS service recognition

We're delighted to highlight the contributions of the following staff members as we celebrate together their milestone achievements.

10 years

Nichol Reeve
Child and Family Services

Gemma Sharp
Child and Family Services

Mifa Lay
Aged Care Services

Soni Gill
Dental Services

Fiona Chrispijn
Allied Health Services

Catherine Black
Allied Health Services

Kym Dodd
Allied Health Services

Erin Haley
Client Services

Stephanie Trevillian
Health Promotion and
Community Strengthening

**Uma Kalingippatti-
Ramalingam**
Child and Family Services

Brent Dearham
Allied Health Services

Sarah Tyrrell
Clinical Services

Elizabeth Battaglia
Child and Family Services

Catherine McQuilken
Aged Care Services

Belinda Davis
Allied Health Services

15 years

Ajit Pandey
Client Services

Tanja Tesanovic
Aged Care Services

Dianna Vigniuoli
Allied Health Services

Kylie McLaughlin
Clinical Services

Bernarda Radovanovich
Allied Health Services

Jennifer Robinson
Child and Family Services

Andrea Andersen
Wellbeing and Counselling
Services

Mark Noonan
Wellbeing and Counselling
Services

Vesna Pepic
Clinical Services

Shalini Bombuwala
Wellbeing and Counselling
Services

Danielle Barth
Community Care

Rita Scordo
Aged Care Services

Jocelyn Cefai
Allied Health Services

Susan Jaraba
Clinical Services

Emma Patten
Child and Family Services

Mary-Anne Maloney
Clinical Services

Anastasia Sidiropoulos
Aged Care Services

20 years

Niveen Alexander
Clinical Services

Maggie Vasic
Wellbeing and Counselling
Services

Karen Beckinsale
Client Services

25 years

Roussa Li Rosi
Finance Services



Volunteers making a world of difference

In August 2021 we employed our first volunteer coordinator to connect and support existing IPC Health volunteering efforts. We also developed new volunteering activities to fit the needs of our services while tapping into the capacities and strengths of our local communities.

There are infinite reasons for volunteering; from gaining experience while job hunting or fulfilling health and allied health course requirements to meeting Centrelink mutual obligation requirements. A lot of people are also looking for social connection, to contribute to their communities or just want to help out at their favourite local health service (that's us!).

We also have diverse reasons for including volunteers in our day-to-day business such as finding much-needed extra pairs of hands, community engagement and feedback, providing volunteering opportunities for clients as part of their health journey (for example, through our Social Prescribing program), and building our profile and reputation in the local community.

IPC Health volunteers are involved in many ways in the organisation. They greet people at the front door, support our Client Services team and assist new clients; work alongside our Allied Health teams to help in wellbeing activities; and also participate in community consultations and codesign sessions. They are also involved in vital back of house administration and coordination roles, and they truly become part of the team.

Pivoting from essential safety to client care

During the most restrictive times of the COVID-19 pandemic, our volunteers played a vital role in keeping our staff, clients and communities safe as first-line concierges. These volunteers worked across each of our campuses meeting people at the front door, measuring temperatures, helping them to check in, and providing masks and hand sanitiser.

Once these restrictions had eased, new ongoing Reception Concierge Support roles were created to assist our Client Services teams and clients. The volunteers are now helping with:

- Providing a friendly face and a welcoming atmosphere
- Getting clients a cup of water
- Assisting new clients to fill in forms
- Keeping the reception area tidy
- Providing information to clients
- Showing clients where the toilets are
- Straightening up the notice boards to make sure information is current and relevant
- Helping with clients' children
- Alerting Client Services to any issues if a client becomes unwell or agitated

The volunteers have bright blue vests along with their volunteer badges, ensuring they are easily identifiable by clients and the Client Services team. So next time you visit one of our campuses, keep an eye out for them and say hello!



Knitted into the fabric of their local communities

Coming in at over 40 years of activity, the IPC Health Knitting Group is one of our longest standing volunteer groups. This remarkable group of local women (one who has been involved for 33 years!) wasn't going to let the challenges of a global pandemic stand in the way.

The group gets together weekly to knit and crochet a wide range of toys, blankets, baby clothes and quite a bit of footy themed gear as well. These lovingly crafted items are then sold through our campuses to raise funds for our GP clinics and other projects. The group has shown grit and resilience to get through being unable to meet during our COVID-19 lockdowns plus relocation from their normal Deer Park campus location due to our COVID-19 response activities.

They are now happily reunited and settling in well to their new home at the CommUnity Plus centre just around the corner from their old home at Deer Park. The group is more enthusiastic than ever to keep going with their fundraising for us. They also have an eye for new ways of doing things and exploring online selling options for their amazing knitted treasures!

As well as being adaptable and resilient, the group is also kind and inclusive. Some participants attend with their disability carers and the carer often gets involved too, developing and perfecting their own knitting and crochet skills. 'Fatouma, my carer, is a better knitter than me!' declares current president Mary. In fact, the immediate past president is a former carer who stayed on long after retiring from her caring job.

We can't thank these quiet achievers enough for their ongoing support of us. Long may they create!





Volunteering at IPC Health close to home and heart for Chloe

While volunteering at IPC Health, Chloe was able to strengthen her skills and experience as a student nurse and win a job afterwards!

For the last few years, Chloe has volunteered as a nursing assistant working alongside our practice nurses guiding her with valuable experience. She absolutely loves her work and said, 'I get the chance to experience and practise clinical skills, making me feel more confident when I am in clinical practice.' Chloe got involved with IPC health after a suggestion from her mum Sofi who is our Senior Manager Clinical Operations.

This volunteering opportunity gave Chloe exposure to engage with clients, communities and health professionals. Her dedication was hard to miss; not only did Chloe apply learnings from her studies but she explored other roles and responsibilities that assisted the development of additional administration and communication skills, which she now uses in her everyday life and her nursing practice.

Chloe is a true child of the West having been born at Werribee Mercy Hospital, growing up and still living in the western suburbs of Melbourne. She loves the idea of living and working in her community.

'My community are the people around me, who bag up my groceries, who work in the coffee shops I go to, they are my neighbours. I want to be part of providing really great health care to the people I say hi to in the street!'

Chloe is currently completing her final year of a Bachelor of Nursing at ACU and continues to give back to her community by coming full circle with her new job where her journey began, at Werribee Mercy Hospital.

Volunteering brings everything together for Nav



Nav had never volunteered before he took up a concierge support role at our Deer Park campus. But his heartfelt desire to connect with the community and support people made him a natural. Nav looked for a volunteering opportunity at IPC Health because he had friends who were staff members and they spoke highly of our supportive culture.

Nav believes that responding to people's needs and making connections in the community are the best ways to work and live. He said that particularly during the pandemic, it had never been more important to find ways to support people at difficult times.

A big believer in multiculturalism, Nav also knows the importance of equity. As a speaker of Hindi and Punjabi in addition to English, Nav has been a great asset to the team and loves being able to use his extensive language skills on the job.

'Language is part of customer service,' said Nav who is keenly aware of the risk of people missing out on information due to language barriers. He said that a 'lack of information is a dangerous thing!' and it's great to know that risk at IPC Health is now reduced with Nav on board!

The Green Team works towards net zero

In February 2022 we launched the Green Team, an internal working group of staff coordinating a range of specific environmental initiatives that support our environmental vision by reducing our carbon footprint and greenhouse gas emissions.

The Green Team provides directional support to the organisation by:

- Researching environmental, sustainability and resiliency issues facing the organisation including articulating potential options and alternatives
- Leading the environmental management process, inciting positive change, and improvement on environmental and climate change issues
- Communicating to respective programs, departments, staff, and management on energy, environmental and climate change issues
- Building enthusiasm in staff and clients to embrace environmental programs and change
- Capacity building through educating and providing tools to manage change and initiatives
- Recommending solutions for improved management of environmental and climate change issues
- Selling ideas and concepts as they relate to solutions and improvements
- Acting as a resource tool for staff on environmental management and climate

The organisation engaged sustainability consultancy NettZero to undertake a baseline reading of our current carbon footprint. They audited our campuses for consumption of electricity, gas and water; volumes of waste produced; fleet fuel consumption; and purchases of consumables.

The Facilities team also created a staff survey for those working from home in order to give a true and full reading of the emissions spent by all staff members. This included questions on how people travel to and from work as well as electricity, lighting and heating consumption for their home office.

Waste management a hot green topic

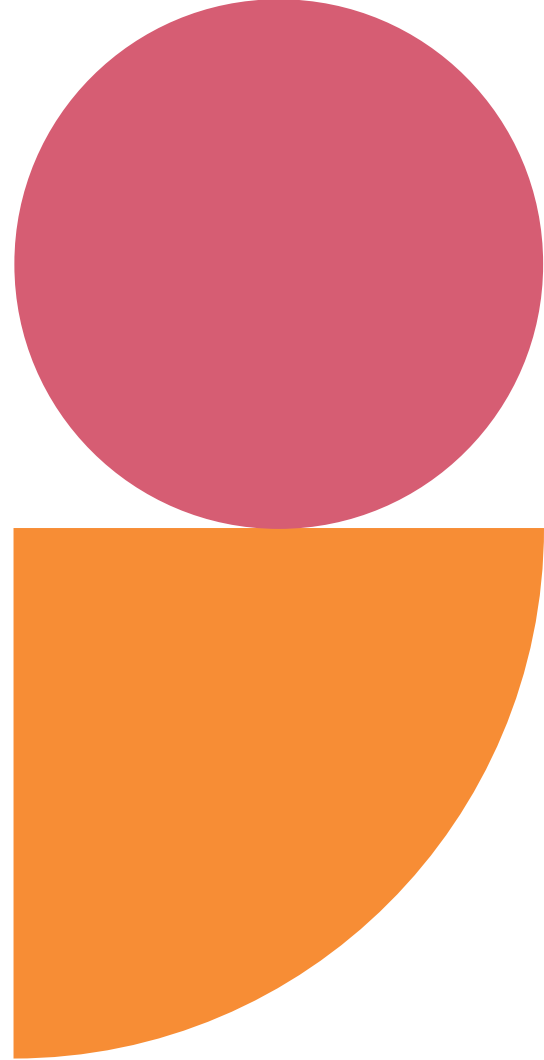
We've bin (pun intended!) overhauling our waste management systems on campus, thanks to staff advocacy. November 2021 saw a pilot trial of four streams of Eco Bins: general waste, paper and cardboard, organic material, and mixed glass and plastic recycling. By June 2022 the colourful bins were rolled out across all our campuses.

We're aiming to achieve a 50% increase in waste recycling and a 40% reduction in general waste to landfill. This will help us reduce our carbon footprint and greenhouse gas emissions while minimising cleaning and waste management costs. We've made sure the infrastructure is firmly in place so the waste streams won't be mixed when emptied and collected.

Our new waste management contractors Corio have invested in waste recycling and are able to support and manage our recycling requirements. They also provide monthly waste reduction and cost saving reports. Recycled materials will be disposed of at a reputable recycle station to turn them into a variety of new end user products. Collected organic waste will be repurposed for use with organic fertiliser and compost products.

To encourage staff to separate their waste, we also did away with desk bins in non-clinical areas which helps to keep those steps up! Our cleaning staff now have more time to focus on replenishing COVIDSafe items around the organisation.

In addition to the new bin stations, we're excited to be introducing battery bins and soft plastic bins at all campuses to make recycling even easier for our staff and clients.







Expanding care offerings through innovation

Understanding ourselves better so we can improve the client experience

The Innovation & Growth team has been working with clients, staff and sector partners to better understand people's experiences when they interact with our services. For example, understanding a client's first impression of IPC Health or how satisfied they are with the care they receive.

This collaborative project identified key issues impacting the quality of our service delivery. Through this learning, the team has co-created new and improved ways of how we operate as an organisation so we can provide the care people want and need. The team ran multiple workshops and interviews, gaining different perspectives and insights on problem areas and mapped out opportunities for change and improvement. Below are some highlights from this work.

Commonwealth Home Support Program services through the My Aged Care Portal

Problem: We heard from our Intake team and referrers that the way the portal was set up was confusing and hard to navigate. Staff could update client records for existing clients in the backend of the portal but no new referrals could be submitted in the part of the portal that was accessible to the public.

Solution: We updated the portal with streamlined options so clients can see what services they are eligible for and they can apply for them. We also initiated ongoing regular meetings between IPC Health Allied Health and Intake teams as well as with the Regional Assessment Services and local councils to improve sharing of information.

Clients given choice of location for campus-based services

Problem: Clients were only offered services at the IPC Health campuses in the local government area that they lived in and not given the option to see if the service at another location might suit them better.

Solution: Clients can now access a range of services (where funding permits) based on their preferences regardless of their residential address within a local government area. This change is helping us to meet the needs of our clients and tailor our service offerings.



Getting quick answers for kids with special needs

IPC Health partnered with Amaze, a peak body for autistic people in Victoria to see how we might enable children with autism and their families to access early assessment, intervention and support services, equipping them with the skills, tools and knowledge to lead healthier and happier lives.

The Innovation & Growth team has been conducting an Autism Assessment Clinic pilot program from our Wyndham Vale campus starting with 10 client families. We started the process by engaging consultants Wave Design who met with 20 community members and staff to design a service blueprint.

An internal multidisciplinary working group was then established with a paediatrician, wellbeing coordinator, speech pathologists, psychologist, occupational therapist and supported by our Senior Manager Allied Health Services as Project Lead, as well as a Communication and Engagement Officer and Innovation and Growth Lead.

9 families and 10 children

completed all sessions in their program

9 out of 10 children

in the clinic were diagnosed as being on the autism spectrum

Within two months the team had organised and set up the clinic; templates and letters were created, training was held around administering tests, and appointments were scheduled with our families.

The spectre of an autism assessment and subsequent diagnosis can be a scary, uncertain and lonely time for families. There can be long waiting lists to be seen by individual specialists and families can feel confused about the process and next steps. The goal of our clinic is to have a family wellbeing coordinator who is their main contact for appointments, information and to answer questions that arise along the journey. Another benefit is that all of the necessary services are co-located in one campus so the families have a familiar and safe space.

The program is also supported by our newly developed Autism Clinic Education Hub webpage providing our families with information about each step in the process from the initial contact with the clinic to after the diagnosis. Each stage contains information and links to support and other helpful organisations. Even if there's no autism spectrum diagnosis at the end of the assessment process, children can be referred to other IPC Health services to support their needs.

Here's some of the great feedback the pilot received from our participating families.

'The process, it's easy. Once all the testing is done over a couple of days, we had a result straight away. That was brilliant. And how they handled it all was great.'

'I think getting it all done quickly three weeks in a row allowed it to be the hot topic of the house. It felt so concise. And then to get the results so quickly it's like, well, how come it's been taking years for so long?'

'To be honest, they should keep doing it because it helps people get a diagnosis quicker and easier.'



Health in the palm of your hand

Our digital health self-management tool idea from our first staff-led Innovation Challenge has now moved into its second phase.

The initial design sprint conducted over 70 interviews with current and prospective clients as well as staff to understand if a digital health tool could support people to better manage their health condition in partnership with their health provider. A prototype was then developed and user testing demonstrated that this was definitely a desirable health tool on both sides of health care.

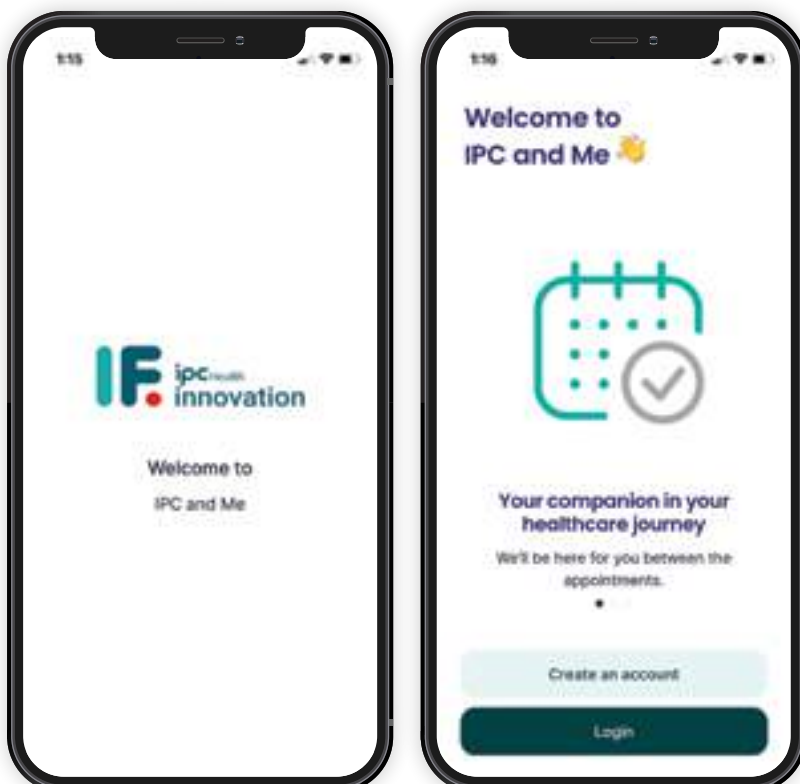
Phase two of the project saw the development of a working app prototype with the wording and flow tested with clients and staff through focus groups. The key objectives were to discover if the app could:

- Support clients and staff to increase client health self-management
- Provide a platform to allow improved coordination of client care

- Improve the quality of life and service experience of clients through use of a digital health solution
- Promote increased focus on prevention-based health behaviours of clients

A trial with staff and clients was commenced with the outcomes, findings and recommendations measured to be built into the next iteration of the app. The team saw an increase in health self-management behaviours of clients, saying the app helped them stay on track with their health goals. There was also an increase in multidisciplinary care plans and care plans with listed prevention activities. Staff reported a positive experience using the app to work with their clients and all said they would recommend using the app to other staff and their clients as well.

The app is being updated so the care plans more closely reflect what we use now to include features like review dates and goal linking. The team is looking to run a longer trial with a wider range of multidisciplinary staff and more clients. This will better test if the app can assist with multidisciplinary care and see if we can show a positive impact on clients' quality of life as a result of using the tool.



Delivering improved disordered eating support for clients in the West

The Disordered Eating project's goal is to improve service delivery for clients who present with disordered eating behaviours at IPC Health. The team are now moving into the second phase of this Innovation Challenge startup.

Phase one identified a major gap in supports available for people with disordered eating behaviours in Melbourne's west. This provided us with an opportunity to play a key role in early intervention and support.

Working with five experts, the team also discovered:

- Acute services don't have the capacity to manage individuals with binge eating disorder and other specified feeding and eating disorders.
- There is a need to screen and monitor disordered eating behaviours and emerging eating disorders in the community.

- Community health services can provide treatment as a first response, specifically for disordered eating behaviours, binge eating disorders and other specified feeding and eating disorders.
- There is a strong need for low cost accessible services in Melbourne's west for people with disordered eating behaviours and eating disorders.

The team also completed interviews with people who had lived experiences of eating disorders and as a result, developed a screening tool, high level service model and an information brochure.

Phase two involved the recruitment of an internal counsellor role. The team developed a robust implementation and evaluation plan considering a multidisciplinary and care coordination service model approach. We will trial and test the proposed service model in the third phase of the project.



Building affirmative services for our underserved rainbow communities

Another project that started off as a staff-led Innovation Challenge is moving towards its pilot phase. The Transgender, Gender Diverse & Non-Binary Wellness Service project recognises the limited options and lengthy waiting lists for people wanting to access inclusive and gender-affirming health services, with no accessible clinics across the western suburbs of Melbourne.

Our team of staff and community members scoped out a high level model that would enable support for our transgender, gender diverse and non-binary [TGDNB] communities. The resulting Wellness Model celebrates and affirms TGDNB clients as active participants in their health and wellbeing journey. In 2022 we appointed an internal TGDNB Lead to coordinate the final consultation, design and preparations needed for the pilot.

The pilot service will target Wyndham-based clients before implementing those learnings and expanding our reach and offerings.

To upskill staff across the organisation, we will be running a number of training sessions presented by the Zoe Belle Gender Collective, a trans and gender diverse-led advocacy organisation. The project lead has also been running team information sharing sessions as well as webinars to keep staff up to date on the process and answer any questions.

We have launched our new Staff Academy, a collaborative space for staff to learn from each other and discover ways to support our trans and gender diverse communities in an informal, relaxed, supportive and judgement-free environment.

We're also looking forward to hosting a number of trans and gender diverse community panels for staff to hear directly from the people that we serve.

Child and Family Hub at IPC Health Wyndham Vale

After an intensive and fruitful innovation sprint, we started seeing clients at our Child and Family Hub at the IPC Health Wyndham Vale campus in April 2022. We invited a number of families with children from birth up to 8 years who are living with adversity to help us design and trial the service.

The Child and Family Hub model was codesigned through an intensive 10-week workshop series and consultations with over 100 families and 30 service providers from Wyndham Vale. The codesign process focused on the client journey through the Hub and will be implemented throughout the 12-month pilot phase with learnings used to inform service expansion.

The model is designed to not only integrate services at our Wyndham Vale campus but to also improve connections with external services so we can better respond to these clients with holistic support. We know that with early detection of life challenges and early interventions which address challenges, we can have a positive impact on the mental health of children and their families and help set them up for success later in their lives.

The Hub is a partnership between IPC Health, Murdoch Children's Research Institute, Victorian Legal Aid, West Justice, Parenting Research Centre, North Western Melbourne Primary Health Network and Wyndham City Council's Early Years Services.

IPC Health's vision is a collaborative, client-centred and multidisciplinary approach to the delivery of health care and social services. The Hub is an example of our new service model with easy access for clients and a wellbeing coordinator linking them to services within IPC Health and the wider community.



CLIENT SUCCESS STORY

Naz and his family get the wraparound support they need

Naz* is the primary carer of his nine children as his wife Ayla* has mental health challenges and struggles with her parenting role.

English is not Naz's first language and he needs help filling in forms and understanding correspondence. One of Naz's children Akeem* was recently diagnosed as being on the autism spectrum. The new diagnosis prompted their paediatrician to refer the family to the wellbeing coordinator at the Child and Family Hub at IPC Health Wyndham Vale to link in with necessary support for Akeem.

During the first appointment Naz and the wellbeing coordinator Emma spoke about Akeem's support needs. Naz was also concerned about the family's housing issues as they had recently received an eviction notice. Naz thought they had a 12-month lease; however, it turned out to be only six and now the owners wanted them to leave. Naz was feeling extremely stressed as he had been unwell and unable to look for properties.

Recognising that Naz's immediate concern was finding a suitable house for his family, Emma instead helped Naz review 20 properties within his budget and liaised with the rental managers. Naz was also being supported with filling in a priority housing application (as he hopes to access housing through the Office of Housing) and completing an application for a bond loan through the Office of Housing. Emma also acted as an advocate for the family with Unison Housing's private rental assistance program.

Another concern for Naz was a large number of fines that he has received, including a fine that has been attached to him at a time that he did not own a car. Emma referred Naz to the West Justice lawyer who is attached to the Hub to support him with this. When meeting with West Justice, Naz spoke of outstanding bills and in turn was referred to the financial counsellor attached to the Hub.

With short-term housing and financial concerns being addressed, Naz and Emma could then focus again on Akeem's NDIS package and the supports that Akeem requires. Emma referred Akeem to the speech pathologist at the Hub to provide short-term intervention while she contacted multiple agencies to have Akeem put on the waiting lists for speech pathology and occupational therapy.

Naz also spoke with Emma about the possibility of respite; however, this wasn't included in Akeem's NDIS package. Emma contacted Akeem's NDIS Early Childhood Early Intervention worker who said that she would apply for a review of the package so that the family could receive respite assistance. Emma provided a letter of support for in home respite as well as case coordination which Naz thought the family would also benefit from.

Naz's family has secured another rental property with a 12-month lease; however, they are still hoping for a more appropriate house through the Office of Housing. Emma will continue to support the family to secure longer-term housing while supporting Naz to access West Justice. Emma will also help Naz to develop his skills navigating services, building his capacity to respond to Akeem's needs through education and parent coaching as well as getting the family into social activities, which will enhance their wellbeing.

**Clients' names have been changed to protect their identities.*

Early Help Family Service at Timbertop Community Centre

Our new Early Help Family Service, co-located at Timbertop Community Centre in Aintree, opened its doors in July 2022.

The service is funded by the Department of Families, Fairness and Housing and extends our growing reach into the Melton community.

The service is available to families with children from birth up to 12 years who live in the Brimbank and Melton local government areas. Our families may be experiencing life challenges such as financial hardship, unstable housing, challenging behaviours from their children, changes to the family unit, a concern about their child's development or their own mental health concerns. We connect families to local community services while empowering parents with practical information about each stage of their child's development.

The Early Help Family Service helps families with:

- Personalised support to meet their child's development and wellbeing needs
- Connection to community services and other local community programs
- Help to find health and social services
- Education and other support
- Group-based family support

Our family community worker supports families with:

- Identifying their goals and achieving them
- Choosing the right kind of support for them
- Connecting them with other family services



Brimbank Melton Infant, Child and Family Health and Wellbeing Hub

In a partnership with Western Health and the Royal Children’s Hospital, we will be codesigning and leading the new Brimbank Melton Infant, Child and Family Health and Wellbeing Hub, another service in our suite of child-focused early intervention programs in the West.

The service will support children from birth up to 11 years who are experiencing developmental, behavioural or emotional challenges as well as their families while providing age appropriate care.

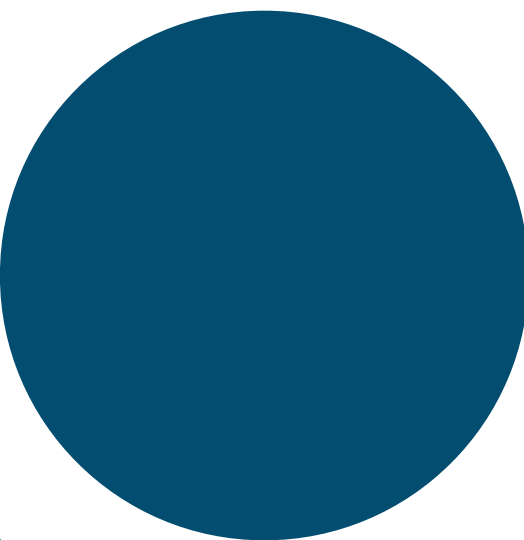
The Hub will be a one stop shop to supporting infants, children and families with services including psychologists and psychiatrists, allied health, family supports, and paediatricians. People with lived experience will also form an important part of the Hub’s workforce.

A holistic and family-centred specialist intake assessment will help families identify their needs and access the right services within the Hub, with our partner community health services and/or other family services in the broader service system. Infants and children won’t need to have a diagnosis to access the Hub and assessments for autism spectrum disorder and developmental issues will also be available with no cost to families. We will also welcome self-referrals as well as those from local health service providers.

The Hub will aim to build family capacity and capability in addition to providing treatments. Another exciting aspect of the Hub is that it will be codesigned with the local community and stakeholders to make sure it meets local needs and complements existing services in the area. Community and stakeholder consultation and codesign will then become part of the Hub’s ongoing operation.

We expect a soft opening at end of 2022 while ramping up to full capacity by the middle of 2023. Both the Brimbank Melton Infant, Child and Family Health and Wellbeing Hub and the Brimbank Melton Early Help Family Service will work together to seamlessly provide the best support for each individual family.

See the story on our Autism Assessment Clinic (page 20) for more about the ways that we’re investing in child and family focused services.



Social prescriptions to treat the whole person

Our Social Prescribing program is a holistic, person-centred model delivered by a multidisciplinary health care team using non-medical prescriptions to increase clients' social and emotional wellbeing.

Working together with one of the program's wellbeing coordinators, clients identify their own wellbeing goals with a personalised social prescription plan bringing together internal and external referrals to programs, services and activities.

Social Prescribing offers support and guidance for clients to connect with their local community, counter loneliness and social isolation, and improve their overall health and wellbeing.

204
referrals received

69.5%
female

142
referrals made out as part of social prescriptions

30.5%
male

Average of
16
contacts from wellbeing coordinator to client

Top countries of origin

- Australia
- India
- Malta
- Italy
- Sri Lanka
- Egypt
- Philippines
- Croatia
- Myanmar
- Iran

Program pivots to ease clients back into society after lockdowns

In response to reduced face-to-face community programs and services during the COVID-19 lockdowns and changing government guidelines, the Social Prescribing wellbeing coordinators developed and facilitated the Steps to Reconnect program to address our clients' evolving needs during these socially isolated times.

Six social groups were codesigned and delivered across accessible local parks in the Brimbank and Wyndham areas. Each session provided clients with an opportunity to connect socially in a supportive and safe environment while enjoying the benefit of a gentle walk.

The coordinators also explored social prescription possibilities in a group context. This switch resulted in positive client-reported outcomes including improved social connections, increased confidence, and readiness to engage in their individual social prescription plans.

Following a successful client evaluation, Steps to Reconnect expanded to recruit from the IPC Health Volunteer Program as well as representatives from local community centres and libraries to share knowledge and information.

The program also ran education sessions funded by the Department of Health on the correct and safe use of rapid antigen testing kits.



Steps to Reconnect has increased my social connections

92%

strongly agree or agree

Steps to Reconnect was safe and inclusive

100%

strongly agree or agree

I have improved in confidence in joining groups and activities

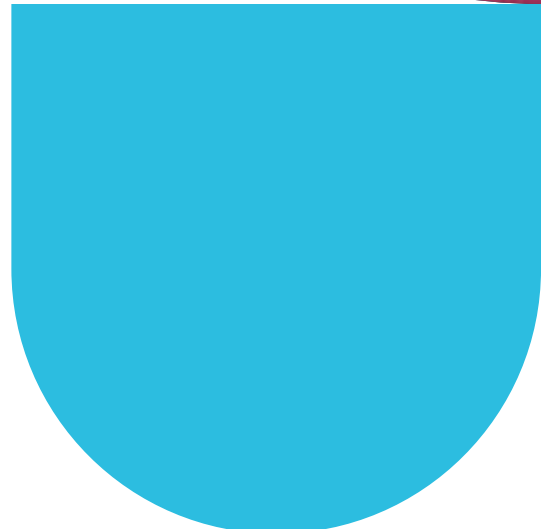
92%

strongly agree or agree

My knowledge of local services and activities has improved through Steps to Reconnect

100%

strongly agree or agree



CLIENT SUCCESS STORY

Marko steps back into life

Marko* is a retired dad in his 60s who lives alone and has limited contact with his two children. He has previously been diagnosed with Type 2 diabetes mellitus and depression and was referred to our Social Prescribing program by his GP due to social isolation.

Working with one of the program's wellbeing coordinators, Marko said that his goal was to 'make new friends in my local area.' The initial assessment discovered that Marko was experiencing loneliness and a low mood, wasn't eating a healthy diet and that his diabetes was poorly managed. Other issues of concern identified included a sense of low confidence, limited knowledge of his neighbourhood, and no access to digital services.

Together Marko and the wellbeing coordinator formulated a personalised social prescription including:

- An external referral to My Aged Care for support services
- Internal referrals to our Head to Health, diabetes nurse educator, dietitian and Steps to Reconnect programs
- External activities such as the Red Cross TeleYarn social chat service, home lending visits from the local library, and links into the local Men's Shed and the Western Bulldogs Community Foundation's Sons of the West program

Marko started attending Steps to Reconnect and quickly developed new social connections. Along with other participants, he even formed a regular men's group which meets at the local community centre! Marko attends regular Head to Health counselling sessions and has improved the self-management of his diabetes through education, regular exercise and diet. Marko has reported forming new friendships has increased his confidence and he is enjoying an improved mood.

**Client's name has been changed to protect their identity.*





Promoting prevention and wellbeing

Supporting First Nations clients through the pandemic

Despite staff shortages and ongoing challenges from the COVID-19 pandemic, our Aboriginal Health team continues to provide equitable health care assistance to our clients and communities.

By adapting and responding to the evolving situation, we have strived to maintain continuity of care for clients as well as the wider Aboriginal and Torres Strait Islander community who use IPC Health services and are connected to The Lounge at our Wyndham Vale campus (previously known as The Elders Lounge).

Of note is the growing population of younger First Nations families who are moving into the Wyndham Vale area and seeking support. While many haven't been eligible for the Integrated Team Care Program [ITC], our outreach worker has been able to link them with services for families such as Victorian Aboriginal Childcare Agency [VACCA] or our Child and Family Hub at IPC Health Wyndham Vale.

36

number of ITC clients

12

new ITC referrals

13

number of ITC clients discharged

3

most common conditions or diagnoses in current clients

- Diabetes
- Mental health
- Eye conditions

99%

of our clients have had at least one COVID-19 booster shot

50%

of our clients have received their second booster

95%

of our clients have had their annual flu vaccination

As the pandemic and associated restrictions continue to affect these clients, the team has looked at ways to support our clients and promote health and wellbeing through:

- Promoting preventative health and exercise
- Encouraging and promoting healthy eating
- Encouraging social interactions and attendance of education sessions, cultural trips and events
- Encouraging clients to stay up to date with their flu and COVID-19 vaccinations
- Introducing meditation and mindfulness strategies
- Referring clients to other services within IPC Health and developing streamlined referral pathways between external providers

Clinics, activities and groups to build on health and wellbeing

The services and activities provided by the team to our clients and Aboriginal and Torres Strait Islander community members have increased since reopening The Lounge after COVID-19 lockdown closures. Having this dedicated space available to clients again has enabled them to re-engage with this dedicated cultural space as part of their appointments with the team's care coordinator and outreach worker as well as our GPs, allied health and other services.

Building on existing strong working relationships with internal and external stakeholders, the team has been able to deliver health education workshops, information sessions, excursions and cultural events.

The Elders Exercise Program

First started in 2018 and paused by the pandemic, this well attended program was able to restart this exercise class for our older clients through our physiotherapy and exercise physiology teams. This activity was sorely missed by participants as they had reported improvements in their stability, strength and balance. The class remains popular with new members joining and all participants reporting positive health outcomes such as weight loss, improvements to cholesterol and blood pressure readings, as well as their mental health.

Walking Group

Run on alternate weeks to the Deadly Community Kitchen program, this activity was originally started after consultation with our clients to bring people together in an open safe space while promoting physical activity to increase motivation and improve their mental health and wellbeing. After the many lockdowns, clients were complaining of weight gain,

emotional stress and depression and many were still afraid to venture out in close spaces. The field at Wyndham Vale Reserve was nominated as it's a safe and familiar place at the back of the Iramoo Community Centre where the Deadly Community Kitchen is held. There are two groupings offered; those who want to walk fast and those who want to go at a slower pace. Everyone gathers at the Iramoo Community Centre afterwards for a drink and a yarn to enhance social connections.

Education and information sessions

The team coordinated three sessions on cancer screening, proper use of rapid antigen tests, and My Aged Care and Home Care Packages. The cancer screening and rapid antigen tests sessions were initiated through the Department of Health after hearing about The Lounge and Deadly Community Kitchen. Held at the Iramoo Community Centre, both sessions were well attended by clients and community members and boxes of rapid antigen tests were handed out. The My Aged Care session was held at The Lounge with our Aged Care Service Coordinator who was able to explain a sometimes complicated system and answer any questions clients had.

Cultural events and excursions

We recognise the importance of celebrating cultural events as well as the connection to country and land. With Aboriginal and Torres Strait Islander people placed at higher risk during the pandemic, many cultural events and excursions had to be postponed until it was safer to gather. Unfortunately, this impacted many of our clients' social, emotional and psychological levels of wellbeing.

In happier news, we were able to celebrate Reconciliation Week and Mabo Day together. In partnership with VACCA, the team also organised a trip to Narana Aboriginal Cultural Centre in regional Victoria, providing a much needed cultural connection to land and culture while improving mental health wellbeing for the clients and staff that attended.



Celebrating the impact of community health through the C-19 Network and people power

The C-19 Network formed in August 2020 as part of the Victorian Government's response to the unfurling COVID-19 pandemic.

The consortium consisted of the community health organisations EACH, cohealth, DPV Health and Star Health with IPC Health as lead agency and coordination point. Using staff and resources from each organisation, the C-19 Network created the Rapid Response Testing Teams [RRTT] program which firstly focused on delivering COVID-19 testing across metropolitan Melbourne and some regional areas in Victoria. It then quickly morphed into community engagement and information sharing and finally, vaccination rollout.

RRTT was highly effective due to its existing workforce pool's ability to quickly mobilise teams that were assigned to rapidly changing hotspots within hours when surge capacity was required. For IPC Health, a number of client-facing practitioners who were unable to see their clients because of the lockdowns were seconded and undertook further training where needed to meet the demand of the pandemic response. Staff from other teams including Finance and Client Services also put up their hands to be part of the C-19 Network coordination hub. It was this flexibility and passion to keep our communities safe that saw the program reach some remarkable achievements.

Number of specific vaccinations deployments to support priority population groups through C-19 pop up and mobile outreach activities

640

Over

48%

of people vaccinated by IPC Health through the C-19 Network were born outside of Australia

The success of the program was thanks to the highly agile response of five community health organisations working collaboratively together. At the heart of community health is the ability to form trusted relationships with our diverse communities and it was some of these communities that needed the most support during the pandemic. Thanks to our trusted status, we were able to get help to vulnerable populations more quickly.

In this section we celebrate the remarkable collaboration of five community health organisations dedicated to providing equitable health care to those who needed it most in the face of an unknown virus causing devastating illness and fear.

Note: While funding for vaccinations and the community engagement and bicultural workforce programs through the C-19 Network ended in December 2021, IPC Health has continued to provide COVID-19 responses under new funding arrangements.



Rapid Response Testing Teams

The initial assignments for RRTT were onsite testing for outbreak management or surveillance in a wide range of settings such as residential homes (aged and disability care as well as high rise apartment blocks and rooming houses), large worksites such as factories, and ports of entry including airports and shipping docks. These teams were able to arrive complete with resources within a matter of hours after the request notification came through.

From its commencement to 30 June 2022, the C-19 Network performed over 168,200 COVID-19 tests in over 350 locations across metropolitan Melbourne and regional Victoria. To service the growing demand for testing and then vaccination, the number of teams grew from the initial six to 16 at the end of December 2021.

COVID-19 vaccinations

When COVID-19 vaccinations started being approved for use in Australia, RRTT were quick to be on the frontline of provision; firstly to priority populations and then the general public through long-term vaccination hubs, pop up clinics in targeted areas of need, outreach services for hard to reach and vulnerable cohorts, and in home visits for people who had trouble accessing external services. From its commencement to 30 June 2022, a total of 90,519 jabs were provided by IPC Health as part of the C-19 Network and we were able to deliver care to culturally and linguistically diverse communities, people living in high-risk accommodation, people at risk of homelessness, and our Aboriginal and Torres Strait Islander communities.

Fixed vaccination hubs

With the generous support of Melton City Council, we established a large scale COVID-19 vaccination hub at the Caroline Springs Leisure Centre. The hub opened in September 2021 and delivered over 44,300 vaccinations until its closure in June 2022.

The hub was on the frontline of the various changes to recommendations and eligibility for different cohorts. The teams quickly responded to encourage changing priority groups to get their jabs. This included supplementary allocated walk up times, organising transport for clients in our High Risk Accommodation Response program, working with community and cultural groups to fill their own booths, giving away free rapid antigen tests, and hosting fun days so children had a better experience. We also offered a dedicated low sensory booth for people who found the general busyness of the hub overwhelming as well as Buzzy, a special worker designed to help those who needed a little distraction when getting their jab through a combination of vibration and cold that helps mask the sharp sting of the needle. The hub was also a base for outreach, pop up and in home visits teams.

Pop up vaccination clinics

Our pop up vaccination clinics took us from swimming pools, primary schools and mosques to suburban markets, shopping centres and community centres!

[Below] Courtesy of Buzzy4Shots Australia and New Zealand



Outreach activities

A priority activity for the C-19 Network was ensuring that hard to reach populations were offered the same level of care and support as the general public, no matter where they were. Two examples of this were the High Risk Accommodation Response program's vaccination visits to caravan parks where the transient and semi-permanent residents could easily be missed. To tempt people out to have a chat we also provided free hot drinks and sausage sizzles. For people who were interested in getting vaccinated but had trouble getting to a vaccination clinic themselves, we organised transport and a friendly face to reassure them on the day. For others who weren't ready to book in for their jab, we offered up-to-date information at these informal events. The team was also able to help residents link in to other services that they could benefit from.

The second activity was a weekly pop up clinic based out of The Salvation Army facility in Sunshine. Because of the existing relationship between the Salvos and IPC Health, they were quick to agree to host this service targeting new and existing users of their community meal program which had turned into a food parcel service due to the pandemic lockdowns. In addition to people accessing the meal service were community members, including those from the Burmese and Vietnamese communities who were already familiar with the Salvos building but found the vaccination booking system hard to navigate.

Regional support

In June 2021, the call went out for our Rapid Response Testing Teams to help support community health organisations in regional Victoria with their testing and vaccination programs. Through to December, the multidisciplinary and experienced teams including clinical and administration staff deployed to 12 regional locations for days at a time. We delivered pop up vaccination and testing hubs and also conducted in home visits. These visits were highly effective as in most cases all occupants decided to get vaccinated as they felt more comfortable in their homes rather than at a clinic. IPC Health staff were pleased to lend support to the Gippsland and East Gippsland Aboriginal Co-Operative in Bairnsdale, the Ramahyuck District Aboriginal Corporation in Morwell and Barrabill House in Seymour.



CASE STUDY

Newport mosque welcomes pop up clinic

Starting as a partnership with Western Health, in September 2021 IPC Health took over the operation of a vaccination hub at the Australian Islamic Centre's mosque in Newport from Western Health.

This location was chosen to specifically engage with the Arabic speaking cohort in the West by providing support that was championed through leaders in their communities. The use of a well-known culturally safe space with ample room for ventilation and larger family booths as well as lots of free onsite parking was an effective choice. Particularly, the success of this hub was due to the close and effective collaboration with the Australian Islamic Centre targeting and encouraging their local Muslim communities through their social media profiles and using their own booking system, as well as facilitating walk in spots.

Through to its closure in October 2021, the hub would be the C-19 Network's biggest and longest running pop up vaccination clinic. Fifteen booths were operating seven days a week with up to 30 staff members including nurses, GPs, pharmacists, administration staff as well as community engagement workers and interpreters on any given day. Over 12,700 vaccinations were given to community members, likely including those who returned for their second dose during the six weeks of operation thanks to the positive experience delivered by IPC Health and the Australian Islamic Centre.

12,754

vaccines were given
to community members



Community engagement and bicultural workforce

The C-19 Network's community engagement and bicultural workforce proved to be an integral part of the collaborative's success.

Their assignments included informal information sharing with local businesses, handing out masks and sanitiser at sporting events and temples, and supporting the testing teams at in home visits, outbreak sites and high-risk housing areas. On some occasions they were also called upon to organise food parcels for people isolating at home.

Their most important work came through engaging with our culturally and linguistically diverse communities, that they were already well-known and trusted in. These existing relationships ensured that we were able to deliver critical health messaging to vulnerable populations in culturally appropriate ways. The workforce became the conduit between these communities, the C-19 Network and the Department of Health, helping to build ongoing connections by supporting community leaders, attending public gatherings and speaking at community sessions. The messaging service WhatsApp also proved to be a valuable tool in making sure people were getting the most up-to-date information as restrictions and recommendations changed quickly.

When COVID-19 fatigue was felt among communities, the teams incorporated COVIDSafe messaging in fun-filled activities and organised including dance and music activities, art, hula-hoop sessions, and craft for kids when restrictions allowed. Information sessions were also conducted for the elderly and community members to demonstrate the correct use of rapid antigen tests.

1,266

engagement
deployments

94,086

contacts with community
members

72,000⁺

leaflets distributed

25,000⁺

other resources such as face
masks and hand sanitiser





Some of the diverse groups
the teams supported

Aboriginal and Torres Strait Islander,
Indian, South Sudanese, Muslim,
Nepalese, Chollo, Burmese, Vietnamese,
and Chinese communities

Health workers from medical clinics,
allied health services and dental clinics

Young children and their families through
early learning centres

New migrants and asylum seekers

General community members
attending shopping centres, markets
and local shops

Socially isolated men through groups
like the Men's Shed

Individuals attending meal programs

Sporting clubs

Factory workers

Small business owners and workplaces

Languages spoken by the
teams throughout the program

Bengali

Greek

Hindi

Dinka

Maori

Sinhala

Arabic

Malay

Tamil

Hazaragi

Oriya

All Burmese
dialects

(Hakha Chin, Matu Chin,
Zophei, Senthang Chin)

Spanish

Shilluks
(Sudanese)

Dari

Punjabi

Pashto

Persian/
Farsi

Haryanvi

Samoan

Swahili

Telegu

Vietnamese

Urdu

Bahasa Indonesian

Nepali

Cantonese

Fijian

Supporting our local communities

In addition to leading the C-19 Network, we also delivered a number of other COVID-19 responses during the entirety of the pandemic such as our State Funded Fixed Testing Sites and GP clinic vaccination services.

One of our biggest assignments since the beginning of the pandemic has been our COVID-19 drive through testing sites. However, as demand declined due to lower infection rates and the introduction of at home rapid antigen tests, the Department of Health started to close down sites across Victoria. In August and December 2021 our community sites at Tarneit and the Sunshine West Community Centre were closed respectively. We then said goodbye to the IPC Health campus-based sites at Deer Park (February 2022) and Wyndham Vale (April 2022). Our remaining community site is based at Victoria University's Werribee campus.

COVID-19 GP clinic vaccinations

3,386

Deer Park

6,280

Wyndham Vale

IPC Health State Funded Fixed Testing Sites COVID-19 PCR tests performed

5,551 Tarneit

21,171 Sunshine West

92,842 Deer Park

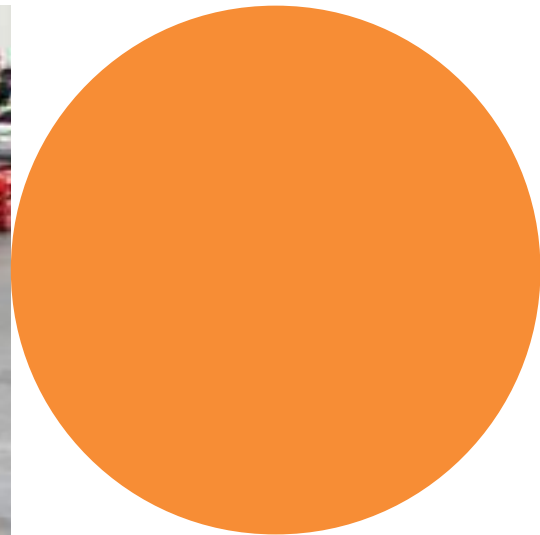
58,368 Wyndham Vale

124,684 Victoria University

Werribee campus

Total number of COVID-19 tests performed at our State Funded Fixed Testing Sites

302,616



High-risk response provides high reward for vulnerable communities

Our High Risk Accommodation Response [HRAR] program was the lead provider for the Brimbank and Melton areas.

This service supported residents in high-risk accommodation settings (such as public and community housing, rooming houses, caravan parks and supported residential services) by providing culturally appropriate COVID-19 preparation and preparedness information and strategies including:

- Vaccination rollout information
- Support to get vaccinated including booking assistance and transport
- How to safely isolate at home if required
- Local health and wellbeing services information
- Identifying health and wellbeing issues
- Facilitating appropriate referrals and linkages to local services and supports

The success of this critical program came from flexibly being able to offer much needed health services, supports and information to these vulnerable populations through a range of targeted outreach and inreach engagement strategies. Sometimes this meant just giving them the most up-to-date information if they were open to receiving it, and reassuring people that help was available to them.

HRAR funding through the Department of Families, Fairness and Housing ended in June 2022. IPC Health recognised the importance of carrying on this work and so we committed to extending the work and relationships built with these communities during the HRAR program by immediately transitioning to the new self-funded Homeless and at Risk of Homelessness Response [HaRH] program. HaRH continues to focus on the Brimbank and Melton areas, supporting people who are experiencing homelessness or are at risk of homelessness including residents in rooming houses and caravan parks.

HaRH's multidisciplinary team uses a collaborative client-centred approach to provide holistic health and wellbeing assessments. This enables it to facilitate and support linkages into IPC Health services with priority access as well as referrals into external services if needed. This support approach enhances the client's journey to better health equity and outcomes.



Our catchments included approximately

850

dwellings, comprising around **1,500 residents**

From March 2021 to June 2022

6,400+

engagements across

71 outreach engagement activities

127 inreach engagement activities

1,300 door knocks

Supported and facilitated

552

health and allied health referrals to IPC Health as well as **363 external referrals**

1,969

vaccinations enabled

323

residents supported to safely isolate at home

CLIENT SUCCESS STORY

John's time to thrive

John* is a public housing resident who came into contact with the HRAR team in February 2021. He reached out to the team for support for urgent dental care.

After speaking with the program's wellbeing coordinator Setra, she decided to undertake a more thorough assessment of his health and wellbeing needs. A range of issues were identified, however Setra started with a priority referral to our dental service where she was able to have the fee waived. Setra then referred John to range of IPC Health services including drug and alcohol counselling, podiatry and dietetics.

In late December John reached out again to the HRAR team, telling it that he was feeling very unwell and thought that he had COVID-19 but that he was still waiting for his test results several days later. The team followed up his results straight away then supported him to safely quarantine at home, including an urgent delivery of food and over the phone nursing support.

Setra has remained in constant contact with John with ongoing support of his complex health, allied health and mental health needs. The HRAR team has also supported John to receive all three of his COVID-19 vaccinations.

John sent an email thanking Setra and the team for its support of him:

'I developed COVID two days before Christmas and was in a really bad way. I live on my own and couldn't leave my home. I was delivered a food parcel which saw me through. I thank your organisation for that. All the way through I was contacted by phone to make sure that I was alright and if there was anything that I needed.

Since that time, you've arranged dental care for me which I really needed. Next week is my fourth and final appointment and my teeth are done. You have also arranged for me to see a dietitian. It seems as though nothing is too much trouble.

You truly are an angel, Setra, and your help is much appreciated. You don't judge or talk down to me and you should be commended for all that you do. The world is a better place because of people like you and IPC Health. I can't thank you enough.'

John went on to participate in a community consultation session as part of a codesign project being conducted by HRAR. He told the group how difficult it was for him to get out of the house due to mental health issues, that he usually had to build up to attending any health appointments or social activities, that it could sometimes take him days and even then, he may not be able to actually leave the house.

John said that he attended the consultation session (which was well out of his comfort zone) so that he could thank Setra in person as he had only spoken with her on the phone. He said that she had been a godsend and an angel. Unlike other services he had experience with, he felt fully supported and that Setra had really gone in to bat for him. John said that Setra made the experience, particularly with the dental service, so much easier and less stressful, and said that he could not thank her enough for her support.

**Client's name has been changed to protect their identity.*

Young Leaders making change in the West



The Young Leaders of the West [YLOTW] program supports young people to influence behaviour change in their peer communities to prevent gambling harm.

Together with health and community organisations, our Young Leaders are enabled through professional development and empowered to steer the program by hosting events and activities to promote the potential financial and social pitfalls of problem gambling.

First youth forum a success

What's the harm in gambling? was the theme of the inaugural YLOTW Youth Forum hosted by VU Polytechnic Footscray Park campus in June 2022. In a partnership between IPC Health, the Victorian Responsible Gambling Foundation and the Youth Affairs Council Victoria, the event brought together young people aged 16 to 18 years from schools across the West to have their say about gambling harm and the normalisation of gambling among young people.

Attendees heard from our Young Leaders as well as people with lived experience of gambling harm and they talked about the ways young people can help each other understand and prevent gambling harm. Thanks to the positive feedback at the end of the day, we can be confident that these teens will take their new learnings back to school groups, family and friends.





Young Leader recognised as young Citizen of the Year

YLOTW member Devika was named joint young citizen of the year for her volunteer work at the Brimbank Council Citizen of the Year Awards in January 2022. Devika is also involved in the Women of Brimbank group and the Victoria University Volunteering Program. During the COVID-19 pandemic, she kept herself busy by organising events for local women to help them feel connected to their communities.

Volunteering is a family affair for Devika; she was encouraged to get involved after watching her mum Poonam volunteer for years. Poonam was also nominated as a finalist for the Brimbank Citizen of the Year Award this year. Devika was more inspired to volunteer than ever after receiving the award.

'When you get something like this it motivates you even more. The small differences make a big impact, some don't go noticed, but there's a ripple effect.'

YLOTW helps get school students on the airwaves

YLOTW teamed up with Making Media to mentor secondary school students in the West to create their own podcasts about the issues surrounding gambling normalisation and its effects. Our Young Leaders and staff were welcomed by the students and teachers at Altona College, Bayside P-12 College, MacKillop College and Williamstown High School.

Student Representative Council member Mia Molloy from Bayside P-12 College Paisley Senior Campus in Newport shared her thoughts on their session with us.

'On Tuesday 8 March 2022, the SRC [Student Representative Council] collaborated with LiveFM on their Our Gambling Harm podcast to speak about the harmful and detrimental effects of gambling, not only on the gambler but also on their families, the economy, and the community.

Firstly, Riley, Aidan, Jasper and I interviewed Dr Hannah Pitt, a research fellow from the Faculty of Health at Deakin University. Hannah raised some interesting concerns on the influence of gambling on young children and how it may convince some to delve deep into the struggling life of being a gambler. She also brought up the normalisation of gambling and how it isn't represented as the negative struggle that it truly is, and the slow reduction of gambling influence by the government and how people want more than just "gamble responsibly" plastered at the end of every gambling ad.

Fred Rubinstein, a man who has lived through the experience and struggles of gambling harm, was interviewed by Remy, Caden, Taj and Loki. The story alone is very emotional and saddening and really brings the first-hand perspective of what a gambling addiction is and how it affects the individual and those around them.

Fred started his story with his childhood; he was a troublesome boy who always wanted to be like his father. He was as smart as his father yet he was consistently in trouble at school (that didn't change until much later).



He began his gambling addiction at a ripe young age where he won \$100 on a sticker scratch card. Eventually this gambling addiction spiralled out of control, affecting the relationship with his mother, and after his dad passed away it became worse until his mother made him realise his troubles: the effects of this addiction and how it had affected her, also.

Eventually he ended up seeking help and it was "the best decision of his life," as he said. This retelling allowed us to really understand the real effects and detriment a gambling addiction can have on one's life.

Finally, Matthew, Adrian, Hudson and Cooper interviewed Ian, a community engagement officer, and Kelly, a counsellor. Both are from the Gambler's Help team at IPC Health. They both spoke about gambling effects and what they provide for those who gamble. They also spoke about the need to reduce 80% of Australians' gambling each year.

Ian raised the question: What would be considered gambling? Is spending \$2 on a raffle considered gambling? Or is it so much more?

They spoke about the services available to gamblers in need, such as the Gambler's Help hotline 1800 858 858 and other websites that assist in providing relevant information on gambling addiction.'



Helping people make it through to the other side of gambling harm

Gambler's Help at IPC Health is our free, confidential and non-judgemental service for individuals, families, friends and communities affected by gambling harm.

We provide counselling, venue support and information sharing across the Brimbank, Maribyrnong, Wyndham and Hobsons Bay areas.

Spreading the money-minded message

Our Gambler's Help Community Engagement Program also helps build capability in our local communities with their financial literacy and financial wellbeing sessions.

For schools studying from home during the pandemic lockdowns, the team put together an online financial literacy presentation so they didn't miss out on crucial information that they would need later in life.

Community groups learnt about the MoneyMinded™ set of tools through our accredited MoneyMinded™ Community Engagement Program team. The program is funded by ANZ and aimed at building adults' financial literacy and capability with money management knowledge. We've also delivered financial wellbeing sessions to groups including Action on Disability within Ethnic Communities, the Australian Vietnamese Women's Association, and Brimbank City Council's Libraries After Dark.

In a successful partnership with the Wyndham Clinic Private Hospital, the team has been working with their alcohol and other drugs and mental health residential clients to increase their knowledge and understanding around using and managing their money in a familiar and comfortable environment. Participants also receive information about gambling harm in our community as well as the services offered by Gambler's Help at IPC Health and how these sessions can prevent them from experiencing gambling harm themselves.



Partnering up to prevent suicide

Gambler's Help at IPC Health teamed up with the North Western Melbourne Primary Health Network in a multiyear suicide prevention project. Working with staff from gaming venues in the Brimbank and Melton areas, the project aimed to strengthen the safety net for people experiencing gambling harm at risk of suicide in their venues. While the outbreak of the COVID-19 pandemic, lockdowns and subsequent venue staff shortages affected the number of venues that were able to take part, six venues participated with almost 40 staff members.

The project team developed and delivered the following activities:

- safeTALK training to build the skills of the gaming venue workforce in order to identify people who are at risk of suicide
- Working with the Victorian Responsible Gambling Foundation to adapt mandatory training delivered through Victoria to include suicide alertness skills
- Production of collateral and promotion to support people looking for help such as bathroom door advertising and take home information

At the conclusion of the project, feedback from the venue staff showed a strong increase in both knowledge and confidence around being able to talk to patrons indicating the possibility of suicide and also being able to direct such patrons to services to assist them. Incredibly, these indicators rose from 1.6 out of 5 before the training to 4.6 out of 5 after training.

Paul starts the conversation about gambling harm

As part of Gambling Harm Awareness Week in October 2021, the Gambler's Help at IPC Health team created a short video called *Start the conversation*. Featuring our therapeutic and financial counsellors, the video focused on a previous participant of our Young Leaders of the West program, Paul, who told his story of his lived experience with gambling harm as a young person. Paul has been a champion in this area and an inspiration for many people.

We applaud his honesty, bravery and openness, particularly as he has a cultural background where, for many people, gambling is traditionally started early and there is immense hesitancy around talking about the harms that it can cause.

**BẠN THẬT SỰ
CẢM THẤY
THẾ NÀO?**

Một câu hỏi có thể cứu một mạng sống.

Những đường dây cố vấn:

Lifeline 13 11 14
Beyond Blue 1300 224 636
SuicideLine Victoria 1300 651 251 (Ngân ngữ tự tử)
MensLine Australia 1300 789 978 (Dành cho nam giới)
Head to Health 1800 595 212

ipc Health phn NORTH WESTERN MELBOURNE Gambler's Help

Codesigning to support clients to live well

Our Living Well team runs some of our most popular wellbeing programs. Like all of us, it was challenged by COVID-19 and the subsequent lockdowns which meant that it could no longer run its sessions in person.

With a cohort that was used to face-to-face programs and slightly baffled with the need to start using video conferencing technology, the team wanted to make sure, now more than ever, that people who needed its services were still able to access them.

The team's new Live Well for Life program was codesigned with community members and replaces the previously run Life! Program that was no longer meeting clients' or staff's needs. The Living Well team wanted clients to codesign the new group with it to ensure it would best meet its needs and that it was as inclusive and accessible as possible. The team also wanted to document the process to help our other teams in the future.

After planning six codesign sessions, the team put the call out to our staff as well as external contacts and our social media profiles looking for potential clients of the new group while aiming for a diverse range of ages, gender identities, cultural backgrounds and abilities.



[Above] One of the Living Well codesign sessions via Microsoft Teams

Once recruitment was complete, the team and the participants began designing the program. There were some areas that participants couldn't influence such as the aim of the group or any evidenced-based content; however, they were able to determine the structure of the program (such as the number of sessions, the session length and frequency) as well as the group's format, topics, activities, resources, and the name!

At the end of the six sessions, the team had great input from all of the participants and achieved its own goals and objectives. Participants received a gift voucher for each session they attended as well as a certificate at the end in appreciation of their valuable contribution. The participants reported that they enjoyed the process and found it worthwhile. Some of their feedback included:

- I found participation was valuable and my opinion was valued

What worked well with the codesign project:

- Doing it online meant that even when the participants weren't feeling well, they could still attend if they wanted to
- Having our Volunteer Coordinator Clare support one of the participants to ensure they had easy access to Microsoft Teams
- Meeting with people prior to the sessions commencing to help build their confidence in using technology

What didn't work as well:

- Unfortunately, some participants who had registered to take part had to cancel at the last minute and so there wasn't the diversity the team was aiming for
- Doing it online reduced the number of people who wanted to participate
- Some participants struggled with using Slido as a feedback tool
- There were some technology issues but participants were flexible and went with the flow

What the Living Well team would do differently next time:

- Conduct the codesign sessions face to face as well as online

Tips for other teams:

- Allow adequate time for planning – it took a lot longer than anticipated!





Caring for our communities

Purpose built Sunshine campus responds to clients' needs

In the heart of bustling Sunshine, our new purpose built community health space opened in June 2022.

The official launch saw existing clients, staff and key stakeholders welcomed with a campus tour, an Acknowledgement of Country from client and elder Uncle Brian as well as a moving yidaki performance by Djarrin Blow. The unveiling of the campus, which is a big update from our old one, was met with positive feedback from the community and allowed us to feel connected to our local community once again.

Our CEO Jayne Nelson led the campus tour where the community could hear from and ask questions of some of our practitioners from various fields. The walk through gave them a first-hand look at the careful consideration that went into the layout, fit and build of the new spaces.

'The health and wellbeing of our clients in Sunshine and the surrounding areas was at the forefront of our priority when designing the space,' said Jayne.

Sunshine and its surrounding areas offer a unique demographic including the elderly, the newly arrived, young families across many different language and cultural communities as well as First Nations peoples, LGBTQIA+ people and all abilities groups. This means we needed a new space to service everyone comfortably and appropriately.

The old Sunshine campus was located within a heritage listed building on Harvester Road which brought some challenges in terms of service delivery. While we were able to work around these challenges to continue serving our community, when the lease expired, we looked for a new building that would allow us to retrofit with purpose.

Along came the recently refurbished and expansive space at Level 1, 499 Ballarat Road. With a clean slate we were able to meticulously design and build consult rooms and service areas that truly met the complex needs of our diverse client community. We're pleased to offer a large and light-filled physiotherapy gym, new podiatry chairs, a dedicated women's health room along with a dedicated dietetics room and supermarket display, spacious consult rooms, modern and comfortable waiting rooms and an updated work environment adhering to Activity Based Workplace principles comprising open and flexible client, clinical and staff spaces.





'The health and wellbeing of our clients in Sunshine and the surrounding areas was at the forefront of our priority when designing the space.'

Jayne Nelson
CEO, IPC Health



After COVID-19 restrictions and materials delays slowed down the build, we're delighted to get back to what we do best; ensuring the Brimbank community is well cared for. Programs offered at the new Sunshine campus include family services, women's, youth and refugee health, allied health including dietetics, podiatry and occupational therapy, children's health, and wellbeing and counselling services.

We're also pleased to showcase a big and bright art print by First Nations artist Narnz (Gunaikurnai/Barkindji/Wurundjeri/Bundjalung people) called *Good News* (2021) from The Torch (above left). We were drawn to the vibrancy of this piece which Narnz said, 'represents blue wrens bringing good news, with the bushland behind them, the linework represents Mother Earth.'

The Torch delivers the Statewide Indigenous Arts in Prisons and Community (SIAPC) program, which aims to reduce the disproportionately high rates of Indigenous incarceration and recidivism in Victoria.

The program supports the development of self-esteem, confidence and resilience to the re-offending cycle through cultural strengthening and artistic expression. The Torch assists artists to reconnect with culture, foster new networks and to pursue educational and vocational avenues upon their release. Moreover, 100% of the purchase price goes directly to the artist.

Our vision was brought to life thanks to the hard work of the Facilities team who has done an extraordinary job as well as the patience of our Sunshine staff and client community. We are proud to be back serving our community and delivering holistic services through personalised care and empowerment.



The spirit of Sunshine lives on through gifting

What to do with a campus full of old furniture? As the new Sunshine campus was being fitted out with purpose-sourced furniture, this was the conundrum our Facilities team faced. Not wanting to simply throw out perfectly useable office items, our Sunshine staff were on a mission to rehome as much as possible.

We're pleased to report that parts of our beloved Sunshine campus live on with donations of goods ranging from cutlery to cupboards living a second life with staff members, community connections and even friends from our old café neighbours!

Our Health Mothers, Healthy Babies outreach worker Phuong found a new home for one of the desks in her son's bedroom to give him his own space to study, which was of particular use during the year of learning from home. Phuong's mum was also delighted to take receipt of two old cupboards that now sit in her garage full of her husband's fishing gear – it means that she gets her sewing room back!



Opening wide to service more clients in need

Of all our programs it could easily be said that our dental service was the most affected by the COVID-19 pandemic and health care restrictions.

Numerous lockdowns meant that the service was only able to provide emergency services with the rest of the team seconded out across our COVID-19 responses. Closing our non-urgent dental clinics resulted in a significant growth in waiting times for our clients and the longer they had to wait, the chances increased that their oral health was deteriorating. While this was an ongoing issue for all public dental services, we were determined to do something about it.

As the largest public oral health service provider in the Brimbank, Hobsons Bay and Wyndham local government areas, we know that per capita there are less than 50% of the required public chairs required to support the demand of our growing communities. Our communities are forecast to grow by 400,000 in the coming 15 years, one of the fastest growth corridors in metropolitan Melbourne.

Our Wyndham Vale campus has a contemporary, purpose built dental facility that has been unfunded since it was officially opened in April 2014. In order to address the growing waiting lists we've invested our own surplus for purpose capital with a custom build to accommodate eight additional dental chairs plus supporting equipment such as sterilisation, X-ray and denture machines. We've been able to realise our long-held dream and in July 2022, we officially opened the new dental clinic at our Wyndham Vale campus.



Our vision for the clinic is as a best practice student-led service focusing on the holistic development of students to provide safe care to clients. Our ongoing partnerships with the University of Melbourne, La Trobe University and Charles Sturt University are an integral part of this. We're also delighted to be able to offer a pipeline of employment to students who are familiar with the work that we do in the public health sector.

For now, this clinic is focusing on reducing the waiting lists from our Altona Meadows, Hoppers Crossing and St Albans campus clinics. The new Wyndham Vale campus clinic will also investigate innovative and more cost-effective ways to provide oral prosthetics. Most importantly, it will focus on oral health education for clients, progressively moving from treatment to prevention to enable our clients to live happier and healthier lives.

10,000+

people removed from our dental service waiting list



Nurturing the next providers of community health care

Since our Deer Park campus was established over 40 years ago, a crucial component of the GP practice has been to offer training to the next generation of GP registrars as well as medical and nursing students.

With a variety of community and allied health services on offer, students receive a gamut of different experiences while also working closely with our practice management, GPs, nursing and reception staff, and allied health practitioners. Our GPs provide a welcoming and supportive environment to ensure that the students are feeling comfortable and confident while they work, learn and develop in the busy clinical environment.

Due to our varied and diverse client cohort, we see people with both acute and complex chronic medical care needs including chronic medicine, minor procedures, women's health, and refugee and asylum seeker health. After a thorough orientation process, students are supported to take a guided hands-on approach according to their stage of training. Registrars are encouraged and expected to seek advice and assistance at any time and also participate in onsite professional education activities.



'It is humbling and extremely satisfying to see former registrars return to work with us after the completion of their FRACGP training – there is no greater reward for a supervisor than this.'

Dr Platon Vafiadis, Practice Principal
and primary GP Supervisor

Trauma informed care in the nursing spotlight

Our Multidisciplinary Centre Nurses have been participating in the Monash Health research project, *Exploration of trauma informed care by community health nurses supporting victim/survivors of sexual assault and/or family violence*.

Exposure to trauma through events such as sexual assault or family violence can affect an individual's experience of health, and research suggests that people who have experienced trauma can be best supported with trauma informed care.

Even though people with a history of trauma frequently present to health services, the use of trauma informed care is poorly understood in this setting. This project will address the research gap of patient and provider experiences of trauma informed care across health care settings.

The project aims to understand how community health nurses use trauma informed principles and explores the experience of trauma informed care from the perspective of a victim-survivor who has used this service as well as from the perspectives of community health nurses. These findings will help us to understand whether using a similar approach to care within other health services could improve health experiences and improve the quality of care provided.

CLIENT SUCCESS STORY

Maree is free to live a full life again

Maree* is a socially isolated woman in her 70s living alone in public housing, who has been referred to our Multidisciplinary Centre Nurse service from the Sexual Offences and Child Abuse Investigation Team.

Maree is a victim-survivor of sexual assaults from 2002 and since then she has lived with incontinence as a result of the physical trauma she suffered. This has caused Maree to become housebound as she needs to be close to the toilet. As a result she has developed a fear of being in public areas.

Due to a generalised distrust of services, Maree was hesitant to engage with the Multidisciplinary Centre Nurse service.

Our nurse developed a rapport with Maree over a period of time, referred her to a new female GP and helped her access incontinence products.

Maree was very appreciative of the Multidisciplinary Centre Nurse service's support. When the incontinence products arrived, Maree stated, 'You have saved my life' as she now had the confidence to leave her home which has in turn reduced her social isolation.

**Client's name has been changed to protect their identity.*

Supporting our newest arrivals

There's no such thing as a typical day for our Refugee Health team practitioners.

Not only do they encounter a number of languages and cultures but an individualised care plan for a client can involve services as diverse as health checks from a GP and organising additional help at school to nutrition support from a dietitian and liaising with lawyers. So how do they do it? It's all about having a robust network of reliable community connections, great organisational skills and a big heart.



CLIENT SUCCESS STORY

A new world opens up at school

Refugee health nurse Jayde was working with a primary school aged child and their family who were seeking asylum.

Refugee health nurse Jayde was working with a primary school aged child and their family who were seeking asylum. The child was living with a speech delay as well as an intellectual disability; however, due to the family's asylum status, they weren't eligible for early childhood intervention services.

A chronic disability plan was in place through their paediatrician that provided for 20 sessions with their preferred allied health professionals. These sessions were only partially covered by Medicare and there was still a gap payment that the family could not afford. The child was attending a mainstream school but due to ineligibility for an NDIS package, the school was struggling to support the child's needs. The speech delay was impacting on the child's confidence and ability to socialise at school.

The child's paediatrician as well as the school vice principal advised that speech pathology was the service that would be most beneficial. Jayde used all of her contacts to find a company that would deliver speech pathology services to the child in the classroom to support their learning. Using the asylum seeker brokerage funding the Refugee Health team were able to cover the gap fee for this therapy so the child was able to receive the clinical support needed to support this critical ages of learning and development.



Afghan refugee health checks

Following the seizure of power by the Taliban in Afghanistan in August 2021, Victoria welcomed almost 3,000 refugees over five months.

With the initial influx, the Victorian arm of the Refugee Health Programs [RHP] quickly mobilised to respond to the health needs of our new arrivals. Along with cohealth, DPV Health, EACH and Monash Health, together we formed a highly efficient and effective collaboration to provide immediate and innovation care while dealing with the restrictions of the COVID-19 pandemic lockdowns.

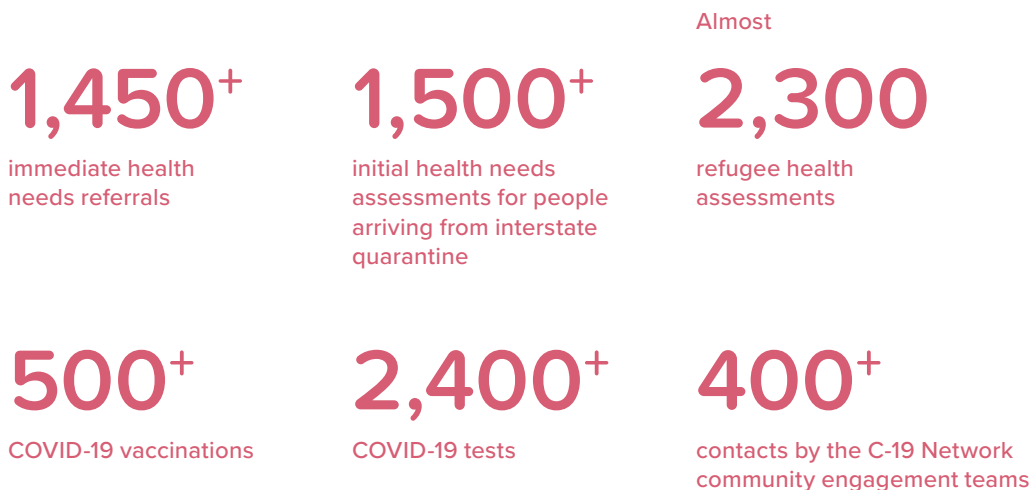
Through the C-19 Network, the refugees were tested for COVID-19 and vaccinated. The RHP teams worked alongside to triage and assess people for their social, material and health needs. The C-19 Network's cultural engagement teams also provided culturally appropriate support and translation services, and a friendly face to a highly traumatised cohort. While immediate health needs were prioritised, the RHP teams knew the refugees would also need ongoing health care and support, so an important part of their work was to also plan for this, calling on their extended networks.

In addition, the response worked closely with partners AMES, the federal Department of Home Affairs, Victoria's Department of Health, Services Australia, local community health services, GPs, public hospitals and the local Afghan community.

The RHP teams saw a number of health issues including significant nutritional deficiencies, complex disability needs, latent tuberculosis, oral and dental health issues, and chronic health conditions, as well as women in all stages of pregnancy. As well as providing immediate health care, the teams linked the refugees to community GPs who provided services free of charge due to lack of access to Medicare, maternal child health and immunisation services, mental health services, allied health and tertiary health services and also provided health information to increase health literacy.

The unified and flexible way of working used by the RHP collaborative along with their systems and processes was so successful that it is now being used to support new refugee arrivals through the general humanitarian program as well as those from Ukrainian conflict. In addition, the program has been shared across the country so other agencies can implement this care response.

Together, the C-19 Network and Refugee Health Programs provided the following services:



Supporting all ages with the after-effects of the pandemic and beyond

Our Head to Health program (previously known as HeadtoHelp) celebrated its first year of operation in September 2021.

Originally funded as a service for people affected by the COVID-19 pandemic, Head to Health has now expanded to include counselling for people experiencing emotional distress and mental ill health.

This program stands out for its ability to get people assessed and into appointments quickly as there are currently long waiting lists for other counselling services in the community across Victoria.

Another aspect of difference is our ability to support young children and teenagers all the way through to elderly people within the one program. We're also proud to use a No Wrong Door approach. This means that all Victorians of any age who are experiencing emotional distress, mental ill-health and/or addiction can receive help from Head to Health, along with their families and carers.

While still in its infancy, Head to Health is continuing to see the same level of need since it first opened its doors. In February 2022 we expanded the program with a satellite location in Melton providing face-to-face counselling three days a week. We are pleased to report that the service has been taken up by individuals of all ages as well as family groups. Through ongoing promotion and networking in the area, the team now receives referrals from both private and public services in Melton and is supported by a partnership with Melton City Council's Social Planning & Wellbeing Team.



The service continues to receive excellent feedback from both referrers and clients about the ease of accessing flexible appointments that accommodate our clients' external needs. We are pleased to offer in person, phone and online consultations through the Child & Family Hub at IPC Health Wyndham Vale and clients have also told us that they appreciate the consistency of care from the same clinician and team. And the results speak for themselves; in all closed cases and at their three-month review, the K10+ (a standardised assessment measure of psychological distress) average score dropped from 40 at the initial sessions to 20 upon their exit.

Here's what some of our younger clients had to say about their experiences.

- A 6-year-old client said their counselling session was 'awesome' and rated it 'one million out of one million.'
- A 10-year-old client said that they had felt heard during their session and rated it 10 out of 10.
- A 12-year-old client found it helpful to talk about their experiences.

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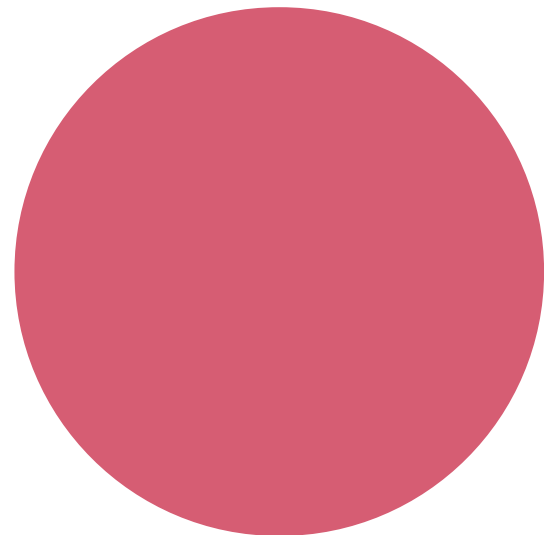
new Head to Health referrals

Clients saw a 95% quality of life improvement based on their K10+ assessment at exit.

- A 13-year-old client rated their first session 8 out of 10 for how comfortable they felt.
- The mother of one of our younger clients said, 'Thank you for supporting my daughter. She likes talking to you and always looks forward to the counselling sessions.'

A range of our other clients provided us with some great feedback, as well.

- A client reported that the counselling has helped him to 'get back on to my own two feet' and that the clinician he worked with was 'the best counsellor I've ever had'.
- A client said, 'I haven't done psychology before; I didn't know about it but it has been helpful and I'm glad that I have.'
- A stay home dad reported feeling empowered in creating healthy boundaries with his working partner to overcome gender role conflict.
- A client said, 'It was so simple to make an appointment and I wasn't passed around from person to person.'
- A client reported feeling safe in her session where she could share her thoughts, experiences and feelings without feeling judged, criticised or condemned.



CLIENT SUCCESS STORY

Head to Health equips Jana with the skills and confidence to move forward

Jana* is a woman in her mid-50s who was born overseas. She referred herself to Head to Health and reported that she had been subjected to family violence by her ex-husband during their marriage.

Jana recently left the marriage and took her children with her, aged from mid-teens to mid-20s. They were currently staying with a family friend although that arrangement was temporary. She identified as having issues with anxiety, trauma, financial stress and homelessness.

Together, Jana and her Head to Health clinician completed a comprehensive mental health assessment and then developed a Shared Mental Health Care Plan that included relevant services such as Centrelink, Unison Housing, GenWest, and a GP. In addition a Family Violence Safety Plan was developed which was reviewed regularly.

With Jana's consent, the following referrals were made and she was supported in accessing them:

- Housing support through Unison Housing
- Applications to Centrelink for assistance including Family Violence Crises Payment, Parenting Payment, Rent Assistance, Carer's Allowance and Job Seeker Allowance
- Family violence case management support through GenWest
- Liaison with one of IPC Health's GP clinic managers and GP who completed the working fitness test forms for Jana's two older children to assist them with commencing employment
- Jana's Head to Health clinician referred two of the children for their own counselling and support sessions with the program
- Jana was linked into an employment agency to help her look for work
- She was also linked to the local church and the community of her background in the area

Jana's Head to Health clinician used a cognitive behaviour therapy approach to promote family safety, empowerment, coping skills, and healthy interpersonal relationships. Jana was given psychosocial education around family violence as well as parenting skills support to help her family manage after experiencing family violence. Together, a plan was made to increase Jana's overall mental health and wellbeing.

At Jana's exit, she reported that with Head to Health's support she has developed strategies to manage her anxiety and trauma. She feels empowered and optimistic about her future as well as that of her children. Jana continues to apply the Family Violence Safety Plan developed together with her clinician to keep herself and her children safe.

**Client's name has been changed to protect their identity.*

Financial statement

For the year ended 30 June 2022

IPC Health Ltd
ACN 136 685 151

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IPC Health Ltd Directors' report 30 June 2022

The directors present their report of IPC Health Ltd for the year ended 30 June 2022.

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:

George Kogios	Board Director / Chairperson
Daryl Whitfort	Board Director / Deputy Chairperson (until 8 December 2021) / Chair Finance, Audit and Risk Management Committee
Jenny McMahon	Board Director / Deputy Chairperson (from 8 December 2021) / Chair Governance, Nominations and Remuneration Committee
John Hedditch	Board Director
Peter Gluskie	Board Director / Chair Strategy and Planning Committee
Sanela Osmic	Board Director / Chair Clinical Governance and Clinical Risk Committee
Ngaire Anderson	Board Director
Riwka Hagen	Board Director (appointed 11 May 2022)
Chris Arnold	Board Director (appointed 11 May 2022)
Paul Geyer	Board Director (until 9 February 2022)
Rennis Witham	Board Director (until 14 July 2021)
Andrew Jaworski	Board Director (appointed 11 May 2022, until 26 August 2022)

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 and Hobsons Bay 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.

Review of operations

During the 2021/22 financial year, operations have continued to be impacted by the COVID-19 pandemic. During state-wide imposed lockdowns many services for clients continued to be delivered using innovative technological solutions. However, some services such as group sessions, dental procedures and some allied health services that can only be performed face-to-face, were restricted to emergency procedures only.

IPC Health Ltd Directors' report 30 June 2022

The accounting surplus for the company for the 2021/22 financial year amounted to \$7.6 million, compared to \$5.2 million for 2020/21. This increase was largely driven by the significant increase in COVID-19 pandemic services provided to the State. This surplus has been used to invest in a number of strategic and innovation projects that would not have otherwise been possible. The State Department of Health provided a waiver of the outstanding performance obligations for Community Health and other programs related to the year ended 30 June 2022. This resulted in \$1.4m (2021: \$1.4m) of grant funding being recognised as revenue that would have otherwise been recognised as a contract liability, under a strict interpretation of our contractual obligations.

Significant changes

IPC Health Ltd have been required to comply with various restrictions announced by the Commonwealth and State governments during the last three financial years. During the year ended 30 June 2022, IPC Health Ltd:

- increased COVID-19 testing and vaccination delivery to the community in various settings;
- implemented flexible working arrangements where appropriate;
- relocated its Sunshine Campus to a new purpose-built site;
- invested significant capital to establish a Dental Clinic at the Wyndham Vale Campus; and
- replaced the company's finance system to an advanced cloud-based application.

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

Objectives

Short term objectives

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

The company's medium term objectives are set out in the IPC Health Ltd Strategy 2020-2025. These can be described as Phase Two: Scaling for Demand (commenced in 2022) and Phase Three: Evidence of Impact (to commence in 2024).

Long term objectives

IPC Health Ltd'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 the IPC Health Ltd Strategy 2020 – 2025.

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 the IPC Health Ltd Strategy 2020 – 2025 are the KPIs on which the organisation monitors and measures its performance.

IPC Health Ltd Directors' report 30 June 2022

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 2022 the collective liability of members was \$90 (2021: \$90).

Events after the reporting period

The COVID-19 pandemic has created unprecedented economic uncertainty. Actual economic events and conditions in the future may be materially different from those estimated by IPC Health Ltd at the reporting date. Management recognises that it is difficult to reliably estimate with any degree of certainty the potential impact of the pandemic after the reporting date on IPC Health Limited, its operations, its future results and financial position.

No other matters or circumstances have arisen since the end of the financial year that significantly affected or may 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 24 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 accounts, or the fixed salary of a full-time employee of the company.

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:	George Kogios
Qualifications:	BBus (Accounting); MAICD; Post Graduate Diploma (Taxation); Diploma (Superannuation Management); Fellow - Association of Superannuation Funds of Australia (FASFA); Regulatory Guidelines (RG146 Accredited).
Special responsibilities:	Board Director / Chairperson
Name:	Daryl Whitfort
Qualifications:	MBA; BBus (Accounting); FCPA; GAICD.
Special responsibilities:	Board Director / Deputy Chairperson (until 8 December 2021) / Chair Finance, Audit and Risk Management Committee

**IPC Health Ltd
Directors' report
30 June 2022**

Name:	Jenny McMahon
Qualifications:	BBus; GAICD; IECL Accredited Coach.
Special responsibilities:	Board Director / Deputy Chairperson (from 8 December 2021) / Chair Governance, Nominations and Remuneration Committee
Name:	John Hedditch
Qualifications:	Graduate Diploma (Health Service Management).
Special responsibilities:	Board Director
Name:	Peter Gluskie
Qualifications:	BEng; MBA; CPPD; GAICD; FAIPM.
Special responsibilities:	Board Director / Chair Strategy and Planning Committee
Name:	Sanela Osmic
Qualifications:	Masters (International Business); BBus (Economics and International Trade); GAICD; John Maxwell Certified Coach; Speaker & Trainer.
Special responsibilities:	Board Director / Chair Clinical Governance and Clinical Risk Committee
Name:	Ngaire Anderson
Qualifications:	GAICD; MBA; BHSc (Paramedicine); Diploma (Leadership Coaching); Diploma (OHS); Diploma (Project Management).
Special responsibilities:	Board Director
Name:	Riwka Hagen
Qualifications:	FAICD; FAAPM; B.App.Sc (Med Sc); Diploma (Leadership Coaching); Diploma (Project Management).
Special responsibilities:	Board Director (appointed 11 May 2022)
Name:	Chris Arnold
Qualifications:	BComm; MBA; FCPA; FAICD; AFACHSM (CHM).
Special responsibilities:	Board Director (appointed 11 May 2022)
Name:	Paul Geyer
Qualifications:	FAICD; MBA; Postgraduate Diploma (Management Studies); BSc (Botany and Philosophy).
Special responsibilities:	Board Director (until 9 February 2022)
Name:	Rennis Witham
Qualifications:	BA Soc.Sc; Cert IV (Training Assessment).
Special responsibilities:	Board Director (until 14 July 2021)
Name:	Andrew Jaworski
Qualifications:	Graduate Diploma (Health Law); Graduate Diploma (Commercial Law); BLaws (Hons); BSc (Optometry).
Special responsibilities:	Board Director (appointed 11 May 2022, until 26 August 2022)

**IPC Health Ltd
Directors' report
30 June 2022**

Meetings of directors

During the financial year, 12 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
George Kogios	12	12	9	9	-	-
Daryl Whitfort	12	12	9	9	-	-
Jenny McMahon	12	11	-	-	-	-
John Hedditch	12	11	-	-	-	-
Peter Gluskie	12	12	-	-	-	-
Sanela Osmic	12	11	-	-	4	4
Ngaire Anderson	12	12	-	-	4	4
Riwka Hagen	2	2	-	-	1	1
Chris Arnold	2	2	-	-	-	-
Paul Geyer	7	7	6	5	-	-
Rennis Witham	1	-	-	-	-	-
Andrew Jaworski	2	-	-	-	-	-

	Strategy and Planning Committee		Governance, Nominations and Remunerations Committee	
	Eligible	Attended	Eligible	Attended
George Kogios	-	-	5	5
Daryl Whitfort	-	1	-	-
Jenny McMahon	5	3	5	5
John Hedditch	5	3	-	-
Peter Gluskie	5	5	-	-
Sanela Osmic	-	-	5	5
Ngaire Anderson	-	1	-	-
Riwka Hagen	-	-	-	-
Chris Arnold	1	1	1	1
Paul Geyer	-	1	-	-
Rennis Witham	-	-	-	-
Andrew Jaworski	-	-	-	-

* Daryl Whitfort, Ngaire Anderson and Paul Geyer attended the Strategy and Planning Committee as an attendee only in November 2021.

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.



George Kogios
Chairperson



Jenny McMahon
Deputy Chairperson

12 October 2022

Auditor-General's Independence Declaration

To the Board of 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 2022, 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
25 October 2022



Sanchu 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 2022

	Note	2022 \$	2021 \$
Revenue and other income	4	138,109,639	74,183,788
Expenses			
Employee benefits expense		(55,618,561)	(36,452,406)
Depreciation and amortisation expense		(2,828,276)	(3,036,058)
Lease expense		(193,399)	(60,157)
Client services expenses		(60,652,059)	(19,507,469)
Medical and paramedical expenses		(2,167,963)	(2,287,555)
Repairs and maintenance expenses		(1,155,636)	(621,492)
Motor vehicle expenses		(117,541)	(120,905)
Utility expenses		(700,665)	(598,700)
Information technology expenses		(933,541)	(919,573)
Consulting and staff training		(2,624,913)	(2,318,495)
Other expenses		(3,433,100)	(3,083,177)
Impairment of financial assets		(114,865)	-
Total expenses		<u>(130,540,519)</u>	<u>(69,005,987)</u>
Surplus for the year		7,569,120	5,177,801
Other comprehensive income			
<i>Items that will not be reclassified subsequently to profit or loss</i>			
Gain on the revaluation of land	18	821,938	-
<i>Items that may be reclassified subsequently to profit or loss</i>			
Loss on the revaluation of financial assets at fair value through other comprehensive income	17	<u>(170,263)</u>	-
Other comprehensive income for the year		<u>651,675</u>	-
Total comprehensive income for the year		<u><u>8,220,795</u></u>	<u><u>5,177,801</u></u>

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 2022

	Note	2022 \$	2021 \$
Assets			
Current assets			
Cash and cash equivalents	5	27,859,624	24,290,333
Trade and other receivables	6	5,778,630	12,748,773
Other non-financial assets	7	354,985	202,874
Total current assets		<u>33,993,239</u>	<u>37,241,980</u>
Non-current assets			
Financial assets	10	7,587,254	-
Property, plant and equipment	8	31,756,285	30,006,638
Right-of-use assets	9	4,330,401	1,399,831
Total non-current assets		<u>43,673,940</u>	<u>31,406,469</u>
Total assets		<u>77,667,179</u>	<u>68,648,449</u>
Liabilities			
Current liabilities			
Trade and other payables	12	5,245,393	8,176,943
Contract liabilities	13	8,648,199	8,875,812
Lease liabilities	14	711,639	989,637
Employee benefits provisions	15	8,118,496	7,000,983
Total current liabilities		<u>22,723,727</u>	<u>25,043,375</u>
Non-current liabilities			
Trade and other payables	12	25,438	-
Lease liabilities	14	3,256,136	151,970
Employee benefits provisions	15	1,441,097	1,374,115
Provisions	16	-	79,003
Total non-current liabilities		<u>4,722,671</u>	<u>1,605,088</u>
Total liabilities		<u>27,446,398</u>	<u>26,648,463</u>
Net assets		<u>50,220,781</u>	<u>41,999,986</u>
Equity			
Financial asset revaluation reserve	17	(170,263)	-
Asset revaluation reserve	18	3,691,938	2,870,000
Accumulated surplus		46,699,106	39,129,986
Total equity		<u>50,220,781</u>	<u>41,999,986</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 2022

	Financial asset revaluation reserve	Asset revaluation reserve	Accumulated surplus	Total equity
	\$	\$	\$	\$
Balance at 1 July 2020	-	2,870,000	33,952,185	36,822,185
Surplus for the year	-	-	5,177,801	5,177,801
Other comprehensive income for the year	-	-	-	-
Total comprehensive income for the year	-	-	5,177,801	5,177,801
Balance at 30 June 2021	-	2,870,000	39,129,986	41,999,986

	Financial asset revaluation reserve	Asset revaluation reserve	Accumulated surplus	Total equity
	\$	\$	\$	\$
Balance at 1 July 2021	-	2,870,000	39,129,986	41,999,986
Surplus for the year	-	-	7,569,120	7,569,120
Other comprehensive income for the year	(170,263)	821,938	-	651,675
Total comprehensive income for the year	(170,263)	821,938	7,569,120	8,220,795
Balance at 30 June 2022	(170,263)	3,691,938	46,699,106	50,220,781

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 2022

	Note	2022 \$	2021 \$
Cash flows from operating activities			
Receipts from clients		4,776,500	4,926,949
Receipts from government grants		153,080,411	63,750,511
Donations		-	31,283
Interest received		55,331	97,097
Payments to employees		(45,681,344)	(35,707,489)
Payments to suppliers		(97,171,663)	(26,980,210)
Interest paid on lease liabilities		(84,904)	(44,941)
Short term and low-value lease payments		-	(15,216)
		<u>14,974,331</u>	<u>6,057,984</u>
Net cash from operating activities			
Cash flows from investing activities			
Payments for financial assets		(7,851,000)	-
Payments for property, plant and equipment		(2,766,493)	(1,804,449)
		<u>(10,617,493)</u>	<u>(1,804,449)</u>
Net cash used in investing activities			
Cash flows from financing activities			
Repayment of lease liabilities		(787,547)	(496,428)
		<u>(787,547)</u>	<u>(496,428)</u>
Net cash used in financing activities			
Net increase in cash and cash equivalents		3,569,291	3,757,107
Cash and cash equivalents at the beginning of the financial year		24,290,333	20,533,226
		<u>27,859,624</u>	<u>24,290,333</u>
Cash and cash equivalents at the end of the financial year	5	<u>27,859,624</u>	<u>24,290,333</u>

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 2022

Note 1. Basis of preparation

Introduction

IPC Health Ltd is a not-for-profit company limited by guarantee, primarily involved in the provision of health and community services. The financial statements cover IPC Health Ltd as an individual entity, incorporated and domiciled in Australia.

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.

The accrual basis of accounting has been applied in the preparation of the financial statements 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.

Going concern

The financial report has 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.

Functional and presentation currency and rounding

These financial statements are presented in Australian dollars, which is the company's functional and presentation currency. The amounts have been rounded to the nearest dollar. Figures in the financial statements may not equate due to rounding.

Historical cost convention

The financial statements have been prepared under the historical cost convention, except for the revaluation of financial assets and all classes of Infrastructure, property, plant and equipment.

Registered office/principal place of business

The registered office/principal place of business is:

IPC Health Ltd
106 Station Rd
Deer Park VICTORIA 3023

These financial statements were authorised for issue by the Board of Directors on 12 October 2022.

Note 2. Significant accounting policies

The principal accounting policies adopted in the preparation of the financial statements are set out either in the respective notes or below. Unless otherwise stated, all accounting policies applied are consistent with those of the prior financial year.

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*.

Expenses

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

IPC Health Ltd
Notes to the financial statements
30 June 2022

Note 2. Significant accounting policies (continued)

Employee benefits expense

Employee benefits expense includes:

- Salaries and wages (including fringe benefits tax leave entitlements and termination payments);
- On-costs;
- WorkCover premium; and
- Agency labour (In the Statement of Cash Flows agency labour payments are included under payments to suppliers).

Client services expense

Client service expense includes items utilised in the provision of direct patient care, including expenditure for C-19 consortium partner expenses for the provision of COVID-19 related operations, aged care home support packages, interpreters and dental prosthetics.

Medical and paramedical expenses

Medical and paramedical expenses include general consumables used in dental health services, allied health and general medical services.

Other operating expenses

Other operating expenses represent the day to day running costs incurred in normal operations and include expenses such as:

- Motor vehicle expenses;
- Utility expenses;
- Information technology expenses;
- Consulting and staff training; and
- Other administrative expenses.

Current and non-current classification

Assets and liabilities are presented in the statement of financial position based on current and non-current classification.

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.

Impairment of assets

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

IPC Health Ltd
Notes to the financial statements
30 June 2022

Note 2. Significant accounting policies (continued)

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.

Fair value of assets and liabilities

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

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

Revenues, expenses and assets 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.

IPC Health Ltd

Notes to the financial statements

30 June 2022

Note 3. Critical accounting judgements, estimates and assumptions

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements, estimates and assumptions on historical experience and on other various factors, including expectations of future events, management believes to be reasonable under the circumstances. The resulting accounting judgements and estimates will seldom equal the related actual results. The judgements, estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities (refer to the respective notes: 4, 6, 8 to 10, 12 to 15, and 17 to 18) within the next financial year are discussed below.

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.

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.

Accounting for revenue from consortium arrangements

The C-19 Network operated through a contract with the Department of Health Victoria, to provide COVID-19 response services across Metropolitan Melbourne, since September 2020. The parties of the C-19 Network were IPC Health Ltd (Lead Agency), Cohealth Limited, DPV Health Ltd, EACH and Star Health Group Limited until 31 December 2021. The key services provided by the C-19 Network are for marginalised and vulnerable communities and included community engagement, COVID-19 testing and vaccination services. The key services included in the C-19 consortium agreement ended on 31 December 2021 except the mobile testing (rapid response testing) and drive through testing (acute respiratory clinics) that were extended until 31 December 2022 and these are run by IPC Health Ltd.

The contract between the C-19 Network and the Department of Health Victoria contains sufficiently specific and enforceable performance obligations with respect to the services provided and satisfies the revenue recognition requirements of AASB 15: *Revenue from Contracts with Customers*, with revenue recognised when those obligations have been discharged. In accounting for the operations from the C-19 Network, management have taken the view that IPC Health Ltd is the Lead Agency and is ultimately responsible for fulfilling the obligations under the contracts involving the funding agency and has therefore recognised revenues, expenses, assets and liabilities stemming from the arrangement.

From 1 January 2022 an agreement was entered between IPC Health Ltd and Western Health to deliver C-19 vaccination services across the West Metropolitan Region including but not limited to fixed vaccination sites, mobile sites including vehicle based services, in reach home based services, drive through and pop up outreach sites until 30 June 2022. Western Health funded IPC Health Ltd in line with the agreement for the services it delivered.

The contract between IPC Health Ltd and Western Health contains sufficiently specific and enforceable performance obligations with respect to the services provided and satisfies the revenue recognition requirements of AASB 15, with revenue recognised when those obligations have been discharged.

Estimation of useful lives of assets

The company determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment. 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.

Fair value of land

IPC Health Ltd measures its land 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 value of each non-current asset to ensure the fair values recorded are materially correct.

IPC Health Ltd
Notes to the financial statements
30 June 2022

Note 3. Critical accounting judgements, estimates and assumptions (continued)

The directors determine a non-current assets value using a range of reasonable fair value estimates. The best evidence of fair value is 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.

Whilst the directors believe the fair values of IPC Health Ltd's land recorded at fair value are at risk of being impacted by significant uncertainty that COVID-19 has caused across Australia, the directors believe the fair values of such assets recorded at 30 June 2022 are considered materially correct given an independent valuation was obtained at 30 June 2020.

Depreciation of leased land

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.

Impairment of assets

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 key assumptions.

Lease term

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:

- 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.

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.

Incremental borrowing rate

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.

Make-good provision

A provision has been made for the present value of anticipated costs for future restoration of leased premises. The provision includes future cost estimates associated with closure of the premises. The calculation of this provision requires assumptions such as application of closure dates and cost estimates. The provision recognised for each site is periodically reviewed and updated based on the facts and circumstances available at the time. Changes to the estimated future costs for sites are recognised in the statement of financial position by adjusting the asset and the provision. Reductions in the provision that exceed the carrying amount of the asset will be recognised in the Profit or Loss Statement.

Employee benefits provision

As discussed in Note 2, the liability for employee benefits expected to be settled more than 12 months from the reporting date are recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

IPC Health Ltd
Notes to the financial statements
30 June 2022

Note 3. Critical accounting judgements, estimates and assumptions (continued)

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 4. Revenue and other income

	2022 \$	2021 \$
Revenue from contracts with customers	135,167,380	71,489,670
<i>Other sources of income</i>		
Government funding recognised under AASB 1058	1,402,196	1,393,126
Minor works funding	265,737	248,675
Other income	796,539	632,280
Rental income	304,176	291,657
Interest income	100,936	97,097
Dividends	34,756	-
Capital funding	26,045	-
Donations	11,874	31,283
	<u>2,942,259</u>	<u>2,694,118</u>
Revenue and other income	<u>138,109,639</u>	<u>74,183,788</u>

Disaggregation of revenue

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

	2022 \$	2021 \$
<i>Timing of revenue recognition</i>		
Services transferred to customers:		
- at a point in time	4,111,888	3,971,729
- over time	131,055,492	67,517,941
	<u>135,167,380</u>	<u>71,489,670</u>

	2022 \$	2021 \$
<i>Nature of revenue recognition</i>		
Commonwealth government recurrent funding	14,625,754	12,136,887
Victorian government recurrent funding	21,428,757	21,506,560
Victorian government COVID-19 funding*	87,180,977	28,041,004
Non recurrent grants	6,374,096	4,411,490
Medicare billing	3,184,035	3,177,715
Fees for service	927,852	794,014
Other revenue	1,445,909	1,422,000
Total disaggregated revenue from contracts with customers under AASB 15	<u>135,167,380</u>	<u>71,489,670</u>

*Victorian government COVID-19 funding revenue of \$87.2m includes an amount of \$50.8m revenue for the C-19 consortium partners (2021: \$11.2m). This consortium partner revenue is paid out to the consortium partners and included in client services expenses in the Profit or Loss Statement.

IPC Health Ltd
Notes to the financial statements
30 June 2022

Note 4. Revenue and other income (continued)

Accounting policy for revenue and other income recognition

The company recognises revenue and other income as follows:

Government grants

When the company receives revenue, 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 of which 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 Profit or Loss Statement as the difference between the initial carrying amount of the asset and the related amount in accordance with AASB 1058.

During the year ended 30 June 2022, COVID-19 has impacted revenue recognition. The State Department of Health provided a waiver of the outstanding performance obligations for Community Health and other programs related to the year ended 30 June 2022. This resulted in \$1.4m of funding being recognised as revenue in accordance with AASB 1058 (2021: \$1.4 million), that would otherwise have been recognised as a contract liability until subsequent years as the performance obligations were fulfilled.

IPC Health Ltd
Notes to the financial statements
30 June 2022

Note 4. Revenue and other income (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, dietitians 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.

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 Profit or Loss Statement. This election has no impact on the company's surplus or net assets.

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.

Interest

Interest revenue is recognised as interest accrues using the effective interest method.

IPC Health Ltd
Notes to the financial statements
30 June 2022

Note 4. Revenue and other income (continued)

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, AASB 138 and AASB 1058).

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 Profit or Loss Statement as the difference between the initial carrying amount of the asset and the related amounts.

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

Note 5. Cash and cash equivalents

	2022	2021
	\$	\$
<i>Current assets</i>		
Cash on hand	1,560	8,172
Cash at bank	6,020,939	6,140,183
Short term bank deposits	21,837,125	18,141,978
	<u>27,859,624</u>	<u>24,290,333</u>

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.

Note 6. Trade and other receivables

	2022	2021
	\$	\$
<i>Current assets</i>		
Trade receivables	3,017,096	6,826,067
Contract assets	2,609,619	5,922,706
Withholding tax receivable	82	-
Dividends receivable	33,962	-
GST receivable	117,871	-
	<u>5,778,630</u>	<u>12,748,773</u>

Accounting policy for trade and other receivables recognition

Trade and other receivables include amounts due from customers for services performed in the ordinary course of business, with contract assets predominately consisting of revenue accruals in relation to COVID-19 testing and vaccination programs. 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.

Trade and other receivables are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment. Contract assets are recognised when IPC Health Ltd has transferred goods or services to the customer but where IPC Health Ltd is yet to establish an unconditional right to consideration. Contract assets are treated as financial assets for impairment purposes.

IPC Health Ltd
Notes to the financial statements
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Note 6. Trade and other receivables (continued)

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.

Note 7. Other non-financial assets

	2022 \$	2021 \$
<i>Current assets</i>		
Prepayments	<u>354,985</u>	<u>202,874</u>

Accounting policy for other non-financial assets

Other non-financial assets include prepayments that 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 8. Property, plant and equipment

	2022 \$	2021 \$
<i>(i) Classes of property, plant and equipment</i>		
<i>Non-current assets</i>		
Freehold land - at valuation	3,951,938	3,130,000
Net carrying amount	<u>3,951,938</u>	<u>3,130,000</u>
Buildings - at cost	37,095,963	36,471,773
Accumulated depreciation	(13,502,098)	(12,466,053)
Net carrying amount	<u>23,593,865</u>	<u>24,005,720</u>
Leasehold improvements - at cost	806,781	-
Accumulated depreciation	(3,858)	-
Net carrying amount	<u>802,923</u>	<u>-</u>
Motor vehicles - at cost	900,687	862,713
Accumulated depreciation	(433,235)	(256,757)
Net carrying amount	<u>467,452</u>	<u>605,956</u>
Computer equipment - at cost	4,427,023	3,768,942
Accumulated depreciation	(3,816,960)	(2,735,328)
Net carrying amount	<u>610,063</u>	<u>1,033,614</u>
Office equipment - at cost	2,347,053	2,220,758
Accumulated depreciation	(1,743,688)	(1,616,610)
Net carrying amount	<u>603,365</u>	<u>604,148</u>
Clinical equipment - at cost	77,809	-
Accumulated depreciation	(6,174)	-
Net carrying amount	<u>71,635</u>	<u>-</u>
Works in progress - at cost	<u>1,655,044</u>	<u>627,200</u>
Net carrying amount property, plant and equipment	<u><u>31,756,285</u></u>	<u><u>30,006,638</u></u>

IPC Health Ltd
Notes to the financial statements
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Note 8. Property, plant and equipment (continued)

(ii) Reconciliation of movements in carrying values

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

	Freehold land and buildings \$	Leasehold improvements \$	Motor vehicles \$	Computer equipment \$	Office equipment \$	Clinical equipment \$	Capital works in progress \$	Total \$
Balance at 1 July 2021	27,135,720	-	605,956	1,033,614	604,148	-	627,200	30,006,638
Additions	-	-	37,973	-	-	-	3,321,000	3,358,973
Disposals	-	-	-	-	-	-	-	-
Revaluation increments	821,938	-	-	-	-	-	-	821,938
Depreciation expense	(1,036,045)	(3,858)	(176,477)	(1,081,632)	(127,078)	(6,174)	-	(2,431,264)
Transfers in/(out)	624,190	806,781	-	658,081	126,295	77,809	(2,293,156)	-
	-	-	-	-	-	-	-	-
Net carrying amount at 30 June 2022	<u>27,545,803</u>	<u>802,923</u>	<u>467,452</u>	<u>610,063</u>	<u>603,365</u>	<u>71,635</u>	<u>1,655,044</u>	<u>31,756,285</u>

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 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 period. Items with a cost or value in excess of \$3,000 (2021: \$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 their 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 2022 a management revaluation was undertaken for the freehold land as the difference to carrying value was 26.26 per cent more based on the applicable index issued by the Valuer General Victoria. The valuation was based on the fair value less cost to sell based on an active market and was determined to be \$3,951,938.

Increases in the carrying values arising on revaluation of freehold land is 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 measured at cost less accumulated depreciation and impairment losses.

IPC Health Ltd
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Note 8. Property, plant and equipment (continued)

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).

Plant and Equipment

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than 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 2 for details of impairment).

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

Depreciation

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 fixed asset	Depreciation rate
Buildings	2.5-5%
Leasehold Improvements	2.5-5%
Motor Vehicles	20%
Computer Equipment	33-100%
Office Equipment	10-100%
Clinical Equipment	10-100%

The residual values, useful lives and depreciation 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.

IPC Health Ltd
Notes to the financial statements
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Note 9. Right-of-use assets

	2022 \$	2021 \$
<i>(i) Classes of right-of-use assets</i>		
<i>Non-current assets</i>		
Leased land - right-of-use	1,243,016	1,243,016
Net carrying amount	<u>1,243,016</u>	<u>1,243,016</u>
Leased buildings - right-of-use	4,165,865	838,283
Accumulated depreciation	(1,086,137)	(692,244)
Net carrying amount	<u>3,079,728</u>	<u>146,039</u>
Leased equipment - right-of-use	17,015	17,015
Accumulated depreciation	(9,358)	(6,239)
Net carrying amount	<u>7,657</u>	<u>10,776</u>
Motor vehicles - right-of-use	-	173,095
Accumulated depreciation	-	(173,095)
Net carrying amount	<u>-</u>	<u>-</u>
Net carrying amount right-of-use assets	<u><u>4,330,401</u></u>	<u><u>1,399,831</u></u>

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

Reconciliations of the written down values at the beginning and end of the current financial year are set out below:

	Leased land \$	Leased buildings \$	Leased equipment \$	Leased motor vehicles \$	Total \$
Balance at 1 July 2021	1,243,016	146,039	10,776	-	1,399,831
Additions	-	3,327,582	-	-	3,327,582
Depreciation expense	-	(393,893)	(3,119)	-	(397,012)
Net carrying amount at 30 June 2022	<u><u>1,243,016</u></u>	<u><u>3,079,728</u></u>	<u><u>7,657</u></u>	<u><u>-</u></u>	<u><u>4,330,401</u></u>

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 Profit or Loss Statement as incurred.

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Note 9. Right-of-use assets (continued)

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 14 for further information regarding the company's leases with below market terms.

Note 10. Financial assets

	2022	2021
	\$	\$
<i>Non-current financial assets</i>		
<i>Accounted for at fair value through profit or loss - designated</i>		
Equity instruments - units	1,735,580	-
Debt instruments - capital notes	1,740,096	-
	<u>3,475,676</u>	<u>-</u>
<i>Accounted for at fair value through other comprehensive income</i>		
Equity instruments - shares	1,575,962	-
	<u>1,575,962</u>	<u>-</u>
<i>Accounted for at amortised cost</i>		
Subordinated debt floating rate notes	2,508,911	-
Cash	26,705	-
	<u>2,535,616</u>	<u>-</u>
Carrying amount	<u><u>7,587,254</u></u>	<u><u>-</u></u>

How we recognise non-current financial assets

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

- 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;
- 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; and
- Cash is initially measured at fair value plus transaction costs, and is subsequently measured at amortised cost using the effective interest rate method.

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

IPC Health Ltd
Notes to the financial statements
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Note 11. Intangible assets

	2022 \$	2021 \$
<i>Non-current assets</i>		
Customer database - at cost	80,018	80,018
Accumulated amortisation	<u>(80,018)</u>	<u>(80,018)</u>
Net carrying amount	<u>-</u>	<u>-</u>

How we recognise intangible assets

The company's customer database was initially recognised at cost. It had a finite life and was carried at cost less any accumulated amortisation and impairment losses. The database had an estimated useful life of three years and was assessed annually for impairment.

Note 12. Trade and other payables

	2022 \$	2021 \$
<i>Current liabilities</i>		
Trade payables	62,887	3,897
GST payable	-	465,074
Other payables	<u>5,182,506</u>	<u>7,707,972</u>
Total current trade and other payables	<u>5,245,393</u>	<u>8,176,943</u>
<i>Non-current liabilities</i>		
Other payables	<u>25,438</u>	<u>-</u>
Total trade and other payables	<u>5,270,831</u>	<u>8,176,943</u>

(a) *Financial liabilities at amortised cost classified as trade and other payables (Note 19)*

	2022 \$	2021 \$
Total trade payables	62,887	3,897
Total other payables	<u>5,207,944</u>	<u>7,707,972</u>
Total financial liabilities at amortised cost	<u>5,270,831</u>	<u>7,711,869</u>

How we recognise trade and other payables

Trade and other payables represent the liabilities for goods and services received by the company that remain unpaid at the end of the reporting period, with other payables that include operating, capital, and employee expense accruals. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

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Note 13. Contract liabilities

	2022 \$	2021 \$
<i>Current liabilities</i>		
Federal Department of Health	3,343,052	4,270,426
Other customers	5,305,147	4,605,386
	<u>8,648,199</u>	<u>8,875,812</u>
Total contract liabilities	<u>8,648,199</u>	<u>8,875,812</u>

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.

Note 14. Lease liabilities

	2022 \$	2021 \$
<i>Current liabilities</i>		
Lease liability	711,639	989,637
<i>Non-current liabilities</i>		
Lease liability	3,256,136	151,970
Total lease liabilities	<u>3,967,775</u>	<u>1,141,607</u>
<i>Maturity analysis</i>		
Future lease payments are due as follows:		
Within one year	711,639	989,675
One to five years	1,928,990	154,375
More than five years	1,327,146	-
Unexpired interest	-	(2,443)
	<u>3,967,775</u>	<u>1,141,607</u>
Present value of lease liabilities	<u>3,967,775</u>	<u>1,141,607</u>

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 - 20 years
Buildings	2 - 12 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.

IPC Health Ltd
Notes to the financial statements
30 June 2022

Note 14. Lease liabilities (continued)

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.

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 20 year concessionary lease (expiring in 2023) 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 \$12 (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.

IPC Health Ltd
Notes to the financial statements
30 June 2022

Note 15. Employee benefits provisions

	2022 \$	2021 \$
<i>Current liabilities</i>		
Provision for accrued day off	263,744	185,615
Provision for annual leave	3,945,657	3,281,436
Provision for long service leave	3,909,095	3,533,932
	<u>8,118,496</u>	<u>7,000,983</u>
<i>Non-current liabilities</i>		
Provision for long service leave	1,441,097	1,374,115
	<u>1,441,097</u>	<u>1,374,115</u>
	<u>9,559,593</u>	<u>8,375,098</u>

How we recognise employee benefits

Provision for employee benefits represents amounts accrued for accrued days off (ADOs), annual leave (AL) and long service leave (LSL).

Short-term employee benefits

Provision is made for the company's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service, including salaries, wages, ADOs, AL, sick leave and the amounts accrued for LSL entitlements that have vested due to employees having completed the required years of service. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled. The company's obligations for short-term employee benefits such as salaries and wages are recognised as part of current trade and other payables in the Statement of Financial Position.

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 Profit or Loss Statement 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.

Superannuation

Defined Contribution Plans

The amount recognised as an expense for defined contribution plans for the year was \$3,851,000 (2021: \$2,759,439).

Defined Benefit Plans

The amount recognised as an expense for defined benefits scheme for the year was \$17,887 (2021: \$12,371).

IPC Health Ltd
Notes to the financial statements
30 June 2022

Note 16. Provisions

	2022 \$	2021 \$
<i>Non-current liabilities</i>		
Lease make good	-	79,003
	<u>-</u>	<u>79,003</u>

How we recognise provisions

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

Note 17. Financial asset revaluation reserve

	2022 \$	2021 \$
Financial asset revaluation reserve	(170,263)	-
	<u>(170,263)</u>	<u>-</u>
	2022 \$	2021 \$
<i>Movement of financial asset revaluation reserve</i>		
Balance at 1 July	-	-
Revaluation decrement	(170,263)	-
Transfer from reserves to accumulated surplus	-	-
Balance at 30 June	<u>(170,263)</u>	<u>-</u>

How we recognise financial asset revaluation reserves

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

Note 18. Asset revaluation reserve

	2022 \$	2021 \$
Land revaluation reserve	3,691,938	2,870,000
	<u>3,691,938</u>	<u>2,870,000</u>
	2022 \$	2021 \$
<i>Movement of asset revaluation reserve</i>		
Balance at 1 July	2,870,000	2,870,000
Revaluation Increment/(decrement)	821,938	-
Transfer from reserves to accumulated surplus	-	-
Balance at 30 June	<u>3,691,938</u>	<u>2,870,000</u>

How we recognise the asset revaluation reserve

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

IPC Health Ltd
Notes to the financial statements
30 June 2022

Note 19. Financial Instruments

The company's financial instruments consist mainly of deposits with banks, short-term investments, accounts receivable, accounts payable, lease liabilities and 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	2022 \$	2021 \$
Cash and cash equivalents	5	27,859,624	24,290,333
Trade and other receivables	6	5,778,630	12,748,773
Total current contractual financial assets at amortised cost		<u>33,638,254</u>	<u>37,039,106</u>
Trade and other payables	12	5,270,831	7,711,869
Lease liabilities	14	711,639	989,637
Total current contractual financial liabilities at amortised cost		<u>5,982,470</u>	<u>8,701,506</u>
	Note	2022 \$	2021 \$
<i>Non-current</i>			
Financial assets at amortised cost	10	2,535,616	-
Financial assets at fair value through profit or loss	10	3,475,676	-
Financial assets at fair value through other comprehensive income	10	1,575,962	-
Total non-current contractual financial assets		<u>7,587,254</u>	<u>-</u>
Lease liabilities	14	3,256,136	151,970
		2022 \$	2021 \$
Net current contractual financial assets		27,655,784	28,337,600
Net current and non-current contractual financial instruments		<u>31,986,902</u>	<u>28,185,630</u>

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:

IPC Health Ltd
Notes to the financial statements
30 June 2022

Note 19. Financial Instruments (continued)

- 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, trade and other receivables 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.

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.

IPC Health Ltd
Notes to the financial statements
30 June 2022

Note 19. Financial Instruments (continued)

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 20. 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). There are no other known contingent assets or contingent liabilities for IPC Health Ltd as at 30 June 2022 (30 June 2021: nil).

Note 21. Commitments

(a) Short-term operating lease commitments

	2022	2021
	\$	\$

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

Within one year	<u>5,400</u>	<u>8,100</u>
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(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 2022 are \$1,800,443 (2021: nil).

IPC Health Ltd
Notes to the financial statements
30 June 2022

Note 22. 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.

Note 23. Events after the reporting period

The COVID-19 pandemic has created unprecedented economic uncertainty. Actual economic events and conditions in the future may be materially different from those estimated by IPC Health Ltd at the reporting date. Management recognises that it is difficult to reliably estimate with any degree of certainty the potential impact of the pandemic after the reporting date on IPC Health Ltd, its operations, its future results and financial position.

No other 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 24. 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 Innovation and Community Care
- General Manager Financial and Corporate Services

The totals of remuneration paid to the key management personnel (including Board Directors) of IPC Health Ltd during the year are as follows:

	2022	2021
	\$	\$
Salary and fees	1,025,747	994,979
Superannuation	94,701	85,215
Total KMP remuneration	<u>1,120,448</u>	<u>1,080,194</u>

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 (2021: None noted).

Note 25. 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:

	2022	2021
	\$	\$
<i>Audit services - Victorian Auditor-General's Office</i>		
Audit of the financial statements	<u>49,000</u>	<u>48,000</u>

IPC Health Ltd
Directors' declaration
30 June 2022

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 2022 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 2013*.

On behalf of the Directors:



George Kogios
Chairperson



Jenny McMahon
Deputy Chairperson

12 October 2022

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 2022 • 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 significant accounting policies • 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 2022 and of its financial performance and its cash flows for the year then ended • complying with Australian Accounting Standards – Simplified Disclosures and Division 60 of the <i>Australian Charities and Not-for-profits Commission Regulations 2013</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 Australia. 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 and fair presentation of the financial report in accordance with Australian Accounting Standards – Simplified Disclosures 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 and fair presentation of a financial report that 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
25 October 2022



Sahchu Chummar

as delegate for the Auditor-General of Victoria





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