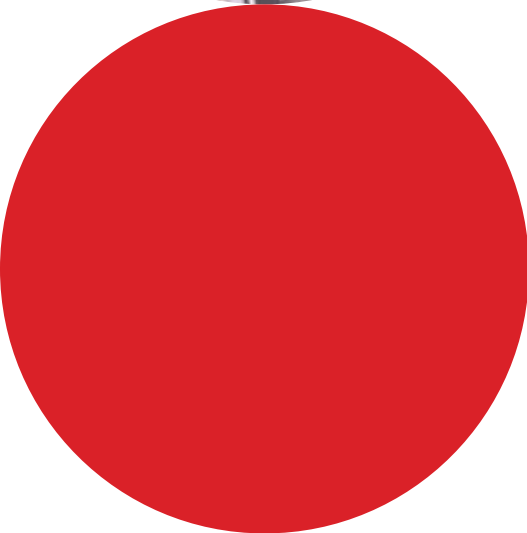


# Annual Report 2021



## Introduction

This edition of the IPC Health Annual Report outlines our performance over the 2020-2021 financial year, unless otherwise stated. The details contained within were correct at the time of publication, November 2021. This Annual Report, along with previous editions, can be found on our website at [ipchealth.com.au](https://ipchealth.com.au).

You can request a copy by contacting our **Client Services Team** on **03 9219 7142** or email: [ipchealth@ipchealth.com.au](mailto:ipchealth@ipchealth.com.au)

## Acknowledgements

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



We acknowledge the Traditional Owners of the land on which we work, the people of the Kulin Nation and pay respect to their Elders, past, present and emerging. We value the diversity and strength of our people and communities.



 Interpreters available

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# Message from the Chair and CEO

The 2020–2021 financial year will always be defined by COVID-19 and our agility, resourcefulness and resilience in responding to a global pandemic. Everyone at IPC Health has worked above and beyond to contribute to the year's achievements. We are very proud to be able to present them to you in this year's Annual Report.

IPC Health has continued with its growth and leadership trajectory in the community health sector with our COVID-19 response, working closely with the Commonwealth and State Departments of Health, hospitals and other community health organisations across metro Melbourne to deliver Acute Respiratory Clinics (ARC), Rapid Response COVID-19 Testing, Community Engagement and COVID-19 Vaccinations. Our COVID-19 Response is inclusive of a bicultural workforce that connects with local communities to educate, prevent transmission and encourage vaccinations in an effort to keep our local communities safe.

Our focus has remained on connecting clients with much needed care, providing culturally appropriate access to services for those who do not always feel comfortable approaching mainstream health, and supporting our local communities.

IPC Health staff have continued to deliver services, often in creative and innovative ways given the pandemic restrictions. They are a testament to IPC Health's overall achievements this year. We would like to thank all our staff who have demonstrated passion, commitment and resilience in challenging circumstances to make a difference for those most in need.

IPC Health's Strategy to 2025 focuses on deeply understanding our diverse community, providing exceptional health and wellbeing services, prevention of poor health outcomes, and improving people's quality of life. In 2020–2021 IPC Health expanded much needed mental health services by launching the IPC Health HeadtoHelp Hub in Wyndham in partnership with the North Western

Melbourne Primary Health Network (NWMPHN). The Hub is now being expanded to include Melton in partnership with Melton City Council and demonstrates our commitment to working with the rapidly growing areas of Melbourne's middle and outer West.

During COVID-19 our focus has always been to keep our clients and staff safe while continuing to provide services. IPC Health invested in our Modern Workplace project for staff that has seen an overhaul of our information technology systems, telephony platform, and purchase of new mobile equipment delivering the capability for staff to work offsite in real time, supplying services where they are needed.

IPC Health secured new partnerships in 2020–2021 including working closely with the Murdoch Child Research Institute investigating a Child and Family Hub in Wyndham to engage families, better detect and address adversity, and deliver evidence-based holistic care. IPC Health has also partnered with Movember and Hope Assisted Local Tradies (HALT), securing funding to produce a mental health and wellbeing check-in app for tradies and blue-collar workers. Our positive outcomes and impact with our Social Prescribing program continues to gain media recognition, securing additional funding from the NWMPHN and allowing for the expansion of services from Brimbank to include Wyndham.

IPC Health welcomed Ngaire Anderson as a new Board Director in March 2021. We would like to acknowledge and thank our Board Director Rennis Witham who retired from the IPC Health Board in early July 2021 after more than five years of service. Rennis chaired the IPC Health Clinical Governance and Clinical Risk Committee since its inception and her contribution to IPC Health and more broadly to community health has been greatly valued.

IPC Health has achieved a positive surplus of \$5.18m for 2020–2021 and while we were unable to deliver all our contracted service hours due to COVID-19 restrictions, we were able to offset the shortfall in service delivery by providing our COVID-19 response, including Acute Respiratory Clinics, pop up drive through testing clinics, mobile testing teams, health status stations, and pop up COVID-19 vaccinations services.

Any surplus generated by IPC Health, known by our staff as surplus for purpose, is invested back into our organisation through expansion of much needed services for our local communities, such as asylum seeker medical and resettlement assistance and dental services in Wyndham. Other surplus funds are directed to supporting our staff Innovation Challenges, developing ideas and new services through a co-design framework with clients, community representatives, peak bodies and partners. Current Innovation Challenges include our Power Over Pain partnership with Western Health; exploration of the delivery of safe and inclusive services and support for transgender, gender diverse, and non-binary people; and exploration of the availability of eating disorder services and support across the western region of Melbourne.

We have driven and pursued opportunities for IPC Health to secure additional program funding to the value of \$27.7 million including additional funding for our COVID-19 response such as testing, engagement, High Risk Accommodation Response, Social Prescribing and mental health.

Data from our online Client Feedback Survey show that our clients' overall satisfaction and experience with IPC Health continues to be very positive: a total of 96% of surveyed people told us they were happy or very happy with the service and 90% were likely or extremely likely to recommend us to their friends and family. Data from our online telehealth survey show 97% of surveyed people were happy or very happy with the service they received and 84% were likely or extremely likely to recommend us.

We would like to thank all Board Directors, Executive and Leadership Teams, staff and volunteers for their excellent work in very challenging times. We would not have been able to deliver our achievements without your ongoing support. We are One Team IPC Health, we are passionate, creative and together, we make a difference.



George Kogios  
IPC Health Board Chair



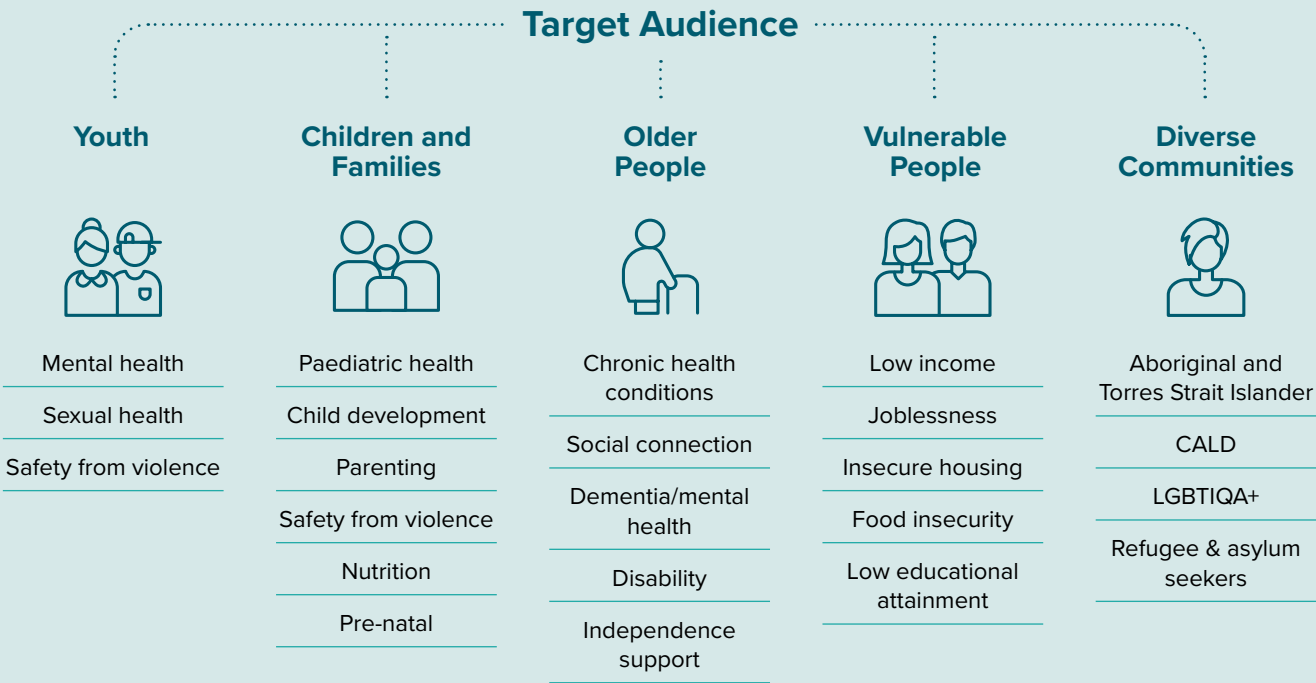
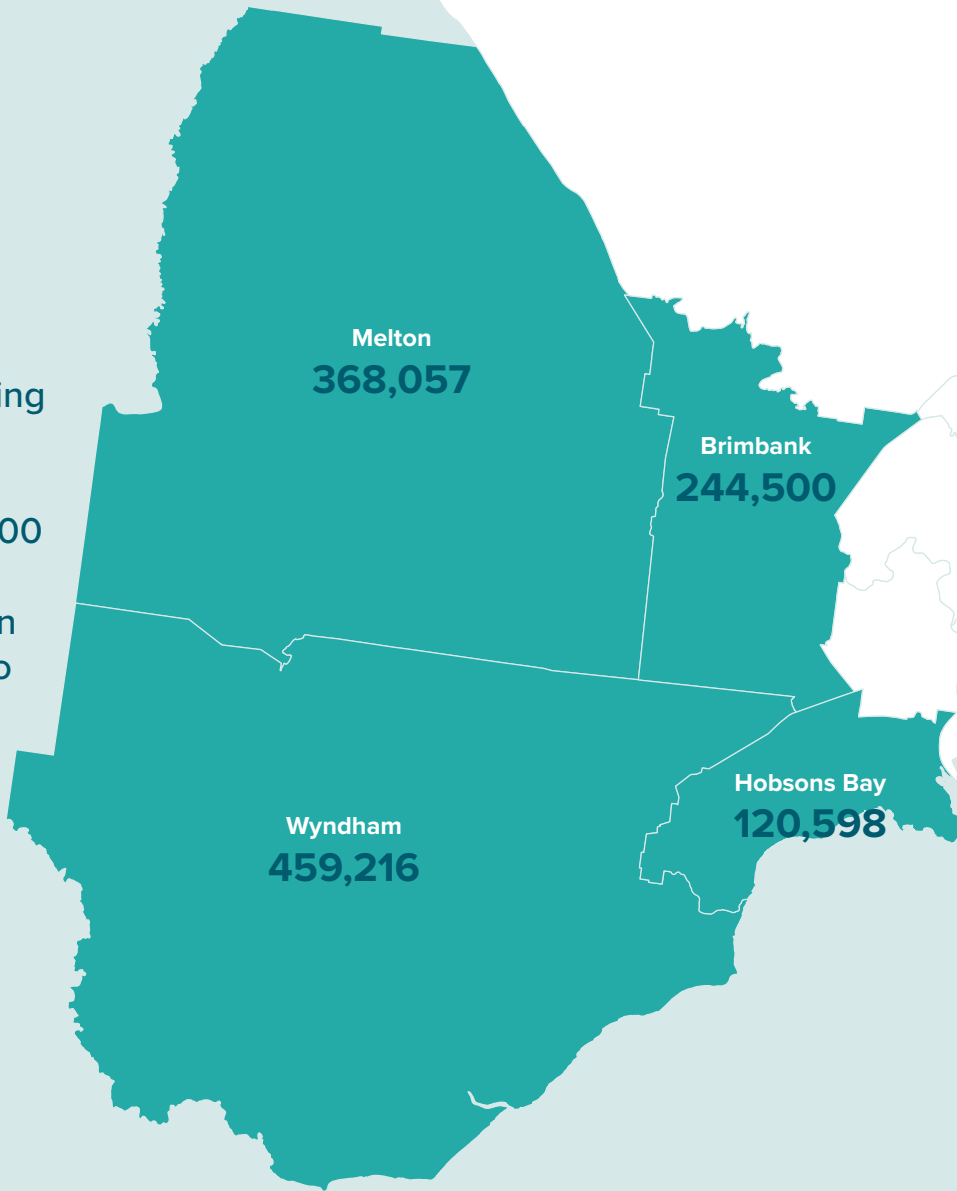
Jayne Nelson  
IPC Health CEO





# 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
- Social work

## Allied health

- Nutrition and dietetics
- Occupational therapy
- Physiotherapy
- Exercise physiology
- Podiatry
- Speech pathology
- Audiology

## Child, youth and family

- Paediatrician
- Child occupational therapy
- Psychology for children
- Child speech therapy
- Family services
- Healthy Mothers, Healthy Babies
- Cradle to kinder
- Youth health nurse

## Chronic conditions

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

## COVID-19 testing and vaccination

## General health

- GP clinic
- Nurse
- Oral health
- Refugee health
- Aboriginal and Torres Strait Islander health
- Women’s sexual reproductive health

## Wellbeing and counselling

- Alcohol & other drugs
- Dual diagnosis counselling
- Family
- General mental health
- Gambler’s Help
- HeadtoHelp
- Social Prescribing



# Our impact

## Reach

Active clients

33,055

Growth in Home Care Packages clients

↑ 30%

Clients we helped to co-create chronic disease plans

New ↑ 30% Reviewed ↑ 245%



More than 75,000 client visits

1,955 new clients for our Wyndham Vale and Deer Park GP clinics

Number of clients supported through Social Prescribing

164

## Client satisfaction

Source: IPC Health telehealth surveys July 2020 – December 2020

97% of surveyed telehealth clients told us they were happy/very happy with the service received

84% of surveyed telehealth clients were likely/extremely likely to recommend IPC Health to family and friends

Source: IPC Health client surveys November 2020 – June 2021

96% of surveyed telehealth clients told us they were happy/very happy with the service received

90% of surveyed telehealth clients were likely/extremely likely to recommend IPC Health to family and friends

## COVID-19 testing and vaccinations

Number of COVID-19 tests performed

120,411 IPC Health COVID-19 testing clinics  
106,680 Rapid Response Testing Teams

Number of COVID-19 vaccinations given

2,907 Vaccinations given by IPC Health through the C-19 Network  
684 Vaccinations given through IPC Health through Deer Park and Wyndham Vale GP clinics (May-June 2021)

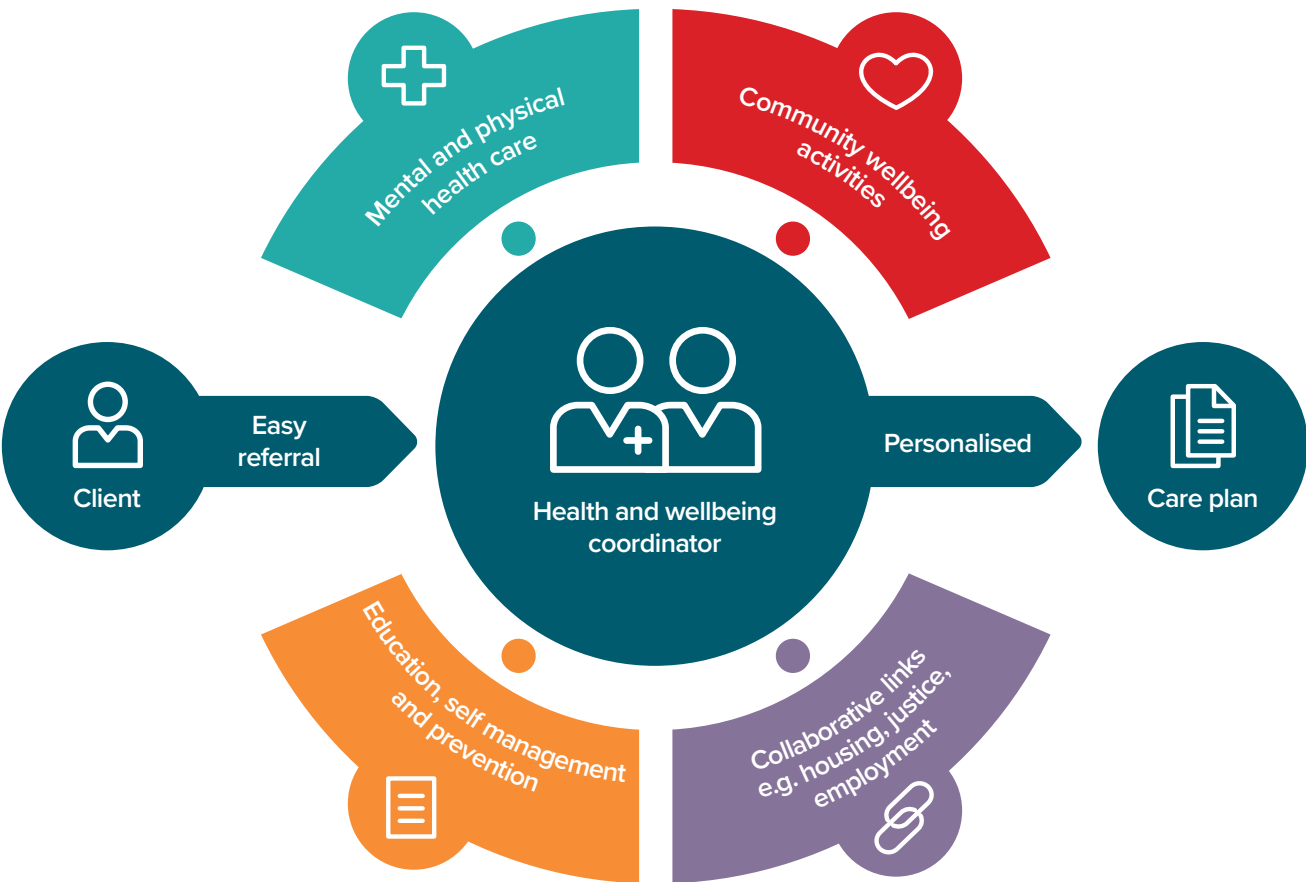


# Our Strategy to 2025

IPC Health’s strategy to 2025 articulates our aim to become a client-centred, innovative and responsive organisation that improves quality of life for the people and communities we serve.



Our mission is to deliver innovative high-quality services that are client centred, collaborative, coordinated and demonstrate value through measured impact. We are One Team working together with passion and creativity to make a difference to our local communities.



IPC Health Service Model

Our journey involves establishing an integrated service model focused on understanding and meeting the needs of the whole person across the entire clinical, mental health and social spectrum. We provide person-centred care that is valued by all while building on our positive reputation, and continuing to be an effective and viable business. Twelve strategic objectives assist us to determine priority areas of work for the organisation and our teams.

These strategic objectives are:

- Widely known and highly regarded
- Contributor to local system outcomes
- Attracting more active clients
- Improved quality of life
- Exceptional client experience
- Enhanced access and equity of access to services
- Comprehensive coordinated service delivery
- Transition from treatment to prevention
- Financial sustainability
- Operational excellence and quality governance
- Passionate creative staff who make a difference
- A sustainable organisation

Our strategy is one of change and innovation. We’ve created four key leadership mindsets to embed the capability and culture of innovation within IPC Health, so that our ideas can take root, flourish and grow into solutions that strengthening our services, staff, clients and community.

- **Mindfulness** is represented by the focus and presence of mind to act with integrity, grit, resilience, adaptability and kindness – even in challenging circumstances.
- **Impact** is a mindset that compels you to seize opportunities, to act with self-assurance, to inspire action, and to empower others through active listening and communication.
- **Innovation** is a growth and learning mindset that thrives in ambiguity, senses change, fosters deep curiosity and enables experimentation and creativity to thrive.
- **Diversity** is a mindset that enables the awareness, empathy, collaboration and diplomacy to communicate, engage and work with anyone.

All staff are encouraged to use the leadership mindsets in their day-to-day work to give better outcomes to clients as well as the opportunity to grow personally and professionally.

## Objective 1: Widely known and highly regarded



108%

Increase in website visitors



45%

Increase in Facebook followers



29%

Increase in LinkedIn followers



120%

Increase in Twitter followers

## Objective 2: Contributor to local system outcomes

9

Number of additional services that have been newly funded or refunded to meet the needs of the community

Including:

- IPC Health HeadtoHelp Hub - North Western Melbourne Primary Health Network (NWMPHN)
- Social Prescribing - NWMPHN
- COVID-19 Vaccination – Commonwealth / Department of Health and Human Services (DHHS)
- Bicultural Workforce - DHHS
- Rapid Community Engagement - DHHS
- High Risk Accommodation Response (HRAR) - DHHS



### Objective 3: Attracting more active clients

# 14,934

Number of active community health clients

### Objective 4: Improved quality of life

Embedded quality of life measures into two programs, aiming to report improved outcomes in 2025 using the following measures.

#### Social Prescribing baseline data

Self rated general health

## 46%

Good/very good/excellent

## 54%

Poor/fair

Self rated quality of life

## 39%

Good/very good/excellent

## 61%

Poor/fair

#### HeadtoHelp

## 100%

Cases with a K10 mental health assessment

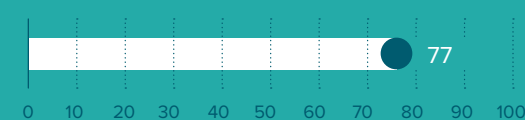
### Objective 5: Exceptional client experience

In March 2020, we suspended our tablet based client surveys due to the pandemic and its associated restrictions.

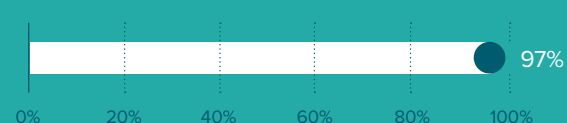


From May 2020, we initiated a temporary online survey regarding our telehealth services, running until the end of December 2020. Telehealth proved to be popular with 95% of respondents telling us they would like it as an ongoing service option.

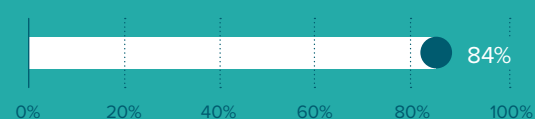
#### Number of surveys completed



#### Happy or very happy with the service received



#### Likely or extremely likely to recommend IPC Health to family and friends

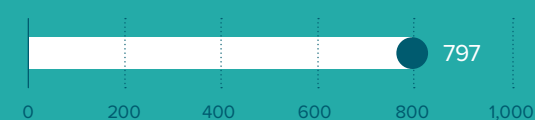


Source: IPC Health telehealth surveys July 2020 – December 2020



From November 2020, we moved to an online version of the full survey so we could continue to use feedback to improve our services.

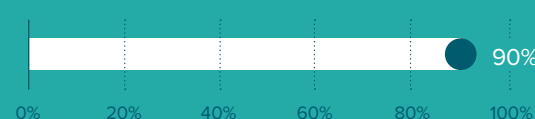
#### Number of surveys completed



#### Happy or very happy with the service received



#### Likely or extremely likely to recommend IPC Health to family and friends



Source: IPC Health client surveys November 2020 – June 2021

### Objective 6: Enhanced access and equity of access to services

Community health client population served:



#### Children (0-9)

## 16%

of clients

(16% of the population in our catchment areas)



#### Young people (10-19)

## 4%

of clients

(12% of the population in our catchment areas)



#### Family

## 20%

of clients

(28.1% of the population in our catchment areas)



#### Older persons (65+)

## 43%

of clients

(10.8% of the population in our catchment areas)



#### Diverse community

Country of birth (overseas)

## 56%

of clients

(45% of the population in our catchment areas)

Language other than English

## 30%

of clients

(65% of the population in our catchment areas)

Aboriginal and/or Torres Strait Islander

## 1.0%

of clients

(<1% of the population in our catchment areas)

Refugee or asylum seeker

## 19%

of clients

### Objective 7: Comprehensive coordinated service delivery

Referrals received:



• **2,609**  
Internal referrals

• **12,051**  
Total referrals

Objective 8: Transition from treatment to prevention

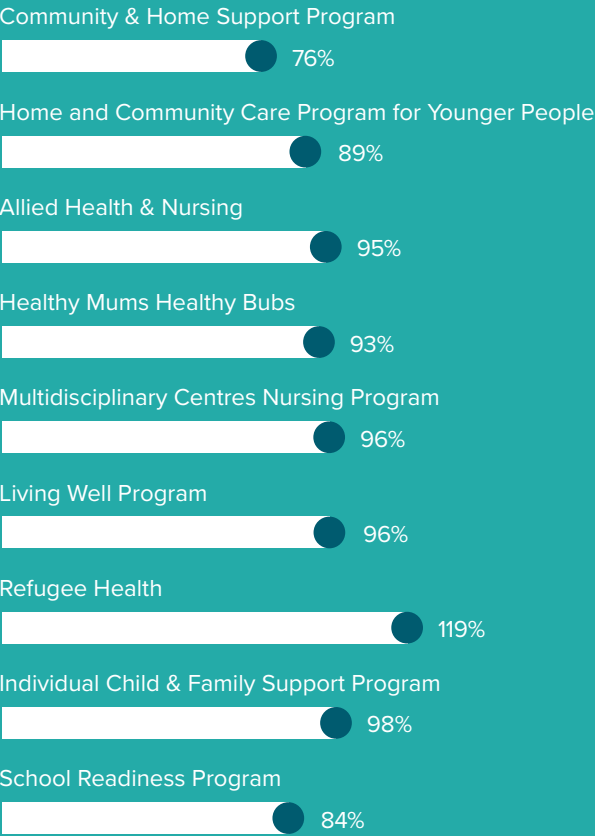
In 2021 IPC Health have implemented over 18 primary and secondary prevention programs to support clients and community to promote wellbeing and address better health outcomes. Common themes include improving social connectedness, addressing inequity, building capacity for community and clients to address issues, and early intervention to prevent worsening health conditions.

Objective 9: Financial sustainability

	FY21	Target	Result
Delivery to organisational budget/generation of surplus for purpose	\$5.18m surplus	\$77k surplus	+\$5.1m
Increased revenue	\$74.2m	\$43.8m	+\$30.4m

Objective 10: Operational excellence and quality governance

Performance targets of key funded programs:



Objective 11: Passionate & creative staff who make a difference

From our 2020 People Matters Survey, 83% of respondents reported they were proud of where they worked and would recommend IPC Health to prospective employees. Overall, employee satisfaction increased by 21% from 2019 to 2020.

	FY19-20	FY20-21
Staff engagement	67%	74%
Staff satisfaction	55%	76%

Objective 12: An environmentally sustainable organisation

Reduction in vehicle fleet size	35%
Percentage of new fleet vehicles purchased as Hybrid variant	88%
Campuses converted to solar power	16%
Campuses converted from incandescent to LED lighting	83%





# How we care for you



## Surplus for purpose to help our big ideas grow

As part of our IPC Health Strategy to 2025, we intend to invest in the expansion of services most needed by our local communities or in innovative solutions to address key service gaps.

We're calling this surplus for purpose, where a portion of generated surplus is allocated to areas nominated by our staff and supported by the Executive Leadership Team and IPC Health Board.

This year our surplus for purpose funding was used to:

- Purchase infrastructure for much needed dental services at our GP Super Clinic in Wyndham Vale
- Boost services for our local communities that are self-funded or co-funded with partners such as medical and resettlement support care for refugees and asylum seekers
- Resource Innovation Challenges that focus on new ways of working to make a difference for our clients and communities
- Design and co-produce services with IPC Health clients and partners
- Invest in the redevelopment of existing sites and creation of new sites including working offsite with our Modern Workplace information and communications technology strategy

## Excellence through innovation

Start with IF.

Creativity is one of our core values. Our Innovation Framework (IF.) explores new ways of working using design thinking and lean innovation approaches.

This helps us co-design and test innovations with clients and community, early and often. It's about applying a deep understanding of our clients and communities to find new ways to increase our impact and make a difference.

### Our Innovation Challenges

In February 2021, IPC Health conducted its first call out for staff innovation ideas in a shark tank innovation style pitching process. We asked staff to tackle three problems:

1. How might we make more of a difference for one of our priority client groups:
  - Young people aged 12-24 years
  - Young families, ranging from those thinking about having children to those already parenting kids up to 8 years
  - Men, including young men, men in families, fathers, older men, and men in diverse or marginalised groups
2. How might we generate surplus for purpose
3. How might we use technology to deliver on one or more of our strategic objectives

Along with our CEO Jayne Nelson, the panel consisted of leaders from our existing partnerships with the Murdoch Children's Research Institute, Australia Post, Movember, and the Youth Affairs Council of Victoria.

A list of 21 submissions were whittled down to ten ideas to be pitched to the Shark Tank panel. After two intense pitching sessions, five ideas were successful in securing surplus for purpose funding used to form multi-disciplinary teams to undertake their Innovation Challenges.

The successfully funded pitches were:

- A pilot video production promoting one of our services
- User testing to better understand what clients want and need from our website
- To co-design a gender-affirming health and wellbeing clinic in the West for transgender, gender diverse and non-binary people.
- A design sprint on early intervention support for people with disordered eating behaviours:

Eating disorders involve a complex and challenging interaction of psychological risk factors, sociocultural influences, and biological and genetic predispositions. The team of six interviewed sector experts, Eating Disorders Victoria nurses, and people with lived experience to see what gaps in service needed to be filled. They also spoke with IPC Health staff to understand the barriers in our own organisation. A service model framework, training modules for service providers, disordered eating client brochure and screening assessment tools were developed.

- To design a digital health self-management tool:

This team of seven 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 developed, and user tested demonstrating that this was definitely a desirable health tool on both sides of health care.





Marketing Videos Innovation Challenge



### Innovation Challenge staff teams

Each Challenge presented their findings and prototypes to our Executive Leadership Team and was given the opportunity to pitch for further funding in the new financial year.

## Child and Family Hub

IPC Health has been working in partnership with the Murdoch Children's Research Institute (MCRI) on an Australian first Child and Family Hub located at our Wyndham Vale campus.

The goal is to design, test and evaluate a holistic service that can better support families with children aged from birth to 8 years experiencing adversity to prevent mental health problems for their children. Adversity (or life challenges) can include poor social support, job loss, health-related challenges, inequity and discrimination and relationship issues.

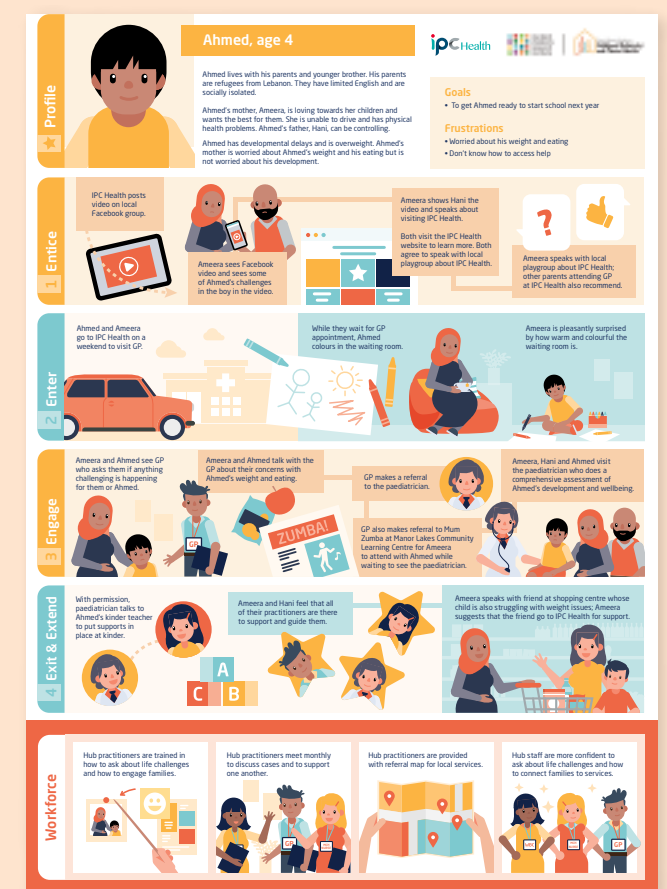
The Child and Family Hub model was co-designed through an intensive 10-week workshop series and consultations with over 100 families and 30 service providers from Wyndham Vale. The co-design process focused on the client journey through the Hub. The team of seven was made up of local community members, practitioners from health, family services and social care and education providers, all from the local area.

The team began with a deep dive into the barriers children and families typically face when seeking or engaging with services. They then brainstormed possible solutions, seeking regular feedback through consultation with the broader community. In total, 12 prototyped ideas will now inform the service model that will be implemented as a part of a research trial in 2022.

Three big ideas that came out of this process were:

- A wellbeing coordinator role to support families and provide care coordination
- Creation of an animated video to engage families and promote the Hub on social media
- Regular family drop-in sessions where children can listen to story time while the parents chat with a Wellbeing Coordinator and other health and wellbeing practitioners

Together with MCRI and Wyndham City Council, IPC Health will pilot the Hub as a service from our Wyndham Vale campus throughout 2022. The outcomes will be evaluated to understand whether Hub services can promote mental health and wellbeing as well as facilitate service access for children and families experiencing adversity.





# Power Over Pain

IPC Health’s very first Innovation Challenge resulted in the establishment of the Power Over Pain program. In partnership with Western Health, a multidisciplinary team of health professionals and people with lived experience of persistent pain designed a holistic service model to improve outcomes for people living with persistent pain.

Twelve months in, and the Power Over Pain program has produced excellent results for clients through coordinated care and pain education led by a wellbeing coordinator; and shared care with GPs, pharmacists and allied health professionals. This multidisciplinary team aims to support clients to learn about their pain experience and increase their ability to self-manage their pain so they can get the most out of life.

Our interest in pain education sparked a partnership with Reality Health to test the use of virtual reality equipment in challenging clients’ perspectives of the physical limitations instilled by their pain receptors. Read more about this in Maurice’s story.

## Maurice’s story

IPC Health staff from the Social Prescribing and Counselling programs have been assisting me with the management of chronic pain and I am challenged to find the words that convey my appreciation for their support.

I was invited to participate in virtual reality (VR) technology that was being trialled. The experience was most rewarding and the knowledge that I have gained in regards to the mechanisms of pain and the role our brain plays in the pain/brain connection has changed the way I view and manage my pain. At first I was a little sceptical but my scepticism was soon replaced with enthusiasm by the conclusion of my first VR session. I was able to comprehend the brain/pain connection: in simplistic terminology the brain can be distracted from its focus/ connection to a damaged body part. And based on my VR experience I absolutely believe this technology has a valuable role in pain management.

I am now aware that my constant battle against pain was in fact counterproductive. I now acknowledge the pain as something that has come to live with me. I now focus on how to distract the brain/pain connection. I have found being productive is crucial in this quest. Virtual reality technology proves this point: your mind/brain is busy, its focus is on something that requires conscious input, and for me that assists with living with chronic pain. The brain/pain relationship is paramount to our wellbeing, if we allow the brain/pain connection to become overly active, it then has the potential to be detrimental to a healthy and productive life.



Virtual reality session





## Promoting prevention and wellbeing

Moving from treatment to prevention is imperative to ensure we are making improvement to the quality of life for our communities across Melbourne's west.

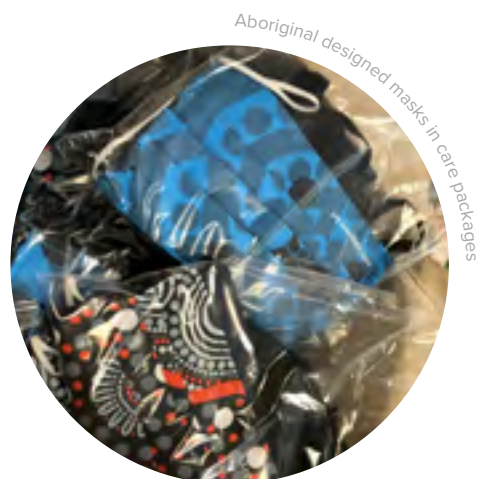
### Aboriginal Health team

The Aboriginal Health team helps our First Nations clients navigate the health system. They support, educate, and advocate for our client's care. Due to restrictions, our clients haven't been able to visit the Aboriginal Community Lounge at the Wyndham Vale campus or see the team face to face but they know they're not alone and have felt well connected.

Most services and programs continued to be delivered online and via telehealth ensuring our clients stayed on top of their specialist medical needs. The team focused on the social and emotional wellbeing of their clients, medication and treatment compliance, encouraged safe attendance at medical appointments, and promoted healthy eating and physical activity in lockdown. Thanks to this holistic approach, only one out of 37 clients with complex chronic health conditions attended hospital in the previous six months.

With the Lounge closed, the team conducted phone check-ins with clients and encouraged community members to keep connected. We saw first-hand the impact of social isolation on our clients' mental health with many saying that they felt sad, anxious, lonely and depressed. Financial, housing, food and medically associated hardships were identified in those conversations and quickly responded to with tangible support.

IPC Health put together over 50 COVID-19 care packages that were delivered to our clients, including masks, hand sanitisers, mindful colouring books and journals. One community member said that it really helped during lockdown isolation and another said it was like Christmas again!



Here's a snapshot of some of the collaborative services delivered to our Aboriginal and Torres Strait Islander clients:

### Diabetic Nurse Educator and Podiatrist clinics

Evidently clients' eating habits and normal physical activity had changed during lockdown due to boredom, isolation, and fear of leaving the house. As a result, many clients experienced health complications and an influx need for clinical appointments. We arranged urgent consultations with the Diabetic Nurse Educator and Podiatrist who prioritised these clients to help them manage their chronic health conditions.

### The Australian College of Optometry clinics

With support from the Australian College of Optometry, we have created strong partnerships with other providers including private optometrists, ophthalmologists, Victorian Aboriginal Health Service, and the Aboriginal Hospital Liaison Officers at The Royal Victorian Eye and Ear Hospital who have advocated on behalf of our clients through COVID-19 service interruptions.

### COVID-19 education, vaccine and flu vaccine clinics

It was a priority to educate, inform and assist clients to understand all things related to COVID-19. The team is happy to report that while almost all of our clients had at least one COVID-19 test, none of them tested positive, which is a wonderful outcome for the community. They also ensured our most vulnerable clients had fast access to vaccines. Many decided to get vaccinated at the IPC Health GP clinics with a number saying that's where they felt comfortable and safe.

We can report that 95% of our Aboriginal Health clients have had at least one COVID-19 vaccine. Our clients and community members are also proud of how we and they are keeping each other safe. It is a point of pride that has strengthened us and our community.



### The rainbow tree of life

We were honoured to have Uncle Gary Davidson (Taungurung) create a special art piece for our LGBTIQ+ community. We look forward to coming together for an official recognition ceremony once restrictions have eased.



“

My artwork piece represents the colours of the LGBTIQ+ community. It's symbol to me is a tree of life and recognises the struggle that the community are faced with at times. I have family and friends that are proud to be in this LGBTIQ+ community, and for this reason, I have put my mind to making this art piece with great pleasure.

Uncle Gary Davidson (Taungurung)

”



## Sex Positivity and Rainbow Youth

Our Sex Positivity and Rainbow Youth initiative uses community engagement and co-design methods to create social connectedness, a sense of belonging and builds capacity of our rainbow young people to become advocates, leaders and change makers in their own communities. Co-design opportunities help our young people to elevate their voice and advocate for themselves and their community. We ensure that at all times the environments and activities are safe, supportive, inclusive, and affirming. We also extend our reach by being active participants in the Q-West network and QYAN (Queer Young Alliance Network).

As a part of this project, our rainbow young people created positive and affirming merchandise reflecting the issues impacting their lives. Pins, stickers, temporary tattoos, tote bags and postcards were designed by and for LGBTIQ+ young people along with a website to showcase details of the project and meaningful acknowledgement of its participants.

“

The project exists to remind young people of what the affirmations themselves mean, but also that they are not alone, there are people who have their backs and who are in their corner, no matter what. Sometimes that may be more powerful than the affirmations themselves.

Pride affirmation project participant

”



We were proud signatories to the Centre for Excellence in Child and Family Welfare International Transgender Day of Visibility statement.

## Relaying the Rainbow

The rainbow young people also identified a need to improve inclusive practices within the health system for all LGBTIQ+ young people. Their response was to co-create a video titled *Relaying the Rainbow* showcasing their lived experience in order to increase IPC Health staff member's understanding of how transgender and gender diverse young people have to navigate health and mental health settings. It was launched at our International Day Against Homophobia, Biphobia, Interphobia & Transphobia (IDAHOBIT) event with the rainbow young people conducting a panel discussion after the screening. We're so grateful and sincerely thank the rainbow young people who have worked with us to tell their stories and educate our service providers.



## Preventing gambling harm

### Gambler's Help Venue Support

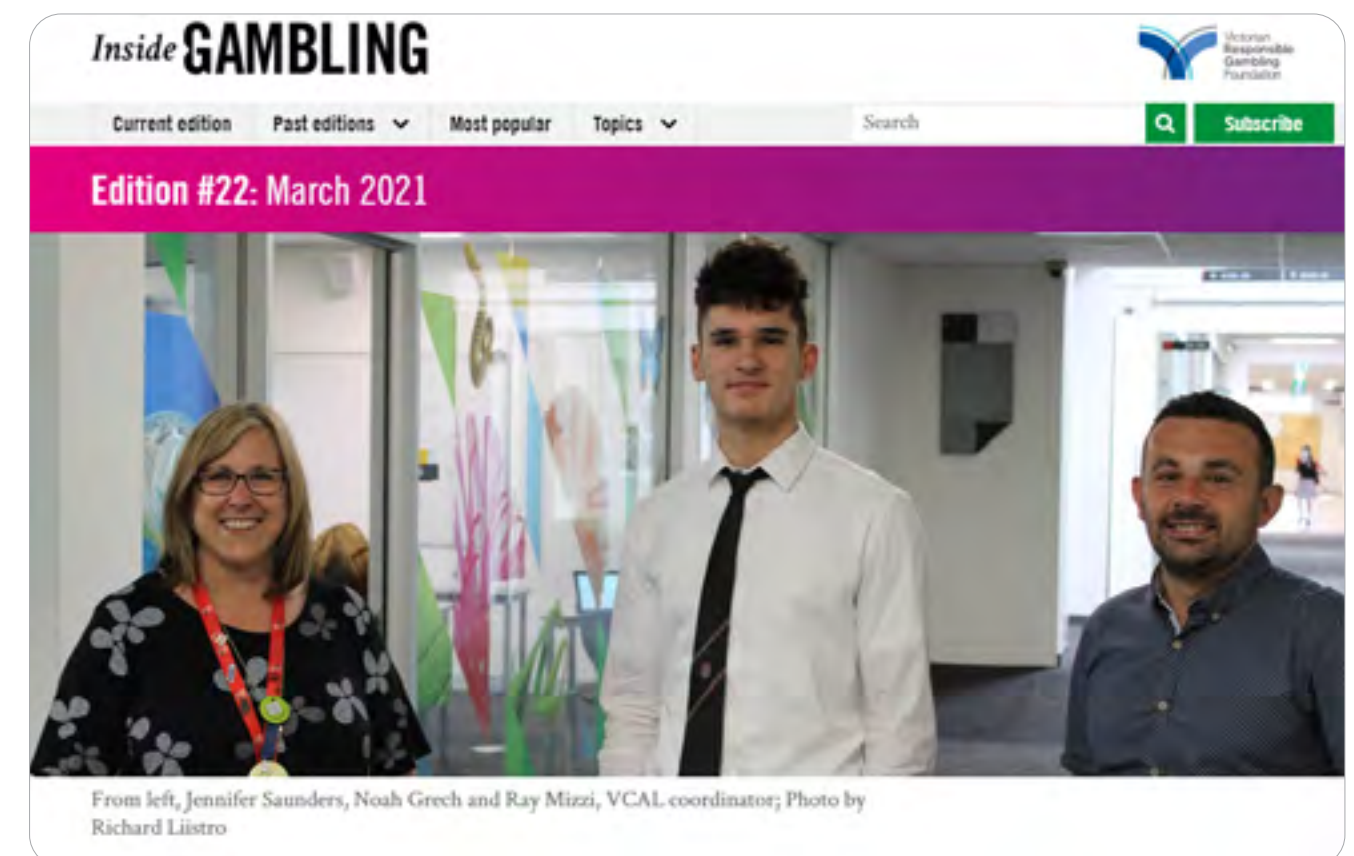
The Gambler's Help team's venue support program celebrated its 10th anniversary in September. The program works together with gaming venue staff and management to support the development and maintenance of responsible gambling environments.

Venue Support plays a key role in training and educating venue staff as well as supporting gaming venues to meet and exceed the requirements of industry Responsible Gambling Codes of Conduct.

### Gambler's Help Community Engagement

We love seeing our impact influence meaningful action. One of our Community Engagement Officers delivered a School Education Program to Caroline Chisholm Catholic College about the harms of gambling. For one Year 11 student, that session sparked an interest and resulted in a project investigating the links between gaming and gambling.

Read more in the Inside Gambling article – <https://insidegambling.com.au/editions/22/hero/vcal-lessons-for-life>



## Our COVID-19 response in the community

IPC Health was one of the first organisations to establish drive through Acute Respiratory Clinics and mobile pop up testing sites at the beginning of the COVID-19 pandemic. We have continued to lead the way with our creativity and responsiveness to the needs of the community across Victoria.



## The C-19 Network

When the Department of Health published a tender for the establishment of COVID-19 Rapid Response Testing Teams (RRTT), a group of likeminded community health organisations banded together to submit a joint submission in the four day timeframe. The successful submission was the beginning of a collaboration between five community health organisations (IPC Health as lead agency, Star Health, DPV Health, cohealth, EACH) forming the C-19 Network to pool resources and expertise as metropolitan and state wide responders to the COVID-19 outbreaks. Between us we have grown to 12 Rapid Response Testing Teams along with a community engagement and bicultural officer workforce who respond 7 days a week to outbreaks anywhere across metropolitan Melbourne.

As lead agency, a central Operational Support Team has been established at IPC Health. The Operational Support Team provides a point of contact for the Department of Health and is the conduit to allocate testing and engagement assignments with our partner organisations.

## COVID-19 testing

### Rapid Response Testing Teams

The C-19 Network also played a key role in establishing COVID-19 testing services that are able to be rapidly mobilised and establish safe and operations in multiple contexts. From high throughput pop up sites to complex residential and bespoke inhome testing services; from skate parks to shopping centres; ports of entry to airline staff quarantine hotels; large apartment blocks to private households; and workplaces to places of worship, wherever testing has been required, the C-19 Network testing teams have delivered. We have an effective capability to engage with at-risk and vulnerable communities, delivering caring, safe and effective testing services in the most high-risk of settings. As of June 2021, the C-19 Network had collectively tested over 300,000 people across the five partner organisations. The Network achieved this without a single transmission of the virus to staff members.

### Some highlights:

The team was called on to work in conjunction with the renowned Peter Doherty Institute and the Victorian Infectious Diseases Reference Laboratory as well as Victoria Police in a COVID-19 saliva test implementation pilot rolled out in large workplace settings.

The C-19 Network was part of the response to the Kings Park complex outbreak, establishing and running a pop-up clinic in Sturt St, Southbank for two weeks. This undertaking was a huge logistical exercise and the C-19 team did an amazing job in delivering high level planning, holding partner briefings, continual liaison with the Department of Health and onsite contacts as well as onsite team support. Almost 200 individuals were tested which was the biggest in-home testing exercise ever requested of a public health unit and it was wholly conducted by C-19 Network's Rapid Response Testing Teams.

Similarly at another Southbank apartment tower, the IPC Health testing teams performed in-home testing for potential and confirmed cases as well as close contacts where they were the only team to include serology (blood testing).

### Rapid Response Community Engagement

Our Rapid Response Community Engagement Teams have been fundamental to the success of the C-19 Network's program. Effective engagement is the primary driver of maximising participation in testing and spreading the message on COVID safe behaviours. Their role is one of community engagement, COVID-19 safety education, and community support. They specialise in engaging with culturally and linguistically diverse communities, including in high risk work and accommodation settings, who are experiencing barriers to COVIDSafe messaging. They are also deployed in support response to emerging COVID-19 cases, clusters and outbreaks. You may have seen them at the Boxing Day Test or Australian Open.



### Bicultural Officer Workforce

The Bicultural Workers are employed to establish relationships and deepen connections with individuals and communities with whom they share similar cultural experiences and understanding. They share COVIDSafe information and messaging with communities via effective consultation, in relevant languages and culturally appropriate ways. They also provide additional levels of support for individuals, families and households who might need to go into mandatory quarantining after COVID-19 testing. As role models for their local communities, they (and we) are proud of the work they do to help keep Victoria safe.



#### IPC Health COVID-19 testing clinics

IPC Health Deer Park	36,886
IPC Health Wyndham Vale	15,964
Tarneit Wootton Road Reserve	35,868
Sunshine West Community Centre	9,507
Hoppers Lane, Werribee	13,154
Keilor Community Hub	9,032
<b>Total tests performed</b>	<b>120,411</b>

#### Number of COVID-19 tests performed

**106,680** Rapid Response Testing Teams

**91,966** Acute Respiratory Clinic

Our COVID-19 response really has taken a village of people to help keep the community safe. We recruited and seconded around an extra 200 staff to support these efforts. We were proud to offer opportunities to casual agency staff from a range of health and non-health related fields who had been stood down from their normal jobs (such as in the aviation industry) due to lockdowns and border restrictions.

#### IPC Health Acute Respiratory Clinics staffing

**54** Existing IPC Health staff seconded

**57** Newly hired staff

**100** Agency staff used

**10** Agency staff now employed by IPC Health

#### COVID-19 Vaccinations

As at 30 June 2021, we have delivered more than 2,900 vaccinations to our clients and over 26,000 vaccinations across metropolitan Melbourne collectively through the C-19 Network.

**2,907** **26,261**

Vaccinations given by IPC Health through the C-19 Network

Vaccinations given in total by all C-19 Network partners

IPC Health's Deer Park and Wyndham Vale GP clinics both commenced delivery of AstraZeneca vaccines via a restricted allocation of 50 doses per site per week in May 2021. As at 30 June, the clinics had administered the following:

- IPC Health Deer Park: 480 AstraZeneca doses
- IPC Health Wyndham Vale: 204 AstraZeneca doses



Bicultural Workers Kalyani (above) and Mador receiving their first COVID-19 vaccinations



#### High Risk Accommodation Response

Our High Risk Accommodation Response team have been providing masks, hand sanitiser, and health information in multiple languages to people living in public and community housing, rooming houses, caravan parks, supported residential services and residential disability settings.

We set up concierge stations to help residents get what they needed to stay safe while isolating or quarantining; we also provide COVID-19 testing onsite.

During these times the team encountered residents experiencing incredible isolation, disconnection and hardships as well as some with challenging and complex needs. Most of the residents hadn't had support from any services for a long time. The Health Concierge was able to link residents with much needed services including housing, health, mental health, tenancy support services, emergency relief and material aid, community programs, and training and employment opportunities.

The Health Concierge team met one person who had been sleeping on the floor for several months as they didn't have a bed or furniture. They didn't know where to go to for support and found it hard to access services because of a broken phone. The team were able to source a bed, linen, pillow and quilt, a reclining lounge chair, and food vouchers through the Salvos Hobsons Bay. The team also helped to get the phone working again.

One of the residents said that through their involvement with IPC Health, they now have hope. Another resident has taken to occasionally cooking lunch for the Health Concierge staff as a way of saying thanks and the team says the food is fabulous.



Testing pop up at the Sunbury Memorial Hall

#### Nelson Heights Health Concierge July 2020 – April 2021

Engaged with:

 **50** households

 **85** residents

 on **388** occasions

Health Concierge staff provided and/or facilitated pathways for:

- material aid such as furniture, bedding and clothing
- housing including maintenance, replacement keys and door fobs
- emergency relief, food parcels, food vouchers
- medical support including emergency services
- referral to support services and local community organisations
- free fresh fruit, vegetables and bread
- free cat and dog food from Pets of the Homeless to support the many beloved animals living with residents

#### Rapid Response Community Engagement and Bicultural Workforce

Our Rapid Response Community Engagement Team and Bicultural Workforce have been proudly working to keep the Victoria public informed about COVIDSafe practices. They actively engage culturally and linguistically diverse communities who otherwise find the mainstream information and messages difficult to understand.

## Quang Minh Temple

Following our successful community engagement at Quang Minh Temple last December for the New Moon prayer day, the Rapid Response Community Engagement and Bicultural Workforce team were invited by the Temple's Abbot to attend their Lunar New Year Festival. Their presence provided great support to the Vietnamese Buddhist community and particularly the Temple. Disposable and reusable masks were distributed along with flyers in both English and Vietnamese. Hand sanitisers were also placed at different locations around the Temple for easy accessibility. In addition to promoting COVIDSafe practices and the importance of testing, the team also discussed the upcoming rollout of the vaccine with the Temple's committee and members of the Vietnamese community. The Abbot sent us an official email and messages to thank us for our contribution to the Temple's largest annual event.



## LOTE Agency filming

A couple of our Bicultural Workers got to be in the vaccine spotlight when the LOTE Agency asked if they could film them receiving their jabs. The LOTE Agency is contracted by the Department of Health to support culturally and linguistically diverse community communications. The footage was used as a resource in the LOTE Agency stakeholder communications pack and shared nationally with community groups.



## Community Health Champions

Our Community Health Champions program is proudly community led. It supports members of culturally and linguistically diverse communities to develop and deliver COVID-19 education and awareness raising activities relevant to the needs of their communities.

With funding from the Department of Premier and Cabinet, and in collaboration with the Local Area Partnerships in Brimbank and Wyndham, 39 community members representing 13 language groups hosted over 30 different events reaching more than 7000 community members.

These sessions improved community understanding and awareness around the pandemic and increased their access to support services, provided peer and leadership connections while enabling communities to stay up to date with the latest information in their own languages.

The work continues, and thanks to feedback from our communities, we're pleased to have integrated a Nurse Educator into the program to help deliver information sessions on the vaccine roll out and COVID-19 infection control where requested.

### Community Health Champion Indira Mohan (Hindi community)

Indira delivered three sessions to around 200 members of the Point Cook Indian Seniors Group. The message was delivered in Hindi and focused on supports available during lockdown, precautions to take to stay safe, being mindful of symptoms, encouragement to remain connected with group chats, the importance of hygiene, isolation, exercise, and keeping in touch and looking out for one another. Indira also made one to one calls to members who couldn't make the sessions. The Point Cook Indian Seniors Group love to share their thoughts and information with each while remaining active together during isolation via Zoom with yoga and dance classes as well as simple exercises. After the sessions, they were able to share knowledge around COVID-19 such as remaining alert and reminding each other about the precautions and dangers.



Small business engagement in Footscray



Testing pop up at the Sunbury Memorial Hall



Bacchus Marsh testing



Meeting with the Hon. Martin Foley

Our CEO Jayne Nelson met with the Hon. Martin Foley, Victorian Minister for Health, to promote our collaborative approach with the Rapid Response Testing Teams (RRTT) collective; an agile, culturally appropriate and clinically sound response to the pandemic. Together the five organisations (IPC Health as lead agency, Star Health, EACH, DPV Health, and cohealth) conducted COVID-19 tests throughout metropolitan Melbourne and we have achieved zero transmissions to our workforce since March 2020. This is a major achievement for community health and our collaborative.

COVID tests add up

Star Weekly Wyndham, 16 February 2021

Through our testing sites, High Risk Accommodation Testing and Asymptomatic Workplace Testing, we completed over 65,000 tests in 2020.



Tower residents get tested

Star Weekly Maribyrnong & Hobsons Bay, 5 August 2021

We supported the residents of Williamstown's Nelson Heights and Floyd Lodge public housing towers with door to door COVID-19 testing as well as handing out masks and hand .





# Successful outcomes for our programs

## Social Prescribing

IPC Health has extended our Brimbank based Social Prescribing pilot program into Wyndham with a multidisciplinary team of six wellbeing coordinators. This has been made possible through funding partners at the North West Melbourne Primary Healthcare Network (NWMPHN).

Social Prescribing is a person-centred program that looks to improve a client's overall wellbeing in non-medical ways in conjunction with their GP or healthcare worker. A social prescription can complement traditional forms of healthcare by connecting people with activities and services within their local communities that protect and promote health and wellbeing, such as exercise groups, parenting support, legal and financial advice. Wellbeing coordinators are now working across a number of our other programs, such as HeadtoHelp and Power Over Pain, integrating a holistic approach into clinical service delivery to bolster client outcomes.

Unfortunately, multiple hard lockdowns during the COVID-19 pandemic forced the closure of non-essential services as well as planned activity and social groups which limited options for clients to fulfill their social prescriptions. Despite this, we have supported 164 clients through the 2020–2021 financial year, with a total of 477 referrals from June 2019 to July 2021. Currently, 80% of clients with a wellbeing plan are waiting to commence their social prescriptions.

Together with the NWMPHN, we aim to collect patient reported health outcome and experience measures to improve evidence of the effectiveness of social prescribing services within an Australian context. We continue to share our learnings with others and have been pleased to present on our Social Prescribing program and experiences at multiple forums including Mental Health Australia, Consumers Health Forum of Australia, the University of Melbourne and the Western Melbourne Integrated Care Community of Practice.

**Social Prescribing is a holistic non-medical program to help people get back in their communities and make the most out of life!**

**YOUR REFERRAL**  
Your GP or healthcare worker refers you in to the program. You can also refer yourself.  
A Wellbeing Coordinator will make a time to chat with you about your current wellbeing and goals.

**SOCIAL PRESCRIPTION**  
Your Wellbeing Coordinator creates a social prescription of activities, groups and/or support services for you to get involved with.

**ACTIVITIES & SERVICES**  
Your Wellbeing Coordinator can connect you with community activity sessions and support groups or link you up with legal or financial advice and parenting help. Whatever might help you get back into the community!

**SUPPORT**  
Your Wellbeing Coordinator will stay in touch to make sure the activities and services prescribed are a good fit. They can be adjusted where needed.

**A free service, Social Prescribing is provided by IPC Health to promote ongoing good health and wellbeing.**

**ipcHealth**

## Addressing mental health impacts on the community

IPC Health's Counselling & Wellbeing team have been supporting a community dealing with new mental health challenges because of the COVID-19 pandemic and over 200 days lockdowns. A large number of these clients are seeking help for the first time. Marginalised community groups, middle class professionals and the self-employed were among those having difficulty adjusting to social isolation, the loss of income, and unpredictable futures.

Using trauma informed counselling practices, the team have also supported:

- Families of all ages not used to being confined together
- Clients waiting for test results
- Nurses working in COVID-19 positive wards
- New parents experiencing a lack of the usual supports due to restrictions
- Parents trying to juggle working from home with home schooling

Sadly, there were also many stories of escalating family violence as well as misuse of drugs and alcohol. For many of our clients, this was the first time they were experiencing this.

However some clients reported that they felt telephone counselling had enabled them to open up more and that they felt less embarrassment. There have also been opportunities to bring family members together into sessions which may have been difficult to organise previously.

## HeadtoHelp

To respond directly to the significant impact the pandemic is having on the mental health of individuals and communities, we opened the IPC Health HeadtoHelp Hub based at our Wyndham Vale campus in September 2020. Funded through the North Western Melbourne Primary Health Network, the Hub provides access to a mental health professional who organises access to counselling, information and referrals based on the clients' individual needs. We were able to quickly support a client who wasn't even able to be put on a private psychologist's waitlist due to overwhelming demand.

We're proud to have a No Wrong Door approach meaning that all Victorians of any age who are experiencing emotional distress, mental ill-health and/or addiction can receive immediate help from HeadtoHelp, along with their families and carers. We take a holistic approach to mental health and our HeadtoHelp clinicians use a personalised approach to understand what's going on for each individual client. They draw upon the broad range of services available and identify which ones best suit the needs, whether that's within IPC Health or through our external partners.

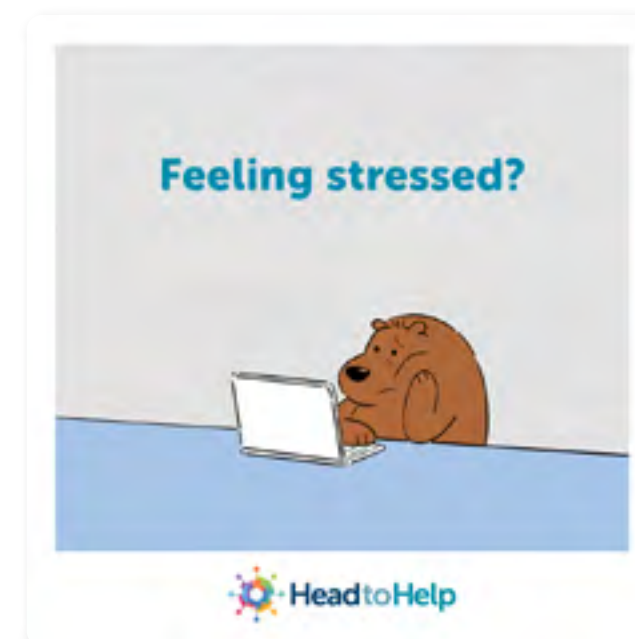
The Hub provided intensive evidence based counselling for a parent who was frightened to leave the house. With no prior history, the client had developed anxiety and obsessive-compulsive disorder since the spread of COVID-19 and was afraid of catching the virus and passing it on to the children.

We're also pleased to be able to provide free counselling to people without a Medicare card such as an international student in their 20s who wouldn't have otherwise had care. The client's mental health had deteriorated due to pandemic isolation and not being able to see their overseas family.

The IPC Health HeadtoHelp Hub model aims to normalise and encourage the treatment of minor mental health issues in the community before they affect clients' day to day lives. By providing immediate and personalised support, we're able to help move the community from intensive intervention to the prevention of mental ill health.

Accepted and have provided support to **352** clients and their families

Average of **35** referrals a month **8** new referrals a week



## School Readiness

School Readiness is a specialised program for early childhood education services that brings together IPC Health practitioners from our child allied health team. Our team works with the child's significant adults, educators and parents/carers to build their knowledge while implementing strategies to develop a child's communication, enhance wellbeing and promote access and inclusion in kindergarten programs.

The impact of the pandemic on early years education and development has been significant. Recognising this, the School Readiness team, in collaboration with the Department of Education, connected with over 500 families through online workshops to help prepare their children for the 2021 school year.

- 97% of participants felt that they gained new knowledge from attending the presentation
- 95% indicated that they gained a degree of confidence in their role in preparing their child for school
- 91% of our participants said the content was comprehensive and well-articulated enough that it left them with no outstanding questions that needed to be followed up

## Our Modern Workplace project

IPC Health has invested in a complete refresh to modernise and mobilise the organisation's technology, enabling staff to work in real time while continuing to deliver services to clients offsite.

We've successfully rolled out the majority of the organisation wide Modern Workplace information and communications technology upgrade including new laptops, computers, telephony, software and shared platforms to give staff robust and reliable technology services. This has enabled us to be responsive to the new ways of working introduced by COVID-19 restrictions while exploring innovative ways to use technology for better client outcomes.

## Delivering service excellence

### Dietetics abstracts published

Our Dietetics team had three abstracts accepted into the Nutrition & Dietetics Journal of Dietitians Australia. Each explores the effectiveness of screening and identifying malnutrition in a community health setting, resulting in an increase of early intervention dietetic referrals:

- Implementation of malnutrition screening in community health using a modified malnutrition screening tool
- Effectiveness of malnutrition screening in community health using the modified malnutrition screening tool
- Evolution of a Karen refugee supermarket tour: A pilot model

### Occupational Therapy research

Our Occupational Therapists presented at the Occupational Therapy Australia 29th Conference and the National Allied Health Conference 2021 on their research conducted in partnership with Dr Danielle Hitch (Allied Health Research and Translation Lead, Western Health & Senior Lecturer in Occupational Therapy, Deakin University) and Dr Genevieve Pepin (Associate Professor in Occupational Therapy Deakin University), to explore occupational therapists' perspectives of intra-disciplinary practice. Study findings indicate most occupational therapists perceive intra-disciplinary practice as essential and it's believed to improve clinical skills. The team are now preparing the research for submission to peer reviewed journals for publication.



### Smile Squad

Have you seen our big orange vans around? We've partnered with Dental Health Services Victoria to deliver the Smile Squad school dental program. Smile Squad is a Victorian Government initiative that provides free access to dental care to all Victorian public primary and secondary school students. To date, more than 300 schools across Victoria have been invited to participate. We're focussing on schools located within Brimbank and Melton to provide dental examinations, treatment and oral health education.



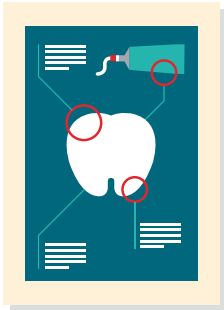


With extra funding from the State Government we could:

Still images from our advocacy campaign video for the Victorian Oral Health Alliance



- provide dental service to an additional 2,240 people in the community per annum.



- provide oral health education pre, during and post care to improve dental outcomes, moving from treatment to prevention.



- employ additional dentists and oral health therapists to deliver services to support current and future demand.



- engage dental students and employ supervisors and sterilisation nurses.



- provide culturally appropriate and sensitive education through cultural workshops with cultural leaders improving treatment outcomes for our culturally and linguistically diverse communities.

Current public dental funding gaps per local government area

	Estimated eligible individuals (based on 40% of total population)	Current public funding (# of chairs)	Required public funding (# of chairs)	Current public funding gap (# of chairs)
Brimbank	83,769	10	17	-7
Hobsons Bay	40,144	4	8	-4
Wyndham	121,060	8	24	-16

Dental services

The Dental team have had a particularly interesting year again. When lockdown restrictions meant that they were only able to provide emergency services, the rest of the team were kept busy helping out in other areas of the organisation where they were needed most. Whether it was screening incoming clients at campus entries or getting hands on in the testing sites, they made a great difference to our community and staff were very grateful for the extra back up.

Of course, closing our non-urgent dental clinics has resulted in significant growth in waiting times for these clients, and as they wait, their oral health is likely to deteriorate. This is an ongoing issue for all public dental services and IPC Health is determined to do something about it. We believe that just because you can't afford to attend private dentistry, that doesn't mean that you should miss out on dental care. We were happy to contribute to the Victorian Oral Health Alliance advocacy campaign that showed the stark reality of public dental waitlists in the West. As the largest public oral health service provider in the Brimbank, Hobsons Bay and Wyndham Council areas, we know, per capita, that there are less than 50% of the public chairs required to support the demand of our growing communities.

Our communities are forecasted to grow by 400,000 in the coming 15 years, one of the fastest growth corridors in metropolitan Melbourne. Our Wyndham Vale Super Clinic campus has a contemporary, purpose built eight-room dental facility that has been unfunded since it was officially opened in April 2014. To address the growing dental needs, IPC Health has invested our own capital in needed infrastructure in preparation to open an additional eight chairs.

Refugee Health

Our Refugee Health Program works solely with people from a refugee background and people seeking asylum who live, work or study in the Brimbank, Hobsons Bay or Wyndham local government areas. For the majority of our clients, English can be a challenge and they prefer to see practitioners face to face. While the team adjusted to working from home, they also made continuity of care a priority working in collaboration with telephone interpreters.

Lola's story

Lola\* is a mother of three children in her 50s. As a young child Lola and her family fled their country due to civil war and lived in a refugee camp for 20 years. Lola met and married her husband in the camp where the children were. After her husband died in his village, Lola and the children migrated to Australia as refugees.

Lola was referred to the Refugee Health program soon after her arrival. Since being involved in the program Lola has been referred to other IPC Health services including physiotherapy and dietetics. Lola has also been referred to other organisations such as the Foundation House to help manage the trauma she has suffered throughout her journey.

Our Refugee Health Nurse contacted Lola by phone with an interpreter for a general welfare call. During this conversation, Lola said that she had run out of medication and didn't know how to make a GP appointment. She was also unsure how to make her way to the GP clinic on public transport as she had no private transport or friends or family to help her. The Refugee Health Nurse liaised with the Refugee Access Worker to arrange a GP appointment and for the Refugee Access Worker to meet Lola to support and teach her how to navigate the way to the GP independently.

A week after the GP appointment during another check in phone call, Lola said she was feeling very unwell with shortness of breath and chest pain. The Refugee Health Nurse called the ambulance while providing handover via phone to the paramedics. Lola was transferred to hospital where she remained for over a week. Our Refugee Health Nurse also informed Lola's GP of her ambulance trip and subsequent hospitalisation ensuring they were kept updated.

Lola's health has now improved and she is able to confidently attend her follow up appointments with the GP related to her recent hospital admission as well as other health issues. The services provided by the Refugee Health team not only attended to Lola's urgent physical health needs but has also enabled her to manage her health needs more independently.

\*Name changed to protect privacy



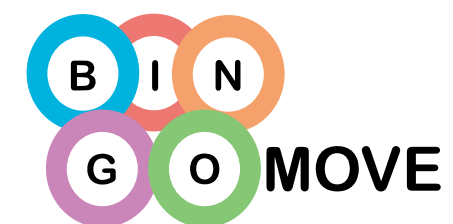
## Michael's story

Our client Michael sustained significant injuries after a fall in August 2019 which resulted in a major decline in his ability to walk and complete his usual daily living activities. He commenced physiotherapy treatment with us in June 2020, at which point he was able to walk around 10 metres indoors with the use of a Zimmer frame but he was not confident to walk outdoors. Michael's main goal was to be able to walk to the St Albans wetlands, a 200 metre walk from his house.

Despite the state wide lockdowns, we were able to maintain consistent physiotherapy home visit sessions which was complemented with telehealth exercise sessions with his exercise physiologist. After six months of strengthening exercises, Michael regained his confidence to achieve his goal of walking to and from the wetlands, something which he continues to do today. He is now also linked in with our Social Prescribing program who will work with him to find other suitable community-based activities that may further support his recovery journey.

## binGO MOVE

binGO MOVE is a new group activity from our Cardiac Rehab team aimed at keeping older people moving. Thanks to funding from the Heart Foundation's 2020 Active Australia Innovation Challenge, the program targets people over 65 who reside in the city of Wyndham as statistics show this age group has low physical activity levels that have been worsened by COVID-19. Essentially a modified version of bingo, binGO MOVE uses popular songs and exercises as well as numbers for gameplay and can be conducted both online in times of lockdown as well as face to face which can decrease social isolation. Health focussed prizes include drink bottles, pedometers and gym passes to encourage further physical activity.



## Let's Stay Together

In 2021 we started the Let's Stay Together program in response to the pandemic with the aim of promoting social connections, preventing boredom and increasing the general health of our clients. We've adapted the delivery mode as needed to run face to face, via telephone or on Zoom with three groups a week. Since then we've used the groups to provide health information on topics like social isolation, boredom, sleep, stress management, healthy eating, and exercise. Clients have actively participated in group discussions around these topics sharing their thoughts and tips together while learning how to set goals. Participants have reported enjoying the social connection the group has provided and many have gone on to independently maintain connections outside of the group as well.

## Part of the family

It all started with a referral to our cardiac rehab service four years ago after a heart attack and since then, client Mike hasn't looked back. Recently he's joined the binGO MOVE and Let's Stay Together groups after learning about them through our cardiac rehab walking group. With the lockdowns interrupting a lot of things, Mike made sure he didn't miss out when the groups went virtual and ordered a webcam for the first time. While it's not the same as face to face sessions, Mike says he still enjoys catching up with all the mates he's made.

"I absolutely love it," Mike said about binGO MOVE. "At the first session, I couldn't remember when I'd had more fun! And you're getting a bit of exercise as well as getting to talk to the other people during the breaks"

In his younger years, Mike was a lead guitarist in a band and while he likes most forms of music, he'll also tell the facilitators when a song doesn't meet his exacting standards. Although that didn't stop him from busting out of his seat to have a jive with one of the facilitators to Rock Around The Clock; "It's great to be able to make a fool of yourself," he said.

One of the best things for Mike about the Let's Stay Together group is the social aspect. He said there's a good mix of people who have different interests and everyone feels comfortable to participate. From Mike's point of view, the facilitators do a fantastic job and they also organise guests to come in and talk about things like nutrition, boredom and what to do when you're feeling a bit down. But it's not just about listening and learning; when Mike told the group about an old Buddhist colleague who swore by meditation, they all got on Youtube to check out some how to videos and gave it a go themselves.

For Mike, these virtual sessions and Zoom have been "a godsend. Everyone accepts everyone else and you can say what you feel. If you disagree, that's ok, too. The facilitators are all really good people and they keep it light hearted and positive. They're not intimidating at all; I've always felt welcome and sometimes we just talk about our pets." At the end of the day, it's been a great way to help keep Mike connected to his community and have a laugh together.



## With you for life

For the Sens, family really is everything. When setting up the interview for this story, interrupted by another lockdown, dad Randhir insisted that his two adult children were involved; daughter Raksha and son Manish because Randhir knew his kids' place in telling the story of the family's changing journey with IPC Health was an important one.

It's been about a year since the family lost their beloved matriarch, wife and mother Vijay to complications of motor neurone disease (MND); you may have heard of it because of the Big Freeze event at the MCG and beanie appeal each year for FightMND, cofounded by AFL legend Neale Daniher. MND is currently incurable and attacks the body's functions of independent movement, talking, swallowing and breathing. According to FightMND, the average life expectancy is just 27 months from diagnosis.

It all started with a sore shoulder and from there it was a difficult journey for Vijay through misdiagnosis and barrages of tests. When the final diagnosis of MND came back, they were shocked. "We'd never heard of MND so we did lots of research," says Raksha. "But my aunt is a nurse so she knew exactly what it was and it was the news she was dreading." It then came down to what could be done to improve Vijay's quality of life.

As a young family, the Sens were forced to leave their home in Fiji due to a military coup. They migrated to New Zealand where Vijay and Randhir worked hard to provide for their kids, even running their own business, but the culture shock wasn't easy. After a decade in New Zealand and wanting to be closer to family in Australia, they made the move to Melbourne.

Unfortunately, Vijay was ineligible for the National Disability Insurance Scheme; eligibility was restricted to permanent residents who had arrived prior to 2001. The Sens had moved in 2010. For this reason, they would rely on local public services from IPC Health, Barwon Health and the city of Wyndham who organised a respite carer to help out at home.

IPC Health was fundamental in supporting Vijay and the whole family. A multidisciplinary team of allied health professional's provided a holistic and seamless continuation of care for Vijay in and out of COVID-19 lockdowns; knowing that while they couldn't stop the progression of MND, they could help with the day to day symptoms and challenges to bring some comfort.

"This really helped to give Mum exposure to other people, not just us," says Raksha. "She loved meeting people, talking to people."

Randhir says that this was important for him as a carer as well.



Randhir and Vijay in Israel prior to her diagnosis

“

*All the bits and pieces added up and made life easier. It made her life easier of course but I wouldn't have known how to handle it on my own.*

”

In the end, Vijay's form of MND was fast moving and quickly affected her speech and movement. After her passing, Vijay's counsellor from IPC Health provided grief counselling to the family.

"It was much needed after how it all happened," says Raksha. "We didn't have time to grieve as a family because as soon as the funeral happened, it was lockdown again and we couldn't see my aunts or be together." Raksha and Randhir saw the same IPC Health counsellor independently of each other (Manish accessed services in the UK) and they both say they really appreciated the flexibility offered. 'Sometimes I, as a mum, couldn't make it on time or had to look after the kids and so quickly rescheduled and they were fine with that,' Raksha said. "And she always said, 'I just feel sorry for you not having the time to talk to me. Otherwise don't apologise, it's fine. But if you ever feel down, just email me and we can talk about it later.' Knowing that someone's there who knows the situation but from the outside perspective was comforting."

This was how Randhir's personal tribute to Vijay began. He could record his feelings and memories, songs and prayers as they came to him through emails to his counsellor, Alyson. They would then talk it over in their next session. Alyson's extensive experience in helping palliative clients record their memoirs was a wonderful fit for Randhir as his son Manish describes:

“

*He listens to a lot of music in Hindi and in Urdu so there's more expressions that don't exist in English, words that you wouldn't use in everyday language. I think when he speaks, he probably thinks too much about what he's expressing to the point where he just ends up saying nothing. But if he writes it down, he writes it in the most elegant way.*

”

But Randhir hasn't been doing it all by himself; he's put the call out to friends and family across the world to contribute their thoughts, memories and pictures of Vijay from their own perspectives. The resulting tribute is a picture of who Vijay was and continues to be to them: a woman beyond any stereotype, someone who would make friends with strangers, funny, no nonsense, well prepared, loving, strong and compassionate, a feeder of the most delicious Indian foods and someone who kept family connections close.

As the counselling sessions are wrapping up, Alyson feels that Randhir is now actively addressing his grief. His labour of love means a lot to the kids as well. "I think it's amazing. I can't wait to read it," says Raksha. "I have no idea what's happening in there but I know it's going to be beautiful." So while grief may never leave us, it does slowly change.

The Sen family: Manish, Raksha, Randhir and Vijay





Dietetics screening tool

The Dietetics team had a big win in developing an appropriate referral and screening tool for paediatric clients that was initiated by a student project. An estimated 20% of typically developing children and 80% of children with developmental disabilities experience feeding difficulties. Nutrition in childhood impacts directly upon health, growth and development, social and family wellbeing and school readiness.

Fussy eaters typically exhibit reduced dietary variety but eat from most food groups and are tolerant of being introduced to new foods. Children with feeding difficulties further reduce their variety to fewer than twenty foods, refuse entire food groups and experience a phobia of new foods. It is important to differentiate between these two groups of children so that children with feeding difficulties are fast tracked for a dietetics appointment as they are at risk of malnutrition and poor growth which adversely affects their development.

A validated screening tool that could differentiate between the two groups in a community dietetics setting didn't exist so the student project focused on improving the referral and triage process for paediatric clients at IPC Health. Stakeholder feedback and focus groups were conducted and a combined referral and screening tool was developed which had 100% accuracy in differentiating fussy eaters from children with feeding difficulties. The tool is now used by internal and external referrers resulting in effective triage as well as more timely assessment and intervention.

Online physiotherapy groups

Since 2018, our Physiotherapy team has been running face to face twice weekly GLA:D (Good Living with osteoArthritis from Denmark) exercise groups for people with knee and hip osteoarthritis. Due to the lockdowns, the team decided to trial the group via Zoom in 2020. While this initially provided challenging for some clients, they grew more confident with the technology as the months went on.

New referrals were sent an information pack in the post with exercise bands to use during the sessions. They were also given a practice one on one Zoom session with staff to make sure they were up to speed.

These sessions gave clients a scheduled time to continue their exercise routines along with physio check-ins to see how they were managing. Participants also began to check in on each other while acknowledging their challenges with the lockdown, providing a much needed social element.



Bicultural Workers Madhvi (left) and Kalyani (right) with Melton Mayor Kathy Majdlik (centre).



The Dental services team were seconded to help test the community



# Our staff achievements

## Our people

Number of staff	473
Full time equivalent	380
Ongoing	69%
Fixed-term	31%
Full time	46%
Volunteers	23
Contractors	6
Onboarding rate (combined fixed/ongoing)	29%
Offboarding rate (combined fixed/ongoing)	-16%

### Top 30 Innovative Human Resource Teams award

IPC Health was thrilled to be recognised in the 2021 top 30 Australian organisations for Innovative Human Resource Teams by the Human Resources Director Australia. It was a year like no other we'd encountered, so to be recognised alongside national companies like Deloitte Australia was a huge achievement. The HRD panel was particularly impressed with the way we continued to instil innovative thinking and leadership mindsets across our workforce while dealing with the extra load that came with being a health organisation in the middle of a medical pandemic.

The key focus areas were on staff empowerment and participation through:

- Instilling a leadership mindset across all levels of the organisation
- Introducing Whole Brain Thinking methodology to harness the cognitive diversity of all teams and to ensure we apply this to business challenges
- Embracing agility and innovation in the way the organisation works
- Adopting a more inclusive consultative approach to decision-making with staff

As a result, the IPC Health One Team culture is thriving with creativity in the workforce. All staff members are encouraged to harness innovation and focus on impact and outcomes to make a positive difference to the community and workforce.



Our employees are passionate and creative, we are One Team that strives to make a difference to the people and communities we serve. Our People Matters Survey highlights the passion we have for our work with 83% of respondents reporting they were proud of where they worked and would recommend IPC Health to prospective employees.

Overall employee satisfaction increased by 21% from 2019 to 2020, an astounding achievement given 79% of employees had shifted to working from home arrangements as many adapted to the COVID-19 pandemic.

**MIND.** ipc Health leadership



The MOMENTS Recognition Framework recognises the positive contributions of employees to the organisation’s success through significant outstanding performance, innovation, and values alignment. Though we weren’t able to come together face to face to celebrate our annual MOMENTS staff recognition event, the One Team spirit was still there albeit in the online version we’ve all become used to.

We were very pleased to recognise the following extraordinary achievements:

We are passionate

Awarded to:

Client Services Team

For working on the front line, maintaining service delivery, assisting with COVID-19 testing reception, results collation and phone triaging guidelines.

Eamonn O’Toole (volunteer)

For outstanding volunteer contributions, a can do attitude, professionalism, high standards of communication, and putting clients at ease while waiting for their COVID-19 tests.

Pat Tancredi

For being an amazing support for the Client Services team through commitment and dedication.

We make a difference

Awarded to:

Dental Services

For demonstrating versatility, resilience and persistence to deliver a service that had so many limitations placed on it as well as supporting the delivery of health screening and Covid-19 testing stations.

Shalini Bombuwala

For helping Family Services families through very high risk family violence situations.

Vera Kotopoulos

For her skills and leadership in the COVID-19 testing and screening stations.

We are creative

Awarded to:

Power over Pain Team

For outstanding work with both clients and Western Health and other partners to create a program making a significant difference.

Child and Family Services Team

For developing YouTube videos and groups during lockdown so that parents and their children could continue to participate in groups.

Cardiac Rehab Team

For creating a fun, entertaining and educational environment for both colleagues and clients in the face of restrictions.

CEO Award

Awarded to:

COVID-19 Incident Response Team

For setting very high clinical standards to keep our staff and clients safe.

Service Recognition

10 Years

Kate Grist	Le Nguyen
Louise Moretti	Awa Peluaungpo
Patrick Canty	Kristy-Lee Riley
Rhondda Shanks	Kelly-Maree Allen
Belinda Opie	Cibby Gauci
Jacquie Payne	Bree Genovese
Daniela Bibovski-Trajkovski	Elizabeth Bojkovski
Rob Wootton	Linda Allen
Vesna Lavcanska	Rochelle Parks
Sophia Jones	Mary Jane Ancheta

15 Years

Jackie Hamilton	Kylie Stacey
Andrea Younger	Lucy Hall
Anh Tran	Melinda Luebker
Melissa Lee	Siew Ang
Nathalie Molina	

20 Years

Rosemary Ivankovic Client Services Officer	Em Novak Allied Health Assistant
Patricia Bunker Social Prescribing Wellbeing Coordinator	Miriam Squarci Client Services Officer

25 Years

Helen Vaxevanis HeadtoHelp Clinical Lead
---

30 Years

Melissa Bevan Paediatric Speech Pathologist
--





## Campus improvements for a healthier world

Working in an environmentally sustainable way is one of IPC Health's strategic goals and one of the things that our staff consistently tell us is important to them. In addition to supporting our COVID-19 response across the organisation and in the community, our Facilities team has been working on the following improvements across our six campuses:

- Increased our fleet utilisation and realised a reduction in fleet vehicles of 35%
- Implemented an electronic carpool booking system to provide improved utilisation statistics and enable better decision making
- 88% of our newly purchased fleet cars are hybrid variants
- Incandescent lights have been replaced with LED lights at five campuses (Wyndham Vale will be converted in the next financial year)
- Our new Modern Workplace desktop computers have been programmed to automatically switch off overnight
- Regular maintenance to ensure the functionality of our dedicated non-drinking water fire tank at Wyndham Vale



We were excited to see the installation of a commercial solar power fit out at our Altona Meadows campus. Clients can't miss the huge array of roof panels when they approach the campus. The team also installed a real-time kilowatt production display in the waiting room that serves as a tangible demonstration of our commitment to environmental sustainability. Plans are in place to replicate the systems across all of our campuses as soon as we can.

We will also be introducing a consistent and universal approach through controlled waste collection areas at all campuses and dedicated bins per waste stream that will increase our recycling capacity by 50%. We look forward to an organisation-wide Environmental Sustainability Plan to be developed in the next financial year.





# Financial statement

For the year ended 30 June 2021

## IPC Health Ltd

ACN 136 685 151

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## IPC Health Ltd Directors' Report

Your directors present their report of IPC Health Ltd for the year ended 30 June 2021.

### Directors

The names of the directors in office at any time during, or since the end of the year are:

George Kogios	Board Member/Chairperson
Daryl Whitfort	Board Member/ Deputy Chairperson / Chair Finance, Audit and Risk Management Committee
John Hedditch	Board Member
Peter Gluskie	Board Member/Chair Strategy and Planning Committee
Sanela Osmic	Board Member/Chair Clinical Governance and Clinical Risk Committee
Paul Geyer	Board Member
Rennis Witham	Board Member/Chair Governance, Nominations and Remuneration Committee (until February 2021)
Jenny McMahon	Board Member/Chair Governance, Nominations and Remuneration Committee (from February 2021)
Ngaire Anderson	Board Member (appointed 10 March 2021)
Patricia Collocott	Board Member (resigned 9 July 2020)

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

### 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.

# IPC Health Ltd

## Directors' Report

### Significant Changes

In the previous financial year, a global pandemic caused by the COVID-19 Coronavirus (COVID-19) was declared. To contain the spread of COVID-19 and prioritise the health and safety of our community, IPC Health Ltd was required to comply with various restrictions announced by the Commonwealth and State Governments, which in turn, has continued to impact the way in which IPC Health Ltd operates.

IPC Health Ltd introduced a range of measures in both the prior and current year, including:

- greater utilisation of telehealth services
- performing COVID-19 testing
- implementing work from home arrangements where appropriate.

As restrictions eased towards the end of the financial year IPC Health Ltd was able to revise some measures where appropriate. Subsequent to year end however, the Victorian Government issued further lockdown restrictions for Metropolitan Melbourne from 5 August 2021 which continue to impact day-to-day operations.

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

### Short Term Objectives

The company's short term objectives are set out in the IPC Health Ltd Strategy 2020-2025: 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 (to commence 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 Assist in Achieving the Objectives

The company has recently adopted a service delivery model of holistic care which 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.

Our governance structures are currently being reviewed in alignment with the adoption of our new Strategy. The 12 Strategic Objectives as outlined in this Strategy are the KPIs on which the organisation measures its performance.

# IPC Health Ltd

## Directors' Report

### 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 members 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 2021 the collective liability of members was \$90 (2020: \$80).

### Review of Operations

During the 2020/21 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.

During the financial year IPC Health Ltd continued to operate two drive through Acute Respiratory Clinics at our Deer Park and Wyndham Vale campuses, and two other semi-permanent pop-up testing sites at Tarneit and Sunshine West. IPC Health Ltd successfully tendered as lead agency for additional state funded COVID-19 pandemic support as part of the C-19 Network. The C-19 Network consists of DPV Health, Star Health, coHealth, and Each. The C-19 Network undertook rapid response testing, community engagement, and high risk accommodation response with community engagement. Testing was performed at airports, workplaces, public residential accommodation (including high rise and share houses), local prisons, schools, meat processing factories, distribution centres, and various local sites working closely with communities. The C-19 Network expanded its service offering to provide COVID-19 vaccinations at multiple pop-up sites across metropolitan Melbourne, continuing to work with local communities. The GP clinics at Deer Park and Wyndham Vale were also involved in the Commonwealth vaccine roll out.

The accounting surplus for the company for the 2020/21 financial year amounted to \$5.2 million, compared to \$1.2 million for 2019/20. 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. These included the following:

- An organisation wide Information Technology roll out, which involved the replacement of all devices, migration to Teams, Sharepoint, Office 365, and the deployment of a new Citrix workspace environment to allow our staff to work remotely as seamlessly as possible.
- It has also allowed for a sizeable investment to fit-out infrastructure and activate 8 dental chairs at our Wyndham Vale campus positioning the organisation to be able to respond if additional funding is provided to catch up on the pandemic impacted dental wait lists.
- A significant investment into hybrid vehicles, replacing 19 cars that had reached the end of their useful life.

In addition to the impact of our expanded C-19 Network operations on our surplus, 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 2021. This resulted in \$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.



# IPC Health Ltd

## Directors' Report

### After Balance Date Events

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. The Victorian Government issued lockdown restrictions for Metropolitan Melbourne commencing 5 August 2021 and regional Victoria commencing 21 August 2021.

No other matters or circumstances have arisen since the end of the financial year which 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 the future financial years.

### Environmental Issues

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, controlled entity or related body corporate 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 20 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, controlled entity or related body corporate.

### 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 or related body corporate) 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 or a related body corporate.

### 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

George Kogios	
Qualifications:	BBus (Accounting); MAICD; Post Graduate Diploma (Taxation); Diploma of Superannuation Management; Fellow - Association of Superannuation Funds of Australia (FASFA); Regulatory Guidelines (RG146 Accredited).
Special Responsibilities:	Chairperson

# IPC Health Ltd

## Directors' Report

### Information on Directors (continued)

Daryl Whitfort	
Qualifications:	MBA; BBus (Accounting); FCPA; GAICD.
Special Responsibilities:	Deputy Chairperson/Chair Finance, Audit and Risk Management Committee
Rennis Witham	
Qualifications:	BA Soc.Sc; Cert IV Training Assessment.
Special Responsibilities:	Board Member/Chair Governance, Nominations and Remuneration Committee (until February 2021)
Jenny McMahon	
Qualifications:	Bachelor of Business, GAICD, IECL Accredited Coach.
Special Responsibilities:	Board Member/Chair Governance, Nominations and Remuneration Committee (from February 2021)
John Hedditch	
Qualifications:	Grad Dip Health Service Management.
Special Responsibilities:	Board Member
Peter Gluskie	
Qualifications:	BEng; MBA; CPPD; GAICD, FAIPM.
Special Responsibilities:	Board Member, Chair Strategy and Planning Committee
Sanela Osmic	
Qualifications:	Masters of International Business; Bbus (Economics, International Trade), GAICD, John Maxwell Certified Coach, Speaker & Trainer.
Special Responsibilities:	Board Member, Chair Clinical Governance and Clinical Risk Committee
Patricia Collocott	
Qualifications:	Bachelor Applied Science (Speech Pathology), Graduate Diploma Public Sector Management, AFACHSM, GAICD
Special Responsibilities:	Board Member (resigned 9 July 2020)
Paul Geyer	
Qualifications:	FAICD, MBA, Postgraduate Diploma in Management Studies, Bachelor of Science (Botany and Philosophy)
Special Responsibilities:	Board Member
Ngaire Anderson	
Qualifications:	Bachelor of Health Science Degree (BHSc), Diploma of Occupational Health & Safety (DipOHS), Diploma of Project Management (DipProMgt), Master of Business Administration (MBA), GAICD
Special Responsibilities:	Board Member (Appointed 10 March 2021)

IPC Health Ltd  
Directors' Report



Meetings of Directors

During the financial year, 11 meetings of directors were held. IPC Health Ltd also has four subcommittees, including the Finance Audit and Risk Management Committee, Clinical Governance and Clinical Risk Committee, Strategy and Planning Committee and Governance Nominations and Remunerations Committee.

Attendances by each director were as follows:

	Board of Directors		Finance, Audit and Risk Management Committee		Clinical Governance and Clinical Risk Committee		Strategy and Planning Committee		Governance, Nominations & Remunerations Committee	
	Eligible	Attended	Eligible	Attended	Eligible	Attended	Eligible	Attended	Eligible	Attended
George Kogios	11	11	9	6	-	-	-	-	4	4
Daryl Whitfort	11	11	9	9	-	-	-	-	-	-
Rennis Witham	11	10	-	-	4	2	-	-	4	4
Jenny McMahon	11	11	6	6	-	-	5	2	1	1
John Hedditch	11	11	-	-	-	-	5	5	-	-
Peter Gluskie	11	11	-	-	-	-	5	5	-	-
Sanela Osmic	11	11	-	-	4	4	-	-	4	4
Patricia Collocott	-	-	-	-	-	-	-	-	-	-
Paul Geyer	11	11	3*	8	4	4	-	-	-	-
Ngaire Anderson	4	4	-	-	2	2	-	-	-	-

\* Paul Geyer attended as an attendee only until April 2021

Auditors' Independence Declaration

The lead auditor's independence declaration for the year ended 30 June 2021 has been received and can be found on page 7 of the financial reports.

The directors' report is signed in accordance with a resolution of the board of directors.

George Kogios, Chairperson

Daryl Whitfort, Deputy Chairperson

Dated this 13th day of October 2021

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 2021, 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  
26 October 2021

Travis Derricott  
*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 2021

	Notes	2021 \$	2020 \$
Revenue from contracts with customers	2	71,489,670	40,788,257
Other income	2	2,694,118	3,419,269
Employee benefits expense		(36,452,406)	(32,018,653)
Depreciation and amortisation expense		(3,036,058)	(2,084,065)
Lease expense		(60,157)	(153,931)
Client services expenses		(19,507,469)	(2,839,262)
Medical and paramedical expenses		(2,287,555)	(688,398)
Repairs and maintenance expenses		(621,492)	(1,250,965)
Motor vehicle expenses		(120,905)	(148,690)
Utility expenses		(598,700)	(700,531)
Information technology expenses		(919,573)	(834,034)
Consulting and staff training		(2,318,495)	(1,162,401)
Other expenses		(3,083,177)	(1,111,964)
<b>Surplus before income tax</b>		<b>5,177,801</b>	<b>1,214,632</b>
Income tax	1(c)	-	-
<b>Surplus after income tax</b>		<b>5,177,801</b>	<b>1,214,632</b>
<b>Other comprehensive income</b>			
<i>Items that will not be reclassified to profit or loss:</i>			
Gain on revaluation of land		-	2,870,000
<b>Total other comprehensive income</b>		<b>-</b>	<b>2,870,000</b>
<b>Total comprehensive income for the year</b>		<b>5,177,801</b>	<b>4,084,632</b>

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 2021

	Notes	2021 \$	2020 \$
<b>Current assets</b>			
Cash and cash equivalents	3	24,290,333	20,533,226
Trade and other receivables	4	12,748,773	1,919,343
Other assets	5	202,874	317,108
<b>Total current assets</b>		<b>37,241,980</b>	<b>22,769,677</b>
<b>Non-current assets</b>			
Property, plant and equipment	6	30,006,638	30,849,330
Right of use assets	8	1,399,831	1,788,748
<b>Total non-current assets</b>		<b>31,406,469</b>	<b>32,638,078</b>
<b>Total assets</b>		<b>68,648,449</b>	<b>55,407,755</b>
<b>Current liabilities</b>			
Trade and other payables	9	8,176,943	2,464,135
Contract liabilities	10	8,875,812	6,776,548
Lease liabilities	11	989,637	1,486,133
Employee benefits	13	7,000,983	6,490,725
<b>Total current liabilities</b>		<b>25,043,375</b>	<b>17,217,541</b>
<b>Non-current liabilities</b>			
Lease liabilities	11	151,970	151,902
Provisions	12	79,003	76,671
Employee benefits	13	1,374,115	1,139,456
<b>Total non-current liabilities</b>		<b>1,605,088</b>	<b>1,368,029</b>
<b>Total liabilities</b>		<b>26,648,463</b>	<b>18,585,570</b>
<b>Net assets</b>		<b>41,999,986</b>	<b>36,822,185</b>
<b>Members' funds</b>			
Accumulated surplus		39,129,986	33,952,185
Asset revaluation reserve	14	2,870,000	2,870,000
<b>Total member's funds</b>		<b>41,999,986</b>	<b>36,822,185</b>

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 2021

	Asset Revaluation Reserve \$	Accumulated Surplus \$	Total \$
<b>Balance at 1 July 2019</b>	-	32,737,553	32,737,553
Surplus for the year	-	1,214,632	1,214,632
Other comprehensive income for the year	2,870,000	-	2,870,000
<b>Balance at 30 June 2020</b>	<b>2,870,000</b>	<b>33,952,185</b>	<b>36,822,185</b>
<b>Balance at 1 July 2020</b>	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	-	-	-
<b>Balance at 30 June 2021</b>	<b>2,870,000</b>	<b>39,129,986</b>	<b>41,999,986</b>

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 2021

	Notes	2021 \$	2020 \$
<b>Cash flows from operating activities</b>			
Receipts from clients and government grants		68,677,460	45,325,050
Payments to suppliers and employees		(62,687,699)	(39,922,504)
Donations		31,283	9,882
Interest received		97,097	273,381
Interest paid on lease liabilities		(44,941)	(63,573)
Short term and low-value lease payments		(15,216)	(12,791)
<b>Net cash provided by operating activities</b>	16	<b>6,057,984</b>	<b>5,609,445</b>
<b>Cash flows from investing activities</b>			
Proceeds from sale of property, plant and equipment		-	61,363
Payments for property, plant and equipment		(1,804,449)	(883,310)
<b>Net cash used in investing activities</b>		<b>(1,804,449)</b>	<b>(821,947)</b>
<b>Cash flows from financing activities</b>			
Repayment of lease commitments		(496,428)	(633,374)
<b>Net cash used in financing activities</b>		<b>(496,428)</b>	<b>(633,374)</b>
<b>Net increase in cash held</b>		<b>3,757,107</b>	<b>4,154,124</b>
Cash and cash equivalents at the beginning of the financial year		20,533,226	16,379,102
<b>Cash and cash equivalents at the end of the financial year</b>	3	<b>24,290,333</b>	<b>20,533,226</b>

The above Statement of Cash Flows should be read in conjunction with the accompanying notes.



# IPC Health Ltd

## Notes to the Financial Statements

For the Year Ended 30 June 2021

### Note 1. Summary of Significant Accounting Policies

The financial statements cover IPC Health Ltd as an individual entity, incorporated and domiciled in Australia. 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 were authorised for issue on 13 October 2021 by the directors of the company.

#### Basis of preparation

The directors have elected to apply AASB 1060: *General Purpose Financial Statements - Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities* (AASB 1060) prior to its mandatory effective date (annual reporting periods beginning on or after 1 July 2021).

As a result of the early application of AASB 1060 these general purpose financial statements have been prepared in accordance with Australian Accounting Standards – Simplified Disclosures made by the Australian Accounting Standards Board (AASB) and the *Australian Charities and Not-for-profits Commission Act 2012*.

These financial statements are the first general purpose financial statements prepared in accordance with Australian Accounting Standards – Simplified Disclosures. In the prior year, the financial statements were general purpose financial statements prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements. There was no impact on the recognition and measurement of amounts recognised in the Statement of Financial Position, Statement of Profit or Loss and Other Comprehensive Income and Statement of Cash Flows of the company as a result of the change in the basis of preparation.

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

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

#### Statement of compliance

IPC Health Ltd 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 and the disclosure requirements in AASB 1060. Accordingly, the financial statements comply with Australian Accounting Standards – Simplified Disclosures.

#### Going concern

The financial report has been prepared on a going concern basis, which 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 currency. The amounts have been rounded to the nearest dollar.

# IPC Health Ltd

## Notes to the Financial Statements

For the Year Ended 30 June 2021

### Note 1. Summary of Significant Accounting Policies (continued)

#### Impact of global COVID-19 pandemic

In the previous financial year, a global pandemic caused by the COVID-19 Coronavirus (COVID-19) was declared. To contain the spread of COVID-19 and prioritise the health and safety of our community, IPC Health Ltd was required to comply with various restrictions announced by the Commonwealth and State Governments, which in turn, has continued to impact the way in which IPC Health Ltd operates.

IPC Health Ltd introduced a range of measures in both the prior and current year, including

- greater utilisation of telehealth services
- performing COVID-19 testing and vaccinations
- implementing work from home arrangements where appropriate.

As restrictions eased towards the end of the financial year IPC Health Ltd were able to revise some measures where appropriate. Subsequent to year end, the Victorian Government issued further lockdown restrictions for Metropolitan Melbourne commencing 5 August 2021 and regional Victoria commencing 21 August 2021. During this period of time IPC Health Ltd have reintroduced such measures.

For further details refer to Note 2 Revenue and Note 19 Events After the Reporting Period.

#### (a) Changes in accounting policies and estimates

There have been no changes in accounting policies in preparing the financial report.

#### (b) Expenses

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

#### Employee benefits expense

Employee expenses include:

- Salaries and wages (including fringe benefits tax, leave entitlements, termination payments)
- On-costs
- WorkCover premium.

#### Client services expense

Client service expenses include items utilised in the provision of direct patient care, including expenditure for aged care home support packages, interpreters and dental prosthetics.

# IPC Health Ltd

## Notes to the Financial Statements

For the Year Ended 30 June 2021

**Note 1. Summary of Significant Accounting Policies (continued)**

**(b) Expenses (continued)**

**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 things such as:

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

**(c) 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*.

**(d) 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 profit or loss.

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

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

# IPC Health Ltd

## Notes to the Financial Statements

For the Year Ended 30 June 2021

**Note 1. Summary of Significant Accounting Policies (continued)**

**(e) Goods and Services Tax (GST)**

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

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO are presented as operating cash flows included in receipts from customers or payments to suppliers.

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

**(f) Comparative Figures**

Comparative figures have been adjusted to conform to changes in presentation for the current financial year where required by accounting standards or as a result of changes in accounting policy.

**(g) Judgements and key sources of estimation uncertainty**

The following are the critical judgements, apart from those involving estimations that the directors have made in the process of applying the company's accounting policies. These judgements have the most significant effect on the amounts recognised in the financial statements.

**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 amount of the relevant assets are reassessed using the value-in-use calculation which incorporates various key assumptions.

**Useful lives of property, plant and equipment**

The company reviews the estimated useful lives of property, plant and equipment at the end of each annual reporting period.

**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.

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 value 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 2021 are considered materially correct given an independent valuation was obtained at 30 June 2020.



# IPC Health Ltd

## Notes to the Financial Statements

For the Year Ended 30 June 2021

Note 1. Summary of Significant Accounting Policies (continued)
(g) Judgements and key sources of estimation uncertainty (continued)
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.
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.
Accounting for revenue from consortium arrangements
The C-19 Network operates 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 are IPC Health Ltd (Lead Agency), cohealth Limited, DPV Health Ltd, EACH and Star Health Group Limited. The key services provided by the C-19 Network are for marginalised and vulnerable communities and includes community engagement, COVID testing and vaccination services.
The contracts between the C-19 Network and the Department of Health Victoria contain sufficiently specific and enforceable performance obligations with respect to the services provided, and satisfy the revenue recognition requirements of AASB 15 – <i>Revenue from Contracts with Customers</i> , 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.
Lease term and option to extend under AASB 16
The lease term is defined as the non-cancellable period of a lease together with periods covered by an option to extend the lease if the lessee is reasonably certain to exercise that option and also periods covered by an option to terminate the lease if the lessee is reasonably certain not to exercise that option. The options that are reasonably going to be exercised is a key management judgement that the company will make.
The company determines the likelihood to exercise the options on a lease-by-lease basis, looking at various factors such as which assets are strategic and which are key to future strategy of the company, in addition to the following:
<ul style="list-style-type: none"><li>- If there are significant penalties to terminate (or not to extend), the company is typically reasonably certain to extend (or not terminate).</li><li>- If any leasehold improvements are expected to have a significant remaining value, the company is typically reasonably certain to extend (or not terminate).</li><li>- Otherwise, the company considers other factors including historical lease durations and the costs and business disruption required to replace the leased asset.</li></ul>
All leases have been calculated including all renewal options, as it is reasonably certain that the leases will be extended (or not terminated). The lease term is reassessed if an option is not exercised or the company becomes obliged to not exercise it. The assessment of reasonable certainty is only revised if a significant event or a significant change in circumstances occurs, which affects this assessment, and that is within the control of the lessee.

# IPC Health Ltd

## Notes to the Financial Statements

For the Year Ended 30 June 2021

Note 1. Summary of Significant Accounting Policies (continued)
(g) Judgements and key sources of estimation uncertainty (continued)
Borrowing rate under AASB 16
The lease payments are discounted using the interest rate implicit in the lease. If that rate cannot be readily determined, which is generally the case for the company's leases, the company's incremental borrowing rate is used, being the rate that the company would have to pay to borrow the funds necessary to obtain an asset of similar value to the right-of-use asset in a similar economic environment with similar terms, security and conditions.
To determine the incremental borrowing rate, the company:
<ul style="list-style-type: none"><li>- where possible, uses recent third-party financing received by the individual lessee as a starting point, adjusted to reflect changes in financing conditions since third party financing was received</li><li>- makes adjustments specific to the lease, eg term, country, currency and security.</li></ul>
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.
Make-good provision
A provision has been made for the present value of anticipated costs of future restoration of leased properties. The provision includes future cost estimates associated with dismantling furniture and fittings. The calculation of this provision requires assumptions which may result in future actual expenditure differing from the amounts currently provided for. The provision recognised for each property lease is periodically reviewed and updated based on the facts and circumstances available at the time. Changes to the estimated future costs for properties is recognised in the Statement of Financial Position by adjusting both the expense or asset (if applicable) and provision.
Annual leave
For the purpose of measurement, AASB 119: <i>Employee Benefits</i> defines obligations for short-term employee benefits as obligations expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service. The company expects most employees will take their annual leave entitlements within 24 months of the reporting period in which they were earned, but this will not have a material impact on the amounts recognised in respect of obligations for employees' leave entitlements.
Long service leave calculation
The company assesses the long service leave liability in accordance with the requirements of AASB 119: <i>Employee Benefits</i> and applies probability factors reducing the balance of the liability on employees' balances that have not reached their vesting period i.e. not entitled to be paid out as at 30 June 2021. The probability factors are increased as the respective employees' years of service increase and are provided for at 100% probability at vesting period (in accordance with employment conditions). The probability rates have been determined based historical employee attrition data.
(h) Economic Dependence
IPC Health Ltd is dependent upon the State of Victoria, via the Department of Health, for the funding of a significant proportion of its operations. At the date of this report the Board of Directors believe the department will continue to support IPC Health Ltd.

# IPC Health Ltd

## Notes to the Financial Statements

For the Year Ended 30 June 2021

### Note 1. Summary of Significant Accounting Policies (continued)

#### (i) 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.

#### (j) New Standards Applicable to Future Periods

An assessment of accounting standards and interpretations issued by the AASB that are not yet mandatorily applicable to IPC Health Ltd and their potential impact on IPC Health Ltd when adopted in future periods is discussed below:

- *AASB 2020-8: Amendments to Australian Accounting Standards – Interest Rate Benchmark Reform – Phase 2* (applicable for reporting periods commencing on or after 1 January 2021). Adoption of this standard is not expected to have a material impact.
- *AASB 2020-1: Amendments to Australian Accounting Standards – Classification of Liabilities as Current or Non-Current* (applicable for reporting periods commencing on or after 1 January 2022). Adoption of this standard is not expected to have a material impact.
- *AASB 2020-3: Amendments to Australian Accounting Standards – Annual Improvements 2018-2020 and Other Amendments* (applicable for reporting periods commencing on or after 1 January 2022). Adoption of this standard is not expected to have a material impact.
- *AASB 17: Insurance Contracts* (applicable for reporting periods commencing on or after 1 January 2023). Adoption of this standard is not expected to have a material impact.

There are no other accounting standards and interpretations issued by the AASB that are not yet mandatory to the company in future periods.

# IPC Health Ltd

## Notes to the Financial Statements

For the Year Ended 30 June 2021

Note 2. Revenue and Other Income	Notes	2021	2020
		\$	\$
Revenue from contracts with customers	2(a)	71,489,670	40,788,257
Other sources of income	2(b)	2,694,118	3,419,269
Total revenue and other income		<u>74,183,788</u>	<u>44,207,526</u>
<b>(a) Disaggregated revenue</b>			
The company has disaggregated revenue by the nature of revenue and timing of revenue recognition.			
<b>Categories of disaggregation</b>			
Commonwealth government recurrent funding		12,136,887	6,206,315
Victorian government recurrent funding		21,506,560	24,025,322
COVID-19		28,041,004	389,813
Medicare billing		3,177,715	2,965,868
Fees for service		794,014	711,246
Non-recurrent grants		4,411,490	5,089,693
Other revenue		1,422,000	1,400,000
Total disaggregated revenue from contracts with customers under AASB 15		<u>71,489,670</u>	<u>40,788,257</u>
<b>Timing of revenue recognition</b>			
Services transferred to customers:			
- at a point in time		3,971,729	3,677,114
- over time		67,517,941	37,111,143
		<u>71,489,670</u>	<u>40,788,257</u>
<b>(b) Other sources of income</b>			
Government funding recognised under AASB 1058		1,393,126	1,813,996
Other income		632,280	826,838
Rental income		291,657	427,892
Interest received		97,097	273,381
Donations		31,283	9,882
Minor works funding		248,675	-
Capital funding		-	32,000
Gain from sale of property, plant and equipment		-	35,280
Total other sources of income		<u>2,694,118</u>	<u>3,419,269</u>

### How we recognise revenue and other income

#### 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.

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
- recognises revenue as it satisfies its performance obligations, at the time of which services are rendered.



# IPC Health Ltd

## Notes to the Financial Statements

For the Year Ended 30 June 2021

**Note 2. Revenue and Other Income (continued)**

**Recognition of revenue in accordance with AASB 1058: *Income of Not-for-Profit Entities***

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

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

During the year ended 30 June 2021, 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 2021. This resulted in \$1.4 million of funding being recognised as revenue in accordance with AASB 1058 (2020: \$1.3 million), that would otherwise have been recognised as a contract liability until subsequent years as the performance obligations were fulfilled.

**Performance obligations**

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

- Federal Department of Health Community and Home Support - Allied Health and Therapy Services
- State Department of Health Community Health
- State Department of Health Individual, Child and Family Support
- State Department of Health HACC Allied Health
- State Department of Health Refugee and Asylum Seekers Health Services
- State Department of Health Healthy Mothers and Healthy Babies
- State Department of Health Integrated Chronic Disease Management

The performance obligations for each of these government grants are:

- |   |   |
|---|---|
| - 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 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.   |
| - Community Health  | This program funds general counselling, allied health and nursing services and 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.   |
| - 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 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. |

# IPC Health Ltd

## Notes to the Financial Statements

For the Year Ended 30 June 2021

**Note 2. Revenue and Other Income (continued)**

- |  |   |
|--|---|
| - 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. |
| - 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 are 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.  |
| - Healthy Mothers and Healthy Babies         | This program funds the provision of support, health educations and referrals for pregnant women. 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 delivered. IPC Health Ltd uses the output method to measure its progress in satisfying its performance obligations.  |
| - 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.   |

For other grants with performance obligations, IPC Health Ltd exercises judgement over whether the performance obligations have been met, on a grant by grant basis.

**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 are important to the achievement of the companies objectives, as an accounting policy choice, the company has elected not to recognise such volunteer contributions as revenue and expenditure within profit or loss. This election has no impact on the company's deficit or net assets.

**Interest income**

Interest income is recognised using the effective interest method.

**Donations**

Donations are recognised when the payment is received.

**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).

# IPC Health Ltd

## Notes to the Financial Statements

For the Year Ended 30 June 2021

### Note 2. Revenue and Other Income (continued)

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 profit or loss 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.

		2021	2020
Note 3. Cash and Cash Equivalents	Notes	\$	\$
Cash on hand		8,172	5,813
Cash at bank		6,140,183	2,484,595
Short term bank deposits		18,141,978	18,042,818
Total cash and cash equivalents	17	24,290,333	20,533,226

#### How we recognise cash and cash equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts.

		2021	2020
Note 4. Trade and Other Receivables	Notes	\$	\$
<i>Current</i>			
Trade receivables		6,826,067	1,233,786
Other receivables		5,922,706	685,557
Total trade and other receivables	17	12,748,773	1,919,343

#### How we recognise trade and other receivables

Trade and other receivables includes amounts due from customers for services performed in the ordinary course of business, with other receivables 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.

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.

		2021	2020
Note 5. Other Assets		\$	\$
<i>Current</i>			
Prepaid expenses		202,874	317,108
Total other assets		202,874	317,108

# IPC Health Ltd

## Notes to the Financial Statements

For the Year Ended 30 June 2021

	2021	2020
Note 6. Property, Plant and Equipment	\$	\$
<b>Land and Buildings</b>		
Freehold land		
At fair value	3,130,000	3,130,000
	3,130,000	3,130,000
Capital works in progress		
At cost	627,200	623,660
Buildings		
At cost	36,471,773	36,255,744
Less accumulated depreciation	(12,466,053)	(11,446,140)
	24,005,720	24,809,604
Total land and buildings	27,762,920	28,563,264
<b>Plant and Equipment</b>		
Motor Vehicle		
At cost	862,713	496,271
Less accumulated depreciation	(256,757)	(121,738)
	605,956	374,533
Office Equipment		
At cost	2,220,758	2,191,284
Less accumulated depreciation	(1,616,610)	(1,385,117)
	604,148	806,167
Computer Equipment		
At cost	3,768,942	2,579,976
Less accumulated depreciation	(2,735,328)	(1,474,610)
	1,033,614	1,105,366
Total plant and equipment	2,243,718	2,286,066
Total property, plant and equipment	30,006,638	30,849,330

#### Movements in carrying amounts:

	Freehold Land	Capital WIP	Buildings	Motor Vehicles	Office Equipment	Computer Equipment	Total
	\$	\$	\$	\$	\$	\$	\$
1 July 2020	3,130,000	623,660	24,809,604	374,533	806,167	1,105,366	30,849,330
Additions	-	1,438,008	-	366,441	-	-	1,804,449
Transfers	-	(1,434,468)	216,028	-	29,474	1,188,966	-
Revaluation	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	-
Depreciation	-	-	(1,019,912)	(135,018)	(231,493)	(1,260,718)	(2,647,141)
30 June 2021	3,130,000	627,200	24,005,720	605,956	604,148	1,033,614	30,006,638



# IPC Health Ltd

## Notes to the Financial Statements

For the Year Ended 30 June 2021

**Note 6. Property, Plant and Equipment (continued)**

As at 30 June 2020 the freehold land held by the company was valued by an independent valuer, Property Dynamics Independent Property Advisers Pty Ltd. The valuation was based on the fair value less cost to sell based on an active market and was determined to be \$3,130,000. The independent valuation report included significant uncertainty disclaimers noting there was material estimation uncertainty that existed within the market, due to the COVID-19 pandemic, which may result in a material adjustment to the freehold land in the future.

Where independent valuations were not obtained on balance date (ie during the year ended 30 June 2021), the directors have performed an assessment for the year ended 30 June 2021 in order to determine whether or not there has been a material change in fair value since the date the valuation was performed. No material changes in fair value were noted.

**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.

**Freehold Land**

Freehold land is carried at their fair value (being the amount for which an asset could be exchanged between knowledgeable, willing parties in an arm's length transaction), based on periodic, but at least triennial, valuations by external independent valuers, less accumulated impairment losses.

Increases in the carrying amount arising on revaluation of freehold land is credited to a revaluation surplus in equity. Decreases that offset previous increases of the same asset are recognised against the revaluation surplus directly in equity all other decreases are recognised in profit or loss.

**Buildings**

Buildings are measured at cost less accumulated depreciation and impairment losses.

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 is measured on the cost basis and are therefore is 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 profit or loss. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 1 (d) for details of impairment).

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

**Depreciation**

The depreciable amount of all fixed assets, excluding freehold land, is 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, which are consistent with the previous reporting period, are:

Class of Fixed Asset	Depreciation Rate
Buildings	2.5-5%
Motor Vehicles	20%
Office Equipment	10-100%
Computer Equipment	33-100%

# IPC Health Ltd

## Notes to the Financial Statements

For the Year Ended 30 June 2021

**Note 6. Property, Plant and Equipment (continued)**

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

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

	2021	2020
Note 7. Intangible Assets	\$	\$
Customer database		
At cost	80,018	80,018
Less accumulated amortisation and impairment	(80,018)	(80,018)
Total intangible assets	-	-

**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.

	2021	2020
Note 8. Right-of-use Assets	\$	\$
Leased land - at cost	1,243,016	1,243,016
Accumulated depreciation	-	-
	1,243,016	1,243,016
Leased buildings - at cost	838,283	838,283
Accumulated depreciation	(692,244)	(346,122)
	146,039	492,161
Leased motor vehicles - at cost	173,095	173,095
Accumulated depreciation	(173,095)	(133,987)
	-	39,108
Leased equipment - at cost	17,015	17,015
Accumulated depreciation	(6,239)	(2,552)
	10,776	14,463
Total right-of-use assets	1,399,831	1,788,748

*Movements in carrying amounts*

Movements in carrying amounts for each class of right of use asset between the beginning and the end of the current financial year.

	Leased land	Leased buildings	Leased motor vehicles	Leased equipment	Total
	\$	\$	\$	\$	\$
1 July 2020	1,243,016	492,161	39,108	14,463	1,788,748
Additions	-	-	-	-	-
Depreciation expense	-	(346,122)	(39,108)	(3,687)	(388,917)
30 June 2021	1,243,016	146,039	-	10,776	1,399,831

# IPC Health Ltd

## Notes to the Financial Statements

For the Year Ended 30 June 2021

### Note 8. Right-of-use Assets (continued)

#### 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 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 (new assets where the underlying asset value is \$10,000 or less). Lease payments on these assets are expensed to profit or loss as incurred.

For leases that have significantly below-market terms and conditions principally to enable the company to further its objectives (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 11 for further information regarding the company's leases with below market terms.

Note 9. Trade and Other Payables	Notes	2021 \$	2020 \$
<i>Current - unsecured</i>			
Trade payables		3,897	682,872
GST payable		465,074	96,695
Other payables		7,707,972	1,684,568
Total trade and other payables		8,176,943	2,464,135
(i) <i>Financial liabilities at amortised cost classified as trade and other payables</i>			
Total trade and other payables		8,176,943	2,464,135
Less GST payable		(465,074)	(96,695)
Total financial liabilities at amortised cost	17	7,711,869	2,367,440

#### 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 including consortium partner expense accruals predominantly in relation to COVID-19 testing and vaccination programs. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

# IPC Health Ltd

## Notes to the Financial Statements

For the Year Ended 30 June 2021

Note 10. Contract Liabilities	Notes	2021 \$	2020 \$
State Department of Health		-	3,139,358
Federal Department of Health		4,270,426	2,324,208
Other customers		4,605,386	1,312,982
Total contract liabilities		8,875,812	6,776,548

#### How we recognise contract liabilities

Contract liabilities represent IPC Health Ltd's obligation to transfer goods or services to customers and are recognised 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 11. Lease Liabilities	Notes	2021 \$	2020 \$
<i>Current</i>			
Lease liability		989,675	1,528,712
Unexpired interest		(38)	(42,579)
Total current lease liabilities		989,637	1,486,133
<i>Non-Current</i>			
Lease liability		154,375	154,375
Unexpired interest		(2,405)	(2,473)
Total non-current lease liabilities		151,970	151,902
Total lease liability		1,144,050	1,683,087
Total unexpired interest		(2,443)	(45,052)
Total present value of lease liability	17	1,141,607	1,638,035
<b>(a) Maturity analysis</b>			
Payable			
- not later than 12 months		989,675	1,528,712
- between 12 months and 5 years		154,375	154,375
- greater than 5 years		-	-
Total undiscounted lease payments		1,144,050	1,683,087
Unexpired interest		(2,443)	(45,052)
Present value of lease liabilities		1,141,607	1,638,035

#### 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:



# IPC Health Ltd

## Notes to the Financial Statements

For the Year Ended 30 June 2021

Note 11. Lease Liabilities (continued)	
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 is recognised by the company where the company is a lessee. However, all contracts that are classified as short-term leases (i.e. a lease with a remaining lease term of 12 months or less) and leases of low-value assets (i.e. fair value less than \$10,000) are recognised as an operating expense on a straight-line basis over the term of the lease.

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

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

- fixed lease payments less any lease incentives
- variable lease payments that depend on an index or rate, initially measured using the index or rate at the commencement date
- lease payments under extension options, if the lessee is reasonably certain to exercise the options
- 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 which 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 conduct 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.

# IPC Health Ltd

## Notes to the Financial Statements

For the Year Ended 30 June 2021

Note 11. Lease Liabilities (continued)	
- 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 conduct 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 for the exclusive use of the property located at 117-129 Warringa Crescent, Hoppers Crossing, from which IPC Health Ltd conduct 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.

	2021	2020
Note 12. Provisions	\$	\$
<i>Non-Current</i>		
Provision for make good	79,003	76,671
Total provisions	79,003	76,671

### 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.

	2021	2020
Note 13. Employee Benefits	\$	\$
<i>Current</i>		
Provision for accrued days off (ADO's)	185,615	180,312
Provision for annual leave	3,281,436	2,714,679
Provision for long service leave	3,533,932	3,595,734
	7,000,983	6,490,725
<i>Non-Current</i>		
Provision for long service leave	1,374,115	1,139,456
Total employee benefits	8,375,098	7,630,181

### Provision for Employee Benefits

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.

# IPC Health Ltd

## Notes to the Financial Statements

For the Year Ended 30 June 2021

### Note 13. Employee Benefits

#### How we recognise employee benefits

Provision for employee benefits represents amounts accrued for ADO's, annual leave and long service leave.

#### 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, annual leave, sick leave and the amounts accrued for long service leave 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' long service leave 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, which are measured at the present value of the expected future payments to be made to employees. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to market yields at the end of the reporting period on high quality 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 profit or loss in the periods in which the

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 which case the obligations are presented as current liabilities.

#### Superannuation

##### Defined Contribution Plans

The amount recognised as an expense for defined contribution plans was \$2,759,439 (2020: \$2,523,654).

##### Defined Benefit Plans

The amount recognised as an expense for defined benefits \$12,371 (2020: \$13,939).

### Note 14. Asset Revaluation Reserve

A reconciliation of movements to/(from) the asset revaluation reserve via other comprehensive income is disclosed as follows:

	Land \$	Total \$
Balance at 1 July 2020	2,870,000	2,870,000
Revaluation increment	-	-
Balance at 30 June 2021	2,870,000	2,870,000

# IPC Health Ltd

## Notes to the Financial Statements

For the Year Ended 30 June 2021

### Note 14. Asset Revaluation Reserve (continued)

#### How we recognise the asset revaluation reserve

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

	2021 \$	2020 \$
<b>Note 15. Capital and Leasing Commitments</b>		
<b>(a) Short-term lease commitments</b>		
The Company's lease commitments (GST exclusive) which relate to lease arrangements which meet the short-term lease exemption criteria of AASB 16 include:		
- not later than 12 months	8,100	12,791
- between 12 months and 5 years	-	-
- greater than 5 years	-	-
	<b>8,100</b>	<b>12,791</b>

The Company's short-term lease commitments relate to the lease of two motor vehicles with lease expiry dates throughout the year ended 30 June 2022.

#### (b) Capital expenditure commitments

No capital commitments contracted for at year end.

	2021 \$	2020 \$
<b>Note 16. Cash Flow Information</b>		
Reconciliation of surplus to net cash provided by operating activities		
Surplus	5,177,801	1,214,632
Non cash items:		
- depreciation and amortisation expense	3,036,058	2,084,065
- (gain) on disposal of assets	-	(35,280)
Changes in assets and liabilities:		
- (Increase) in trade and other receivables	(10,829,430)	(281,332)
- (Increase)/decrease in other assets	114,234	(212,825)
- Increase/(decrease) in trade and other payables	5,712,808	(97,129)
- Increase in contract liabilities	2,099,264	1,713,382
- Increase in employee benefits	744,917	1,147,261
- Increase in provisions	2,332	76,671
Net cash flows provided by operating activities	<b>6,057,984</b>	<b>5,609,445</b>



# IPC Health Ltd

## Notes to the Financial Statements

For the Year Ended 30 June 2021

### Note 17. Financial Instruments

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

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, are as follows:

	Notes	2021 \$	2020 \$
<b>Financial assets</b>			
Cash and cash equivalents	3	24,290,333	20,533,226
Trade and other receivables	4	12,748,773	1,919,343
<b>Total financial assets</b>		<b>37,039,106</b>	<b>22,452,569</b>
<b>Financial liabilities</b>			
Trade and other payables	9(i)	7,711,869	2,367,440
Lease liabilities	11	1,141,607	1,638,035
<b>Total financial liabilities</b>		<b>8,853,476</b>	<b>4,005,475</b>

#### How we measure financial instruments

##### Initial recognition and measurement

Financial assets and financial liabilities are recognised when the company becomes a party to the contractual provisions to the instrument. For financial assets, this is the date that the company commits itself to either the purchase or sale of the asset (i.e. trade date accounting is adopted).

Financial instruments (except for trade receivables) are initially measured at fair value plus transaction costs.

Trade receivables are initially measured at the transaction price if the trade receivables do not contain significant financing component or if the practical expedient was applied as specified in AASB 15: *Revenue from Contracts with Customers*.

##### Classification and Subsequent Measurement

##### Financial liabilities

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 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.

# IPC Health Ltd

## Notes to the Financial Statements

For the Year Ended 30 June 2021

### Note 17. Financial Instruments (continued)

#### Financial assets

Financial assets are measured at amortised cost if both of the following criteria are met:

- the financial asset is managed solely to collect contractual cash flows and
- the contractual terms within the financial asset give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding on specified dates.

These assets are initially recognised at fair value plus any directly attributable transaction costs and subsequently measured at amortised cost using the effective interest method less any impairment.

IPC Health Ltd recognises cash and cash equivalents and trade and other receivables in this category.

#### Derecognition

Derecognition refers to the removal of a previously recognised financial asset or financial liability from the Statement of Financial Position.

##### Derecognition of financial liabilities

A liability is derecognised when it is extinguished (i.e. when the obligation in the contract is discharged, cancelled or expires). An exchange of an existing financial liability for a new one with substantially modified terms, or a substantial modification to the terms of a financial liability, is treated as an extinguishment of the existing liability and recognition of a new financial liability.

The difference between the carrying amount of the financial liability derecognised and the consideration paid and payable, including any non-cash assets transferred or liabilities assumed, is recognised in profit or loss.

##### Derecognition of financial assets

A financial asset is derecognised when the holder's contractual rights to its cash flows expires, or the asset is transferred in such a way that all the risks and rewards of ownership are substantially transferred.

All the following criteria need to be satisfied for the derecognition of a financial asset:

- the right to receive cash flows from the asset has expired or been transferred
- all risk and rewards of ownership of the asset have been substantially transferred and
- the company no longer controls the asset (i.e. has no practical ability to make unilateral decision to sell the asset to a third party).

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

### Note 18. Contingent Liabilities and Contingent Assets

There are no known contingent assets or contingent liabilities for IPC Health Ltd as at 30 June 2021 (2020: nil).

# IPC Health Ltd

## Notes to the Financial Statements

For the Year Ended 30 June 2021

Note 19. Events after the Reporting Period
<p>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. The Victorian Government issued lockdown restrictions for Metropolitan Melbourne commencing 5 August 2021 and regional Victoria commencing 21 August 2021.</p> <p>No other matters or circumstances have arisen since the end of the financial year which 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 the future financial years.</p>

Note 20. Key Management Personnel and Related Party Disclosures
<p>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.</p> <p>The KMP of IPC Health Ltd are deemed to be the:</p> <ul style="list-style-type: none"> <li>- Board of Directors</li> <li>- Chief Executive Officer</li> <li>- General Manager Operations and Clinical Care</li> <li>- General Manager Innovation and Community Care</li> <li>- General Manager Financial and Corporate Services</li> </ul>

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

	2021 \$	2020 \$
Salary and fees	994,979	1,203,371
Superannuation	85,215	88,319
Non cash benefits	-	173,404
Total KMP remuneration	1,080,194	1,465,094

Outside of normal citizen type transactions with the company, there were no related party transactions that involved key management personnel, their close family members and their personal business interests.

	2021 \$	2020 \$
<b>Note 21. Auditor's Remuneration</b>		
Remuneration of the Auditors, Victorian Auditor-General's Office for:		
- auditing the financial report	48,000	-
Remuneration of the Auditors, Andrew Frewin Stewart for:		
- auditing the financial report	-	38,450
- preparation of the financial statements	-	2,275
- assistance with the adoption of AASB 16: <i>Leases</i>	-	4,775
Total auditor's remuneration	48,000	45,500

# IPC Health Ltd

## Notes to the Financial Statements

For the Year Ended 30 June 2021

Note 22. Registered Office/Principal Place of Business	
<p><b>The registered office is:</b></p> <p>IPC Health Ltd 106 Station Rd Deer Park VICTORIA 3023</p>	<p><b>The principal place of business is:</b></p> <p>IPC Health Ltd 106 Station Rd Deer Park VICTORIA 3023</p>



# IPC Health Ltd Directors' Declaration

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

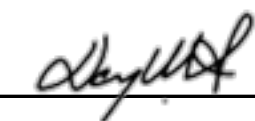
- 1 The financial statements and notes, as set out on pages 8 to 35, are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* and:
  - a. comply with Australian Accounting Standards - Simplified Disclosures, and
  - b. give a true and fair view of the company's financial position as at 30 June 2021 and of its performance and cash flows for the year ended on that date.
- 2 In the directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

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

George Kogios, Chairperson



Daryl Whitfort, Deputy Chairperson



Dated this 13th day of October 2021

## Independent Auditor's Report

### To the Directors of IPC Health Ltd

<b>Opinion</b>	<p>I have audited the financial report of IPC Health Ltd (the company) which comprises the:</p> <ul style="list-style-type: none"> <li>statement of financial position as at 30 June 2021</li> <li>statement of profit or loss and other comprehensive income for the year then ended</li> <li>statement of changes in equity for the year then ended</li> <li>statement of cash flows for the year then ended</li> <li>notes to the financial statements, including significant accounting policies</li> <li>directors' declaration.</li> </ul> <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"> <li>giving a true and fair view of the financial position of the company as at 30 June 2021 and of its financial performance and its cash flows for the year then ended</li> <li>complying with Australian Accounting Standards – Simplified Disclosures and Division 60 of the <i>Australian Charities and Not-for-profits Commission Regulations 2013</i>.</li> </ul>
<b>Basis for Opinion</b>	<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 APES 110 <i>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>
<b>Directors' responsibilities for the financial report</b>	<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>

<b>Auditor's responsibilities for the audit of the financial report</b>	<p>As required by the <i>Audit Act 1994</i>, 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.</p> <p>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:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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</li> <li>• evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Directors</li> <li>• 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.</li> <li>• 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.</li> </ul> <p>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.</p> <p>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.</p>
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MELBOURNE  
26 October 2021

Travis Derricott  
*as delegate for the Auditor-General of Victoria*



### St Albans

1 Andrea Street  
St Albans VIC 3021  
Phone: 03 9296 1200

### Altona Meadows

330 Queen Street  
Altona Meadows VIC 3028  
Phone: 03 8368 3000

### Wyndham Vale

510 Ballan Road  
Wyndham Vale VIC 3024  
Phone: 03 9216 7777

### Sunshine

Level 1, 499 Ballarat Road  
Sunshine VIC 3020  
Phone: 03 9313 5000  
(opening March 2022)

### Hoppers Crossing

117-129 Warringa Crescent  
Hoppers Crossing VIC 3029  
Phone: 03 8734 1400

### Deer Park

106 Station Road  
Deer Park VIC 3023  
Phone: 03 9219 7142