



PRIMARY CARE
CONNECT

ANNUAL REPORT 2022 - 2023



“your community health connection”





2022-2023



CONTENTS

Who We Are + Values	Page 1.
Acknowledgement of Country	Page 2.
CEO report	Page 3.
Board Chair report	Page 5.
Board of Directors	Page 7.
Accreditation	Page 8.
Our clients	Page 9.
Our team	Page 11.
Collaborations and Partnerships	Page 13.
PCC in the media	Page 15.
Sponsorship program	Page 17.
Innovation in Community Health	Page 19.
Delivering for our community	Page 21.
Client and community focus	Page 23.
FINANCIAL SECTION	PAGE 25.
Auditor General Independence Declaration	Page 26.
Independent Auditor's report	Page 27.
Directors report	Page 29.
Statement of comprehensive income	Page 31.
Statement of financial position	Page 32.
Statement of changes in equity	Page 33.
Statement of cash flows	Page 34.
Notes to financial statements	Page 35.
Declaration by Directors	Page 46.

We would like to thank the residents of the Black Bull Residential Park in Mooroopna for allowing us the privilege of taking and using this photo of our very first Community Connector session at Black Bull. The front cover image represents COMMUNITY HEALTH IN ACTION and is a powerful visual of how we can work together, and the smiles of the faces of the beautiful children exemplify why we do what we do, and why it is so important for us to work together as one community.

WHO WE ARE

We provide inclusive community health care services of the highest quality. We work collaboratively with our clients and other services to best support the health and wellbeing needs of all people.

OUR VISION

We embrace the Social Model of Health, to create inclusive Community Health Services through collaboration.

OUR VALUES

INDIVIDUALITY

We recognise everyone is unique and we strive to understand and build on their strengths.

GROWTH

There are many different paths to a solution, and we support people on their journey.

MEANINGFUL CONNECTIONS

We bring our focus and skill to build meaningful connections.

COMMUNITY

Through equity and quality, we strive to improve the health and wellbeing of our community.

ACKNOWLEDGEMENT TO COUNTRY & PRIDE STATEMENT

ALWAYS WAS
ALWAYS WILL BE

Primary Care Connect acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of the land and acknowledges and pays respect to their Elders, past, present and emerging.

We welcome people of any age, gender, sex, sexuality, culture, religion and ability.



CEO REPORT

It is with great pride that I present the 2022/23 Annual Report for Primary Care Connect (PCC) and my first as substantive CEO. I'd like to start by thanking the Board for the trust they have put in my leadership and their support in my first year. The greatest strength of PCC though is our staff, both our clinical service delivery staff and our often unseen staff who keep the wheels turning through administration, finance and infrastructure, human resources, media and communications, ICT and data and quality.

While the Annual Report speaks in detail to a number of our program achievements throughout the year I'd like to take the opportunity to give specific credit to those teams within PCC who make service delivery possible, keep us operating smoothly and often go unseen in the business of service delivery. These support services are becoming more and more essential to organisational capacity as we exist within the pressures of a tight fiscal and employment market, compliance requirements and the risks to cyber security.

In 2022/23 we all hoped for a reprieve to gather our collective thoughts and breath a little post the critical period of the pandemic but then we were hit with the catastrophic flood event of October 2022, felt so deeply across the Goulburn Area and beyond. Along with so many other local organisations PCC was keen to roll our sleeves up and assist in anyway needed.

As a partner to the Goulburn Flood Recovery Service (GFRS) PCC is committed to providing staff for case management and additional services in the Financial Counselling, Family Violence and Psychosocial Recovery for multicultural communities. Of significant importance to PCC is our local and statewide partnerships, these collaborative relationships build better services for whole of community, as with the GFRS, and demonstrate the best of our collective capacity to support community.

Locally, the Shepparton Community Share alliance continues to align strategic priorities including Climate and Health, capacity building across the four organisations and advocacy, including during the 2022 State Election and 2023 Flood Review.

On a broader level the Alliance of Rural and Regional Community Health (ARRCH) has created an avenue for advocacy and engagement with Government, specific to the needs of rural and regional communities in Victoria. Covering 82% of the geographic area of Victoria, ARRCH has demonstrated the collective ability of 11 independent organisations to leverage influence with key stakeholders for common purpose.

ARRCH is focused on delivering outcomes and developing new program models that address our rural and regional communities and their specific needs. This includes advocating for a permanent Community Recovery and Resilience program embedded locally to work with community on preparedness, response and recovery to natural disaster, shifting away from a reactive setting up of support services after an event. This is particularly important moving forward as we experience successive and overlapping events.

Building on the work of ARRCH, 2022/23 has also seen the development of the Community Health First (CHF) alliance. CHF brings together all 24 registered Community Health services in Victoria with a shared vision of improving health and wellbeing outcomes for all Victorians. To:

- Deliver the right care, in the right place and at the right time by investing in accessible, quality services that treat people within their communities and joining up fragmented services into a coherent and cost-effective system
- Focus on health not illness by restructuring the health system to drive person-centred, holistic, and preventative care
- Reduce health inequity and improve outcomes by investing in evidence-based models that reach the most vulnerable and address the underlying social determinants of health. (*Community Health First Position Paper 2023*)

Finally to a couple of highlights of the 2022/23 year and the delivery of new and innovative programs including the Public Intoxication pilot that saw PCC work alongside police, the City of Greater Shepparton (CCTV operators), GV Health and Rumbalara to rollout that active outreach program responding to people who presented as publicly intoxicated in Shepparton. The program responded to the upcoming decriminalisation of Public Drunkenness and PCC was excited to be working alongside local police in trialing this model. Unfortunately, a shift in priority has seen the program revised, with a scaled back program being provided by Aboriginal Community Health Services across regional Victoria.

Similarly the Community Connectors program (CP@Teams) was developed post the COVID response to High Risk Accommodation Program. Providing community outreach to a number of sites across Shepparton and Mooroopna including caravan parks, community housing services and neighbourhood houses, the program combines a community development worker and community health nurse to deliver information sessions on a wide variety of services.

These include services from other agencies including Community Legal Aid, Hearing Australia and others, and undertake routine health checks for blood pressure, blood sugar monitoring and various other chronic illnesses. The program has seen 350+ referrals for community to other services, and whilst this is also a pilot program we are advocating for continuation and expansion of the program locally and within the ARRCH collective.

As we close out the 2022/23 year we look forward to another big year in 23/24 including the rollout of the new PCC Strategic Plan to be launched at the AGM. The development of the plan has included comprehensive consultation both internally with staff and Board and externally with stakeholders, partners, founders, clients and community members. This has been an exciting process with Anadrom consulting and we are excited to start work on the identified priorities that will carry us through the next four years.



A stylized, handwritten signature in grey ink, appearing to read 'Tricia'.

Tricia Quibell
Chief Executive Officer (CEO)

BOARD CHAIR REPORT

The 2022-23 Financial Year continued to provide Primary Care Connect (PCC) with many challenges and opportunities. Collaboration within the sector has been a highlight including the Community Health First launch held at Parliament House in February 2023. This, along with the continued strengthening of the Alliance of Rural and Regional Community Health (AARCH) collaboration has given opportunities for networking and development for many senior staff.

Opportunities through additional grants has allowed the introduction of The Women's Sexual and Reproduction Health Clinic. The Community Connectors Program has been established and is already seeing great success with programs running in areas including Black Bull residential caravan park in Mooroopna, the Salvation Army and North and South Shepparton Community Centres.

As well as the Community Connectors program there has been further focus on community engagement through the schools (Careers Day Out, held at DECA in Shepparton North) and playing a key role in community events such as IDAHOBIT day at the Queen's Gardens and NAIDOC Week.

The devastating October 2022 Floods had long term impacts on many. PCC was instrumental in collaborating with other local agencies to coordinate a local response and in the longer term Goulburn Flood Service. The staff are to be commended for their ability to respond to community need during such a large scale disaster.

Following an extensive advertising campaign Trish Quibell was appointed as permanent Chief Executive Officer, following a period as Interim CEO. We greatly appreciate Trish's leadership and strength as PCC moves toward its next exciting phase.



Board Chair Wendy Ross, with PCC CEO Tricia Quibell at the launch of the Community Health First initiative at Parliament House, Victoria in February 2023.

As we have moved to the post-covid period the return to using the gym has also allowed the establishment of gym timetables in MEAC (Mooroopna Education and Activity Centre) and in Murchison to reach more of our clients who couldn't access the PCC gym in Shepparton.

Jacinta Russell resigned from the Board in February 2023 having stepped down as Board Chair in November 2022. Jacinta was the longest serving Board member on the current PCC Board and had provided great leadership through a demanding period of great change. Whilst we greatly miss Jacinta's extensive knowledge she continues to work with PCC in her substantive role at Connect GV.

During the year we were fortunate to welcome two new Board members in Dr Ka Chun Tse (KC)(February 2023) and Davina Pugliese (June 2023). KC and Davina bring many strengths including medical and legal knowledge respectively.

With a change in CEO and Board Chair, new Board Directors appointed and the challenges as the organisation and community health system moves into the post-covid period, the decision was made to extend the 2019-2022 Strategic Plan for an extra 12 months. Anadrom consulting was appointed to lead the strategic planning process which will commence early in the 2023-24 financial year and be launched at the 2023 Annual General Meeting.

Congratulations to Trish and the entire team for their work throughout the year. Thank you also to my fellow Board members who give their time so willingly to support PCC.



A handwritten signature in blue ink, appearing to read 'Wendy Ross', with a long horizontal line extending to the right.

Wendy Ross
Board Chair

BOARD OF DIRECTORS

Board Chair: Wendy Ross Active since 2020



Deputy Board Chair: Carl Durnin Active since 2020



Board Director: Lisa Birrell Active since 2021



Board Director: Kevin Preece Active since 2021



Board Director: Kim Fitzgerald Active since 2022



Board Director: Phillip Hoare Active since 2022



Board Director: Fraser Kerrins Active since 2022



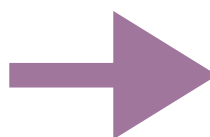
Board Director: KC Tse Active since 2023



Board Director: Davina Pugliese Active since 2023

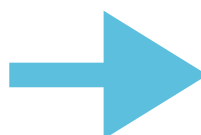


Finance, Audit and Risk
Sub-Committee Members



Carl Durnin (Chair)
Fraser Kerrins
Lisa Birrell
Phillip Hoare
Davina Pugliese

Clinical Governance
Sub-Committee Members



Kevin Preece (Chair)
Wendy Ross
Kim Fitzgerald
KC Tse

ACCREDITATION

Primary Care Connect (PCC) is accredited under both the Human Services Standards (HSS) and the ISO9001 Quality Management System.

PCC has established a culture of continuous improvement and maintains both accreditations to the highest standard. Our accreditation results directly reflect the level of service that we provide to our clients, and the culture of safety and wellbeing for our staff.

In 2023 PCC undertook an accreditation process for re-certification against ISO9001 and a maintenance review against the HSS. We were thrilled to receive advice that PCC has again met all requirements to achieve re-certification.

This is the last time PCC will be accredited against the HSS. In 2024 these standards are being replaced by the Social Service Standards. The new standards set out outcomes-based requirements that focus on ensuring safe service delivery and protecting the human rights of service users. PCC looks forward to aligning to the new standards over the coming year.

PCC is a safe, inclusive and diverse workplace; all staff have embraced the PCC values and have embedded a culture of continuous improvement into everyday practice. We are committed to supporting meaningful and sustainable gains in the lives of our clients and their families. The excellent results of our accreditation is testament to PCC's commitment to our clients, our community and to quality and safety.



OUR CLIENTS

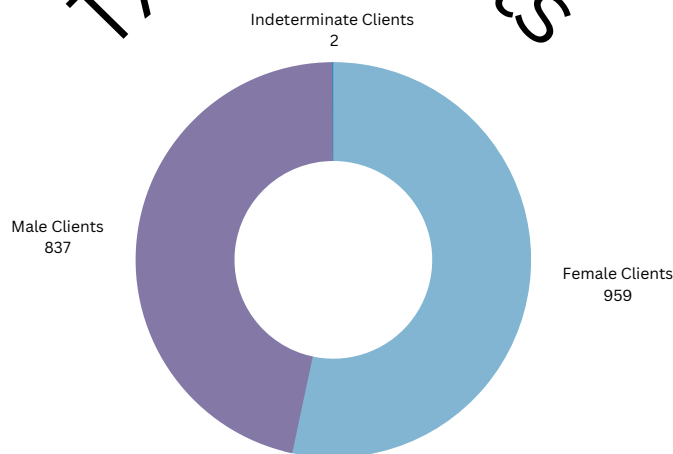
The 2022/2023 year was the first since 2020 that our communities were not as severely impacted by Covid-19, and as such service delivery for PCC was able to resume without Covid-19 interruptions.

Our team hit the ground running over the 12 month period, taking Community Health out to community, and implementing a raft of new services and community engagement activities across our broader region.

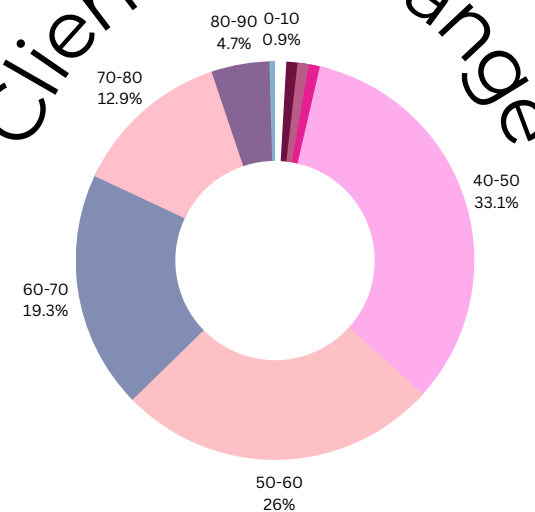
We saw a total of 1,798 clients, across 6,980 appointments and were able to discharge 3,232 individuals.

PCC has a renewed client and community focus, committed to providing the programs and services our community needs, where they need it.

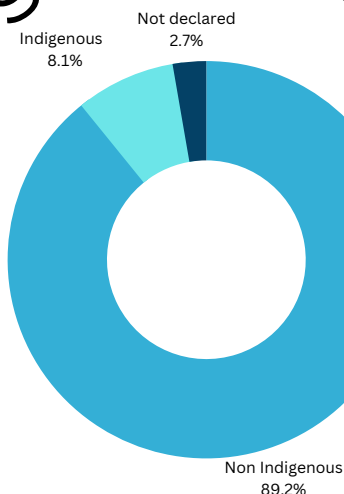
1798 clients



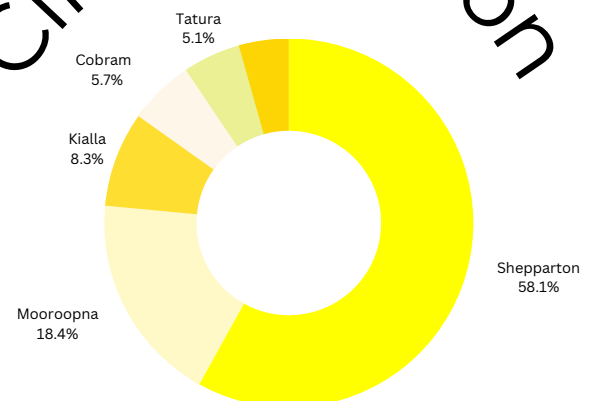
Clients age range



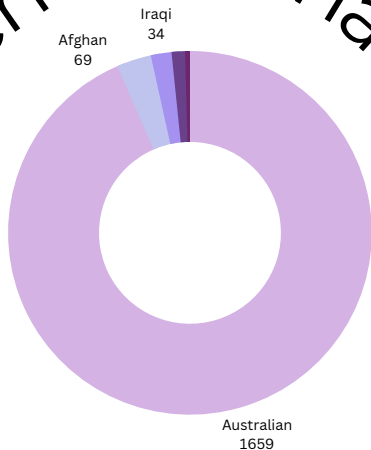
Indigenous status



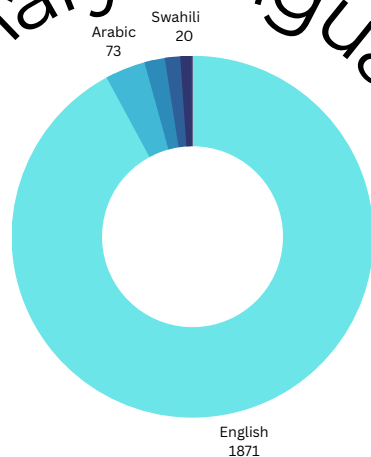
Client location



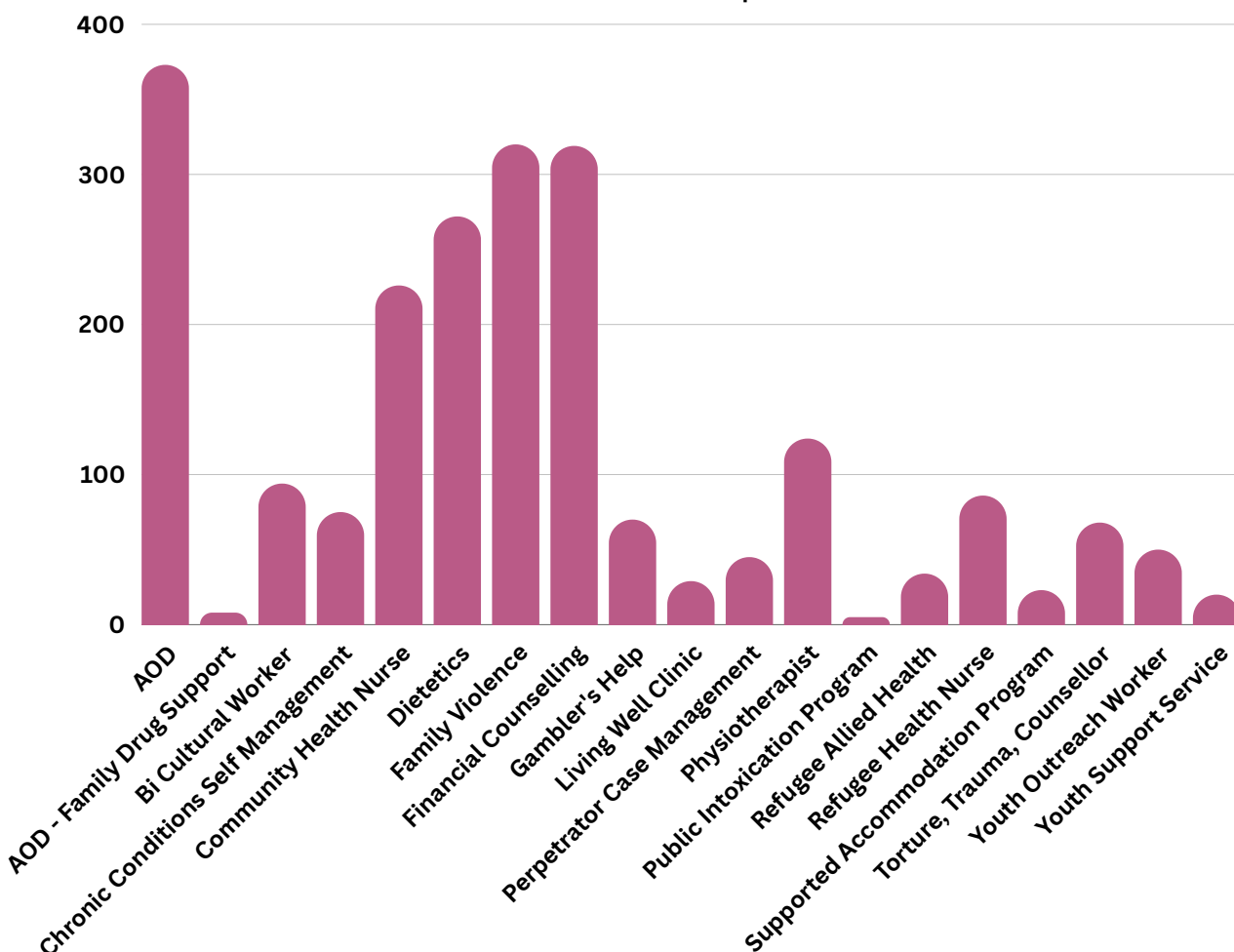
Client nationality



Primary language



■ Number of Clients per service



Data Snapshot

Total number of clients:

1798



Total number of appointments:

6980



Discharged clients:

3232

OUR TEAM

Our Team at a glance

Total number of staff - 30th June 2022:

97

Total number of staff - 30th June 2023:

118

Total number of student placements for
2022/2023

2

Total trainees for 2022/2023

2

Data taken from the People Matters Survey
(63% of staff participated)

Employees born outside of Australia:

25%

Aboriginal or Torres Strait Islander:

5%

Trainee Graduate - Achol Padual

Achol commenced with Primary Care Connect in 2022, as our front of house receptionist, undertaking a traineeship in Certificate III in Business.

In 2023, Achol graduated, and chose to stay with the organisation undertaking a Certificate IV in Business.

Achol is now an incredibly valued member of the Media and Comms team, along with the Consumer Care team.

We are so proud of Achol, and we are thrilled to see her continuing on with study and with us at Primary Care Connect!



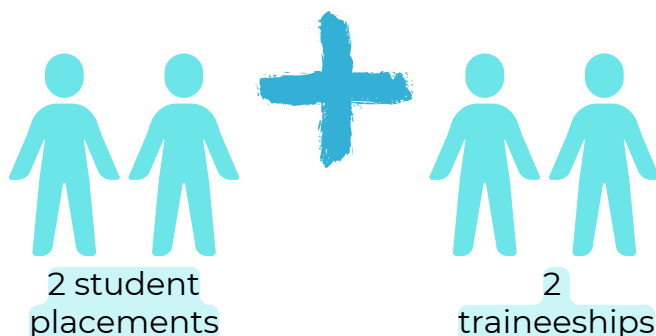
63% response
rate to People
Matters Survey

25% of
respondents
born outside of
Australia

5% of
respondents
identified as
Indigenous



118 Team Members



The PCC team hit the ground running over the 2022/2023 year.

With in person and community appointments back in full swing, and with our community being so heavily impacted by the devastating floods of October 2022, it was hands on deck with service and program delivery.

Our team grew quite significantly, with an increase of 21%, indicative of the new initiatives and programs driven by Primary Care Connect, and of life coming out of the Covid-19 pandemic.

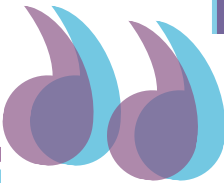
In 2023 the agency commenced in person All Staff meetings and training days. This has allowed us to come together and work more effectively as a multi-disciplinary team, and has ensured we maintain the brilliant work undertaken in the last financial year on our values and organisational culture.

The organisation also introduced Sonder, which, on top of our Employee Assistance Program is an app that provides 24/7 assistance and support for our team and their families, demonstrating our commitment to health and wellbeing for the entire PCC community.



What I love about my job and working at Primary Care Connect is that I love helping the community to exercise and feel good about themselves.
It's a great place here, we have lots and lots of different levels of people who exercise from beginners to more advanced. Primary Care Connect is a really lovely place to be - as a community member, client, and as a member of staff.

Deanne Baker
Personal Trainer



COLLABORATIONS AND

Primary Care Connect amplified the way we connect and collaborate with the Community Health sector and other local service providers across the 2022/2023 year. The advantages of our partnerships and collaborative work are clear:

- The **Community Health First** initiative gives us a seat at the table in front of influential decision makers and government ministers to instigate real change and greater investment across the sector.
- The **ARRCH** alliance allows PCC to fully engage and work with all other 10 rural and regional Community Health agencies across Victoria to pool together our resources, intelligence base and initiatives to ensure we are delivering the best programs and outcomes for our combined communities.
- **Shepparton Community Share** and established stakeholder groups across our local region enables PCC to address local challenges and needs and collaborate with like-minded local agencies to address the specific health and social requirements of our unique and wonderful broader community.



COMMUNITY HEALTH FIRST is an initiative being led by all 24 registered independent Community Health services in Victoria.

Community Health First seeks to start a dialogue with government decision-makers to promote the central role of community health services in the wider Victorian health system, and to increase the capacity of services to alleviate system-wide demand.

Community Health First was launched at Parliament House, Melbourne on 23 February 2023, with representatives from each of the 24 Community Health organisations across Victoria in attendance.



Pictured are CEO's and attendees at the launch of Community Health First at Parliament House, Victoria.

Dr Norman Swan delivered a brilliant keynote address and the launch was supported by Parliamentary Secretary for Health Infrastructure Tim Richardson and hosted by Sarah Mansfield, Greens MP for Western Victoria.

PCC will continue to play an integral role within the initiative over the coming 12 months.

PARTNERSHIPS



ARRCH

Alliance of Rural & Regional
Community Health

ARRCH is the alliance of all 11 independently managed rural and regional Community Health organisations across Victoria.

ARRCH was established in 2019 and over the past 12 months has been reinvigorated by our team of energised CEO's, supported by our collective Boards.

The last 12 months saw the establishment of teams of Communities of Practice (CoPs) across the alliance.

PCC is leading the Media and Communications Community of Practice (CoP), who have been busy establishing a brand presence for the Alliance.

Most recently ARRCH has developed a website and LinkedIn presence to start communicating who we are, what we do, and why we are so relevant and necessary within the rural and regional community health sector.

As a collective we have developed two powerful videos demonstrating the power of Community Health across Victoria when it comes to rebuilding communities following natural disasters, and a video explaining the alliance and what we aim to achieve.

Program development has been high on the agenda for the CEO's of ARRCH, and with our combined intelligence, resourcing and teams commenced a pilot project called CP@ clinics in 2023.

Community Paramedicine at Clinic (CP@clinic) is an innovative, evidence-based chronic disease prevention, management, and health promotion program that seeks to:

- Improve older adults' health and quality of life, and reduce their social isolation
- Better connect older adults with primary care and community resources
- Reduce the economic burden of avoidable 000 calls by older adults



Pictured on the steps of Parliament House, Melbourne are 10 of the 11 CEO's under the ARRCH alliance including PCC CEO, Trish Quibell.



Primary Care Connect continues to be one of the four founding agencies of **Shepparton Community Share (SCS)**.

The aim of this partnership is to facilitate practical collaboration between, and across the member agencies.

SCS were able to facilitate a coordinated response to the local flood disaster in October 2022 by leveraging the resources and skillsets of each of our agencies.

PCC IN THE MEDIA

There was a lot happening and so much to report on for PCC across the 2022/2023 year.

With a renewed and dedicated focus on clients, community and engagement, we established our monthly features across the McPherson Media suite of newspapers, and established connections across our broader catchment with local media across all mediums to inform and communicate to our community.

McPherson Media (Shepparton News), ABC Goulburn Murray radio, and ONE FM's Terri Cowley were key local media organisations who supported our need to communicate directly to community about the health and social services issues and news that impacts us most.

Our social media platforms continued to be well supported by our clients and community, with engagement increasing rapidly, and with more local community pages partnering with us to share our news and program information.

Our Wellness Wednesdays, Friday's job board, Testimonial Tuesday and Meet the Team segments continue to be popular.



Women's health hub to be launched in Shepparton

Shepparton News - 14 August 2022



Community Health organisation welcomes paid parental leave

Shepparton News - 1 August 2022



Shepparton health service joins Victorian community alliance

Shepparton News - 15 March 2023



Fears government cuts will lead to higher long-term health costs

Shepparton News - 20 April 2023

Examples of two of the monthly newspaper features that appeared in the Shepparton News across the 12 month period.

We are currently revamping our features and advertising and will be back in our community's local paper early next year!

WE ARE PROUDLY SUPPORTING

COMMUNITY HEALTH FIRST

Primary Care Connect has joined with all 24 Community Health organisations across the state to launch the Community Health First campaign.

The campaign aims to open a dialogue with government to raise the profile of Community Health, raise awareness of how community health contributes to our communities and to help solve the current health crisis.

Pictured front and centre is PCC CEO Tricia Quibell who attended the launch of the campaign at Parliament House, Melbourne last week.

To find out more about Community Health and the #CommunityHealthFirst campaign, head to: www.communityhealthfirst.org.au

'Your community health connection'

Primary Care Connect (PCC) is a leading Community Health organisation, offering innovative, critical community health services across Greater Shepparton, Moira Shire, Strathbogie Shire, Mitchell and Murrindindi Shires. We are passionate about advocating for our community and improving the lives of our clients and their loved ones.

Our Services

Aboriginal Health	Health Promotion
Alcohol & Other Drugs	Nursing & Allied Health
Family Violence	Refugee Support
Financial Counselling	Youth Support
Gambler's Help	

What's on in March

- Wulumbarra Indigenous Gym Program
- Drug and Alcohol Support for Families
- Gambler's Help Drumbeat Sessions
- Agrichemical Exposure Testing for Farmers
- GP and Practice Nurse Information Session for Refugee Health

Community sponsorship program with PCC

Our sponsorship program still has limited funding available for individuals, teams, clubs and community groups.

If your team or club has been impacted by the floods, or if the cost of living is making it difficult to cover sports or events fees and registrations, please submit an application.

- Fees and registrations for individuals up to \$500
- Grants to teams/clubs up to \$3,000

For more information and to apply online, visit: www.primarycareconnect.com.au/About/Sponsorship-Opportunities

Careers in community health with PCC

A career in Community Health with PCC is a rewarding option, one where you get to truly make a difference in this community and help improve the lives of those experiencing vulnerability or disadvantage.

On top of that, we offer:

- Salary Packaging
- Professional Development
- Flexibility
- A real work/life balance
- An in-house gym
- Opportunities to advance your career and leadership aspirations

Current vacancies

Family Violence Case Manager for Victim Survivors

PCC is seeking an enthusiastic and motivated professional to join our Family Violence team.

For more information or to submit an application online head to: <https://www.primarycareconnect.com.au/Careers/Current-Vacancies>

www.primarycareconnect.com.au

(03) 5823 3200 /primarycareconnect

Individuality Growth Meaningful Connections Community

"your community health connection"

PRIMARY CARE CONNECT

Celebrating IDAHOBIT day - Wednesday 17th May

This year Greater Shepparton City Council are leading the festivities in collaboration with a number of local organisations.

The Greater Shepparton IDAHOBIT Day event will be held on the 17th May, at Queens Gardens between 12.30pm - 2:00pm and is sure to be a colourful event full of activities. BE SURE TO COME AND SAY HI AT OUR STALL!

A list of local organisations involved in this year's community IDAHOBIT Day event

Primary Care Connect is delighted to once again be a partner in our community's IDAHOBIT Day celebrations.

The International Day Against Homophobia, Transphobia and Biphobia is held annually on the 17th May.

Check out the Facebook page for more details at: www.facebook.com/events/1005309720461572

JOIN US FOR IDAHOBIT DAY 2023

What's on at PCC

Women's Sexual and Reproductive Health Clinic Open each Tuesday from 10:00am - 2:00pm	AgriSafe Clinic for Farmer Health Consult with trained agricultural health clinicians for a free comprehensive health check. Running on the first Monday of each month.
Infocus Program - Support for family and friends impacted by a loved one's drug or alcohol use Four week program, commencing Tuesday 30th May	Pulmonary Rehabilitation Program An 8 week program designed to educate those living with lung disease to lead more fulfilling lives. Held each Monday from 11:00am - 12:30pm
Youth Outreach Program For young people aged between 10 to 25 years. This program provides tailored support and education to empower each young person entering the program	From Gaming to Gambling In collaboration with the Shepparton Library (Libraries After Dark series). An information session that explores the blurred boundary between online gaming and gambling. Thursday 18th May at 6:00pm

For more information on any of these programs or for bookings please contact our Consumer Care team on (03) 5823 3200

Community Health in Action!

PCC recently conducted a Community Health session at the Black Bull Residential Park. Our Community Connector program is designed to provide community health services and support to those living in high density places such as caravan parks.

The day was held in partnership with Hearing Australia and Wellways Shepparton, PCC's Community Connector team along with our Health Promoters and Dietician.

A healthy lunch was provided and as you can tell, the kids REALLY love watermelon!

The day was a testament to the power of Community Health and we look forward to more Community Connector sessions coming up!

Find YOUR passion with a career in Community Health with PCC!

- Nursing and Allied Health
- AOD and Family Violence Counselling and Support
- Personal Trainers
- Aboriginal, Women's and Youth Health
- Refugee Advocacy, Counselling and Nursing

Check out our website NOW for our latest Career Opportunities!

primarycareconnect.com.au/Careers/Current-Vacancies

www.primarycareconnect.com.au

Contact Us: 399 Wyndham Street, Shepparton (03) 5823 3200 /primarycareconnect

SPONSORSHIP PROGRAM

One of the things we are most proud of is our sponsorship program. Our sponsorship program provides support for individuals, teams, clubs and community groups within our community. The aim is to minimise as much as possible, the number of youth who could potentially miss out on playing a sport due to financial reasons.

Due to the devastating floods that impacted our region in October 2022, we revamped our sponsorship program and ran a community campaign, specifically targeting sporting clubs, teams, and community groups who had been affected by the floods.

We've also had a focus on the way in which inflation and the high cost of living is impacting local families, and this year we were proud to provide five individual sponsorships to kids participating in sports.



I cannot express how thankful I am for the sponsorship you provided me this year. This season was my debut year in the Murray Bushrangers program and your sponsorship enabled me to attend all the training sessions and games.

This year I was awarded the runners up Best and Fairest award for the Murray Bushrangers which was such a proud moment, and I could not have achieved it without your generous contribution.

Ellie Armstrong
Future WAFL Superstar



Data Snapshot

Total amount of
sponsorship expenditure:

\$20,000



Total number of initiatives
supported:

12



Total number of clubs/community
groups supported:

7



SYCUCC (Shepparton Youth Club United Cricket Club) was decimated by the floods...the sponsorship process with Primary Care Connect was so simple, it was incredible and we are so thankful for helping us keep our cricket club alive for our members.

**Leigh Nash,
SYCUCC**



INNOVATION IN COMMUNITY

The 2022/2023 year saw a return to 'normal' following the tumultuous Covid-19 pandemic, which severely impacted service delivery.

PCC jumped into action, delivering new and innovative services that we saw as critical needs for our community.

The Women's Health Clinic, Community Connector Program and the Goulburn Flood Recovery Service (a partnership between local service providers) were some of our major initiatives over the 12 month period.



The Women's Health Clinic is a sexual and reproductive health hub, aimed to provide services to women within our community from puberty through to menopause. The clinic is free and available for walk in appointments. PCC is actively targeting women from marginalised or disadvantaged communities to ensure we are reaching those who would find this service most valuable and necessary.



Our Community Connector program is the definition of community health in action. Following on from the successful HRAR program throughout Covid-19, Community Connector identifies areas within our community, to take services directly to the people. Places such as the Black Bull caravan park in Mooroopna have benefited greatly from this program. Our front cover photo is of one of our very first Community Connector sessions at Black Bull. The team has successfully supported community members to seek out the supports and services they require through this program.



The Goulburn Flood Recovery Service (GFRS) incorporates a range of community services agencies across the Goulburn region to provide outreach and relief support to those who have been impacted by the 2022 floods. The Recovery Support Workers have formed part of a broader team of support workers to facilitate and work on behalf of the individual or family to problem-solve issues and to advocate to obtain services where people may find it difficult to act on their own behalf to access services.

HEALTH

Leigh Stanbrook
Executive Manager Health Services



- Agrilclinic
- Community Connectors
- Community Nursing
- Dietetics and Nutrition
- Health Coaching
- Health Promotion
- Health Connection Gym
- NSP Program
- Personal Training
- Physiotherapy
- Women's Health Clinic

It has been a big year for the *Health Services* team and we've been motivated by the return to more normal methods of providing our clients with the supports they require. We saw the expansion of our gym programs and a continued focus on providing these sessions to areas outside of Shepparton including Mooroopna, Murchison and Tatura. Two of our biggest initiatives as a team this year have been the *Community Connectors* program and the *Women's Health Clinic*, both of which have filled some significant gaps in services for our region.

Broni Paine
Executive Manager Community Services



- Alcohol and Other Drugs
- Financial Counselling
- Youth Support (extension of AOD)
- Gambler's Help
- Refugee Support

The *Community Services* team has relished the return of normal delivery of our programs and services and have been active in responding to community needs. Our *Financial Counselling* team have offered their support and expertise throughout the flood disaster, assisting community members to work through things such as insurance claims and financial assistance. The team has assigned case managers to the flood recovery centre. Our *Refugee* team collaborated with community and other organisations this year to successfully launch a fundraising initiative to support our local Syrian community and their families back home. Our *Gambler's Help* team have been commended on their commitment to community engagement, raising awareness of the impacts of gambling, and the relationship between online gaming and gambling.

Ellen Kemp
Manager Family Violence Services



- Family Violence Services
- Specialist Family Violence Case Management
- Person Using Violence Case Management
- The Orange Door

PCC's *Family Violence* team continues to provide home agency support as well as being a key and integral partner within *The Orange Door*. Goulburn family violence services located in Shepparton provides intensive and immediate support for women and their children experiencing family violence. The team has continued running empowering programs such as *Shark Cage* for women who have experienced family violence and are on the road to recovery. Alongside this, our person using violence case management program is important to support those wanting to change their violent behaviours and keeping women and children safe. The team is going through an exciting period of change and transformation as the organisation continues to grow and to meet our community's needs.

DELIVERING FOR OUR

Across the 2022/2023 year, PCC delivered over 25 programs and services directly to our community.

Our office is located in Shepparton, however our services extended across the Goulburn Murray region, including; Moira, Greater Shepparton, Strathbogie, Mitchell and Murrindindi shires.

We have prided ourselves on delivering **person focused care** that empowers people and allows them to take control of their lives, bringing about long lasting and effective change.

Aboriginal Health

- Indigenous health program
- Chronic disease support
- Outreach worker and indigenous health project worker support
- Assistance with access to medical care and equipment
- Suitable for people living with a chronic health condition including diabetes, cancer, cardiovascular disease, kidney disease, respiratory disease and mental health conditions

Family Violence

- Specialist Case Management (family violence support that assists victim survivors who are experiencing family violence)
- People Who Use Violence Case Management Program (working with perpetrators of Family Violence to bring about real change)
- Family Violence Support (culturally safe and appropriate Family Violence support)
- The Orange Door (intensive assistance and support for adults, children and young people experiencing Family Violence.)

Alcohol and other Drugs

- AOD specific Counselling
- Family Drug Support
- Pharmacotherapy Area Based Network
- Women's Supported Accommodation
- Youth Support

Financial Counselling

- Financial Counselling
- Budgeting and Money Plans
- Advocacy with creditors and lenders
- Negotiations with creditors and lenders on your behalf
- Flood affected financial counselling
- Financial literacy

Gambler's Help

- Counselling related to harmful gambling
- Financial Counselling
- Counselling and support for family and friends
- Community engagement
- Schools education
- Community Events



COMMUNITY

Health Promotion

- Available to business, industry, early childhood settings, schools, tertiary and VET educators
- Focus on healthy lifestyles including Vic Kids Eat Well
- Community Engagement
- Community Events

Refugee Support

- Refugee Counselling
- Advocacy
- Bi-Cultural Workers
- Multicultural Community Connectors
- Immigration and governmental support
- Support for families

Nursing and Allied Health

- Community Nursing
- Community Connectors Program
- Dietetics and Nutrition
- Farmer Health (Agriclinic)
- Health Coaching
- Health Connection Gym
- Physiotherapy
- NSP Program (Needle Syringe Program)
- Free STI Test Vending Machine
- Women's Health Clinic

Youth Support

- Educate and empower young people on the harmful use of alcohol and other drugs
- Work actively with the young person to identify and set goals
- Link in with additional supports as required
- Suitable for young people between 10 to 25 years
- Can work with schools and educators
- A fully tailored and customised program



CLIENT & COMMUNITY FOCUS

DO YOU HAVE A MOMENT?

WE WOULD LOVE TO GET TO KNOW YOU!



Towards the end of the 2022/2023 year, Primary Care Connect undertook a substantial client and community feedback project. We understand the need for our programs and services to be informed by our current clients, and the broader community we represent.

The feedback campaign was implemented via social media, the Shepparton News, our community engagement teams and via posters and flyers in-house. We received a significant number of responses which will help drive our strategic planning and development process which is now underway.

When we empower our clients and community to be a part of the decision and feedback process, our programs and service delivery are significantly enhanced, leading to better and more sustainable outcomes for our clients.

Our research project showed us that:

The main word clients and community would use to describe Primary Care Connect is **'Friendly'**.

Community told us we were **respectful** of cultural and gender identity.

Community views Primary Care Connect as a **'free and local'** community health service'.

Our clients were **Highly Likely** to recommend us to their family and friends.

YOU said... WE listened!

As much as we appreciated the positive feedback we received from our project, we were equally as eager for suggestions that could help us make our service even better!

Rather than 'hide' these suggestions, we kicked off a "You said, We listened" campaign, to demonstrate that not only are we listening and taking on board ALL feedback - we're actually going to actively promote the actions we've taken from our community's suggestions.

This video shows an example of one of our You said, We listened, initiatives.



Mandy - Personal Training and Gym Programs



Mandy was encouraged to come along to the PCC gym by her oncologist following treatment. Mandy is one of many of our gym clients who have not only noticed a change in how good they feel, but medically the results are clearly showing improvements. Please listen to Mandy's heartwarming testimony.

Chris Blizzard - Alcohol and Other Drugs Counselling



Chris' testimony is a powerful one. It demonstrates the critical need for trained and experienced counsellors for those who are wanting and needing support for an addiction. It is proof of the power of the human spirit, of determination and resilience. In just five short months and with the support of PCC AOD Counselling, Chris is now clean of all substances, has purchased his own car, is giving back to the community by volunteering and very recently was successful in gaining full time employment.

Community Connector Program



The workshop has helped me take the steps that I probably wouldn't have taken myself. I have been wanting to get my hearing checked for years and I was so happy to be able to get a screening that showed I had hearing loss in my right ear. I also learned about some of the foods that I thought were healthy for my kids, are actually bad and it's really important to me to keep them healthy. I spoke to the dietician about learning more and he said I could come in for free appointments at Primary Care Connect, which I am going to do.

Financial Counselling



I'm meeting with a bank later today to have a look at what my loan capacity would be, what repayments would be and what I need to save in order to buy my first home. Hopefully I'll be able to buy in 5 years (That's my goal anyway) 😊 I wouldn't be able to achieve this if it wasn't for everything you have helped me with over the past year. Thank you!

FINANCIAL SECTION



Auditor-General's Independence Declaration

To the Board of Directors, Primary Care Connect

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 Primary Care Connect for the year ended 30 June 2023, 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
6 October 2023



Sanchu Chummar

as delegate for the Auditor-General of Victoria

Independent Auditor's Report

To the Directors of Primary Care Connect

Opinion	I have audited the financial report of Primary Care Connect (the company) which comprises the: • statement of financial position as at 30 June 2023 • statement of profit or loss and other comprehensive income for the year then ended • statement of changes in equity for the year then ended • statement of cash flows for the year then ended • notes to the financial statements, including significant accounting policies • directors' declaration. 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: • giving a true and fair view of the financial position of the company as at 30 June 2023 and of its financial performance and its cash flows for the year then ended • complying with Australian Accounting Standards – Simplified Disclosures Requirements and Division 60 of the <i>Australian Charities and Not-for-profits Commission Regulations 2022</i>.
Basis for Opinion	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. My independence is established by the <i>Constitution Act 1975</i>. My staff and I are independent of the company in accordance with the auditor independence requirements of the <i>Australian Charities and Not-for-profits Commission Act 2012</i> and the ethical requirements of the Accounting Professional and Ethical Standards Board's <i>APES 110 Code of Ethics for Professional Accountants</i> (the Code) that are relevant to my audit of the financial report in Australia. My staff and I have also fulfilled our other ethical responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.
Directors' responsibilities for the financial report	The Directors of the company are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards – Simplified Disclosure Requirements 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. 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.

Auditor's responsibilities for the audit of the financial report

As required by the *Audit Act 1994*, my responsibility is to express an opinion on the financial report based on the audit. My objectives for the audit are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

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

- identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the company's internal control
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Directors
- conclude on the appropriateness of the Directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the company's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the company to cease to continue as a going concern.
- evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

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



Sanchu Chummar

as delegate for the Auditor-General of Victoria

PRIMARY CARE CONNECT
A.B.N. 63 136 509 343
DIRECTOR'S REPORT

Your Directors present their report on the Company for the financial year ended 30 June 2023.

DIRECTORS

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

Information of Directors	Qualifications/Experience	Board Meetings Attended (eligible in brackets)	
Chairperson			
Ms. Jacinta Russell	Board member resigned February 2023	7	(7)
Ms. Wendy Ross	Board member since September 2020	9	(11)
Directors			
Mr Carl Durnin	Board member since September 2020	11	(11)
Ms Lisa Birrell	Board member since March 2021	8	(11)
Mr. Kevin Preece	Board member since November 2021	10	(11)
Mr. Phillip Hoare	Board member since July 2022	11	(11)
Mr. Fraser Kerrins	Board member since July 2022	9	(11)
Ms. Kim Fitzgerald	Board member since August 2022	10	(11)
Mr. Ka Chun Tse	Board member since February 2023	5	(5)
Ms. Davina Pugliese	Board member since June 2023	2	(2)

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

Company Secretary

The Company Secretary as at 30th June 2023 was the CEO, Ms Tricia Quibell.

OPERATING RESULTS

The net result of operations of the Company for the financial year was a surplus of \$2,248,416.
The operating result of the 2022 financial year was a surplus of \$2,049,677.

REVIEW OF OPERATIONS

There were no significant changes to the Company's state of affairs during the financial year.

OBJECTIVES OF THE COMPANY

The principal objectives of the Company are the provision of primary health care, preventative health care and counselling services.

STRATEGIES FOR ACHIEVING THE OBJECTIVES

A 3 year Strategic Plan has been implemented with 3 strategic goals that guide the operations of the business. The goals focus on providing better health outcomes for our community, being a leader in developing means to strengthen and empower our community and building a strong organisation in order to achieve our goals. The goals are part of the planning and reporting mechanisms of the organisation. This plan was extended a further 12 months whilst the company was seeking placement of a new CEO. PCC has commenced the planning phase of the new strategic plan to be set for the next 4 years launching at the AGM in November 2023.

EVENTS SUBSEQUENT TO BALANCE DATE

At the date of this report, the Company is of the opinion that there is no effect on the financial position or financial performance of the Company as reported in these financial statements for the year ended 30 June 2023.

No other matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Company, the results of those operations or the state of affairs of the Company in future financial years.

PRIMARY CARE CONNECT
A.B.N. 63 136 509 343
DIRECTOR'S REPORT (cont.)

FUTURE DEVELOPMENTS

Likely developments in the operations of the Company and the expected results of those operations in future financial years have not been included in this report as the inclusion of such information is likely to result in unreasonable prejudice to the Company.

ENVIRONMENTAL REGULATIONS

The Company's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a state or territory.

DIVIDENDS

The Company is limited by guarantee and is prohibited by its objects from distributing its surplus to the members. Accordingly no dividend has been paid or declared for the year by the Company since the end of the previous financial year and up to the date of this report.

MEMBERS GUARANTEE

The Company is incorporated under the *Corporations Act 2001* and is a Company limited by guarantee. If the Entity is wound up, the constitution states that each member is required to contribute a maximum of \$10 each towards meeting any outstanding and obligations of the entity. At 30 June 2023 the number of members was 9 (2022: 5).

INDEMNIFICATION OF OFFICERS OR AUDITORS

No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor 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.

AUDITOR'S INDEPENDENCE DECLARATION

A copy of the auditor's independence declaration as required under section 307C of the *Corporations Act 2001* and in accordance with *Division 60 of the Australian Charities and Not-for-profits Commission Act 2012* set out on page 3.

Signed in accordance with a resolution of the Board of Directors:



Director

Dated this 25th day of September 2023.

PRIMARY CARE CONNECT
A.B.N. 63 136 509 343

STATEMENT OF COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE 2023

	Note	2023 \$	2022 \$
REVENUE AND OTHER INCOME			
Revenue from Contracts	5	13,727,003	11,757,287
Other Income	5	1,720,524	1,237,116
TOTAL REVENUE		15,447,527	12,994,403
EXPENSES			
Employee Benefits	6	9,275,105	8,099,156
Motor Vehicle Expenses	6	89,490	76,581
Sub-Contracted Services	6	1,045,981	698,868
Depreciation	6,10	438,207	445,568
Other Expenses	6	2,516,377	1,624,553
Increment on Revaluation of Buildings	9	(166,050)	-
TOTAL EXPENSES		13,199,111	10,944,726
RESULT FOR THE YEAR		2,248,416	2,049,677
OTHER COMPREHENSIVE INCOME			
<i>Items that will not be reclassified to profit or loss</i>			
Revaluation of Land	13	-	234,000
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		2,248,416	2,283,677

This statement should be read in conjunction with the accompanying notes.

Page 4

PRIMARY CARE CONNECT
A.B.N. 63 136 509 343

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2023

	Note	2023 \$	2022 \$
ASSETS			
Current Assets			
Cash and Cash Equivalents	7	11,614,595	10,419,816
Trade and Other Receivables	8	105,424	118,234
Prepayments		59,362	-
Total Current Assets		11,779,382	10,538,049
Non-Current Assets			
Property, Plant and Equipment	9	6,700,068	6,721,087
Total Non-Current Assets		6,700,068	6,721,087
TOTAL ASSETS		18,479,449	17,259,136
LIABILITIES			
Current Liabilities			
Trade and Other Payables	11	1,323,397	2,316,561
Trust Liability	11	526,306	391,307
Employee Provisions	12	1,023,662	1,019,495
Lease Liabilities	10	53,215	139,110
Total Current Liabilities		2,926,580	3,866,473
Non-Current Liabilities			
Lease Liabilities	10	69,042	69,676
Long-Term Provisions	12	223,703	311,280
Total Non-Current Liabilities		292,745	380,956
TOTAL LIABILITIES		3,219,325	4,247,427
NET ASSETS		15,260,124	13,011,708
EQUITY			
Funding Reserves	13a	3,528,087	1,466,460
Asset Revaluation Reserves	13a	1,555,000	1,555,000
Retained Earnings	13b	10,177,036	9,990,247
TOTAL EQUITY		15,260,124	13,011,708

PRIMARY CARE CONNECT
A.B.N. 63 136 509 343

**STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2023**

	Note	Asset Revaluation Reserve \$	Specific Purpose Reserve \$	Retained Earnings \$	Total \$
Balance at 30 June 2021		<u>1,321,000</u>	<u>516,822</u>	<u>8,890,208</u>	<u>10,728,030</u>
Net Result	13b	-	-	2,049,677	2,049,677
Transfers to/(from) Reserves	13b	-	949,638	(949,638)	-
Revaluation of Land and Buildings	9	234,000	-	-	234,000
Balance at 30 June 2022		<u>1,555,000</u>	<u>1,466,460</u>	<u>9,990,247</u>	<u>13,011,708</u>
Net Result	13b	-	-	2,248,416	2,248,416
Transfers to / (from) Reserves	13b	-	2,061,627	(2,061,627)	-
Revaluation of Land and Buildings	9	-	-	-	-
Balance at 30 June 2023		<u>1,555,000</u>	<u>3,528,087</u>	<u>10,177,036</u>	<u>15,260,124</u>

This statement is to be read in conjunction with the accompanying notes.

Page 6

PRIMARY CARE CONNECT
A.B.N. 63 136 509 343

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2023

	Note	2023 \$	2022 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts			
Receipts from Donations, Grants and Rental Income		14,314,992	13,727,909
Interest Received		205,458	19,821
Payments			
Payments to Suppliers and Employees		(12,972,182)	(10,178,891)
Interest Expense		(15,822)	(26,622)
NET CASH FLOWS FROM OPERATING ACTIVITIES	15a	<u>1,532,446</u>	<u>3,542,217</u>
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for Property, Plant and Equipment		(183,122)	(143,497)
NET CASH FLOWS USED IN INVESTING ACTIVITIES		<u>(183,122)</u>	<u>(143,497)</u>
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of Lease Liabilities		(154,545)	(149,360)
NET CASH FLOWS USED IN FINANCING ACTIVITIES		<u>(154,545)</u>	<u>(149,360)</u>
NET INCREASE/(DECREASE) IN CASH HELD		1,194,778	3,249,360
CASH AT BEGINNING OF FINANCIAL YEAR		10,419,816	7,170,456
CASH AT END OF FINANCIAL YEAR	7	<u>11,614,595</u>	<u>10,419,816</u>

PRIMARY CARE CONNECT
A.B.N. 63 136 509 343

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

STATEMENT OF ACCOUNTING POLICIES

The financial report covers Primary Care Connect ("the Company") as an individual entity. Primary Care Connect is a not-for-profit Company, registered and domiciled in Australia.

The principal activities of the Company for the year ended 30 June 2023 is the provision of primary health care, preventative health care and counselling services.

The functional and presentation currency of Primary Care Connect is Australian Dollars.

The financial report was authorised for issue by those charged with governance on 25th September 2023.

Comparatives are consistent with prior years, unless otherwise stated.

1 Basis of Preparation

The financial statements are general purpose financial statements that have been prepared in accordance with the *Australian Accounting Standards – Simplified Disclosures* and the requirements of *Australian Charities and Not-for-profits Commission Act 2012*.

The financial statements are prepared on a going concern basis.

The financial statements, except for cash flow information, have been prepared using the accrual basis of accounting. Under the accrual basis, items are recognised as assets, liabilities, equity, income or expenses when they satisfy the definitions and recognition criteria for those items, that is, they are recognised in the reporting period to which they relate, regardless of when cash is received or paid.

2 Impact of the 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, Primary Care Connect 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 Primary Care Connect operates.

Primary Care Connect introduced a range of measures in both the prior and current year, including:

- introducing restrictions on non-essential visitors
- greater utilisation of telehealth services
- implementing work from home arrangements where appropriate.

Summary of Significant Accounting Policies

(a) Rounding

All amounts shown in the Financial Statements are expressed to the nearest dollar.

(b) Income Tax

The Company is income tax exempt.

(c) Receivables

Trade debtors are carried at nominal amounts due and are due for settlement within 30 days from the date of recognition. Collectability of debts is reviewed on an ongoing basis.

(d) Property, Plant and Equipment

Property, plant and equipment are brought to account at cost or at fair value less, where applicable, any accumulated depreciation. The carrying amount of property, plant and equipment is reviewed annually by management to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows which will be received from the assets' employment and subsequent disposal. The expected net cash flows have not been discounted to their present values in determining recoverable amounts.

Assets with a purchase price of less than \$1,000 have been expensed on acquisition.

The depreciable amount of all fixed assets including building and capitalised lease assets, but excluding freehold land, is depreciated over their useful lives commencing from the time the asset is held ready for use. A summary of the depreciation method and depreciation rates for each class of attached is as follows:

Class of Asset	Method	Rates
Plant & Equipment	Prime Cost	10% - 33.3%
Buildings	Prime Cost	2.5%

(e) Revaluation

Land and buildings at 393-399 Wyndham Street was independently valued by Opteon, Registered Valuers on the 10th May 2021 and adopted as at the 30th June 2021. These same land and building assets were the subject of a managerial valuation using VGV approved indexation and was adopted as at 30th June 2022 and again 30th June 2023. PCC utilises a 3 year external valuation cycle, therefore 2024 will be the start of the new cycle.

Revaluation increases (increments) arise when an asset's fair value exceeds its carrying amount. In comparison, revaluation decreases (decrements) arise when an asset's fair value is less than its carrying amount. Revaluation increments and revaluation decrements relating to individual assets within an asset class are offset against one another within that class but are not offset in respect of assets in different classes.

Revaluation increments are recognised in 'Other Comprehensive Income' and are credited directly to the asset revaluation reserve, except that, to the extent that an increment reverses a revaluation decrement in respect of that same class of asset previously recognised as an expense in net result, in which case the increment is recognised as income in the net result.

Revaluation decrements are recognised in 'Other Comprehensive Income' to the extent that a credit balance exists in the asset revaluation reserve in respect of the same class of property, plant and equipment. Otherwise, the decrement is recognised as an expense in the net result.

The revaluation reserve included in equity in respect of an item of property, plant and equipment may be transferred directly to retained earnings when the asset is derecognised.

PRIMARY CARE CONNECT
A.B.N. 63 136 509 343

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

Summary of Significant Accounting Policies (continued)

Property, Plant and Equipment (continued)

(f) Impairment of Assets

At each reporting date, the Company reviews the carrying values 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 to sell and value in use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the statement of comprehensive income.

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.

(g) Payables

These amounts represent liabilities for goods and services provided prior to the end of the financial year and which are unpaid. The normal credit terms are net 30 days.

(h) Goods and Services Tax

Revenues, expenses and assets are recognised net of GST except for receivables and payables which are stated with the amount of GST included and except where the amount of GST incurred is not recoverable, in which case GST is recognised as part of the cost of acquisition of an asset or part of an item of expense or revenue. GST receivable from and payable to the Australian Taxation Office (ATO) is included in the statement of financial position. The GST component of a receipt or payment is recognised on a gross basis in the statement of cash flows.

(i) Leases

At inception of a contract, the Company assesses whether a lease exists - i.e. does the contract convey the right to control the use of an identified asset for a period of time in exchange for consideration.

This involves an assessment of whether:

The contract involves the use of an identified asset - this may be explicitly or implicitly identified within the agreement. If the supplier has a substantive substitution right then there is no identified asset.

The Company has the right to obtain substantially all of the economic benefits from the use of the asset throughout the period of use.

The Company has the right to direct the use of the asset i.e. decision making rights in relation to changing how and for what purpose the asset is used.

Lessee accounting

The non-lease components included in the lease agreement have been separated and are recognised as an expense as incurred.

At the lease commencement, the Company recognises a right-of-use asset and associated lease liability for the lease term. The lease term includes extension periods where the Company believes it is reasonably certain that the option will be exercised.

The right-of-use asset is measured using the cost model where cost on initial recognition comprises of the lease liability, initial direct costs, prepaid lease payments, estimated cost of removal and restoration less any lease incentives received.

The right-of-use asset is depreciated over the lease term on a straight line basis and assessed for impairment in accordance with the impairment of assets accounting policy.

The lease liability is initially measured at the present value of the remaining lease payments at the commencement of the lease. The discount rate is the rate implicit in the lease, however where this cannot be readily determined then the Company's incremental borrowing rate is used.

Subsequent to initial recognition, the lease liability is measured at amortised cost using the effective interest rate method. The lease liability is remeasured whether there is a lease modification, change in estimate of the lease term or index upon which the lease payments are based (e.g. CPI) or a change in the Company's assessment of lease term.

Where the lease liability is remeasured, the right-of-use asset is adjusted to reflect the remeasurement or is recorded in profit or loss if the carrying amount of the right-of-use asset has been reduced to zero.

(i) Exceptions to lease accounting

The Company has elected to apply the exceptions to lease accounting for both short term leases (i.e. leases with a term of less than or equal to 12 months) and leases of low-value assets. The Company recognises the payments associated with these leases as an expense on a straight-line basis over the lease term.

(j) Employee Benefits

Provision is made for the Company's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits expected to be settled within one year together with entitlements arising from wages and salaries, and annual leave that will be settled after one year, have been measured at the amounts expected to be paid when the liability is settled, plus related on-costs. Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits.

Contributions are made by the Company to employee superannuation funds and are charged as expenses when incurred.

(k) Revenue and Other Income (continued)

Revenue from contracts with customers

The core principle of AASB 15 is that revenue is recognised on a basis that reflects the transfer of promised goods or services to customers at an amount that reflects the consideration the Company expects to receive in exchange for those goods or services. Revenue is recognised by applying a five-step model as follows:

1. Identify the contract with the customer
2. Identify the performance obligations
3. Determine the transaction price
4. Allocate the transaction price to the performance obligations
5. Recognise revenue as and when control of the performance obligations is transferred

PRIMARY CARE CONNECT
A.B.N. 63 136 509 343

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

Summary of Significant Accounting Policies (continued)

Generally the timing of the payment for sale of goods and rendering of services corresponds closely to the timing of satisfaction of the performance obligations, however where there is a difference, it will result in the recognition of a receivable, contract asset or contract liability.

None of the revenue streams of the Company have any significant financing terms as there is less than 12 months between receipt of funds and satisfaction of performance obligations.

Specific revenue streams

The revenue recognition policies for the principal revenue streams of the Company are:

Government Grants

Where grant funding arises from an agreement which is enforceable and contains sufficiently specific performance obligations then the revenue is recognised when control of each performance obligations is satisfied.

The performance obligations are varied based on the agreement but may include performance targets such as client outcomes, client meetings/ presentations or department reporting obligations.

Each performance obligation is considered to ensure that the revenue recognition reflects the transfer of control and within grant agreements there may be some performance obligations where control transfers at a point in time and others which have continuous transfer of control over the life of the contract.

Where control is transferred over time, generally the input methods being either costs or time incurred are deemed to be the most appropriate methods to reflect the transfer of benefit.

Amounts arising from grants that fall within the scope of AASB 1058 include those where no consideration is provided by the Company and the funds are principally awarded to the Company to further its objectives. Such grants are recognised as income when received.

Revenue from the following grant funding has been recognised under AASB 15:

Department of Human Services

- Aboriginal Services and Support
- Community Health Services
- Alcohol and Drug Support
- Refugee Health Services
- Counselling Services
- Family Violence Support
- Family Violence Orange Door Hub
- High Risk Accommodation Response (COVID19)
- Public Intoxication Pilot Program

Victorian Responsible Gambling Foundation

- Gamblers Help Program

Youth Affairs Council Victoria Inc

- AOD Youth, Working for Victoria COVID19

Consumer Affairs Victoria

- Financial Counselling Services

Victorian Foundation House

- Torture and Trauma Services

(k) Revenue and other income

Murray Primary Health Network

- Chronic Disease Management
- Increasing Access to AOD Services
- Health Navigator Program

La Trobe Community Health

- Pharmacotherapy Area Based Network Coordinator

Health and Ageing

- Supported Accommodation Program

Summary of Significant Accounting Policies (continued)

Statement of financial position balances relating to revenue recognition

Contract assets and liabilities

Where the amounts billed to customers are based on the achievement of various milestones established in the contract, the amounts recognised as revenue in a given period do not necessarily coincide with the amounts billed to or certified by the customer.

When a performance obligation is satisfied by transferring a promised good or service to the customer before the customer pays consideration or the before payment is due, the Company presents the contract as a contract asset, unless the Company's rights to that amount of consideration are unconditional, in which case the Company recognises a receivable (e.g. Accrued Income).

When an amount of consideration is received from a customer prior to the entity transferring a good or service to the customer, the Company presents the contract as a contract liability (e.g. Income received in Advance).

Contract cost assets

The Company recognises assets relating to the costs of obtaining a contract and the costs incurred to fulfil a contract or set up / mobilisation costs that are directly related to the contract provided they will be recovered through performance of the contract.

Costs to obtain a contract

Costs to obtain a contract are only capitalised when they are directly related to a contract and it is probable that they will be recovered in the future. Costs incurred that would have been incurred regardless of whether the contract was won are expensed, unless those costs are explicitly chargeable to the customer in any case (whether or not the contract is won).

The capitalised costs are amortised on a systematic basis that is consistent with the transfer to the customer of the goods or services to which the asset relates.

**PRIMARY CARE CONNECT
A.B.N. 63 136 509 343**

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

Summary of Significant Accounting Policies (continued)

Set-up / mobilisation costs

Costs required to set up the contract, including mobilisation costs, are capitalised provided that it is probable that they will be recovered in the future and that they do not include expenses that would normally have been incurred by the Company if the contract had not been obtained. They are recognised as an expense on the basis of the proportion of actual output to estimated output under each contract. If the above conditions are not met, these costs are taken directly to profit and loss as incurred.

Costs to fulfil a contract

Where costs are incurred to fulfil a contract, they are accounted for under the relevant accounting standard (if appropriate); otherwise if the costs relate directly to a contract, the costs generate or enhance resources of the Company that will be used to satisfy performance obligations in the future and the costs are expected to be recovered then they are capitalised as contract costs assets and released to the profit or loss on an systematic basis consistent with the transfer to the customer of the goods or services to which the asset relates.

Gain on disposal of non-current assets

When a non-current asset is disposed, the gain or loss is calculated by comparing proceeds received with its carrying amount and is taken to profit or loss.

Interest Income

Interest revenue is recognised as interest accrues using the effective interest method. This is a method of calculating the amortised cost of a financial asset and allocating the interest income over the relevant period using the effective interest rate, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to the net carrying amount of the financial asset.

Other income

Other income is recognised on an accruals basis when the Company is entitled to it.

(f) Financial Instruments

Financial instruments are recognised initially on the date that the Company becomes party to the contractual provisions of the instrument.

On initial recognition, all financial instruments are measured at fair value plus transaction costs (except for instruments measured at fair value through profit or loss where transaction costs are expensed as incurred).

Financial Assets

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

Classification

On initial recognition, the Company classifies its financial assets at amortised cost.

Financial assets are not reclassified subsequent to their initial recognition unless the Company changes its business model for managing financial assets.

Amortised Cost

Assets measured at amortised cost are financial assets where:

- the business model is to hold assets to collect contractual cash flows; and
- the contractual terms give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding.

The Company's financial assets measured at amortised cost comprise trade and other receivables and cash and cash equivalents in the statement of financial position.

Subsequent to initial recognition, these assets are carried at amortised cost using the effective interest rate method less provision for impairment.

Interest income, gain and losses on derecognition and impairment are recognised in profit or loss.

Impairment of Financial Assets

Impairment of financial assets is recognised on an expected credit loss (ECL) basis for financial assets measured at cost.

When determining whether the credit risk of a financial asset has increased significantly since initial recognition and when estimating ECL, the Company considers reasonable and supportable information that is relevant and available without undue cost or effort. This includes both quantitative and qualitative information and analysis based on the Company's historical experience and informed credit assessment and including forward looking information.

The Company uses the presumption that an asset which is more than 30 days past due has seen a significant increase in credit risk.

The Company uses the presumption that a financial asset is in default when:

- the other party is unlikely to pay its credit obligations to the Company in full, without recourse to the Company to actions such as realising security (if any is held); or
- the financial assets is more than 90 days past due.

Credit losses are measured as the present value of the difference between the cash flows due to the Company in accordance with the contract and the cash flows expected to be received. This is applied using a probability weighted approach.

PRIMARY CARE CONNECT
A.B.N. 63 136 509 343

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

Summary of Significant Accounting Policies (continued)

Trade Receivables

Impairment of trade receivables have been determined using the simplified approach in AASB 9 which uses an estimation of lifetime expected credit losses. The Company has determined the probability of non payment of the receivable and multiplied this by the amount of the expected loss arising from default. The amount of the impairment is recorded in a separate allowance account with the loss being recognised in finance expense. Once the receivable is determined to be uncollectable then the gross carrying amount is written off against the associated allowance.

In some circumstances, the Company renegotiates the terms of trade receivables due from certain customers, the new expected cash flow are discounted at the original effective interest rate and any resulting difference to the carrying value is recognised in profit or loss.

Other financial assets measured at amortised cost

Impairment of other financial assets measured at amortised cost are determined using the expected credit loss model in AASB9. On initial recognition of the asset, an estimate of the expected credit losses for the next 12 months is recognised. Where the asset has experienced significant increase in credit risk then the lifetime losses are estimated and recognised.

Financial Liabilities

The Company measures all financial liabilities initially at fair value less transaction costs, subsequently financial liabilities are measured at amortised cost using the effective interest rate method.

(m) 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 twelve months or less, and bank overdrafts. Bank overdrafts are shown within short-term borrowings in current liabilities on the balance sheet.

(n) Comparative Information

Where necessary the previous year's figures have been reclassified to facilitate comparisons.

(o) Adoption of new and revised accounting standards

The Company has not adopted any other standard, interpretation or amendment that has been issued but not yet effective.

4 Critical Accounting Estimates and Judgments

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

Key Estimates — Impairment

The Company assesses impairment at each reporting date by evaluating conditions specific to the Company that may lead to impairment of assets. Where an impairment trigger exists, the recoverable amount of the asset is determined. Value-in-use calculations performed in assessing recoverable amounts incorporate a number of key estimates.

No impairment has been recognised for the year ended 30 June 2023.

Key Estimates — Incremental Borrowing Rate

Due to the absence of any specified interest rates in the lease contracts that have been brought to account for the first time under AASB 16, the Company has applied its incremental borrowing rate to leases relating to right-to-use assets.

The Company has determined the incremental borrowing rate based on a quoted loan rate obtained from the Company's banker. This rate will be reviewed at the commencement of each future lease to which AASB 16 applies.

Key Estimates - Provisions

The Company believes that obligations for annual leave entitlements satisfy the definition of short-term employee benefits and, therefore, can be measured at the undiscounted amounts expected to be paid to employees when the obligations are settled. Long service leave entitlements are separated into short and long term portions for application of the relevant measurement approaches, whereby the short term portion are measured at the undiscounted amounts expected to be paid and the long term portion are measured at the present value of the expected future payments to be made to the employees.

Key Estimates - Property Held at Fair Value

The Company carries its land and buildings at fair value. Independent valuations are obtained at least triennially and at the end of each reporting period, the directors update their assessment of the fair value of each property, taking into account the most recent valuations and movements in the market.

Note 18 provides information on inputs and techniques to determine fair value.

Key Estimates - Useful Life of Property, Plant and Equipment

The Company review the estimated useful lives and corresponding depreciation rates of property, plant and equipment at the end of each annual reporting period.

Key Judgement - Determination and Timing of Revenue under AASB 15

Primary Care Connect applies significant judgement to determine when a performance obligation has been satisfied and the transaction price that is to be allocated to each performance obligation. A performance obligation is either satisfied at a point in time or over time.

PRIMARY CARE CONNECT
A.B.N. 63 136 509 343

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

NOTE 5: REVENUE	2023	2022
	\$	\$
Revenue from Operating Activities		
Revenue from Contracts with Customers		
Grant Revenue - State (Operating)	13,245,935	11,134,785
Grant Revenue - Commonwealth (Operating)	481,088	622,502
	<u>13,727,003</u>	<u>11,757,287</u>
Other Income		
Grant Income - State (Operating)	1,334,088	1,150,137
Grant Income - Commonwealth (Operating)	50,000	13,782
Grant Income - State (Capital)	-	-
Donations	10,183	6,886
Other Income	83,993	43,973
Rent	-	1,119
Interest	242,260	21,419
	<u>1,720,524</u>	<u>1,237,116</u>
Total Revenue and Other Income	<u>15,447,527</u>	<u>12,994,403</u>

NOTE 5: REVENUE (Continued)

Government Grants

To recognise revenue, Primary Care Connect assesses whether there is a contract that is enforceable and has sufficiently specific performance obligations in accordance with AASB 15: *Revenue from Contracts with Customers*.

When both these conditions are satisfied, the Company:

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

Where the contract is not enforceable and/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 liabilities, financial instruments, provisions, revenue or contract liabilities 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.

Performance Obligations

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

- activity based funding
- other one-off grants if funding conditions contain enforceable and sufficiently specific performance obligations.

The performance obligations for Primary Care Connect for Activity Based Funding are the agreed activity levels agreed with the Department of Health and Human services and other government entities. The performance obligations have been selected as they align with funding conditions set out in the policy and funding guidelines issues by the Department of Health and Human Services and other government entities.

NOTE 6: EXPENDITURE	2023	2022
	\$	\$
Employee Benefits		
Salaries and Wages inc Employee Provisions	8,352,524	7,333,523
Superannuation	823,343	701,783
Workcover	99,238	63,850
	<u>9,275,105</u>	<u>8,099,156</u>
Motor Vehicle Expenses	89,490	76,581
Sub-Contracted Services	1,045,981	698,868
Depreciation of Non-Current Assets		
Plant & Equipment	186,193	186,044
Buildings	105,508	101,250
Right of Use Assets	146,506	158,274
	<u>438,207</u>	<u>445,568</u>
Other Expenses		
Administration Costs	35,561	37,010
Consultancy Expenses	69,632	76,181
Occupancy Costs	211,218	166,541
Increment on Building Revaluation	(166,050)	-
Audit and Accounting Fees	26,600	32,280
Program Resources	942,564	517,484
ICT Expenses	489,865	214,558
Other Expenses	740,937	580,499
	<u>2,350,327</u>	<u>1,624,553</u>
Total Expenditure	<u>13,199,110</u>	<u>10,944,726</u>

PRIMARY CARE CONNECT
A.B.N. 63 136 509 343

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

NOTE 7: CASH AND CASH EQUIVALENTS

Cash at Bank	3,453,273	2,417,972
Cash on Deposit	8,161,123	8,001,644
Cash on Hand	200	200
Total Cash and Cash Equivalents	11,614,595	10,419,816

For the purposes of the Cash Flow Statement, cash includes cash on hand and in banks, and short-term deposits which are readily convertible to cash on hand, and are subject to insignificant risk of change in value, net of outstanding overdrafts.

NOTE 8: TRADE AND OTHER RECEIVABLES

	2023 \$	2022 \$
Accrued Interest	38,447	1,645
Receivables	66,977	116,589
Total Trade and Other Receivables	105,424	118,234

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

Primary Care Connect is not exposed to any significant credit risk exposure to any single counterparty or any group of counterparties having similar characteristics. Based on historical information about customer default rates, management consider the credit quality of trade receivables that are not past due or impaired to be good.

NOTE 9: PROPERTY, PLANT AND EQUIPMENT

Plant and Equipment - at Cost	1,631,498	1,458,949
Less Accumulated Depreciation	(1,081,031)	(911,943)
	550,467	547,006
RTU - Leased Equipment	19,598	23,410
Less Accumulated Depreciation	(9,255)	(6,533)
	10,344	16,877
RTU - Motor Vehicles	412,837	326,194
Less Accumulated Depreciation	(316,871)	(151,741)
	95,965	174,453
Buildings - at Valuation	4,216,050	4,050,000
Less Accumulated Depreciation	(206,758)	(101,250)
	4,009,292	3,948,750
Land - at Valuation	2,034,000	2,034,000
Total Property, Plant and Equipment	6,700,068	6,721,087

Reconciliation of the carrying amounts of each class of property, plant & equipment and right of use assets is set out below.

	Land \$	Plant & Equipment \$	RTU - Leased Equipment \$	RTU - Motor Vehicles \$	Buildings \$	Total \$
Balance at 30 June 2021	1,800,000	589,553	23,410	264,599	4,050,000	6,727,562
Additions	-	143,497	-	61,595	-	205,092
Disposals at WDV	-	-	-	-	-	-
Revaluation Increment/(decrement)	234,000	-	-	-	-	234,000
Depreciation Expense (note 6)	-	(186,044)	(6,533)	(151,741)	(101,250)	(445,568)
Balance at 30 June 2022	2,034,000	547,006	16,877	174,453	3,948,750	6,721,087
Additions	-	183,122	-	76,281	-	259,402
Disposals at WDV	-	-	-	(8,263)	-	(8,263)
Revaluation Increment/(decrement)	-	-	-	-	166,050	166,050
Depreciation Expense (note 6)	-	(179,661)	(6,532)	(146,506)	(105,508)	(438,207)
Balance at 30 June 2023	2,034,000	550,466	10,345	95,964	4,009,292	6,700,068

Land and Buildings and Carried at Valuation

Opteon, Registered Valuers, undertook an independent valuation of all of Primary Care Connect land and buildings to determine their fair value. The valuation, which conforms to Australian Valuation Standards, was determined by reference to the amounts for which assets could be exchanged between knowledgeable willing parties in an arm's length transaction. The valuation was based on independent assessments. The effective date of the valuation was 30 June 2021. The valuation report provides commentary on the impact of the COVID-19 pandemic, specifically noting that the values within the report may change significantly and unexpectedly over a relatively short period of time as a result of factors that the valuer could not have reasonably known at the date of valuation.

As at 30th June 2023, management has applied fair value assessment using the VGV land and building indices by postcode.

The revaluation of buildings in 2013 resulted in a decrement in value being recorded through profit and loss. A subsequent revaluation in May 2018 resulted in an increment being recorded through to profit and loss, with another decrement of \$329,515 being recorded through profit and loss in the 2021 financial year. At 30 June 2023 an increment of \$166,050 was recorded through to the profit and loss, cumulative decrements of \$990,104 have been booked to profit and loss that can be offset by future increments.

PRIMARY CARE CONNECT
A.B.N. 63 136 509 343

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

NOTE 10: LEASES

Company as a lessee

The Company has leases over a range of assets including vehicles and photocopiers.

Information relating to the leases in place and associated balances and transactions are provided below.

Right-of-use assets	Motor Vehicles	Plant & Equipment	Total
	\$	\$	\$
Year ended 30 June 2022			
Balance at beginning of year	264,600	23,409	288,009
Additions	61,595	-	61,595
Depreciation charge	(151,741)	(6,533)	(158,274)
Balance at end of year	174,454	16,876	191,330
Year ended 30 June 2023			
Balance at beginning of year	174,454	16,876	191,330
Additions	76,281	-	76,281
Less Disposal	(8,263)	-	(8,263)
Depreciation charge	(146,506)	(6,533)	(153,039)
Balance at end of year	95,965	10,343	106,309

Lease liabilities

The maturity analysis of lease liabilities for right-of-use assets based on contractual undiscounted cash flows is shown in the table below:

	< 1 year	1 - 5 years	> 5 years	Total undiscounted lease liabilities	Present value of lease liabilities included in Statement of Financial Position
	\$	\$	\$	\$	\$
2023					
Lease Liabilities	53,215	69,042	-	122,257	122,257
2022					
Lease Liabilities	150,834	73,903	-	224,737	208,786
					2023
					\$
Interest expense on lease liabilities					15,822
Depreciation of right-of-use assets					153,039
Expenses relating to short-term leases					-
Expenses relating to leases of low-value assets					-
					<u>168,861</u>
					<u>184,896</u>

Statement of Cash outflows

Total cash outflows for leases (including interest on lease liabilities)	154,545	175,984
--	---------	---------

The Company has applied the practical expedient to all COVID-19 related rent concessions that meet the following conditions:

- The change in lease payments results in revised consideration for the lease that is substantially the same as, or less than, the consideration for the lease immediately preceding the change;
- any reduction in lease payments affects only payments originally due on or before 30 June 2023 (for example, a rent concession would meet this condition if it results in reduced lease payments on or before 30 June 2023 and increased lease payments that extend beyond 30 June 2023); and
- there is no substantive change to other terms and conditions of the lease.

The practical expedient allows changes in lease payments resulting from the rent concession to be treated as a variable lease payment through the statement of profit or loss and other comprehensive income, rather than as a lease modification.

NOTE 11: TRADE AND OTHER PAYABLES

	2023	2022
	\$	\$
Trade Payables	168,101	77,764
Sundry Payables and Accruals	279,558	290,764
GST Payable	293,403	425,811
Trust Liability	526,306	391,307
Contract Liability	582,336	1,522,222
Total Trade and Other Payables	1,849,703	2,707,868

PRIMARY CARE CONNECT
A.B.N. 63 136 509 343

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

Trust Liability

Trust liability refers to Auspice Agreements with the Aboriginal Family Violence Services Dhek Dja with the Department of Families, Fairness and Housing and the Principal Strategic Advisory Program with the Department of Human Services. Primary Care Connect acts as the funding holder receiving income and dispersing expenditure on behalf of the agencies.

NOTE 12: PROVISIONS

CURRENT

Annual Leave (i)	529,885	535,367
Long Service Leave (ii)	493,777	420,968
Other Provision	-	63,160
	<u>1,023,662</u>	<u>1,019,495</u>

NON-CURRENT

Long Service Leave (ii)	223,703	311,280
-------------------------	---------	---------

Total Provisions

	<u>1,247,365</u>	<u>1,330,775</u>
--	------------------	------------------

- i) The amounts disclosed are nominal amounts.
ii) The amounts disclosed are discounted to present values.

Employee Benefit Recognition

Provision is made for benefits accruing to employees in respect of annual leave and long service leave for services rendered to the reporting date as an expense during the period the services are delivered.

Provisions

Provisions are recognised when Primary Care Connect has a present obligation, the future sacrifice of economic benefits is probable, and the amount of the provision can be measured reliably.

The amount recognised as a liability is the best estimate of the consideration required to settle the present obligation at reporting date, taking into account the risks and uncertainties surrounding the obligation.

Annual Leave

Liabilities for annual leave are recognised in the provision for employee benefits as 'current liabilities' because Primary Care Connect does not have an unconditional right to defer settlements of these liabilities.

Depending on the expectation of the timing of settlement, liabilities for annual leave and accrued days off are measured at:

- Nominal value – if Primary Care Connect expects to wholly settle within 12 months, or
Present value – if Primary Care Connect does not expect to wholly settle within 12 months.

Long Service Leave

The liability for long service leave (LSL) is recognised in the provision for employee benefits.

Unconditional LSL is disclosed in the notes to the financial statements as a current liability even where Primary Care Connect does not expect to settle the liability within 12 months because it will not have the unconditional right to defer the settlement of the entitlement should an employee take leave within 12 months. An unconditional right arises after a qualifying period.

The components of this current LSL liability are measured at:

- Nominal value – if Primary Care Connect expects to wholly settle within 12 months, or
Present value – if Primary Care Connect does not expect to wholly settle within 12 months.

Conditional LSL is disclosed as a non-current liability. Any gain or loss followed revaluation of the present value of non-current LSL liability is recognised as a transaction, except to the extent that a gain or loss arises due to changes in estimations e.g. bond rate movements, inflation rate movements and changes in probability factors which are then recognised as other economic flows.

NOTE 13: EQUITY AND RESERVES

(a) Reserves

Specific Purpose Reserve

	2023 \$	2022 \$
Balance at Beginning of Reporting Period	1,466,460	516,822
Transfers to Retained Earnings	2,061,627	949,638
Balance at the end of the reporting period	<u>3,528,087</u>	<u>1,466,460</u>

Asset Revaluation Reserve

Balance at Beginning of Reporting Period	1,555,000	1,321,000
Revaluation of Land	-	234,000
Revaluation of Buildings	-	-
Balance at the end of the reporting period	<u>1,555,000</u>	<u>1,555,000</u>

Total Reserves

	<u>5,083,087</u>	<u>3,021,460</u>
--	------------------	------------------

Specific Purpose Reserve

Funds received for a specific purpose which are yet to be expended are recorded in the Specific Purpose Reserve.

Asset Revaluation Reserve

The asset revaluation reserve is made up of revaluations made to land. The revaluation of buildings in 2013 resulted in a decrement in value being recorded through profit and loss. A subsequent revaluation in May 2018 resulted in an increment being recorded through to profit and loss, with another decrement of \$329,515 being recorded through profit and loss in the 2021 financial year. At 30 June 2023 an increment of \$166,050 was recorded through to the profit and loss, cumulative decrements of \$990,104 have been booked to profit and loss that can be offset by future increments.

PRIMARY CARE CONNECT
A.B.N. 63 136 509 343

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

(b) Retained Earnings

Retained Earnings at the beginning of the reporting period	9,890,247	8,890,208
Net Result for the Year	2,248,416	2,049,677
Net Transfers from Reserves	(2,061,627)	(949,638)
Retained Earnings at the end of the reporting period	10,177,036	9,990,247

NOTE 14: FINANCIAL RISK MANAGEMENT

The principal categories of financial instrument used by the Company are:

- Trade receivables
- Cash at bank
- Trade and other payables

Financial Assets

Cash and Cash Equivalents - At Amortised Cost	11,614,595	10,419,816
Trade and Other Receivables - At Amortised Cost	164,785	118,234
Total Financial Assets	11,779,381	10,538,050

Financial Liabilities

Trade and Other Payables - At Amortised Cost	447,658	368,528
Total Financial Liabilities	447,658	368,528

NOTE 15: RECONCILIATION OF NET RESULT FOR THE YEAR TO NET CASH FLOWS FROM OPERATING ACTIVITIES

a) Reconciliation of Net Cash used in Net Result

Net Result	2,248,416	2,049,677
<i>Non-Cash Movements</i>		
Depreciation and Amortisation	438,207	445,568
Revaluation of Buildings	(166,050)	-
<i>Movements in assets and liabilities</i>		
Increase/(Decrease) in Trade and Other Payables	(1,045,848)	966,774
Increase/(Decrease) in Provisions	104,273	98,395
Decrease/(Increase) in Trade and Other Receivables	12,810	(54,200)
Decrease/(Increase) in Prepayments	(59,362)	36,003
Net Cash From/(Used in) Operating Activities	1,532,446	3,542,217

b) Reconciliation of cash

Cash at the end of the financial year as shown in the Cash Flow Statement is reconciled to the related items in the Balance Sheet as follows:

Cash at Bank	11,614,595	10,419,816
	11,614,595	10,419,816

NOTE 16: CONTRACTED COMMITMENTS

The Company has no significant contracted commitments outstanding at 30 June 2023 not provided for in the financial statements (2022: Nil).

NOTE 17: KEY MANAGEMENT PERSONNEL REMUNERATION

The total remuneration paid to key management personnel (KMP) of the Company was:

	2023	2022
	\$	\$
Short term employee benefits	1,039,100	998,257
Long term employee benefits	(54,756)	14,128
Post-employment benefits	78,829	83,677
Termination Benefits	7,139	4,802
	1,125,068	1,100,864

NOTE 18: FAIR VALUE MEASUREMENT

The Company measures the following assets and liabilities at fair value on a recurring basis:

- Land
- Buildings

Asset/Liability
Buildings

Basis of determining value

The fair value of the Company's land and buildings is determined by an independent, qualified valuer on a triennial basis who have experience in the valuation of properties in a similar location and of a similar nature. The Directors review the valuation reports and discuss significant movements with the valuer.

The Company's land and buildings were revalued with effect to 30 June 2021 by David McKenzie, Certified Practising Valuer, of Opteon. The valuation was conducted on a fair value basis to reflect the highest and best use of the property.

As at 30th June 2023, management has applied fair value assessment using the VGV land and building indices by postcode. An adjustment to the building valuation of 1.041 based on the FY22 indexation which was not applied in previous financial year has been applied of \$166,050. An external valuation will be conducted in May 2024.

Assumptions

Estimated Rental Value: \$488,880
Capitalisation rate: 8.35%

Land

As at 30th June 2022, management has applied fair value assessment using the VGV land and building indices by postcode. An adjustment to the land valuation of 1.13 was applied resulting in a movement of \$234,000. The Board of management has decided not apply the FY23 indexation due to high movement in previous financial year and risk of overstating the asset. An external revaluation will be conducted in May 2024.

PRIMARY CARE CONNECT
A.B.N. 63 136 509 343

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2023

NOTE 19: CONTINGENT ASSETS AND CONTINGENT LIABILITIES

In the opinion of those charged with governance, the Company did not have any contingencies at 30 June 2023 (30 June 2022: None).

NOTE 20: RELATED PARTIES

KMPs are those people with the authority and responsibility for planning, directing and controlling the activities of the Primary Care Connect.

The Board of Directors, Chief Executive Officers and senior management of Primary Care Connect are deemed to be KMPs.

Key management personnel of Primary Care Connect

KMP	Position Title
Ms. Jacinta Russell	Chair of the Board (Resigned February 2023)
Ms. Wendy Ross	Chair of the Board
Ms Lisa Birrell	Board Member
Mr Carl Durnin	Board Member
Mr. Kevin Preece	Board Member
Mr. Phillip Hoare	Board Member
Mr. Fraser Kerrins	Board Member
Ms. Kim Fitzgerald	Board Member
Mr. Ka Chun Tse	Board Member
Ms. Davina Pugliese	Board Member
Ms. Rebecca Lorains	Chief Executive Officer (Resigned July 2022)
Ms Tricia Quibell	Chief Executive Officer
Mr Leigh Stanbrook	Executive Manager of Health Services
Ms Andrea Caia	Executive Manager of People and Quality
Ms Megan Lorains	Executive Manager of Research and Development (Resigned July 2023)
Ms Broni Paine	Executive Manager of Community Services
Ms Simone Wilson	Executive Manager of Business and Infrastructure
Ms. Christina McInnes	Executive Manager of Family Violence (Resigned September 2023)

Related parties of the health service include:

- All key management personnel (KMP) and their close family members;

Transactions with KMPs and Other Related Parties

Outside of normal citizen type transactions with the Primary Care Connect, there were no related party transactions that involved key management personnel, their close family members and their personal business interests. No provision has been required, nor any expense recognised, for impairment of receivables from related parties.

There were no related party transactions required to be disclosed for Primary Care Connect Board of Directors, Chief Executive Officer or senior management.

Key Management Personnel remuneration - refer to Note 17

NOTE 21: EVENTS OCCURRING AFTER REPORTING DATE

The financial report was authorised for issue on 25th September 2023 by those charged with governance.

At the date of this report, the Company is of the opinion that there is no effect on the financial position or financial performance of the Company as reported in these financial statements for the year ended 30 June 2023.

No other matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Company, the results of those operations or the state of affairs of the Company in future financial years.

NOTE 22: ECONOMIC DEPENDENCY

Primary Care Connect is dependent on the Department of Health for the majority of its revenue used to fund operations. At the date of this report, the Board of Directors has no reason to believe the Department of Health will not continue to support Primary Care Connect.

NOTE 23: AUDITORS REMUNERATION

	2023 \$	2022 \$
Remuneration of the auditor, VAGO, for:		
- auditing and reviewing the financial statements	20,900	20,300
Total Auditor's Remuneration	20,900	20,300

NOTE 24: ENTITY DETAILS

The Principal Place of Business and registered office of the Company is:
399 Wyndham Street, Shepparton
Victoria 3630

PRIMARY CARE CONNECT
A.B.N. 63 136 509 343

DECLARATION BY DIRECTORS

In the opinion of the Board of Directors:

1. The financial report as set out on pages 4 to 18 presents a true and fair view of the financial position of Primary Care Connect as at 30 June 2023 and its performance and cash flows for the year ended on that date in accordance with *Australian Accounting Standards - Simplified Disclosures* of the Australian Accounting Standards Board and the requirements of the Australian Charities and Not-for-Profits Commission Act 2012.
2. at the date of this statement, there are reasonable grounds to believe that Primary Care Connect will be able to pay its debts as and when they fall due.

This statement is made in accordance with subsection 60.15(2) of the Australian Charities and Not-for-profits Commission Regulation 2022 and a resolution of the Board of Directors.



Director

Dated this 25th day of September 2023.

