

Quality Account & Annual Report 2018-2019



We are grateful to all our funders, supporters and partners who enable us to deliver health and wellbeing services to the community.

We acknowledge the financial support received from the Commonwealth Government Department of Health and Human Services, Victoria.



Your Community Health is also supported by the Australian Government Department of Health. Although funding for some of Your Community Health services has been provided by the Australian Government, the material contained herein does not necessarily represent the views or policies of the Australian Government.

We would like to thank Jason Smith Photography and the Your Community Health clients, volunteers, community members, staff and directors who have given us permission to publish their photos in this report.

Your Community Health is the trading name of Darebin Community Health Service, a not-for-profit company limited by guarantee. It is registered as a Community Health Service under Section (48) of the Victorian Health Services Act.



We acknowledge that the Wurundjeri People of the Kulin Nation are the traditional owners and custodians of the land. We pay our respects to Aboriginal Elders past and present.

* Names and other identifying details have been changed to protect client identities

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About this report

Our Quality Account and Annual Report is developed with the guidance and support of our Consumer Advisory Committee. The Committee focused on the theme of 'accessible'. This theme reflects one of our strategic goals and our hopes for the community.

We requested feedback from our members on our 2017-2018 report, so that we could make improvements this year. Readers told us that they found it clear, informative and demonstrated why the service is so important, so we have maintained a similar format.

Thanks to our Consumer Advisory Committee and all

community members who have provided us feedback.

You told us that from reading last year's report you understood more about quality and safety at Your Community Health and enjoyed learning more about our clients and programmes, so we have made this a continued focus of the report.





Report from the Chair and CEO

The theme of 'accessibility' for this year's Quality Account and Annual Report was chosen by our Consumer Advisory Committee. Their aim was to highlight how we are improving our responsiveness and making it easier for clients to access our services.

This year also marks our 45th anniversary. Times have changed dramatically since the early 1970s, and we are proud of the achievements of the uniquely Victorian model of community health, in providing services to all in our community, especially to those who are vulnerable, marginalised, isolated and disadvantaged.

Leading Your Community Health in the last 12 months has been both satisfying and challenging. This year also marks the midway point in the delivery of our 2017-2021 Strategic Directions. Our significant achievements are highlighted on page 22-23, including:

- reduced intake waiting times by 73 per cent - from 30 days to 8 days
- reduced call wait times from above 15 minutes to 49 seconds
- enabled 17 per cent more clients experiencing homelessness to access dental services

In planning for the future, the Board of Directors and management are committed and determined to take ambitious steps and maintain the focus on the organisation's viability and sustainability so we can continue to deliver services and programs.

We know the high level of needs in the local area (including increasing hospital demand, an ageing population, family violence, homelessness, food insecurity, alcohol and drug dependence) – and the importance of prioritising client and community needs.

Maintaining this focus, whilst also positioning the organisation to be lean, competitive, efficient, is good for business, our clients, community and staff. In order for Your Community Health to be future-fit, we will build strong partnerships and continue to deliver high quality services that are safe and inclusive. This will require regular review and evaluation of what's working, as well as creativity in exploring new funding models, implementing new ways of working and supporting our highly skilled and trusted workforce.

Lastly, some thanks. We would like to acknowledge the Board of Directors, in particular the valued contribution of outgoing Board Director Mark Darmody, who chaired the Board this year until he stepped down in March 2019.

We would also like to sincerely thank management and staff who prioritise our clients' needs

as they navigate a changing landscape in the community health sector. Thanks to our highly valued Consumer Advisory Committee and growing team of volunteers, whose support and insights enhance everything we do and help us ensure that we keep the community at the heart of our work.

We look forward to continuing to work with you and to an exciting and dynamic year ahead.



Tony

Tony McBride
Chair



Penny

Penny Anderson
Chief Executive Officer

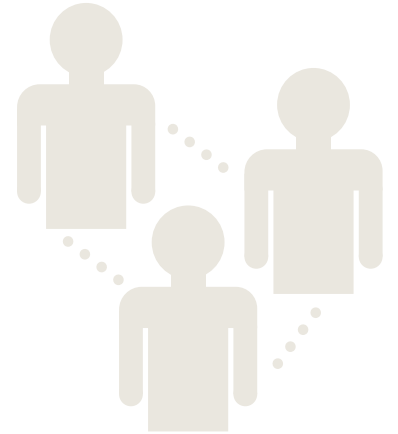


About us

- 157 members
- 228 staff
- 40 volunteers
- 45 years

Your Community Health helps people across northern Melbourne to meet their health and wellbeing goals. We have responded to the changing health and wellbeing needs of the community for over 45 years.

We offer diverse medical, dental and allied health services and support programs to anyone, through a combination of outreach, client-based and centre-based activities. We provide priority access to those most at risk of health inequalities and those who may face barriers to accessing traditional health services.



Our people

- We have 157 members
- We employ 228 staff
- We are supported by 40 volunteers

Aboriginal and Torres Strait Islander employment

Your Community Health has continued to make changes to policies and procedures to include cultural protocols and practices, including culturally appropriate recruitment and selection of new staff, and support and recognition of cultural ceremonies. At least two per cent of staff identify as Aboriginal and/or Torres Strait Islander, which is higher than the 2016-2017 rate (1.4 per cent) and higher than the rate represented in the local Darebin community (0.8 per cent).

Our purpose

We enable health, wellbeing and dignity for all people in northern Melbourne by providing responsive and accessible services.

Our values

Courage

We rise to challenges and persevere in the face of obstacles.

Compassion

We are caring and empathetic towards others. We embrace and value diversity. We work collaboratively and respectfully.

Integrity

We are ethical, accountable, honest, reliable and fair.

Achievement

We continually strive to improve. We are adaptable. We are creative and resourceful.

Our services

- **Aboriginal & Torres Strait Islander Health**
- **Allied Health:** counselling, diabetes education, nutrition and dietetics, occupational therapy, physiotherapy, podiatry, speech pathology
- **Health promotion and community development**
- **Men's Shed**
- **Oral Health:** dental, screening, x-ray and orthopantomogram (OPG) services
- **Primary Care:** child development and behavioural clinic, chronic disease management, LGBTIQ health, medical, mental health, needle and syringe program, nursing, pharmacotherapy, psychology, refugee health, steroid education, vitamin D clinic
- **Social Support Program**



Our clients

- 69,000 clinical appointments
- 11,000 group social support sessions

By country of birth

50.2 per cent of our clients were born in Australia and 49.8 per cent were born overseas. Compared with Australian Bureau of Statistics data for our local government area of Darebin (40.8 per cent of its population), we see a much higher proportion of clients who were born overseas.

- After Australia, the most common birth countries were Italy (11.1 per cent of all clients) and Greece (8.8 per cent of all clients)
- In the past 12 months we have seen an increase in the proportion of clients who come from Lebanon, Iraq and China

By age group

- 14.8 per cent of our clients are under 9 years of age
- 14.5 per cent of our clients are 70-79 years old
- 13.3 per cent of our clients are 80-89 years old

By location

We continue to provide care for local people - particularly those most in need - and understand our community well:

- 86 per cent of our clients are from the Darebin local government area
- 39 per cent of all of our clients come from the suburb of East Reservoir

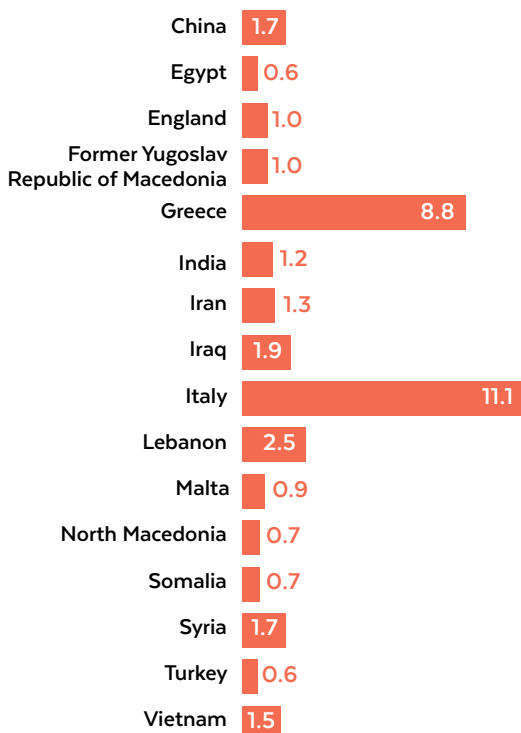
By gender

As the proportion of our clients who identify as being trans or gender diverse has increased over time, we are working to create a more welcoming and safe environment for people of all gender identities.

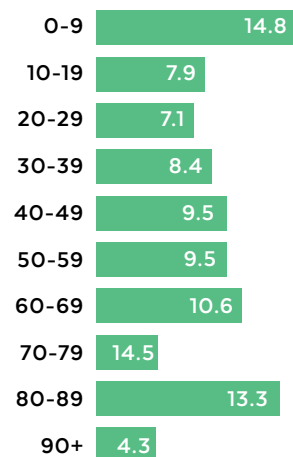
- 62.3 per cent female
- 36.9 per cent male
- 0.5 per cent intersex
- 0.3 per cent non-binary

The data for male or female clients includes a number of binary-identifying trans and gender diverse people.

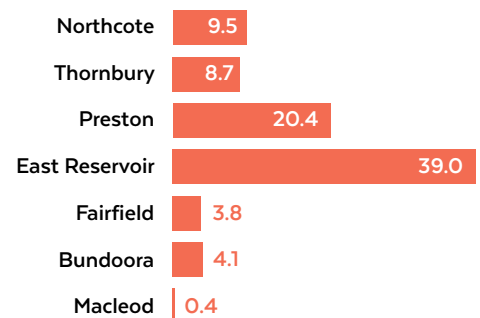
Percentage of clients by birth country



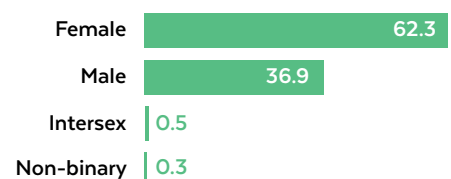
Percentage of clients by age



Percentage of clients by location



Percentage of clients by gender





Aboriginal health

Our Aboriginal health services have continued to grow with 2.2 per cent of our clients identifying as Aboriginal and Torres Strait Islander. This demonstrates a steady increase, which is greater than the number of people in the local Darebin community who identify as Aboriginal and Torres Strait Islander (0.8 per cent).

Because of her we can

Your Community Health hosted over 70 people at a NAIDOC celebration on 18 July 2018 at our East Reservoir health centre. The event celebrated the theme 'Because of her we can', to acknowledge the role Aboriginal women have had in history and present day.

Kelly Hunter, Wurundjeri Elder, opened the event with a moving Welcome to Country, which was followed by live

music performance by Dave Arden, our Aboriginal Men's Worker. The Aboriginal women Elders at the event were presented with a small gift to acknowledge their contribution to the next generation and their role in community.

Attendees enjoyed a shared lunch, followed by conversation, networking and activities, such as badge-making and face-painting.





... having all Aboriginal and Torres Strait Islander workers in this role strengthens the program.



— Client

Improved access to culturally appropriate care

Integrated team care makes it easier for Aboriginal and Torres Strait Islander clients to access coordinated care across multiple clinical disciplines, as well as improve access to culturally appropriate mainstream primary care services (including but not limited to general practice, allied health and specialists).

Successes have included:

- Engaging and empowering clients to manage their health care, including working with carers and other family members, and helping them to support clients to self-manage their care
- Clients having a better understanding and better health outcomes for themselves
- More clients are accessing a greater range of local health and social services, which has reduced their travel time and improved their quality of life
- Encouraging and supporting several clients to access emergency services when they need it
- Clients have been empowered and encouraged to contact the taxi company to change their booking time or cancel a trip no longer required, giving clients more independence
- Improved attendance to appointments

Janine's story

For Janine, a 63 year old Boon Wurrung woman*, managing her diabetes, mental health and other chronic diseases was difficult. She wanted to be independent but recognised that it was hard to manage. Sometimes she lacked the motivation it took to stick to her plans, go to appointments and take her medications, even though she knew they were best for her health.

But things changed a lot with the help of her Aboriginal outreach worker and integrated team care coordinator.

Janine now has a coordinated plan in place that will help her quit smoking, manage her diabetes, get regular general health checks with a doctor and improve her mental health – including regular attendance at a number of Aboriginal women's social groups at Your Community Health.

Janine explains:

I have a good understanding of these illnesses now, but have struggled from time to time over the years because it gets overwhelming for me sometimes having to take medication daily and also attending doctor and mental health appointments.

I have had great motivation from the Your Community Health workers since being referred into the program. They have empowered me to manage my chronic diseases so I have a longer life.

This program has been delivered in a culturally appropriate manner - having all Aboriginal and Torres Strait Islander workers in this role strengthens the program.

The Victorian Aboriginal Health Service doctors, Aboriginal health workers and care plan coordinator have great knowledge of the importance of integrated team care and once the referral was received, by the care coordinator and Aboriginal outreach worker at Your Community Health, they promptly contact me to access the support I would require.

I found the whole process really easy - and now I feel a lot more positive about my health and future.

* Names and other identifying details may have been changed to protect client identities



Trans and gender diverse health initiative

In late 2018, we successfully secured \$2.4 million to deliver a Trans and Gender Diverse Health Initiative, in partnership with Austin Health, Ballarat Community Health and Thorne Harbour Health.

Your Community Health will be the lead agency in this exciting initiative, that will deliver capacity building programs in collaboration with trans, gender diverse and non-binary communities. This includes:

- Two new multidisciplinary sessional clinics in Preston and Ballarat
- A state-wide workforce skills and training program

The initiative was launched on 17 April 2019 by the Victorian Minister for Health, Jenny Mikakos MP, at our Preston (PANCH) health centre. Dr Clare Headland, a trans woman, spoke at the launch of what the initiative meant to her:

Until quite recently, [trans and gender diverse people] have stayed in hiding because we fear hostility and embarrassment.

But it's our time now.

With your goodwill and support, we are well on the way to finding safety and acceptance.

This initiative is a major breakthrough in creating safe welcoming spaces where we can be sure of being heard and helped.

What we are doing here is not just making another multidisciplinary clinic, we are really saving lives.



We will deliver:

- new clinics in Preston and Ballarat
- a state-wide workforce skills and training program

To date, the consortium has worked together through a project initiation stage to:

- establish project governance structures and arrangements
- recruit staff to implement the project including a project manager, lead trainer, and two peer navigators
- establish a project steering committee with shared consortium and trans and gender diverse expert representation to oversee and monitor the project
- recruit a consumer advisory committee to support co-design of the clinics and training program
- set up outposted specialist endocrinology and psychiatry services from Austin Health in a community setting

The lessons and evidence developed through this innovative project will inform the development of future integrated health care models that will broaden access to safe and patient-centred primary health care for the trans, gender diverse and non-binary communities.

At Your Community Health, we are excited to welcome our new peer navigator, Elle Void.



Meet Elle

This year, Elle joined Your Community Health as our Trans and Gender Diverse (TGD) Peer Navigator.

What is your role?

As a TGD Peer Navigator it is my job to meet with trans, gender diverse and non-binary clients and support them in accessing the services that they need. This may mean talking them through what services are available, setting goals for their care or treatment and discussing referral pathways into other services. It all helps people feel confident that they will receive the right support.

Why is your role important?

Accessing healthcare as a trans

or gender diverse person can be a little like roulette. Healthcare professionals can often be callous and ignorant about trans and gender diverse bodies, while services that are known to be positive environments often end up with waitlists that can take months for intake appointments.

My role and this project will help lead to a larger change in how healthcare services are provided for trans, gender diverse and non-binary people across Victoria.

Tell us a little about yourself.

I'm relatively new to Melbourne! I grew up around Adelaide and moved to Melbourne about 18 months ago. My wife and I are currently living in Pascoe Vale.

I started my career a long time ago as a graphic designer, and since then I drifted between career paths until winding up in youth work. Through youth work I experienced working in community organisations and

began a Bachelor of Social Work. I spent some time working in sexual health, where I first experienced working as a peer worker.

As a trans woman I understand the need for peers to be involved in healthcare and was extremely excited about this project and applying my skills as a peer navigator to supporting the trans, gender diverse and non-binary community.

What attracted you to the role at Your Community Health?

To say I'm excited about the trans and gender diverse health initiative would be an understatement. Being able to be at the forefront of a much needed change for healthcare of trans, gender diverse and non-binary individuals gives me a lot of hope for the future. I also found that the values at Your Community Health very much aligned with my own.



Accessible medical services

Goal

Provide inclusive, accessible, quality primary health services for all people in northern Melbourne

Result

7158 clients supported

Located across three health centres, our medical practitioners supported 7158 clients this year. Medicare bulk billing is available and same day and walk-in appointments are available, which means everyone can access care as they need it.

With seven general practitioners, two specialist paediatricians and

five practice nurses, this year we grew our specialist clinics, to ensure that all our community members can get appropriate levels of care.

Our clinics include:

- Chronic disease management clinic
- Healthy liver clinic
- Mental health nurse program
- Paediatric development and behavioural clinic
- Pharmacotherapy clinic
- Refugee health clinic
- Vitamin D clinic

Mental Health Nurse program

Our mental health nurse helps provide coordinated clinical care for people with severe mental health disorders. In the last six

months 205 appointments have been provided to 27 clients with varied diagnoses, including Bipolar Affective Disorder, Schizophrenia, Schizoaffective Disorder, Depression, Anxiety, Borderline Personality Disorder, Post-Traumatic Stress Disorder and Trauma. Undertaking a comprehensive psycho-social assessment, collecting and reviewing past history and having the 'space' to develop engagement with the individual is central to how we work. This helps ensure the best assessment, advice, care and service coordination for the client. This program is supported by the North Western Primary Health Network (NWPHN).



- 7158 clients supported by our medical clinics
- Two paediatricians
- Seven doctors
- Five nurses

Working together for better mental health

Steve, our mental health nurse, tells how he is building trusted relationships with clients to ensure better outcomes.

The role of a Mental Health Nurse is a rewarding one. I can respond to needs of my clients in a time and way that suits them. The client and I work together as partners in their recovery.

When I first meet clients they may be in very difficult situations. Many people who I work with have a long standing mental health history, or are on multiple medications which may cause significant chronic side effects. This can negatively impact on their whole lives. They may also face financial or housing insecurities or other challenges that are preventing them focusing on their recovery.

It is critical that health care professionals take the time to build trust and understanding with their clients. It is understandable that people may be fearful of medical or mental health professionals – especially if they have had negative experiences in the past. But with the right support,

their circumstances can be significantly improved.

When I first met Debbie she was living in transitional housing, on a disability support pension and her finances were being managed by an external agency. At over 50 years old, she had learnt to keep things to herself and not be open with clinicians.*

She was scared that if she was honest about what she was going through that she would be put in hospital. From her own personal experiences and family trauma from when she was much younger, this was a very difficult fear for her to manage. Combined with other severe concerns, her life and daily routine was extremely limited.

I didn't know this at the time, of course. However, I knew she was struggling with a history of mental health issues and substance abuse. Her high dose antipsychotics and antidepressants meant she suffered chronic side effects caused by long term psychotropic medication use.

Over time Debbie confided in me. Because I was able to work flexibly and at a pace that was right for Debbie, gradually she felt safe enough to disclose her fears. She knew by then that she would not be compromised in any way.

Debbie has come a long way and together we have managed to rationalise and reduce the various medications she is taking. This means she is less limited by her fears and physical side effects. Her physical health has improved, her self-confidence has improved and she is less pre-occupied about 'being put in hospital'.

**Names and other identifying details have been changed to protect client identities*

Building a supportive environment for refugee clients

Goal

Provide culturally appropriate, high quality primary health services for refugees living in temporary accommodation within a month of arrival

Result

- 280 clients supported
- Clients seen on average three times in one month, before moving to permanent accommodation further away

Our refugee health clinic remains a valuable service, especially for newly arrived people who are in temporary accommodation in Reservoir.

We are delighted to welcome people from Syria, Congo, Burundi, Myanmar, Afghanistan, and Pakistan.

We provide clinical services from experienced doctors (general practitioners) in a welcoming and inclusive environment. Appointments are longer than average, taking into account that there will be a lot of information about the Australian health system that our clients may not yet know. Interpreters are provided for free to everyone who needs one.

Most clients are only temporarily housed in the area for one month when they first arrive in Australia. As a result, we prioritise getting them the services they need quickly. On average a client will visit three times, before being rehoused outside of the area.

There were some clients who choose to continue to visit the clinic, despite the distance – which is testament to the value of the service.

What does a refugee health nurse do?

Our refugee health nurse plays an important role in providing advice and referrals to newly arrived community groups. This helps them understand their rights and what is available to them. Within the clinic, the refugee health nurse provides direct support in navigating the system and services, as well as linking people with a whole range of primary health and social support services that they might need.

Some examples of what our refugee health nurse has done this year, include:

- providing referrals to a range of services including counselling, dietetics and nutrition, oral health services, optometry, pathology, physiotherapy, psychology, radiology, Spectrum Migrant Resource Centre, complex case management service, Foundation House, housing support, and family violence services
- presenting to our new staff members about the service

during our new staff orientation program, to create a supportive environment for refugees by helping staff gain a broader understanding of refugees and their complex health issues

- holding regular case discussion meeting with refugee and asylum seeker settlement agencies to ensure prompt and holistic care
- representing Your Community Health in the North East Region Settlement Issue Network
- outreach and ongoing contact and discussion with hospital and specific departments, such as the immigrant health clinic at the Royal Children's Hospital, Victorian Infectious Diseases Service at the Royal Melbourne Hospital, and the infectious disease department at the Royal Melbourne Hospital and Northern Hospital – this ensures good working relationships that create better care coordination for clients
- delivering women's health-related sessions to a women's group at Spectrum Migrant Resource Centre, in partnership with Melbourne Polytechnic





We listen and act on your feedback

We collect and respond to feedback from many different people and through a variety of methods.

Victorian Healthcare Experience Survey

The Victorian Healthcare Experience Survey is an annual survey of people's public healthcare experiences. We have participated for the last three years.

176 of our clients provided feedback through the survey that was conducted between October and December 2018.

The overall rating of satisfaction with our service was 97 per cent positive – slightly above the state average of 96 per cent.

Participants told us that our areas of strength were with:

- politeness and helpfulness of reception staff
- transportation facilities to the service

We also found that in the past 12 months we have improved in:

- providing you with a written copy of a plan for your health and wellbeing
- letting you know how to make a complaint at the health service

We heard that there were a number of areas where our clients felt that their experience could be better.

As a result of this feedback, in the next six months we will be focusing on:

- ensuring all health workers introduce themselves and their role
- reducing waiting lists and the waiting times for appointments
- explaining why we need to check your personal details each time you visit our service and see one of our staff
- helping you set goals for your health and wellbeing

Ongoing community feedback

We hear from our clients about their experience at our health service through our feedback system. Clients can provide feedback such as complaints, compliments or suggestions to us through:

- the Have Your Say form and suggestion boxes in our waiting areas
- in person to staff
- via telephone
- via the feedback form on our website



“ I have received care from your organisation for some months. I have found every carer provided exemplary care. ”

— Client

Goal

Respond to complaints in under 30 days

Result

- Average time to respond to complaints is 25.5 days
- Reduced the proportion of responses that took longer than 30 days to 26 per cent (from 32 per cent in the previous year)

Between 1 July 2018 and 30 June 2019, we received 132 episodes of feedback from clients. Of these:

- 43 were complaints
- 53 were compliments
- 36 were suggestions

Your Community Health will continue to actively encourage feedback from clients and will support staff to identify and respond to feedback opportunities through training in 2019-2020.

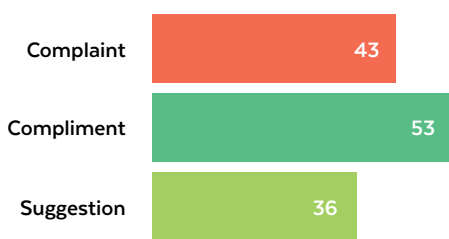
We consult with our Consumer Advisory Committee on client feedback trends and our responses, and will aim to provide more

welcoming and punctual service delivery over the coming year.

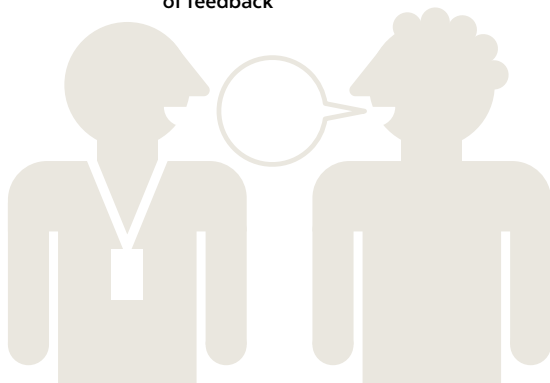
Some of the actions taken in the past 12 months in response to community feedback have resulted in the following improvements:

- new reflection spaces at our East Reservoir and PANCH (Preston) health centres
- free wi-fi for clients in waiting areas
- an environmental sustainability working group, including client and community representatives, to identify strategies to reduce our environmental impact

Feedback by type



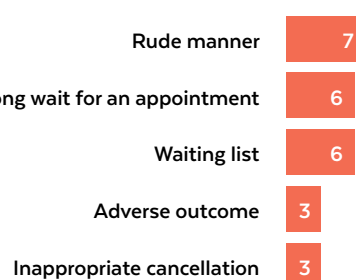
Total of 132 episodes of feedback



Five most common compliments



Five most common complaints



Our staff engagement survey

We ran a staff survey in November 2018 (led by Best Practice Australia).

The 63 per cent response rate was down from 70 per cent in 2016. This still remains average for an organisation of our size.

We were pleased to hear that our staff are:

- drawn to us for our community mindedness, client focus, our culture, diversity and gender equity
- very positive about tackling problems and have a 'can do' mentality
- close-knit, cohesive and focused
- satisfied with the flexibility in working hours and shifts

We valued feedback on how we can improve and are now focused on:

- providing more leadership and management support to meet staff objectives and professional development goals
- communicating a clearer sense of purpose and direction
- increasing consultation
- better managing workloads and support for projects
- enabling staff to work together to improve things in the organisation

Some of the practical actions that we are implementing to improve workplace culture and safety and quality of our services and programs include:

- fortnightly CEO to staff communications with clear

messaging regarding the organisation's direction and highlighting recent achievements and work underway

- staff and manager workshops to gain a better understanding of issues and suggested solutions
- implementing a management action plan that is shared with all staff, including giving regular updates on progress and evaluating it to ensure we continuously improve and provide a great place to work for our employees
- implementing team plans, informed by staff engagement survey results





Access to interpreters

We are committed to the providing interpreting services to clients with low levels of English to assist these clients to participate in shared decision-making and informed consent.

The Language Services Policy and Procedure guides our practice in assessing and booking interpreters. As far as possible, we use qualified interpreters. The National Accreditation Authority for Translators and Interpreters (NAATI) is responsible for the quality of interpreters and credentialing of interpreters. All qualified interpreters are bound by a code of ethics.

We use two providers - TIS and Oncall Interpreters and Translators.

Oncall provide interpreting services for oral health, community health, and allied health and counselling services funded by the Home and Community Care Program for Younger People (HACC PYP) and Community Health Program.

TIS provide services funded by the Commonwealth Home Support Programme (CHSP) and National Disability Insurance Scheme (NDIS) and for our medical practice clients. TIS interpreters are fully funded by the Commonwealth Government.

Number of interpreters used

In 2018-2019, there was a total of 3798 interpreter bookings, comprised of:

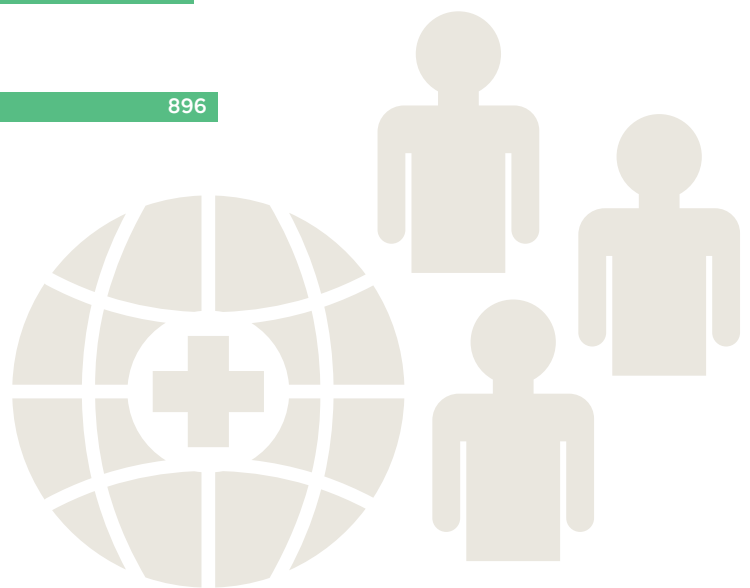
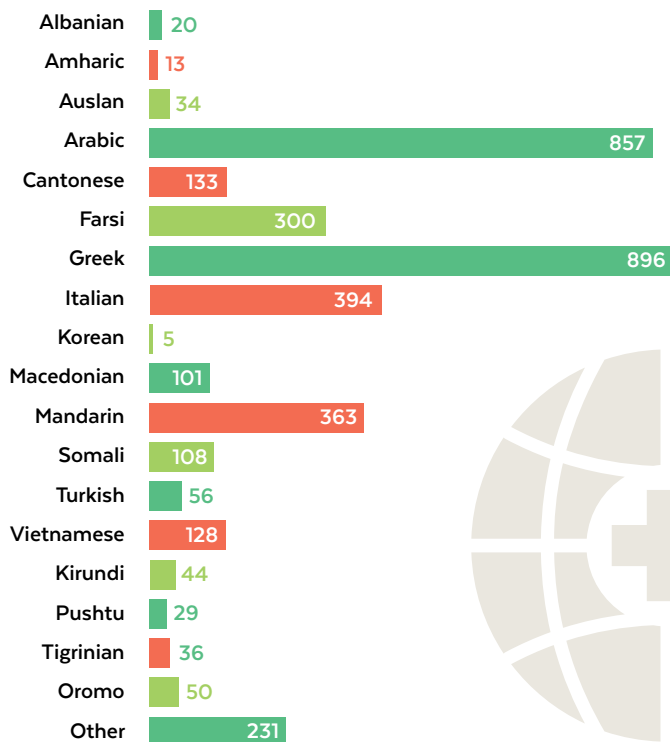
- 3321 bookings with OnCall Interpreters
- 477 bookings with TIS

This is a significant increase on the 2355 bookings in the previous calendar year, and part of a continuing trend of increasing utilisation of interpreters.

Languages spoken

The most common interpreter booking was for Greek interpreters (896), followed by Arabic interpreters (857) and Italian interpreters (394).

Number of interpreter bookings by language





Consumer Advisory Committee

Our Consumer Advisory Committee advises our organisation to help guide how we develop and deliver services and supports. It is a privilege to work alongside them and see the active contribution that they make.

Here they share some of their observations on the year.

Highlight of the year

Norma: Attending Your Community Health’s LGBTIQ community meeting was very, very good and I’m pleased that an advisory group for this community is getting up and running. It was great to meet all these really dynamic people at that meeting and I look forward to seeing how things progress. I’m pleased Your Community Health has decided to go for the Rainbow Tick.

David: My highlight was attending the North West Consumer and Carer Networking Event as a Your Community Health Consumer Advisory Committee member. The afternoon session was a ‘market place of ideas’ where you could be a part of table discussions

around topics. I was a part of three different table discussions.

Julie: For me, my highlight has been observing a maturation of the discussions that occur at the meetings. Since being an inaugural representative on the committee, I have seen committee members, including myself grow in confidence to raise issues, provide input and comment and volunteer when available to attend out of meeting sessions or learning events. The committee is engaging more with different programme areas of Your Community Health, for example when we had the visitor from the dental program and a very enlightening and engaging discussion about their work.



Our Consumer Advisory Committee has:

- provided input into a wide variety of programs
- helped improve accessibility, especially for Aboriginal and Torres Strait Islanders, people living with disability and the LGBTIQ community

Proudest moment

Bruce: I am proud of getting sensor lights in the toilets because that was a trap waiting to happen. It makes it much easier for all people now.

Tony: I am proud to support other people in the community and people with disabilities to get services they can use.

David: Just seeing some of the changes at Your Community Health that seem to reflect the discussions and suggestions of the committee, such as improving the amenity of the waiting areas. This tells me that committee is being effective.

Steps to improve accessibility

Nikayla: The Consumer Advisory Committee helps ensure accessibility improvements by suggesting improvements to infrastructure and spaces. I enjoy how each member brings individual knowledge from personal experiences giving a voice for the diverse community.

However I have also learnt about limitations to community members accessing some public services. All this may mean that Aboriginal and Torres Strait Islander families and community could choose to go elsewhere and it can discourage their

participation in Your Community Health programs and services. So we are working with Your Community Health to improve family centred approaches and culturally responsive services, as opposed to the western emphasis on applying assessment to and having client relationships with individuals in isolation to their family and community.

Tony: The suggestions we have made make it easier for people to get and use services, for example being able to make appointments on the website makes it easier for deaf people.

Norma: In our meetings we have looked at and discussed the disability access audit report and



“ *The suggestions we have made make it easier for people to get and use services.* ”
— Tony

the action plan that has come out of that. Full implementation of this is really important to us, so the committee has made this a standing agenda item, we look at this every meeting and can track how our suggestions have been worked on in our action list.

Looking forward

Bruce: I look forward to helping plan how Your Community Health re-does the garden and Men’s Shed out the back of the East Reservoir health centre and using the courtyard better, for example as a waiting area. Also, being involved in the access audits and being able to go around with the auditors, because we have personal knowledge and experience of the centre - which door handle you can’t open, little things like that.

Nikayla: I look forward to being a voice for community, particularly Aboriginal and Torres Strait Islander people, members of the

LGBTIQ+ community and young people. And ensuring spaces and services are culturally safe and accessible.

Julie: I am looking forward to hearing more about the different programmes and modalities of care offered by Your Community Health. I think having the updates at the meeting has helped committee members and the presenters to have a shared understanding of the service.





Disability action

Your Community Health has been a registered disability service provider since June 2017.

To be a registered provider, we have:

- implemented a disability quality improvement plan
- successfully completed accreditation against the Victorian Human Services Standards in May 2018

The disability improvement plan led us to engage Access Audits Australia to conduct an audit of each of our main health centres in October 2017. The audit helped us identify how to improve access to our services for people with a disability. This has resulted in us:

- developing easy English versions of our key communications
- installing more accessible desks in our reception areas at each centre
- installing tactile sensors at the top and bottom of each change in level – such as ramps and stairs
- making sure that glass windows and doors are appropriately glazed so that they are visible

At the end of June 2019, our registration was transferred from the Victorian Disability Services Commission to the National Disability Insurance Scheme (NDIS) Quality and Safeguards

Commission. As of 1 July 2019 we need to comply with the NDIS Practice Standards. In the coming months we will do a self-assessment against these standards that will guide our improvement activity in the next 12 months. We will then complete an external assessment against the new standards.

For our NDIS clients – and other clients with a disability – this means having assurance of a safe and high quality service.





Strategic Directions 2017-2021: Progress snapshot

In 2017 we launched our new Strategic Directions, with an ambitious aim to maintain the principles and values of our past, whilst positioning for success in a new era for community health.

Half way through, we are making significant strides towards all our goals.

2017

Accessible

22 days average intake waiting time

Waiting list for all allied health services

24 per cent of callers abandoned the call because of waiting times

61 per cent of complaints were responded to within 30 days

Visible

74 per cent of clients would recommend our services to a friend or family member

Thriving

18 partnership agreements

Sustainable

31 volunteers





As a newcomer to Aged Care I was somewhat apprehensive, but was treated with kindness and courtesy and was given a great deal of help and advice on several issues...

— Client



2019

Accessible

7 days average intake waiting time (first contact attempted in under 2 days)

No wait list for most services

3 per cent of callers abandon the call because of waiting times

90 per cent of complaints were responded to within 30 days

Average call wait times are only 49 seconds

17 per cent increase in clients experiencing homelessness accessing timely dental services

The redesign of our intake systems has resulted in clients being seen sooner

Visible

80 per cent of clients would recommend our services to a friend or family member

Our new website aims to remove barriers that prevent interaction with, or access for people with disabilities, limited English or low literacy levels

Increased website user engagement by 60 per cent (since measurement began in January 2018)

Increased average annual social media reach by 509 per cent since 2017

Thriving

35 partnership agreements

Introduced new specialist clinics and initiatives including:

- healthy liver clinic
- paediatric development and behavioural clinic
- refugee health clinic
- trans and gender diverse health initiative

Sustainable

40 volunteers

Increased active volunteer hours by 94 per cent

Achieved accreditation for Home Care Common Standards, QICSA, NSQHS and Diagnostic Imaging Accreditation Scheme

We have archived and are digitising all client records



Free oral health education

Goal

- Increase the number of clients attending the clinic from 116 per year
- Increase the total number of visits to the clinic from 266 per year (including return visits)

Result

- Increased the number of clients attending by 393 per cent (456 clients)
- Increased the total number of visits by 242 per cent (646 visits)

This year our oral health coaches provided free oral health education to 456 clients at our Preston and East Reservoir health centres.

This meant that nearly four times as many people accessed services with our oral health coaches than in the previous year.

This service focuses not just on getting dental treatment, but how to prevent further issues in the future. It gives clients the knowledge to manage the health of their teeth and gums at home, to help prevent developing decay and gum disease.

Clients are referred to the program internally through the existing oral health services. By delivering the clinic three times a week, welcoming a third coach to the team and delivering the service at two different health centres, we were able to cater towards a significantly increased demand.

We are incredibly proud of this 242 per cent increase in visits to this service. We look forward to continuing to expand this service in the coming years.



“ If I knew this when I was younger, I may still have all my teeth. ”
— Client

Oral health for older people and people living with disability

Talking to people about their oral health in comfortable settings outside of the dental clinic, is an important way we increase access to dental health information.

93 people participated in group talks for older people and people living with disability and their carers, who take part in our social support programs. This included non-English speaking groups.

The talks covered topics like:

- tooth brushing and cleaning between teeth
- how medications can affect oral health
- tooth friendly food and drinks
- snacking and how it can affect oral health
- general health issues caused by poor dental health including heart disease, stroke, lung conditions and diabetes
- denture care
- what a caregiver can do to assist in maintaining good oral health

Participants were given a toothbrush and written information about what they had learnt. Information was delivered using visual aids to make the concepts easier for participants to understand.

Participants were then able to complete a questionnaire about their oral health, if they wished, so that we could screen clients for their oral and general health needs and where appropriate facilitate timely access to dental care.





Growing social connection and self confidence

Social networks are important to help people recover from illness and maintain good mental and physical health.

Sadly, research shows that people who are socially isolated are between two and five times more likely to die prematurely, than those who have strong social ties.

That's why we implemented a range of programs to increase social connection and self-confidence for clients who may be at risk of social isolation, in partnership with other local service providers. By working with others we have been able to come together to reach particular population groups and provide a coordinated service.

These programs focus on going out into local communities, rather than expecting people to come to us. This means more people can access them. Where possible we involve the community in the planning and ongoing review of the projects, to make sure they are always meeting their needs.

The Social Food Project brings 20 people together for a regular sit down meal. It helps overcome social isolation in the community and food insecurity amongst participants. It also provides an opportunity for them to learn about and connect to other services.

Bunnings DIY workshops provide women who have experienced family violence basic 'do it yourself' skills. Participants learn new things that helps build their self confidence and independence. Coming together as a group with shared experiences also helps people feel less alone. Victoria Police are a partner in this project and they are available to provide more information as needed.

An introduction to volunteering course brings people together over a period of time enabling friendships to develop. It also increases opportunities to participate in other community activities, volunteering, training and employment – and helps us diversify our volunteer base.

The One Box Project provides local families weekly access to a box of fruit, vegetables, bread and milk. Families also get information and access to other events and services in the area. This is a partnership with *Darebin Information Volunteer Resource Service* and the Reservoir Neighbourhood House.



“ I am getting older. I like to meet new friends rather than staying home and feeling depressed. ”
— Client

The joy of music: Singing away social isolation for seniors

Goal

Pilot multicultural singing group for 10-15 participants at risk of social isolation

Result

20 participants at risk of social isolation found it an enjoyable and rewarding experience

Our new multicultural singing group - The Joy of Music - was set up to help reduce social isolation of older, culturally and linguistically diverse adults in Darebin. Evidence shows that choral singing can reduce stress, improve speech and cognitive skills. It also gives people the sense of belonging and contributing.

Over 33 per cent of Darebin residents were born overseas. This community, especially older people, are at higher risk of social isolation.

The 18-week pilot program engaged people aged 61 to 95 who speak a variety of languages including English, Arabic, Greek,

Chinese and Italian. It was offered to people who were not already accessing social support services and free transport to and from the group was provided to those who needed it.

Guided by accomplished performer, choir leader, teacher, and artist Bronwyn Calcutt, the group met weekly to learn and share songs from their respective cultures. It was an empowering celebration of different cultures and musical styles. A light lunch was provided to further develop social connections.

Everyone contributed in ways they wanted - whether choosing the songs, dancing, performing solos, helping set up or making tea and coffee for their new friends. Demonstrating the connection and bonds formed, the group decided to take a four week break for Ramadan, so that some members wouldn't miss out.

Participants embraced this opportunity wholeheartedly and it was an uplifting experience for all involved.







Accreditation

To ensure we deliver high quality and safe services we work to meet specific standards for the services we provide.

We demonstrate that we meet standards through an external accreditation review.

In March 2019 we had a full external review against the Quality Improvement Council Health and Community Services Standards and National Safety and Quality Health Services Standards.

The review was undertaken by three assessors from Quality Innovation Performance (QIP) and involved a review of the submitted self-assessment, evidence documentation and a

series of interviews with board directors, management, staff, consumers, volunteers and external stakeholders.

The assessment team highlighted a number of organisational strengths including noting that we are:

- clear and passionate about our purpose and values
- meeting the challenges of a rapidly and substantially changing sector, particularly with respect to funding
- very active in the community and with other service providers
- strongly client-focused, capable, competent and passionate staff
- running an excellent volunteer program, from recruitment, to on-boarding, supervision

and opportunities for improvement, that benefits both the organisation and volunteers

- implementing good systems and quality management focus, that is very well embedded throughout the organisation

In the coming 12 months we will have a full external review against the *Royal Australian College of General Practitioners (RACGP)* standards which relate to our medical practices.

We will also transition to the Aged Care Quality Standards in place of the Home Care Common Standards and the NDIS Quality and Safety Standards in place of the Human Services Standards.

Your Community Health complies with the following sets of standards:

- Quality Improvement Council Health and Community Services Standards
- National Safety and Quality Health Services Standards (NSQHS)
- Home Care Common Standards
- Royal Australian College of General Practitioners (RACGP) Standards
- Human Services Standards
- Diagnostic Imaging Accreditation Scheme (DIAS) Standards
- Child Safe Standards





Infection control

We are working hard to avoid healthcare associated infections.

A healthcare associated infection occurs when a client or someone working for a health service is exposed to infection or a preventable health risk. We work hard to minimise risk, because we know that effective infection prevention and control is essential for the health and safety of both clients and staff.

Twelve infection control incidents were reported in 2018–2019. Seven of these related to needlestick or sharps injuries, including three involving oral health students. These incidents were reviewed by our occupational health and safety (OHS) committee and which confirmed that the following risk controls are in place for oral health students:

- training in safe sharps handling prior to placement
- advice on sharps handling during placement orientation and
- close supervision by the demonstrator during the placement

There was one incident reported in the period involving reprocessing of instruments. This was a near miss that didn't impact on clients.

We have taken many steps to improve management of infection control risk this year, including:

- our oral health program dental assistant team leaders completed Gold Standard Hand Hygiene Auditor training
- planning for capacity building



in hand hygiene auditing with development of a hand hygiene auditing team and training

- implementing a Steam Consulting Audit action plan (see below)
- reviewing our home visiting infection control practices and development of a personal protective equipment kit for infection control
- reviewing our pandemic plan and incorporating it into our emergency preparedness plan
- training staff in infection control and reprocessing in line with the mandatory training program
- completing online training in hand hygiene via the Hand

Hygiene Australia website in line with the mandatory training program

Our podiatry and oral health teams have developed competency assessment tools for allied health assistants and dental assistants that supports safety in reprocessing of reusable devices.

Hand hygiene

Our oral health program has a hand hygiene program which reports results to Hand Hygiene Australia. This involves observing 600 moments per annum across the three health centres.

The two dental assistant team

leaders are recognised Hand Hygiene Australia Gold Standard Compliance Auditors and Assessors.

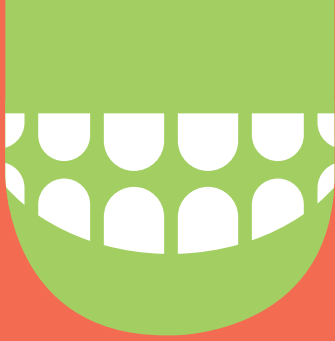
Our oral health program continues to exceed the Hand Hygiene Australia compliance benchmark of 80 per cent, achieving 93.3 per cent in the period November 2018 to March 2019. Whilst this is a great result, the program continues to strive for 100 per cent compliance to hand hygiene moments.

A clinical incident is when there is harm to clients as a result of care provided.

Our Clinical Quality and Safety Committee monitors these incidents and implements an annual improvement plan.

Clinical incidents by type

Code Blue (medical emergency)	8
Faint/dizziness	2
Medicines inappropriately administered	2
Expired medicines administered	1
Reprocessing/non-compliance	1
Slip/trip/fall	7
Transport/safety	1
Behaviour/conduct/within clinical scenario	1
Behaviour/conduct/toward self	3
Behaviour/conduct/toward others	1
Clinical handover	1
Injury/abrasion	2
Injury/burn	1
Client identification and matching	2
Blood/body fluids/unclean	1
Sharps/needlestick	1
Health information/privacy	1



Quality, accessible dental services

Clinical indicators are used to measure our success in providing high quality dental care.

Dental Health Service Victoria (DHSV) collects data on all of these indicators from each publicly funded dental service and benchmarks our results against other clinics in our region and across Victoria.

We can see how successful our treatment is by how often patients need to be retreated for the same issue. We can also identify areas for attention. For the past 12 months, Your Community Health clinics performed well in most areas when compared with the region and the whole state.

Restorative re-treatment (adult) – refers to fillings that need to be re-done within six months of placement. Our result of 6.9 per cent is similar to the northern region and the state average.

Unplanned returns after extractions – refers to clients who need to return to the clinic within seven days with a complication (for example, bleeding, pain, infection) after an extraction. Our result of 1.0 per cent is similar to our region and the state average.

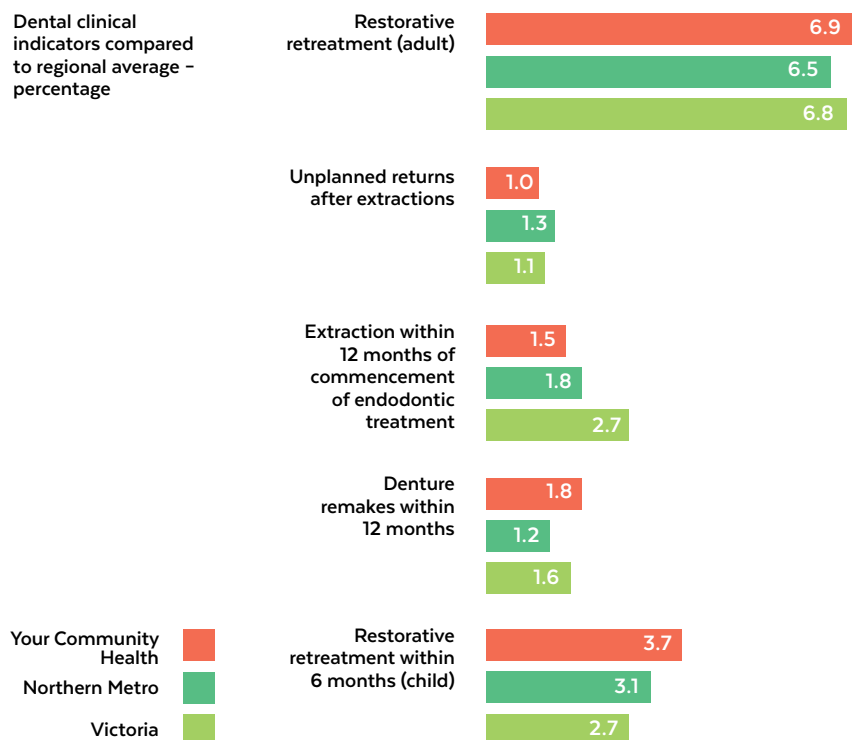
Extraction within 12 months of commencement of endodontic treatment – refers to clients who need to return to the clinic within seven days with a complication (for example bleeding, pain,

infection) after root canal treatment on an adult tooth. Our result of 1.5 per cent indicates a high level of performance in comparison with the state average of 2.7 per cent.

Denture remakes within 12 months – refers to the proportion of dentures that are remade on the same client with the same denture type within a 12 month period. Our result of 1.8 per cent represents 12 denture remakes of the 666 dentures made in the reporting period. This data includes several cases where we offered to remake new dentures for patients who had lost their new dentures or whose dentures no longer fitted due to ill health.



Dental clinical indicators compared to regional average - percentage



We are spending more time educating and supporting clients to ensure improved longer-term oral health.

Reduced waiting time for public dental services

Goal

- Increase accessibility to public dental services by reducing waiting times for general care
- Provide more general dental services to our community

Result

- Reduced average waiting times for general care by 8.3 per cent (about two months)
- Provided general dental care to 884 more clients

This year we have reduced the average waiting time for a public general dental appointment by more than two months. We are also steadily providing care to more clients, which means we are making public dental services more easily available and accessible to the community.

Across Victoria the average waiting time for these services is over two years and at the start of this year our service was consistent with the state-wide average, at 25.8 months.

Our goal this year was to sustainably increase the capacity of the oral health program to provide increased services to our community. We have now

reduced our waiting list by 2.1 months, to an average wait time of 23.6 months for general dental care and increased the number of clients we can see each year.

We implemented a range of initiatives to do so. Importantly, we are spending more time educating and supporting clients to ensure improved longer-term oral health. We recommend that everyone attends our oral health education clinic at least once during their dental care with us. We now run the clinic three days a week (previously only once a week). We have also produced oral health information brochures to support client care.

We offer introductory oral health appointments for adults and have more oral health therapists undertaking dental check-ups, x-rays, teeth cleaning and routine fillings (and referring to a dentist if more complex care is needed) to ensure we can see as many clients as possible. We use a team based model, so clients may see two or more oral health professionals throughout their care. This helps us provide timely and appropriate care to clients.

We started rolling out this approach in late 2018 and in just eight months have seen significant progress. The reduction and improved management of waiting lists means we can reach more people in the community and ensure that where needed, clients at high-risk can still access care in a timely manner.



Value-based care for better client outcomes

In an environment where demands are high and resources are limited, how can we provide high quality evidence-based treatment?

This year we reviewed our model of oral health care to make sure these values were always front and centre. As a result, we have opened our doors to more clients, reduced our general care waiting list and more efficiently used our staff's skills to provide the best possible care for clients.

Our value-based model of care empowers our clients to make changes to improve their health situation, as well as making preventive choices to limit expensive and complex future treatment.

It takes a team approach that makes best use of staff members' skills and experience, rather than clients always seeing the same clinician. This means that clients get the best care and treatment for what they need – and we can see more clients.

How it works

Clients get an introductory session with an oral health coach, so they can get personalised advice about how to maintain good oral health, so they can immediately start making changes to their dental care.

Clients have an appointment with an oral health therapist for their first examination. At this appointment a treatment plan is made and the oral health therapist provides treatment within their range of skills.

If more complex treatment is required, the clients are referred to our dentists, prosthetists or specialists working at the Royal Dental Hospital of Melbourne.

During any of these appointments, if the client's general oral health is not improving, they are referred back to the oral health coaches for additional support, as prevention is key to better oral health.



Improving access to allied health services

We redesigned how people can access allied health services to ensure we offer client-centred services that are efficient and meet the needs of all clients, staff, referrers and funding bodies – now and in the future.

This year we have redeveloped our service access model for allied health services to:

- embed a person-centred care approach
- increase responsiveness, accessibility and visibility of the service – and where possible to give the client an outcome the first time they contact us
- improve client satisfaction
- streamline and standardise systems, work processes and client pathways to reduce duplication and double handling, achieve efficiencies and improve the quality of service offered

The model aims to improve the flow of clients into and through our services, to improve access.

Did you know our podiatrists can make some orthotics at our health centres?

Strategies used to address client flow included:

- introducing a defined course of care with an initial assessment followed by an average number of review appointments
- implementing a new appointment diary structure for allied health with allocated new client appointment slots
- new targets for service areas and clinicians
- reviewing client progress during professional supervision, to identify if there is a need for a further course of care and assess effectiveness of treatment
- improved discharge planning

As a result we have successfully:

- eliminated waiting lists for most disciplines
- offered many clients an appointment time at first contact with service
- reduced the waiting time from initial contact to first intake from 11 days in June 2018 to under two days in June 2019
- reduced the median wait for intake from 16 days in September 2018 to under seven days in June 2019

The focus of the coming year is to improve management of demand within diaries, so that all clients receive a timely appointment based on need.







Directors' report

Director profiles

The names, qualifications and experience of each person who has been a director during the year and to the date of this report are:



Tony McBride*
Chair

Qualifications

- Graduate, Australian Institute of Company Directors, 2016
- Master of Social Science (Community Development), RMIT

Experience

- Director, Eastern Melbourne Primary Health Network, 2015-Present
- Ministerial appointment to the Advisory Council of the Health Complaints Commissioner, 2017-Present
- Member, National Prescribing Services' Medicine Insight Data Governance Committee, 2015-Present
- Chief Executive Officer, Health Issues Centre, 2003-2009
- Founding Director, Community-Owned Primary Health Enterprises, 2013-2017
- Chair, Australian Health Care Reform Alliance, 2009-2016
- Director, Your Community Health, since October 2018



Alison Brown**
Deputy Chair

Qualifications

- PhD, University Of Melbourne
- Bachelor of Science, University of Melbourne
- Bachelor of Applied Science (Physiotherapy), Lincoln Institute
- Masters of Public Health, La Trobe University
- Graduate, Australian Institute of Company Directors
- Diploma, Cert IV Training and Assessment, RMIT

Experience

- Physiotherapist in a range of health settings
- Quality Manager in community health sector
- University of Melbourne, Primary Health Care Research Evaluation and Development Fellow, 2005-2006
- Lead Consultant, Australian Centre for Healthcare Governance, 2010-2016
- Project Manager, Clinical Governance in Community Health, Victorian Healthcare Association, 2006-2010
- Consultant at Alison Brown Consulting (current)
- Accredited Convenor, Governance Evaluator (current)
- Researcher, Public Services Research Group, University of New South Wales, Canberra (current)
- Director, Your Community Health, since June 2016



Benjamin Moodie
Treasurer

Qualifications

- Bachelor Business Accounting, Victoria University
- Registered Tax Agent, FCPA

Experience

- Treasurer, Not For Profit Organisation Boards for the past 15 years
- Senior Accountant, Leading Melbourne accountancy firms
- Founding Partner, Necessities of Success business
- Assistant Director, Uniting Church in Australia
- Manager, Business Systems and Finance, Alkira
- Manager Finance, Baptist Union of Victoria
- Director, Your Community Health, since 2009



Mark Darmody***

Qualifications

- Bachelor Business (Accounting), RMIT
- CPA designation (CPA Australia)

Experience

- Chief Finance Officer, Department of Health
- Director Finance and Business Services, Housing and Community Building Division, Department of Human Services
- Director Strategic Asset Management, Housing and Community Building Division, Department of Human Services
- Commercial Manager, Financial and Corporate Services Division, Department of Human Services
- Independent member, Procurement Governance Committee, Department of Economic Development, Jobs, Transport and Resources
- Independent member of Audit & Risk Committee, Victorian Department of State Development and Business Innovation
- Independent member, Procurement Governance Committee, Victorian Ambulance
- Director, Your Community Health, since 2014



Stephen Gagen

Qualifications

- Bachelor of Science in Biochemistry, PostGrad Entomology and Insect Pathology

Experience

- Research Scientist, Department of Agriculture
- Computing and graphic design, Freelance and as Electorate Officer for Members of Parliament
- Electorate Officer, MP for Preston
- Director, Your Community Health, since 2007



Cate Grindlay

Qualifications

- Graduate Certificate, Health Consumer and Community Engagement
- Masters Healthcare Leadership, Southern Cross University
- Governance Foundations NFP Directors, Australian Institute of Company Directors
- Graduate Diploma, Advanced Clinical Practice (Midwifery)
- Undergraduate Program, Nursing

Experience

- General Manager, MLCOA, Victoria
- Integrated Care Manager, Sonic Clinical Services
- Healthcare Management Consultant
- Clinical Lead, Integrated Care, Medibank Healthcare Solutions
- National Clinical and Development Manager and National Preventative Health Manager at Australian Unity
- Director, Your Community Health, since 2017



Andy Hitchen

Qualifications

- Honours in Strategic Management, Monash University
- Bachelor of Commerce (Marketing), Monash University

Experience

- Head of Digital Sales, Telstra Digital
- Regional Director, Telstra Country Wide
- Head of Merchandise Operations and Category Director, Homecare at Coles Group
- Marketing Manager, BP Australia
- Strategy Manager, BP ANZ
- Senior business development, sales and marketing roles
- Director, Your Community Health, since 2017



Alistair King

Qualifications

- Graduate Diploma, Marketing, RMIT
- Bachelor of Economics, Monash University

Experience

- 30 years' experience in executive and senior communications in State Government departments, including: Victorian Curriculum and Assessment Authority, Premier and Cabinet and Health and Community Services
- Director, Your Community Health, since 2017



Peter Stephenson****

Qualifications

- Bachelor of Arts (With Distinction) RMIT, MA Community Services Administration (Research) RMIT
- Graduate, Australian Institute of Company Directors
- Diploma, Cert IV Training and Assessment
- Advanced Certificate Residential and Community Care (Youth Child)
- Continuing Education Certificate, Quality Review of Community Services

Experience

- Director, Reservoir RSL Incorporated, 1996-1999
- Director, Preston Cemetery Trust, 1998-2008 (Chair 2003-2004 and 2007-2008)
- Inner Northern Local Learning & Employment Network (INLLEN), (Chair, 2000-2007; Deputy Chair, 2008; Director, Health and Community Services Industry Training Board (ITAB), 2006-2008)
- Executive Officer, QICSA Incorporated, 2004-2005
- Councillor, City of Darebin, 1998-2008 (Mayor 2003-2004 and 2007-2008),
- Chair, Darebin City Council Audit Committee, 1998-2003
- Volunteer Mentor, Local Government Professionals (LGPro) Executive Leadership Program (XLP), 2012-2016
- Director, Your Community Health, since 2009



Kerry Stubbings*****

Qualifications

- Graduate, Australian Institute of Company Directors, 2010
- Diploma in Project Management, Swinburne University
- Graduate Diploma in Business, RMIT
- Bachelor of Arts, Diploma of Education, Monash University

Experience

- Director of Community Services, Knox City Council, 2007-2018
- Manager Social Policy and Early Years, Moreland City Council, 2001-2007
- Manager Social Development, Moonee Valley Council, 1999-2001
- North Yarra Community Health, Service Development Officer, 1998-1999
- General Manager, Prahran Community Health Service
- Top 50 Public Sector Women List (Victoria), 2018
- Policy and project roles in local and State Government
- Director, Your Community Health, since October 2018



Mary Zhao

Qualifications

- Master of Business Administration (MBA), RMIT University
- Bachelor of Accountancy (with Distinction), RMIT University
- Registered Tax Agent
- CPA (CPA Australia)

Experience

- 15 years' work experience in finance, tax and management accounting arenas in various types of medium to large-sized leading private organisations and also with private clients
- Director, Your Community Health, since 2016

* Appointed to the Board 24 October 2018. Appointed as Chair 27 March 2019. ** Appointed Deputy Chair 24 October 2018. *** Deputy Chair until 2 October 2018. Appointed as Chair 3 October 2018. Resigned 27 March 2019. **** Chair until resigned 1 October 2018. ***** Appointed to the Board 24 October 2018.

Meetings of directors

During the financial year 10 meetings of directors were held. Attendance by each director during the year was as follows:

	Directors' Meetings		Finance and Audit Committee		Quality Committee	
	Number eligible to attend	Number attended	Number eligible to attend	Number attended	Number eligible to attend	Number attended
Tony McBride	7	7	3	3	-	-
Alison Brown	10	9	-	-	4	4
Benjamin Moodie	10	7	7	7	-	-
Stephen Gagen	10	8	-	-	4	3
Cate Grindlay	10	7	-	-	4	3
Andrew Hitchen	10	8	4	1	-	-
Alistair King	10	9	-	-	4	3
Kerry Stubbings	7	5	-	-	2	1
Mary Zhao	10	8	7	4	-	-
Peter Stephenson	2	0	-	-	-	-
Mark Darmody	7	7	5	5	-	-

Summary of audited financial statements

	2019 \$	2018 \$
STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME - FOR THE YEAR ENDED 30 JUNE 2019		
Income	16,692,742	15,987,989
Other income	-	795
Employee benefits expense	(13,148,448)	(12,111,874)
Depreciation and amortisation expense	(484,234)	(441,723)
PANCH overheads	(176,658)	(209,353)
Motor vehicle expenses	(117,765)	(119,931)
Practitioner supplies	(780,172)	(916,104)
Program costs	(540,620)	(486,646)
VHS denture scheme	(5,159)	(4,351)
Computer and communication expenses	(310,764)	(341,978)
Repairs and maintenance	(173,227)	(192,767)
Other expenses	(1,206,446)	(897,866)
Impairment of financial assets	(4,029)	-
Current year surplus/(deficit) before income tax	(254,780)	266,191
Income tax expense	-	-
Net current year surplus/(deficit)	(254,780)	266,191
Other comprehensive income for the year	-	-
Total comprehensive income for the year	(254,780)	266,191
BALANCE SHEET - AS AT 30 JUNE 2019		
ASSETS		
Current Assets		
Cash and cash equivalents	5,702,971	5,348,324
Trade and other receivables	569,392	561,865
Other assets	68,063	144,530
Total Current Assets	6,340,426	6,054,719
Non-Current Assets		
Property, plant and equipment	3,766,650	3,834,698
Total Non-Current Assets	3,766,650	3,834,698
Total Assets	10,107,076	9,889,417
LIABILITIES		
Current Liabilities		
Trade and other payables	930,424	1,143,853
Employee benefits	2,532,854	2,195,523
Other financial liabilities	948,247	593,023
Total Current Liabilities	4,411,525	3,932,399
Non-Current Liabilities		
Employee benefits	560,144	566,831
Total Non-Current Liabilities	560,144	566,831
Total Liabilities	4,971,669	4,499,230
Net Assets	5,135,407	5,390,187
MEMBERS' FUNDS		
Accumulated Surplus	5,135,407	5,390,187
Total Members' Funds	5,135,407	5,390,187

Strategic Directions 2017-2021

Your Community Health's Strategic Directions 2017-2021 guide our service activity and define the organisation's purpose:

We enable health, wellbeing, and dignity for all people in northern Melbourne by providing responsive and accessible services.

We have continued to implement our strategic directions through the operational and team plans for 2018-2019. 98 per cent of the operational plan for 2018-2019 has been substantially completed.

Key highlights and achievements over the past year include:

Accessible

- Completed a review of the medical practice and prepared an implementation plan responding to recommendations
- Reviewed and streamlined intake processes for allied health, resulting in significantly reduced waiting times for intake and care
- Implemented a new service access model for allied health
- Established new models of care for allied health and counselling disciplines that support client flow and improve access
- Modernised client records management systems with complete offsite archiving of hard copy files and digitisation of retrieved records

Visible

- Participated in 23 community events - and led 12
 - Held a stall at Midsumma festival to increase visibility in the LGBTIQ community
 - Increased online presence through a digital engagement strategy
 - Actively participated in partnerships and collaborative initiatives, including the Better Health North East Melbourne Collaborative
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Thriving

- Completed a Medicare Benefits Scheme and Private review for allied health and developed implementation plan
- Reviewed our fees policy and fee collection processes to improve collection of revenue through fees
- Developed and implemented a new grants and tenders framework
- Led the successful submission for a Trans and Gender Diverse Health Initiative in partnership with Austin Health, Ballarat Community Health and Thorne Harbour Health
- Strengthened our ability to develop strong partnerships, by mapping partnerships and networks and developing new partnership tools, templates and policy
- Developed a North East Catchment Prevention Plan (Year 2) that guides regional prevention activity, in partnership with Banyule Community Health, HealthAbility, North East Healthy Communities and Women's Health in the North

Sustainable

- Revised governance arrangements, including updating our Governance Manual
 - Reviewed program and departmental structures, including allied health, community programs, corporates services, oral health and service access to best position the organisation for a sustainable future
 - Provided further training and supervision to client services officers to ensure they are appropriately welcoming people on arrival at our centres
 - Successfully completed QICSA and NSQHS (public dental) accreditation with all standards met
 - Refurbished our waiting and reception areas at PANCH (Preston) and Northcote health centres
 - Implemented the Access Audits action plan to improve accessibility for people with a disability, the aged and the very young
 - Developed a new facilities maintenance plan
 - Established an environmental sustainability working group to identify strategies for reducing environmental impact
 - Increased the diversity of our workforce
 - Reviewed our clinical governance framework and model
 - Continued to work with other community health services to develop a new client information management system
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