

Quality Account
& Annual Report
2016-2017



Contents

| | |
|---|----|
| WHO WE ARE | 1 |
| CHAIRPERSON & CEO REPORT..... | 2 |
| WELCOMING A NEW NAME | 3 |
| STATEWIDE PLANS AND STATUTORY REQUIREMENTS | 4 |
| Upholding Child Safe Standards | 4 |
| LGBTIQ-friendly services | 5 |
| Prevention of family violence – building the foundations | 6 |
| Developing our Quality Account and Annual Report | 7 |
| CONSUMER, CARER AND COMMUNITY PARTICIPATION | 7 |
| Building the capacity of our consumers, carers and community members to participate at Your Community Health ... | 8 |
| Using interpreters | 9 |
| Disability Action Plan | 10 |
| A new Refugee Health Model: responsive services for diverse communities | 11 |
| Community Health Priority Group: Aboriginal and Torres Strait Islander People | 13 |
| Volunteers | 15 |
| Update from our Consumer Advisory Committee | 17 |
| Diversity: celebrating harmony | 19 |
| OUR CLIENTS | 20 |
| QUALITY AND SAFETY..... | 22 |
| Consumer feedback..... | 22 |
| Accreditation | 25 |
| Access | 26 |
| Research and improvement..... | 27 |
| Infection control | 28 |
| Dental indicators | 30 |
| Credentiailling and scope of practice | 31 |
| Clinical incidents | 32 |
| Partnerships with other providers | 33 |
| CONTINUITY OF CARE | 33 |
| Health promotion..... | 35 |
| Director profiles | 37 |
| DIRECTORS' REPORT | 37 |
| Meetings of directors..... | 41 |
| Summary of audited financial statements | 42 |
| Strategic plan 2015-16..... | 43 |
| GLOSSARY | 45 |



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.



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

Who we are

Your Community Health helps people across northern Melbourne to meet their health and wellbeing goals.

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.

Your Community Health has responded to the dynamic health and wellbeing needs of the community for over 42 years. Working in partnership with our clients and community, all levels of Government, health care providers, and other community organisations, we are committed to delivering integrated and accessible care across the region that responds to community needs and expectations.

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. Our Constitution governs our operations.

WE HAVE 219 MEMBERS
EMPLOY 217 STAFF
SUPPORTED BY 31 VOLUNTEERS

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: LGBTIQ health, medical, mental health, needle and syringe program, nursing, pharmacotherapy, psychology, refugee health, steroid education, vitamin D clinic
- Social Support Program

Some of the photos in this Report are of Your Community Health clients, volunteers, community members, staff and directors. We thank these people, who have all provided us with permission to publish their photos. We thank Jason Smith from Jason Smith Photography for his dedication, time and willingness to capture our work through photography.

Chairperson & CEO Report

It has been a remarkable year of achievement, change and development for Your Community Health (previously known as Darebin Community Health).

This year we completed our 2013-2016 Strategic Plan. Stand-out achievements against our Strategic Focus and Objectives have been:

- opening a fourth site, the East Reservoir Community Hub
- achieving accreditation against the QICSA Standards, NSQHS Standards (Dental) and RACGP Standards in the Primary Care Practice
- receiving an award from Melbourne Health for our oral health collaborative project with the Northern Area Mental Health Service
- achieving positive results in our staff climate survey with Best Practice Australia which indicated a climate of engagement bordering on ambition
- registering as a provider for NDIS and commencing delivery of therapeutic supports, and activity and group programs.

Even as we reflect on all that has been accomplished, our focus is firmly on the future. We are well positioned to deliver on our fresh and targeted 2017-2021 Strategic Directions.

There is a renewed confidence and ambition within the organisation that stems from achieving success in the face of adversity. Over the past year, Your Community Health has embraced

change and prepared the organisation for unprecedented health-sector reforms, whilst maintaining a strong emphasis on delivering quality services based on a social model of health.

This could not have been achieved without the dedication and commitment of the staff team. Rather than accepting the status quo, we are constantly refining and improving services, while we ensure a person-centred approach to service and program development.

Our Board's support for staff is unwavering and allows our skilled team to rise to meet all challenges that arise.

Our sincere thanks to Helen Morrissey, Nancy-Lee Robinson and Kate Silburn, who stood down from the Board this year. We are indebted to the knowledge and insight that you contributed to the organisation.

Your Community Health is as committed as ever to our community's health and wellbeing, especially for those people who face barriers to accessing traditional health services. This year we have strived to become more strategic in the way that we make sure we reach the communities who need our services the most.

We have also begun to strengthen our operational support systems.

Investment in these 'behind the scenes' areas of our work will assist us to be both more efficient and effective, while enabling us to be more responsive to the changing needs of our community.

Together with our clients, members and partners we have achieved a great deal in the past 12 months. This will provide a strong foundation for our future work to deliver accessible, visible and sustainable services for your community, and your health.



A handwritten signature in black ink, appearing to read 'P. Stephenson'.

Peter Stephenson
Chair



A handwritten signature in black ink, appearing to read 'P. Anderson'.

Penny Anderson
Chief Executive Officer

Welcoming a new name

This year we prepared for Darebin Community Health to become Your Community Health. Launched on 4th July 2017 our new look and name better demonstrates who we are as an organisation.

Your Community Health reflects how our organisation is responding to changes in our community and in the health sector. We are constantly evolving to provide best-practice health and wellbeing services to our clients. But it also represents our continuing inclusive, person-centred approach to delivering community health and wellbeing services.

For our existing clients and community members, it was already clear that Darebin Community Health embraced the diversity within the community and was open to everyone.

But we wanted all people and communities in northern Melbourne to know that they were welcome to use our services.

Our research and consultation showed that our name could be

confusing to some communities and could act as a barrier to them engaging. Focusing on Darebin in our name drew borders and divisions that do not exist in our approach to delivering services to those who needed them.

Our health centres remain in Darebin, but we also deliver out-reach services in homes and community settings across Melbourne's north.

Refreshing a brand and changing a name is never a small task taken lightly, but having consulted with our community it was clear this was an important change.

In March we began the consultation process with members, the community, the Consumer Advisory Committee, external partner agencies and staff about whether the current branding – our name, our logo,

our colours and our overall reputation – accurately reflected the organisation they experienced.

People felt that our brand needed to modernise. These lively discussions gave a real and honest insight into people's thoughts about the organisation. The consistent themes that were raised were our strong sense of community and inclusivity, and that our current logo was out-dated.

As we move forward as Your Community Health, we remain committed to countering the health inequality trend in our region, by delivering a social model of health that ensures that people with the greatest need have priority access to free and affordable services.

Alongside the high quality services provided, it is the unique input from clients, members, partners, volunteers and staff that makes this organisation special. You give this organisation its strength and vitality. That is why we are Your Community Health.



Statewide Plans and Statutory Requirements

Upholding Child Safe Standards

Following the *Protecting Vulnerable Children Inquiry* into the handling of child abuse in religious and other non-government organisations, the *Betrayal of Trust Report* was tabled in Victorian Parliament. The report contained fifteen recommendations, including recommendations for criminal law reform, civil law reform and to create child safe organisations through the introduction of mandatory child safe standards and a scheme for the reporting of allegations of abusive conduct.

As an organisation that works with children and young people, the Child Safe Standards apply to Your Community Health. We view the standards as a tool that helps us to put systems in place to protect children from abuse and that help us to empower children. We believe that all children have the right to be safe and feel safe at all times.

In response to the Child Safe Standards, Your Community Health has:

- reviewed processes for reporting suspected child abuse to reflect new obligations for all people to disclose
- reviewed human resources procedures for collecting and reviewing Working With Children Checks for all employees, contractors and volunteers
- developed a Child Safety Plan that will ensure Your Community Health is a child safe organisation
- established a Child Safe Committee to implement this
- assessed the organisation's child safety risk and identified additional measures to further reduce risk
- developed tools to assess child safety risks associated with programs and activities
- drafted a Statement of Commitment to child safety

- plan and embed strategies for protecting and empowering children, particularly the most vulnerable
- developed a Child Safety Officer role at a senior leadership level to ensure that there is a strong child safe culture in the organisation.

In implementing these strategies, Your Community Health recognises the importance of cultural safety for Aboriginal and Torres Strait Islander children, children from culturally and linguistically diverse backgrounds and children with disabilities.

In the coming months, Your Community Health will develop processes for the reporting of notifiable conduct to the Commission for Children and Young People, who provide independent oversight and scrutiny of children's services and promote improvement in child safety.





LGBTIQ-friendly services

Your Community Health has a Diversity Plan with specific strategies to improve access to health and wellbeing services to priority groups and populations that may not be accessing services.

In 2016, the Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ) community was identified as a group that was under-represented within our services. A whole-organisation approach was adopted to increase awareness of the LGBTIQ community, to explore ways to improve access and to create an organisation more inclusive of the LGBTIQ community.

To work towards this we have:

1. Provided training to staff

Following an all staff training session in September 2015, additional training was rolled out in December 2016.

Delivered by GLHV (formerly known as Gay and Lesbian Health Victoria) the training aimed to increase awareness and support the development of culturally

appropriate services for LGBTIQ people.

The training included a mix of interactive activities, research presentations and discussion around a safe, open and non-judgmental environment.

2. Completed a self-assessment and planning tool for LGBTIQ inclusive services

The Self-Assessment and Planning (SAP) is developed by Val's LGBTI Ageing and Aged Care - formerly Val's Cafe. It involves an audit that provides a starting point for organisations who want to assess how inclusive they are to LGBTIQ people.

Val's aim is to create safe and inclusive services that recognise and value older LGBTIQ people. This is achieved by working directly with service providers to foster an understanding of the unique histories and experiences of older LGBTIQ people.

Your Community Health completed the Tool within a workshop involving 14 staff who represented a range of programs

across the organisation. The findings from the audit tool are being used to develop an action plan for implementation.

The audit tool draws on the national standards for LGBTIQ inclusivity developed by Gay and Lesbian Health Victoria. The six standards are:

- Organisational capability
- Cultural safety
- Professional development
- Consumer consultation
- Disclosure and documentation
- Access and intake

The process was useful to identify the systems and processes we have in place, and to identify ways we can improve in becoming more inclusive.

Prevention of family violence – building the foundations

Your Community Health is committed to creating a safe environment for women and children. The introduction of the *Identifying and Responding to Family Violence Policy and Procedure* is one way we are working towards this commitment.

This work was implemented by the Your Community Health's Preventing Violence Against Women Working Group, which includes male and female representatives at all staff levels. Launched in conjunction with a professional development session for staff on how to identify and respond to family violence, this policy and procedure aims to improve staff capacity for providing safe and suitable

responses. This approach helps ensure staff respond swiftly and appropriately, and that safety measures are put in place, helping prevent further risk. These response procedures support our work on family violence prevention and early intervention.

These policies are a focus and are important safety measures to support further primary prevention work. Through the process of developing these policies, the organisational commitment is articulated and key conversations started among staff.

Your Community Health has worked for several years to build the foundations for an approach to preventing violence against women. The *Identifying and Responding to Family Violence Policy and Procedure* is supported by our *Family Violence Support Policy* (2013), which demonstrates our organisation's commitment to creating a safe environment in which our staff feel safe to disclose. It also ensures that all staff can undertake their job in safety. It includes information about the roles of team leaders and managers, flexible leave arrangements, family violence leave entitlements and support services.



Consumer, Carer and Community Participation

Developing our Quality Account and Annual Report

This year's Quality Account and Annual Report has once again been developed with the guidance and support of our Consumer Advisory Committee. The Committee focused on the theme of 'diversity' for this year's report in recognition of the wide range of people and communities that access our services. This was also a strong theme throughout our process of rebranding, and we want our report to also introduce you to our new look.

We have reviewed feedback from our 2016 report. Readers told us that they liked to see more colour images in our reports, so we have reviewed how we are presenting our information so the report is more colourful.



Building the capacity of our consumers, carers and community members to participate at Your Community Health

Your Community Health is committed to the participation of consumers, carers and community members. Our Consumer Advisory Committee was involved in the development of a framework for participation at Your Community Health early in 2016. When asked what participation means, one of our Committee members described it as “bringing the voice of the community into the organisation”. For Your Community Health, this is a foundation of our service’s quality and safety system.

We recognise the complexity and multi-dimensional nature of participation in our implementation framework. There are several levels at which our consumers, carers and community can participate including individual, service/program and organisational. There are also multiple ways in which people can participate including: receiving information, consultation, involvement, collaboration and empowerment.

This framework is reflected upon every year as we identify ways in which we can strengthen consumer, carer and community participation.

This year we:

- **informed and involved** local residents near our new East Reservoir Community Hub in the establishment of the site and programs
- **involved** our community in our rebranding process through a series of consultations which helped us arrive at the new name of ‘Your Community Health’
- **collaborated** with participants in the Men’s Shed to begin a process of co-designing a new program
- **empowered** members of our Consumer Advisory Committee to develop their knowledge and skill by linking them into consumer advisory networks and workshopping opportunities.
- **welcomed** new members.

We intend to continue advancing participation opportunities and will document our co-design experience and learnings so that we develop capacity as an organisation for co-design. We will also hold a community forum to listen to the community’s ideas about how we can meet our new strategic directions and strengthen our volunteer program so that the community is involved in service delivery. We will also involve members of our Consumer Advisory Committee in the training of our staff in person-centred care.

Using interpreters

Your Community Health is committed to the provision of interpreting services to clients with low English proficiency, to help ensure that these clients can participate in shared decision-making and informed consent. This is consistent with the Australian Charter of Healthcare Rights right of communication.

Your Community Health has an Interpreter Policy and Procedure that guides practice around assessing and booking interpreters. It is our policy that all clients who need an interpreter have one

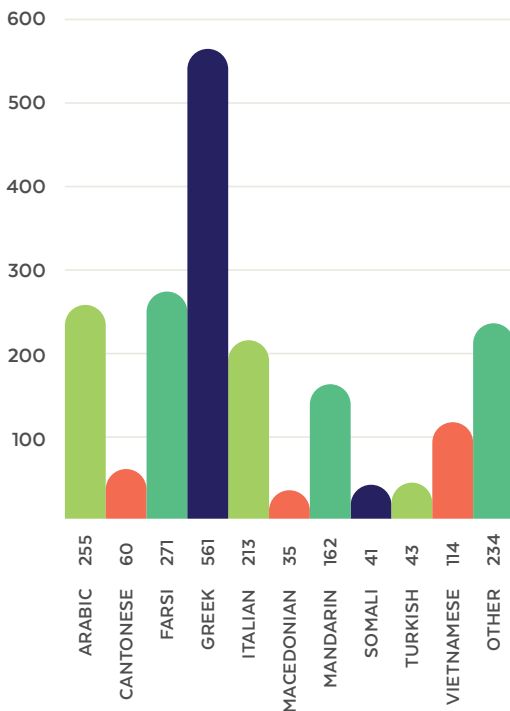
present during their appointment. As far as possible, we use qualified interpreters who are impartial and bound by a Code of Ethics. The National Accreditation Authority for Translators and Interpreters (NAATI) is responsible for the quality and credentialing of interpreters.

We use data from our main provider of interpreting services to understand who is accessing our services and their communication needs.

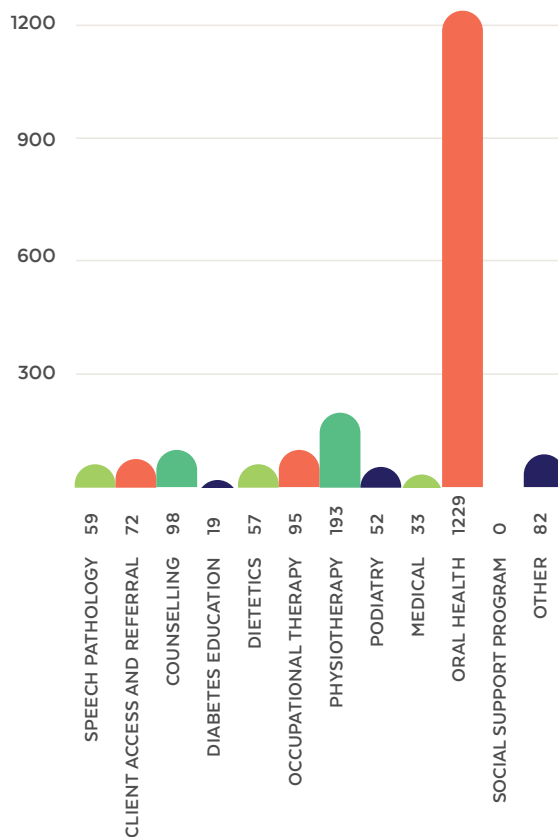
In 2016-2017 Your Community Health had 1989 interpreter

bookings. The most common language group was Greek (561 bookings), followed by Farsi (271), Arabic (255) and Italian (213). This is consistent with the previously identified most common language groups. By program, Oral Health had the most interpreter bookings in the reporting period (1229 bookings), followed by physiotherapy (193), counselling (98) and occupational therapy (95). It is expected that Oral Health's high number of interpreter bookings was due to the high contact numbers in the program and the clinical risk exposure.

Interpreter bookings: total 1989
by language



by department



Disability Action Plan

Your Community Health is a registered provider of Therapeutic Supports, Participation in Community, and Groups and Activities under the National Disability Insurance Scheme (NDIS). This will enable us to continue to provide our Social Support Programs and allied health services to community members with these supports in their NDIS plans.

To be a registered provider of some of these programs, Your Community Health has recently registered under the Disability Act as a disability service provider. This has involved the completion of a self-assessment against the Human Services Standards, audits of client files and staff files, and development of a quality improvement plan. This plan is to be implemented over the next twelve months, with an external accreditation

review to take place within this timeframe. The plan commits Your Community Health to:

- make all key organisational documentation available in accessible easy English form
- develop systems for identifying and reporting abuse against people with a disability in line with the zero tolerance policy
- establishing connections and referral pathways with other disability service providers
- strengthening our approach to advocacy – particularly for clients with a disability
- conducting a physical audit of disability access to all Your Community Health sites.

Implementation of our disability plan is anticipated to lead to improved access for all of our clients, particularly the most vulnerable.





A new Refugee Health Model: responsive services for diverse communities

Your Community Health is responding to the changing community needs in northern Melbourne, by providing quality refugee health services. Our Refugee Health Model is a leading example of the organisation's commitment to service provision and support of a diverse community, and ensuring equitable access to health services.

Your Community Health recently became aware of increases in the refugee population in the region. In early 2017 newly arrived refugees were settled in a short-term accommodation service in Reservoir for a six-week period. After this time, they moved to the Hume region to be with family or to find more affordable housing. This prompted the development of our Refugee Health Clinic.

Simultaneously Your Community Health received a request for support from a private bulk billing medical clinic in Broadmeadows, while responding to refugee health issues. This led to the location of our refugee health nurse in this

clinic one day per week.

These two program initiatives and our paediatric vitamin D clinic comprise our Primary Care Refugee Health Model.

Refugee Medical Clinic

In May 2017 we launched a specialist medical clinic for newly arrived refugees and asylum seekers at our PANCH (Preston) Health Centre.

The clinic operates on a Thursday, offering long appointments and assistance in navigating the healthcare and social support system in Australia.

One of our new general practitioners, Dr Lester, our practice nurse, Felicity and our

refugee health nurse, Jamuna are the medical team providing care for newly arrived refugees supported by our refugee liaison officer, Lina. Refugee health assessments, screening, immunisations and general health checks all form part of the consultation. For many refugees our clinic is their first contact with a health service in Australia. We work in partnership with, and receive referrals from the settlement health coordinators based at AMES Australia, The Red Cross and Spectrum migrant resource centre. Clients of the medical clinic access other Your Community Health services such as oral health.

Hillside Clinic Project

In March 2017 our refugee health nurse began working off-site on a Friday at the Hillcrest clinic in Broadmeadows. This was in response to a request for assistance from this bulk billing clinic and the State-wide refugee health program. As a result our refugee health nurse conducts health assessments and builds

the capacity of clinic staff to respond appropriately to the refugee community. The location of our nurse at Hillcrest is part of a broader project involving other community health services, the AMES settlement service and a Primary Care Partnership. This project, the Hume Refugee Health Model, will undergo formal evaluation with the final report released in November 2017.

Vitamin D Clinic

Our monthly Vitamin D Clinic operates from our East Reservoir site, reviewing and treating children with low vitamin D Levels. Adequate vitamin D levels are essential for healthy bone growth, muscles and supporting general health. Our paediatrician, Dr Anthea Rhodes, supervises Dr Tom Volkman, a Royal Children's Hospital fellow. Both Dr Rhodes and Dr Volkman see patients, organise diagnostic

tests and conduct general health promotion with the children and their families.

Your Community Health is responsive to the current and emerging needs of refugees and new migrants from areas such as Syria, Iraq, the Horn of Africa and Sudan. The ongoing development of our services to refugees and asylum seekers ensures we improve our assistance to community groups facing barriers to accessing quality health and wellbeing services. This model also demonstrates our partnership approach, forming new relationships and growing existing ones with health and community service providers.

Your Community Health believes that we are stronger when we work together to meet community needs.





Community Health Priority Group: Aboriginal and Torres Strait Islander People

Client profile

Since 2014, the proportion of clients accessing services at Your Community Health who identify as Aboriginal or Torres Strait Islander has progressively increased. In 2014, 1.5% of clients identified as Aboriginal and/or Torres Strait Islander. In 2016, it was 1.7%. This year 2.1% of clients identify as Aboriginal and/or Torres Strait Islander, an increase of more than 23% over the past 12 months.

In the 2016 Census, 1,162 people living in the Darebin local government area identified as Aboriginal and Torres Strait Islander. This is approximately 0.8% of the Darebin population.

We have also increased our Aboriginal Health workforce. In 2016-2017 there was a 1.4 equivalent full time (EFT) increase in staffing in the Aboriginal Health team, expanding our team from 2.2 to 3.6 EFT. This is equivalent to 2.6% of our workforce.

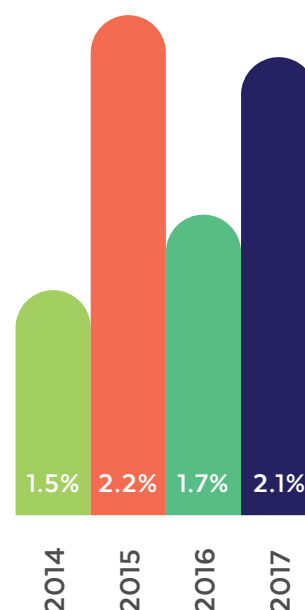
Darebin Aboriginal Elders Art Exhibition

Your Community Health (then Darebin Community Health) worked closely with Preston Neighbourhood House and Darebin City Council to plan and run the Darebin Aboriginal Elders Art Exhibition held on 12-14th October 2016. Five local Aboriginal Elders (and artists) had their artwork exhibited for the first time. Almost 50 people attended the launch on Thursday 13th October 2016. There was a Welcome To Country by Kelli Hunter, followed by stories about how the project came about, and morning tea. Attendees had the opportunity to view the artwork and network with other attendees. There were representatives from a range of Aboriginal and non-Aboriginal controlled agencies including Victorian Aboriginal Community Services Association Ltd (VACSAL), the Aboriginal Community Elders Services (ACES), the Aborigines Advancement League and Darebin City Council, as well as several Aboriginal and Torres Strait Islander community members.

Nine pieces of artwork were sold during the week. There was interest in the project and Elders from other areas of metropolitan Melbourne expressed interest in the project.

Planning for the 2017 exhibition is underway.

Proportion of Your Community Health clients who identify as Aboriginal and /or Torres Strait Islander



Koolin Balit Local Initiative Grant for men’s health and wellbeing project

The attendance of key staff at community events (i.e. Harmony Day, Sorry Day), built connections and engagement with key staff from Aboriginal controlled agencies, including VACSAL and the Victorian Aboriginal Health Service (VAHS). Following this engagement, a meeting was scheduled with a focus on discussing ways to support the Your Community Health men’s worker. We received feedback about our processes and supports to plan for the recruitment and commencement of the new worker. This led to the development of a submission for a Koolin Balit Local Initiative Grant for the Men’s Health and Wellbeing project which delivered:

- two camps
- relationship building amongst agencies supporting Aboriginal and Torres Strait Islander men’s health and wellbeing
- other activities informed by the feedback provided by men attending the camps.

Partnerships for better Aboriginal and Torres Strait Islander health

Your Community Health has invested time to strengthen partnerships and commitment with Aboriginal Community Controlled Organisations including VACSAL, VAHS, the Victorian Aboriginal Community Controlled Health Organisation and Victorian Aborigines Advancement League.

Your Community Health has been involved in the following networks

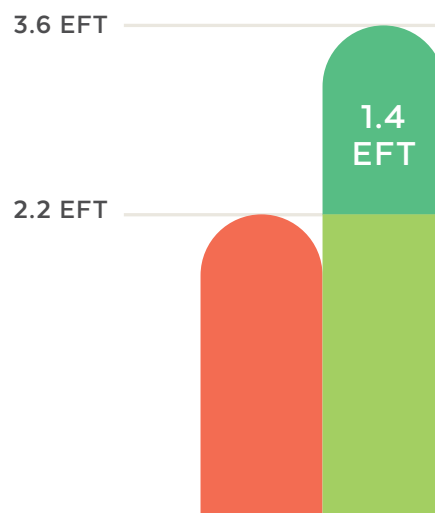
- Inner North West Primary Care Partnership Koolin Balit Wellbeing partnership
- Darebin Council Aboriginal Advisory Committee
- Barrbunin Beek Gathering Place Committee
- North Western Melbourne Primary Health Network care coordination and supplementary services program
- Darebin Aboriginal Best Start working group
- Men’s Shed steering committee

In addition to the above, Your Community Health has been invited to attend and participate in the Koorie Coordinated Care (KCC) steering committee meetings. The CEO has represented Your Community Health at these meetings.

Community relationship building can take more time than expected, and this is crucial and worthwhile for any community program and the development of partnerships. An integral part of this work and working with our targeted communities (in this case Aboriginal and Torres Strait Islander people) is to have main contact people and to build trust and relationships.

One of the primary objectives is to continue to deliver and build on programs and activities to improve access to services by working in partnership with Aboriginal Community Controlled Organisations and the community.

Aboriginal health program – an increase of 1.4 equivalent full time (EFT) staff



Volunteers

Your Community Health values the contribution made by volunteers to our service. Volunteering is one way that our community participates in our services.

In 2016-2017, we had 31 current and active volunteers. Over the same period seven new volunteers were recruited and six volunteers left the program. The reasons for volunteers leaving included gaining employment and changes in their family and/or personal circumstances.

Volunteers have provided us with support in:

- Our **Social Support Program** by helping to plan activities for the groups and assisting with transport of clients
- The **Men's Shed**, where two volunteers have provided our staff with assistance in planning and running activities for groups
- The **Bike Linx** program, where six volunteers have repaired and serviced bicycles to be recycled and provided to refugee families and other people in need.





Celebrating a decade of volunteering: Sharon's story

Sharon is a highly valued member of the Social Support Program (SSP) who has been a longstanding volunteer with Your Community Health. When Sharon commenced volunteering in SSP she was working with the Men's Group at the East Reservoir health centre. She was there for about three years then decided she would like a change and started working in the Ladies Group at the PANCH health centre, which is where she has helped out for the past seven years. Sharon's interest and skills with craftwork are an asset to the Ladies Group, where she works closely with our clients and facilitates their involvement in a range of art and craft activities. Sharon often suggests activities for the ladies to complete and is creative and resourceful when it comes to developing these ideas.

Sharon's commitment to our service is extraordinary. She works full time on night shift and comes straight from work to the PANCH centre on a Friday morning to spend the day with the ladies group. Sharon books annual leave from her fulltime employer each year to attend SSP's annual client holiday. She is a great asset on these trips and her help and support is much appreciated and enjoyed by the staff and clients.

Sharon is always happy, cheerful and caring. She brings a lot of life to the program. We are so grateful for her contribution and feel she has enriched our workplace with her generosity and passion for working with people.

We asked Sharon why she does it:

What do you get out of coming to the group?

I have an increased level of respect for the elderly and love seeing them each week, seeing their accomplishments. I just totally love being there, making a difference in their lives, seeing them smile.

What do you enjoy about doing the activities

I like sharing different ideas with craft projects and seeing their enjoyment in doing it. With the Men's Group I enjoyed joking with them and participating in sports type activities – bocce, footy, ball games – seeing them up and about and motivated.

What motivates you to keep coming?

It's the enjoyment I get out of it. I have a great rapport with staff and have made some great friends – we socialise out of work. I like making people laugh.

What do you think are your achievements?

I have a totally different perspective on the outcomes of life. It makes me appreciate what I have. I have a better understanding of different ways people live based on circumstances that are out of people's control.

What is an activity that you are most proud of in your role?

Making Christmas cards. It took it to the next level. Clients were really proud of what they made, which made me proud of being able to give them that opportunity. They now ask for it each year.

Update from our Consumer Advisory Committee

The Consumer Advisory Committee has expanded, with the appointment of three new committee members earlier this year and a greater ability to provide diverse community perspectives within Your Community Health.

Committee members are appointed for three-year terms and the first of these came to an end in March. Most of the original committee members put their hands up for a second term and were re-appointed, while new members Norma Jones, Tony Tao and Bruce Templeton came on board.

This renewal allowed us to balance our desire for continuity with the identified need for more consumers and a greater diversity of views. More information about each of the committee members can be found in profiles on our website.

Thanks to Peter Bennett

In this renewal process, we wish to recognise and thank one of our original committee members who did not seek reappointment, Peter Bennett. Peter played a central role in making the committee a cohesive group. He provided a passionate, strong and clear voice, and has been an empowering and wonderfully supportive colleague. All will miss him and thank him for his incisive input to discussions and contribution to establishing the tenor of this committee.

Why diversity is important to us

Diversity is a word that often gets used, but isn't always explained, so we want to take a moment to reflect on what it means to us.

Diversity is not just about labels, statistics, checklists or geography.

It is about acknowledging and valuing each person's own story; understanding what makes each of us unique and, in doing so, allowing us to appreciate and nurture our shared humanity. To value diversity means being proud of our differences and using



those understandings to make us stronger together. Diversity allows us to see things differently, be inventive, creative and not be frightened. It gives us strength to challenge what may be popular, to grow and evolve.

Embracing diversity at Your Community Health, means that the child with a disability fleeing Vietnam with his family, being shot at and having to show doctors he can write the letter 'A' to prove he was not 'too disabled for Australia', is now a man sitting at the table with the CEO of Your Community Health, alongside

his fellow committee members. He, like all of our committee colleagues, brings his considerable experience, courage, resilience and vision for a better world into Your Community Health.

Our committee members put human faces to diversity. We are some of the people who make it real for Your Community Health, allowing us to grow proud and strong collectively.

We look forward to continuing our work together over the next three year term to enable health, wellbeing and dignity for all people in northern Melbourne.





Diversity: celebrating harmony

It is the rich diversity of our clients, staff and volunteers that makes our community so special. We take pride in this every day, and that is why we enjoy sharing Harmony Day with our community members each year.

Harmony Day is held annually on 21 March to coincide with the United Nations International Day for the Elimination of Racial Discrimination and celebrates Australia's cultural diversity; it is about inclusiveness, respect and a sense of belonging for everyone.

This year, we chose to celebrate our diverse community through the sharing of food and we invited five different cultural groups to prepare a traditional recipe.

We were fortunate to have a beautiful sunny day which enabled us to hold the afternoon tea in the back garden of our East Reservoir centre. More than 50 people gathered to socialise and savour the delicious dishes, which included: Shirazi salad from Persia, Somalian bread, Pakistani Chai tea, Moghrabieh (a Middle Eastern chickpea and couscous dish) and a Kurdish date sweet.

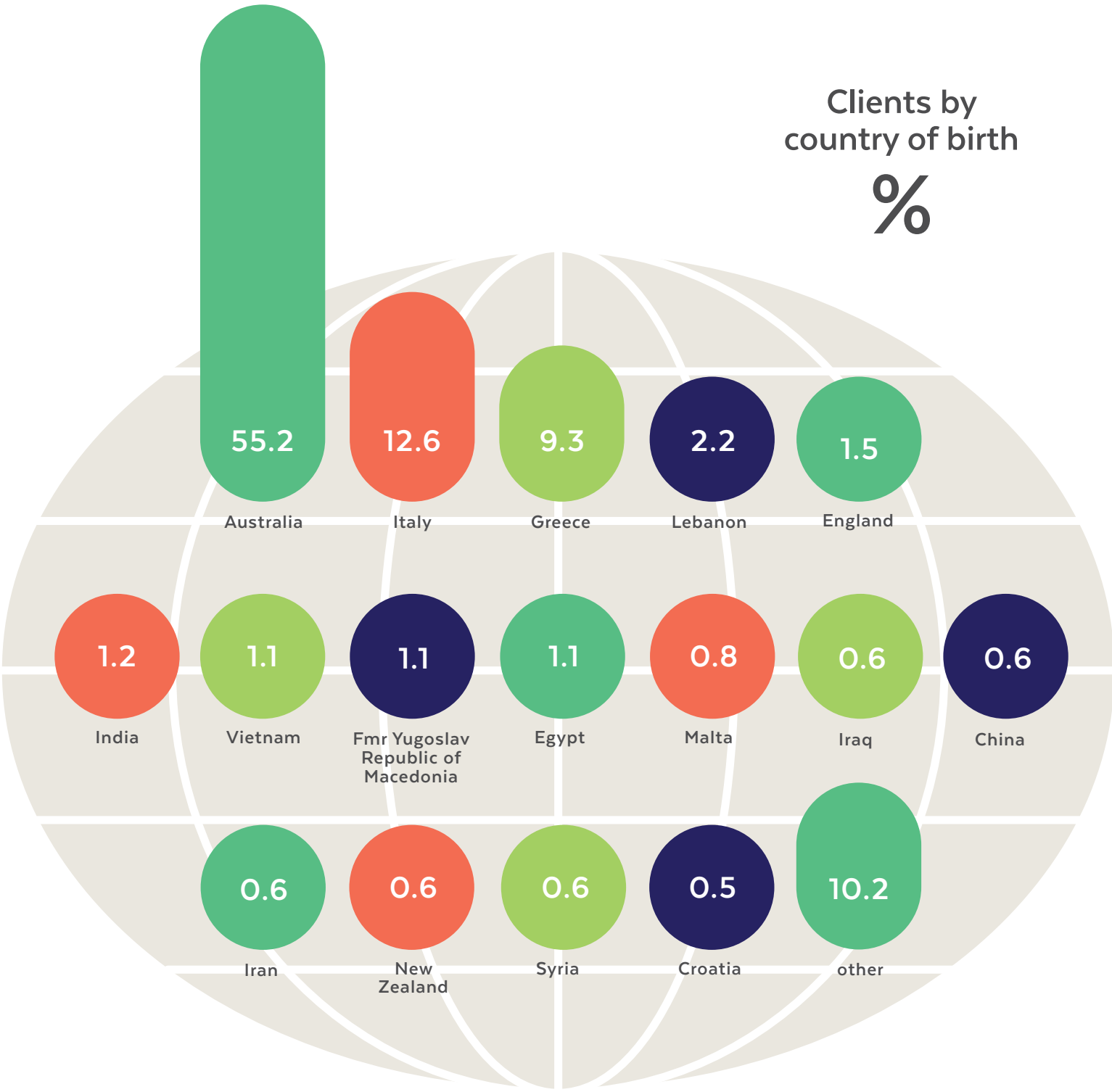
Your Community Health dietitian, Ju-Lin and health promotion officer, Rosamaria, provided guests with information about healthy eating and had food guides from other countries to compare with the Australian healthy food pyramid.

This year we had several guests from external agencies, including the Darebin Mayor, Darebin Council, the Red Cross and Northland shopping centre. Our volunteer professional photographer, Jason, took some wonderful photos to capture the day.

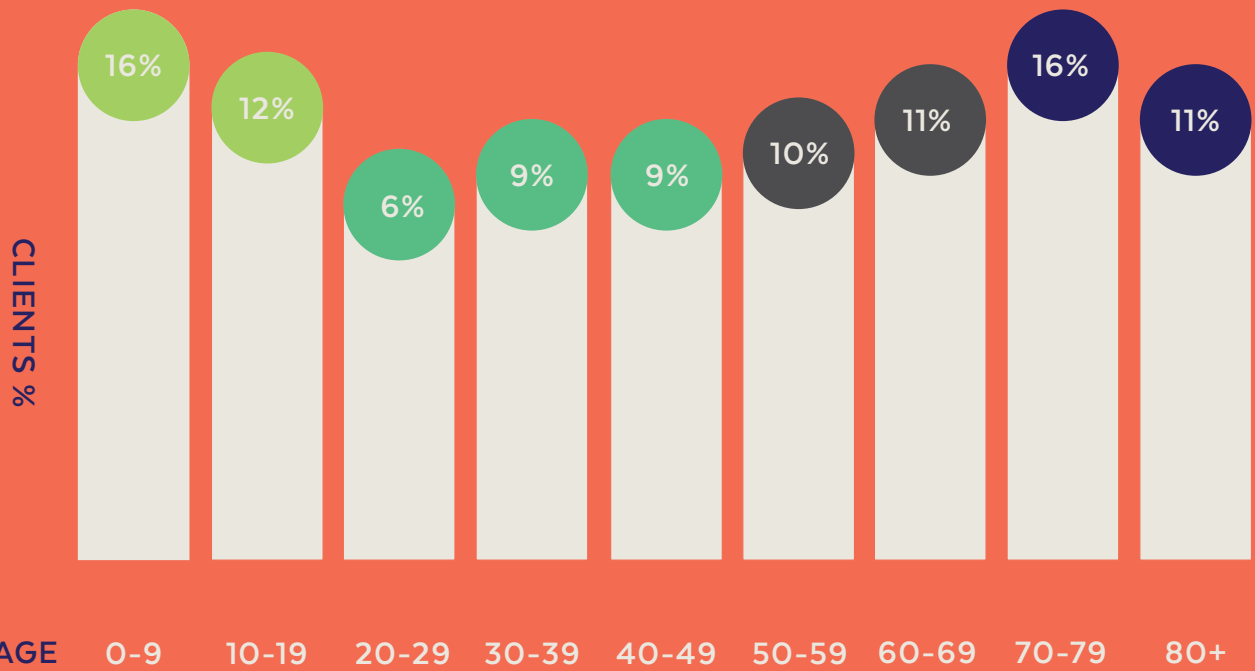
A local resident also painted traditional henna designs on people's hands, a practice that dates back thousands of years in many countries such as Pakistan, India, Egypt and the Middle East. These beautiful decorative patterns are worn on special occasions and celebrations – and Harmony Day was the perfect reason to celebrate.



Our Clients



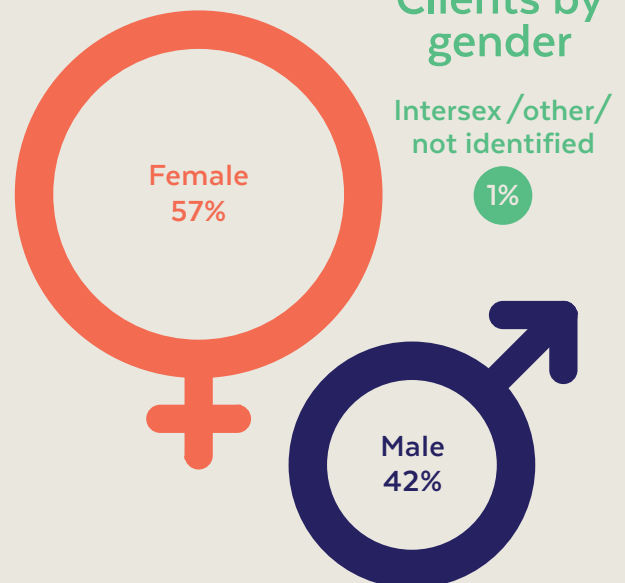
We work with clients across all age groups



87%
LOCAL

87% of the clients we see at Your Community Health come from within Darebin local government area. We work locally and this helps us to understand the needs of this community.

Clients by gender



Quality and Safety

Consumer feedback

Receiving feedback and complaints

Consumer involvement in health service planning, delivery and evaluation is recognised as a key organisational element of most – if not all – systems of clinical quality and safety. To support the effective management and use of feedback, Your Community Health has a *Complaints and Feedback Policy and Procedure*. The policy describes the process and responsibility for managing complaints and feedback, and provides timeframes within which a complaint is to be investigated and resolved. The policy states that formal complaints are to be acknowledged within two working days, and require a formal response within 30 days.

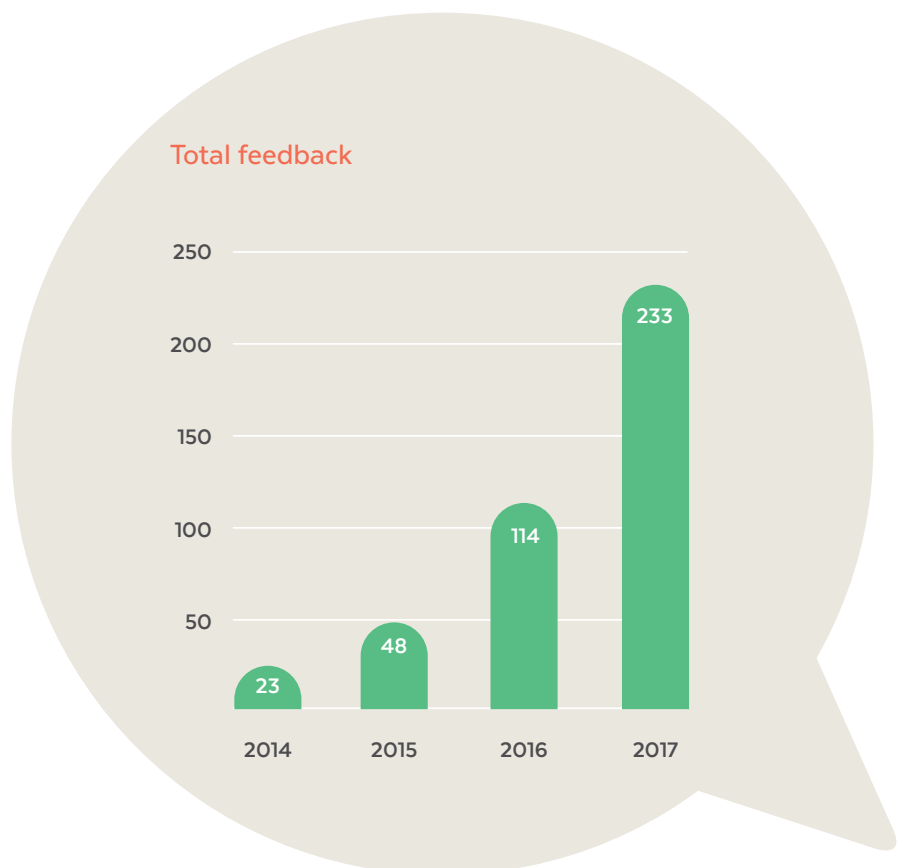
We welcome feedback from clients, and have highly visible feedback boxes in waiting areas at all of our sites, as well as an online feedback form on our website. We also receive feedback over the telephone, and all staff have received training on how to handle feedback. As a result, the volume of feedback we receive has continued to increase each year. This year we received 233 episodes of feedback, increased from 114 episodes in 2016 and 48 episodes in 2015.

Of the 233 episodes of feedback, 70 were formal complaints, 125 were compliments and 38 were suggestions.

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

- Reviewing arrangements for service access
- Undertaking a review of the Men's Shed program
- Providing communication to our needle and syringe program clients about appropriate disposal
- Communicating with Darebin Council about traffic safety at our East Reservoir health centre
- Increasing allied health staffing in the short term to reduce waiting lists.

We have also reviewed our Client Complaints and Feedback policies to ensure our systems comply with the new Victorian Health Complaints legislation.





Client satisfaction survey

Your Community Health also seeks client feedback through client surveys. This includes:

- An internal client satisfaction survey that enables us to track our progress from one year to the next
- The General Practice survey for Royal Australian College of general Practitioners accreditation
- The Victorian Healthcare Experience Survey (VHES) that was rolled out to Victorian community health services for the first time in 2016.

The VHES survey has helped provide us with benchmarked information about the experience of our clients compared with other community health services. The response rate to the survey was fairly low for Your Community Health at around 10%. This was lower than the state average response rate of 16%, likely due to such factors as the length of the survey, that clients took the survey home to complete and return by post, and that many of our clients experience difficulty with literacy or language. We plan to recruit and train a larger team of survey volunteers to assist us when the VHES survey is conducted again later this year.

Despite the limitations associated with a low response rate – including the ability to generalise results – participating in VHES has helped us identify areas where we are doing well and areas for improvement.

Overall, clients told us that they were 96% satisfied with the service that they received at Your Community Health. This was the same as the state average.

Your Community Health performed best in the area of ‘politeness and helpfulness of the reception staff at the service’. Respondents indicated that they were 100% satisfied with their experience with our reception staff. Respondents also reported that they were more likely to receive information such as leaflets in their own language (69% compared with 58% for the state).

We found that compared with other community health services we can improve in the areas of:

- The amount of time spent in the waiting area before an appointment (71% compared with 81% for the state)
- Being given enough privacy during an appointment (89% compared with 94% for the state)
- The health service giving all necessary information about the treatment or advice received to other relevant health services (60% compared with 78% for the state)
- Being aware of the cost of the health services used (62% compared with 72% for the state)
- Feeling comfortable raising any issues and asking any questions that were important (72% compared with 83% for the state).

In response to the survey, Your Community Health is developing strategies to address the identified areas for improvement. This includes:

- Providing our staff with feedback on our performance
- Reviewing arrangements for privacy particularly in oral health surgeries
- Reviewing the Fees Policy and providing training to staff in the accurate assessment of fee level and how to provide this advice to clients
- Providing all staff with training in person-centred care.

We will participate in the VHES survey again between October and December this year.

Staff climate survey

Your Community Health surveys staff biannually on their experiences of working in our organisation. We ran the survey last year in November 2016, engaging Best Practice Australia for the first time. Working with Best Practice Australia has enabled us to benchmark our survey results against other community health organisations, to help us identify our areas of strength and areas for improvement.

Our staff response to the survey was positive, with 70% of staff taking part. This is an above average response rate for an organisation of similar size.

Overall, the results have been positive. At an organisational level, the survey described Your Community Health as having a culture of “consolidation” which was bordering on “ambition”. We benchmarked above or on the norm when compared with the Health and Community Services Sector in many of the areas surveyed, but in particular in:

- Providing workloads that are fair and equitable
- Workplace flexibility
- Wanting to hear the good news as well as the bad news about ourselves
- Executive management wanting to know feedback from clients
- Working with people who put the value of compassion into practice
- Line management considering the views and opinions of others.

There are also opportunities for improvement for us as an organisation and at team levels. Some of the areas where we will be seeking to improve include:

- The accuracy of client records
- Helping individuals plan their personal professional development
- Providing reward and recognition for outstanding service
- Consistently conducting annual performance reviews.

We are now at the stage of developing team action plans that respond to issues identified at a team level to ensure that we continue to be a great place of work for our employees.



Accreditation

Your Community Health is accredited against the following standards:

- The Quality Improvement and Community Services Accreditation (QICSA) Standards
- National Safety and Quality Health Services (NSQHS) Standards in dental
- The Royal Australian College of General Practitioners Standards
- The Community Common Care Standards (now the Home Care Common Standards)
- Diagnostic Imaging Accreditation Standards.

In the coming 12 months we will have full external reviews against the Human Services Standards (HSS) for Disability and the Home Care Common Standards, and a mid-cycle review against the QICSA and NSQHS Standards in dental.

RACGP accreditation

The medical clinic at East Reservoir underwent formal accreditation earlier this year against the Royal Australian College of General Practitioner (RACGP) Standards. The review was conducted by GPA Accreditation Plus. The medical clinic undergoes this accreditation every three years ensuring that we provide the best quality service to our patients.

The process involved the completion of an online self-assessment and a site visit by accreditors in February. We were assessed against fifteen standards grouped into five key areas: practice services; rights and needs of clients; safety, quality improvement and education; practice management and physical factors (such as facilities and equipment). The

GPA assessors scored our clinic on a scale of one to five in all areas, with one meaning criteria not met and five being criteria for accreditation fully met for that standard. The assessors scored our practice five out of five in all standards and across all areas. No non-compliances were identified in the review. The report noted that:

“The Darebin Community Health Service [now Your Community Health] seems very friendly and outgoing and the integration of health services is a good example of the model of health service. The practice deals with complex chronic disease patients and a strong focus on addiction and mental health services.”

It also stated that our clinic was to be congratulated and commended.

The staff in our medical clinic work very hard to ensure patients receive timely, quality and best-practice care. We are pleased that this has been recognised during the accreditation review and look forward to the expansion of our service so that we can reach more of the people in our community.

Access

The East Reservoir Community Hub is open for business

We want to overcome the barriers that some people face in accessing services. That is why this year we launched the East Reservoir Community Hub.

A range of services are now available within an East Reservoir housing estate, where local residents can drop in to get information and referrals to health, social support and housing services. The local community can speak to service providers in person, rather than over the phone. This is particularly beneficial to people dealing with complex housing or legal issues.

The Hub is a unique partnership project between Your Community Health, Darebin Community Legal Centre and Darebin City Council. In addition to Your Community Health staff, a Department of Health and Human Services housing officer is currently available one day a week. The Hub also offers two small spaces for groups. Currently a diabetes support group and a women's group meet at the space. The number of services available will grow, based on community feedback about the type of services residents are keen to have located in the space. For the first 12 months of operation, staff will gather information about residents' requirements so that resources can be appropriately prioritised. To date, emerging

needs include financial counselling and support with Centrelink.

Building relationships with local residents takes time and a range of strategies has been implemented this year to begin this process. These have included informal morning teas, a celebratory lunch for International Women's Day and door knocking to introduce residents to the services available. The Hub is located in a repurposed housing unit, making it a smaller and less confronting space for people visiting for the first time.

The East Reservoir Community Hub is proving a successful model for providing integrated services, and is strengthening relationships between Your Community Health, local residents and partner agencies.

Fresh connections

Social connections are very important to people's physical and mental health. So when one of our food programs was seen as a valued opportunity to socialise, we knew we had to keep it going.

The Fresh program started four years ago to ensure East Reservoir residents had access to sufficient nutritious food, with fresh fruit and vegetables provided by Second Bite.

Over time the strength and value of the social aspect of the group was seen, so Your Community Health merged the group with our Keeping Connected program,

which connects community members with local activities individually suited to that person, as well as providing group outings.

The new group now meets Fridays with a morning session from 10.30am and an afternoon session from 1.00pm, at the newly refurbished Community Centre in Newton Street, East Reservoir. Fresh fruit and vegetables are distributed and participants say that they find the activities interesting and interactive. They also love the new, clean and bright venue and there is a strong sense of community in the group.



Research and improvement

Presenting internationally at the Refugee Health Conference

Refugee health nurse, Jamuna, attended the North American Refugee Health Conference in Toronto, Canada from June 16-18th 2017 and presented a summary of the findings of her PhD study. This was an international conference attended by more than 300 delegates, predominantly from the United States and Canada.

Jamuna's presentation, which had particular emphasis on refugee women's health in the area of service access, was well received.



Abstract of “Access to cervical and breast cancer screening: Experiences of Bhutanese refugee women living in Melbourne”

Background and objective

Preventative health care measures, such as Pap smear tests and screening mammograms are unfamiliar to Bhutanese refugee women. In the Bhutanese-Nepalese cultural context, women's health issues are often hidden and not widely discussed. This study explored the perceptions and experiences of Bhutanese refugee women who had lived in Australia for about five years, in regard to accessing cervical and breast cancer screening programs.

Methodology

An exploratory phenomenological qualitative study using in-depth interviews with photo-elicitation to facilitate data collection.

Results

Many women lacked knowledge of breast and cervical screening tests, and did not know about the services available to them. Those women who did know felt screening tests were not needed,

as they perceived themselves to be very healthy.

Language barriers, cultural beliefs and a lack of knowledge about preventive screening tests were common reasons for not accessing services. Those who did use screening services failed to maintain regular follow-up. Screening was considered secondary to other health conditions, although uptake was higher among younger women.

Conclusions

Accepting, accessing and maintaining regular cervical and breast screening seemed culturally unfamiliar behaviour for Bhutanese refugee women, who had a strong cultural identity as refugees, particularly among older women. Preventive health care was not viewed as necessary. However, young women with greater exposure to Australian society were more inclined to use regular screening programs, which may show a shift in identity from refugee to citizen.

Infection control

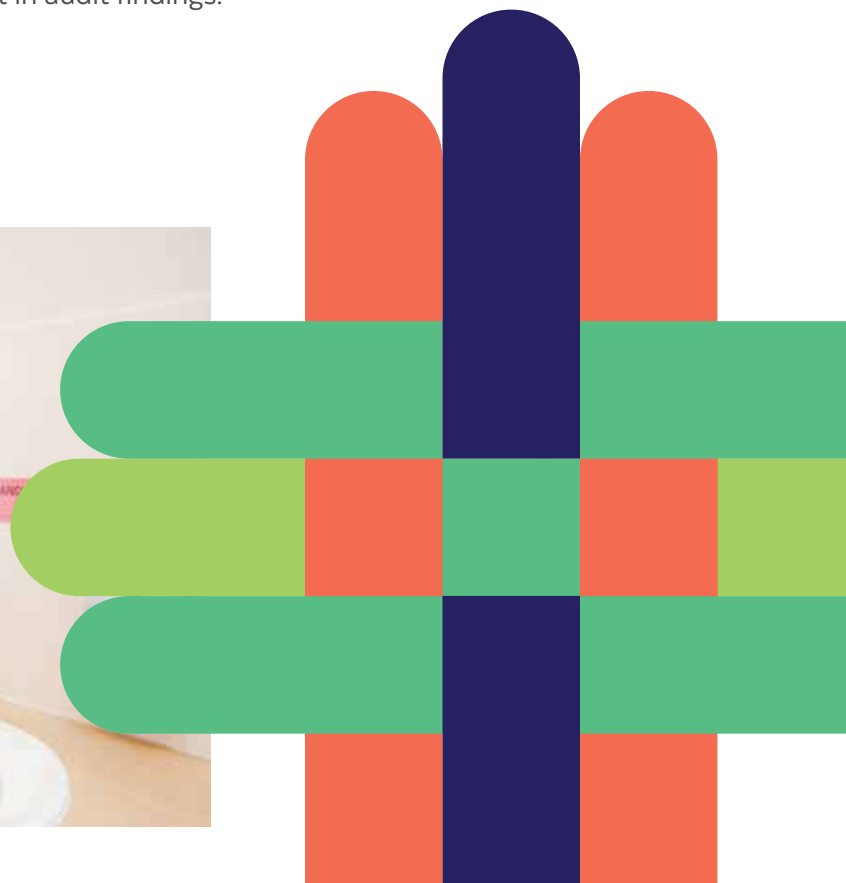
Healthcare associated infections (HAIs) are a preventable adverse outcome arising from client contact with health services. Employees and contractors of health services may also be exposed to infection through contact with risk factors in the workplace. Effective infection prevention and control is essential for the health and safety of both clients and staff in health services.

Infection control activities are guided by the Your Community Health Infection Control Policy, and discipline-specific infection control protocols and practices.

In the period 1 May 2016 to 30 April 2017 there were 28 reported incidents related to infection control. In the previous reporting period, there had been 19 incidents reported. Of the 28 reported incidents, 21 were near misses where a problem was identified before the potential for harm reaching our clients.

According to incident type, the most frequent incident reported was the finding of debris on instruments after the reprocessing of instruments (15 reports).

As a result of reports of debris on instruments, a root cause analysis was undertaken to identify system issues. Strategies were put in place to address these issues such as the use of a magnifier with lamp to improve visibility; retraining staff in reprocessing; increased auditing of the sterilisation process, and increased allocation of staff to reprocessing. These changes have been very effective in reducing the number of instruments that were unsatisfactorily reprocessed, with a significant reduction in the number of incidents reported and improvement in audit findings.



Continuous improvement

Actions taken for improvement in 2016-2017 included:

- Training for staff in hand hygiene (online module), infection control and reprocessing of reusable devices (sterilisation) in line with the Your Community Health mandatory training program
- Engagement of infection control auditors to conduct an external audit in 2017
- Immunisation system review
- Improved management of personal waste in Social Support Programs
- Gap analysis against AS/NZS 4187:2014 standards for reprocessing of reusable medical devices was completed and an action plan developed
- Centralised Steri Project established to investigate the feasibility of centralising reprocessing of all reusable medical devices.

Hand hygiene

Hand hygiene is one of the most effective strategies for reducing the risk of healthcare acquired infection. The Oral Health Program conducts quarterly audits of hand hygiene practice using Hand Hygiene Australia's "five moments for hand hygiene" audit program.

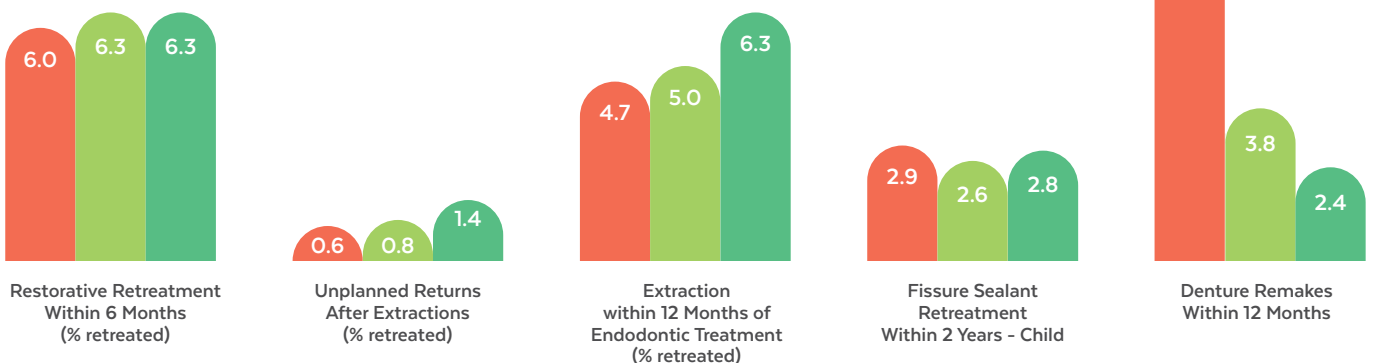
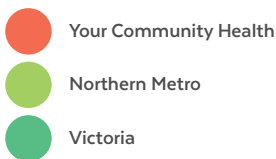


Dental indicators

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 re-treated for the same issue. We can also identify areas for attention. The graphs below show that 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 the percentage of fillings that need to be re-done within six months of placement. Our result of 6.0% is better than both the Northern Region and the state averages.
- **Unplanned returns after extractions** – refers to the percentage of patients who need to return to the clinic within seven days with a complication (e.g. bleeding, pain, infection) after an extraction. Our result of 0.6% is also better than our region and the state average.
- **Extraction within 12 months of commencement of endodontic treatment** – refers to the percentage of patients who need to return to the clinic within seven days with a complication (e.g. bleeding, pain, infection) after root canal treatment on an adult tooth. Our result of 4.7% is better than both the northern region and the state.
- **Fissure Sealant Retreatment within 2 years – Child** measures the proportion of fissure sealed teeth that have had further treatment (excluding resealing) within two years of fissure sealant application. Our result of 2.9% is slightly higher than the region and the state.
- **Denture remakes within 12 months** – refers to the proportion of dentures that are remade on the same patient with the same denture type within a 12-month period. Our result of 11.9% is very high and relates back to dentures provided between 2015–2016. This correlated with feedback from clients experiencing problems at the time, which led to an investigating of the underlying causes and corrective action being taken. As a result there has been a major reduction in remakes in the current financial year.

Dental Indicators



Credentiailling and scope of practice

All clinical staff at Your Community Health undergo a robust process of credentialing at recruitment that includes verification of qualifications, registration and safety checks such as the Working With Children Check and Police Records Check.

In 2015, a system of defining the boundaries of clinical practice – the scope of practice – was introduced for individual clinicians. This replaced the previous system of discipline-based scope of practice and has enabled some of our clinicians to extend their scope of practice as they have acquired more skills and experience. We also established processes for the introduction of new clinical techniques and technologies. These systems enable us to support staff with the delivery of progressive health care in a way that is safe for our clients.

Dry needling points to better health

In our commitment to delivering best-practice, quality care, Your Community Health has introduced dry needling – a new treatment that has had positive impacts on our clients' health. To introduce this treatment, clinical staff presented leadership with a review of evidence of effectiveness, associated risks and costs, and systems for managing these risks including clear processes for consent. All staff using the dry needling techniques are required to have completed a two-day training program in dry needling, and have applied for the technique to be recognised in their scope of practice.

The treatment is offered through our podiatry and physiotherapy teams. It involves inserting a needle into a trigger point or soft tissue overlying a trigger point to relieve pain. Dry needling in appropriate clients is indicated in most musculoskeletal conditions for analgesia, anti-inflammatory effects, reducing muscle spasm and treatment of trigger points. It should be part of the overall management plan and not the sole treatment modality.

By expanding the services that are offered, Your Community Health has noticed quick improvements in the symptoms and function of clients who have been treated.

One client came in with heel pain and after using one needle in their first session they reported 50% improvement in their symptoms. A follow-up appointment was organised one week later and the client's symptoms had gone.

Another client had complained of lower leg and foot pain. With a combination of dry needling and a home exercise program they have now been able to walk more and their symptoms have gone.

The client said: "It's like a miracle ... My ankles feel like new, I had so much pain in both and now with help and advice, I feel unbelievable, fantastic, I still can't believe it!!! Brilliant!"

Clinical incidents

Clinical incidents are defined as: “events or circumstances that could have, or did, lead to unintended and/or unnecessary harm to a person receiving care. Clinical incidents include adverse events, near misses and hazards in the environment that pose a clinical risk.”

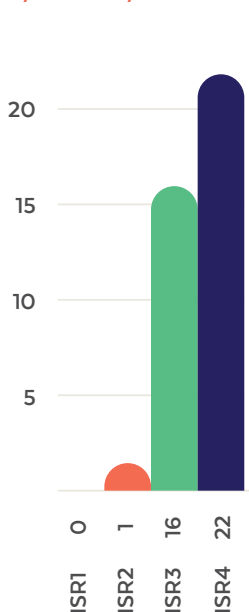
There were 39 clinical incidents reported between 1 June 2016 and 31 May 2017. This reflects a steady increase in incident reporting behaviour by staff over the past four years.

Incidents are rated according to severity using the Department of Health and Human Services Incident Severity Rating (ISR) scale of 1 to 4, where 1 is the most serious type of incident and 4 is the least severe or a near miss.

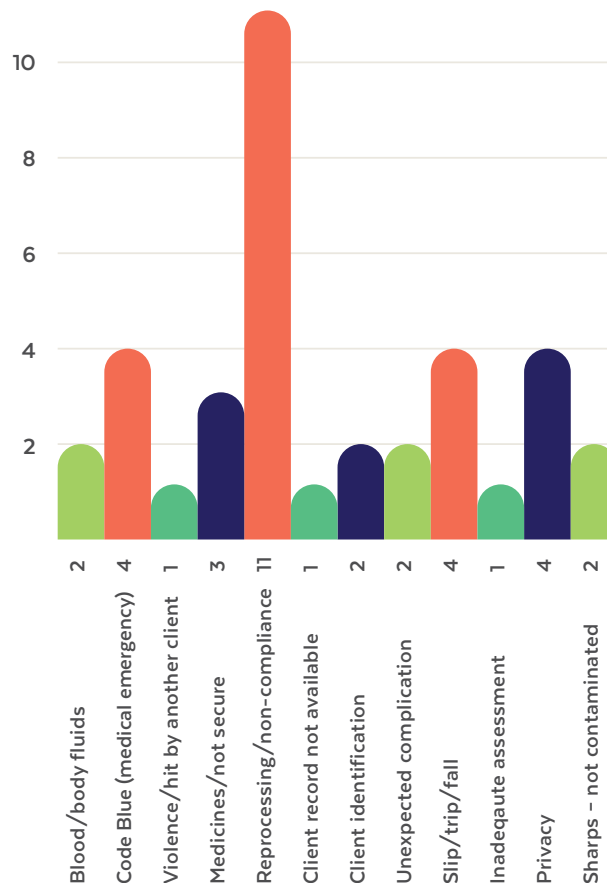
According to severity, the most common clinical incident type was an ISR4 or near miss incident (22 incidents). The next most common incident type was an ISR3 or mild clinical incident (16 incidents), followed by one ISR2 incident.

The most common type of incident reported was a non-compliance with the reprocessing of instruments (11 incidents). Most of these were near miss incident types. Other more common incident types were Code Blue incidents, Slip/Trip/Fall and privacy breach (4 reports each).

Clinical Incidents by severity



Clinical incidents by type



Continuity of Care

Partnerships with other providers

Working together for you: Mary's story*

By providing a person-centred approach to client care, we are able to achieve better, more sustainable results. That's why our staff will often step outside of their traditional roles to provide better additional care and support. Our physiotherapy team, in partnership with Reservoir Leisure Centre were able to make real change for Mary's* physical and mental wellbeing.

Mary had been receiving physiotherapy at Your Community Health for a musculoskeletal problem. As she also lived with anxiety and depression, she felt unable to continue her community-based exercises in the community. So an allied health assistant met with her weekly to do an exercise program at our East Reservoir Health Centre.

Mary was keen to get back to community exercise groups, so Penny, a Your Community Health physiotherapist, supported her to do so. Together, they went to Reservoir Leisure Centre to look at the facilities. They discussed the exercise and funding options available.

Reservoir Leisure Centre offers a program called Access All Abilities. Participants can pay a small weekly fee to attend at a specific time, and gym staff are available for support at these times.

Penny wrote a letter to the gym advising of the exercises that Mary could perform. They provided a medical clearance form for Mary's doctor and set up a meeting for Mary and the gym instructor.

On the day of the assessment Penny met the client and accompanied her to the gym assessment and introduced her to the instructor. Penny continued to pop in every now and then, to see that all was OK and support Mary in her activity program.

With this support Mary is now able to regularly use the community facility and conduct a program that is appropriate to her physical and mental health. Mary is not required to take out a membership program and the facility continues to be affordable.

Mary is really happy and says she would not have done it on her own. As the transition was supported by Your Community Health and Reservoir Leisure Centre staff, Mary, like other clients, was more likely to join up and continued to attend sessions. She has been seen trying new pieces of equipment, laughing and waving, and enjoying her new activity program.

*The client's name has been changed to protect her identity.

Art Matters: a client story

I first became aware of the Art Matters group one summer's day in 2017. I was at Your Community Health centre for an appointment with nurse Deb in my third and, in fact, final go at giving up the cigarettes for good.

Sick and tired of getting puffed while exercising or running for the bus, short of money (due to rising tobacco costs) and concerned for my future wellbeing, I was determined to quit. I also hoped and imagined that quitting would make me a better person. I would become healthier, wealthier and all the more wise for it. I entered Deb's office and together we devised a plan.

At first, I thought that it would be a very difficult task. I used to smoke to be social, feel good and stress less. In consultation with Deb, we identified the barriers, broke them down into little parts and dealt with each carefully and with much consideration.

One of the concerns about quitting was about weight gain. Another was that I was worried about how to be social – how to mix with people when not smoking or how to deal with my spare Thursdays. When I mentioned to Deb that I was struggling with these concerns, as I smoked to release stress,

Art Matters was mentioned and recommended to me. I had an open mind and thought “OK, I'll give it a go. It'll keep my hands busy!” That cannot be a bad thing! After all, if I hold a texta, crayon, paint or pencil in hand, I will have one less hand to smoke with and my mind would be occupied with something.

Several weeks later I walked into the studio at Your Community Health to attend Art Matters for the first (and definitely not the last) time.

A warm introduction to its members followed. I was welcomed with greetings, busy hands on sketchbooks and conversation over coffee. I was handed a sketchbook and many options to keep busy, social and stress less. I decided on using soft pastels and drew up a vase with flowers and used various colour and art techniques. During the following weeks, I was inspired by Van Gogh (after several group members had attended the National Gallery of Victoria exhibition) and got creative with my sketchbook.

In Art Matters I have met some lovely people and unearthed a creative side to myself, managed to stay off the cigarettes and shared my experiences with like-minded people.

Thank you all!

Collaborating for better health

Better Health North East Melbourne is a collaboration of service providers and organisations is focused on primary health care system partnership in order to improve health outcomes for people in Melbourne's north-eastern suburbs, including Banyule, Darebin and Nillumbik. It will enable us to improve alignment between primary and secondary health care service providers in the region.

Penny Anderson, Your Community Health CEO, is Chair of the collaboration comprising of Austin Health, Banyule Community Health, Eastern Melbourne Primary Health Network, healthAbility and North West Melbourne Primary Health Network.

Working together with other agencies, we will be better equipped to support the management of chronic illness – including chronic mental illness – for people at risk of poor health outcomes. This will help to reduce avoidable hospital admissions through improved community-based models of care.



Health promotion

Enjoying Food and Learning in My New Country

Students taking the Young Adult Migrant Education Course at Melbourne Polytechnic in Preston had a hunger for knowledge, but their teachers observed that many had nutritionally poor diets that could be affecting their learning and health.

Your Community Health staff and teachers have been working together since 2014, to deliver a program that will increase the capacity of the students to make nutritionally sound choices for themselves and their families.

Since 2015, some 91 students, of which 71% had a refugee background and 29% were overseas migrants, have participated in the Enjoying Food and Learning in My New Country program.

This program includes practical learning about nutrition in the early stages of settlement in a new country. Learning takes place in a range of settings, including the classroom, at a health centre and visiting supermarkets

to understand how to read nutritional information and where to find healthier alternatives.

The program is run in English and helps build language skills, a core component of the Young Adult Migrant Education Course. The program has also helped build skills in health-related issues for participants, with 82% of participants believing the program had increased their confidence and skills in accessing nutritional food, and 83% reporting that they had made changes to what they eat and drink.

One student commented: “Now I drink less soft drink, eat more vegetables and eat just what I need, not what I want.”

The success of the program has led to additional Your Community Health staff joining the team.

The refugee health nurse and paediatric dietitian are now delivering the program with a focus on women’s and children’s nutrition as part of the Melbourne Polytechnic’s Adult Migrant English language classes.

Damien's story: kicking goals with the NDIS

As part of our ongoing commitment to providing quality, accessible health and wellbeing services for all members of the community, this year Your Community Health registered as a National Disability Insurance Scheme (NDIS) provider. Damien's story demonstrates how integrated care and support for clients transitioning to the new scheme provide improved quality of service.

Damien is a young man who had a stroke in 2009, leaving him with paralysis of one side of his body (hemiparesis) and some speech and language impairment. An avid St Kilda supporter, he was unable to attend the football because he could only walk very short distances, lacked confidence navigating the large crowds, and had difficulty navigating his way to the venue. Transport was also an issue as Damien did not feel confident on crowded trains and did not have the financial means to pay for long taxi rides.

Before the roll out of the NDIS, Damien was a Your Community Health client who had been using dietetics, speech and occupational therapy services.

He was accepted for a NDIS plan while still attending our services, which meant his care providers were able to assist and support him with the transition. Although dietetics did not make it onto the NDIS plan, we have maintained a coordinated treatment approach and Damien has continued to receive this support through the community health program.

When Damien found out that he was accepted for NDIS support, a case conference was held with Damien, his dietitian, speech pathologist, and occupational therapist to discuss his priorities and long-term goals. Damien's long-standing goal was to attend sporting matches, particularly those of his much-loved Saints. Until the introduction

of the NDIS, this had not been possible. Using this information Your Community Health staff provided written evidence that contributed to the development of Damien's NDIS plan. The advocacy from the staff at Your Community Health resulted in a review of Damien's first NDIS plan, which led to increased funding allocation under the Improved Daily Living category.

NDIS provided transport and a support worker to attend the football with Damien. Through Your Community Health occupational therapy an assessment was completed and an application submitted to NDIS for a manual wheelchair and cushion to ensure Damien could safely attend AFL matches. While Damien is waiting for his application to be reviewed Your Community Health have loaned him a wheelchair so that he has not missed any opportunity to cheer on the Saints.

Damien recently purchased himself a St Kilda membership, confident in the knowledge that he will be able to attend the games.

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:



Peter Stephenson

Chairperson

Qualifications

- Bachelor of Arts (With Distinction) RMIT
- MA Community Services Administration (Research) RMIT
- GAICD (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 Latrobe

Experience

- Director: Reservoir RSL Incorporated 1996/1999
- Director: Preston Cemetery Trust 1998/2008 (Chair 2003/4 and 2007/8)
- Chair Inner Northern Local Learning & Employment Network (INLLEN) 2000-2007; Deputy Chair 2008; and Director: Health and Community Services Industry Training Board (ITAB) 2006/8
- Executive Officer: QICSA Incorporated 2004/5
- Councillor: City of Darebin 1998/2008 (Mayor 2003/4 and 2007/8), Chair Darebin City Council Audit Committee 1998/2003
- Volunteer Mentor, Local Government Professionals (LGPro) Executive Leadership Program (XLP) (2012-2016)
- Director: Darebin Community Health since 2009



Mark Darmody**

Deputy Chairperson

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 & Resources
- Independent member of Audit & Risk Committee: Victorian Department of State Development & Business Innovation
- Independent member, Procurement Governance Committee, Victorian Ambulance
- Director: Darebin Community Health since 2014



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 Finance: Baptist Union of Victoria
- Director: Darebin Community Health since 2009



Alison Brown

Qualifications

- Bachelor of Science, University of Melbourne
- Bachelor of Applied Science (Physiotherapy), Lincoln Institute
- Masters of Public Health, Latrobe University
- GAICD (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
- 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),
- Graduate Research Student Melbourne School of Population and Global Health (current),
- Director: Darebin Community Health since June 2016



Michael Dugina*
Resigned 26/10/2016

Qualifications

- Bachelor of Business Accounting, completed at Victoria University of Technology (VUT)
- Masters of Business Administration (MBA), Royal Melbourne Institute of Technology (RMIT)
- CPA certification (Australian CPA)
- Graduate member of the Australian Institute of Company Directors (MAICD)
- Advanced Project Management, Australian Institute of Management (AIM)
- Leadership and Management, Australian Institute of Management (AIM)

Experience

- Chief Financial Officer: YMCA Victoria 2014 (current)
Manager Financial Planning and Analysis: Australian Red Cross Blood Service 2010-2014
- Manager Financial Systems: Australian Red Cross Blood Service
- Senior Finance Business Analyst: Australian Red Cross Blood Service 2006-2009
- Senior Business Analyst, Budget and Systems: The University of Melbourne
- Director: Darebin 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: Darebin Community Health since 2007



Cate Grindlay***
Appointed 23/08/2017

Qualifications

- Masters Healthcare Leadership - Southern Cross University (in progress)
- Governance Foundations NFP Directors - Australian Institute of Company Directors
- Graduate Diploma - Advanced Clinical Practice (Midwifery)
- Undergraduate Program - Nursing

Experience

- Integrated Care Manager - Sonic Clinical Services
- Healthcare Management Consultant
- Clinical Lead, Integrated Care - Medibank Healthcare Solutions
- Held National Clinical and Development Manager and National Preventative Health Manager roles at Australian Unity



Andrew Hitchen***
Appointed 23/08/2017

Qualifications

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

Experience

- Regional Director, Telstra Country Wide
- Head of Merchandise Operations and Category Director, Homecare roles at Coles Group
- Held Marketing Manager - BP Australia
- Strategy Manager - BP ANZ
- Senior business development, sales and marketing roles.



Alistair King***
Appointed 23/08/2017

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.
- Senior Associate - RMK+A



Helen Morrissey*
Resigned 27/06/2017

Qualifications

- Graduate Diploma in Social Science NMIT
- Diploma Human Service Research & Evaluation RMIT
- Certificate of Marketing Practice RMIT

Experience

- General Manager: Governance & Community Relations: Brimbank City Council
- Senior Management: Darebin and Maribyrnong Councils
- Director: Darebin Community Health since 2012



Nancie Lee Robinson*
Resigned 25/01/2017

Qualifications

- Diploma of Teaching - University of South Australia (1989)
- Bachelor of Education - University of South Australia (1994)
- Graduate Diploma in Arts (Gender Studies) University of Adelaide (1996)
- Master of Education University of Melbourne (2007)

Experience

- General Manager of Digital Inclusion at Telstra since 2014. General Manager of Governance Integration & Report in Telstra's Chief Sustainability Office 2012-2014. Twenty years of experience working in the non profit sector in Australia, in the areas of health, education and international development.
- Director: Darebin Community Health since June 2016



Katherine Silburn*
Resigned 29/03/2017

Qualifications

- Bachelor of Science (Hons) (UWA)
- Grad Dip Women's Health (Melb)
- Grad Cert Professional Writing and Editing (RMIT)

Experience

- Senior Research Fellow: Australian Institute for Primary Care and Ageing La Trobe University
- Previously held roles at: The Macfarlane Burnet Centre, Women's Health West, Health Issues Centre, The Chronic Illness Alliance, Department of Human Services, and the Department of Victorian Communities
- Director: Darebin Community Health since 2010



Mary Zhao*
Appointed 19/11/2016

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 type of medium to large-sized leading private organisations and also with private clients

Directors have been in office since the start of the financial year to the date of this report unless otherwise indicated via the use of an asterisk (*). Directors have held the same position from the start of the financial year to the date of this report unless otherwise indicated via the use of a double asterisk (**).

* Michael Dugina resigned on 26/10/2016, Helen Morrissey resigned on 27/06/2017, Nancie-Lee Robinson resigned on 25/01/2017, Kate Silburn resigned on 29/03/2017 and Mary Zhao was appointed on 29/03/2017.

** Mark Darmody was appointed Deputy Chairperson at Board meeting of 26 April 2017. This position was vacant following Kate Silburn's resignation in March 2017.

*** Catherine Grindley, Andrew Hitchen and Alistair King were appointed to the Board at the meeting of 23 August 2017.

Meetings of directors

During the financial year, 29 meetings of directors (including committees of directors) were held. Attendances by each director during the year were 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 |
| Peter Stephenson | 10 | 8 | 10 | 6 | | |
| Benjamin Moodie | 10 | 8 | 10 | 10 | | |
| Stephen Gagen | 10 | 5 | | | 5 | 4 |
| Helen Morrissey | 9 | 5 | | | | |
| Katherine Silburn | 7 | 6 | | | 4 | 4 |
| Mark Darmody | 10 | 9 | 10 | 8 | | |
| Michael Dugina | 4 | 0 | | | 2 | 2 |
| Nancie-Lee Robinson | 5 | 3 | | | 2 | 1 |
| Alison Brown | 10 | 10 | 2 | 2 | 4 | 4 |
| Mary Zhao | 6 | 6 | 6 | 6 | | |

Summary of audited financial statements

| | 2017 \$ | 2016 \$ |
|--|------------------|------------------|
| STATEMENT OF COMPREHENSIVE INCOME - FOR THE YEAR ENDED 30 JUNE 2017 | | |
| Grants income | 13,348,035 | 13,131,509 |
| Provision of services | 1,262,563 | 1,143,400 |
| Interest received | 98,624 | 102,749 |
| Rental revenue for property investment | 61,781 | 110,185 |
| Donations | 3,184 | 1,661 |
| Other Income | 80,477 | 52,393 |
| Employee benefits expense | (11,358,358) | (11,061,346) |
| Depreciation and amortisation expense | (439,386) | (460,627) |
| Panch Overheads | (207,847) | (310,786) |
| Motor Vehicle Expense | (122,428) | (120,420) |
| Practitioner Supplies | (762,962) | (830,998) |
| Program Costs | (451,402) | (418,010) |
| VHS Denture Scheme | (31,010) | (1,960) |
| Computer and Communication Expenses | (382,966) | (346,524) |
| Repairs and Maintenance | (123,981) | (118,863) |
| Other expenses | (842,947) | (744,767) |
| TOTAL COMPREHENSIVE INCOME/(LOSS) FOR THE YEAR | 131,377 | 127,596 |
| BALANCE SHEET - AS AT 30 JUNE 2017 | | |
| ASSETS | | |
| CURRENT ASSETS | | |
| Cash and cash equivalents | 5,128,397 | 4,452,106 |
| Trade and other receivables | 401,254 | 325,163 |
| Other assets | 97,761 | 81,374 |
| TOTAL CURRENT ASSETS | 5,627,412 | 4,858,643 |
| NON-CURRENT ASSETS | | |
| Property, plant and equipment | 3,855,826 | 3,911,248 |
| TOTAL NON-CURRENT ASSETS | 3,855,826 | 3,911,248 |
| TOTAL ASSETS | 9,483,238 | 8,769,891 |
| LIABILITIES | | |
| CURRENT LIABILITIES | | |
| Trade and other payables | 1,126,701 | 970,299 |
| Employee benefits | 2,056,656 | 2,086,331 |
| Other Liabilities | 612,894 | 161,707 |
| TOTAL CURRENT LIABILITIES | 3,796,251 | 3,218,337 |
| NON-CURRENT LIABILITIES | | |
| Employee benefits | 562,991 | 558,935 |
| TOTAL NON-CURRENT LIABILITIES | 562,991 | 558,935 |
| TOTAL LIABILITIES | 4,359,242 | 3,777,272 |
| NET ASSETS | 5,123,996 | 4,992,619 |
| EQUITY | | |
| Retained surplus | 5,123,996 | 4,992,619 |
| TOTAL EQUITY | 5,123,996 | 4,992,619 |

Strategic plan 2015-16

| STRATEGIC FOCUS | STRATEGIC OBJECTIVE | ACHIEVEMENTS |
|---------------------|--|--|
| Community & clients | Build a high-profile recognition and preference across the broader community | <ul style="list-style-type: none"> • Raising DCH profile: A rebrand of Darebin Community Health to Your Community Health. • Events and engagement: 648 community members attended a total of 12 events at DCH; 11 of these events involved a partner organisation. • Access: Demand Management Action Plan developed, appointment and wait list letters standardised, improved wait time monitoring and reporting, review of processes for managing cancellations and failure to attend, Service Access Team established and call centre implemented. • Oral health project: Expanded into schools – delivering screening and healthy eating and oral messages. Physio screening incorporated into the sessions. 54% uptake of screening at first primary school involved. • Preventing Violence Against Women International Women’s Day event – Be Bold for Change event held at East Reservoir Community Hub in partnership with Darebin Community Legal Centre and Darebin City Council. Over 30 participants attended and involved. Clothesline project during 16 days of activism against gender based violence and displayed across 3 sites. • Opening of DCH’s Fourth Site: The East Reservoir Community Hub responding to local residents’ needs. • Aboriginal and Torres Strait Islander Health: Growth in Aboriginal health program - an increase of 1.4 EFT. Formation of Men’s work steering committee - connections and engagement with key staff from Aboriginal controlled agencies (including VACSAL and VAHS). • LGBTIQ: Vals Café Self Assessment and Planning (SAP) Tool was completed. Projects established with the PHN. • Health literacy: Completed ‘The Organizational Health Literacy Responsiveness Self Assessment Guide’ in partnership with the Inner North West Primary Care Partnership and Deakin University. • Consumer participation: 3 new members appointed to Consumer Advisory Committee; building capacity for co-design. |
| | Provide opportunities for community engagement | |
| | Continue to work with our priority populations | |
| | Improve client access, reach and customer service | |
| | Embed coordinated care | |

| STRATEGIC FOCUS | STRATEGIC OBJECTIVE | ACHIEVEMENTS |
|--------------------------|---|---|
| Quality & Innovation | Meet accreditation standards and demonstrate continuous quality improvement | <ul style="list-style-type: none"> • Quality Workplan: 2015-17 Workplan fully implemented. • Accreditation: External accreditation reviews for QICSA, National Standards Dental, RACGP Standards (Medical). All standards met following corrective action period for National Standards Dental. RACGP Standards met with no recommendations and highest possible rating for all standards. • Clinical Governance: KPI reporting system established and reviewed. • Contributing to best practice: presentation at World Congress on Public Health – newly arrived communities integrated health promotion; poster presentation at Diabetes Educator Conference; Dietitians Association of Australia – conference presentation newly arrived communities integrated health promotion. • Awards: Melbourne Health Award for joint project with NAHMS project (Oct 2016). |
| | Ensure service delivery is underpinned by a robust evidence base | |
| | Establish a culture that supports and encourages innovation | |
| | Develop some services that are exemplars | |
| People & Culture | Develop a highly skilled, collaborative and innovative workforce | <ul style="list-style-type: none"> • Credentialling and Scope of practice: CSOP rolled out for all allied health staff. SOP developed for general practitioners and nursing staff. Development of SOP for Allied Health Assistants underway. Processes established for the introduction of new treatments and technologies and used to introduce dry needling in physiotherapy and podiatry. • Development of professional supervision capacity and capability: restructure of allied health services and extension of EFT allocation for team leaders and clinical leaders. All clinical leaders trained in professional supervision and framework and tools for professional supervision developed and embedded. • Staff climate: New survey introduced with Best Practice Australia enabling benchmarking. 50% engagement bordering on ambition. DCH benchmarking well against like services. Strategies to be developed where there are improvement opportunities. • Staff development: Mandatory training program in place. Centralised collection of professional development data by HR in Preceda, enabling improved monitoring and reporting. • Organisational restructure: Restructure completed to enable DCH to better respond to opportunities and client needs. |
| | Provide staff development and growth opportunities | |
| | Build a positive workplace culture with shared values | |
| Resources & Partnerships | Develop or strengthen alliances and partnerships which leverage and expand our capability and reach | <ul style="list-style-type: none"> • Profile: Communications and Marketing Advisor position established. • Collaborative: Better Health North East Melbourne Collaborative established with Austin Health, Banyule Community Health, HealthAbility and North East PCP. DCH CEO Chair of Collaborative. JCIP continuing. • New funding streams: NDIS business case developed and being implemented. DCH is an approved registered provider for NDIS Therapeutic Supports, Participate Community and Activities/Groups. Clients are transitioning to NDIS and My Aged Care. |
| | Improve effectiveness and efficiency of physical and corporate resources | |
| | Maintain current funding base in real terms | |

Glossary

| | |
|---------------|--|
| ACES | Aboriginal Community Elders Services |
| DHSV | Dental Health Service Victoria |
| EFT | Equivalent Full Time |
| HAI | Healthcare associated infections |
| HSS | Human Services Standards |
| ISR | Incident Severity Rating |
| KCC | Koorie Coordinated Care |
| LGBTIQ | Lesbian, Gay, Bisexual, Transgender, Intersex and Queer |
| NAATI | National Accreditation Authority for Translators and Interpreters |
| NAHMS | Northern Area Mental Health Service |
| NDIS | National Disability Insurance Scheme |
| NSQHS | National Safety and Quality Health Services |
| QICSA | Quality Improvement and Community Services Accreditation |
| RACGP | Royal Australian College of General Practitioners |
| SAP | Val's LGBTI Ageing and Aged Care Self-Assessment and Planning Tool |
| SSP | Social Support Program |
| VACSAL | Victorian Aboriginal Community Services Association Ltd |
| VAHS | Victorian Aboriginal Health Service |
| VHES | Victorian Healthcare Experience Survey |

T (03) 8470 1111
F (03) 8470 1107
E info@yourcommunityhealth.org.au

Mailing address:
125 Blake Street
East Reservoir VIC 3073

YOURCOMMUNITYHEALTH.ORG.AU

