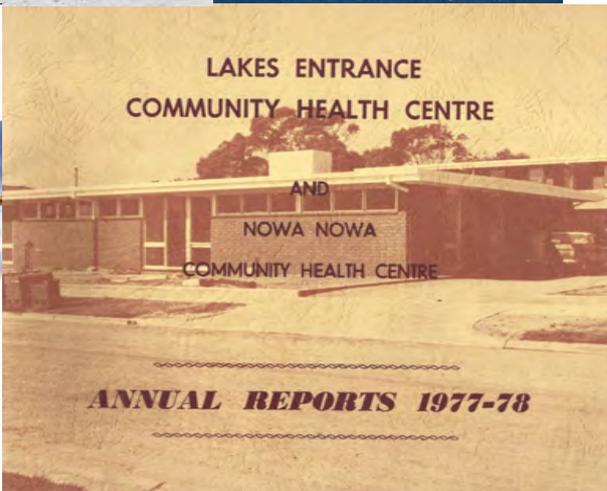
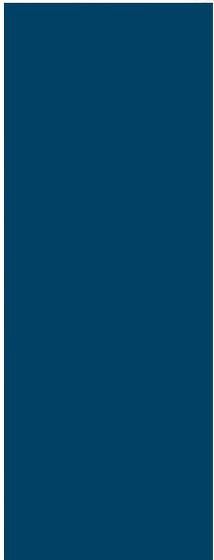
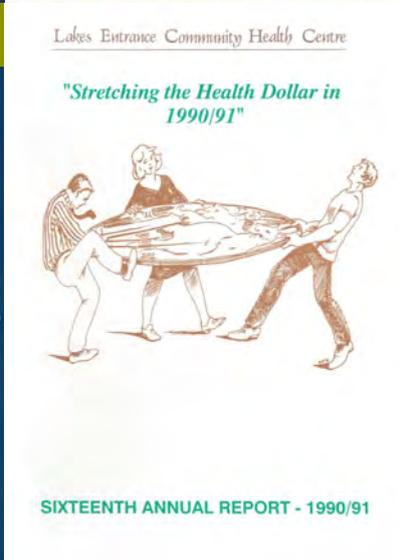
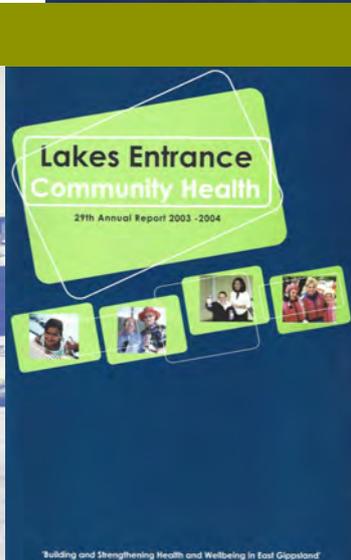
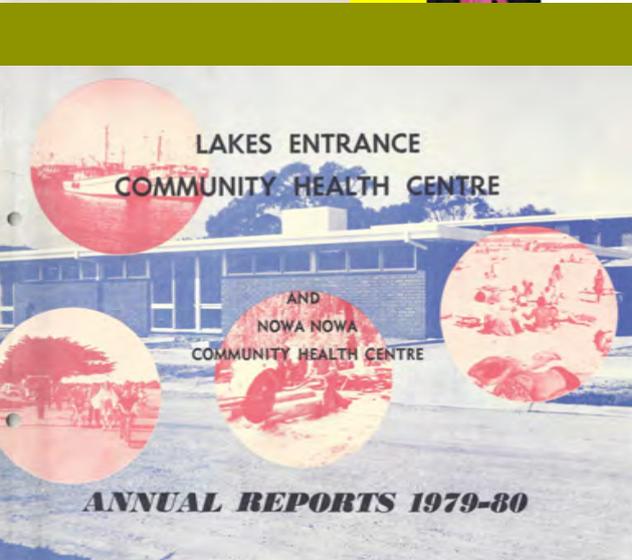
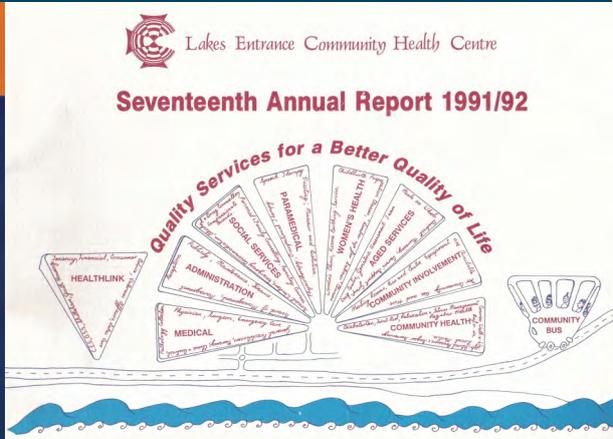
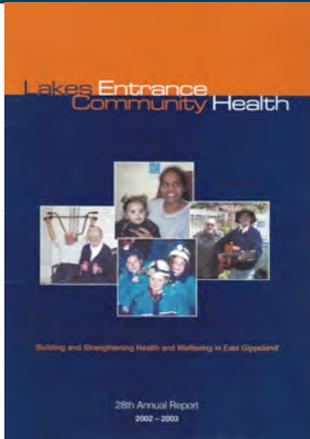
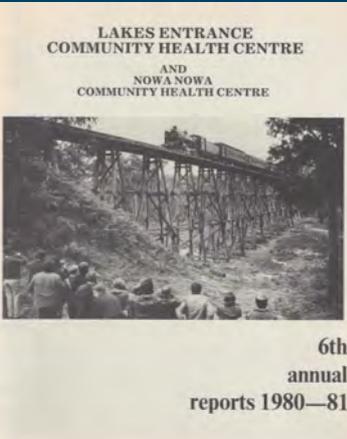


Gippsland Lakes Community Health 40TH Annual Report, 2015





“When the centre opened few people knew what community health meant. I didn’t. Nobody in Bairnsdale – the Matron of the hospital where I worked, the doctors at the surgeries, the sisters at the hospital – nobody could enlighten me,”

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We acknowledge our work in the community takes place on the traditional lands of the Gunaikurnai people of Gippsland. Gippsland Lakes Community Health respectfully recognises Elders both past and present.

About us

Gippsland Lakes Community Health (GLCH) delivers an extensive range of accessible wellbeing services and health promotion activities to the people of East Gippsland. Our focus is on improving the wellbeing of individuals and the communities we live in.

GLCH has been based in East Gippsland since 1975, providing services throughout the region from our central locations and via our extensive network of partnerships.

In 2005 we changed our name from Lakes Entrance Community Health to reflect our evolution into a major service provider across East Gippsland. Today we employ over 350 staff and 600 volunteers across five sites - Lakes Entrance, Bairnsdale, Bruthen, Metung and Nowa Nowa. We provide quality wellbeing services in the areas of home care, allied health, nursing, medical, counselling and family, youth and children's services. GLCH has a strong partnership with the Lakes Entrance Aboriginal Health Association, which operates from the same site in Lakes Entrance.

Our Mission

Our mission is to develop and deliver quality services to the people of East Gippsland. In achieving our mission we will:

- Prioritise delivery of programs and services to those with greatest need
- Serve and respond to diverse community needs within the scope of our professional practice
- Work with other community service agencies to ensure integrated and coordinated services
- Develop and maintain our reputation as an influential, action orientated, innovative and value based organisation
- Be an employer of choice and a community services agency of choice
- Ensure resources meet existing and emerging needs.

Our Values

EQUITY | Providing equity of access to all community members.

QUALITY | Aiming for excellence in everything the organisation does.

INTEGRITY | Treating all people in an ethical manner.

RESPECT | Treating all people with dignity.

COLLABORATION | Working in partnership with other service providers and communities to achieve positive outcomes.

COMPASSION | Treating all people with compassion.

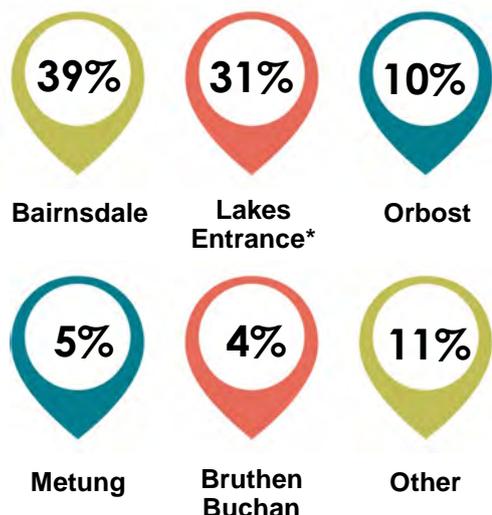
Client demographics



All clients who are new to GLCH and access one of our services or programs are registered on a database called SWITCH. Between 1 July 2014 and 30 June 2015 we registered **1,813** new clients. Here's a breakdown of data based on the new registrations.

1,813 new registrations

Location

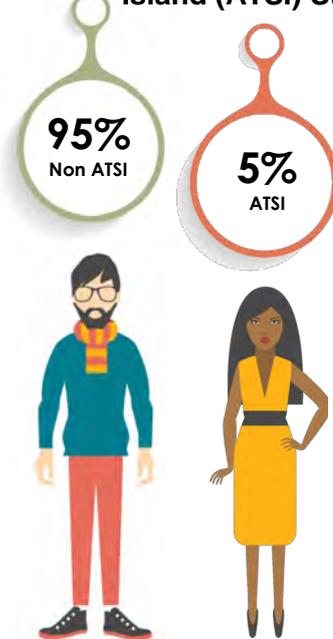


* includes Nowa Nowa

Gender



Aboriginal & Torres Strait Island (ATSI) Status



28% aged 0 - 4

Five yearly client contact comparison [1975 - 2015]



1975	1980	1985	1990	1995	2000	2005	2010	2015
1,318	50,650	40,093	78,712	83,481	161,482	201,141	222,668	*300,000+

*Due to the numerous changes to client reporting systems over the past 40 years our 2015 contact total is an approximation.

*A COMMUNITY HEALTH
CENTRE
IN
ACTION*



Pictured above: Lakes Entrance Community Health Centre in action circa 1975 (top)
L to R: LECHC Chairman, Ian 'Bunty' Bulmer; Dr Elizabeth Bakewell, Margot Kerby and Peter Bellingeri

CEO and Chair Report

2015 is a milestone year for Gippsland Lakes Community Health and presents us with an opportunity to celebrate 40 years of health and welfare service provision across Lakes Entrance, Bairnsdale, Metung, Paynesville, Bruthen and Nowa Nowa.

In preparation for this milestone we have been looking back at the origins of the Lakes Entrance Community Health Centre (LECHC). In the early 1970s, a group of public-spirited people banded together to form a committee to advocate for the establishment of a small hospital in Lakes Entrance. Dr E Wilder, Chairman of the Hospitals and Charities Commission (HCC) suggested to the group that they explore the idea of a community health centre due to the 'astronomical' costs associated with a hospital. Dr Wilder believed a community health centre would more adequately provide better medical and health and prevention facilities than a traditional hospital; and elaborated that Governments were looking at a total population of 100,000 before building a hospital. In October 1973 the concept of a community health centre for Lakes Entrance was born.

On Sunday 12 October 1975, the Lakes Entrance community gathered to witness the opening of the LECHC by the man who inaugurated the concept, Dr E Wilder. LECHC was later registered as a charity with the Hospitals and Charities Commission on June 7, 1976. In its first year of operation (totaling only eight months) the centre had a total budget of \$76,108.00 which paid for 9.3 staff. Registrations and contacts for that year were interesting when compared to today:

	1975/76	2014/15
New registrations	1,879	1,813
Medical appointments	1,342	32,348
Nursing contacts	6,828	23,780
Allied health professional contacts	2,237	21,597

It appears that almost everybody residing in Lakes Entrance at the time registered in that first year of operation keeping the 4.9 nurses very busy. It is also interesting to compare the three service categories to the list of services currently available (see page 11) - we've come a long way since those ground-breaking early days! It is a reminder that we should...

Never underestimate the power of a small group of committed people to change the world. In fact, it is the only thing that ever has.

Margaret Meade, anthropologist, 1901 - 1978

Throughout this fortieth year we look forward to improving our services to the communities we serve. We would like to thank members, clients, service partners, peak bodies and funders for their continued support in partnering with us to help achieve our mission to develop and deliver quality health and wellbeing services to the people of East Gippsland.

Partnerships are vital to GLCH in providing coordinated care and the most important partnerships we have are with our clients and the community. This year we have focused on examining these partnerships and how they add value to the delivery of health and support.

There is growing recognition that being an active partner with clients, their families and carers ensures that services are respectful of and responsive to individual client preferences, needs and values. We have a goal to be a provider that integrates consumer engagement and feedback into service planning. This allows consumers to become active partners and helps us improve the client /staff experience, as well as quality and safety outcomes.

Consumers are central to the planning, implementation and evaluation of all GLCH services and programs. All five of our service Units have developed a plan that demonstrates how they will best achieve this.

This year we were successful with our submission to become the lead agency for a pilot program called *Outer Gippsland Services Connect Partnership* (East Gippsland and Wellington Shire).

Services Connect Partnerships are groups of non-government service providers that come together to test, refine and further develop a range of service types in order to provide integrated support to vulnerable families and individuals. Types of services they focus on include homelessness, child and family, family violence, disability, mental health, and alcohol and drug treatment services.

Eight pilot programs that reflect the way that we work throughout the organisation and strengthen interagency partnerships for the benefit of all clients, have been established in Victoria with two in rural areas. This partnership encompasses a total of ten agencies to facilitate best practice in service coordination.

Since the beginning of this reporting period we have been working towards the implementation of a new client information system, TCM7. When completed, this system will provide us with better client information, better reporting capabilities for funding bodies and for the purposes of understanding the health status of our community, and provide us with electronic storage of client files. We are rolling TCM7 out in phases to ensure all staff are sufficiently trained to get the best out of the new system.

Our services in Bairnsdale have expanded over the last few years and now include some paediatric allied health services, an increase in services for families and counselling for frail aged people. This has put pressure on our current accommodation and recently, we completed the strategic purchase of an adjacent building at 66 McCulloch Street that is currently occupied by the East Gippsland Shire Council. Planning will begin this year for the use and refurbishment of this building in preparation for the Shire's exit. Planning will also include raising funds for the refit.

Our Children's Centre celebrated its first anniversary toward the end of this reporting period with a petting zoo, jumping castle and cake. Our birthday gift to the children was a hen house and four hens, who wasted no time making our backyard their home and provided the children with fresh eggs throughout the year. During the year the Children's Centre introduced a Vacation Care program for school aged children. This exciting new program featuring daily excursions and activities for children while their parents work through the school term breaks, has received positive feedback from both children and parents. A structured pre-school program for children whose parents prefer they attend pre-school within the Children's Centre rather than be transported between pre-school and care, also commenced during the year.

In October we celebrated two significant awards. We were very proud to receive the Office National East Gippsland Business Award for Health and Community Service and feel this acknowledges our business role, providing health and community services throughout the Bairnsdale and Lakes Entrance catchments and beyond.



GLCH CEO Sue Medson and Lila Moss cut the cake at our Children's Centre's first birthday celebrations.



Office National Business Awards October 2014, winner of the award for Health and Community Service.

Shortly after, we were highly commended for excellence in service provision at the 2014 Victorian Public Healthcare Awards for work we have done in promoting health and enhancing social connectedness for Aboriginal children in and around Lakes Entrance.

Pivotal to our ability to continue to provide quality services in the community are a strong, qualified and experienced staff and a committed Board of Directors. In presenting this fortieth annual report we commend to you the reports from each of our service Units and congratulate staff and executive managers on their many achievements throughout year.

Executive Managers Leah McFadzean, Ailsa Carr, Cheryl Bush, Angela Ellis and Chris Tipa work tirelessly as a team and within their Units to provide a range of innovative services that address the comprehensive needs of the communities we serve. We thank them for their dedication.

Patricia Bryce joined the Board of Directors in November 2014. Patricia has a strong interest in consumer engagement and has worked in a range of health services as a nurse.

Her experience contributes to the knowledge base of the Board.

Being a member of the GLCH Board is not a paid position. Directors take on the responsibility of guiding the future wellbeing of GLCH alongside their career, family, and other volunteer commitments and do so willingly. Thank you to all our directors who have exercised leadership, enterprise, integrity and judgment and ultimately acted in the best interests of GLCH.

Validation of the quality of the services that we provide was met as part of our three year accreditation cycle. In February we hosted five Quality Innovation Performance (QIP) assessors who assessed us against the Health and Community Services Standards and the Department of Human Services Standards. All standards were met and the standard of *Incorporation and Contribution to Good Practice* was exceeded.

Our fortieth year of service has ended in a strong financial position.

The end of year results, taking into account depreciation and loss on disposal of assets, was a surplus of \$302,842.00.

A full summary of our financial position is available in the back of this Annual Report and in the Audited Financial Statements provided with this report.

So, forty years has passed since we first commenced service provision to the community. Much has changed in forty years, but the dedication of our staff, volunteers and Board - who together continue to achieve goals - has not. Well done everyone.



Sue Medson OAM
Chief Executive Officer



Jeff Wilson
GLCH Board Chair

Healthy Lifestyle Groups & Education Programs

- Anaphylaxis Management Course
- Art Therapy (Power of the Mark)
- Asthma Emergency Management Course
- Boys' Friendship Group
- Brainbags, Life and Living Skills Program
- Bruthen Women's Craft Group
- Cancer Support Group
- Caution with Cannabis
- Children's Centre programs including:
 - Full time, part time & casual child care
 - Before and after school care
 - Three year old Kinder
 - Four year old Kinder
 - Vacation Care
- Community Arts Group
- Contenance - no laughing matter
- Creative Respite Groups including:
 - Sunset Jamboree (Dementia Respite)
 - My Time Respite Group
 - Time Out Respite Group
- Fitness programs including
 - Active Kids and Teen Gym
 - Blokes Gym
 - Cardio-pulmonary Rehabilitation
 - Core Concept
 - Gentle Exercise Program
 - Healthwise Gym
 - Health Moves
 - Hydrotherapy
 - Keep Active
 - Keep Moving at Home (Falls Prevention in home)
 - Keep Well
 - Kinder Gym Programs (from various locations throughout East Gippsland)
 - Lifting Weights at Lakes
 - Men's Gym
 - Outpatient Rehabilitation
 - Pilates
 - Staff Gym
 - Stay Safe (Falls Prevention)
 - Tai Chi
 - Thursday Night Ladies' Gym
 - Walking Group
 - WELL (Women, Exercise, Laughter, Life) for women diagnosed with breast cancer
- Golden Delicious (healthy eating for HACC clients 65+)
- Health Aging Options Information Sessions
- Healthy Together Victoria Achievement Program
- Homebased Library
- LIFE! Program (Diabetes Prevention)
- Life after Loss
- Men's Shed (Bruthen, Lakes Entrance & Nowa Nowa)
- Paediatric Therapy Groups including:
 - Active Lorikeets
 - Busy Bees
 - Handwriting Group
 - Little Wrens
 - Lyrebirds
 - Moving Meerkats
 - Parent Child Mother Goose
 - Phonological Awareness for Literacy
 - Proloq2go
 - School Readiness
- Parenting Groups including:
 - Bumps to Bubs
 - FAB Tuesdays
 - New Parents Group
- Parkinson's Support Group
- Planned Activity Groups including:
 - Café Connect
 - Leisure and Laugh
 - Midday at Lakes
 - Socially Active
 - The Café
 - The Lounge
 - Thursday Group
 - Wednesday Roast
- Pre Advance Care Planning (Making the last chapter reflect the whole book)
- Rock and Water Group for Children and Youth
- Wheels to Meals
- Your Choice Program



Leadership & Quality

Gippsland Lakes Community Health is a not-for-profit, non-government organisation operating as a company limited by guarantee under the Corporations Act 2001. We are a Victorian Registered Community Health Service under the Health Services Act (1988) and a Registered Community Services Organisation under the Children, Youth and Families Act (2005).

Our Board of Directors bring a diverse range of skills, expertise and experience to GLCH, particularly in areas such as education, health, local

government, business administration, information technology, journalism and law.

Each Board Director has strong connections to the local community and volunteers their time to provide the organisation with strong governance and guidance.

The Board is made up of nine directors – six who are elected from GLCH's membership, and three who are appointed based on their skills and experience.

The Board of Directors meets approximately ten times per year and has two standing committees – Finance, and Audit and Risk.

The Board is responsible for:

- Ensuring GLCH delivers quality health services in line with its mission and values
- Ensuring organisational operations are directed by effective systems and processes

- Defining and developing the organisation's purpose
- Working with Executive Managers to develop GLCH's Strategic Plan
- Approving annual budget and business plans
- Fostering a culture that is responsive to community needs
- Monitoring and leading clinical safety and quality.

We are currently accredited with:

- Australian General Practice Accreditation Limited (AGPAL)
- Quality Innovation Performance (QIP), which includes:
 - Quality Improvement Council Standards (QIC)
 - Home and Community Care (HACC)
 - Department of Human Services Standards (DHS)
- Department of Social Services (DSS) which includes:
 - Home Care Packages (HCP)

We are committed to delivering high quality, safe and responsive services. We have integrated the following elements throughout GLCH to ensure quality improvement:

- Consistent work to a three year Quality Improvement Plan that is reported to QIP
- Investment in a dedicated senior Quality position
- Integration of Continuous Quality Improvement principles into strategic plans, operational plans, integrated planning models, position descriptions, planning, review and reporting
- Incorporation of learning and development activities that improve service quality
- Systematic internal and external auditing in the areas of client records, finance and OHS
- Demonstrated application, practice and review of clinical governance throughout the organisation

During the financial year, 10 meetings of Directors were held. Attendance by each Director was as follows:

Director	Number eligible to attend	Number attended
Jeff Wilson	10	10
Carol Ross	10	9
Sohan Gunasekera	10	7
Brendon Moar	4	2
Jeanette Severs	10	7
Ian Dunkley	10	9
Joanne Booth	10	8
Darryl Andy	10	5
Michael Sutton	4	1
Patricia Bryce	6	4



Jeff Wilson | Chair

Jeff worked with the Victorian Education Department for 37 years, including nine years as a Primary School Principal. He chaired the GLCH Board for 10 years, has served as Deputy Chairperson for the Mallacoota Water Board, Chairperson for the East Gippsland Network of Schools and worked as an Education Consultant. Jeff is a member of Rotary Club of Lakes Entrance and volunteers with GLCH. He has extensive financial and leadership experience in community and sporting organisations.

Jeff was awarded a Public Service Medal in the Queen’s Birthday Honours 2004 and East Gippsland Citizen of the Year in the Australia Day Awards 2012. Jeff has qualifications in: Diploma of Education, Graduate Diploma (Electronic Computing) and Diploma of Metallurgy.



Jeanette Severs | Vice Chair

Jeanette is a specialist rural and agricultural journalist, a published author and past newspaper editor. She has a strong interest and experience in governance, strategic planning and policy analysis and development.

Jeanette has a demonstrated interest in agricultural and environmental health issues, rural women’s social issues, rural health needs and public health program delivery. She has extensive Board experience.

Apart from being a trade-trained print journalist, Jeanette holds a Bachelor of Arts – Sociology (Monash) and is a graduate of the Australian Institute of Company Directors (Diploma), the Marcus Oldham Rural Leadership Program and the Gippsland Community Leadership Program.



Sohan Gunasekera | Director

Sohan joins the Board with over 20 years of customer service, process improvement and project management experience across private, not-for-profit and government sectors. He looks forward to actively contributing to strategic decision making at GLCH.

Committed to seeking and facilitating best-value solutions for organisations, Sohan is currently Manager of Information Services at East Gippsland Shire Council, member of Victorian Local Government Information and Communications Technology Committee, and Board of Governance member at Uniting Care Gippsland.

Sohan's qualifications include Bachelor of Applied Science, Masters Degrees in Business Administration and Information Systems Management, and is a certified Project Management Professional.



Joanne Booth | Director

Joanne has a background in public health and policy and is an experienced non-executive director and former chief executive. She has worked extensively in the health, not-for-profit and public sectors and currently operates a governance and management consultancy.

Joanne is a Graduate of the Australian Institute of Company Directors (AICD) and has completed Governing for Non-Profit Excellence at Harvard Business School (USA) and the Not-for Profit Chair course (AICD).

Her other directorships include: Director, Victorian Healthcare Association; Director Workways Australia Ltd; and Director, East Gippsland Region Water Corporation. She is also Independent Audit Committee Chair, Central Gippsland Region Water Corporation.

Joanne's qualifications include: Master of Public Health; Graduate Diploma in Occupational Health; Bachelor of Arts; Diploma of Company Directors; Practitioners Certificate in Mediation; and Certificates in Advanced and General Nursing. She is an active member of the AICD and Women on Boards.



Patricia Bryce | Director

Patricia has had an extensive career in both public and private health, from clinical nursing and management, through to projects and research.

Pat has qualifications and experience in Nursing, Midwifery, Sexual and Reproductive Health, Women's Health, and Education. She has worked at major public hospitals, such as the Royal Women's Hospital and Mercy Hospital for Women, and not-for-profit organisations, and has a Bachelor of Education.

Pat also has hospital and health service Board experience and was on the ethics committee at Howard Florey Institute of Neuroscience and Mental Health and other specialist advisory committees. Pat is currently a member of the Bairnsdale Regional Health Service community advisory committee and has a certificate in consumer leadership.



Ian Dunkley | Director

Ian has a background in finance and is a qualified accountant. He has worked in not-for-profit and Aboriginal health and welfare organisations, and was CEO of Gippsland and East Gippsland Aboriginal Cooperative (GEGAC) and Project Manager at Kee Cooperative Ltd. Ian currently works part-time in disability services at Headway Gippsland Inc.

Ian has served on a number of Boards, including GLCH (past Board member), East Gippsland TAFE and East Gippsland Football League. He was also a member of the East Gippsland Shire Council Economic Development Committee for a number of years.



Darryl Andy | Director

Darryl is Chair of the Lakes Entrance Aboriginal Health Association (LEAHA) and is committed to maintaining the strong relationship between Gippsland Lakes Community Health and LEAHA into the future. Darryl is committed to supporting both organisations to improve the health and wellbeing of the local Aboriginal community.

Darryl has worked as a Koorie Educator at the Bairnsdale Secondary College and is currently the Koorie Engagement Support Officer at the Lakes Entrance Secondary College. He has a good knowledge of the local community and is involved in many Aboriginal forums and networks which keeps him up to speed with current issues and trends.



Carol Ross | Director

Carol is a resident of Bairnsdale who is keen to contribute to her local community as a Director with the Board of Gippsland Lakes Community Health. Carol works at East Gippsland Water and brings senior management skills to the Board.

Carol's qualifications include a Bachelor of Commerce, Diploma of Financial Services, Diploma of Management (Human Resources) and a Diploma of Frontline Management.

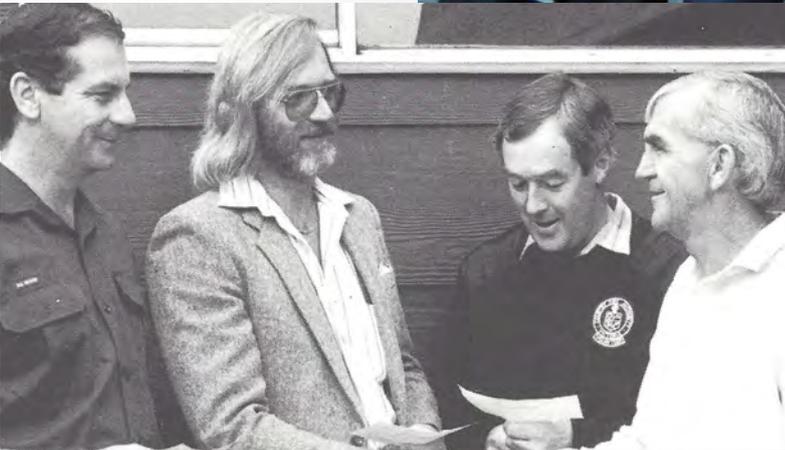


Michael Sutton | Director

Michael (Mick) is an education and health professional, with a Bachelor of Education and Post Graduate Diplomas in Professional Studies (Human Resource Management, Strategic Planning, Change Management and Curriculum Development), Counselling and Welfare. Mick has also worked in a Community and Indigenous Relationship Manager role with VicForests.

Mick currently teaches part-time and runs a local farm and tourist operation.





Aged Care Services

The Aged Care Unit continues to provide Home and Community Care Programs, doubling its delivery of Commonwealth funded Aged Care Packages (to 63) as well as being the preferred service agency for other local Aged Care Package Providers.

The Unit provides Veterans Home Care (VHC) for East Gippsland, Post Acute Care (PAC) and home services for various agencies whose clients have disabilities. At the time of this report we employ 20 office based staff, 100 direct care staff and welcome five disability support staff transferring from the Family, Youth and Children's Services Unit.

Highlights

- There has been significant growth for homecare in the last 12 months from funding sources including Post Acute Care (35%), Veterans Affairs (10%) and Fee for Service fees (26%).
- The Unit's successful bid for Home Care Packages (February 2015), resulted in an increase of 40%.
- The Home Care Supervisory Team commenced a number of initiatives to improve work satisfaction for staff involved in direct client care. These included completing a staff survey in January, improvements to the annual performance review process, the creation of a three monthly Supervisors' Award, commencement of "The Link" HACC Workers' quarterly newsletter; and regular afternoon teas for staff to catch up with colleagues.
- 21 new Consumer Directed Home Care Packages were won by competitive application in February. Twenty of these packages were fully assigned to clients by June 30.
- As a result of the new packages previously mentioned, the team responsible for their delivery expanded to include two new members. This year the 14 older Home Care Packages (CACP) will cease and be replaced by 14 Level Two Consumer Directed Care Packages (CDC). This new service model that encourages clients to take an active role in their care and decide how their package resources are best spent, has been in practice for over a year and is an established methodology for the HCP team.

Challenges

- A need to reduce service waiting times particularly for Living at Home Assessments, has resulted in a project to fast-track less complex referrals. Trials of this approach have proved promising for clients with less complex needs. Our referral base however shows that approximately 90% of referrals are complex enough to preclude the fast-track approach and therefore still require comprehensive face-to-face assessment.



ABOVE: Pictured outside our location in Bairnsdale is Chris Tipa, Executive Manager of the Aged Care Services Unit (right), with Penny Cassidy, Manager of Aged Care Services.

- A decision was made in early 2015 to deliver in-home domestic services using a wider timeframe method rather than specific appointment times. This new method gives home care staff the flexibility to address any unexpected issues that may arise when visiting a client and also allows for any variance in travel time between visits should a situation develop. The change was initially met with some apprehension and negativity from clients. Over time some client's have accepted the change, however not all - making it an ongoing challenge to manage their expectations.

- Training for direct care staff presents a logistical challenge. Our main opportunities to get our large workforce together are two six monthly half-day in-service sessions. Over the next 12 months we hope to implement a range of approaches that will offer more flexibility in up-skilling for this important group of staff members.

Chris Tipa
Executive Manager

Services

- Case Management
- Comprehensive Assessment
- Domestic Assistance
- Home Care Packages
- Meals on Wheels
- Personal Care
- Property Maintenance
- Respite
- Social Support
- Volunteer Based Transport

Clinical & Nursing Services

The Clinical and Nursing Services Unit offer a broad range of nursing services and a GP Practice (including visiting medical specialists) supported by an administration and customer service team.

We provide regular outreach services to the communities of Metung, Bruthen, Nowa Nowa, and the Lake Tyers Aboriginal Trust; and deliver sessions at the Lakes Entrance Aboriginal Health Association (LEAHA). All outreach locations are electronically linked back to our main site in Lakes Entrance, ensuring continuity of care regardless of where a client accesses our services.

The Unit continues to take a lead role in providing a positive and supportive learning culture offering professional placement opportunities for nursing, medical and pharmacy students, as well as placements for medical interns. We are also actively involved in research projects and studies undertaken by Monash, Melbourne and La Trobe Universities.

Highlights

- The regional Aged Care Dementia Clinical Nurse Consultant has been providing early access to specialised assessment and support for people with concerns relating to memory issues for 12 months now. This successful role has received a constant stream of referrals due to good working relationships with GPs and other service providers.
- Volunteers from Lakes Entrance accepted innovative lead roles in the pre Advanced Care Planning project, *Making the last chapter reflect the whole book*. With the support of a facilitator, volunteers have developed an interactive community session that prompts participants to think about how their personal values in living translate into end of life decision making. This ongoing project is fulfilling its aim to increase community awareness and their capacity to deal with dying, death and bereavement. A number of sessions have been held receiving positive feedback.
- A successful Commonwealth funding submission together with generous donations from community members, has provided us with the capital to extend our clinic to include a new consulting room with the aim to accommodate an extra doctor on completion.
- A continued partnership with Monash University has resulted in further Commonwealth funding to support the running of our Client Simulation Clinic for undergraduate students. The primary objective of the clinic is to improve communication and interprofessional collaboration of students in the community health service setting. Trained volunteers assume the role of patients who are interviewed by students.

Challenges

- Meeting the identified needs of our communities within the constraints of workforce availability and financial viability.
- Managing the impact of government policy regarding Medicare funding to our GP Practice and ensuring access to services for vulnerable community groups.
- Recruitment to specialised nursing positions to cover short term positions associated with Long Service Leave replacement.
- Our valuable Medical Intern program ceased in January 2015 due to changes in government funding. In its wake, GLCH have committed to offering an additional GP Registrar position for doctors who are undertaking training to obtain the speciality qualification as a General Practitioner.

Cheryl Bush

Executive Manager

Services

- Advanced Care Planning
- Cancer Support Nurse
- Chronic Disease Support (prevention and intervention)
- Clinical Nurse Consultant Aged Care - Dementia
- Chronic Condition Clinics:
 - Diabetes (review, education and prevention)
 - Lymphoedema
 - Respiratory (assessment, quit smoking and asthma)
 - Comprehensive Health Assessments
- General Practitioners
- Home Based Nursing
- Hospital in the Home
- Immunisations
- Palliative Care and Bereavement Support
- Palliative Care Clinical Nurse Consultant
- Primary Triage and Assessment
- Visiting Medical Specialists
- Women's Health Service
- Wound Management



ABOVE: The Clinical & Nursing Services team farewelled long time receptionist, Pam Dibben (aka Princess Pam). Pam's retirement was short lived and she returned to GLCH for casual shifts six weeks later. Pictured with Pam (in pink) is Dr Lis Wearne, Cheryl Bush, Dr Patrick Kinsella and Dr Tom Alwyn.

Community Health Services

The Community Health Services Unit (CHSU) provides a full range of allied health services, planned activity groups, and health promotion activities throughout East Gippsland. We work with all sectors of the community from infants to seniors, delivering quality services and programs in both individual and group settings.

Allied Health services are delivered via the Lakes Entrance, Bairnsdale, Bruthen, Metung and Nowa Nowa GLCH sites. Services continue to be provided at Lake Tyers Aboriginal Trust, Lake Tyers Health and Children's Services, Lakes Entrance Aged Care Facilities, Lakes Entrance Aboriginal Health Association, Gippsland and East Gippsland Aboriginal Cooperative, regional primary schools, kindergartens, and Early Education and Childhood Development facilities and in clients' homes.

Our services and programs are accessed via our Service Access team and supported by qualified allied health assistants and health promotion workers.

The Unit also manages an Early Childhood Education and Development Centre.

The Gippsland Lakes Community Health Children's Centre provides quality care and education to 150 families

in Lakes Entrance with 220 children attending over the last 12 months. This year we introduced a successful Vacation Care program for primary school aged children with working parents.

The Health Promotion team have facilitated programs supporting early intervention and prevention to improve the community's health. They have actively supported the whole organisation with program planning, best practice advice and evaluation.

The funding for this Unit is via Community Health and Home and Community Care; private health insurance; Workcover, Transport Accident Commission; Department of Veteran Affairs; Medicare; Department of Social Services (FaHCSIA); Better Start; Post-Acute Care; Communities for Children; Department of Education; Employment and Workplace Relations; and project funding.

Highlights

- *10 Years Swimming Upstream*, a presentation showcasing our successful swimming program for Aboriginal children, was presented at the Gippsland Health Promotion Conference and was highly commended at the 2015 Victorian Public Healthcare Awards.
- Our service access team managed 4,962 referrals for 39 different community health and aged care services from 162 referral sources. This demonstrated a 12% increase from the previous 12 months.
- Staff presented the *Emotional Wellbeing and Social Connection Evaluation Framework* showcasing the benefits of art therapy at both regional and state-wide healthy ageing conferences.
- Allied health professionals at GLCH developed a 12 month training package to further develop the knowledge and skills of our allied health assistants.
- We received a nomination by the Joanna Tubbs Foundation for a *Jetstar Flying Start Grant* to support the delivery of Active



ABOVE: Community Health Services Unit Executive Manager, Angela Ellis (far right) is pictured with (L - R) Tracey Dear, Ainsleigh Whelan, Sue Medson (CEO) and Julianne Webb at the 2014 Victorian Health Care Awards in Melbourne.

Lorikeet training and program implementation throughout NSW, QLD and TAS.

- Staff were kept busy facilitating 51 different group activities each week to approximately 278 individual clients.
- We successfully modified our Planned Activity Group Model to support participants' emotional and mental health wellbeing and increase opportunity for carers to receive support.
- At the beginning of 2015 we packaged together our popular Little Wrens Program resources for purchase. Staff will travel to Tasmania later in the year to deliver associated training to Aboriginal health services.
- The Unit launched four new therapy groups including a cancer support exercise group designed specifically for women.
- Our expanded regional paediatric services now include:
 - Hanen qualified therapists delivering training to local early years educators.
 - Weekly parent education sessions
 - Six professional development sessions delivered to 80 regional kindergarten and early years educators.
 - Increased service delivery to individual clients in Bairnsdale.
- We celebrated the Children's Centre's first Christmas and birthday with the children, their families and the community.
- A naturalised playground was constructed at the Children's Centre in partnership with parents and the Department of Environment and Primary Industries.
- We were the recipients of \$72,000 over a three year period for professional development support to the Educators at the Children's Centre.
- An application to become a provider of four year old kindergarten was successful.
- We became a registered service provider with the Department of Education and Training for speech pathology services for the region.

Community Health Services

Highlights continued...

- 60 sessions of art therapy for 23 participants were delivered, totalling 318 contacts. An unexpected reported outcome for 80% of the group is having energy to spare.
- We are now reaching over 1,000 children aged 12 years and under in early years and primary school settings via the delivery of the Healthy Together Victoria Achievement Program. GLCH and the Children's Centre are also registered with this Program.
- 24 Men's Shed participants completed pre and post *Mental Health and Wellbeing Scale* questionnaires showing a significant shift of 87% toward improved social connection and mental wellbeing. Areas such as feeling useful and feeling close to other people, showed the highest positive change.
- A Men's Gym Satisfaction Survey showed 92% satisfaction with the service received; 92% reported increased strength in their legs; and 83% an increase in strength in arms. 66% of participants reported doing no physical activity before starting the gym program, with 100% reporting an increase in their physical fitness.

- We were the successful recipients of the *Easy Meals on a Budget* funding package.

Challenges

- High demand for services versus funding and lack of office and treatment space.
- Recruitment of qualified staff for both allied health and the Children's Centre.
- Nil growth in public or project funding to support demand for increased services.
- Small amount of funding for public funded paediatric allied health services creates expectations for families that we are unable to meet.
- Lack of paediatric specific allied health therapy spaces in Lakes Entrance and Bairnsdale.
- Multi site service delivery creates challenges with resources management.
- The reception area for allied health services in Lakes Entrance is too small to accommodate clients waiting to see health professionals.
- Managing the Children's Centre to become a cost neutral.

Angela Ellis
Executive Manager

Services

- Aged and Community Health Intake
- Art Therapy
- Children's Centre
- Dietetics
- Exercise Physiology
- Hand Therapy
- Health Promotion - activities, training and support
- Occupational Therapy
- Paediatric Therapy - individual and group
- Physiotherapy
- Podiatry
- Speech Pathology
- Rehabilitation

Ensuring Health and Safety

Gippsland Lakes Community Health is committed to complying with, and promoting, safe work practices to minimise the risk of injury to employees, clients, visitors, volunteers and other persons lawfully on the premises.

It is our policy that work practices are assessed systematically for risk and where risks are identified, they are minimised or removed.

The Health and Safety Committee (HSC), Board, Executive Management Team, and staff work together to implement, manage and report on effective health and safety systems on a continual basis. The Occupational Health and Safety (OH&S) framework includes a suite of policies, procedures, internal and external audits, action plans, meeting structures, and reporting systems to ensure GLCH is managing this space appropriately.

The HSC at GLCH comprises of representatives from designated work areas and locations including:

- Children’s Centre
- Community health services
- Corporate and administrative Services
- Environmental services (Lakes Entrance site)
- Lakes Entrance Aboriginal Health Association
- Frontline/reception
- Medical and nursing
- Outreach sites (Bruthen, Metung, Nowa Nowa)
- Home visiting services
- Bairnsdale site
- Yoowinna Wurnalung Healing Service and Nicholson Farm.
- Management (non voting)

The aim of the HSC is to provide a forum through which the following can occur:

- Staff can express their health and safety views or concerns
- Identification, discussion and recommendations on management of perceived or real health and safety items
- The delivery of routine policy, procedure, system and site reviews to ensure compliance with relevant health and safety legislation

- Provision of advice and/or recommendations on the level of system change, information or training necessary at staff level to ensure health and safety requirements are met.

Health and safety representatives will:

- Facilitate co-operation and issue resolution between GLCH and it’s employees
- Represent working groups fairly and equally in the HSC forum on health and safety matters
- Identify and support the routine dissemination of health and safety information and education
- Recommend and maintain relevant and up to date health and safety publications, policies and procedures in line with the Act.
- Act as a resource to staff should health and safety issues or concerns not be resolved through normal process
- Conduct routine health and safety inspections and/or assessments as the HSC Agenda, staff or GLCH indicates, and make recommendations on same.
- Assist the agency to implement required health and safety training and education. .

Corporate services

The Corporate Services Unit provides administrative and infrastructure support to all of GLCH and a small number of partner agencies. The Corporate Services Unit has a total budget of approximately \$4.5 million and a staffing base of 46.

Highlights

- The Unit has continued to systematically review the service functions for which Corporate Services has responsibility. This has resulted in a number of staffing adjustments, resource allocations, and quality projects.
- A number of technology and system upgrades have commenced and are in varying stages of completion in the areas of payroll, client data management (client records and reporting), human resources and vehicle management.
- This year saw the advancement of GLCH's social media strategy with the launch of our Facebook profile. This has improved GLCH's capacity to communicate with current and potential clients.
- Staff and the Quality and Compliance team worked tirelessly together to meet and maintain our accreditation status via the National Quality Improvement Council.

- A number of facility upgrades were made to all sites but significant changes occurred at the Children's Centre to ensure the newly acquired service ran to its optimum. Clients and staff have provided positive feedback on its refreshed, bright and creative appearance.

Challenges

- The introduction of the Client Data Management System (TCM7) is one of the largest projects undertaken by GLCH and as such requires careful management to ensure the associated workloads and change implications are managed well.
- With the addition of the Nowa Nowa and Children's Centre sites now embedded, focus will commence on the master planning processes attached to 66 McCulloch Street in Bairnsdale. This is a large facilities project that will have impact to all functional areas of Corporate Services.

Leah McFadzean
Executive Manager

Services

- Centrelink Agency
- Client File Management
- Compliance
- Customer Service
- Environmental Services
- Facilities and Asset Management
- Financial Management
- Human Resource Management
- Information Management
- Information Technology
- Marketing
- Occupational Health and Safety
- Quality and Compliance
- Risk Management



Executive Manager of Corporate Services, Leah McFadzean (centre) pictured with Mel and Dave from Karls Mega Sports who supported GLCH's launch into social media.

Staff demographics



70 new staff 1 July 2014 to 30 June 2015

Gender



56



294

47
average age
of staff

94%

6%

Aboriginal TSI Status



Five yearly staff comparison [1975 - 2015]



1975	1980	1985	1990	1995	2000	2005	2010	2015
10*	39	49	57	56	229	211	385	350

* includes one visiting medical officer (Doctor)

Family, Youth & Children's Services

The Family, Youth and Children's Services Unit (FYCS) works in partnership with both our clients and other services to facilitate a practice that builds on the strengths and resilience of individuals, communities and the service system as a whole.

The Unit provides services locally to the communities of Bairnsdale, Lakes Entrance and surrounds but also has a significant number of programs that operate across the East Gippsland Shire. The Unit has 46 EFT made up of 63 staff.

Integrated service provision, collaborative practice, early intervention and prevention are the foundation of our programs and place the client at the centre of all processes, ensuring their engagement and participation within a framework that respects the rights of both individuals and families.

The Unit seeks to provide services through models of practice that are relevant in rural and remote communities and that are seen as enabling

those communities and clients to address their social, emotional and well being issues through empowerment. In achieving this the Unit:

- Promotes and applies leading sustainable, client-focused practice
- Works to develop partnerships with other community service agencies to ensure integrated and quality services
- Responds to the diverse needs of clients with care and compassion to develop their strengths
- Ensures programs are open to change, flexible, forgiving and transparent in all actions with both clients and staff
- Develops strong, resilient and well supported staff

Highlights

- All programs across the Unit have achieved accreditation including successfully meeting all Department of Human Service standards.
- Formal partnerships have been established with a number of local and regional agencies resulting in the successful tendering for two significant services; the newly recommissioned Alcohol and Drug program and Services Connect pilot project.
- Programs have been published in two professional journals, presented at national conferences and staff have worked with other agencies to raise awareness around key local issues to increase community awareness.
- A Consumer Participation Plan has been successfully implemented resulting in client feedback regarding the website upgrade and the introduction of an agency-wide Facebook Page. Positive feedback on their service delivery and consumer involvement in the development of new care planning processes is recorded using the Outcome Star.



ABOVE: FYCS staff demonstrate the affects of alcohol using 'Beer Goggles', glasses that use special lens technology that allows the wearer to experience a realistic simulation of impairment at our annual industry 'Taster'.

- All programs have been involved in collaborative and innovative models of service provision. Examples include Perinatal Mental Health, Neuropsychological Assessments, Drug & Alcohol Withdrawal, Rock and Water group work, Youth Partnerships, work with more rural and remote schools, Child Protection and the Police.

Challenges

- Constantly changing policy and funding environment requiring more of agencies in relation to research based services, submission and tendering processes. There is also a mismatch between models developed and needs of rural communities.
- Partnerships and lead agency models; have resulted in increased work with limited dollars for the lead agency; are difficult to localise when

catchments are large; and may result in a membership with differing views on what partnership entails.

- Complex and high risk case work has continued to make up the largest proportion of services provided. This requires careful management, a good understanding of legislation and focused professional development to ensure staff have the appropriate knowledge and skills, high quality supervision, case review and performance management. Utilising such an approach facilitates early identification of issues, ensures staff are well supported and creates an environment where partnerships with other agencies ensure clients have the right interventions provided in a timely manner.

Ailsa Carr
Executive Manager

Services

- 0 - 2 Program
- Alcohol and Drug
 - Counselling
 - Non Residential Withdrawal
 - Koori Diversion worker
 - Care and Recovery
 - Youth Outreach
- Assessment and Response
- Child FIRST
- Counselling
 - Generalist
 - Family violence
 - HACC
- Disability Services, including Early Childhood Intervention
- Emergency Assistance
- Family Violence Outreach
- Homelessness Support Program, including Creating Connections
- Integrated Family Services
- Maternal and Child Health Services, including Enhanced Home Visiting
- Men's Behaviour Change Program
- Needle Syringe Program
- Reconnect
- School Focused Youth Service
- School Nurse
- Youth Justice Community Support Services
- Youth Pregnant and Parenting Support Group
- Services Connect

Unit Data [1 July 2014 to 30 June 2015]

Aged Care	Performance Indicator	Target	Delivered	Percentage
Volunteer Coordination	Hours of service	1,843	2,549	138%
Property Maintenance	Hours of service	500	461	92%
Respite	Hours of service	2,520	2,945	117%
Personal Care	Hours of service	9,262	9,364	101%
Assessment	Hours of service	5,310	5,299	100%
Delivered Meals	Number of meals delivered	15,975	16,389	103%
Domestic Assistance	Hours of service	19,933	26,929	135%



Community Health Nurse, Dale Porter talks sun smart with primary school students in 1990 (above left) 25 years later, Brett Hargreaves takes secondary students through a physio routine in 2015 (above right)

Clinical & Nursing	Performance Indicator	Target	Delivered	Percentage
Community health nursing	Hours of service	10,563	9,414	89%
General Practitioners	Contacts	30,000	32,348	108%
HACC nursing	Hours of service	2,534	2,534	100%
Palliative care nursing	Contacts	1,952	2,248	115%

Community Health	Performance Indicator	Target	Delivered	Percentage
HACC Allied Health incl. dietetics, podiatry, occupational therapy, physiotherapy	Hours of service	4,150	4,327	104%
HACC Planned Activity Groups	Hours of service	7,078	8,385	118%
Community Health Allied Health incl. dietetics, podiatry, occupational therapy, speech pathology, physiotherapy	Hours of service	3,282	10,350	315%
Other funding sources	Hours of service		3,477	

Family, Youth & Children	Performance Indicator	Target	Delivered	Percentage
Counselling	Hours of service	3,030	2,950	97%
Maternal & Child Health (MCH)	Number of births	401	399	99.5%
MCH Enhanced Home Visiting	Number of clients	94	141	150%
Early Childhood Intervention	Number of places/clients	15	15	100%
Drug Treatment	Episodes of care	138	124	93%
Housing Support	Episodes of support	206	309	150%
Disability	Number of clients	24	24	100%
Family Services	Hours of service	10,265	14,708	143%
Family Violence	Number of clients	147	469	319%
Reconnect	Number of cases	48	50	104%
Youth Justice Community Support	Number of cases	8	8	100%



LECHC staff circa 1980s L to R: Sue Roberts (Nurse), Jeanette Stanton (Receptionist), Helen Newman (Nurse), John Lawrence (Chief Executive Officer), David Campbell (Physiotherapist) and Charlie Armstrong (Maintenance)

Finance Summary

Gippsland Lakes Community Health is a financially healthy and viable organisation. The organisation is highly regarded by funding bodies and well positioned to embrace future opportunities as they arise.

Analysis and commentary

Income

The end of year result, taking into account depreciation and loss on disposal of assets, was a surplus of \$302,842.

Gippsland Lakes Community Health continues to be supported in seeking and successfully attracting the funding required to build service delivery.

This has been demonstrated over the year with an increase in the operating income of \$857,272 (4% of total income). A key factor influencing the increase is other government grants, which have risen by \$713,752 (16%). This increase is the combination of funding for Alcohol and Drug services being received from Latrobe Community Health instead of directly from the Department of Health, and one off funding for Child Mental Health Services. Client fees have also increased significantly, up by \$292,926 (50%) as a result of the addition of GLCH Children's Centre.

Expenditure

GLCH has a sound financial base, showing strong liquidity and associated ability to meet all employee and program commitments.

Expenditure in the period increased by \$786,207 (4%). Impacting this movement in expenditure was salary costs. Salaries represent 76% of total expenditure, with salary costs increasing by \$943,947 (6%). Non-salary expenditure decreased in the period by \$157,740 (3%).

Balance Sheet

The Balance Sheet reports an improved position with net assets increasing by \$584,186 (6%). Total assets have remained similar to last year with a slight decrease of \$180,188. The increase in net assets is a result of lower liabilities, which have reduced by \$764,374 (10%) and increased non-current assets of \$1,781,697 (18%). Non-current assets have increased due to the purchase of 66 McCulloch Street Bairnsdale and 19 Heatherlea Grove, Lakes Entrance. These purchases have also been the main impact on the decrease in current assets, which have reduced by \$1,961,885.

Governance

The Board recognises the importance of a strong governance framework and support this with well established Finance and Audit and Risk Committees that meet bi-monthly. These Committees act to assist the Board to meet responsibility in areas including; financial reporting and management, internal control structures, internal and external audits, continual quality improvement, clinical service, and risk management.

The Finance Committee reviews financial reports, ensures accounting policies are applied, recommends the approval of audited annual financial statements, and ensures that issues raised as part of internal and external financial audits are addressed. The Finance Committee reviews the engagement of external financial auditors, including criteria for appointment, proposed audit scope, and approach. The Finance Committee includes an independent member, previously identified as best practice.

Audited Financial Statements

GLCH prepares financial reports in accordance with the requirements of the *Corporations Act 2001 (Cth)*.

The Financial Statements for the year were audited by Crowe Horwath. Auditors expressed the opinion that the Financial Statements represent a true and fair view of the financial position of the organisation as at 30 June 2015.

A complete set of Financial Statements, notes and Auditor's Report are included as a supplement with this Annual Report. They are available on request from our Lakes Entrance and Bairnsdale sites and via the Gippsland Lakes Community Health website www.glch.org.au

Chloe Watson

Finance Manager

Comprehensive Statement of Income for the year ending 30 June 2015	2015 \$	2014 \$
Revenue from ordinary operations	21,856,055	20,998,783
Employee expenses	(16,444,561)	(15,500,614)
Other expenses from ordinary activities	(4,522,976)	(4,736,627)
Capital grants	-	-
Gain on acquisition of business	-	484,970
Depreciation and gain/loss on disposal on assets	(585,676)	(529,765)
Net result for the year	302,842	716,747

Statement of Financial Position as at 30 June 2015	2015 \$	2014 \$
Current assets	6,097,691	8,059,576
Non-current assets	11,610,222	9,828,525
Total assets	17,707,913	17,888,101
Current liabilities	(6,345,336)	(7,163,686)
Non-current liabilities	(515,876)	(461,900)
Total liabilities	(6,861,212)	(7,625,586)
Net assets/total equity	10,846,701	10,262,515

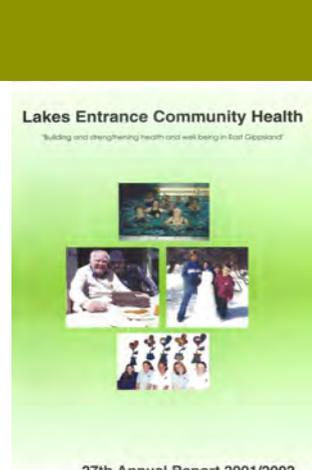
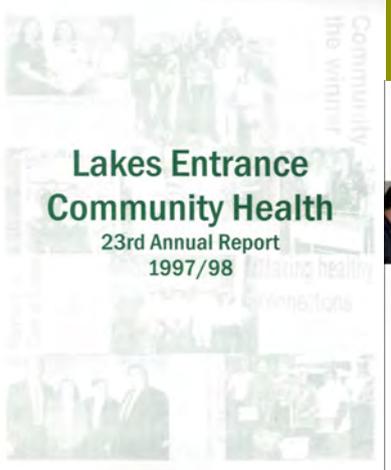
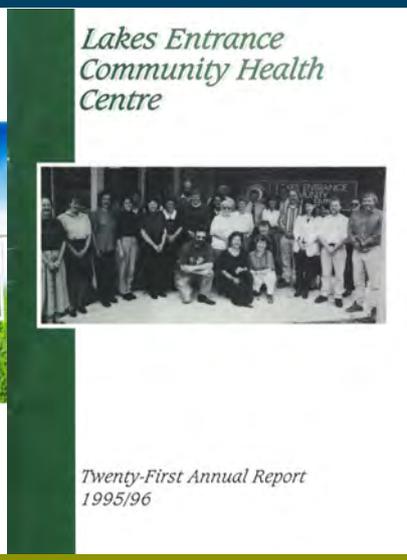
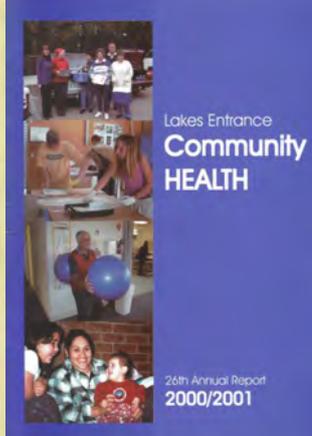
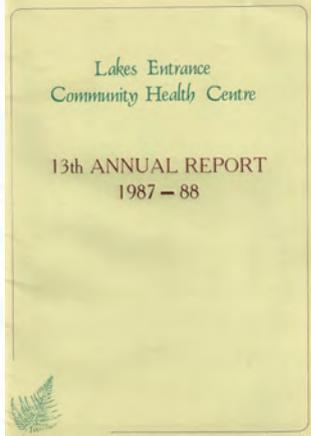
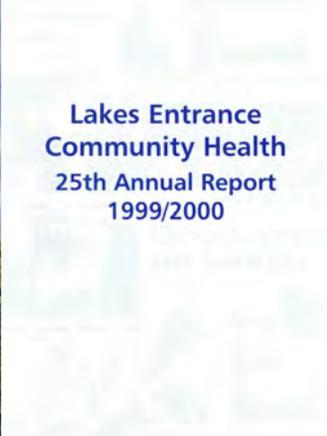
Art Therapy The Mandala Project



Painting (above) by Marilyn Hewitt, 'Power of the Mark' art therapy group participant

What is a Mandala?

The word **Mandala** is from the classical Indian language of Sanskrit. Loosely translated to mean 'circle', a mandala is far more than a simple shape. It represents wholeness, and can be seen as a model for the organisational structure of life itself -- a diagram that reminds us of the world that extends both beyond and within our bodies and minds.




gippsland lakes
community health

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