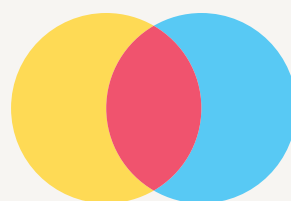




Access Health and Community

ANNUAL REPORT
2015/2016



ACCESS
Health & Community

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“

The AccessHC strategy is to ensure that its services and activities are built around patients and clients in a connected and informed way.

”





Services available
six days a week

52,000

Medical
Appointments



115 Volunteers

95% of the
most urgent dental
emergencies seen
within 24 hours



Evening dental
appointments
available

OVERVIEW

OUR PURPOSE AND VALUES

Building healthier lives together with our communities and delivering excellent health services for all.

Accountability

We take ownership of our actions and behaviours to ensure we achieve our goals.

Collaboration

We work together to achieve our goals.

Equity

We believe everyone is entitled to good health.

Excellence

We strive to be the best at what we do.

Innovation

We drive innovation for better care.

Integrity

We act honestly and ethically at all times.



MESSAGE FROM THE CHAIR

The 2015/16 year has been a year of amalgamations.

The major event for the year was the amalgamation of Manningham Community Health Service into Inner East Community Health Service. We had worked together closely over several years and there are advantages for both communities in having a strong community health presence with a comprehensive set of clinical services.

The amalgamation brought with it significant Board changes. Three Board members stepped down to accommodate three Directors from Manningham Community Health Service. Dr Michael Kennedy OAM had been a Board member since 1990 and Lou Panaccio since 1999. Both had been Chairs of the organisation. Chris Trafford who was a Director since 2006 also stepped down. Collectively that was 50 years of experience. I would like to thank each of them for steering Inner East Community Health Service into the strong position that it now holds in delivering much needed health services to its community.

The three new Board members are Rod Davitt, Diana Brown and Alan Studley who bring new experience and capability on to the Board. Their biographies can be found in this report.

The merger implementation was completed in January 2016 but there are still many operational re-alignments to be made. For staff of both organisations there have been significant changes and I would like to thank them for the goodwill that they have shown. I would also like to thank Dr Harry Majewski and the executive teams of both organisations for the excellent planning and implementation of the merge.



Peter Turner, Chair

Our new name of Access Health and Community has been chosen to signify the key attributes that we offer our communities and I am sure that we are better placed now to offer quality care and support across our catchment.

The future developments are to build on the significant expertise that we now possess on our journey to become an excellent primary health service for 2020.

Peter Turner
Chair

“
Our new name of
Access Health and
Community has been
chosen to signify the
key attributes that we
offer our communities...
”



MESSAGE FROM THE CHIEF EXECUTIVE

During the year we amalgamated with Manningham Community Health Service which gives us new responsibility for the Manningham community.

The amalgamation brought with it a range of new skills and experiences which we hope to utilise across our service. In addition to allied health and other community health services, the Manningham amalgamation introduced Early Childhood Intervention Services into our service portfolio and the Manningham Men's Shed, increasing our social support programs. The Manningham community shares many of the characteristics of Boroondara.

At the end of the year we announced an amalgamation with Biala Box Hill who also offer Early Childhood Intervention Services. From July 2016, Biala forms part of our extensive child and family activities, much of which will be supported by the National Disability Insurance Scheme when that is rolled out in our catchment in 2017.

The result of the amalgamations has been to increase the number of staff to over 260 and also our ability to deliver services across Boroondara, Manningham and Yarra. We now operate four major clinical centres and seven other facilities (see page 19). All communities will benefit from our increased service offerings and capabilities.

Many of the Government funded programs which support our activities either changed or there were announcements of near future changes. The total funding impacted by the changes was about 50 per cent of our funding. In many cases there were last minute changes to the new programs in response to sector feedback. In transition, we have had temporary funding guarantees in some areas but also continued uncertainty in others. Our response has been to take a strategic view and concentrate on our model of care to ensure that patients and clients find our services accessible and have a quality experience. It is likely that future funding will be client-directed rather than block funding. We have made substantial changes in reducing waiting lists and becoming more responsive to our client needs.



Harry Majewski, Chief Executive Officer

Partnering has been a major activity during the year and the Connect4Health consortium has been established so that all of the community health services in the Inner East Melbourne catchment speak with one voice and work closely together. Our partners in Connect4Health are Link Health and Community (City of Monash) and Carrington Health (City of Whitehorse).

We also established close relationships with Swinburne University of Technology during the year and their staff and students have been working on a range of projects including designing the consulting and waiting room of the future. It will be exciting to see these futuristic projects develop.

Grants are not a major source of funding for us but nevertheless are important in some of our developments. In 2016 we received Stronger Communities funding from the Commonwealth Government for the Hawthorn Community House in Boorondara and the Manningham Men's Shed in Doncaster. In both cases the funding will improve the facilities in these community venues.

We announced that we are going to change our business name to Access Health and Community (AccessHC). The name reflects strongly what we want to deliver within the community and with the name change comes a fresh approach to branding with a new logo. The name changes will occur over the rest of 2016 in our buildings and websites.

Looking forward

Primary healthcare is the frontline of Australia's healthcare system with health professionals working together to provide comprehensive, continuous and person-centred care. The AccessHC strategy is to ensure that its services and activities are built around patients and clients in a connected and informed way.

AccessHC is committed to innovation and improvement. An important improvement focus is to better link our activities with other parts of the health and social support system to ensure that patients and clients find it easy to access the care they need. This not only requires systems but also needs effective partnerships with other organisations such as hospitals and other social services.

We will continue our outreach to specific population groups including older persons, maternity and child health, youth health, Aboriginal and Torres Strait Islander people, refugees, and people from culturally and linguistically diverse and low socio-economic backgrounds.

Our new and expanded organisation is firmly committed to becoming an excellent primary health service. The most important element in this area is our staff. I would like to thank all of our staff for demonstrating again and again our values of Equity, Collaboration, Integrity, Accountability, Innovation and Excellence. Our collective input will ensure that the community is well looked after.

Harry Majewski
Chief Executive Officer





Over 1000 days of student placements

8,102

Dental Appointments

Over 60% of staff trained in responding to suicide



267 staff

OUR ORGANISATION

OUR BOARD

Peter Turner

| Qualifications | Experience |
|---|---|
| Masters of Health Administration | Peter Turner is the Managing Director of Independence Australia. He has worked in a range of senior management positions in the health and community services industry for over 25 years in the public, private and not-for-profit sectors. He is a Harvard Club Fellow, an Alumnus of Leadership Victoria, a volunteer Surveyor for the Australian Council on Healthcare Standards, and has also served as the pro-bono Chief Executive of a charitable trust. |
| Diploma of Business - Accounting | |
| Fellow of CPA Australia (FCPA) | |
| Fellow of the Australian Institute of Management (FAIM) | Peter Turner has extensive experience in corporate governance, capital, service planning and the management of health and community services. He has special interests in corporate governance and risk management. |
| Associate Fellow of the Australian College of Health Service Management | Special responsibilities |
| Member of the Australian Institute of Company Directors | Chair Governance Committee member Audit Committee Member |



Alan Studley

| Qualifications | Experience |
|--|---|
| Masters of Business Administration | Consultancy and management positions in health and financial sector, community based organisations, director positions with Revenue Clearing House, Sausage Software, Hospital Superannuation Board, Metropolitan Ambulance Service and Victorian Hospitals Association |
| Graduate Diploma Management Systems | |
| Bachelor Business (Accounting / Marketing) | |
| Fellow CPA Australia | Special responsibilities |
| Fellow Australian Institute of Company Directors | Quality and Risk Committee Member Audit Committee Member |



Chris Trafford*

| Qualifications | Experience |
|--|--|
| Bachelor of Commerce | Chair - Close The Loop Ltd Director Health Networks Australia Pty Ltd Director ReThink Pty Ltd |
| Fellow Australian Institute of Company Directors | |
| | |
| | Special responsibilities |
| | Governance Committee member |



* Retired from the Board in November 2015



Diana Brown

| Qualifications | Experience |
|------------------------|--|
| Bachelor of Psychology | Executive and senior management roles in superannuation, financial services information technology, consulting organisations and not-for-profits |
| | Special responsibilities |
| | Quality and Risk Committee Member |



Joanne Booth

| Qualifications | Experience |
|--|---|
| Master of Public Health | Experienced Non-Executive Director, Chair and former Chief Executive Officer in the health, public and not-for-profit sectors |
| Graduate Diploma in Occupational Health | Governance and Risk Consultant in Melbourne and Regional Victoria |
| Bachelor of Arts - Sociology / Politics | Expertise in governance, strategic planning, public policy, risk analysis and internal audit |
| Graduate Australian Institute of Company Directors | Special responsibilities |
| Certificate in Non-Profit Governance | Chair, Quality and Risk Committee |
| Certificates in General and Advanced Nursing | |
| Practitioners Certificate in Mediation | |
| Graduate Certificate in Internal Audit (current) | |



John Michailidis

| Qualifications | Experience |
|--|---|
| Bachelor of Science | Broad experience and expertise in strategic planning, organisational growth, business development |
| Diploma In Education | Non-executive Director, Australian Diabetes Educators Association |
| Executive MBA Harvard University | Director JEM Pharmaceuticals Pty Ltd |
| Fellow Australian Institute of Management | Managing Director Teva Pharma Australia Pty Ltd |
| Member Australian Institute of Company Directors | Special responsibilities |
| | Chair, Governance Committee |

Kathryn Arndt

| Qualifications | Experience |
|---|--|
| Bachelor of Business (HRM) | A senior executive with experience in not-for-profit, health services and community based organisations, FMCGs, financial services, start ups and industry associations. |
| Graduate Diploma (OHS) | |
| Member of the Australian Institute of Company Directors | |
| | Managing Director, Kathryn Arndt Consulting and BM Hotel Holdings Pty Ltd; Non-Executive Director, Diabetes Victoria; Company Secretary, Royal Melbourne Tennis Club (RMTC). |
| | Special responsibilities |
| | Deputy Chair, Audit Committee member |



Kerryn Grabau

| Qualifications | Experience |
|-------------------------|--|
| Bachelor of Arts | Extensive experience in employee health and organisational wellbeing |
| Diploma of Education | |
| Bachelor of Social Work | Expertise in industrial relations, including negotiation of agreements |
| | Knowledge, involvement and commitment to the community, especially the City of Yarra |
| | Secondary Teacher |
| | Educational Management |
| | Statewide Committees on Student and Teacher Welfare |
| | Member Teaching Service Appeals Board |
| | Member of School Councils |
| | Special responsibilities |
| | Governance Committee member |



Lou Panaccio*

| Qualifications | Experience |
|--|--|
| Bachelor of Economics | Chartered Accountant with strong management experience in business and healthcare services |
| Chartered Accountant | |
| Member Australian Institute of Company Directors | Currently Executive Chair (from July 2011) of ASX listed Genera Biosystems Limited (Director from November 2010) |
| | Chairman of Avita Medical Limited (from July 2014) |
| | Executive Chair of Health Networks Australia |
| | Non-Executive Director of Yarra Community Housing Limited |
| | Special responsibilities |
| | Audit Committee member |



* Retired from the Board in November 2015



Maxine Morand

| Qualifications | Experience |
|--|---|
| Bachelor of Arts | Member of the Victorian Parliament for eight years |
| Masters of Arts Preliminary (Hons) | Minister for Children, Early Childhood Development and Women's Affairs (2007-2010) |
| Graduate Australian Institute of Company Directors | CEO of Breast Cancer Network Australia Chair Board of Directors, Peter MacCallum Cancer Centre (current) Professional Fellow teaching in the School of Public Health and Preventive Medicine at Monash University |
| | Special responsibilities |
| | Governance Committee member |



Dr Michael Kennedy OAM*

| Qualifications | Experience |
|---|--|
| Bachelor of Business | Experience as CEO/senior executive in public and private sectors |
| Doctor of Business Administration | Experience as Director and Chairman in community sector and with peak bodies |
| Fellow Australian Institute of Company Directors | Experience in Community Health, local government, change/reform management and advocacy |
| Fellow Institute of Public Administration Australia | Special responsibilities |
| Fellow Local Government Professionals | Chair, Audit Committee AccessHC representative on the governance body for the Future Self and Design Living lab |



Rod Davitt

| Qualifications | Experience |
|--|--|
| Bachelor Economics | Extensive experience across industries with leading Australian and international organisations resolving a diverse range of strategic, structural and operational issues resulting in improvements in performance, market position and/or reputation |
| Bachelor Business (Accounting) | |
| Fellow Certified Practising Accountant | Non-Executive Director Manningham Community Enterprises |
| Graduate Australian Institute of Company Directors | Special responsibilities |
| | Chair, Audit Committee |

* Retired from the Board in November 2015

OUR EXECUTIVE TEAM

Dr Harry Majewski | Chief Executive Officer

Qualifications

BSc (Hons); PhD

Harry joined Inner East Community Health Service (IECHS) (now AccessHC) in 2011. Prior to that Harry was the inaugural Head of School of Medical Sciences at RMIT University. He was also a medical researcher with funding from the NH&MRC and numerous other organisations in Australia and overseas, primarily at the University of Melbourne, Prince Henry's Institute of Medical Research, Melbourne and the University of Freiburg, Germany.

Between 2009 and 2013 Harry conducted pro bono activities through Leadership Victoria, including a secondary school regeneration project leading to the formation of William Ruthven Secondary College.

He has maintained an active professional development program focussed on making AccessHC an excellent primary health service in 2020. This has included programs at Harvard University and INSEAD in France with a focus on innovation in healthcare.



Andrew Beattie | General Manager, Business

Qualifications

Bachelor of Arts (Social Sciences)

Postgraduate Diploma in Industrial Relations

Master of Accounting

Andrew joined IECHS (now AccessHC) in November 2014. He has over 20 years' experience in the health industry across both the primary care and hospital sectors. Andrew has previously held positions as Chief Financial Officer at two public hospitals and as CEO of a rural health service.

At AccessHC, Andrew is responsible for Finance, Payroll, Human Resources, Business Development and Facilities Management.



Annie Carnell | General Manager, Primary Care

Qualifications

Bachelor of Applied Science (Occupational Therapy)

Graduate Diploma Management

Annie joined Manningham Community Health Service (Now AccessHC) in 2009. She has previously held senior leadership positions in Aged Mental Health and Primary Care. She has also undertaken additional post graduate study in community mental health.

At AccessHC, Annie is responsible for Allied Health, Service Coordination, Social Support, Health Promotion and the merged Child and Family Services. She also holds the Quality portfolio and leads this work across the organisation.





Christine Jones | General Manager, Services

Qualifications

Masters of Health Management
 Advanced Diploma of Business
 Graduate Certificate Evidence Based Practice
 Registered Nurse until May 2016

Christine joined IECHS (now AccessHC) in late 2014 and has held various senior management roles in acute health and ambulatory services working in large health services to improve the transition of care from acute to community.

Christine has been responsible for major change and service development projects including establishing new services and system redesign.

Other positions have involved nursing leadership as a Director of Nursing.

Within AccessHC, Christine is responsible for a range of programs and services across sites including Drug and Alcohol, headspace Hawthorn, Allied Health teams, the Dental program as well as Clinical Governance.



Dr Chris Olszewski | Medical Director

Qualifications

MBBS Monash University
 DipRACOG

Dr Olszewski had been Medical Director of IECHS (now AccessHC) for 10 years and has extensive experience in private general practice. Chris is a past Medical Advisor to Medicare and past Chair of Southcity GP Services and Bayside Medicare Local (now South East Melbourne PHN). Chris has lectured in Medical Informatics at Monash University and is a current Honorary Senior Lecturer at the Department of General Practice, Melbourne University.

At AccessHC, Chris leads the medical and nursing services for the organisation.



David Towl | General Manager, Health Promotion

Qualifications

Bachelor of Science (Anatomy and Structural Biology)
 Master of Public Health
 National Diploma in Ambulance - Intermediate Care (NZ)

David has worked for IECHS (now AccessHC) for more than three years and has more than 12 years' experience in health promotion, health policy and community development. He is a qualified paramedic having formerly held senior clinical, training and risk management roles with St John Ambulance in both New Zealand and Australia.

David is the current State President of the Australian Health Promotion Association (AHPA), having served on the Victorian committee since 2009 and as President since 2014. He was a National Director of AHPA for three terms, two as National Treasurer. David is passionate about profile of prevention and health promotion within the health sector, about gender and health and about the role that men play within the health promotion profession.

Within AccessHC, David leads programs in Health Promotion, Community House, Corporate Communications, Workplace Health and Safety and Environmental Sustainability.

Noel Toal | General Manager, Information Systems

Qualifications

Bachelor of Business (Computing)

Master of Business Administration

Various professional certifications including Prince 2 (project management)

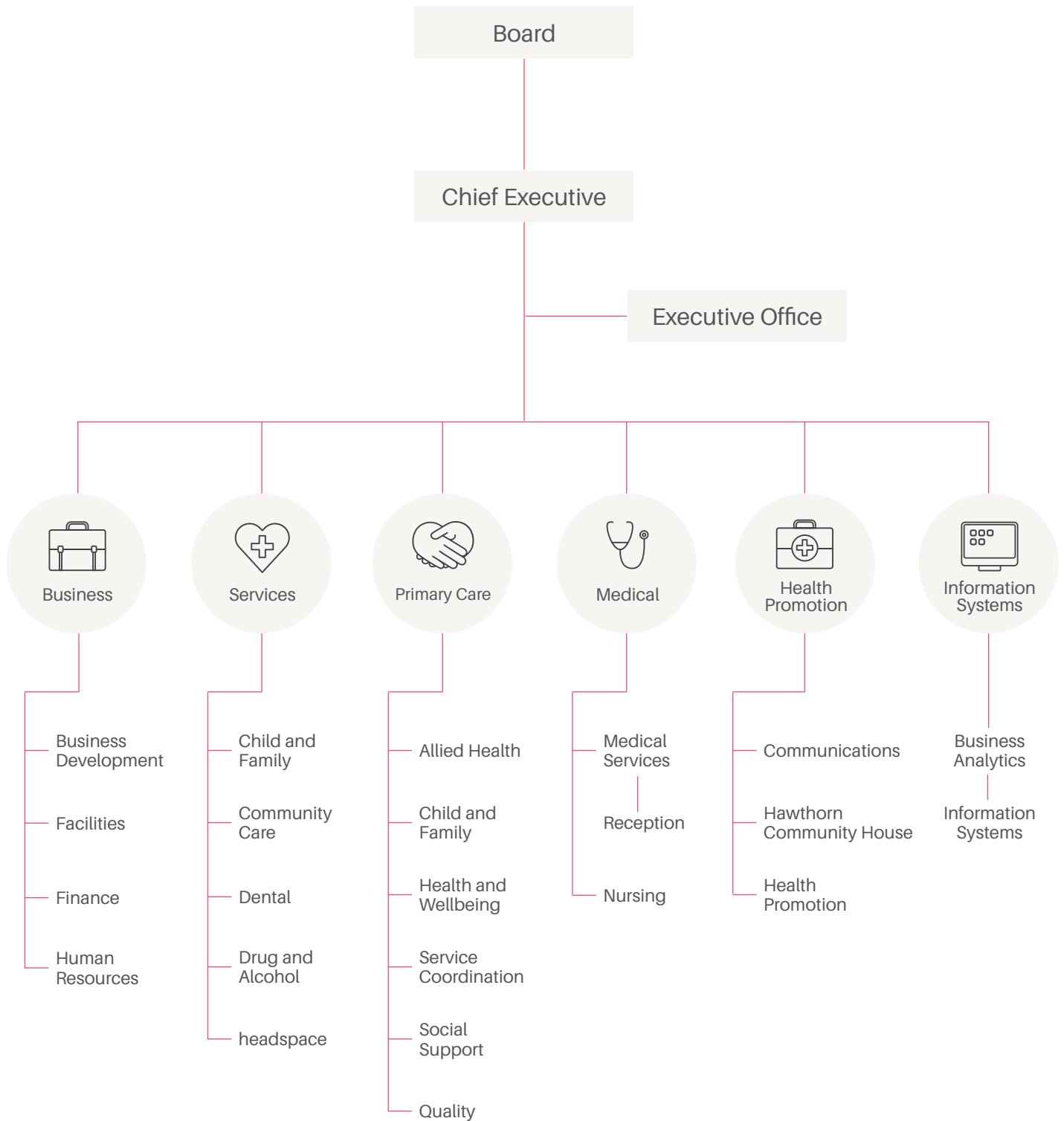
Noel joined IECHS (now AccessHC) in 2013 and brings significant experience in Information Management, Information Technology, Logistics, Project Management, Software Development and Business Start-ups. Noel has held senior positions in IT within the financial services sector and with other not-for-profit agencies. He has owned businesses in the retail and manufacturing sectors with one of his businesses having been sold to an ASX-listed company.

Noel is currently the Deputy Chairperson of a not-for-profit agency assisting clients with intellectual disabilities and also owns a retail jewellery store.

At AccessHC, Noel leads the Information Management, Information Services, IT Helpdesk and Business Analysis functions of the organisation.



OUR ORGANISATION STRUCTURE



OUR LOCATIONS AND SERVICES

Richmond (Head Office)

283 Church Street
Richmond VIC 3121

- Doctor/Medical
- Nursing
- Audiology
- Blood test/pathology
- Child and family
- Counselling and psychology
- Occupational therapy
- Physiotherapy, exercise physiology and exercise groups
- Podiatry
- Respite, carer and social support
- Smoking cessation
- Speech pathology.

headspace Hawthorn

Hawthorn Town Hall
1/360 Burwood Road
Hawthorn VIC 3122

T: (03) 9006 6500
[headspace.org.au/headspace-centres/hawthorn/](https://www.headspace.org.au/headspace-centres/hawthorn/)

- Alcohol and other drug services
- Counselling, psychology, psychiatrists and other workers
- Doctor/Medical
- Sexual health services
- Education and training support
- Housing support.

Hawthorn

378 Burwood Road
Hawthorn VIC 3122

- Doctor/Medical
- Nursing
- Alcohol and other drug services
- Blood test/pathology
- Child and family
- Counselling, psychology and social work
- Diabetes education
- Dietitian/nutrition support
- Health Promotion
- Needle and Syringe Program
- Occupational therapy
- Physiotherapy
- Podiatry
- Smoking cessation
- Speech pathology.

Hawthorn Community House - Occasional Childcare

39 William Street
Central Park
Hawthorn VIC 3122
(03) 9819 2629

- Childcare.

Hawthorn Community House

32 Henry Street
Hawthorn VIC 3122
(03) 9819 2629
hch.org.au

- Children's programs
- Community programs
- General interest courses
- Health and fitness courses
- Night workshops
- Special events.

Hawthorn Community House

584-586 Glenferrie Road
Hawthorn VIC 3122
(03) 9819 2629
hch.org.au

- Children's programs
- Community programs
- General interest courses
- Health and fitness courses
- Night workshops
- Special events.

Doncaster East

1/1020 Doncaster Road
Doncaster East VIC 3109

- Alcohol and other drug services
- Aquatic physiotherapy (assessment, pool sessions are off site)
- Community Education
- Counselling and psychology
- Dietitian/nutrition support
- Exercise and social activity groups (off site)
- Health Promotion
- Mindfulness Based Cognitive Therapy
- Needle and Syringe Program
- Nursing
- Occupational therapy
- Physiotherapy
- Psychology
- Podiatry.

Lower Templestowe

44 Balmoral Avenue
Lower Templestowe VIC 3107

- Early Childhood Intervention Services
- Dietetics
- Occupational therapy for children
- Psychology for children
- Speech pathology for children
- Group programs.

MC2 Manningham City Square Community Centre

687 Doncaster Road
Doncaster VIC 3108

- Exercise groups
- Group programs.

Manningham Men's Shed

41 Wetherby Road
Doncaster East VIC 3109

- Woodwork, electronics, and mechanics projects
- Art and Crafts
- Opportunities to socialise.

11 sites across the Inner East of Melbourne

(03) 9810 3000

info@accessshc.org.au

accessshc.org.au

[facebook.com/AccessHealthandCommunity/](https://www.facebook.com/AccessHealthandCommunity/)

[linkedin.com/company/access-health-and-community](https://www.linkedin.com/company/access-health-and-community)

Ashburton

7 Samarinda Avenue
Ashburton VIC 3147

- Services for adults
- Physiotherapy
- Podiatry
- Occupational therapy.
- Child and family services
- Dietitian/nutrition support
- Physiotherapy
- Occupational therapy
- Speech pathology
- Podiatry
- Dental and Denture care
- Doctor/Medical care
- Nursing care
- Family counselling and support
- Health Promotion
- Smoking cessation classes.



Over 10,000 young people contacted by headspace in the community



145 clients and their families supported in managing addiction issues

OUR CLIENTS

Our clients are the most important part of our organisation. AccessHC recognises the wide diversity of our population and clients. Around 37% of our clients are from a Culturally and Linguistically Diverse (CALD) background and 8% of our clients require an interpreter. We provide access to interpreting services and are also committed to ensuring our workforce has the required cultural awareness, understanding, and skills to work effectively with diverse clients.

COOKING 'N' FOOTY: SAM'S STORY

We provide a broad range of health and social services to support people living with a disability. This makes taking control of the support you receive through the National Disability Insurance Scheme (NDIS) a far simpler task.

One example of our services is the Hawthorn Community House, a communal hub where anyone can enrol in a range of practical courses, learn a new skill and socialise in a welcoming and safe environment.

Sam, a regular at the Hawthorn Community House, has an acquired brain injury and attends our Cooking Small, Eating Well (CSEW) program. CSEW is a practical cooking class where adults with disabilities and older people learn to prepare easy and nutritious meals.

Sam had always attended CSEW with a carer. Being a dedicated footy fan, this year he was keen to attend the Australian Football League games as well. Unfortunately, there was not enough money in his disability package to cover the cost of a carer for both activities.

After meeting with Sam and his carer, the team at Hawthorn Community House agreed to support Sam to attend the cooking class independently on a trial basis so that he could use his disability package for a carer to take him to the footy.

With the help of the staff at CSEW and our fabulous team of volunteers, Sam has been able to continue to participate in the program without being accompanied by a carer and has gone from strength to strength.

Sam is increasingly confident in his cooking skills and has grown into something of a group leader. He assists other participants, makes menu suggestions and recently brought a friend along to join the group.

Sam's story is just one example of our various services that clients can access via the National Disability Insurance Scheme as it rolls out in the Northern (2016) and Eastern Regions (2017).



A client of the Cooking Small, Eating Well program enjoying a meal after cooking.

A BED CALLED LUCY

Our Occupational Therapists (OTs) have been communicating with the Department of Health and Human Services (DHHS) and equipment suppliers regarding DHHS specifications for beds used in Disability Houses. They now have a bed named after one of our OTs.

The bed is now designed so the client can be placed low to the floor and raised to a height to allow carers to safely care for the client. This bed comes standard with; adjustable backrest, knee bend, high and low height adjustment along with a tilt function, and can be easily folded for transport, making it easy to be installed or stored.

Our OTs, and Lucy in particular, have had a lot of interaction and consultation regarding the implementation of the new features; working in coordination with the DHHS and equipment suppliers to provide a more suitable bed.

As a result, one of the suppliers created a bed meeting the requirements and called it the LUCY!

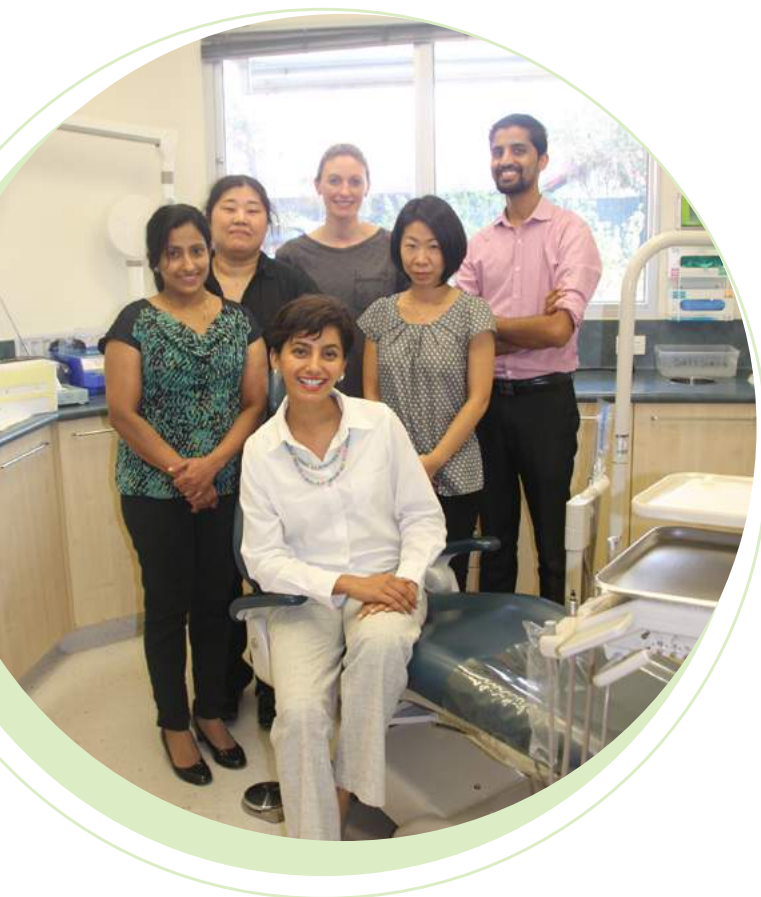


BETTER OUTCOMES FOR OUR CLIENTS

When our staff are happy at work, this translates into better health outcomes for our clients and patients. AccessHC participates in the People Matter Survey on a biannual basis. The survey results were very positive and an action plan was developed to make AccessHC an even better place to work.

We understood that the merge of two organisations would have an impact on staff, and have performed short surveys with staff every few months to check in with them. AccessHC has a 'Happy Healthy Safe and Green' Committee which looks at staff health and wellbeing, as well as Occupational Health and Safety (OHS) and environmental sustainability.

Key pieces of work have included improved communication, through appointing a new Communication Manager position and improving staff induction processes.



CIRCLE OF CARE

All our clients follow a pathway of care through our services, and the quality of their journey depends on how easily they can access services every step of the way.

Our aim is to provide accessible and integrated health and social services to our clients. We make care planning with the clients' goals at the core of what we do and give our clients the skills to empower them to achieve their goals.

Following our merge in December 2015, there was a project set up to look at ways to merge systems and processes, and also how to best design an access and support system that would meet the needs of clients into the future, in a rapidly changing health environment.



Framework for Inclusion

The Framework for Inclusion (FFI) project developed a person-centred response to improve access to community health services for people with mental illness. It provided resources for staff and volunteers to work effectively with people who have a mental illness. It also developed a key-worker role to coordinate the client's healthcare needs. We trialed this over nine months.

Eight clients were in the trial and it involved finding their priority needs, regular telephone follow-ups, coordinating appointments and addressing barriers to accessing care, such as transport. Our staff went to regular case conferences to discuss client's needs and develop shared goal-based care plans.

Three people with a lived experience of mental illness worked as consultants. During the project, their role evolved from consultation to co-design as it became clear that they had more to contribute than simply consultation. Based on their interests and strengths, the role expanded and consumers were employed to co-facilitate consumer focus groups and training for staff and volunteers and co-design resources for clients and staff.

The partnership had beneficial outcomes for the consumers and the community health service. Consumers reported their participation contributed to their recovery journey and built their confidence in seeking employment. The community health service gained valuable insights into the lived experience of mental illness and a greater understanding of barriers and enablers to accessing mainstream services from a consumer perspective.

Project evaluation showed that people with mental illness benefited from the additional support we provided. We learned that person-centred care coordination for people with mental illness and physical health conditions involves working with the person, in the context of their life, and addressing their health and social needs.

From this experience we learnt that establishing meaningful partnerships with consumers is essential for delivering person-centred health services that are inclusive for people living with mental illness.



35 energetic young people, members of the headspace Youth Advisory Group

250 children participated in Kid's Matter programs



14,000 hours of carer respite services provided



\$3,500 provided to clients through the hardship fund

OUR PERFORMANCE

OUR QUALITY OF CARE REPORT

AccessHC is committed to safe and high quality care that is delivered in partnership with our clients and their families.

Continuously improving services and care

Safety and quality of the care we provide is at the heart of everything we do. We work with staff and consumers to ensure that we identify areas for improvement, take action and review.

To ensure the quality of the services we provide, we are measured by external organisations and compared to other health services. Last year we met or exceeded all the accreditation requirements for the following:

- Quality Improvement Council standards
- Home Care standards
- National Safety and Quality Health Service standards, and
- Royal Australasian College of General Practice standards.

Our Dental service and Respite and Carer support program completed reviews of their services with outstanding results in areas relating to:

- The design of client records
- Staff professional development
- Working with clients to help them understand their rights, and
- Service access and community engagement.

Quality Data

Over 2015/16 we have worked to improve how we measure and report on the quality of our services. The better the data we have, the more improvements we can make. We collect data on service performance, client demographics, safety, incident management, staffing levels, volunteers, infection control, consumer feedback and our environment.

Safety

AccessHC is committed to providing a safe environment for staff and all clients. We achieve this through regular monitoring and reporting.

We regularly audit clinical services to ensure infection risks are minimised. Last year we achieved excellent compliance in all areas.

Compliance Auditing

| Area | Compliance Rating |
|---------------|-------------------|
| Cleaning | 96% |
| Sterilisation | 99% |
| Hand Hygiene | 100% |
| Food Handling | 98% |



3,518 Dental Patients treated

51.7% of dental clients from priority access groups

Less than **3%** of protective teeth coatings (fissure sealants) required repair within two years.



Only **2** out of **442** patients who had teeth removed last year came back to the dentist unexpectedly.

2.4% improvement in the number of adjustments or replacements to dental fillings compared to last year.

Incident Reporting

An incident is an event that has caused or is likely to cause harm to a person. At AccessHC, we encourage staff to report incidents so we can learn from them and prevent them from re-occurring. Ninety five percent of incidents were minor in nature, we investigated all of them to ensure we maintain the best possible care.

| Incident Severity | Percentage |
|---------------------|------------|
| Severe | 0% |
| Moderate | 5% |
| Mild | 55% |
| No Harm / Near Miss | 40% |

Your Feedback

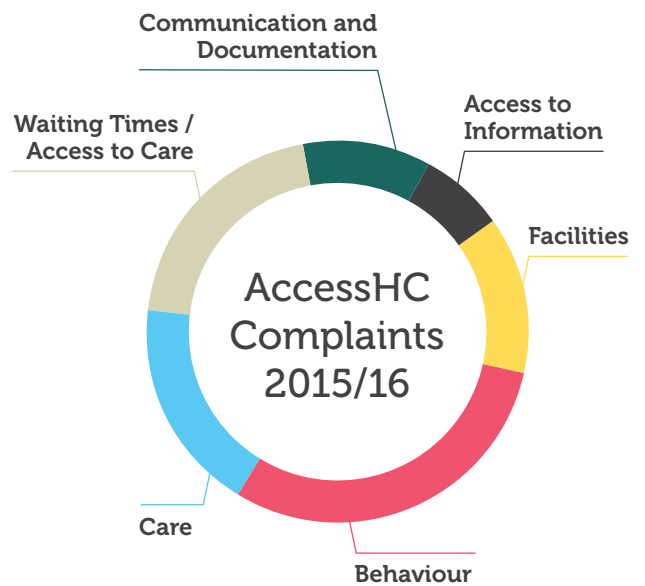
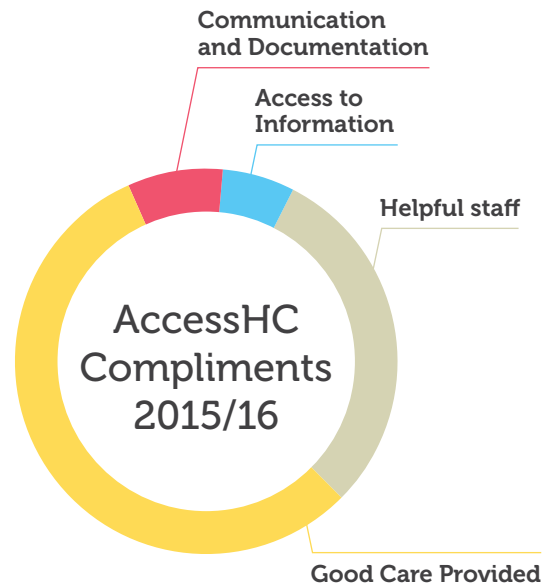
Your feedback is important and all complaints are always investigated fully. Compliments help us to understand what we are doing well and recognises the great work of our staff and volunteers. You can provide us with feedback by visiting our website, calling one of our clinics or by sending an email to info@accesshc.org.au

Of the 84,000 appointments in 2015/16 we received 66 compliments and 51 complaints.

For compliments, 85% of these related to the quality of the care we provide as well as comments about our helpful staff.

The most common complaints related to waiting times for appointments and customer service matters. In response to the feedback, we have:

- Adopted a manager on duty system to deal with situations promptly
- Provided training to enable staff to better respond to difficult situations
- Continued to develop online booking systems for General Practitioner and allied health appointments, and
- Streamlined processes to help reduce waiting lists.



OUR CORPORATE SOCIAL RESPONSIBILITY

Sustainability

In 2015, AccessHC invested in Solar Panels for electricity generation on the roof of our Hawthorn Site. This work occurred thanks to our partnership with CitySwitch and the Yarra Energy Foundation, agencies which assist organisations to reduce their carbon footprint.

In 2015, all four of the sites where we monitor energy consumption reduced their overall consumption and maintained their indicative NABERS rating of five out of six. At the Hawthorn site, where solar panels were switched on in March 2016, we saved 8,498 kWh of electricity and 11.3 tonnes of CO2 emissions.

Things are looking great for the future and plans are in place to explore solar panel installation and further energy saving strategies across other sites.

Diversity

AccessHC has been involved with the Ways of Thinking, Ways of Doing (WoTWoD) research project. We have been increasing the appropriateness of our services to people from Aboriginal and Torres Strait Island backgrounds.

Working with researchers from the University of Melbourne and cultural mentors from the Wurundjeri People, the project improves the cultural and clinical appropriateness of community health services and general practices.

AccessHC has worked to increase staff awareness of services and resources for indigenous clients, raised the importance of identifying indigeneity across the organisation and provided staff training to ensure Aboriginal and Torres Strait Island clients receive care responsive to their individual needs.

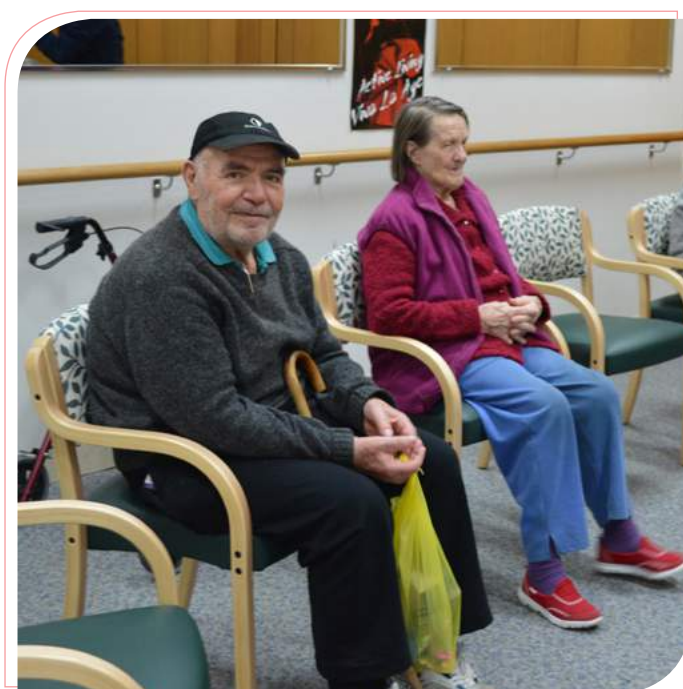
The diversity committee has also been actively working on the organisational diversity plan and has coordinated events and training for staff regarding an inclusive approach for the Lesbian, Gay, Bi-sexual, Transgender and Intersex (LGBTI) community, people with disabilities, and people with dementia. The diversity committee has also aligned with the health promotion team on projects that address gender inequality as a probable cause of family violence.

Consumer Participation

We engage with clients, consumers and carers in a range of ways at AccessHC including Advisory Groups, client surveys and consultations on resources we are developing. One great example is the Peer Support Group led by the Alcohol and Drug Team.

AccessHC, in conjunction with the SHARC Peer Support Capacity Building Project, commenced an Alcohol and Drug Peer Support Group this year to give consumers a place to learn from and encourage each other and develop positive social networks. SHARC-trained volunteer peer facilitators have been paramount to the group's success.

We have acknowledged the valuable work performed by peers by employing two facilitators on a casual basis. They have attended residential alcohol and drug services to discuss the benefits of peer support, provided a consumer voice at forums and training events, assisted in staff recruitment and reviewed service resources and policies. This opportunity has added depth and richness to the clinical work of the team and solidified our commitment to providing peer support and consumer participation to people seeking recovery.



OUR FINANCES

This is an extract from the financial report for 2015/16.
A full version of the 2015/16 Audited Financial Statement is available at iehealth.org.au

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2016.

| | 2016 \$ | 2015 \$ |
|---|--------------|--------------|
| Revenue and other income | | |
| Revenue | 13,986,722 | 10,952,769 |
| Gain on merger | 1,358,595 | - |
| | 15,345,317 | 10,952,769 |
| Less: expenses | | |
| Employee benefits expense | (10,941,812) | (8,720,606) |
| Contract labour | (232,015) | (322,313) |
| Depreciation and amortisation expense | (420,968) | (421,171) |
| Computer expenses | (304,840) | (172,694) |
| Medical expenses | (146,226) | (137,238) |
| Repairs and maintenance expense | (283,251) | (146,752) |
| Occupancy expense | (185,627) | (130,090) |
| Office costs | (93,907) | (130,224) |
| Contract cleaning costs | (172,628) | (138,484) |
| Contractor and consultant costs | (258,192) | (100,782) |
| Telephone expenses | (210,805) | (106,179) |
| Motor vehicle expenses | (114,510) | (85,886) |
| Finance costs | (9,312) | (115,086) |
| Utility expenses | (99,635) | (56,383) |
| Advertising expense | (42,518) | (22,988) |
| Professional fees | (49,668) | (49,777) |
| Accreditation expense | (27,718) | (13,448) |
| Catering costs | (28,757) | (36,145) |
| Other expenses | (364,892) | (123,650) |
| | (13,987,281) | (11,029,896) |
| Surplus / (deficit) from continuing operations | 1,358,036 | (77,127) |
| Deficit from discontinued operations | - | (280,817) |
| Surplus / (deficit) for the year | 1,358,036 | (357,944) |
| Other comprehensive income | | |
| <i>Items that will not be reclassified to profit and loss</i> | | |
| Revaluation of land and buildings | - | 1,210,731 |
| Total comprehensive income | 1,358,036 | 852,787 |

**STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2016.**

| | 2016 | 2015 |
|--------------------------------------|-------------------|-------------------|
| | \$ | \$ |
| Current assets | | |
| Cash and cash equivalents | 6,130,702 | 4,216,674 |
| Receivables | 162,715 | 338,398 |
| Other assets | 306,382 | 238,175 |
| Total current assets | 6,599,799 | 4,793,247 |
| Non-current assets | | |
| Property, plant and equipment | 12,817,506 | 12,650,971 |
| Total non-current assets | 12,817,506 | 12,650,971 |
| Total assets | 19,417,305 | 17,444,218 |
| Current liabilities | | |
| Payables | 966,079 | 607,954 |
| Provisions | 1,590,842 | 1,662,536 |
| Other liabilities | 92,480 | 150,377 |
| Total current liabilities | 2,649,401 | 2,420,867 |
| Non-current liabilities | | |
| Provisions | 432,057 | 45,540 |
| Total non-current liabilities | 432,057 | 45,540 |
| Total liabilities | 3,081,458 | 2,466,407 |
| Net assets | 16,335,847 | 14,977,811 |
| Equity | | |
| Reserves | 7,550,992 | 7,550,992 |
| Accumulated surplus | 8,784,855 | 7,426,819 |
| Total equity | 16,335,847 | 14,977,811 |

**STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2016.**

| | 2016 | 2015 |
|--|------------------|--------------------|
| | \$ | \$ |
| Cash flow from operating activities | | |
| Receipts from customers | 3,395,016 | 3,268,735 |
| Operating grant receipts | 11,524,839 | 9,278,765 |
| Donations received | 20,306 | 9,589 |
| Payments to suppliers and employees | (15,143,294) | (12,450,709) |
| Interests received | 107,214 | 92,450 |
| Finance costs | (9,312) | (108,421) |
| Net cash provided by / (used in) operating activities | (105,231) | 90,409 |
| Cash flow from investing activities | | |
| Proceeds from sale of Sir Eric Pearce House | - | 2,784,689 |
| Payment for property, plant and equipment | (223,421) | (98,105) |
| Proceeds from property, plant and equipment | 17,273 | 14,000 |
| Net cash provided by / (used in) investing activities | (206,148) | 2,700,584 |
| Cash flow from financing activities | | |
| Repayment of borrowings | - | (1,500,000) |
| Cash acquired via merger with MCHS | 2,225,407 | - |
| Net cash provided by / (used in) financing activities | 2,225,407 | (1,500,000) |
| Reconciliation of cash | | |
| Cash at beginning of the financial year | 4,216,674 | 2,925,681 |
| Net increase / (decrease) in cash held | 1,914,028 | 1,290,993 |
| Cash at end of financial year | 6,130,702 | 4,216,674 |

OUR PARTNERSHIPS

One of the largest pieces of partnership we have been involved with this year is the merger of our founding organisation into AccessHC. Manningham Community Health Service and Inner East Community Health Service have worked closely and collegially for a number of years but joining forces has provided further benefits, particularly for our clients.

One example of this has been the opportunity for clients from the Respite and Carer program, based out of our Richmond Site, to attend the Manningham Men's Shed. The Manningham Men's Shed provides a space for men to connect with each other, share knowledge and skills and share a cuppa, while 'fixing things'. Merging our services increases the breadth of services we offer and makes geographical boundaries more permeable for clients.

Peer Stroke Support Project

AccessHC has also partnered with other health services to improve the variety of services we offer. We worked with St Vincent's Health Melbourne, The Stroke Association of Victoria, Rotary Club of Kew and the Boroondara Stroke Support Group to pilot a Peer Support Program for Stroke Survivors and their carers. After having a stroke, the survivor (or their carer) was connected with a trained peer supporter who had a lived experience of stroke.

The evaluation of the pilot found benefit for both stroke survivors and peer supporters and particular benefit for carers of stroke survivors. Levels of anxiety and depression in stroke survivors were reduced at the end of the program and most increased or maintained their levels of physical activity. Peer Supporters who participated reported that having access to stroke information early in their stroke journey made them feel more supported. A toolkit has been developed to assist other agencies in running similar programs in the future.

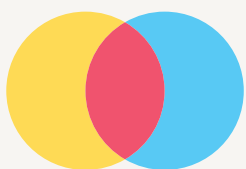
Future Self and Design Living Lab

The bond of partnership between Swinburne University of Technology and AccessHC became even stronger this year when we became a foundation partner to the Future Self and Design Living Lab.

Centred on the health and well-being of older adults, the Living Lab uses innovation to bring together researchers, government, business and end-users, co-creating solutions to real world problems. While living labs are more common in Europe, there are only three in Australia and AccessHC is proud to be a founding partner to this exciting new venture.



AccessHC staff working on waiting room designs.



ACCESS
Health & Community

Building healthier lives together with our communities
and delivering excellent health services for all.