

ACCESS
Health & Community

Access Health & Community

Annual Report

2019 – 2020

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Volunteers receive a delivery from Josh's Free Range Eggs, a key supporter of the Camcare fresh food market.



A Year in Review

28,755

medical
appointments



25,000+
video conferencing calls

24,492

public dental treatments



**Inclusive
Clubs**

3000+

sports club members
engaged in inclusive
clubs project

Camcare



Camcare provided
Emergency Relief to
7,025 people



8,194 episodes
community information
and referral by Camcare



10,497

Child & Family Service
Appointments for **1,089 families**

165 Christmas
hampers distributed



NAIDOC Week July 2019 with artist Nathan Patterson.



49,242
phone calls received

152 staff providing
health services from
home via telehealth
(March 2020)



Purpose and Values

PURPOSE STATEMENT

Building healthier
lives together

OUR VALUES

Equity

We believe everyone is entitled to good health.

Collaboration

We work together to achieve our goals.

Respect

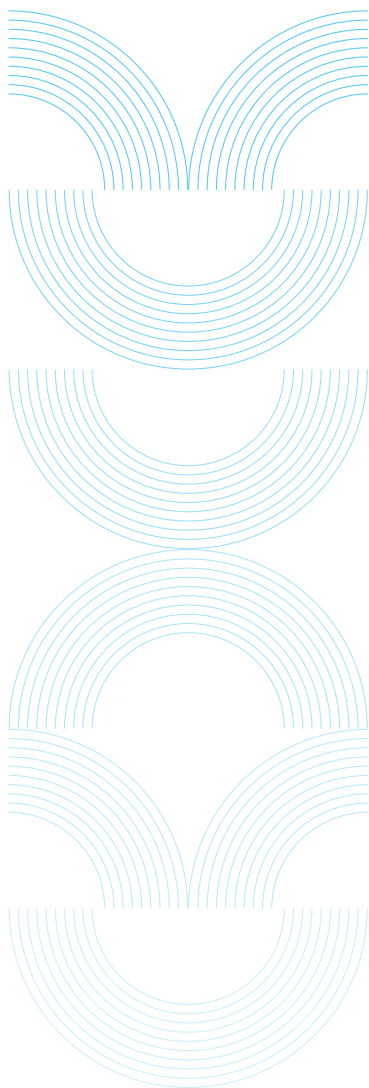
We work with courtesy and include others.

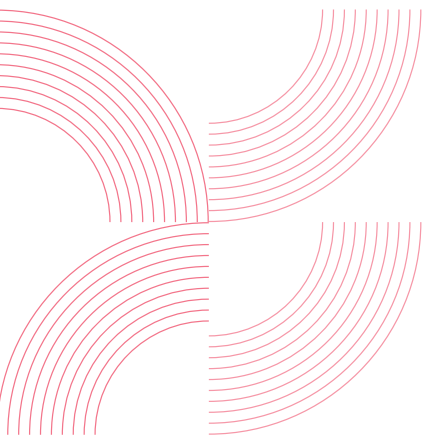
Innovation

We drive innovation for better care.

Quality

We strive to be the best at what we do.





ACKNOWLEDGEMENT OF COUNTRY

Access Health & Community acknowledges the Wurundjeri People as the Traditional Owners of the lands and waters where our services are provided. We recognise their elders past, present and emerging and commit to working with Aboriginal and Torres Strait Islander peoples to build healthier lives together.

Message from Chair



It is a pleasure to write my first message as Chair to all of you, having been on the Board for 6 years; most recently as Deputy Chair. I had the privilege of assuming the position of Chair of the Board in March 2020 following Peter Turner who stepped down after 5 years in that position. Peter did an excellent job steering the Board, which oversaw a phase of rapid and active growth of Access Health and Community. He remains on the Board and our new Deputy Chair is Gayle Austen. I would also like to thank Diana Brown who resigned as a Board member after 4 years of dedicated service. Finally, I would like to thank my fellow Directors and the CEO Dr Harry Majewski for their contribution and diligence over the past year.

2019-20 has been a year like no other for Access Health and Community. Almost half of the year has been under the influence of the COVID-19 pandemic.

In March 2020 the Board was aware of the COVID-19 effects and agreed that the wellbeing of all staff and the community was of utmost importance. We agreed to do whatever was possible to assist our staff despite an uncertain financial outlook. This enabled Access Health and Community to develop a comprehensive community response that resulted in many services being remodeled to telehealth. New supports for vulnerable community members were developed and key clinical services remained operational.

"Our staff have risen to the challenges of COVID-19 by changing the way they work, where they work from and how they care for patients and clients."

We operate significant programs funded by both the Government of Victoria and the Commonwealth Government. Their support for us to temporarily remodel services was timely and much appreciated. Our subsequent eligibility for the Commonwealth Jobkeeper Program has mitigated some of the financial risks we face.

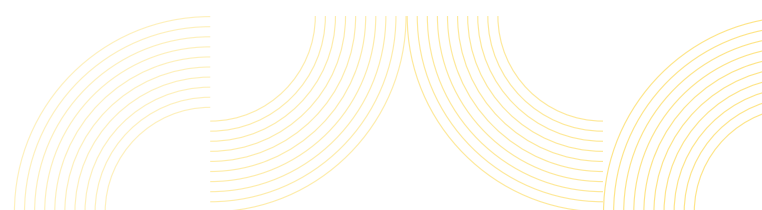
In March 2020 the State Government launched its new community health strategy. The three priorities were:

- Community health services provide integrated health and social care to vulnerable cohorts.
- Community health services develop partnerships across primary, acute and social sectors in local settings.
- Community health services deliver services to people experiencing systemic access barriers.

These fully align with the Access Health and Community Strategic Plan, which was launched in 2019. Access Health and Community looks forward to contributing in a positive and meaningful way to the State's Health Strategy.

This year has been a challenging year for the Management and Staff of Access Health and Community. Our staff have risen to the challenges of COVID-19 by changing the way they work, where they work from and how they care for patients and clients. They have remained safe and continue to contribute to Building Healthier Lives Together. On behalf of the Board, I want to thank all of our staff and volunteers for a job well done, despite the year's challenges!

Yours Sincerely,
John Michailidis
Board chair



Message from CEO



In 2019-20 Access Health and Community had a split personality. The first was business as usual and the second was our response to COVID-19.

Business as usual included a significant expansion of our Mental Health Services. We added Stepped Care Mental Health Outer East Melbourne stepsmentalhealth.org.au funded by the Eastern Melbourne Primary Health Network (EMPHN). This is a mental health service for those who cannot access the private mental health systems for a variety of reasons.

We now lead the service across both Inner East and Outer East Melbourne with partners: Carrington Health, Link Health and Community, Inspiro and Oonah Belonging Place. The service aligns with the Eastern Health hospital catchment, allowing better integration of mental health services in the region. To complete the service we have established a mental health clinic in Ringwood which opens July 2020.

The NDIS matured during the year, particularly for early childhood intervention; a program to support pre-school children in their development needs. The lack of support for families seen in the previous year has been largely overcome with increased NDIS plans being offered to families. For Access Health and Community this has been welcomed.

During the year we went through an extraordinary number of external accreditations for our services: GP, dental, community health, mental health and aged care. All standards were met in all cases. However, this is a large regulatory burden which could be lessened by funders agreeing on common attributes. Yet the opposite seems to be the case with additional new accreditations on the way.

COVID-19 is the major event of the year. Early in the pandemic, we had to work out how to keep staff and clients safe. This quickly transformed into how we could support the community. Within a very short time we had 152 staff delivering care through telehealth and other remote means, even simple telephone contact. Many staff worked from home. Our main clinics remained open with appropriate safety protocols but many of our community facilities closed. The community facilities, such as the Hawthorn Community House and Trentwood-at-the-hub, also quickly developed online alternatives.

"The Board's commitment to community and staff gave the organisation the confidence to rise to the COVID challenge."



To keep our volunteers safe, many were requested to stay at home as they were in designated high-risk categories. This was particularly so for Camcare. Staff were redeployed from across AccessHC to ensure that critical services, such as emergency food distribution, continued. At the end of June, almost 5 months after we started our COVID Plan, we are still not back to COVID-free operations but we are looking forward to relaxing some protocols in the near future.

We realise that for some patients and clients it was all too much. Many clients were too afraid to visit a clinic, too afraid to receive a home visit and not able to use technology. Even in these cases staff made special efforts to stay connected with their patients and clients. One of the learnings is that there is a large digital divide in the community and for the future this will be an important issue to deal with.

I would like to thank David Towl, GM Health Promotion, especially for leading and coordinating our COVID response. And to all the staff who took on the challenge and transformed our service in a very short period of time.

I also would like to thank the Board for their support and guidance during the year. The financial and operational performance of the organisation was uncertain at various times as we dealt with the uncertainties of COVID. The Board's commitment to community and staff gave the organisation the confidence to rise to the COVID challenge.

Finally, thank you to the Executive and Management teams and staff at Access Health and Community. The year has been a year of exceptional uncertainty with the full cycle of strengths, weaknesses, threats and opportunities on display. In the end it was the strengths that won the day.

Yours sincerely,
Dr Harry Majewski
Chief Executive Officer

"Within a very short time we had 152 staff delivering care through telehealth and other remote means."



Locations and Services

Richmond (Head Office)

- 283 Church Street
Richmond VIC 3121
- Audiology - for children and adults
 - Blood test/pathology
 - Carer respite and social support
 - Counselling and psychology
 - Dietitian/nutrition support
 - Doctor/medical
 - Nursing
 - Occupational therapy
 - OAHKS (Osteoarthritis of Hip and Knee Service)
 - Physiotherapy and exercise groups
 - Podiatry
 - Smoking cessation
 - Speech pathology

headspace Hawthorn

- Hawthorn Town Hall
1/360 Burwood Road
Hawthorn VIC 3122
headspace.org.au/headspace-centres/hawthorn/
- Alcohol and other drug services
 - Counselling and psychology
 - Doctor/medical
 - Education and training support
 - Housing support
 - Sexual health services
 - Youth early psychosis services

Hawthorn Community House

- 584-586 Glenferrie Road
Hawthorn VIC 3122
hch.org.au
- Children's programs
 - Community programs
 - General interest courses
 - Health and fitness courses
 - Special events

Hawthorn

- 378 Burwood Road
Hawthorn VIC 3122
- Alcohol and other drug services, including specialist youth and family services
 - Blood test/pathology
 - Child and family
 - Counselling, psychology and social work
 - Doctor/medical
 - Diabetes education
 - IDEAS (Integrated Diabetes Education and Assessment Service)
 - Dietitian/nutrition support
 - Health promotion
 - Medication Support and Recovery Service
 - Mental health nursing
 - Needle and Syringe Program
 - Nursing
 - Occupational therapy
 - Peer support groups
 - Physiotherapy and exercise groups
 - Podiatry
 - Smoking cessation
 - Speech pathology
 - RCH Eczema Clinic

Hawthorn Community House - Occasional Childcare

- 39 William Street
Central Park
Hawthorn VIC 3122
- Childcare

Hawthorn Community House

- 32 Henry Street
Hawthorn VIC 3122
(03) 9819 2629
hch.org.au
- Children's programs
 - Community programs
 - Evening courses
 - General interest courses
 - Health and fitness courses
 - Special events

Lower Templestowe

- 44 Balmoral Avenue
Lower Templestowe VIC 3107
- Dietetics
 - Early Childhood Early Intervention Services
 - Group programs
 - Occupational therapy
 - Psychology
 - Speech pathology

Greythorn

- 2 Centre Way
Balwyn North VIC 3104
- Child & Family services
 - Counselling & Psychology
 - Dietetics for children
 - Early Childhood Early Intervention
 - Occupational therapy
 - Physiotherapy
 - Podiatry
 - Speech pathology

Trentwood at the Hub

- trentwood.org.au
- Children's programs
 - Community programs
 - Evening courses
 - General interest courses
 - Health and fitness courses
 - Special events

Doncaster East

- 1/1020 Doncaster Road
Doncaster East VIC 3109
- Alcohol and other drug services, including family services
 - Counselling and psychology
 - Diabetes education
 - IDEAS (Integrated Diabetes Education and Assessment Service)
 - Dietitian/nutrition support
 - Exercise and social activity groups
 - Health promotion
 - Medication Support and Recovery Service
 - Needle and Syringe Program
 - Nursing
 - Occupational therapy
 - OAHKS (Osteoarthritis of Hip and Knee Service)
 - Physiotherapy
 - Podiatry
 - Speech pathology
 - Volunteer transport

Manningham Men's Shed

- 41 Wetherby Road
Doncaster East VIC 3109
- Art and crafts
 - Woodwork, electronics, and mechanics projects
 - Social opportunities

MC2 Manningham City Square Community Centre

- 687 Doncaster Road
Doncaster VIC 3108
- Community gym program
 - Exercise groups

Camcare

- 51 St Johns Ave
Camberwell VIC 3124
• 4 Y Street
Ashburton VIC 3147
- Community Information & referral
 - Counselling
 - Emergency relief
 - Family Violence Victims Survivor group
 - Integrated family services with outreach workers
 - Monthly community barbecue
 - New mothers' group
 - Parenting outreach support workers
 - Parenting education groups

Box Hill

- 10 Rose Street
Box Hill VIC 3128
- Early Childhood Early Intervention Services

Ashburton

- 7 Samarinda Avenue
Ashburton VIC 3147
- Services for everyone
- Community dentistry and dentures/ Private dentistry and dentures
 - Health promotion
 - Occupational therapy
 - Podiatry
- Services for children
- Physiotherapy
 - Speech pathology
 - Group programs
 - Developmental psychology

15
sites across
the Inner East
of Melbourne

(03) 9810 3000
info@accesshc.org.au
accesshc.org.au
facebook.com/AccessHealthandCommunity/
linkedin.com/company/access-health-and-community

COVID-19

Since late January 2020, Access Health and Community began monitoring the spread of a Novel Coronavirus outbreak in Wuhan City, China.

After the first case was identified in Australia, the Executive met and appointed David Towl as General Manager with responsibility for planning and preparedness. In the days following, the Executive endorsed new procedures to support Access Health and Community to respond safely.

Access Health and Community decided it would mirror its response to the pandemic based on the advice of the Victorian Department of Health and Human Services. Our focus has always been on providing health and community services whilst ensuring that clients, patients, staff and volunteers were not put at risk. A key part of our response is preventing admissions to hospital to protect the health system from unnecessary burden.

Within three weeks our staff were providing clinical services via phone or video link. Many of our smaller sites closed (temporarily) while the larger clinical sites remained open. Where possible, staff worked from home and people kept a distance of at least 1.5m. Some of our staff were redeployed to support other high demand areas like Camcare's emergency relief and community information service.



The team from headspace Hawthorn COVID ready & distanced.

We also had to change the way we provide our services to ensure the safety of our staff and clients. Some programs had to reduce their scope due to government restrictions while others created new online community services to support our clients.

In mid-June, we launched a three-stage plan to help our organisation and the community recover from COVID-19. As some restrictions eased, we were able to reopen sites, services and programs. We were also able to start seeing familiar faces in person again. Some of our staff started to return to the office to help with the increased demand. Our focus remains on keeping people safe, but also working with our partners to support the community in their recovery. At the time of writing, we are facing an increase in cases in Victoria again. We know it might take us a little longer to reach that point of recovery.

After the initial response, the Executive and our management team reviewed what had worked well and what they would change. If we see higher rates of infection, we will be ready to respond.

COVID-19

Throughout the first 6 months of 2020, to help in our response to COVID-19, we ordered:



**more than
30,000 pairs
of gloves**



**5,400
masks**



**1,600
thermometer
covers**



**More than 475 litres
of hand sanitizer**
— that's more than three
44-gallon (200 litre) drums!

Mental Health and COVID-19 through the Eyes of a Clinician

The current social distancing and restrictions have impacted clients with mental health concerns in ways that are only just coming to light for me as a clinician. While leaving the house is what many of us are keen to do, the perceived threat is just too overwhelming for many of our mental health clients. This week I worked to help a client go out of her front door and sit for 5 minutes on her front verandah. The anxiety this caused was evident in her shaky voice and I suggested we do something else.

Together, over the telephone we sat and discussed what she could hear, see, smell, taste and touch. We noticed the change in breathing from the start of going out to how it had slowed down after watching the birds. Then by telephone we went back inside to make a cup of tea and celebrated the first steps outside in many weeks. Small steps back to a less anxious life.



Counselling via video and phone has become common during COVID-19.



Supporting Samantha

During COVID-19 we have been supporting Samantha, a client who has been feeling particularly anxious. She hasn't been diagnosed with anxiety, but she has been feeling quite vulnerable during COVID-19. Samantha doesn't have regular contact from family, lives alone and doesn't seem to have a close network of friends. Every 2 weeks, we usually assist her with shopping as she is unable to drive. This involves helping Samantha to carry her shopping up a set of stairs leading to her apartment.

Normally, we only need to call Samantha on an as-needs basis as she is very independent. Since COVID-19, our Program

Coordinator has had regular phone contact with her to check on her wellbeing. The regular phone contact and deep breathing has helped reduce her anxiety about what is happening. We have also increased the frequency of home visits as she has felt isolated.

Recently, Samantha told us how thrilled she was with her support worker. She feels that he connects well with her on a spiritual level and is a special person. She also commented that the Program Coordinator has been a huge support, and when she hears her voice, she knows that everything is going to be okay.

Sunday Sessions

AccessHC worked with Manningham, Boroondara and Monash Councils and local recreation centres to offer free health and wellbeing activities that encourage people to get out and active on Sunday mornings. Resources for alcohol and other drug support were also shared.

Sunday Sessions planned to operate every Sunday for March. However, due to COVID-19 it was cancelled after the first 3 Sundays of the month.

- 42% of respondents drank less alcohol on Friday and Saturday night before attending Sunday Sessions.
- 100% would participate in Sunday Sessions if offered again.

"I benefited from drinking less alcohol on the weekend and making the effort to partake in exercise on the Sunday morning."



The AccessHC Needle and Syringe Program (NSP) has continued throughout COVID-19 at our Doncaster East and Hawthorn sites.

Continuing services during COVID-19

The AccessHC Needle and Syringe Program (NSP) has continued throughout COVID-19 at our Doncaster East and Hawthorn sites. We were able to provide safe disposal, clean injecting equipment and contraception to the community while still maintaining COVID safe practices.

People using alcohol and other drugs are particularly marginalised and at-risk during COVID. Clients are incredibly grateful to be able to access safe injecting equipment during this time.

Re-thinking Emergency Relief

When people in Melbourne were clearing the supermarket shelves of toilet paper, the team at Camcare were rethinking their emergency relief program; making sure people had access to food when they needed it most. Bags of essential food were collected and provided to people in the community at individual appointments to keep people safe. This work is performed

by a committed workforce of volunteers at Camcare and is dependent on the support of community members, City of Boroondara and other community organisations. St Hilary's Anglican Church and other churches from the City of Boroondara provided 200 bags of non-perishable food to refill our stocks.



200+ bags of food donated to Camcare by local churches to help us, help others.

Service Updates

Steps Mental Health — helping more communities in Melbourne's East

Since 2019 we have been running the Steps Inner East Program. In June 2020 we expanded our services to include the Steps Outer East program.

We are excited to be delivering this in partnership with Carrington Health, Inspiro Community Health and Oonah Belonging Place. The month of May was busy finding new clinic locations, recruiting new staff and planning the service model for the program.

"As with all big changes there have been bumps in the road, but I'm very proud and grateful to be working with such a fabulous team across all our partners. It is no mean feat to set up a new service during a global pandemic! It's been fantastic to see how we've been able to adapt our service during COVID-19, through a combination of telehealth, telephone, virtual groups, and face-to-face services for those clients who need it," said Tamsin Short, Senior Manager Mental Health and AOD (alcohol and other drugs).

"I'm very proud and grateful to be working with such a fabulous team across all our partners."

Dr Tamsin Short, Senior Manager
Mental Health & AOD Services



Counselling Services at our Doncaster East site.

Increasing support for children and their families

The Child and Family team has successfully supported over 1,000 families with children aged 0-12 years with developmental concerns. Face-to-face and telehealth supports have been used throughout their journey - from initial contact to diagnosis and supporting NDIS referrals.

An additional 54 children and families attended our weekly parenting groups: Parent Child Mother Goose and Supported Playgroup.

We run these groups to support families who are vulnerable for many reasons, including social isolation, mental illness, family violence and those of a culturally and linguistically diverse background. We work with parents and caregivers to develop their strengths and capacity whilst supporting connections with community and local service providers. The goal is to improve child and family wellbeing and safety and increase participation in community life.



Social prescribing — tackling loneliness

Loneliness has been found to be more harmful to your health than smoking.

We have been working with the Future Self and Design Living Lab at Swinburne University to design a way to support prescribing people social activities and interactions, instead of, or in addition to, medications and treatments.

Swinburne helped us co-design a solution with our staff on how social prescription could be the first approach to addressing loneliness and isolation. The next step is to pilot the model that Swinburne University developed with us and to test how well it works. It is likely that volunteers will be key to the success of this new model. After all, in communities with high rates of volunteering, there are lower rates of loneliness.

Our People



Staff

336

Permanent full time	87
Permanent part time	177
Fixed term full time	2
Fixed term part time	9
Casuals	61



Volunteers

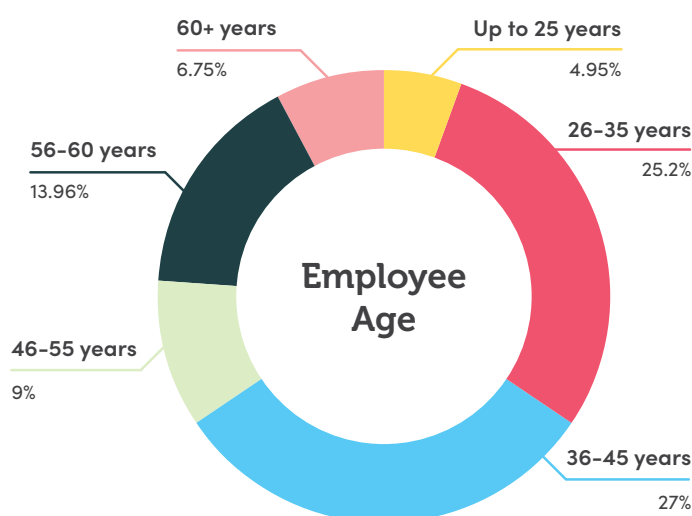
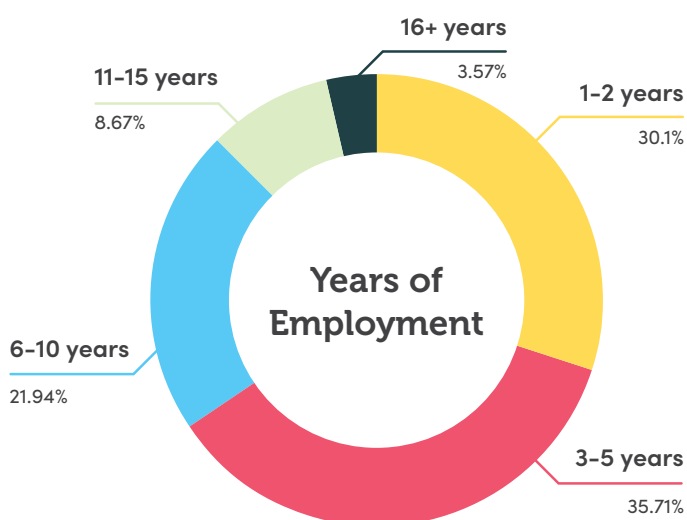
200+

Camcare Volunteers	106
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Women as a % of Workforce

	All Staff	Managers	Executive Managers	Board Members
Access Health & Community	85.25%	85.19%	37.5%	50.0%
Workforce Gender Equity Agency Average	47.4%	36.30%	31.5%	26.8%



Workforce Diversity

Access Health & Community / Australian Average



Born outside Australia
28.75% / 29.68%



Speaks English as a second language
24.17% / 20.8%



Identifies as LGBTIQ+
5% / 3%



Aboriginal or Torres Strait Islander
0.41% / 3.3%



People living with a disability
1.66% / 18%

Meet the Board

Alan Studley, Board Member

QUALIFICATIONS	EXPERIENCE
Master 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 in Management Systems	
Bachelor of Business (Accounting/Marketing)	
	SPECIAL RESPONSIBILITIES
	Chair of Audit and Risk Committee, Member of Quality and Safety Committee



Diana Brown, Board Member *(Resigned 25 February 2020)*

QUALIFICATIONS	EXPERIENCE
Bachelor of Psychology, AMICDA	A business and technology strategist with over 25 years' experience in delivering technology led change in a range of corporate and not-for-profit environments. Working with Infoxchange, Diana led the design and delivery of Ask Izzy, an award winning cross sector collaborative initiative connecting people in need with services. Diana joined the Board in November 2014.
	SPECIAL RESPONSIBILITIES
	Chair of Quality and Risk Committee



Gayle Austen, Board Member

QUALIFICATIONS	EXPERIENCE
BA (Communications) Grad Cert Applied Languages (Mandarin), AICD	Gayle is a specialist in communications, marketing and strategic advice. She has consulted for non-profits on a range of initiatives, including advocacy, merger and acquisitions, targeted communication, organisational structure and leadership coaching. Gayle was formerly Head of Marketing and Communications with ANZ Institutional, led corporate affairs teams for Foster's and Seven Network and was a senior journalist, section editor and chief of staff with The Age. Gayle has been long-standing resident of Boroondara and was formerly President of Camcare. Her passion for social justice and local community is reflected in her career and previous non-profit Board roles. Gayle is also the Chair of Trust for Nature.
	SPECIAL RESPONSIBILITIES
	Deputy Chair, Chair of Governance Committee, Member of Community Advisory Committee



Jane Canaway, Board Member

QUALIFICATIONS	EXPERIENCE
Graduate – Company Directors Course AICD	Jane has held executive and senior leadership roles in government, health and community support sectors prior to moving into consultancy in September 2018. As a consultant she has worked with a range of health and community agencies including health services, community health, PHNs, vocational education, family violence and emergency services. Her experience spans policy, project and program management and in her most recent operational role at cohealth she was responsible for a budget of \$50m and led a large diverse team spanning medical, dental, allied health, nursing, mental health and health promotion. She was part of the executive that drove the merger of three inner urban community health services to create a new entity in 2014 and held executive roles in the new organisation, cohealth, for four years. In addition to operations, Jane has extensive experience in Quality and Clinical Governances and was responsible for the development of quality, evaluation, clinical governance and operational systems for the new cohealth organisation to ensure safe, effective patient care.
Graduate Diploma in Program Evaluation, Melbourne University	
Graduate Diploma in Health Science (Health Counselling), Victoria University	
Midwifery Training Program, Royal Women's Hospital	
General Registered Nurse Training, Epworth Hospital	
SPECIAL RESPONSIBILITIES	
Chair of Quality and Safety Committee	



John Michailidis, Board Chair (part year), Board Member

QUALIFICATIONS	EXPERIENCE
Bachelor of Science	John is a performance driven Leader and CEO in business transformation, entrepreneurship, translation and commercialisation. He has broad experience and expertise in strategic planning, organisational growth, business development.
Diploma in Education	
Executive MBA, Harvard University	<ul style="list-style-type: none"> • Managing Director, JEM Pharmaceuticals Pty Ltd • Non-Executive Director Factor Therapeutics Pty Ltd
Member of the Australian Institute of Company Directors	Previous Positions: <ul style="list-style-type: none"> • Managing Director, Teva Pharma Australia Pty Ltd • Non-Executive Director, Australian Diabetes Educators Association • CEO Orphan Australia Pty Ltd • CEO Avipep Pty Ltd • President and CEO Roche Korea Ltd • Business Director and Global Head of Nephrology/Oncology • Franchise F. Hoffmann La Roche
SPECIAL RESPONSIBILITIES	
Chair of the Board, Member of Governance Committee, Member of Audit and Risk Committee	



Kerryn Grabau, Board Member

QUALIFICATIONS

Bachelor of Arts
Diploma in Education
Bachelor of Social Work

EXPERIENCE

Extensive experience in employee health and organisational wellbeing. Expertise in industrial relations, including negotiation of agreements. Knowledge, involvement and commitment to the community, especially the City of Yarra.

- Secondary School Teacher
- Educational Management
- State-wide Committees on Student and Teacher Welfare
- Member, Teaching Service Appeals Board
- Member of School Councils

SPECIAL RESPONSIBILITIES

Chair of Community Advisory Committee,
Member of Governance Committee



Professor Mike Morgan, Board Member

QUALIFICATIONS

Bachelor of Dental Science
Masters Dental Science
Graduate Diploma
Epidemiology
PhD
GAICD

EXPERIENCE

Mike is the Dean of the Faculty of Dentistry at the University of Otago in Dunedin, New Zealand. He was previously the Head of the Melbourne Dental School in the Faculty of Medicine, Dentistry and Health Sciences at The University of Melbourne where he remains an honorary Professor. He has been involved in dental education and research both in Australia, New Zealand and internationally. Graduating with a dental degree from The University of Otago, Mike is a registered specialist in both Australia and New Zealand with a background in paediatric dentistry, dental public health and epidemiology. His teaching and research interests lie in the causes and prevention of oral disease at a population level and with clinical trials of oral disease preventive agents. His university role has involved working closely with Community Health Centres, particularly in relation to student placement and clinical services. Mike has served on several not-for-profit Boards over the past 10 years, primarily related to health and education.

SPECIAL RESPONSIBILITIES

Member of Quality and Risk Committee



Penny Lovett, Board Member

QUALIFICATIONS	EXPERIENCE
Bachelor of Commerce	Penny Lovett is the Chief Human Resources Officer for The Salvation Army. Her role encompasses all aspects of HR, including cultural renewal, HR Business Partnering, Workplace Health and Safety, Remuneration and Benefits, Organisational Development, HR Services and Volunteer Resources. Human resources at the Salvation Army has over 150 staff servicing 10,000 employees and a volunteer pool of up to 60,000.
Grad Dip, Human Resource Management	
Masters of Business Administration	
	Penny has held board roles for over 10 years and has more than 20 years experience in executive roles having performed as a HR Director roles across not-for-profit, health, insurance, aged care and manufacturing sectors for more than 15 years.
	SPECIAL RESPONSIBILITIES
	Member of Quality and Safety Committee



Peter Turner, Chair (part year), Board Member

QUALIFICATIONS	EXPERIENCE
Master of Health Administration	Mr 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 CEO of a charitable trust. Peter 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.
Diploma in Business (Accounting)	
Fellow of CPA	
Fellow of the Australian Institute of Management	
Associate Fellow of the Australian College of Health Service Management	
Member of the Australian Institute of Company Directors	
	SPECIAL RESPONSIBILITIES
	Chair of the Board, Member of Audit and Risk Committee



Meet the Executive



Simon Baird | General Manager, Information Systems

Simon Baird joined the Executive Management team in October of 2019 as the GM of Information Systems. Simon comes from a strong health care background having served as the Head of Operations and Systems for Australia's leading Aged Care Podiatry provider. Most recently Simon worked for Zenitas Healthcare as the GM of Information Technology developing the technology strategy for company and managing the IT team through accelerated growth and privatisation.

Simon has a passion for technology and is excited about the opportunities that lie ahead in improving the lives of our Access Health and Community clients



Jane Broadhead | General Manager, Community

She has had 35 years' experience working in the Department of Human Services and the community services sector in child and family welfare, children's disability and early intervention. Jane's career has spanned direct service, program and policy development and senior management roles. She is interested in encouraging community involvement in the work of communities, thereby creating a more informed and inclusive community for all members.



Lisa Esman | General Manager, Medical & Access

Lisa has over 10 years of experience as a manager across the healthcare and optical retail sectors. Her most recent role was as a regional manager for Australia's largest publicly listed medical practice company where she oversaw up to 8 large scale medical centres. She is a passionate senior operations professional who is committed to developing effective teams to deliver organisational strategy, process improvement and change to benefit client outcomes and experience.

At AccessHC Lisa leads the medical, dental, access and quality services of the organisation.



Michael Falloon | General Manager, Clinical Services

Michael joined AccessHC in November 2017. He has 30 years of experience across all sectors of the health industry. His main passion is to ensure the community receives high quality services based on their needs.

Michael has spent the last 13 years in the not-for-profit sector earning a reputation as a proven leader and healthcare specialist. He has extensive experience in leadership and project management as well as strategic service planning and delivery within challenging and diverse community environments.

At AccessHC Michael is responsible for the clinical and community services delivered across all of our locations.

**Dr Harry Majewski** | Chief Executive Officer

Harry joined AccessHC in 2011. Prior to that, Harry was Professor and Head of the School of Medical Sciences at RMIT University and a medical researcher with funding from the NH&MRC and numerous other organisations in Australia and overseas.

He is an alumni of Leadership Victoria and the Harvard Kennedy School, USA. He currently is an Adjunct Professor at Swinburne University and is a member of the Swinburne Advisory Committees for the Centre for Mental Health and the Bachelor of Health Sciences.

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

**Dr Chris Olszewski** | Medical Director

Dr Olszewski has been Medical Director of 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.

**Jane Seeber** | Chief Operating Officer

Jane is a Chartered Accountant with 20 years' experience in the not-for-profit sector as a manager, executive and director. Most recently, Jane was Director of Corporate Services at St John of Accord, a large disability service, where her successful projects included NDIS planning and transition, a significant amalgamation and capital developments.

Jane brings her experience of sectors undergoing profound change—aged care and disability—to community health in its own time of change. She is passionate about improving systems and information for decision making so that community-focused organisations and their front-line staff can be more effective. She has been involved in the governance of community not-for-profit organisations for more than a decade, as a Board member or through pro-bono work, and is committed to increasing accessibility across her professional and volunteer roles.

**Noel Toal** | General Manager, Information Systems *(Resigned)*

Noel joined 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 an online jewellery store.

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



David Towl | General Manager, Health Promotion

David has more than 15 years' experience in public health, 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 a previous State President and National Treasurer of the Australian Health Promotion Association. He currently serves as Secretary of Chalk Circle, an independent not-for-profit, creating conversations around gender literacy to empower the next generation. David is passionate about raising the profiles of health prevention and promotion within the health sector, as well as gender and health and the role that men play within the health promotion profession.

Within AccessHC, David leads programs in Health Promotion both internal and external to the organisation, as well as programs to improve workplace wellbeing and environmental sustainability. Between January and June 2020, David has fulfilled the role of COVID-19 Lead for the Access Health and Community. Leading the organisation response and providing advice on responding to client and community need.



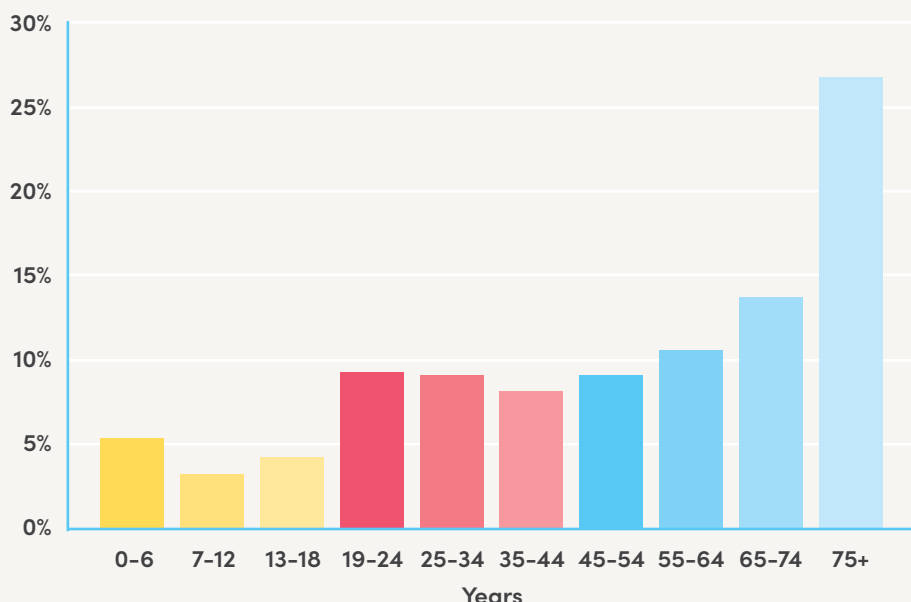
Mental Health Week 2020

700 people attended Bands & Burgers in the Park held at Hawthorn Community House and Central Gardens, Hawthorn in October 2019. The event celebrates Mental Health Week.



Our Clients and Patients

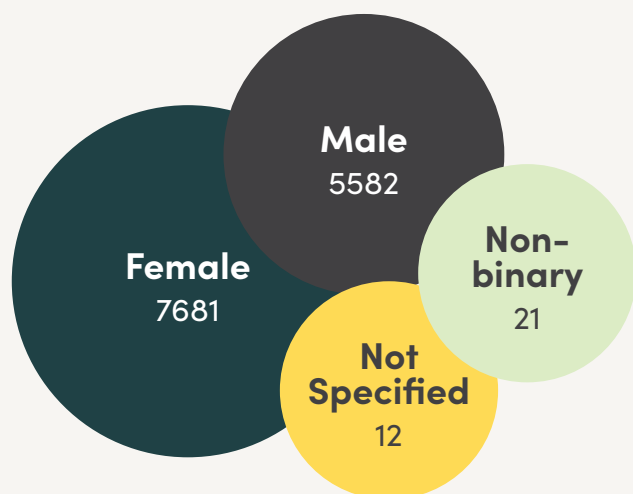
How old are our clients and patients?



Our clients and patients were born in more than **120 different countries.**

The most common countries are:

 Australia	 England
 Greece	 Malaysia
 Italy	 India
 China	 Vietnam



956 GP Management Plans helping patients manage chronic medical conditions.

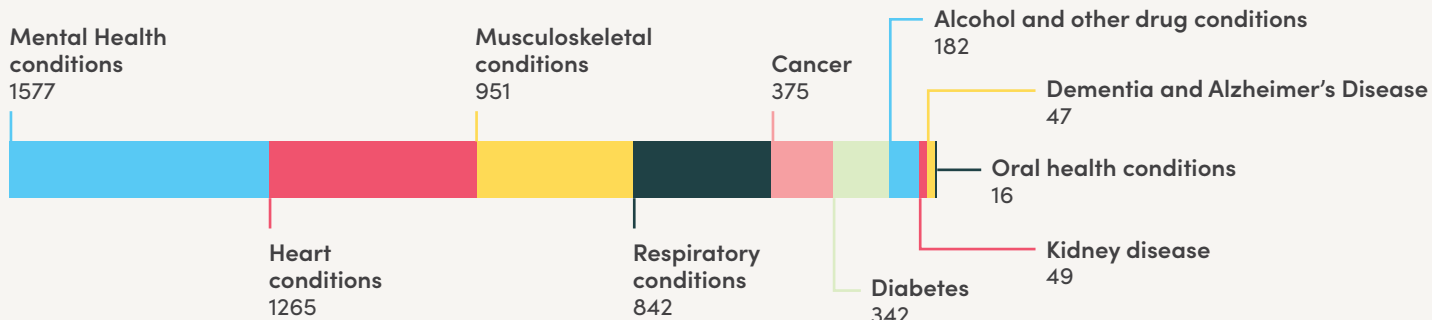


753 Team Care Arrangements where clinicians were together to help patients with complex needs.



547 Wednesday Drop-in attendees (July 2019–March 2020)
270 female / 277 male.

Types of chronic medical conditions our GPs are helping people manage:



Michael's Story

Michael lived with his grandparents due to his parents' addictions. He does not have many memories of childhood but he does remember being taken to 'crack dens' with his father. Michael acknowledges that his use of Valium and opiates was an attempt to not experience uncomfortable feelings as a result of past trauma.

Michael was originally prescribed Valium by his GP to manage his feelings of anger and opiates for tooth pain. Then he became the fulltime carer for his grandmother who is now elderly and suffering from dementia. This limited his ability to work. Over time he accumulated over \$24,000 worth of debt on credit cards and fines. Michael ended up in hospital for an overdose because he misused his medication.

Rising debt, anger and resentment towards his parents and grandmother, and intermittent violence from his father led to him overdosing again. Michael knew he needed help, so he called Access Health and Community. We made referrals to Peer Support and Steps (Mental Health) for care coordination and support for his debts.

The Medication Support and Recovery Service (MSRS) counselling helped Michael to work on regulating his nervous system. We used many techniques such as somatic experiencing, art therapy, journaling and mindfulness. Michael even tried yoga and boxing. He has now learned to regulate and soothe his nervous system by becoming more aware of how anger felt in his body compared to what anger did to his thoughts.

Michael was able to access a financial counsellor through the care coordination, and with letters of support he was able to get his debts waived. With no debts Michael's anxiety levels reduced. He worked with the nurse on a program to wean off the Valium and he is now 8 weeks free of Valium use. Through holistic therapy that studies the relationship between the mind and body in regard to psychological past in counselling, he had already stopped his use of opiates.

His Steps care coordinator also worked with him to develop his CV and provided information about TAFE courses. He is currently completing a course in Personal Training. He is also planning to buy a house with his girlfriend.



"Through holistic therapy that studies the relationship between the mind and body in regard to psychological past in counselling, he had already stopped his use of opiates."

Peter's Story

Peter had a stroke in January 2018. Now he has difficulty speaking and communicating with his family, friends or people in the community. Every 2 weeks, Peter has been going to therapy sessions with a speech pathologist, Ali Rehn. Together, they work to improve his ability to communicate and be understood.

Since the COVID-19 pandemic, Peter and Ali have been using video conferencing to continue his therapy.

"Learning new technology is always a challenge, but we were surprised at how simple telehealth was to use."

The therapy includes exercises and techniques to improve his ability to say important words and write sentences that capture what he wants to communicate. Peter's wife, Felicity, no longer has to drive and wait while Peter does his therapy. Now, she assists with scheduling appointments and setting up the telehealth environment at home. Felicity told us, 'learning new technology is always a challenge, but we were surprised at how simple telehealth was to use. After missing weeks of therapy and feeling very isolated, Peter was concerned he was losing the progress he had made. But now he can enjoy the mental stimulation and feeling of progress as he slowly re-learns how to speak'.

Providing speech pathology by telehealth is very important because clients like Peter are in one of the high-risk groups for COVID-19.

Joe's Story – helping families during COVID-19



Joe and his family at home.

Joe is 21 months old. He has hydrocephalus (a build-up of fluid in the brain) and a mild developmental delay. His hearing is also a concern. Due to COVID, Joe currently receives his services remotely from our Child & Family team. He works with his physiotherapist/key worker and a speech pathologist via video call every two weeks.

Joe's family take videos of him crawling, pulling to stand and cruising along furniture. The physiotherapist then analyses the video and makes suggestions to his parents during the video session. The physiotherapist provides his parents with ways to help him with skills to progress to walking. The aim is to help him develop standing balance and skills to progress to walking.

Joe's speech pathologist conducts a similar type of video session. Mum and Joe sit on the floor and play with a range of toys. The speech pathologist guides mum in strategies for using natural gestures, simple sign language and encouraging the use of functional words.

COVID-19 doesn't mean that healthcare needs to stop. Our child and family team are working hard at finding ways that enable them to continue to support children and families through these challenging times.

Quality Account

Access Health and Community has seen many changes in the organisation in the past year. We continue to grow and work on improving the organisation to help support our community and build healthier lives together.

Board Committees

In 2019 the Board recognised the need to have greater clinical expertise represented on the board committee. This resulted in the recruitment of 2 new board members. A restructure of our Board sub committees in 2020 helped to reflect a focus on Risk and Safety. Our Board sub committees are now:

- Audit and Risk Committee (Previously Audit Committee)
- Community Advisory Committee
- Governance Committee
- Quality and Safety Committee (Previously known as Quality and Risk Committee).

IT Systems

IT and security continue to be an area of focus with the increasing threats of cyber security. Our systems performed well under external audits. However, we worked to strengthen our security with multifactor identification. This was particularly valuable with the transition to working at home for many of our staff who had to access our virtual private network (VPN) securely. In early 2019, we decided to migrate from our internal servers to the Microsoft Teams platform. Work was underway when COVID-19 restrictions were introduced. The IT team did an amazing job of bringing the migration forward, and this also supported the rapid adoption of Teams (online) meetings.



82% of staff
believe their colleagues
are highly ethical

90% of staff
say this is a safe and
inclusive place to work



Lily and the
headspace YAG
at the Gender
Neutral Clothes
Swap held in
October 2019.



Ashburton Reception - COVID ready.



80 webcams
purchased to keep
our staff and patients
connected during
COVID-19

Quality Assessments

To ensure we provide high quality services, we are accredited by external organisations. This year has proven to be very busy with multiple external assessments.

In December and January our GP services were assessed against the Royal Australian College of General Practitioners (RACGP) standards.

In March we have had our assessments for:

- Quality Improvement Council (QIC)
- National Safety and Quality Health Service - Dental (NSQHS)
- National Mental Health (NSMHS)
- Human Service Standards (HSS) mid cycle.

We are pleased to report that we continue to maintain our accreditation, and we received some very positive comments from the assessors. There is always room for improvement and their suggestions and feedback will be incorporated into our Quality Improvement Plan.



Quality Improvements

In 2019, we engaged an external consultant who undertook a full review of our policies and procedures. The review was to integrate Camcare's policies and procedures in with those of Access Health and Community, and to ensure that our documentation is an accurate reflection of our processes, given our growth and diversification. The result is a refreshed and expanded suite of policies and procedures available to our staff on the intranet. This project is 95% complete, with the remaining document approvals deferred due to our efforts in responding to COVID-19.

This also led to forms and other client documents such as our Rights and Responsibilities information being reviewed to be more client friendly.

Moving services to telehealth for COVID-19

Mental health and AOD groups have moved online using telehealth (video) and telephone. This includes the Mindfulness Walking Group in our Steps Mental Health program. Before COVID, the walking group would meet once a week in a local park. Our Mental Health Care Coordinator would lead mindfulness practice whilst walking through the park.

Once COVID restrictions came into place, we had to rethink how to run this group. Our Care Coordinator came up with a plan for each group member to go for a walk at the usual time in their local neighbourhood, whilst connected over the phone to the group and facilitator.

As with everything in COVID, there were some bumps and challenges in this process, but it was a creative way to try and keep our group connected during lockdown.



Leo the Therapy Dog - an integral part of our Dental Team.



Families rate their experience of telehealth services at 7.6/10

80% of staff agree that families are able to make progress on their goals with telehealth



95% of staff report that telehealth requires more preparation time



Recipe cards and ingredients packed and ready for the St Tom's Hope food relief program.

"We are part of a bigger picture that can directly impact people's daily lives. Whether that means someone feels less lonely or the broader community becomes aware that there are others less fortunate in their local community."

Anonymous, Workforce Survey Results

Our staff have their say

In 2018, our staff asked that we look at ways to improve our communication. We have introduced a weekly bulletin with a message from our CEO to let staff know what is happening. We have also introduced an internal communication framework to show where different types of information are located.

In May 2020 we did our second staff survey with Best Practice Australia (BPA). The results were very positive, especially considering that the survey was completed during COVID-19.

- We had an 89% response rate, up by 4%.
- Staff engagement was at 65% - moving from a culture of ambition in 2018 to a culture of success.
- Over 90% of staff feel that AccessHC is a safe and inclusive place to work - free from harassment and discrimination.
- 162 personal messages were sent to our CEO.
- BPA recognised us for setting 6 new benchmarks in the Victorian Community Health Sector. One of the highlights is that 82% of our staff agreed that 'everyone in my workplace, without exception, maintains high ethical standards of behaviour'.

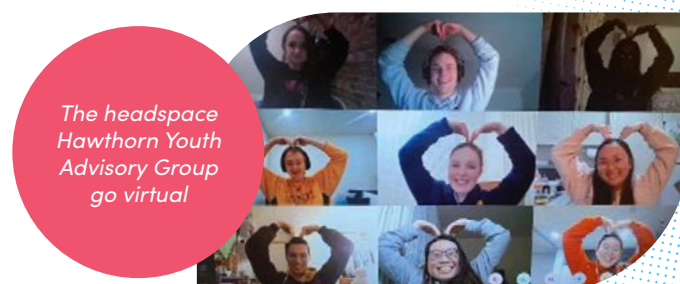
It is also important to note that 10% of our staff raised that they felt there was a level of uncertainty about organisational change - this was not surprising with the changes coming into effect from COVID-19. This is something we will need to improve in the coming year.

"At AccessHC I'm most proud of being able to be me."

Anonymous, Workforce Survey Results



Angela from our Health promotion team meeting the OzHarvest delivery for Wednesday Drop-in at Hawthorn Community House.



Community Engagement

We work to ensure that there is a voice on behalf of consumers, carers and the broader community, which is heard at all levels of the organisation.

Late in 2019, the Board appointed a Community Engagement Advisor to support the Executive and Board in providing hands-on support to the Board's Community Advisory Committee and advise on other consumer participation activities across the organisation.

The six members represent links to the Cities of Yarra, Boroondara and Manningham and are chosen to represent the broad and diverse needs of the people living in those communities. The Committee meets 8 times a year and has worked hard to identify the issues and concerns of at-risk and hard-to-reach communities.

Access Health and Community established a Community Engagement Working Group (CEWG). The CEWG developed a Consumer and Community Engagement Plan for 2020/21.

Local Consumer Participation was identified as an area of need in the organisation. Access Health and Community now has a consumer register in place. Found on the Get Involved page of our website, the register lists all consumers who have indicated an interest in working with us to co-design and provide feedback about our services.

Incident reporting and Safety

The safety and wellbeing of our staff is critically important to Access Health and Community. In 2019 we saw an increase in aggression/behaviour incidents, especially aimed at our reception staff. Analysis of our incident reports showed that there was no increasing trend. However, as a preventative measure we provided reception and other frontline staff with training in de-escalating aggressive behaviours. We also added more posters in reception and other public areas communicating that aggressive or abusive behaviours towards staff will not be tolerated. We have since seen a decrease in the number of reported incidents of aggression/behaviour.

Finances

The impact of COVID has been complex and at times uncertain for Access Health and Community.

We have been fortunate that our funders understood the massive changes to our operations, Government understood the extra effort we made to keep the community safe and that the Commonwealth Jobkeeper scheme enabled us to maintain staff positions which had been impacted. By June 30 2020, Jobkeeper was the extraordinary item that supported our financial performance

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2020*

	2020 \$	2019 \$
Revenue and other income		
Revenue from contracts with customers	22,511,144	20,520,578
Other revenue	3,288,316	371,799
Gain on merger	-	495,642
	25,799,460	21,388,019
Less: expenses		
Employee benefits expense	(19,729,686)	(17,727,372)
Accreditation expense	(52,650)	(35,727)
Advertising expense	(162,411)	(96,777)
Computer expenses	(260,440)	(233,519)
Contractor and consultant expense	(130,146)	(81,192)
Contractor cleaning expense	(287,067)	(230,898)
Contract labour expense	(3,150)	(2,366)
Depreciation and amortisation expense	(810,848)	(528,829)
Finance costs	(52,582)	(22,074)
Medical expense	(164,191)	(139,865)
Motor vehicle expenses	(106,708)	(97,573)
Occupancy expense	(180,780)	(397,279)
Program brokerage	(648,323)	(336,020)
Program expenses	(351,297)	(131,084)
Repairs and maintenance expense	(175,832)	(213,235)
Telephone expense	(363,713)	(326,945)
Utility expense	(136,336)	(146,199)
Other expenses	(614,138)	(823,165)
	(24,230,298)	(21,570,119)
Surplus / (deficit) for the year	1,569,162	(182,100)
Total comprehensive income / (loss)	1,569,162	(182,100)

* This is an extract from the financial report for 2019/20.

A full version of the 2019/20 Audited Financial Statements is available on our website.

STATEMENT OF FINANCIAL POSITION

AS AT 30 JUNE 2020*

	2020 \$	2019 \$
Current assets		
Cash and cash equivalents	7,830,305	7,651,579
Receivables	247,410	262,135
Other assets	2,415,123	660,939
Total current assets	10,492,838	8,574,653
Non-current assets		
Intangible assets	124,396	177,864
Lease assets	785,820	-
Property, plant and equipment	20,726,531	20,693,807
Total non-current assets	21,636,747	20,871,671
Total assets	32,129,585	29,446,324
Current liabilities		
Payables	1,513,842	1,986,414
Lease liabilities	239,543	-
Provisions	2,864,599	2,813,420
Other liabilities	834,480	315,042
Total current liabilities	5,452,464	5,114,876
Non-current liabilities		
Lease liabilities	571,095	-
Provisions	659,271	453,855
Total non-current liabilities	1,230,366	453,855
Total liabilities	6,682,830	5,568,731
Net assets	25,446,755	23,877,593
Equity		
Reserves	14,114,770	14,114,770
Accumulated surplus	11,331,985	9,762,823
Total equity	25,446,755	23,877,593

* This is an extract from the financial report for 2019/20.

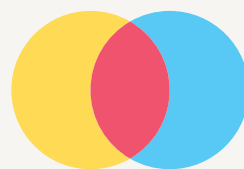
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STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2020*

	2020 \$	2019 \$
Cash flow from operating activities		
Receipts from customers	5,179,429	4,437,552
Operating grant receipts	22,494,174	17,973,624
Donations received	65,413	31,832
Receipts from sale of publications	(26,862,994)	(22,311,476)
Interests received	105,968	173,009
Finance costs	(52,282)	(22,074)
Net cash provided by operating activities	929,708	282,467
Cash flow from investing activities		
Proceeds from sale of property, plant and equipment	(532,942)	(403,509)
Proceeds from sale of investments	6,243	9,455
Net cash provided by / (used in) investing activities	(526,699)	(394,054)
Cash flow from financing activities		
Principal portion of lease payments	(224,283)	-
Cash acquired via merger with Camcare	-	714,113
Net cash provided by / (used in) financing activities	(224,283)	714,113
Reconciliation of cash		
Cash at beginning of the financial year	7,651,579	7,049,053
Net increase in cash held	178,726	602,526
Cash at end of financial year	7,830,305	7,651,579

* This is an extract from the financial report for 2019/20.

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ACCESS
Health & Community

Building healthier lives together

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