



Central Bayside Community Health Services

Annual Report 2017-18



Vision Better health, wellbeing and support for our community.

Purpose To enhance the health and wellbeing of individuals through innovative, responsive services delivered in partnership with our community.

CBCHS Strategic Plan



Our clients come first

We will

- Provide person-centred care based on individual needs
- Involve our clients in service planning, co-design and improvement
- Provide integrated and seamless client pathways to services
- Embed a culture of best practice
- Provide equitable access for all



We deliver the best possible client outcomes

We will

- Monitor and evaluate services to improve client outcomes
- Focus on innovative, high quality services which are cost effective
- Develop health promotion initiatives based on community need
- Participate in research that will improve client outcomes



Our staff and volunteers are innovative, engaged and values driven

We will

- Invest in our staff to meet the needs of clients and the organisation
- Foster a culture of 'customer service'
- Promote and encourage innovation
- Build an inclusive culture for all
- Develop a flexible workforce through learning, development and recruitment strategies



Strengthen our sustainability to support future growth

We will

- Ensure our organisation can compete in an open market environment
- Maintain and grow our services in the context of current government reforms
- Invest in technology to support client management and administrative processes
- Improve our facilities, assets and systems
- Build opportunities through partnerships

Cover photo: Long-serving Volunteers for our Mandarin Speaking Social Support Group, ready to serve lunch.

This report documents Central Bayside Community Health Services Ltd (CBCHS) performance over the 2017-18 financial year.

The report comprises three main sections

- The Annual Report, providing a general overview of CBCHS services and operations
- Financial Statements and Summaries, detailing our financial performance for 2017-18 and our financial position at 30 June 2018
- The Quality Account Report, explaining the innovative programs and services, and the quality and safety processes.

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Our Staff



250

We employ 250 staff

Full time	59
Part time	157
Casual	34

Total EFT 158.47, not including casuals.

Our Clients

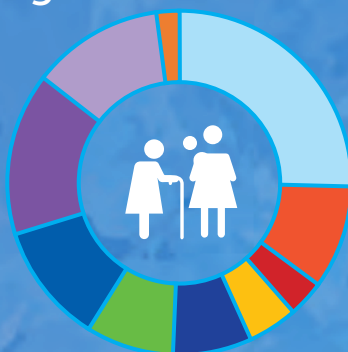
16,732

Location



Parkdale Incl. Local Suburbs	22.8%	3,821
Bonbeach	17.7%	2,961
*Other	16.5%	2,765
Mentone	11.0%	1,835
Cheltenham	10.2%	1,705
Clarinda	5.3%	879
Carrum	5.2%	873
Dingley Village	5.0%	837
Beaumaris	2.3%	386
Highett	2.0%	338
Keysborough	2.0%	332
Total		16,732

Age



0-9 years	25.4%	4,250
10-19 years	9.7%	1,629
20-29 years	3.4%	574
30-39 years	4.7%	783
40-49 years	7.4%	1,243
50-59 years	8.2%	1,378
60-69 years	11.3%	1,894
70-79 years	15.3%	2,560
80-89 years	12.4%	2,070
90-99 years	2.0%	343
> 100 years	0.0%	8
Total		16,732

Our Vehicles



34

Buses 14
Cars 20



About CBCHS

CBCHS is a not-for-profit organisation funded to provide a broad range of health, disability and community services.

Vision

Better health, wellbeing and support for our community.

Purpose

To enhance the health and wellbeing of individuals through innovative, responsive services delivered in partnership with our community.

Values

Respect for each individual, families and for the diverse cultures within our community.

Empowerment as a cornerstone of how we work. We acknowledge the potential of each person and promote client participation and contribution.

Collaboration with each other and with members of the community and colleagues from other organisations. We recognise that together we can achieve better outcomes.

Quality in all aspects of our work. Our practice is evidence based and we continually strive to achieve excellence in all of our programs and services.

Transparency in how we operate, particularly in how we make decisions and communicate.

Our Volunteers

We have had an increase of **27** volunteers this year!



Catherine is being assisted by a Strength Training Volunteer.



Nicole Fry a long serving volunteer (centre) with Hayley and Fran from the Volunteers office.



Adult Community Options
23

Auxiliary
7

Board
10

Community Advisory
Committee
8

Community Visitors
Scheme
97

Primary Health
(Physio, Dietetics, CDS)
42

Social Support Groups
21

Volunteer Office
1

Total
209

Our Services

Integrated Health at CBCHS

CBCHS provides integrated and coordinated care based on client-centred principles for people with complex and chronic conditions. This service is offered in an integrated team environment or by clinician interventions based on client need and capacity to self-manage.

Service Areas

Adult Community Options

Central Intake

Child Development Services

Community Development

Community Visitors Scheme

Counselling

Dental Clinic

Dietetics Service

Gambler's Help

Health Promotion

Medical Services

- Women's Health
- Paediatricians
- Endocrinologist
- Geriatrician

Nursing

- Community Health Nursing
- Diabetes Education

Occupational Therapy

Physiotherapy

Podiatry

Social Support Groups

Speech Therapy and Communication Services

Telelink

Further information about each service area can be found on our website or by asking one of our friendly reception or intake staff.

Chairperson and CEO Report

Message from the Board Chairperson

The past year has certainly been a time of transition for CBCHS with the commencement of our new CEO, Deb Stuart in February 2018. The process of recruiting a new CEO was a significant task for the Board of Directors and I would like to thank my colleagues for their hard work and commitment throughout the recruitment phase.

Deb comes to CBCHS with broad knowledge of the health sector and experience in a number of senior leadership roles and is already proving to be an excellent CEO. On behalf of the Board, I am pleased to welcome Deb to CBCHS and look forward to continuing to work with her to lead our organisation with the expertise, vision and passion we need to face the challenges and maximise the opportunities ahead.

I would also like to acknowledge our General Manager Primary Health, George Robinson for his outstanding efforts as Acting CEO from January 2017 – February 2018.

Message from the CEO

As I write this I have been in the role for six months, commencing in February 2018. The benefits of being new to an organisation are many – you see everything through a fresh lens and are able to ask lots of questions right across the organisation.

My remit from the Board was clear – we know we need to change to respond to the rapidly changing health and disability landscape and we will guide you in this process. I have appreciated the feedback and support I have received from the Board and look forward to a continued productive relationship with them.

Thanks to everyone for supporting me in these first few months – especially the Board, my leadership team and all of our staff and volunteers who ensure the business of the day goes on and our clients receive the best care – I'm constantly humbled by the calibre of the people around me and I am privileged to lead you all.

Planning

CBCHS has solid foundations, it is financially viable and has a stable and experienced workforce and it is well established and highly regarded by the local community. However it needs to adapt to remain relevant and be ready for new growth opportunities,

which requires detailed planning. The success of any organisation is embedded in how it plans for the future. We are really pleased to share our new Strategic Plan 2018-2021, please find it printed on the inside cover of this report. Refining and finalising our Strategic Plan has been a key focus and we had great feedback from across the organisation, community and our Board. To achieve our vision, we must strive to build and continue to develop a strong, robust organisation which is sustainable, and provides inspirational leadership, innovation, and openness to change and challenge. These themes will be key features of our Business Plan.

Our Business Plan 2018/21 has been developed to guide organisational development and improvement to meet the objectives of the Strategic Plan over the next 3 years. A clear sense of purpose has been set and we all have a responsibility to embed this in the organisation.

Our people

Our aim is to transform, innovate and grow CBCHS and the right people are critical to the success of the organisation. We are inspired by the kindness, commitment and expertise shown by our staff and volunteers and the client stories they share.

Every two years we are required to complete the Victorian Public Sector People Matter Survey. It provides our Board and leadership team with in-depth feedback on how the organisation is performing and opportunities for improvement. Over 55% of our staff completed the survey and the themes to focus on are leadership and communication.

Our clients

The importance of Consumer and Community engagement cannot be underestimated and we are very fortunate to have a committed and engaged group of people attending our Consumer Advisory Committee. This committee will guide us as we implement our Business Plan and in the spirit of co-design, they will have input into key strategic projects.

For us, quality is about making sure our clients have the best, safest and most appropriate level of care. We know this is something we do very well at CBCHS and you can read more about this work in the Quality Account that follows in this report.

We welcome regular feedback from all our clients and regular surveys tell us that our clients are generally very pleased with the service they receive. Sometimes we receive complaints and take this as an opportunity to review and improve what we do.

Our services

Our key business imperative is the NDIS roll out. More than 30% of CBCHS' business is disability funded day programs. NDIS also impacts on Primary Health and Child Development Service teams who are working to ensure clients receive the support they need during this change. It is a very busy time for our services as we support our clients and their families to negotiate this new and complex world. The NDIS will also provide opportunities for new and expanded service models to meet the needs of participants in the scheme.

Two of the more difficult decisions we have made since I joined CBCHS are the closure of the GP clinic and Café Escape. Our GP clinic has been led for many years by Dr Stuart Garrow and Dr Sue Mouritz, both of whom are leaving to explore new opportunities. Whilst unavoidable it is never easy to close a service. Although we have been unable to replace our GPs we will continue to grow our specialist medical services and consider other new opportunities.

After 16 years of operations, CBCHS has made the difficult decision to close Café Escape. Whilst the café has provided valuable training opportunities for ACO clients and has been a popular eatery for CBCHS staff and locals, unfortunately it is not financially sustainable to run. CBCHS plans to continue its catering service, providing 'classroom' and 'hands-on' training in the areas of catering, cooking and independent living skills, as well as supporting clients to access job placement agencies.

Our Primary Health and Dental Services continue to meet and at times exceed the activity targets set

by the funding bodies. The health professionals are consistently reviewing practice to meet the changing needs of our community, they do this whilst providing safe, effective and evidence-based care. None of our services could run smoothly without the support of the Corporate Services teams, Reception and Intake, Human Resources, Facilities, Finance and I.T. Collectively these teams are the engine room of the organisation and without them we would not be able to deliver effective client-centred services.

Highlights

We chose National Reconciliation Week to launch our first Reconciliation Action Plan, the focus of it is to work in partnership with the Aboriginal and Torres Strait Islander local community, the Boon Wurrung people, to improve our services to meet their needs and ensure equitable access. Despite a strong commitment from government and agencies over the past 10 years, closing the gap on health inequality is yet to be realised. Thanks to the working group, especially members of the Aboriginal and Torres Strait Islander local community who provided advice and guidance. For CBCHS this is the start of an ongoing journey to drive the changes we need to make.

We really could not do without our volunteers who support every part of the organisation. We acknowledged them at a National Volunteer Week morning tea and the overriding message was thank you very much to a group of really committed and supportive people, some of whom have been volunteering at CBCHS for up to 30 years.

Another highlight was the generous donation of a million dollars from the Mordialloc Community Nursing Home Committee. I'm sure we will be able to achieve many wonderful outcomes for our community thanks to their generosity.

Summary

A clear sense of purpose has been set and we all have a responsibility to embed this in the organisation. We are encouraging everyone to innovate and think differently about how health, disability and community care operates in the 21st century.



Above: Cheque presentation from Mordialloc Community Nursing Home.

A handwritten signature in black ink, appearing to read 'Peter Spyker'.

Peter Spyker, AM

A handwritten signature in black ink, appearing to read 'Deb Stuart'.

Deb Stuart

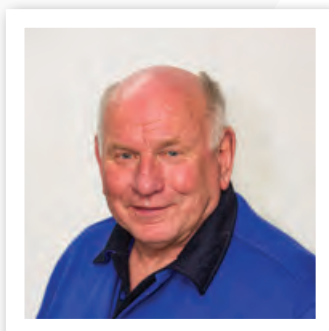


Farewell to Peter Lay at last year's AGM, who retired from the Board after 22 years of service.



Kate Hurse, third from the left is welcomed to the Board at last year's AGM. Next to Kate is Member for Mordiallic Tim Ricahardson MP, who also attended.

Board of Directors



Top row, left to right. Peter Spyker AM Chairperson, Bill Nixon OAM Vice Chairperson, John Tetteroo Treasurer.

Second row. Jacqui Clancy, Kate Hurse, Fiona McAlinden.

Third row. Dion McDonald, Janice Munt, Neal Ng.

Bottom row. Rachel Vogelsang.

Unpictured Peter Lay (retired October 2017),
Joel McDonald (resigned June 2018).



Management Executive Committee

Standing left to right: Paul Bunn Chief Financial Officer, Daniela Phelan General Manager Corporate Services, Sam Portelli Chief Information Officer, Peter Spyker General Manager Aged & Disability Services.

Seated left to right: George Robinson General Manager Primary Health, Deb Stuart Chief Executive Officer.

our People

Recruitment

For a number of years, our disability service, Adult Community Options (ACO), had difficulty recruiting quality staff to support people with a disability. This was and still is common amongst many disability services across Australia, because it is widely recognised that there is a labour shortage within the sector. ACO had to rethink its recruitment strategy to entice new staff into its service. An idea was born! The focus changed from attempting to recruit staff with qualifications and experience, to focussing on people with no experience, but who showed good values, the right skills, enthusiasm and a commitment to supporting people with a disability. A new advertisement was developed, inviting applicants without any experience to apply for roles, offering them flexible working hours and an opportunity to learn. Since this recruitment strategy began eight years ago, the results have been phenomenal, a majority of ACO's long serving workforce are now those applicants who took up the opportunity to apply to work in the disability sector, resulting in a staff team that provides high quality person-centred support for its clients.

Right: Si'arn Wilson Health Promotion Coordinator launching the CBCHS workplace wellbeing initiative.

Below: A photo of Josh, ACO staff member.

Staff Wellbeing

At last year's whole of staff planning day, Si'arn Wilson, our Health Promotion Coordinator presented the CBCHS workplace wellbeing initiative, which follows the Department of Health's Achievement Program framework. This included an opportunity for staff and volunteers to provide feedback about what they'd like to see in regards to wellbeing opportunities at CBCHS. With the aim of improving staff and Volunteer wellbeing.



Quality and Safety

Clinical Governance

Clinical Governance at CBCHS is the system of maintaining and improving the quality of patient / client care within our services and programs.

The main components of Clinical Governance are:

- Risk management
- Clinical audits
- Evidence-based care and effectiveness
- Patient/client and carer experience, feedback and involvement
- Legislative compliance
- Occupational Health and Safety.

We are now developing a more robust Clinical Governance framework, which recognises the importance of governance, leadership, culture, patient safety systems, clinical performance, client feedback and the patient experience while delivering high quality care.

CBCHS staff, clinicians, managers and the Board of Directors are all accountable to clients and the community for assuring delivery of services that are safe and effective. Clinical Governance ensures that our community can be confident that systems are in place to make certain we deliver high-quality health care and continuously improved services.

Dianne Willmott

Quality and Compliance Coordinator



Accreditation

CBCHS is an accredited organisation, this means our community can be confident that the services we provide are safe, effective and of the highest standard.

What is accreditation?

Accreditation is the independent external review of our organisation, its services and programs to ensure it meets the requirements of specific criteria set out in Accreditation Standards.

CBCHS is assessed against the:

- National Safety and Quality Health Service Standards
- Human Services Standards
- QIC Health and Community Services Standards.

Accreditation focuses on continuous quality improvement, involving:

- Self-assessment
- On-site assessment of performance against the Standards by external accreditors
- Monitoring of ongoing performance against the Standards.

We use assessment results to identify opportunities for improvement within our services.

Continuous Quality Improvement

What is Quality improvement?

Quality improvement is an ongoing process that evaluates how our organisation works to improve its systems and client care. Continuous Quality Improvement assists our service to improve quality and safety strategies by:

- Looking for ways to improve our services
- Consistently achieving and maintaining quality care that meets community needs
- Monitoring outcomes in client/patient care and seeking opportunities to improve both the care and compliance results
- Meeting important quality and safety standards and always striving to improve and provide the best possible care for our community.

Dianne Willmott

Quality and Compliance Coordinator

Infection Control

Infection Control is the system of controlling and reducing the risk of Infection. It covers many important aspects of our work, including:

- Standard Precautions
- Personal Protective Equipment
- Cleaning and disinfection
- Waste disposal
- Respiratory hygiene - cough etiquette.

The number one measure to reduce the spread of infection including influenza, would be very familiar to you:

Washing your hands!

Hand hygiene remains the single most important measure in the prevention of health care associated infections, either by handwashing with soap and water or using an antiseptic hand rub. CBCHS has made the commitment that hand-hygiene education is compulsory for all staff.

CBCHS encourages clients to use hand hygiene products, either before or after an appointment. Clients can find antiseptic hand rub stations available in all walkways throughout CBCHS. Let's all reduce the spread of infection!



Sterilisation

The Dental clinic is the 'Centralised Sterile Supply Department' for all required sterilisation and reprocessing of reusable medical devices at CBCHS.

What does this mean?

The process of sterilisation is to make an instrument sterile (free from bacteria or other living microorganisms).

The procedure of cleaning, disinfecting and sterilising instruments is the process of sterilisation.

A centralised department means that one area is dedicated to providing this service to all other services and programs at CBCHS.

Centralising all sterilisation to one area ensures that all reprocessing is maintained at a consistently high level of infection control across CBCHS.

What does this mean for CBCHS Clients?

- All sterilisation processes are at a consistently high standard for all clients
- All sterilisation meets National Standards
- High level disinfection of all reusable instruments
- Tracking and traceability of all reprocessed sterile instruments.

What does this mean for our staff and CBCHS?

- Reliable and consistent level of infection control and sterilisation processes
- Quality auditing of systems
- Reduced staff manual handling
- Designated qualified staff management
- Accountability and monitoring of systems
- Efficient and effective staff time management.

Dianne Willmott

Quality and Compliance Coordinator

Donations 2017/2018

Our CBCHS Auxiliary raised a total of \$10,350.80

Donor Amount

All Souls' Opportunity Shop	\$600.00
Margaret Anger	\$15.00
Harvey and Sheryle Cowan	\$500.00
St Augustine's Southern Opportunity Shop	\$1,400.00
Lifestyle Chelsea Heights Market Day Committee	\$1,000.00
Anonymous donations	\$107.35

Total	\$3,622.35
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Memberships

You can become involved with CBCHS by becoming a member and it's free!

A person is eligible to become a Member of CBCHS if he/she has attained age of 18 years and:

- is a Client, or carer for a Client;
- provides unpaid voluntary services for CBCHS;
- lives, works or is enrolled as a student at an educational service in the Local Community; or
- has a previous connection with CBCHS which the Board believes necessary or desirable to further its objectives

Being a member provides opportunities to see and hear about what we do, through invitation to community consultation forums and the Annual General Meeting. You will also receive a copy of our Quarterly Newsletter. Members are eligible to apply and vote for candidates for the Board of Directors at the time of election.

If you would like to become a member, please call **8587 0301**.

Financial Statements

Central Bayside Community Health Services Ltd. ABN : 50 362 120 798

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

For the year ended 30 June 2018

	2018	2017
	\$	\$
Operating Revenue		
Revenue	17,038,301	16,361,911
Other Income	192,504	214,594
	17,230,805	16,576,505
Operating Expenses		
Employee Salaries & Oncosts	(10,543,730)	(11,211,125)
Superannuation	(942,869)	(1,009,063)
Other Employees Expenses	(184,106)	(196,452)
Accounting & Legal	(22,387)	(27,155)
Audit	(15,530)	(18,000)
Office Expenses	(642,843)	(627,210)
Occupancy	(84,423)	(66,601)
Utility Expenses	(112,588)	(106,151)
Cleaning & Maintenance	(598,275)	(353,258)
Motor Vehicle Expenses	(207,072)	(232,710)
Medical Supplies	(324,487)	(311,670)
Program & Client Expenses	(1,643,559)	(1,542,768)
Other Expenses	(240,730)	(244,360)
Depreciation & Amortisation	(542,713)	(525,545)
	(16,105,312)	(16,472,068)
Operating Surplus	1,125,493	104,437
Income received from Mordialloc Community Nursing Home	1,000,000	-
Net Surplus	2,125,493	104,437
Income Tax Expense	-	-
Surplus Attributable to Members	2,125,493	104,437
Other Comprehensive Income	-	-
Total Comprehensive Income	2,125,493	104,437

Financial Statements

Central Bayside Community Health Services Ltd. ABN : 50 362 120 798

STATEMENT OF FINANCIAL POSITION

For the year ended 30 June 2018

	2018 \$	2017 \$
Current Assets		
Cash and Cash Equivalents	4,228,172	3,773,965
Trade and Other Receivables	218,611	113,113
Inventories	3,796	3,796
Financial Assets	5,119,446	3,489,651
Other Assets	472,579	407,915
Total Current Assets	10,042,604	7,788,440
Non Current Assets		
Property, Plant and Equipment	8,504,668	8,883,162
Total Non Current Assets	8,504,668	8,883,162
Total Assets	18,547,272	16,671,602
Current Liabilities		
Trade And Other Payables	1,811,877	1,833,641
Provisions	2,114,502	2,066,705
Total Current Liabilities	3,926,379	3,900,346
Non Current Liabilities		
Provisions	310,949	586,805
Total Non Current Liabilities	310,949	586,805
Total Liabilities	4,237,328	4,487,151
Net Assets	14,309,944	12,184,451
Equity		
Retained Surplus	12,458,163	10,332,670
Reserves	1,851,781	1,851,781
Total Equity	14,309,944	12,184,451

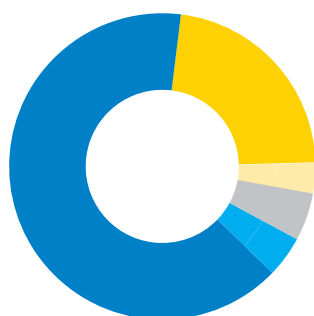
The full 2017-18 Financial Statement is available on our website or contact CBCHS.

Financial Summaries

Central Bayside Community Health Services Ltd. ABN : 50 362 120 798

OVERVIEW OF FUNDING SOURCES AND MAJOR EXPENSES

For the year ended 30 June 2018



Revenue by Source

State Government	11,451,213	66.5%
Federal Government	3,839,909	22.3%
Non-Govt Grants	589,065	3.4%
Client Contributions	857,895	5.0%
Business Undertakings & Fundraising	492,723	2.9%

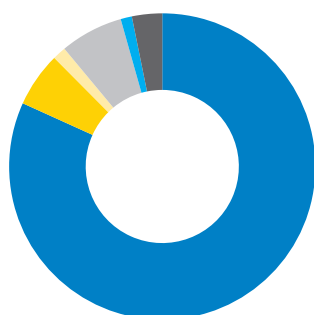
17,230,805 100.0%



Revenue by Program Area

Primary Health	6,649,367	38.6%
Aged & Disability	5,820,833	33.8%
Dental	3,574,265	20.7%
Primary Care Partnerships	682,731	4.0%
Business Undertakings & Fundraising	503,609	2.9%

17,230,805 100.0%

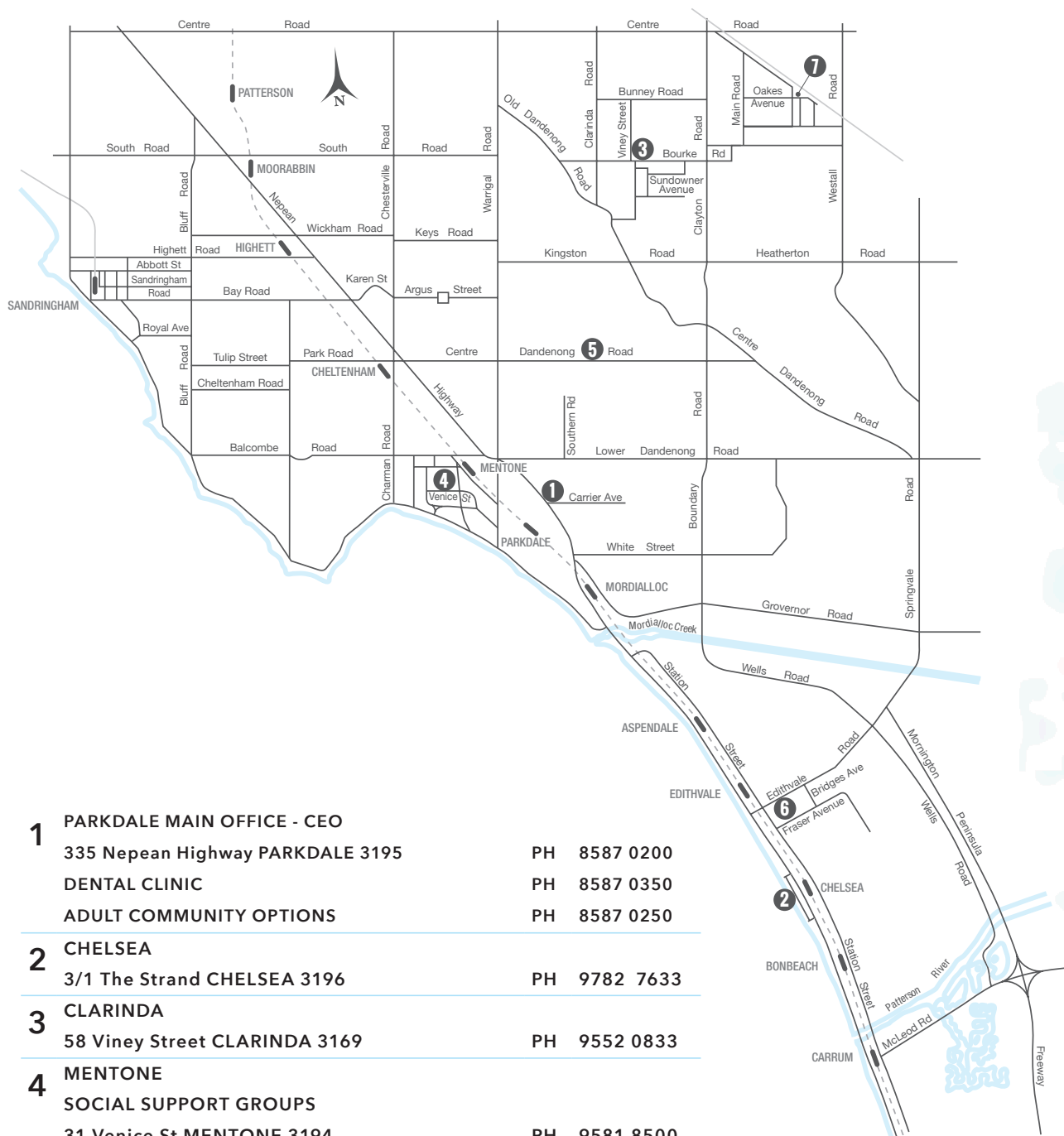


Expenditure

STAFFING	12,831,335	79.7%
PROGRAM	960,073	6.0%
VEHICLES	207,072	1.3%
OCCUPANCY & OFFICE EXPENSES	1,368,795	8.5%
ADMINISTRATION	195,324	1.2%
DEPRECIATION	542,713	3.4%

16,105,312 100.0%

Locations and Contact Details



1	PARKDALE MAIN OFFICE - CEO 335 Nepean Highway PARKDALE 3195 DENTAL CLINIC ADULT COMMUNITY OPTIONS	PH 8587 0200 PH 8587 0350 PH 8587 0250
2	CHELSEA 3/1 The Strand CHELSEA 3196	PH 9782 7633
3	CLARINDA 58 Viney Street CLARINDA 3169	PH 9552 0833
4	MENTONE SOCIAL SUPPORT GROUPS 31 Venice St MENTONE 3194	PH 9581 8500
5	CHELTENHAM ADULT COMMUNITY OPTIONS 299 Centre Dandenong Rd CHELTENHAM 3192	PH 9581 1150
6	EDITHVALE ADULT COMMUNITY OPTIONS 6-8 Edithvale Rd EDITHVALE 3196	PH 9782 7400
7	CLAYTON SOUTH ADULT COMMUNITY OPTIONS 45 Oakes Avenue CLAYTON SOUTH 3169	PH 9562 3019

WWW.CBCHS.ORG.AU

Quality Account Report

Each year CBCHS writes a Quality Account Report on the work it has undertaken to improve the quality of the services it provides.

Reconciliation Action Plan (RAP) Launch

CBCHS launched its first RAP at an event to commemorate National Reconciliation Week on Wednesday 30th May 2018.

The RAP is part of CBCHS' commitment to reconciliation and to work with the community to improve health and wellbeing outcomes for Aboriginal and Torres Strait Islander communities generally and the Boon Wurrung people specifically.

The RAP was developed in consultation with local Aboriginal and Torres Strait Islander community members, who contributed significantly to the final document. Broadly the aim of the RAP is to increase access to health and other services and to provide these services in a safe and welcoming environment.

CBCHS would like to formally acknowledge and thank the RAP Working Group who worked diligently to develop the plan, especially members of the Aboriginal and Torres Strait Islander local community Katrina Amon, Naomi Prior and Allan Little who provided advice and guidance. We would also like to acknowledge and thank Caroline Martin - Boon Wurrung Custodian, who was the keynote speaker at the launch and provided the Welcome to Country.

For CBCHS this is the start of an ongoing journey to drive the changes we need to make.

George Robinson
General Manager, Primary Health



Anxiety, Stress & Lifestyle Management Group

In 2017 the nursing and counselling teams at CBCHS collaborated to establish an Anxiety, Stress and Lifestyle Management Group to assist people to improve and better understand their mental and physical health. The group is based on the principles of wellness and reablement, it has been popular and well attended. CBCHS also offers monthly catch up sessions for interested participants who complete the program and who wish to remain connected to the service. These sessions are peer driven and facilitated by a nurse or psychologist.

The sessions include:

- Developing strategies for managing anxiety, depression and stress
- Learning and practising relaxation and mindfulness techniques
- Education in how to improve health and wellbeing and the link with exercise, diet and social connectedness
- Presentations from CBCHS dietician
- Opportunity to learn from other people who share similar issues
- Identifying individual goals to improve function and independence
- Supporting links to other services in CBCHS, in particular dietetics, podiatry, relaxation, Tai Chi, counselling and the Community Visitors Scheme
- Supporting links to external services, including My Aged Care and Alfred Carer Services, housing support services and Seniors Rights Victoria.

Evaluation of this program is ongoing. We expect that the learnings from this group will inform the development of other wellness strategies at CBCHS.

Rosemary McGrann
Jayne Tsinanis
Chronic Disease Nurses

Creating a Future of Excellence

CBCHS has a long and very proud history of delivering health and disability services to our community. Over the past six months, we have developed our new Vision, Purpose, and three-year Strategic Plan. The Plan was developed through extensive consultation with clients, volunteers, staff and stakeholders through one-on-one interviews, focus groups and meetings.

Our New Vision

Better health, wellbeing and support for our community.

What this means:

Our Vision Statement sets out the future that we want to create and places our clients, community, staff and volunteers as the focus of our work and service provision.

Our new Purpose

To enhance the health and wellbeing of individuals through innovative, responsive services delivered in partnership with our community.

What this means:

It is our commitment to make sure that we provide positive client experiences and that our services are responsive in meeting our community needs, ensuring we have a positive workplace culture that supports innovation, quality, safety, accessible and integrated service delivery.

Our New Strategic Plan

Our Priorities:

1. Our clients come first
2. We deliver the best possible client outcomes
3. Our staff and volunteers are innovative, engaged and values driven
4. Strengthen our sustainability to support future growth

The Strategic Plan provides a foundation for the development of our future organisation, we are looking forward to delivering on the priorities in partnership with our community.

Debra Starr

Integrated Services and Planning Manager

Below: Community Advisory Committee member and staff working together.



Child Development Services

at Westall Community Hub

Late last year the City of Kingston opened the Westall Community Hub and earlier this year CBCHS set up a regular Speech Pathology service at the new hub. This was in response to feedback from families from the Clarinda, Clayton and Westall areas, who have experienced difficulties accessing Child Development Services in their area.

One of the clients coming to therapy at Westall is Alex and his mother, Betsy. Originally Betsy had difficulty finding a local public service with clinicians trained in the treatment program Alex needed. CBCHS was recommended to Betsy by another service provider and the Westall Community Hub site was conveniently located to enable her to access this service.

Alex and Betsy now attend weekly therapy with a Speech Pathologist to treat his stuttering and to

monitor his speech sound development. Alex's stuttering was so severe it was significantly affecting his confidence and ability to interact with his classmates at kindergarten. Fortunately, Alex has responded well to treatment and is not only meeting his goals, but showing greater confidence in talking and interacting in both English and Cantonese.

The speech pathologist is very patient with Alex. We are pleased to see the progress that he has made. We are confident that Alex will overcome his stuttering with the speech pathologist's guidance and our persistence. Thank you for all your support!!
From Betsy and Brendon, Alex's parents.

Kimberley Brown
Speech Pathologist



Dietetic Guided Supermarket Shopping Guide Group

Supermarket tours commenced in 2017 and now run every three months at Woolworths, Thrift Park. The dietetic team identified from client feedback that today's supermarkets have so many choices they become confused and frustrated. Clients express not having enough time or knowledge to interpret food labels and often buy foods because of clever marketing, which appear to promote health benefits.

Supermarket tours aim to:

- Provide hands-on, practical information for people to make healthy choices, quickly and with confidence
- Dispel confusion on product choice of yoghurts, breads, breakfast cereals and choosing healthy snacks.

Over 1.5 hours, a small group of 4-6 participants are guided through the supermarket using real products straight off the shelves. Participants have an opportunity to ask about the products they commonly buy and get to explore healthier alternatives.

One participant declares,

"I changed the brand of cereal I buy because I didn't realise mine had so much sugar. It says it's healthy on the packaging".

Another participant said,

"I can finally start buying yoghurt again because I understand how



to choose a healthy variety".

After the tours, 100% of participants thus far feel confident to accurately read and understand food labels and choose healthy foods. This increase in knowledge and confidence lays a foundation for longer-term behaviour change. The supermarket tours are suitable for anyone wanting to learn more about healthy eating and choosing the right foods. In the future, more specialised tours focusing on specific client nutritional needs are planned.

Jodi Klooger
Dietician

Above: Jodi Klooger supporting a client

old friendships found and new friendships formed at the Italian Social Support Group

We facilitate a number of groups for people from Culturally and Linguistically Diverse (CALD) communities. The CALD group that has been running the longest is our Italian Social Support Groups.

This group has met every Wednesday for many years. One current group member has been attending for 27 years. Most group members share a similar background of migrating to Australia and not being able to speak English and the difficulties this caused in the early years. Everyone agreed it is so nice to come to a group where if you do not know the English word you can slip back into Italian and everyone understands what you are saying. Although the group members have changed over the years, the group has always remained very welcoming and friendly.

An example of friends finding each other after many years occurred in the group. A new group member arrived and she was introduced to the group and began conversing with the lady who was sitting opposite. It turned out they were both from Calabria in the south of Italy and had grown up across the road from each other and had not seen each other for 52 years! The two have been firm friends ever since.

Participants' comments:

"This group is like a family"

"I can talk about anything to my friends in the group"

"If I didn't come in I would just be sitting at home"

"It is nice to be able to speak with someone who has shared the same experience of coming to Australia and not knowing any English when they first arrived"

Lynne Worcester
Team Leader



I am Mischa, this is my NDIS Story

My name is Mischa. I suffered a spinal cord injury six years ago, which required surgery. I had post-operative complications and now live with a central nervous system disorder called Complex Regional Pain Syndrome. This affects my right side. I experience a lot of pain and fatigue which affects most of my daily function. I have spent four years in hospital and rehabilitation relearning how to talk, swallow, eat and drink, use my right hand and foot, sit, stand and walk. I still use a wheelchair and crutches to move around. I was discharged home in February this year. My home environment was not set up to accommodate my physical limitations. As an NDIS participant I get support so I can live in the community and continue with my rehabilitation. I was referred to CBCHS for allied health support where I was introduced to Leanne Ozaydin, my Occupational Therapist. She came and performed a thorough home assessment to ensure my home environment is safe, accessible and functional. Leanne not only considered my home environment, she assessed how I can get in and out of a car more easily and be more comfortable and in less pain whilst travelling. She also assessed my needs for a

computer set up so I can work towards going back to university next year and hopefully have a career in the health industry, helping people who have had similar experiences to me. Leanne has made life so much easier for me over the last few months. We are still working together to put in place new aids that can help me manage even better. She has been so efficient in implementing new ideas and ways for me to function more easily and independently in my home. Leanne's professionalism, positive attitude and willingness to help really stood out to me. I have worked with many Occupational Therapists in the last six years. I feel very blessed to have her support to help me to live more independently and work towards my goals.

Mischa Ginns



CBCHS supports families with their NDIS journey

As the family member of a loved one who is living with a permanent disability, navigating the NDIS has been a challenge where I felt the onus to receive information was my responsibility. However, as I attended the CBCHS family information meetings as presented by Victorian Advocacy League for Individuals with Disability and spoke to more and more people, I realised it didn't have to be this way.

I have signed up to the VALID newsletter so that I am kept up to date on how to best advocate for my brother and also the CBCHS team, especially Julie Torcasio and Angela Schepis made themselves available to meet with my sister and I. Our experience with CBCHS has made the process of finding out more information a little easier, as they also kept us informed via letters and meetings as new details were coming to hand. We are still waiting to become 'NDIS ready' but I feel more confident because I have the full support of the CBCHS team and for this, my family and I are very grateful!

Chrisoula Anton
Sister of ACO client

Pictured is George, ACO client
and brother of Chrisoula



The Podiatry Ulceration Database

The Podiatry service at CBCHS has been instrumental in developing a database to improve the quality of service. The database has been developed by the team to capture assessment and treatment details and to recall diabetic clients for annual foot health checks. The database has continued to be improved upon with the addition of an ulceration management section which allows better understanding of people at risk of developing ulcers in our community. The information helps the team to improve communication and partnership in care with other health professionals, such as GPs and Nursing through the provision of detailed reports.

The Podiatry Service Ulceration Database enables the team to:

- provide best practice care by creating a standardised way of recording wounds
- uses 100% validated tools for wound care
- monitor the progress of clients' ulcerations so that client treatment plans can be changed
- avoid duplication
- provide detailed reports to other health professionals involved in client care
- graph the ulceration to have a visual representation of how it is progressing
- link photos of the ulceration for each treatment session
- have a clear understanding of all current active ulcerations to help manage people at risk
- monitor healing times and temperature to inform practise
- demonstrate to the client the progression of the ulceration over time.

Brett Kinross

Podiatry Service Support Clinician

We Value our Community Advisory Committee (CAC)



Some of our valued members of the Community Advisory Committee.

CBCHS recognises the value of partnerships. In 2017 we established our new CAC, to increase consumer, carer and community participation in our organisation to help improve the health and wellbeing of our clients and our communities. We have eight consumers who volunteer their time to be on the committee, they represent the diverse community we serve.

The purpose of the CAC is to:

- Provide input and advice for CBCHS in relation to the integration of consumer, carer and community views into all levels of strategy, operations, planning and policy development; and monitor its implementation and effectiveness
- Advocate on behalf of consumers, carers and the community, including greater attention and sensitivity to the needs of diverse, disadvantaged, isolated and marginalised consumers, carers and communities

- Provide advice into the planning and actions required to meet the organisation's quality improvement initiatives
- Participate in CBCHS strategic planning to provide advice regarding priorities
- Facilitate communication between consumers, carers and community groups and CBCHS members and the provision of advice to the Board of Directors.

This year our CAC has made a valuable contribution to the new Strategic Plan, marketing and the development of a new CBCHS website.

Interested in shaping the work that we do? If so, email info@cbchs.org.au for more information.

Deb Starr

Integrated Services and Planning Manager

our Dental Clinic

My name is Pat Pickett and I am the Practice Administrator of the Dental Clinic, I have been here since the clinic opened at our Parkdale site in 1999.

The clinic has a total of 33 staff members. Our staff consists of Dentists, Dental Therapists, Dental Assistants, a Prosthetist and reception staff.

On a typical day the reception team check in an average of 124 patients, these patients consist of a mix of general, emergency and denture patients.

Often when the patient arrives they are feeling anxious and a little apprehensive about the treatment they are about to receive. We do our best to reassure them they will be fine. When the patient returns to the desk after treatment more often than not they are full of praise for the kindness they have been shown and the professional treatment they have received.

Every month on average, we recall 225 children for treatment and offer treatment to approximately 200 adult patients. We also screen children in Kindergartens and Childcare Centres.

We have recently offered dental screenings at a Women's refuge and will soon commence this service in Residential Aged Care Facilities.

I find following the patient's journey from start to finish and their appreciation very rewarding and feel proud of our wonderful team.

Pat Pickett
Practice Administrator

Pat, third from the left with her colleagues.



Have you seen our new-look website?

Take a look at the wide range of health, disability,
aged and social support services we offer.

Phone (03) 8587 0200
Email: info@cbchs.org.au
www.cbchs.org.au



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