



Central Bayside Community Health Services

Annual Report 2018-19

Celebrating 30 years of
Caring for Our Community



Contents

About CBCHS

Vision, Purpose, Values	4
Our Staff, Our Clients	5
Our Services	6
Our Volunteers	7
CEO and Chairperson Report	8
Celebrating 30 Years	10
Board of Directors	12
Executive Leadership Committee	13
Our People	14
Quality and Safety Matters	15
Accreditation Status	16
Listening and responding to Feedback	16

Financial Statements and Summary

Statement of profit or loss and other comprehensive income	18
Statement of Financial Position	19
Financial Summary 2018/2019	20
Donations and Memberships – 2018/2019	21

Quality Account Report

Helping John	23
Nellie Strength Training Trial	24
Helping Mary - Drug and Alcohol Support	25
NDIS Therapy Team	26
Creating Community Champions in Clayton South	27
The Carers' Art Group	28
Connecting with the Aboriginal Community	29
Providing input through the Community Advisory Committee	30
Infection Control and Hand Hygiene	31
Child Development - New Paediatric Dietetics Services	32
Robert's NDIS Journey	33
Helping Alice - inflammatory gut and food intolerances	34
Locations and Contact Details	35

This Report Documents

Central Bayside Community Health Services Ltd's (CBCHS) performance over the 2018-19 financial year.

The report comprises three main sections:

- 1. The Annual Report** - providing a general overview of CBCHS services and operations
- 2. Financial Statements and Summaries** - detailing our financial performance for 2018-19 and our financial position at 30 June 2019
- 3. The Quality Account Report** - explaining the innovative programs and services we provide and the quality and safety processes we adhere to.

About CBCHS

CBCHS is a not-for-profit organisation that provides a wide range of integrated health, wellbeing, disability and support services for our community.

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 Staff

257



We employ 257 staff:

- FULL TIME 61
- PART TIME 159
- CASUAL 37

Our Clients

15,450



Age Group	Total	%
0-9 years	3,321	21.5%
10-19 years	1,416	9.2%
20-29 years	565	3.7%
30-39 years	772	5.0%
40-49 years	1,132	7.3%
50-59 years	1,275	8.3%
60-69 years	1,773	11.5%
70-79 years	2,581	16.7%
80-89 years	2,197	14.2%
90-99 years	417	2.7%
> 100 years	1	0.0%
Total	15,450	100.0%

Suburb	Count	%
PARKDALE & Surrounding Suburbs	5,015	32.5%
CHELSEA & Surrounding Suburbs	3,542	22.9%
CHELTENHAM	1,606	10.4%
OTHER	888	5.7%
DINGLEY	738	4.8%
CLAYTON	563	3.6%
FRANKSTON & Surrounding Suburbs	515	3.3%
BEAUMARIS	384	2.5%
CLARINDA	345	2.2%
HIGHETT	340	2.2%
KEYSBOROUGH	260	1.7%
HAMPTON	222	1.4%
MOORABBIN	219	1.4%
OAKLEIGH	205	1.3%
BENTLEIGH	170	1.1%
HEATHERTON	159	1.0%
BRIGHTON	146	0.9%
SANDRINGHAM	133	0.9%
Total	15,450	100.0%

Our Services

CBCHS is an integrated health service providing coordinated care for people with complex or chronic conditions. This means our Allied Health Team work together, and in partnership with clients, to develop individual care plans to support recovery and wellness. This often involves referrals to other services and group activities to help improve health, wellbeing and social connection.

Service Areas:

- Adult Community Options (Disability Services)
- Child Development
- Community Visitors Scheme
- Counselling & Psychology
- Dental Clinic
- Dietetics
- Drug & Alcohol Support
- Exercise & Activity Groups
- Health Promotion
- NDIS Transition and Support Coordination
- Nursing
 - Dementia and Chronic Disease Nursing
 - Diabetes Education
- Occupational Therapy
- Physiotherapy
- Podiatry
- Reception & Central Intake
- Social Support Groups (Aged Day Services)
- Speech Therapy and Communication Services
- Telelink
- Volunteer Coordination

Other Services

At CBCHS, we work with a number of private practitioners and community health providers to offer additional services from our centres, these include:

- Medical Services
 - Paediatricians
 - Endocrinologist
 - Geriatrician
- Hand Therapy
- Optometry
- Gambler's Help
- Pathology

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

Our Volunteers

Volunteer numbers - 2018 /19	
Adult Community Options	23
Auxiliary	9
Board	10
Community Advisory Committee	8
Community Visitors Scheme	118
Primary Health (Physio, Dietetics, CDS)	41
Social Support Groups	14
Volunteer Office	1
Total	224



Are you interested in volunteering?

At CBCHS, we offer many rewarding volunteering opportunities and are always looking for new people to join our team. For more information, please contact 8587 0200.

Volunteers at the 2019 National Volunteer Week morning tea.



CEO and Chairperson Report

In presenting the 2018/19 Annual report we would firstly like to acknowledge that in November 2019 we celebrate 30 years since the establishment of Central Bayside Community Health Services by our current Board Chair Peter Spyker AM. From a small core of committed health professionals we have grown into a multi-faceted health and disability service with over 250 staff and many more volunteers and clients. Peter's life-time commitment to CBCHS is equalled by that of Bill Nixon OAM and there are not adequate words to thank them for their leadership and commitment over the past 30 years.

Sadly this year in January, former CEO Chris Fox passed away. Chris led CBCHS for 14 years and is missed by many of the staff and clients.

As the new CEO - last year was all about observing, building a foundation for growth and getting to know people and the culture – the heartbeat of CBCHS. In my second year the focus has been on bringing our Strategic Plan to life through a robust business planning framework and we are starting to see some positive outcomes for our clients and the wider community.

One of the many benefits of the Annual Quality Account is the need it creates to reflect on the year that was. It's a discipline that reminds us of the achievements made by our staff and the progress we have made toward our goals while also bringing into sharper focus what remains to be done and where we still need to improve. It is the case with most things, the best results come from teamwork – and the CBCHS team is a terrific one. It's not great plans or grand statements that delivers results, it's the everyday investment consistently made by our staff and volunteers. Their work has improved lives, prevented some terrible consequences

of disease and contributed to the health and wellbeing of our community.

These are just a few of the highlights, you can read more about our work in the Quality Account.

NDIS

April 2019 marked the first anniversary of the rollout of the NDIS at CBCHS and the Bayside Peninsula region. During this time we have delivered many benefits for clients including broadening our services to include in-home and community out-of-hours services as well as Saturday and holiday programs. We also commenced providing Support Coordination to help NDIS participants identify the right supports and services for their plan and connect them with the best providers to meet their needs.

Community Visitors Scheme and Volunteers

This year, we were successful in gaining additional government funding for the Community Visitors Scheme which enabled us to extend the program to include home visits as well as visits at aged care facilities. This is such an important program to help lonely or socially isolated people connect with their community. Volunteers are a vital part of our service delivery and we were pleased to acknowledge their contribution at a morning tea during National Volunteer Week.

Extending our Executive Leadership Committee

In early 2019 we welcomed two new faces to our Executive Leadership Committee. Nicki Ursu joined CBCHS as General Manager People & Culture and Amrita Ahluwalia commenced as Head of Business Development & Sustainability. Both Nicki and Amrita come to CBCHS with extensive experience in their fields and are already playing a key role in helping to deliver the commitments of our Strategic Plan.

Working towards Reconciliation

As part of our commitment to reconciliation and improving Aboriginal health, we held a special event during National Reconciliation Week. This included a welcome to country and smoking ceremony conducted by a Boon Wurrung man and was attended by many members of the local Aboriginal and Torres Strait Islander community. This was just one activity as part of our Reconciliation Action Plan to help close the gap on Aboriginal health inequality and build relationships, respect and opportunities for Aboriginal and Torres Strait Islander peoples.

Service Plan

A Service Plan was developed to help plan for future growth of our services to better meet the needs of our clients and community. Development of the plan involved input from many staff and community representatives and it was endorsed by the Board in early 2019. The plan is a valuable tool to guide planning of future services and facilities requirements.

Thank you to our clients, volunteers and staff for making Central Bayside Community Health Services a great and welcoming organisation. Without our clients, we have no purpose.

Clients at our inaugural holiday program for people with disability.



Without our amazing staff, nothing would be possible. They bring energy, skill and passion to their work and together achieve outstanding results. The work of our staff is extended by that of our volunteers, a group of people with big hearts determined to improve things for others – and they do! We thank them for their support and dedication. Our Board Directors volunteer their time to ensure sound governance of CBCHS and its continued success.

To our members and stakeholders, thank you for your support. To our Board and staff, thank you for making CBCHS the organisation that it is and we look forward to the next 30 years!

Peter Spyker, AM Chairperson
Deb Stuart, Chief Executive Officer

Boon Wurrung man David Tournie conducting the smoking ceremony during National Reconciliation Week.



Celebrating 30 Years of CBCHS

2019 marks the 30th anniversary of CBCHS. From humble beginnings, the organisation now provides a wide range of health, wellbeing, disability and social support services to over 15,000 people each year. With a team of 250 staff and more than 200 volunteers, we work across seven sites and two satellite locations. We also provide services in the community and clients' homes.

The timeline below depicts key milestones showing the history and growth of the organisation.

6 November 1985

- A public meeting was chaired by State Member for Mentone, Peter Spyker where a proposal for a community health centre received support and a steering committee was established.

1986

- Department of Health Victoria grants funding for a project officer to assess community health needs in the local area.

April 1989

- Mordialloc Cheltenham Community Health Centre Inc. commences business from the back of the electorate office of Minister for Community Services, Peter Spyker MP in Florence St, Mentone. Angelo Carlini is appointed as Chief Executive Officer.

29 Nov 1989

- The Mordialloc Cheltenham Community Health Centre officially opens in November 1989 after a lease is signed for tenancy in a converted church hall in Mentone. The centre is opened by then Minister for Health, Caroline Hogg MP and Minister for Community Services, Peter Spyker MP with just six paid staff.

1990

- Following a merger with Mordialloc Aged Services Committee, social support groups for older people commence.

1991

- Service delivery expands to include primary health care with podiatry and physiotherapy introduced.

1993

- The Mordialloc Cheltenham Community Health Centre changes its name to Central Bayside Community Health Services (CBCHS). The name is chosen to better reflect the increased catchment area.

A new purpose-built aged day centre opens in Venice Street, Mentone. CBCHS starts providing day services for people with intellectual disabilities.





1994 - 1995

- Staff numbers grow to 92. Expansion into child development services. Establishment of a Drug and Alcohol Service. Expansion of disability services.

1997

- Chelsea Community Health Centre merges with CBCHS to combine resources and services.

1999

- CBCHS moves into the refurbished site of the former Mordialloc Cheltenham Community Hospital in Parkdale. This location remains the main CBCHS site.

2000

- Site at Chelsea opens, providing allied health services and group activities.

2003

- Chris Fox commences 14 years of service as CBCHS Chief Executive Officer.

2006

- CBCHS open a purpose-built centre at Clarinda providing allied health services and group activities.

2008

- A new centre for disability services and social support groups opens in Edithvale.

2013

- My Aged Care* is introduced by the Commonwealth Government. As a registered provider, CBCHS provides a range of allied health and social support groups through the program.

2018

- Deb Stuart is appointed as Chief Executive Officer.

The NDIS commences its rollout at CBCHS, enabling clients with disability to access a wider range of allied health and social support services.

2019

- Today, CBCHS provides more than 50 services, programs and group activities to deliver better, health, wellbeing and support for our community. These include health services, dental, disability services, group activities, child development and aged care.



Acknowledging 30 years of service

The 30th anniversary of CBCHS also marks the milestone of 30 years of voluntary service for Board Chairperson Peter Spyker AM and Board Member Bill Nixon OAM. Both Peter and Bill were integral in establishing CBCHS and have played a key role in working to build the organisation over three decades.

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.

Executive Leadership Committee

In 2018/19 there were a number of new roles and changes within the Executive Leadership Committee (ELC). New appointments included Nicki Ursu - General Manager People and Culture and Amrita Ahluwalia - Head of Business Development, Growth and Sustainability.

These roles are critical in positioning CBCHS for the next phase of implementing our strategic direction.



Top row, left to right.

Deb Stuart, Chief Executive Officer

George Robinson, General Manager Primary Health

2nd row, left to right.

Peter Spyker, General Manager Aged & Disability Services

Daniela Phelan, General Manager Quality & Service Improvement

3rd row, left to right.

Paul Bunn, General Manager Finance & IT

Debra Starr, Integrated Services & Planning Manager

Bottom row, left to right.

Nicki Ursu, General Manager People & Culture

Amrita Ahluwalia, Head of Business Development & Sustainability

Our People

CBCHS recognises that our people are a real asset. They are key to ensuring that our clients come first and that we deliver the best possible client outcomes. This is recognised by one of the key objectives in our 2018 – 2021 Strategic Plan - "Our staff and volunteers are innovative, engaged and values driven".

Key executive position

In order to focus on this objective, in early 2019, we appointed a General Manager, People and Culture. The employee experience is critical to staff engagement and ensuring that our people remain at the centre of every decision we make. Our people strategy is centred on the belief that if we look after our people, they will look after our clients.

Internal Communication

We have received feedback from our staff that internal communication can be improved. We have implemented a regular CEO update and are encouraging open dialogue and feedback from our staff.

An Internal Communications Framework has been developed to help guide the process of

improving staff communication. As part of this, a communications survey was conducted for all staff in June 2019. The results will be used to develop a plan for better internal communication and engagement across CBCHS.

Leadership Team

It was recognised that new capabilities are required to lead CBCHS into the future of growth and sustainability within the context of a changing external market which is under constant change and uncertainty.

People and Culture have introduced a Leadership Development Program that will build self-awareness, help us to improve communication, encourage team engagement and shared ownership and accountability as well as proactively lead through times of change.

A Leadership Capability Framework has been introduced which underpins the required leadership capabilities to support our growth into the future. This ensures a consistent approach to expectations across the organisation by defining the skills, knowledge, personal attributes and capabilities required in a value-based culture.

A group of Leadership Team members at a Leadership Development Program session.



Quality and Safety Matters

Listening to Consumers

'Our clients come first' is the first of four overarching priorities in our Strategic Plan. We know that a positive experience has real benefits for consumers and to ensure the services we provide really are working for our clients, we value community involvement in our day-to-day activities, future planning and the improvement of services. We have a strategy to ensure that the voices of our community are heard in everything we do.

This year our consumers have been involved in:

- Community Advisory Committee
- Clinical Governance, Quality and Risk Committee
- Project Steering Committee for the development of our Services and Infrastructure Plan

- Design of the new CBCHS website
- Reviewing publications like brochures, reports and newsletters.

Victorian Healthcare Experience Survey

Each year between October and December consumers are invited to participate in the Victorian Healthcare Experience Survey provided by the Department of Health and Human Services.

Clients and participants are invited to provide feedback about their recent experiences with the services received from CBCHS. We received some valuable feedback from the 2018 survey.

Aspects of care with the greatest increase and decrease are listed below:

Question	2018	2017	Improved	Declined
Health workers always introduced themselves	90.5%	82.6%	7.9%	
Completely treated with respect and dignity	97%	91.8%	5.2%	
Politeness of reception staff very good or good	99.5%	96.9%	2.6%	
Given written copy of plan for health and wellbeing	65.8%	81.7%		-15.9%
Always asked about other health and wellbeing concerns	49.5%	63.3%		-13.8%
Never had to repeat information that should have been recorded	75.9%	84.1%		-8.2%

Compared against the State average

Question	2018	2017	Improved	Declined
Time spent in waiting area was about right	94.9%	78.2	7.9%	
Always easy to make an appointment	83.5%	71.4	5.2%	
Health workers did not say differing things	87.7%	78.2	2.6%	
Given written copy of plan for health and wellbeing	65.8%	80.6		-15.9%
Always asked about other health and wellbeing concerns	49.5%	59.5		-13.8%
Always gave necessary information about treatment	71.1%	77.8		-8.2%

Accreditation Status

To ensure CBCHS provides the recognised levels of health care standards and accreditations, we undertake a number of independent quality and safety reviews.

CBCHS is fully compliant and accredited under:

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

A mid-cycle accreditation review was conducted in November 2018. The expected outcomes of all three standards were “Met”.

In preparation for the new Aged Care and Disability Standards introduced from 1 July 2019, our teams have been undertaking gap analyses to ascertain new requirements and how to implement.

Listening and responding to Feedback

Receiving feedback from consumers about what we do well and also how we can improve enables us to reflect and implement changes that ensure “we deliver the best possible client outcomes” – our second strategic priority.

Consumers are invited to provide feedback on all aspects of service include the presentation and cleanliness of facilities. The number of compliments we receive indicate that most of the time we get it right, but we really want to also understand where and when we don't get it right. All feedback is treated confidentially and is managed through our Quality and Compliance Co-ordinator.

Feedback is now even easier to provide since reviewing how we receive feedback. This year we have created the following:

- Feedback email address: feedback@cbchs.org.au
- Online form accessible via our website
- Feedback forms available at all sites via reception and program areas.



A new feedback form is available at all CBCHS reception areas.

Financial Statements & Summary

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 2019

	2019	2018
Operating Revenue	\$	\$
Revenue	17,076,120	17,038,301
Other Income	219,215	192,504
	<u>17,295,335</u>	<u>17,230,805</u>
Operating Expenses		
Employee salaries & oncosts	12,209,912	10,543,730
Superannuation	1,109,482	942,869
Other employees expenses	140,196	184,106
Accounting & legal	109,632	22,387
Audit	17,700	15,530
Office expenses	600,759	642,843
Occupancy	25,654	84,423
Utility expenses	149,727	112,588
Cleaning & maintenance	480,203	598,275
Motor vehicle expenses	212,579	207,072
Medical supplies	329,928	324,487
Program & client expenses	1,210,113	1,643,559
Other expenses	454,085	240,730
Depreciation & amortisation	518,716	542,713
	<u>17,568,686</u>	<u>16,105,312</u>
Operating Surplus / (Deficit)	<u>(273,351)</u>	<u>1,125,493</u>
Income received from Mordialloc Community Nursing Home	-	1,000,000
Net Surplus / (Deficit)	<u>(273,351)</u>	<u>2,125,493</u>
Other Comprehensive Income		
<i>Items that will not be reclassified subsequently to profit or loss</i>		
Gain on the revaluation of land and building	617,585	-
Other comprehensive income for the year	617,585	-
Total Comprehensive Income	<u>344,234</u>	<u>2,125,493</u>

The full 2018-19 Financial Statements are available on our website or contact CBCHS.

Financial Statements

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

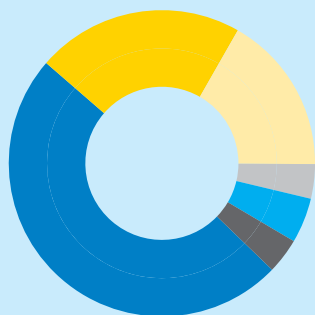
Statement of Financial Position

For the year ended 30 June 2019

	2019	2018
CURRENT ASSETS	\$	\$
Cash and Cash Equivalents	2,843,678	4,228,172
Trade and Other Receivables	1,308,994	218,611
Inventories	-	3,796
Financial Assets	5,748,465	5,119,446
Other Assets	436,514	472,579
Total Current Assets	10,337,651	10,042,604
NON CURRENT ASSETS		
Property, Plant and Equipment	8,715,179	8,504,668
Total Non Current Assets	8,715,179	8,504,668
Total Assets	19,052,830	18,547,272
CURRENT LIABILITIES		
Trade And Other Payables	1,480,398	1,811,877
Provisions	2,283,226	2,114,502
Total Current Liabilities	3,763,624	3,926,379
NON CURRENT LIABILITIES		
Provisions	635,028	310,949
Total Non Current Liabilities	635,028	310,949
Total Liabilities	4,398,651	4,237,328
NET ASSETS	14,654,179	14,309,944
EQUITY		
Retained Surplus	12,184,812	12,458,163
Reserves	2,469,366	1,851,781
TOTAL EQUITY	14,654,179	14,309,944

The full 2018-19 Financial Statements are available on our website or contact CBCHS.

Financial Summary

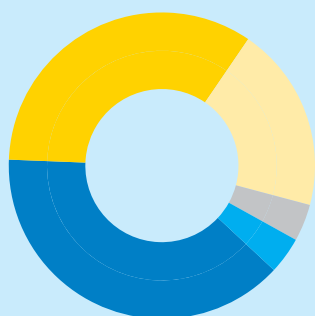


Revenue by Source

State Government	8,499,593	49.1%
Federal Government	3,785,941	21.9%
NDIS	2,909,971	16.8%
Non-Govt Grants	629,583	3.6%
Client Contributions	823,907	4.8%
Business Undertakings & Fundraising	646,341	3.7%

Note: Volunteer contribution of 14,800 hours valued at \$384,000 not included

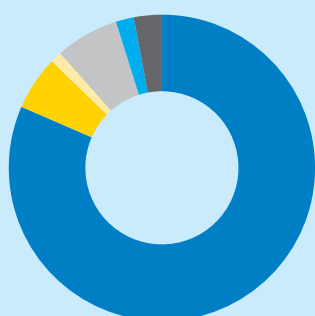
17,295,335 100.0%



Revenue by Program Area

Primary Health	6,689,667	38.7%
Aged & Disability	5,864,661	33.9%
Dental	3,391,435	19.6%
Primary Care Partnerships	676,995	3.9%
Business Undertakings & Fundraising	672,577	3.9%

17,295,335 100.0%



Expenditure

Staffing	14,321,986	81.5%
Program	1,004,076	5.7%
Vehicles	212,580	1.2%
Occupancy & Office expenses	1,178,287	6.7%
Administration	333,042	1.9%
Depreciation	518,716	3.0%

17,568,686 100%

Donations and Memberships - 2018/2019

Our CBCHS Auxiliary raised a total of \$9,491.55

DONOR	AMOUNT
Henrietta Gurney	5.00
Margaret Anger	20.00
Maria & Ivan Placko	560.70
St Augustine's Southern Opportunity Shop	1,250.00
Anonymous donations	238.40
TOTAL	2,074.10

In-kind donations

Thanks to the Mordialloc Bowls Club for providing free use of their club room for various CBCHS activities and meetings.

Membership

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

Any member of the community is eligible for membership of CBCHS if they are over the age of 18 and live, work or are enrolled as a student at an educational institution in the City of Kingston, or if they are a client, carer or volunteer of CBCHS.

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 0200.

Volunteers from our Auxiliary Team.



Quality Account Report

Each year CBCHS writes a Quality Account Report on the work undertaken to improve the quality of the services we provide.

This year, we focus on the theme of 'working together to achieve positive outcomes for clients and the community'.

Helping John

John is a 90-year-old man, who lives alone with no family or supports. He is a self-confessed loner who has been fiercely independent all his life.

John recently visited his GP concerned his memory was failing. He was referred to Geriatrician Dr. Faber, based at CBCHS. John required support to attend his appointment. He was advised to accept Council services and was supported to call My Aged Care.

John was assessed by both the Regional Assessment Service (RAS) and Kingston Aged Care Assessment Service (ACAS). Unfortunately the process left John feeling distressed. He felt the assessments were intrusive and declined all services.

Concerned for John, ACAS referred to the nursing service at CBCHS. Initially reluctant, John accepted a home visit, his main concern was remembering to pay his bills. He felt incapable of managing his finances, something he had always be able to do. John received regular visits from the nursing service, trusting in their advice, he agreed to a referral to state trustees. John felt relieved and appointed state trustees to manage his finances.

During the many nursing visits John spoke of his love of dogs, he regretted not being able to care for a dog of his own. Aware that the Community Visitors Scheme was looking to match a volunteer and his dog, a referral and introduction was arranged. John now enjoys weekly visits from Lily the dog... and her owner.

The nursing service continues to provide support. John now feels confident he can remain at home and states he will accept services in the future.

Jayne Tsinanis
Chronic Disease Nurse



Nellie Strength Training Trial

Nellie is an automated texting service provided by the South Eastern Melbourne Primary Health Network (SEMPHN) to help people take a more active role in their health. Through Nellie, the CBCHS exercise team is able to monitor client progress while allowing clients to focus on the exercise. As a new project and service to CBCHS, we are able to offer our clients a new format to facilitate exercise at home.

At the time of starting the project, the Strength Training Group had approximately 80 clients waiting to access the service. To help people stay active while on the waiting list, we worked with the SEMPHN to establish a Nellie program for the clients. This was aimed at helping to reduce deterioration of their condition.

The project required a collaborative approach, bringing together CBCHS staff from many different service areas including Integrated

Health Coordinators, the Physiotherapy team, Allied Health Assistants as well as Central Intake and Reception.

A trial intake of ten participants, over 12 weeks was monitored using Nellie specific measures and key Physiotherapy specific outcome measures. For each client, the trial involved registering and customising Nellie, two supervised exercise sessions and six and 12-week follow-ups. On average improvements were found for all measures used.

Through staff and clients working together, we were able use the Nellie program to enhance the service provided to the clients with positive outcomes.

Travis Hampson
Physiotherapist



Helping Mary - Drug and Alcohol Support

Mary is a 46-year-old separated mother of two, who suffers with depression, anxiety and difficulties in coping with life. She turned to alcohol as a means of coping.

Her heavy drinking began to take a hold, affecting the lives of the whole family. Having recognised the problem, Mary sought help and a referral to the Drug and Alcohol Service under the care of the team's Non Residential Withdrawal (NRW) Nurse for specialist care in the home.

The NRW Nurse guided Mary through the active clinical phase of change - transitioning her on the path to sustaining wellness and recovery support, adopting a holistic approach to care.

A referral was made to the CBCHS Relaxation Service where a range of mindfulness methods were supported, including breathing techniques and body relaxation.

Over a three-month period, these new skills were slowly adopted, assisting Mary to become more aware of her life and her choices in change and wellbeing. As a result of the NRW Nurse's care and the Relaxation Service, Mary is proudly able to share that she is 45 days free of alcohol and smoking and is actively participating in healthy life choices.

Bridgena Monaghan
Non-residential Withdrawal Nurse

Jan Melbourne
Tai Chi Groups / Relaxation



NDIS Therapy Team

At CBCHS, Occupational Therapists (OT) and Physiotherapists have been working in the NDIS space to provide therapeutic supports for clients. One of the most valuable ways to improve outcomes for participants has been the development of an NDIS Therapy Team.

This group was set up shortly after CBCHS started accepting NDIS participants into Primary Health as the need for clinical guidance was realised. Meetings are convened fortnightly with representatives from the NDIS Transition Team, Adult Community Options Disability Service (ACO), Physiotherapy and OT.

These meetings provide a safe space for collaboration, in-depth case discussions and sharing of ideas in a supportive and positive working group environment. It has enabled us to develop and align processes and grow this new practice area within the complex and often challenging NDIS sector.

An example of a case where the Therapy Team approach improved outcomes is Pat. Pat is an ACO client who was presented to the NDIS Therapy Team with a Capacity Building budget for OT and Physiotherapy to meet her NDIS goals. Her NDIS plan was discussed and it was

determined that she required OT hours for Assistive Technology as well as Physiotherapy within her ACO program.

This resulted in robust negotiation and allocation of hours to each therapy service to ensure we were optimising her allocated hours. Following assessment and team collaboration, her Assistive Technology needs were quickly identified and applications made to NDIS. A full Physiotherapy tilt table and stretching program were developed to be completed in part by ACO Support Workers.

The NDIS process for Pat has involved multiple parties across a number of sites and professions. Having all relevant services in a single meeting eliminated the need for constant back and forth discussions and allowed the group to make inclusive decisions about participant outcomes quickly. A feedback mechanism was also introduced so resource allocation and hours could be adjusted to maximise the agility and efficiency of the entire NDIS process for Allied Health.

Luke Biggs, Physiotherapist

Liz Lai, Adult Occupational Therapist

The NDIS Therapy Team.



Creating Community Champions in Clayton South

Clayton South is home to students, families, older adults and a high number of newly arrived individuals and families to Australia. Clayton South is rich in culture and the Westall Hub provides a place to meet new friends, engage in local activities and build community.

The Health Promotion team at CBCHS aims is to keep people healthy and connected, preventing illness before it starts. Through building relationships and listening deeply, we found that a number of kindergarten parents wanted to build friendship and community at Westall Hub.

CBCHS nurtured their ideas and provided skill development to the group who have now become Community Champions. The Champions have designed, planned and delivered a number of programs and events in the past 12 months.

The Community Kitchen group meet weekly to plan, cook and share healthy, affordable meals. Participants practise budgeting, menu planning and shopping list writing. Participants are now more familiar with Australian produce, share cultural recipes and adapt recipes to be healthier and cost-effective.

The Community Champions applied and successfully received a Kingston Council grant to host a Picnic in the Park, celebrating Cultural Diversity Week. Over 200 Clayton South locals attended, sharing plates of cultural food, enjoying cultural dances, music and children's activities.

Keen to involve children, the Community Champions organised a school holiday program, open to all families. The sessions promoted Read and Rhyme, a group encouraging parents to read to children from an early age and a children's Community Kitchen, inspiring children to try a variety of colourful fruits and vegetables.

Siarn Wilson
Health Promotion Coordinator



Celebrating Cultural Diversity Week at the Picnic in the Park event, hosted by our Community Champions.



School Holiday Program, hosted by our Community Champions.



Our Community Champions and their group cooking in Community Kitchen.

The Carers' Art Group

Last year CBCHS Social Support Groups (SSG) was contacted by the mother of one of the clients in our Adult Community Options Disability Service. She advised that she was a member of an art group that was about to close as there was no funding available to support it.

The art group had been running for a number of years and was established to provide an opportunity for carers to come together and learn painting in a relaxed environment. The group members were concerned that the group may close as it meant so much to each of them. Alison Pitcher, a well-known local artist, facilitates the group and provides wonderful tutoring as well as making the group very welcoming to all members.

SSG were very pleased to be able to partner with this group as we could see what it meant to everyone participating. Staff have been out to meet with the group members and it is inspiring to see the amazing artwork being produced at the studio.

Carers all lead busy lives caring for their loved ones and this group is a wonderful respite for them all. A place where they can come together and continue to build on their art skills. They all enjoy being part of a group that understands the day-to-day challenges as well as the joys they all face in their caring roles.

Lynne Worcester
SSG Team Leader



Connecting with the Aboriginal Community

CBCHS acknowledges the need to make a long-term commitment to reducing the health inequity experienced by Australia's Aboriginal and Torres Strait Islander peoples. A recent snapshot of this work includes:

- CBCHS continues to implement its Reconciliation Action Plan. This year we also celebrated Reconciliation Week with a smoking ceremony and the unveiling of a plaque acknowledging the traditional owners of our land. This event was attended by over 100 people from our services and local community.
- A monthly lunch is held for the Aboriginal community, where people can connect and have conversations about issues affecting their health and work together to problem-solve. The lunch and welcoming conversations also assist in providing input and feedback on the type of services CBCHS should be providing for the community. The lunch is often combined with sessions on health and services available.
- NAIDOC Week celebrates the history, culture and achievements of Aboriginal and Torres Strait Islander peoples. This event was a chance for CBCHS and other local services to hold a lunch at the local Gathering Place. This provided an opportunity for engagement in a safe cultural space.
- This year we provided our staff with cultural awareness training as part of our commitment to ensure we provide a welcoming and safe environment for Aboriginal and Torres Strait Islander peoples to access services.

Debra Starr
Integrated Services & Planning Manager



The plaque unveiling during National Reconciliation Week.



The Chelsea Aboriginal lunch group.



Cultural Awareness Training was provided to CBCHS staff.

Providing input through the Community Advisory Committee

My name is Susan Butterfield. In 2011, my son, Lewis, commenced in the Adult Community Options (ACO) day program, part of the Disability Service at CBCHS. I have always found the environment at CBCHS to be very caring and welcoming.

As a small way of giving back, I decided to volunteer to be part of Community Advisory Committee, when it formed in November 2017. The committee is made up of two to three CBCHS management representatives and eight community members.

Before joining the committee, my main knowledge of the organisation was through my son's participation in the disability program. Being involved on this committee has made me more familiar with some of the staff and their roles. It has also opened my eyes to the scope of services CBCHS offers to the community, from the range of allied health and therapy services to the Community Visitors Scheme.

So far, as a committee, we have been able to contribute to the development of the new vision and purpose of the business included in the Strategic Plan. We have also provided feedback on the design of the new website and other marketing materials.

I have found that my experience and opinion from a consumer's perspective have always been valued and well received by the management.

I am enjoying the opportunity to be involved in the reshaping and promotion of the business at CBCHS as the market evolves with the roll-out of the NDIS and My Aged Care.

Susan Butterfield
Community Advisory Committee Member



Infection Control and Hand Hygiene

Infection Control is the system of controlling and reducing the risk of infection. It covers many important aspects of our work in Dental Services and across the organisation 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 everyone: Washing your hands!

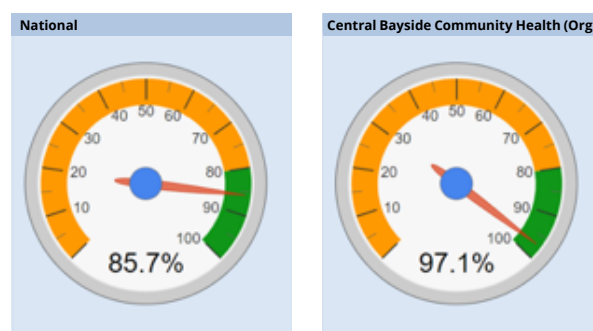
Hand hygiene is the single most important measure in the prevention of health care associated infections. This can be done either by handwashing with soap and water or using an antiseptic hand rub.

CBCHS has made the commitment that hand-hygiene education is compulsory for all staff. This is monitored by auditing regularly and all

staff being required to complete online learning through the Hand Hygiene Australia website to assess competency.

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. Together we can all reduce the spread of infection!

Caitlin Douras
Lead Dental Nurse



Comparison of hand hygiene at CBCHS compared to national statistics. Source: Hand Hygiene Australia website.



Child Development - New Paediatric Dietetics Services

Paediatric Dietetics has been a new addition to the Child Development Service at CBCHS. The most common paediatric nutritional issues seen include: food allergy or intolerances, fussy eating (including feeding aversion/sensory issues), poor growth (including failure to thrive and faltering growth) and weight management.

After a review of best practice paediatric guidelines for these conditions, an evidenced-based program is in development for each condition. This program will incorporate the guidelines to ensure accurate assessment and management to improve client outcomes.

For example, for managing clients who present with poor growth, the program will follow the Royal Children's Hospital Poor Growth guidelines which includes:

- Height and weight are plotted against regulated growth charts in order to see trends. Consider parental stature
- Pathology may be requested to rule out medical causes

- Identifying red flags (signs of neglect/abuse, poor carer understanding, signs of family vulnerability, poor attachment, parental mental health issues, signs of dehydration/malnutrition)
- Identifying dietary and feeding history, nutritional requirements (e.g. catch up growth)
- Management including nutrition education and referral to multi-disciplinary team as appropriate - Paediatrician, GP, Speech Pathologist, Occupational Therapist, Physiotherapist, Psychologist, etc.

Completing research for clients with these conditions has streamlined the management of Olivia, a two-year-old presenting with poor growth. After following the above process, a full comprehensive assessment identified the extent of Olivia's poor growth and need for catch up growth. After ascertaining the key nutritional issues, dietary intervention improved overall nutrition and growth.

Jodi Klooger , Dietitian



Robert's NDIS Journey

I've been using the services at Central Bayside Community Health Services since 2012. During one of my Podiatry appointments with Brett Kinross, we realised that I required some very expensive items (shoes, orthotics, etc.).

I explained that I simply could not afford these items. Brett suggested that I should apply for the NDIS, a thought that had never really occurred to me. Brett then immediately referred me on to NDIS Transition Manager, Julie Torcasio.

After making an appointment with Julie, long chats ensued regarding how to best apply. Eventually, I took a leap of faith and made my application with lots of advice from Julie. It did take quite a while but I got there in the end. I was accepted into the NDIS.

I chose Laura Cheeseman at Central Bayside to be my Support Coordinator. Even though Central Bayside has just started Support

Coordination, both Julie and Laura have been a great source of support and information to me. I simply could not have waded through the minefield without their continued support.

I use many services at Central Bayside to suit my unique needs. It works well for me, since all the services are under one roof. They communicate effectively between each other, contributing greatly to my overall wellbeing.

I'd like to thank everyone who has helped and supported me through the NDIS application process. I now look forward to engaging the services that will support me.

Robert Wilson
CBCHS Client

Robert Wilson with NDIS Transition Manager, Julie Torcasio (right) and Support Coordinator Laura Cheeseman.



Helping Alice - inflammatory gut and food intolerances

The dietetic team identified a need to improve the service for people living with inflammatory gut problems and food intolerances. After a review of best practice approaches, our new model of care was developed.

The changes have already helped us to make a difference for Alice, who is a 72-year-old lady. Alice presented to the dietetic service for advice for believed Irritable Bowel Syndrome (IBS). Using our new model - a stepped approach to care, the treating dietitian requested support from the GP to exclude other possible bowel-related problems.

This important step prevented our dietitian implementing unnecessary dietary restrictions without formal diagnosis. Through discussions with Alice, the dietitian was able to help her understand the range of possible causes and the varied treatment options for different gut problems. By adopting this method, Alice was more informed and comfortable, ensuring appropriate diagnosis for the dietitian to implement the right care plan.

Alice was found to be suffering from multiple intolerances to certain food and food chemicals on top of IBS. This led to a more tailored dietary plan which significantly reduced her symptoms.

A multi-disciplinary approach is important for successful outcomes, reduces the impact of unnecessary treatments and improves the quality of people's lives.

Stepped care approach to managing inflammatory gut and food intolerances:

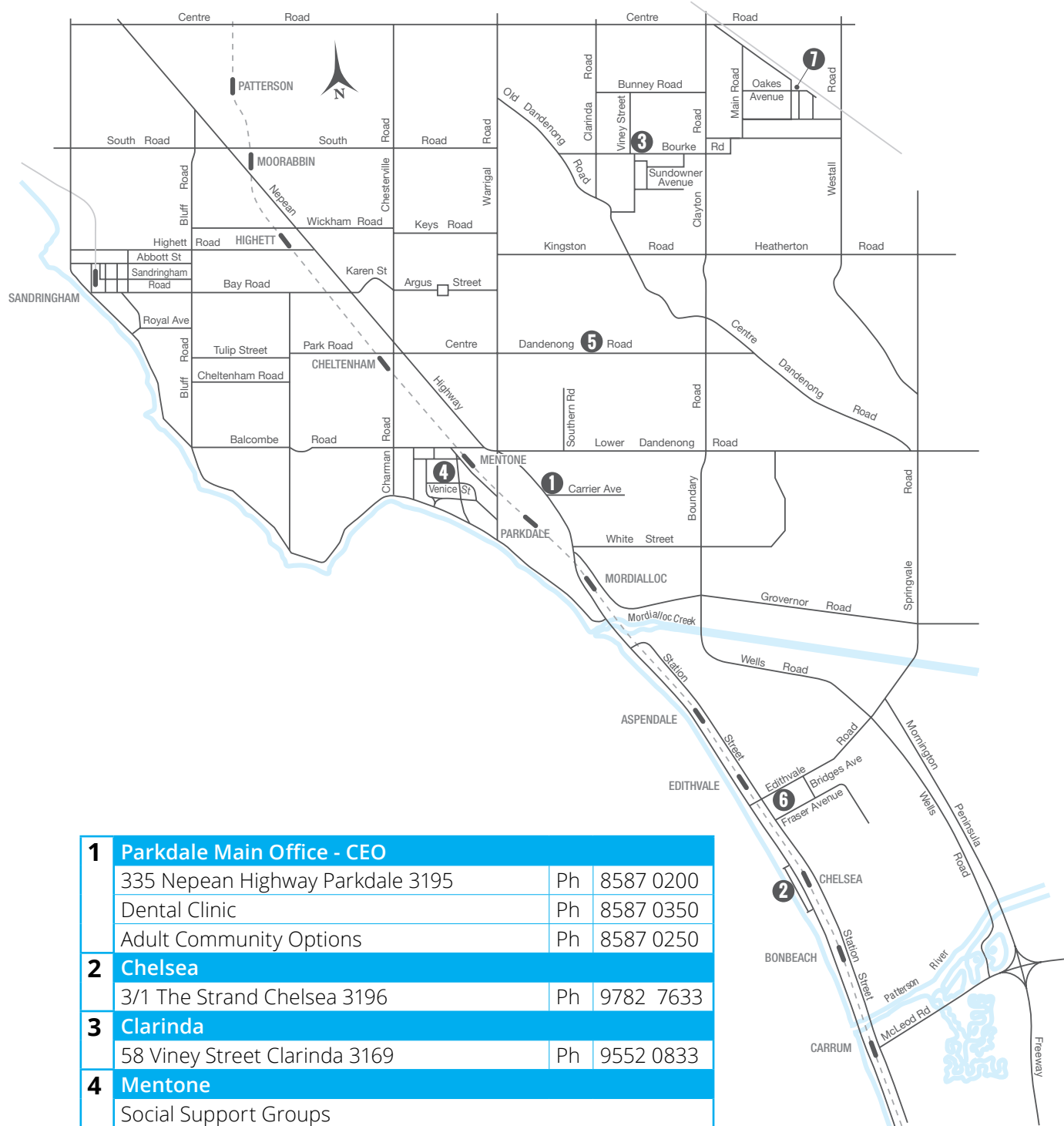
1. Consultation between Gastroenterologist and / or GP and Dietitian
2. Diagnostic tests to ensure accurate diagnosis
3. Dietary assessment and education tailored for the particular gut disorder
4. Lifestyle changes, dietary habits, choices and exercises
5. Mental health screening and referral to the Counselling team
6. Self-management and sustaining change.

Daniel Fun
Dietitian

Improving dietary habits is an important part of the stepped care approach.



Locations and Contact Details



1	Parkdale Main Office - CEO		
	335 Nepean Highway Parkdale 3195	Ph	8587 0200
	Dental Clinic	Ph	8587 0350
	Adult Community Options	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		



**Central Bayside Community
Health Services**
335 Nepean Hwy
Parkdale, VIC 3195

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



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