



2011

Annual Report



Gippsland Lakes Community Health values

Social
Justice

Respect

Participation

Partnerships

Accountability

Quality

Contents	
Chair and CEO Report	2 - 4
Governance	5
About Us	6
Staff Demographics	7
Organisation Chart	8
Client Demographics	9
Unit Reports	10 - 21
- Aged Care Services	
- Clinical and Nursing Services	
- Community Health Services	
- Corporate Services	
- Family, Youth and Children's Services	
- Health Promotion and Koori Health Services	
Recognising Our Volunteers	22
Health Education and Support Groups	23
Finance Summary	24 - 25

Chair and CEO Report

Joanne Booth [Chair]
Sue Medson [CEO]



We are pleased to present the 36th Annual Report on behalf of the Board of Directors and staff of Gippsland Lakes Community Health (GLCH).

For thirty six years the organisation that started as the Lakes Entrance Community Health Service has pursued a vision of getting best possible outcomes for East Gippsland through delivering quality services, promoting healthy outcomes and partnering with others.

The 2010-2011 financial year saw some significant changes at GLCH. In November 2010, Jeff Wilson stepped down as Board Chair after 10 years, and Joanne Booth accepted this position. Jeff had led the Board through the name change from Lakes Entrance Community Health to Gippsland Lakes Community Health in 2005, and the transition from an Incorporated Association to a Company Limited by Guarantee in 2008 as well as overseeing a great deal of growth in the organisation. Jeff remains on the Board of GLCH as Chair of the Finance Committee. Joanne initially joined the Board in 2008, bringing significant experience in health sector management and governance. She was appointed as Board Vice Chair in 2009 before accepting the Chair's role last year.

During the year our highly regarded CEO, Bruce Hurley, resigned after six and a half years of service to the community. Bruce presided over the development of the Lakes Entrance Community Service Complex, development of accommodation for GLCH in Bairnsdale and accepted an impressive number of awards for GLCH. Sue Medson was appointed as the new Chief Executive Officer and following a week-long handover, took the reins from Bruce in February this year. Sue has brought with her a passion and commitment for community health and family services and strong leadership abilities as we embrace new and future challenges.

Governance

The GLCH Board is strongly committed to excellence in governance. During the year Directors and Executive Managers participated in two workshops with Vision Method Outcome to reinforce the role and responsibilities of Directors with a particular focus on good financial governance. As a Registered Community Health Centre and Company Limited by Guarantee, GLCH reports to the Australian Securities and

Investment Commission and has the same obligations as any company of its size. With an annual turnover of over \$16 million and a staff count of 385 over the year, GLCH is one of the largest employers in the region and continues to make a substantial commitment to East Gippsland.

Over the past year, GLCH has continued to build infrastructure to meet the evolving needs of the community. Developments have included:

- An extension to the Bairnsdale site, which was completed in May 2011.
- Plans for a purpose built medical centre in Metung which now has planning approval. This will provide the Metung community with an upgraded facility, reducing the need to travel out of town to see a general practitioner. Thanks to the tireless efforts of the steering committee the centre will be completed in the next calendar year and a multi-purpose building to serve as a community centre will be built at a later date.
- A Men's Shed, which will add to the buildings at the Lakes Entrance Community Services Precinct, providing a place for men to gather, engage in practical projects as well as meet socially. In the words of John Williamson, 'all Australian boys need a shed'.
- Funding was also granted from the Commonwealth Infrastructure Fund to increase and improve the Lakes Entrance Aboriginal Health Association building and to increase the space available for students in the Medical Clinic. This work will begin in the new financial year.

Partnerships and Alliances

Critical to the success of GLCH are the partnerships and alliances we build with other organisations and agencies to ensure the delivery of coordinated health and community services in East Gippsland. Over the year we have been continuing to work with:

- Gippsland and East Gippsland Aboriginal Cooperative - Dala Yooro Early Childhood Centre, Maternal and Child Health, Family Support services.

- Bairnsdale Regional Health Service to improve service coordination and care planning between the two organisations and to provide the best range of services that avoids duplication for the East Gippsland community. The partnership involves joint meetings with executive staff and the board.
- The consortium of agencies that make up the Djillay-Ngalu program to improve the health outcomes of aboriginal people in East Gippsland.
- East Gippsland Primary Care Partnership's Integrated Health Promotion Plan, Service Coordination and Chronic Disease Management.
- East Gippsland Mental Health Initiative to get best value from a one million dollar, non-recurrent grant to improve access for mental health clients in East Gippsland.
- East Gippsland Shire Council - Home and Community Care programs, maternal and child health.
- Lakes Entrance Aboriginal Health Association (LEAHA), providing health care, welfare and social support to the aboriginal population of Lakes Entrance and assisting them to achieve independence as a separate organisation

Service Excellence

GLCH's focus on excellent service continues to be recognised in a variety of ways. Throughout the year staff have been invited to speak and present posters at various forums and conferences, on innovative approaches to health care and achieving outcomes for clients.

- Active Lorikeets is a project providing early intervention for preschool children requiring speech pathology or occupational therapy. It was developed in response to identified gaps in service delivery for children and aims to maximise service delivery through the utilisation of both allied health professionals and assistants.

The program was initially funded through the Commonwealth funded Communities 4 Children and has been presented at conferences by invitation.

- The Victorian Department of Health formally acknowledged the significant leadership by GLCH in the regional HACC Assessment Project and the development of the Active Service Model.



This year we have...

- Provided service to clients 222,668 times
- Delivered 19,760 meals
- Registered 2,031 new clients
- Had 385 staff working for the community
- Employed 65 new staff
- Travelled over 1,470,000 kilometres to deliver services, attend meetings and conduct business
- Attended 6,414 hours of professional development and training

Capacity Building

GLCH works with small communities to assist them to achieve their service goals by providing administrative and support functions. A variety of payroll, financial and technical services are provided to Lake Tyers Health and Children's Service, Lake Tyers Aboriginal Trust, Nowa Nowa Community Health and Flinders Island Aboriginal Association. As the Lakes Entrance Aboriginal Health Association moves to independence in 2012, GLCH will continue to provide these services as well. Auspice arrangements are also in place for Djillay Ngalu consortium and the Yoowinna Wurnalung Healing Service. GLCH's commitment to provide and underwrite infrastructure and support services improves equity for smaller populations to control their resources and provide services for their local communities.

Federal Health Reform has been on the agenda for the past two years. The Council of Australian Governments reached agreement on the proposed reforms for primary health in early 2011 with Medicare Locals becoming a key part of the reform. Medicare Locals will provide primary health planning for their region and link services to improve the patient journey and support clinicians and service providers. GLCH has stayed abreast of developments, attended forums, and assisted in the development of a submission to the Commonwealth Department of Health and Ageing to form a Gippsland Medicare Local with other public and private primary care providers across the whole Gippsland region.

In 2007 GLCH embarked on a 5 year Strategic Plan that focused on the developments required to achieve our goals for providing coordinated health services to the community. This period has seen major growth in the range and types of services provided, new buildings, and the development of the Lakes Entrance Community Services Complex. A review of the Plan demonstrated that all goals have been achieved as anticipated. A new strategic planning process is now underway which will map out our goals and directions for the next five years and be ready for implementation in early 2012. GLCH will be seeking input from the community and stakeholders as we plan our future.

The success of GLCH in achieving its goals over the past year can be attributed to the commitment and tireless efforts of the GLCH Board and staff. The Board of Directors volunteer their time to provide strong governance to the organisation through regular meetings of the Board and its two standing committees - Finance, and Audit and Risk. We offer our thanks for the support and guidance that the Board provides to the organisation. Most importantly, thanks must go to the staff and volunteers of GLCH. Through their skills and constant dedication they continue to focus on delivering excellent services to our community whilst operating in the face of change as well as opportunity.

Joanne Booth
Chair

Sue Medson
Chief Executive Officer



The Metung Community Health Steering Committee (MCHSC), Kings Cove Metung and GLCH celebrate the 'turning of the sod' at the site of the new medical centre in Metung.

Pictured left are: Sue Medson (CEO GLCH), Tim Weight (Kings Cove), Bev Newcomen (MCHSC), Stan O'Loughlin (MCHSC), Joy Smith (MCHSC), Nic van der Nol (Architect), Kenlyn Verbeek (MCHSC), Rod Hayden (MCHSC), John Stephenson (Kings Cove) and Graham Cole (Kings Cove).



Governance

Gippsland Lakes Community Health became a Company Limited by Guarantee under the Corporations Act 2001 on 31 March 2009. The Victorian government legislated to end stand-alone community health services and to replace them with a new type of organisation - a "registered community health service". The activities and purpose of the organisation have not changed. Gippsland Lakes Community Health, as a registered community health centre with the Department of Health, retains its 'not-for-profit' status.

The GLCH Board is responsible for defining the organisation's purpose and how it should be developed in the future. It approves the annual budget and business plan. It is responsible for ensuring the systems and processes that direct and control the organisation's operations are in place and working effectively. The Board fosters a culture that allows GLCH to deliver quality health services that are responsive to community needs and in line with its values and purpose.

Each Board member has a strong connection to the local community and contributes to the service on a voluntary basis. The Board members have a diverse range of skills, expertise and experience in areas such as education, health services, local government, administration and law.

Number of meetings attended out of a total of 12		
Joanne Booth, Chairperson (from 11/11/10)	11	1 apology
Adrian Jackson, Vice Chairperson (from 11/11/10)	10	2 leave of absence
Ted Hare	7	5 leave of absence
Jeff Wilson	12	
Bill Morison	10	2 apologies
Mike Anketell	11	1 apology
Anne Mwangi	11	1 apology
Judy Wicks	9	3 apologies, resigned 10/6/11
Paula Morgan	9	2 apologies, 1 leave of absence



GLCH Board top row L to R: Joanne Booth, Adrian Jackson, Ted Hare, Jeff Wilson, Bill Morison. Bottom row L to R: Mike Anketell, Anne Mwangi, Judy Wicks and Paula Morgan.

About Us



Gippsland Lakes Community Health is a high profile health service provider in East Gippsland that is noted for its extensive range of health and community services, its ability to relate to and provide services to the most disadvantaged communities, and its championing of the social model of health.

GLCH's service sites are in Lakes Entrance, Bairnsdale, Bruthen and Metung. It provides outreach services throughout East Gippsland through its network of partnerships, extensive travel and use of information technology. Its partnerships with Aboriginal controlled organisations is particularly strong. It provides management, administration and outreach health services to a number of Aboriginal and remote rural organisations in a way that builds capacity and empowers their Boards and communities.

Services are divided into six units with a strong multi-disciplinary approach. The Units are:

- Aged Care Services
- Clinical and Nursing Services
- Community Health Services
- Corporate Services
- Family Youth and Children's Services
- Health Promotion and Koori Health Services

GLCH values and promotes excellence of service and prides itself on delivering coordinated and accessible health services and health promotion programs. There is a focus on the health of populations as well as the health of individuals.

Vision

Getting best possible outcomes for East Gippsland through delivering quality services, promoting healthy outcomes and partnering with others.

Values

The values that underpin our Strategic Areas

- Social Justice
- Participation
- Respect
- Partnership
- Accountability
- Quality

Key Strategic Areas

1. Influencing the external environment
2. Demonstrating leading practice
3. Undertaking service development in key areas
4. Strengthening Gippsland Lakes Community Health's organisational capacity

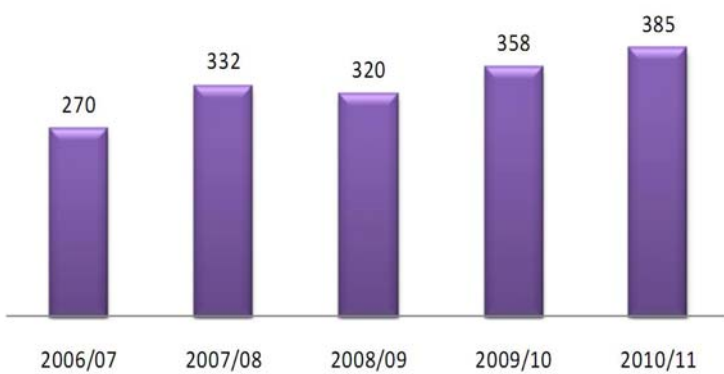
Our Motto

"Your health - our commitment"

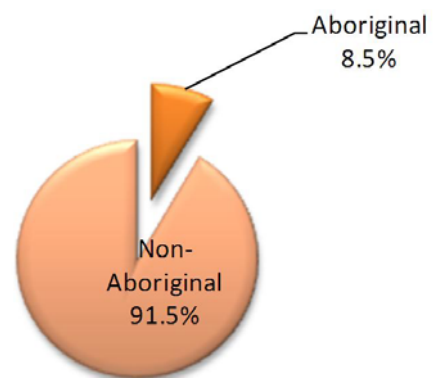


Staff Demographics

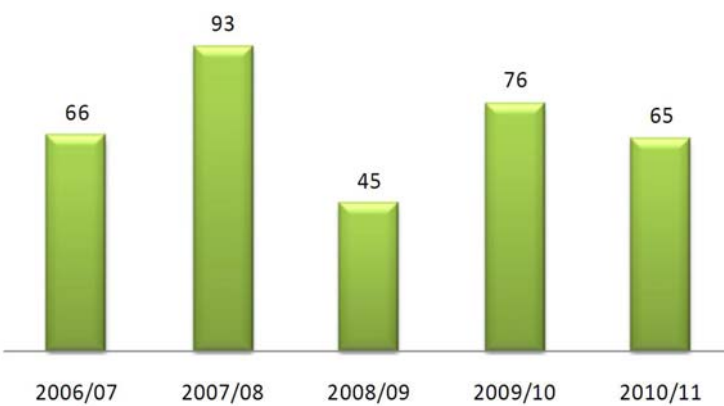
Total Number of Employees



Aboriginality



Total Number of New Employees



Average Age	2006/07	2007/08	2008/09	2009/10	2010/11
Male Employees	45	46	45	47	47
Female Employees	46	45	45	45	46

Gender	2006/07	2007/08	2008/09	2009/10	2010/11
Male Employees	52	65	70	73	77
Female Employees	218	267	250	285	308

Gippsland Lakes Community Health Board

Chief Executive Officer *Sue Medson*

**Executive Manager
Aged Care Services**
Leah McFadzean

Aged Care Packages
Domestic Assistance
Home and Community Care
Living at Home
Assessments
Meals on Wheels
Personal Care
Transport and Social
Support (Volunteer Service)

**Executive Manager
Clinical and Nursing
Services**
Cheryl Bush

Cancer Support Nurse
Diabetes Clinic
General Practitioners
Health Assessments
Home Based Nursing
Hospital in the Home
Immunisations
Koori GP and Nursing
Service
Lymphoedema Clinic
Palliative Care and
Bereavement Support
Primary Triage and
Assessment
Respiratory Clinic
Trained Palliative Care
Volunteers
Visiting Medical Specialists
Women's Health Service
Wound Management

**Executive Manager
Community Health
Services**
Angela Ellis

Dietetics
Exercise Physiology
Hydrotherapy
Medical Equipment and Aids
for Hire
Occupational Therapy
Osteopathy (Visiting
Services)
Paediatric Services
Physiotherapy
Planned Activity Groups
Podiatry
Pulmonary Rehabilitation
Speech Pathology

**Executive Manager
Corporate Services**
Thelma Hutchison

Administration Support
Asset Management
Budgeting
Centrelink Agency
Client Records
Customer Service
Environmental Services
Facilities Management
Financial Management
Human Resources
Information Management
ITC Management and
Support
Marketing and Public
Relations
Organisation Wide
Telephony
Payroll
Quality
Statistical Reporting

**Executive Manager
Family, Youth and
Children's Services**
Ailsa Carr

Alcohol and Drug Services
Child FIRST
Disability Services -
Packages and Planning
Early Childhood Intervention
Services
Emergency Assistance
Enhanced Home Visiting
Service
Family Counselling
Family Violence Outreach
General Counselling
Homelessness Support
Program
Intake
Integrated Family Services
Koori Alcohol and Drug
Diversion Program
Linx/Reconnect
Maternal and Child Health
Men's Family Violence and
Behaviour Change Program
Rural Outreach Counselling
School Focused Youth
Service
School Nursing
Women's and Children's
Family Violence Counselling
Youth Justice

**Executive Manager
Health Promotion and
Koori Health Services**
Peter Muldoon

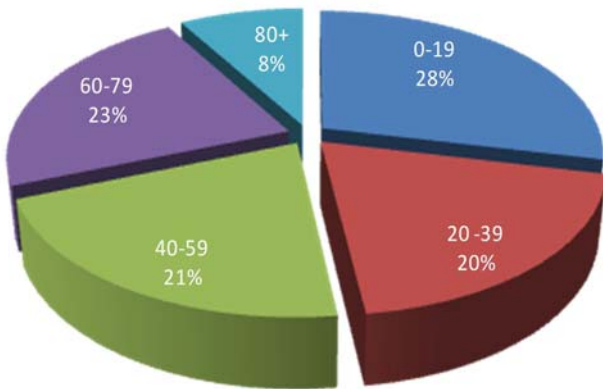
Aboriginal Health Promotion
and Chronic Care Health
for Life at GLCH
Administration and Access
Health Promotion
Koori Youth Justice Program
Local Justice Worker

Formal Organisational Links
Djilay Ngalu (Regional
Healthy for Life)
YooWINna Wurnalung
Healing Service
Nowa Nowa Community
Health
Lake Tyers Health and
Children's Services
Lakes Entrance Aboriginal
Health Association Inc.

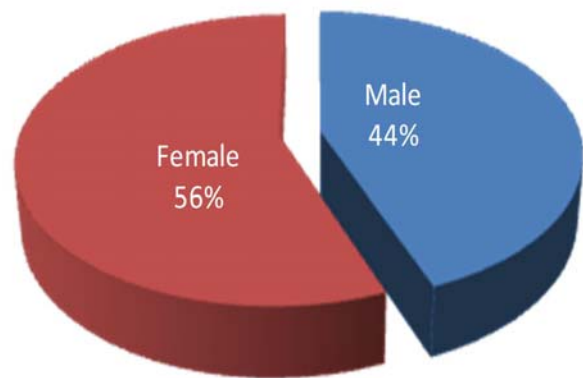


Client Demographics

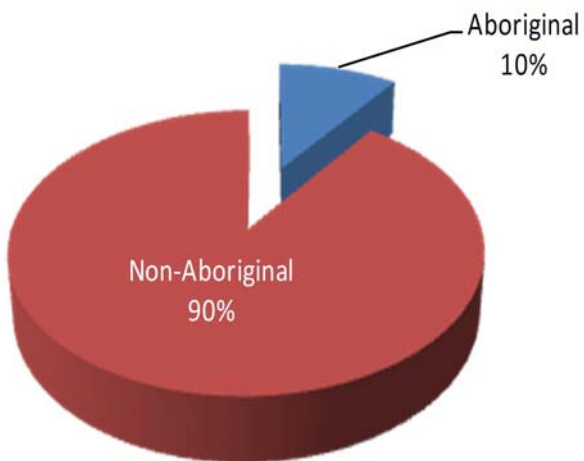
Clients by Age



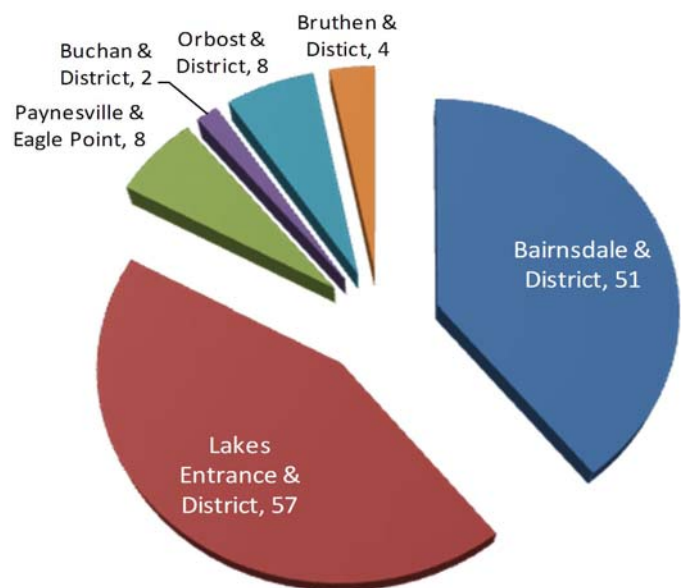
Clients by Gender



Clients by Aboriginality



Clients by Postcode



Aged Care Services

Executive Manager
Leah McFadzean



Overview

The Aged Care Unit is currently comprised of a suite of Home and Community Care (HACC) Programs and Commonwealth funded Aged Care Packages (CACPs). It also acts as a major and preferred brokered service agency for other Case Management Agencies (9) in the area.

All programs are designed to support the frail aged, those with a disability, and carers, where capacity for independent living is at risk, or where there is a risk of premature or inappropriate admission to long-term residential care (National Program Guidelines for HACC, 2011).

Services include:

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

The service is seen as a key mechanism for sustaining independence and provides monitoring systems should other support networks, such as family, not be evident. Catchment areas include Nowa Nowa, Buchan, Gelantipy, Bruthen, Bairnsdale and all areas in between. Currently this equates to approximately 1600 active clients, a 60% increase from 2009-11 period.

Highlights

- The Community Aged Care Package (CACP) program has been successfully implemented. All standards were met within given time frames and resulted in a successful review visit in 2011.

- A new computer software program was successfully implemented across whole of Unit this year. This project impacted all areas, including home based staff, and required modification of practice from all.
- GLCH has commenced 46 Home Care traineeships over the last two years. We continue to maintain an >80% transition rate into ongoing employment but are also delighted to see a trend of graduands obtaining further qualifications and pursuing careers in nursing, disability and residential facilities within the area.
- Via additional funding and new partnerships we have implemented two new group respite programs - 'Time Out', an option for adults to attend a range of events linked to personal interest; and 'The Boys Friendship Group', for younger boys with Autism or Aspergers.
- GLCH was formally acknowledged and thanked by the Department of Health for our significant leadership in, and contribution to, the regional HACC Assessment Project which has made a valuable contribution toward achieving consistent assessment practice across the region.

Challenges

- The provision of a sizeable, skilled and flexible home based workforce is the cornerstone to our effectiveness and still our biggest challenge.
- We will need to remain informed and participate in the lead up to any proposed National Aged Care system reform so as to ascertain potential impacts and opportunities.
- Increasing client demand requires us to continue to focus on ways to increase internal efficiency, develop a cost effective workforce, and ensure funding streams are maximised to counteract as much as possible.

Aged Care	Key Performance Indicator	Annual Target	Achieved to 30/06/2011	% Achieved
Volunteer Coordination	Hours of service	1843	1795	97.4%
Property Maintenance	Hours of service	500	358	71.6%
Respite	Hours of service	3421	3079	90%
Personal Care	Hours of service	9361	7636	81.57%
Assessment	Hours of service	4801	3279	68.3%
Delivered Meals	Number of meals delivered	23500	15277	65.01%
Domestic Assistance	Hours of service	29464	26718	90.68%

Working together to meet skill shortages in the rural context

The Dream that united us...



...to have a fully qualified, diverse and consistent workforce within budget, without stress and with required outcomes.



Project Overview

GLCH is the largest Home and Community Care, Veterans Home Care and Brokered Service provider in East Gippsland. This requires us to have available a flexible and skilled workforce to meet the demands of an ever increasing demographic in an ever decreasing labour market.

We sought to address shortfalls in available skills and knowledge in this area of work and geographical location; provision of a service that truly reflected the diverse care needs of local communities; a need to have sustainable recruitment and retention outcomes; and economic and social barriers to individual skill attainment.

First steps involved the development of a partnership of agencies that could bring to the project sector expertise and translation of industry language to ensure we maximise opportunities.

After much consultation and review of client needs, a customized traineeship program was designed.

Since its inception GLCH has appointed over 100 trainees with an average 80 % of graduates transitioning each year into ongoing employment at GLCH. Around 10% have left Home Care but have pursued careers in local residential and/or disability agencies.



What kept us awake at night?

- An ageing workforce
- A shrinking labour market
- A desire to better support client's with disabilities
- New standards of qualification
- The rural and remote context
- Stretched organisational resources
- Dwindling energy



The Program...

- Whole of community scan
- 12 month of employment with GLCH
- Paid study
- Certificate III in Home and Community Care and Disabilities
- Study support
- Mentoring program
- Client involvement
- Potential for ongoing employment



Sweet Dreams...

- 123 traineeship appointments over five years
- Greater than 97% have graduated with Certificate III Home and Community Care/Disabilities
- Trainees note increased self esteem
- Of the current home care workforce, 51% came via the traineeship program
- Other health services/agencies in the area have benefited for the skill development

Medical Clinic and Nursing

Executive Manager
Cheryl Bush



Overview

The Clinical and Nursing Services Unit consists of a GP Practice including visiting medical specialists, a broad range of nursing services, and support from a committed customer service team.

The General Practitioners and nursing services use a collaborative approach to client care, particularly with clients who have multiple or complex care needs.

Services are primarily based in Lakes Entrance with coverage seven days per week. Community access to services are further optimized via the home based nursing service, including an on-call service for palliative care, and outreach clinics to the communities of Bruthen, Metung, Nowa Nowa and Lake Tyers Aboriginal Trust.

The other feature of the Unit is its strong and enduring commitment to facilitating training placements in both medical and nursing streams.

Services include:

- Cancer Support Nurse
- Diabetes Clinic- review, education and prevention
- General Practitioners
- Health Assessments
- Home Based Nursing
- Hospital in the Home
- Immunisations
- Koori GP and Nursing Service
- Lymphoedema Clinic
- Palliative Care and Bereavement Support
- Trained Palliative Care Volunteers
- Primary Triage and Assessment
- Respiratory Clinic - assessment, quit smoking, asthma
- Visiting Medical Specialists
- Women's Health Service
- Wound Management

Highlights

- GP Practice formally re-accredited under RACGP Standards for General Practice 3rd edition.
- Establishment of an Advanced Care Planning role and promotion of the ACP concept to the community in conjunction with local GPs.
- Successful participation in the National Primary Care Collaborative focusing on quality improvement in Chronic Obstructive Respiratory Disease and self management.
- Notable health improvements achieved by clients participating in the newly established Diabetes Prevention Program called Life!
- A past 4th year medical student returning as a GP registrar
- Successful trial of clinically lead admission process within the Home Based Nursing Team.
- Establishment of a Palliative Care Nurse Practitioner Candidate position within East Gippsland

Challenges

- Review options for optimizing the financial viability and sustainability of the GP Practice and outreach services.
- Ongoing recruitment and maintenance of GP workforce.
- Embed and consolidate the Palliative Care Nurse Practitioner role throughout East Gippsland.
- Explore and trial opportunities to improve access to service arising from the e-health initiative.
- Review current service system design and quality pertaining to chronic disease management, and explore opportunities to further expand the scope.

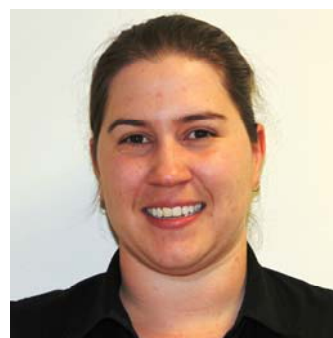
Clinical and Nursing	Key Performance Indicator	Annual Target	Achieved to 30/06/2011	% Achieved
Community Health Nursing	Hours of service	8788	9482.1	107.90%
HACC Nursing	Hours of service	2534	2569	101.38%
Diabetes Nursing	Hours of service	222	217.9	98.14%
General Practitioners	Number of contacts	No set target	38884	N/A

Medical Student Program

In February 2005 the East Gippsland Regional Clinical School launched the inaugural year 4 medical student program in East Gippsland. The program involved the placement of 4th year medical student within a GP practice blended with exposure to the hospital and other setting for the academic year and facilitating the integration of the curriculum with clinical practice. The four topics covered simultaneously are Women's Health, Children's Health, Psychiatry and General Practice.

Year 4 MBBS Students placed at GLCH

2005	Samantha Bigg, Ryan Spencer
2006	Sarah Keating
2007	Jessica Adams
2008	Su Lyn Cheah
2009	Marang Makepe (pictured below right with Dr Patrick Kinsella)
2010	Sean Atkinson, Timothy Walsh (pictured below left)
2011	Laura Selkrig



GP Registrar, Jessica Adams

GLCH also has year 1 and 2 medical students who do single day placements with a total of 32 for this financial year.

Having the students within the GP Practice has been well received and by both staff and our clients.

Jessica Adams returned to GLCH in February 2011 as a General Practice Registrar with the Southern GP Training program as she works towards obtaining relevant qualifications and experience to gain recognition as a Fellow of the Royal College of General Practitioners.

Jessica was an excellent student and it has been very enjoyable to have her back with us as she continues along her career path.



Community Health Services

Executive Manager
Angela Ellis



Overview

The Community Health Services Unit (CHSU) delivers a range of allied health services and Planned Activity Groups, and is supported by the Aged and Community Health Intake service and a team of Allied Health Assistants.

The Unit delivers services from GLCHs Lakes Entrance, Bairnsdale, Bruthen and Metung sites; Lake Tyers Aboriginal Trust (LTAT); Lakes Entrance Aged Care Facilities; and client's homes. Services are delivered both on a one-to-one level, and in a group setting.

The Unit is funded through the Home and Community Care program, Community Health program, client fees, Post Acute Care, TAC, Workcover, Private Health Insurance companies contracted funds, DVA and Medicare.

Services include:

- Aged and Community Health Intake
- Dietetics
- Exercise Physiology
- Occupational Therapy
- Physiotherapy
- Planned Activity Groups
- Podiatry
- Speech Pathology
- Ten physical activity sessions for clients with various specialised needs
- Foothold on Safety - falls prevention program
- Aqua physiotherapy
- Language development groups
- Phase 3 Cardiac Rehabilitation
- Pulmonary Rehabilitation
- Physically Active Kids
- Rehabilitation
- WorkHealth Checks

Highlights

- The utilisation of Allied Health Assistants (AHAs) is an area GLCH has been at the forefront state-wide in developing. We now have a Certificate 4 qualified AHA specialising in podiatry, who provides service to clients with non complex issues, freeing up appointment time for clients with complex care needs with a qualified podiatrist.
- A new building has enabled services to be further developed through: the establishment of a hand therapy practice; a specific exercise physiology treatment room; Bariatric treatment area; increased capacity in the gym; two podiatry areas; development of an outside rehabilitation area; and a specific paediatrics area.
- Over 600 WorkHealth checks have been delivered throughout East Gippsland.
- The expansion of a private/ public allied health service is perhaps the most significant area of work in 2010/11.

The Unit continued its commitment to indigenous health including:

- Delivery of a weekly Active Lorikeet group at LTAT, and a weekly Physically Active Kids session.
- Delivery of a weekly Koori specific planned activity group.
- Increased allied health services attending LTAT, with weekly physiotherapy and occupational therapy services, and speech pathology as required.
- In Partnership with the YMCA and LTAT, we are now delivering a Koori specific hydrotherapy program.
- Participation in a koori traineeship project – three Koori traineeships were provided in the allied health department.

The ongoing demand for paediatric services resulted in a review of services and much activity has occurred in the past year to address previously unmet needs including:

- Children identified with complex needs are now receiving speech pathology and occupational therapy in Bairnsdale as required, supported by Bairnsdale Medicare. Previously, we have not delivered allied health in this area as this is traditionally seen as BRHS catchment.
- Became a service provider with Victorian Paediatric Rehabilitation Service providing funds to deliver therapy to children post botox therapy.
- Funding was received from Communities 4 Children to develop and deliver the Active Lorikeet project in Lakes Entrance, Bairnsdale and the Lake Tyers Aboriginal Trust. This project has provided opportunities to deliver group paediatric speech pathology and occupational therapy services to preschool children.
- Successfully became a Helping Children with Autism service provider. Contracted to deliver speech pathology assessments in the local kindergartens.
- Successful in receiving funds from Communities 4 Children Local Initiatives Program to deliver “Everybody’s Different” , a program about healthy body image, into three local primary schools.

Challenges

- Ongoing difficulties attracting suitably qualified staff to rural Victoria. A second speech pathologist position remains unfilled.
- Opportunistic recruitment has occurred in Podiatry. This position is not funded through traditional funding streams, and work continues to explore ways to fully fund this position.
- Clarity around funding available for paediatric and palliative allied health services continues to be a challenge. Work in this area will continue throughout the next reporting period.
- The Unit is currently unable to provide services to client groups who are unavailable during business hours due to work or other commitments. Further options will be explored in the coming year.
- Increased demand for paediatric allied health services in both Lakes Entrance and Bairnsdale.

Community Health	Key Performance Indicator	Annual Target	Achieved to 30/06/2011	% Achieved
HACC Allied Health (includes dietetics, podiatry, OT and physio)	Hours of service	3510	3373	96.1%
HACC Planned Activity Groups	Hours of service	7078	7639	108%
Community Health Allied Health (includes dietetics, podiatry, OT, physio and speech therapy)	Hours of service	2460	5878.3	239%



Corporate Services

Executive Manager
Thelma Hutchison



Overview

The Corporate Services Unit provides the foundation from which organisation wide non client health service functions are provided. The Unit also provides contracted business services to local health and community agencies such as Lake Tyers Health and Children's Services; Lake Tyers Aboriginal Trust and Nowa Nowa Community Health Centre in accordance with service agreements on a fee for service basis.

The Unit comprises 34 individuals making up a staffing profile of 27.0 effective full time, with a budget for 2010/2011 of \$3,339,007. There is an emphasis within the Unit on developing and streamlining systems that will achieve efficiencies and minimise the cost of overheads to ensure maximum levels of organisational funds are used for service provision.

Services include:

- Administrative support
- Asset management
- Centrelink Agency
- Client file management
- Compliance
- Customer service
- Environmental Services
- Facilities
- Financial management
- Health information
- Human resource management
- Information technology communications and management
- Marketing and Public Relations
- Maintenance
- Occupational Health and Safety
- Quality
- Vehicle management

Highlights

GLCH has experienced continued growth over a number of years and changes in 2010/2011 include increased government funding, new client directed packages, fee for service increases, Medicare changes affecting health practitioners, and new partnership agreements. There is also an increasing demand from funding bodies on reporting and compliance requirements.

As a result of these changes a review of staffing levels in the Corporate Services Unit was undertaken in December 2010. This has resulted in the creation of two new senior positions, one in finance and the other in quality, with additional staffing to support information technology and payroll.

It is envisaged that these staffing changes will provide for more consistent operational practices across the organisation; will provide greater support for all units; improve career options for staff; and allow the Corporate Services Executive Manager the capacity to have a more comprehensive overview of the business with a focus on system development and strategic planning.

- A new financial software product was successfully implemented in December 2010. This product allows for improved reporting and easier access for enquiries from relevant users. There are also interfaces between the home care rostering, payroll and invoicing systems, which has resulted in significant efficiencies as it negates the need for duplication of data entry in salaries and debtor systems.
- A major project over the past twelve months was the transference of our email system to a hosted email service in Gippsland Health Alliance infrastructure. A range of benefits include: freeing up space and resources on our current servers; improved business continuity and risk management; better return on subscription investment; and the ability to deploy new technology such as smart phones and other portable devices for remote access and improved connectivity.

- A successful funding submission through the Victorian Hospitals Association resulted in the development and delivery of management training on site. Fourteen staff members participated. Each participant was nominated by their manager on the basis of displaying either leadership potential or who had recently taken on a leadership role. Participation was spread across the organisation and there was representation from partnered agencies.
The short course provided participants with the opportunity to complete one unit of study towards the Advanced Diploma of Management qualification. It is anticipated that some participants will consider completing the additional units required to obtain the full qualification.
- Stage one of the implementation of the security identification access swipe cards across all sites has been completed and this has improved the safety of the staff working environment.

Challenges

- The three year QICSA accreditation cycle will be undertaken by the external reviewers in February 2012 and work is currently underway to ensure GLCH complies with standards and can demonstrate continuous quality improvement throughout our service system development. Key projects for the coming 6 months will include introduction of legal compliance and risk management software.
- Demands for information technology support have increased and also an expectation that potentially includes 24 hour on call support. Initial work on business continuity planning including establishing internal service agreements needs to be further progressed to determine reasonable expectations.

The inadequacy of software products to meet the complexity of community health service delivery, coupled with the Healthsmart mandated products for rural community health centres is hindering the progress of a fully electronic client record for client care and coordination for GLCH. Our primary client information management system is no longer supported and in response to the increasing need for more service-specific functionality a number of additional client information systems were introduced to meet these requirements.

This has created a suite of stand-alone products that takes us further away from the ideal of a single client electronic record. In the absence of a single client electronic record a key issue is to develop effective interfaces between this suite of standalone products. VHA have taken this issue up with the Department, and we may be closer to a resolution.

- In 2011/2012 two projects that have been identified is to improve the content and reporting capacity of the organisation's learning and development records; and a review of organisational security checks with a view to introducing an online checking system which will reduce risk regarding service provision and improve notification times.
- The increasing complexity and volume of income sources, particularly as we move towards a greater level of public/private mix throws up challenges in respect to financial reporting.

Other key issues include the development of consistent business rules which will determine corporate support charges to be applied both internally and externally; the delivery of training to allow greater read only access to the financial system for relevant users; and the consolidation and streamlining of systems that are currently independent from the financial software AX Dynamics, for example Unity and PracSoft.



Family, Youth and Children's Services

Executive Manager
Ailsa Carr



Overview

The Family, Youth and Children's Service (FYCS) Unit consists of a range of program areas that have a primary focus of working with families in their many shapes and forms.

The Unit has two universal services that provide support to all families and their children - Maternal and Child Health, and the School Nurse program. These two programs create a platform from which to access all families, and GLCH is one of the few community health services to be fortunate enough to have both of these programs.

Intake at both Bairnsdale and Lakes Entrance provides clients with a central access point to all FYCS programs, ensuring there is capacity to provide a comprehensive range of targeted services to some of the most at risk families and individuals, including the most vulnerable children and young people within our community.

FYCS operate within the social model of health and wellbeing, to ensure that programs incorporate a client's social, cultural, economic, physical and psychological wellbeing into their care planning.

A framework of social justice and inclusive practice is the cornerstone of all programs and ensures that clients are supported through a partnership approach that observes and respects the rights of individuals and families.

Given the scope of health and wellbeing issues faced by the client's of FYCS, it is acknowledged that individual programs cannot meet all the needs of this client group. Therefore, it has been, and continues to be, seen as important to develop service coordination processes, partnership and collaborative practice across a range of domains.

This includes traditional health services such as the hospital, GPs, and Mental Health services, but also incorporates a broader focus that ensures programs actively engage with education, police, housing, financial, local, state and commonwealth government as well as local, rural and remote communities.

The development of such partnerships and collaborative practice is a strength of the FYCS Unit and continues to be a focus across all program areas.

Services include:

- Alcohol and Drug Counselling
- Alcohol and Drug Supported Accommodation
- Alcohol and Drug Home Based Withdrawal
- Alcohol and Drug Rural Diversion Outreach
- Alcohol and Drug Youth Outreach
- Child FIRST
- Community Health Counselling
- Disability Services including Early Childhood Intervention Services
- Emergency Assistance
- Family Counselling
- Family Support
- Family Violence Outreach
- Homelessness Support Program
- Homelessness Support Program - Creating Connections
- Intake
- Maternal and Child Health Services including Enhanced Home Visiting
- Men's Behaviour Change
- Needle Syringe Program
- Reconnect/LINX
- Rural Outreach Counselling
- School Focused Youth Service
- School Nurse
- Women's and Children's Family Violence Counselling
- Youth Justice

Highlights

- Successful recruitment to a number of programs resulting in a fully staffed Unit for the first time in four years.
- Strong partnerships with a range of service providers resulting in increased referrals, better communication and improved client access to services.
- Development and implementation of clearly documented processes and procedures resulting in better service coordination and work practices.

Challenges

- Access to specialist services such as mental health and respite.
- Management of large waiting lists on top of high caseloads and dramatic increases in referrals.
- Managing the diverse range of systems and data requirements as a result of being funded by one federal, three state, and one local government department.

Family, Youth and Children's Services	Key Performance Indicator	Annual Target	Achieved to 30/06/2011	% Achieved
Counselling – Community Health	Hours of service	3030	4274.3	141.06%
Early Health Services Maternal Child and Health	Number of clients	499	499	100%
Early Childhood Intervention Services	Number of places/ clients	39	39	100%
School Focused Youth Service	Number of young people engaged in SFYS activity	250	268	107.20%
Drug Treatment Services	Episodes of care with significant goals	531	567	107%
Housing Support	Episodes of support	207	390	188%
Disability Services	Number of clients	69	74	107%
Family Services Closed Cases	Closed Substantive Cases	274	763	278.47%
Child First Closed Cases	Closed Substantive/ Non-substantive Cases	211	334	158.29%
Family Violence	Number of clients/ closed cases	147	623	424%
Reconnect	Number of cases	52	61	117.31%
Youth Justice - Case Management	Number of cases	8	6	75%

Health Promotion and Koori Health Services

Executive Manager
Peter Muldoon



Overview

The Health Promotion and Koori Health Services (HPKHS) Unit consists of a range of Health Promotion, Aboriginal Chronic Disease and Preventative Health, Closing the Gap and Criminal Justice programs.

The Unit has staff employed across three GLCH sites – Lakes Entrance, Bairnsdale and Bruthen, and significant partnerships with Lakes Entrance Aboriginal Health Association, YooWINNA Wurnalung Healing Service (as an auspiced program) and Djillay Ngalu Regional Healthy for Life (as a consortium member agency).

Services include:

- Integrated Health Promotion
- Aboriginal Health Promotion and Chronic Care / Healthy for Life
- Local Justice Worker program
- Koori Youth Justice
- Closing the Gap
- Aboriginal Medical Transport

Highlights

- Growth and sustainability of Lakes Entrance Aboriginal Health Association (LEAHA) – program transition strategy, long term building lease agreement, partnership agreement, VACCHO membership.
- New programs funded – Closing the GAP, Local Justice Worker (extended to full time), Elders Community Connections.
- Bruthen Community Health staff and programs now part of Unit structure.
- New positions funded – Men's and Youth, Early Years, Bairnsdale Health Promotion worker, Access and Administration worker, LEAHA Transition Manager and 18% increase in recurrent funding over last 3 years.

- LEAHA Stage 1 building capital works funding achieved.
- Awards and conference presentations – LEAHA/GLCH partnership presentation at Aboriginal Services Forum Gippsland; Local Justice Worker presentation at Victorian Aboriginal Justice Agreement forum; Physically Active Koori Kids presentation at Vic Health – Physically active symposium; launch of the East Gippsland 'Start Smiling' – oral health resource for young children.

Challenges

A number of key issues for GLCH that are likely to impact on the Unit and the agency in the next 12 months and beyond include:

- The program and budget transition of a number of Aboriginal Health programs from GLCH management to LEAHA is planned to commence from July 1 2011 with a transition period of a minimum 12 months.

The transition plan has been endorsed by GLCH and LEAHA Boards in February this year and covers governance, program delivery and development and management.

- GLCH has begun work on developing an agency wide set of policies and practices that detail how our agency will work effectively with the Aboriginal community, ranging from practitioner client relationships to agency partnerships with Aboriginal Community Controlled Health organisations. The project is coordinated by the HPKHS Unit.

The project uses the Victorian Government's Aboriginal Cultural Competency Framework paper as its basis for developing these cultural competency policies and practices. The project will build incrementally a series of policies and practise over the next 18 months in areas such as cultural awareness training program, Aboriginal employment practices, culturally welcoming environment, service delivery etc.

The project has the capacity to effect change across all Units, programs and sites.

Drivers include accreditation standards and a commitment by Board and staff to improve access and relationships with the Aboriginal community.

- The transition of programs and staff from GLCH to LEAHA will have a significant impact on the structure of the HPKHS Unit and on the delivery of integrated health promotion for our agency.

Potentially within 18 months the programs and staff directly managed under the HPKHS Unit and Executive Manager will be reduced by over 50% in program funding and staffing (permanent positions). A decision on the HPKHS Unit structure post LEAHA transition will need to be made prior to the end of the 2011/12 financial year.

A number of capital works projects involving the HPKHS Unit are expected to commence in 2011/12 year. These include:

- **LEAHA building redevelopment:** Stage 1 capital works funding of \$450,000 was approved by Department of Health and Ageing in January 2011 with a further contribution approved by GLCH Board of approximately \$100,000 in February 2011. We are currently working with the Victorian Department of Planning and Community Development and the Commonwealth Department of Health and Ageing for additional funding to fund Stage 2 of the Building works estimated to cost an additional \$400,000. We expect the Stage 1 building works to commence in November/ December this year.
- **Men's Shed – Lakes Entrance:** Capital funding has been provided to GLCH to construct a men's shed. Commencement date is dependent upon planning permit, site suitability and program design.
- **Men's Shed relocation – Bruthen:** A more suitable venue for the Bruthen Men's Shed is being currently negotiated with East Gippsland Shire. If successful, the relocation will require funding for appropriate fit out of the proposed building.



River Art

Gippsland Lakes Community Health (GLCH) and the communities of Tambo Upper and Bruthen got creative in last half of 2010 as part of a community arts project in the Tambo Upper surrounds titled 'River Art'.

River Art's aim was to connect East Gippslanders with their natural environment, while getting them outdoors and active.

The exhibition displayed the art work of students from Tambo Upper primary school, and featured flying fish and water dragons emerging from the banks of the Tambo River and mono prints displayed among the trees.

Members of the local community also played a big part in this project, generously donating their time and skill to assist with the preparation of materials for the students to paint.

Over 100 people involved in the process of the project and over 150 community members attended the one day exhibition deeming it a huge success.

The River Art exhibition was a collaborative project supported by the East Gippsland Catchment Management Authority and the School Focused Youth Service at GLCH.



Recognising Our Volunteers



Gippsland Lakes Community Health appreciates the amazing contribution made by our dedicated and committed volunteers over the past 12 months.

Volunteers are a significant and integral part of the work of GLCH and bring a wealth of experience and expertise to assist in a range of roles within our organisation, enabling the smooth and efficient running of many of our programs and groups. The assistance provided by our volunteers allows workers valuable time to facilitate programs and gives clients more staff support.

The variety of roles undertaken by volunteers includes:

- palliative care
- meals on wheels delivery
- assisting with social activity group facilitation
- client transport.

Volunteer meetings are held quarterly and provide a chance to ask questions, share experiences and to offer opportunities for improvement across all program areas. Training opportunities are also made available to volunteers relevant to the area they volunteer in.

GLCH is always eager to recruit new volunteers. Individuals can volunteer as much or as little as they are able - once a week, once a fortnight or once a month - whatever suits the individual.

We encourage all East Gippsland residents to consider how they can become involved in one of our many volunteer opportunities.

For more information about how to get involved please telephone 5155 8300 or visit our website www.glch.org.au.

“While the work of our volunteers may go unpaid, it does not go unrecognised.”

Sue Medson, Chief Executive Officer



Volunteer Facts

In 2010/11...

- GLCH had 462 active registered volunteers
 - 20% based in Lakes Entrance
 - 80% Bairnsdale/Paynesville
- Volunteers provided 1,857 hours of transport to frail aged and disabled clients with...
 - Lakes Care volunteers traveling 19,727 kilometres
 - Bairnsdale Care volunteers traveling 16,318 kilometres
- Volunteers delivered 19,760 meals
 - Requiring 14 individuals per day over 13 different routes in Lakes Entrance, Bairnsdale and Paynesville
 - Total 6,240 delivery hours
- Volunteers provide a total of 20.5 support hours per week, 51 weeks per year to planned activity groups in Lakes Entrance .



Health Education and Support Groups

- Active Lorikeets
- Anaphylaxis Management Course
- Asthma Emergency Management Course
- Autism Support Group
- Aqua Physiotherapy
- Bairnsdale Community Garden (pictured above)
- Bereavement Support Group for Men
- BoBs and BiBs
- Boys Friendship Group
- Bruthen Women's Craft
- Busy Bees Speech Pathology
- Cancer Support Group
- Caution with Cannabis
- Core Stability Back Management
- Drama Group
- Everybody's Different
- Friday Kids Gym
- Gentle Exercises
- Gentle Stretch and Relaxation
- Healthwise Gym
- Healthy Living Group
- Keep Active Gym
- Koori Elders Group
- Koori Kinder Gym
- Koori Swim Programs
- LIFE! Program (Diabetes Prevention)
- Life after Loss
- Living Well with Diabetes
- Living Well with Ongoing Health Conditions
- Mature Mum's Group
- Men's Only Gym
- Men's Shed
- My Future
- New Parents Group
- Palliative Bereavement Support Group
- Parkinson's Support Group
- Pramwalkers Group
- Positive Parenting
- Staff Gym
- Strength/Stretch Exercise Classes
- Stuff of Life Program
- Sunset at Lakes (Dementia Respite Program)
- Sunset Jamboree (Dementia Respite Bairnsdale)
- Time Out Respite Group
- Twins Group
- Veteran's Gym
- Wheels to Meals
- Wood Burning Program
- Young, Pregnant and Parenting Groups
- Your Choice Program



To find out more about our health education and support groups, please contact GLCH on 5155 8300 or visit our website www.glch.org.au

Left: Elders planned activity group experience the finer points of croquet at Lake Tyers Beach.

Finance Summary

Executive Manager, Corporate Services
Thelma Hutchison



Analysis and Commentary

Gippsland Lakes Community Health continues to seek and successfully attract funding to expand service delivery areas. This has been demonstrated again in the 10/11 year with an increase in the operating income of \$1,628,585 or 9% from 09/10 to 10/11. In 10/11 GLCH received growth funding in home care assessment, domestic assistance, individual disability packages, child first and closing the gap funds. Fee for service income has increased by \$134,945 or 3% from 09/10 to 10/11. The majority of these funds are from the Commonwealth Government through Medicare billing, aged care and disability packages.

Operating expenditure has increased by \$1,448,383 or 9% from 09/10 to 10/11. This includes additional service delivery salary costs which increased by 8%, with non salary expenditure 9% higher than the previous year. The salaries represent 78.7% of the total expenditure.

The end of year result taking into account capital grants, depreciation and the loss on disposal of assets was \$446,615.

The Balance Sheet shows an improved position from 2010 with an overall increase in total assets of \$754,303 in 2011. Total liabilities increased by \$307,687 in 2011. This was the result of higher employee provisions, additional payments in advance and an increase in the level of creditors.

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

Governance

The Board recognise the importance of a strong governance framework and have a well established Finance Committee and an Audit and Risk Committee. The Committee's meet bi-monthly and assist the Board of Governance of GLCH in meeting its responsibilities for financial reporting, internal control structures, internal and external audit functions, quality, clinical service and risk management systems.

In relation to financial management and reporting the Finance Committee reviews financial reports regularly, ensures that accounting policies are consistently applied, recommends the approval of audited annual financial statements to the Board, and ensures that issues raised as part of the external audit are addressed. The Finance Committee also review the engagement of the external auditor, including the criteria for appointment, the proposed audit scope and approach. The membership of the Finance Committee will be broadened in the 2011/2012 year to include an Independent member.

Audited Financial Statements

GLCH prepares financial reports in accordance with the requirements of the Corporations Act 2001. The Financial Statements have been audited by WHK, who have expressed the opinion that the Financial Statements represent a true and fair view of the financial position of the organisation at 30 June 2011.

A complete set of Financial Statements, including the Notes to be read in conjunction with the Statements, and the Auditor's Report are included as a supplement with the Annual Report. They are also available on request at the Lakes Entrance and Bairnsdale sites, and also on the Gippsland Lakes Community Health website, www.glch.org.au.

Extract from Financial Statements 2010/2011

Comprehensive Statement of Income for the year ending 30 June 2011	2011 \$	2010 \$
Revenue from ordinary operations	18,030,741	16,402,156
Employee expenses	(13,525,618)	(12,381,926)
Other expenses from ordinary activities	(3,643,817)	(3,339,126)
Capital grants	54,103	400,000
Depreciation and gain/loss on disposal on assets	(468,794)	(360,735)
Net result for the year	446,615	720,369

Statement of Financial Position as at 30 June 2011	2011 \$	2010 \$
Current assets	4,917,988	4,066,775
Non-current assets	7,392,447	7,489,357
Total assets	12,310,435	11,556,132
Current liabilities	4,089,072	3,781,671
Non-current liabilities	826,055	825,768
Total liabilities	4,915,127	4,607,440
Net assets/total equity	7,395,307	6,948,692

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



*“Gippsland Lakes
Community Health
recognises that quality
health services depend
on 100% functioning
and accountable
business systems.”*

Sue Medson, Chief Executive Officer



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