



**SCHS**

Sunraysia Community  
Health Services

# OUR STORY

ANNUAL & QUALITY REPORT 2018





# OUR STORY

## CEO report - hearing the voice

This year the annual report takes a different approach as we take you through the story of change within Sunraysia Community Health Services (SCHS) over the last 12 months.

Our **client centred** approach has been reviewed and discussed this year, as we questioned, '**what does that really mean to us** as an organisation?' In doing this, we realised improvement in this area was possible. Improvement has occurred through two different mechanisms; listening to your stories, that is **the voice of the community**, and hearing **the voice of our staff**. Both have been instrumental in helping us achieve and enhance the client centred approach through system and process improvements.

SCHS has undergone significant changes in the last twelve months. This is the story of our year, which could not occur without the dedication of the Consumer Advisory Committee and staff, and the support of the Board of Directors. Thank you to everyone for their time and trust, which has contributed to the many successes of our organisation, and improved service delivery **to you, our community**.



Simone Heald (CEO), Leonie Burrows (Board Chair)





# OUR VALUES

## WHAT'S IMPORTANT TO US

### EXCELLENCE

we will be prepared for change and strive for continuous learning and quality improvement

### COMPASSION

we treat people with empathy, respect and dignity and we care about our clients, our people and our community

### JUSTICE

we promote equity, peace and a genuine respect for people in our community

### ACCOUNTABILITY

we commit to responsible and open decision making, taking responsibility for our decisions and actions, being reflective and open to feedback

### COLLABORATION

we will work as a team and actively communicate and build constructive relationships to achieve positive outcomes

Your feedback on last year's Quality Account, along with that from our staff, was positive. When we asked how we could make it better, some suggested the information in our Quality Account was very similar to information in our Annual Report. This year we have combined the two. We have posted it on our website and have copies at each of our sites that you are more than welcome to take home with you. If you would like us to send you a copy just let us know.

In this story, when we refer to you, we use words like 'consumer', 'client', 'patient' and 'customer'.

When we are talking about Sunraysia Community Health Service that is, ourselves, we use words like 'clinician', 'staff', 'healthcare professionals', 'SCHS' and 'us'.



# HEARING THE VOICE OF... OUR BOARD OF DIRECTORS



L to R: Gerald Mutubuki, Anne Hines, Darren Midgley, Leonie Burrows, Brian Smith, Frank Piscioneri, Steven Fumberger. Not pictured: Tara Williams.



## Board of Directors

SCHS does not exist without the dedication of the Board of Directors. Our Directors are all members of the Sunraysia community, bringing a huge range of skills and experience to the table. This year has shown yet again that having a great team governing SCHS allows us to grow and quickly adapt to the changing needs of our community.

The Directors and Executive Managers have worked closely together this year, improving monthly reporting, encouraging conversation and innovation, and putting new initiatives into practice. The conversations have also strengthened our governance framework, ensuring the care and service delivery is safe and in keeping with our vision and mission. We welcome the relationship and values the Board of Directors embed across our organisation.





## Information on Directors

Gerald Mutubuki,  
Commenced 2017  
Sub-committee representation:  
Audit and Finance Committee

Anne Hines,  
Commenced 1990  
Sub-committee representation:  
Governance Committee

Darren Midgley,  
Commenced 2017  
Sub-committee representation:  
Governance Committee

Leonie Burrows,  
Board Chair  
Commenced 2004  
Sub-committee representation:  
Audit and Finance Committee

Brian Smith,  
Commenced 2012  
Sub-committee representation:  
Governance Committee

Frank Piscioneri,  
Board Vice-Chair,  
Commenced 2009  
Sub-committee representation:  
Audit and Finance Committee

Steven Fumberger,  
Commenced 2016  
Sub-committee representation:  
Audit and Finance  
Committee – Chair

Tara Williams,  
Commenced 2016  
Sub-committee representation:  
Governance Committee – Chair

## Meetings of Directors

Directors	Directors' meetings		Audit & Finance committee meetings		Governance committee meetings	
	Eligible to attend	Attended	Eligible to attend	Attended	Eligible to attend	Attended
Leonie Burrows	10	9	10	7		
Anne Hines	10	8			5	5
Frank Piscioneri	10	9	10	8		
Brian Smith	10	8			5	5
Steven Fumberger	10	7	10	8		
Tara Williams	10	9			5	5
Gerald Mutubuki	10	8	10	7		
Darren Midgley	10	9			5	4

### Options

No options over unissued shares or interests in the company were granted during or since the end of the year and there were no options outstanding at the end of the year.

HAVING A GREAT TEAM GOVERNING SCHS ALLOWS US TO GROW AND QUICKLY ADAPT TO THE CHANGING NEEDS OF OUR COMMUNITY.





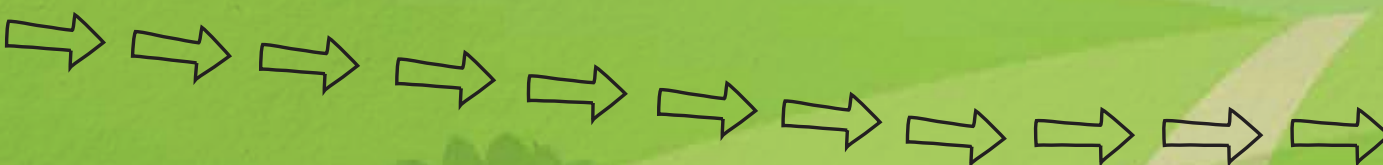
# HEARING THE VOICE OF... OUR CONSUMER ADVISORY COMMITTEE

Our Consumer Advisory Committee (CAC) provides community perspective on all that we do. The CAC play a very big part in the planning, delivery and evaluation of the services and programs we provide the community.

The people who make up this committee are our clients, carers and other members of the public who all share an interest in health and wellbeing. Each person brings a range of experiences and knowledge and they are encouraged to raise any issues, concerns or comments they or their community have. Sincere thanks to Eileen, Ian, Jeff, Jeni, Kira, Leesa, Lisa, Lyell, Mandy, Meg, Pat, Tayla, Tony, and Yahya who continued to meet on a monthly basis throughout the year.

WE INVITE YOU TO BE PART OF OUR  
CONSUMER ADVISORY COMMITTEE.

GIVE US A CALL ON 5022 5444  
AND SPEAK WITH OUR QUALITY AND  
SAFETY TEAM OR SEND US AN EMAIL  
TO [FEEDBACK@SCHS.COM.AU](mailto:FEEDBACK@SCHS.COM.AU).







Eileen, Consumer Advisory Committee Member

## Call centre

An area identified for improvement by the Consumer Advisory Committee (CAC) was how we were handling your telephone calls to us. Sometimes your calls were going to a message bank; sometimes you had to talk to two or three people before you got the information you were wanting. When we looked into the reasons behind this seemingly simple issue, we discovered some complex processes within our organisation. Our **aim** is that **your call is answered, and all your needs are met, when you first call us.**

As a result of this feedback, in 2017 a 'Call Centre' was developed to help us meet that aim.

The CAC members were given the role of testing out the new system and made 'mystery calls' at different times and on different days. We soon realised our changes needed further work. In analysing this part of the process, an issue with transferring telephone calls, and you having to repeat your story, was uncovered. With the support of the CAC our work continued to resolve these issues, and further improvements have occurred; your calls will be answered and our service teams will not require you to repeat your information (e.g. health history) over and over. This was achieved by conducting sessions with staff and consumers, getting an understanding of the complexities of the systems and then simplifying them.

## Client centred screening

During a CAC meeting in July 2017, one of our members expressed her frustration at having to repeat her story and provide the same information at each of her appointments, both within SCHS and with other health care providers. While we can't always change processes outside of SCHS, we certainly can improve our own. Eileen went on to suggest that it would be ideal if she, and every other SCHS client, could have a summary, written in her own words, that sits at the front of her file. The summary would note what is important for her as the client, and what she wants the staff member reading it to know before each appointment.

At the same time, we also recognised that you often came to see us about a particular issue, and when we started chatting about your health and wellbeing, together we identified you had further needs, often laying 'hidden' behind your immediate concerns. For example, you may have come to see our Podiatrists about a problem with your feet, and in talking with you, we worked out that you were at risk of Type II diabetes and were already having some circulation issues.

As a result, a new assessment tool was drafted and the CAC were asked to review it. The CAC discussed the purpose of the tool and how information would be used and kept up to date.

By mid-December 2017 the new Client Centred Screening Tool (CCST) and intake process were implemented. This ensures your health summary is seen and can be accessed by all clinicians involved in your care. We now check in with you to see if anything has changed since your last appointment and update the CCST if required. This system removes the need for you to repeat your story on a frequent basis. It also provides our clinicians with an overview that allows them to ask you for further information if required to ensure the best possible treatment outcomes for you.

## DID YOU KNOW?

### SCHS is accredited to the National Safety & Quality Health Service (NSQHS) Standards?

Standard 5 requires us to provide "Comprehensive Care" which means we have integrated screening, assessment and risk identification processes that we use to develop an individualised care plan with you to prevent and reduce the risk of harm in specific areas.



# YOUR FEEDBACK

## Consumer feedback - YOUR feedback

As you have experienced, SCHS partner with you in identifying and making decisions about your own care, developing and designing our programs and services, as well as judging us on the work we have done. Without your input and feedback we couldn't possibly claim to provide you with client-centred care!

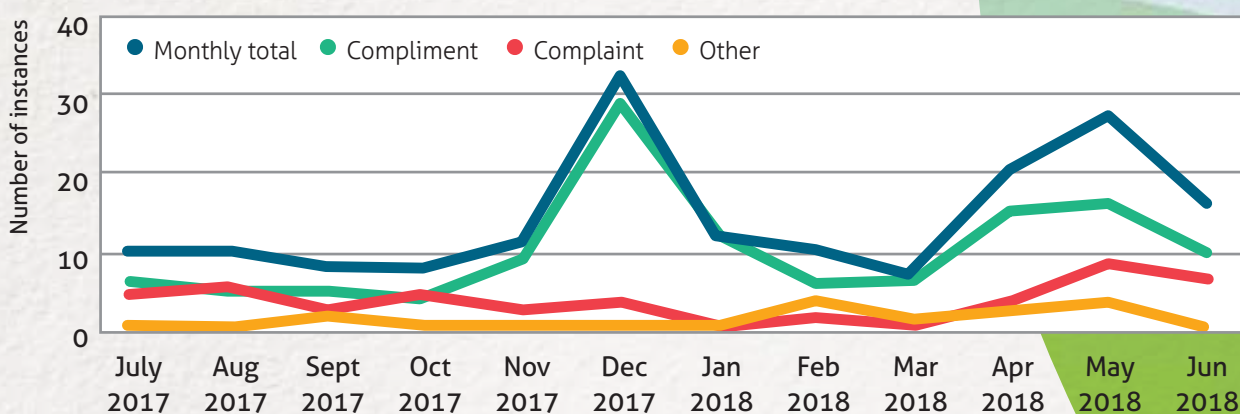
'Feedback' comes in many shapes and forms. It could be a letter sent to us by a client, a phone call a carer has made to us or even a comment you've made to one of our staff during a visit. It could be positive, like telling us how much you improved in your physical fitness after joining one of our group exercise classes, or it could be negative, like telling us that you didn't like the way we prioritised an emergency toothache clinic. Whatever the feedback, we recognise that you have taken time to let us know and we make sure we collect all the information together, and more importantly, work to improve our services and the experience for you. All feedback is registered with our Quality & Safety team (including feedback raised during CAC meetings) who look at trending issues as well as making sure each issue is resolved.

171 COMPLIMENTS

38 COMPLAINTS

10 OTHER

## Consumer feedback received and actioned by SCHS



WHY THE SPIKE? ↑

Every year, especially around Christmas, you have given our staff beautiful cards (and even small gifts) expressing your appreciation of our services. We don't expect this at all, but we do get a great sense of satisfaction from knowing you appreciate our efforts!



## Victorian Health Experience Survey

SCHS participated in the Victorian Health Experience Survey (VHES) again in October and November 2017. You helped us achieve an increased response rate of 29% from 19% in 2016 (we still think we can do better next year!).

### THE GOOD



**97%**

positive care  
(96% last year)



**98%**

appointment  
privacy  
(state av. 92%)



**94%**

about the right  
amount of time  
in waiting room  
(state av. 77%)



**91%**

knew who to  
contact if you  
had questions  
about your care  
(state av. 84%)



**83%**

assistance in  
helping you do  
things that are  
important to you  
(state av. 76%)



**89%**

cleanliness of  
health service  
(state av. 78%)



**90%**

would  
recommend our  
health service  
(state av. 81%)

### WHERE WE COULD DO BETTER



**78%**

easy to make  
an appointment  
(85% last year)



**28%**

information  
wasn't in your  
client record  
(17% last year)



**86%**

compassionate  
health workers  
(90% last year)



**77%**

health workers  
considered all of  
your needs  
(health, culture,  
living, family, age)

### THE SAME





# A HEALTHY COMMUNITY

## A healthy community

Healthy Thriving Mildura (HTM) is our health promotion team. They deliver programs to improve people's health by addressing real and often hidden causes of poor health where they live, learn, work and play.

The Mildura Region School Breakfast Partnership is an opportunity for every child in our region to have a nutritious start to the day. It is one of the most important and unique programs initiated by HTM to date. The program commenced in 2013, with 8 schools registering in response to a growing awareness that students were frequently going to school without eating breakfast. The Partnership has grown over the past 5 years to include 17 schools across the region.



## 10,000 Steps Challenge

The 10,000 Steps Challenge encourages groups in the Sunraysia community to make physical activity part of every day through a workplace competition that occurs over the month of August. In 2017, the 10,000 Steps Challenge (Mildura) was the largest challenge to date, with 1,450 participants across 180 teams. Of the 65 workplaces engaged throughout the challenge, 52 were actively involved with Healthy Thriving Mildura (HTM) through the Victorian Cancer Council's Achievement Program for Workplaces.

HTM surveyed participants before and after the Challenge. The results showed an increase in physical activity levels, improved mood and mental health and increased healthy eating.



## Walk to School events

The HTM team, in partnership with Mildura Rural City Council, ran a Walk to School program in 2017. Walk to School month is held in October annually and in 2017, 15 local Primary Schools participated. This was the highest participation rate yet at a local level.

One of the standout achievements of the program in 2017 was four local primary schools operating a Drop/Ride and Stride Program, promoting children's active travel to school.





# HEARING THE VOICE OF... OUR VOLUNTEERS

“I wanted to volunteer at SCHS because I am **passionate and dedicated to helping community members and creating a healthy thriving community.** I have been a member of the Consumer Advisory Committee since 2016. I started studying a Certificate IV in Community Services this year and I was given the opportunity to become a volunteer at SCHS as a consumer representative to help gain insight and provide feedback from consumers. I've been part of the review of the new client centred screening assessment that is being implemented as well as the youth commitment program. SCHS has given me a place I can go to study and gain the knowledge I need to complete my course by getting hands on experience.

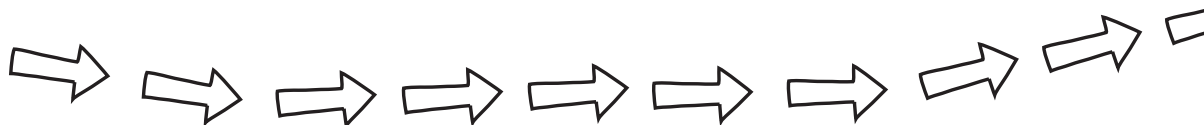
Since I have been a volunteer at SCHS I have had amazing experiences and it has given me the opportunity to better my skill set in communicating with consumers, working with a diverse group of people, assessing co-existing needs, and advocating for clients. I have also been able to learn and help develop the intake process and gain insight to how procedure is conducted.

I'm so proud and happy to have this opportunity to be a volunteer at SCHS. It has been amazing and I'm grateful for working with the staff and consumers. **I encourage others in the community to become a volunteer at SCHS** because of the passion and dedication they have to helping our community to create a better, healthier future by working together. **It's only when we all work together as a community that we can make the future better for generations to come.**”

BY LISA WAKEMAN



WE THANK AND CELEBRATE ALL THE WORK OF OUR  
VOLUNTEERS, WHO THROUGH DONATING THEIR TIME,  
PROVIDE SPECIAL CARE TO OUR COMMUNITY







## Palliative Care

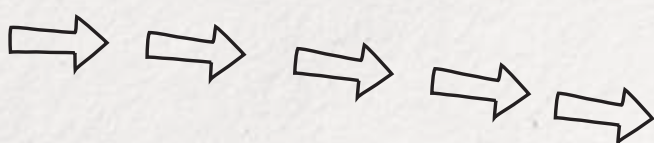
Our palliative care volunteers are a wonderful group of ladies and one gentleman, all trained in assisting palliative care clients. Their tasks are many and varied, they make themselves available to sit with clients in their homes, this enables the carers some respite to do other things. The volunteers are also available to take clients to appointments if they need some help, or just someone to drive them there. Clients who would like to go out for lunch, shopping or other excursions can ask the volunteer to go with them. The volunteers coordinate the Bereavement Walk Group and you can always depend on them for a wonderful morning tea and chat. Lois and Liz are always on site Wednesday mornings following up with recently bereaved carers to just say "Hi, how are you going?" The memorial service run yearly is when they really shine, chatting to attendees, assisting with preparation for the day and helping to set up.

“ WE HAD NO IDEA OF THE WORK PALLIATIVE CARE DOES TO HELP LOVED ONES BEFORE NEEDING THE SERVICE AND OUR FAMILY THANKS YOU FROM THE BOTTOM OF OUR HEART. ”

“ HE WAS ABLE TO PASS AWAY PEACEFULLY AT HOME, SURROUNDED BY LOVE AND FAMILY. SINCERE APPRECIATION TO THE PALLIATIVE CARE TEAM FOR THEIR LEVEL OF CARE. ”

## Palliative Care Service

In 2016, the Palliative Care service trialled a 6 month project, where end-of-life care was available within the family home 24 hours a day. Due to the success of this program, and valuable feedback from families, an extended palliative care service has been developed. In February 2018 our 24 hour on-call palliative care service re-commenced. Our specialist palliative care staff and Clinical Nurse Consultant work closely with the local hospitals ensuring care between the hospitals and the palliative care service occurs with ease and support.





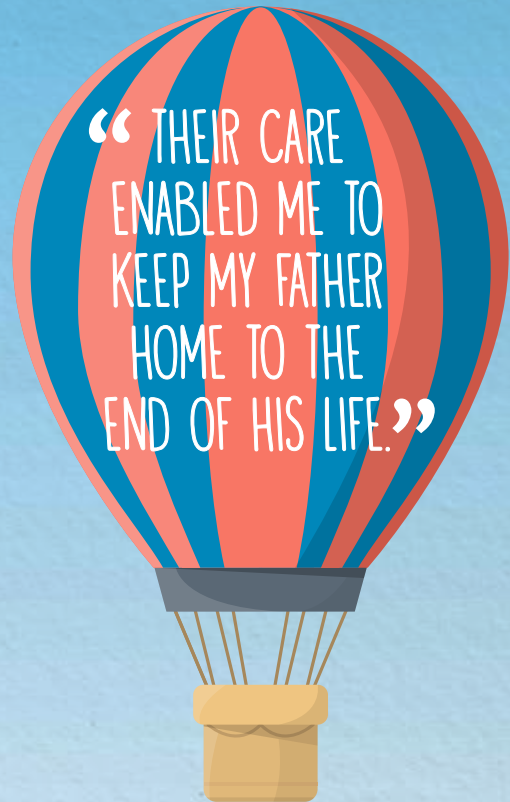
## Palliative Care and Advanced Care Planning - what is it?

Dying is something that happens to everyone at some point. Advanced Care Planning helps to ensure that what a person wants and does not want at the end of their life is understood by everyone involved.

A Care Plan is always developed with the person and their family and covers basic day to day support to be provided by the Palliative Care service.

Many people feel unsure about talking about dying and what their choices might be with regard to treatment and services at the end of their life. Our Palliative Care staff work hard to build relationships with people and their families so that this process is easier. Staff use a booklet called 'Taking Control' to help with this conversation as well as online information and videos about palliative care and advanced care planning.

Our Palliative Care team are working to improve people's understanding about the benefits of an Advanced Care Plan before they are referred to the service. They are increasing people's access to Social Workers and Palliative Care staff in clinical services and at referral points so the conversation is started earlier with people who have life limiting illness.



21 COMMUNITY DONATIONS  
WERE MADE TO PALLIATIVE CARE  
IN THE PAST 12 MONTHS



What is the difference for everyone involved in supporting the person at end of life when an Advanced Care Plan is in place?

- Much easier for families and carers because the person's choices about treatment at the end of their life are documented.
- It helps that the person's family and carers all have the same understanding about these choices.
- It is less likely that people will be admitted to hospital when they would rather receive other treatment and care.
- Helps people to be more calm and in control at the end of their life.

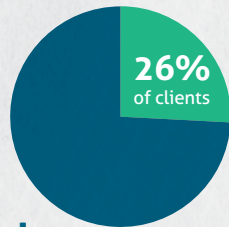


# KNOWING OUR COMMUNITY

## 5 new services in 2017

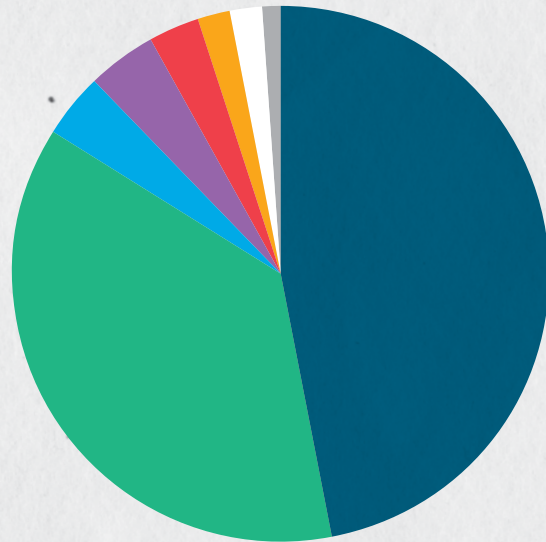
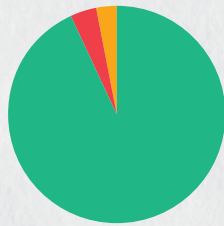
- GP Clinic
- Infectious Disease
- Parent Support
- Post Withdrawal Linkages
- Youth Outreach

People aged between  
**60-79**  
years were the most represented



## Client LGA

**93%** Mildura  
**4%** Wentworth  
**3%** Other



## Services

- **47%** Community Health, Home and Community Care, Commonwealth Home Support Program and other funded programs
- **37%** Dental
- **4%** Drug and Alcohol
- **4%** Aged Care Assessment Service & Cognitive Dementia and Memory Service
- **3%** Home Nursing
- **2%** Continence
- **2%** Palliative Care & Loddon Mallee Regional Palliative Care Consortium
- **1%** GP Clinic

## Number of services accessed by clients

YEAR	Number of services			
	1	2	3	>4
2015	87%	7.7%	3.2%	1.2%
2017	38%	19%	14%	29%

**11,176** clients attended  
45% 55%



## interpreter appointments

**567**

- Top three languages:
- Turkish
  - Hazaragi
  - Vietnamese
- Top three services:
- Physiotherapy
  - Podiatry
  - Counselling

(01/01/2017-31/12/2017)



# HEARING THE VOICE OF... OUR STAFF

AS STAFF, WE LIVE AND WORK IN OUR COMMUNITY. WITH PRIDE AND A GREAT SENSE OF RESPONSIBILITY WE PARTNER WITH YOU IN YOUR HEALTH AND WELLBEING JOURNEY.

In 2016 a 'Staff Forum' was introduced which provides opportunity for all staff to come together to share information and discuss issues. This year, following staff feedback, the format was changed from the traditional lecture type environment, to one now where staff raise topics for discussion. We regularly break into small groups to explore concepts, and provide our thoughts back through the group. This has created a large amount of valuable input from our staff, and provides clear direction for changes needed within our organisation.



An in-house survey conducted by our Diversity committee identified staff wanted to develop skills to better provide holistic care and services to the LGBTQI+ community. The Mildura Pride group were approached and agreed to speak with staff at our monthly staff forum in November 2017.

Steve, Carol and Jane attended the November 2017 Staff forum as representative of Mildura Pride. They provided insightful, personal and moving accounts of their experiences.

Staff were moved by the shared stories and gave our Executive team lots of feedback including:

*"It was the best education we have had at our forums"*

*"I wish it went longer"*

*"We need to know more"*

*"It was one of the most open, interesting, interactive and informative forums that we have had to date"*

*"The guest speakers were fantastic! I loved that it was a topic that every single person in the room could learn about. As it was not just a 'health' topic, but a topic that focus on the 'community' as well.*

*"I'd love it if we could have a longer session or more education with the PRIDE group".*

*"Thank you so much for taking the time to come and visit SCHS and present at our staff forum. Your presentation was thought provoking, insightful and entertaining. It really made me stop and reflect on how small things in every day life, things that heterosexual individuals don't even notice, can really impact on a LGBTQI person's mental and physical health and how they feel about themselves in relation to the world they live in. That you have chosen to speak about your very personal struggles in the public sphere using humour and love shows an incredible strength of character"*

Staff felt they were more aware of the issues affecting our LGBTQI+ community as a result. We understand that self-awareness is just one of the first steps towards a more inclusive and appropriate service. We are committed to ensuring all of our clients and staff feel supported, welcome and safe in our services.

We are dedicated to listening to the voice of our staff and provide alternate ways for staff to be heard. Annual staff surveys, fortnightly Executive 'E-News' newsletters, staff suggestion box and open door policies continue to increase the quality and quantity of communication across the organisation.



## Staff survey

SCHS values feedback from annual staff surveys. Following the 2016 People Matters Survey, Community Services were removed from the survey program by the Victorian Public Sector Commission (VPSC). Noting this, SCHS undertook an internal survey in 2017 using the same questions as 2016. This occurred in December 2017. The response rate was 82%, with 107 responses received.



In February 2018, the VPSC reversed their decision to exclude stand-alone Community Health Services and invited SCHS to participate in the 2018 People Matters Survey and this was to occur in April 2018. Noting the recent survey undertaken, and the importance to maintain participation in the VPSC survey, SCHS decided to participate. As a result, staff participated in two surveys in very short time frames.

These results are invaluable in assisting us to improve safety and quality of programs and services. The Key areas we have reviewed over the past 12 months have included:

- Leadership and management; leadership is a part of all of our roles, ensuring we support the needs of clients and are their voice when required, which aligns with our value of accountability
- Improving our change management processes to ensure new programs and ideas start well and continue into the future, which aligns with our value of excellence
- Diversity and inclusion; ensuring staff understand the needs of all our clients, and the organisation is free of racism, which aligns with our values of compassion and justice
- Learning and development: maintaining and upskilling staff to ensure the care provided is up to date and of a high standard, which also aligns with our value of excellence
- Team building; working together and respecting each other, as identified in all values of the organisation.

## Staff retirement

Registered Nurse, **Anne Watts**, commenced in November 1993 as a Community Health Nurse working in Women's Health. Over her many years of service, Anne has been passionate about her work within our Sexual & Reproductive Health, Family Planning, Continence and Women's Health services. Anne has worked closely with our local schools, both primary and secondary and has been a very strong advocate and support for our LGBTQI+ community.

**Clair Bates** joined SCHS in 2012 as an Aboriginal Health Promotion and Chronic Condition (AHPACC) worker, working in partnership with Mallee District Aboriginal Service (MDAS) to support the local Aboriginal community with managing chronic diseases and promoting health and well being. During her time at SCHS, Clair was instrumental in the installation of Aboriginal Art poles at SCHS, MDAS, Mildura Base Hospital, and Coomealla Health Aboriginal Corporation. We appreciated Clair's passion for sharing her cultural knowledge through weaving workshops and art installations over the years, which has enhanced the cultural safety of SCHS. We farewelled Clair in October 2017 and wish her well with her retirement.

*Although occurring just after the 2017/2018 financial year, we do want to take this opportunity to acknowledge and thank them for their contribution to SCHS and wish Anne and Clair all the best in their well deserved retirement.*







Dr Kelechi Ibegbulem

## GP SERVICE

The SCHS model of care sits within a **social health model**. This means we work with clients to address health and social needs as part of their treatment. This year, we welcomed General Practitioner (GP) Dr Kelechi Ibegbulem to our service, which has improved our care even further. We are committed to working with other services in the community to ensure we treat the 'whole person' and believe that Dr Kelechi joining our team supports the care we provide.

A range of services and assessments are offered, including GP Management Plans, Refugee Health Assessments, and antenatal appointments. Our Doctors work closely with all clinicians at SCHS to make sure you receive individualised care from top to toe.

In partnership with the Murray Primary Health Network (PHN), SCHS commenced GP clinics at Red Cliffs Secondary College in Term 3 last year (2017). This has been extended to include Irymple Secondary College. The Doctors in Secondary Schools program has been a very successful program, making **primary health** care more accessible to students, providing assistance to young people to identify and address any health problems early and reduce the pressure on working parents.

We will continue to recruit GPs to our service, expanding the services we offer even further.

### WHAT IS A SOCIAL HEALTH MODEL?

*Social health understands other things impact on health; where we live, how much money you earn, what type of job you have. SCHS works within this model and helps clients with not only health issues, but all the other factors that may contribute to being unwell.*

### WHAT IS PRIMARY HEALTH?

*Primary health care is the entry level to the health system and is usually a person's first encounter with the health system.*



# ABORIGINAL HEALTH

Last year, our Aboriginal Health Promotion and Chronic Care (AHPACC) service saw the retirement of Clair Bates, and in February this year, the appointment of Megan Kelly. Our outgoing and incoming AHPACC staff have focused on ensuring that we provide a safer and more culturally inviting service for our Aboriginal community. We have placed Aboriginal artefacts and paintings throughout our foyers and hallways, and photo boards of our Aboriginal staff on display in reception. These can all be easily seen by our community as they enter and move throughout our building.

In May 2018, SCHS was involved in the Sisters Day Out workshop. The workshop celebrates Aboriginal culture and brings Aboriginal women within the community together for a day of pampering. Sisters Day Out also features family violence education, including information on how legal and other services can assist women and children to achieve safer outcomes. A Djirra lawyer and a counsellor are available for any women who wish to discuss their situation privately on the day. The workshops provide a culturally safe space in which Aboriginal women can talk about family violence, the impacts on our families and communities, and learn what local supports are available to keep our women and children safe.

The 2017 NAIDOC celebrations at SCHS included guest speaker, Seth Davis-Westhead from the South Australian Health and Medical Research Institute (SAHMRI). Seth spoke about the Aboriginal research work SAHMRI are undertaking, highlighting a recent project to reclaim the Barngarla (Parnkalla, Banggarla) language, which is a sleeping Australian Aboriginal language that was spoken in Eyre Peninsula. Aunty Janine provided Welcome to Country and acknowledged First Nation Peoples from all nations including Torres Strait Islander peoples. Members of the Barkindji (Paakantji, Paakantyi) Dance Group performed, and Uncle Brian Hunt sung and played his guitar. Arts and artefacts were on display and everyone stayed for some traditional tucker following the formalities.



SCHS CONTINUES TO STRIVE TO PROVIDE A SAFE SPACE, FREE OF RACISM, AND EARLY HEALTH INTERVENTION TO OUR ABORIGINAL COMMUNITY MEMBERS AND STAFF.

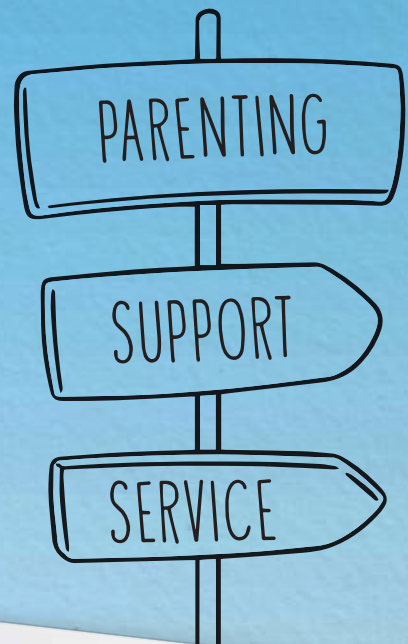


# PARENTING SUPPORT SERVICES

Our Parenting service continues to support our families in the district through the many phases of parenting. Advice is provided on breastfeeding, sleep, toddler behaviour, older children, right through to understanding your teenage children. We understand parenting creates times of fun and laughter, but also tears and exhaustion. We cater to parents visiting the service as many times as required, on site at SCHS, or in the home of the family. A flexible service is provided, to mums, dads, siblings, aunts, uncles, nans and pops. Parenting our children in safe and loving homes is important for our community; we value our children and cherish our parents.

**'THANK YOU FOR WHAT YOU DID FOR US. YOU ARE WONDERFUL AND WE ARE VERY APPRECIATIVE!'**

**"I DON'T KNOW WHERE I'D BE WITHOUT YOUR SUPPORT DURING MY PREGNANCY."**



**"I CANNOT BELIEVE THIS SERVICE EXISTS IT'S FANTASTIC!"**





# SPEECH PATHOLOGY



Rochelle Linklater is one of our Speech Pathologists here at SCHS. Rochelle received the 2017 Ian Dickie Innovation Grant, to explore the relationship between children and eating, in the community. Rochelle had noticed that many of the children she worked with on speech issues also had issues with eating. The services available to address these issues were not offered locally and people often found the distance or costs involved with travelling to Adelaide or Melbourne meant they could not access these services. Not being able to access the services would lead to poorer health outcomes.

Rochelle attended the 'SOS Approach to Feeding' program and as part of her scholarship, conducted a pilot program for nine families, either individually or in groups, to see how the approach would work here in Mildura. Rochelle found that her view on the services changed over the course of the pilot, as feedback from parents, kindergartens, child care workers and maternal and child health nurses was received. Rather than being simply a therapeutic approach, Rochelle found that people were calling out for information as a preventative health measure and that the information she has been able to provide has empowered families and service providers to look at children's eating in a different way.

"I JUST WANTED TO GIVE SOME FEEDBACK ON THE RECENT FUSSY EATERS SESSION YOU HELD..

I THOUGHT YOU WERE A FABULOUS PRESENTER. YOU ATTRACTED SUCH A WIDE RANGE OF PEOPLE TO THE EVENT WHICH IS SUCH A GREAT SUCCESS IN ITSELF AND AN INDICATOR OF THE NEED IN COMMUNITY.

I FELT THAT I GOT A LOT OF GOOD INFORMATION THAT I CAN NOW IMPLEMENT WITH MY SON."



# EARLY YEARS DENTAL

## Kindergarten Dental program

In 2016, SCHS Dental, along with the Healthy Thriving Mildura team, initiated a pilot oral health (dental) screening Kindergarten program. The program has been fine-tuned along the way, with feedback from the kindergartens involved in the Smiles 4 Miles program. The program now runs for two hours, over which time the children learn about oral health, foods and drinks that are good for their teeth and they join in on fun activities.

The "Tooth Fairy" comes to take small groups of children for a ride in the dental chair and a quick dental screening with a mouth mirror. Even though the SCHS dental program is not a part of Smiles for Miles (S4M), it has tied in beautifully with S4M, and has engaged well with children and their families about SCHS services.

With the dental screenings, parents are given letters and notified if their child needs to come back for a comprehensive examination to check any areas of concern. All children screened are put onto a recall system.

"THE PROGRAM WAS LOTS OF FUN, THE CHILDREN ENJOYED THE DENTIST, LOVED SEEING THE TOOTH FAIRY, THE MAGIC CHAIR, AND DRESS UP AND PLAY ACTIVITIES. THE CENTRE HAS NOW SET UP A DENTIST PLAY AREA IN THE KINDER ROOM TO MIMIC THE DENTAL SURGERY AND THE KIDS TALK ABOUT THE VISIT EVERY DAY"

- Local Childcare Centre

28th May 2017 – 28th June 2018

15 Early Childhood Services participated

**285** children screened

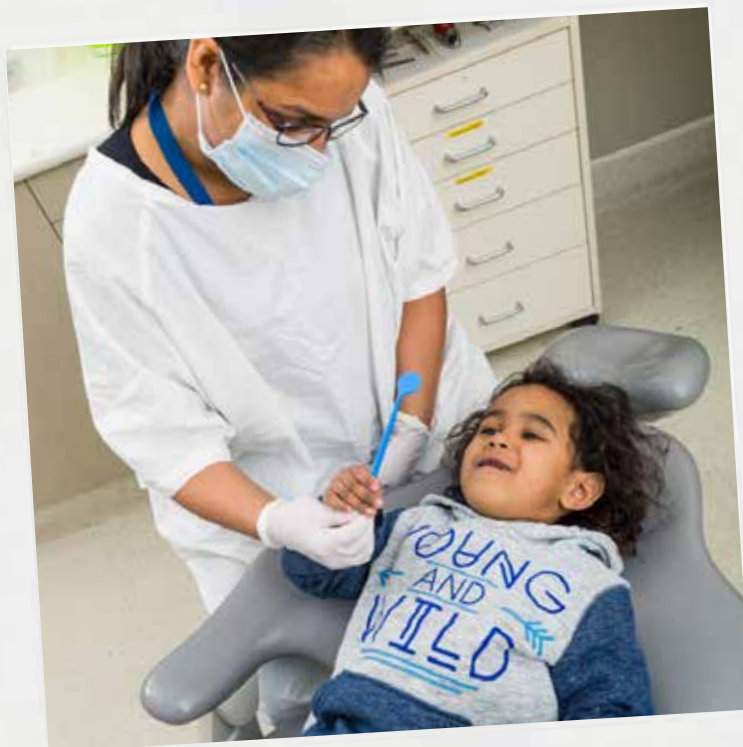
**35** identified as Aboriginal and/or Torres Strait Islander

**3** went on the general anaesthetics waitlist

**98** required follow up

**44** SCHS dental appointments

**25** families went to private dentist





# HEARING THE VOICE OF... OUR PARTNERS

## Youth Commitment Program

The Youth Commitment Program (YCP) came from conversations between SCHS and **Hands UP Mallee** (HUM) regarding gaps in services for young disengaged people and youth justice. HUM brings together community, organisations and services to consult on the hopes and aspirations of the community and the barriers to achieving them. The YCP pilot program is aimed at addressing underlying issues that lead to the disengagement of children (aged 10-14 years). This program works with children together with their families, and instead of looking to 'fix' what might be considered the 'main problem' (e.g. not attending school), our Youth Commitment Worker (YCW) Jacqui, looks at broad and inventive new ways of improving outcomes for these children. As an example of this, the YCW works with the family and the child to look at ways of reconnecting them with school or addressing underlying issues of anxiety.

Aside from sports, which are often not affordable, most people agree that there are a lack of local activities for children of this age group. Our YCW engages the child with programs that connect them, and their family, into the community. As transport often prevents children from participating, the children are picked up and taken to activities, such as the Dareton Youth Centre. Through the program, the individual child and their family work toward building confidence and recognising their achievements overcoming often challenging experiences.

There are currently 10 children in the program who are connected through a range of local services such as Mallee District Aboriginal Services (MDAS), Mallee Accommodation Support Program (MASP) and Navigator. While the program is currently a pilot, we have a vision to develop a calendar of events and activities that will appeal to children at risk of disengaging from school. This calendar would be accessible to every school and agency and would allow connection with mentors and community based programs to keep children engaged and to re-connect them, and their families, back into our community.

WHO ARE  
HANDS UP MALLEE?

*Hands Up Mallee are community organisations and groups who work together to make long-term social change that will improve the quality of people's lives and overall well-being of our community.*



Youth Commitment Worker Jacqui Pasquale





# VICTORIA LEGAL AID

## Here to help our community

SCHS are proud to have Victoria Legal Aid (VLA) work from our Thirteenth site here in Sunraysia. VLA have helped many SCHS clients, as well as general members of the community, in their legal needs. One of the groups of people in our community who often find it hard to start navigating the legal system are members of our Refugee community.

“ Victoria Legal Aid works closely with SCHS, because we know that some community members can have many health and social issues, such as poor physical and mental health, low income, and homelessness. All of these things make it likely that these people will need help from a lawyer.

People often don't know where to get help, and so they don't seek help, or they leave it too late and the problem gets worse. Victoria Legal Aid staff regularly attend the Refugee Community Garden to meet with the community, offer assistance and information.

Legal Aid works with health staff, so that we can do better at letting people know how we can help. We don't want people to ignore things that are making their lives hard.

As our partnership continues to build, Legal Aid and health staff have worked together to help parents be reunified with their children; supported people to get financial security, to keep the house they are in or find another one; and reduce some of the fines they are paying. All these things are important to for the health and wellbeing of our community. ”

BY HEIDI DEASON - VLA



# HEARING THE VOICE OF... GOVERNMENT

## The Orange Door

SCHS, together with other community services and Family Safe Victoria, were fortunate to be one of the first organisations across the state to be involved in the development of **The Orange Door**.

As a result of the Royal Commission into Family Violence, this service is a new way for women, children and young people who are experiencing family violence or families who need assistance with the care and wellbeing of children to access the services they need to be safe and supported.

At the same time as the Orange Door was being developed, within SCHS we have established a Family Violence Unit at our Thirteenth Street facility. This unit works mainly with men who are using family violence. Care is provided through activities including men's behaviour change, case management, addressing drug and alcohol issues, mental health issues, supporting men with parenting and being with their children, quality time and keeping their children safe.



WHAT IS THE  
ORANGE DOOR?

*The Orange Door is a new way for women, children and young people who are experiencing family violence or families who need assistance with the care and wellbeing of children to access the services they need to be safe and supported.*



## Sexual and Reproductive Health Service

The Women's Sexual and Reproductive Health Key Priorities Plan 2017-20 released by the Department of Health and Human Services (DHHS) are key priorities of not only SCHS but of one of our partners, the Mallee Child and Youth Area Partnership. The publication led to a review of our former Well Women's Service. The review also allowed us to consider providing an inclusive sexual and reproductive health service. The revamping of the service included renaming it to become the Sexual and Reproductive Health Service.

Phase one of this new service saw SCHS launching an Options Counselling for Unplanned Pregnancy Service. This service has been gradually growing since its launch in March 2018 with experienced nurses providing counselling. Women and their families access the pregnancy options service in order to make informed decisions. To date, staff have received really positive feedback regarding the support our clients have received when faced with an unplanned pregnancy.

Phase two has seen the recent appointment of a Clinical Nurse Consultant, Dale Thompson, specialising in HIV and blood borne viruses. Dale is passionate about providing services to our community for those most in need. This often includes the community members who have been unable to access services elsewhere or those who find access to services a challenge.



"THE PROGRAM IDENTIFIES AND TREATS HIV AND OTHER BLOOD BORNE VIRUSES WHILST ALSO WORKING WITH CLIENTS TO ADDRESS OTHER HEALTH AND SOCIAL ISSUES THEY MAY HAVE."

## Health needs of children in Residential Care

The Department of Health & Human Services (DHHS) recognises health needs of the young people in Residential Care needs improving. SCHS was provided with funding to explore the health needs, and developed a Health Care Coordinator role. This role works closely with the young people, MASP and Child Protection. Over the last 12 months six young people aged between 11-17 years have had their health needs assessed and met individually. The health assessments were made possible by listening to the voice of the young person themselves, and providing care in their environments, at the time that was right for them.

WHAT IS  
RESIDENTIAL CARE?

*Residential Care services in community-based houses are provided to children and young people who cannot live in their own homes.*



## WHAT IS COPD/CVD?

*Chronic Obstructive Pulmonary Disease is a long-term disease of the lungs which causes shortness of breath*



### Primary Health Network partnerships

SCHS has partnered with Primary Health Network (PHN) on a number of major projects this year. The first being a Chronic Disease Project focusing on Chronic Obstructive Pulmonary Disease (COPD) and Cardio Vascular Disease (CVD) rates in the Mallee, and availability of appropriate care such as rehabilitation and self management services. The project led by SCHS and involving partnerships with Mildura Base Hospital, Robinvale District Health Services, Farwest Health, Mallee Track Health Service, Tristar Medical Group and Lime OT and Physio commenced with the forming of a leadership group. The leadership group completed a gap analysis and mapping of current services available to clients living in the Mallee with diagnosis of COPD and CVD, and identified service provision gaps and also knowledge gaps for local clinicians. We look forward to continuing the progress of this work, with all our partners.

The second major project undertaken in partnership with the PHN began in December 2017. The following services collaborated to tender for stepped mental health services from Murray PHN: Sunraysia Community Health Service, Northern District Community Health, Cobaw Community Health Service, East Wimmera District Health Service, Inglewood and Districts Health Service, Echuca Regional Health, Robinvale District Health Service, Swan Hill District Health Service, Psychology and Wellbeing Worx. Individual tenders were submitted outlining each organisation's commitment to work together to implement a consistent model across the North West and Central Victoria regions of Murray PHN's catchment. Since awarding tenders, Mildura Base Hospital (Ramsay Healthcare including Headspace) has joined the group. Together, we aim to deliver the right primary mental health services and supports to our communities.

THIS WAY



# OUR DENTAL PERFORMANCE

Every year we need to provide details of the work we have done – both in terms of quality and quantity. Here are some of the details:

## DENTAL

**4,924** people attended SCHS' Dental program  
**1,975** of which were children

**12,331** individual appointments were provided

### How well did we perform?

**6.9%**

of adults had to have a tooth re-fixed after dental work (last year was 7.9%)

**2.3%**

of children had to have a tooth re-fixed after dental work (last year 2.4%)

**0.5%**

of people came back within a week of having an easy to remove tooth pulled out (last year 0.4%) (regional average 1.8%).

**0.9%**

of people came back within a week of having a difficult to remove tooth pulled out (last year 1.2%) (state average 2.9%)

**2.5%**

of adults had to have a tooth taken out within a year of starting root canal treatment on that tooth (regional average 3.2%) (last year 7.5%)

**3.8%**

of people had to have their false teeth remade within 12 months of getting them. (regional average 3.2%) (state average 1.8%)

**3.7%**

of children came back to have work done on a tooth within two years of being sealed. (last year 4.1%) (regional average 3.4%)

**0%**

of children had to have a tooth taken out within 6 months of having full or part root canal treatment on that tooth. (regional average 4.7%)

**67.6%**

of people had treatment completed within 6 months of starting root canal. (state average 78.8%)

We would love this number to be 100% but what we find is that once the pain has been relieved, clients do not return to finish the treatment. Finishing your treatment is really important to avoid further issues and damage to the tooth.



# ACCREDITATION

Sunraysia Community Health Services (SCHS) relationship with its external auditing agency, DNV GL, continued in 2017-18. SCHS underwent another successful annual cycle of auditing late last year and received ongoing accreditation against the following standards:

- **ISO9001:2015** Quality Management System
- **National Safety & Quality Health Service** Standards (Standards 1-6 – 1st Edition)
- Department Human Services **Human Services Standards**
- National Disability Insurance Scheme Registered Provider Status.

Our GP Service underwent its first accreditation survey against the Royal Australian College of General Practitioners (**RACGP**) standards for General Practice during the year with AGPAL.

The Australian Aged Care Quality Agency (AACQA) attended our sites during the year and confirmed accreditation against the **Home Care Standards**.

# FINANCIAL SUMMARY



2017/2018 saw SCHS post a surplus of \$1.4M compared to \$0.4M the previous year. Income has increased due to an increase in the number and level of services provided. Of the \$16.3M revenue recognised, \$1.3M will be used to fund services that will be provided in the 2018/19 financial year. These services include Men's Behaviour Change, Out of Home Care, Palliative Care, Chronic Disease and Sexual & Reproductive Health services.

SCHS is in a strong cash position with an increase in cash balances from \$9.3M to \$11.6M partially due to the increase in funding received during the year. The Board have approved for some of the cash balance to be used to implement a Client Information Management System and Financial Management System in 2018/19.

Through the year the Business & Finance team have been working with clinicians to improve processing in relation to billing of services which has led to greater outstanding debtor management. There has also been improvement in the way financial information is being provided to the Board.



## STATEMENT OF COMPREHENSIVE INCOME for the year ended 30 June 2018

	2018	2017
	\$	\$
<b>Revenue</b>		
Operating revenue	<b>16,258,772</b>	<b>15,428,441</b>
Other revenue	<b>474,919</b>	<b>349,299</b>
Investment revenue	<b>220,209</b>	<b>170,344</b>
Profit on sale of non-current assets	<b>47,400</b>	<b>15,816</b>
<b>TOTAL REVENUE</b>	<b>17,001,300</b>	<b>15,963,900</b>
<b>Less: Expenses</b>		
Employee benefits expense	<b>11,327,623</b>	<b>11,584,985</b>
Client expense	<b>1,609,669</b>	<b>1,446,876</b>
Depreciation expense	<b>676,539</b>	<b>653,576</b>
Occupancy costs	<b>457,011</b>	<b>385,144</b>
Transport expense	<b>94,510</b>	<b>96,065</b>
Information technology expense	<b>455,423</b>	<b>395,733</b>
Maintenance and cleaning expense	<b>376,717</b>	<b>324,687</b>
Staff related expense	<b>166,565</b>	<b>195,720</b>
Other expenses	<b>384,970</b>	<b>446,750</b>
<b>TOTAL EXPENSES</b>	<b>15,549,027</b>	<b>15,529,536</b>
<b>SURPLUS FOR THE YEAR</b>	<b>1,452,273</b>	<b>434,364</b>
<b>OTHER COMPREHENSIVE INCOME FOR THE YEAR</b>	-	-
<b>TOTAL COMPREHENSIVE INCOME</b>	<b>1,452,273</b>	<b>434,364</b>



## STATEMENT OF FINANCIAL POSITION for the year ended 30 June 2018

	2018	2017
	\$	\$
<b>Assets</b>		
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	<b>11,603,853</b>	9,325,176
Trade and other receivables	<b>76,388</b>	243,918
Other assets	<b>485,001</b>	613,120
<b>TOTAL CURRENT ASSETS</b>	<b>12,165,242</b>	10,182,214
<b>NON-CURRENT ASSETS</b>		
Property, plant and equipment	<b>17,798,362</b>	18,199,711
<b>TOTAL NON-CURRENT ASSETS</b>	<b>17,798,362</b>	18,199,711
<b>TOTAL ASSETS</b>	<b>29,963,604</b>	28,381,925
<b>Liabilities</b>		
<b>CURRENT LIABILITIES</b>		
Trade and other payables	<b>1,381,693</b>	1,073,479
Provisions	<b>1,801,541</b>	1,681,276
Other liabilities	–	178,109
<b>TOTAL CURRENT LIABILITIES</b>	<b>3,183,234</b>	2,932,864
<b>NON-CURRENT LIABILITIES</b>		
Provisions	<b>278,292</b>	399,256
<b>TOTAL NON-CURRENT LIABILITIES</b>	<b>278,292</b>	399,256
<b>TOTAL LIABILITIES</b>	<b>3,461,526</b>	3,332,120
<b>NET ASSETS</b>	<b>26,502,078</b>	25,049,805
<b>Equity</b>		
Accumulated surplus	<b>26,502,078</b>	25,049,805
<b>TOTAL EQUITY</b>	<b>26,502,078</b>	<b>25,049,805</b>



## STATEMENT OF CASH FLOWS for the year ended 30 June 2018

	2018	2017
	\$	\$
<b>Cash Flows From Operating Activities</b>		
Operating grants and receipts from customers	<b>18,056,368</b>	17,229,141
Payments made to suppliers and employees	<b>(15,770,110)</b>	(16,214,804)
Interest received	<b>220,209</b>	170,344
<b>NET CASH PROVIDED BY/(USED IN) OPERATING ACTIVITIES</b>	<b>2,506,467</b>	1,184,681
<b>Cash Flows From Investing Activities</b>		
Proceeds from sale of property, plant and equipment	<b>250,777</b>	367,176
Payment for property, plant and equipment	<b>(478,567)</b>	(339,559)
<b>NET CASH PROVIDED BY/(USED IN) INVESTING ACTIVITIES</b>	<b>(227,790)</b>	27,617
<b>Cash Flows From Financing Activities</b>		
Net cash provided from financing activities	-	-
Net increase/(decrease) in cash and cash equivalents held	<b>2,278,677</b>	1,212,298
Cash and cash equivalents at beginning of year	<b>9,325,176</b>	8,112,878
<b>CASH AND CASH EQUIVALENTS AT END OF FINANCIAL YEAR</b>	<b>11,603,853</b>	<b>9,325,176</b>

As always, we value your feedback. What did you like or dislike about our report? What could we do differently next year? Please tell us!

Send an email to: [feedback@schs.com.au](mailto:feedback@schs.com.au), phone 5022 5444 and ask to speak to our Quality & Safety team, or simply let one of our staff know the next time we see you.







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H & L Hecht Adult Day Activity Centre - 5 Johns Street, Mildura

233 Deakin Avenue, Mildura

**[www.schs.com.au](http://www.schs.com.au)**