

A photograph of a modern building with a corrugated metal facade. The building has a large sign that reads "Ballarat Community HEALTH" in blue and pink letters. In the foreground, there are out-of-focus green and purple flowers. The sky is a clear blue.

Ballarat
Community
HEALTH

Annual Report

2018-19

Ballarat
Community
HEALTH





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About Us

Ballarat Community Health (BCH) exists to ensure that people from all walks of life can access quality health care, no matter their circumstances.

Our Vision is that all people within the communities we support achieve the best possible health and wellbeing.

Our services are wide-reaching and include both a health and wellbeing focus. From primary care to community programs, we work to ensure a holistic approach is taken to better health.

We know everyone is different and we work with the community wherever possible to create consumer-led and informed services, ensuring more effective care for individuals and their individual needs.

BCH operates across the Central Highlands Region and throughout Western Victoria at both permanent sites and in an outreach capacity. In addition to general practice and allied health services, we offer specialist doctors clinics, mental health support programs, family-centred supports, alcohol and other drug treatment services, community wellbeing programs and more.

BCH is a trusted healthcare provider, with a team of highly trained experts who understand that clients (and their needs) are unique and require a tailored approach to better health. Our team works hard to ensure that clients feel comfortable, listened to, cared for and informed on their journey through the health system.

Visit our website www.bchc.org.au for more information about all of the services that BCH delivers.





Mission

To work in partnership with the community to create opportunities and supportive environments which empower people to develop and maintain optimal health and wellbeing.

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Values

Respect: Valuing other points of view and treating all people as individuals with worth and dignity.

Integrity: Acting with sincerity and honesty.

Responsibility: Being reliable and accountable to others.

Optimism: Focusing on potential and abilities.

Courage: Facing challenges head on, and standing up for our convictions.

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Resilience: The ability to be strong in adversity and bounce back with renewed energy and hope.



Outgoing BCH Board Chair -
Bryan Crebbin

In my final update for Ballarat Community Health (BCH), I will briefly reflect on some key times while serving this important organisation both as Chair (4 years) and Board Director (5 years).

I joined the Board of BCH after an election for Directors in 2010. At that time BCH had consolidated as a provider of health and welfare programs in greater Ballarat and was blossoming. Its reputation with funders and in the community was strong. BCH had established itself as the 'go to' organisation and was operating from three sites in Ballarat and one in Smythesdale. Mental health programs were running out of APROTCH in Queen Street North. However, the winds of change were blowing, initially in a positive direction. BCH was successful in a grant application to the Federal Department of Health and Ageing under the Health and

Hospitals Fund Program Regional Priority initiative, receiving \$11.6M dollars in 2011 from the then Federal Government. This success initiated the hard work of designing and building what is now known as our Lucas site, which was officially opened on 23 July, 2014.

In 2013, it became clear that the then State Government was intending to change the directions of funding away from community health in the areas of alcohol and drugs, mental health and health promotion. Such changes impacted significantly on BCH and resulted in the introduction of state-wide intake points for alcohol and other drug services as well as mental health services. Reductions in funding of these programs also occurred and APROTCH was closed. Thankfully, during this time capital funding of \$5M came from the Victorian Minister of Health for

A special message from our long-serving Board Chair

the refurbishment of our Sebastopol site.

In 2013 the National Disability Insurance Scheme was incrementally being introduced across Australia, with its introduction to the Central Highlands Area taking place on 1 January 2017. The My Aged Care program – a Federal Government initiative – came into being, and Medicare Locals became Primary Health Networks.

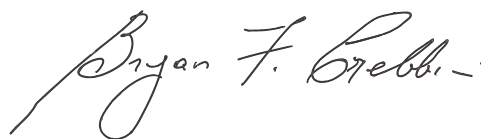
In 2016 the Board adopted a fresh Service Plan and Model of Care covering 2016-2023. Through the preparation of this document the Board was alerted to the potential changes in landscape of community health and the need for BCH to become more nimble. It also highlighted the necessity to develop a new management structure to allow BCH to operate more efficiently. Around this time,

at a strategic planning session, a representative from the Department of Health outlined the potential changes in community health where organisations needed to develop a greater competitive edge, not only through strategic alliances and partnerships, but in the way they did business (i.e. not relying on reputation and locality). This reinforced to the Board that the community health environment was changing and other sources of funding should be explored. The Board also recognised that while BCH's greatest strength could be seen to be its many and varied programs, it was also important to avoid a perceived lack of 'specialty'

Over the past few years BCH has explored this concept and had some wins and some losses. It is crucial that we continue to learn from both.

I would like to thank all the hard-working Directors that comprise the current Board, and those I have had the pleasure of serving with in the past. I would also like to thank our Chief Executive Officer, the General Managers and the dedicated BCH staff for their hard work over my time on this Board. The next few years are going to be exciting for BCH as it continues to confront the challenges that face the community health sector.

It has been a pleasure to serve over the last nine years. I wish BCH every success in the years to come and am sure the organisation will enjoy a bright future in this new environment.



A message from our CEO

It is with great pleasure that I, alongside the Board of Directors, present this Annual Report for Ballarat Community Health. This year, my first as CEO, has been incredibly rewarding and I have particularly enjoyed working with the diverse and highly engaged professionals who offer the people of western Victoria a dynamic health and community service.

The movement of community health internationally reinforces the inherent value proposition of the community health model - a suite of services that are proportionately universal in design, with a no-wrong-door approach. At its core, community health represents a broad range of health services working to address the fundamental social determinants that impact on the health and wellbeing of our community.

BCH has grown over recent years, and I want to acknowledge the leadership of the BCH Board and Executive over this important period, shaping the service into what it is today. As BCH continues to strategically develop our services and respond to community needs, many challenges have arisen - none more evident than our capacity to remain abreast of contemporary and enabling systems, structures and technology. For this reason, our strategic focus has been to assess the state of all programs and support mechanisms across the service. This focus on reflection and evaluation has been a significant investment across our organisation this year and now provides us with a platform on which to base our next phase, re-imagining our future.

Over the past year we have been bold and creative, leading our service system in promoting health and wellbeing within our community, engaging and empowering our community to make healthier choices, and influencing others through this process. Our leadership has been evident, particularly in our approach to the co-design of services. Co-design has helped us to foster relationships with participants of our programs and to build services with people, not just for them. We have seen the continued evolution of our mental health programs and our trans and gender diverse health initiatives through this model and are thrilled with the success that they have seen to date. The co-design element includes the employment of qualified peer support workers who are an invaluable addition to

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our workforce and we look forward to expanding this approach in the future.

It has been a busy year, but none of the achievements we have seen would be possible without creative thinking, strong executive leadership and a commitment from the Board, whom I want to thank for their service. Equally as imperative to our success as an organisation are our staff and volunteers. I want to extend my sincere appreciation for your commitment, professionalism and dedication to the people that we support. Thanks to you, our culture remains strong and inclusive as we continue to provide an engaging and therapeutic environment for clients of our services and the wider community.



Finally, I wish to acknowledge our Board Chair, Mr Bryan Crebbin whose long-serving term will end this year. Bryan has served on the BCH Board for the past nine years, overseeing major strategic developments in his time, particularly the design and construction of the BCH Lucas centre. We wish Bryan all the very best in the next chapter of his life, and thank him for his leadership, contribution and dedication over this last nine years.

It is an exciting time in community health and I look forward to what the next 12 months will bring.







Our Strategic Priorities

Excellence in client-centred care & integrated health promotion

- Deliver high quality services that meet client needs and deliver improved client outcomes.
- Deliver integrated services that provide a holistic response to client and community needs and expectations.
- Evidence-based health promotion and service delivery responding to changing population health needs.

Culture of quality, learning & innovation (CQI)

- Support and promote an all of organisation approach to CQI which addresses all aspects of quality, safety and governance.
- A learning organisation that is recognised as a provider of evidence-based services and programs informed by a continuing process of research, evaluation and innovation.
- Leverage efficiencies to improve health outcomes.

Leadership, advocacy & positioning

- Maintain, grow and extend BCH's profile, reach, influence and credibility to drive improved health outcomes for individuals and communities.
- Actively lead and contribute to systems development, to improve health outcomes changing population health needs.

Sustainability & growth

- Ensure a financially sustainable business model that includes a focus on social enterprise.
- Maintain and expand a highly skilled, healthy and motivated workforce including Board, staff, students and volunteers.
- Deliver contemporary and fit-for-purpose infrastructure and integrated information and communication technology solutions.
- Maintain and develop best practice governance.





Primary Care

The Primary Care division provides responsive and timely services to individuals, organisations and the community. Working across a range of locations, the team works to strengthen BCH's quality healthcare provision and to build the organisation to be a preferred provider of General Practice, Allied Health and Primary Care, underpinned by great Customer Service. All facets of our Primary Care division operate within effective clinical governance and quality frameworks.

Primary Care

General practice

General Practice operates from four BCH sites in Lucas, Wendouree, Sebastopol and Smythesdale. In addition to these in-house clinics, a GP clinic runs through the Doctors in Secondary Schools program at Mount Clear Secondary College. Seven GPs and six Practice Nurses deliver a full range of general practice services including: general check-ups, care planning and coordination for chronic disease management, mental health planning, women's health, vaccinations, minor surgery and skin checks. Opening hours are generally 9am–5pm with an extended hours service at Sebastopol on a Wednesday evening until 7pm and a Sunday morning clinic at Wendouree running from 9am–12pm.

Our team of GPs and nurses ensure our clients have access to

multidisciplinary care, linking them to our Allied Health and Social Support services, as well as external services when needed. In the last year we:

- recruited a new GP for our Lucas service
- established a new Senior Nurse role to provide leadership to our growing nurse team
- reviewed data management processes to improve recall and reminder systems
- moved our Diabetes Nurse Educators and Respiratory Nurses into the GP clinics team (to better coordinate care and the prevention and management of chronic diseases (i.e. diabetes, asthma)
- improved linkages with the BCH Sexual Health Clinic.

For the 2018/19 financial year

we saw 5,324 attendances to our clinics. These visits included:

- 504 health assessments (including Aboriginal and/or Torres Strait Islander clients, clients from a refugee background and age related presentations - i.e. 75years+)
- 613 care plans (including chronic disease management plans)
- 1,401 mental health consultations
- 253 clients at the non-urgent after hours clinics (Sunday mornings).

Paediatric specialist clinics

BCH provides three specialist paediatric clinics, two of which are delivered in partnership with Ballarat Health Services.



The Paediatric Immigrant Health Clinic provides Vitamin D treatment for immigrant and Aboriginal children with a Vitamin D deficiency and their immediate families; and the Paediatric Neurodevelopment Behavioural Clinic provides assessment, planning and treatment options in consultation with a range of Allied Health professionals for children and their families.

In 2019, BCH commenced a new Paediatric Clinic for children aged 0-5 years who are in contact with Family Services. The clinic has a focus on assessment, planning and referrals for children to access the specialised health care they need. The establishment of this clinic was partly funded by the Central Highlands Family Services Alliance.

This clinic has been successful in starting to address a gap for this vulnerable group of children and harnesses opportunities for early intervention. More funding will be sought in the 2019-20 financial year and beyond to continue this important work.

Allied Health

From young children to people with (and at risk of) chronic disease, the BCH Allied Health team provides a range of services, programs and activities supporting individuals to improve their health and wellbeing. Operating across four BCH sites and in an outreach capacity in the Golden Plains Shire, our team specialises

in clinical disciplines including Dietetics, Exercise Physiology, Physiotherapy, Podiatry, Social Work, Speech Pathology and Allied Health. Recently we have also partnered with Pyrenees Shire to provide Hydrotherapy for those who live there.

BCH's Allied Health team provides access to services for eligible clients with funding from the

State and Commonwealth Governments. The team works in partnership with GPs to provide coordinated care to clients with complex or chronic conditions.

Our services to clients accessing both My Aged Care and the National Disability Insurance Scheme (NDIS) have been steadily increasing, as has provision of contracted services to aged care



Primary Care

facilities. In 2018/19 our Allied Health staff have provided high quality treatment, education and care to clients including:

- 55,000 hours of funded service
- 4,945 consultations via Medicare (9% increase over previous year)
- NDIS: 841 hours of service provision (establishing services in this space)
- around 1,300 hours of Physiotherapy, 520 hours of Dietetics and 312 hours of Exercise Physiology (to Nazareth House).

Dietetics

Our Dietitians provide individual assessments and support, as well as many education opportunities in cooking and food preparation. The sessions generally focus on basic skills and using fresh ingredients and BCH has partnered with Ballarat Regional Industries, Link Up and Peplow House to deliver them. BCH also provides dietetic group services such as: BRI transition-to-retirement cooking sessions, and nutrition sessions in other towns including Dereel and Bannockburn. We sincerely thank the volunteers who support this work.

Speech Pathology

Paediatric Speech Pathology continues to grow at Ballarat Community Health with an

increase in the number of services provided this year, helping to improve the speech development of children in our community.

Exercise Physiology

Our Exercise Physiologists provide individual assessments and support to all clients and offer a number of exercise groups that support clients to meet their health and fitness goals. Our exercise groups include: McCallum Exercise Group, Remedial Gym, Stroke Group, Parkinson's Group, PD Warrior, Living Longer Living Stronger, Kallara SRS Exercise Group, Hydrotherapy, Falls Prevention, Seniors Group Fitness, Pilates, Tai Chi for Arthritis and Tai Chi.

Primary Care

Podiatry

Our Podiatry team has provided around 4,000 hours of State and Commonwealth Government funded services and over 3,700 consultations throughout 2018-19. Our Podiatrists have provided education sessions (about the development of children's feet) to new mothers at Maternal & Child Health groups and to people in the community about Self Care

and Understanding For Feet to enable better self-care.


Physiotherapy

In 2018/19, BCH expanded its physiotherapy team and we continue to provide high quality services to NDIS clients and other community members as required.

Intake

Our Intake Team ensures clients can access the services they need when they need them. They work hard to implement a smooth transition for all new clients coming in to our service and this year provided 1,185 hours of service delivery for state-funded community health clients. They also provided intake assistance for Commonwealth-funded clients,





Medicare Benefits Schedule (MBS) clients and National Disability Insurance Scheme (NDIS) clients.

Sexual health clinic

The BCH Sexual Health Clinic operates five days per week with a dedicated team of GPs and nurses providing family planning advice, access to contraception (including long acting reversible contraceptives [LARCs]), pregnancy testing, options counselling, medical terminations, cervical screening, testing and treatment for sexually transmitted infections, and sexual health counselling.

BCH commenced a new project in 2019 with partners Your Community Health, Austin Health and Thorne Harbour. This four-year project will build our capacity to provide services for the trans

and gender diverse community. We've appointed a Peer Navigator to assist with the development and growth of our services and will integrate with the broader GP clinics team over the next year.

In 2018/19, the aim of our Sexual Health Clinic has been to improve our accessibility and in 2019 we commenced a new service in Ararat, a previously un-serviced area for specialised sexual and reproductive health services. We expanded the clinic from its initial locale in Lucas to also operate from our Victoria Street, Sebastopol and Wendouree sites, and improved links with our GP clinics in all of these locations. BCH also started an extended hours service this financial year, operating to 7pm on Wednesdays in Sebastopol.

New partnerships have been developed with Ballarat Health

Services using a telehealth model and with a partner GP in Castlemaine and Kyneton for specialised services. A range of services are also available to men who have sex with men, with extensive testing and treatment options available including provision of pre and post-exposure prophylaxis (PREP and PEP).

BCH prides itself on provision of non-judgmental services that are easily accessible and that help community members to feel safe, respected, welcome, and supported in managing their sexual health.

Sector Development

The Grampians Regional Sector Development Team is auspiced by BCH and sits within the



organisation's Allied Health team. Sector Development provides information and support to agencies across the Grampians Region to help them adapt to significant reform happening across the sector driven by both Commonwealth and State Governments. In 2018-19 the team:

- provided support to 38 agencies to navigate change management in aged care reform
- supported regional Aboriginal Community Controlled Health Organisations (ACCHOs) to conduct self-assessments against 'key areas of change' which has led to the development of Koori Aged and Disability Network Advisory Committee (KADNAC) projects

- led over 30 network meetings across the region
- reviewed and provided feedback on over 30 Wellness and Reablement Plans and over 30 Diversity Plans and Reviews
- conducted and facilitated educational opportunities for providers of Home and Community Care (HACC) Programs for Younger People and Commonwealth Home Support Programs (CHSP) in key themes including the Forgotten Australians, Wellness and Service Specific Assessments.

Customer Service

Our Customer Service team is responsible for welcoming every visitor on site and connecting them to the person or event they need, answering every call to our main lines, supporting our clinicians and other staff across the organisation, and ensuring our premises look and feel great. They are often the first and last contact a client will have with our service.

We provide a coordinated and seamless customer service experience across all seven Ballarat Community Health sites, navigating multiple systems, funding streams and maintaining a working knowledge of the range and breadth of activities, programs and services the organisation provides.

Primary Care

In 2019 the team:

- answered more than 150 calls each day
- checked-in an average of 60 clients a day attending for Allied Health
- checked-in an average of 250 clients a day attending General Practice
- welcomed up to 800 groups using our facilities.

There have been significant investments made into improving our frontline services with:

- more self-check-in kiosks available to our clients
- a new phone system that includes a range of innovative features
- a new waiting room space at Sebastopol - with the development of an outdoor

children's play area that was opened in 2019

- a new approach to team meetings and additional supports and training for the team.





Prevention & System Development

This division leads the planning and delivery of BCH's health promotion, health advocacy and community development work. It also drives service system development, building the capability of health, education and/or community services or sectors to respond to identified health, wellbeing or educational and community engagement needs.



Health promotion

Over the past 12 months, BCH has worked closely with a range of partners to increase healthy eating and active living in the region. This work is contributing to our collective goal of a 5% increase in the number of people meeting healthy eating and physical activity guidelines and a 10% reduction in the consumption of sugary drinks by 2025. Our role in this priority area includes leading networks and initiatives, advocating for access to healthy food for people experiencing food insecurity and working in a range of settings – such as child care centres and kindergartens, schools, workplaces, sporting clubs, community groups and emergency relief agencies - to implement health promoting frameworks and activities.

This year, 25 kindergartens have taken part in Smiles4Miles, an early childhood dental health promotion program that focuses on the importance of eating well (healthy food options), drinking well (reducing or eliminating sugary drinks) and cleaning well (dental hygiene practices). Twenty-two kindergartens and child care services also participated in the Achievement Program this year.

The Tight Arse Cookbook is part of our work to improve healthy eating in the Ballarat community. The range of recipes supports at-risk people who are experiencing food insecurity to prepare low-cost, healthy meals with limited ingredients. Using co-design principles, the recipes for the cookbook were developed, tried and supported by Federation College Foundation VCAL students and Wendouree

Neighbourhood Centre's cooking group. Participants of these groups also contributed photographs to the book.

We continue to provide evidence-based programs to promote safety in our community, including managing the Central Highlands Elder Abuse Prevention Network and participating in the state-wide Respectful Relationships program. Our sexual health promotion program in schools has reached students in nine primary and secondary schools.

In 2018/19 1,512 year 9 students from a range of Ballarat and surrounding districts' schools participated in Ssmart Assk. The program helps to improve students' knowledge, attitudes and behaviours in relation to alcohol, drugs, sexual health and

Prevention & System Development



respectful relationships through a series of highly interactive education sessions.

One of the action areas in our youth mental health strategy is to implement a Community Of Practice, with the focus on prevention of mental illness and early intervention. The inaugural meeting of the Community Of Practice was held in July 2018.

The purpose of the sessions is to connect, share and explore evidence-informed practices and practice-informed evidence related to mental health primary prevention. Guest speakers are invited to the sessions to present on a range of topics, including:

- conflict resolution skills for young people
- family violence

- patterns of use of social media.

The Community Of Practice has 36 active members representing 17 organisations.

Prevention & System Development

Migrant and Refugee Services

Our services are an important resource for people from refugee, migrant and asylum seeker backgrounds. The BCH Settlement team helps:

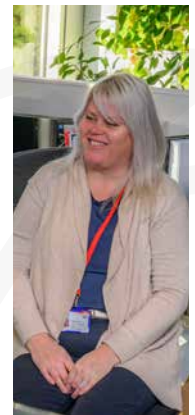
- people to access health care
- coordinate and support client

settlement needs (including English language supports, education and employment help and community connections)

- drives projects to prevent and respond to family violence.

We also work closely with other services to enhance their accessibility and cultural responsiveness.

Harmony Week in March and Refugee Week in June featured a range of events supported by our Settlement team. The Refugee Week intercultural lunch showcased a simulation of a refugee camp, inviting participants to better understand life and conditions within the camps, plus the dangerous experience of boat journeys by people seeking asylum.



In 2018/19, we extended provision of settlement services to Ararat as well as hosting a forum there focusing on migrant issues (in collaboration with the Grampians Pyrenees PCP and with support from Ballarat Regional Multicultural Council). Around 50 community members and representatives from 29 different organisations participated, with the forum paving the way for future settlement initiatives in the area.

During the course of the year, BCH received funding for the It Takes A Community project which revolves around peer educators from diverse backgrounds who co-design and deliver activities for the prevention of violence against women. By engaging diverse communities in family violence prevention through peer education, people in

these communities can learn more about family violence, be empowered to speak out and be better able to support others. Activities from the project include the parenting program Tuning into Teens and nuanced prevention messaging through general health promotion.

Our Safer Pathways project engages service providers and communities to improve pathways and access to culturally safe support for refugee and migrant women at risk of, or experiencing, family violence or sexual assault (in the Grampians Region). The Healthy Parents, Happy Kids program was a highlight this year. Working with the Karen community in Nhill, 19 community members completed the program and it was so well-received that there have been requests for more sessions.

We have also conducted education sessions with general practice staff, hospital staff and other healthcare providers to promote specialised resources for people from a refugee, migrant or asylum seeker background.

Pharmacotherapy and Harm Minimisation Team

The Oricare Pharmacotherapy network, which covers the Grampians Loddon Mallee, works to improve access to treatment for opioid dependent clients. In 2018/19 we saw a 7.4% increase in pharmacotherapy prescribers and an 8.3% increase in pharmacotherapy dispensing pharmacies.

Supports are provided to clinicians through the video conferencing Victorian Opioid Management

ECHO and the Rural Addiction Medicine Pharmacotherapy Specialist Service, linking on-the-ground clinicians with metro-based addiction medicine specialists, and through regular area-based clinical network meetings. The take up of these services has increased this year.

Our Alcohol and Other Drug (AOD) Nurse Practitioner Clinic continues to grow. The clinic provides prescribing and ongoing support for non-residential substance withdrawal, Hepatitis C screening and treatment and smoking cessation. We received an influx of 20 referrals on the relocation of a pharmacotherapy prescriber and AOD catchment planning in the Grampians has focused on intake and referral to local AOD services. Agencies have worked together to establish an intake protocol for this service. BCH has seen innovative

approaches to needle and syringe program (NSP) provision successfully introduced this year. With the temporary closure of the BCH Wendouree site in March, a limited needle and syringe service was offered from the mobile health van for seven weeks. The service operated for two hours on Mondays, Tuesdays and Fridays, distributing over 1,300 syringes. Rapid Hepatitis C testing was promoted to all van attendees as part of a collaborative project between Ballarat Community Health, The Burnett Institute and Penington Institute.

A Secure Dispensing Unit (SDU) for needle and syringe program equipment was installed at Uniting Ballarat's Dana Street site during 2018. BCH volunteers prepare the SDU packs and we value the critical role of volunteers in the ongoing operation and sustainability of the unit. Fifteen volunteers have received NSP

training and an estimated 272 volunteer hours were committed to the SDU project over the past 12 months (see pg 28 for more).

"Before NSP training, I had a different view of why the program was running... but since attending the training, I have a better understanding of why NSP is important to the entire community."

- Margaret, BCH volunteer

Research and Evaluation

An active research and evaluation agenda underpins our role as a regional leader in health and wellbeing. Our research projects align with our Strategic Priorities, Vision and Mission. This year we led and participated in a variety of

Prevention & System Development

research projects including:

- volunteer health
- pharmacotherapy
- regional settlement
- gambling
- food insecurity.

Partnerships with Federation University, Monash University, Penington Institute, Burnet Institute and others have helped us pursue projects and develop our research capacity. We have also supported or participated in a number of research projects with a range of partner organisations this year. BCH and contractors have presented at 10 conferences including the 2018 Youth Health Conference (Surfers Paradise) and the 2019 Grampians Mental Health Conference. We are also (at time of writing) publishing two journal articles related to our health research and evaluation activities and project-centred innovations.

Our Research Committee has continued a very active agenda over the past financial year, reviewing research requests, revising governance processes and supervising the update of the organisational Program Planning Template and Guide to include an expanded section on monitoring and evaluation.

School Focused Youth Service

The School Focused Youth Service is an early intervention program that works with schools and community agencies in Ballarat, Golden Plains, Hepburn and Moorabool to support students who are showing signs of disengaging from school. Our team helps these students to remain actively engaged in education.

In 2018-19 we supported over 350 students and their parents/carers,

and around 250 school staff across 16 schools through the delivery of targeted education programs. New initiatives this year included:

- the implementation of Beyond the School Gate, which has successfully increased engagement of secondary school refugee and immigrant families in their child's education/school environment
- delivery of trauma-informed coaching for teachers and other support staff in five schools (who work together as part of a larger School Focused Youth Service project to support students transitioning from primary schools to secondary schools).

We also facilitated the Primary School and Secondary School Wellbeing Network to provide collegial support and professional development to school wellbeing staff.

Secure dispensing of NSP equipment

In 2015 Ballarat Community Health received Needle and Syringe Growth Initiative funding. Part of this funding was allocated to the installation of a Secure Dispensing Unit (SDU) for Needle and Syringe Program (NSP) stock to allow for 24-hour access to sterile injecting equipment in Ballarat's CBD.

After investigating a number of sites, BCH entered into a collaborative agreement in 2018 with Uniting Ballarat to install the SDU at their Dana Street site.

The unit was installed at the end of June 2018 and is only operational after-hours. The unit contains three product types; a 10 x 1ml pack, a 5 x 3ml pack and a steroid pack. All are vended at no charge to the client. An NSP disposal bin was installed at the same time and NSP litter surveys

are conducted in the vicinity of the unit each day.

The SDU has dispensed 41,980 syringes in the 13 months following installation and has filled a significant gap in NSP service provision in Ballarat.

The success of this initiative has been possible thanks to the excellent collaboration BCH has had with Uniting Ballarat, the hard work of the Pharmacotherapy-Harm Minimisation Team and the support of our fantastic volunteers who package the NSP equipment for the SDU. Their help is critical to the ongoing operation and sustainability of the unit.





PICTURED: Volunteers, Louise and Cecilia
pack SDU supplies for distribution





Social Support

The Social Support division provides a range of services to children, young people and adults. Social Support staff work with individuals and families who want to make positive changes in their lives. Our purpose is to assist people to achieve their goals and we help them to do this by empowering them to recognise their strengths, learn new skills, link to their community and practice new ways of dealing with the barriers to meeting their goals.

Social Support

Alcohol and Other Drugs

This year our Alcohol and Other Drug (AOD) team continued to provide a range of voluntary and forensic treatment services to the community in Ballarat and surrounding areas. Responding to the needs of our client group we have implemented an aftercare program - Recovery Group - for clients to continue treatment after completing the Therapeutic Day Rehabilitation Program - Making A Change (MAC). The Recovery Group is a weekly therapeutic group for clients who prefer group settings or require additional support while participating in other treatment, and a brief prevention program for those who may be at risk of relapse. We also provided support for family members and significant others of those impacted by problematic

substance use. This work resulted in brief interventions, ongoing counselling and referral to other appropriate services.

Our AOD team participated in a number of health promotion activities and provided information and education sessions to school, community and workplace audiences throughout 2018/19.

Late in 2018, the team was awarded a Staff Innovation Grant to develop and facilitate an AOD101 training day for the broader welfare sector and to develop training modules for workplaces who are providing support to their staff around AOD issues. These initiatives will be developed into fee-for-service programs.

In May 2019, we held a client consultation that indicated our

clients highly valued the support provided by our staff throughout their healthcare journey. This group of clients also said they felt they were being treated with respect and without judgement and were able to move between programs depending on need.

Services for Families & Children

BCH assists children, young people and their families to make positive changes in their lives. Through the Youth Services team we create links and partnerships with clients, families and communities, alongside appropriate professionals, and empower and support them on their health and wellbeing journey. The team's activities include:

- Ballarat Youth Housing
- Creating Connections
- Child Better Health Program
- Healthy Mothers, Healthy Babies
- Homeless Youth Dual Diagnosis Initiative
- Youth Health Lawyer
- Youth Support Service.

Our team uses a strengths-based approach, working with clients in a holistic way to ensure access to safe and affordable housing, quality healthcare, antenatal and parenting support, education and employment opportunities, support to decrease offending behaviors and legal support.

In 2018/2019 the team worked with the Primary Care team to

develop a Specialist Paediatric Clinic for Vulnerable Children. The approach used has resulted in integrated care, with the Child Health Practitioner working alongside the Paediatrician.





This year we implemented Hug Your Baby for clients accessing Healthy Mothers, Healthy Babies and Maternal Child Health services. The new initiative was developed by staff from both program areas and helped parents to develop new skills, better understand their baby and, in-turn, develop a more secure attachment.



Two other services also co-locate at Ballarat Community Health and work within our partnership model. The Youth Health Lawyer and the Homeless Youth Dual Diagnosis Initiative enable a multidisciplinary approach for vulnerable young people while focusing on the social model of health (an underpinning position for all of our activities).



Mental Health Supports

Clinical mental health services are now available at BCH with the commencement of the Forensic Mental Health in Community Health program this year. Designed to meet the needs of vulnerable clients with multiple complex needs (including both physical and mental health issues) this program has been

Social Support

funded within the community health setting to ensure clients experience a smooth transition between programs.

Clients that are involved in the forensic system, and require ongoing community monitoring and assistance to rehabilitate can be referred to our service to receive suitable treatment. This new program provides optimal treatment by a suitably qualified mental health clinician, along with case management where needed. The program incorporates a lived experience workforce to assist with engagement and to instill hope for making positive life choices. Clients have the opportunity for a review by a Specialist General Practitioner ensuring all their health needs are identified and, where possible, addressed.

During this first year of clinical service provision, we have seen over 60 referrals (more than 80% male clients over the age of 25 years). Numerous clients who have received this specialist treatment avoided having to travel to Melbourne from rural Victoria for similar services. Some clients have even re-integrated into employment and/or are receiving ongoing physical health treatment which was not available just one year ago.

Counselling

The BCH Counselling team provides a range of therapeutic services for individuals, couples and families. Approaches within our counselling service include individual therapy, group work, single session work, community education and secondary

consultations. The breadth of services offered at BCH includes generalist counselling, family violence counselling, trauma and torture counselling, Employee Assistance Programs (delivered under workplace health), critical incidents and emergency response counselling, support after suicide counselling, and options counselling.

Over the past year the team has developed new community mental health presentations on stress management and healthy minds that have received positive feedback from community groups.

Social Support



After identifying a gap within the local service system, our counselling team has commenced offering therapeutic services for children working across the Counselling, Psychology, and Child Health programs available at BCH.

headspace

headspace Ballarat is a youth-friendly, community-based health service for young people aged 12-25 and their families. It is a place where young people can receive free help for health, education, employment, mental health and alcohol and drug issues.

This year, headspace provided support to 1,319 young people with 5,028 occasions of service. Demand for headspace services continued to rise in Ballarat and the surrounding regions.

In November 2018, the inaugural headspace LGBTIQ+ Ball provided an opportunity for young people aged 12-25 to come together in an inclusive, safe, fun and



engaging environment that celebrated sex and gender diversity. Funded by the Healthy Equal Youth (HEY) Project, the Ball - a drug and alcohol free event - was held at the Ballarat Mechanics' Institute and was well supported by community partners. 60 young people attended the event and enjoyed a DJ, photobooth (supplied by B'You Ballarat) as well as plenty of food and drink. The success of this event has helped secure its place in the headspace calendar for the coming financial year.

headspace National recently completed a survey of 'Family and Friends' of headspace Ballarat attendees. The survey results showed that:

- 75% of those surveyed agreed that their family life has improved because of

their child's contact with headspace

- 55% of family members believed that their child's life (school, work and social relationships) improved because of their involvement with headspace
- 82% of family members surveyed reported that headspace staff found a way to involve the family in their young person's care.

Connecting2community launch

In February 2019, BCH launched Connecting2community (C2C). Developed by consumers for consumers, and delivered by peer workers, the program is funded by WestVic PHN and is BCH's first initiative based around a peer workforce. Peers are people with lived experience and qualifications and this unique skill set is proven to be very important in the provision of client-centred care. Those with experience of using services truly understand and can empathise and encourage others in their recovery journey.

This individualised service helps people achieve their goals in managing and recovering from mental illness through support, encouragement and advice. The client works alongside a lived experience qualified peer support worker to achieve their goals.

Though the program is so new, clients have already engaged or re-engaged in community activities since their involvement (e.g. returning to study, starting exercise, linking to other health programs).

The program was officially opened by Hon. Catherine King, Federal Member for Ballarat in February 2019. Guest speakers on the day included representatives from the Victorian Department of Human Services and the WestVic PHN. BCH Senior Peer Worker Rick Corney (pictured far right), who was integral to the program's design, inspired the audience with his message of the importance of social connections in an individual's recovery journey. The program is now in full-swing and will continue throughout 2019/20 and beyond.





PICTURED: The Connecting2community team gather at our Victoria Street site



Corporate Services

The Corporate Services division delivers a range of services that support the day-to-day operation of Ballarat Community Health. Comprising Finance, Human Resources, Information Services, Facilities, Fleet, Volunteers and Student Placements; staff in the division work to ensure all operational activities of the organisation run smoothly.



Corporate Services



Finance

The past 12 months has been a period of significant growth and development in our Finance team. To continue to thrive in an ever-changing environment, we have streamlined a number of processes and sought opportunities for efficiencies and further improvements. With this in mind, we implemented of a new

payroll system and, in partnership with HR, an integrated HR system; bringing administration of payroll software in-house, allowing greater control and more effective processing of requests.

We have also been seeking electronic solutions to allow us to automate current manual processes in our accounts payable and general finance

functions.

The addition of another accountant to the team during the year has made it possible to separate the financial and management accounting streams and enabled us to deliver more responsive and value added reporting to management and key stakeholders. There is now a greater focus on adherence to

accounting standards, internal controls and legislative and reporting requirements.

Human Resources

In the last year our Human Resources (HR) team supported 88 recruitment processes and inducted 71 new staff. The team also coordinated 18 compliance training sessions (Values & Behaviours, LGBTI, Cultural Competency, Aboriginal Cultural Awareness, Act&Work Bystander Training) with 227 staff attending. We supported implementation of three replacement Enterprise Agreements approved by the Fair Work Commission, organised the All Staff Day in October 2018 and coordinated the Leadership Team response and actions to staff feedback provided in the

Best Practice Australia April 2018 Survey.

In January 2019 we commenced implementation of an end-to-end HR Information System (ActionHRM) which went live in April 2019. The system includes electronic leave approvals, payslips and automated organisation charts. We provided comprehensive face-to-face and online training modules to all staff as part of the roll-out.

Work continued late in the financial year on further electronic workflows including electronic letters of offer/contracts, payroll onboarding, recruitment requests and departure processes. We commenced work on electronic induction processes, performance planning, timesheets and employment variations as well as

the digitisation of existing hard copy employment records with full digitisation to be completed during the 2019/20 financial year.

Volunteers and Students

BCH volunteer numbers remained steady during the past financial year with around 85 volunteers involved in supporting us in various ways. We farewelled the regular Healthy Life Café at Lucas but in its place ran two special events – the Healthy and Active Ageing Expo (see page 49) and the Welcome to Winter lunch.

BCH was awarded the Volunteering Victoria 'Encouragement Award for Research Collaboration' for a project examining whether the health knowledge and health behaviours of older volunteers improves through volunteering with a health organisation.

"We strive to ensure that our volunteers are provided with information, support and opportunities to improve their health knowledge and the research has confirmed that this is, indeed, of benefit to them."

- Michelle, BCH Volunteer & Student Coordinator

We hosted 86 students in 2018-19, with a total of 1,556 student days across the 12 months.

In addition to our ongoing support for Nursing, Exercise Physiology, Dietetics, Psychology and Medicine placements we are now hosting more Social Work, Corporate Services and Community Services placements than ever before.

Information Services

The past year saw significant change and achievement in the Information Services (IS) environment at BCH. Our major focus was the transition out of the Grampians Region Health Alliance (GRHA) partnership that previously provided the organisations' network, phone systems, video conferencing systems, payroll systems, HR system, email hosting and cyber security monitoring system. The transition

was an enormous undertaking involving many staff. Our IS team transitioned the network in March and the phone system across all sites in May. IS also supported the set up of two temporary sites in Wendouree, activated to relocate staff and services while refurbishment works commenced in our buildings.

This year we increased the IS team structure to provide more support for BCH operations and to allow the organisation to thrive in a stand-alone Information Technology environment. A new Network Support role and increased help desk support will begin early in the new financial year.

Corporate Services

Facilities

The BCH Facilities team were busy this year supporting the organisation's facility and fleet needs. They coordinated the full relocation of our Wendouree staff members and relocated services to temporary sites in the area (Central Highlands Water and Howitt Street). The move enabled planning and building works

to occur in preparation for our Wendouree site changes. Both sites required considerable fit-outs to ensure they were ready for use. The moves were completed efficiently with minor issues resolved quickly. We appreciate the support and patience of staff and clients impacted by these changes and look forward to the improved facilities when complete.

During the year significant progress was also made on construction of a new Men's Shed in Sebastopol. BCH auspices the Sebastopol Men's Shed and we are pleased to bring the group and the community a new site that will help house more members and their various activities.



Healthy & Active Ageing Expo 2018

In October 2018, our Diploma of Community Services students and volunteers worked together to plan and conduct the Healthy and Active Ageing Expo, celebrating the annual nation-wide Senior's Month. The Expo provided information to local seniors about beneficial programs and services – all delivered in a welcoming, fun and entertaining format.

Around 120 people visited the Expo throughout the day-long event. Healthy food and drink was available in our café (run by volunteers) and music was provided by the energetic U3A Celtic Band.

Guest speakers included members of Victoria Police, Seniors Rights Victoria and Ballarat Hospice Care, and wellbeing sessions included relaxation,

mindful eating, self-care for feet and Tai Chi.

Twelve different organisations were on hand to answer questions and provide information to participants, with attendees leaving knowing more about personal safety, their legal rights and advance care planning, with smiles on their faces, a song in their hearts and a full tummy.

This event is just one of many great examples of the work our students and volunteers do to support health and wellbeing initiatives for the Ballarat and surrounding communities.





PICTURED: Participants enjoyed exercise and other programs as part of the Healthy & Active Ageing Expo

Communications & Marketing

This year, our Communications and Marketing team have invested in branding and digital platforms to continue to raise the public profile of our organisation. Focusing on health promotion and service delivery messaging, we use a range of communications methods to inform the Ballarat and surrounding communities of our diverse body of work.

Media Opportunities

This year, we continued to advocate for community health and wellbeing in the public space through liaison with local and broader media outlets. The team managed over 40 positive media opportunities (across both the print and broadcast landscapes) focussing on various health and public advocacy issues. The opportunities showcase the

breadth and depth of expertise of BCH staff and continue to position our organisation as a caring, community-centric and trusted health leader. We will continue to share our expertise in this capacity into the new financial year and beyond.

Digital Communications

Significant developments in the organisation's intranet (internal) and new website (external) solutions continued this year with both projects tracking well for delivery to their respective stakeholders in 2019/20.

Our social media channels grew over the past year, with a focus on Facebook (35% increase in followers), Instagram (105% increase in followers) and Twitter (30% increase in followers) garnering much engagement with

our diverse community members. The team continues to create custom content and promote our organisation's value and services to the wider public.

Internal Communications

In response to staff demand, internal communications have been a major focus for BCH this year. Following the recruitment of dedicated staff resources for this purpose, and in the wake of a comprehensive review of internal communications processes, BCH:

- launched monthly CEO video updates to help staff better understand what is going on at the level of the Board and CEO, which have been very well received
- launched a podcast series for staff to assist those not able to make the monthly



lunchtime information sessions held at various BCH sites - these have also proven very popular, with a wider public roll out expected in the next financial year

- brought graphic design projects in-house, with the ability to produce professional reports, brochures, presentations

and promotional materials that inform community members in an easily digestible, aesthetically pleasing and unique way.

We will continue to re-think and further develop our communications systems and tools into the new financial year. We will also continue

to revamp our library of communications throughout 2019/20, strengthening our brand and making health and wellbeing information more accessible for our clients.



Our Board

**Bryan Crebbin - Chair**

MA (Social Sciences: Policy Studies), BA (Behavioural Studies), BSW, Dip Gen Studies, GAICD

Paul Ryan - Deputy Chair

DipT, B. Theol, Grad. Dip. Psych. Stud, BSc(Hons)

Stephen Bigarelli - Treasurer

Certified Practising Accountant (CPA)

Jessie Harman

PhD; MBA; NA(Hons), MAICD

Robert Hook

FCCA

John Laursen

GradDipACG, MDefStud, BA, CertIV (Compliance Management), AGIA, ACIS

Megan May

BSc, MHSc (Osteopathy), Grad Cert AHM, Cert IV (Breastfeeding Education)

Mathew Muldoon*

B.Ec (Accounting)

Maria Palmer

B.Sc; GAICD

Lisa Pickering*

M.Bus, Dip. Bus (Banking & Finance), Cert IV (TAA)

L to R: Maria Palmer, Paul Ryan, Stephen Bigarelli, Megan May, Bryan Crebbin, John Laursen, Robert Hook, Jessie Harman

*Absent from photo



Our Staff

ANDERSON, David
ANDERSON, Zach
ANSTIS, Claire
ASHBY, Karen
ASHMORE, Lisa
AULAKH, Jasbir
BALLANTYNE, Bruce
BARNETT, Fiona
BATES, Stuart
BEATON, Lucy

BENTLEY, Clare
BEVELANDER, Jennifer
BEVELANDER, Katrina
BIGARELLI, Clare
BILBROUGH, Anna
BLAKE, Dylan
BLEH DAH, Tha Hser
BOLAND, Elizabeth
BORG, Victoria
BRAYBROOK, Wayne
BROOME, Nathan
BRUMBY-RENDELL, Tristan
BULLEN, Denise
BULLEN, Fiona
BURTON, Barbara
CAIN, Shani
CAMPBELL, Bridget
CANDY, Alannah
CANE, Philippa

CAPE, Katherine
CLACK, Ebony
CLARKE, Andrea
COATES, Nicole
CONNOR, Brendan
CORNEY, Richard
COUTTS, Claire
CROUCH, Sonja
DA FONTE, Sheree
D'ARCY, Matthew
DAVENPORT, Kate
DEGRAZIA, Marie
DEN OUDEN, Leanne
DIACOGIORGIS, Demelza
DIAMOND-KEITH, Kate
DIXON, Kylie
DOLAN, Michelle
DUFFY, Sean
DUROW, Erik

ED NIGNPENSE, Akua
EDWARDS, Rohan
EVANS, Gabrielle
FANECO, Warren
FARRINGTON, Melissa
FEERY, Louise
FLOOD, Anna
FORD, Amanda
FRANKS, Jessica
GLADMAN, Bernadette
GLISSON, Emma
GOLDSBROUGH, Carmen
GOULD, Mary-Anne
GRACIE, Lynda
GRAFFEO, Michelle
GREENSLADE, Deborah
GRIFFIN, Jodie
HALLAHAN, Nicole

HAMMOND, Gemma
HARMAN, Carynda
HARRIS, Alithea
HARRIS, Timothy
HARTE, Felicity
HAYNES, Mark
HENNING-MARSHALL, Darlene
HERBERTSON, Kate
HISCOCK, Casey
HOWLETT, Amanda
HUGHES, Lucy
IRVINE, Sonya
JENKIN, Keryn
JOHNSON, Janelle
JOY, Cody
JOYNSON, Elizabeth
KAUR, Sarabjit
KEEM, Emily
KEEVINS, Jacqueline

KELLY, Kristen
KENNEDY, Catherine
KENNEDY, Christine
KESHAVARZ, Arezoo
KILBOURNE, Kate
KNUPPEL, Julien
KRAFT, Megan
LABBETT, Joanna
LAKEY, Tameaka
LEBLER, Simone
LEE, Craig
LEEHAINE, Katrina
LEITCH, Rebecca
LEONCINI, Karla
LETTE, Toni-Lee
LISHMAN, Melanie
LLOYD, Christine
LLOYD, Cindy
LLOYD, Tashkah
LOADER, Jessica



LOW, Janice
 LOWSON, Dannielle
 LUSCOMBE, Doug
 LYNCH, Leah
 MACHARIA, Catherine
 MAHER, Michelle
 MAHER, Rebecca
 MANIAS, Mariangela
 MANNIX, Samuel
 MARTIN, Pauline
 MAW ROE, Alice Moo
 MAWKES, Jackie
 MCFADYEN, Michelle
 MCFETRIDGE, Karen
 MCKARNEY, Lesley
 MCKEAG, Alexandra
 MCLENNAN, Phillip
 MEASDAY, Jane
 MEWETT, Jason
 MILES, Janine

MILES, Joan
 MILROY, Robyn
 MOHAMMADSAEDI, Shahram
 MOLLOY, Pauline
 MORGAN, Kerry
 MORISON, Margaret
 MORLEY, Teagan
 MORRISON, Jennifer
 MOULTON, Roger
 MUIR, Rachel
 MULLANY, Rosie
 MUNASINGHE, Chandrakumard
 MURPHY, Janelle
 NEALE, Margaret
 OATES, Timothy
 OBRIEN, Michelle
 ORR, Michelle
 PANOSH, Jason

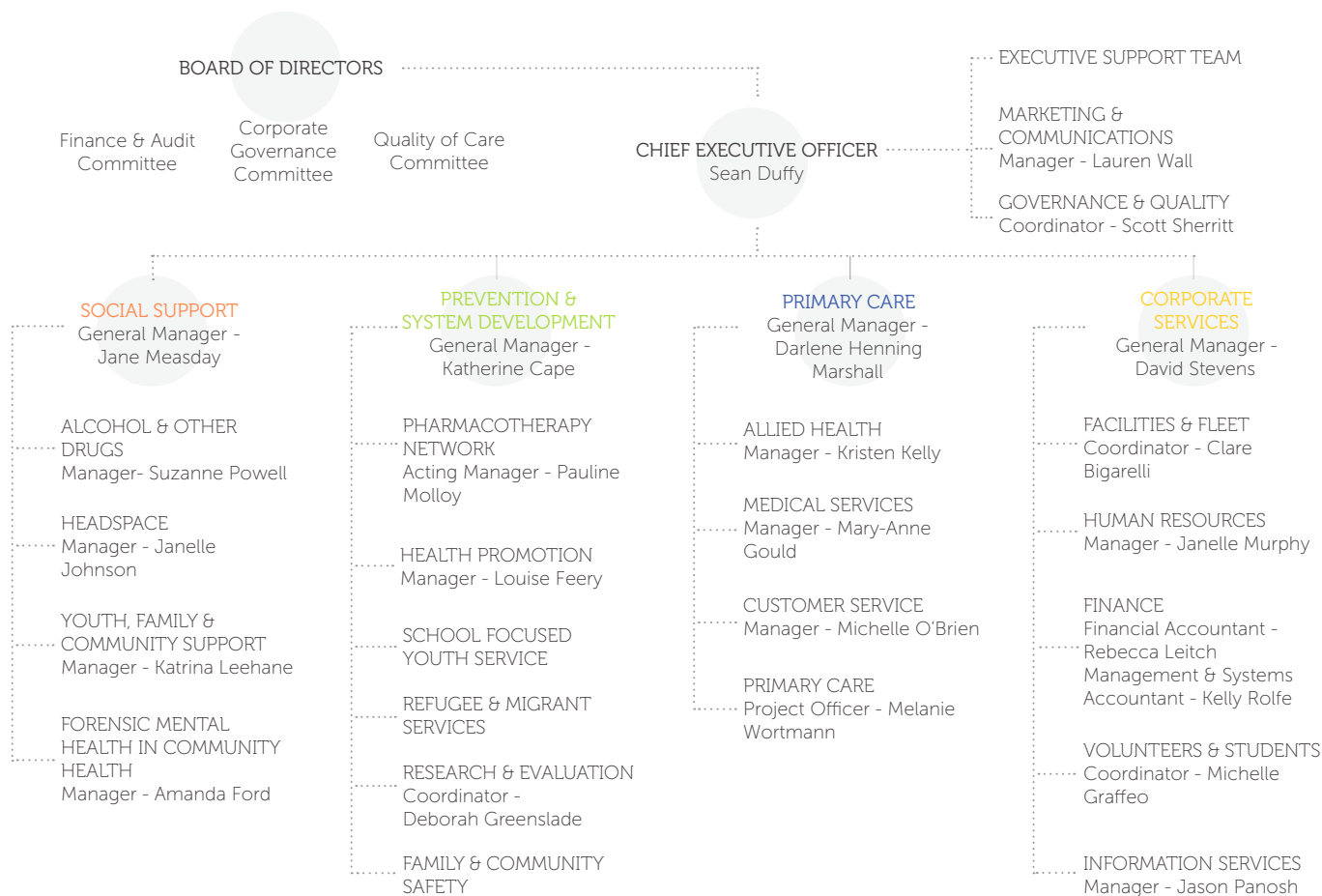
PARK, Jesse
 PARSONS, Jarrod
 PEARCE, Sandra
 PECK, Maria
 PEERS, Ashleigh
 PENNY, Andrew
 PERKS, Melanie
 PICKETT, Claire
 PILKINTON, Shiree
 PILVEN, Rebecca
 PILVEN, Tara
 POWELL, Suzanne
 PROCACCINO, Kym
 PRYOR, Maxine
 PYKE, Sharon
 RATCLIFF, Sophia
 REUPERT, Christine
 RIEDL, Megan
 RIGGALL, Rachel
 RITCHIE, Elissa

RITCHIE, Rebecca
 ROBERTS, Kerry
 ROBINSON, Felicity
 RODGERS, Caroline
 ROLFE, Kelly
 ROSE, Andrea
 RYAN, Carmen
 RYAN, Claire
 RYAN, Michelle
 SALT, Robyn
 SCANLON, Julie
 SCHLEMMER, Julie
 SECOMBE, Shae
 SEID, Heidi
 SHEPPERSON, Faye
 SHER, Thablay
 SHERRITT, Scott
 SIMMONDS, Mark
 SIMPSON, Kirsten
 SLATER, Mary

SMITH, Joanne
 SMITH-CUNNINGHAM, Sara
 SPURR, Lisa
 STAGG, Reagan
 STEENHUIS, Kathleen
 STEVENS, David
 STEVENS, Emma
 STEWART, Melanie
 STORK, Leanne
 TANAKA-KING, Alisa
 TAYLOR, Carly
 TAYLOR, Hannah
 TIMMS, Lucy
 TOWNSING, Michelle
 TREMBATH, Gail
 VALLANCE, Brett
 VALPIED, Ruth
 VAN NUS, Valeska
 VAN STYN, Sophie

VARENICA, Ruth
 VILA, Karina
 VRIJ, Johanna
 WAI, Penelope
 WALKER, Taylah
 WALL, Lauren
 WALLACE, Mikaela
 WEBSTER, Christine
 WEISSENFELD, Fiona
 WERRY, Jaclyn
 WHYKES, Olivia
 WILLIAMS, Debra
 WILSON, Jennifer
 WILSON, Melinda
 WITHANAGE DONA, Dilhani
 WOOD, Cita
 WORTMANN, Melanie

Our Organisation





Our Volunteers

Aime Petit
Ann Rasmussen
Anne van Beek
Ashley Coleiro
Bardia
Mohammadsaeedi
Bea Denny
Belinda Kellett
Beverly McCarthy
Camelia Prenc
Carol Saunders
Cecilia Acevedo
Charles Werner
Cheralee Smith-Arnold
Christy Isaacs
Claire Cummings
Coralie Kennedy
Courtney Tonkin
David Venville
Dianne Boulton
Dylan Giovanetti
Emma Schoenfelder
Eric Yorston
Erryn James
Evangeline Close

Faye Burt
Heather Russell
Huyen Tran
Irene Sinnott
Jayde Ringin
Jeanette McCabe
Jenny Wills
Jess Franks
Jessica Bartlett
Joe Veith
John Cooper
Joy Juma
Julie Brusaschi
June Andrew
Karen Gordon
Karene Turner
Karl Debney
Karyn Davidson
Kimia
Mohammadsaeedi
Leah Burns
Leanne Stork
Lee Smith
Leigh Harvey
Les Shimmin

Lili Yuan
Louise Pritchard
Maddison Svanosio
Madison Pollini
Maggie Grech
Manuel Gaitan
Margaret Ashmore
Margaret Gavan
Margaret Harrison
Maria Bessems
Maria Campbell
Marika Salmanidis
Melinda Cook
Michael Quarrell
Michaela Beggs
Michelle Galvin
Monique Watson
Nanette Woolley
Natasha Fraser
Nihar Bhosale
Pamela Oxlade
Peter Oxlade
Rachel Cheah
Raini Lo
Rick Corney

Robert Burns
Robert McIntosh
Roger Moulton
Roy McCracken
Sally Phillips
Samantha Todd
Shannon Wainwright
Sharon Dwyer
Sherridan Christie
Stacey Madden
Stewart Sutherland
Suganthini
Neelavannan
Suzanne Walker
Tania Hadzig
Tania Hughes
Tayla Sternberg
Tom Forsyth
Tony Saunders
Valerie Pitt
Vicki Sher
Warren Wilkins
Xi Cao
Zavier Anderson

“Thanks to
financial

Our Locations



Lucas
12 Lilburne Street



Sebastopol
260 Vickers Street



Smythesdale
19 Heales Street



Ballarat Central
28 Victoria Street



Wendouree
GP services
1104 Howitt Street



Wendouree
Allied Health services
2/7 Learmonth Road



headspace Ballarat
28 Camp Street

Financial Summary

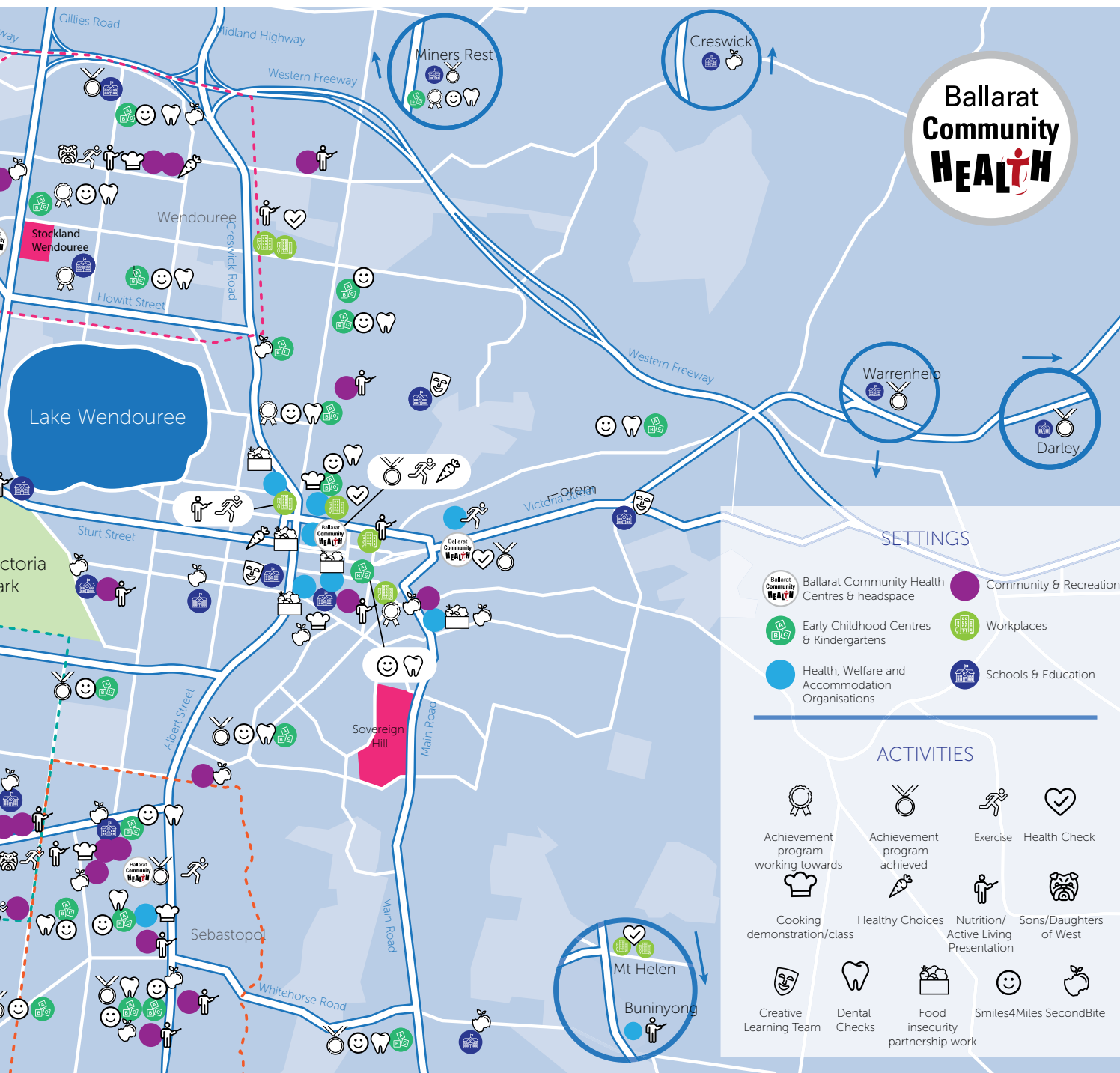
Statement of Profit & Loss and Other Comprehensive Income For the Year Ended 30 June 2019

	2019	2018
	\$	\$
Operating Revenue	17,984,052	15,976,692
Operating Expenditure	(18,804,075)	(15,819,968)
Operating surplus/(deficit) for the year before other items	(820,023)	156,724
Other items	106,823	994,965
Total Comprehensive Income/(Loss) for the year	(713,200)	1,151,689

Statement of Financial Position As at 30 June 2019

	2019	2018
Current Assets	14,573,720	14,775,882
Non-Current Assets	16,535,660	16,424,115
Total Assets	31,109,380	31,199,997
Current Liabilities	5,964,480	5,498,474
Non-Current Liabilities	1,188,911	1,032,334
Total Liabilities	7,153,391	6,530,808
Net Assets	23,955,989	24,669,189
Total Equity	23,955,989	24,669,189

Ballarat Community HEALTH





Quality Account

The Victorian Quality Account replaced the previous Quality of Care Report in 2016 as part of the evolving quality and safety reporting landscape. The purpose of the Quality Account is to provide information to our community about the quality of care and safety of our services and to demonstrate the systems, processes and outcomes of quality provided by BCH.



1. CONSUMER, CARER AND COMMUNITY PARTICIPATION

Actions arising from the Community Health Services Victorian Healthcare Experience Survey (VHES) results

The VHES was conducted in late 2018 and provided Ballarat Community Health with some positive indications about our clients’ perceptions of our services. Benchmarked against state averages, BCH saw positive results against most indicators, showing that:

- clients knew how to make a complaint about our service
- clients were treated with dignity and respect
- use of our health service was beneficial to the clients’ health and wellbeing

- our clients were provided with help to do things that were important to them
- our clients rate their overall care highly.

Additionally, our clients would happily recommend the service to friends and family showing us they have strong and positive feelings towards us.

INDICATOR	BCH RESULT	STATE AVG.
If you needed to, do you know how to make a complaint at the health service?	57.9% positive result	57.75%
Did you feel that you were treated with dignity & respect?	92.0% positive result	92.0%

How likely are you to recommend the health service to friends &/or family?	84.5% positive result	83.15%
Do you think using this health service has assisted you in being able to do the things that are important to you?	82.4% positive result	76.58%
Were you treated unfairly by the health service for any reason?	94.2% positive result	91.32%

Quality Account



Building the capacity of consumers, carers and community members to participate fully in their own healthcare

We work hard to create welcoming environments for the people in the Ballarat community. We have taken steps, including preparation of an Aboriginal Reconciliation Action Plan and completing the Rainbow Tick Standards, to demonstrate

that our services are open and accessible, particularly to groups who might have negative associations and perceptions in health care situations.

Our client services are developed using program planning and evaluation tools to ensure they are evidence based, have appropriate evaluation methods in place before service delivery begins and that assessment and

planning comes from a strengths-based approach. We do our best to identify what the client wants and needs rather than what the clinician necessarily thinks is best. We work with clients to develop strategies that achieve positive health and wellbeing outcomes. A strengths-based approach is a capacity building tool to give clients the skills and abilities to self-manage their conditions. We provide information in accessible

Quality Account

formats to help clients better understand their own care. Information about client rights and responsibilities equips people to actively exercise their rights in the health care environment.

We recognise the needs and roles of carers in our community (in accordance with the Carers Recognition Principles encompassed within the Carers Recognition Act 2012). Carers play an important part in the healthcare process and their views and expectations are heard and respected.

The broader community receives information about our services in a range of ways including via media relations, education sessions, our website, lectures, social media channels and through direct interaction with and feedback to the service.

Using interpreters

Ballarat Community Health is committed to providing language and interpreter services in accordance with the Department of Health and Human Services Language Services Policy. We use accredited interpreters and provide appropriately translated material wherever possible. We also work hard to ensure clients from culturally and/or linguistically diverse backgrounds are not discriminated against in any way.

BCH uses the Victorian Interpreter and Translation Service (VITS) in any situation where an interpreter is required. Where there is an element of doubt about the need for an interpreter the organisation always prefers recruiting a translator than not. We do not use clients' family members as interpreters to avoid any potential conflicts. Multi-lingual staff are

sometimes permitted to provide translations where conflicts do not apply.

Engaging and consulting with people with disability

Ballarat Community Health is creating a Disability Action Plan with key goals linked to;

- accessibility
- inclusion and participation
- training and non-discriminatory attitudes
- equal opportunity

The Plan takes into account the perspectives of staff, clients, volunteers and others through internal surveys. Consultation took place with staff who have lived experience or perspective on disability. Client surveys and feedback also informed our accessibility and participation



activity. Stakeholders presented their unique perspectives through consultative feedback sessions. The final plan will be released late in 2019 and will reflect the needs of community members and those of our staff.

2. QUALITY AND SAFETY

Feedback and quality

We continually seek client feedback about our services, staff and facilities. This feedback generally takes the form of:

- general compliments and complaints mechanisms
- responses to client surveys
- program evaluations.

The primary tool we use for seeking feedback and responding to complaints is a Client Feedback

Form. These forms are available to all clients at all BCH site locations. The forms have been designed using Plain English and use accessible graphics and emojis to help with client comprehension and understanding.

Clients have the option to seek a direct response to their feedback, to ask for specific actions to be taken or to leave the feedback as commentary only.

Feedback options are also available via the BCH website and can be completed over the telephone. Our policy on Client Feedback sets out the timelines we use for responding to feedback and the accountability for those responses. A detailed register is retained by the CEO's office detailing all feedback, response times and actions taken.

We regularly analyse the feedback we receive with summaries provided to the Board of Directors. We are committed to being responsive to client feedback and providing meaningful actions to improve our service quality.

Client surveys address more general questions about our service quality and stakeholder

needs. Service evaluations are usually specific to a particular program and are used to gather evidence to assess the success of a program. They can also inform changes to future iterations of the same program.

Our client feedback is extremely valuable to us and helps us to make important changes to how we do things. For example,



Quality Account

this financial year, a client (who identified as neither male nor female) expressed some concern about the following:

- signage on our toilet facilities identifying their use for men and women
- some content on our website that advertised sexual health services for men and women
- the inability for clients to be registered within Client Records systems with gender identities other than male or female.

This feedback made us reconsider our approach to accessibility and how facilities are signed. As a result, these changes were made:

- we revised the language on the BCH website to use gender neutral terminology

- all single-stall publicly accessible toilets received all-gender signage (identifying them simply as toilets without reference to the gender identity of potential users)
- the redevelopment of another facility is to include all-gender toilet facilities
- research and development is being done around a new client record management system that encompasses additional options for the gender question (including the ability for clients to indicate they are transgendered or non-binary and options to not disclose a chosen gender identity).

'Issues That Matter' Survey

Organisational safety is important to us at all times. We work hard to maintain the personal wellbeing of staff and the clinical safety of services provided to clients.

We know that supported staff who are educated in how to deliver effective services are more likely to deliver them safely.

Ballarat Community Health participated in the Best Practice Australia 'Issues that Matter' Survey during 2018, providing us with a broad understanding of staff perceptions of service quality and of organisational culture.

Some actions arising from the survey results to improve staff safety and wellbeing include:

- ensuring every new program has scheduled

Building capacity for individual clients

John was referred by an external GP for Falls Prevention exercises after he suffered a very bad fall. He was feeling unstable and had become increasingly sedentary following the incident. John's GP was concerned about future incidents as John was not using his walking aid the correct way and often rushed himself.

As well as his injury from his fall, John had a complex medication regime and comorbidities. John was also unable to care for his own feet and sought podiatry care with us to remedy that.

John told us that he wanted to "reduce the risk of falling and remain independent" while reducing the decline in his physical capacity. He was very motivated to build his strength and felt if he could increase

his physical capacity, he could reduce his risk of falls and future injury. He was very aware that a fall may reduce his activity level and social interactivity.

Participating in exercise intervention allows our clients to increase activity, participate in the community and maintain independent function in their own homes – an outcome consistent with wellness and re-ablement theory.

John was eligible for, and received support through BCH to access, both Exercise Physiologists and Allied Health Assistants in the Falls Prevention Program. Over 12 weeks he participated at our Sebastopol site's gym with specific equipment to challenge his balance and provide an opportunity to increase

strength and mobility. John was also given a home exercise program to follow that focused on his lower body strength, balance and confidence. Updates were provided to John's regular GP and Podiatrist so that his foot care and general health care could be adjusted as needed. His confidence improved (around falls prevention) and his strength and endurance increased.

"... (I) found it easier to manage things around the home without worrying."

- John, BCH client

John's assessment in Week 12 showed improved leg power and strength, improved reactive balance, education regarding

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pacing of movement, mindfulness when in vulnerable situations and improved confidence. He said he saw improvements in himself, had no falls and was very focused on staying independent.

John's care necessitated a multidisciplinary approach. Education and appropriate referrals to additional services assisted John's and BCH's re-ablement goals.

Following the completion of the 12 week program, BCH staff have found keeping John engaged in activity has proven challenging. Despite this, John's Exercise Physiologist encouraged him to remain active with a home exercise program and he now attends a different exercise group to maintain his capacity (with a

lower level of supervision and less dependence on a health professional).

Education plays an important role in empowering and enabling participants to remain independent and remain active in their own health care through informed choices.

John's experiences show us that re-ablement planning can assist people with multiple health issues to continue to live in their own home without the need for residential care and with relatively small in-community health interventions.

Exercise physiologists at BCH evaluate their exercise programs annually and benchmark against other community health centres and hospitals. The BCH approach

includes a multidisciplinary service with access to a range of allied health and nursing services.

time during establishment phase to consult with and train relevant staff who are providing support (to improve confidence and assurance of safe service delivery)

- reviewing staffing numbers in the Customer Service team to provide a range of front-of-house and back-office roles – to reduce stress levels and increase job satisfaction
- creating new coordination roles in clinical teams to provide high level clinical governance oversight and support, improving client safety and outcomes
- building additional file audit tools to review/analyse client files to identify and remedy any omissions
- provision of formal Values & Behaviours training for

staff - to reduce the potential for workplace bullying and harassment issues.

Quality measures arising from the staff survey included:

- recruitment of additional Communications capacity to improve the content and quality of messaging both internally and externally
- development of a Customer Service charter to set minimum levels of service to clients at both the initial and most direct points of contact
- Client Journey mapping to more comprehensively understand the client experience and 'pain points' for clients on their way through health services
- bolstering processes for internal referrals so that

client care is facilitated to be comprehensive, prompt and with quality service coordination

- undertaking the development of a new Client Management System to better support care planning and coordination across all services.

Accreditation and Standards

During the 2018/2019 Financial Year, BCH maintained its accreditation status against the following standards;

- The Rainbow Tick Standards
- The Quality Improvement Council Health & Community Services Standards
- Royal Australian College of General Practitioners Standards for General

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Practice

- The National Standards for Mental Health Services
- The Human Services Standards, Victoria.

BCH participated in a mid-cycle review this year which resulted in no mandated improvement actions. Recommendations were made to maintain a high level of client records including ensuring

regular contact and ongoing provision of information about client rights and responsibilities.

Written and/or verbal material about client rights and responsibilities (including privacy and confidentiality, the right to make a complaint and advocacy rights) is given to all clients when they first enter our service and at 12 month intervals. Clients are

supported to exercise their rights without penalty or risk of loss of service. Our easily accessible complaint and other feedback mechanisms, internally and externally facilitated surveys and program specific evaluations help to drive this.

Other recommendations addressed the maintenance of accurate and comprehensive



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personnel files and staff training records.

During this financial year a new Human Resources platform, Action HRM has been implemented to provide reminders of credentialing and compliance obligations and to maintain a high level of file maintenance. We are committed to completing the NDIS Practice Standards during 2019/20.



Sentinel & adverse events

Robust risk management processes and safety protocols contributed to BCH having no recorded Sentinel Events during 2018/19. The current Australian Sentinel Events List was used as the benchmark for this determination.

Additionally, BCH did not have any Category 1 events



during the applicable period. All adverse events, near-misses and hazards are recorded in the Victorian Health Incident Management System (VHIMS). In relation to Category 2 events, the organisation did record four matters during the reporting period;

1. A client who fell in a BCH gymnasium and received minor injuries after failing

to follow equipment usage instructions.

2. A person participating in an Exercise Physiology group who suffered an unrelated medical event and required hospital transfer and admission. They returned to the service after a short period away.
3. Using a walker in a nearby car park, a client fell and suffered modest injuries.
4. A person with no association with the service was found near BCH premises suffering from a self-administered drug overdose. On site care and subsequent transport to a nearby hospital was arranged.

There was no pattern identified between the recorded events though increased efforts were made to keep staffing levels

high for all group-related work so that continual monitoring of participants occurred.

All exercise physiology participants receive an individualised plan and a falls assessment where the need has been identified.

No events across the year required notification to WorkCover or other external authorities and BCH has not been subject to any external inquiries as a result of any alleged actions or omission leading to harm.

Healthcare associated infections

Ballarat Community Health does not provide in-patient services but has aimed for a rate of zero for healthcare associated infections from the provision

of our care. That rate has been maintained in 2018/19 with no recorded *Staphylococcus Aureus* bacteraemia infections for our clients arising from services received. The organisation's Infection Control Committee regularly monitors, revises and updates infection control procedures including its sterilisation practices in accordance with AS/NZS 4815:2006. Clinical audits also assist in improving processes to maintain a zero rate of Staph infections.

For the influenza season of 2019, Ballarat Community Health achieved an overall staff immunisation rate of 70% and, for those staff involved in direct health care delivery and client contact, a rate of just over 80%.

Access to our service and the environment within

BCH received positive results in the Victorian Healthcare Experience Survey (VHES) in relation to the ability of clients to access the health service, with most indicators exceeding state average. Clients indicated their experience of finding out about the organisation and its services was positive, as was finding the

location and quality of transport in the region. Customer Service staff received high rankings and clients indicated waiting room before an appointment was reasonable. Our physical environment (the cleanliness of the service, physical safety, the provision of privacy and an overall welcoming environment) was also well regarded by respondents.

INDICATOR	BCH RESULT	STATE AVG.
Was it easy to find out this Community Health Service existed?	87.9% positive result	79.61%
Was it easy for you to find the location of the health service?	86.5% positive result	84.27%



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How clean was the health service?	84.9% positive result	80.86%
How would you rate the transportation facilities that you use at the health service?	84.7% positive result	74.15%
Did you feel physically safe at the health service?	98.1% positive result	93.86%
Did the health service feel welcoming?	92.9% positive result	89.81%
Were you given enough privacy during your appointment?	98.2% positive result	94.28%

3. COMPREHENSIVE CARE

Clients and our team

In the 2018 VHES results for Ballarat Community Health, some of our clients expressed concern about the amount of time health workers spent with them and some thought our team could spend more time explaining things to them.

This demonstrated to us that clients felt rushed through appointments and did not feel they were necessarily being given enough information to make informed personal decisions about their wellbeing. Since then, clinicians have been encouraged and resourced to take the time to listen to their clients, provide opportunities for questions to be asked and use open questioning to confirm understanding.

Now, where a client expresses a lack of understanding about a treatment recommendation, a variety of methods will be used to explain it - including written and visual resources and different discussion techniques.

Improving the experience of clients with chronic disease

In the last year BCH has worked to improve the management of the chronic disease burden of clients, recognising that these conditions, such as Type 2 Diabetes, require careful coordination of care.

In a changing funding environment it is critical we allocate to appropriate income streams to ensure continuity of care. At BCH, Information Technology resources have been

Building capacity for individual clients

Jess (not her real name) is a female, 26-year-old client living in Ballarat. She was first referred to headspace in 2013 when she was 21 years old and was seen by an Intake and Assessment Clinician where she completed a HEADSS assessment to determine her immediate needs. Jess and the clinician jointly decided on treatment and daily living goals and she was referred to a headspace Psychologist.

Jess had a history of alcohol, cannabis, ice and prescription medication abuse, had attended detox services several times and was supported by her BCH Youth Alcohol and Other Drug worker. Jess's mother died when she was three years old, she had intermittent and conflictual contact with her siblings and no contact at all with her father. Jess strongly felt that anyone

or anything she had ever loved had left her. She had difficulty opening up to people, even those she was closest to, for fear of rejection or abandonment. She had multiple mental and physical health diagnoses over the years including bipolar disorder, disordered eating, depression and anxiety, very low blood pressure and 'cloudy lung'. Jess regularly self-harmed and experienced chronic suicidality with multiple overdose attempts.

At referral Jess had very few protective factors; she was estranged from family and friends, unemployed with limited education and was homeless. She was keen to "get her head right" and better understand herself - seeking a definitive diagnosis - so she began weekly treatment sessions with a headspace Psychologist. They completed a

HYPP screen and Jess received a diagnosis of Borderline Personality Disorder. They began to work on goals, changing thinking patterns, improving her interpersonal relationships, learning strategies to regulate her emotions and getting a house and a job. Treatment included Cognitive Behavioural Therapy, Interpersonal Therapy and Acceptance Counselling. Jess also continued to receive support from her AOD clinician and Uniting housing worker. During the first six months of treatment she again began using ice and THC and became homeless after conflict with her housemates. Her risk of suicide increased and she was provided with a Safety Plan - she continued to engage often with her Youth Worker and Psychologist.

In 2014, Jess was referred to the headspace GP. She had not

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been able to access medication for her mental or physical health due to her propensity to abuse prescription medication. During this time she again attempted to take her life by overdosing.

Due to the increased suicide risk and increase in depression and anxiety, Jess was referred to the Youth Mental Health Team at Ballarat Health Services. During the remainder of 2014 and 2015, Jess was supported by her care team that included:


- Psychologist (weekly)
- YMHT clinician
- AOD clinician (from BCH)
- Berry Street Housing Worker
- headspace Youth Worker
- General Practitioner
- Psychiatrist.

Jess continued to misuse drugs and medication, have conflictual relationships with peers and family, and struggled with unemployment and homelessness. Towards the end of 2015, though Jess had reduced her ice and THC use and was engaging at TAFE, she began to self-sabotage and disengage with her support team. She said that she was afraid that they would stop seeing her if she was becoming 'well'.

Her fears of abandonment resurfaced, resulting in her becoming involved in the justice system, becoming transient and living on the streets in Melbourne. In early 2016 Jess re-engaged with headspace, our AOD Team, YMHT and her private Psychologist. During this time, Jess' care team worked closely to support her to reach her

goals. Jess continued to struggle with polysubstance use and relationship conflict with peers, family and service providers. She regularly pushed boundaries of professional relationships and continued to be a risk to herself.

During 2017 services reduced with only her headspace Youth Worker, Private Psychologist and Youth AOD clinician continuing involvement. Jess attended sporadically, however her ability to function well was increasing with a reduction in AOD use and insight into good relationship skills improving. In 2018 Jess returned to headspace with her AOD Clinician to thank her Youth Work Clinician for her support over the past few years and to discuss her recent achievements.



used to achieve better continuity, allocating correct funding models to individual appointments and services.

When we set out to improve existing chronic disease services for our clients, the eight domains of the community health program were taken into account:

a) Cultural Responsiveness - BCH provides spaces that are welcoming and accessible to people from different origins. A variety of cultural artworks, flags and symbols assist in creating venues that feel like a person can obtain services without fear of discrimination or exclusion.

b) Goal-Directed Care – Core to the BCH Model of Care is a philosophy of delivering services with clients not delivering services to them. This is more likely to make people active participants

in their own care rather than feeling separate or excluded from such care. Assessment and Care Planning templates utilised by clinicians emphasise the need to establish a client's own intentions and desires rather than ones imposed by the health service. Developing goals together and the methods to achieve them lead to more positive outcomes especially when they include linkages to community where people can proactively maintain links to family, community groups and areas of employment, volunteer and community service.

c) Health Literacy – Health literacy improves through the provision of accessible written materials explaining the nature of conditions, treatments and risks. This is supported through open questions to support understanding. We use

a mix of industry and internally developed resources to improve understanding of health issues and their long term impacts, especially around conditions that are not curable.

d) Health Promotion – Ballarat Community Health is committed to a health promotion focus with prevention as key. In our Integrated Health Promotion Plan, mental health and healthy eating practices are at the heart of preventing chronic diseases, helping people manage risk factors before they manifest.

e) Facilitation of Self-Management – Clients are provided with the tools they need for their own daily self-management and control of conditions (like diabetes, that can vary on a daily basis). In-Care Planning templates,

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skill building elements and supports are included to help self-care. Regular review clinics and appointments also assist in individual self-management. Regular monitoring of outcomes and good education build confidence to further develop self-reliance.

f) Focus on Early Intervention – BCH is committed to using early diagnosis to assist in chronic disease management before problems become overwhelming. It is at this point that detailed referrals from primary health care providers can provide a basis for good coordinated care and interventions that reduce the individual burden of chronic disease.

g) Use of Evidence Based Practice – BCH clinicians are provided with professional development opportunities and training to assure they are confident in current practice and that treatment methods come from a solid evidence base. When correctly applied, treatments reduce the likelihood of adverse outcomes. Keeping our



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knowledge up-to-date means our treatment modalities are not outdated.

h) Adopting a Team Approach – Care coordination is essential to positive chronic disease management. BCH utilises Care Coordination meetings where a client's various clinicians work together to achieve positive outcomes and reduce stressors

on the client (i.e. being required to repeat their personal story to multiple people). This care coordination also extends to appointment management so a client can see multiple clinicians one after the other in the same day to reduce the complexity of attending scattered appointments over a longer period.



Ballarat Community Health acknowledges the Wadawurrung people as the traditional custodians of the land on which our sites are located.

We are a Rainbow Tick organisation and welcome people from all cultures and backgrounds in to our service.

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