

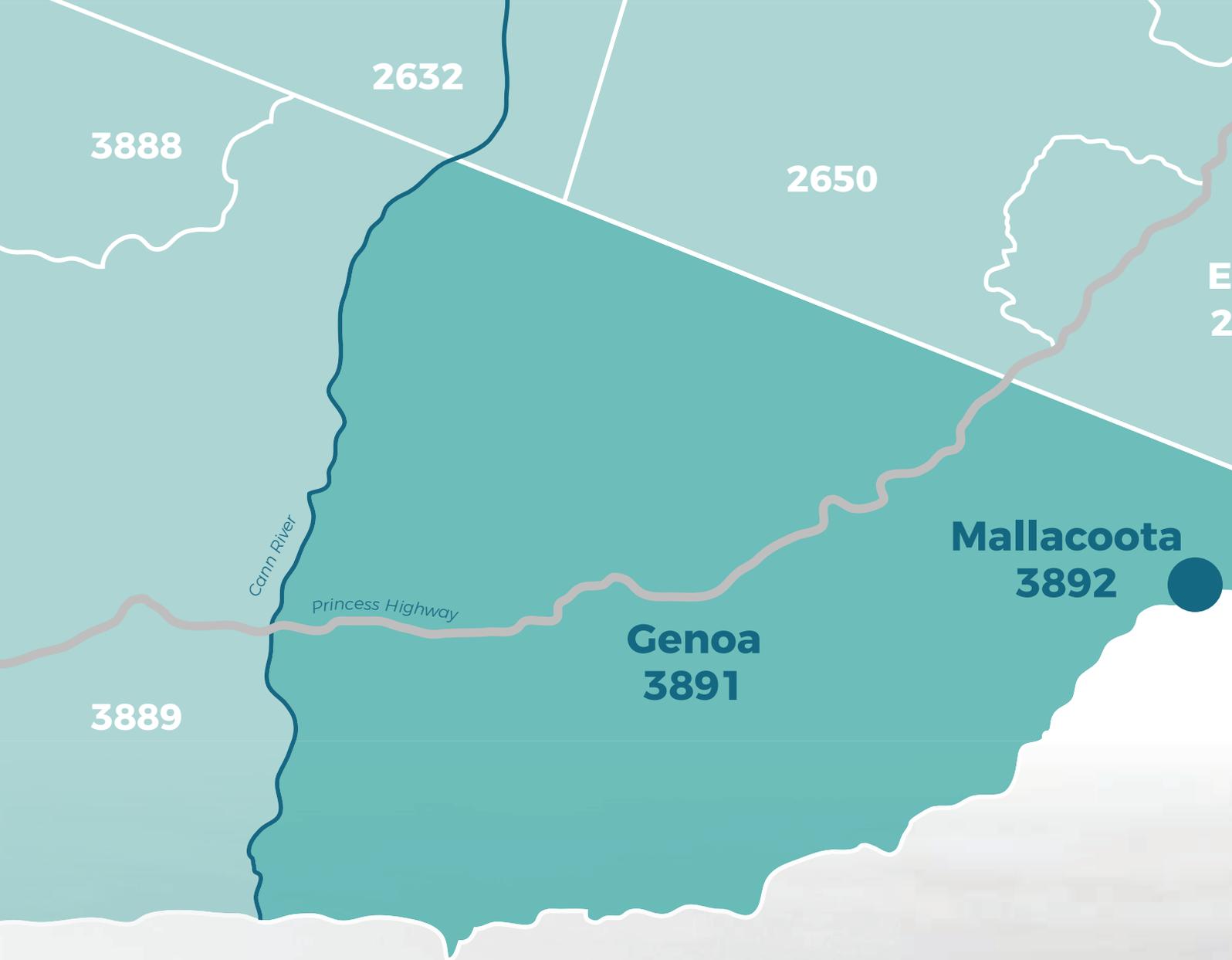


# 2017-2018 Annual Report

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Mallacoota  
District Health  
& Support Service



## OUR MISSION

To work in partnership with the community to provide efficient and effective health care services

- We support each person to live and be empowered by wellness reablement and independence.

## OUR VISION

To create a centre of excellence for services to achieve better health for better living

- Support and listen to each person and their family.
- Provide leadership to influence better health comes for the community.
- Deliver person driven, flexible and responsive services to build a sustainable future.
- Build on our foundation for success through our expertise in service delivery, experienced workforce and continuous quality improvement.
- We will deliver better outcomes.

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## ABOUT MDHSS

The area serviced by Mallacoota District Health & Support Service extends west along the Princes Highway from Genoa to the eastern boundary of the area covered by Cann Valley Bush Nursing Centre, north along this boundary to the Victorian/NSW border, and from Genoa east along the Princes Highway to 3 km past the NSW border at Timbillica; the coastline forms a natural boundary to the south. Farming communities north and south of the Princes Highway are included in the service area.

Mallacoota is regarded as a remote community and residents need to travel long distances to access other resources. The nearest hospital is Orbost, 146 km (2 hours drive) or Bairnsdale, 240 km (3 hours). Health services in NSW Major surgical patients often are treated in Canberra (345 km, a 4 hour drive from Mallacoota).

Gabo Island







# MDHSS

## *Caring for our future*

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*MDHSS Playgroup is an important programme for families in the community and is well supported by parents and grandparents attending sessions. Playgroup is a programme run by MDHSS volunteers who are drawn from the parent group.*





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# President's Report

On behalf of the MDHSS Board, I am pleased to present the annual report for the financial year 2017-2018, a successful period which has seen the organization continue to develop in order to provide the most appropriate health related services to the community over the coming years. This year is our fifth anniversary as a stand-alone organization with an independent Board of directors. During that year we received very positive re-accreditation reports from three different agencies, which illustrates that we are a fully accredited, fully functioning, well governed and responsible organization which is dedicated to providing high standard services to the people of Mallacoota and the surrounding District. The success of the organization, as always, lies primarily with the outstanding efforts of the very hard working and dedicated staff, which includes our volunteers. As President of the Board, it is always a privilege to represent such a group of dedicated people as we find within MDHSS.

The Board members have been active, engaging in various sub-committees and meeting with Government representatives, functioning in a collegiate manner to ensure appropriate strategic direction and support is given to the operational aspect of the organization. During the year, additional Board training was conducted both internally and externally. Mr. Terry Houge, Board Vice President, Ms Anne Mwagiru (Chief Executive Officer) and I attended DHHS sponsored Governance training in Sale, which gave us insight to health sector activity, created networking opportunities. MDHSS Board is well positioned to maintain a high standard of governance, policy development and strategic planning. As the health sector is constantly developing and changing, the Board is seeking to ensure the organization is both aware of future requirements and best positioned to take advantage of them, while minimizing or avoiding any adverse impacts of such change. We have seen change in aged care, Disability and there is talk of 'hospital in the home' as a future direction from Government.

Financially our budget was on a minor deficit last year but managed a moderate surplus this year. The change from our budgeted situation was due to the organization being flexible and able to identify, respond to and take on some additional opportunities. We enjoyed visits from various government agency representative, such as the Victorian Government Department of Health and Human Services and the Australian Government Gippsland Primary Health Network, who were given tours of our facilities and discussed program development. These officials were complimentary with their site-visit and observations of MDHSS operations.

The Board and management of MDHSS continue to make every effort to ensure that the most appropriate services are available to our community in an affordable manner and, as always, we are mindful that future service delivery demands will vary from what they are today. To that end, our Community Advisory Committee (CAC) have proved fundamental to our organization in being able to effectively 'ground truth' some issues and link them directly from the community to the Board. I thank those volunteers who form our current CAC for their efforts, forthrightness and clear communications to the Board.

It is interesting to note changes in health outcomes of the community and I note in particular that while some aspects of our programs vary in results from year to year, our Planned Activity Group figures consistently show growth. Having community members engaged in activity, whether social or active in nature, is a great foundation for ensuring a healthy community and developing individual resilience. I also note the increase in our membership over that period and take this opportunity to welcome those new members to MDHSS.

The need for succession planning has been a noted ongoing concern of the Board with some staff having served over 20 years and others having

served over ten years. A major succession occurred in February 2018 when Ms Celia Wallace, who has served MDHSS for 24 years and been Manager/CEO for the past 16 years, took accrued annual and long service leave. MDHSS was able to secure the services of and welcomed Anne Mwangiri to the role of Chief Executive Officer. Anne commenced at the beginning of February 2018 and The Board is appreciative of the one-month induction assistance Celia provided to help Anne during the transitional period. The increasing influence of digitization in the health sector and our social environment presents stimulating challenges for us all. Ms. Anne Mwangiri brings not only extensive health industry experience, but also well developed skills which will assist the organization to not only meet, but master digital and technological issues for the benefit of our community. Revamping our digital footprint is well under way.

After many years of service as a Board member, we accepted the resignation of Mark ROGERS from the Board and will be hard pressed to replace him with another suitably experienced and community oriented member. On behalf of the Board and MDHSS as a whole, thankyou Mark for your service and insight over an extended period, it has been very much appreciated.

I would like to thank both Celia Wallace for the support that she has given me over the past year, and Ms Ann Mwangiri for her dedicated support and hard work since she was appointed to her position as MDHSS Chief Executive Officer. A particular thankyou to my fellow board members and Ms Annette Peisley in particular, for stepping into the role of Vice President while Mr. Terry Houge was overseas and giving excellent support to both Anne and myself. On behalf of the Board and MDHSS members, I would like to thank the hard-working staff and volunteers who give so much to MDHSS, as they provide much valued service to the community.



**Sgt Andrew Scott**  
President

# Chief Executive's Report

There has been ongoing change this year for MDHSS. A change of leadership and change driven by new healthcare delivery models. It has been nine months since I was appointed chief executive officer of Malla-coota district and support service Inc. I thank the community for their warm welcome to Malla-coota, taking their time to share their stories, provide insight of the vicinity and at times share personal, profound and heartfelt moments. Understanding the community through those stories has been an important part in understanding where as an organisation we can enhance our value to the community. It is important to us as an organisation that we do not lose sight of the individual stories that make up the community of the people we serve.

In the nine months we have listened, made enquiries, applications and successively received funding for Palliative care of \$164,000 to be utilised over three years as announced by the Victorian Health Minister Jill Hennessy and Premier Daniel Andrews, we were successful in minor capital funding of \$20,000, and an increase to \$25,000 for MDHSS neighbourhood house, and last month we applied and received grants of \$249,000 from Gippsland Primary Health Network to support continuance of subsidised Allied Health services to the community. The funding received benefits in all stages of life, health, social and wellbeing of the community. We are utmost appreciative to all funding Sources.

On another hand, MDHSS continues to adopt changes as Healthcare is undergoing massive transformation involving a necessary rethink of existing models of care delivery that have led the industry for years. Progress is in the move from fee-for-service to outcomes-focused and value-based care reimbursement models. Disability and Aged care are case examples; the changes for example to Aged care existing models are not being brought about by new players, but by the changing demographics of our ageing population

and the shift in behaviours and expectations of people. Increasingly, people expect to age well and actively, empowered by choice and control over their lives. For Disability, the National Disability Insurance Scheme (NDIS) is being introduced gradually, ensuring a smooth transition for people with disability and the service providers. The NDIS will eventually replace a range of Commonwealth funded disability programmes. The effort is for consumer directed care, which means putting the patient at the centre of care, because clients want health providers to treat them like individuals and engage with them personally. Transitioning to new models of care takes time and requires the keen engagement of health providers. A health provider that pays increased attention to consumers as the decision makers of their care. A health provider that keeps aware of new markets as the trend toward consumerism will only intensify from volume to value.

Not to be missed in this equation of change is the fast pace of technological advancements transforming the healthcare industry. From Artificial Intelligence to Virtual Reality and the Internet of Things. Emerging technologies will come together in unprecedented ways to create efficiency and sustainability in healthcare. Mobility solutions has become key technology with a high adoption rate of smartphones and tablets. The Cloud is providing the essential infrastructure required for data access at point-of-care anywhere. Analytics is providing real-time views and deep insights required to create population health sustainability. Ingestible sensors and real time patient health tracking apps are helping people communicate with their specialists from remote sites, Malla-coota is no exception. Healthcare has never been full of so much potential. Already digital connectivity is changing the physical environments, such as patient's homes, with devices that can track whether pills are being taken, if a patient is sleeping, or if their heartbeat is regular. Connectivity of sensors or implanted

technology, which can continuously (and discretely) measure temperature and transmit information, with alerts sent to a person's healthcare professional when there are issues.

Advances in infrastructure technology innovation is making telemedicine real-time audio-vid interactive communication optimal in enabling clinicians to evaluate, diagnose and treat patients remotely. As the healthcare industry is driven towards value-based care, the use of telehealth technologies results in many positive outcomes including: better following of prescribed courses of treatment, fewer hospital readmissions, and faster recovery than that of clients not receiving remote intervention. Remote technology is an increasingly effective way to administer preventive medicine and manage chronic conditions. Increasingly people want solutions that support wellness not just illness, integration across health systems, precision care, not one size fits all type solution, care that works for all members of the community, regardless of personal circumstances or their location, care that's closer to home at all stages of their life. MDHSS and in partnership with various health providers is well positioned and prepared to strategize and embrace ongoing healthcare transformational changes for that will mean value-added responsive and personalised service to the population of Murrumbidgee District.

Importantly I want to acknowledge the significant role of MDHSS Board of Directors in their supportive leadership through current healthcare industry transformation. I thank my predecessor Ms. Celia Wallace for her commitment to MDHSS over many years. I acknowledge the unwavering dedication of MDHSS staff, all our volunteers and community partners for their ongoing support. The whole is indeed greater than the sum of its parts, the collective effort where we do better together.



**Ms. Anne Mwagiru**  
CEO MDHSS

# Governance

## MDHSS BOARD 2017-2018



*Sgt Andrew Scott,  
Board President  
Mallacoota Police Station*



*Mr Terry Houge,  
Board Vice President  
Paramedic Community  
Support Mallacoota  
Ambulance Service*



*Ms Annette Peisley,  
Executive Board Director  
(Cert Applied Science)  
Genoa Resident*



*Mr Tim Cashmore,  
Board Director  
Principal Mallacoota P-12  
College (B A, Dip Ed, Dip Mus)*



*Snr. Const. Judy Taylor,  
Board Director  
Mallacoota Police Station*



*Mr Gordon Symons,  
Board Director  
Retired Principal, Mallacoota  
P-12 College (B A, Dip Ed)*



*Sgt. Stuart Johnston,  
Board Director  
Cann River Police Station*



*Ms Jenny Warren,  
Board Director,  
Business Manager  
(Retired) Mallacoota  
P-12 College*



*Ms Anne Mwangiru,  
Chief Executive Officer,  
Company Secretary*

Mallacoota District Health and Support Service (MDHSS) Inc., is located in the town of Mallacoota in the East Gippsland Shire of Victoria. MDHSS is an incorporated organisation under the Associations Incorporation Reform Act 2012 (Vic). The purpose of the Organisation is to operate as a not-for-profit, non-government, public benevolent institution to provide health, social support, and community-based services to the Mallacoota and surrounding district communities.

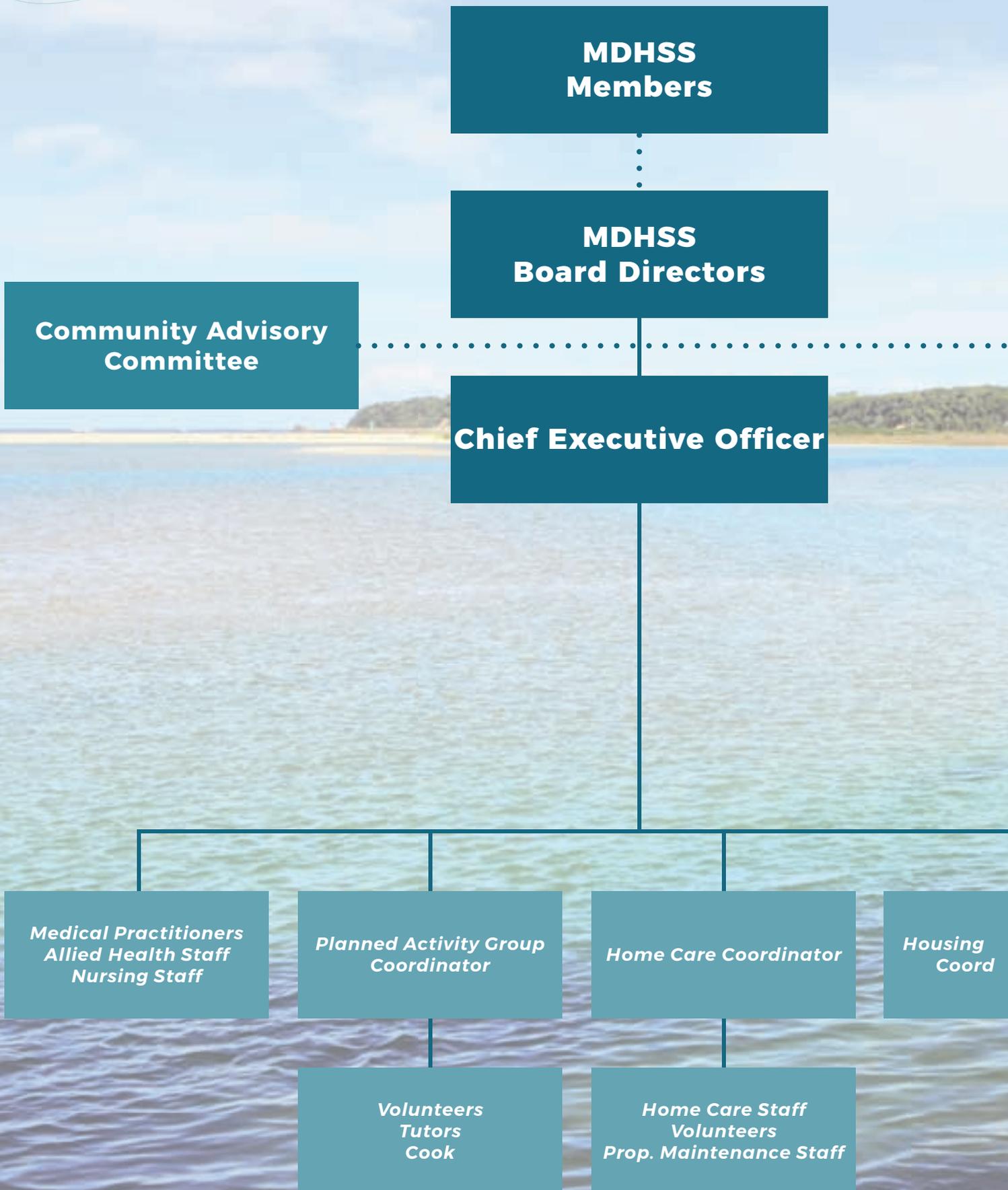
The MDHSS Board provides governance, in accordance with the MDHSS Board Charter, consistent with the organisation's principles.

The MDHSS Board consist of eight members elected for a period of three years by the members of the MDHSS Association at the Annual General Meeting, with three members standing down each year but eligible for re-election. The MDHSS Board meets bi-monthly at MDHSS. The Chief Executive Officer of MDHSS acts as secretary to the Board. At the first meeting of the Board after the Annual General Meeting, the President and Vice President of the Board are elected.

**MDHSS Board Attendance 2017-2018**  
**For the 2017-2018 period there were six meetings held.**

Member	Meeting Attendance	Term Ends November	First Elected
Sgt Stuart Johnston	4	2020	2014
Mr. Tim Cashmore	3	2020	2014
Ms. Jenny Warren	5	2018	2015
Mr. Terry Houge	5	2018	2015
Sgt. Andrew Scott	6	2019	2013
Ms. Annette Peisley	5	2019	2013
Sen. Const. Judy Taylor	4	2019	2016
Mr. Gordon Symons	5	2019	2016

# MDHSS Organisation Structure





**MDHSS Board Strategic Sub-Committee**

**Quality and Safety Risk Management Committee**

**Financial Audit Committee**



# MDHSS Board Sub-Committees

## MDHSS BOARD AUDIT AND FINANCE SUB-COMMITTEE

The primary function of the MDHSS Board Audit and Finance Sub-Committee assists the Board in the effective discharge of its responsibilities for developing and monitoring financial management strategies, and financial risk management policy for MDHSS. The Audit and Finance Sub-Committee monitors and reviews the external audit process and provides recommendations to the Board on appointment, removal, remuneration and rotation of independent auditors. The sub-committee meets at least twice each year.

Members of the MDHSS Audit and Finance Sub-Committee are as follows:

- Sgt. Andrew Scott (President)
- Mr. Terry Houge (Vice President)
- Ms. Anne Mwangiru (Chief Executive Officer)
- Corporate Officer MDHSS

## MDHSS BOARD RISK MANAGEMENT SUB-COMMITTEE

The MDHSS Board risk management Sub-Committee is responsible for assisting the Board in developing risk management processes, protocols, accreditation, duty of care, and compliance with legal rules and regulations. In particular, operational risk includes workforce availability, work practices/OH&S, meeting contractual agreements, meeting performance targets and industrial action risk. The Sub-Committee is responsible for ensuring the MDHSS Risk register is maintained and that appropriate action is taken and documented where risks have been identified.

The MDHSS Board Risk Management Sub-Committee meets as required.

Members are as follows:

- Sgt. Andrew Scott (President)
- Mr. Terry Houge (Vice President)
- Ms. Anne Mwangiru (Chief Executive Officer)
- Mr. Timothy Cashmore (Board Director)

## **MDHSS BOARD STRATEGIC PLANNING SUB-COMMITTEE**

The MDHSS Board Strategic Planning Sub-Committee is responsible for overall planning and development of MDHSS as an organisation and, on behalf of the Board, in consultation/collaboration with MDHSS staff, key stakeholders and the broader community, to develop and monitor MDHSS five year strategic plans. The Strategic Planning Sub-Committee meets as required.

Members of the Strategic Planning Sub-Committee are as follows:

- Sgt. Andrew Scott (President)
- Ms. Anne Mwangiru (Chief Executive Officer)
- Mr. Timothy Cashmore (Board Director)

## **MDHSS COMMUNITY ADVISORY COMMITTEE**

MDHSS Community Advisory Committee (CAC) provides a link between the community and the MDHSS Board. The Community Advisory Committee enables members of the community to communicate easily with the Board in order to raise matters quickly as they arise. Members of the MDHSS Community Advisory Committee are appointed by the Board. Members of the Committee are as follows: Ms. Beryl Burrows, Ms. Alaine Kent and Ms. Jenny Lloyd.

# MDHSS Community Context

## MDHSS PROGRAMS

### MDHSS Programmes

Programmes provided by the Mallacoota District Health and Support Service Inc., (MDHSS) are designed to maximise health and wellbeing and slow the progression of disease. Promote, enhance and maintain the independence, health and wellbeing of people in the community through the use of a social model of health and an integrated delivery of services, in partnership with other health agencies and networks in East Gippsland

### Location - Remote and Isolated

Mallacoota is situated in far eastern Victoria adjacent to the far south coast region of New South Wales, surrounded by Croajinalong National park. The nearest town is Eden, NSW, 87 kilometres away; with the closest Victorian town being Orbost, 145 kilometres. Mallacoota is only accessible via one arterial road that branches from the Princes Highway at Genoa, 14 kilometres from the NSW/

Victorian border. Under normal driving conditions it takes approximately one hour to reach Eden and two hours for Orbost. The road to Eden is hilly and winding, and the road to Orbost even more so.

### Resources - Cross border

The people of Mallacoota and District tend to seek specialist appointment and allied health services from Eden and Pambula/Merimbula (a 116 kilometre distance), Canberra, Orbost, Cann river and Bairnsdale

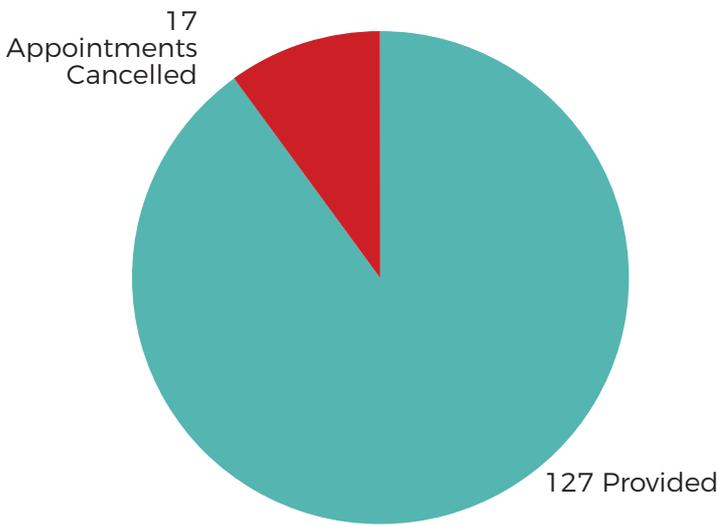
Access to specialist appointments is very important for people in Mallacoota. During 2017-2018, the MDHSS commonwealth and State funded Client Transport programme, providing transport for clients to access specialist medical appointments, with a total of 44 individuals on 144 occasions were transported to appointments in NSW and Victoria.



*Transport Service of Clients to Specialist Clinics*

# TRANSPORT SERVICE OF CLIENTS TO SPECIALIST CLINICS

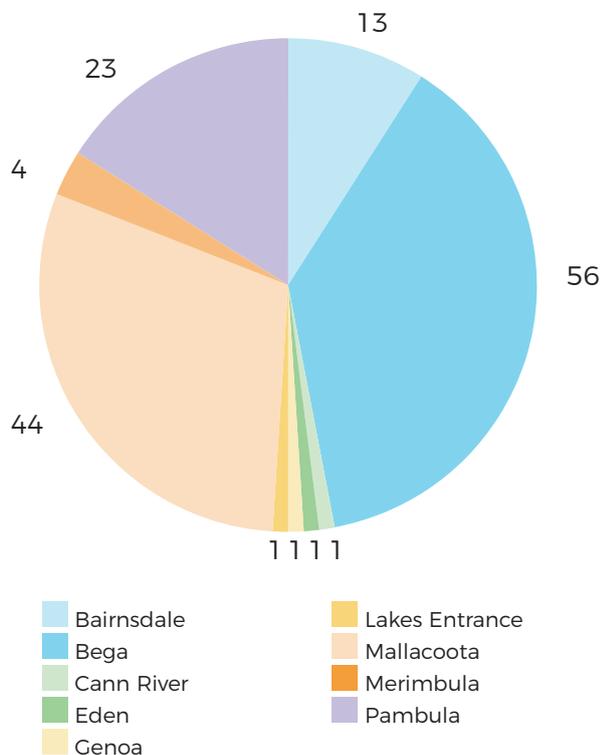
## 144 transport requests



## Serviced clients



## 9 different destinations



As part of the Planned Activity Programme, MDHSS provides access to social-emotional activities within the local New South Wales south east coast region, using the MDHSS bus. MDHSS also provides transport for clients to access local medical appointments and /or local shopping.



*I have attended MDHSS for different reasons. Firstly going to the exercise & arthritis group each week, going to physio whenever it was needed & now I attend the Camera Club on a monthly basis. On several occasions, I have also gone to Merimbula with the community bus, which made sure that I arrived at my appointments on time. I have also noticed that cleanliness was important to MDHSS as it is to me. I found that all the staff is pleasant & helpful & always ready to assist*



Mallacoota resident

## POPULATION OF MALLACOOTA AND DISTRICTS

The population of Mallacoota and district (Mallacoota, Genoa, Gipsy Point) at the last census was 1137 (ABS Census 2016). This represents a decrease of 7.1%, from the 2011 Census of 1203 people, and a decrease of 19.1% from the Census of 2001 of 1382 people. This steady decline in population has to be taken into account by MDHSS for future planning.

The population profile of Mallacoota and district indicates that 48.3% of the 1118 people in Mallacoota and district are over 55 years of age, and 38.9% of people are over 65 years of age (ABS Census, 2016), which is the age group shown to be high users of health services. There is a large proportion of people in Mallacoota and district who are either Pensioners or Health Card Holders, as follows: Age Pension 301 – Disability Support 69 – Health Care Card 104 – Low Income Card 48 – Commonwealth Seniors Card 44 – which is nearly 50% of the Mallacoota and district population (Source: Australian Government Centrelink Payment Statistics, August 2017).

MDHSS has an individual Client Database of 885 people who are permanent residents in the Mallacoota, Genoa, and Gipsy Point area. This Client Database contains the addresses used by MDHSS to distribute information to clients and, where required, for research purposes, e. g. client surveys. MDHSS also has a Community Database which includes not only clients of MDHSS but also non-clients who are permanent residents in the area. This database is used for research purposes and to distribute the MDHSS Newsletters.

The Client Database and the MDHSS Community Database are updated on a regular basis.

## THE 2017 CLIENT SURVEY

As preparation for the July re-accreditation by QIP, MDHSS conducted a three-year Client Survey, which was forwarded to 831 clients who had recently attended 13 selected MDHSS services where attendance rates were high enough for survey. The response rate was 66.5% which is a very high rate for a survey of this nature. Responses to the 2017 Client Survey showed a higher level of satisfaction with service provision than for previous client surveys.

Clients agreed that the staff were competent, treated clients with respect, that services reflected MDHSS Mission and Vision, and that overall, services were of a high quality. Only 15% of responses considered that MDHSS should offer other services not already provided, and these responses contained no discernible pattern. Satisfaction rate for the newly established Pathology Blood Collection Service was exceptionally high, which supports the MDHSS decision to continue the service.

## **MDHSS COMMUNITY ADVISORY COMMITTEE**

The purpose of the MDHSS Community Advisory Committee is to provide a link between the community and the MDHSS Board. The Community Advisory Committee enables members of the community to communicate informally with the Board in order to raise issues of concern. Members of the MDHSS Community Advisory Committee are appointed by the Board. The Community Advisory committee is not a decision-making committee but enables engagement with the community. Members of the Community Advisory Committee are as follows: Ms Beryl Burrows, Ms Aline Kent and Ms Jenny Lloyd.

# MDHSS: Community Context

## FUNDING SOURCES

The Mallacoota Health Centre is funded by different state and federal government organisations and local government to provide programmes in three areas: Health Services, Social Services and Community Services. The management of Mallacoota Health Centre needs to be flexible, responsive and innovative, in order to meet the needs of clients. Though, Mallacoota is a small town, the community experience health concerns similar to a large town. Many of the MDHSS programmes, though significant in meeting the diverse needs of the community

may be limited due to small uptake in numbers or budget constraints. MDHSS is guided and acquits programmes according to the constraints of the different funding agreements. MDHSS and the community are grateful for the generosity of diverse funding granted to Mallacoota District community.

Details of funding for programmes offered in Health Services by MDHSS are shown in the following table.

### Government Departments



*Dept. of Health (Australian)*

#### Commonwealth Home Support Programme

- Domestic Assistance
- Property Maintenance
- Nursing
- Physiotherapy\*
- Podiatry\*
- Client Transport
- Community Nursing
- Assessment and Care
- Service System Resourcing

Flexible Respite and centre-based respite  
Home care Packages



An Australian Government Initiative

*Gippsland Primary Health Network*

#### Gippsland Primary Health Services Programme

- Counselling
- Physiotherapy\*
- Podiatry\*
- PapScreen
- Geriatrician
- Occupational Therapy
- Oral health
- Dietician
- Speech Therapy
- Project Coordination
- Rural Allied Fly-in services (RAFS)



*Dept. of Health & Human Services (Vic.)*

#### HACC Programme for Younger People

- Domestic Assistance
- Property maintenance
- Nursing
- Physiotherapy\*
- Podiatry\*
- Client Transport
- Assessment and Care
- Service System Resourcing

Palliative Care  
Post-Acute Care



*Dept. of Veterans' Affairs (Aust.)*

#### Community Nursing



*East Gippsland Shire Council*

#### Community services

- Domestic Assistance
- Property Maintenance
- Delivered Meals

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Dept. of Human Services

- Centrelink

Orbost Regional Health Service

- Maternal and Child Health Nurse

Victorian Cancer Council

- BreastScreen (bus)

Kids Under Cover Incorporated

- Kids Under Cover Accommodation

MDHSS Self-Funded Programmes

- Dental Clinic, Telecentre, The Shed, MDHSS Units



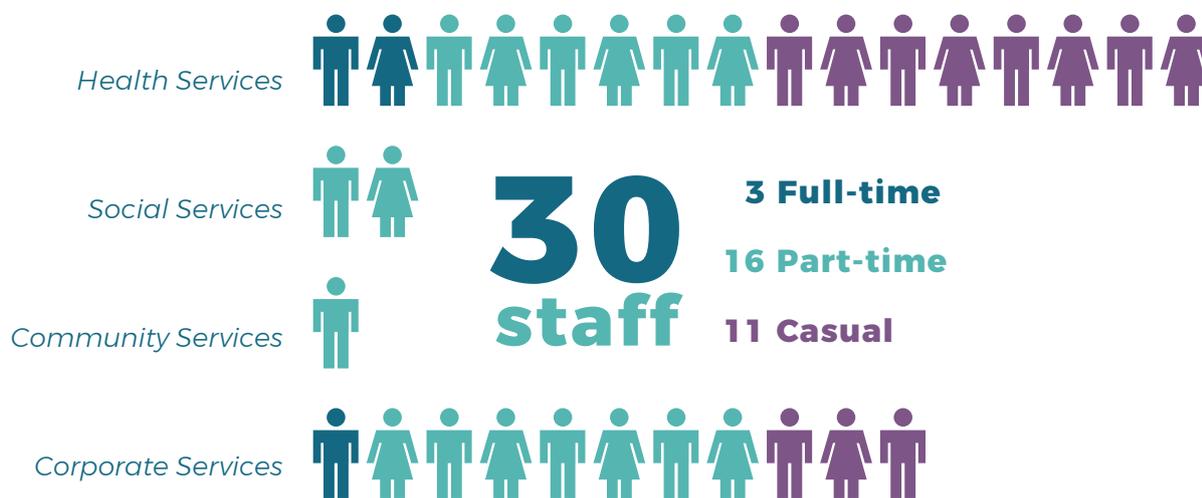
# MDHSS Human Resources

## STAFF

MDHSS has a staff of 32 people, comprising 3 full-time staff, 15 part-time and 14 casual workers. MDHSS staff are assisted in the delivery of services through valuable contribution of 39 volunteers who are vital. Each of the programme areas has different and specific reporting requirements for target/outcomes, regardless of client numbers and amount of funding. MDHSS has the same responsibility for implementing governance structures that ensure effective risk management, legal compliance, and safety and quality standards as with larger organisations.

We have resident community nurses, visiting practitioners; a counsellor who drives weekly from Bruthen, two private dentists from Paynesville (247kms) who provide a monthly service at the Mallacoota Dental Clinic, and once every two months a Geriatrician from Bairnsdale. A Maternal Child Health Nurse visits from Orbost fortnightly and a Women's Health Nurse (PapScreen) from Orbost six times per year. A Chiropractor visits Mallacoota fortnightly, and an Audiologist and Optometrist drive to Mallacoota on a monthly basis. A locum Physiotherapist also travels to Mallacoota. The BreastScreen Bus visits every two years. Other practitioners fly in with the RAHS (Remote allied health fly in service)

### Staff Resource Data 2017- 2018



### Staff who have worked at MDHSS for 10 years or more

Ms Palmina Sorrell	26	Mr Peter Mason	21	Ms Robyn Williamson	11
Ms Jennifer Griffiths	25	Mr John Hillyer	20	Ms Yvette Coutts	11
Mr Greg Thompson	24	Ms Wendy Robinson	17	Ms Carole Cowen	11
Ms Susie Vatcher	23	Ms Amanda Schott	15	Ms Belinda Phillips	11
Ms Celia Wallace	24	Ms Jennifer Clegg	12	Ms Eva Carson	10
Ms Diane Brenchley	23	Ms Mary Ann Whittaker	11	Mr John Condon	10

Training Conducted by  
Morgan Strokes,  
MDHSS Physiotherapist



# MDHSS Partnerships

## Partnerships and Links within the East Gippsland Region

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MDHSS is involved with a range of health services and community organisations within the East Gippsland Region and South Coast New South Wales through committee work, liaison work and advocacy.

## Residential Client Advocacy Aged Care

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MDHSS provides home-based care programmes as well as palliative care programmes for people who wish to remain living at home and die at home. Over many years, people have been cared for at home and have had the choice to die at home. Over the past twelve months, MDHSS has been involved in the care of palliative people in the community.

MDHSS has active links with Aged Care facilities in Gippsland and New South Wales so that clients and family can be provided with assistance in finding suitable aged care placement, should the need arise for high care residential aged care.

- Bairnsdale Aged Care
- Bimbimbee, NSW
- Bupa Aged Care, NSW
- Domain Lakeview Aged Care
- Eden Community Aged Care, NSW
- Imlay House, NSW
- Lakes Entrance Aged Care
- Lochiel House, Orbost
- Maddocks Gardens, Bairnsdale
- Paynesville Aged Care
- Warratah Lodge, Orbost

## Mallacoota and District Partnerships

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### **Emergency Services**

MDHSS has a well-planned, well organised system for responding to an emergency in Mallacoota (bush fire, flood or storm). In particular, MDHSS has the means to monitor and make contact with a small number of older frail people in the community to ensure that their welfare is considered in cases of extreme emergency. MDHSS

is a designated centre for emergencies, and plays a critical role in working with other emergency organisations in the community. Indeed, there have been instances whereby MDHSS was a central point of communication in a bushfire situation. Being a small community, the emergency services in Mallacoota work as an integrated team and MDHSS has a professional liaison with the organisations in Mallacoota that constitute the emergency group.

- Mallacoota Ambulance Victoria
- Mallacoota CFA
- Mallacoota P-12 College
- Mallacoota Parks Victoria
- Mallacoota Police
- Mallacoota Radio 3MGB
- Mallacoota SES

### **Community Professional case-management, referrals & consultation**

In the delivery of services to clients at the Mallacoota Health Centre, MDHSS staff maintain professional liaison with relevant organisations.

- Mallacoota Medical Centre
- Mallacoota Police consultations
- Mallacoota Ambulance Victoria consultations

MDHSS maintains engagement with committees and organisations relevant to primary health care in the East Gippsland region.

### **Membership of Committees**

- East Gippsland Primary Care Partnerships
- East Gippsland Neighbourhood Houses
- Network Gippsland Homelessness Network
- Home Care Package (provider meetings)
- Post-acute Care (provider meetings)

### **Organisational Networks**

- Bairnsdale Regional Health Service
- Bass Coast Health
- Cann Valley Bush Nursing Centre
- Gippsland Lakes Community Health
- Gippsland Primary Health Network
- Latrobe Community Health Centre
- Omeo District Health
- Orbost Regional Health

## Government Departments

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*Bairnsdale Regional  
Health Service*

Continence nursing



*Gippsland Lakes  
Community Health*

Palliative Care



*Orbost Regional  
Health*

Maternal Child Health Programme



*MDHSS Funded  
Programme*

Dental Clinic



*Victorian Cancer  
Council*

Breast Screen

## Associated Services

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### **Accountant**

Mr. Scott Ashley  
Crowe Horwath  
Bairnsdale 3875

### **Financial Auditor**

Mr. Gordon Robertson  
WHK Audit (Vic)  
95 McLeod Street, Bairnsdale 3875

### **Food Safety Auditor**

Mr. Paul Garry  
DLA Philips Fox  
140 William Street  
Melbourne 3000

### **Solicitor**

Mr. Ignatius Oostemeyer  
Workplace Legal  
Suite 101, 88 Albert Road  
South Melbourne 3205

# Volunteers

Volunteers assist with a majority of programmes conducted at MDHSS. The work of volunteers is central to the success of social welfare programmes provided by the organisation, such as the thirteen activities offered in the Planned Activity Group Programmes. Volunteers are active in driving the bus locally and out-of-town, assisting with kitchen duties, coordinating kitchen rosters, growing herbs and vegetables in the PAG garden, coordinating book club, supervising the walking programme, assisting with games and movie afternoons, assisting in the Telecentre, and assisting with support groups organised by the Neighbourhood House Programme.



# 1020

**hours of service!**

MDHSS provides training for volunteers throughout the year, and actively promotes to the community wherever possible through the MDHSS Newsletter, the local radio station and the local newspaper, the significant contribution of volunteers, showing to the community how much these people are valued for all the work they do. Volunteers contributed a total of 1020 hours of service during 2017-2018, which is consistent with the previous year.

Each year, during International Volunteers Week, staff organise a special event for volunteers in recognition of the contribution volunteers make to service delivery at MDHSS. This year, for International Volunteers Week, MDHSS presented volunteers with certificates and camp chairs as a token of staff appreciation.



 **Mallacoota  
District Health  
& Support Service**



*After For Anniversary*





**Volunteering**  
*and the*  
*Joy of Giving*

MDHSS Thanks You For Volunteering  
- Robert Wilson 2018 -

# Volunteers

The following volunteers assisted with the Health Services, Social Services and Community Services activities of MDHSS during 2017-2018:

Abrehart, Ruth  
Appleton, Diane  
Bell, Anne  
Berry, Priya  
Brenchley, Diane  
Bruce, Marion  
Burrows, Beryl  
Carson, Eva  
Colahan, Josephine  
Daley, Lynne

Dean, Aileen  
Devlin, Margaret  
Drake, June  
DeGues, Tanya  
Green, Kerry  
Green, Ian  
Gibson, Maxine  
Groom, Michael  
Hodgson, Gail  
Kapcelovich, Michelle

LeSeur, Joan  
Lisle, Patsy  
Mason, Patsy  
Mathison, Kristy  
Mazurek, Iris  
McKay, Liz  
Nixon, Sue  
Obri, Jeanette  
Purves, Neil  
Raaymakers, Sandra

Thams, Ashley  
Nieuwland, Ria  
Sorrell, Palmina  
Sakkas, Jim  
Wooton, Prue  
Waixel, Narelle  
Webb, David  
Wilton, Robert  
Wright, Janice

*Volunteers of MDHSS sharing celebration moments*



*Sewing Group showing Quilts made for Peter McCullum children's ward with Di Appleton, a long-time volunteer of MDHSS*



# Health Programs

## Geriatrician

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The service is most valued by clients who now do not need to travel to Bairnsdale to consult with the Geriatrician. Dr. Craig Clarke is accompanied on his home visits to clients by a MDHSS Registered Nurse, with an average of six consultations undertaken per visit. Multi-disciplinary meetings are held with the Geriatrician on the day, the General practitioners from the Mallacoota Medical Centre attend the multi-disciplinary meetings held with the Geriatrician at MDHSS. These multi-disciplinary meetings are essential components in caring for conditions that may affect the elderly, Delirium, Dementia, Alzheimer's disease and fall prevention.

## General Practitioner

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Skin Cancer Checks is provided at MDHSS ten days per year. This service is at MDHSS is provided Dr. Jenny Schlager, Skin cancer checks and services are provided 10 times per year. This is a vital service to the community The sooner a skin cancer is identified and treated, the better the chance of avoiding surgery or, in the case of a serious melanoma or other skin cancer, potential disfigurement or even death. The service ensures regular checking of the skin for new spots and changes to existing freckles or moles. Further treatment by Dr. Schlager is managed at the Mallacoota Medical Centre.

## Commonwealth Home Support Programme & Home and Community Care Programme for Younger People

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The Commonwealth Home Support Programme is targeted to people over 65 years and provides basic support and maintenance to people living at home whose capacity at independent living is at risk. Clients of the Commonwealth Home Support Programme comprise Home Care (Domestic Assistance, Personal Care, Delivered Meals, and Property Maintenance), Community Nursing, Podiatry, Physiotherapy and Client Transport. The Home and Community Care Programme for Younger People at MDHSS provides the same services as the Commonwealth Home Support Programme but for all under 65.

## Regional Assessment Service (Home Support Assessment)

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Home Support Assessments are required for people over the age of 65 years, (or Aboriginal and Torres Strait Islanders decent over 50 years) that need support to be independent and remain living at home, and wish to access Home Care services. Initially, people are required to contact My Aged Care which is the entry point for accessing aged care services. My Aged Care intake staff will discuss available services, costs and how to access services. Eligible people will be referred to a Regional Assessment Service by My Aged Care staff.

MDHSS registered nurse conducts face-to-face meetings to identify strengths and areas of difficulty people may be experiencing. After the assessment, the Home Support Assessor will make referrals to services based on client needs. Services may include: home care, personal care, respite care, property maintenance, nursing, allied health, social activities and meals.

## Community Nursing

Community Nursing services are offered under Commonwealth Home Support programme for people aged over 65 years, and also as part of the Home and Community Care Programme for Younger People for people under 65 years. The Home and Community Care Programme for Younger People offers a range of community nursing services to residents of Murrumbidgee and district. The majority of nursing care is provided to clients from the Commonwealth Home Support Programme (over 65 years). Both home-based and centre-based nursing is available, with most clients being provided care in their own homes.

The Community Nursing programme is staffed by one full-time registered nurse and one part-time registered nurse. The largest component of direct clinical nursing is client wound care. The nurses also undertake clinical assessments, client referral, living at home assessments and palliative care in the home.

### Community Nursing (CHSP and HACC PYP)

	Target Hrs	Total Hrs	%	Individuals
2017-2018	1150	1028	89.0	185
2016-2017	1150	1265	110.0	135
2015-2016	1150	1030	89.5	195

## Department of Veterans' Affairs Community Nursing Programme

### DVA Community Nursing

	Individuals	Hrs
2017-2018	4	120
2016-2017	4	39
2015-2016	6	119

### Pathology Blood Collection Service

MDHSS provides a Pathology Blood Collection service to the community.

### Pathology Blood Collection

	Individuals	Hrs
2017-2018	184	287
2016-2017	240	403

# Health Programs

## Post-acute Care

Post-acute care is provided as a short-term planned care for clients and their carers following discharge from a public hospital. The Post-acute Care programme provides a range of health services in the home and at MDHSS, with the aim of the programme being to reduce the risk of a person being re-admitted to hospital. For the past financial year there has been a decrease in the number of clients accessing Post-acute Care.

### Post-acute Care (Nursing)

	Individuals	Hrs
2017-2018	22	168
2016-2017	18	125
2015-2016	28	187

### Post-acute Care (Allied Health)

	Individuals	Hrs
2017-2018	8	22
2016-2017	6	8.5
2015-2016	14	35

## Continence Nurse

The Continence Nurse and the Speech Therapist fly from Bairnsdale airport at least four to six times per year, to provide these services. There is demand of Speech Therapy service for children.

### Continence

	Individuals	Hrs
2017-2018	11	12
2016-2017	14	17
2015-2016	19	25



## Maternal Child Health Nursing

On a fortnightly basis, the Maternal and Child Health nurse visits Mallacoota by road transport from Orbost Regional Health Service. As well as providing services to clients.

Maternal Child Health		
	Individuals	Hours
2017-2018	71	108
2016-2017	51	147
2015-2016	66	187

## PapScreen/BreastScreen

PapScreen programmes are provided to women in Mallacoota district undertaken by the PapScreen nurse at the Health Centre. The BreastScreen bus visits Mallacoota Health centre every two years. The last visit for the Breast Screen bus was 2017.

PapScreen/BreastScreen	
	Papscreen
2017-2018	39
2016-2017	50
2015-2016	39

BreastScreen	
	Individuals
2017	0
2015	198
2013	190

# Allied Health Programmes

Allied Health Programmes are utilised to support clients in the Commonwealth Home Support Programme, Home Community Care Programme for Younger People, and Home Care Packages programme by providing specialist health services. As part of the Rural and Primary health Services programme, Allied Health programmes are available to the wider community. MDHSS provides Allied Health services on a regular basis, according to available funding, professional resources and transport.

## Rural Allied Fly-in Service (RAFS)

Under the Rural Allied Fly-in Service (RAFS), the Australian Department of Health provides funding for twenty four flights per year from Bairnsdale to Mallacoota, in order to transport visiting practitioners who provide a service to MDHSS clients. Flights are accessed by other professionals as required, such as ICT personnel, Department of Health staff and Ambulance Victoria personnel. The service provided by RAFS is critical to the diversity of resources available to MDHSS as a remote community.

## Physiotherapy/Podiatry

The highest demand for Allied Health is in the area of Physiotherapy and Podiatry. MDHSS has utilised the services of locum Physiotherapists who undertake client consultation and assessment four to five days per week. The Podiatrist visits twenty four times per year, with home visits scheduled for people unable to access the Mallacoota Health centre due to frailty and/or disability.

For 2017-2018 the target hours for Physiotherapy were exceeded.

Physiotherapy				
	Target	Total	%	Individuals
2017-2018	440	717	162.9	240
2016-2017	440	661	150.2	195
2015-2016	440	485	110.2	171

Podiatry				
	Target	Total	%	Individuals
2017-2018	280	230	82.14	130
2016-2017	280	279	99.65	123
2015-2016	280	313	111.78	124

## Speech Pathology

The Speech Therapist accesses the flight from Bairnsdale monthly, and undertakes client consultations at the Health Centre, and consultations for children and families at the Mallacoota Kindergarten.

Speech Pathology		
	Individuals	Consults
2017-2018	17	24
2016-2017	18	48
2015-2016	5	5

## Dietician

The Dietician programme involves assessment, diagnosis, treatment and nutritional counselling for dietetic needs.

Dietician	
	Individuals
2017	27
2015	10
2013	14

## Counselling

The Counselling Service provides a mix of counselling and social support to people in Mallacoota and district, as well as clients from Cann Valley Bush Nursing Centre. The Counsellor undertakes support group activities designed to assist people to look at new ways of handling problems and difficulties, and to build on existing relationships. The Counsellor indicates that clients accessing the Counselling Service during the past year did so for a range of health related issues, including mental health, grief counselling, trauma recovery, medical recovery, vocational guidance drug and alcohol addiction, relationship and family counselling and positive parenting.

Counselling		
	Individuals	Hours
2017-2018	54	516
2016-2017	10	548
2015-2016	14	475

The Counsellor works in close consultation with the Home Care Coordinator and the Housing Support Worker, as well as the Drug and Alcohol team in Bairnsdale.

## Dental Clinic

Dr. Sue Griffiths and Dr. David Griffiths provide dental care to the community on a monthly basis at the Mallacoota Dental Clinic, which operates as a private clinic. The clinic offers HICAPS and EFTPOS facilities for ease of payment.

Dental Clinic		
	Individuals	Consults
2017-2018	182	284
2016-2017	185	295
2015-2016	189	285

## Optometrists

Optometrists Dyson and Long offer services at MDHSS. Comprehensive optometry services are provided that include testing for vision glasses and prescribing, eye health checks including glaucoma/diabetes/macular degeneration, minor external eye treatments, eye disease management and PBS drug prescribing, automated visual field assessments, contact lens prescribing and fitting a range of spectacle frames.

Optometrist	
	Individuals
2017	190
2015	180
2013	199

## Audiologist

The audiologist consults monthly in a designated consulting room at the Mallacoota Health Centre. The Audiologist travels from Merimbula monthly and is frequently booked out. The visiting service is well received by many people in the community, who no longer need to travel long distances to access these services.

## Chiropractor

The Chiropractor travels from Merimbula fortnightly and utilises the MDHSS Physiotherapy room for providing this service to clients. The Chiropractor averages twelve consultations per visit and is fully booked on each visiting day.



**MDHSS**

*Group Physiotherapy Class*



“

*I have on several occasions throughout this year, needed the help for chronic back & hip pain. I am extremely happy with the quick results that have been achieved by massage, therapy & an exercise plan. Sally the Physio allows time to make sure that you are comfortable & understand where the problem lies. I found that Sally Sweetapple is not only proficient but sympathetic & caring.*

”

MDHSS Client

# Home Support Service

MDHSS employs qualified Home Care staff to provide home-based services to eligible clients and eligible visitors to the area. Home care workers are qualified in Certificate III (Home and Community Care). In the Home care programme, the demand for the services increase each year.

The following tables show the target hours for Domestic Assistance and Property Maintenance over a three year period, indicating the actual hours for Domestic Assistance and Property Maintenance as a percentage of the target hours. For the past three years, total hours for Domestic Assistance have exceeded target hours.

## Domestic Assistance

	Target Hrs	Total Hrs	%	Individuals
2017-2018	1173	1208	102.00	46
2016-2017	1173	1365	116.36	47
2015-2016	1173	1433	122.17	46

## Property Maintenance

	Target Hrs	Total Hrs	%	Individuals
2017-2018	426	361	84.00	36
2016-2017	426	336	78.00	32
2015-2016	426	372	87.32	39

## Post-acute Care (Home Care)

	Individuals	Hrs
2017-2018	16	110
2016-2017	16	140
2015-2016	29	214

## Flexible Respite and Centre-Based Respite

Respite care is offered to clients/carers under the Flexible Respite and Centre-Based Respite Programme as part of the CHSP funding. The aim of the programme is to contribute to the support and maintenance of caring relationships between carers and their dependent family members, and/or friends. Flexible Respite care offers up to 24 hours in-home respite care and provides information and support services, as well as assistance appropriate to the individual needs and circumstances of clients. Centre-based respite offers clients/carers opportunities to attend group social activities at the Mallacoota Health Centre or participate in planned outings with the Planned Activity Group.

## Flexible Support Packages

MDHSS offers Flexible Support Packages for people with a disability and their families who require low level disability support that may be "one-off", short-term, or ongoing low level support. To be considered as a recipient for access to Flexible Support Package, individuals must have a disability as defined under the Disability Act 2006.

Flexible Support Packages are designed to focus on the individual and aim to improve quality of life, optimise the capacity of individuals and families to maintain a family environment, facilitate, maintain and enhance independence, and reduce the requirement for facility-based care. Flexible Support Packages also promote access to community activities and facilities, provide support to families in their caring role, enable proactive intervention, and minimise re-occurrence of crises.

## Client Transport Service

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The Client Transport Service Provides transport assistance to eligible people in the community to attend specialist medical appointments outside of Mallacoota. This service is of immense importance to the people of Mallacoota living in such a remote isolated location, without public transport, particularly for transport to Specialist medical appointments.

MDHSS is able to provide a transport service with the use of volunteer drivers that enables people to undertake necessary and sometimes critical medical appointments with specialists that they would otherwise delay or defer due to cost and difficulty of obtaining transport. This service extends to Bega, NSW, Canberra, A.C.T. and in Victoria: Orbost, Lakes Entrance, Sale and Bairnsdale.

The table below shows the number of individuals accessing the Client transport Service 50% increases in the number of clients, in 2017-2018.

Client out of town Transport		
	Individuals	Hrs
2017-2018	47	140
2016-2017	28	103
2015-2016	20	66

In addition to the out-of-town destinations, the Client Transport Service was utilised to provide transport trips to the Medical practice and/or health centre for medical/allied health appointments. This is important service in a small rural town without public transport, particularly for older and frail people.

# Social Services

Social Services offered by MDHSS provide support in two areas: a Planned Activity Group programme that facilitates social well-being for individuals, groups and the broader community, and a Homelessness Support Programme that provides a range of services to support people in the community who are at risk of homelessness and/or domestic violence. MDHSS also provides Flexible Support Packages and the MDHSS Shed programme.

Details of the funding for Social Service programmes offered by MDHSS are shown in the following table.

Government Department	Programme Name
<i>Dept. of Health and Human Services (Vic)</i>	Small Rural Health Services – HACCP PYP <ul style="list-style-type: none"> <li>• Planned Activity Group</li> </ul> Homelessness Support Programme (HSP) Housing Establishment Fund (HEF) Housing Information and Referral (HIR) Community Housing (Vic) Limited (CHL) Flexible Support Packages
<i>KUC Incorporated (Vic)</i>	Kids Under Cover
<i>MDHSS Self-Funded Programme</i>	Independent Living Units The Shed

## Planned Activity Group

The largest programme in Social Services, funded through the Commonwealth Home Support Programme and the Home and Community Care programme for Younger People, is the Planned Activity Group (PAG). For a remote and isolated community like Mallacoota, with a high percentage of the population in older age-groups, activity groups are important for social well-being, intellectual and physical stimulation, particularly for older people and people living alone.

The activities offered under Planned Activity Group Programme play a critical role in providing opportunities for all members of the community to improve their health and well-being and to pursue an area of interest, undertake an activity that involves the challenge and reward of learning new skills, and/or remediating a need within a person's lifestyle that improves well-being.

Activities offered through the Planned Activity Group programmes are designed to provide clients with physical, intellectual and social/emotional stimulation. The PAG programme operates five days per week and includes some weekend

excursions. Regular activities for the year were as follows:

### Physical stimulation

- Walking groups (weekly)
- Water aerobics (weekly)
- Gentle exercise (bi-weekly)
- Exercise for Men (bi-weekly)
- Arthritis exercises (bi-weekly)

### Intellectual stimulation

- Bridge Club (bi-weekly)
- Book Club (monthly)
- Movie afternoons (monthly)

### Social/emotional stimulation

- Centre based meals (bi-weekly)
- Shopping local (weekly)
- Bus trips out of town (fortnightly)
- Friendship Sewing Group (weekly)
- Excursions out of town (as arranged)

The following table presents the annual target activity hours, within the three areas of physical, intellectual, and social/emotional stimulation. Some of the activities include transport out of town (water aerobics, bus trips out of town and



*MDHSS Mens Health and Well being*

# Social Services

excursions out of town) the distance to these activities expands the actual hours recorded. MDHSS exceeds PAG target hours.

PAG Target Reporting			
	Target Hrs	Total Hrs	%
2017-2018	7770	13138	169.08
2016-2017	7770	12374	159.25
2015-2016	7770	13058	168.10

## Homelessness Support Services Programme

The Homelessness Support programme provides support within a case management framework and transitional support for people who are homeless or at imminent risk of homelessness, in order to achieve the maximum possible degree of self-reliance and independence. Homelessness services also have a key role in providing crisis/ protection related assistance to women and children experiencing family violence.

A risk of homelessness is a multi-faceted problem, and the case-management provided may incorporate a wide range of support such as: assisting with advocacy, links to health, education and employment, budget assistance, living skills, material aid (e.g. food, clothing, white goods), and brokerage (assistance with bond/rental payments).

MDHSS sourced financial assistance from external organisations (Queens Fund, Ross Trust), and Community organisations (Mallacoota Anglican Church). MDHSS is funded to provide assistance to 24 individual people and the demand during 2017-2018 exceeded the target allocation by 71%, which was consistent with the previous year.

Homelessness support requires access to advice and assistance from organisations that have expertise and resources to assist people to seek accommodation. MDHSS receives support from the Housing Establishment Fund, and Housing Information and Referral. MDHSS manages the Transitional Housing Management programme in a partnership agreement with Community Housing Limited. MDHSS manages two properties in Mallacoota. Currently both of these properties are occupied.



*Homelessness can affect anyone*

## Homelessness Support Program 2017/2018

	Identified Need	MDHSS Service provided	Referrals
Short term or Emergency Accommodation	5	5	0
Medium Term/Transitional Housing	30	30	0
Long term Housing	191	129	0
Tenancy assistance	18	16	0
Assertive outreach for Rough Sleepers	15	11	0
Assistance to Obtain/Maintain Government Allowance	60	46	0
Educational assistance	4	4	0
Financial Information	158	150	1
Material Aide	57	41	1
Assistance for Domestic/Family Violence	2	2	0
Family Relationship Assistance	3	3	2
Living Skills/Personal Development	7	7	0
Legal Information	1	1	0
Advice Information	286	283	0
Advocacy/Liaison behalf of Client	107	105	0
Meals	2	2	0
Laundry/Shower Facilities	3	3	0
Other Basic Assistance	57	56	1
Drug/Alcohol Counselling	2	2	2
Specialist Counselling Services	1	1	0
<b>Totals</b>	<b>1009</b>	<b>897</b>	<b>7</b>
<b>Unassisted</b>			<b>105</b>

### Kids Under Cover



Kids under Cover is a not-for-profit organisation that works to prevent youth homelessness, keeping families together, young people engaged in education and their community. Kids Under Cover Builds homes for homeless and “at risk” young people. In partnership with Kids Under Cover, MDHSS manages the ‘Kids Under Cover’ house which currently accommodates one family.



## Social Connections *made* at MDHSS



*I have participated in the Planned activity group (PAG) in regards to the meals the friendship group, the monthly films, walk for leisure and the bus services. In regards To the neighbourhood house I attended the camera club for a time along with a short computer course as well as a workshop for making bird baths. I also attend the pizza lunch and coffee and quiz days. I have also received assistance from the neighbourhood house in regards matters such as my pension and housing. For a short period I also received home help.*

*In the general sense I have found MDHSS helpful, friendly and accommodating. In regards the PAG I constantly enjoy the meals and the company. When I was attending the friendship group I always considered it an afternoon well spent in the company of good, productive, inspirational, creative, friendly women. The short time I spent with walking for pleasure I also found to be enjoyable. The monthly films I have found to be selective and of good quality. The bus services pick up from home and takes*



*me to the meals and home again. As well as the weekly shopping bus and fortnightly bus up the coast I consider to be exceptional. In the social sense Pizza at the shed as well as coffee and quiz both of which are followed by music and song I personally consider to be well worthwhile for the purpose of companionship. The camera club was a time of enjoyment, both well run and organized with the sharing of photographs and photographic knowledge. The short computer course at the telecentre I found to be excellent*

*the bird bath workshops were of good quality and well worthwhile. The short period I received home help I found to be most helpful and supportive. The counsellor has been most helpful and accommodating. MDHSS gave a sense of quality to my life. Both the staff and volunteers I consider to be caring considerate and friendly. MDHSS staff are supportive and accommodating in providing what I would call valued services to the community of Mallacoota.*



MDHSS Client

# Community Services

## The MDHSS Shed

The Shed provides opportunities for community members to become involved in projects that aim to reduce social isolation and improve mental health, increase community connectedness and the general health and well-being of participants. Community groups utilise the Shed as a meeting venue and access the pizza oven and tools, equipment and other resources located in the Shed. The Lions Club and Gem Club use The Shed as their club rooms and meeting space. As such, the MDHSS Shed has established a significant and productive presence in the community. Activities undertaken in The Shed, over the past year, are as follows:

### Activities:

- Birdbath
- Pizza making
- Mallacoota Lions Club

### Skills Activities

- Building Relationship
- Woodwork
- Gem Club Projects
- Coffee and Quiz at the Shed

### Information sessions

- Firearms Safety

The programmes offered within Community Services comprise the Neighbourhood House (the largest programme), the Learn Local programme, Centrelink Agency and the MDHSS Telecentre. Details of funding for Community Services programmes offered by MDHSS are shown in the following table:

Government Department	Programme Name
<i>Health and Human Services (Vic)</i>	Neighbourhood House
<i>Education and Early Childhood Development (Vic)</i>	Learn Local
<i>Human Services</i>	Centrelink Agency
<i>MDHSS Self-funded Programmes</i>	Telecentre



Coffee and quiz time



Music Activities at the Shed



# Community Services



*Fire Safety  
Demonstration*



*Pizza Lunches*

## Neighbourhood House

The MDHSS Neighbourhood House Programme provides a broad range of social, educational and recreational programmes at low cost. The Neighbourhood House aims to enhance the social and economic development of the community and is conducted on principles of inclusive participation, community empowerment, life-long learning and active citizenship.

The MDHSS Neighbourhood house programme is part of the Victorian Government Neighbourhood House programme for building vibrant Victorian communities. The value of having the Neighbourhood House located at the

Mallacoota Health Centre is reflected through the excellent range of services offered to the community, in particular assistance, referral and information provision for many government services, so important for people living in a remote community.

The Neighbourhood House offers support groups designed to meet the needs of people in the area of self-development, skills development and physical activity. Classes are offered in a range of areas. A total of 375 individuals participated in support groups and fee-for-service classes, during 2017-2018

### Neighbourhood House Support Group Participants

Category	Activity	Individuals 2015-2016	Individuals 2016-2017	Individuals 2017-2018
<b>Self-development</b>	Camera Club	21	19	12
	Birdbath Workshops	15	14	9
<b>Social Inclusiveness</b>	Pizza Lunches	84	71	76
<b>Skills Development</b>	Computer Classes	22	14	16
	CPR and Anaphylaxis	18	24	20
	Wilderness First Aid	-	-	22
<b>Physical Activity</b>	Aerobics Classes	34	30	50
	Yoga Classes	-	74	30
	Mums/Bubs Exercise Classes	31	32	23
<b>Information Sessions</b>	Snake Safety	-	51	43
	Fire Safety Awareness	-	52	28
	Memory Matters	-	-	46
<b>Totals</b>		<b>225</b>	<b>381</b>	<b>375</b>

# Community Services

*Memory Matters  
Information session*



*Fire Safety  
Demonstration*



*Playgroup CPR  
Information session*

## Playgroup

Neighbourhood House Playgroup is an important programme for families in the community and meets on a weekly basis. Playgroup is well supported by parents and grandparents attending sessions. Playgroup is an informal programme run by MDHSS volunteers, who are drawn from the parent group. Adults stay with their children at Playgroup so they have the opportunity to meet other parents sharing similar experiences, which helps to ease isolation that may come with caring for young children.

Although Playgroup is an informal programme, MDHSS uses Playgroup sessions to introduce parents/grandparents to health, social and community support services. The Maternal Child Health Nurse offers group activities and also undertakes immunisations to individual children in the group. Ambulance Victoria present Emergency First Aid sessions for infants and toddlers, the Mallacoota Police visit to provide familiarisation with police activities in the community.

# Community Services



*Digitization is a  
Team effort*

## Learn Local

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The Learn Local programme provides educational opportunities for community members to develop their skills and knowledge through Computer Classes including: Beginners and Intermediate Computer Skills, Introduction to MS Word, Digital Devices ( iPad, tablets and smart phones) and Mindfulness workshops. A total of 500 student contact hours were provided in 2017-2018 to members of the community

## MDHSS Telecentre

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Access to computers and computing skills is very important to people living in remote areas. The MDHSS Telecentre plays an important role in assisting members of the community to increase their computer skills. The MDHSS Telecentre within Neighbourhood House is open to the public four days a week for Internet access and computer hire at affordable rates. The Telecentre is also a venue for Learn Local funded computer classes. In partnership with the East Gippsland Shire Council Library Outreach programme, MDHSS provides two hours of free internet access per week to library members, which is a valuable resource for the community.

Telecentre Usage		
	Attendances	Hours
2017-2018	437	602
2016-2017	466	561
2015-2016	355	479

## Centrelink Agency

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Centrelink is an Australian Government statutory agency delivering a range of Commonwealth services to the Australian community. The Centrelink agency located within the Neighbourhood House provides community members and visitors to Mallacoota with access to services, such as information and referral, submitting fortnightly forms, assistance with registering and accessing online services, access and completion of forms and telephone interviews.

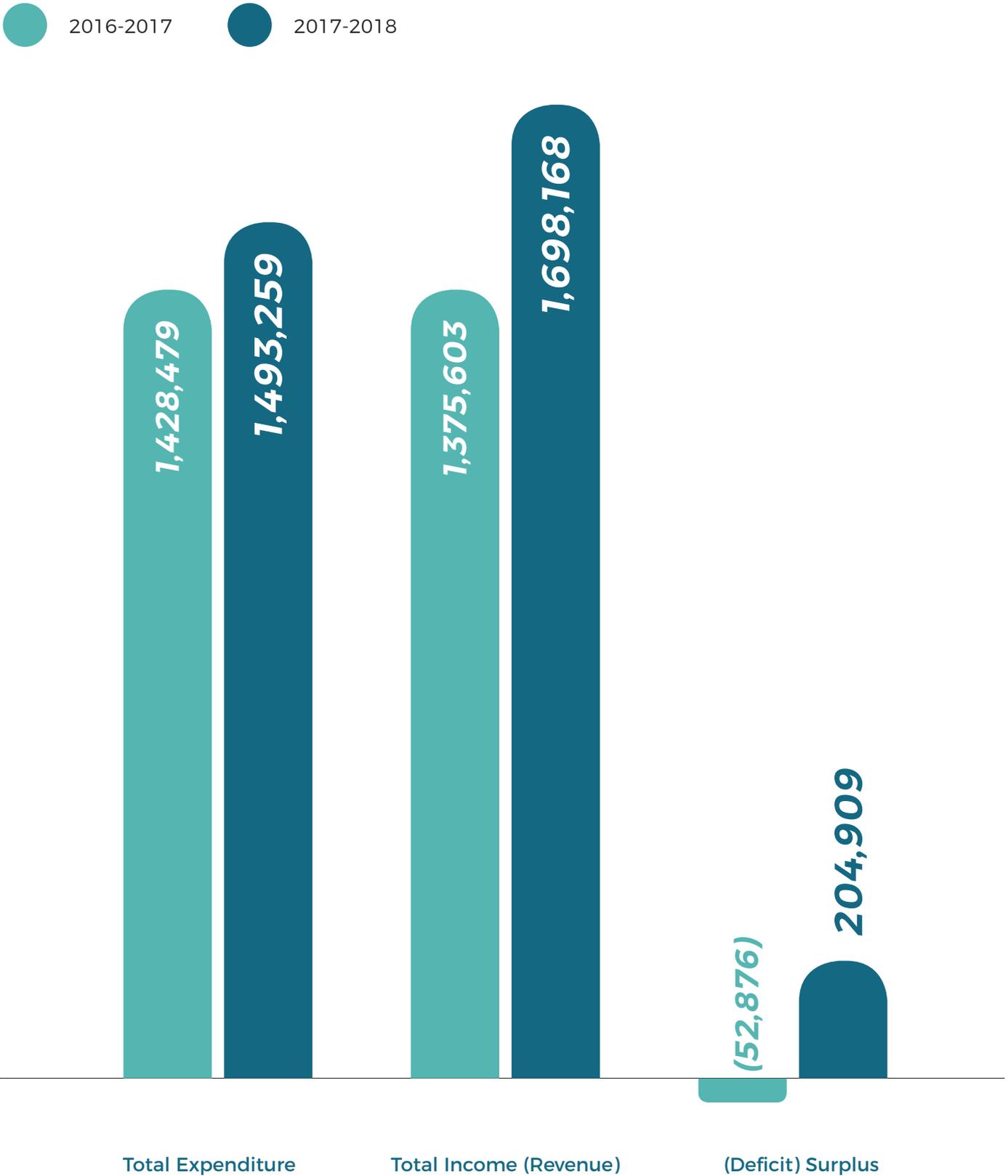
The Centrelink Agency has a dedicated computer, telephone and office space for convenience of access for clients. MDHSS staff provide support and assistance to clients. The Centrelink Agency recorded 722 visits during 2017-2018. Staff have spent more time with individual clients who have indicated to staff how essential the service provided was for helping them to solve difficult issues.

## The Healthy Living Show

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MDHSS recognises the important links between health and other aspects of welfare and community well-being. MDHSS provides Health and well-being information to the community via radio and local newspaper coverage. A local community radio programme hosted by MDHSS called 'The Healthy Living Show' is broadcast live to air weekly. The local newspaper titled 'Mallacoota Mouth' contains a designated MDHSS information section. MDHSS publishes a Community Newsletter several times a year, which contains information about health education and other events at MDHSS.

# Summary of Financial Results



# MDHSS Financials

## Statement of profit or loss and other comprehensive income for the year ended 30 June 2018

	2017-2018	2016-2017
<b>Revenue</b>	<b>1,507,820</b>	<b>1,363,103</b>
Employee benefits expense	(972,682)	(886,691)
Program expenses	(266,304)	(253,820)
Property expenses	(39,265)	(48,132)
Administrative and other expenses	(133,616)	(122,096)
<b>Surplus before capital and specific items</b>	<b>95,953</b>	<b>52,364</b>
Capital purpose income	190,348	12,500
Depreciation expense	(81,392)	(117,740)
<b>Surplus / (deficit) for the year</b>	<b>204,909</b>	<b>(52,876)</b>
Other comprehensive income, net of income tax		
Other comprehensive income for the year, net of income tax	-	-
<b>Total comprehensive income / (deficit) for the year</b>	<b>204,909</b>	<b>(52,876)</b>
Surplus / (deficit) attributable to:		
Members of the association	204,909	(52,876)
<b>Surplus / (deficit) for the year</b>	<b>204,909</b>	<b>(52,876)</b>
Total comprehensive income / (deficit) attributable to:		
Members of the association	204,909	(52,876)
<b>Total comprehensive income / (deficit) for the year</b>	<b>204,909</b>	<b>(52,876)</b>

# MDHSS Financials

## Statement of financial position as at 30 June 2018

	2017-2018	2016-2017
<b>Assets</b>		
Current assets		
Cash and cash equivalents	697,430	405,847
Trade and other receivables	81,820	71,715
Financial assets	1,347,369	1,334,155
<b>Total current assets</b>	<b>2,126,619</b>	<b>1,811,717</b>
<b>Non-current assets</b>		
Property, plant and equipment	588,064	622,954
<b>Total non-current assets</b>	<b>588,064</b>	<b>622,954</b>
<b>Total assets</b>	<b>2,714,683</b>	<b>2,434,671</b>
<b>Liabilities</b>		
Current liabilities		
Trade and other payables	70,896	36,840
Employee provisions	387,388	355,311
Income received in advance	11,976	-
<b>Total current liabilities</b>	<b>470,260</b>	<b>392,151</b>
<b>Non-current liabilities</b>		
Employee provisions	12,319	15,325
Total non-current liabilities	12,319	15,325
Total liabilities	482,579	407,476
<b>Net assets</b>	<b>2,232,104</b>	<b>2,027,195</b>
<b>Equity</b>		
Accumulated funds	2,001,066	1,989,729
Funds held for specific purpose	231,038	37,466
<b>Total equity</b>	<b>2,232,104</b>	<b>2,027,195</b>

# Legal Compliance

## Medical Equipment Safety

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AusStandard Services Pty Ltd. (biomedical service provider) undertakes annual safety and performance testing on all medical equipment at MDHSS, to ensure compliance with AS 3551. Further, MDHSS maintains a database for medical equipment as a requirement of AS 3551.

## Tag and Test

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Tag and Testing of general electrical equipment is undertaken at regular intervals to ensure compliance with AS 3760.

## Visual Termite Inspection

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Termite inspections in and around existing building and structures are undertaken every six months, in accordance with the Australian Standard Termite Management Part 2 - Guidelines AS 3660.2-2000.

## Food Safety

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An external third party audit was conducted by Mr. Paul Garry, DLA Philips Fox. The audit resulted in 100% compliance to both the Victorian Food Safety Act 1984 and ANZFA Food Standards Code. Also, East Gippsland Shire Council conducted a food safety audit that resulted in 100% compliance.

## Fire Safety

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Fire appliances and systems have undergone audits every six months by the Country Fire Authority.

## National Competition Policy

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In accordance with the National Competition Principles agreed to by the Federal and State Governments in April 1995, MDHSS has implemented policies and programmes to ensure compliance with the National Competition Policy through an examination of each business activity to establish and apply market contestability and tendering for the provision of services, where appropriate.

## Compliance with Building Act 1993

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MDHSS has established procedures for reporting, planning and forward budgeting of Standards Assessments and Condition and Maintenance Assessments. Government funded agencies are required to carry out an assessment and report on the condition of their built assets in accordance with good business principles, practices and government requirements, including the following:

- Principles of asset management, as set out in the asset management series (1995)
- Minister for Finance guidelines - Buildings Act 1993 - Standards of Publicly Owned Buildings.

**MDHSS**  
*Community  
learning  
together*



 **Mallacoota  
District Health  
& Support Service**





Mallacoota  
District Health  
& Support Service

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