



2020-2021

ANNUAL REPORT



www.mallacoota.org.au



*Mallacoota is
considered a coastal gem
of Far East Gippsland*

Acknowledgement of Traditional Owners

MDHSS acknowledges all Aboriginal and Torres Strait Islander peoples as the traditional custodians on whose ancestral lands MDHSS is situated.

We recognise and pay our respects to Elders past, present and emerging and their ongoing connections to country, and to all Aboriginal and Torres Strait Islander peoples and communities across Australia.

Mallacoota is set on the Bottom Lake of Mallacoota Inlet.

Surrounded by the sparkling waters of the lake and beach and a short boat trip to Gabo Island, this picturesque town is considered one of the most geographically isolated communities in Victoria.

Mallacoota has for many years been a regular holiday spot for generations of families who have come to bask in the natural beauty of the area, particularly over the summer period.

Mallacoota came to the World's attention during the 2019/20 Bushfires and since then, has attracted many more first-time visitors to the town wanting to experience the magic of Mallacoota and its surrounds.

The coast from Betka Beach to the rugged Quarry Beach, where snorkelers explore the rocks, or peaceful Secret Beach, the Top Lake, Bottom Lake, the inlets, cliffs, beaches and bush walking tracks are tourist attractions that swell the population up to ten times during peak holiday periods over Summer and Easter.

There has been a noticeable increase in visitation during the rest of the year.

Mallacoota is one of the most isolated

towns in the state of Victoria, situated 25 kilometers off the Princes Highway, 523 kilometers east and 6 hours from Melbourne and 526 kilometers and 7 hours south of Sydney.

Mallacoota District includes the outer lying areas of Genoa, Wangarabell, Maramingo Creek, Gipsy Point and Wroxham. The Mallacoota district is an island in a sea of forest. It is surrounded by Croajingalong National Park and includes pockets of agricultural land.

It encompasses 200,000 hectares and is classified under the Australian Bureau of Statistics Remoteness Areas (ABS-RA) five classification scale as 'ABS-RA4- Remote Australia' and under the Modified Monash Model's 1 (MMM) seven geographical classification scale, as MMM6.

Mallacoota District Health and Support Service (MDHSS) is the local Community Health Service that serves the town and a large surrounding area throughout the year.

MDHSS is an integral part of the Community.





VISION

*Beyond
Borders*

Our Mission

Grow and develop MDHSS and deliver a range of quality health, social and community support services to meet the evolving needs of our community and beyond.



Our Vision

Provide health, social and community services to improve the well-being of the people of Mallacoota and surrounding areas.

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Introduction	Governance	Organisation Structure
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EXECUTIVE REPORT

On behalf of MDHSS it is with pleasure
that we present the Annual Report for 2021.

Our purpose has never been more relevant than over
the past year where we supported people through
uncertain times and impacts of COVID-19 restrictions
to control the Pandemic.



**MS. ANNETTE PEISLEY
BOARD PRESIDENT**



**MS. ANNE MWAGIRU
CHIEF EXECUTIVE OFFICER/BOARD SECRETARY**

With unreserved appreciation we take this opportunity to acknowledge our highly motivated and dedicated Volunteers, Homecare Support workers, Clinicians - Medical, Nursing, Allied Health and Contractors who work so hard to ensure the delivery of quality healthcare services to our community. MDHSS maintained clear focus in our vision to develop and in reshaping for growth. Leveraging technology to deliver more convenient, personalised quality care and long term sustainability of the organisation.

2021 however had many challenges. The invasive persistence of COVID19 affected our lives in ways not before experienced, assaulting the very fabric of our community and communities nationwide. One of the most recognised impacts of 'lock down restrictions', which is particularly relevant for MDHSS as we continue to support those who need assistance to heal after the devastation of the Black Summer Bushfires, is workforce burnout. The additional and compounding physical and emotional strain on our staff, committed to ensuring service delivery to this community during lockdowns, is confronting and exhausting. What has kept us going is the adoption of technology. A hybrid of office and remote work capabilities has enabled us to maximum service delivery and enhanced outcomes now and for the future.

Newer systems and technologies have been adapted and implemented. Creating additional efficiencies and better accountability, free up skilled professionals from the drudgery of old-fashioned paper-based bookkeeping and reporting systems, giving more time to concentrate on client care. Improved Telecommunication, virtual technology, AI, IOT and Cloud Conferencing services now offer us alternative methods to carry out business. In many circumstances it is no longer essential for clients to travel outside of Mallacoota to have a consultation with a chosen General Practitioner or Specialist. Instead, Telehealth and Digital@Home technology can bring professionals to the client at MDHSS as a Health Centre, or in the comfort and security of their own home.

Utilisation of modern technologies also gives certainty to necessary Executive conferences and Board meetings. This ensures little disturbance to Governance work calendars. They play an essential role in maintaining and enabling growth in key partnership and stakeholder networks. The Board, Staff, Volunteers and indeed the Community have grasped the opportunity to embrace technology. MDHSS has recorded well in excess of 500 hours of Community educational training to familiarise and grow in confidence in its use. Adopting and adapting to this technology has a three-fold positive health effect; The benefits of physical exercising continue; social connections are maintained, which is so important against the isolating effects of COVID; older consumers gain or extend skills they may not have had before. This familiarisation and growth in competence and confidence transfer across to other health related technologies or personal connectivity.

MDHSS has embraced iHealth and new digital platforms from Gippsland Primary Health Network (Gippsland PHN), called Lifeguard. Lifeguard is a real time remote patient monitoring system that will help people stay at home and in control of their health. DigitalCare@Home help our clients better understand the signals their body sends out to them, so that they become a key player in their own healthcare. The iHealth and Lifeguard technologies calculate personal health data, track results and securely share them with client's health professionals.

MDHSS also invested in Clinical Pilates equipment. Clinical Pilates, is prescribed and supervised by a Clinical Pilates trained physiotherapist. This has brought new vector to health recovery and rehabilitation. Clinical Pilates has been received with overwhelming acceptance and utilisation by the community: such as after injury or surgery, helping improve posture, flexibility, muscle strength, control, balance, core and pelvic floor strengthening.

MDHSS continues with its plans to help alleviate the housing shortage which remains a critical issue in Mallacoota. MDHSS housing program and housing shortage was exacerbated by the loss of MDHSS managed Kids Under Cover house. Here we acknowledge the support of Government agencies and our local Mallacoota Real Estate in smoothly transitioning MDHSS Miva Miva Ballymena cottages into housing solutions for some of our community's vulnerable members.

Additionally, MDHSS is committed to further increasing its independent living units, has designed new fully accessible units to be built on the adjoining vacant block and planned the refurbishment of the five existing units pending trusted partnerships and availability of funding.

Our resolve to provide Health, Social and Community

Services to improve the wellbeing of the people of Mallacoota and surrounding areas is further guided by our 2020-2025 Strategic Plan. This is a fluid document that is continuously reviewed, reevaluated and reinterpreted to ensure it stays relevant as circumstances and the environment in which we conduct business change and evolve.

For example, impacts to the physical environment (fire, pandemic, floods), changes in community health and wellbeing needs (Housing and Mental health solutions) or changes to stakeholder legislation, Healthcare, Agedcare and Disability delivery models. Here the key is for MDHSS to remain committed, focused and responsive to change.

In 2020/21, the regulatory space, was filled by changes in Agedcare and Disability worker requirements. All staff, volunteers and members of the Board executive undertook and passed newly introduced mandatory NDIS screening checks, NDIS Worker orientation, NDIS Worker modules and staff requirements on COVID19 vaccination for self-safety and that of the clients for whom they care. The Board undertook a full review of its overall Policies, Risk and Emergency Management Frameworks. This was considered both timely and essential to ensure that the strategies this organisation has in place for risk mitigation remain current.

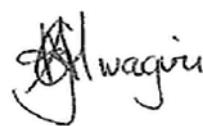
MDHSS, highlight of achievements was when it certified 290 meticulously scrutinised National Quality Standard indices to achieve Full Accreditation. This achievement is a recognition that MDHSS is committed to best practice, quality, systems and processes and continuous improvement at National Governing Industry standards. Further, it reassures clients and the local community that MDHSS is committed to delivering patient-centric integrated care models combined with an increased focus on empowerment, wellness and better health outcomes for all.

Overall, MDHSS, with very hard work, reported a strong Financial outcome for the fourth consecutive year, Results of resilience, sustained focus, growth and stability in extremely difficult times in the community nationally and globally. A Net Surplus of **\$0.891M** and Total Assets of **\$5.2M**.

MDHSS will, and continues to, channel its energies in proactive thinking and adaptive service provision, securing funding and opportunities for the benefit of the community. All MDHSS assets and cumulative reserves are utilised in Healthcare and Wellbeing both collectively and for person-centred needs, of people in Mallacoota and District Community.



Ms Annette Paisley



Ms Anne Mwagiru

GOVERNANCE

Mallacoota District Health and Support Service Inc. (MDHSS) is an incorporated organization under the Associations Incorporation Reform Act 2012 (Vic).

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

The Board consists of up to nine members elected for a period of three years by members of the organization at the Annual General Meeting, with three members standing down each year but eligible for re-election.

The Board meets a minimum of four times per year.

The Chief Executive Officer of MDHSS acts as the 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.

We were pleased to re-elect Roger Jackman and welcome past Board member, Jenny Warren, back to the Board this year, along with Nerissa Bradley and William Taylor to fill casual vacancies.

The Board has worked extremely hard over the past year, despite the pressures of isolation and stresses from ongoing COVID 19 pandemic, to retain and grow the 2021 vision for the future of MDHSS.

MDHSS Board Attendance 2019-2020

For the 2019-2020 period there were 8 meetings held.

MEMBER	ATTENDANCE	TERM
Ms. Annette Peisley	7	2022
Mr. Terry Houge	7	2021
Ms. Judy Taylor	7	2022
Ms. Jenny Warren	5	2024
Ms. Nerissa Bradley	4	2024
Mr. William Taylor	4	2024
Mr. Roger Jackman	6	2023

BOARD OF MANAGEMENT



Ms Annette Paisley
Board President



Mr Terry Houge
Board Vice President



Ms Judy Taylor
Executive Director



Ms Anne Mwagiru
Chief Executive Officer



Ms Jenny Warren
Board Director



Mr Roger Jackman
Board Director



Dr Jane Greacen
Board Consultant



Mr William Taylor
Board Director



Ms Nerissa Bradley
Board Director

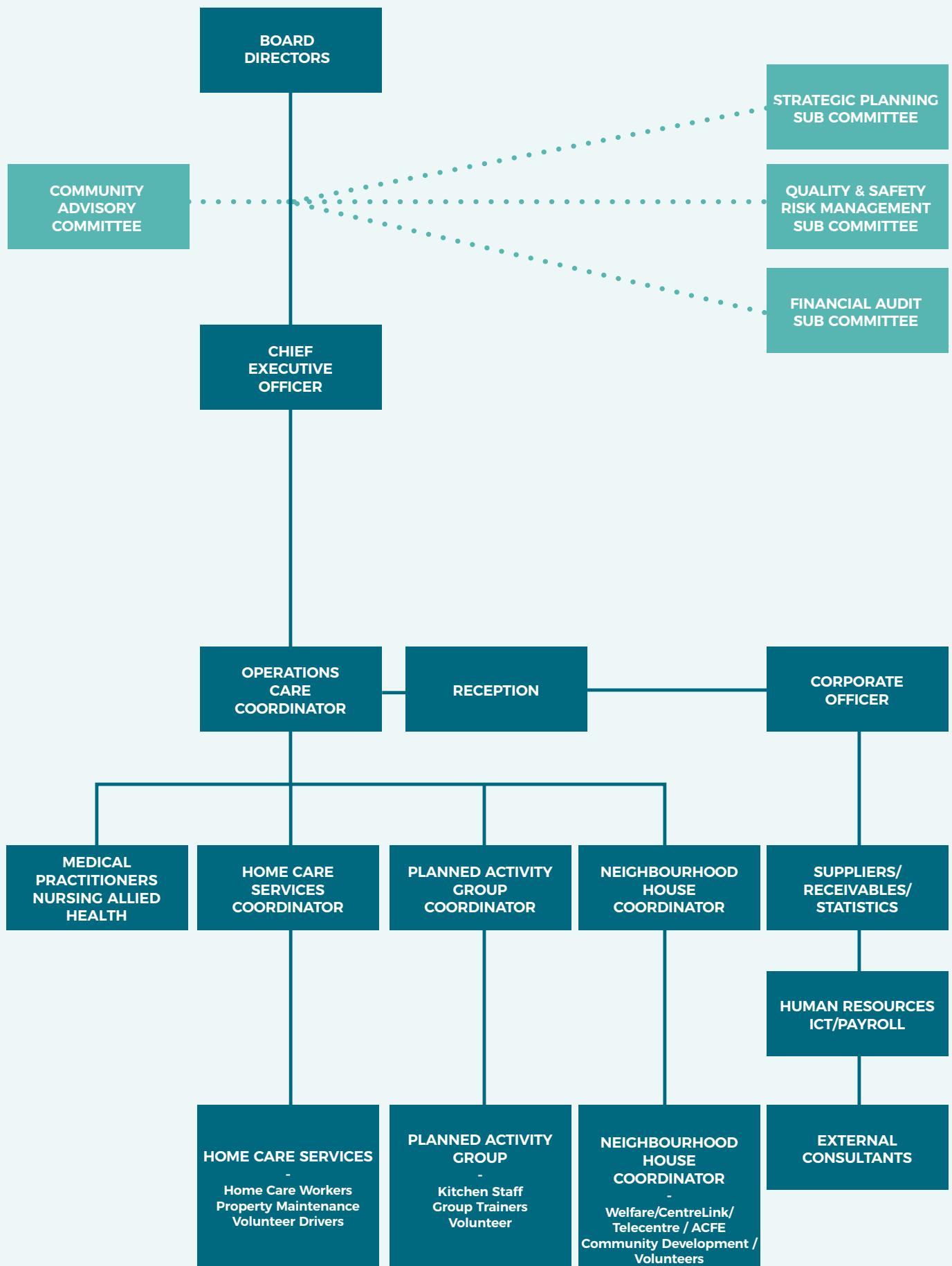


Dr Ignatius Oostermeyer
Board Consultant

BOARD MATRIX

BOARD MEMBER & POSITION	QUALIFICATIONS	BACKGROUND EMPLOYMENT & VOLUNTEER
Annette Peisley President	Cert IV Applied Science (Laboratory)	<ul style="list-style-type: none"> Former Horticultural Technical Research Officer for Dept. of Agriculture <p>Volunteer Positions undertaken:</p> <ul style="list-style-type: none"> Vice President Mallacoota Historical Society President Genoa Township Committee and Sports Committee President Mallacoota Kindergarten
Terry Houge Vice President	Mobile Intensive Care Paramedic Cert IV Frontline management Cert IV Workplace Training and Assessment	<ul style="list-style-type: none"> Former Paramedic Community Support Coordinator <p>Volunteer Positions undertaken:</p> <ul style="list-style-type: none"> Mallacoota Ambulance Auxiliary
Judy Taylor Executive Director	Bachelor Applied Science Dip. Public Safety (Policing) Cert IV Conservation and Land and Management	<ul style="list-style-type: none"> Senior Constable of Police Former Secondary School Teacher <p>Volunteer Positions undertaken:</p> <ul style="list-style-type: none"> School Council Member Mallacoota P -12 College President Wattle Glen Residents Association President Wattle Glen Scouts, Friends of Watery Gully Committee member: Eltham Tennis Club Committee member: Ferguson Park Kindergarten
Roger Jackman Board member	Bachelor of Arts (Psychology/Communications) Graduate Diploma - Educational Administration Diploma - Mechanical Engineering Diploma of Anglican Orders	<ul style="list-style-type: none"> Ordained Anglican Minister Celebrant Multi discipline Engineering /International education – Teacher, Department Head Engineering Faculty Associate Director (Multi Campus, Multi Discipline) TAFE State wide Coordinator - Social and Community Services Education <p>Volunteer Positions undertaken:</p> <ul style="list-style-type: none"> Fairlea Women's Prison - School Council Mallacoota Golf and Country Club -Treasurer/Manager Mallacoota Inlet Aged Care - Secretary Anglican Parish and Diocese boards - Melbourne, Gippsland
Jenny Warren Board member	Qualifications in Finance Administration	<ul style="list-style-type: none"> Administrative officer Mallacoota Real Estate Former Business Manager Mallacoota P-12 College <p>Volunteer Positions undertaken:</p> <ul style="list-style-type: none"> Committee member Mallacoota Soccer Club President Mallacoota Pony Club Secretary Mallacoota Surf Lifesaving Club Mallacoota Kindergarten Committee member
Nerissa Bradley Board member	Master of Laws (LLM) by research with the Charity Law Unit, University of Liverpool, England Master of Applied Science (Library and Information Management) Graduate Diploma in Legal practice, University of Wollongong. Bachelor of Science (Chemistry)/ LLB (Hons Class II Div I), University of Wollongong	<ul style="list-style-type: none"> Customer and Amenities Officer Mallacoota Foreshore Holiday Park and Customer Service Office Former Administrations Officer Bushfire Recovery Victoria Former Solicitor at Shoal Coast Community Legal Service Former Senior Solicitor and Advocacy and Human Rights Officer <p>Volunteer Positions undertaken:</p> <ul style="list-style-type: none"> School Council member Mallacoota P-12 School Parents Advisory Committee Mallacoota Kindergarten Board Member Kiama Community College adult education
William Taylor Board member	Bachelor of Science Diploma of Education	<ul style="list-style-type: none"> Former Tax Assessor Former Secondary School Teacher Former Manager and Driver Coaster Bus Rentals <p>Volunteer Positions undertaken:</p> <ul style="list-style-type: none"> Vice President and Treasurer of Wattle Glen Residents Association
Dr Jane Greacen Board Consultant	Doctor & Occupational Physician	<ul style="list-style-type: none"> East Gippsland Councillor Former Director of Medical Services for Bairnsdale Regional Health Services and Omeo District Health Services. Founding CEO of the Rural Workforce Agency Victoria
Ignatius Oostermeyer Board Consultant	Barrister and Solicitor	<ul style="list-style-type: none"> Lawyer The Principal of a commercial and employment law firm Board Chair of MiCare a large charity providing settlement services for migrants as well as aged care services to the CALD (Cultural and Linguistically Diverse) community. Former Board member of Dental Health Victoria

ORGANISATION STRUCTURE



BOARD SUB-COMMITTEES

The work of the Board is supported by four sub-committees:

Audit and Finance
Safety, Quality and Risk Management
Strategic Planning
Community Advisory Committee (CAC)

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 strategies and risk management policies for MDHSS.

The Audit and Finance 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, and as required.

MEMBER	TITLE
Mr. Terry Houge	Board Vice president / Chair 2021
Ms. Jenny Warren	Board Director
Ms. Annette Peisley	Board President
Mr. William Taylor	Board Director
Ms Anne Mwagiru	Chief Executive Officer / Board Secretary

SAFETY, QUALITY AND RISK MANAGEMENT SUB-COMMITTEE

The Safety, Quality and Risk Management Sub-Committee is responsible for assisting the Board in developing Risk (Safety, Quality and Compliance) Management processes, protocols, accreditation, duty of care, compliance with legal rules and regulations and risk mitigation. In particular, operational risk includes workplace availability, work practices/ OH&S, meeting contractual agreements, meeting performance targets and industrial action risk.

The Sub-Committee is responsible for ensuring that the MDHSS Risk Register is maintained, and that appropriate action is taken and documented where risks have been identified. The Sub-Committee meets at least twice per year and as required.

MEMBER	TITLE
Ms. Nerrisa Bradley	Board Director / Chair 2021
Ms. Jenny Warren	Board Director
Ms. Annette Peisley	Board President
Ms. Judy Taylor	Board Executive Director
Mr. Roger Jackman	Board Director
Ms Anne Mwagiru	Chief Executive Officer / Board Secretary

STRATEGIC PLANNING SUB-COMMITTEE

The Terms of Reference identify the key responsibilities to:

Assist the Board to discharge its responsibilities for strategic planning that aspires to improve the safety and quality of MDHSS as an organisation;

Ensures that forward planning maintains a commitment to meet the Mission, Vision and Values of MDHSS, utilizing its resources in the most effective and efficient manner;

Provide leadership to management for forward planning that ensures strategic directions are identified, documented and communicated and used for decision-making.

The MDHSS Board Strategic Planning Sub-Committee is responsible for the overall planning and development of MDHSS as an organization 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 MDHSS Board Strategic Planning Sub-Committee meets a minimum of twice per year or as required, with the Chair being elected at the first meeting.

MEMBER	TITLE
Ms. Judy Taylor	Board Executive Director / Chair 2021
Ms. Jenny Warren	Board Director
Ms. Annette Peisley	Board President
Ms. Nerissa Bradley	Board Director
Mr. Terry Houge	Board Vice President
Ms Anne Mwagiru	Chief Executive Officer



In the first twelve months
of its Strategic Plan for 2020-2025

MDHSS achieved **80%** of its goals

and are now looking into further strategic growth

COMMUNITY ADVISORY SUB-COMMITTEE

The Community Advisory Committee (CAC) provides a link between the community and the Board. The 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.

MEMBER	TITLE
Ms. Fiona Sheean	CAC Secretary / Journalist
Ms. Meg Allan	Politics and Policies
Ms. Dianne Blood	Engineer
Ms. June Kinsella	Editor

Achievements

2020-2021

ACCREDITATION ACHIEVEMENT



MDHSS this year received their full National Quality performance Accreditation for the next three years. MDHSS met 270 performance indicators required to pass the accreditation.

Accreditation is independent recognition that an organisation meets the requirements of governing industry standards. Accreditation usually starts when an organisation identifies that its processes and service delivery need to be assessed.

This will be identified so the organisation receives specific funding and/or because an organisation wants to formally show their commitment to safety and quality. Accreditation reflects an organisation's commitment to continuous quality improvements.

QIP accredited organisation means you have peace of mind knowing the service you are visiting is committed to:

- ✓ Providing you with high-quality services and support in a safe environment
- ✓ Strengthening engagement with you, the consumer, and the organisation's community
- ✓ Embracing diversity—being respectful and understanding of differences, and
- ✓ Constantly improving to create positive outcomes.

Achieving QIP accreditation takes dedication, teamwork and a commitment to continuous quality improvement.

The delight of receiving these words from the Accreditors

"We are pleased to advise that Mallacoota District Health and Support Service Inc has been awarded full accreditation against the following sets of Standards:

**QIC Health and Community Services Standards 7th Ed
Accreditation is valid for three years:
14 July 2020 – 14 July 2023**

Congratulations on your achievement and thank you for your involvement in the process."



INCLUSIVE TRANSPORT FOR COMMUNITY

For a long time community members who use wheelchairs or scooters could not access Transport easily.

MDHSS through a successful funding application purchased a Bus with Disability Standards for Accessible Public Transport. Wheelchair or scooter access means those with mobility requirements can now be transported with ease. The Mercedes Bus comes fitted with a food freezer to safely transport meals on wheels to the community at the recommended temperature.

Meals on Wheels is an essential MDHSS service that delivers meals to those unable to cook or shop for themselves, including people living with an illness or disability.



1796

MEALS DELIVERED

1046

TRANSPORT HOURS

The service plays an important role in early intervention and health promotion.

After the Bushfires and now COVID-19 pandemic the MOW service and regular visits ensured people were not isolated and lonely. Duncan Finlay pictured, uses the Bus regularly and described the journey as "exhilarating" and the lift as "pretty nifty." A great achievement for the community.



INCLUSIVE TRANSPORT FOR COMMUNITY

The Client Transport Service Provides assistance to eligible people in the community to attend specialist medical appointments in and outside of Mallacoota. This service is of immense importance to the people of Mallacoota living in such a remote isolated location, particularly for transport to Specialist Medical appointments.

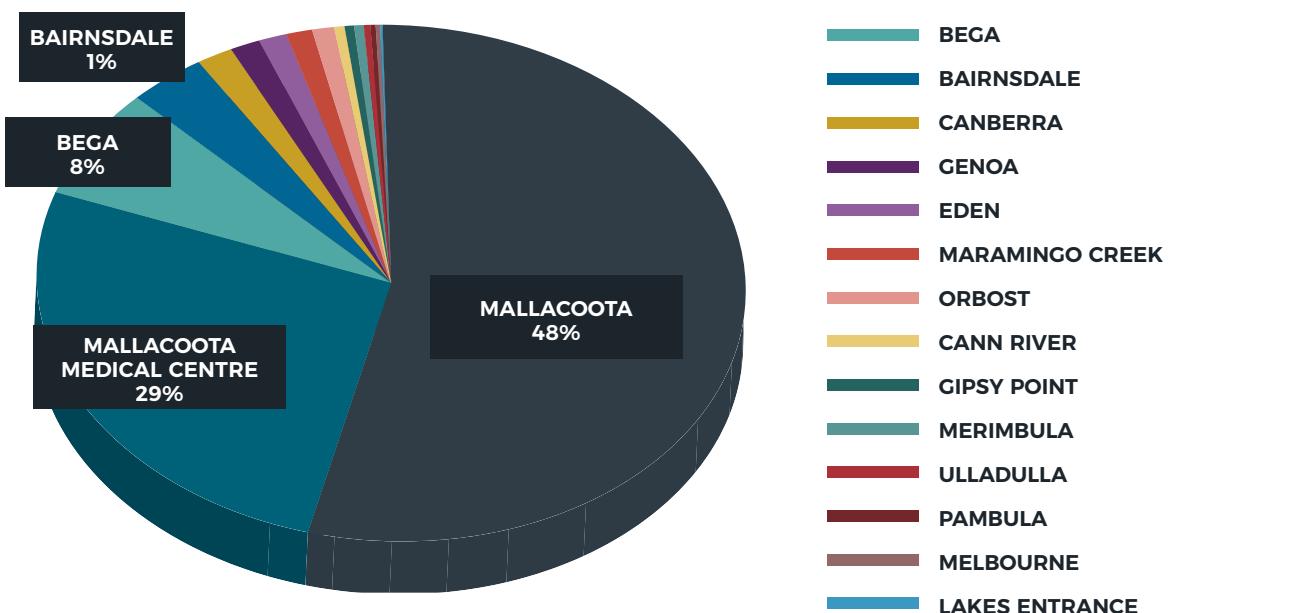
MDHSS is able to provide a transport service with the use of volunteer drivers that enables people to undertake necessary and sometimes critical medical appointments that they would otherwise delay or defer due to cost and difficulty of obtaining transport. This service extends to Bega, N.S.W., Canberra,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

In addition to the out-of-town destinations, the Client Transport Service was utilised to provide transport to the local Medical Practice and/or to the Community Health Centre for Allied Health, Community Nursing, and all other Health and Support Services. This is important service in a small rural town without public transport, particularly for older and frail people.

The chart below shows the number of individuals accessing the Client Transport Service. There has been a 50% increase in clients transport in the past year to shown destinations.



MDHSS Transport was my only hope to go shopping for food in Mallacoota from Genoa. They drove me for appointments when I was not feeling well. They didn't give up on me.



HOUSING FOR COMMUNITY

Miva Miva Ballymena purchased by MDHSS to house the community after the Bushfires has been another great achievement. In partnership with Department of Families, Fairness and Housing, Mallacoota residents were allocated the units in order of priority of need.

Mallacoota Accommodation Panel (MAP) comprising MDHSS, BRV (Bushfire Recovery Victoria) and CHL (Community Housing Limited) worked together and (the panel) prioritised the clients for the available accommodation. Referrals came from the Mallacoota Medical Centre, BRV, CHL and self referrals. These people are now residents of Miva Miva Ballymena Transitional Housing Units. MDHSS remains grateful to the Mallacoota Real Estate team who offered to manage the tenancies at Miva Miva Ballymena Units free of charge in support of the effort of MDHSS housing the community after the shortage caused by the Bushfires .

"I commenced Living at the Miva Miva Ballymena cottages recently. Before that and during the bushfires I was living at the Transitional houses managed by MDHSS.

We are only supposed to stay in the Transitional houses for a short period, and that is why I was moved to Miva Miva Cottages. The property has a pleasant atmosphere



and I felt quite at home when I moved here.

To now be in close proximity to the Township, associated community interests and MDHSS services has made my life so much easier all around. I am both grateful and pleased with my present living arrangements which I find to be easy, comfortable & pleasant." - Rosemary

"I would say that I have experienced most of what life has to offer and at this stage of my life I find myself perfectly comfortable living with my daughter, Ann, in Unit 5 of the MIVA Independent Living Units as part of the Mallacoota District Health and Support Services community. I live privately, independently and very securely within the complex"

"It's indescribable. I'm so happy. I can't explain how much I love it. I'm so warm. I go out on my balcony and look at the view. It's like I'm on a holiday. I thank MDHSS from the bottom of my heart. I really appreciate MDHSS for what they have done for me and the services they provide to our community. You don't realise it until you need their services and they come through to help" - Cheryl

"I would like to see many more of these units as I know that there is a definite need for them; and I feel guilty that I am enjoying this good life and others are not. I am one of the lucky ones to benefit from this facility. I have given away all my wealth - I have come in with nothing and will go out with nothing and I know I am well supported here."

- Matt



CLINICAL EVALUATION AND SAFETY

MDHSS is committed to providing client centred safe and high quality community health care service in line with organisational objectives, personal care plans and community health care needs.

Over the past twelve months, MDHSS has again demonstrated and validated its commitment to the community, organisational goals, values to quality and provision of safe community health services by participating in internal and external reviews. MDHSS also evaluated the efficiency and effectiveness of the organisational services to enabling best outcomes for the consumers, community, staff and visitors.

CLINICAL AND STATUTORY OBLIGATION

As a remote regional community multipurpose health service setting and organisation; we continue to work within designated and allocated funding responsibilities; and the national and state statutory health authorities, Health Acts, financial guidelines and obligations.

Despite recent and collective concurrent challenges of natural disasters, the COVID19 pandemic and associated demographic socioeconomic challenges, and lockdowns impacting on normal settings, locally and nationally; MDHSS continues to meet concurrent and emerging challenges, crisis and obligations with vigour and commitment within all financial and clinical governance constructs and in accordance with the principles and ethos of the National Safety and Quality Health Standards.

MDHSS met its quality improvement reviews, mission values, strategic plan, clinical obligation, annual statutory and financial reporting and obligations.

CLINICAL AUDITS

All Audits, client feedback, reported incidents and MDHSS KPIs are reviewed, evaluated and incorporated into informing and guiding quality safety; as well as to reflecting on and reviewing past performances, deficits and successes and incorporating these into improved outcomes.

All identified issues of concern, key enablers, data, statistics and recommendations are incorporated into our clinical governance systems reporting mechanism and disseminated within our key executive, Board and advisory groups with the focus on identifying trends or gaps in clinical performances, and Accreditation against National Quality and Safety Standards.

MDHSS performance in key clinical areas:

The following provide a brief outline of the scope of practice in the key clinical quality and safety areas MDHSS engaged in to enable better health outcomes access and service provision for the clients and staff engaged in their care.

- infection control
- wounds and dressings
- health assessment and integrated care
- falls and injuries
- chemical hazards
- immunisation
- OH&S
- complaints and commendations

As noted above; MDHSS collectively measures and analyses safety and quality performances and tasks through a staged and structured analysis of incidents, statistics and patient data against defined KPIs, terms of reference framework, designated key objectives, milestones and targets .

This end product core information is tabulated with the purpose of informing, guiding and streamlining best access and equity, safety and quality services provision and to benchmark our community and multi/interdisciplinary health performance core achievements within our reporting obligations.

MDHSS ensures optimal health services access and equity pathways and processes for all community and visitors.



Faisal Sabih

Clinical Nurse Specialist
Diabetes Educator



HEALTH PROGRAMS

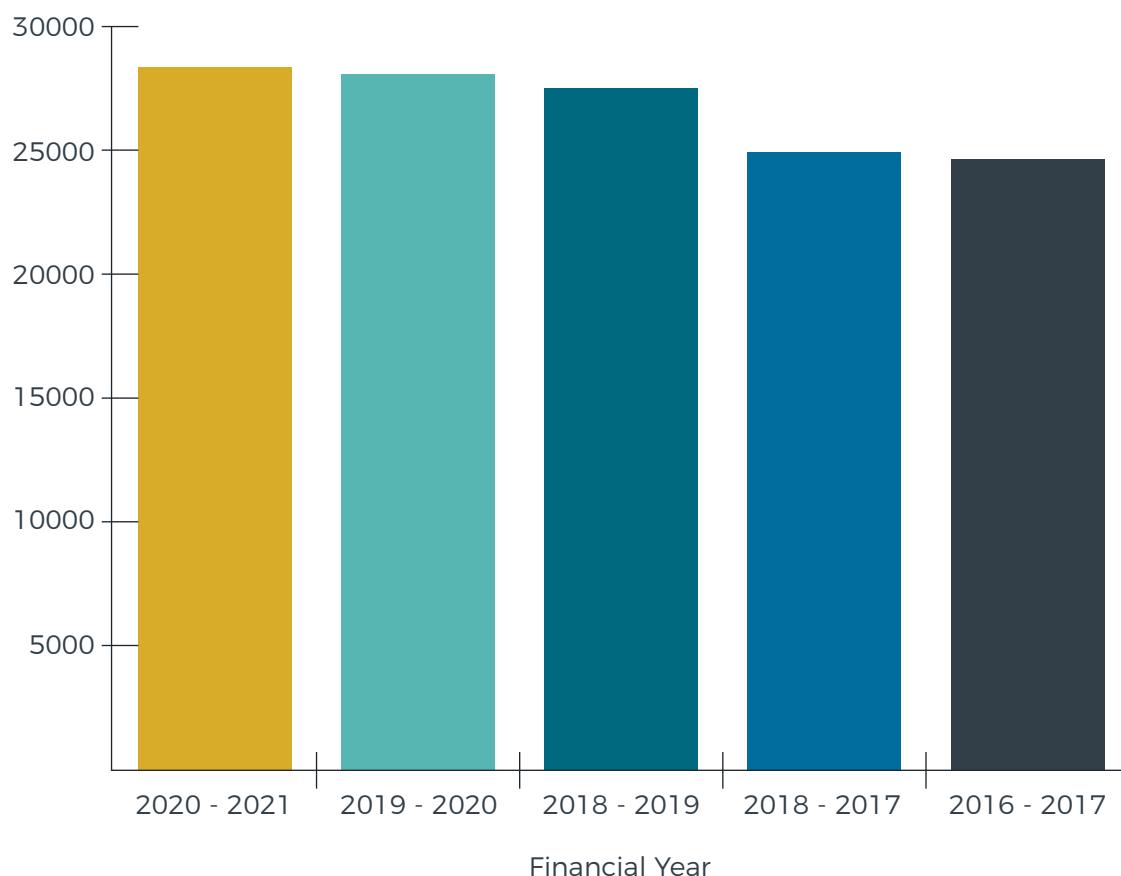
Mallacoota District Health and Support Service Inc., (MDHSS) programs are designed to maximise health and wellbeing and slow the progression of disease.

All activities are geared to promote, enhance and maintain the independence, health and well-being of people in the community.

MDHSS offers a social model of care and an integrated delivery of services achieved in partnership with Health agencies and networks in East Gippsland and beyond. This year MDHSS client activities were upheld by teams of dedicated staff notwithstanding unprecedented restrictions of COVID19 pandemic

OVERALL PERFORMANCE

Consultation Hours



PHYSICIAN

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 an 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.

These multi-disciplinary meetings are essential components in caring for conditions that may affect the elderly, including Delirium, Dementia, Alzheimer's disease and fall prevention.



Dr Craig Clarke
Clinical Governance

GENERAL PRACTITIONER

Skin Check Clinic is provided at MDHSS twelve clinic days per year, by Dr. Jenny Schlager. 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.

COMMUNITY NURSING

Community Nursing services are offered under the Commonwealth Home Support Program for people aged over 65 years, and also as part of the Home and Community Care Program for Younger People under 65 years. The Home and Community Care Programs offers a range of community nursing services to residents of Mallacoota District. The majority of nursing care is provided to clients from the Commonwealth Home Support Program. Both home-based and centre-based nursing is available, with most clients being provided care in their own homes. The Community Nursing program 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 and chronic disease management. The nurses also undertake clinical assessments, client referral, living at home assessments, Post-Acute care and Palliative care in the home. This year there was an increase in community Palliative care with more people preferring person centred care at home.

Financial Year	Total Hrs	Individuals
2020 - 2021	1362.73	399
2019 - 2020	709.68	244
2018 - 2019	718.3	288
2017 - 2018	1028	185
2016 - 2017	1265	135

POST ACUTE CARE

MDHSS provides Post-Acute care as a short-term planned care for clients and their carers following discharge from a public hospital. The Post-Acute Care Program offers a range of healthcare support services in the home. The aim of the program is to reduce the risk of a person being re-admitted to hospital.

Financial Year	Total Hrs	Individuals
2020 - 2021	265.01	55
2019 - 2020	254.2	36
2018 - 2019	187	38
2017 - 2018	168	22
2016 - 2017	125	18

MATERNAL NURSE

On a fortnightly basis, the Maternal and Child Health Nurse visits Mallacoota by road transport from Orbost Regional Health Service. Once you're home with your newborn baby, as well as offering advice on your concerns about child health and nutrition,

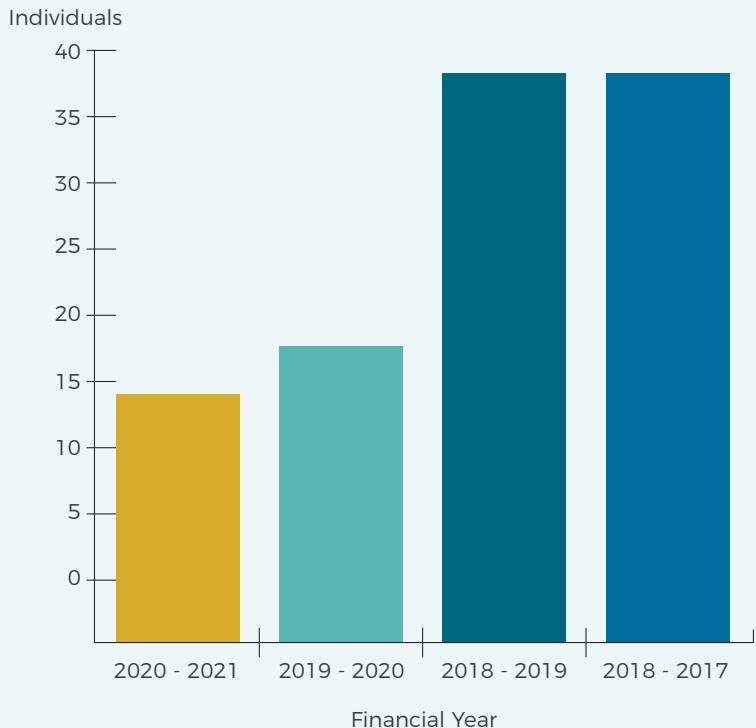
breastfeeding, your own health and any parenting issues, the maternal nurse will check your baby's growth and development. Child health nurse services are free for families with children from birth up to the age at which they start school.

Financial Year	Total Hrs	Individuals
2020 - 2021	104	86
2019 - 2020	115	103
2018 - 2019	151	99
2017 - 2018	108	71
2016 - 2017	147	51

PAPSCREEN/BREASTSCREEN

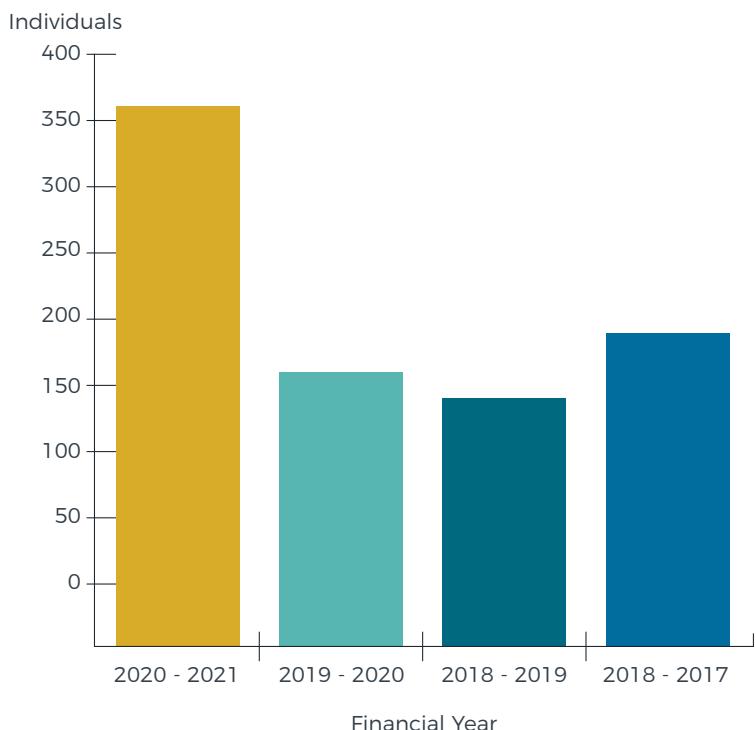
The PapScreen Program is provided to women in Mallacoota District undertaken by the PapScreen nurse at MDHSS. The National Cervical Screening Program reduces illness and death from cervical cancer. Women aged 25 to 74 years of age are invited to have a cervical screening.

Over the past 2 years COVID19 restrictions have impacted Pap screening. BreastScreen Victoria provides free breast screening for eligible Victorians. The BreastScreen bus visits MDHSS every two years. The next visit for the Breast Screen bus is at the end of this year, 2021.



PATHOLOGY COLLECTION

MDHSS offers a Pathology Collection service three mornings a week. The nurse collects samples of fluids and tissues from clients to help diagnose illnesses and other issues. They also look after storing and preparing the samples for transport to pathology labs for processing and analysis.



ALLIED HEALTH PROGRAMS

ALLIED FLY-IN SERVICE (RAFS)

Under the Rural Allied Fly-in service, the Australian Department of Health provides funding for 24 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, accountants, 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.

PODIATRY

The highest demand for Allied Health is in the area of Physiotherapy and Podiatry.

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.

Financial Year	Total Hrs	Individuals
2020 - 2021	135.26	203
2019 - 2020	147.63	185
2018 - 2019	210	124
2017 - 2018	230	130



Dr Malcom Walker - Podiatrist



WIDNESS

The word "WIDNESS" is displayed in large, bold, white letters. Each letter is filled with a different aerial photograph showing various coastal and urban landscapes, including towns, forests, and bodies of water.

The Allied Health Program support clients in the Commonwealth Home Support Program, Home Community Care Program for Younger People, and Home Care Packages program.

Allied Health is part of the Rural and Primary health program. Allied Health programs are available to the wider community. MDHSS provides Allied Health services on a regular basis, according to available funding, professional resources, accommodation and transport.

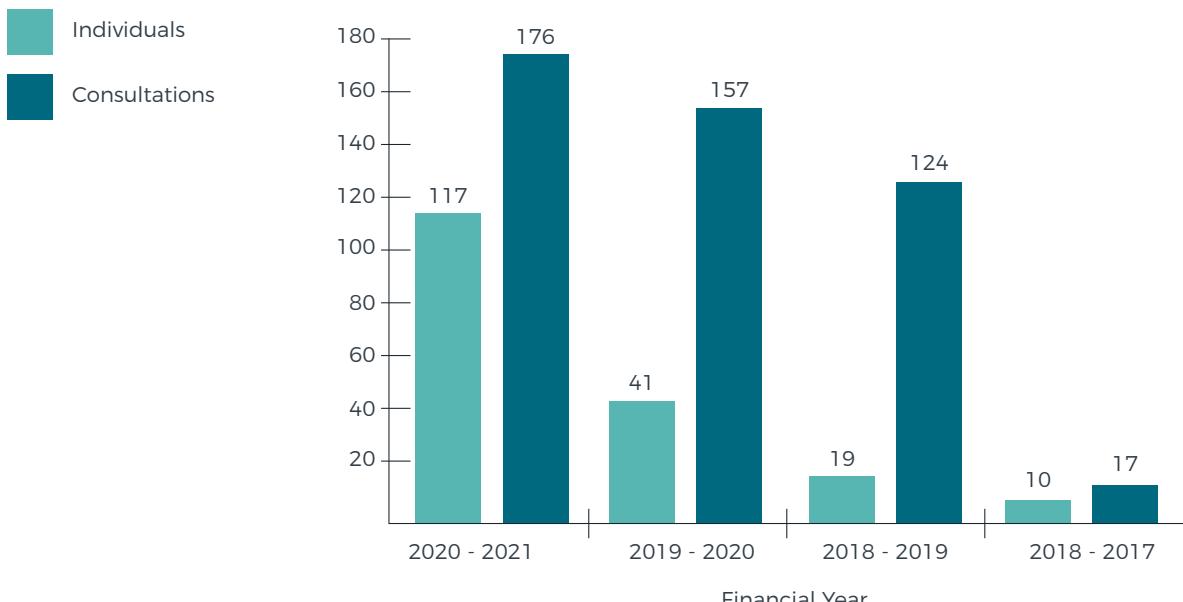
PHYSIOTHERAPY

MDHSS has utilised the services of locum or resident Physiotherapists. MDHSS recently purchased Clinical Pilates equipment which is used by qualified physiotherapists like Ebony who specialises in injury management and prevention. MDHSS Clinical Pilates group with individually tailored and supervised sessions are popular and the equipment is well utilised by the community .



Financial Year	Total Hrs	Individuals
2020 - 2021	1966.94	460
2019 - 2020	860.31	324
2018 - 2019	817	290
2017 - 2018	717	240
2016 - 2017	661	195

OCCUPATIONAL THERAPY



*Ongoing COVID19 and testing processes
Training conducted by Bairnsdale Regional
Health Clinical Educators*



*Joint Clinical and Admin Meetings with
Aged Care Regional Assessor via video link.
The new Hybrid work environment.*

DENTAL CLINIC

Dr. Karthi provides dental care to the community on a monthly basis at the MDHSS Dental Clinic, which operates as a private clinic. Dr Karthi has 32 years of experience and offers Dental examinations, Digital Xrays, Wisdom tooth extraction, Root canal treatment, Treatment for gum disease, Crowns and Bridges, Implant placement and restoration for missing teeth, Implant supported dentures, White and amalgam fillings, Teeth whitening, Medicare Child benefit scheme bulk billed, Dentures, partial denture with multiple options, Veneers both composite and Porcelain.

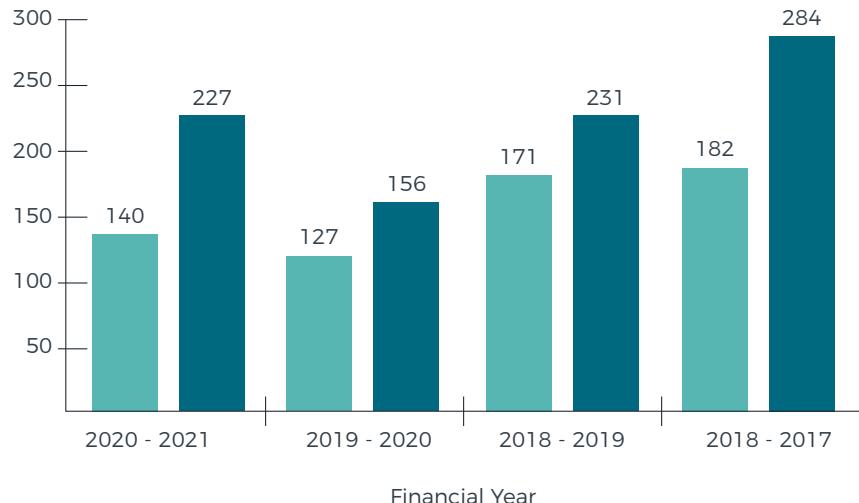
Priya is Dr Karthi's dental assistant. Dr Karthi has assisted the community through a difficult time of Bushfires and COVID-19 Pandemic in Mallacoota.



Dr Karthi
Dentist

Priya
Dental Assistant

Individuals
Consultations



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.

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.

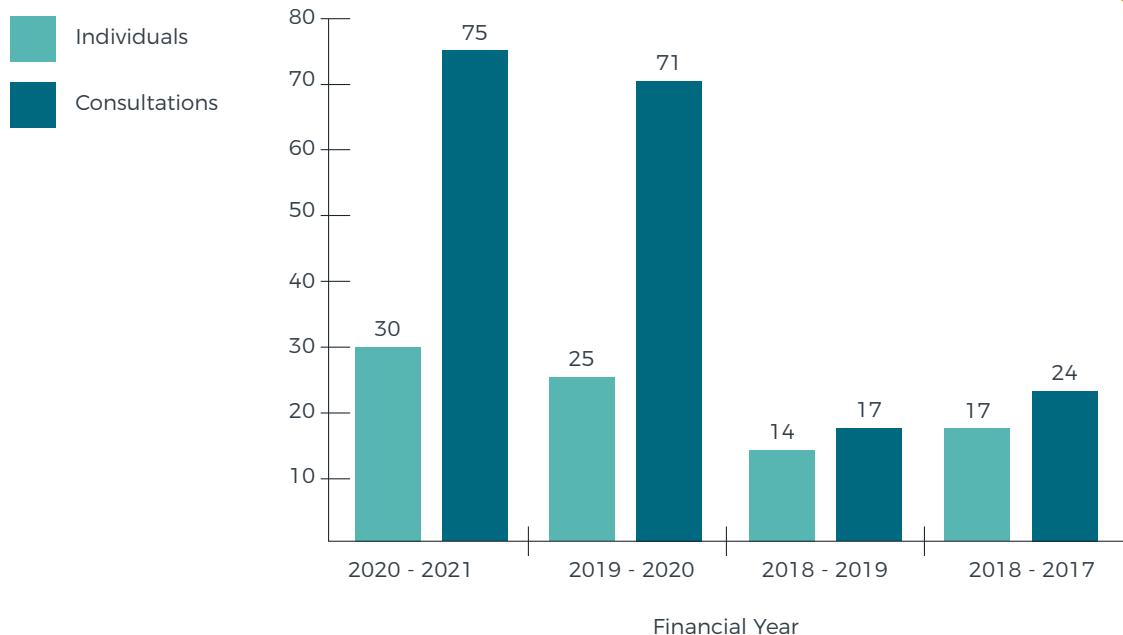
SPEECH PATHOLOGY

The Speech Therapist accesses the flight from Bairnsdale fortnightly. Client consultations are undertaken at MDHSS, and consultations for children and families at the Mallacoota Playgroup and Kindergarten.

Matt is a Certified Practising Speech Pathologist with a Master's Degree in Speech Pathology. His experience is working with pre-school and school age children in

a range of areas including speech, language, reading and writing, social skills, and emotional regulation.

He has worked extensively with children who have additional needs such as autism or intellectual disability. His experience includes working with adults who have difficulty with speech, communication and swallowing.



SOCIAL WORK/COUNSELLING SERVICE

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.

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 the Bairnsdale Regional Health Service.



HR REPORT 2020-2021

This year has seen further consolidation and cultural alignment in the customer focused aged care and disability sectors.

As we continue to evolve our practices and values in alignment with these human rights focused policy areas, I would like to commend all Staff at Mallacoota District Health and Community Services for how seriously they took (are taking) the COVID19 Pandemic and, in fact, are continuing to do so. As well as the impact on our practices and our own psyches, the pandemic has placed a significant strain and fatigue on staff, forcing some employees to look after their health, or that of their family first while others chose to retire. The pandemic has required all health services to divert already stretched resources and staff away from their usual duties to focus on intense infection control, testing, vaccination, Mental health and counselling services.

There has been increased competition for staff from other important policy areas such as drought and fire recovery initiatives at a time when the need for workers in our sectors is at an all time high. In fact, demand for staff in the aged, health and disability sectors is at an all time high nationally in metropolitan and regional areas, as evidenced by the recent State and Federal Government recruitment advertising.

Positives for the last year have included the continued commitment and resilience of staff at MDHSS, our ability to learn how to work and communicate via zoom, face masks and our continued focus on our clients - putting them, not us or Government policy, at the centre of our care and, in fact, all we do.

Our challenges for 2021-2022 will be to continue the foundational work of the last few years and to look at ways to attract more of the right fit skilled people to work in our sector in both full and part time capacities.

I would also like to thank the CEO, Anne Mwagiru and the Board of MDHSS for their vision, commitment and unwavering dedication to the values and mission of MDHSS



Steve Lowe
HR Manager





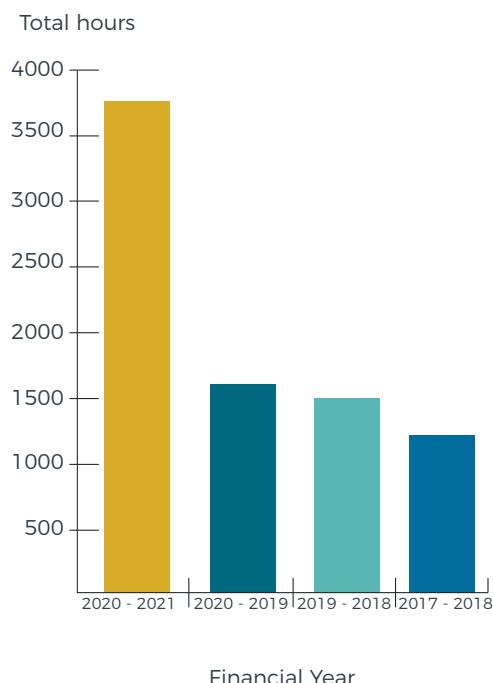
HOME SUPPORT SERVICE

DOMESTIC ASSISTANCE

MDHSS provides home-based services to eligible clients and eligible visitors to the area.

Support to keep people living and feeling well at home. Meals and other food services, Personal care, Nursing, Allied health and therapy services, Specialised support (vision / Dementia), Respite care at home or at MDHSS, Domestic assistance, Home maintenance, Home modifications, equipment, assistive technology, Social support and Transport.

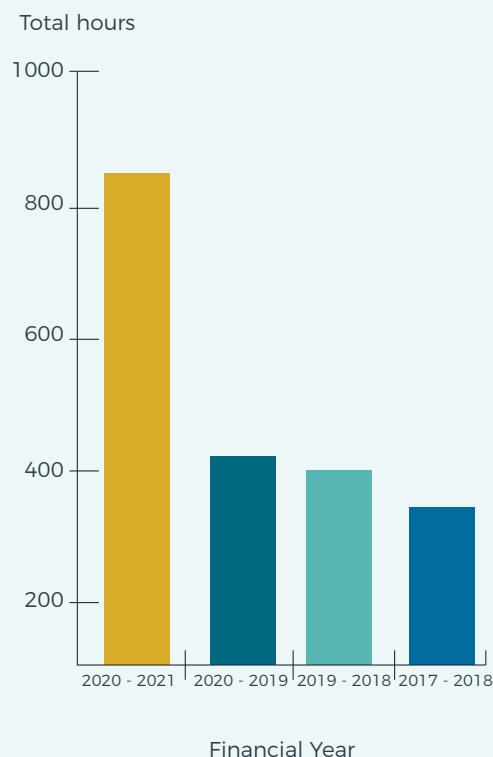
MDHSS Home care service is well utilised by all ages in the community of Mallacoota and surrounding Districts .



HOME BASED RESPITE CARE

Respite care is offered by MDHSS to clients/carers under the Respite Program as part of the CHSP funding. The aim of the program is to contribute to the support and maintenance of caring relationships between family carers and their dependent family members and / or their friends.

MDHSS offers up to 24 hours in-home respite care. Respite care can be for a few hours, a few days, or longer - depending on the clients/carers needs. Centre-based respite offers clients/carers opportunities to attend group social activities at Mallacoota District Health and Support Centre or participate in planned outings with the Planned Activity Group.





*Staff training
in session*



SOCIAL SUPPORT SERVICE

The largest program in Social Services, funded through the Commonwealth Home Support Program and the Home and Community Care program 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 the Planned Activity Group Program 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 programs are designed to provide clients with physical, intellectual and social/emotional stimulation. The PAG program operates five days per week and includes some weekend excursions. Regular activities for the year were as follows:

PLANNED ACTIVITY GROUPS

Physical Stimulation	Intellectual Stimulation	Social/Emotional Stimulation
Walking groups (weekly)	Bridge Club (bi-weekly)	Centre cased meals (bi-weekly)
Gentle exercise (bi-weekly)	Book Club (monthly)	Shopping bus local (weekly)
Arthritis exercise (bi-weekly)	Movie afternoons (monthly)	Bus trips out of town (fortnightly)
	Friendship Sewing Group (weekly)	
	Excursions out of town (as arranged)	

MEALS ON WHEELS

There has been an increase in delivered meals, particularly when there are no onsite lunches due to lockdown restrictions. A new Portable 75 litre Fridge/Freezer was purchased to ensure safe delivery of Meals-On-Wheels (MOW) to clients twice weekly. The Portable fridge/freezer was purchased to transport MOW's keeping them below 5 degrees as per food safety standards.

Pictured are staff and volunteers serving meals and packaging Meals on Wheels.

The menu is set each month by the Cook with input from the clients. Meals are prepared for centre based meals as well as MOWs on Mondays and Thursdays. The meals are delivered by a team of volunteers. The Work of volunteers is central to the success of social welfare programs provided by the organisation, such as Planned Activity Groups (PAG).

Volunteers are active in driving the bus locally and out-of-town, assisting with kitchen duties, coordinating Book Club and assisting with the Planned Activity program.



MOVIES

The monthly movies, held the last Monday of the month, are still proving to be popular. Refreshments, usually an ice-cream, are provided during the film. A variety of genres are screened: Biography/Drama, Romantic Comedy, Comedy/Drama, Biography/War, Drama.

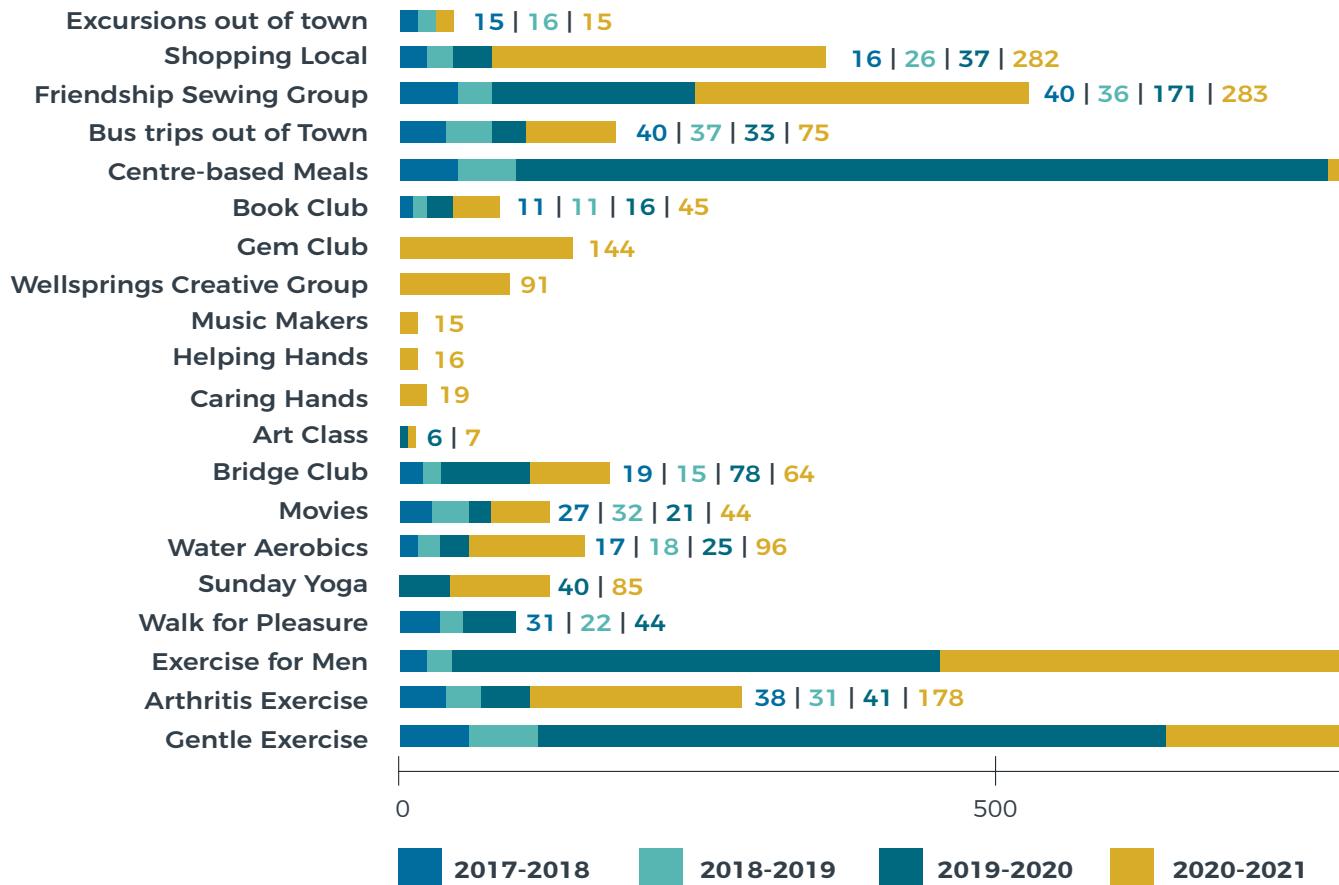
EXERCISE CLASSES

Classes have been irregular due to COVID19 restrictions. Fortunately Jeanette, Exercise Instructor, is adaptable and conducts online classes via Zoom. Jeanette's classes include Mens, Ladies and mixed classes, Monday - Friday.

FRIENDSHIP SEWING GROUP

Due to popular demand the Friendship Sewing Group meet weekly on a Thursday. Once restrictions have eased there will be planned workshops to make quilts in appreciation of the crew of HMAS Choules.

PLANNED ACT



Planned Activity is represented by 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 excursions out of town) the distance to these activities expands the actual hours recorded. MDHSS exceeds PAG target hours



IVITY GROUPS

52 | 49 | 683 | 1196

23 | 26 | 408 | 690

58 | 60 | 529 | 855

1000

1500

2000

Eden – Boydtown Excursion: At the suggestion of a participant, an excursion to Eden was planned for late January. The Planned Activity Group spent the morning in Eden then continued on to the Seahorse Inn for a delicious lunch. After a perfect day by the water participants enjoyed a leisurely scenic drive home.

Bega – Spectrum Theatre – The Little Mermaid Junior: A bus excursion to attend a matinee performance of the production was held in June. Prior to the matinee there was time for a stop off in Eden and an enjoyable lunch at the Bega Bowling Club. Securing front row seats for the performance gave the group ideal viewing for this wonderful and colourful Disney production.



Helen, Neil, Ann, and Lesley hanging out together at the movies in Bega.

VOLUNTEERS

Volunteers have been pivotal to MDHSS provision of service during the Bushfire trauma and COVID19 pandemic

During Covid restrictions, staff and volunteers provided extra delivery services, which enabled the community to have food supplies, newspapers and medications from the Pharmacy delivered to their homes. MDHSS appreciates each of our volunteers for their service to the community

Volunteers also assist with a majority of programs conducted at MDHSS. The work of volunteers is central to the success of social welfare programs provided by the organisation, such as the thirteen activities offered in the Planned Activity Group Program. Volunteers are active in driving the bus locally and out-of-town and personalised Transport of clients to Medical appointments locally and interstate, NSW and Canberra. Others assist with kitchen duties, coordinating kitchen rosters, servicing, packaging

and delivering meals on wheels. Coordinating book club, supervising the walking program, assisting with games and movie afternoons, assisting in the Telecentre, and assisting with support groups organised by the Neighbourhood House Program.

MDHSS provides training for volunteers throughout the year, and actively promotes the service to the community wherever possible through the MDHSS Newsletter, the local radio station and the local newspaper, informing the community how much these people are valued for all the work they do. 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.

CELEBRATING OUR VOLUNTEERS

2020-2021

ABREHART RUTH

Friendship Sewing Group
Book Club

BRENCHLEY DI

Client Transport

BURROWS BERYL

Bridge

FELLOWS VANESSA

Meals on Wheels

HOUCE TERRY

Client Transport

KAPCELOVICH PAUL

Client Transport
Meals on Wheels
PAG Bus

POULSEN JANET

Meals on Wheels

TAYLOR WILLIAM

Client Transport

APPLETON DIANA

Friendship Sewing Group

DRAKE JUNE

Kitchen

GROOM MICHAEL

Camera Club
Walking Group

JOLLY JULIE

Meals on Wheels

MASON PETER

Meals on Wheels
PAG Bus

PROCTOR GARY

Meals on Wheels
Client Transport

WATKINS ANNIE

Client Transport

BELL ANNE

Friendship Sewing Group

BRUCE SHARYN

Wellsprings

DU RAAN MARILIZE

Play Group

HANNAH ROSEMARY

Wellsprings

KAPCELOVICH MICHELLE

Client Transport
Meals on Wheels

NIXON SUE

Client Transport

SAKKAS JIM

Coffee and Quiz

WRIGHT JANICE

Client Transport

NUMBER OF VOLUNTEERS PER GROUP

10

CLIENT
TRANSPORT

5

MEALS
ON WHEELS

3

FRIENDSHIP
SEWING GROUP

2

KITCHEN

2

PIZZA

2

PAC BUS

2

SWIMMING
BUS

1

COFFEE & QUIZ

1

BRIDGE

1

BOOK CLUB

1

CAMERA CLUB

1

WALKING
GROUP

1

SHED

1

PLAY GROUP



HEALTH CENTRE



Mallacoota Health Centre **Mattsson House**

Office Hours - 8.30am to 5pm
Monday to Friday

Reception / Administration

Community Nursing

Home Care Services (HACC)

Podiatry

Dietitian

Dental Services

Maternal Child Health Nurse

*MDHSS
acknowledges our visitors*

*The support you gave
and Pearls of Wisdom
you shared*

Thank you and come again!



MDHSS and the community are grateful for the generosity of diverse funding granted to the Mallacoota and District community by various funding sources.

Mallacoota District and Support Service Health Centre is funded by State and Federal organisations and Local Government agencies to provide service programs in three broad areas: Health, Social and Community Services. Management of these services 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.

MDHSS is guided on service delivery and acquittals for funding according to the different funding agreements.

- MDHSS Self- Funded Program
- Dental Clinic Telecentre. The Shed.
- MDHSS Independent Units
- Miva Miva Ballymena Units



Commonwealth Home Support Program

- Domestic Assistance
- Community Nursing
- Podiatry
- Client Transport
- Assessments
- Service System Resourcing
- Respite



HACC Program For Younger People

- Domestic Assistance
- Community Nursing
- Podiatry
- Client Transport
- Assessments
- Service System Resourcing
- Respite



Gippsland Primary Health Network

- Social work/Counselling
- Podiatrist
- Geriatrician
- Occupational Therapy
- Dietitian
- Speech Therapy
- Project Coordination
- Rural Allied Fly-in Services (RAFS)



Community Nursing



- Housing program
- HEF
- Hacc Program for Younger People



Community Services

- Domestic Assistance
- Property Maintenance
- Delivered Meals



Victorian Cancer Council

- BreastScreen
- PapScreen



- Centrelink



- Child Protection, Housing, Disability, The Prevention of Family Violence, Multicultural Affairs, LGBTIQ+ Equality, Veterans, Women and Youth.



MDHSS PARTNERSHIPS

PARTNERSHIPS AND LINKS WITHIN THE EAST GIPPSLAND REGION

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

MDHSS provides home-based care programs as well as palliative care programs for people who wish to remain living at home. Over many years, MDHSS has cared for Palliative Patients at home and, enabling their choice to die at home.

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

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 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
- Gippsland Homelessness Network
- Home Care Package (Provider meetings)
- Post-acute Care (Provider meetings)

ORGANISATIONAL NETWORK

- 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

OUTREACH SERVICES

ASSOCIATED SERVICES



Continence Nursing, Drug and Alcohol, Peer Support



Palliative Care



Maternal Child Health Program



Peer Support



Achieve better health and wellbeing outcomes for the East Gippsland community

Financial Auditors

Crowe Australasia, an affiliate of Findex
Findex (Aust) Pty Ltd

Solicitors
Workplace Legal



Food Safety Auditors



NEIGHBOURHOOD HOUSE / COMMUNITY DEVELOPMENT

The Programs offered within MDHSS Community Service is comprised of:

Neighbourhood House (largest program)
Learn Local
Centrelink Agency MDHSS Telecentre
Housing and Welfare
The Shed

NEIGHBORHOOD HOUSE

The Neighborhood House Program is part of the Victorian Government Neighbourhood House Program for building vibrant Victorian communities.

The Program 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 Program provides a broad range of social, educational and recreational programs at low cost which are designed to meet the needs of people in the area of self-development, skills development and physical activity.

Activities offered include:

- Community Training and Development
- Exercise classes
- Pizza lunches
- Coffee and Quiz sessions
- Yoga classes and
- Children's Playgroup

LEARN LOCAL & MDHSS TELECENTRE PROGRAMS

These Programs have played an important role in enabling community members access to computers and online facilities. Tuition, through our Learn Local Program, was provided to enhance digital technology skills, either through classes (Digital Awareness) or on a one to one basis to assist people with computer skills, programs and/or online services, scanning emails documents and using email. Assistance was also provided in completing the 2021 Census forms and applying for travel and border permits.



THE CENTRELINK AGENCY

This is located within the Neighbourhood House and 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 clients and staff to provide support and assistance. The Centrelink Agency and MDHSS Telecentre remained open throughout lockdown to provide essential services and support to the community.

PLAYGROUP

Neighbourhood House Playgroup is an important program 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 program run by MDHSS volunteers who are drawn from the parent group. MDHSS thanks volunteer Maralize Du Raan who has been responsible for coordinating the program over the past year.

Playgroup runs indoors or outdoors on a Tuesday between 9 and 11 am to fit in with the children's sleep times. Adults stay with their children at Playgroup so they have the opportunity to meet other parents sharing similar experiences, which helps ease isolation that may come with caring for young children. Although Playgroup is an informal program, MDHSS uses Playgroup 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.

HEALTHY LIVING SHOW ON RADIO 3MGB / MDHSS COMMUNICATION TO COMMUNITY

MDHSS recognizes the important link between health and other aspects of welfare and community well-being. The MDHSS Healthy Living Show on Radio 3MGB is broadcast live to air weekly, providing health and well-being information to the Community. The local newspaper, the Mallacoota Mouth contains a designated MDHSS information section and MDHSS have a Notice Board outside the Post Office. MDHSS also publishes Community Newsletters several times per year which contains profiles, community and professional events at MDHSS and updates in relation to service delivery.

HOUSING AND WELFARE PROGRAM

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

Post bushfire Housing issues, along with the increase in people seeking to move away from cities in favour of regional areas due to the pandemic, has meant that the housing crisis in Mallacoota has continued. MDHSS has worked actively in the area to be able to assist people at risk of homelessness.

MDHSS source financial assistance from external organisations (Queens Fund, Ross Trust), and Community organisations (Mallacoota Anglican Church). MDHSS is funded to provide assistance to individuals. The demand during 2020-2021 exceeded the target allocation by 150% due to the shortage of accommodation brought by the bushfires and the global pandemic.

The Homelessness Support Program 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. This service also has a key role in providing crisis/protection related assistance to women and children experiencing family violence.

These Programs, including Housing Support, Housing Establishment, Community Housing and Housing Information and Referral are available for those people who find themselves in need of emergency housing. Finding suitable accommodation has been significantly impacted by the loss of MDHSS managed Kids Under Cover house in the bushfires and the ongoing housing and accommodation crisis in Mallacoota.

MDHSS Housing and Support Program manages two units for Community Housing Limited which are currently tenanted.

NEIGHBOURHOOD HOUSE/COMMUNITY DEVELOPMENT

Category	Activity	Individuals			
		2017-2018	2018-2019	2019-2020	2020-2021
Self development	Camera Club	12	13	9	0
	Birdbath Workshops	9	8	-	0
Social inclusiveness	Pizza Lunches	76	74	78	122
	Coffee & Quiz	-	42	76	199
	Playgroup	95	81	100	104
Skill development	Computer Classes	16	-	-	-
	CPR and Anaphylaxis	20	16	-	10
	Mental First Aid	-	-	-	30
	TAFE - Chainsaw Course	-	-	-	27
	TAFE - Construction Induction Card	-	-	-	14
	TAFE - Traffic Management Course	-	-	-	14
	Boat License	-	-	-	31
Physical Activity	Aerobics Classes	50	40	76	66
	Yoga Classes	30	60	63	31
	High Intensive Interval Training	20	20	-	-
	Mums/Bubs Exercise Classes	20	17	-	-
Information Sessions	Snake Safety	43	-	-	-
	Fire Safety Awareness	28	-	-	-
	Memory Matters	46	-	-	-
	Information Sessions	-	77	13	-
Telecentre	Telecentre Library Card				29
	Telecentre				107
TOTALS		468	448	423	784

NEIGHBOURHOOD HOUSE / COMMUNITY DEVELOPMENT

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 to access the pizza oven and tools and equipment located in the Shed.

FRIDAY IS FOR THE MEN'S ONLY GROUP

The Men have a BBQ lunch while doing projects together.

The Gem Club uses the Shed as their club rooms and meeting space.

The Shed activities include:

- Gem Club (Monday and Saturday)
- Wellsprings (Tuesday to Thursday)
- Woodfire Pizza Lunch (Wednesday)
- Men's Activities (Fridays).

THE WELSPRINGS PROGRAM

This comes under the Neighbourhood House Program, which was initiated by volunteers, Rosemary Hannah and Sharyn Bruce, in 2018 out of a desire for regular social interaction through sharing talent and skills.

The program is oriented towards community health in regard to people's general wellbeing.

Activities include:

- **Helping Hands (Shed Support Group):** A time to keep up with the general upkeep of the Shed , or simply to call in for a cuppa.
- **Green thumbs (Gardening Group):** to help maintain the garden around the shed.
- **Paper Mache:** BYO materials, books available to help you be inspired.
- **Talks and Walks:** Share a cuppa and go for a stroll along nearby bush tracks with the option of a Pizza lunch on your return.
- **Shed Culture:** a time for those who would like to get together to play some music, sing some songs, read a poem or tell a story.

- **This 'N That:** Share light social interests with Board games, such as Scrabble, Chess and many more. Books and jigsaws swaps available.
- **Caring Hands Support Group:** Women's friendship group where you can share creative craft interests.
- **Artisans Creative Group:** Simply a time for creativity. BYO materials with some basic materials available for mosaic works.
- **Hands on Creativity:** A time for those with creative interests and pursuits to meet together.

The Shed is managed by MDHSS staff Paul, Simon and John.



THE WELLSPRINGS PROGRAM



*Ahoy, the anchor of hope
Strength and stability, it does enhance
To help us to manage and cope*

*Giving us a good future, for us to enable
Granting us the vision to see the distance
Ahoy, the anchor of hope*

*Encouraging us to persist and be strong and able
Instilling in us the courage to forward advance
To help us to manage and cope*

*Balancing us to keep sure, steady and stable
Adjusting concerns and realities into right balance
Ahoy, the anchor of hope*

*Equipping us to be decisive, active and capable
Strengthening us towards purpose and perseverance
To help us to manage and cope*

*Keeping life circumstances aright and suitable
Maintaining us for the length of life's endurance
Ahoy, the anchor of hope*

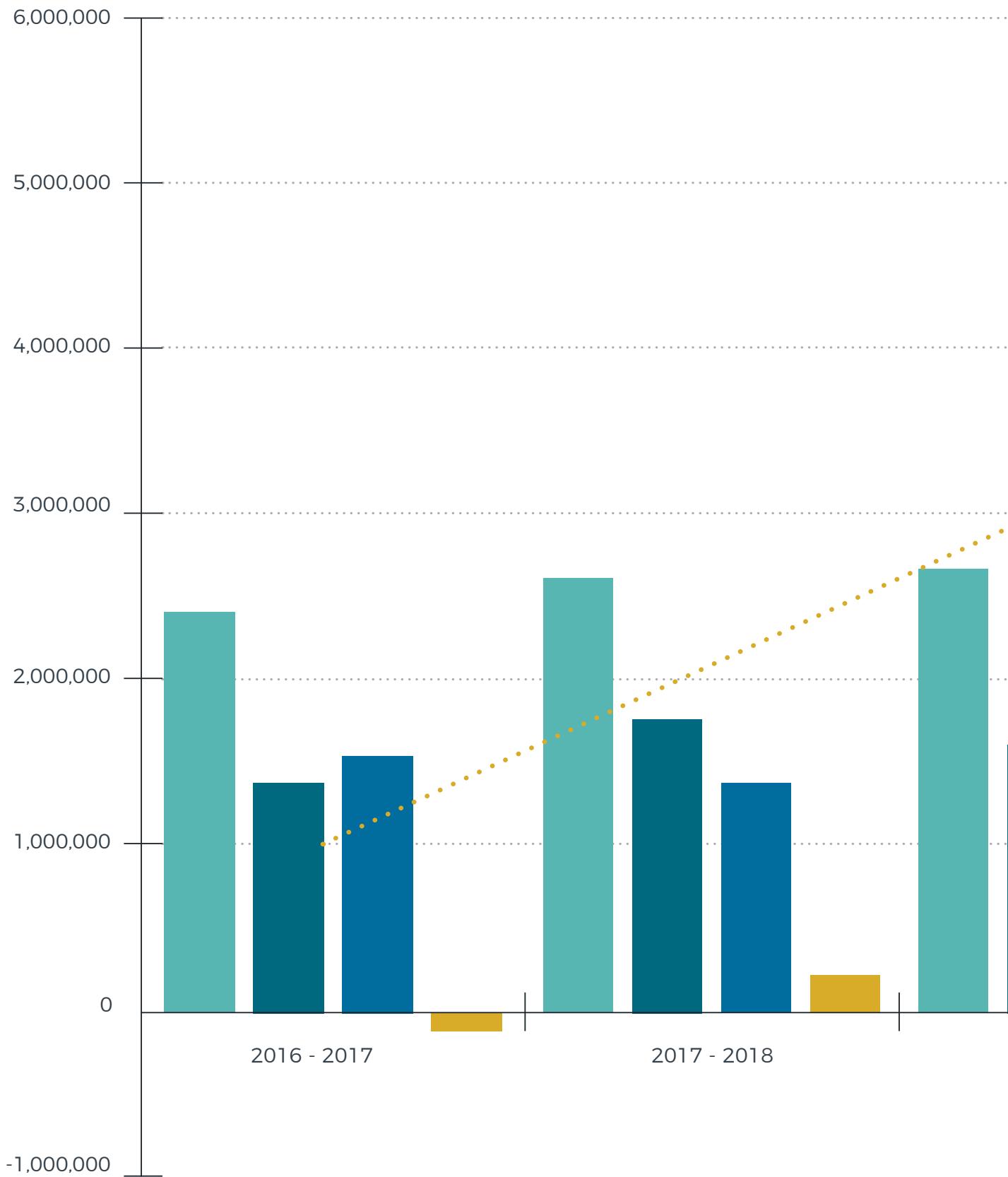
*Settling us to feel peaceful and comfortable
Enabling a life well lived and worthy of remembrance
To help us to manage and cope*

*Allowing life to be happy and enjoyable
Into a life of promise giving us entrance
Ahoy, the anchor of hope
To help us to manage and cope.*

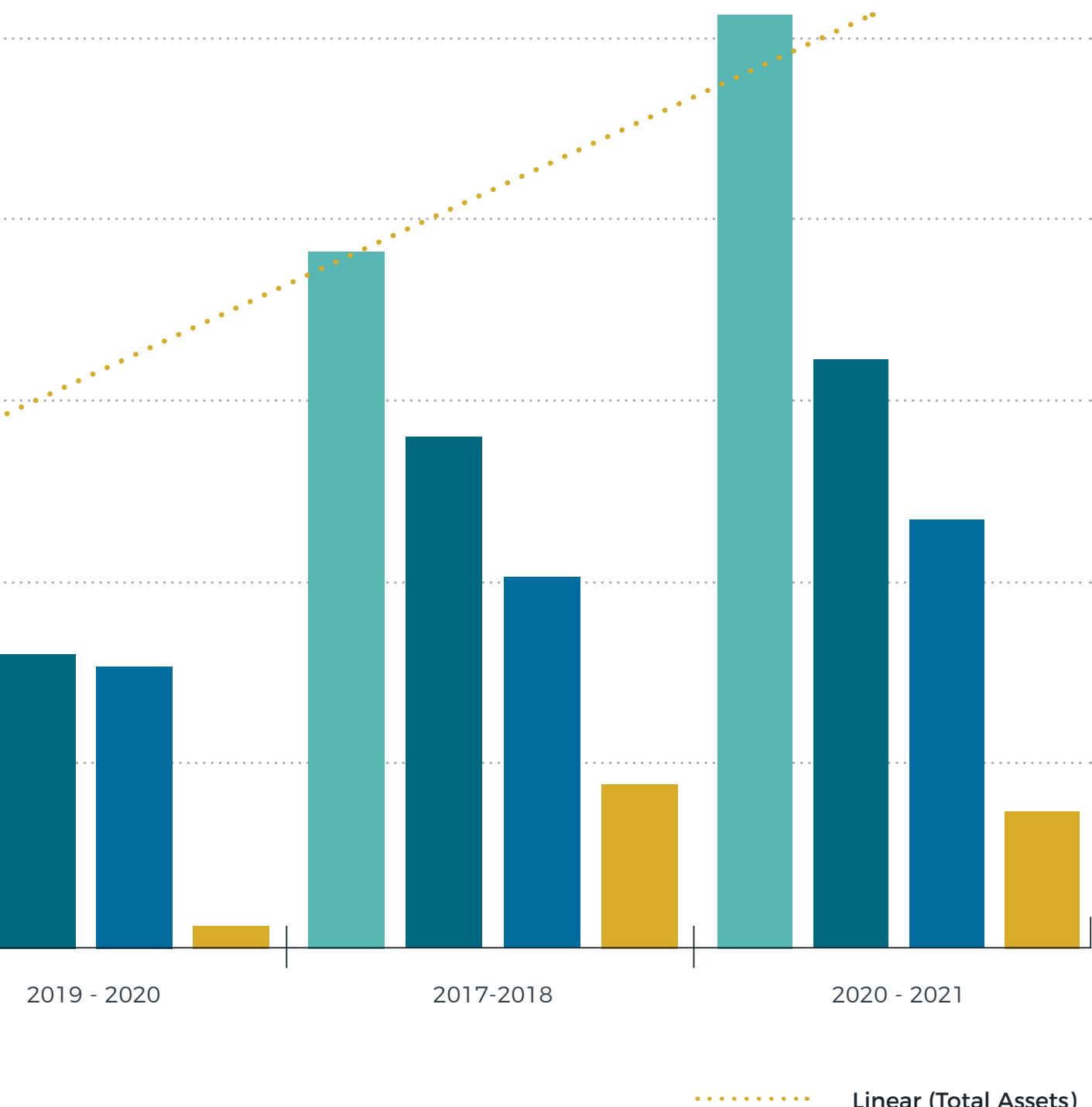
Rosemary Hannah (Wellsprings)

Mallacoota District Health and Support Service – The Shed

FINANCIALS



	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Assets	2,434,671.00	2,714,683.00	2,721,548.00	3,820,228.00	5,098,624.00
Income/Revenue	1,375,603.00	1,698,168.00	1,676,295.00	2,827,471.00	3,145,183.00
Expenditure	1,534,080.00	1,493,259.00	1,549,105.00	1,905,172.00	2,253,206.00
Deficite/Surplus	-52,876.00	204,909.00	127,190.00	922,299.02	891,977.00



STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

FOR THE YEAR ENDED 30 JUNE 2021

	Note	2021 \$	2020 \$
CONTINUING OPERATIONS			
Revenue	2	3,145,183	2,827,471
Depreciation	6	(125,893)	(72,888)
Employee benefits expense		(1,138,515)	(1,031,512)
Medical expenses and consultants		(344,766)	(256,989)
Other administrative expenses		(180,171)	(204,427)
Program expenses		(325,933)	(291,795)
Property expenses		(129,555)	(47,561)
Interest expense		(8,373)	-
		(2,253,206)	(1,905,172)
SURPLUS BEFORE INCOME TAX		891,977	922,299
Income tax expense	1(a)	-	-
SURPLUS FOR THE YEAR		891,977	922,299
OTHER COMPREHENSIVE INCOME, NET OF INCOME TAX			
Other comprehensive income for the year, net of income tax		-	-
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		891,977	922,299
SURPLUS ATTRIBUTABLE TO:			
Members of the Association		891,977	922,299
SURPLUS FOR THE YEAR		891,977	922,299
TOTAL COMPREHENSIVE INCOME ATTRIBUTABLE TO:			
Members of the Association		891,977	922,299
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		891,977	922,299

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2021

	Note	2021 \$	2020 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	3	751,560	1,015,930
Trade and other receivables	4	96,997	61,585
Financial assets	5	3,123,505	2,180,501
TOTAL CURRENT ASSETS		3,972,062	3,258,016
NON-CURRENT ASSETS			
Property, plant and equipment	6	1,126,562	562,212
TOTAL NON-CURRENT ASSETS		1,126,562	562,212
TOTAL ASSETS		5,098,624	3,820,228
ASSETS			
CURRENT LIABILITIES			
Trade and other payables	7	107,922	247,033
Provisions	8	227,618	215,742
Income received in advance	9	236,604	75,860
Borrowings	10	45,132	-
TOTAL CURRENT LIABILITIES		617,276	538,635
NON CURRENT LIABILITIES			
Borrowings	10	307,778	-
TOTAL NON-CURRENT LIABILITIES		307,778	-
TOTAL LIABILITIES		925,054	538,635
NET ASSETS		4,173,570	3,281,593
EQUITY			
Accumulated funds		3,942,532	3,050,555
Funds held for specific purpose		231,038	231,038
TOTAL EQUITY		4,173,570	3,281,593

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements cover the Association, Mallacoota District Health and Support Service Inc., incorporated and domiciled in Australia.

Financial reporting framework

The Association is not a reporting entity because in the opinion of the Committee there are unlikely to exist users of the financial report who are unable to command the preparation of reports tailored so as to satisfy specifically all of their information needs. Accordingly, these special purpose financial statements have been prepared to satisfy the requirements of section 60.40 of the Australian Charities and Not-for-profits Commission Regulation 2013 (ACNC Regulation) and meet the needs of the members.

For the purposes of preparing the financial statements, the Association is a not-for-profit entity.

Statement of Compliance

The financial statements have been prepared in accordance with the Australian Charities and Not-for-profits Commission Act 2012 , the recognition and measurement requirements specified by all Australian Accounting Standards and Interpretations, and the disclosure requirements of Accounting Standards AASB 101 Presentation of Financial Statements , AASB 107 Statement of Cash Flows , AASB 108 Accounting Policies, Changes in Accounting Estimates and Errors and AASB 1054 Australian Additional Disclosures.

Basis of Preparation

The financial statements, except the cash flow information, has been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement of fair value of selected non-current assets, financial assets and financial liabilities. Historical cost is generally based on the fair values of the consideration given in exchange for assets. All amounts are presented in Australian dollars, unless otherwise noted.

Accounting Policies

The accounting policies set out below have been applied consistently to all periods presented in these financial statements.

(a) Income Tax

As the incorporated Association is a charitable institution in terms of subsection 50-5 of the Income Tax Assessment Act 1997 , as amended, it is exempt from paying income tax.

(b) Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks and other short-term highly liquid investments with original maturities of three months or less.

(c) Property, Plant and Equipment

Property, plant and equipment are brought to account at cost less, where applicable, any accumulated depreciation and impairment losses. Historical cost includes expenditure that is directly attributable to the acquisition of the assets.

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the entity and the cost of the item can be measured reliably. All other repairs and maintenance are charged to the statement of comprehensive income during the financial period in which they are incurred.

The carrying amount of property, plant and equipment is reviewed annually by directors to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the assets employment and subsequent disposal. The expected net cash flows have been discounted to their present values in determining recoverable amounts. The cost of plant and equipment constructed within the Association includes the cost of materials, direct labour, borrowing costs and an appropriate proportion of fixed and variable overheads.

Depreciation

The depreciable amount of all property, plant and equipment including capitalised lease assets, are depreciated over their useful lives to the Association commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciation method and rates used for each class of depreciable asset are:

Class of Plant and Equipment	Depreciation rates	Depreciation method
Buildings	4%	Straight line
Plant & Equipment	20% to 40%	Straight line
Furniture, fittings and office equipment	13% to 25%	Straight line
Motor Vehicles	25%	Diminishing Value
Computers & Communications	40%	Straight line

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at each statement of financial performance date.

An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are included in the statement of comprehensive income.

(d) Impairment of Assets

At each reporting date, the Association reviews the carrying values of its tangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and replacement cost, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the statement of comprehensive income.

(e) Investments and Other Financial Assets

1. Classification

The Association classifies its financial assets in the following measurement categories

- i. those to be measured subsequently at fair value (either through OCI or through profit or loss), and
- ii. those to be measured at amortised cost.

The classification depends on the Association's business model for managing the financial assets and the contractual terms of the cash flows.

The Association measures its investments and other financial assets at amortised cost.

2. Recognition and derecognition

Regular purchases and sales of financial assets are recognised on trade-date, the date on which the Association commits to purchase or sell the asset. Financial assets are derecognised when the rights to receive cash flows from the financial assets have expired or have been transferred and the Association has transferred substantially all the risks and rewards of ownership.

3. Measurement

At initial recognition, the Association measures a financial asset at its fair value plus, in the case of a financial asset not at fair value through profit or loss (FVPL), transaction costs that are directly attributable to the acquisition of the financial asset. Transaction costs of financial assets carried at FVPL are expensed in profit or loss.

4. Impairment

For trade receivables the Association assesses whether there has been a significant increase in credit risk. For trade receivables, the Association applies the simplified approach permitted by AASB 9 Financial Instruments, which requires expected lifetime losses to be recognised from initial recognition of the receivables. Refer to Note 1(i).

(f) Employee Benefits

Provision is made for the Association's liability for employee benefits arising from services rendered by employees to reporting date. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled, plus related on-costs. Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits.

Contributions are made by the Association to an employee superannuation fund and are charged as expenses when incurred.

(g) Revenue

Revenue arises mainly from:

- i. Government grant funding;
- ii. Rendering of services; and
- iii. Interest received and other revenue

To determine whether and when to recognise revenue, the Association follows a 5-step process:

1. Identifying the contract with a customer;
2. Identifying the performance obligations;
3. Determining the transaction price;
4. Allocating the transaction price to the performance obligations;
5. and Recognising revenue when/as the performance obligation(s) are satisfied.

Revenue, including government grant funding that is subject to a funding arrangement that is both enforceable and sufficiently specific regarding its purpose, is recognised at a point in time or over time, when (or as) the Association satisfies performance obligations by transferring the promised goods to its customers.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customers.

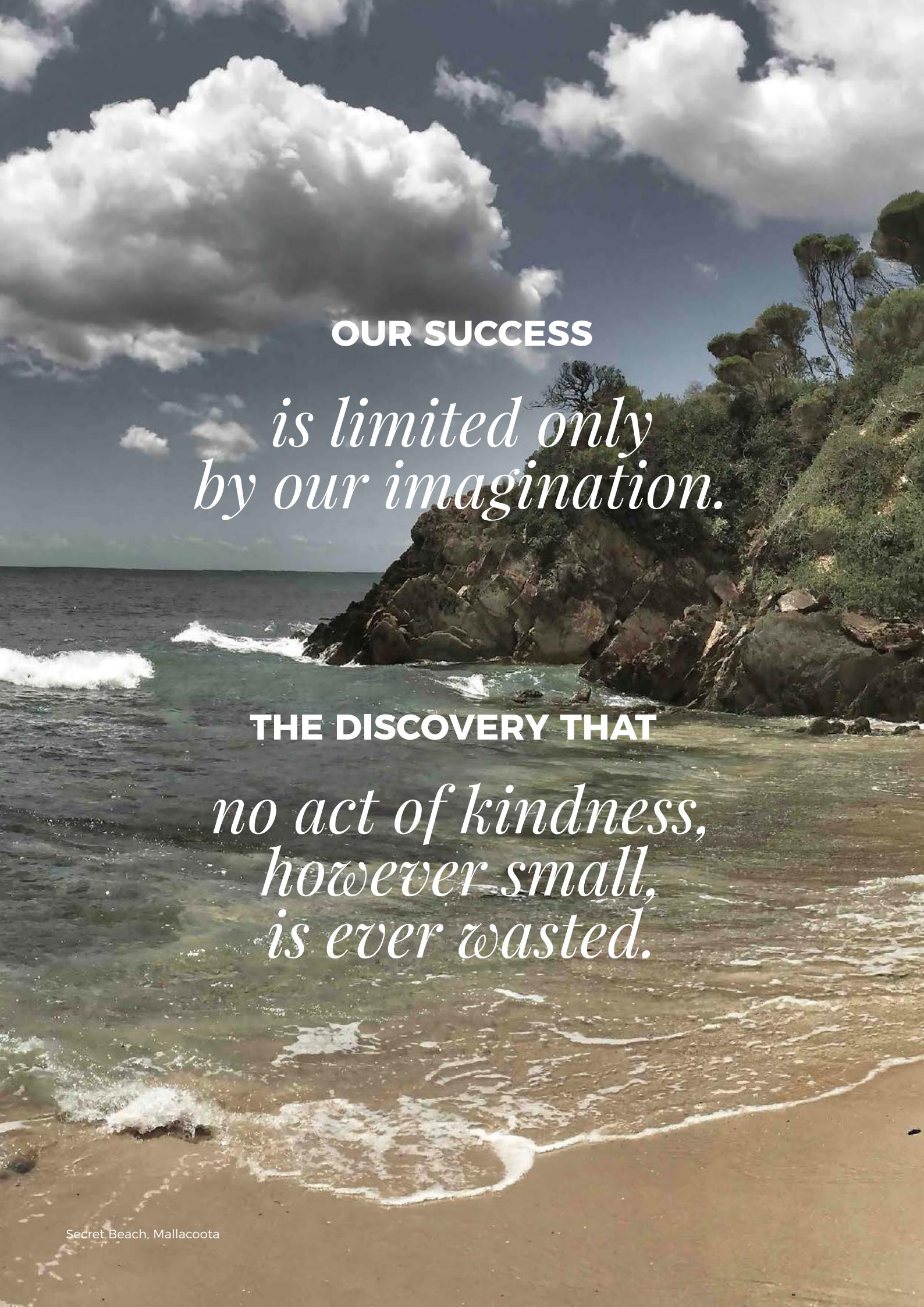
Government grant funding provided to the Association in accordance with a funding arrangement that is not both enforceable and sufficiently specific regarding its purpose, is recognised as revenue in the statement of profit or loss and other comprehensive income when the Association obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the Association and the amount of the grant can be measured reliably.

STATEMENT BY THE MEMBERS OF THE COMMITTEE

The members of the Committee have determined that the Association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies described in Note 1 to the financial statements.

In the opinion of the members of the Committee the financial statements set out on pages 5 to 17 present a true and fair view of the financial position of Mallacoota District Health and Support Service Inc. as at 30 June 2021 and its performance for the year ended on that date. The members of the Committee declare

1. At the date of this statement, there are reasonable grounds to believe that the Mallacoota District Health and Support Service Inc. will be able to pay its debts as and when they become due and
2. The financial statements and notes satisfy the requirements of the *Australian Charities and Not-for-profits Commission Act 2012* and the *Associations Incorporation Reform Act 2012*

A wide-angle photograph of a coastal scene. In the foreground, dark, foamy waves break onto a sandy beach. To the right, a large, rugged rock formation covered in green shrubs and small trees juts out into the water. The background features a dramatic sky filled with large, white, billowing clouds against a darker, overcast area.

OUR SUCCESS

*is limited only
by our imagination.*

THE DISCOVERY THAT

*no act of kindness,
however small,
is ever wasted.*



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