



## 30 YEAR HISTORY

# 1972 – Beginnings

Early in 1972, a public meeting was called by a group of South Eltham women. This led to the establishment of the Eltham District Welfare Committee which had as its aim, the provision of local health and welfare services. The Committee persuaded the Shire of Eltham to employ a Municipal Social Worker and establish Family Day Care.

With the data it had assembled for various submissions, the Committee was in a good position to reply to a Federal Government advertisement which invited applications for community health centres. In October 1975, a grant was made to cover two community health workers, a receptionist, the rent for a building, and a car. The Shire of Diamond Valley administered this and a grant for Aged Care Home Support won by its Municipal Social Worker.



The old Vicarage as it appears today. Now the parish office of the Anglican Parish of Eltham & Research. Classified by the National Trust as a building of significance. Photo courtesy of the Anglican Parish of Eltham & Research website: [www.elthamresearchanglican.org.au](http://www.elthamresearchanglican.org.au)

### 'CARE' SERVICE OPENS

## Problems? Here's help

**A COUNSELLING and care service set up as a response to community needs in the Eltham and Diamond Valley area opened its doors to the public for the first time last week.**

Based in temporary headquarters - the old vicarage at St. Margaret's Church of England, Pitt St., Eltham - the new health and welfare centre is funded by the state and federal governments.

It is staffed by a full-time psychologist and co-ordinator, Mr Chris Mogan, and a physiotherapist, occupational therapist, social worker and dietician operating on sessional basis.

The centre is managed by the local committee which is responsible for the early childhood development centre based at Greensborough.

Its permanent home is likely to be in Dudley St., Eltham, in a property currently being purchased by the shire council.

Both services cater for residents of both Eltham and Diamond Valley municipalities, although the government funding has been made through Diamond Valley and that council administers the projects.

Both centres were established as responses to submissions to the Federal Government from Diamond Valley council and the Eltham and district welfare committee.

### FILLING A NEED

Secretary of the committee, Mrs Cheryl Stevenson, said last week the original aim was to meet the needs for counselling and general health back up services in the community.

She stresses that the new centre will aim to operate in response to community needs.

This theme is echoed by Chris Mogan's attitude to the new project.

"Flexibility is the name of the game," he says.

**While he expects most of the people who come to the centre to find their way there through referrals from general practitioners, hospitals and other welfare services, the door is open to everyone.**

The stress will be on preventative and counselling care, with much of the emphasis on groups.

Mr Mogan says the approach will be social, rather than medical.

"We will be dealing with the problems that occur on a family, and personal level, the relationship problems," he says.

"We want to try to encourage people to identify and recognise the sources of tension in their own lives so that they can develop self-management techniques rather than turn to drink or drugs"

"One of the most important things we would want to do is reach problems at symptom level - to help people before they need to be hospitalized.

"But flexibility is the name of the game - we have opened as a response to the community and we are here to do what they want. A lot of what we do will depend on who comes to us and what they ask for."

**Diamond Valley Council's welfare administrator, Mr Bob Baxter, says that staff at the centre will be willing to go out into the community to talk with groups.**

Education will take up much of their time. "The new centre is an exciting and flexible concept," he says.

SUPPLEMENT TO DIAMOND VALLEY NEWS

### Extended community services



The pressures of modern life are often acutely felt in the business world. This executive has not been coping with increasing management responsibilities and Community Welfare Service Centre psychologist Chris Mogan explains that Relaxation Training may help to prevent tension reaching unmanageable level.

This housewife has wanted to talk over many things . . . the children, boredom, her feelings about herself. The staff at the Centre are always available to talk about these things and any others.



• Chris Mogan outside the new health and welfare centre's Pitt St. headquarters. Story — P. 11

Excerpt of article from Supplement to Diamond Valley News Tuesday July 27, 1976

# 30 YEAR HISTORY 1976 – 1986

The grants were used for the Diamond Valley/Eltham Community Health and Welfare Service, and a Management Committee was formed. State government direction resulted in the Diamond Valley component being used for the Early Childhood Development Program, while Eltham fought for and retained the general service. One of the two service positions was allocated to a psychologist, and the other divided to employ a physiotherapist, a dietician and a speech therapist.

A temporary Eltham base was the old vicarage in 1976, before the Service moved two months later to a Council owned small weatherboard house located at number 7 Dudley Street, Eltham.

Jock Macneish's impression of 7 Dudley Street, Eltham



Open house at Eltham Community Health, Diamond Valley News, Tuesday, October 27, 1981

## Health service needs support

**The Diamond Valley and Eltham Health and Welfare Service is asking for community support to fight a threat to its survival.**

This follows reports that the State Government's Cold Chisel Gang is considering terminating or at best substantially cutting funds for the service, according to a service spokesman.

**The service has asked community members, agencies and clients to express their support.**

Mr Bert Fine, the service's administrator said:

"The response by the local community has been extremely encouraging with many letters and phone calls to local members of parliament, the local press and the centres."

At last week's meeting the Diamond Valley Council decided to express its concern about the threatened cuts to the Minister for Health, Mr Borthwick. The council asked the minister to at least maintain the service.

It also decided to ask local state members to actively support the scheme at least in the present level.

The centre, at Church Ave., Greensborough, and Dudley St., Eltham, provides an integrated free health and welfare service involving preventative medicine, close to where people live and work.

### Services

Services include social work, psychology, speech therapy, physiotherapy and pre-school.

Chairman of the committee

of management, Diamond Valley's Cr Phil Holmes (South East Riding) said the service was the most effective and cost efficient in Victoria.

He said the service was second to the Barwon in the second number of new registrations during 1979/80 yet had less than half the number of staff.

"Our service is unique because it is the only one managed by local government."

"Its strength is that we can monitor community needs and act straight away and adjust the budget accordingly."

### Trained

Cr Peter Cleland (Central Riding) said if the service employed mainly volunteers who underwent training.

Cr Martin Wright (North West Riding) said the service was stopped residents would have to travel about an hour to the Royal Children's Hospital.

Cr Ian Close (South West Riding) said as Greensborough was to be a district centre it was fitting for it to have a medical centre.

Cr Heather Chick (South West Riding) said of the service was stopped many people

could not afford these services and would have to do without.

After the meeting Cr Holmes said: "It would be a criminal shame to consider cutting something which was such a huge success."

**Sir: It now seems appropriate and timely that the people of Diamond Valley and Eltham (and from areas beyond) who have supported their Community Health and Welfare Services in such an unprecedented manner, should be thanked and congratulated for their tremendous work and informed of the results of such a concerted effort.**

Literally hundreds of letters reached the Minister of Health and the chairman of the Health Commission during the preceding months and hundreds of signatures were placed on petitions, presented to Parliament.

The community response has indeed been so strong that it would have been difficult and perhaps even unwise to ignore such action. It was during May that the initial impact of Federal funding decisions was first felt.

The decisions suggested that the proposed health and welfare cut-backs were to severely affect families, children and workers and

that community services could be in danger of being at worst axed, but at least depleted of necessary funds.

At that time the importance and value of a local community service had not been fully acknowledged by the decision makers, but we are pleased to say the lack of awareness of local needs has been rectified to some extent due to the statewide upsurge of community demand.

In his letters of reply the Minister of Health now states that "the Government wants the services to continue", even though there remains the proviso that all programs are

"reviewed" and that something is done about "any overlap of services". If this is found to be so.

Results of the reviews are still uncertain, but we like to think that any decisions will be made following consultation with the community.

We welcome the Government's wish to improve the overall standard and delivery of services, but we would like to stress that local community needs should be used as the basis for the change and not the availability (or lack of) finances.

The committee of management and staff of the Diamond Valley-Eltham Community Health and Welfare Service wish to express their appreciation

for the support shown by local Members of Parliament, councils, other agencies, community groups and individuals.

For those who would like to be more actively involved in the management of the service the Committee of management advises it is seeking nominations for six community representatives to take office next month.

A word of thanks is also due to the editor and staff of the DV News for assisting the service with publication of relevant copy during the time of concern.

G. J. FINE,  
Co-ordinator,  
Community Welfare Service,  
Church Ave.,  
Greensborough.

Early Health Promotion



**COMMUNITY HEALTH & WELFARE CENTRE**  
7 Dudley Street, ELTHAM  
430-1254

The following programs are proposed or 1977, and people are invited to participate. No fees are charged. Please indicate what you would like to join in, and forward the advertisement to the above address.

**RELAXATION TRAINING**   
(6 sessions)

**CHILD MANAGEMENT**   
(12 sessions)

**VOLUNTEER WORK**   
(driving, visiting, group aide)

**DISCUSSION GROUPS**   
(e.g. for housewives, parents of handicapped, single parents)

**EDUCATION WORKSHOPS**   
e.g. Human Sexuality  Communication   
Self Awareness  Anxiety

Help with short term emergency   
**ACCOMMODATION.**

Other suggestions (please indicate) \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TELEPHONE \_\_\_\_\_

Diamond Valley News, Tuesday, August 25, 1981

## LETTERS TO THE EDITOR Centre saved by people's response

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SHIRE OF DIAMOND VALLEY - SHIRE OF ELTHAM

### COMMUNITY HEALTH AND WELFARE SERVICES



FOR PEOPLE OF ALL AGES

Service Brochure



# 30 YEAR HISTORY

# 1986 – 1996

In 1986 the Diamond Valley/Eltham Community Health and Welfare Services were separated and served the two Shires separately. This called for the Incorporation in 1987 of the Eltham Community Health Centre, then located at 7 Dudley Street, Eltham.

Expansion occurred rapidly, and global budgeting gave the Management Committee power to develop locally responsive services. For the next ten years, the traditional flat structure of community health remained in place where all staff reported to the Manager and salaries were in accordance with awards.

Space was at a premium, the service using facilities such as the Lower Plenty Elderly Citizens Club rooms and the old St Andrew's Primary School for Adult Day Care programs. The Manager's office was literally the broom cupboard, and the part time book keeper shared the converted bathroom with another staff member.

**ELTHAM COMMUNITY HEALTH SERVICE INCORPORATED**

**ANNUAL GENERAL MEETING**

The first Annual General meeting of the Eltham Community Health Services incorporated will be held on Thursday October 8, 1987 at 8 pm at the

**ELTHAM COMMUNITY CENTRE**  
Main Rd, Eltham (Opposite Pitt St)

The purpose of the meeting is:

- 1 To confirm the Minutes of the previous Annual General Meeting of the Eltham Community Health Service and the special General Meeting held on Sept 10, 1987.
- 2 To receive the Annual Report and Audited Statement of Accounts to June 30 preceding, of the Eltham Community Health Service.
- 3 To elect all members of the Committee of Management. Four members 10 serve for 3 years, four for 2 years and four for 1 year.
- 4 To elect an Auditor and to fix the remuneration for audit services.
- 5 For the transaction of any business of which at least seven (7) days notice has been given.

Nominations for Committee of Management are called for. Residents and workers in the Shire of Eltham, who are contributors to the Health Service, are encouraged to nominate and to have a say in the Centre's Health Programme for the people of the Shire of Eltham. Any person over 18 years of age may become a contributor by donating \$2 per annum. Nomination forms may be obtained from and the Constitution and Roll of contributors may be inspected at the Health Service at 7 Dudley St, Eltham. Nominations must be received by the Returning Officer at the address above by 4pm on Thurs October 1, '87.

Enquiries may be directed to the Eltham Community Health Service Incorporated  
7 Dudley St, Eltham. 431 1333  
John Fisher, President

Notice for first Annual General meeting of the Eltham Community Health Service Incorporated



**ELTHAM COMMUNITY HEALTH CENTRE**

**ANNUAL REPORT 1995**



Annual Report from 1995 detailing drawing of new Community Health Centre to be built

## Health centre deal

**T**HE Eltham Community Health Centre has signed an agreement with the State Health Department which will give it control over its budget for the next 12 months.

The centre's president, Rosemary Aitken, said she believed it was significant that the Health Department entrusted it with the control of its budget of nearly \$511,000.

The regional director of the health department's north eastern region, Chris Brook, said he was pleased with the co-operation and effectiveness of the centre despite what he described as a very difficult budget environment.

The centre's manager, Doug McManus, said it was one of the last centres to sign such an agreement because it had only been established four years ago.

"The agreement is based on extensive research done by the health centre in a effort to identify the needs of the Eltham community," he said.

The agreement has identified a variety of key needs, including improving the health of low income families, better health services for young unemployed people and maintaining services for single people.

It also believed the centre must work more closely with people suffering from chronic illnesses as well as with the frail, confused and elderly.



**CHRIS Brook, left, from the Health Department signs the historic funding agreement with the manager of the Eltham Community Health Centre, Doug McManus, and its president, Rosemary Aitken. Picture: MARK FRECKER.**

Diamond Valley News, Tuesday, October 15, 1991



Banner from Community Health Week, Treasury Gardens, November 1990



## 30 YEAR HISTORY

# 1996 – 2006

In 1996, the Committee of Management achieved building a purpose built Centre. The Manager had conserved funds which was possible under the block grant funding. State Government granted capital funding and land was purchased at 917 Main Road, Eltham.

The building was completed in early 1996 and staff relocated from their previous eight sites in March 1996. New programs and a management structure were introduced. Another initiative was the formation of an alliance of the North East Region Community Health Centres.

In August 1997 the State Government changed governance arrangements of the Committee of Management from twelve community elected members, to the appointment by Governor in Council of nine members, with a bias toward financial and management skills. This same year resulted in an 8% cut in funding and the introduction of service charges for clients.

In 1999 Eltham Community Health Centre commenced upgrading of administration and IT systems. Ongoing reviews of the management structure were introduced to ensure consistent development of our corporate service capacity.

In 2000 the Centre attracted significant attention with a visit from The Premier, the Hon. Steve Bracks, the Minister for Health and Planning, The Hon. John Thwaites and the Minister for Aged Care, Housing and Community Building, the Hon. Bronwyn Pike. The visit showed their support to Board members, staff and clients in providing comprehensive, responsive services to people in the community.

The Rosanna site was established in 2002 to provide a base for NCHS Case Management programs across the Northern Metropolitan Region.

In January 2004 Eltham Community Health Centre was renamed Nillumbik Community Health Service to more clearly indicate that all Nillumbik people may be eligible for services. This period also coincided with the shift back to a more democratic and accountable governance structure for the Board of Management. The Board now consists of not less than 7 or greater than 9 members partly elected and partially appointed, and serving a three year term.

Development of new programs and initiatives continues.

### Additional funds and services for Hurstbridge families

July 2006 saw a milestone for Nillumbik Community Health Service with the delivery of services from a new location based in Hurstbridge.

Maternal and Child Health, Paediatric Speech Pathology, Paediatric Occupational Therapy and Counselling are being delivered from the Hurstbridge Community Centre located in Greysharps Road. A full-time community development worker has been recruited by the organisation to engage with the more isolated areas of the Nillumbik Shire to supplement Nillumbik Community Health Service's understanding of local health needs.

As part of the 2006-2007 State Budget Initiative funding for a child health team has been received. This will allow the organisation to expand on its current child development service for the benefit of Nillumbik residents.

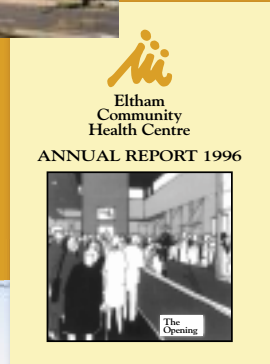
Planning is ongoing for the future expansion of a broader range of services in the northern area of the catchment.



Annual Report from 1996 illustrating the opening



Building of new facilities at 917 Main Road, Eltham, 1995.



New facility completed 1996



The Rosanna office located at 143 Lower Plenty Road, Rosanna



Hurstbridge location



# 30 YEAR HISTORY 2006 and beyond

In December 2005 a key building block for the future of NCHS was completed and endorsed by the Board of Management; the Strategic Services Plan.

The recommendations from the Strategic Services Plan are:

1. Plan to increase capacity to deliver health promotion, clinical and social support services in response to the burden of disease data and areas of greatest health need.
2. Plan to develop increased service capacity to cater to the socio-economic and demographic profile and forecasts for population growth.
3. Plan for improved service access by developing capital infrastructure and providing services in areas where access to community health services is currently limited.
4. Establish targets for population coverage for each specific service.
5. Improve organisational infrastructure for delivery of services and continue to improve clinical and administrative systems.
6. Continue to improve and expand levels of collaboration with other health service providers including hospital networks.
7. Investigate the potential for private fee for service allied health provision such as MBS items and through private health insurance.
8. Continue to develop an evidence base for NCHS services.

In February 2006 the Board gave further consideration to the prioritisation of these recommendations, with capital development being high on the priority list.

Broad strategic priorities for the next 3-5 year period are being finalised and will continue to be refined and amended through annual operational plans utilising a continuous quality improvement framework

## Nillumbik Community Health Service Strategic Plan 2006-2008

### Our Mission

Nillumbik Community Health Service provides health promotion, illness prevention, early intervention, service coordination, treatment and support services to improve the community's health.

### The Vision

Nillumbik Community Health Service will be seen as a provider of accessible and high quality health services that respond to the needs of the community.

### Our Values

Nillumbik Community Health Service is committed to:

- Upholding a social and community commitment of health which promotes positive behavioural change.
- Providing services that are accessible, culturally acceptable and relevant.
- Being accessible to stakeholders.
- Inclusive service planning and evaluation which recognises work stakeholder and community participation.
- Being pro-active in meeting the challenges of emerging health issues and changes within the Community.
- Collaborative work within the Service and with external partners.

### Introduction

The Board of Nillumbik Community Health Service (NCHS) has reviewed its strategic priorities for the State of Nillumbik following an extensive review undertaken in 2005. The review took into account:

- Service utilisation data
- Staff and key stakeholder (consumers, carers, volunteer and partners in the community sector) consultation
- Evaluation documentation
- And overlaid changes in:
- projected population demographics for 2011
- burden of disease data
- policy driven and stakeholder feedback from a series of consultations
- current thinking about service models and future demand

The plan is an important piece of work that underpins the foundation on which future service mix and locations will be based, and capital planning and funding decisions made. This will include how existing services can be improved to better meet community demand and government policy directions, and a demonstration of how future capital expenditure will provide improved services for the community.

The information contained in the Strategic Services Plan:

- demonstrates a growing need for accessible primary and community health services for the Nillumbik community over the next five to ten years

Nillumbik Shire is located in the northern metropolitan region of Melbourne. It covers an area of 435 square kms with urban centres such as Eildam and Diamond Creek in the southern part of the municipality. Rural townships such as St Andrews, Kangaroo Ground and Handbridge exist in the northern areas and the Shire is identified as a green wedge of Melbourne with its rural areas and bordered by National Park to the north. The Whiteside growth corridor is evident and borders the Northwest boundary.

## Recommendations

Based on the information and analysis presented in the Strategic Services Plan, the recommendations below suggest ways in which the Board and management of NCHS can plan services in order to care for the changing future needs of the Nillumbik community. In addition to the factors mentioned above, the particular challenge of serving this community are increased by the location of the Shire in a rural green wedge area.

Recommendation	Rationale
Recommendation 1: Plan to increase capacity to deliver health promotion, clinical and social support services in response to burden of disease data and areas of greatest health need.	<ul style="list-style-type: none"> <li>Current service programs should continue to adjust to ensure a focus on the areas of greatest health need</li> <li>Data indicates priority areas such as mental health, smoking, obesity, nutrition, chronic disease, stroke management, smoking cessation, alcohol and drug harm intervention, child and family health, prevention of healthy weight and nutrition, healthy ageing</li> </ul>
Recommendation 2: Plan to develop increased service capacity to cater to the socio-economic and demographic profile and forecasts for population growth.	<ul style="list-style-type: none"> <li>Increasing focus on areas with a concentration of those issues or disadvantaged families</li> <li>Need for increased capacity to provide services for young people and young adults</li> <li>Need to improve quality of services for different parts of the catchment</li> <li>Need to improve quality of services for different parts of the catchment</li> <li>Facilitate an integrated approach across a range of sectors</li> </ul>
Recommendation 3: Establish targets for population coverage for each specific service.	<ul style="list-style-type: none"> <li>Current coverage of target populations varies between service types, with many services catering for less than 1% of the target population</li> <li>NCHS would benefit from specific targets for priority areas</li> </ul>
Recommendation 4: Improve organisational infrastructure for delivery of services and continue to improve clinical and administrative systems.	<ul style="list-style-type: none"> <li>Current Eildam facilities do not provide adequate infrastructure and room for growth</li> <li>NCHS will continue to invest in service delivery, clinical governance, clinical governance, IT, facilities, workforce development etc.</li> <li>Policy priority areas such as sustainability care and management of chronic disease can be supported through collaborative service models</li> <li>Policy focus on improved collaboration and lead to incentives and rewards for organisations that establish effective linkages</li> <li>Policy focus on prevention of disability, Care Service Centres, RHCs with a view to reducing hospital admissions</li> <li>Opportunity to develop collaborative service models eg. outpatients</li> </ul>
Recommendation 5: Investigate the potential for private fee for service allied health provision such as MBS items and through private health insurance.	<ul style="list-style-type: none"> <li>High income population cohorts may need access to additional services as the population ages. To support the 'well able' income from private sources will increase NCHS resources to provide services to those with greater need</li> <li>Increased emphasis on evidence-based approaches to clinical practice and health promotion as represented in government policy and health practice for primary and community health</li> <li>Potential to support trials of additional funding by demonstrating evidence for successful approaches</li> </ul>



## Strategic Plan 2006-2008

### Projected Services Usage

The two age cohorts forecast to experience the highest increase in actual numbers of persons over the 2006 - 2011 period are the 65-64 years and 25-29 years age cohorts.

Transport options are limited. Children and older people in particular have limited mobility and only 6% of the working population use public transport to get to work. Families who cannot afford to operate a vehicle are disadvantaged when it comes to accessing health services. Changes in current planning policy around inhibition are likely to have a significant impact on disposable income and create additional pressure on public health services.

The majority of the Shire to the Whiteside growth corridor is impacting upon service demand for some service types. Whilst the impact of this is not yet quantitatively established, it is fair to surmise that this cross-border population adds another dimension to the demographic profile.

An area of need in relation to General Practitioners, supporting the community here is level of discharge in relation to access to primary medical care services.

### Equitable access to services

Of our current clients:

- 48% reside in the 3099 postcode area incorporating the township of Eildam, Eildam North, Rosneath and Diamond Creek.
- 13% reside in the 3099 postcode area of Diamond Creek.
- 8.3% reside in the 3099 postcode area incorporating the townships of Handbridge, Stratheden, Cantelbridge, Nutfield and Arthur's Seat.

Future population projections indicate increases in actual numbers by the year 2011:

- 45-54 years and 10-19 years age cohorts, accounting for 16.3% and 14.8% respectively of the total population of the Shire.

Future service configurations therefore need to consider the most equitable distribution of services. However, data also shows that relative to the size of the population, the 3099 postcodes seem to have a higher demand for services. This follows the trend of other areas with lower socioeconomic profiles where demand for community health services is to be greater.

### Service configuration

NCHS has identified a number of trends that will determine how services are delivered. This includes identified need for:

- Development of innovative approaches to health promotion and disease prevention
- Increased services in home based settings for the ageing population
- New models of service for support to people with a disability
- Streamlined use of electronic, client records and communication pathways
- Improved ability to support families and to help young mothers cope with post-natal depression and parenting.

Policy directions:

- Continued to work collaboratively within the sector and between sectors to ensure integrated approaches
- Increase the focus on the management of chronic disease
- A key platform for enabling NCHS to achieve the recommendations above is the development of another service site. A location within Handbridge is proposed on the basis that it would:
- Be relatively central to the northern area of the Shire and more easily accessible given the lack of public transport
- Be central to the distribution of lower income families
- Reduce the burden of service use by the 3099 postcodes which indicates a strong level of service demand
- Enable NCHS to more proactively target those families and clients who are disadvantaged by geographic isolation
- Minimise disadvantage resulting from the rural fringe location including issues such as isolation, lack of public transport, and lack of disposable income
- Provide a holistic and formal response to community health and wellbeing by collocating and integrating community service responses from across multiple sectors.

## Strategic Plan 2006-2008

### Strategic Priorities 2006-2008

#### Quality Services

- Responding to emerging demands through increased consumer engagement activities with the recruitment of a community development worker to address need in the northern areas of the catchment in the first instance
- Intensify the use of evidence based practice with special attention on inter-disciplinary approaches to client care
- Implement an integrated model for people with chronic illness, with an emphasis on self management approaches as a way to manage demand and promote client independence
- Re-branding of NCHS services to best practice standards

#### Health Promotion

- Shift NCHS integrated health promotion toward planning for a wide of community approach to improving health
- Ensure MIP activities are targeted at the highest priority needs and issues within the community so NCHS retains the capacity to effectively meet community need
- Strengthen capacity building through supportive structures, networks, work force development and policy
- Ensure integration with other agencies and the community

#### Social Policy and Advocacy

- Facilitate an integrated approach to consumer engagement activity throughout NCHS
- Strengthen the role of the Marketing sub-committee
- Continue emphasis on partnership development especially with general practice to maximise opportunities and choice for the community
- Strengthen value of NCHS contribution to policy development and social advocacy through use of evidence based data

#### Organisational Development

- Board of Management governance responsibilities are toward priority setting for future community need, risk management and local forward planning through a long term financial strategy
- Leadership is evident throughout NCHS in all organisational development
- Human resources management systems reflect the changing organisational culture of shared responsibilities and accountability across all NCHS activities, and reach the recruitment and retention of a highly motivated, appropriately qualified and experienced workforce
- The workforce is supported and managed to optimise their abilities and contribution to organisational development and service delivery
- An information technology and telecommunications platform supports service delivery and business processes in electronic environments
- Collect and manage information to facilitate quality improvement, service development, especially for improved service coordination and planning.

#### Business Development

- Develop Handbridge service site
- Investigate the introduction of fee for service models to increase income to services
- Enhance and maximise facilities to respond to future changes in community demand at Rosneath and Eildam sites
- Identify and aggressively pursue opportunities for service development and growth that reflect community service needs; model for Handbridge
- Develop and implement new model of service delivery to enhance NCHS ability to enhance resources with special attention for children, youth and family services.

#### Our services

- Child Development
- Community Health Nursing
- Community (Case Work, Crisis, complex, families, young people, family support)
- Dental (Preventive, Emergency, General, Dentures, X-rays)
- Diabetes Clinic
- Diabetes Care Management
- Duty Service
- Emergency (Financial Relief, issues such as isolation, lack of public transport, and lack of disposable income)
- Health, Promotion
- Immunisation
- Legal Advice
- Maternal & Child Health
- Nicotine Cessation
- Occupational Therapy
- Physiotherapy
- Human Activity Groups (including disability support activities)
- Podiatry
- Service Coordination
- Speech Pathology
- Substance Abuse
- Work Services

#### Co-located Services

- Audiology
- Child Behavioural Counselling
- Financial Counselling
- Mental Health
- School Dental Service

(03) 9431 1333  
nchs@nchs.org.au  
www.nchs.org.au



## COST OF OPERATIONS & FULL-TIME STAFF

# 30 years of growth

