

History and Purpose

Mitchell Community Health Service (MCHS) has been operating for 30 years and continues to provide health and community services across the Shires of Mitchell and Murrindindi.

Our vision *“Creating Healthier Communities”* is based on the social model of health framework as identified by The World Health Organisation. Within this framework, improvements in health and wellbeing are achieved by addressing the many social, cultural, environmental, biological, political and economic determinants of health.

Mitchell Community Health Service seeks to promote total health care for all individuals in the community. We believe that good health is a complete state of physical, social and emotional well being. This can be achieved by a flexible service that is accountable, consumer driven and uses a broad range of individual and community services.

MCHS Service Area

MCHS currently provides service within the Shires of Mitchell and Murrindindi spanning the Lower Hume DHS region from Beveridge in the South to Alexandra and Yea in the North.

Significant population growth in Lower Hume is projected with numbers increasing from 25,000 (2009) to 80,000 over the next 20 – 25 years. There will be increased infrastructure development in Southern Mitchell with the Western Arterial to meet the Hume Highway at Donnybrook and the rail interchange to be developed in Beveridge. It is estimated these developments will create 100,000 jobs in the region.

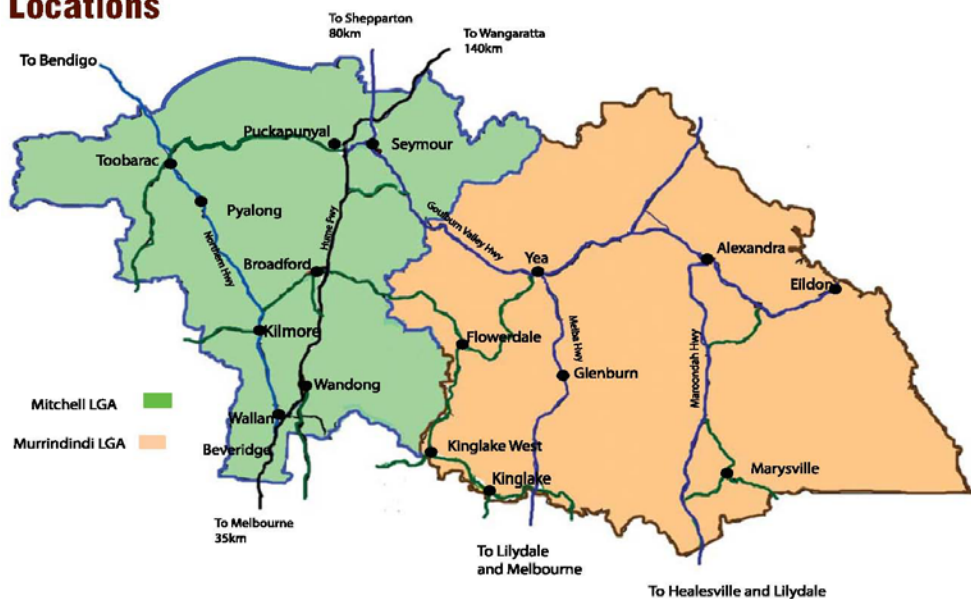
Site Locations

MCHS has four major sites located at:

- Wallan
- Broadford
- Kinglake
- Seymour

with outpost sites at Alexandra, Marysville and Flowerdale.

Locations



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Budget

MCHS' budget has increased from \$6M for the 2008/2009 period to \$10M for the 2009/2010 period.

Objectives

The goals/objectives of MCHS are:

- To provide a comprehensive range of quality primary care services which reflect the health needs of the communities in which we are situated.
- To actively promote wellness, that is the general physical, mental and social well being of communities through:
 - i) Raising awareness of community health issues throughout our community.
 - ii) Encouraging, promoting and initiating research as related to community health.
 - iii) Encouraging the development of people's responsibility for their own health and for the health of the whole community.
 - iv) Actively promoting good health and working towards the prevention of ill health.
- To actively invite and encourage community participation in the management of programs and the delivery of health services.
- To act as an advocate on health and related issues to relevant bodies.
- To actively expand and develop our services through exploring additional funding sources.
- To promote the visibility, availability and accessibility of the community health service.

MCHS SERVICES AND ACTIVITIES

MCHS Staffing

- Current staffing level of 150 (105 EFT)
- Significant growth due to MCHS' response to the bushfires

MCHS has experienced significant growth over the 2008/2009 period and currently has a staffing level of 150 staff (which is equivalent of 105 funded positions).

Our staffing structure consists of the following key service areas:

- Health Promotion
- Alcohol, Tobacco and Other Drugs
- Family, Relationships & Youth
- Mental Health
- Counselling and Support
- Business Services
- Bushfire Personal Support Services Coordination

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INFORMATION FOR NOMINEES TO THE POSITION OF DIRECTOR

Service SACC 1300 773 352	Broadford	Seymour	Wallan	Mitchell Home Visits	Alexandra	Yea	Kinglake	Murrindindi Home Visits	Fee for Service
ATAPS	•	•	•						
Bushfire Counselling #	•	•	•	•	•	•	•		
Community Health Nurse	•	•	•	•					•
Continence Nurse Advisor	•	•	•	•				•	•
Diabetes Education	•	•	•	•					•
Dietetics >	•	•	•	•				•	•
Disability Case Management	•	•	•	•				•	
District Nursing	•			•					•
Domestic Assistance				•					•
Drug & Alcohol Counselling	•	•	•	•	•	•	•	•	
Family Violence Children's Worker	•	•	•	•				•	
Family Violence in Women	•	•	•	•	•	•	•	•	
Financial Counselling *	•			•					
Generalist Counselling	•	•	•	•					
Home Maintenance	•	•	•	•					•
MAHS Counselling	•	•	•						
Meals on Wheels	•	•	•	•					•
Men's Family Violence Service ^	•	•	•	•					•
Needle & Syringe Program	•								
NIDS Supported Accommodation	•	•	•	•	•	•	•	•	
Occupational Therapy				•				•	•
Personal Care	•	•	•	•					•
Personal Helpers and Mentors	•	•	•	•	•	•	•	•	
Physiotherapy >	•	•	•	•				•	•
Planned Activity Group									•
Podiatry >	•	•	•	•	•		•		•
Post Withdrawal Linkages	•	•	•	•	•	•	•	•	
Problem Gambling Counselling	•	•	•	•	•	•	•	•	
Respite Care	•	•	•	•					•
Rural Outreach Diversion	•	•	•	•	•	•	•	•	
Rural Withdrawal				•	•	•	•	•	
Speech Pathology - HACC	•	•	•	•				•	•
Speech Pathology - Paediatric	•		•						
Veterans' Home Care Program				•					•
Well Women's Clinic	•		•						•

Bushfire Counselling other sites by negotiation (Taggerty, Marysville, Narbethong, Buxton, Flowerdale) > HACC Dietetics, Physio & Podiatry provided across Mitchell and Murrindindi, Community Health services for these three in Mitchell only * Financial Counselling available to Murrindindi residents in Broadford ^ Men's Family Violence Service available to Murrindindi residents in Seymour



INFORMATION FOR NOMINEES TO THE POSITION OF DIRECTOR

Governance

The MCHS Board is committed to provide guidance and oversight to the organisation to ensure all objectives are achieved. Mitchell Community Health Service has recently become a Company Limited by Guarantee and is governed by the Corporations Act 2001. We continue to build on our capacity of good governance, including Board self assessments, risk management, corporate governance and clinical governance.

The Board is comprised of volunteers from the community with expertise in Accounting, Human Resources, Law, Education, Local Government or a passion for their local community and willingness to contribute to the development of quality community health services.

Compliance

The Board is responsible for ensuring MCHS complies with all requirements of the Corporations Act 2001.

The Board also ensures that MCHS complies with the management of all legislative and financial risk associated with the delivery of community health services.

Quality

In order to deliver a quality service MCHS adheres to the standards outlined in the Quality Improvement and Community Services Accreditation (QICSA) standards and is assessed every three years to ensure ongoing compliance.

Strategic Planning

Every three years the Board is responsible for the development of MCHS' three year strategic plan and ensures ongoing review and implementation of the strategic goals.

Education

Mitchell Community Health Service meets with the Boards of the other three independent Community Health Services in Hume Region to develop shared opportunities and education. The MCHS Board also participates in the meeting of Health Boards organised by Regional Department of Human Services. Board Directors are supported and encouraged to participate in educational opportunities relative to good governance.

Tax Status – Community Health Services

We have Health Promotion Charity Status.



INFORMATION FOR NOMINEES TO THE POSITION OF DIRECTOR

ADDITIONAL INFORMATION

Meeting Frequency & Remuneration

Meetings of the Board of Directors are generally held monthly. The Board has one standing committee – Audit and Risk Management Review Committee, which also meets monthly. Directors are not remunerated, although reasonable costs associated with attendance at meetings of the Board may be reimbursed.

Member Engagement

Directors are encouraged to be active participants in MCHS' member engagement activities, including interest groups, working groups and member forums.

Election Process

ASIC and MCHS Constitution governance arrangements provide for a rotation of Directors, whereby the longest serving Directors must retire at each AGM. This year the Directorships eligible for nomination and election are:

Board Member, Community Representative Director	1 year term
Board Member, Community Representative Director	1 year term
Board Member, Community Representative Director	2 year term
Board Member, Community Representative Director	2 year term
Board Member, Community Representative Director	3 year term
Board Member, Community Representative Director	3 year term

Nominations for the Board close on **Friday, 30th October, 2009 at 5.00pm.**

Voting will take place at the Annual General Meeting on Tuesday, 17th November, 2009.

The first full meeting of the new Board will be Tuesday 17th December, 2009. All applicants must be available to attend this meeting. A meeting to elect a Chair, Vice Chair and Treasurer will follow the General Meeting of members on Thursday 19th November, 2009.

Contact

Any applicant requiring further information should contact Chris McDonnell, Chief Executive Officer and Company Secretary on (03) 5784 5555.

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