Clermont

Place-Based Planning Project

CO-DESIGN ACTIVITIES – PART 2 SUMMARY

Talking about solutions

7TH April 2023

Part of the INTEGRATING HEALTH CARE PLANNING FOR HEALTH AND PROSPERITY IN NORTH QUEENSLAND PROJECT

Introduction

The [Integrating Health Care Planning for Health and Prosperity in North Queensland](#) project brings together key public and private health system partners across northern Queensland, including Hospital and Health Services, Primary Health Networks and the Community Controlled Health Sector to take a regional approach to strengthening the integration of care and place-based planning of workforce and service implementation in North Queensland. The project builds on findings and recommendations made in the Health Service Delivery Situational Analysis that was informed by widespread stakeholder engagement across northern Australia and a comprehensive review of existing knowledge.

The project region (northern Queensland) is a diverse setting with a mixture of farming, mining and Aboriginal and Torres Strait Islander communities in the more rural and remote areas, and places of higher density, urban living in major regional townships on the east coast. There are many similarities in health challenges and service delivery across the project region, with small, dispersed populations in challenging geographies.

In phase one of the project, a broad level gap analysis of health and services across the project region was conducted. This was supported with the development of the [Northern Queensland Health Atlas](#); https://arcg.is/5a4Xq), an online interactive platform presenting population, health status, hospital utilisation, workforce, health care provision and service location data in map form. These resources were available to project and health stakeholders in the project region who then prioritised four communities for further place-based planning to improve health and services. Following further consultation with local community and health representatives, Clermont was confirmed as a site for phase two of the project.

The Clermont Local Reference Group (LRG) was established in November 2022 by the Clermont-based project support officer (a Clermont local and long term resident of the Isaac region). The LRG is an advisory group that meets monthly to guide project activities.

Purpose of this document

This preliminary report documents the discussions that occurred during Part 2 of the co-design process. This report may be used as a platform for further input into the co-design processes that are being carried out together with the community of Clermont through the place-based planning project. This summary may change as the co-design process continues and in line with feedback and input from community members and stakeholders. A summary report of Part 1 of the co-design process may be accessed at the project website ([Integrating Health Care Planning for Health and Prosperity in North Queensland).](#)

Methods

A co-design approach to planning for health and services in Clermont commenced in February 2023. The approach consists of four parts. Each part is undertaken through a series of workshops and meetings, as preferred by the community.

Part 1 of the co-design process was undertaken between February 16th and February 27th 2023. Part 1 aimed to develop an 'essential basket of services' and principles to guide service delivery for the Clermont community. It also aimed to identify (i) community health priorities; (ii) enablers and

strengths that support health; (iii) barriers and challenges to health, and (iv) service limitations and gaps.

Part 2 of the co-design process was undertaken between March 7th and March 10th 2023. Part 2 was about exploring barriers and gaps further, and proposing possible actions to improve health and services in Clermont.

Members of the community, service providers and other stakeholders were invited to participate in-person at a workshop that was offered at two time slots (morning and late afternoon) in Clermont. An online workshop was also conducted and stakeholders could also participate through separate meetings with the research team.

Summary

A total of 24 stakeholders contributed to discussions for Part 2 of the co-design process. Nineteen stakeholders participated via workshops and a further five individuals contributed via separate meetings. Participants included local and regional stakeholders with a mixture of community members, members of community organisations and health service providers.

The workshop discussions were based on the findings of Part 1 of the co-design process. The barriers, service limitations and service gaps identified during Part 1 were grouped into themes that related to broad areas for improvement (see Figure 1). These broad areas for improvement were considered during the Part 2 workshops as separate issues and also in relation to particular health needs, service issues or gaps.

Affordability
Fee for services
Cost of being healthy
Travel – wear and tear, time off work, petrol, stressful, accommodation, food

Infrastructure
Accommodation
Water
Radio/phone/internet reception
Transport

Collaboration

Access to services
Availability
Affordability
Culture
Workforce
Confidentiality
Patient travel scheme
Mode of delivery: local, travel, telehealth

Systems/Policies

Continuity of care

Information
Awareness –who, when, how, why

Navigating services – for general public as well as connecting providers

Educating providers on how best to provide services –e.g. when telehealth available and appropriate

Healthy living
Healthy behaviours
Access to preventive health care
Health literacy

Workforce/Services
Continuity of care
Service availability
Skills
Training

Community support
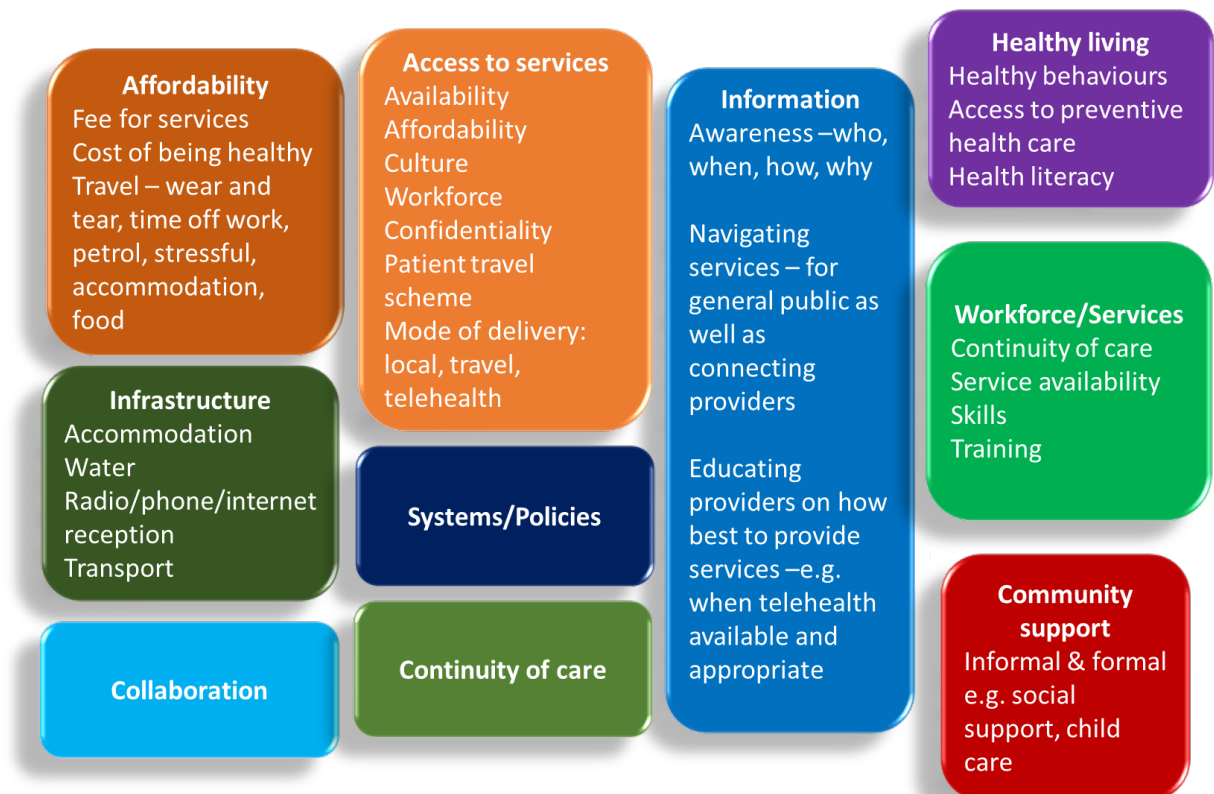Informal & formal e.g. social support, child care

Figure 1. Broad areas for improvement (identified from findings of Part 1).

To help with setting the scene for the workshop discussions, a diagram showing an overview of service delivery for the Clermont community was proposed. This diagram was revised following input from workshop participants and the Clermont LRG (see Figure 2).
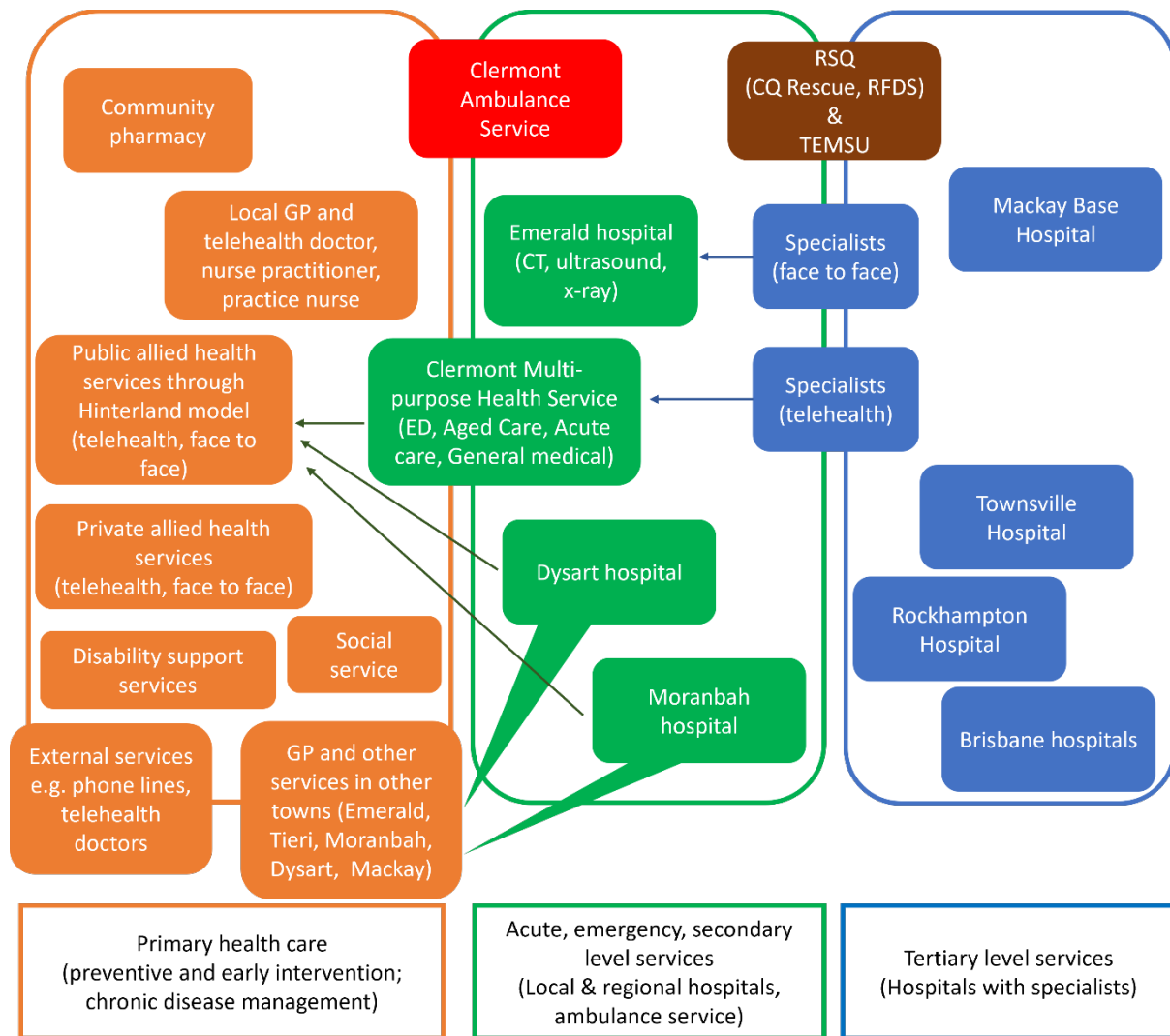

Figure 2. An overview of current service delivery for the Clermont community.

A summary of health services and local health related organisations was also shared (see Figure 3). This summary lists services that may be available for the Clermont community. It is important to note that the summary lists services that may no longer be available, may only be available at certain times, may have eligibility criteria and may be free or fee for service. The summary is a work in progress and will be described in more detail in the coming weeks.
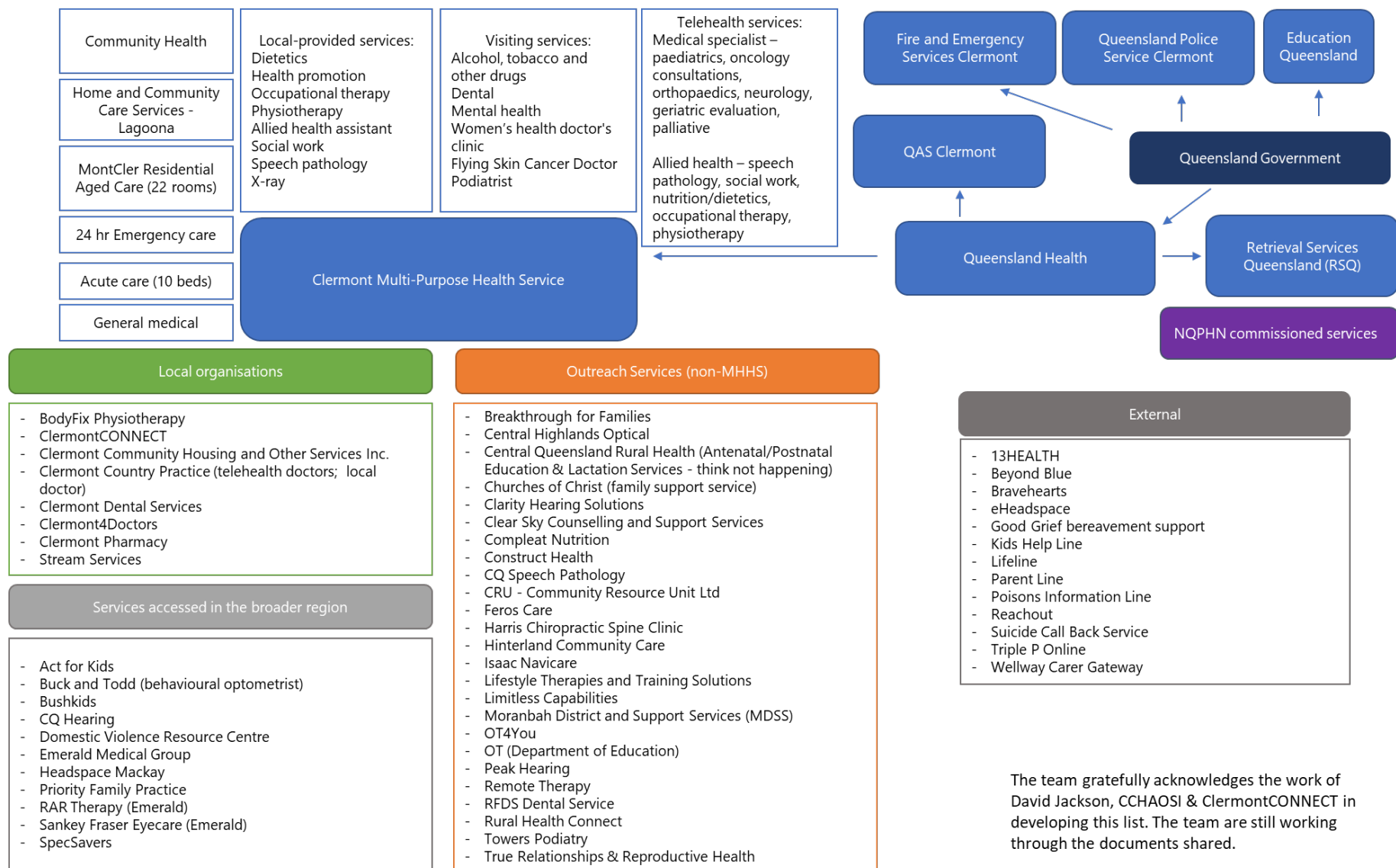
Figure 3. Summary of services and local health related organisations potentially available for the Clermont community.

Broad areas for improvement and proposed actions

The following areas for improvement were discussed at the Part 2 workshops. The actions proposed for each area are described in Table 1.

- Cross-cutting issues
  - Coordination
  - Systems/Policies
  - Service awareness
  - Affordability of healthy living
  - Infrastructure
  - Technology and telehealth
  - Workforce
- Healthy living
- Palliative care
- Services
  - Community-based health services for children
  - Community-based health services for mothers
  - Community-based health services for young people
  - Family support services
  - Allied health services
  - Mental health services
  - General practice services
  - Basic diagnostic services

Table 1. Proposed action areas and detailed actions that were discussed during the workshops and at meetings.

Proposed action area	Proposed detailed actions
Coordination	
Improve connectedness and opportunity to collaborate across stakeholders.	• Form an interagency group for Clermont: could include local health services, local community organisations, community members, visiting services, CCHAOSI, ClermontCONNECT, Isaac Council, Greater Whitsunday Communities, other regional stakeholders. This group could link with other groups in the region e.g. Isaac Coalition of Youth. There is a question about possible overlap or duplication with the Clermont Health Advisory Network Team (CHANT).
• Support ability to access services. • Improve connection between services e.g. discharge from hospital to home and community services.	• Develop a community-based role for a health care/service navigator. Help with navigating services in primary/preventive care and aged care, and provide a link between hospital and community services. • NQPHN My Care Finder program – coordinator to help navigate My Aged Care. • Community Visitors Program grant application by ClermontCONNECT that aims to match volunteers with people in need.

Proposed action area	Proposed detailed actions
Improve coordination across hospital districts.	• Processes to support coordinated care of Clermont community members when using Hospital and Health Service (HHS) services in CQHHS and THHS.
Increase knowledge of visiting services, including frequency of services, to increase service awareness and capture demand for services.	• Map services including frequency of visits and demand for services.

Systems/Policies	
Improve access to public services in other health districts.	• Agreements to support use of CQHHS and THHS services by the Clermont community.

Service awareness	
Increase awareness with community members and service providers about available services, how to access them, when and why.	• Annual community health and information expo (Greater Whitsunday Communities/MHHS partnership). • Time awareness raising activities with events where people will be already e.g. have booths/stalls at the Show, sports finals • Breast care nurses attending the beef expo and community nurses out at community events are examples of community information sharing that works well. • Continue page of service providers in Clermont Telegraph. • Develop Facebook Clermont Health page – could sit with Clermont CONNECT. • Central hub/directory of service providers. • Central hub for advertising and promoting services. • Could use technology to support – electronic central access point in town about different services, how to access and make appointments, contact details. Could be updated by a local person/volunteer. • Share information by email subscription and SMS messages – register and can receive information – important that this is based in Clermont -> community ownership. Could be volunteer group (e.g. friends of the health system) > possible link with ClermontCONNECT plans to coordinate volunteering in the future. • Interagency group for Clermont as a connecting group. • Need to consider accessibility of information for people with disabilities, people with challenges around technology, cultural diversity etc. • Increase awareness of available transport options.
Improve confidence in help-seeking from services.	• Information about services should include what to expect from a service (might include a story to help people relate). • Familiarity with services and providers through face to face interactions in the community e.g. expos, awareness raising activities at community events. • Peer support groups/buddy system • See also 'Coordination' – service/care navigation.

Proposed action area	Proposed detailed actions
Affordability of healthy living	
Improve awareness of free services including state and national organisations.	• Free services including (e.g. Cancer Council), and symptom checkers e.g. 13HEALTH, 13MHCALL, Queensland Health Online Symptom Checker. • See proposed actions for 'Service awareness'
Improve awareness of how private insurance can be used (for those with private insurance), including access to health promotion programs.	•
Support ability to manage finances.	• Access to a financial counsellor. e.g. Rural Health Connect (free online counselling), CCHAOS
Access Isaac Council and government funding and other resources.	• Council can apply for grants to support a sport and recreation officer – e.g. council apply for grant and pays for someone to run a boot camp. • Train a volunteer or upskill someone to do grant writing. • Isaac Council currently advertising for a youth support officer. Investigate how this can support Clermont youth. • Eligible individuals can access government Fair Play vouchers for sports (Health care card; Pensioner concession card or financial hardship. Club needs to be registered with Fair Play initiative).
Improve access to affordable transport around town and between communities.	• Education for people that would be eligible for the MediTrans bus. • Community car pooling.
Infrastructure	
Increase transport options.	• Explore possible corporate involvement in transport options. • Explore Dysart to Moranbah bus pilot currently being trialled for 6 months – the bus is free and operates once a week on Wednesday (one return run between the towns – departs Dysart at 7.30am and returns at 5.30pm). • Repurpose the HACC bus when not in use by community care. • Contract the school bus operators for a community service. • Isaac Coalition of Youth plans – volunteer bus driver. Need a bus.
Support regional discussions about the housing shortage.	•
Accommodation for workforce and the broader community.	• Potential for Monash Lodge to be re-purposed for health services. • Tiny Home Project in Whitsundays. Is this something that could be useful for Clermont?

Proposed action area	Proposed detailed actions
Discussions around independent living units and senior living project – in progress.	
Find space for visiting services.	• Spaces at CCHAOS are currently being used by visiting services for service delivery. Spaces are available for use.
Improve reliability of internet services.	• Advocacy for reliable internet.
Create a community hub/meeting place	• Secure a building e.g. the old TAFE building
Technology and telehealth	
Access telehealth trolley.	• Apply for funding for a telehealth trolley for ?GP surgery.
Information for community members to help with awareness of telehealth options.	•
Providers aware of when telehealth is available and appropriate, and aware of other technology options/improvements.	•
Telehealth hub with support.	• Currently telehealth rooms at Clermont hospital, pharmacy, GP practice. Hospital community care staff support telehealth appointments as needed for clients. Find a space for telehealth for general community members (using private or non-hospital telehealth services). Train community "telehealth buddies." • Education program on how to use telehealth for maximum benefit for older people.
Culture	
Create a central community meeting place – a safe space for connecting and sharing.	• Apply for grants to host community events • Have a kup murri or Filipino cooking social event
Workforce	
Innovative thinking around models of primary care.	• Community owned model for health services whereby resources and workforce would be shared. • Investigate remote supervision for GP registrar as per new RACGP approval for this mode of supervision.

Proposed action area	Proposed detailed actions
Support workforce through training and skills development.	• Access/create training pathways for health staff across boundaries (Clermont to Emerald more realistic as closer than Mackay). • Placement exchanges between hospitals with the aim of maintaining and developing skills. Also provides urban based workforce with understanding of local context. • Fund and support upskilling of nurses to nurse practitioners.
Attract workforce.	• Invite nurses to be exposed to rural health from Mackay – JCU/CQU program – possible interest in Mackay around this. • FIFO daily for any health service staff – connect daily run with other towns in the region and other services/goods. • Continue with Clermont4Doctors Community Champions program. • Incentives for workforce to work in certain areas.
Shared regional workforce.	• Shared workforce with other towns. • Many grey nomads are health professionals - could fill gaps short-term (consider currency of skills).
Improve systems factors.	• Improve recruitment processes -> move faster on contracts for workforce. • Resource hospital in line with demand - extra services are required by transient population (grey nomads). • Exit surveys of HHS staff who leave.
Healthy living	
Health promotion to encourage a healthy lifestyle.	• My health for life program https://www.myhealthforlife.com.au/the-program/is-it-right-for-you/ This program is free and available for adult aged 18 years and over. Has eligibility criteria around high risk of developing diabetes, heart disease or stroke; or having a history of diabetes, pre-diabetes, high blood pressure or high cholesterol. • Investigate other programs for health – better if driven by community and not by QH or Council, but supported by these organisations. Could link with existing sporting and recreation groups. • CQ rural health programs – telehealth. • What is the role of public health educators (e.g. diabetes, asthma)? • Potential to engage retired teaching and health profession staff in public health education.
Community-based health services for children	
• Upskill existing workforce to provide immunisation for children with appropriate oversight (supervision). • Outreach public child health service from Moranbah or Mackay.	• Already in action by Clermont4Doctors: training 3 registered nurses to be able to provide immunisations (Rural and Isolated Practice Registered Nurse course; RIPRN).

Proposed action area	Proposed detailed actions
Community-based health services for mothers	
Access to service for antenatal and postnatal care.	• Advocate for midwifery service (Central Queensland Rural Health) to return. • Could become a partner town in the Hunter Valley Program (Glencore funded) – supports women with children – antenatal and postnatal services. Could delegate connecting people with services to proposed community health navigator. • Outreach public service from Moranbah or Mackay. • Explore telehealth options – virtual baby weigh-ins and advice, virtual mothers groups.
Community-based health services for young people	
Recruit School Based Youth Health Nurse.	• MHHS advertise SBYHN position for Clermont. • Develop supporting network around the position.
Locate community services back into a community facility.	• Locate community services to Lagoona.
Upskill existing workforce.	• Upskill a nurse in sexual health.
Support for issues in schools.	• Need support for education/managing vaping in schools and best practice guidance. • Access existing services – e.g. MDSS Love Bites training, youth consent sexual health program • Preventive mental health training for community members and staff at schools – proactive not reactive. • Smiling Mind app – program for schools that can be used in the classroom.
Family support services	
Access to family support programs.	• Triple P – Positive Parenting Program in Tieri. Social worker used to offer this in Clermont. Train someone to provide this program in Clermont. • Action being considered by others already: program for higher needs behavioural issues for the region. • Follow up: Is BushKids available for Clermont?
Improve access to child care.	• Corporate involvement to support before and after school programs for Clermont and the region.
Allied health services	
Raise awareness of existing allied health services.	• See broad action area – 'Service awareness'
Innovative thinking around models of primary care.	• Community owned model for health services – share resources and workforce. • Telehealth for allied health services

Proposed action area	Proposed detailed actions
Mental health services	
• Access to psychologists • Access to psychologist with child and youth focus.	• Potential to draw on workforce of corporate partners.
Raise awareness of mental health services	• Raise awareness of rebates for mental health care services. • Raise awareness of free resources e.g. Beyond Blue app. • See broad action area – 'Service awareness'
Draw on community capacity to identify and support people at risk of/with mental health issues.	• Mental health first aid training – community members, community workers, education sector. • Fund training for particular stakeholders e.g. school teachers.
General practice services	
Innovative thinking around models of primary care.	• Community owned model for health services – share resources and workforce. • Re-open public doctor's surgery. • Support mid-range providers to supplement GP services and make more sustainable. e.g. nurse practitioner • Remote supervision of GP registrars. • Support health professional students (in advanced year of course) to supplement services.
Basic diagnostic services	
Support workforce skills development in imaging. e.g. ultrasound skills for doctors.	• Explore mobile ultrasound service that used to come to Clermont Country Practice from Emerald. • Support students studying imaging (CQ) through rural and remote placements in the region.
Shared workforce to fill gaps in radiography and blood collection.	• Explore role of community owned model of primary care and shared workforce for increasing access to basic diagnostic services.
Upskill existing workforce to fill gaps in radiography.	• X-ray operators currently being trained by Clermont hospital (will be three x-ray operators supported by outreach radiographer from Moranbah).
Upskill existing workforce at Clermont hospital for more efficient blood collection (nurses no longer redirected from usual nursing activities).	• Upskill allied health assistant in blood collection.
Palliative care	
Improve awareness about what is available to support palliative care (community members and service providers).	• Community Connectors Program (Compassionate Communities) – program that involves everyday people (Community Connectors) in the care and support of people near the end of life – NQPHN currently rolling program out in the Isaac region.

Proposed action area	Proposed detailed actions
Develop processes to continue out of hours palliative support at home.	•

Still for discussion:

Dental care

Renal dialysis

Patient travel subsidy scheme

Continuity of care – sharing of records, connecting records with providers, cross boundary processes

Coordination of specialist appointments and also coordination of appointments to work with MediTrans

Culture

Where to from here?

This document aims to report proposed areas for action, as well as detailed actions, that were discussed at workshops and during individual meetings for Part 2 of the co-design process. If you have any further information or feel something has been missed or needs to be clarified, please contact a team member. These actions will be explored further during Part 3 when we work together to consider the finer details for implementation including resources, funding, people, workforce, timeline and priority.

Please pass this draft document on to other community members or organisations that you think may be interested.

More information or want to be involved?

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Or visit our project page at https://www.taahc.org.au/research/integrating-health-care-planning-for-health-and-prosperity-in-north-queensland/