

# Clermont

## Place-Based Planning Project

### CO-DESIGN ACTIVITIES – PART 3 SUMMARY

#### Prioritising & fine-tuning solutions

24<sup>TH</sup> May 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 3 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.

## 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 was undertaken between February 16<sup>th</sup> and February 27<sup>th</sup> 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 was undertaken between March 7<sup>th</sup> and March 10<sup>th</sup> 2023. Part 2 was about exploring barriers and gaps further, and proposing possible actions to improve health and services in Clermont.

Summary reports of Part 1 and Part 2 may be accessed at the project website ([Integrating Health Care Planning for Health and Prosperity in North Queensland](#)).

Part 3 aims to prioritise proposed actions and work through the feasibility of actions in preparation for implementation. Workshops for Part 3 were held in-person in Clermont on April 19<sup>th</sup> and April 20<sup>th</sup> 2023. Separate meetings for Part 3 have also occurred and will likely continue until Workshop 4 (to be held on June 14<sup>th</sup> and June 15<sup>th</sup> 2023).

## Summary of Part 3

A total of 14 stakeholders have contributed to discussions for Part 3 of the co-design process to date. Eleven stakeholders participated via workshops and a further three 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.

During the workshop, participants prioritised the broad areas for action that were proposed during Part 2. The actions were prioritised according to their perceived impact (what actions are most important) and effort (or ease of implementation; Figure 1). Actions that were perceived to be 'easy' were identified as the actions most likely to be possible to implement during the timeline of the project. Actions that were perceived to be 'hard' would likely fall outside the project timeline.

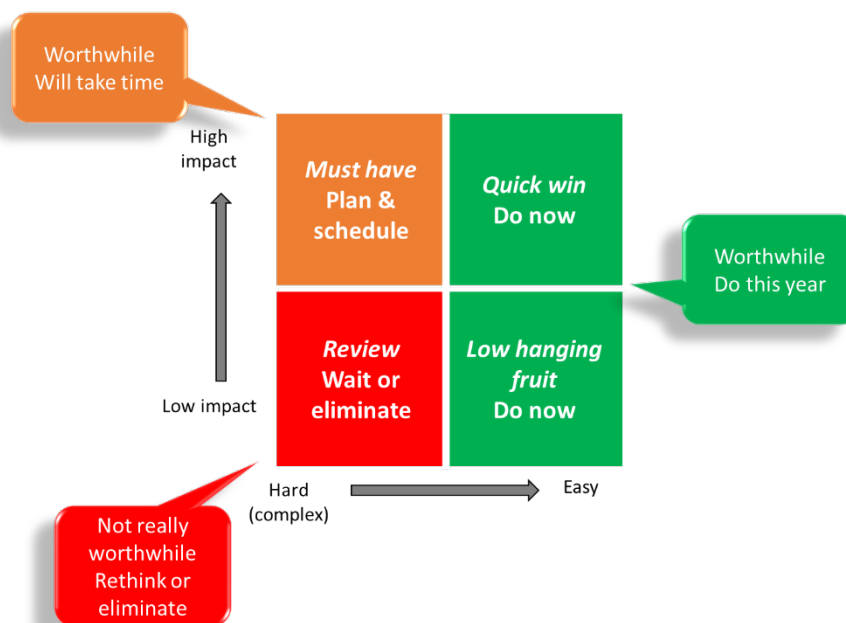


Figure 1. Prioritisation matrix used to prioritise proposed actions for implementation within the project timeline.

Workshop attendees provided positive feedback about the visual impact of the prioritisation activity. The findings from this part of the workshop will be very useful for guiding the next steps of the project. The rest of the workshop involved more discussion about the possible actions. Discussions focused on fine-tuning the actions and considering the resources, workforces, skillsets and funding needed to implement those actions that were prioritised for implementation in the project timeline.

The findings of the prioritisation activity are described in Table 1 (based on the proposed action areas that were reported in the Part 2 Summary Report). The priority category with the majority of participants in agreement has been reported in Table 1. Where the numbers of participants in agreement for a particular category were equal or close to equal across two categories, both categories have been reported. Considerations of feasibility, discussed during the workshop with attendees and after the workshop within the project team, are also described in Table 1.

It is important to note that many actions prioritised as worthwhile and to do within the project timeline were considered within the power of the community to make change. Actions that involved health services and government organisations were often prioritised as high impact but more difficult or not possible for the community to drive. These actions require further exploration as possible actions to be implemented within the project timeline.

Following the workshops and discussions with the broader research team, we have changed the wording of two of the categories to ‘High impact but complex’ and ‘Low impact and complex’ in this report. This is to capture the nature of ‘hard’ – such as involves: multiple stakeholders across local and regional sectors; health services or health systems leadership; high-level decision making; collaboration across stakeholders and/or leadership; or significant resourcing challenges.

Table 1. Action areas that were proposed during Part 2, with feasibility and prioritisation for implementation discussed during Part 3 (to date).

Proposed action area	Proposed detailed actions	Workforce, skillsets, resources, funding	High impact & easy	Low impact & easy	High impact but complex	Low impact & complex
<b>Coordination</b>						
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.	<ul style="list-style-type: none"> <li>Facilitator to set up network – preliminary meeting to understand interest, goals etc</li> <li>External facilitator may support start-up -&gt; requires funding.</li> <li>ClermontCONNECT, Greater Whitsunday Communities.</li> </ul>				
<ul style="list-style-type: none"> <li>Support ability to access services.</li> <li>Improve connection between services e.g. discharge from hospital to home and community services.</li> </ul>	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.	<ul style="list-style-type: none"> <li>Navigator doesn't need a clinical background – could be a retired teacher or health professional. Link with hospital navigator.</li> <li>Find funding to support the role or extend a role in existing organisation. Could be part of a Neighbourhood Centre.</li> <li>Existing resource: key local organisations if well informed on available services (library, ClermontCONNECT, CCHAOS, pharmacy, hospital)</li> <li>Existing resource: Isaac Navicare for mental health care coordination.</li> </ul>				

Proposed action area	Proposed detailed actions	Workforce, skillsets, resources, funding	High impact & easy	Low impact & easy	High impact but complex	Low impact & complex
	NQPHN My Care Finder program – coordinator to help navigate My Aged Care.	Link with program provider – Footprints via NQPHN. Workshop/info session about program for key stakeholders and community members.				
	Community Visitors Program grant application by ClermontCONNECT that aims to match volunteers with people in need.	ClermontCONNECT and Greater Whitsunday Communities – investigate potential partner.				
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.	Within project resources – explore processes used in other border communities.				
Obtain knowledge of visiting services, including frequency of services and demand for services.	Map services including frequency of visits and demand for services -> service directory.	Project resources and ClermontCONNECT Resource: My Community Directory. Training available -> NQPHN can connect team.				
Improve continuity of care through processes for sharing patient records and information.		Existing resource: Queensland Health - Health Provider Portal for non-QH health professionals.				
Improve coordination of specialist appointments, including timing with MediTrans.		Existing resource: Hospital nurse navigator could help with understanding of how general community members can coordinate appointments; and if general community can access their services.				
<b>Systems/Policies</b>						
Improve access to public services in other health districts.	Agreements to support use of CQHHS and THHS services by the Clermont community.	HHS				

Proposed action area	Proposed detailed actions	Workforce, skillsets, resources, funding	High impact & easy	Low impact & easy	High impact but complex	Low impact & complex
Improve understanding and access to Patient Travel Subsidy Scheme	See 'service awareness' Processes					
<b>Service awareness</b>						
<p>Increase awareness with community members and service providers about available services, how to access them, when and why.</p> <p>Free services Mental health Allied health Dental care Private insurance including access to health promotion programs. Transport options</p> <p>Consider accessibility of information for people with disabilities, people with challenges using technology, cultural diversity</p>	Host an annual community health and information expo.	Clermont CONNECT, Greater Whitsunday Communities/MHHS				
	Run activities for health service awareness and health promotion with community events.	<ul style="list-style-type: none"> <li>• Health tent at Beef Expo (held in October) with local and visiting service providers</li> <li>• My Health for Life run stalls at events where they check blood pressure etc -&gt; NQPHN connect</li> <li>• Service navigator to attend in future</li> </ul>				
	Clermont Telegraph include a service provider page	<ul style="list-style-type: none"> <li>• Continue calendar and include new service provider page with name, contact and summary of service. Printed editions as well as online.</li> <li>• ClermontCONNECT, Clermont Community Business Group</li> </ul>				
	Use social media to promote services	<ul style="list-style-type: none"> <li>• ClermontCONNECT and other health related services.</li> </ul>				
	Central access point – website with links to patient travel forms, bus schedule, services information	<ul style="list-style-type: none"> <li>• Requires funding to create website</li> <li>• My Community Directory –potential resource: Isaac Regional Council to update</li> </ul>				
	Central calendar	<ul style="list-style-type: none"> <li>• Existing resources: ClermontCONNECT already underway and available on their website</li> <li>• My Community Directory –potential resource: Isaac Regional Council to update</li> </ul>				
	Circulate health services information by email or SMS (opt-in)					
	Create an interagency group	See 'Coordination'				

Proposed action area	Proposed detailed actions	Workforce, skillsets, resources, funding	High impact & easy	Low impact & easy	High impact but complex	Low impact & complex
Improve confidence in help-seeking from services.	Improve awareness of services and how to access them	See above				
	Link people with peer support groups and community groups	Service navigator and key organisations				
<b>Healthy living</b>						
Support ability to manage finances.	Access to a financial counsellor. e.g. Rural Health Connect (free online counselling), CCHAOS	Project resources/ClermontCONNECT to confirm providers and include in directory of service providers.				
Access Isaac Council and government funding and other resources.	Apply for grants to implement free or subsidised fitness programs.	<ul style="list-style-type: none"> <li>Grant writing workshops to upskill community members. Already happening (second workshop 16<sup>th</sup> May). ClermontCONNECT and Greater Whitsunday Communities</li> <li>Mental health grants, Council grants</li> <li>Potentially include town fitness leader in Council grant application</li> </ul>				
	Access Isaac Regional Council youth support officer and sports and recreation officer, if these roles exist.	Project resources				
	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).	Part of stakeholder mapping and follow up with clubs - ClermontCONNECT				
Improve access to affordable transport around town and between communities.	<ul style="list-style-type: none"> <li>Education for people that would be eligible for the MediTrans bus.</li> <li>Community car pooling (see 'Infrastructure').</li> </ul>	MHHS – education on MediTrans				

Proposed action area	Proposed detailed actions	Workforce, skillsets, resources, funding	High impact & easy	Low impact & easy	High impact but complex	Low impact & complex
Health promotion to encourage a healthy lifestyle.	My health for life program	<ul style="list-style-type: none"> <li>Connect with service navigator/key organisations</li> <li>Involvement at community events and organisations (Men's Shed).</li> </ul>				
	Other health programs e.g. telehealth programs run by CQ rural health.	Identify existing programs and funding to implement. Existing information resource – NQPHN.				
Create a central community meeting place – a safe space for connecting and sharing.	Apply for grants to host community events e.g. have a kup murri or Filipino cooking social event.	<ul style="list-style-type: none"> <li>Time with International Day or similar day of celebration.</li> <li>Involve school and student council.</li> <li>Clermont Community Business Group could initiate an event (but not this year).</li> </ul>				
<b>Infrastructure</b>						
Increase transport options.	Create a community bus service <ul style="list-style-type: none"> <li>Between communities               <ul style="list-style-type: none"> <li>Fortnightly to Moranbah</li> <li>Fortnightly to Emerald</li> </ul> </li> <li>Around town               <ul style="list-style-type: none"> <li>Op Shop bus trip</li> <li>Dam trip once a month</li> <li>Intergenerational playgroup at the CWA</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Need a bus – Monash Lodge bus is available and maintained.</li> <li>Corporate sponsorship – factor into Glencore grant application.</li> <li>Potential to tap into Health Workforce Queensland funding if can time with transport for workforce travelling from Emerald to Clermont.</li> <li>Need a driver - contract the school bus operators for a community service; volunteer driver</li> </ul>				
Support regional discussions about the housing shortage.		<ul style="list-style-type: none"> <li>Advertise accommodation summit – occurring June 6</li> <li>Council representation for Clermont</li> </ul>				
Accommodation for workforce and the broader community.	<ul style="list-style-type: none"> <li>Potential for Monash Lodge to be re-purposed for health services.</li> <li>E.g. Tiny Home Project in Whitsundays.</li> </ul>					
Discussions around independent living units and senior living project – in progress.		<ul style="list-style-type: none"> <li>In progress</li> </ul>				



Proposed action area	Proposed detailed actions	Workforce, skillsets, resources, funding	High impact & easy	Low impact & easy	High impact but complex	Low impact & complex
Find space for visiting services.	Spaces at CCHAOS are currently being used by visiting services for service delivery. Spaces are available for use.	Part of health service mapping – project resources/ClermontCONNECT	Green	Green	White	White
Improve reliability of internet services.	Advocacy for reliable internet.	New tower being installed. Council advocating.	White	White	Orange	White
Create a community hub/meeting place	Secure a building e.g. the old TAFE building		White	Green	White	White
Need an approved builder for repairs and modifications for Department of Housing accommodation.		Project resources to investigate issue and support action.	Green	White	Orange	White
<b>Technology and telehealth</b>						
Access telehealth trolley.	Apply for funding for a telehealth trolley.	Find out if general practice or MPHS service interested. Apply for funding to Mackay Hospital Foundation.	Green	White	White	White
Information for community members to help with awareness of telehealth options.		<ul style="list-style-type: none"> <li>Part of health service mapping – Project resources/ClermontCONNECT</li> <li>Include this information with central website. Link with existing services – Isaac Navicare</li> </ul>	White	White	Orange	White
Providers aware of when telehealth is available and appropriate, and aware of other technology options/improvements.		<ul style="list-style-type: none"> <li>Interagency meeting</li> </ul>	White	White	Orange	White

Proposed action area	Proposed detailed actions	Workforce, skillsets, resources, funding	High impact & easy	Low impact & easy	High impact but complex	Low impact & complex
Telehealth hub with support.	<ul style="list-style-type: none"> <li>• 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.”</li> <li>• Education program on how to use telehealth for maximum benefit for older people.</li> </ul>	<ul style="list-style-type: none"> <li>• Existing resources: Isaac Navicare for mental health</li> <li>• Project resources: <ul style="list-style-type: none"> <li>- Check existing resources for telehealth appointments – who can access, if supported use</li> <li>- Check if library has private room for telehealth appointments – who can access, how supported</li> </ul> </li> <li>• Telehealth support – link with volunteers and community organisations. Training for telehealth support – existing information resource Isaac Navicare program.</li> </ul>				

Proposed action area	Proposed detailed actions	Workforce, skillsets, resources, funding	High impact & easy	Low impact & easy	High impact but complex	Low impact & complex
<b>Workforce</b>						
Innovative thinking around models of primary care.	<ul style="list-style-type: none"> <li>Community owned model for health services whereby resources and workforce would be shared.</li> <li>Investigate remote supervision for GP registrar as per new RACGP approval for this mode of supervision.</li> </ul>	Department of Health funding to develop model of care.				
Support workforce through training and skills development.	<ul style="list-style-type: none"> <li>Access/create training pathways for health staff across boundaries (Clermont to Emerald more realistic as closer than Mackay).</li> <li>Placement exchanges between hospitals with the aim of maintaining and developing skills. Also provides urban based workforce with understanding of local context.</li> <li>Fund and support upskilling of nurses to nurse practitioners.</li> </ul>	Initiative in progress – Clermont4Doctors				
Attract workforce.	<ul style="list-style-type: none"> <li>Invite nurses to be exposed to rural health from Mackay – JCU/CQU program – possible interest in Mackay around this.</li> <li>Support student placements – service learning</li> <li>FIFO daily for any health service staff – connect daily run with other towns in the region and other services/goods.</li> <li>Continue with Clermont4Doctors Community Champions program.</li> <li>Incentives for workforce to work in certain areas.</li> </ul>	Central Queensland Centre for Rural and Remote Health – future resource  Government initiatives in place already				
Shared regional workforce.	<ul style="list-style-type: none"> <li>Shared workforce with other towns.</li> <li>Many grey nomads are health professionals - could fill gaps short-term (consider currency of skills).</li> </ul>					
Improve systems factors.	<ul style="list-style-type: none"> <li>Improve recruitment processes -&gt; move faster on contracts for workforce.</li> <li>Resource hospital in line with demand - extra services are required by transient population (grey nomads).</li> <li>Exit surveys of HHS staff who leave.</li> </ul>					

Proposed action area	Proposed detailed actions	Workforce, skillsets, resources, funding	High impact & easy	Low impact & easy	High impact but complex	Low impact & complex
<b>Services for population groups</b>						
Advocate for regional renal dialysis service.	Join advocacy occurring in Emerald.					
Access to community services for children.	Upskill existing workforce to provide immunisation for children.	Already in action by Clermont4Doctors: training 4 <sup>th</sup> nurse signed up 25/05 registered nurses to be able to provide immunisations (Rural and Isolated Practice Registered Nurse course; RIPRN).				
	Outreach public child health service from Moranbah or Mackay.					
Access to service for antenatal and postnatal care.	Advocate for midwifery service (Central Queensland Rural Health) to return.					
	Become a partner town in the Hunter Valley Program (Glencore funded) – supports women with children – antenatal and postnatal services.					
	Outreach public service from Moranbah or Mackay for antenatal and postnatal care.					
	Explore telehealth options – virtual baby weigh-ins and advice, virtual mothers groups.	Online podcast for mothers				
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.					

Proposed action area	Proposed detailed actions	Workforce, skillsets, resources, funding	High impact & easy	Low impact & easy	High impact but complex	Low impact & complex
Support for issues in schools.	<ul style="list-style-type: none"> <li>• Need support for education/managing vaping in schools and best practice guidance.</li> <li>• Access existing services – e.g. MDSS Love Bites training, youth consent</li> <li>• Preventive mental health training for community members and staff at schools – proactive not reactive.</li> <li>• Smiling Mind app – program can be used in the classroom.</li> </ul>	Involves Education Queensland Existing resources: available programs offered through regional service				
Access to family support programs.	<ul style="list-style-type: none"> <li>• Triple P – Positive Parenting Program in Tieri. Social worker used to offer this in Clermont. Train someone to provide this program in Clermont.</li> <li>• Action being considered by others already: program for higher needs behavioural issues for the region.</li> </ul>	Project resources: identify if anyone trained in town. Online access to course -> funding				
Improve access to child care.	Corporate involvement to support before and after school programs for Clermont and the region.					
<b>General practice, mental health, allied health and dental services</b>						
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.	Existing resource (for future): Central Queensland Centre for Rural and Remote Health				
Access to psychology services	Potential to draw on psychology workforce of corporate partners.	Existing resources: Isaac Navicare care coordinator				

Proposed action area	Proposed detailed actions	Workforce, skillsets, resources, funding	High impact & easy	Low impact & easy	High impact but complex	Low impact & complex
	Access psychologist with child and youth focus.	Existing resources: Isaac Navicare care coordinator				
Draw on community capacity to identify and support people at risk of/with mental health issues.	<ul style="list-style-type: none"> <li>• Mental health first aid training – community members, community workers, education sector.</li> <li>• Fund training for particular stakeholders e.g. school teachers.</li> </ul>					
Access to allied health services.	Promote/engage with providers about telehealth for allied health services.	Project resources: part of health service mapping. Interagency meeting				
Dental services						
<b>Basic diagnostic services</b>						
Support workforce skills development in imaging. e.g. ultrasound skills for doctors.	<ul style="list-style-type: none"> <li>• Support students studying imaging (CQ) through rural and remote placements in the region.</li> <li>• X-ray operators being trained by Clermont hospital (will be three x-ray operators supported by outreach radiographer from Moranbah).</li> </ul>					
	Explore mobile ultrasound service that used to come to Clermont Country Practice from Emerald.	Project resources				
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.					
Engage regular, private blood pathology service for use by patients of public and private services.		Project resources to investigate				

Proposed action area	Proposed detailed actions	Workforce, skillsets, resources, funding	High impact & easy	Low impact & easy	High impact but complex	Low impact & complex
Upskill existing workforce at Clermont hospital for more efficient blood collection	Upskill allied health assistant in blood collection ((nurses no longer redirected from usual nursing activities).					
<b>Palliative care (not covered in Workshop 3)</b>						
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.	Roll out in Clermont in preference to Moranbah that has small population of older people.				
Develop processes to continue out of hours palliative support at home.						

## Where to from here?

This document aims to report on the proposed areas for action, their priority in terms of importance and the project timeline, and their feasibility for implementation. This summary includes discussions (to date) at workshops, during individual meetings and with the project team. If you have any further information or feel something has been missed or needs to be clarified, please contact a team member.

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?

Contact the project team:

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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/>