



Clermont

Place-Based Planning Project

CO-DESIGN ACTIVITIES – PART 4 SUMMARY

Measuring success

11th September 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 4 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 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 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.

Part 3 was undertaken between April 19th and April 28th. Part 3 aimed to prioritise proposed actions and work through the feasibility of actions in preparation for implementation.

Summary reports of Part 1, 2 and 3 may be accessed at the project website ([Integrating Health Care Planning for Health and Prosperity in North Queensland](#)).

Part 4 aimed to define the measures of success of actions. These measures will inform the evaluation of implemented actions. Workshops for Part 4 were held in-person in Clermont on May 14th and May 15th, with separate meetings available as requested.

Summary of Part 4

A total of 10 stakeholders have contributed to discussions for Part 4 of the co-design process to date. Nine stakeholders participated via workshops and one individual contributed via a separate meeting. Participants included local and regional stakeholders with a mixture of community members, members of community organisations and health service providers. As in Part 3, the workshops were led by Catherine Wilkes (JCU Project Support and Clermont CONNECT Project Officer) with support from the JCU team.

The measures of success discussed at the workshops related to actions prioritised for implementation within the project timeline (during Part 3). All actions that were prioritised as ‘low impact and easy’ and ‘high impact and easy’ (green categories) were included. We also chose to include some actions that had been prioritised as ‘high impact but complex’ (orange priority group) as we think that there is good potential for these to be progressed further, within the project timeline.

Participants were provided with a list of the actions with some brief details about how those actions would likely be implemented. Participants were asked to consider the following questions: *“What would the action do for the community? What is the expected impact? How will we measure this?”*

Participants suggested a range of possible impacts and measures. Table 1 documents the measures of success suggested against the actions that we hope to implement within the project timeline. Feedback from the workshops suggested that actions overlapped and were repetitive. Please note that we have now revised the actions to eliminate as much crossover as we think possible.

Table 1. Measures of success as discussed during workshops for Part 4.

Actions	Likely outcomes? Measures of success
1. Raise service awareness <ul style="list-style-type: none"> - Develop central service directory - Health stalls at Beef Expo and other events - Health and information Expo - Information at community events - Service provider page in Clermont Telegraph - Promote programs and services on social media - Develop and promote virtual access point - Establish health concierge role (see separate action for this role) - Initiate Clermont interagency meeting (see separate action for this role) 	<ul style="list-style-type: none"> • Service directory exists • Number of events held • Number of health checks performed at event • Number attending stalls • Community and providers’ service awareness • Social media hits • Website hits • Increase in service use (particularly allied health and mental health) • Fewer vacant appointments • Reduced waiting lists
2. Promote healthy living <ul style="list-style-type: none"> - Apply for grants for healthy living programs - Build grant writing capacity - Connect with Isaac Regional Council Youth Support/Sports and Recreation Officer - Initiate health promotion events/programs (see ‘service awareness’ measures) 	<ul style="list-style-type: none"> • Healthy living programs initiated • Number attending programs • Increased confidence applying for grants • Number of grant writing workshops held • Number attending workshops • Funding amount into community through grants • Number of grant applications submitted by attendees of workshops
3. Foster peer support <ul style="list-style-type: none"> - Apply for grants for new peer support programs - Promote programs and peer support groups - Coordinate delivery of Compassionate Communities: Health Community Connectors workshop. To be delivered 1st November 2023 by NQ PHN Maria Callaghan 	<ul style="list-style-type: none"> • Grant applications for peer support programs • Peer support programs delivered (e.g. mental health training) • Attendance at peer support programs and workshop evaluation • Number of new support groups • Number of new members of support groups • Group meeting room use

Actions	Likely outcomes? Measures of success
4. Celebrating community - Apply for grants to host community events e.g. kup murri, Filipino cooking social event timed with Reconciliation Week or International Day could be supported by CCBG next year.	<ul style="list-style-type: none"> • Grant applications for community events • New community events held • Attendance at events
5. Promote ability to manage finances	<ul style="list-style-type: none"> • Number of visits by financial counsellors • Number of appointments with financial counsellors
6. Initiate an interagency meeting	<ul style="list-style-type: none"> • Provider attendance • Subsequent meetings • Number of new providers at subsequent meeting/s
	<ul style="list-style-type: none"> • Change in professional networks • Better awareness and service coordination (including providers' use of telehealth)
7. Establish a health concierge role	<ul style="list-style-type: none"> • Number of contacts with health concierge
	<ul style="list-style-type: none"> • Number of new clients using services • Reduced service end cancellations
	<ul style="list-style-type: none"> • Community and providers' awareness of health concierge
	<ul style="list-style-type: none"> • Community experience of health concierge • Health concierge's experience
8. Increase and promote transport options - Fund and create a community bus service - Promote MediTrans service	<ul style="list-style-type: none"> • Number of grant applications • Funding amount • Bus service available • Bus use (count of people; count of days offered/used) • See 'service awareness' measures
9. Map spaces for visiting services and establish process to coordinate access	<ul style="list-style-type: none"> • Increase in providers using available spaces • Coordination of visiting services access to space happening
10. Improve access to home modifications for Department of Housing accommodation	<ul style="list-style-type: none"> • Less time between needs assessment and modification being done (days) • List of approved builders
11. Explore usefulness of the QH Health Provider Portal and other platforms for sharing patient information between providers	<ul style="list-style-type: none"> • Number of new providers aware of QH Health Provider Portal or other platforms • Number of new providers accessing portal/platforms
	<ul style="list-style-type: none"> • Providers' experience of portal/platforms
12. Improve access to supported telehealth - Fund and access a telehealth trolley - Map and promote telehealth spaces for use by general community	<ul style="list-style-type: none"> • Number of grant applications • Funding amount
	<ul style="list-style-type: none"> • Trolley in place where needed • Trolley use (count)
	<ul style="list-style-type: none"> • Use of telehealth spaces (count) • Trained telehealth buddies (count)
13. Improve access to maternal, child and youth school-based health services - Re-model health workforce roles to support maternal and child health, and youth support in schools	<ul style="list-style-type: none"> • Role/s advertised • Role/s filled
	<ul style="list-style-type: none"> • Number of attendances for maternal and child health services (if new service implemented) • Number of school-based youth health contacts

Actions	Likely outcomes? Measures of success
<ul style="list-style-type: none"> - Connect with Hunter Valley Program - NQPHN commissioned services 	<ul style="list-style-type: none"> • Increased child vaccination • Fewer visits to other towns for maternal and child health
	<ul style="list-style-type: none"> • Parents' experiences of maternal and child health services
14. Establish and promote local access to Positive Parenting Program (PPP)	<ul style="list-style-type: none"> • Identified PPP trainer • Trained someone in PPP
15. Improve local access to blood collection services	<ul style="list-style-type: none"> • Increase in number of hours available for blood collection

Where to from here?

This document aims to report on the measures of success as defined by the Clermont community.

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. Feedback is welcome.

The research team is now working on:

- Implementing the actions reported in Table 1. We may be in touch for further input into the design of some of these actions.
- An evaluation plan that includes the measures of success that were suggested. Once final, we will seek approval from the research ethics committee so that we will be ready to monitor and evaluate implemented actions in the near future.
- We are also working on a one page summary about actions for implementation in this project - told through pictures. This will help us to share the outcomes from this work with the broader community.
- A complete plan that includes *all* the proposed areas for improvement and specific actions will also be developed. This plan will be shared with the community next year to inform future activities.

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/>