

CHIRP Community Health and Castlemaine Health Integration

Engagement Report
February 2021

Version 1.0



Foreword

CHIRP Community Health and Castlemaine Health have been working closely together to develop a plan for the integration of the two services that will strengthen community health and services in the local area.

Early engagement with staff and the community is a vital part of this process. From late September until early October, we have gathered preliminary feedback from staff and the community. This report summarises the outputs from that consultation period which are now being used to shape the development of our integration plan.

We are committed to maintaining high quality and inclusive services for our community and your feedback helps us to understand what is most important to you. We would like to thank all of you who have taken the time to have your say on the future of community health and services in Mount Alexander Shire. If you have not had a chance yet to share your views, you are welcome to email any feedback on this report to Claire.Marshall@cubegroup.com.au.

The detailed plan for integration will include the outputs from our engagement with staff and the community and consider the governance, financial, service, human resource and legal impacts of integration.

It is important to note that all community health and service staff are valued and that community health services will be enhanced. The integration will result in the combination of staffing and services currently delivered by both organisations.

We are both pleased to be leading our organisations into this next stage, with a firm focus on sustainability and strengthening service delivery.

Please look out for further information and other opportunities to help to shape the future of community health and services for the Shire.

Warm regards,



Lexi Randall-L'Estrange

Chair CHIRP Community Health



Peggy Ronnau

Chair Castlemaine Health

About this report

Cube Group (Cube) has been engaged by CHIRP Community Health (CHIRP) and Castlemaine Health (CH) to undertake staff and community engagement and to develop a plan for the integration of the two services.

This report outlines the methodology and findings for communications and engagement undertaken with staff and the community between September 28 and November 6 2020.

Findings in this report will be included in the integration plan and used to inform the future service structure and delivery model.

The findings in this report will be presented back to staff and the community.

Staff and the community will be provided with opportunities to reflect on the findings in this report and provide further input to the integration plan.

The full draft integration plan will be delivered in March 2021 for consideration by the CHIRP and CH boards.

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Methodology



Methodology and engagement rates

To inform staff and community engagement, a communications and engagement plan was developed, including a range of internal and external communications and engagement activities.

Communications materials included: key messages, a public question and answer document, information sheet, poster, website content, media releases, paid print advertisements, social media campaign, stakeholder letters, CEO/Staff messages/emails, member letter, volunteer letter, feedback boxes. A list of stakeholders who were contacted directly about the integration and opportunities to engage can be found at Appendix A.

Engagement activities included:

- Written submissions – 4 received (full written submissions can be found at Appendix B)
- Feedback Forms – 3 received
- Staff Survey – total of 56 responses received
- Community Survey – total of 59 responses received
- Leadership Team Workshops - one workshop with each of CHIRP and CH separate leadership teams and one work shop with service leaders from both organisations (three workshops total to date)
- Staff focus group sessions – total of 6 sessions with approximately 50 attendees
- Community focus group sessions – total of 6 sessions with 7 attendees
- Stakeholder interviews/meetings – total of 2 meetings with 8 attendees

Communication reach

Information about the integration and opportunities to engage was shared on both the CHIRP and CH websites and Facebook pages, as well as the CHIRP Twitter account.

The CHIRP website news section, where all information on the integration is held, received 225 'hits' during the consultation period. We cannot know how many of those hits were related specifically to the integration project. The CH website section specific to integration had 56 unique views of content.

A total of six Facebook posts were made by both organisations about opportunities to engage with the integration program. CHIRP also posted to Twitter three times. For CHIRP:

- The three Twitter posts had an average of 74 impressions, 1 engagement(s) (a like or share) and a 2% engagement rate
- The six Facebook posts had an average reach of 69 and an average of 4 clicks (people who clicked 'read more' to expand and read the full post).

For CH:

- Information about engagement and the feedback form were posted (with reply paid envelopes) to over 160 clients
- The same information and feedback form were emailed to a further 150 clients
- Between 20 and 30 flyers about engagement opportunities were handed out directly to clients
- The five Facebook posts had an average reach of 208, an average of 7 clicks, and an average of 5 engagements (a reaction or comment)

The integration work and opportunities to engage were publicised in two editorials in the Castlemaine Mail (2 and 16 October) and two paid quarter-page adverts: one in the Castlemaine Mail (30 October, circulation 3,000) and one in the Midland Express (20 October, circulation 23,300).

Information about engagement opportunities was also emailed directly to the 50 members of the Castlemaine Connectors forum and directly to 113 community groups and stakeholders.

Key themes



Key themes

The following themes emerged consistently across consultations with staff and the community:

- **The importance of continuing to focus on the consumer**
Both CHIRP and CH are recognised for their consumer-centred care. This should be retained through integration and enhanced through a one-stop-shop approach that streamlines engagement with services and programs for the community, making it easier to navigate the health and community services system.
- **Ensuring services, programs and facilities are easily accessible for all**
Staff and the community articulated a desire for community health and services to be accessible in a central (CBD) location, proximate to public transport. The CH site is considered less accessible due to terrain and limited public transport, making it harder for vulnerable individuals to access services and programs or for people to 'drop in'. Accessibility also means that facilities are welcoming, safe and inclusive spaces for all. A joint facilities planning process (Master Planning) is being undertaken by CH, CHIRP and the Mount Alexander Shire to determine the best way to configure services in the long term.
- **Retaining and growing the contribution of volunteers to community health services and programs**
Both CH and CHIRP have large and active volunteer cohorts that are a strength for both organisations. As services and programs integrate, these volunteer cohorts need to be supported to integrate too and continue the great work that they do. Ideally volunteering opportunities could be expanded (including outreach to other communities in Mount Alexander Shire).
- **Maintaining current services and programs**
Staff and the community value the diverse range of services and programs currently available across CHIRP and CH. They want to make sure that services, programs and the ability to rapidly respond to community needs and to provide outreach (e.g. to surrounding townships) is maintained.
- **Building communities and taking a proactive approach to health and wellbeing**
There are opportunities to enhance partnerships with other community and health services providers and to proactively engage with the community (e.g. increasing work with schools and daycare; designing programs that meet the needs of specific communities) to ensure that people know what services and programs are offered and to identify and respond to emerging needs. There was also a concern that a focus on the social model of health could be lost through integration. Staff and the community would like the integration to build on what is already done well in terms of prevention and promotion activity, flexibility, innovation and personalised care.
- **Transparency and community representation**
Staff and community would value further opportunities to be involved in development of the integration plan, and in the long term want to see a strong voice for the community in the design and governance of community health and services.

Key themes cont.

Further themes were identified from consultation with staff:

- **Integration and collaboration can enhance collective capability**
When asked about the benefits to integration, staff identified the opportunity to share knowledge, access more training and professional development opportunities and to identify and expand instances of evidence-based best practice. CHIRP staff also expressed a hope that the integration would provide improved long-term job security.
- **Streamlining and enhancing services, programs and systems**
Staff also identified the opportunity to streamline and integrate service approaches to improve quality, reduce duplication and more effectively use technology in care delivery. Staff were also positive about the opportunity to streamline procedures and systems to make them more agile, rather than increasing barriers to innovation.
- **Retaining culture and identity and developing shared values**
Staff were excited about the opportunity to work more closely together, but also concerned that careful change management activities be put in place to ensure that a positive collective culture could be built based on the strengths of both organisations and the establishment of shared vision and values.

Further themes were identified from consultation with the community:

- **Valuing programs that connect to and build community**
Community feedback from the survey and focus groups was that preventative programs such as exercise groups, volunteering and mentoring are all highly valued and should be retained.
- **Future sustainability**
Feedback from community members was that they hope the integration process provides long-term certainty and sustainability for local services and programs, and ideally further reduces the need to travel for primary care.
- **Supporting our population's needs**
Community members highlighted the importance of supporting the ageing population of Mount Alexander Shire to help people age in place, stay out of hospital and continue to stay well and contribute to their community. However, this was balanced with a need to continue to support young people in the community, especially following COVID-19 and with more families moving to the area.
- **Providing more outreach services and programs**
Some stakeholders consulted want to see more services and programs available across the Shire, particularly for members of the community who cannot easily travel into Castlemaine.

Consultation Insights



About staff survey engagement

The survey asked staff about their views on:

- Community health and service priorities for the local community
- Strengths and potential improvements for services in the respondent's organisation
- Benefits, opportunities, challenges and related solutions for integration
- How staff would like to work together (inter- and intra-organisationally)

Overall, 80% of staff who responded to the survey either agree or strongly agree that integration will enable better community health and services for the local community. Only one respondent strongly disagreed, and 10 respondents were unsure.

14 CHIRP and 42 CH staff responded to the survey.

The plan for the integration will enable better community health and services for the local community.



About community survey engagement

The survey asked community members about their views on:

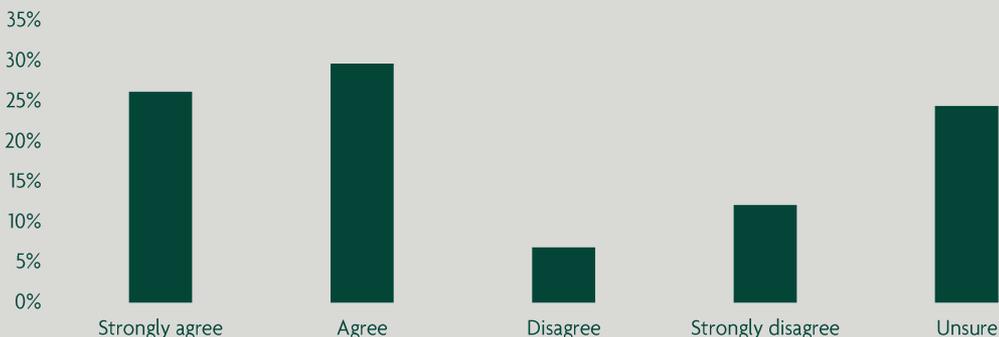
- Community health and service priorities for the local community
- Strengths and potential improvements for services
- Benefits, opportunities, challenges and related solutions for integration

56% (n=32) of respondents either agree or strongly agree that integration will enable better community health and services for the local community. 19% (n=11) of respondents either disagree or strongly disagree that integration will enable better community health and services for the local community. The remaining respondents (24%, n=14) were unsure.

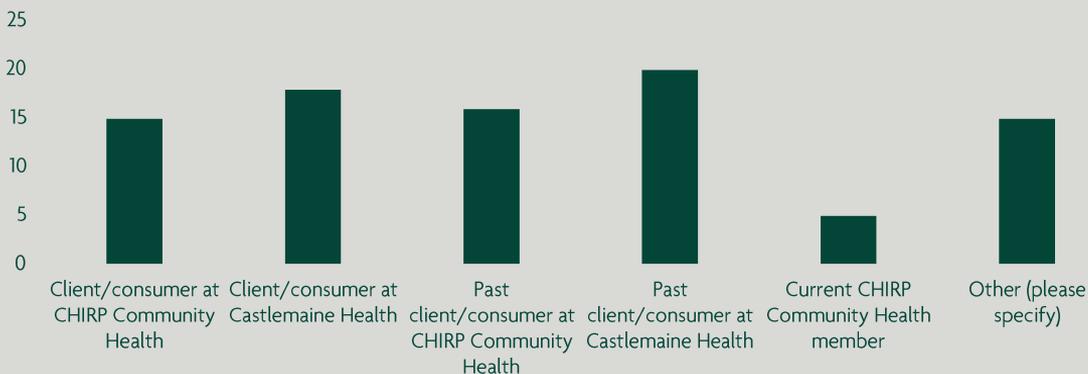
Respondents included CHIRP and CH clients, 5 CHIRP members, GPs, volunteers and other health workers.

Only four respondents were not residents of Mount Alexander Shire.

The plan for the integration will enable better community health and services for the local community.



Respondent relationship to CHIRP and/or CH



Service priorities

Across consultation with staff and the community, the following future service priorities were identified:

- Ensuring a variety of locally available, affordable services and programs with a focus on community building and holistic health promotion and prevention activities (e.g. walking groups, healthy eating, mental health promotion, education, art, gardening, strength training) and a plan for future growth as the Mount Alexander Shire population continues to grow post COVID-19
- Services and programs that should be considered in future service planning exercises include dental services; optometry and speech pathology; women's and men's health; skin checks; immunisation clinics; hydrotherapy; family violence; mobile or home-based cardiac monitoring and greater access to telemedicine with specialists (e.g. cardiology, oncology); community support during crises (e.g. COVID-19, bushfires, floods, climate change); dementia care and more in-reach support to residential aged care; LGBTIQ+ services and programs; youth outreach.
- Existing services and programs that staff and the community value include mental health services, allied health-led services, housing and homelessness services, chronic illness support (e.g. obesity-related health challenges and diabetes), child and family services and services/programs not currently otherwise available in the area (e.g. needle exchange program).
- Consultations reinforced the future role of community health and services as: supporting early intervention and timely access to support for everyone, helping those in the community who are most vulnerable
- Building on CHIRP's Rainbow Tick accreditation, there is an opportunity to embrace diversity and inclusion and embed these principles at the centre of future service design.

Service strengths

Across consultation with staff and the community, the following current community health and service strengths were identified across CHIRP and CH:

- CHIRP and CH both have positive reputations in the community for the quality of care and individualised, person-centred care provided. CHIRP in particular is seen as closely connected to the community
- The strong focus on preventative healthcare and supporting a healthier community as a whole e.g. walking groups, community gym, mentoring (as opposed to only treating problems once they occur)
- Services and programs that support older people across the community were highly valued
- Community members frequently highlighted the skill and professionalism of staff across both CHIRP and CH
- Staff talked about the strength of the large volunteer cohorts across both organisations, particularly CHIRP which offers a number of volunteer-led programs
- Staff and the community also highlighted the social capital across the Mount Alexander Shire community – there are a lot of passionate people living and working in the local community who want to contribute to the wellbeing of the community
- The current location of CHIRP is a strength: it is accessible, anonymous and private
- CHIRP's ability to be flexible, innovative and responsive was valued by both staff and the community. Individuals consulted hope that the integrated service will be able to carry this approach forward.

Service improvements

Across consultation with staff and the community, the following opportunities for service improvement were identified:

- Providing coordinated care for clients between and across services and programs (supporting a more seamless patient journey). For example, one suggestion was for a closer link between in-patient rehabilitation and community reablement programs. Similarly, while not directly related to the integration, a number of community members said that they would like to be able to more easily access GPs and specialists. Staff also noted the opportunity to do more team care in the future (e.g. nurse practitioners, allied health forming a healthcare 'team' around a consumer or a challenge)
- Increased transport options for consumers who may be unable to drive or who have to travel a significant distance to access care
- Communities in Mount Alexander Shire surrounding Castlemaine would like to see more outreach services and programs delivered. These include both health prevention and promotion activities (e.g. exercise groups) and other visiting services (e.g. counselling)
- The physical location of services/programs and facilities could be improved in the long term to ensure accessibility (parking, public transport proximity, disabled access, safe entry and exit for all staff and consumers, welcoming and safe spaces). Current infrastructure for both CH and CHIRP is seen as outdated and needs upgrade. Future facilities could include a gym, pool and hydrotherapy, appropriate private space for one to one client interaction, a dedicated space for youth/young people, showers and a comprehensive rehabilitation facility

Benefits and opportunities

Across consultation with staff and the community, the following benefits and opportunities for integration were identified:

- Staff and community both recognised that integration helps to ensure a sustainable future for local community health and services, and that doing nothing could see poor outcomes (a 'withering' of community health and services)
- Integration creates the opportunity to provide a one-stop-shop / single point of entry point for consumers and to provide integrated and high quality services and programs that are easier for our community to navigate. This also includes better defining care pathways available so that consumers can have a clear view of what their care journey might look like
- Staff and community members also noted the opportunity to streamline services/programs and reduce existing duplication by pooling resources to best use all funding streams and bring together staff knowledge and skills
- Staff also hope that an increase in scale through the integration of services and programs will help to create new funding opportunities in the future
- Staff identified opportunities to improve systems such as IT and patient records and to receive more training and development opportunities in the future e.g. combined training and conference participation
- Staff were also excited by the opportunity to re-examine how services and programs are delivered, to look for areas to improve and innovate
- Staff and community also noted that the integrated service should continue to work closely in partnership with other services and organisations in the area

Challenges and solutions

Across consultation with staff and the community, the following challenges and potential solutions to integration were identified:

- **Challenge:** Staff had some concerns about how they would fit in the integrated service. **Solutions:** Frequent and clear communication with staff, transparency around decision making, education about complementary services/programs, involvement in planning, general support and acknowledgement and recognition of work.
- **Challenge:** Staff and the community are concerned that, over time, community health will decrease as an area of focus and priority. **Solutions:** learning more about each others' services/programs and ways of working; empowering staff and creating effective governance structures to ensure community health and services continue as a long-term priority (CH already has a strategic focus on consumer-centred care and community wellbeing).
- **Challenge:** Staff are also anxious about the scale of change, how different the two organisational cultures could be, and the potential loss of identity. **Solutions:** They want to develop a shared vision and goals, build on existing positive collaboration efforts and to see a long-term focus on change management to build a shared culture and values.
- **Challenge:** There was some concern raised that the community may be confused about what services and programs are available and where to go. **Solutions:** More communication about available services/programs and how to access them and to provide the community with clarity on our shared goals and vision.
- **Challenge:** As highlighted in previous sections, the physical location of services and programs was a concern for both staff and community. **Solution:** Masterplanning will guide the future configuration of services. In the long term, they would like to see investment in a new facility in a central location.

How we need to work together

Across consultation with staff, the following opportunities to work together towards integration were identified:

- Setting a clear vision for the integrated service that binds people together over a shared understanding and excitement for the future
- Working together collaboratively to understand services/programs and roles that are complementary, reduce working in a fragmented or siloed way and to ensure that staff are supported
- Undertake change management activities that build understanding, trust, knowledge sharing and innovation. There could be the opportunity to set up more formal learning arrangements such as mentorships between the two organisations
- Setting principles for working together to ensure that there is respect for diversity (in teams and in the community) and different models of service provision/different perspectives
- Creating flexible work options (home, shared office space, working from different locations) as a part of new ways of working and models of care
- Continuing to engage with staff and the community, ensure that everyone has a voice (including schools, farming community, sports clubs, local businesses and community leaders), embrace feedback and ensure that governance structures continue to have strong local community representation

Outcomes

Across consultation with staff and the community, the following **long-term** outcomes for the integrated service were identified:

- Community health and services have been enhanced
- Community health and services are keeping people out of hospital: acute admissions related to chronic health conditions have reduced; mental health has improved across the community and suicide rates are reduced; more older people are able to age in place and remain at home for longer
- We are leaders in education: preventative/protective health and wellbeing behaviours have increased across the community (e.g. healthy eating) and individuals are empowered with more information and control of their own health and wellbeing
- The integrated service has positive relationships with the community including other organisations and groups (e.g. community members report high satisfaction with the service)
- Services and programs are streamlined and it is easier for people to access care early
- Staff have improved job security and satisfaction e.g. increased training, education and development opportunities
- There is an integrated community health and services facility which provides a fit-for-purpose base for community health and services across Mount Alexander Shire

Vision and values

Across consultation with staff and the community, the following potential visions and values for the integrated service were identified.

Vision:

- Providing a lifetime of accessible care from ages 1 to 101
- A centralised health service that provides safe care and responds to the needs of the community
- Greater access to services and programs for all with a single point of entry for consumers
- A service that we are proud of
- We do better together

Values:

- Accessibility
- Inclusion and diversity: everyone has a voice
- No wrong door
- Respect
- Trust
- Transparency
- Education
- Community connection

Next steps





Next steps

- Building on staff and community expectations for the future services/programs and outcomes to be delivered by the integrated service set out in this report, Cube will undertake further due diligence to understand how the service can best be 'stood up' in line with those expectations. This will include determining the location of services/programs, a proposed functional structure for services/programs and proposed governance approaches.
- The draft Integration Plan will be delivered to the Steering Committee in March 2021 and tested with both the CHIRP and CH Boards.

Appendices



Appendix A

The following individuals and organisations have received direct communications about the integration plans and opportunities for engagement:

- Australian Nursing & Midwifery Federation
- Australian Services Union
- Bendigo Community Health
- Botanical Gardens Clinic
- Castlemaine Community House
- Central Victoria Cardiology
- Centre for Non-Violence
- CHIRP Cleaners
- CHIRP Landlord
- Lisa Chesters, MP
- Cobaw Community Health
- Maree Edwards, MP
- Friends of CHIRP
- Health Services Union No. 3 Branch
- Health Services Union No. 4 – Dieticians & Psychologists
- Health Workers Union – Health Services Union No. 1 Branch - Managers and Admin
- Lions Club of Castlemaine
- Lyttleton Street Clinic
- Maldon Hospital
- Maldon Neighbourhood Centre
- Matchworks
- Mostyn Street Clinic
- Mount Alexander Shire Council
- Murray PHN
- Nalderun
- Northern District Community Health
- Rotary Club of Castlemaine
- Salvation Army
- Sunrasia Community Health Service
- Viatek
- Victorian Healthcare Association
- Visiting services at CHIRP including Justices of the Peace and Medical Specialists
- Womens Health Loddon Mallee

Appendix B – Written submissions

Written submissions are included in a separate PDF and have been provided by:

- The Friends of CHIRP
- Three individual service users