

Challenging Responses to Community Health and Wellbeing:

A Short History of the Cobaw Community Health Service

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Salutations

Good afternoon ladies and gentlemen, and may I add a special welcome also to the members of the Medical History Society of Victoria here today; it is indeed a pleasure to have you visit us in Kyneton, and I trust your stay is a most enjoyable one.

Introduction

In reflecting on any aspect of Australia's health system, I'm reminded of the former Public Service Commissioner Andrew Podger, and his words at the inaugural Menzies Health Policy Lecture in March 2006. In his paper entitled 'A Model Health System for Australia' he pondered on the old Irish joke that "if you want to go there, I wouldn't start from here". There is, he said, a serious lesson contained in this joke when looking at the national health system; specifically when taking into account our history, our culture, our institutional arrangements, as well as what it is we aspire to. What I am about to talk about in many ways has been a flirtation with such perplexing issues at a local community level, but thankfully with less a daunting challenge as to find where to begin.

The purpose of this paper is to explore the developments of the Cobaw Community Health Service that now operates across the Macedon Ranges Shire. It is of course a very short history when you consider what other aspects have been covered today. Yet, despite its 'new' history, I think you will agree that it has been nevertheless an important evolution to health services for our local community.

I will begin by giving some background to the concept of community health service centres generally, and then talk about Cobaw's establishment and development as a preventative and primary care service provider across this region.

The background to community health

Many of us here will remember the mid to late 1960s as a period when something of a 'social' consequence – some would say revolution – happened. Depending largely on which generation you belong to, it may be remembered as a period for exciting radical changes, others will shake their heads and say it was a time of despair when youth culture of the day threw some tantrums and were heard perhaps a little more than they should have. Of course there was the peace movement and the moratorium marches against the Vietnam War; but there was also movements calling for social justice and greater rights for women, Indigenous Australians, and ethnic minorities. It was also a time when many groups, including those just mentioned, called for a new approach to health care and health policy. Some effort was made by the non-profit sector (particularly through trade unions, religious groups, and other charitable organizations) to develop certain community-based health service responses.

In 1972 the Whitlam Government came to power tuned into the ground swell of the social movements at that time. A significant platform on health had been developed in response to the growing awareness of

a health system historically dogged by poor long term planning and an uneven distribution of services; two major strategies were developed – one to look at general health policy formulation, the other to establish a mechanism to achieve greater population access through an insurance system. Bill Hayden as the Shadow Health Minister in the lead-up to the 1972 election announced that Labor would introduce an Australian Hospitals Commission with a broad charter; Hayden declared:

The Commission will be concerned with more than just hospitals. Its concern and financial support will extend to the development of community-based health services and the sponsoring of preventative health programmes. We will sponsor public nursing homes. We will develop community health clinics.
(W.G. Hayden in Palmer, 1979:119)

Sharing a concept present in Sweden and Britain, the newly elected government among its other health strategies embarked on a plan to form service delivery teams of medical practitioners and welfare workers. Hayden also had at least one Melbourne model to look at; in 1964 the Australian Meat Industry Employees Union (AMIEU) identified a need to establish the 'Trade Union Clinic' to provide healthcare to the working people of the western suburbs (Western Region Health Centre, 2008). This service would later be known as the Western Region Health Centre.

In June 1975 there were 48 'main' community health centres operating across Australia; twenty of these were in Victoria and twelve were in South Australia (Palmer, 1979:121). Unlike the other states, a majority of the Victorian centres were established by community groups rather than by state health authorities. Following the dismissal of Whitlam, the Fraser Government established a block grants structure to the States handing them in turn greater power in determining health strategies (Palmer, 1979:123). Thus, the responsibility of community health centres was transferred from the Commonwealth to the states and territories, paving the way for a somewhat unique community health system to evolve in Victoria. Some would eventually amalgamate with public hospitals, while others would retain their autonomy as 'stand alone' health centres.

Currently there are now some 100 organisations operating community health care centres across Victoria. Thirty-eight of these operate stand alone centres as incorporated community associations, and there is one established under a company limited by guarantee structure. The latter is the Western Region Health Centre referred to earlier, and it will soon be joined under this operational model by many – if not all – the remaining stand alone centres over the coming months; but more on that later.

Early beginnings of Cobaw

In the early part of the 1980s a group calling itself the Kyneton Welfare Coordinating Committee was established consisting of largely professional workers involved in welfare service provision, as well as local religious leaders and other members of the community. This group was primarily concerned with maximising health and welfare services efficiently across the local community, and to identify and respond to service gaps. Issues relating broadly to 'health and wellbeing' prompted this group to initiate discussions with the former shire councils of Kyneton, Newham and Woodend, Romsey and Metcalfe.

A window of opportunity had opened for the health service push across the local region with a revamped political environment. The John Cain Government elected in 1982 was particularly open to lifting the profile of public health, as demonstrated by implementing strong anti-smoking laws and putting a halt on tobacco industry donations to the ALP (Murray, 2007). Community health services were also firmly on the agenda, and at Kyneton a Working Party of twenty people was formed – largely out of the Kyneton Welfare Coordinating Committee – to look at the prospect of establishing a 'multi-based' local community health service.

On the 16 April 1984 a meeting was convened at Kyneton to form an interim committee that would be charged with a submission for health service funding (IMC, 1984:6). Under the auspices of the four shire

councils across the region, the committee consulted broadly with the community, including general practitioners and other human service professionals, to “identify need and enlist support” (IMC, 1984:6).

The IMC conveyed in their submission:

Our concept is of a service across the four shires which would enable inter-relationships with existing health care structures and specificity of care. A service that not only responds to crises but looks beyond to prevention by offering alternatives, healthy choices, new understanding and new skills.

(IMC, 1984:1)

The IMC also contemplated an appropriate title for the proposed service that would satisfy the geographic orientations of the district formed by the four shire councils. They adopted the name of a small mountain range in the area formed within the foothills of the Great Dividing Range. Thus, the service would become known as the ‘Cobaw Community Health Service’.

Consolidation of Cobaw

The new community health service began with the appointment of the first permanent staff member on the 7 April 1986. Within the first 12 months appointments quickly followed for a social worker, a community nurse, an occupational therapist, a speech pathologist, and a coordinator for volunteers. The volunteers for many years formed a basis of service support to the organisation and were instrumental in many Cobaw service extensions.

Over the following years Cobaw has developed as a provider of a comprehensive range of services. It provides planned activities and social support for people who are aged or have a disability. It provides support and education services to people with diabetes, depression, heart conditions, gambling problems, as well as alcohol and drug dependency issues. It responds to emergency and short term housing needs. It delivers family day care services. It provides specialist services to children with ‘special needs’. It engages networks, including local schools, specifically to benefit young people in minimizing risk behaviour and provide other support needs. It conducts suicide prevention programs. Its counselling services respond to anxiety and depression, relationship issues, grief and loss, and general coping needs.

With an annual turnover well in excess of \$4 million, Cobaw now has 65 employees engaged in a wide range of functions in full-time and part-time capacities; their total hours representing 40 equivalent full-time positions.

An important aspect of the Cobaw organisation is its flexibility and energy to be innovative in its service provision to promote healthy lifestyles to the local community, and where appropriate to act collaboratively with other organisations to maximise service potential. I will now just briefly refer to some innovations that Cobaw has been involved in, either solely or jointly with other groups.

Sometime early in his role at Cobaw, the first CEO received a telephone call from a local general practitioner who complained about the number of overweight people he was seeing aged in their 30s and 40s. “These people need exercise and need to get into life more”, was the good doctor’s advice, so “why” he questioned, “haven’t Cobaw started walking groups?” (Phil Flanagan in McClure 2002). What transpired was one of Cobaw’s many success stories; it did establish a walking group and over 100 walks across the local district have since been recorded by its membership (McClure 2002).

In 2002 Cobaw was instrumental in developing the ‘Wayout’ Rural Victorian Youth and Sexual Diversity project responding to same-sex attracted young people who have their social isolation compounded further by their rural circumstances. The project became an important pilot for rural Victoria, and in 2004 it received the Victorian Public Award for ‘Innovation in Community Capacity’.

A rather fortuitous acquisition of a property in Mollison Place enabled two important programs to be trialled. A Men's Shed program was established in 2004 to counter social isolation for men retired or otherwise disenfranchised from the active workforce. Shortly after a community garden was also established on the site enabling residents otherwise without access to gardens to share growing their own vegetables. The late Kevin Heinz of ABC-TV's 'Sow What' fame would have firmly approved of such an initiative.

In 2005 a joint initiative known as 'YOUthinc' was conceived between Cobaw, Castlemaine District Community Health, and police from the Macedon Ranges and Mt Alexander districts. The project developed an education program targeting underage alcohol drinking. In June of this year the project won the award for 'excellence in prevention and community education' at the 2008 National Drug and Alcohol Awards.

Earlier this week the organisation learnt it had been nominated for another State Government award for its 'Strengthening Families' project focussing on support needs of young families and post-natal depression of young mothers.

Operational base developments

The original grand plan for the Cobaw service was to have five locations across the region. While Kyneton would be the heart of the proposed service because of its larger population base, centres were also envisaged for Lancefield, Romsey, Woodend, and Riddells Creek. This has never been fully realised, but steadily Cobaw has been able to improve at least its service profile beyond Kyneton at Woodend, Romsey and Lancefield; Riddells Creek has so far not been so fortunate.

The operations of Cobaw began in the former St Therese's Primary School building at Kyneton located in Jennings Street in April 1986. Three months later, with the success of the initial grants, the organisation was able to secure the former 'Campaspe Lodge' building adjacent to the Kyneton Hospital in Simpson Street; this would be its main operation base for the next ten years. During the 1995-96 financial year Cobaw received capital grants funding to purchase the former Telecom facility in High Street Kyneton, which to this day serves as its main operational centre.

In May 2001 Cobaw accepted the gifting of a property on the outskirts of the Kyneton township (together with its modest mortgage balance) from the Kyneton and District Employment Support Services organisation. KDESS, as the organisation was known, was also a community-based organisation that conducted an array of labour market services including the former 'SkillShare' program. It went out of business following the Howard Government's revamping of the labour market programs in 1998. This property would not only allow Cobaw to consolidate certain existing programs such as Home and Community Care (HACC) services, but also begin a new extension into service delivery that had never before been possible, such as the Men's Shed and community garden referred to previously.

The township of Woodend had always been a nagging concern for Cobaw in not been able to find a satisfactory way of lifting its service profile there, but last year this would finally change. Through a lengthy collaborative process between the Macedon Ranges Shire Council, the Woodend Neighbourhood Centre and other local community organisations, a proposal for a shared 'community hub' facility was developed and in March 2007 the \$1.8 million project was finally officially opened.

A similar arrangement on a smaller scale by Cobaw has followed with the Shire Council and other community groups through the development of the Romsey Community Hub officially opened earlier this year.

Legal entity and management structure developments

From a legal entity perspective, several developments have manifested since Cobaw's establishment. In May 1988 Cobaw was declared to be a body corporate under sections 46 and 64 of the Hospital and Charities Act 1958, however in September 1989 its status of incorporation was transferred to the Victorian Associations Incorporation Act 1981. Later the organisation, along with other Victorian community health centres, was brought under the Health Services (Community Health Service Centres) Act 1997 introduced by the Coalition Government under Jeff Kennett.

This new legislation re-defined the management system for community centres. The original Committee of Management structure took on a common form consistent with most community organisations of that time. The committee was elected at an annual general meeting by the organisation's members, and they in turn were charged with responsibly managing the affairs of the organisation on very much a day-to-day basis. The new legislation replaced the old management model to a governance model with appointments to a board made by Governor in Council. Not less than seven and not more than nine people could be appointed and these were made for a term of three years, however each member was entitled to renominate for further appointment. Critically, this also meant that the responsible health minister of the day, if so desired, could remove a member from a board.

The composition of these boards would alter again under the Steve Bracks' Labor Government amendments to the Act in 2001. A watering down of the appointment process was made to provide some local community determination for the make-up of the boards. Between four and five people would be elected by members through the Australian Electoral Commission processes, and between two and four people would continue to be appointed by the Governor in Council.

In effect the changes under the Kennett and Bracks governments meant that health centre boards no longer concerned themselves with 'managing the manager' practice; rather, the boards took on governance responsibilities geared towards ensuring service relevance and benefits to its local community exercising safeguards in clinical governance and financial risk management.

The legal entity is anticipated to again change for the organisation over the next six months, and will amount to being probably the most significant yet in Cobaw's short history. These changes relate to the Full Federal Court of Australia ruling on fringe benefit tax (FBT) status, and stems from a case involving the nation's ambulance services a few years ago. The background to this is that many organisations within the not-for-profit sector came to use FBT as a mechanism to keep abreast of the demands on their services with their resource limitations by offering vehicle access and other salary adjustment incentives to each employee. Public benevolent institutions (PBI) could apply FBT exemption of up to \$30,000 of 'grossed-up' taxable value. However, in August 2003 the Federal Court ruled in favour of the Deputy Commissioner of Taxation that the Ambulance Service of New South Wales was indeed *not* a public benevolent institution, but was "sufficiently governmental in character" (Commonwealth of Australia, 2008). At the time this news devastated the nation's ambulance services. In a nutshell what followed was political pressure was applied resulting in the Howard Government to adjust the nation's public ambulance services status by treating them similar to public hospitals under the Hospitals Act.

All this escaped the attention of the 38 'stand alone' health centres until this year. Largely this was because Community Health Services were living with departmental advice received in 2004 indicating that the relevant health centres could retain their FBT status (Victorian Healthcare Association, 2004). The Victorian Government and the ATO had not identified it as a problem, until the latter decided in 2007 to further scrutinise the relevant state Act covering health centres. Last February the ATO determined that the stand alone health centres were clearly service agencies of the Victorian Government. Two feasible choices were placed before these organizations should they wish to keep their FBT status and continue receiving their core health centre funding streams; either amalgamate with a hospital or be set up as a company to formalise separation from the State Government. The latter option appeared more palatable for existing service priority preservation than the former.

The Victorian Government commissioned a review of the Health Services Act that was completed last June recommending the charity status of all stand alone community health centres be preserved. To facilitate this process the amendments will mean all these community health centres need to change from *Incorporated Associations* to *Company's Limited by Guarantee*. Further, to ensure continued access to State Government funding, each agency would have to become a *Registered Community Health Centre*. Subject to legislation processes, the new arrangement is expected to take effect from 1 April 2009.

In conclusion

Cobaw has embraced community health and well-being issues and has proved to have been a driving force locally for service innovation. At various stages the board of governance has considered amalgamation with our local hospital, but this has largely been resisted in observing elsewhere there has been a tendency for primary and preventative health care initiatives to play second fiddle to core hospital business. It would be most unusual in the current climate – I'm sure you'll agree – for a hospital to engage itself operating a Men's Shed program or a community garden; yet this could well be the future nationally through a more integrated health and wellbeing system.

In April 2011 Cobaw will have been operational for 25 years. In its short history, some 78 people have been associated with either its management committee or board of governance. These people have responded to an idea of committing themselves to the health and wellbeing of their community. It is a good history and a grand endeavour, and one that I am personally proud to be associated with.

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