

## Submission to Draft Community Infrastructure Development Framework

### 1. cohealth

The following submission is provided by cohealth, Australia's newest, and one of the country's largest not for profit community health organisations. cohealth was established 1 May 2014, through the merge of three leading community health services – North Yarra Community Health, Doutta Galla Community Health, and Western Region Health Centre. cohealth provides vital local health and support services including health services, to people in Melbourne's northern, western and inner northern suburbs.

### 2. Addressing Equity

cohealth has a focus on working with the most marginalised and vulnerable. This has been a key lens through which we have viewed this framework, aiming to highlight issues of equity. In this context there is agreement with the values statement of the framework that facilities and/or projects will be designed to:

- give priority to disadvantaged communities and reduce social inequality;
- take into account indigenous, multicultural and intercultural needs;
- have regard to universal services for communities that reduce inequity, improve social capital and contribute towards community strengthening;
- ensure compliance with legislative obligations including the Disability Discrimination Act, Equal Opportunity and Human Rights obligations.

Every aspect of government has the potential to affect health and health equity – infrastructure, planning, education, housing, employment, transport, to name just a few. While health may not be the main aim of policies in these sectors, they have strong bearing on health and health equity and contribute to the planning of liveable, healthy and sustainable neighbourhoods.

In Australia, physical inactivity is the fifth leading contributor to disease burden, with almost 60% of Australians aged 15 years or older being insufficiently active to benefit health; and chronic diseases including cardiovascular disease, cancer and mental illnesses are the leading cause of death and disability amongst urban populations<sup>1</sup>. There are a range of opportunities to address this through community infrastructure planning, including:

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<sup>1</sup> Lowe, M., Boulange, C., & Giles-Corti, B. (2014). *Urban design and health: progress to date and future challenges*. Health Promotion Journal Of Australia, 25(1), 14-18.

- Ensuring that culturally diverse communities, with a particular focus on international students and new and emerging communities are meaningfully engaged in the development of facilities and/or projects.
- Ensuring a commitment to equity and fairness to ensure that planning for new communities involves the creation of opportunities for all and consequently helping to address issues of disadvantage by taking a 'people centred' approach.
- Use of equity focussed health impact assessments to increase consideration of health in planning decision-making and to provide a strong basis for integrated local policies for health improvement, to address the wider determinants of health and to reduce inequities.
- Ensuring access to safe, affordable and suitable public open spaces including well lit and maintained public parks and recreation facilities. Not only does this increase physical activity but also has mental health benefits by fostering formal and informal social interactions, exposing people to natural environments and encouraging recreational walking. This is particularly important for people who have limited access to private space (such as public housing residents and those who are homeless).
- Ensuring built environments are created that support, rather than undermine health and wellbeing, such as levels of housing density, the layout of streets, and the location of employment and essential infrastructure and services. Higher residential densities, good street connectivity, mixed land use and high-quality active transport infrastructure also encourage higher levels of walking and cycling.
- Providing integrated services so that community members can access assistance more effectively, referral systems are improved, and will be a better fit between community needs and the services available because of more coordinated planning, information sharing, and pooling of agency funds;

### 3. Community Infrastructure that supports integrated service delivery models

cohealth are constantly seeking to form partnerships that support our communities;

- **improved access to services:** acting to reduce health and wellbeing inequalities and ensuring equity of access, particularly for those who are made vulnerable by their housing, health, language, cultural, economic, social or substance abuse difficulties;
- **social inclusiveness:** taking a broader look at the social factors such as strong social networks, civic participation and safe physical environments that have shown to increase the sustainability of the impacts of services and/or programs;

- **through integrated service models:** integrating services so that people do not have to navigate their way through different service types and organisations. Integration creates efficiencies by managing and using limited resources better and it enhances effectiveness by producing better outcomes such as one health and wellbeing intake or assessment process;
- **through partnerships:** partnerships across government, for-purpose organisations and the community to establish community hub models that place community at the centre of planning for services.

cohealth welcome the City of Melbourne's commitment to community hubs as the most financially and socially sustainable means of meeting the breadth of community need. As an organisation, cohealth are experienced in working with local government to plan and build community infrastructure and have seen the benefit the integrated models delivered at hubs have for communities.

In August 2011, Council resolved to establish the Central City Community Health Service (CCCHS) for homeless people and partnered with Doutta Galla Community Health Service (now cohealth) for its operations. CCCHS was launched in May 2012, near the Victoria Market in the Melbourne Central Business District. CCCHS aims to empower individuals to take control of their health and future life goals. This is supported through the provision of a broad range of short and long-term health services that improve the capacity of people to get and keep permanent accommodation.

Since commencing operations, achievement in growth of the CCCHS partnership platform has exceeded the expectations of the Endorsed Business Case put to Council. Growth included seven new partners across the service platform; the Australian College of Optometry, Homeless Persons' Legal Centre (PILCH), the North Melbourne Legal Service, the Victorian Police, Wintringham, PESP, the Benjamin Andrew Footpath Library and Reclink.

The business case identified one return on investment for Council was the attraction of \$735,000 of services into the CBD. At June 2013, approximately \$1,910,000 of services were operating from the Central City Community Health Service. A key attraction for the growth in service delivery was the offsets provided by Council for the higher locational costs associated with a capital city location. Community benefit arrangements such as this support organisation's such as cohealth to continue our investment in innovative and responsive service models for the communities.

Bringing services together ensures better opportunity for collaboration, as well as improved access for service users to a multitude of services. The integrated model employed at the CCCHS has directly resulted in increased rates of referrals to health, housing and wellbeing

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services located within and around the CCCHS. The opportunity to collocate services in one location encourages a one door approach to service coordination. External partners, including Victoria Police, have acknowledged the importance and ease of the one door approach to service users accessing the range of services provided at the Central City Community Health Service.

cohealth also agree that a community hub approach is most suitable for communities experiencing a growth in requirement for early years programs. Recently, cohealth have been involved in a partnership delivered and operated community hub for Braybrook. Whilst the development has improved the facilities available for cohealth's allied health, medical, counselling, ATSI services and services for injecting drug users, the hub has also lead to the creation of the *LEAP ahead* model; an innovative, integrated model of early years programs co-located at the Braybrook Community Hub site. The model development, funded jointly by cohealth and Maribyrnong Council, acts as a call to action to community partners to strengthen the interface between service delivery and the community, including system level improvements.

The *LEAP ahead* model is not a plan to amalgamate services into one entity or a 'one size fits' all approach, rather it recognises partner agencies retain diverse perspectives and independence. The model has come together to pool some aspects of resources, funding, reporting and staffing to achieve results to complex family and community issues that could not be achieved with single agency approaches. It recognises that each agency brings different assets to the model. The model has resulted in the innovation of new structures for jointly run programs, promotion of multi-disciplinary teamwork and interchangeable roles to fulfil the vision. These structures encourage more effective exchange of information, knowledge and skills and enable all partners to see the 'big picture' vision and shared responsibility for action.

cohealth also advocate for an investment in community infrastructure in Kensington, North Melbourne and Carlton, particularly in and around current public housing. As your report identified, Carlton will experience substantial population growth over the next 15 years, whilst North Melbourne has a high proportion of families at higher risk of social and economic disadvantage and contains the municipality's most disadvantaged area. Whilst Kensington is not considered to experience a similar level of growth, it is considered that the current communities of Kensington and Carlton are similar in their diversity of demographics, with pockets of high advantage and areas of significant disadvantage. Many of the disadvantaged residents have limited access to private space (public housing residents and those who are homeless). cohealth advocate for and support the Council's commitment to developing Community Hubs for these communities. We especially advocate for the

establishment of community hubs with service models that emphasise health, wellbeing and social inclusion, by bringing together an extensive range of primary and community health, aged and social support services, in a space also available for community activities.

#### **4. Funding Mechanisms**

As previously mentioned, the health and wellbeing of a community can be significantly improved through access to safe, affordable and suitable public open spaces including well lit and maintained public parks and recreation facilities. Not only does this increase physical activity but also has mental health benefits by fostering formal and informal social interactions, exposing people to natural environments and encouraging recreational walking. This is particularly important for people who have limited access to private space (such as public housing residents and those who are homeless).

cohealth acknowledge the additional commitment a growth in the need for community infrastructure places on Council and support Council's investigation of mechanisms such as developer contributions where developers are contributing to significant urban renewal activity. Development contributions should be directed to ensuring built environments are created that support, rather than undermine health and wellbeing.

cohealth work with some of the most marginalised and disadvantaged members of our community - those who experience stigma and face the risk of exclusion from opportunities that most take for granted. When considering a 'shared beneficiaries' model, cohealth are concerned that implementation of user charges would create barriers to access for these members of our community. Careful consideration would need to be made to ensure that any pricing is within the means of the most vulnerable in our community.

I would welcome the opportunity to discuss this submission further, and am available to meet at your earliest convenience if required. I can be contacted on 03 9680 1111 or at [lyn.morgain@cohealth.org.au](mailto:lyn.morgain@cohealth.org.au)

Yours Sincerely,

Lyn Morgain

**CEO**

**cohealth**