



INTERFACE
COUNCILS

Creating liveable communities in Melbourne's outer suburbs

INTERFACE COUNCILS

BUDGET SUBMISSION 2020-21

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Interface Councils comprises Cardinia Shire Council, City of Casey, Hume City Council, Melton City Council, Mitchell Shire Council, Mornington Peninsula Shire Council, Nillumbik Shire Council, City of Whittlesea, Wyndham City Council and Yarra Ranges Shire Council.

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EXECUTIVE SUMMARY

Interface Councils needs significant support to cater for substantial population growth, unique and changing demographics as well as the impact of historic underfunding. This need has been highlighted in the following inquiries and reports:

- *Parliamentary Inquiry into Local Economic Developing in Outer Suburban Melbourne* (2008)
- *Parliamentary Inquiry on Growing the Suburbs: Infrastructure and Business Development in Outer Suburban Melbourne* (2012)
- *Parliamentary Inquiry into Liveability Options in the Outer Suburbs* (2012)
- *Developing Transport Infrastructure and Services for Population Growth Areas*, Victorian Auditor General's Office (VAGO) (2013)
- *One Melbourne or Two: Implications of Population Growth for Infrastructure and Services in Interface areas*, Essential Economics (2013)
- *Supporting Interface Families*, 42 Consulting (2016)
- *Human Services Gap Analysis*, 42 Consulting (2017)
- *Effectively Planning for Population Growth*, Victorian Auditor General's Office (VAGO) (2017)
- *Interface Councils Liveability Snapshot*, Interface Councils (2017)
- *Interface Councils Liveability Policy*, Interface Councils (2018)

The following priority funding requests will deliver immediate benefits to local communities, State Government and the state of Victoria:

Key Request 1: An annual and consistent funding commitment of \$55 million for the Growing Suburbs Fund that will provide certainty for a significant pipeline of priority projects.

Key Request 2: A \$5 million commitment to establish a Services Innovation Fund to trial innovative service delivery models in the Interface Councils Region (ICR).

Key Request 3: A long-term funding commitment of \$2 million for the Live4Life youth engagement program to improve mental health outcomes for young people and surrounding communities

Key Request 4: An investment of \$40 million to implement the first stage of the Arterial Road Utilisation Project to tackle road congestion, increase road safety and enhance productivity.

INTRODUCTION

The Interface Councils Region¹ (ICR) is home to over 1.5 million people, including 410 thousand families. The ten municipalities within this region continue to face significant issues associated with unprecedented population growth², changing demographics such as a rapidly expanding ageing population, and the impact of historic underfunding.

During the past five years, population growth in the ICR has significantly exceeded the state average, accounting for 49 percent of growth in Melbourne and 44 percent of the entire state's growth. While not all municipalities within the ICR experience the same degree of rapid population growth, they do share the pressures associated with servicing both rural and urban communities, as well as the critical need to address the lack of access that residents have to jobs, infrastructure and services.

Funding commitments for essential infrastructure and services have not kept pace with the needs of the region. This has created an environment where local jobs are scarce, dependence on cars is high, access to quality education is compromised and community facilities and services are deficient in comparison to inner and more established areas of Melbourne.

The ICR is home to communities and residents who are proud of where they live. Interface Councils looks forward to working with Government to provide these communities with better access to public transport, shorter travel times to reduce the hours spent in congestion and more accessible health and human services such as but not limited to allied health and mental health services.

This submission outlines the rationale behind Interface Councils' key requests.

Current Funding Context

Interface Councils was pleased with the State Government's fourth investment into the Growing Suburbs Fund (previously the Interface Fund) in the 2019-20 Victorian State Budget.

To date, the State Government has invested \$200 million into the Growing Suburbs Fund, with a further commitment of \$50 million in forward estimates for the 2019-20 budget cycle, totalling \$250 million. The fund will continue to assist in the development of essential multi-purpose facilities, community centres, playgrounds and other infrastructure and spaces that are essential to outer suburban communities.

The 2019-20 State Budget allocated \$5,555 million (over four years) for the Interface Councils Region. This represents a slight decrease in investment compared to the previous four-year budget allocation of \$5,728 million in 2018-19, although the 2019-20 figure is higher than previous allocations of \$3,034 million in 2017-18 and \$2,540 million in 2016-17.

The group is encouraged with investments in this year's budget that will help significantly to strengthen the social and economic fabric of the outer suburbs. These include:

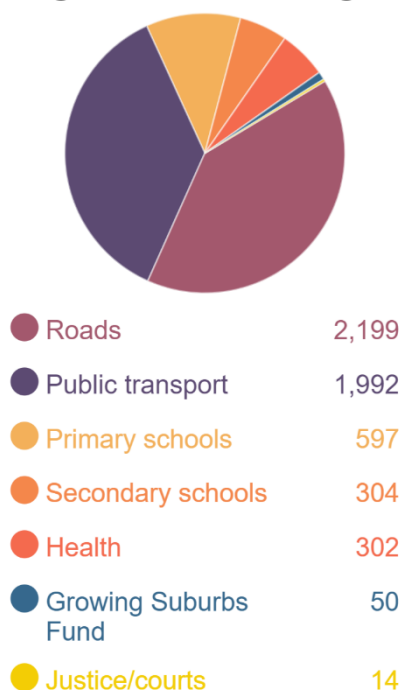
- \$2,199 million for roads, which includes the Suburban Roads Upgrade project, and public transport (\$1,992 million) associated with the Stage 2 Hurstbridge Line Upgrade and improvements to the Cranbourne and Sunbury lines (excluding new trains)
- A \$597 million infrastructure investment for primary schools, a \$304 million investment for secondary schools, and \$13 million for further education
- \$304 million for health
- A \$14 million four-year allocation for justice/courts, and
- Approximately \$51,000 in new library infrastructure funding through the Living Libraries Program 2018.

¹ Interface Councils is a group of ten municipalities that form a ring around metropolitan Melbourne, comprising Cardinia Shire Council, City of Casey, Hume City Council, Melton City Council, Mitchell Shire Council, Mornington Peninsula Shire Council, Nillumbik Shire Council, City of Whittlesea, Wyndham City Council and Yarra Ranges Shire Council.

² Interface Councils includes the seven Growth Area Councils: Cardinia Shire Council, City of Casey, Hume City Council, Melton City Council, Mitchell Shire Council, City of Whittlesea and Wyndham City Council.

Figure 1: Total Estimated Investment (TEI) in the Interface Councils Region from the 2019-20 State Budget for infrastructure in the seven highest funded areas

State Budget 2019-20 Funding Overview



In general, Interface Councils acknowledges there have been funding improvements delivered by State Government regarding infrastructure provision that are more closely aligned with the region's share of population growth, which have delivered benefits for communities.

However, it is important to emphasise that this funding follows several years of considerable under-investment, which resulted in significant deficits of essential infrastructure and services that continue to have a lasting impact. Non-Interface Metropolitan and Regional Council areas continue to receive a higher level of funding according to their population levels and growth rates. Moreover, the trend of disproportionate investment based on population growth remains entrenched in Victorian State Budgets and Interface Councils recommends this approach be revisited.

In particular, the estimated \$233 million surplus in the 2018-19 budget and the surplus of \$180 million in the 2017-2018 budget compares to estimated shortfalls in previous budgets of \$83 million (2016-17), \$920

million (2015-16), \$810 million (2014-15), \$895 million (2013-14), and \$955 million (2012-13). In effect, the four-year funding allocations announced in the 2019-20 budget help Interface Councils to continue to "close the gap" on cumulative funding deficits over recent years.

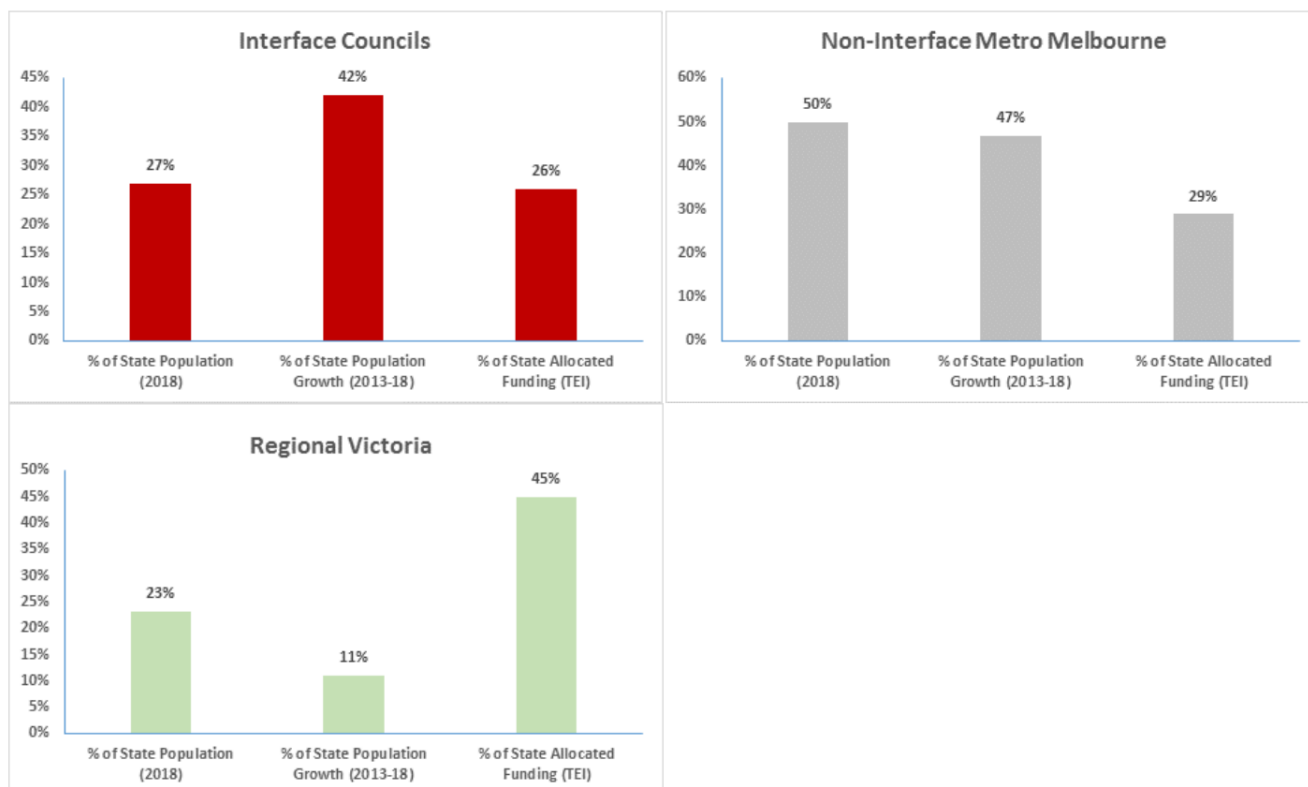
Interface Councils acknowledges the benefit of state-wide investments to the ICR, such as \$120 million for the TAFE Facilities Modernisation Program across the state, and the investments in schools and health. Yet these must also be measured against under-investment in previous budgets. The areas of public transport, early childhood and libraries were underfunded in the 2019-20 budget, which may result in a shortage of required infrastructure if unallocated state funds and federal contributions are not secured.

Interface Councils understands the current fiscal situation for all levels of government is tight and revenue streams are under pressure with many competing investment priorities each year. However, the Interface Councils Region accommodates approximately 27% of Victoria's population and 35% of metropolitan Melbourne's population.³

Moreover, as shown in the graphs below, over the most recent five-year period up to 2018, the region has been responsible for accommodating almost 50% of state and metropolitan Melbourne population growth. Despite this, Interface Councils received just 34% of new allocated funding in 2019-20, which marks a significant decrease from the 46% allocated in the 2018-19 budget. When new and existing funding is considered over the four-year forward estimates, the ICR received just 26% of total allocated investment for key infrastructure items. This compares to 29% funding for non-Interface metropolitan Melbourne council areas and 45% funding for Regional Council areas.

Figure 2: Percentage Share of Total Population (2018), Population Growth (2013-2018) and Percentage Allocated Funding (TEI), by Geographical Region

³ ABS Estimated Resident Population (provisional), 2018



Sources: Victorian Budget Papers 2019/20 and Living Libraries Infrastructure Program 2018; Department of Environment, Land Planning and Water – Victoria in Future 2016.

However, external research commissioned by Interface Councils analysing property taxes (stamp duty and land tax) collected from the ICR shows Melbourne’s outer suburbs are making a far greater contribution to state revenue than what they receive in funding support. The Property Tax Analysis Report ⁴ highlights the ongoing state funding disparity for key infrastructure and services between the Interface Councils Region and other parts of Victoria, recognising the relatively high share of property (and other) tax revenues generated by the Interface Councils Region and their critical role in underpinning Victoria’s population growth accommodating more than a 45% share of state population growth, representing more than 235,000 persons settling in the Interface.

Based on comparable State Revenue Office and State Budget data for the 2012/13 to 2015/16 period, the Interface Councils region contributed approximately \$4.74 billion in property taxes but received only \$1.37 billion, or an average of \$343 million per year, in specifically allocated new state funding for key infrastructure and services such as education, health, public transport and roads. As outlined in the *One Melbourne or Two Report* in 2018, the Interface Councils group needs \$600 million per annum for critical infrastructure (schools, roads, public transport and community infrastructure,) just to bridge the gap with the rest of Melbourne by 50 per cent.

Future investment

Investment in the region is urgently needed to improve social outcomes and build up essential infrastructure, which will attract new investments and jobs to the region. Historic state underfunding combined with rate capping, the Federal Assistance Grant freeze, changes to developer contributions and limited revenue streams exemplifies the critical need for increased, timely and consistent state funding that is proportional to population distribution and revenue contributions.

Interface Councils appreciates the State Government’s concerted effort to understand the challenges residents of the ICR face and its commitment to start bridging the gap in essential services and infrastructure. Yet the group emphasises the importance of the Government continuing this commitment and providing long-term funding

⁴ Interface Councils – Property Tax Analysis, 2017

certainty to afford communities in the ICR the same standard of liveability as their inner Melbourne counterparts now and into the future.

Liveability

Liveability definitions are plentiful among thought leaders, professionals and experts. Sue West and Marnie Badham provide a comprehensive definition of liveability in their *Victoria Growth Areas Authority* report:

“Being related to the attractiveness and particular amenities a community offers. This means things like fully grown trees, well designed open spaces and walking paths, environmentally sustainable public transport and access to education, recreation and health services. Liveability describes a place where people feel safe, connected to their community, and want to participate in the local economy through investment in business. Also, important to liveability is the unique identity of a community defined by cultural development, landmarks, urban design, the developing local economy and the existing natural landscape.”⁵

When you consider this definition in the context of the ICR, communities in these areas are facing serious liveability challenges. These challenges have not only been highlighted by Interface Councils’ research,⁶ but have been identified and confirmed in several Parliamentary reports and notably also by the Victorian Auditor General.

The Parliamentary Inquiry on Growing the Suburbs: Infrastructure and Business Development in Outer Suburban Melbourne (2012) found that Melbourne’s outer suburban residents face a shortage of local ‘knowledge industry’ jobs and a decline in those industries, such as manufacturing and retail, that have traditionally provided a large proportion of local jobs.

The Victorian Auditor General’s Report⁷ notes that, over a long period of time, the state has failed to deliver the transport infrastructure and services needed to support rapidly growing communities. A subsequent Victorian Auditor General’s Report⁸ states that “rapid growth is creating unprecedented challenges for infrastructure and service delivery, especially in the growth areas, where infrastructure and services of all types are limited and generally lag behind population settlement.” This is adversely impacting accessibility to services and infrastructure, and risks the future liveability of metropolitan Melbourne, if not addressed.

Despite more recent and significant investment by this government, infrastructure and service deficits continue to impact the liveability of communities in the ICR including, in some instances, contributing to significant pockets of social isolation and disadvantage.

In 2017, Interface Councils released its Liveability Snapshot⁹ which confirmed that communities living in Melbourne’s outer suburbs don’t enjoy the same standard of liveability as other Victorians across a significant number of indicators. Since then, Interface Councils has been working closely with policy makers to discuss solutions that would raise the liveability standards in Melbourne’s outer suburbs to be more aligned with those in the rest of Victoria. Interface Councils looks forward to continuing its work with government to address the following liveability issues revealed in the Liveability Snapshot:

- More than 40 per cent of residents in the outer suburbs do not live near public transport.
- Unemployment in the outer suburbs is the highest in the state, sitting at 6.9 per cent, it is 1.1 per cent above the state average.
- Local job provision in the outer suburbs is the lowest in Victoria with a self-sufficiency rate of 62.5 per cent, which is 30 per cent less than the state average.
- Almost one in five people travel more than two hours each day for work and the number of people who travel to work by car is almost three out of four workers, again the highest in the state.

⁵ *A Strategic Framework for Creating Liveable New Communities*, Victorian Growth Areas Authority, 2008

⁶ *One Melbourne or Two?* (Report Update, 2017), *Fairer Funding report* (2014), *Human Services Gap Analysis* (2017) and the annual Interface Councils Budget Scorecards (2012-2017)

⁷ *Developing Transport Infrastructure and Services for Population Growth Areas*, Victorian Auditor General’s Office (VAGO), 2013

⁸ *Effectively Planning for Population Growth*, Victorian Auditor General’s Office (VAGO), 2017

⁹ *Interface Councils Liveability Snapshot*, 2017

- Residents in the outer suburbs are reporting the highest levels of psychological stress and mortgage stress in the state, yet have access to the lowest levels of GPs and allied health services per 1000 per people.
- The Walk Score® for grocery shopping is 33 per cent compared to all other areas in Melbourne, which score higher than 50 per cent.
- While the outer suburbs offer the highest levels of open space in the state, their access to these parks and reserves by foot is significantly limited.
 - The Walk Score® for parks in the outer suburbs is 17 per cent, almost three times less than the Walk Score® for parks in middle Melbourne.

Healthy Communities

The *Interface Councils Liveability Policy* (2018)¹⁰ states that “unprecedented growth in the ICR has increased pressure on essential services and infrastructure. Access to pharmacies, dental services, general practitioners and allied health services remain below the rest of Melbourne and the state average. As a result, the health and wellbeing of residents is significantly impacted and will likely have long-term consequences for the State Government, local communities and the region if not addressed adequately.”

Residents in the region also report higher levels of psychological distress and family violence incidents than residents living in other parts of Melbourne.

Interface Councils welcomes the opportunity to continue working with State Government to further close the gaps for essential social services and infrastructure that will have an impact on the region, to stave off the continuing divide between the ICR and the rest of Melbourne.

¹⁰ *Interface Councils Liveability Policy*, 2018

The Opportunity

Residents of the ICR love where they live and the community that surrounds them. However, there are several indicators in the 2015 DHHS LGA profiles that demonstrate the prevalence of disadvantage and inequity in the region, particularly when compared to other parts of metropolitan Melbourne. Notably, the area has a lower index of relative socio-economic disadvantage (IRSD). Other key indicators show Interface Councils residents:

- Have access to just 0.51 jobs per labor force participant
- Experience high degrees of psychological distress, which could be due to longer commute times, higher rates of mortgage and rental stress and a lack of access to support services
- Have higher levels of poor dental health
- Have significantly lower access to public transport close to home
- Have high dependence on motor vehicles, which creates subsequent financial pressures due to daily commutes and petrol costs
- Have low levels of accessibility to allied health support services

The above indicators provide a glimpse of the challenges facing residents living in Melbourne's outer suburbs, where gaps in infrastructure, lack of local jobs and lagging service provision are lowering the state of liveability in communities.

However, Interface Councils has experienced first-hand how Victoria's policy-makers have contributed to a positive change in these communities. For example, the establishment of the Growing Suburbs Fund has improved the lives of children and families living in Melbourne's outer suburbs. There are numerous other examples of Australian programs and policies that have effectively ameliorated many of the causes and effects of community disadvantage (for examples, see: Soriano, Clark, & Wise, 2008).

Moreover, we look forward to continuing to work with government to create real, long-lasting and positive change for people living in the Interface Councils Region.

KEY REQUEST 1: An annual and consistent funding commitment of \$55 million to the Growing Suburbs Fund to provide certainty for a significant pipeline of priority projects

Investment in community infrastructure via the Growing Suburbs Fund (GSF), formerly the Interface Growth Fund, in the 2015/16, 2016/17, 2017/18 and 2018/19 State Budgets was welcomed by Interface Councils and its communities.

After the annual funding was reduced from \$50 million to \$25 million in 2017/18, Interface Councils was pleased to see a one-off commitment to the Growing Suburbs Fund (GSF) in the 2018/2019 of \$75 million.

However, a reinstatement of the \$55 million per annum commitment at minimum, as well as a longer-term commitment in the form of appropriate forward estimates, is needed in order to properly address persistent liveability gaps in Melbourne's outer suburban communities.

The 2020-21 Budget Submission applies an average 2% CPI rate since the start of the fund, as per Table 3a below. This is compared with a 5% increase in Table 3b, which is the annual increase according to the Victorian Cordell Building Indices – Cordell Housing Index Price (CHIPS) as of December 2017.

Table 3a.

2015/16	2016/17	2017/18	2018/19	2019/20
\$50,000,000	\$51,000,000	\$52,020,000	\$53,060,400	\$54,121,608

Table 3b.

2015/16	2016/17	2017/18	2018/19	2019/20
\$50,000,000	\$52,500,000	\$55,125,000	\$57,881,250	\$60,775,312.5

To ensure the GSF remains an effective funding tool for building urgently needed infrastructure, the fund should be indexed on inflation and the population growth rate across the Interface Councils. It must be emphasised that there have been no concerted efforts to increase indexation for funding. This has a direct impact on the quantity and quality of projects able to be delivered because preparation of applications is resource-intensive and often time-constrained. For Interface Councils to keep contributing and delivering positive community outcomes, appropriate increases to the fund need to be committed to and a consistent envelope of funding would allow for improvements to the annual application regime and for councils to be able to build the requirements into their budget profiles.

The \$250 million investment made to date has and will continue to boost economic development in these areas and provide infrastructure that addresses four key areas of social disadvantage experienced by communities in ICRs: fragile families, poor health outcomes, at risk youth and isolated ageing. To demonstrate the importance of the GSF, Interface Councils commissioned the Interface Benefits Report¹¹, which indicated that the projects deliver:

- Improved mental health outcomes;
- Improved community engagement among youth;
- Increased physical activity and improved preventative health outcomes; and
- Improved local employment outcomes through the creation of jobs.

In addition, it is important to note the opportunities and services that have and will become available for communities through these infrastructure projects. These will enhance the liveability of the ICR and, in turn, attract new business prospects, investments and jobs.

¹¹ *Interface Benefits Report, 2016*

Historically, there exists a significant backlog of projects that Interface Councils still need to deliver to bridge the community infrastructure deficit that continues to exist.

For example, the annual allocations of \$50 million in the 2015/16 and 2016/17 State Budgets funded more than 75 projects and exhausted all available funds. In both the 2017/18 and 2018/19 application process, more than 170 projects were submitted, with just 41 and 39 of these receiving funding respectively.

Continued investments in the GSF reflect crucial and positive steps forward in a long journey. This is further demonstrated by Interface Councils' list of unfunded infrastructure required to support the delivery of approved Precinct Structure Plans (PSPs) during the next four years, which totals more than \$1 billion dollars.

In addition to the list of unfunded PSP infrastructure projects, Interface Councils has updated its list of priority community infrastructure projects. This includes both current applications and pipeline projects critical to outer suburban communities. **The compilation list of projects (compiled 2018) is available on request.**

Given the funding deficits for infrastructure to support approved PSPs and Interface Councils' more extensive priority projects list, it is imperative that a commitment to the GSF is maintained to assist councils with the backlog of required infrastructure by investing \$50 million in the 2019-20 Budget and \$50 million per annum in forward estimates. Furthermore, Interface Councils requests a commitment to index increases for the fund based on the average growth rate across the region.

The Growing Suburbs Fund is a strong and positive policy that must be expanded to assist with meeting the needs of existing and future communities. Proper levels of investment in the ICR will contribute to significantly enhanced liveability, including economic development, and avoid long-term social problems and more extensive and expensive intervention in the future.

KEY REQUEST 2: A long-term commitment of \$5 million for a Services Innovation Fund to trial innovative service delivery models in the Interface Councils Region

Interface Councils is encouraged by the recommendations of the Victorian Royal Commission into Mental Health and believes there is an opportunity to capitalise on them to deliver services in a way that will change the lives of people in Melbourne's outer suburbs and improve critical parts of the health and human services system.

The findings of the Royal Commission corroborate evidence from external and Interface Councils-led research and align with Local Government experience. As such, they have the potential to deliver integrated care, improve equity and invest in the future of a healthier Victoria for all its residents.

Service levels in the Interface Councils Region (ICR) are at a significantly lower level than the average for the rest of metropolitan Melbourne.¹² The gap in local service provision equates to more than a quarter of a billion dollars, which is demonstrated in the following statistics for the region:

- There are 52.3% fewer psychologists, representing an estimated \$57 million funding gap
- There is 49.1% less family violence support, representing a \$17 million funding gap
- There is 22.3% less mental health support, representing an estimated \$7 million funding gap
- There is 13.4% less alcohol and other drugs support, representing an estimated funding gap of more than \$1 million

People living in the ICR experience a higher degree of social isolation and loneliness, the ripple effect of family violence, alcohol and other drug misuse, homelessness, youth disengagement and poor education outcomes. Compounding these problems is a demonstrable lack of public transport servicing and access for residents, which means it is harder for people to access the services they need in a timely way before they escalate.

Often the social issues that emerge cannot be met in time by traditional delivery models administered by the State Government or Councils themselves. In many cases, these problems, such as a spike in family violence or youth crime, generally require urgent local action by multiple agencies.

Unique Capabilities

The Interface Councils group is the State Government's "early warning system" for emerging social problems in local municipalities. As the tier of government closest to the community, Councils become aware of local issues via multiple channels, including Maternal and Child Health services, preschools, youth services, transport engineers, open space workers and others.

Innovation and agility have become increasingly intrinsic to Councils in their role as the "people's government." Therefore, there is a unique capability within the group to observe, intervene and act on emerging problems early and deliver a new suite of interventions to the people who need them most. Further, residents of the ICR exist simultaneously as a microcosm for the greater population, where successful pilot projects could be rolled out in future. There is a capacity to trial new approaches and partnerships in the region that is not available in other parts of Melbourne. This appetite should be capitalised on by State Government, because investment now will bring significant long-term returns which will mean improved quality of life for people in outer suburban communities and Victoria as a whole.

Interface Councils recommends a new approach to service delivery by providing a long-term commitment to a group of pilot projects targetting major service gaps. The projects have been developed using innovative methods of planning and delivering services, together with infrastructure that improve efficiencies and access to local services that expanding communities need.

¹² *Human Services Gap Analysis, 2017; One Melbourne or Two, 2018*

The New Approach

Interface Councils proposes a new approach that relies on person-centred care and partnerships with non-government service providers. This approach builds on the successful partnership in Cardinia Shire Council (outlined in Appendix 1) and directly addresses findings from the Victorian Royal Commission into Mental Health.

Four pilot projects have been developed to redress four critical service gaps in the region. Detailed evaluation criteria including a value matrix would be established to track and quantify the impact of the new approach and its benefit to the community and the State Budget. These projects will deliver pre-emptive service delivery solutions that produce positive social outcomes and long-term economic return for the State Government.

The following guiding principles were developed to demonstrate those benefits. Each of the pilot projects:

- ✓ Addresses one of these key service gaps in the ICR: mental health, family violence, alcohol and other drugs misuse, homelessness, Aboriginal health, CALD support, LGBTQI, youth initiatives, shortage in allied health such as OT, physio, psychologists, access to GPs or pharmacists,
- ✓ Is not an ongoing program (i.e. 12 months only)
- ✓ Is able to be completed in 1-3 years
- ✓ Delivers economic benefits or reduce costs to Government in the long-term
- ✓ Is able to demonstrate positive social and community outputs that improve the status quo
- ✓ Is able to be implemented in other LGAs
- ✓ Reflects early intervention and prevention of long-term issues
- ✓ Addresses specific issues across a number of local government areas
- ✓ Adopts a collective or partnership approach to addressing the issues
- ✓ Does not operate in the sphere of Federal Government funding

It is beneficial if the project proposed has been trialled elsewhere.

Pilot Projects

The four pilot projects that have been developed to target particular service gaps are outlined in Appendix 2.

Reporting Framework

It is Interface Councils' recommendation the Department of Premier and Cabinet takes responsibility of this funding request as the governing body.

The reporting framework would include a comprehensive progress report, which would be delivered to the relevant Minister at the end of the 12-month duration period.

Preliminary discussions have occurred and the State Government, through OSD, is already systematically engaging with Local Government, industry and local leaders to develop long-term plans to attract investment, create jobs, improve liveability and community resilience.

KEY REQUEST 3: A long-term funding commitment of \$2 million for the Live4Life youth engagement program to improve mental health outcomes for young people and surrounding communities

Communities in the Interface Councils Region have limited access to appropriate local health and human services. This means residents experience, or are at risk of experiencing, increasing rates of youth mental health issues including psychological distress, disengagement with education, anxiety and depression, substance abuse and suicide at greater propensity than their inner Melbourne counterparts.

As a result, already vulnerable people must seek appointments further away from home, often outside their municipality, which means longer travel times and longer wait lists to get assistance and treatment. Delays in treatment mean symptoms, costs and comorbidities escalate and that it is more difficult for people to recover and live healthy lives.

Interface Councils is requesting a long-term two year investment of \$2 million for the Live4Life program, which includes the employment of council staff across ten municipalities.

What is Live4Life?

Live4Life is an [evidence-based community youth health model](#) to prevent youth suicide. The program aims to ensure young people, teachers, parents and the surrounding community are better informed about mental ill health and take proactive measures to identify the signs and symptoms of an emerging mental health issue before a crisis occurs.

Live4Life has already delivered social and environmental benefits for local communities and economic benefits for State Government. The model commenced in 2009 as a response to a reported increase in anxiety, depression, self-harm and suicide among young people in rural communities of the Macedon Ranges.

There is evidence that young people approach friends and family before presenting to a mental health service. Therefore, the program's objective is to focus on this "upstream" method and build resilient young people via mental health education and suicide prevention awareness. This is done by increasing protective factors such as supportive relationships, positive peer role models, fostering help-seeking attitudes and connections to family, school and community.

There are four components to the program:

- 1. School and Community**

Local Government, schools and services to partner to implement the project.

- 2. Mental Health Training**

Teens and young people to undertake [mental health first aid \(MHFA\)](#) instructor courses, which would be rolled out across schools and community settings. Resources and support from [Youth Live4Life](#) would be utilised.

- 3. Youth Leadership**

A youth leadership group or 'Crew' to be established. Teens and young people to deliver MHFA to high school students, teachers and carry out health promotion activities.

4. Organisational Support

Local school and community partnerships to be established. Lead agencies such as Mental Health First Aid Australia and Headspace to be utilised and key community members to be identified. Evaluation tools currently in place with Youth Live4Life would be used and there would be support to ultimately transition to a self-sufficient model in forthcoming years.

Service discrepancies related to family violence, mental health, psychologists, pharmacists and alcohol and other drugs in Melbourne's outer suburbs equate to approximately \$85 million¹³. To fill this gap, immediate funding commitments need to be made. Interface Councils recommends this youth engagement program as part of the solution to provide a strong network of locally-delivered services for more liveable communities.

Any improvements in alleviating the demand on existing service providers will have significant social, environmental and economic benefits, not only for the local community but for the broader Victorian economy.

Moreover, better utilisation of schools, community leaders and successful existing programs will return significant advantages to the state and the local community in the long term.

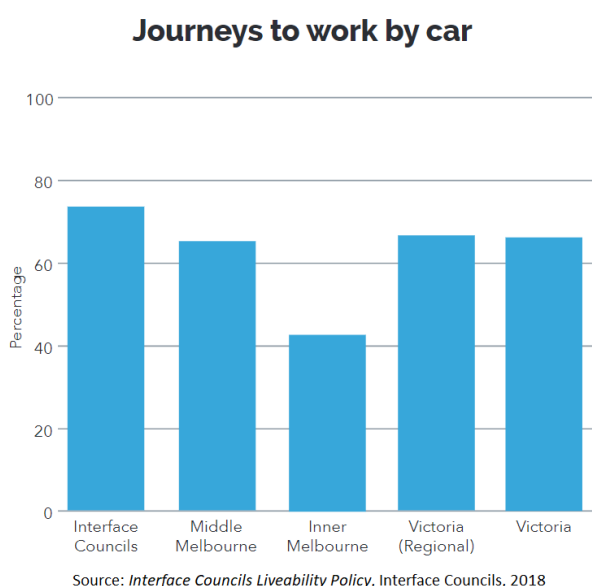
¹³ *Human Services Gap Analysis, 2017*

KEY REQUEST 4: An investment of \$40 million to implement the first stage of the Arterial Road Utilisation Project to tackle road congestion, increase road safety and enhance productivity

Road capacity in the Interface Councils Region (ICR) has not kept pace with rapid population growth, evolving employment landscapes and the emergence of new communities. The economic cost of increasing congestion is significant and rising.

The Victorian Auditor General's report (VAGO) *Developing Transport Infrastructure and Services for Population Growth Areas* in 2013 stated that historical deficiencies in planning coupled with the longstanding challenge of securing funding have resulted in a significant backlog of infrastructure works, particularly in growth areas. "This is impeding economic and social inclusion and contributing to comparatively higher levels of transport disadvantage."

Figure 4: Comparative overview of percentage of journeys to work by car in the Interface Councils Region compared with Middle Melbourne, Inner Melbourne, Victoria (Regional), and Victoria



The key transport issue facing Interface Councils is a lack of accessibility. This funding request solves part of this problem by providing for greater road utilisation and upgrades but is not focused the other solution, which is the provision of public and active transport services. In addition, according to *The Liveability Snapshot*, the absence of convenient, direct, accessible, reliable and efficient public transport has enhanced car dependency in the region. The ICR is Melbourne's most car-dependent region, with 75% of residents reporting they commute to work by car and schools, supermarkets and parks require a vehicle to access. That means the Melbourne bottleneck is a daily reality in the Interface Councils Region. The congestion residents experience is a reflection of the lack of mode choice and hence private vehicles as the default mode of transport.

While the previous two funding requests are based on the impacts of social isolation and a lack of access to services, improved utilisation of roads and an increase in public transport services would support access to the services proposed.

"Regular exposure to traffic congestion impairs health, psychological adjustment, work performance and overall satisfaction with life," according to the World Health Organisation. The effects of traffic congestion on mental health outcomes have been widely documented and contribute to the overall wellbeing of an individual as well as the liveability standard of a region.

There is an undeniable need to improve road productivity and utilise existing assets to meet the current and future demand of outer suburban communities. If capacity is not able to be built into the current road network to accommodate an expanding population, there is little choice but to work smarter with what already exists.

Therefore, Interface Councils recommends the Victorian Government undertakes an immediate and thorough review of policies and initiatives to measure traffic management improvements and road enhancements that can

improve congestion and keep communities connected. This work would be complementary to the current big build spending and could be undertaken via a three-tiered approach as outlined briefly below:

1. Continuing the work underway

Work in the pipeline such as increasing capacity for incident response and traffic light reviews in line with best practice standards.

2. Specialist trials

Line marking trials and work to assess pedestrian-cyclist-driver behaviour that would feed into the regular pipeline. This may also include extensions to the announced tram and bus and pedestrian priority trials due to public demand. Trials currently underway include:

- Tram priority trial on route 75
- Bus priority trial on Route 201 from Box Hill to Ringwood
- Bus priority trial (20 buses with onboard sensors on Cranbourne-Frankston Road)
- Bus passenger occupancy trial at the intersection of Epping Road/Lyndarium Drive/Hayston Boulevard in Epping
- Dynamic pedestrian detection, which adjusts the amount of walk time at traffic signals based on the demand and speed of pedestrians using the crossing. These trials are underway at the intersections of Clyde Road/Kangan Drive in Berwick among other areas.

3. Technological advancements

Utilising data analytics would significantly alleviate congestion on the roads. This area of work would focus on developing situational awareness, in partnership with driver data, so people can be given more route options. For example, there is evidence to suggest some drivers are happy to take the long way in order to avoid traffic stress. In practice, this would mean providing predictable and reliable journey information as an impetus for people to opt to share their travel patterns.

In addition to measures improving information provision and active network management, Interface Councils recommends Traffic Signal Route Reviews are provided for as part of this funding request. This program is an annual traffic signal route review which makes adjustments to approximately 400 traffic signal sites. The routes are identified in consultation with key stakeholders and completed in line with the Department of Transport's Movement and Place framework.

The Route Reviews identify the demand along each route and inform improved traffic signal operation to best serve demand. In addition, other findings may highlight the need to make further improvements (i.e. additional lane on road, extension of turn lanes etc.), which would be taken into consideration as part of planning for future infrastructure upgrades.

Investment in Route Reviews will enable more reviews to be undertaken, bringing the average time since last review across the Metropolitan Melbourne network from ten years to four years, and funding minor infrastructure upgrades and more comprehensive traffic signal enhancements as part of the regular delivery pipeline, which would enhance benefits for road users.

Any improvements in alleviating traffic congestion will have significant social, environmental and economic benefits, not only for the local community but for the broader Victorian economy. The *One Melbourne or Two?* Report, commissioned by Interface Councils and produced by Ethos Urban, calculated the productivity costs of congestion to be in excess of \$2 billion per annum.

Although no figure has been placed on the social costs, we know longer travel times contribute to a decrease in mental health and may exacerbate issues relating to family violence.

Obtaining greater utilisation of the existing arterial road network, as has been achieved on the freeways, will return significant dividends to the state and the local community.

Appendix 1

The Cardinia Model

Agile approaches to service delivery have given positive results recently in the case of Cardinia Shire Council. Cardinia partnered with the community and a range of government and non-government partners to locally commission services where they are most needed. This model was based on extensive consultation and research and is producing significant results for residents.

The program has been running from My Place Youth Hub since January 2017, with the objective of improving youth mental health. It is focussed on providing a service that is tailored to the needs of young people, their families and community access. Windermere and Cardinia Shire Council have worked positively in partnership to provide this service and maintained evidence of the effectiveness and improvements.

The program is currently supporting young people in a way that is not currently available to the community for a number of reasons:

1. *Enabling access*: the program has broadened age range for eligibility to 10-21 years of age
2. *Holistic service delivery*: as a Family Services provider, Windermere understands the benefits of working with the whole family therefore they work specifically with young people in the context of the family, the family home and the family dynamics
3. *Outreach*: Windermere understands that learning, development and outcomes are improved when applied in the family home and in the young person's community/social/educational settings; therefore they provide the service through an outreach approach. Windermere are also able to support young people from both regional and rural areas with capacity of outreach service delivery
4. *Eliminating long waiting periods*: positive engagement is built when young people and their families receive support when they need it most and without long waiting periods at ChildFIRST, Therapeutic Services and others.

Some of the key findings for the young people referred so far are:

- 35% have a formal diagnosis of a mental health condition
- 22% are rarely or not attending at school, work, or any other community engagement opportunities
- 51% are suffering anxiety and depression
- 9% require support due to self-harm and suicidal ideation risk management and safety planning
- 92% engaged their families in their support planning, either in conjunction with the Youth Outreach Worker or with an additional Family Services Worker
- Young people remained engaged in the program for an average of 5.5 months

Appendix 2

SERVICES INNOVATION FUND PROJECT: BEYOND BOUNDARIES

Project overview

There is growing evidence to suggest that the mainstreaming of technological solutions to improve public health and health service delivery creates beneficial outcomes for both the individual and community.

This project will target people in Melbourne's Southern Eastern Suburbs. Technological developments will transform community engagement in relation to health services. eHealth-enabled health services are uniquely placed to help reach those people who are currently limited from accessing services by overcoming issues of distance, cost and stigma.

Interface Councils would like to trial an alternative delivery model using electronic information and telecommunication technologies to improve alcohol & other drugs (AOD) service availability and accessibility in the Casey, Cardinia and Mornington Peninsula regions.

The pilot will provide services such as virtual clinics, remote monitoring, improved access for people in rural or hard-to-reach areas, internet-delivered treatment for mental health disorders. Where required, the program will fund appointments with other health practitioners so all services can be coordinated centrally.

The project allows for tailored eHealth plans to meet local needs, while remaining consistent with state-wide health goals. The reach and extent of AOD services can be significantly expanded within the youth market through the use of technology, without an increase in cost.

A needs-based analysis of the proposed areas has been provided in more detail in the 'Additional Information' section below.

Timing and stage of development

The pilot project would run over an 18 month period. During this time, the number and quality of consultations will be carefully monitored. Pre- and post-trial research will be conducted to quantify the improvements in AOD treatment.

The first 6 months would focus on establishing the service, with activities for the project lead and project officer to include:

- formation of eHealth working group
- developing training program for eHealth clinicians and all staff and delivery of training
- designing policies and procedures
- outlining clinical governance framework
- development of marketing campaigns
- developing triage system for determining client's eligibility for eHealth
- identifying client-end sites across the catchment at convenient locations (these would be telehealth hubs at GP practices, community health services, TAFES, etc) for clients to access if they do not have the technology at home to access eHealth.
- purchase of infrastructure for eHealth hubs and for service/clinician-end sites
- establishing telehealth platform
- confirm scheduling processes
- develop evaluation framework
- develop position description and commence recruitment processes (with SECADA and SURE)
- confirm ongoing systems for clinical supervision

- finalise process for claiming transportation costs for clients

Once service preparation tasks are complete, the clinicians would be recruited, and the service provision could commence across sites for a 12-month trial period.

Benefits for State Government

A key aim is to reduce homelessness, violence and injury associated with AOD use, and increase productivity and youth engagement. The trial will monitor the demand for services within the traditional service delivery model to determine if more people can be treated for the same cost.

Social and community benefits

eHealth initiatives reduce the need to establish the infrastructure that would normally be associated with the traditional service delivery model. The trial will increase the availability and accessibility of AOD services in areas with poor public transport options and a shortage of service delivery agencies.

This approach recognises and nurtures the central role and capacity of individuals in their own health and wellbeing. The benefits of this model include increased safety, efficacy, available treatment options and variable delivery modes, which contribute to an individual's ability to manage their own health and that of their community.

Partnership organisations

The service provision will work in partnership with existing primary care or local general practice systems. The South Eastern Consortium of Alcohol and other Drug Agencies (SECADA) and [Substance Use and Recovery \(SURe\)](#) delivery AOD services in Melbourne's south east have been identified as critical partners.

They worked with enliven (an independent ACNC registered organisation) in 2018 to undertake a catchment-based planning process which identified that large portions of the population remain un- or underserved in this area. Their mission is to promote the prevention and control of diseases in human beings with a focus on the social determinants of health.

Costs

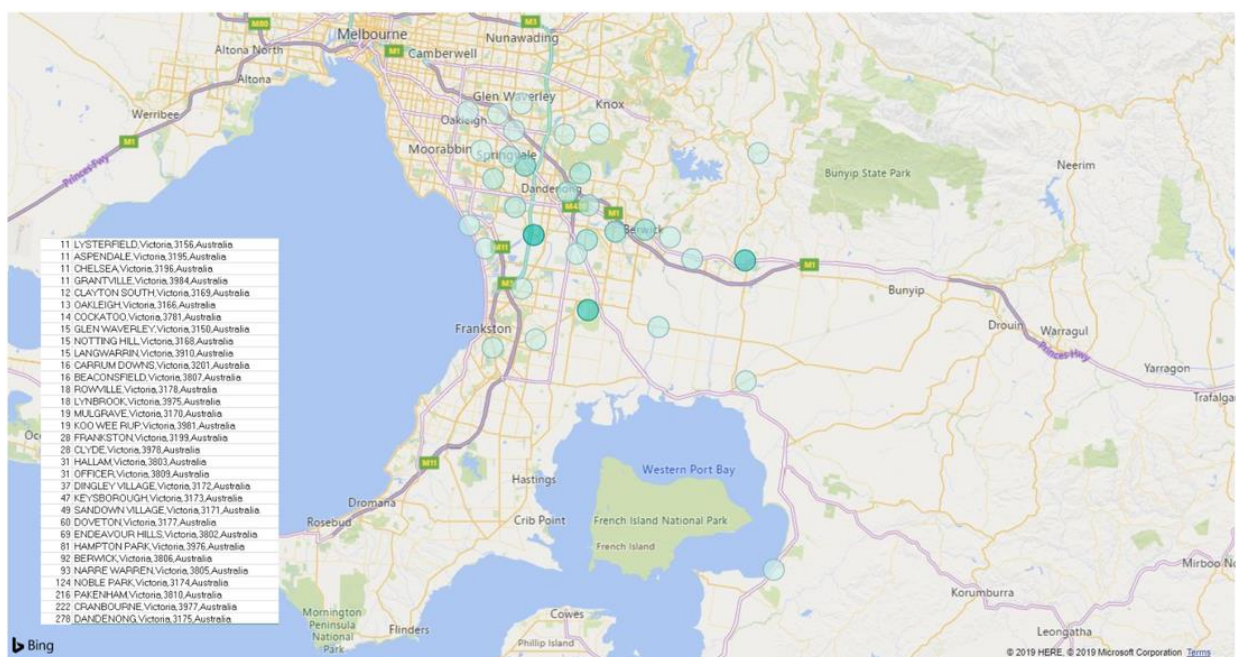
The total costs for the trial will be approximately \$800,000. This will include the appointment of three eHealth clinicians for a twelve month period, one in each municipality identified. In addition to the salary expenses, there will be costs associated with operations, project management and supervision. The pilot project costs will also cover referral fees for practitioners on an as needed basis, and transport costs if required.

Additional Information for Beyond Boundaries pilot project

A component of the AOD catchment-based planning consultation undertaken with service providers and stakeholders in the catchment focussed on the geographic distribution of AOD services compared to data around AOD client postcode of residence.

This helped to create a picture about who is currently accessing service, the geographic distribution of expressed need, and where it is that there might be AOD service needs that our treatment system in the south east is not currently meeting. This analysis showed a concentration of services in the Dandenong area with some limited services provided in Casey and less in the Cardinia area.

An analysis of SECADA client data showed that a large proportion of current AOD clients live within the Pakenham postcode area (8%) but have to travel large distances to access services. Very few clients from Cardinia Shire, beyond Pakenham, are currently accessing our services. The map below shows a snapshot of origin of SECADA clients who were assessed within the last 6 month period Jan – Jun 2019. The majority of clients originate in the postcode areas of Greater Dandenong where services are plentiful. A significant number live in the Berwick, Narre Warren, Pakenham and Cranbourne areas where service access is limited.



Of more concern is the unknown unmet need in these areas, namely clients who are not accessing services due to geographic constraints and limited access to public transport. Participants of the consultation process commented that : - “AOD services are not geographically diverse” - “Cardinia is potentially not receiving the service it needs” - “We need to improve access for clients in Cardinia” - “We need closer links with Casey and Cardinia’s community services”

In order to improve our understanding of unmet need in Casey and Cardinia, data in relation to life complexity analysis as well as hospital and ambulance attendances can be of value. Data analysis was conducted during the planning phase and further updated in July 2019.

Life complexity analysis shown below demonstrates that City of Casey has populations experiencing high levels of life complexities including financial issues, dependence on government assistance, accommodation issues, homelessness, poor self-assessed health, and high rates of family violence and unemployment. Data for Cardinia Shire also demonstrates a high level of life complexity factors which may influence mental health and substance misuse within a community.

Priority Area	Issues	LGA			Comments / data source
		Casey	Cardinia	Vic	
Life complexity factors	High rates of unemployment (%unemployed)	8.0%	7.0%	5.9%	PHIDU – data for 2016 accessed 24 June 2019 http://phidu.torrens.edu.au/social-health-atlases/data#social-health-atlases-of-australia-local-government-areas
	Low income, welfare dependent families	10.3%	9.8%	8.4%	Public Health Information Development Unit (PHIDU). Social Health Atlas of Australia. Data for 2016/2017 - accessed 24 June 2019 http://phidu.torrens.edu.au/social-health-atlases/data#social-health-atlases-of-australia-local-government-areas
	Rate of homelessness (per 10,000)	42.8	23.4	41.9 (24817)	Data presented is for 2016. CGD experienced an increase of 14% since the data was last reported in 2011, Cardinia Shire rates increased by 20% and City of Casey saw an increase of 16%. In contrast, Victoria reported an increase of only 1%. https://asdfresearch.com.au/wp-content/uploads/2018/03/H

Priority Area	Issues	LGA			Comments / data source
		Casey	Cardinia	Vic	
					omelessness-by-LGA-2016.xlsx based on ABS statistics https://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/2049.0Main+Features12016?OpenDocument
	High rates of family violence (per 100,000)	1284.4	990.4	1176.7	The data covers the period from 1 July 2017 to 30 June 2018. This data was extracted from the Victoria Police Law Enforcement Assistance Program on 26 July 2016 CGD and CoC are amongst the highest in the state. https://www.crimestatistics.vic.gov.au/family-violence-data-portal/family-violence-data-dashboard/victoria-police
	High mortgage or rental stress	31.9%	29.5%	27.8%	Low income households (households in bottom 40% of income distribution under financial stress from mortgage or rent) PHIDU – data for 2016 accessed 24 June 2019 http://phidu.torrens.edu.au/social-health-atlases/data#social-health-atlases-of-australia-local-government-areas
	Care givers providing unpaid child care to own child	24.6%	25.5%	19.8%	Women are twice as likely to be caregivers as men. Women who are full time carers of children may find it more difficult to access and comply with treatment programs that are generally

Priority Area	Issues	LGA			Comments / data source
		Casey	Cardinia	Vic	
					only available during the day. <i>ABS Regional Summaries 2016</i>
	Relative socio-economic disadvantage	1004	1021	1010	PHIDU June 2017. Index score based on Australian score of 1000 - accessed 24 June 2019. Index for CGD is second lowest in the state. http://phidu.torrens.edu.au/social-health-atlases/data#social-health-atlases-of-australia-local-government-areas
	Poor self-assessed health	16.3	14.3	15.6	Estimated number of people aged 15 years and over with fair or poor self-assessed health (modelled estimates) in 2014/15 financial year PHIDU accessed 24 June 2019 http://phidu.torrens.edu.au/social-health-atlases/data#social-health-atlases-of-australia-local-government-areas
	Early school leavers	66264 (30.7 ASR)	23438 (33.8 ASR)	26 ASR	People who left school at Year 10 or below, or did not go to school ASR = indirectly age-standardised rate per 100 PHIDU – data for 2016 accessed 24 June 2019 http://phidu.torrens.edu.au/social-health-atlases/data#social-health-atlases-of-australia-local-government-areas

The following data also show high levels of alcohol, pharmaceutical, cannabis and illicit drug use requiring ambulance attendance and/or hospitalisation in Casey and Cardinia.

Priority Area	Issues	LGA			Comments / data source
		Casey	Cardinia	Vic	
Ambulance attendance rates	Ambulance attendance rates (per 10,000 population) for alcohol	26.4	34.5	41.2	Turning Point AOD Stats 2017/18. Rates remain fairly steady from previous years. Accessed 26 June 2019 http://aodstats.org.au/VicLGA/
	Ambulance attendance rates for illicit drugs (per 10,000 of population)	13.5	12.5	20.7	Turning Point AOD Ambulance Stats 2017/18. Accessed 26 June 2019 http://amboaodstats.org.au/VicLGA/
	Ambulance attendance rates for pharmaceuticals (per 10,000 of population)	16.2	18.2	17.8	Turning Point AOD Ambulance Stats 2017/18. Accessed 26 June 2019 http://amboaodstats.org.au/VicLGA/
Hospitalisation rates	Hospitalisation rates for illicit drugs (per 10,000 of population)	26.4	30.0	30.8	Turning Point AOD Stats 2017/18. Rates are steadily increasing from previous years with CGD rates amongst the highest in the southern region - Accessed 26 June 2019 http://aodstats.org.au/VicLGA/
	Hospitalisation rate for alcohol (per 10,000 population)	51.7	58.1	59.8	Turning Point AOD Stats 2017/18. Accessed 26 June 2019 http://aodstats.org.au/VicLGA/
	Hospitalisation rates for cannabis (per 10,000 population)	8.6	13.4	10.8	Turning Point AOD Stats 2017/18. Rates have increased significantly from previous years (rates of 3.2 - 6.3 per 10,000 population were reported 3 years ago). Accessed 26 June 2019 http://aodstats.org.au/VicLGA/
	Hospitalisation rates for use of other stimulants (per 10,000 population)	12.5	11	11.5	Turning Point AOD Stats 2017/18. Rates have increased significantly from previous years (rates of 3 - 6.1 per 10,000 population were reported 3 years ago). Accessed 26 June 2019 http://aodstats.org.au/VicLGA/
	Hospitalisation rate for pharmaceuticals (per 10,000 population)	17.5	14.2	18.2	Turning Point AOD Stats 2017/18. Accessed 26 June 2019 http://aodstats.org.au/VicLGA/

Priority Area	Issues	LGA			Comments / data source
		Casey	Cardinia	Vic	
	Hospitalisation rate for opioids (per 10,000 population)	5.8	5.5	7.6	Turning Point AOD Stats 2017/18. Accessed 26 June 2019 http://aodstats.org.au/VicLGA/
	Hospitalisation rate for heroine (per 10,000 population)	0.4	-	0.5	Turning Point AOD Stats 2017/18. Accessed 26 June 2019 http://aodstats.org.au/VicLGA/

As a result of the AOD Catchment Based Plan consultation and development, it was identified that there are areas of unmet need in the delivery of the treatment streams of the AOD program, due to poor access to services, especially in the outer regions of the Casey/Cardinia catchment. Telehealth technology was proposed as a solution to improve the service delivery reach for the AOD treatment streams and therefore client access within these catchments.

The table below outlines the local issues identified and how a Telehealth service can address these .

Purpose	Telehealth is proposed as a solution to improve consumer access to the current AOD treatment stream services. The aim is to: <ul style="list-style-type: none"> • Extend the existing service capacity • Improve the flexibility (and therefore efficiency) of service delivery • Increase reach and client engagement (improve access and fill a service gap) 	
Aim	Issue	Telehealth Solution
Develop the capacity of existing services	Difficulty in attaining sites evenly distributed across the Greater Dandenong, Casey and Cardinia catchments. Some outreach services are provided from centrally located staff.	Enables senior or specialist clinicians, to be located centrally, but to deliver counselling services located in the Casey / Cardinia sites. It also allows for staff and peer worker supervision to be delivered remotely and therefore greater team cohesion and efficiency.
Improve the efficiency of delivery	When clinicians travel to an outreach site (e.g. once a week) they have limited times they are available and often this creates long wait times especially if a client misses an appointment and must wait until the next visit.	Telehealth provides increased appointment timeliness and flexibility. Can also consider providing access to after-hours appointments as a viable offering.
	Travelling between sites to address access needs reduces the time available for income producing service delivery plus additional travel costs are incurred.	Clinicians can make better use of their capacity to meet demand for the service, using the travel time for consultations / paperwork/or follow up/care coordination.

Increase reach and client engagement	There is a lack of existing sites or shortage of consulting rooms in outer Casey and Cardinia for delivering face to face services.	Telehealth provides flexible delivery options where client end services can be delivered from clients' homes or Telehealth hubs located in GP clinics, community health sites or education facilities such as TAFEs. Flexible appointment scheduling promotes recovery by allowing clients to fit around work or other commitments
	Often clients are unable to travel to appointments due to cost resulting in higher DNA or discontinuing with the service.	Generally, clients feel more comfortable in a familiar environment. Family friends are more likely to attend. They do not need to take as much time off work. Telehealth offers opportunity for more flexible appointment scheduling to promote engagement.

A pilot program will require investment in change management that includes public education, workforce education and role realignment, all things that are not quickly achieved or easily reversed. Therefore, any commitment to pilot Telehealth as part of the AOD catchment based service model will be underpinned by the long term goal of introducing Telehealth into the service offerings of SECADA and SURE.

The following table details the critical success factors to consider when implementing Telehealth service

Critical success factors	Organisational Strategies
Strong leadership and dedicated ongoing co-ordination	<p>Strong leadership and executive support, including champions are essential to build an organisational culture that has capacity for change and improvement.</p> <p>Most services introduce a role of "Telehealth co-ordinator". This role is mostly administrative and involves help desk technical troubleshooting and pre-testing call quality prior to appointments. However, it may also involve a clinical component of managing the transfer of health information, selection of suitable clients, education of health providers, onboarding new sites, clinical governance, incident reporting, quality improvement and providing general "go-to" expertise.</p>
Key stakeholders and consumers that recognise the benefits and are engaged	<p>Creating a clear and compelling narrative that describes the way Telehealth can help transform service delivery.</p> <p>Clinicians delivering services using Telehealth need to understand the benefits as the service will depend on the clinician's confidence in the technology, their belief that Telehealth will not add to their workload and understanding that a Telehealth consult will provide the same or better value and quality service to a consumer.</p>

Critical success factors	Organisational Strategies
	Ensuring consumer engagement during the project is also important.
Project planning and a readiness assessment that informs the implementation process	Testing for readiness prior to implementation of a Telehealth service saves time, money and energy. It can identify which clinicians, organisations and consumer groups are able to support successful implementation.
Matching Technology and clinical service needs	<p>The technological products or services required can be broadly categorised as:</p> <ul style="list-style-type: none"> • Infrastructure: Broadband service quality in the service areas is important as its difficult to operate if the image keeps freezing or pixilating • Videoconferencing solutions e.g. Health direct videocall platform, provided by the Commonwealth government, is currently offering free access licences via a PHN Pilot scheme. Early scoping indicates this project would meet the requirements. • Devices: generally, a plug-in camera and microphone and internet connection via ethernet (not wireless) can be added to a fixed computer or laptop at a cost of about \$600. Mobile phone and tablet can be used by the client end service. • Support technologies: include software and record keeping integration and timely troubleshooting support so consultations are not cancelled due to technology issues that can be fixed e.g. muted microphones
A sustainable workforce model	<p>Underestimating the additional resourcing required to support implementation, particularly in the establishment phase, has been identified as a common cause of Telehealth failure, in particular, the under-estimation of personnel requirements.</p> <p>Administrative and technical skills to support a dedicated clinical workforce delivering services via Telehealth must be considered,</p> <p>Another consideration is the support required by clients who are receiving care remotely. An appropriately skilled workforce must be available at both ends of a Telehealth service.</p>
A focus on change management	The importance of continuing change management cannot be underestimated. Implementation of Telehealth can confront staff with unfamiliar and unpredictable technologies and the need to develop new skills, new protocols and workplace practices. Support for behavioural change and sustainable ongoing training for current and new staff is required.
Clearly defining and articulating clinical responsibility and governance protocols	Protocols that identify roles and responsibilities of different organisations and how interactions between sites are managed are required to manage risk and reassure consumers and clinicians. Clinical risk and escalating this to access support at the client end, in case of distress, also needs to be considered.
A sustainable funding model is in place	Services interested in establishing Telehealth programs are encouraged to undertake a cost benefit analysis to assist in understanding new costs and potential cost savings. Many Telehealth initiatives require seed funding until a

Critical success factors	Organisational Strategies
	sufficient level of maturity for sustainability and integration is reached. We believe that post establishment and pilot funding the model would be sustainable utilising existing activity based funding.
Services are consumer-centred, and consumers are supported in adopting Telehealth	Success will depend on the uptake and acceptance by the consumers who need to be reassured that the use of technology enhances the ease of use, the service quality and the reliability. Different levels of IT help desk support and education will need to be provided for different groups of consumers. In the pilot phase, careful selection of eligible clients to receive this service would be required.
There is ongoing review and evaluation	Evaluation is required to assess the effectiveness, appropriateness and cost of a Telehealth service. Success and failure of an initiative needs to consider the goals of the program over the short, medium and long terms, including desired outcomes for clients.
Involvement and collaboration across the sector	Success of a Telehealth initiative hinges on collaboration and support across the local service sector to ensure Telehealth is seen as an acceptable alternative to, and enhancement of, the current service models.

SERVICES INNOVATION FUND

PROJECT: SKILLS2SHARE

Project overview

Unemployment, boredom and mental health are inextricably linked. Within our communities, there are people who are prepared to share their enormous passion and skillsets with others who would benefit greatly from the contact and learnings.

Sharing the skills of people within the community to assist youth and other individuals looking for employment opportunities is at the heart of this pilot. Skills2Share is a program to assist unemployed people with their professional and personal skills development.

Participants will be able to participate for up to three months in the program on a full or part-time basis and able to develop skills in the following areas:

- Construction and property maintenance
- Health care and social assistance
- Market gardening
- Environmental management

Examples of the variety of programs likely to be incorporated into Skills2Share have been outlined below.

Timing and stage of development

The pilot project will run for a 12 month period. The first stage will be the establishment of the working group, recruitment of staff and volunteers and partnership agreements with suppliers. During the first stage, participants will also be sought through Councils' own network and through CentreLink.

The remaining nine months will be the implementation phase. During this time, the number of participants who secure ongoing employment will be monitored. Other health and wellbeing factors will also be carefully monitored and reported on.

Benefits for State Government

The ultimate aim is to reduce the level of unemployment. However, the health and wellbeing of participants and volunteers is also an important factor. Increasing their health and wellbeing reduces demand on other services in the areas. In addition, there will be possible flow-on benefits such as a reduction in domestic violence rates and improved community participation and engagement.

Social and community benefits

This pilot will improve community connectedness and engagement, recognising these as two critical elements of a healthy community. In a healthy community there are significantly fewer social issues and associated property and personal harm.

Partnership organisations

- Councils
- Council contract providers
- Buildings
- Health care providers
- Market gardeners
- Landcare Groups

- Other volunteer organisations

Costs

The cost for the pilot project will be \$800,000. This will include the appointment of three coordinators, one supervisor and administrative support to run the project. In addition, the budget will cover transport costs, hand tools for the environmental and agricultural work and the hire of some machinery (e.g. machine hoe) for initial cultivation of the land.

Skills2Share initiatives

The following initiatives will be part of the Skills2Share program:

a. Food Network – Urban Food Gardens

Creating urban food gardens and community markets in unused land in the Interface Councils Region that will link new migrants and other participants who have horticultural experience with positions in the delivery of gardens and market.

Healthy and fresh produce from gardens (and other local farmers and suppliers) to be sold direct to locals through a community market.

Older people within the community will be asked to participate in this program to share their knowledge and skills.

b. Up the Creek

The project will rehabilitate council-selected and council-controlled public land and creek sides. The primary activities will be bush regeneration through weed treatment, natural regeneration and revegetation.

It will provide young people and other participants the opportunity to gain work experience in environmental works area and will help build the relationship between youth, environmental groups and Local Government.

Older people within the community will be asked to participate in this program to share their knowledge and skills.

c. Garden Gnomes

The Garden Gnomes program aims to increase social connectedness, experience, knowledge and understanding of younger people in regard to supporting older people. It also aims to increase health and mental wellbeing for older people as their garden will be maintained.

Further, it will reduce social isolation in line with the Royal Commission into Aged Care and Commonwealth Aged Care Reforms.

d. Home Support

Home Support is a voluntary home visiting service, which offers practical support and friendship to families with children under the age of five years.

Any family with young children who may be experiencing difficulties, such as mothers or fathers who are exhausted and lonely, will be able to participate. Single parents, or those with new babies/toddlers will be able to participate. Some families may also be involved with other support services such as Mental Health, Family Services, etc.

The aim is to find suitable supporters to assist the parent who can provide a mutually beneficial service. It will assist volunteers to develop their confidence and work-life skills while supporting other community members. The recipient of the support must be prepared to act as a reference for the volunteer.

e. Give Back

Giving Back is about utilising the contract service providers that are currently working for Councils and asking them to offer paid internships for people who are participating in any of the programs above or who have been identified as a suitable fit for the organisation.

Councils will ask contractors to support the project, without making it mandatory. However, tender documents will make it clear that there will be a weighting benefit for business who elect to participate in the project.

SERVICES INNOVATION FUND

PROJECT: HOME AS A HAVEN

Project overview

The Home as a Haven pilot is an assertive outreach program helping those experiencing, or at risk of, homelessness by providing housing support and specialist homelessness services.

This project will use early intervention techniques and targeted responses to support individuals get back on their feet and into secure housing. It will provide assessment, referral, casework & case management, assistance to access emergency & supported accommodation, access to laundry, bathroom and cooking facilities, early & crisis intervention, ongoing support, assistance to access health & community services, emergency supplies & food packages.

Yarra Ranges Shire Council and Nillumbik Shire Council have been identified as ideal areas to trial this new approach because there is a significant need to address this issue from both a social and public health perspective. In total more than 1000 people are sleeping rough every night in these municipalities. Of this number, over 100 are women living alone and aged 55 and over, and 240 are people receiving the Disability Support Pension.

Yarra Ranges does not have any crisis housing, while Nillumbik has some of the lowest levels in the region. Low income, mortgage stress and high rental costs increase the potential for a person to become homeless. According to 2016 Census data, both Yarra Ranges and Nillumbik have above average levels of households affected by mortgage stress, despite below average housing costs. The number of households affected by either rental or mortgage stress is typically highest in the most disadvantaged areas.

Timing and stage of development

The pilot project would run over a 12-month period. During this time the quantity and quality of outreach efforts will be monitored to determine improvements in individuals' health and wellbeing with the intention of reducing the number of homeless persons.

Benefits for State Government

Ensuring access to affordable housing and health services is a growing concern for the most vulnerable in society. This evidence-based approach aims to drive housing reform in Victoria to deliver long-term, sustainable outcomes across the sector. Research by consulting firm SGS Economics and Planning (2017) estimates that the benefit of providing housing to a person who is experiencing homelessness in Australia equates to \$25,615 per person per year, through health cost savings, reduced crime and improved human and social capital. This benefit supports the cost involved of providing outreach services, crisis housing and social housing.

This project would provide the following benefits:

- Reduce the demand on existing homelessness services through improving the overall health of individuals
- Contribute to reducing the number of individuals experiencing homelessness
- Generate greater understanding of the available services
- Reduce the cost to government services of approximately \$2,000,000 per annum

Social and community benefits

It is widely acknowledged that adequate housing, including the prevention of precarious housing, is a key component of health promotion or disease prevention.¹⁴ A safe and secure home is the basis on which strong individuals, healthy families and resilient communities are built.

This project seeks to improve health and wellbeing through assertive outreach and intensive case management support services designed to engage with individuals at risk or currently experiencing homelessness. It will provide individuals with increased capability for holding onto accommodation and to seek employment opportunities by promoting the recovery model. This is a person-centred approach focused on inclusivity to empower individuals, with a strong evidence base.

It is estimated that this project will reduce the number of homeless people by 60% in the region through specific measures to improve physical health, mental health, social connectedness and overall wellbeing. When people are physically and mentally healthy, they are more likely to stay in accommodation.

Partnership organisations

Anchor Housing and Support Services is the key partner to Yarra Ranges Shire Council. Anchor would work in conjunction with other health services, such as [Inspiro](#) and [UnitingCare Australia](#) to continue to deliver this program.

In Nillumbik, Melbourne Youth Support Service (MYSS), [Frontyard](#) or [Vicky's Place](#) (Melbourne City Mission) may be appropriate partners to consider.

Costs

The total cost of the trial will be approximately \$800,000. This will include the appointment of four homeless assertive outreach officers for a 12-month period per municipality. In addition to the salary expenses, there will be operating expense costs, supplies & on-ground costs, project management and supervision expenses.

¹⁴ VicHealth, 2011

SERVICES INNOVATION FUND

PROJECT: Y.E.S (Youth Engagement through Sport)

Project overview

This pilot project is designed to target disengaged youth through participation in sport. The project has three components which will contribute to better mental health as well as improve social and community outcomes for young people and their families in the municipalities of Mitchell Shire Council, Hume City Council and City of Whittlesea.

The components are as follows:

1. *Provision of monetary assistance vouchers* – to fund sporting opportunities for young people in local clubs
2. *Alcohol & other drugs education workshops* – available to all young people and families to increase capacity to make responsible and informed decisions and handle challenging situations
3. *Engagement and referral opportunities* – to form partnerships to support participating children and their families.

This pilot project addresses the following major service gaps in the above three municipalities: mental ill health, family violence, alcohol and other drug misuse, homelessness and youth disengagement.

In the Interface Councils Region, a growing number of young people are seeking support for complex issues including depression, anxiety, borderline personality disorder, substance abuse, financial hardship and poor general health. Mitchell Shire Council is one of the most disadvantaged areas in Victoria¹⁵, taking into account housing stress, education outcomes, long-term unemployment and family violence rates.

Timing and stage of development

The duration of the pilot project is 12 months. Formal monitoring and reporting processes will be in place during this time. The health and wellbeing of children and families will be measured and tracked against previous qualitative and quantitative statistics over time.

Benefits for State Government

Investment in the early years of new and emerging communities has significant and positive impacts on health, wellbeing, education and employment outcomes and financial prospects in the short, medium and long term. This project utilises a strategic partnership alliance and improved communication through partnership support models.

A major consequence arising from the absence of the necessary human services in the region is the high presentation of young people at public hospitals, which are not easily accessible by public transport. The cost impact on public health could be redressed by the delivery of primary health services at the local level.

The best chance of preventing mental ill health or providing early intervention to minimise the impact is during childhood and adolescence. Untreated disorders during this time significantly increase the social and economic costs to the individual and community later in life including through the Victorian criminal justice system.

The effectiveness of early intervention is inadequately recognised in the current system and schools are generally not equipped to identify problems and intervene effectively. In addition, the youth mental health services that currently exist in the Interface Councils Region are struggling to bridge the gaps between health, the education system and recreational activities.

For adolescents, mental illness is a significant risk factor for not completing secondary school and subsequent study or employment. It is also a major factor for longer term mental and physical health outcomes as well as impacting

¹⁵ *Dropping off the Edge*, 2015

their families and communities around them. This initiative will deliver positive mental health outcomes and contribute to healthier individuals and communities by improving education levels and employment prospects.

The absence of coordinated state planning for health and community services has resulted in a significant under provision of essential services to support healthy young people, adults and families who have chosen these areas as their home. This initiative will help to rectify some of these arising issues.

Social and community benefits

Based on the successful [Icelandic model](#), this initiative will increase protective factors for young people through family and community connections. The presence or absence of the following protective factors contribute specifically to mental health of young people:

- Social and emotional competence
- Knowledge of parenting and child development
- Social connections
- Concrete support
- Resilience

Participation in regular sporting activities helps to nurture these factors and also develops new abilities such as self-esteem, a sense of belonging, safe risk taking, goal setting, leadership, social cohesion, confidence and a sense of purpose and identity.

This pilot project is an opportunity to adapt existing evidence-based initiatives that have been successful in Iceland (and soon to be rolled out in New South Wales) to the Interface Councils Region, where the benefits of addressing current service gaps would be significant. This would contribute to a revised service planning model that allows for physical, social and community infrastructure and associated activation measures that are required to sustain vibrant and healthy communities.

This pilot would specifically address the following areas of disadvantage to increase the standard of liveability for the municipality and state as a whole:

- Anti-social behaviour
- Substance abuse
- Family violence
- Crime
- Housing issues

Partnership organisations

A partnership approach will be adopted to deliver this pilot and address the priority issues that have been outlined. Partnerships with the organisations below could be called upon to undertake the pilot:

- Sporting associations
- Youth services (local organisations working with people aged 12-25 and their families; willing to administer and support this initiative)

Costs

The total cost of the pilot project to be trialled in the three areas outlined will be approximately \$600,000. This includes the provision of monetary assistance vouchers for 100 individuals, fortnightly alcohol & other drugs education workshops and outreach officer salaries to carry out engagement and referrals with participants.