


**WITHOUT
LIMITS**

SEQ2040 
GROWING BETTER



PAPER 3 HEALTH & WELLBEING

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AECOM

EVERY ASPECT OF OUR LIVES CONTRIBUTES TO OUR HEALTH AND WELLBEING – IT’S NOT JUST ABOUT DOCTORS AND HOSPITALS. WHAT CAN WE DO TO HELP SOUTH EAST QUEENSLAND GROW BETTER BY ADDRESSING HEALTH AND WELLBEING IN A MORE INTEGRATED AND PROACTIVE WAY?



01

THE CONTEXT

HOW ARE YOU FEELING ABOUT THE FUTURE?

Different shocks and stresses influence the health and wellbeing of communities. Coronavirus is a seismic shock that has arrived alongside a range of pre-existing economic, social and climate-related stresses that are already significant and just as challenging.

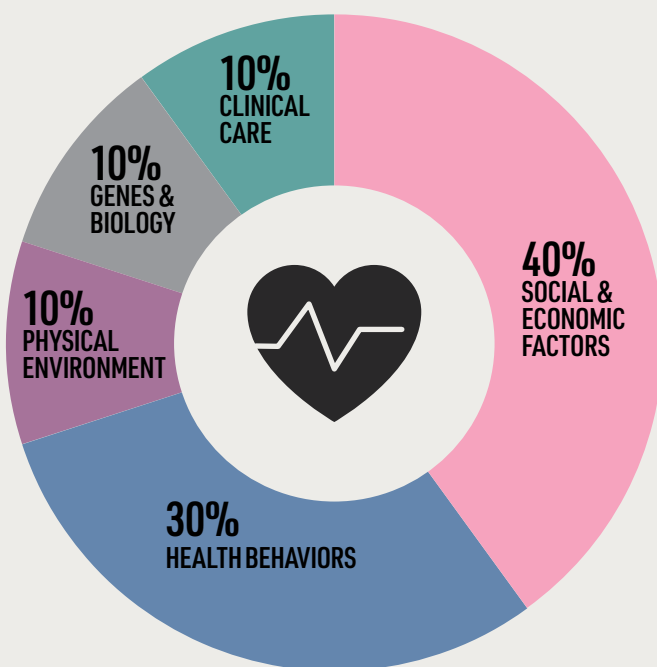
We need to rethink our approach to achieve a future for South East Queensland (SEQ) that is healthy and

well. We need to shift from a reactive problem-solving approach to personal health, to a proactive place-based model that delivers healthy and resilient communities. To achieve this, we recognise that there is a significant problem – and a transformational opportunity to *grow better*.

The cost burden of poor health is an increasing budget challenge for governments at all levels. The first step in creating healthy communities is acknowledging that 'health' is not just hospitals and the healthcare system.

'Healthy and well' is not a community-wide outcome that the health system can deliver – it is essentially the product of everything else. Clinical healthcare is only responsible for 10% of what determines health. Socio-economic factors and health behaviours make the most important contributions to our health and wellbeing beyond the immediate challenges of a global pandemic.

DETERMINANTS OF HEALTH



We need a sharp focus now! Improvements could take a generation to achieve and means capturing the full value of investment decisions that influence community health performance. It demands a more integrated, longer-term approach to infrastructure investment that captures the socio-economic value of education, community connections, mobility, employment opportunities, diet and habits.

Our health and wellbeing are the product of everything working well. We can determine what that looks like and how it should work as part of a smart and healthy polycentric region to help SEQ *grow better*.

02

THE CHALLENGE

There is a default mindset that health is doctors and hospitals – the health system. This supports the assumption that ‘health’ is the responsibility of the state government. Health expenditure by government typically endorses the delivery of services that respond to demand and these demands have increased with our ability to deliver enhanced treatments. This reactive model is already under intense pressure due to a range of significant factors:

The population is growing rapidly. The Queensland population has doubled over the past 26 years and is projected to reach 5.3 million by 2040. About half the annual increase in hospitalisations over a decade was due to population growth. Health and hospitals are a vital metric for government performance. There is an increasing demand for additional beds to meet demand and this creates political pressure that also exacerbates the focus on short-term and reactive investment decisions.

Our population is ageing. In 2015, 14% of Queenslanders were aged 65 and older. By 2036 this is estimated to be 20% (a doubling of the proportion since 2000). Beyond the statistical peak of ageing associated with baby boomers, we may see a decrease in the demand for hospital beds.

Residential aged care is a system under considerable pressure. This reflects some of the challenges negotiated between the public and private hospital systems. Aged care has an uncertain future due to commercial difficulties, and this may further increase the Government’s burden. This has been further highlighted through the coronavirus pandemic.

We now have the potential to treat a broader range of complex conditions, which creates increased demand, particularly with an ageing population. Hospital admissions are growing by an additional 70,000 each year and emergency department presentations by 50,000 each year. Hospital expenditure in Queensland has increased by around 88% over a decade, more than triple the rate of population increase.

The nature of service demand is changing. Increased funding for mental health services (specifically reactive treatment) is a prime example of increasing the costs to government (to us all).

Health and wellbeing are a significant lifestyle focus for many, but there is a substantial disparity in health performance that reflects socio-economic factors and associations with certain locations.

Sources: Information from a variety of sources and as summarised/reported generally within ‘[The Health of Queenslanders. Report of the Chief Medical Officer Queensland](#)’, Bi-annual report



We don't associate the core determinants of community health and wellbeing typically with our approach to the funding of health requirements as it is mostly a reactive service delivered by government. The health system generally responds to specific problems and doesn't often determine the root cause of complex health issues.

The health of the SEQ population is determined by a range of aspects including diet, lifestyle, sanitation, education, access to employment and social interaction. These factors increase or decrease the likelihood of a range of preventable chronic diseases, with the associated impact on health, wellbeing and broader economic performance. Lifestyle factors are a significant source of chronic diseases presented to hospitals.

WE ARE NOT BUILDING HEALTHY CITIES. WE NEED TO CREATE INFRASTRUCTURE TO SUPPORT HEALTHY AND ACTIVE LIFESTYLES FOR COMMUNITIES.

A MODEL REACHING BREAKING POINT

Maintaining the reactive model is not just undesirable, it is unsustainable and brings significant risk. It has substantial economic *and* social costs, and neither can be sustained if Queensland is to *grow better*. Rates of projected population growth combined with increased demand and complexity are likely to break the health system soon, as acknowledged in the [2018 Report of the Chief Health Officer Queensland](#).

There is a timely move within healthcare to shift from a reactive mode of fixing the problems through the skills of medical practitioners to more proactive prevention, combined with the collaborative and personal management focus of health outcomes. This is an important shift, as it means less reliance on hospital beds and higher utilisation of alternative care environments. More hospital beds are, therefore, not the primary focus for health investment in the future.

LESSONS FROM THE PAST

Big challenges, including population growth and global mobility, have previously had a significant impact on community health. Infrastructure has a critical role to play. In the nineteenth century, rapid population growth rates combined with rapid urbanisation resulted in deadly cholera outbreaks in London that gave rise to our established approach to the management of water to safeguard public health.

The global influenza pandemic of 1918–20 infected an estimated 500 million people and resulted in the death of between 50 to 100 million (3–5% of the global population). The high death rates were attributed to the combination of malnourishment, overcrowding and poor hygiene.

Rapid population growth places immense pressure on established infrastructure and amplifies inequalities. We cannot wait for systems to break. We must invest in significant planning to maintain agile, flexible, resilient and capable systems.

03

OUR PROPOSITION

OUR HEALTH AND WELLBEING PROPOSITION FOCUSES ON THREE AREAS:

01.

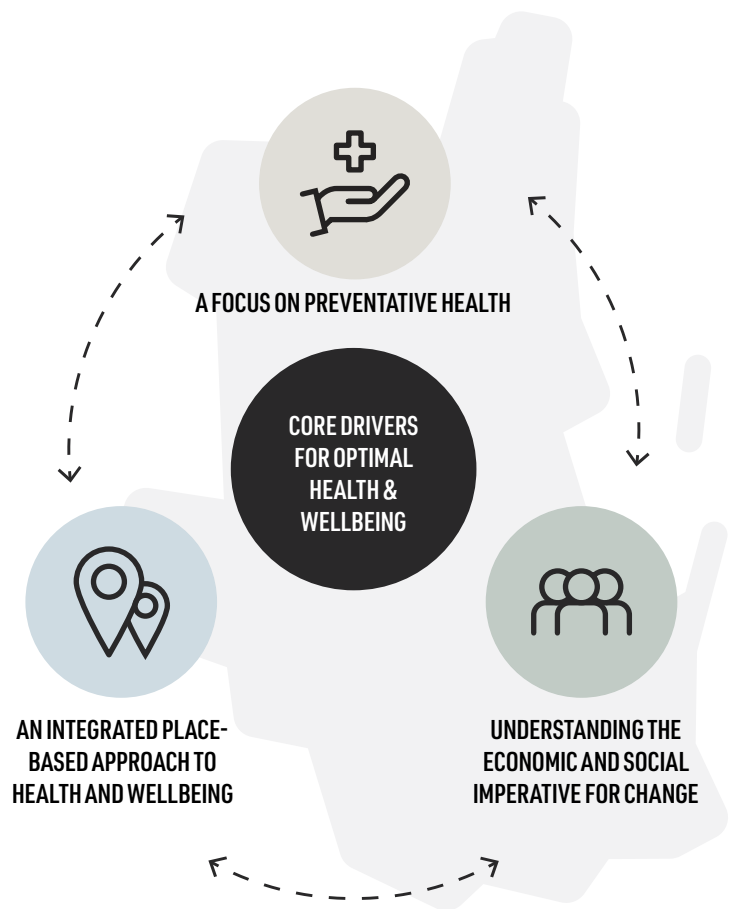
A more ambitious cross-government and multi-agency focus on **preventative health**, and a Health in All Policies (HiAP) framework.

02.

The adoption of **integrated place-based** approaches to the infrastructure that will support enhanced health and wellbeing, suited to local conditions and designed to harness the co-benefits of positive change over time, to build capacity and create resilient communities.

03.

A clear understanding of the **economic and social imperative** to deliver change, not just in response to risk and cost, but in recognition of the opportunities to 'grow better' with SEQ communities that can thrive.



Good health and positive wellbeing are the result of many factors that we should address with an integrated approach. Leadership, coordination and collective responsibility are critical elements to deliver tangible legacy outcomes.



A FOCUS ON PREVENTATIVE HEALTH

We need enhanced prevention through early intervention, but we also need to find smart ways to unlock the transformational community dividend from a more ambitious integrated approach. Interestingly, the most significant focus for governments in the face of the coronavirus pandemic is prevention because the health system doesn't have the capacity to treat rapid increases in infections. This is also an underlying challenge for our health system. There is limited financial capacity to maintain our existing approaches in the face of increasing demand.

SEQ2040 – Growing Better supports a positive approach to 'ageing better'. Approaches to healthcare are changing, and SEQ can harness valuable transformation. Prevention as a focus will not remove the burden of acute health issues late in life for an ageing population. Still, an enhanced community and multi-agency focus on 'place' and community health and wellbeing can deliver enhanced ageing in place and care at home as an alternative to hospital admissions.

We must define leadership with appropriate ambition and accountability. This leadership should develop much broader community engagement to guide future investment. Many determinants of future health and wellbeing are beyond the direct remit of the health system. An integrated and flexible approach will unlock benefits, driven by ambition and a broad remit. An encouraging step in this direction is the establishment of [Health and Wellbeing Queensland](#) with a clear focus on preventative health.

We need to focus on educating our communities and embedding health as a lifestyle into daily life for optimal wellbeing and resilience. Whilst acknowledging that transformation on this scale is likely to take a generation, a community wide approach is vital. Emerging approaches to integrated social infrastructure and community developments will help support this initiative by focusing on designing health focused community places across SEQ.



AN INTEGRATED PLACE-BASED APPROACH TO HEALTH AND WELLBEING

We propose redefining 'health' towards a place-based focus on proactivity and prevention.

We often take a fragmented approach to delivering community infrastructure. A transport department may deliver a new shared bike path and as a 'transport' project with narrowly defined objectives, it may not have shade trees planted that could also make it an attractive walking route between a community and a school. A place-based approach simply requires investigating what a place needs to support different behaviours and habits that can enhance community health and wellbeing.

Many respected authorities, including the World Health Organization (WHO) and the Chief Medical Officer for Queensland, acknowledge the critical role of transformed places in delivering behavioural change. Environmental conditions can deliver better health and wellbeing outcomes (including climate responses, air quality, noise, access to education and employment, open spaces, social participation, proper diet, safety and connectivity).

'KNOWING WHAT WE KNOW NOW, AND CONSIDERING THE EVIDENCE OF TRENDS AND PATTERNS OVER THE PAST TEN YEARS, THE NEXT DECADE IS LIKELY TO BE A TIME OF IMPROVING HEALTH, INCREASING HEALTH SYSTEM PRESSURES, MORE KNOWLEDGE AND SHARPER INVESTMENT INTELLIGENCE TO GROW HEALTHY PEOPLE, HEALTHY PLACES AND HEALTHY SYSTEMS IN QUEENSLAND'.

Source: [The Health of Queenslanders 2018 – Report of the Chief Health Officer.](#)

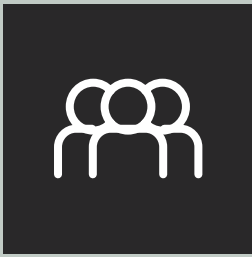
We must consider the human health imperative – the 'infrastructure of places', or the integrated city and regional environments where healthy lifestyles are the natural default. We propose a more integrated approach to all infrastructure investment that considers community health as part of the business case and intended return on investment. A Health in All Policies approach supports this and embeds health goals in all areas of government policy. HiAP originated in the European Union more than a decade ago, is supported by the WHO and has been adopted to varying degrees in many jurisdictions, including North America and South Australia.

HiAP is a collaborative approach to improving people's health by incorporating health considerations into decision-making across sectors and policy areas. The goal of Health in All Policies is to ensure that all decision-makers are informed about the health consequences of various policy options during the policy development process.

HiAP approaches include five key elements:

- Promoting health and equity.
- Supporting intersectoral collaboration.
- Creating co-benefits for multiple partners.
- Engaging stakeholders.
- Creating structural or process change.

Source: [Public Health Institute, pg 6.](#)



UNDERSTANDING THE ECONOMIC AND SOCIAL IMPERATIVE FOR CHANGE

New developments (of any scale, with appropriately scaled obligations) should be supported by a mandated strategy that presents a comprehensive place-based approach to future community health and wellbeing. Population growth brings pressure for new and affordable developments. Existing development models frequently fail to deliver the required conditions for enhanced health and wellbeing. We are not building healthy places! A binding commitment would include approaches to climate risk, sustainability, affordability and whole-of-life cost, resilience, job creation, education, mobility and other functional overlays with health as a primary determinant of development approval.

Lifestyle and health would be linked to open space ownership and governance with areas for food production and water management.

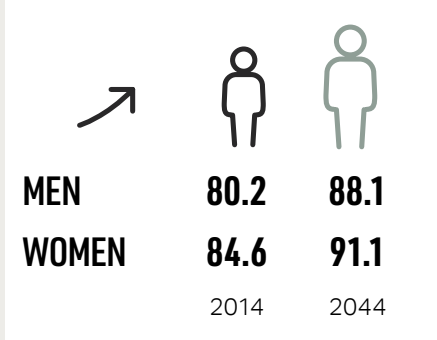
This would replace community rating tools. Development incentives and new investment models would be used to enhance outcomes to deliver equity across the SEQ region.

Social infrastructure is as essential as other systems for health and wellbeing. Within most cities or regions, there is an enduring legacy of 'deprived areas' where socio-economic performance and health outcomes are consistently poor. The challenges presented by these areas are often the focus for reactive, disconnected investment by government, with arguably limited impact over time. We need a comprehensive process of strategic renewal to address enduring challenges. There is no silver bullet, but we can adopt flexible models to stimulate positive change through ambitious longer-term planning and investment. Social housing should be a catalyst for change.

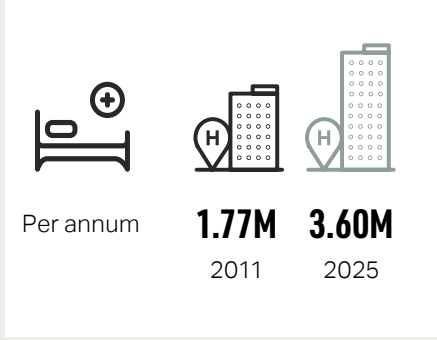
Health has been improving for many, but not all. Disparities are evident for those from poorer socio-economic circumstances and Indigenous Queenslanders. Greater investment in preventive action is necessary to address these gaps, and investment is required early if improvement is to be secured in the next ten years.

Source: [The Health of Queenslanders 2018 – Report of the Chief Health Officer](#)

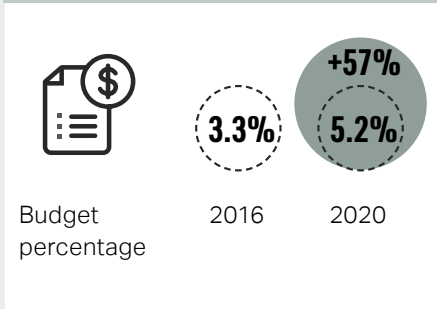
LIFE EXPECTANCY



HOSPITALISATIONS



HEALTH CARE AND SOCIAL ASSISTANCE



THE BENEFITS OF CHANGE

OUR PROPOSITION WOULD DELIVER A COMPELLING SUITE OF BENEFITS:



An enhanced focus on prevention to deliver healthy and well communities, supported by an integrated multi-agency approach to policy and delivery.



Places designed with communities to support enhanced community health and wellbeing as an enduring legacy, not a short-term fix.



Investment decisions geared to delivering long-term value – a dividend for future generations.

Together these create the potential for positive change to deliver more resilient communities. This approach moves health from a service delivery focus to an understanding of the health and wellbeing implications of investment choices and place-based decision-making. Integrated change on this scale is hard. Achieving these goals will require vision and determination.

Health and wellbeing as a foundation for SEQ to *grow better* demands a suite of measures to address considerable complexity – but with a simple, compelling and transformative vision.

We are not currently creating healthy communities. As we consider substantial population growth in SEQ, there is a clear economic and social imperative to *grow better*.

The key to change is an integrated long-term vision for us to see beyond the immediate challenges that demand our reactions. We have to break our long-standing addiction to fragmented reactions.

HOW WOULD WE CHANGE IN THE FUTURE IF WE UNDERSTOOD THE UNDERLYING HEALTH AND WELLBEING COST OF OUR BUSINESS-AS-USUAL APPROACHES TO BE AS SIGNIFICANT AS THE CORONAVIRUS PANDEMIC IMPACT?

Prevention is better than a cure. Prevention at this point is not just avoidance or restoration; it is the opportunity to begin to unlock the integrated co-benefits of a transformational legacy. I can't think of too many people who would argue with ambitious leadership based on that kind of agenda.

Much preventive action is still referred to as early diagnosis and treatment in the health system. Our approach advocates integrated efforts to address prevention through more ambitious measures to deliver health and wellbeing through enhanced lifestyle choices and education – and reduce the onset of the burden of avoidable diseases.

Source: [The Health of Queenslanders 2018 – Report of the Chief Health Officer](#).

CALL TO ACTION



CREATING ENVIRONMENTS THAT SUPPORT OPTIMAL HEALTH & WELLBEING IS CRITICAL TO OUR WAY OF LIFE. WHAT WILL YOU DO TODAY TO IMPROVE THE HEALTH OF SEQ COMMUNITIES?



SOUTH EAST QUEENSLAND

PLANNING FOR A BRIGHT FUTURE

South East Queensland (SEQ) is estimated to grow to 5.3 million people by 2040. That will mean more people, new housing and additional jobs for the region. This growth will provide challenges and opportunities that require governments, industry and the community to come together now, so we can grow better.

Developed through internal workshops and 18 interviews with industry leaders, SEQ2040 – Growing Better explores Leadership and Governance, Water to Grow, Health & Wellbeing, the Economy of the Future, and the need for a more Connected Region. It examines the issues and provides propositions to address the challenges, de-risk them and create opportunities for a better, more liveable and productive region.

The initiatives we propose are shaped from listening to, learning from and synthesising a diverse range of perspectives and are built from commitments currently being considered by governments and industry which need to be recognised as real enablers for future change.

We want *SEQ2040 – Growing Better* to open a multi-faceted discussion about the future of the SEQ region, providing an opportunity to rethink our current course and future actions. Being bold, ambitious and strategic, with long-term integrated thinking. The time is now to question whether a different approach is required.

How can we shape the future of SEQ as a region that will *grow better*?

RECOMMENDATIONS



LEADERSHIP & GOVERNANCE

- Ambition
- Coordination
- Regional governance



WATER TO GROW

- Climate and resilience
- Health and wellbeing
- Economic potential



HEALTH & WELLBEING

- Prevention
- Integrated place-based approaches
- Economic and social imperative



ECONOMY OF THE FUTURE

- Competitive advantage
- Polycentric growth
- Commitment to integrated long-term thinking



CONNECTED REGION

- Resilience
- Connected living
- Smart investment synergies



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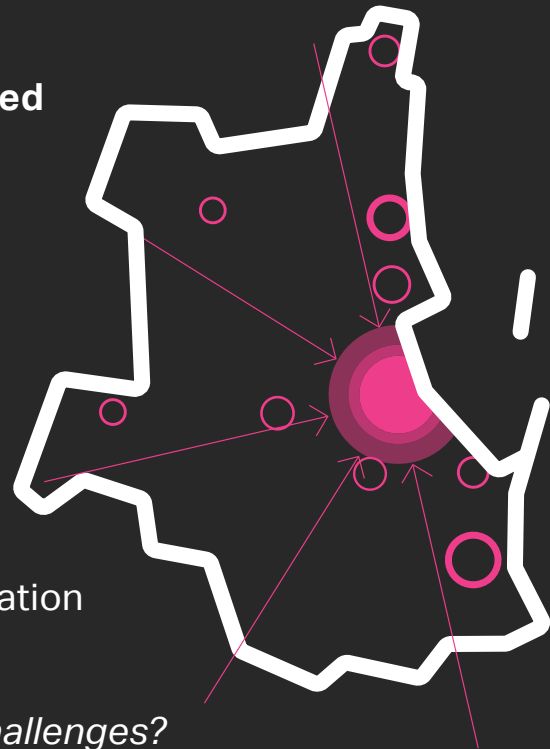
PRINCIPLES

With ambition, SEQ can learn valuable lessons from other places that have already experienced the challenges of reactive growth without change.

A broader regional perspective for SEQ can deliver a legacy of benefits at the regional scale.

This is the difference between just growing, or growing better.

NOW Centralised



Regional Concentration

Building Future Challenges?

GROWING BETTER

Ambitious Leadership & Governance

Integrated Longterm Thinking

Resilient Polycentric Growth

Community Legacy



CONCEPTUAL NETWORK



Polycentric Region

Resilient Legacy of a Connected & Integrated Regional Eco-System

WITHOUT LIMITS

Imagine it. Delivered.

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