



Redland
CITY COUNCIL

AGENDA

GENERAL MEETING

**Wednesday, 6 September
commencing at 9.30am**

The Council Chambers
35 Bloomfield Street
CLEVELAND QLD

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1 DECLARATION OF OPENING

On establishing there is a quorum, the Mayor will declare the meeting open.

Recognition of the Traditional Owners

Council acknowledges the Quandamooka people who are the traditional custodians of the land on which we meet. Council also pays respect to their elders, past and present, and extend that respect to other indigenous Australians who are present.

2 RECORD OF ATTENDANCE AND LEAVE OF ABSENCE

Motion is required to approve leave of absence for any Councillor absent from today's meeting.

3 DEVOTIONAL SEGMENT

Member of the Ministers' Fellowship will lead Council in a brief devotional segment.

4 RECOGNITION OF ACHIEVEMENT

Mayor to present any recognition of achievement items.

5 RECEIPT AND CONFIRMATION OF MINUTES**5.1 GENERAL MEETING MINUTES 23 AUGUST 2017**

Motion is required to confirm the Minutes of the General Meeting of Council held on 23 August 2017.

6 MATTERS OUTSTANDING FROM PREVIOUS COUNCIL MEETING MINUTES

There are no matters outstanding.

7 PUBLIC PARTICIPATION

In accordance with s.31 of POL-3127 Council Meeting Standing Orders:

1. In each meeting (other than special meetings), a period of 15 minutes may be made available by resolution to permit members of the public to address the local government on matters of public interest relating to the local government. This period may be extended by resolution.
2. Priority will be given to members of the public who make written application to the CEO no later than 4.30pm two days before the meeting. A request may also be made to the chairperson, when invited to do so, at the commencement of the public participation period of the meeting.
3. The time allocated to each speaker shall be a maximum of five minutes. The chairperson, at his/her discretion, has authority to withdraw the approval to address Council before the time period has elapsed.
4. The chairperson will consider each application on its merits and may consider any relevant matter in his/her decision to allow or disallow a person to address the local government, e.g.
 - a) Whether the matter is of public interest;
 - b) The number of people who wish to address the meeting about the same subject

- c) The number of times that a person, or anyone else, has addressed the local government previously about the matter;
 - d) The person's behaviour at that or a previous meeting; and
 - e) If the person has made a written application to address the meeting.
5. Any person invited to address the meeting must:
- a) State their name and suburb, or organisation they represent and the subject they wish to speak about;
 - b) Stand (unless unable to do so);
 - c) Act and speak with decorum;
 - d) Be respectful and courteous; and
 - e) Make no comments directed at any individual Council employee, Councillor or member of the public, ensuring that all comments relate to Council as a whole.

8 PETITIONS AND PRESENTATIONS

Councillors may present petitions or make presentations under this section.

9 MOTION TO ALTER THE ORDER OF BUSINESS

The order of business may be altered for a particular meeting where the Councillors at that meeting pass a motion to that effect. Any motion to alter the order of business may be moved without notice.

10 DECLARATION OF MATERIAL PERSONAL INTEREST OR CONFLICT OF INTEREST ON ANY ITEMS OF BUSINESS

Councillors are reminded of their responsibilities in relation to a Councillor's material personal interest and conflict of interest at a meeting (for full details see sections 172 and 173 of the *Local Government Act 2009*). In summary:

If a Councillor has a material personal interest in a matter before the meeting:

The Councillor must—

- *inform the meeting of the Councillor's material personal interest in the matter; and*
- *leave the meeting room (including any area set aside for the public), and stay out of the meeting room while the matter is being discussed and voted on.*

The following information must be recorded in the minutes of the meeting, and on the local government's website—

- *the name of the Councillor who has the material personal interest, or possible material personal interest, in a matter;*
- *the nature of the material personal interest, or possible material personal interest, as described by the Councillor.*

A Councillor has a **material personal interest** in the matter if any of the following persons stands to gain a benefit, or suffer a loss, (either directly or indirectly) depending on the outcome of the consideration of the matter at the meeting—

- (a) the Councillor;

- (b) a spouse of the Councillor;
- (c) a parent, child or sibling of the Councillor;
- (d) a partner of the Councillor;
- (e) an employer (other than a government entity) of the Councillor;
- (f) an entity (other than a government entity) of which the Councillor is a member;
- (g) another person prescribed under a regulation.

If a Councillor has a conflict of interest (*a real conflict of interest*), or could reasonably be taken to have a conflict of interest (*a perceived conflict of interest*) in a matter before the meeting:

The Councillor must—

- *deal with the real conflict of interest or perceived conflict of interest in a transparent and accountable way.*
- *Inform the meeting of—*
 - (a) *the Councillor's personal interests in the matter; and*
 - (b) *if the Councillor participates in the meeting in relation to the matter, how the Councillor intends to deal with the real or perceived conflict of interest.*

The following must be recorded in the minutes of the meeting, and on the local government's website—

- (a) *the name of the Councillor who has the real or perceived conflict of interest;*
- (b) *the nature of the personal interest, as described by the Councillor;*
- (c) *how the Councillor dealt with the real or perceived conflict of interest;*
- (d) *if the Councillor voted on the matter—how the Councillor voted on the matter;*
- (e) *how the majority of persons who were entitled to vote at the meeting voted on the matter.*

A *conflict of interest* is a conflict between—

- (a) *a Councillor's personal interests (including personal interests arising from the Councillor's relationships, for example); and*
- (b) *the public interest;*

that might lead to a decision that is contrary to the public interest.

11 REPORTS TO COUNCIL**11.1 COMMUNITY & CUSTOMER SERVICES****11.1.1 DECISIONS MADE UNDER DELEGATED AUTHORITY FOR CATEGORY 1, 2 & 3 DEVELOPMENT APPLICATIONS**

Objective Reference:	A2544730 Reports and Attachments (Archives)
Attachment:	<u>Decisions Made Under Delegated Authority 06.08.2017 to 19.08.2017</u>
Authorising Officer:	Louise Rusan General Manager Community & Customer Services
Responsible Officer:	David Jeanes Group Manager City Planning & Assessment
Report Author:	Debra Weeks Senior Business Support Officer

PURPOSE

The purpose of this report is for Council to note that the decisions listed below were made under delegated authority for Category 1, 2 and 3 development applications only.

This information is provided for public interest.

BACKGROUND

At the General Meeting of 21 June 2017, Council resolved that development assessments be classified into the following four Categories:

- Category 1 – Minor Code and Referral Agency assessments;
- Category 2 – Moderately complex Code and Impact assessments;
- Category 3 – Complex Code and Impact assessments; and
- Category 4 – Major and Significant Assessments (not included in this report)

The applications detailed in this report have been assessed under:-

Category 1 - Minor Code assessable applications, Concurrence Agency Referral, minor Operational Works and minor Compliance Works; Minor Change requests and extension to currency period where the original application was Category 1. Procedural delegations for Limited and Standard Planning Certificates.

Delegation Level: Chief Executive Officer, General Manager, Group Managers, Service Managers, Team Leaders and Principal Planners as identified in the officer's instrument of delegation.

Category 2 - In addition to Category 1, moderately complex Code assessable applications, including Operational Works and Compliance Works and Impact assessable applications without objecting submissions; Other Change requests and variation requests where the original application was Category 1, 2, 3 or 4*. Procedural delegations including approval of works on and off maintenance, release of bonds and Full Planning Certificates.

** Provided the requests do not affect the reason(s) for the call in by the Councillor (or that there is agreement from the Councillor that it can be dealt with under delegation).*

Delegation Level: Chief Executive Officer, General Manager, Group Managers and Service Managers as identified in the officer's instrument of delegation.

Category 3 - In addition to Category 1 and 2, applications for Code or Impact assessment with a higher level of complexity. They may have minor level aspects outside a stated policy position that are subject to discretionary provisions of the planning scheme. Impact applications may involve submissions objecting to the proposal readily addressable by reasonable and relevant conditions. Assessing superseded planning scheme requests and approving a plan of subdivision.

Delegation Level: Chief Executive officer, General Manager and Group Managers as identified in the officer's instrument of delegation.

OFFICER'S RECOMMENDATION

That Council resolves to notes this report.

Decisions Made Under Delegated Authority 06.08.2017 to 12.08.2017

CATEGORY 1

Application Id	Application Full Details	Applicant	Associated Property Address	Primary Category	Decision Date	Negotiated Decision Date	Decision Description	Division
MCU17/0002	Dwelling House (incl Secondary Dwelling)	East Coast Surveys Pty Ltd	16-18 Station Street Wellington Point QLD 4160	Code Assessment	8/08/2017	NA	Development Permit	1
MCU17/0003	Dwelling House	East Coast Surveys Pty Ltd	16-18 Station Street Wellington Point QLD 4160	Code Assessment	8/08/2017	NA	Development Permit	1
BWP004385	Design and Siting - Dwelling House	Brendan James PARKES	51 Bankswood Drive Redland Bay QLD 4165	Concurrence Agency Referral	9/08/2017	NA	Approved	6
ROL006141	Reconfiguration of a Lot (1 into 2 Lots)	Multicap Limited	281 Finucane Road Alexandra Hills QLD 4161	Code Assessment	9/08/2017	NA	Development Permit	7
ROL006145	Standard Format: 2 into 3 Lots	Place Design Group Pty Ltd	53-65 Kinross Road Thornlands QLD 4164	Impact Assessment	10/08/2017	NA	Development Permit	7
MCU013565	Multiple Dwelling (3 Units)	Steffan Town Planning	164 Finucane Road Alexandra Hills QLD 4161	Code Assessment	16/03/2016	9/08/17	Development Permit	8
MCU013847	Dual Occupancy	Bplanned Pty Ltd Cyber Drafting & Design	242 Finucane Road Alexandra Hills QLD 4161	Code Assessment	9/08/2017	NA	Development Permit	8
BWP004389	Build Over/Near Relevant Infrastructure - Footings	Building Certifiers Australia Brisbane Pty Ltd	21 Badgen Road Birkdale QLD 4159	Concurrence Agency Referral	11/08/2017	NA	Approved	10
OPW17/0006	Prescribed Tidal Works - New Pontoon	Robinder Singh SIHOTA	Star Place 4 Zephyr Court Birkdale QLD 4159	Code Assessment	11/08/2017	NA	Development Permit	10

Decisions Made Under Delegated Authority 06.08.2017 to 12.08.2017

CATEGORY 2

Application Id	Application Full Details	Applicant	Associated Property Address	Primary Category	Decision Date	Negotiated Decision Date	Decision Description	Division
OPW002061	Operational Works - Multiple Dwelling x 5 (Earthworks, ESC, Stormwater and Access)	Locusts & Wild Honey Pty Ltd As Trustee	65 Wellesley Street Wellington Point QLD 4160	SPA - 15 Day Compliance Assessment	5/08/2016	NA	Compliance Certificate Approved	1
OPW002201	Landscaping Works - Apartment Building (MCU013661)	Javica Pty Ltd	16 Wharf Street Cleveland QLD 4163	SPA - 15 Day Compliance Assessment	7/08/2017	NA	Compliance Certificate Approved	2
OPW002156	Operational Works - Multiple Dwelling x 22 - CIVIL AND LANDSCAPING	Jaxl Holdings Pty Ltd As Trustee	5-9 Victor Street Birkdale QLD 4159	SPA - 15 Day Compliance Assessment	8/08/2017	NA	Compliance Certificate Approved	10

CATEGORY 3

Application Id	Application Full Details	Applicant	Associated Property Address	Primary Category	Decision Date	Negotiated Decision Date	Decision Description	Division
MCU013902	Multiple Dwelling x 70	McLynskey Planners Pty Ltd	2-10 Beveridge Road Thornlands QLD 4164	Impact Assessment	8/08/2017	NA	Development Permit	3

Decisions Made Under Delegated Authority 13.08.2017 to 19.08.2017

CATEGORY 1

Application Id	Application Full Details	Applicant	Associated Property Address	Primary Category	Decision Date	Negotiated Decision Date	Decision Description	Division
ROL006105	ROL 2 into 2 Lots - Boundary Re-alignment	Scott William POWER	14 Beachcrest Road Wellington Point QLD 4160	Code Assessment	21/12/2016	17/08/17	Development Permit	1
BWP004350	Domestic Additions - Deck	Leonie Ann GLOVER	15 Bollard Court Cleveland QLD 4163	Code Assessment	15/08/2017	NA	Development Permit	2
ROL006199	Reconfiguring a Lot - Standard Format - 1 into 2 Lots	Patricia Mary SHEPHERD	14 Ocean Street Cleveland QLD 4163	Code Assessment	18/08/2017	NA	Development Permit	3
CAR17/0041	Design and Siting - Dwelling	Kustom Homes Pty Ltd	1 Weir Street Thornlands QLD 4164	Referral Agency Response - Planning	15/08/2017	NA	Approved	3
CAR17/0044	Design and Siting - Dwelling	Stroud Homes	25 Majestic Circuit Thornlands QLD 4164	Referral Agency Response - Planning	17/08/2017	NA	Approved	3
CAR17/0045	Design and Siting - Carport	The Certifier Pty Ltd	184 Point O'Halloran Road Victoria Point QLD 4165	Referral Agency Response - Planning	18/08/2017	NA	Approved	4
MC009408	Dwelling - SMBI	Eric John WOOD John P JONES	115 Wahine Drive Russell Island QLD 4184	Code Assessment	08/11/2006	16/08/17	Development Permit	5
CAR17/0023	Design and Siting - Shed	Christopher John BARBER	7 Newcomb Court Redland Bay QLD 4165	Referral Agency Response - Planning	16/08/2017	NA	Approved	5
CAR17/0043	Design & Siting - Shed	The Certifier Pty Ltd	2-4 Ridge Place Redland Bay QLD 4165	Referral Agency Response - Planning	15/08/2017	NA	Approved	6

Decisions Made Under Delegated Authority 13.08.2017 to 19.08.2017

CATEGORY 1

CAR17/0036	Design and Siting - Dwelling Extension	The Certifier Pty Ltd	166-168 Mooroodu Road Thorneside QLD 4158	Referral Agency Response - Planning	17/08/2017	NA	Approved	10
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CATEGORY 2

Application Id	Application Full Details	Applicant	Associated Property Address	Primary Category	Decision Date	Negotiated Decision Date	Decision Description	Division
MCU013851	Shop, Refreshment Establishment, Vehicle Parking Station and Extension to Hotel	Bartley Burns Certifiers & Planners	201 Middle Street Cleveland QLD 4163	Impact Assessment	16/06/2017	16/08/17	Development Permit	2
OPW002200	Operational Works - Apartment Building (MCU013661)	Javica Pty Ltd Suzanne Kate HEMBROW	16 Wharf Street Cleveland QLD 4163	SPA - 15 Day Compliance Assessment	18/08/2017	NA	Compliance Certificate Approved	2
OPW002052	Operational Works - Crematorium	Urban Engineering Solutions Pty Ltd	156 Woodlands Drive Thornlands QLD 4164	SPA - 15 Day Compliance Assessment	16/08/2017	NA	Compliance Certificate Approved	6

11.1.2 PLANNING & ENVIRONMENT COURT MATTERS LIST – CURRENT AS AT 24 AUGUST 2017

Objective Reference:	A124442 Reports and Attachments (Archives)
Authorising Officer:	Louise Rusan General Manager Customer & Community Services
Responsible Officer:	David Jeanes Group Manager City Planning & Assessment
Report Author:	Emma Martin Senior Appeals Planner

PURPOSE

The purpose of this report is for Council to note the current appeals and other matters/proceedings in the Planning and Environment Court.

BACKGROUND

Information on these matters may be found as follows:

1. Planning and Environment Court

- a) Information on current appeals and declarations with the Planning and Environment Court involving Redland City Council can be found at the District Court web site using the "Search civil files (eCourts) Party Search" service: <http://www.courts.qld.gov.au/esearching/party.asp>
- b) Judgements of the Planning and Environment Court can be viewed via the Supreme Court of Queensland Library web site under the Planning and Environment Court link: <http://www.sclqld.org.au/qjudgment/>

2. Department of Infrastructure, Local Government and Planning (DILGP)

The DILGP provides a Database of Appeals

(<http://www.dlg.qld.gov.au/resources/tools/planning-and-environment-court-appeals-database.html>)

that may be searched for past appeals and declarations heard by the Planning and Environment Court.

The database contains:

- A consolidated list of all appeals and declarations lodged in the Planning and Environment Courts across Queensland of which the Chief Executive has been notified.
- Information about the appeal or declaration, including the appeal number, name and year, the site address and local government.

APPEALS

1.	File Number:	Appeal 3641 of 2015 (MCU012812)
Applicant:		King of Gifts Pty Ltd and HTC Consulting Pty Ltd
Application Details:		Material Change of Use for Combined Service Station (including car wash) and Drive Through Restaurant 604-612 Redland Bay, Road, Alexandra Hills
Appeal Details:		Applicant appeal against refusal.
Current Status:		Appeal filed in Court on 16 September 2015. Without Prejudice meeting held December 2015. Trial held 1-3 August 2017. Awaiting Judgment.

2.	File Number:	Appeals 4940 of 2015, 2 of 2016 and 44 of 2016 (MCU013296)
Applicant:		Lipoma Pty Ltd, Lanrex Pty Ltd and Victoria Point Lakeside Pty Ltd
Application Details:		Preliminary Approval for Material Change of Use for Mixed Use Development and Development Permit for Reconfiguring a Lot (1 into 2 lots) 128-144 Boundary Road, Thornlands
Appeal Details:		Submitter appeals against approval.
Current Status:		Appeals filed in Court on 18 December 2015, 4 January 2016 and 6 January 2016. Directions orders obtained 19 February 2016. Trial held 27-30 September 2016. Final submissions 7 October 2016. Awaiting Judgment.

3.	File Number:	Appeal 4807 of 2016 (MCU013719)
Applicant:		IVL Group Pty Ltd and Lanrex Pty Ltd
Application Details:		Car Park at 32A Teak Lane, Victoria Point (Lot 12 on SP147233)
Appeal Details:		Applicant appeal against Council refusal
Current Status:		Appeal filed 6 December 2016. Appointed experts (except planning) to meet and prepare joint reports prior to mediation. Mediation held on 7 June 2017. Hearing commenced on 21 August 2017.

4.	File Number:	Appeal BD617 of 2017 (MCU013477)
Applicant:		Roycorp Pty Ltd
Application Details:		Multiple Dwelling (x 141) at 11 Rachow Street, Thornlands (Lot 8 on RP84253)
Appeal Details:		Applicant appeal against Council refusal
Current Status:		Appeal filed 20 February 2017. Experts being briefed. Mediation held on 8 May 2017. Review scheduled for 25 August 2017.

5.	File Number:	1476 of 2017 (MC008414)
Applicant:		Cleveland Power Pty Ltd
Application Details:		Request to extend the relevant period – Biomass Power Plant at 70-96 Hillview Road, Mount Cotton (Lot 2 on RP30611)
Appeal Details:		Applicant appeal against Council refusal
Current Status:		Appeal filed 27 April 2017.

6.	File Number:	2377 of 2017 (MCU013735)
Applicant:		Barro Group Pty Ltd
Application Details:		Tourist Accommodation (Mount Cotton Retreat) at 315-355 West Mount Cotton Road, Mount Cotton (Lot 9 on RP186559)
Appeal Details:		Submitter appeal against Council approval
Current Status:		Appeal filed 29 June 2017.

OTHER PLANNING & ENVIRONMENT COURT MATTERS/PROCEEDINGS

There are no other current matters.

OFFICER'S RECOMMENDATION

That Council resolves to note this report.

11.1.3 EDUCATION AND TRAINING INDUSTRY SECTOR STRATEGY AND ACTION PLAN

Objective Reference:	A2496723 Reports and Attachments (Archives)
Attachment:	<u>RCC Economic Development Education and Training Industry Sector Report</u>
Authorising Officer:	Louise Rusan General Manager Community & Customer Services
Responsible Officer:	Kim Kerwin Group Manager Economic Sustainability & Major Projects
Report Author:	Noreen Orticio Acting Principal Adviser Strategic Economic Development

PURPOSE

The purpose of this report is to present the Education and Training Industry Sector Strategy and Action Plan to Council.

BACKGROUND

Council resolved in 2015 to endorse the Redland City Economic Development Framework which charts a course based on key future objectives. Based on economic and industry trends, future growth opportunities and Council's economic vision, the framework identified eight (8) key industry sectors as drivers of economic and employment growth. Separate industry sector strategies and action plans will be developed with the intent of delivering the framework at an operational level.

At the General meeting of 27 July 2016 Council resolved to endorse the development of action plans in the health care and social assistance and education and training industry sectors based on the Economic Development Advisory Board's (EDAB) recommendations of industry priorities. Both industries are viewed as economic foundations of the city and provide employment, generate significant large value add and show strong growth potential.

Council engaged Harris and Young Consulting to undertake the development of the Education and Training Industry Sector Strategy and Action Plan. The consultants undertook a comprehensive review of the industry sectors to identify current and future trends and challenges faced by the sector at global, national and local levels. They also undertook active engagement and extensive consultation with stakeholders and industry leaders where key issues and opportunities were identified. Councillor workshops and workshops with the Redland City Economic Development Advisory Board were also conducted to provide more substantive input to the action plan.

ISSUES

Education and Training is the Redland's fourth largest industry by employment (Australian Bureau of Statistics 2011) and contributes 4.2% of the city's economic output. The impact of the education and training industry is two pronged: First, the direct economic impact (on employment and output) from the education industry itself; and second, the economic impact through enhancing the skills of workers in all industries (which affects productivity and consequently levels of income).

Findings from data analysis and engagement helped shaped the Education and Training strategies and actions. Factors such as globalisation and the internet are changing the way education is delivered and will influence the workforce needs of the future. With the individual's need to continually train, the link between education and industry needs to be tighter than ever.

The growth in international education making it Australia's third largest export is paving the way for new markets. Redland City is in a strong position to attract international students given its environmental, cultural and social assets as well as its competitive advantage in secondary education.

While an ageing population brings more pressure on services and an increasing demand for an aged care trained workforce, the cohort can also be viewed as an asset and an opportunity for the City. Older Australians are living longer and leading active lives where they participate in their communities and adopt life-long learning. Redlands is well placed to explore community based education and training services for this segment of the community.

The five strategies and specific actions in the report are prioritised according to potential economic returns, namely:

Strategy 1 Grow International Education. The strategy is intended to grow Redlands' international education footprint that will capitalise on the city's existing assets. It will involve a step by step approach and is underpinned by partnerships with other levels of government, education providers and private enterprise.

Strategy 2 Grow a University Sector. The strategy aims to increase university and tertiary presence in the city. While the Redlands does not meet the critical threshold to attract a full major university, there are diverse business models that can be adopted particularly one that is focused on using existing resources, is low cost and community responsive.

Strategy 3 Establish a Centre of Excellence in Education for the Ageing. The strategy is anchored on the education needs of city's older population. It also intends to explore a research and policy centre for education and the ageing which will place the Redlands at the forefront of key social and education issues that governments and communities will confront in the future.

Strategy 4 Develop a Health and Education Precinct. The strategy aligns with the Health Care and Social Assistance Action Plan which identifies the establishment of a Redlands Health and Wellness precinct. Adding an education component to the precinct is being recommended to further increase its viability.

Strategy 5 Engage the community in education and lifelong learning. This strategy includes a diverse range of sub strategies that will enhance other sectors including engaging with school sectors, improving access to vocational training sectors, working with University of the Third Age (U3A), and developing community accessible STEM options and alternative and foundation studies.

Each strategy includes specific actions which will require Council input in terms of funding, facilitation, partnering, regulation and advocacy.

Key to implementing the strategies is to undertake initial steps which involve:

- Identifying and supporting Education Champions to promote the implementation of the Education strategy;
- Creating a Study Redlands Groups (including above) to drive, support, coordinate and promote the Education and Training Industry Sector Strategy and Action Plan;
- Identifying and establishing long term, high level education relationships at Councillor/Mayor to CEO/President/Vice Chancellor level; and
- Plan for and develop a Study Centre within an Innovation Hub.

Successful implementation of the action plan is underpinned by strategic partnerships, community involvement and the development of a supporting culture of life-long learning.

STRATEGIC IMPLICATIONS

Legislative Requirements

There are no legislative requirements that affect the outcome of this report.

Risk Management

Identified risks to successful economic development in the City include:

- Failure to work in partnership with the business community, and other levels of government which will inhibit the delivery of the framework; and
- Failure to implement the action plan due to inadequate resourcing.

Financial

Implementing the Education and Training Industry Sector Strategy and Action Plan will have financial and resource implications for Council. A report identifying the future work program for delivery of the Action Plan, including financial and human resource impacts, will be prepared for Council's consideration. It is anticipated the program for the current financial year will be undertaken within the existing resource allocation and through business planning inform proposed operational expenditure in subsequent financial years.

The action plan will be used to advocate for new partnerships to attract new investments in the City that can positively impact on employment and economic output in this sector.

People

Implementation of the Education and Training Industry Sector Strategy and Action Plan will impact staff resources in the Economic Sustainability and Major Projects Group. A report will be prepared for Council identifying the forward work program and resource implications for delivery of the Action Plan, including for the current financial year.

Environmental

There are no identified environmental impacts.

Social

A strong and vibrant economy allows a community to reinvest its wealth back into the society that helped contribute to that growth. The well-being of people, the environment and the economy are intricately linked. Implementation of the Education and Training Industry Sector Strategy and Action Plan supports improved outcomes for community wellbeing, while driving business investment and employment generation in this sector.

Alignment with Council's Policy and Plans

Relationship to Corporate Plan

The Education and Training Industry Strategy and Action Plan supports Council's strategic priority of delivering a supportive and vibrant economy, specifically:

6.5 Growth in key sectors identified in Council's Economic Development Framework is supported through the development and implementation of action plans by the Industry Economic Development Advisory Board.

In addition, the Redland City Economic Development Framework 2014 – 2041 aims to:

- Provide opportunity for business investment and local employment;
- Develop a supportive vibrant economy that delivers business opportunities;
- Promote local jobs; and
- Strengthen the tourism industry.

CONSULTATION

Consultation in the development of the Education and Training Industry Sector Strategy and Action Plan was undertaken by Harris and Young Consulting and Giles Consulting with a number of stakeholders (see Appendix 1 of the report for a complete list) including:

- Councillor workshops;
- Redland Economic Development Advisory Board workshop, presentations and reporting;
- Interviews with key stakeholders from tertiary institutions (University of Queensland, University of Southern Queensland, Central Queensland University), local secondary schools (State and private) and TAFE;
- Interviews with representatives from international education and international relations sector including Trade and Investment Queensland (International Education); and
- Targeted discussions with officers from the Community and Cultural Services and Economic Sustainability and Major Projects Groups.

OPTIONS

Option 1

1. That Council receives the Education and Training Industry Sector Strategy and Action Plan; and

2. That the General Manager Community and Customer Services reports to Council within three months to outline the delivery and implementation schedule for the Education and Training Industry Sector Strategy and Action Plan including timeframes, accountable parties and corresponding budget and resource considerations.

Option 2

That Council notes the Education and Training Industry Sector Strategy and Action Plan.

OFFICER'S RECOMMENDATION

That Council resolves as follows:

1. **That Council receives the Education and Training Industry Sector Strategy and Action Plan; and**
2. **That the General Manager Community and Customer Services reports to Council within three months to outline the delivery and implementation schedule for the Education and Training Industry Sector Strategy and Action Plan including timeframes, accountable parties and corresponding budget and resource considerations.**

Redland City Council Economic Development Education and Training Industry Sector Report to Redland City Council

Andrea Harris: Harris and Young Consulting
Marilyn Sorbello: Harris and Young Consulting
John Giles: Giles Consulting International

May 2017

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Executive Summary

This report delivers education strategies and recommendations with an economic focus, with an understanding that the economic impact of education is two pronged:

1. Direct economic impacts from the education industry itself.
2. Economic impact through enhancing the skills of workers in all industries.

The following strategies are a result of considerable research and a comprehensive consultation process.

In addition to the strategies and associated actions there are general recommendations, summarised at the end of this document.

Each strategy has detailed actions which will require Council input within Council's range of roles of: funding, facilitation, partnering, regulation and advocacy. These actions are detailed in Section 9.

The strategies are offered in priority order with a high priority assigned to those with the highest potential net economic impact. They are, as much as possible, growth strategies which will deliver short, medium and long term benefits.

To limit the load on Council and ensure full community engagement these recommended strategies need to be underpinned with the development of a formal level of communication between the Redland City Council, industry sectors, government and the community. A focus on communication is key.

Key Considerations and Strategies

'Disruption' to Education

Education like most industries is facing **disruption**. With limited major infrastructure in the higher education sphere, in this respect Redland City has a clean slate. Any Education system put in place needs to be flexible to adapt.

Disruption is impacting on education at all levels:

- The impact of globalisation on education is threatening Australia's competitive advantage as one of the big four providers of education in English. Teaching English and teaching in English has emerged in a range of countries, particularly in Asia, raising the competitiveness of this industry.
- The internet is shifting learning to self-driven research eg YouTube. It is moving institutions more to assessment models. Massive Open Online Courses (MOOCS) and Massachusetts Institute of Technology (MIT) provide examples of learning on line and payment for assessment only.
- Mutual recognition of qualifications is being implemented at a global level.
- 40% of jobs in the next 10-25 years are likely to be automated¹ raising the demand for training in new skill sets.
- Two thirds of new jobs in the next five years are expected to come from five industries and one of these industries is Education².
- Accelerating changes in the job market leads to the need for regular update of skills and knowledge. Traditional education determined what the market **should** learn – it is being transformed into what the market **needs** and educators are not always in touch with this.
- Careers have moved from being linear to matrix requiring people to carry a portfolio of skills and knowledge, which need regular update.

¹ CEDA. Australia's future workforce? 2015, [Http://adminpanel.ceda.com.au/FOLDERS/Service/Files/Documents/26792~Futureworkforce_June2015.pdf](http://adminpanel.ceda.com.au/FOLDERS/Service/Files/Documents/26792~Futureworkforce_June2015.pdf)

² Jobs Growth in Queensland; Trends and prospects, 2016

- Casualisation of the workforce is limiting business commitment to provide training.
- Increasing automation is threatening to widen the economic gap between the well and poorly educated, as the impact of automation is greatest in lower level jobs.

These impacts of accelerating ‘disruption’ in education have been fully considered in developing a range of flexible education strategies which will provide Redland City: with an economic return; with a relatively low cost entry to market; and the agility to adapt to changing demand.

Summary of Strategies

All strategies require strong community involvement and commitment, and the development of a supporting culture of life-long learning.

Strategy 1 Grow International education

Step (1) Study tours (Refer Appendix 4 Study Tour example)

Step (2) ESL and RTOs

Step (3) Schools

Step (4) Tertiary and Vocational

Strategy 2 Grow a university sector

Initial development of a Study Centre

Strategy 3 Establish a Centre of Excellence in Education for the Ageing

Strategy 4 Develop a Health and Education Precinct

Strategy 5 Engage the community in education and life-long learning

5.1 Increase engagement with the school sector

5.2 Increase access to the vocational training sector

5.3 Increase engagement with, and support for, U3A

5.4 Develop a community of accessible STEM options

5.5 Develop community access to alternative and foundation studies sector

These strategies are listed in priority order. The first two provide the highest potential economic return and are based on commercial partnerships. They are also designed to grow in a logical sequence, adapting to meet growing market demand.

The third strategy while providing Redland City with a return also puts the city on the research and policy map in a relatively green field.

Strategy 4, including education in the Health Precinct, provides sound returns and support for an ageing population and growing aged care and health systems.

Finally, the fifth strategy encompasses a range of sub-strategies which will enhance existing sectors and support the full Education Strategy and Action plan.

Of significance to all these strategies and actions is the recent Redland City Council plan to develop an Innovation Hub. This would provide a focus and bring together many facets of this Education Industry Strategy and Action Plan. For example, incorporating the Study Centre within the Innovation Hub would provide economic and education synergies which could further encourage TAFE, RTOs and universities to work together in this space.

Before addressing any of the education strategies and their associated actions there are some initial and general actions that should be undertaken.

Initial and general Actions

- 1 Identify and support Education Champions to promote the implementation of the education strategy.
- 2 Create a Study Redlands Group (including above) to drive, support, coordinate and promote the Redland City 's Education Strategy.
- 3 Identify and establish long term, high level education relationships at Councillor/Mayor to CEO/President/Vice Chancellor level.
- 4 Plan for and develop a Study Centre within the planned Innovation Hub.

1 International education

The key findings to consider in developing an international education profile for Redland City are:

- The Australian Bureau of Statistics (ABS) valued exports from international education at \$18.8b, making it Australia's third largest export³.
- Queensland international education is increasing and revenue for 2015-16 was \$2.97b⁴.
- Queensland is distinct from the other states in that its market is not purely capital city based, but it is dispersed across the regions. This is further supported by The Queensland Department of Trade and Investment's *International Education and Training (IET) Strategy to advance Queensland 2017-2026*, which has four foci and one is 'Strengthening the Regions'. This IET strategy has funding of \$25.3m over the next five years. There are funding opportunities for Redland City with the proposed business growth model.
- Redland City has a minute part of this lucrative international education market.
- The lack of a Homestay system is put forward as a major obstacle, however this can be overcome through a systematic approach with the use of existing commercial models.
- Redland City has a range of features which would make it an attractive proposition to many international students. These include: an Australian community-based experience; diverse beautiful landscapes; access to an Indigenous culture; potential for edu tourism (education tourism - tourism with an education focus) growth and affordable accommodation.
- Easy access to a large city, which is a significant advantage.
- There are international education business models suited to growing the Redland City international education footprint.
- There is significant good will from commercial and Government organisations to support Redland City's growth in the international education sector.

Strategy 1 - Grow International education

The proposed model of growth in this sector is based on a low investment and step by step process. It is designed to attract commercial operations into the area and currently available Government funding. Building the Study Tour sector is the first stage.

The second stage would be the introduction of commercial English Language School(s) teaching English as a Second Language (ESL) and attendant vocational qualifications through Registered Training Organisations (RTOs). RTOs are often incorporated within English Language Colleges. These qualifications provide pathways to university, which are attractive to international students (see Strategy 2 Grow a University Sector).

³ Australian Government, The Value of International Education to Australia. Prepared by Deloitte Access Economics.

⁴ ABS, International Trade in Services. Cat 5368.0.55.003

English Language Colleges also provide pathways to schools that wish to be involved in International education. This reduces the need for schools to do their own marketing. Currently not all schools are prepared to undertake international education, however this may change with the growth of the local industry and support system.

The Council's role in these stages is largely advocacy, partnerships with commercial business and facilitating the smoothing of the bureaucratic path. The importance of Council's role in smoothing the path cannot be over-emphasised. The Principal of the Australian Industry Training College (AITC) had several offers to place his second campus within other LGAs but when it came to action RCC "made it happen".

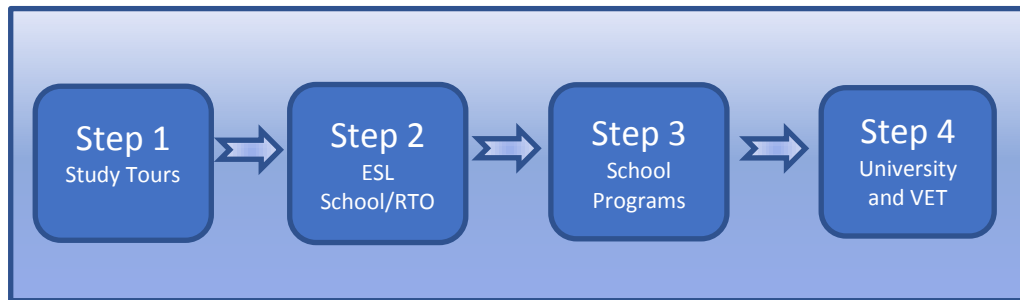


Figure 1 Redland City pathway to an increased International Education footprint
Underpinned by partnerships and community

Specific actions listed in the action plan, such as establishing commercial and government partnerships and developing funding applications, will be overseen by the Study Redlands Group. The establishment of the Study Redlands Group is one of the first actions in this Education Strategy and Action Plan.

2 University Sector

In considering the development of a university sector within Redland City there were a number of key findings:

- Redland City has only a very small tertiary presence and no university campus.
- Currently most Redland City students go to Griffith, QUT and UQ.
- Redland City's low population does not meet the threshold to attract a full major university campus. For this, a population of 500,000 is consistently mooted.
- Changing technology and workforce structures have led to accelerating disruption in education including to the centuries old model of 'The University Campus'. A multitude of alternative models are emerging, these include:
 - Satellite campuses in smaller regions, sometimes government driven to service isolated communities or university driven to confirm their footprint
 - Campuses placed in smaller towns to reinforce a university's footprint
 - Campuses integrated into the community – generally the town or city centre
 - Industry based campuses – eg a university hospitality faculty basing itself within a hotel, or a nursing faculty sharing a campus with a hospital
 - Online campuses
 - These universities allow for a truly global foot print – eg MOOCs, MIT
 - Introduction of online 'assessment only'
- The local universities are collaborative and highly competitive. If one moves into the area all others know and may react.
- Universities interviewed showed a great deal of interest and good will towards Redland City seeking a university presence but offered limited commitment.

- There are university business models, which will allow an adaptable and step by step introduction of a university campus into the Redland City using the existing resources of the CBD.

These key findings have led to the following strategy and actions.

Strategy 2 - Grow a university sector

Actions:

1. Identify Higher Education Champions. Recommended: 1. the Mayor 2. Community 3. TAFE 4. Secondary school sector 5. Experts in the university sector 6 Community (U3A) and from this create a Higher Education working group to advocate on behalf of Redland City and coordinate the introduction of a Higher Education presence in Redland City.
2. Identify strategic and operational university partner(s), followed by identifying suitable vocational provider(s) prepared to support the generation of a Study Centre (Preferably within the planned Innovation Hub) for students enrolled in online courses, as a first step in incorporating a University presence in the CBD.
3. Develop a plan for initiation and growth with the education providers – consider incorporating this into the RCC Library. There are examples of this growth strategy which can be used as guidance for planning.
4. Option 1: Provide and support space and administration of Study Centre, allowing for involvement of many education providers.
Option 2: Negotiate the lease or purchase of Study Centre facility by a specific university. The latter is less costly but less flexible.
5. Engage CBD business operators in the planning stage.
6. Develop an information prospectus to take to prospective universities to encourage investment in Redland City.

3 Centre of Excellence in Education for the Ageing

In terms of ageing, Redland City is in advance of the general population with a median age older than that of Queensland. This gap is set to widen.

The ageing population is a national issue and Redland City is well placed to lead research as to how the perceived issues of an ageing population can be overcome, and the cohort utilised as an asset. There are many health and ageing centres but not education and ageing centres.

The following are the key findings with regard to Redland City and its ageing population:

- People are living and working longer and are better educated and healthier than those in the past.
- The vast majority of older people are not sick, and do not live in aged care accommodation.
- Having a healthy mind contributes to a healthy body and is likely to reduce total health costs by keeping older people moving, involved and socially engaged.
- Education on health issues has been shown to reduce the impact of ageing diseases.
- Redland City has a strong community based network of aged care facilities.
- Redland City has a highly successful U3A organisation.
- Regional economic development analysis finds the most productive pathway is to build on local competitive strengths and expertise and then export those goods or services to gain economic benefits.
- Redland City is well ahead of the national trend of an ageing population which is a national issue not being systematically researched or addressed at a national level.

- Current education policy focus is on the under 25s. Only 1% of the education budget is currently spent on the oldest third of the population⁵. With general 'Disruption' and people living, and working longer, Redland City is at the leading edge of a wave that will affect every aspect of Australia's future economic and social policy.

Strategy 3 - Establish a Centre for research for education and the ageing

Actions:

- Develop a summary advocacy sheet and business case highlighting the value of a Centre of Excellence in Education for the Ageing being established in Redland City.
- Advocate to and attract a university research centre or a Commonwealth or State institute to fund and operate the facility.
- Develop the plan for the Establishment of a Research and Policy Centre for Education and the ageing primarily on economic (including health) impacts of education.
- Use Redland City as the pilot location for the establishment and evaluation of education and training programs for all Australians.
- This strategy could be aligned with the Innovation Hub or the Health and Education precinct and utilise U3A.

Health and Education Precinct

There is a proposal for a Health Precinct within the draft RCC Health Strategy and Action Plan. It is further proposed here that to increase the viability of this Precinct, it becomes a **Health and Education** Precinct. With regard to the health and education industry the following are the key findings of this study:

- Two thirds of new jobs in the next five years are expected to come from five industries and two of these industries are Health and Education² which will increase demand for health training.
- The introduction of the NDIS (National Disability Insurance Scheme) across Australia is expected to create between 60,000 and 70,000 new FTE jobs over the next 3 years. This will increase education demand in allied health education.⁶
- The ageing population, and the even more significant ageing of the Redland City population, together with the network of aged care homes in Redland City is increasing demand for aged care training as well as in health support areas such as Pilates and yoga instructing.
- The health industry needs a broad range of education beyond medical training. This includes training in: management, administration, facilities management and maintenance and cleaning, as well as self-management, and wellbeing areas of recreation and exercise.
- There is an appropriate location for the development of education facilities.
- Attracting universities and RTOs will be significantly easier if they do not have to commit to major construction and can lease flexible space.
- The viability of the proposed Health precinct will be greater with the addition of an Education precinct and the Centre of Excellence in Education for the Ageing (refer Strategy 4).

Strategy 4 - Create a Health and Education Precinct

Develop a health and education precinct on the site defined on the Redland City Council City Plan. The actions in this strategy are highly dependent on the Health Care and Social Assistance Strategy and Action Plan.

⁵ <https://www.theguardian.com/education/2009/jan/20/furthereducation-longtermcare>

⁶ National Disability Insurance Scheme (NDIS) Costs, Productivity Commission Issues Paper

5 The Community and Lifelong learning

Strategy 5 - Engage the community in education and lifelong learning

5.1 Increase engagement with school sector – Key findings:

- Redland City education has a strong base as the fourth largest employment sector (based on Full Time Equivalent) and as a contributor of 4.4% of the City's output⁷. Given the lack of a university this figure relates largely to schools.
- Community and industry perceptions are of a strong school sector. Generally, school results are good with many of the schools differentiating themselves with specialised programs.
- Redland City has 31 schools catering for over 23,000 prep to year 12 students. Perceptions through discussions with key players to date are that the school sector is strong. Secondary schools include 5 state high schools, 4 independent schools and one catholic school. There are 23 primary schools and 3 specialist schools.
- Some schools have agreements with universities and provide senior students access to university programs in year 12 but most schools do not.
- There is a large well established TAFE campus in Alexandra Hills, which includes an alternative and successful Senior Studies program focused on year 11 and 12. It has over 200 students.
- Consultation with school principals revealed a perception of scope for much better communication between the RCC and the education sector. There needs to be increased formal and informal interaction to increase understanding of each other's roles to increase mutual support.

Actions:

- Create formal communication structures to improve communication, understanding and support between schools and the Redland City Council.
- Incorporate school involvement in the development of all proposed education strategies.
- Include Schools in the development of the Study Centre to encourage transition from school to tertiary training within the Redland City
- Request TAFE to be part of the Study Centre (Preferably within the Innovation Hub) to include their Senior Studies program.

5.2 Increase access to the vocational training sector – Key findings:

- There are few RTOs operating within the Redland City. TAFE located at Alexandra Hills is by far the major player. This TAFE campus has long been perceived as difficult to access and a move to a new facility at Cleveland has been discussed for over 10 years. The Alexandra Hills campus has now been deemed as 'not fit for purpose' and as such may be upgraded or moved.
- With either outcome in mind there is an opportunity for RTOs, TAFE in particular, to be part of the strategies within this plan. Of most relevance would be the inclusion of TAFE as a major player within the Study Centre in the Cleveland CBD, as described in Strategy 2.

There is demand for vocational education within Redland City being serviced by Brisbane. This is partly due to: the attraction of a modern campus in Brisbane; limited vocational offerings and RTOs in the area; and the difficulty of access to the local Alexandra Hills TAFE campus.

Actions:

- Provide opportunities for RTOs, and TAFE in particular, to be a key part of a range of the above strategies particularly:
 - Strategy 1 Grow international education

⁷ Workforce demand and supply analysis for Redland, National Institute of Economic and Industry Research (NIEIR)

- Strategy 2 Grow the university sector. Note TAFE has a number of university partnerships and the capability to deliver a range of university level programs. As such they could contribute both vocational and higher level programs within a Study Centre. This would be made more attractive to TAFE Queensland if the Study Centre was an integral part of the Planned RCC Innovation Hub.
- Strategy 4 Develop a Health and Education Precinct. There are opportunities here for the delivery of allied health skills training as well as training covering general organisational needs such as cleaning, facilities management and business administration.

5.3 Increase engagement with and support for U3A – Key findings:

- U3A is particularly strong within the Redland City with strong leadership and 2000 members. This needs to be viewed as a resource, not just a ‘Community organisation’ to be serviced. It would be valuable to incorporate the skills within this large group within several of the strategies listed, including the creation of a Study Centre and as mentors within the Redland City’s proposed Innovation Hub.

Actions:

- Incorporate the U3A into the above strategies. In particular
 - As users and as a resource in the initial development of a Study Centre
 - Utilise U3A members as mentors within the Innovation Hub
 - Utilise U3A members’ skills and knowledge within the Centre of Excellence in Education for the Ageing
- This is a green field and places Redland City ‘on the map’ in providing leadership in a poorly addressed area of education and the ageing

The benefits of this include:

 - Moving from a culture regarding the aged as a liability to realising the aged as a resource
 - Cross generational knowledge transfer
 - Increased health of the aged through increased mental and physical activity, reducing the demand on the health sector
 - Achievement of this strategy turns a perceived weakness into a strength for Redland City

5.4 Develop community accessible STEM options – Key findings:

- The open space within Redland City encourages Technology initiatives requiring space. This includes drone training already underway by QUT and TAFE as well as high tech horticulture.

Actions:

- The creation of a network of the existing STEM strategies within the Redland City and linking them to the proposed Redland Innovation Hub will provide several benefits including:
 - An increase in the education credibility of the Redland City
 - Enabling the cross fertilisation of ideas from STEM education and research initiatives
 - Encouraging entry of other STEM educators and researchers

5.5 Increase community access to alternative and foundation studies – Key findings:

- There are already several alternative and foundation study centres within Redland City. TAFE Queensland has an outstanding record in its Senior Studies program (year 11 and 12) at Alexandra Hills campus. There are also other support centres in that area such as The Sycamore School (based on the same TAFE campus) servicing primary students with Autism, and the Horizon Centre.
- TAFE has a strong range of foundation courses.
- The returns on investment in foundation and alternative education for those who are at risk of dropping out of education are high. There is a large increase in employability and productivity for a small amount of additional education at this level, providing significant return.

- While foundation education is often seen as a 'community obligation' it needs to be viewed as an economic imperative, given the negative impact of low education on participation and productivity within the economy.

Actions:

- Provide a supportive and coordinated approach to these foundation programs, including marketing to raise their status and increase their uptake.
- While the economic impact of this initiative may not be seen in the short term, it will enhance participation and productivity within the economy and reduce costs to the community in the longer term.

1 Introduction

Project scope

In summary, the project scope is to develop:

- 1 Education and Training Strategy and
- 2 Action Plan

for the consideration of Redland City Council and the Economic Development Advisory Board (EDAB).

It was made clear at the outset that strategies and actions needed to be focussed on areas where Council has the capacity to act or influence at a very practical level.

Background

Redland City Council established the Economic Development Advisory Board (EDAB), which is now responsible for leading the implementation of the *Redland City Economic Development Framework* and to chart a course to achieve 30,000 new jobs and increase the city's gross regional product to \$6.8 billion by 2041.

Reflecting Council's goals for economic growth and its slogan *Open for Business*, the Framework focuses on enabling growth of existing businesses as well as attracting investment and development across eight industry sectors:

1. Construction
2. Education and Training
3. Financial and Insurance Services and Professional, Scientific and Technical Services
4. Health Care and Social Assistance
5. Manufacturing
6. Retail Trade
7. Rural Enterprises
8. Tourism

Detailed Action Plans will be developed for each of these sectors. The Tourism Strategy and Action Plan 2015-2020 has already been developed in conjunction with industry. This report provides the next piece of the integrated strategy with the Strategy and Action Plan for the Education Sector.

The Education Sector is crucial with its two-pronged impact on the economy. These two prongs of impact are:

1. *First, the economic flow from the education industry itself. That is, the economy created by educational institutions, employment and through drawing students into the area - particularly international students.*
2. *Secondly the employment and economic benefits for all industries in having access to workers with higher skills. There are then financial cascading effects of higher wages for skilled workers, higher disposable incomes and higher spending.*

The Board recognised the existing strength of quality primary and secondary education within their boundaries. The city also has a campus of TAFE Queensland Brisbane at Alexandra Hills. However, the Council recognised they need more to keep and draw in students.

The body of work represented in this report identifies existing strengths, opportunities and barriers, which need to be overcome to take the local education industry forward.

A broad range of creative strategies have been developed for education and training to fully contribute to the achievement of Redland City's economic development objectives.

Economic Development Framework and its implications

The RCC Economic Development Framework (EDF) provides the context for consideration of the economic drivers for meeting education and training needs; the opportunities to grow the sector and how the provision of additional depth and range of skills and qualifications can contribute to the economic development of Redland City and an increase in the socio-economic well-being of the residents.

Specifically, the EDF seeks to achieve the following in the period 2014 to 2041:

- Redland City will have a population of 206,000 by 2041 with annualised average growth of 1.2%
- 30,000 jobs will be created in the City to 2041, with a workforce of 74,000
- The Redland City economy will be worth \$6.8b by 2041
- The Tourism sector will contribute 2% of City economic output

Stretch targets are also included as follows:

- Creation of 40,000 local jobs
- The economy worth \$8b
- Tourism to contribute more than 3% of GRP

Against these targets, the starting point metrics were:

- Population of 145,500 in 2012 growing at 2.1% per year from 2001 to 2012, but more slowly at 1.3% from 2009 to 2012
- Local employment of 42,000 jobs in 2012/13
- The city economy estimated at \$4.66b in 2013
- The Tourism sector contributing 1.4 % of City economic output in 2013

The starting points and targets imply average annual rates of growth to 2041 of:

- Population 1.22%
- Local employment 1.87%
- Economic output at 1.36%

The internal coherence of these objectives is particularly important. The existing situation, the targets and the rates of growth needed, set the broad parameters for consideration of needs and opportunities in the education and training sector. The population size, growth rate and significantly the markedly increased average age in the projected age profile will have significant impacts on education strategies required. The older population will drive much of the profile of the type and volume of local education and training services required.

Beyond this local demand there are opportunities to reduce the loss of students to other areas and to encourage exports of education and training services, that is to encourage a flow of students into the area.

2 Methodology

With a brief to develop the *Redland City Education and Training Industry Sector Strategy and Action Plan* the project has been shaped into 5 stages.

Stage 1 involved the gathering of information and data and the analysis of this. Information was collated from the significant volume of published works, ABS and other data and the knowledge analysis of a range of key Redland City based stakeholders. This resulted in draft strategies, which were presented to the RCC Economic Development Advisory Board (EDAB) for discussion. This discussion provided some recommendations for further consultations and was followed up with an Interim report documenting the analyses, findings, SWOT and draft strategies to that point.

Stage 2 was the comprehensive consultation and engagement of industry stakeholders from within and outside of the Redlands City. Those consulted included:

- University Vice Chancellors/Presidents
- TAFE Queensland Executives
- Department of Trade and Industry
- Department of Education – International Education
- Members of the EDAB
- School principals
- Commercial International Education operators - ESL and Study Tours
- Redland City Mayor
- Redland Council International Ambassadors
- Executive Director of International Education, Department of Trade and Industry
- Council officers
- Ex Deputy Director General of Education
- CEO Regional Development - Redlands and Logan
- Chamber of Commerce and major employers
- Community organisations including the University of the Third Age (U3A)

For a full list of consulted stakeholders refer to *Appendix 1 Stakeholders and consultations*

Stage 3 was the development of the strategies and their associated action plans. This development was done in the knowledge that the Council's funding capacity and power to enforce activities is limited.

Strategies were analysed for the degree of Council input required, in terms of time and funding commitment within the role they could play. The estimations were made in the knowledge that Council is confined to the active roles of: to advocate, regulate, partner, facilitate and deliver or fund, as illustrated in Figure 2 Hierarchy of Council roles, Source: Noosa Shire Local Economic Plan, 2016⁸.



Figure 2 Hierarchy of Council roles, Source: Noosa Shire Local Economic Plan, 2016

⁸ Noosa Shire Local Economic Plan, 2016

The returns on Council's investment for each strategy were estimated in terms of benefits attained in relation to the key objectives sought in the Economic Development Framework. Based on the estimations of input and benefits, the strategies were prioritised and are presented in that order in Section 9 *Strategies and Actions*

Stage 4 was the presentation of these prioritised strategies to the EDAB in a workshop format. Following changes based on this workshop it was then presented to the Redland City Council.

Stage 5 is the completion of the final report to be submitted by May 24th, 2017.

3 Education and Economics

Conceptual Framework – Population, Participation and Productivity

The links between population, labour force, employment, productivity and GDP at the national level are outlined in the following chart. At the regional level, Redland City needs to address the same concepts and relationships. Redland City is a very open regional economy with very close economic links with Brisbane City. This means the in and out flows of productive capacity are much more important in scale than those for Australia.

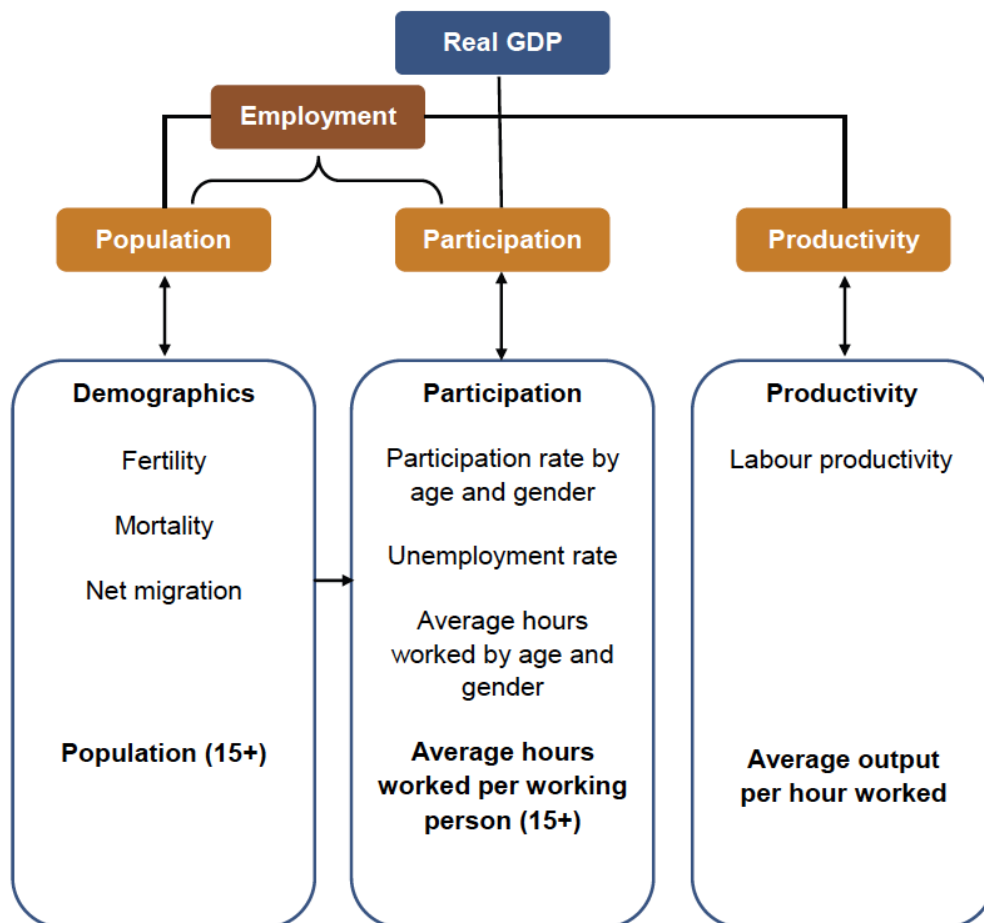


Figure 3 3Ps framework for real GDP
Source: Intergenerational Report 2010.

This framework provides an underpinning for the consideration of the forecasts of population, age structure impacts on participation, employment and the overall effect on Redland City GRP.

Economic structure as drivers for education and training

Governments invest significant sums in education and training to achieve social, cultural and economic objectives. More recently Commonwealth and State Governments have clearly focussed on the **economic** benefits of education, with education and training seen as key ways to increase economic productivity.

High level government strategies, such as in recent Intergenerational Reports, have addressed the challenges raised by an ageing population and have focussed on the 3Ps: **Population; Participation** and **Productivity**.

With an ageing and growing **population**, a key challenge is to grow Australia's human and social capital by enhancing the skills and opportunities. Investments in Australia's skills and infrastructure base will lead to

a lasting improvement in both **participation** and **productivity**.

On average, higher levels of education increase participation, productivity and earnings for individuals. Higher educational attainment is associated with lower levels of unemployment and higher wage levels.

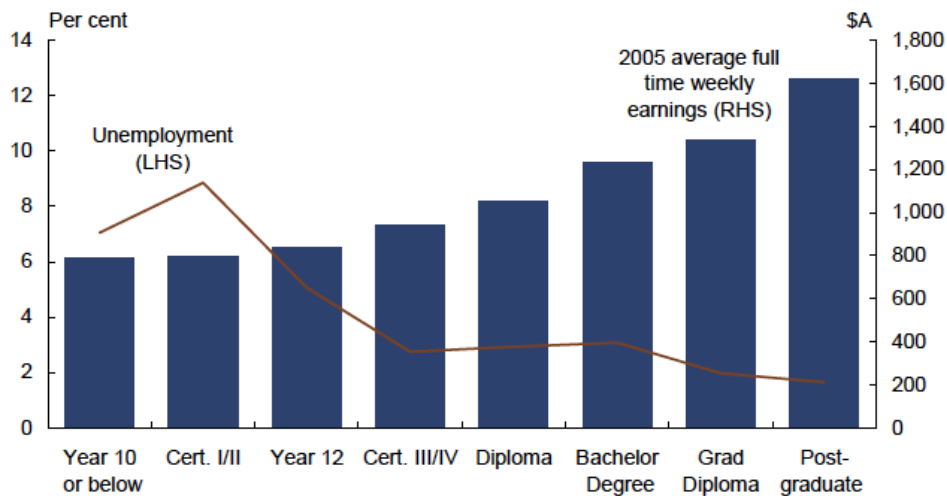


Chart 1 Association of Education with Employment Outcomes – Australia

Source: Commonwealth Intergeneration Report

The application of this broad relationship to the Education and Training Strategy and Action Plan is captured within the second of the two prong objectives for the strategy, that is, develop the economy by strengthening education and training qualifications and skills in Redland City.

The economic and education link is the key as higher and deeper education and training qualifications and skills are positively and strongly associated with the following:

- Higher labour force participation
- Higher productivity
- Lower unemployment
- Higher income
- Concentration in some industries, such as Health, Education, Public Administration and Professional services for degrees and Manufacturing and Construction for VET qualifications and
- Concentration in certain occupations such as Managers, Professionals for Degrees and Diplomas and above, and Technicians and Trade workers and Machinery operators and Drivers for Certificates.

In addition, higher education and training qualifications and skills are positively but weakly associated with longer hours.

The 3Ps economic strategy also responds to the fact that older populations are strongly and negatively associated with labour force participation, income and consumption, all of which make it more difficult to achieve the RCC EDF objectives.

The Australian Workforce Productivity Agency undertook a literature review of the association between formal and workplace based informal learning and individual and macro-economic outcomes.

⁹ The report found:

“Numerous studies have examined the association between learning (including formal learning and non-certified learning) and productivity. On balance, the literature tends to find that learning has a significant and positive effect on productivity both at the micro (individual or firm) and macro (economy) level.”

⁹ Australian Workforce Productivity Agency. Human Capital and Productivity Literature Review. 2013

The following charts illustrate the relationship between qualifications and employment for Australia in 2015. People in the labour force with higher qualifications are much more likely to be in employment than those without non-school qualifications. The marked dividing line is at the Certificate III and IV and above qualification level.

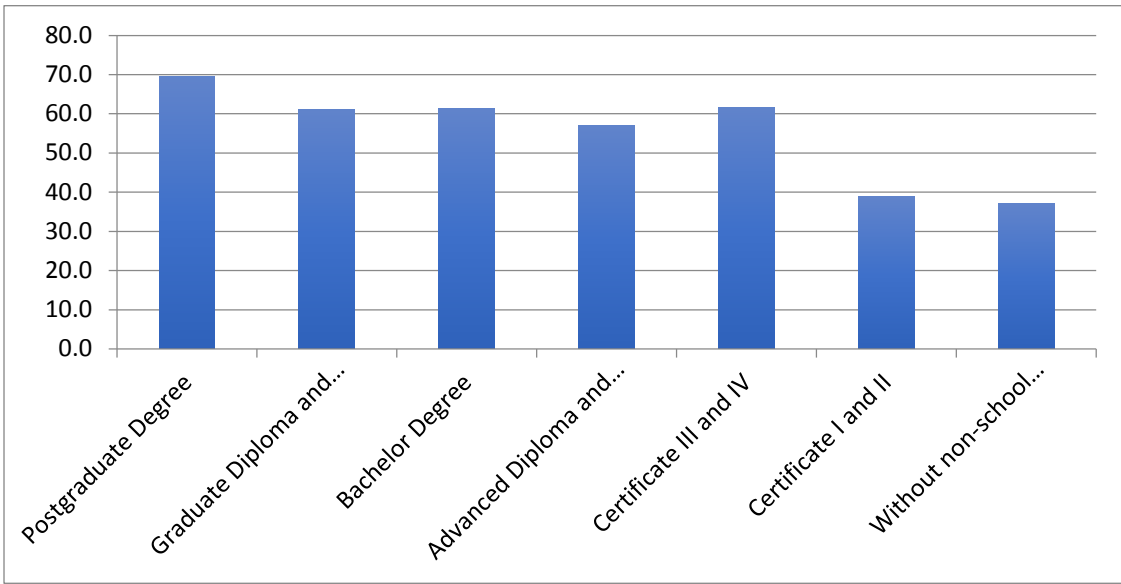


Chart 2 Relationship between full time work and qualifications, Australia 2015 (% persons)
 Source: ABS Qualifications and Work, Australia 2015

Similarly, the people in the labour force with Certificate III and IV and above qualification level are much less likely to be unemployed than those without those qualifications. Having a Certificate I or II offers no advantage over those with no post school qualifications. They do however provide an effective foundation for progression to Certificate III and above. (Note: Certificate III is a vocational certificate at the qualification level of Year 12¹⁰)

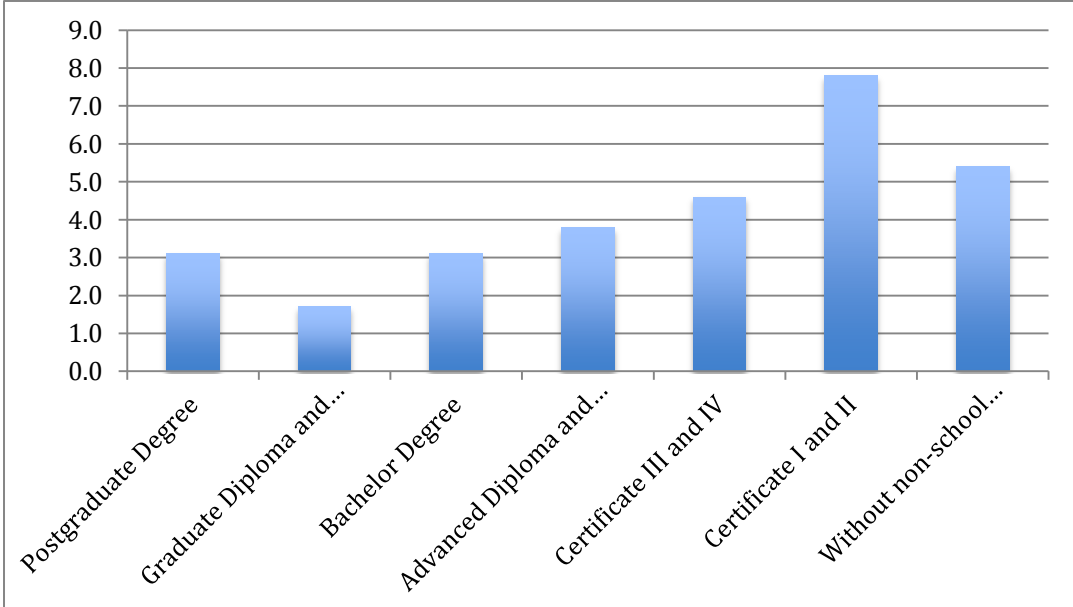


Chart 3 Relationship between unemployment rate and qualifications Australia 2015 (% persons)
 Source: ABS Qualifications and Work, Australia 2015

¹⁰ Australian Qualifications Framework

The following chart shows the spread of qualifications by industry in Redland City at the 2011 Census. The industries with higher proportions of their workforce with bachelor degree and above include Health, Education, Professional services, and Public Administration, as is the case for Australia. A high proportion of these industries comprise public sector employment. Certificate III and IV qualifications are most common in Construction and Manufacturing as with Australia, but also in Health and Retail. The *Not applicable* are in the main those with no post school qualifications.

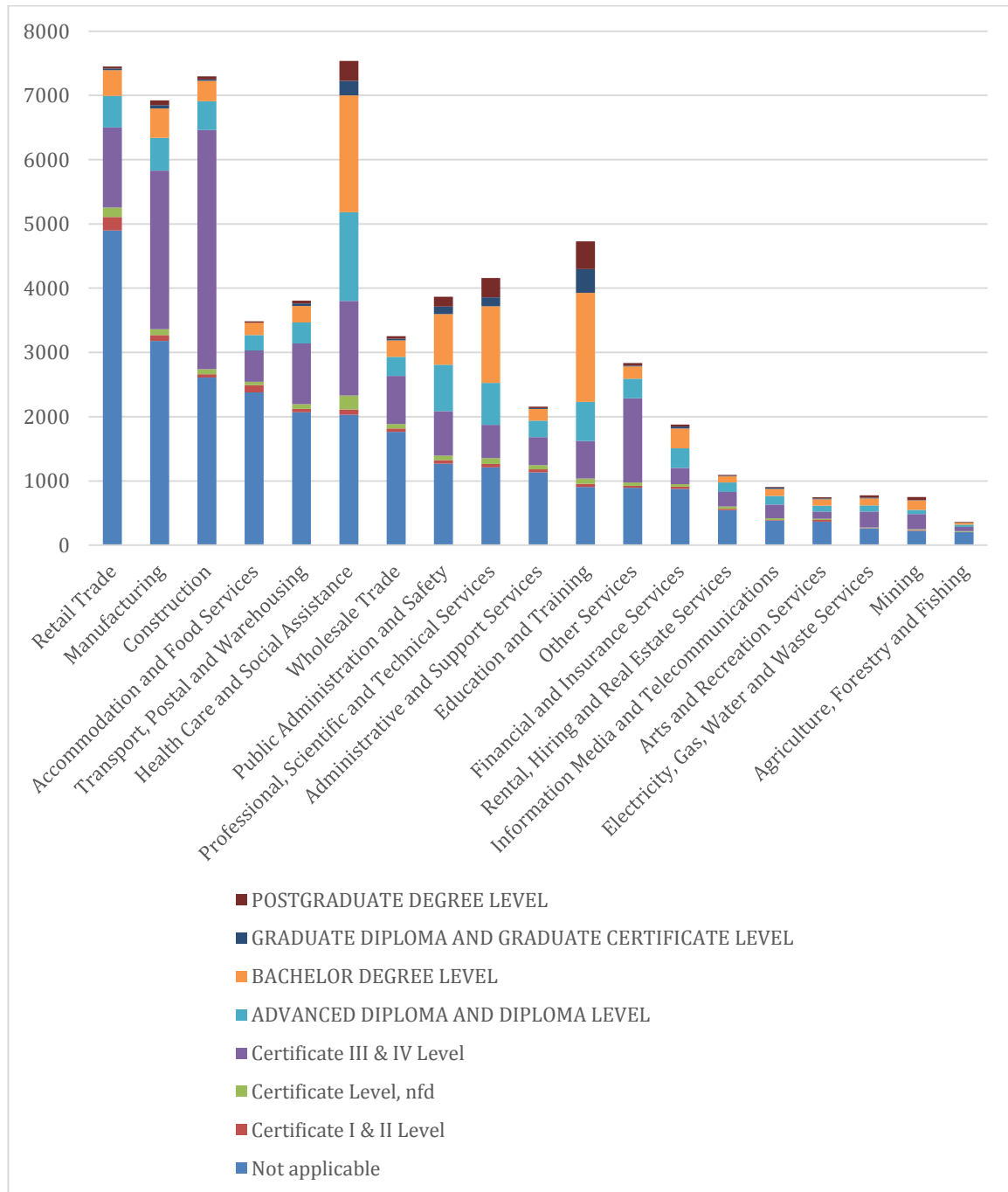


Chart 4 Qualification distribution for each industry - Redlands – Number

Source: ABS 2011

On a percentage allocation basis, the following chart shows that the industries with the highest proportion of their workforce with no post school qualifications are Accommodation and Food Services (68%), Retail (65%), Transport and Warehousing (55%).

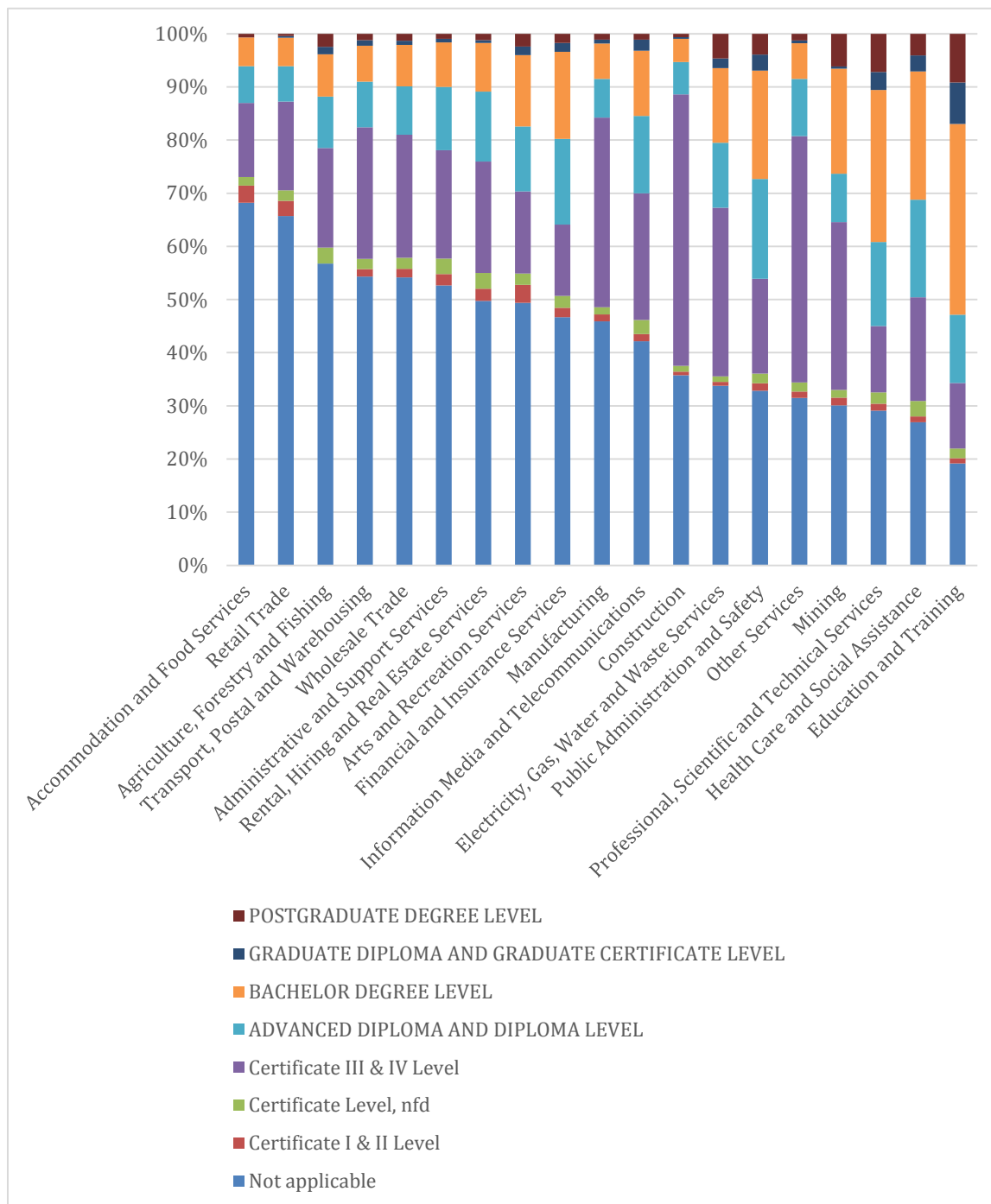


Chart 5 Qualification distribution for each industry - Redlands – Percentage

Source: ABS 2011

For Redland City, the clear link between income and qualifications is shown in the following chart. Those with the higher qualifications have on average much higher incomes than those on lower level qualifications and those without post school qualifications have the lowest incomes.

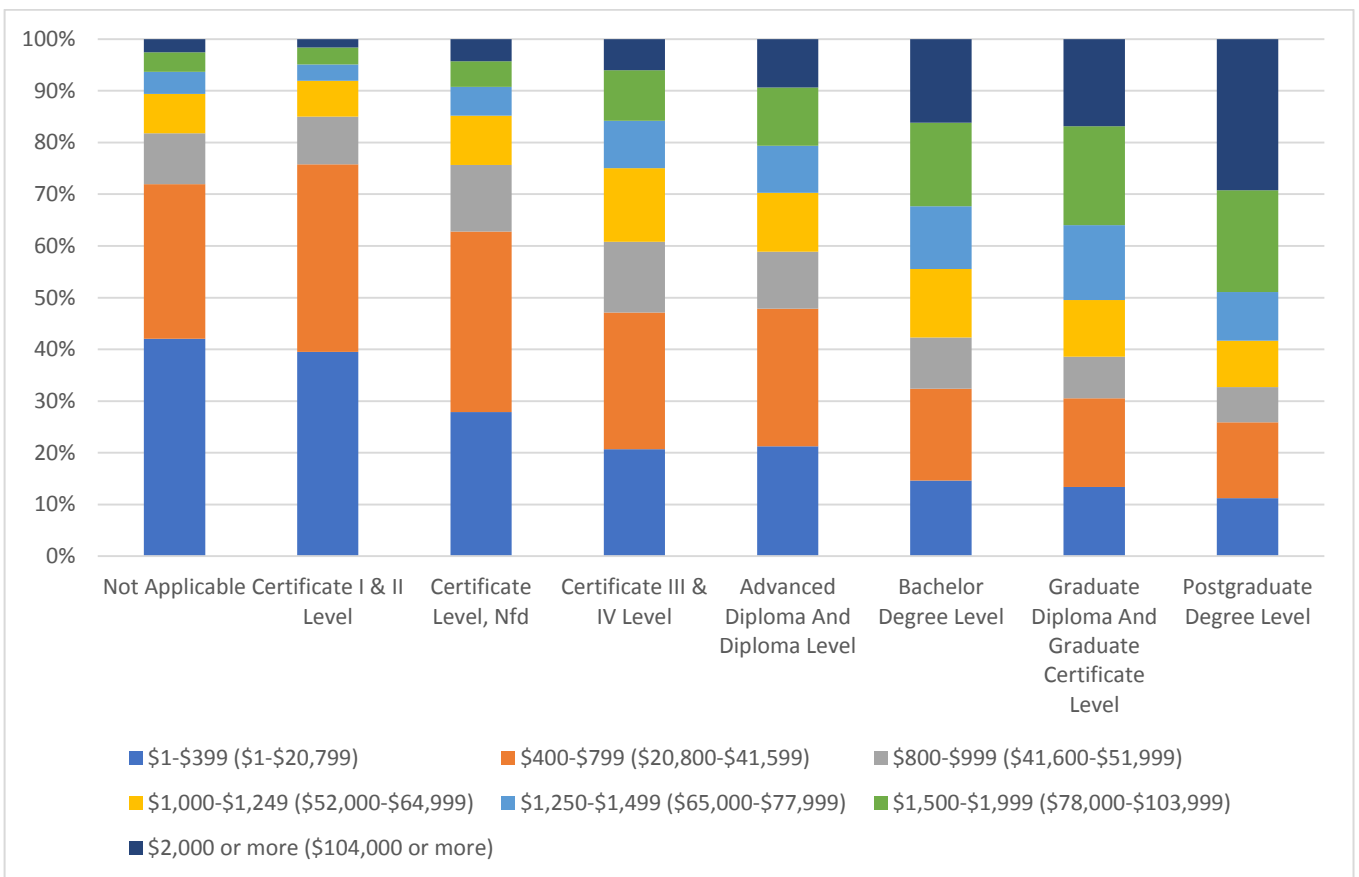


Chart 6 Redlands Labour Force, by education and income

Source: ABS 2011

The most direct links between education and training inputs and the Redland City GRP objective are through the following:

- Within the existing industry and occupational mix, higher labour force participation leads to more hours, higher productivity, lower unemployment, higher income and higher consumption
- With a change of industry and occupation mix towards those industries that have higher densities of qualifications and skills that typically also have higher incomes
- Through the link of employment to income via the income method of measuring GRP

Actions to consider

- 1) *As employment data by industry and occupation is readily available and provides the most useful proxy for GRP, it should be the focus of initial KPI measurement for the RCC Strategy and Action Plan.*
- 2) *Redland City needs to focus on those education/economic links that will best (most productively, effectively and efficiently) lead to achievement of EDF objectives including GRP, exports and jobs.*
- 3) *Strategies to achieve the points above are largely within the EDF but need to be sharper and more focussed with clearer pathways between the situation now and the EDF objectives for 2041.*

Industry linkages

The Education sector demonstrates three main linkages with other industries, two direct and one indirect:

- Direct Input linkages. These are the services required by education to continue functioning eg cleaning. These are discussed below.
- Direct Output linkages. These are the impacts increasing education has on other industries.
- Indirect linkages relate to consumption by members of the education industry and is also discussed below.

Direct Input linkages. The Education and Training industry has few significant 'input' inter-industry linkages apart from with the Government and Household sectors. The reason for this is that a very high proportion of Education and Training expenditure is on wages and most income for the education and training industry comes from Federal and State governments. The main cross industry linkages are with Cleaning services, IT, Books and paper and Construction.

In the case of Redland City, cleaning services are likely to be provided locally, but most IT products and services, books and paper will be imported from other Queensland Regions, interstate or internationally.

The opportunity to increase the direct industry linkages with the Education and Training industry is to ensure that Redland City businesses be aware of, bid for and win tenders to provide goods and services to state government or private schools in Redland City. Building industry capability in the other industries in key target areas is the key.

There may be scope for Redland City Council to provide some form of local priority for Redland City residents in its hiring practices. Schools have raised this issue in relation to the employment of apprentices and trainees by the Council.

Action to consider

- 4) *Review the potential for large tenders and contracts within the industry, such as cleaning contracts, to be allocated locally.*

Direct Output linkages. The impact of education on other industries has been well discussed in the explanation of the two-pronged economic impact of education – i.e. the impact of the economic flows from the industry itself and the impact it has on raising the skill level in other industries. For Redland City, this is particularly relevant for Tourism.

Redland City Council already has a Tourism Strategy and Action Plan¹¹. It clearly identifies challenges in attracting and retaining semi-skilled and skilled staff to the industry. Such linkages need to be clearly articulated and acted upon.

Actions to consider

- 5) *All Redland City industry strategies should include a Strategy to address skill gaps, i.e. an industry education and training strategy.*
- 6) *Develop a strategy specific to Tourism to address identified skill gaps. This may include a model embedding training and assessment within the industry.*

The indirect industry linkages provide greater scope for Redland City, given the high proportion of wages within the industry, accounting for 84.1% of the contribution to Gross State Product (GSP) for that industry. Growth in employment and the level of employment self-containment are the keys.

The background population growth in the relevant age groups is a key determinant as in 2011 some 80% of all employment in the Education and Training sector was in Pre-School, Primary and Secondary education. More children at school means more jobs in the industry and the scope for increased local expenditure by staff.

¹¹ Redland City Council already has a Tourism Strategy and Action Plan

Initiatives arising from this Strategy will result in more jobs in the Education and Training industry and make Redland City less exposed to limited projected growth in the key student age groups.

The other key variable is to seek to increase the employment self-containment in the industry. In 2011 about half the people who worked in the industry in Redland City lived elsewhere.

People who both live in Redland City and work in the industry in Redland City are more likely to spend locally and hence increase consumption demand in retail, personal services, business and financial services, etc. and hence boost local employment.

Having people work close to where they live, and hence reduce the transport burden, is an underlying principle of successive versions of the South East Queensland Plan. The concept above is consistent with this broadly stated objective, but implementation through public and private schools may prove difficult to achieve. The Department of Education has live-work maximum distance guidelines but these are too high to be relevant for Redland City.

4 The Education Sector – the shifting paradigm

Mega trends as a driver for education and training

The world is experiencing unprecedented rates of change in many areas that will drive the demand for education and training and the nature of employment. Current statistics cannot fully predict the future as it is expected that many jobs needed in the next 20 years have not yet been invented.

Many commentators have examined future drivers and prospects. The CSIRO has identified the following mega trends, defined as a major shift in environmental, technological, social and economic conditions that will substantially change the way people live.¹² All of the trends will have direct and indirect impacts on education and training and on work. The most relevant for this project are:

- Climate change is expected to be an additional challenge
- Coming decades will see the world economy shift from west to east. China and India will be the major drivers
- Rapid income growth in Asia and to a lesser extent in South America and Africa will see billions of people transition out of poverty and into the middle-income classes
- In 1980 the weighted centre of gravity of the world economic activity was in the mid north Atlantic. By 2030 it will be located between India and China
- Australia and many other advanced countries have an ageing population. This will change people's lifestyles, the services they demand and the structure and function of the labour market
- In advanced economies there is a rising demand for experiences over products and a rising importance of social relationships
- Shifting impacts of technology on jobs and the skills required
- Casualisation of the workforce
- Careers have moved from being linear to a matrix
- Increase in global education

The more direct impacts for Redland City are likely to include:

- Opportunities for international education particularly serving the Asian markets
- Opportunities and challenges in adapting to new technology
- Increased export opportunities for services in particular
- Meeting the demand for goods and services from an ageing but active population
- To work closely with Brisbane City as it pursues its international education objectives

These changes will result in significant job and skills shifts. These in turn will have major impacts on education required. With the need for ongoing changes in skills education providers will need to be agile, adaptable and close to industry.

Technology and education

Rapid changes in technology have led employers to increasingly select employees with 'off the shelf' skills to meet these changing needs. This means increasingly individuals need to take responsibility to develop their own portfolio of skills and knowledge. The impact on the workers is the need to develop a commitment to life-long learning.

Increases in Artificial Intelligence (AI) reduces the employment of those without technological skills as AI takes over the more repetitive and increasingly non-repetitive tasks. The use of robots in factories is an example which has had impacts over the last 3 decades. Now as we move into more sophisticated and less repetitive AI such as simulation and drones, low to medium level employment will diminish. Employees will continually need to adapt and upskill.

¹² CSIRO. Our future world. 2012 Revision

Changes in career and work structures

Careers are not linear

Careers are no longer linear. They are more like a three-dimensional matrix as workers move up the ladder across industries and across skill sets. Once again this emphasises the need for the worker to have a portfolio of knowledge and skill sets. It will be the responsibility of the worker to develop and update this portfolio as employment mobility increases, and industry becomes wary about overinvesting in employees.

An important implication of developing a portfolio of skills and knowledge for moving through this matrix is Recognition of Prior Learning (RPL).

Remote delivery of services

Technology is increasing the delivery of services remotely. In education terms this means online delivery of training and assessment. Uptake of online delivery of education has been varied. The uptake of free education via the MOOCs (Massive Open Online Courses) has been huge. Coursera took 4 million enrolments in their first year.

Uptake of online vocational delivery has not been high due in part to the poor reputation of some providers. However, with the added drive of globalisation this form of delivery, particularly with regard to non-accredited training, is on the increase.

Casualisation and increases in part time workers

ABS data for July 2015-2016 showed a rise in the employment headcount of 220,000. 190,000 were part time¹³. Historically part time employment has been seen largely as a lifestyle choice but this is no longer the case as it is now driving up underemployment which is at its highest level ever. This is felt most keenly in the services sector and particularly the health and tourism sectors which are both major industries within Redland City. The impact of this is again that industry is seeking more and more 'off the shelf' skills and are not 'overinvesting' in training staff.

Ageing population

The ageing population means an increased level of vocational training will be needed to support the wellbeing of the ageing cohort. This clearly means an increase in wellness (Pilates, Yoga etc.) programs, as well as the predicted increase in demand for allied health such as aged care and nursing. In this regard, it is noted that Redland City has a very active U3A focus and, with increasing ageing, demands for these types of services will grow strongly. Similarly, the programs run by RCC will be under pressure as the older population increases.

There is also a likely impact on the retirement age as there are expectations and economic imperatives keeping employees in the workforce for longer.

Globalisation and the international student market

Increased globalisation has led to increased demand for English language and for qualifications taught in English.

In 2015, the Australian Government Department of Education and Training commissioned Deloitte Access Economics to assess the value of international education to the Australian community.

The report found that in 2014–15, the ABS valued exports from international education at \$18.8b, making it Australia's third largest export¹⁴. In addition, the following also make important contributions but are not captured in the above export data:

¹³ ABS 2011

¹⁴ Australian Government, The Value of International Education to Australia. Prepared by Deloitte Access Economics.

- Education related expenditure by those on non-student visas studying ELICOS, was estimated to contribute an additional \$205 million in export revenue;
- Tourism expenditure by visiting friends and relatives who come to Australia to visit an international student, was estimated to be worth \$282m;
- Revenue from offshore campuses was estimated at \$434 million in 2014, comprising \$382 million from higher education and \$53 million from VET, and
- Revenue from international students undertaking study tours at Australian public schools, was estimated to be worth \$14 million in 2015.

This export revenue was estimated to support over 130,700 Full Time Equivalent (FTE) employees and international education was estimated to contribute \$17.1 billion to Australia's GDP in 2014–15.

The report also found there were broader social and cultural benefits of international education including:

- Increased entrepreneurship, knowledge exchange and international collaboration;
- Investment links and soft diplomacy, and
- Social benefits flowing from improved cultural literacy, stronger cultural linkages and enhanced cultural capital.

Since the report was prepared, 2015-16 export data has become available that shows the export value of international education to have increased by 9.4% for Australia¹⁵. Other measures would be expected to increase proportionately.

From 2014-15 to 2015-16 the value of international education exports for Queensland increased from \$2.86b to \$2.97b. Due to Queensland's geographically dispersed population with associated education and training facilities, there is a much higher proportion of international students in the regions than in other states.

Rank	Commodity	2013-14	2014-15	2015-16	% share 2015-16	% growth	
						2014-15 to 2015-16	5 year trend
	Total (b)	330,976	318,298	312,312	100.0	-1.9	1.0
1	Iron ores & concentrates	74,671	54,519	47,758	15.3	-12.4	-3.2
2	Coal (h)	39,960	37,882	34,542	11.1	-8.8	-5.2
3	Education-related travel services (c)	15,870	18,180	19,881	6.4	9.4	5.7
4	Gold	13,261	13,506	16,583	5.3	22.8	1.1
5	Natural gas	16,305	16,895	16,546	5.3	-2.1	10.7

Table 1 2015-16 Australia's top goods and services exports (\$billion)

Source: Department of Foreign Affairs and Trade. *Composition of Trade Australia 2015-16*

¹⁵ ABS, International Trade in Services. Cat 5368.0.55.003

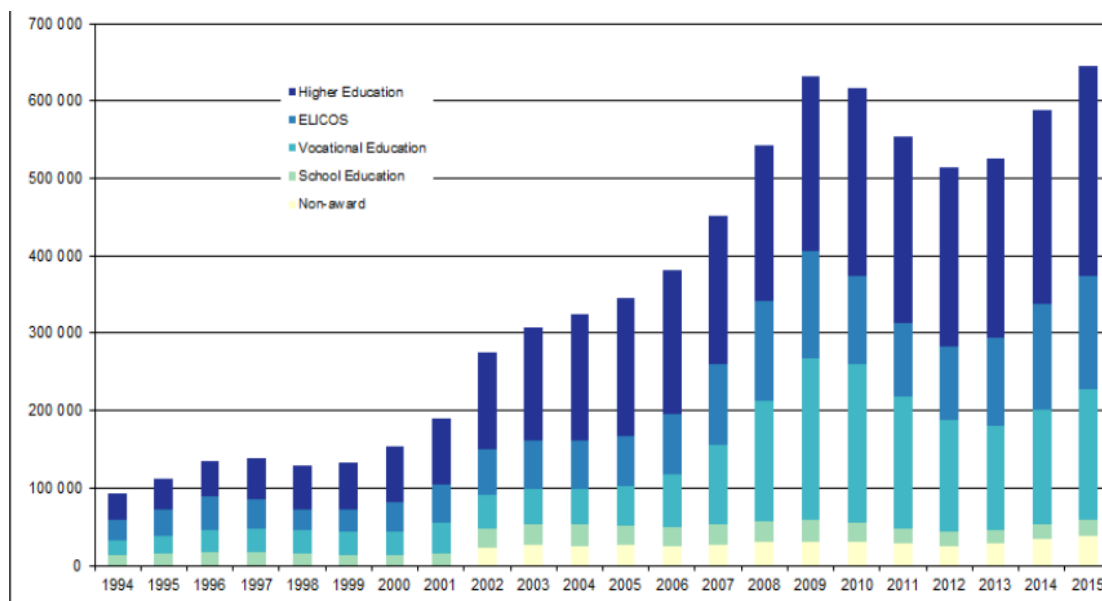


Chart 7 International student enrolments Australia 1994 to 2015

Source: DET 2011

Queensland has 15-25% of the Australian International student market, depending on the sector. It is highest for ELICOS and Schools and lowest for Higher Education, refer to Table 2 Queensland Enrolments 2012 to 2015. The Australian break down of the international student sectors is provided in Chart 7 International student enrolments Australia 1994 to 2015.

It is estimated that the contribution from the international sector to total enrolments varied from 100% in the ELICOS sector to just 0.5% in the schools' sector.

Sector	2012	2013	2014	2015
Higher Education	35,159	35,257	37,939	39,456
VET	22,201	20,380	23,551	27,449
Schools	3,896	3,749	3,948	4,299
ELICOS	19,539	22,853	25,895	26,024
Non-award	4,699	5,033	5,990	6,023
Grand Total	85,494	87,272	97,323	103,251

Table 2 Queensland Enrolments 2012 to 2015

Source: DET

While the international education market has been growing it has demonstrated it is vulnerable to risks. There are a several factors which affect the international student flow making it at times a volatile market. Volatility is largely a result of:

1. Changes in the value of the Australian dollar
2. Highly publicised anti-foreign sentiment

In addition, while this market has always been the domain of the big four, Singapore and China are now making inroads in both English language courses and the teaching of higher education in English.

The rise in demand for education in Asia has driven a substantial increase in demand for education services in Australia. The most notable impacts have been for Higher Education, English language education and private VET RTOs. International students are also an important but lesser addition for TAFE and Schools. There were about 650,000 international student enrolments in Australia in 2016, which is about the same as the combined populations of Redlands, Toowoomba, Townsville, Cairns and Rockhampton.

Chart 8 Queensland onshore enrolments by sector 2005-2015 shows the fluctuation in the International Education market over time.

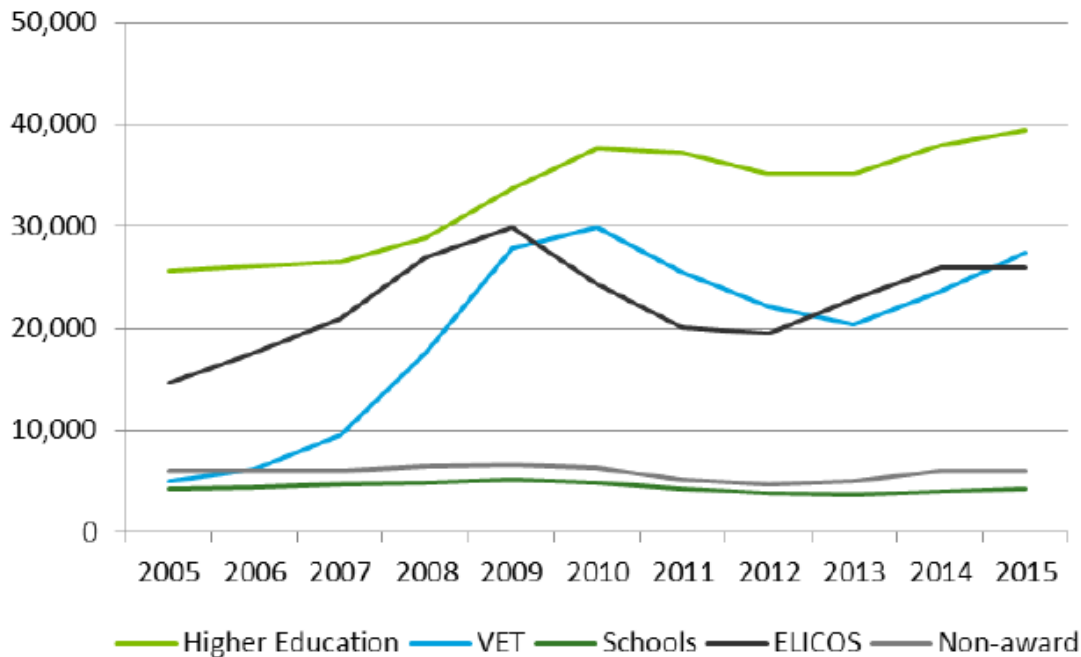


Chart 8 Queensland onshore enrolments by sector 2005-2015

Source: DET/Deloitte Access Economics. 2016

Greater Brisbane accounts for about 65%-70% of the international students in Queensland, and Redland City has only a few providers with minimal numbers.

Both globalisation and the teaching of qualifications in English have led to a broader range in the structure of universities – away from the traditional edifice.

Now more international university networks are being created to capitalise on a range of specialist and niche markets. A good example is Laureate International Universities which has a network of 70 campus based and online universities across 25 countries. These universities tend to be more opportunistic and flexible in their operations than the traditional universities. The result is they are often also more industry focussed.

Existing universities are strengthening their positions through creating global partnerships and networks of student, faculty and academic exchange.

University Network collaborations have capitalised on the accessibility of the internet and their pulling strength created the Massive Open Online Courses - MOOCs. This market is dominated by Coursera a network of 200 plus universities, including Stanford, Shanghai, Melbourne and Sydney Universities - across 29 countries, with 36% of the market. This has introduced a new kind of education which is free, accessible and focussed more on self-driven learning and less on qualifications.

There are several compelling reasons Redland City should enter the International Education market:

- Queensland differs from the other states in that International Education is not capital city centric – there is regional success and now a regional focus in the new International Education strategy.
- At the State level moving into the International Education market is timely:
 - International Education is a major focus with the release of the International Educational and Training (IET) Strategy.
 - The Queensland International Education strategy commits \$25.3M over the coming 5 years to four strategic imperatives including ‘*Strengthening our Regions*’, specifically identifying:
 - ‘*Ensuring coordination and collaboration with local government and RSOs.*

- *Leveraging the linkages between other regional services and industries, such as tourism.*
 - *Building leadership and capacity in all regions.*
 - *Understanding the unique selling proposition for students studying outside of a capital city.*
 - *Providing local access to information and support for international students.*¹⁶
- Redland City has a limited local economy in part due to an estimated resident population of only 149,987. Any economy relies on Population, Productivity and Participation. This strategy raises the Population aspect of this equation.
 - Redland City has a range of features, which would make it an attractive proposition to many international students, these include: an Australian community-based experience; diverse beautiful landscapes; access to an Indigenous culture; affordable accommodation; and easy access to a large city, a significant advantage.
 - There is significant good will from commercial and Government organisations to support Redland City's growth in the international education sector.
 - Redland City has a strong School sector which is an enabler for Study tours of 2-6 weeks. Study tours are the base of the international education market. While this is not the most profitable sector it is the easiest to implement as a first step. In addition, study tours introduce potential longer term students to the area. While not all schools will be initially supportive, there are classrooms to support Study Tours.
 - Redland City is well placed to provide an Australian community experience for students. There has been an assumption that students prefer the cities. However not all students are the same. Recent feedback on the student experience is revealing an aversion to international student enclaves, which often occur in the popular cities, and a desire for a 'community' experience and a sense of connectedness. Redland City has areas of strong community which can offer this community experience.
 - Importantly there are international education business models suited to growing the Redland City international education footprint. There is a step by step pathway into the International Education industry with few barriers to entry including relatively low investment. The early step of systematically introducing study tours provides substantial economic input through fees to schools, tourism outlets, hospitality and homestay. This can be done with relatively little investment.

Socio economic status as a driver for the education and training sector

Socio economic status indices (SES) measure a wide range of demographic, social, income, occupation, education and other variables as a composite measure of the general well-being of a community. There are clear links between some SES indices and education and training participation, attainment and ongoing employment experience.

A recent study by the Centre for International Research on Education Systems at Victoria University for the Mitchell Institute found that:¹⁷

- A student's family background plays a significant role in determining educational pathways
- At all stages of learning and development, there remains a strong and persistent link between a person's socio-economic status and educational outcome
- Socio-economic disadvantage has a greater impact on educational opportunity than any other factor considered

¹⁶ Queensland's International Education & Training Strategy, Department of Trade and Investment, Qld

¹⁷ Educational opportunity in Australia 2015. Centre for International Research on Education Systems at Victoria University for the Mitchell Institute

- Socio-economically disadvantaged students attend fewer hours of early childhood education, have lower attendance at school, are more likely to leave school early, and are less likely to go to university
- Research suggests that young people who are not fully engaged in education or employment (or a combination of both) are at greater risk of unemployment, cycles of low pay, and employment insecurity in the longer term

The Australian Curriculum Assessment and Reporting Authority annually test school students across Australia through NAPLAN (National Assessment Program – Literacy and Numeracy). They recognise the impact of a range of social factors such as English spoken at home and education level of either parent, through the calculation of the school 'ICSEA' index (Index of Community Socio-Educational Advantage). For Redland City schools, there is a clear correlation between the ICSEA Index and NAPLAN performances. This illustrates, at a practical level, the impact of social factors on educational performance, as well as the accuracy of this index.

There are areas of Redland City with especially low SES scores, particularly the Redland Islands. There are specific training needs for these communities, and not merely those on the Islands. The North Stradbroke Island Economic Transition Strategy Team (NSI ETS) will address many of these for Stradbroke Island and there has been consultation to align this Education and Training Strategy and that of the NSI ETS.

Actions to consider

- 7) *RCC needs to remain aware of the link between Socio Economic Status (SES) and education and training participation and outcomes. This needs to be a consideration in its Corporate Planning, City Plans, Operational Planning and programs. These plans and actions can have indirect but very positive impacts on the education sector.*
- 8) *Seek state government support to extend the NSI ETS program to other islands and RCC mainland Indigenous communities facing similar issues to those on NSI.*

5 The Redland City Demographics

Population projections

The population is vitally important for the EDF as the population is the source of labour supply and hence income, a major source of consumption of goods and services and the base from which education and training services are directed.

The EDF seeks to achieve a population for Redland City of 206,000 by 2041 with annualised average growth of 1.2%. This is consistent with the projections in the current Queensland government projections for Redland City.

In the EDF and the supporting research compendium, there is little attention to the projected age structure for Redland City. However, changes in the age structure of Redland City population will have profound impacts on the achievement of the EDF employment and hence GRP objectives. For the education and training sector, the changes in the age structure offer severe challenges but also opportunities.

The key point from the Redland City population projections is that most of the increase in population from 2016 to 2036 will be in the older age cohorts and very little growth in those age groups that are the main clients of primary and secondary school education.

The population projections show:

- Over 65% of the population increase in Redland City from 2016 to 2036 will be 60 and over
- From 2016 to 2036, an increase of only about 1,000 in the main primary school age group (5-9), that is equivalent to only about one additional primary school
- From 2016 to 2036, an increase of only about 3,100 in the main secondary school age group (10-19)
- Small increase in the number of people 20-24 (best fit for main tertiary education age group) of less than 1,000
- That the main working age population (25-59) where labour force participation rates are highest, has a declining share of population and accounts for only 17% of the increase 2016-2036

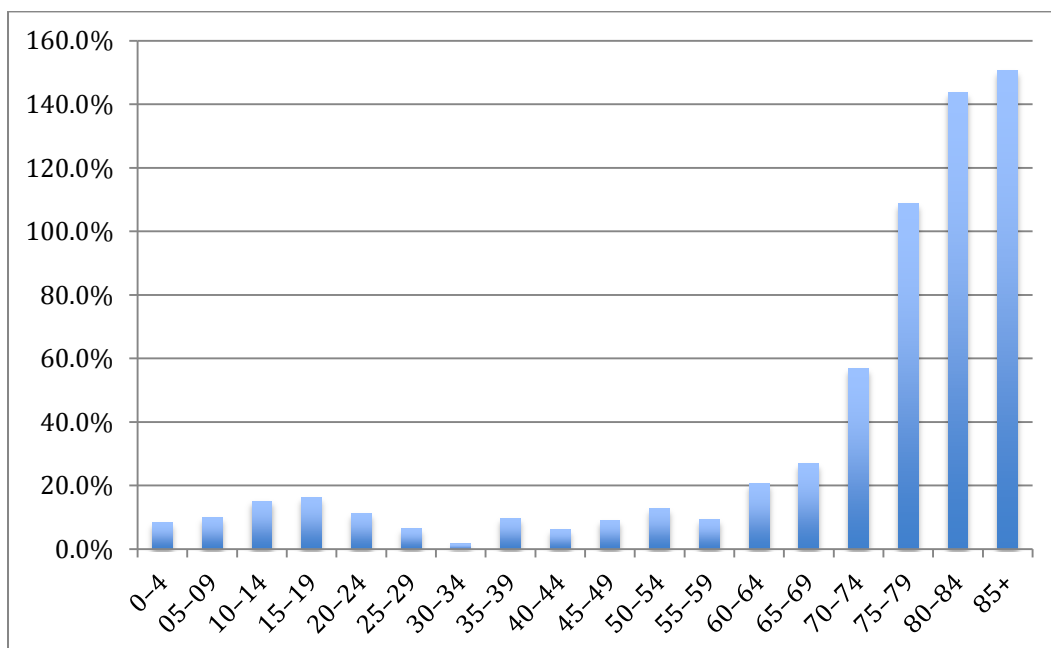


Chart 9 Redland City Population 2016 to 2036 by 5-year age groups (% increase)

Source: Queensland Population Projections 2015 Medium Series

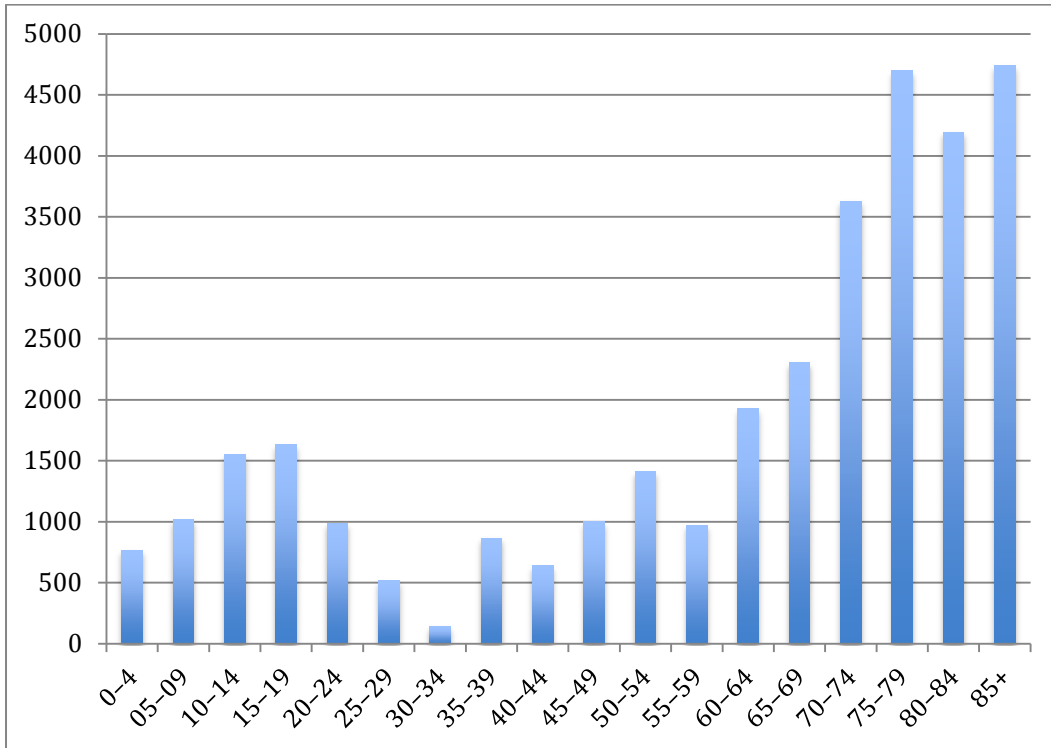


Chart 10 Redland City Population 2016 to 2036 by 5-year age groups (number increase)

Source: Queensland Population Projections 2015 Medium Series

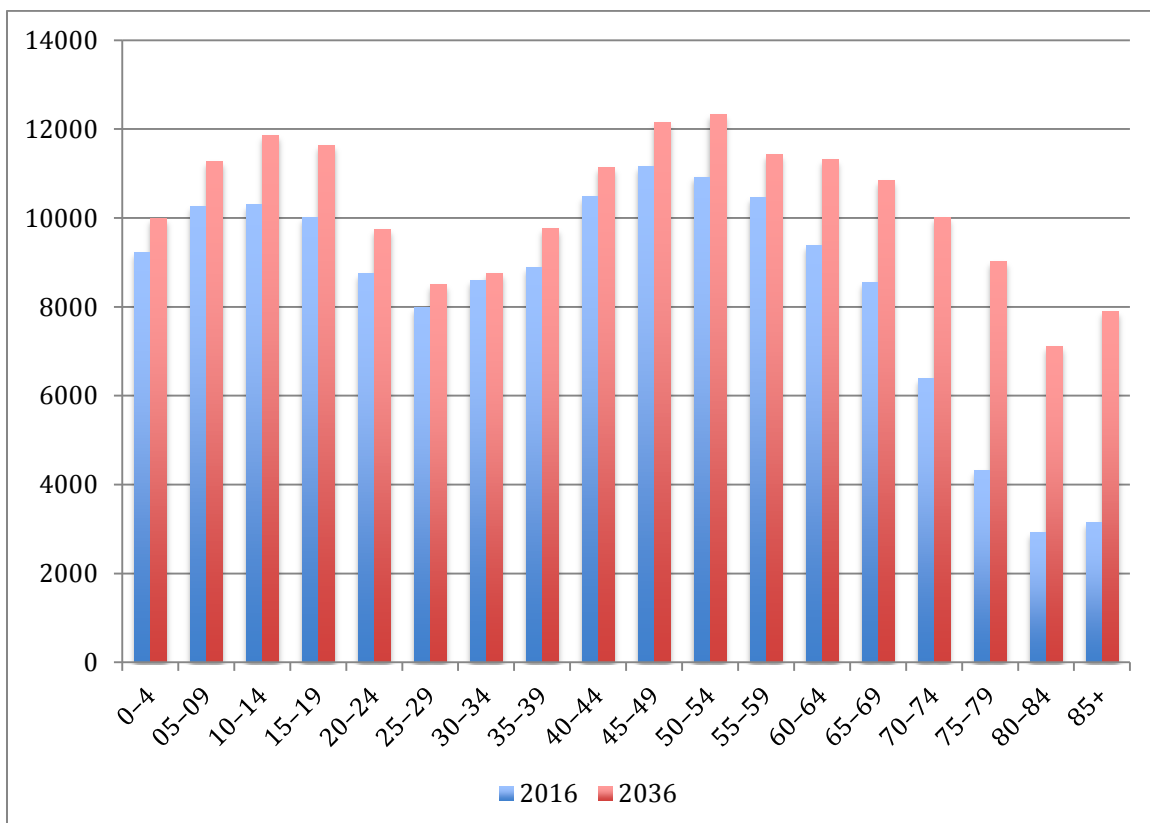


Chart 11 Redland City population 2016 and 2036 by 5-year age groups comparison (number increase)

Source: Queensland Population Projections 2015 Medium Series

The implications of the age based population projections include:

- For the economy, a rapidly ageing population means significant reduction in income and expenditure as ageing of population means lower labour force participation, lower income, consumption and economic growth
- The small net increase in the main primary school aged group is equivalent to only about one additional primary school and primary school teachers
- More primary schools will be needed in new areas in the southern part of the City, but there will be enrolment declines and teacher reallocations in other older areas
- The increase in the main secondary school age groups (10-19), is equivalent to about 2 secondary schools in net teacher employment terms, with new schools needed in the south and reductions in the older northern areas
- The small increase in the number of people 20-24 on top of the established leakage patterns for tertiary education raises doubt about attracting a conventional university to The Redlands
- Serious employment and economic growth implications resulting from the hollowing out of the main employment age groups (25-59) where labour force participation rates are highest

On the basis of these projections, Redland City can rely only in part on population driven demand for growing the primary or secondary sectors and these are by far the biggest employment components, accounting for over 80% of education and training jobs in Redland City in 2011.

There needs to be a sense of great urgency to develop the education industry by other means, for example:

- Increase demand from within Redland City (achieve higher retention rates at secondary level)
- Meet the needs of the aged population
- Meet the training needs for the workforce needed to serve the rapidly ageing population in the health and welfare sectors including the role played by the two hospitals
- Ensure that the Health Precinct site to the south of the Hospital (old F&P factory) has zoning that would allow education as well as health uses
- Explore informal education and training for the active aged population such as wellness, physical activity and bike riding lessons for the over 60s, particularly for females
- Increase demand from outside of Redland City – with a focus on attracting international students

The ageing population provides Redland City with a significant opportunity to be a national leader in the provision of education and training services for the older population. Not only is the population ageing, but also in the main it is active and involved ageing where life-long learning should be acted out not merely spoken about.

Action to consider

- 9) *RCC to review the impact of the ageing of the population on the EDF GRP and employment objectives.*

Labour force and Employment

Forecasts of labour force participation rely on the population projections and assumed labour force participation rates, usually on an age specific basis. Labour force participation rates for males and females on an age specific basis undergo long term changes and are subject to changes in social and economic policies such as child care, pension age eligibility, tax and superannuation. Usually labour force participation rates are expressed as the proportion of the 15 years and over population either working or seeking work. Measures are heavily dependent on the definition of work used by the ABS.

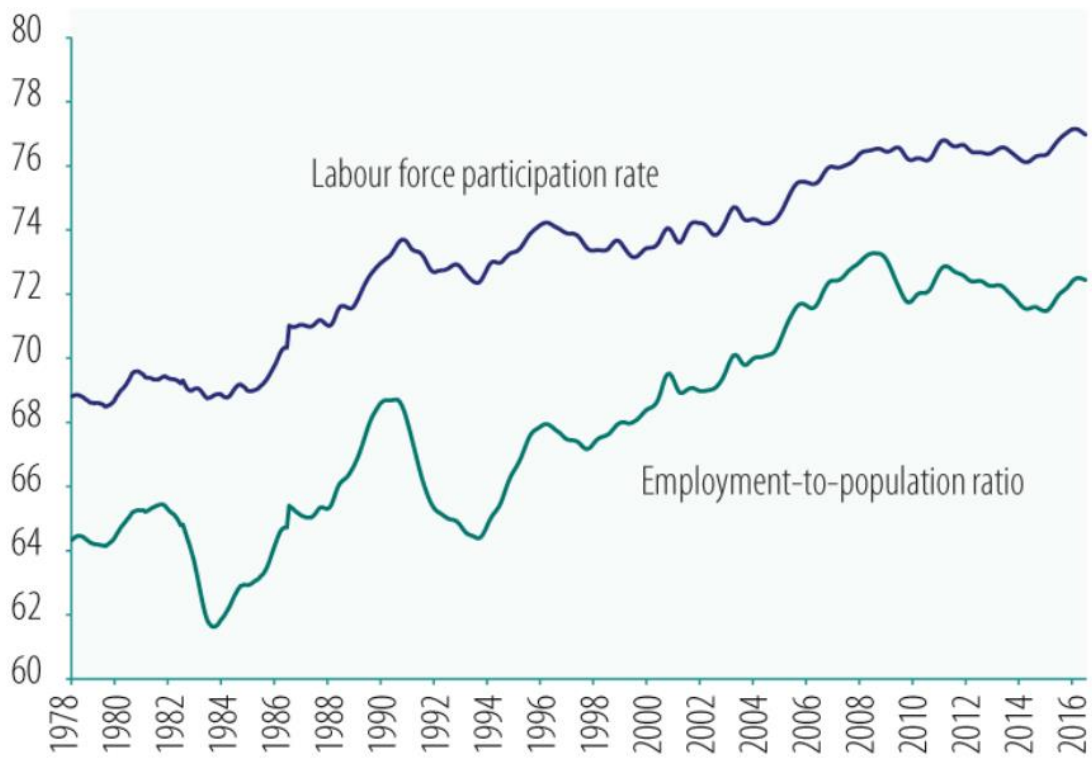


Chart 12 Labour Force Participation Trend Australia

Source: ABS Labour force/DET

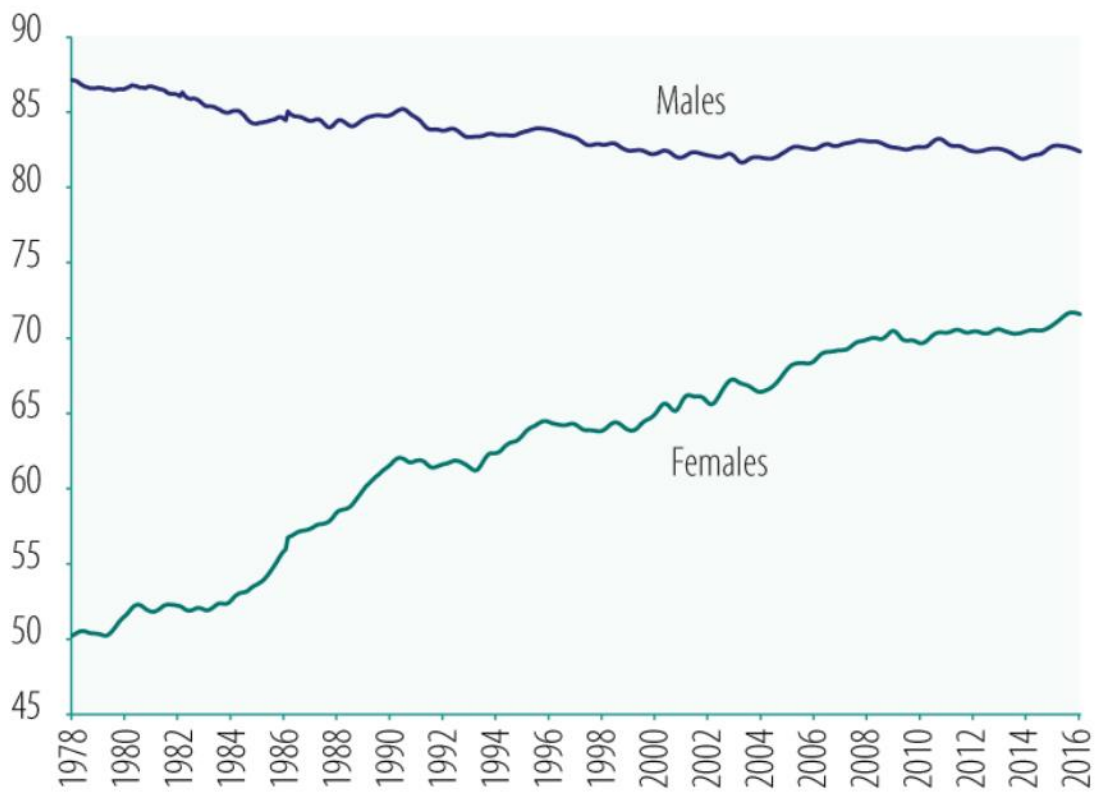


Chart 13 Percentage of those 16-54 years old in the labour force

Source: ABS Labour force/DET

Average labour force participation rates flattened out in the past 10 years after sustained increases previously. Employment to population ratios have declined. The impact of the ageing population is most noticeable.

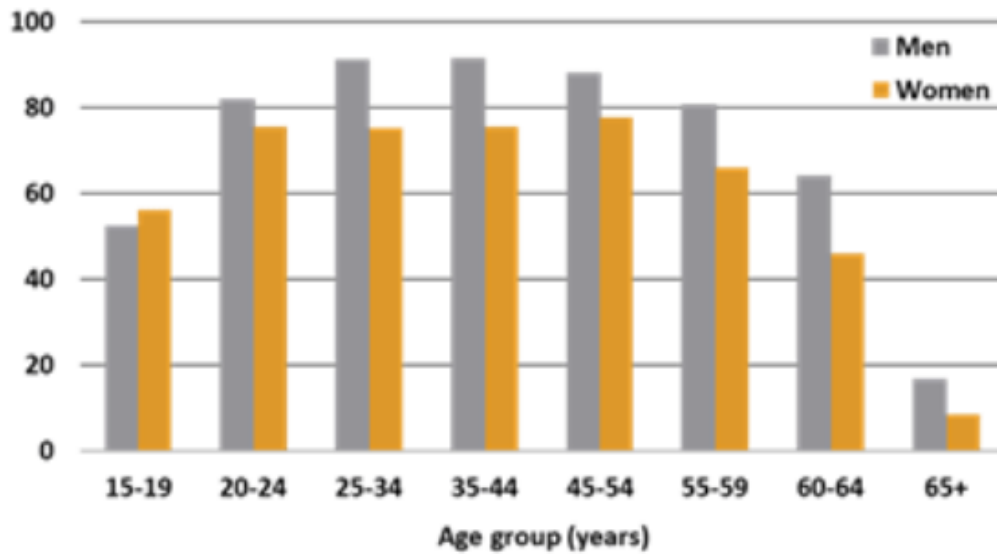


Chart 14 Age and sex specific labour force participation rates Australia
Source: ABS Labour Force

From the labour force an assumed level of unemployment is deducted to provide forecast employment. Usually this is a measure of the non-inflation level such as 5.5% in the recent Queensland Government employment projections. Clearly unemployment may vary around this rate.

Following the sustained increase in participation rates over recent decades for those 15-64, the Commonwealth Treasury expects these to flatten out with little increase in the next 30 years. Due to the impact of the ageing population, participation rates for those 15 and over are expected to show a marked and sustained decline.

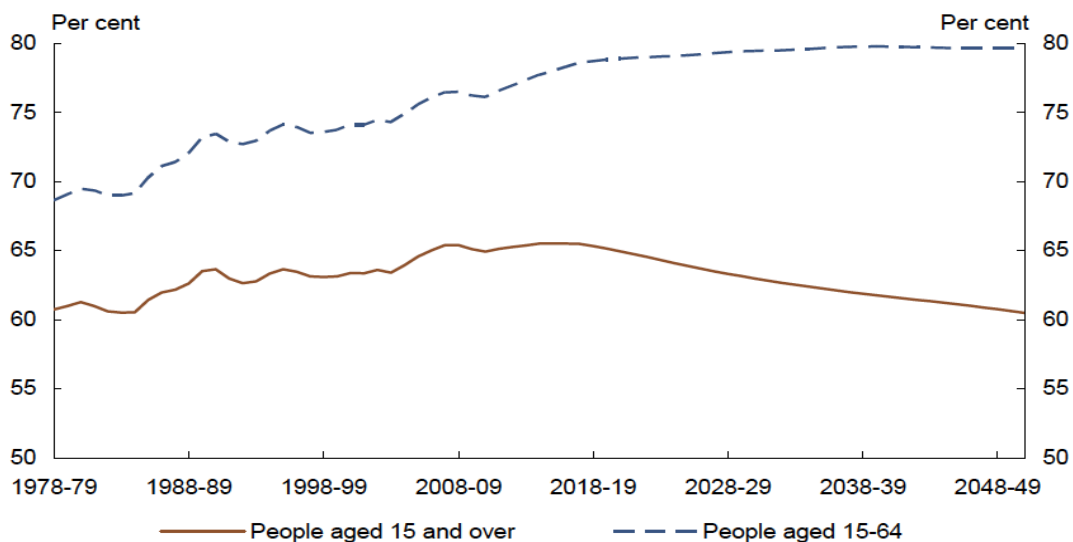


Chart 15 Historical and Projected participation rates
Source: Intergenerational Report 2010.

Queensland Treasury has produced employment forecasts for LGAs in SEQ and for other regions in Queensland on an industry of employment basis. As the forecasts are on a place of work basis there are

assumed net flows between LGAs reflecting assumed employment self-containment rates. The forecasts are, appropriately, heavily qualified.

Based on models used nationally and for the state, larger aggregates (total labour force or employment for larger areas) are likely to be more accurate. As disaggregation proceeds to finer-grained LGAs, industry classifications and assumed flows between LGAs, the inherent accuracy will decline. The industry place of work forecasts for Redland City need to be used with considerable caution. But they are the best available.

The Queensland Treasury forecasts have been used in this project as they are the official Queensland set, used in the SEQ Plan and in a wide variety of other planning activities.

At a general level, the Queensland Treasury forecasts for total place of work employment for Redland City are consistent with the EDF objectives.

Employment in the Education and Training sector is forecast to increase more than average, increasing from 9.5% to 10.2% of jobs in Redland City.

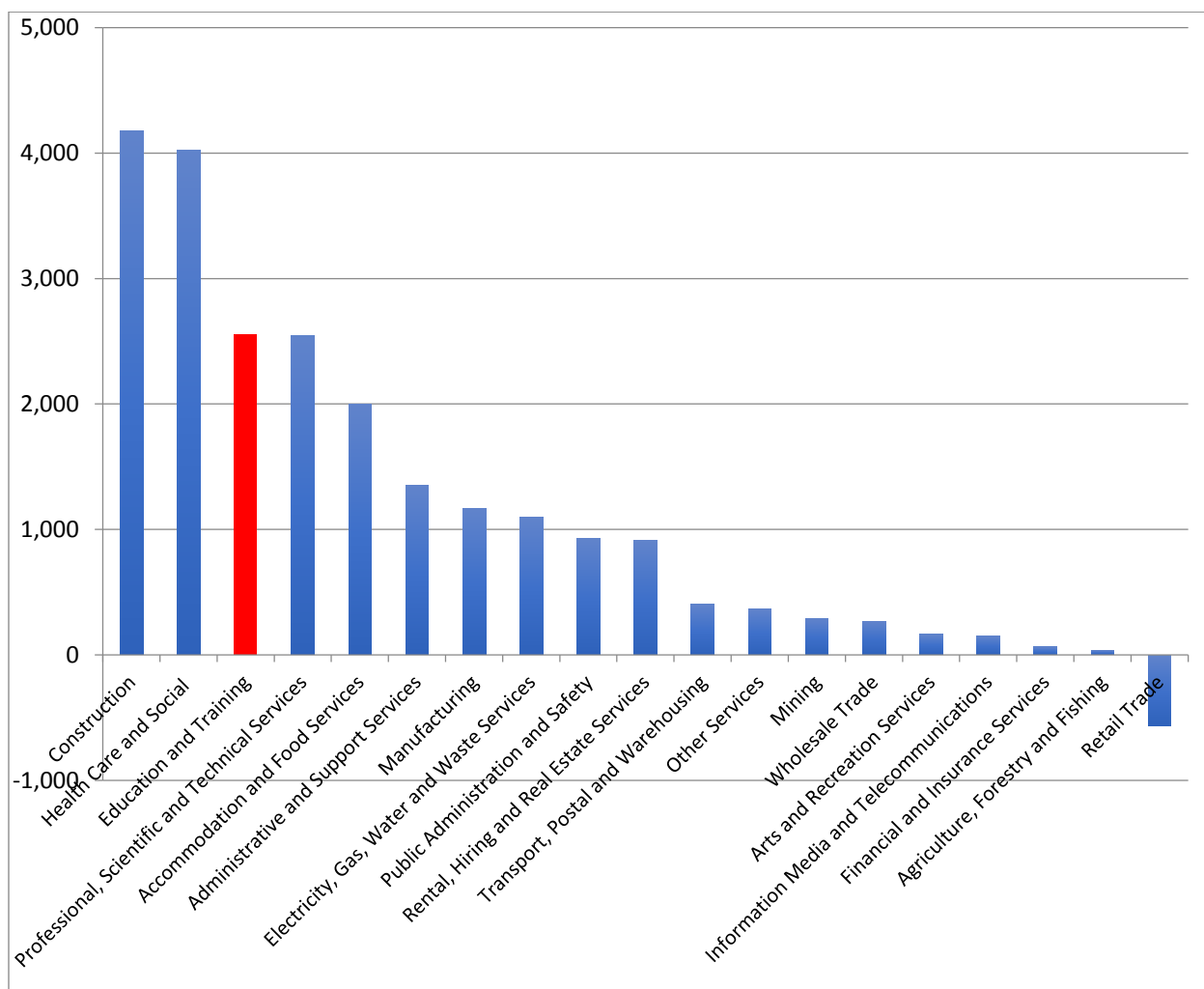


Chart 16 Place of work employment by industry Redland City 2016 to 2041 (number)

Source: Queensland Treasury

In the period 2016 to 2041, the Queensland Treasury forecasts a small increase in the level of employment self-containment in Redland City from 49% working and living in the City to 53% and a corresponding small decline in those working in Brisbane City.

Demand for Qualifications, Skills and Occupations

The Australian Workforce and Productivity Agency forecast the growth of Australian employment on an industry and occupation basis from 2011 to 2025.¹⁸

For Australia, the industry groups with the largest increase, in terms of proportion of the total increase (averaged over four future economic growth scenarios) in jobs (2,604, 000) from 2011 to 2025 were:

- Health Care and Social Assistance, 24.5%
- Education and Training, 17.0%
- Professional, Scientific and Technical Services, 15.4%

In most Manufacturing and in Agriculture there is forecast to be a net reduction in jobs between 2011 and 2025.

The occupational groups with the largest increase, in terms of proportion of the total increase in jobs from 2011 to 2025 were:

- Professions, 38.0%
- Managers, 19.2%
- Community and personal service workers, 15.4%

As these three occupations groups account for 75% of the forecast increase, and Clerical and Administrative Workers another 9% of the increase, there is relatively low growth forecast for the other occupational groups (Sales Workers. Technicians and Trades Workers, Labourers and Machinery Operators and Drivers).

Based on individual occupations or closely linked occupations, major increases are forecast for:

- Functional Managers including Marketing, Finance, Human Resources, and Retail, 155,000
- Teachers, including Early Childhood, Primary, Secondary, VET and Private Tutors 130,500
- ICT including Programmers, ICT Managers, Systems Administrators and Systems Analysts, 121,000
- Registered Nurses, 92,000
- High level Managers including CEO, Managing Director and General Manager, 88,000
- Aged and Disabled Carers, 65,000
- Child Carers, 63,000
- Accountants, 47,200
- Education Managers (including Principals), 23,200
- Lawyers, 18,700

Overall the services are expected to continue their rapid growth. Of the top 50 occupations by growth, the education, health/welfare, ICT and management areas accounted for more than half.

High occupation growth does not automatically convert to high education and training demand, but it provides an indication of the areas of future opportunity. The Education and Health and Welfare sectors account for 9 of the top 30 occupations in highest demand. Both these industries have associated high demand for initial education and ongoing professional development.

¹⁸ Australian Workforce and Productivity Agency, Deloitte Access Economics Economic modelling of skills demand and supply 2012.

Individual Occupation			
1	Registered Nurses	16	Receptionists
2	General Clerks	17	Waiters
3	Aged and Disabled Carers	18	General Managers
4	Child Carers	19	Welfare Support Workers
5	Private Tutors and Teachers	20	Electricians
6	Advertising and Sales Managers	21	Secondary School Teachers
7	Chief Executives and Managing Directors	22	Drillers, Miners and Shot Firers
8	Software and Applications Programmers	23	Commercial Cleaners
9	Sales Assistants (General)	24	Generalist Medical Practitioners
10	Accountants	25	Human Resource Managers
11	Retail Managers	26	Finance Managers
12	Office Managers	27	ICT Managers
13	Sports Coaches, Instructors and Officials	30	Kitchenhands
14	Nursing Support and Personal Care Workers	29	Advertising and Marketing Professionals
15	Contract, Program and Project Administrators	30	Education Aides

Table 3 Place of work employment by industry Redland City 2016 to 2041 (number)

Source: Deloitte Access Economics. 2012. Average for four scenarios for Australia.

Colours highlight the health and education sectors

Deloitte Access Economics forecast, under a range of scenarios, that the projected qualification balance by 2025, would show shortages for:

- Postgraduate
- Undergraduate
- Advanced Diploma/Diploma

Comparative analysis - Redland City and other LGAs

The following comparative and competitive analysis of the external environment provides the basis of a SWOT assessment and the underpinning of consideration of key strategies.

The comparative areas chosen are the LGAs, like Redland, that surround Brisbane. They are:

- Ipswich
- Logan
- Moreton Bay

Together with Brisbane LGA they form the Greater Brisbane area. The four LGAs have different characteristics, but have a common objective of building the education and training infrastructure in their areas as a means of developing their local economies. These LGAs are major competitors for Redland City in attracting public and private investment into the education and training industry. Government agencies and education and training providers will undertake a needs type analysis in assessing the location and scale demand and whether investment is justified against competing education and other demands.

The main comparative measures are those that drive economic growth, drive the demand for education and training and highlight the role that education and training play in contributing to regional growth. They include:

- Population
- Age structure
- Education participation
- Employment participation
- Social demand drivers

Location

Compared with Ipswich, Logan and Moreton Bay LGAs, Redland City has locational disadvantages including:

- It is small and in 'gravity' market analysis terms is pulling against Brisbane, without offsetting advantages
- South and East Brisbane City provide intervening opportunities
- It is not on a main thoroughfare, on the way to other centre, as are other comparable locations.

Transport linkages compound the locational disadvantages, particularly in the rapidly growing southern part of Redland City.

These factors place limits on the potential to attract students from other areas, unless there is a compelling reason for students to overcome the inherent locational disadvantages.

Strategic implications of location

For education and training facilities that seek to serve more than a local market, it will be more difficult to expand the market and draw students from other LGAs towards Redland City. The exception is for highly specialised and highly attractive education and training services that capture and command new opportunities or where locational features of Redland City are a positive attraction.

State planning intent

ShapingSEQ, the Draft SEQ Plan (2016), outlines the State Government's economic and planning objectives for SEQ.¹⁹

Within the scope of the comparative LGAs included in this report, the broad objective is to focus on the development of the western, southwestern and northern corridors of Greater Brisbane. The focus of this attention means that Redland City receives relatively little attention and there are no major State initiatives that will change the basic trend directions for Redland City except the identification of additional land for development in southern Redland Bay and an Investigation Area in southern Thornlands.

In relation to other economic opportunities, *ShapingSEQ* states:

"Cleveland–Toondah Harbour includes the Cleveland regional activity centre, Toondah Harbour Priority Development Area, Redlands Research Station, Redlands Health Precinct, and adjacent industry and enterprise area. While it does not have the scale or potential to be an area of regional economic significance, this area could support specialisations in priority sectors of tourism, health, and knowledge and professional services."²⁰

From 2011 to 2031, Redland City is expected to contribute 3.1% of the new additional dwellings in SEQ, the lowest of any LGA except Noosa.

The Redlands and Mater hospitals are identified as knowledge and technology precincts in the health sector. No education based knowledge and technology precincts are identified. Redland City is not identified as having any areas of regional economic significance.²¹

¹⁹ *ShapingSEQ* Draft South East Queensland Regional Plan, October 2016.

²⁰ The DPI operated Redlands Research Station closed in 2012. It now operates by providing facilities for research by universities, CSIRO and private companies.

²¹ *ShapingSEQ*, pp 50-53

Strategic implications of State planning intent

The State Government has identified no major planning or economic initiatives for Redland City, unlike the case in the other comparative LGAs. Based on *ShapingSEQ*, no major State investment is likely to drive major economic transformation of Redland City.

This is likely to mean that the education and training strategies and actions will need to focus on niche local opportunities, be imbedded in the local community and focus on meeting local needs.

Population

Population is a key driver of demand, and depending on the size and future projections plays a significant role in establishing high-level strategies.

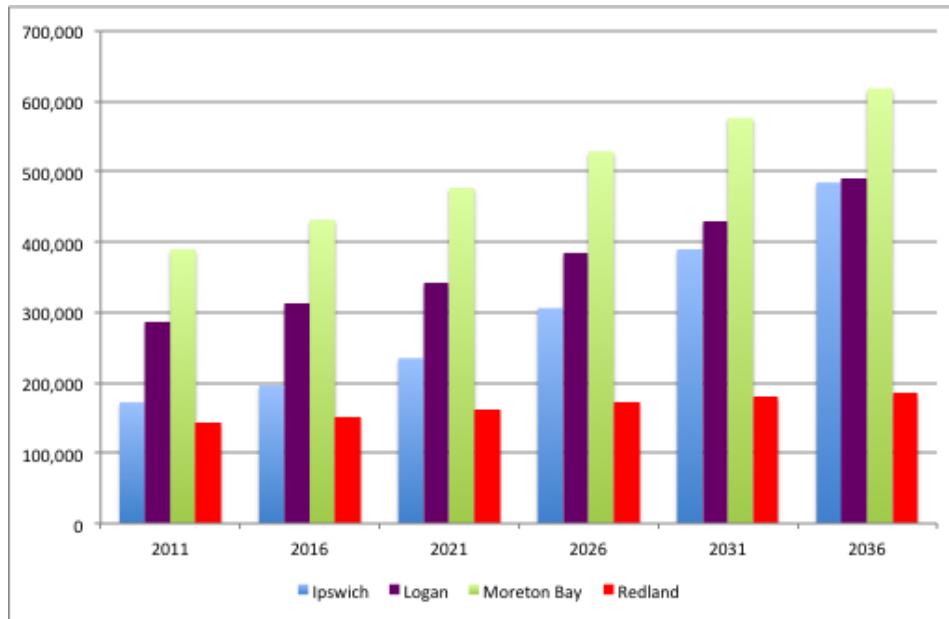


Chart 17 Projected total population comparative LGAs 2011 to 2036

Source: Queensland Treasury Population Projections 2015 Edition. Medium series.

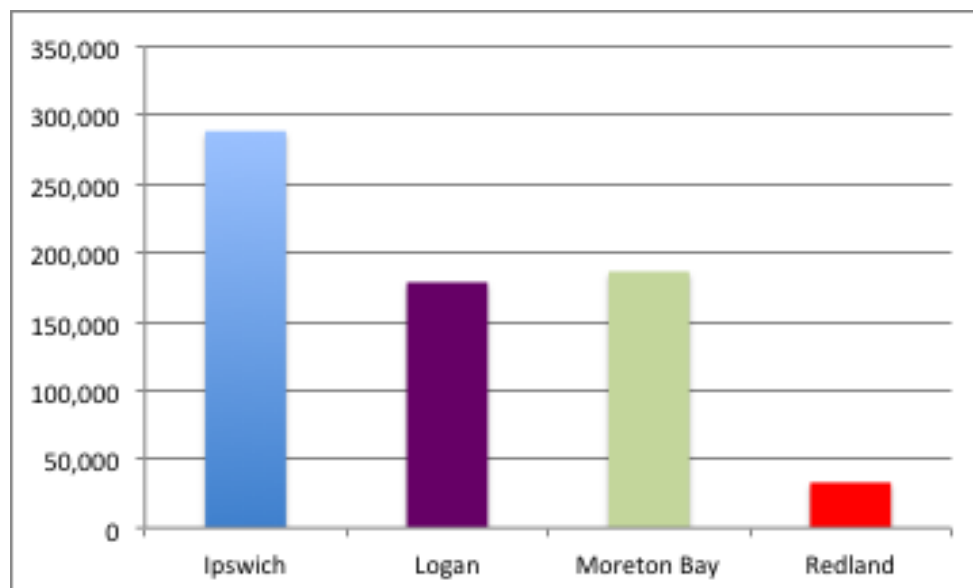


Chart 18 Projected population increase comparative LGAs 2011 to 2036

Source: Queensland Treasury Population Projections 2015 Edition. Medium series.

Implications

The clear implication is that an education and training strategy based on a significant growing total demand is not sustainable for Redland City but would be an appropriate high-level strategy for the other comparative LGAs. High population growth has sustained Griffith University's significant expansion in Gold Coast City. Other strategies are needed for Redland City.

Age composition

Redland City has a relatively old and rapidly ageing population, which has profound impacts on the development of education and training strategies for the City. The median age in 2015 was much higher (40.5 years) than Ipswich (32.1), Logan (33.9), Moreton Bay (37.3) and Brisbane City (34.6 years).²² Further growth of the 60 years and over shows that by 2036 they will make up 65% of the Redland City population increase between 2016 and 2036.

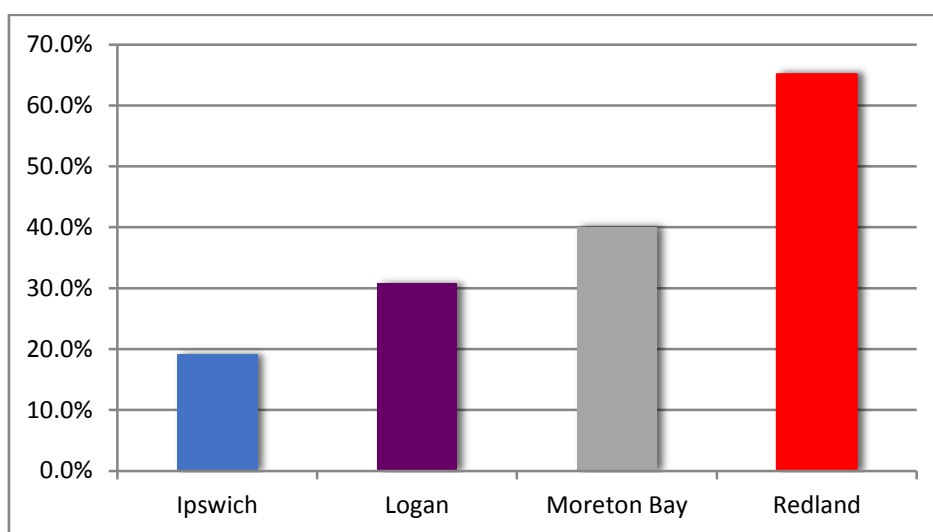


Chart 19 Projected population increase proportion 60 years and over for comparative LGAs 2016 to 2036

Source: Queensland Treasury Population Projections 2015 Edition. Medium series.

Strategic implications of projected older age cohorts

The absolute and relative increase in the older population age groups provide significant opportunities for the Redland City education and training sector and can build on the significant and active role played by U3A and in other informal education and training delivery.

Ageing is occurring faster in Redland City than in comparable LGAs and faster than most major urban centres in Queensland. It is however clear that all areas will age rapidly and the needs of Redland City now and in the immediate future will soon become the life-long education and training needs of the broader Queensland and Australian population.

The opportunities for meeting the rapidly growing potential needs in Redland City are:

- For the formal education sector to adapt and expand to address the needs in Redland, and
- For the informal sector to expand to meet the growing needs of the older age groups.

The potentially greater opportunity is for Redland City to turn the projected age profile weakness into a strength, by becoming the national centre for research into the education and training needs for older age groups and to offer Redland City as a location for pilot programs to be funded by State and Commonwealth governments.

²² Queensland Government Statisticians Office. Age and sex indicators by LGA 2015.

The Department of Treasury and Finance grasped this opportunity when it stated, “Australia is on the cusp of a wonderful opportunity. By building an age-friendly society and making the most of population ageing, we are creating a golden age, turning grey into gold’ (Department of Treasury and Finance, 2011).²³ The numbers of adults who need to keep learning into the senior years is growing and will significantly impact on, and hold relevance for, the Adult and Community Education (ACE) sector in Australia. The way to turn ‘grey into gold’ is illustrated in the following graph.

Labour force participation

Labour force (and employment) participation is often associated with higher SEIFA scores, higher participation in education and higher income.

Total labour force participation rates in Redland City were higher than for the comparable LGAs at the 2011 Census, and substantially above those for Ipswich and Moreton Bay.

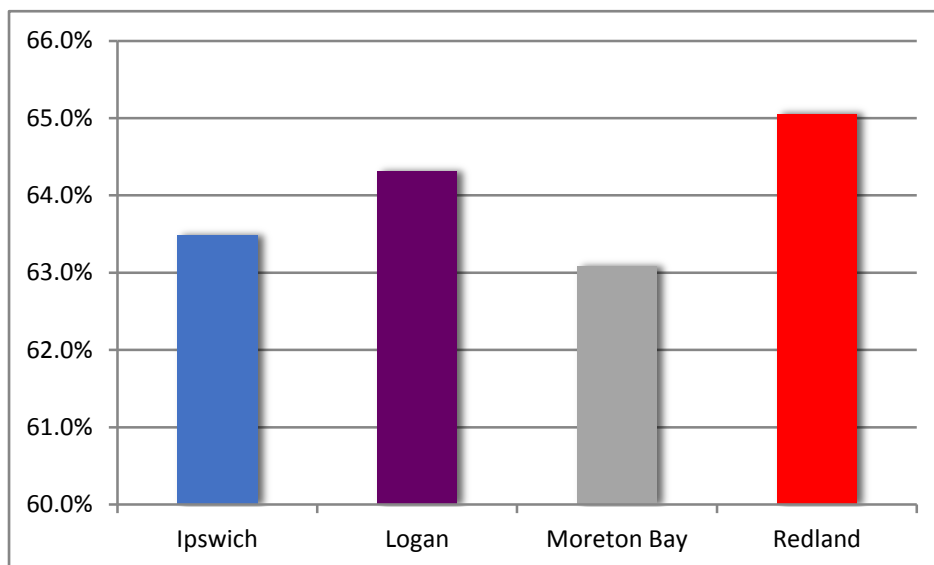


Chart 20 Total labour force participation rates for comparable LGAs 2011

Source: ABS Community profiles. Census 2011

Projected employment growth

Queensland Treasury prepared place of work employment forecasts for each LGA in SEQ as part of the 2016 SEQ Plan process. From 2016 to 2036 Treasury projected that jobs located in Redland City would grow by 37.8%, below the rate projected for the comparable LGAs.

For the Education and Training industry, Queensland Treasury projected an increase of 45.7% in the period 2016 to 2036, therefore the Education and Training industry is projected to grow faster than average with a ‘premium’ of about 21%. There was much the same ‘premium’ of above average growth for Logan and Moreton Bay, but below the 38% faster growth projected for the industry in Ipswich.

²³ The Ageing Population: New opportunities for Adult and community education. Department of Treasury and Finance, Realising the potential of Senior Australians.

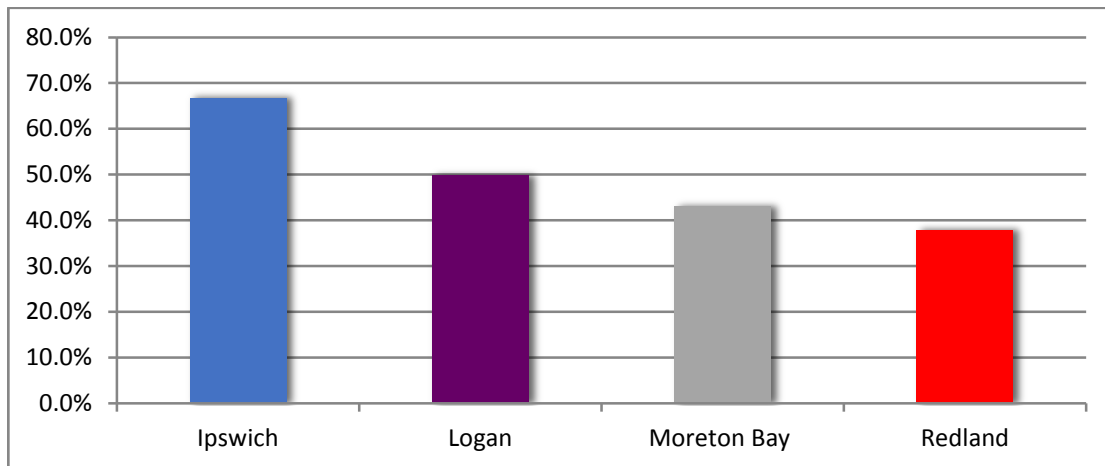


Chart 21 Projected total place of work total employment growth 2016-2036 (%)

Source: Queensland Treasury.

Projected self-containment

Queensland Treasury forecast a small and gradual increase in the proportion of the Redland City workforce working in Redland City, from 47% in 2011 to 52% in 2036. Redland is the only LGA projected to make a strong increase in self-containment levels (+5 percentage points) whereas for Moreton Bay it is no change, -1 percentage point for Logan and -12 percentage points for Ipswich.

	Ipswich	Logan	Moreton Bay	Redland
2011	53%	44%	50%	47%
2016	53%	45%	51%	49%
2021	50%	45%	50%	49%
2026	47%	45%	50%	50%
2031	43%	44%	50%	51%
2036	41%	43%	50%	52%

Table 4 Workforce living and working in the same LGA 2011 to 2036

Source: Queensland Treasury.

Post school education attainment

The population in Redland City has higher proportions of its population having completed year 12 schooling and with degree or higher qualifications than the comparable LGAs, in particular Logan and Ipswich.

Higher levels of educational attainment of parents are a good indicator of educational attainment of their children.

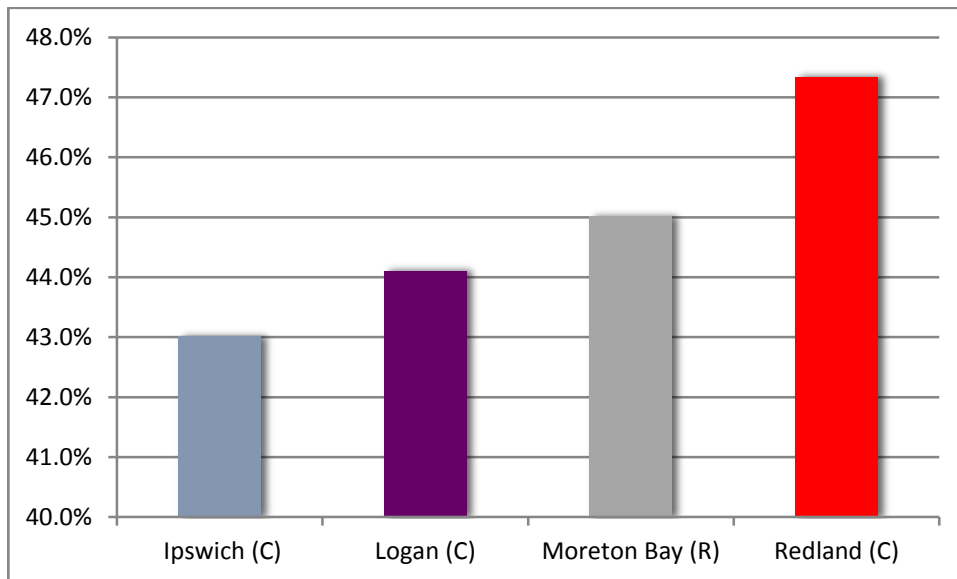


Chart 22 Percentage of population completing year 12 schooling 2011 (%)

Source: Queensland Treasury QRSIS/ ABS Census 2011.

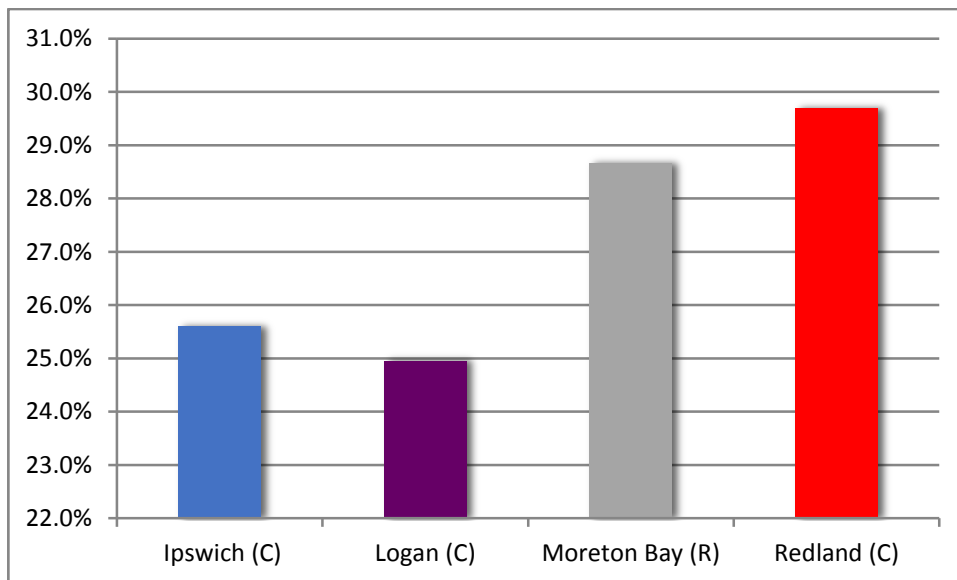


Chart 23 Percentage of population with a degree of higher qualification 2011 (%)

Source: Queensland Treasury QRSIS/ ABS Census 2011.

University and TAFE Attendance

Attendance at TAFE and other VET institutions increased by between 11.5% and 19.5% in the other LGAs but was virtually unchanged for Redland City residents from 2001 to 2011.

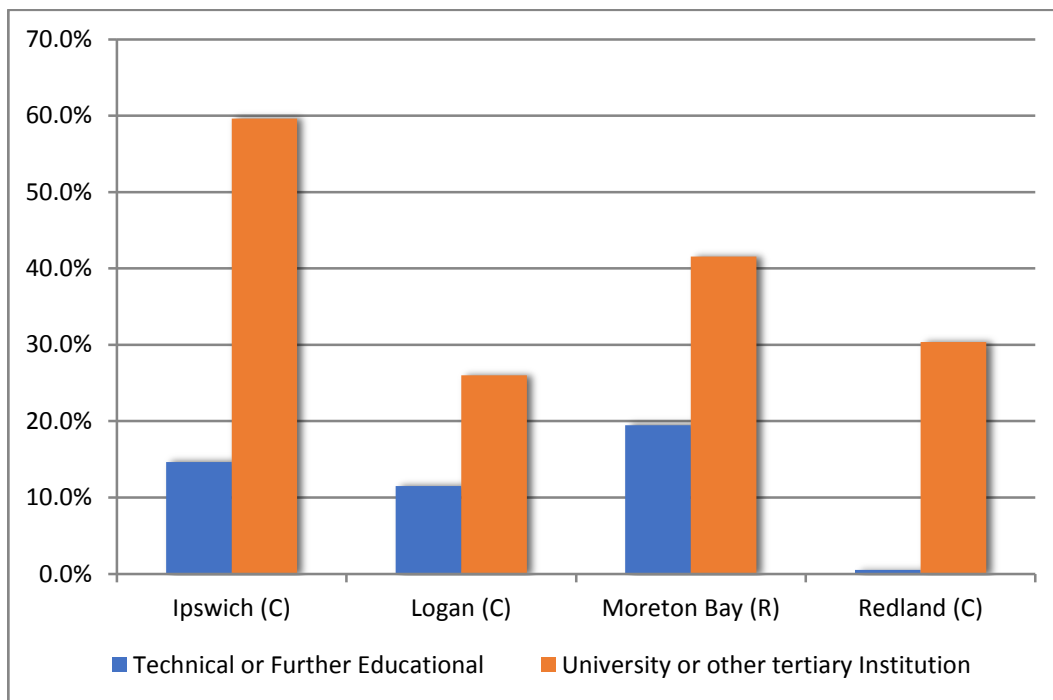


Chart 24 Change in attendance at tertiary institutions 2001 to 2011 (%)

Source: Queensland Treasury QRSIS/ ABS Census 2011.

For Redland City, from 2001 to 2011, attendance at university grew by over 1.5 times the rate of attendance at all educational institutions. This is stronger growth than for Logan and Moreton Bay but not as great as Ipswich. Attendance at TAFE and other VET institutions grew much slower than average with Redland City than for the other LGAs.

Socio economic

Socio-Economic Indexes for Areas (SEIFA) is a product developed by the ABS that ranks areas in Australia according to relative socio-economic advantage and disadvantage. Each index is a summary of a different subset of Census variables and focuses on a different aspect of socio-economic advantage and disadvantage.

Index of Economic Resources

The Index of Economic Resources (IER) focuses on the financial aspects of relative socio-economic advantage and disadvantage, by summarising variables related to income and wealth. This index excludes education and occupation variables. Redland City residents rank well above those for the comparable LGAs, in particular Ipswich. A score of 1000 is the average for Australia.

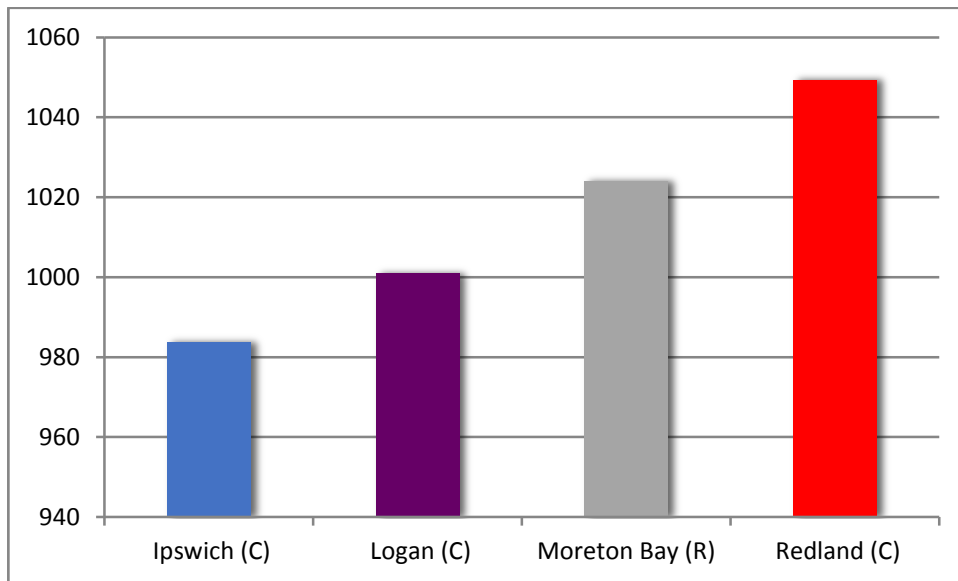


Chart 25 Index of Economic Resources 2011

Source: Queensland Treasury QRSIS/ ABS Census 2011.

Index of Education and Occupation

Redland City ranks above the comparable LGAs, particularly Logan and Ipswich, but less than average nationally.

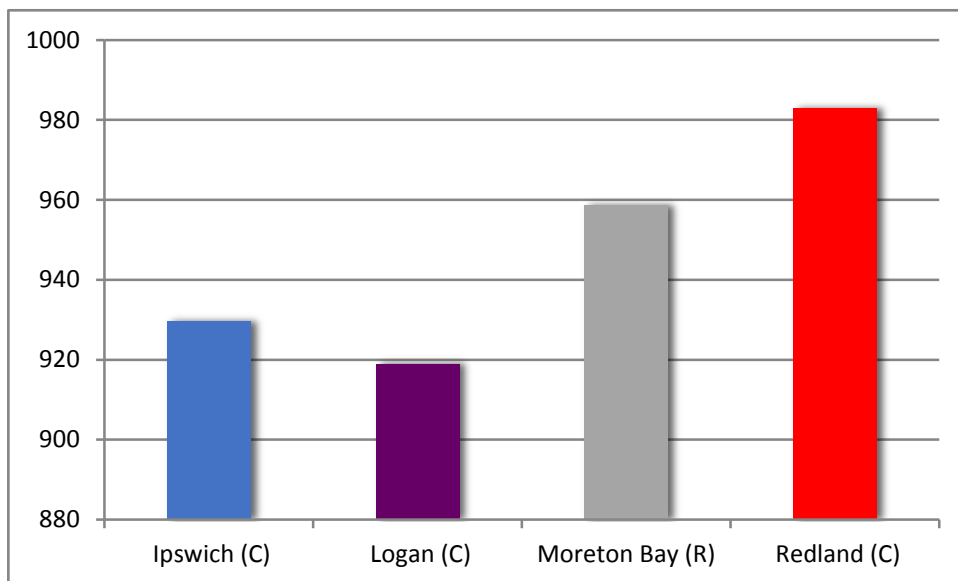


Chart 26 Index of Education and Occupation 2011

Source: Queensland Treasury QRSIS/ ABS Census 2011

Income

At each of the past three Censuses, median household income in Redland City was higher than for the comparable LGAs, with a differential ranging from 6.8% to 10.7% above the average for the other three LGAs.

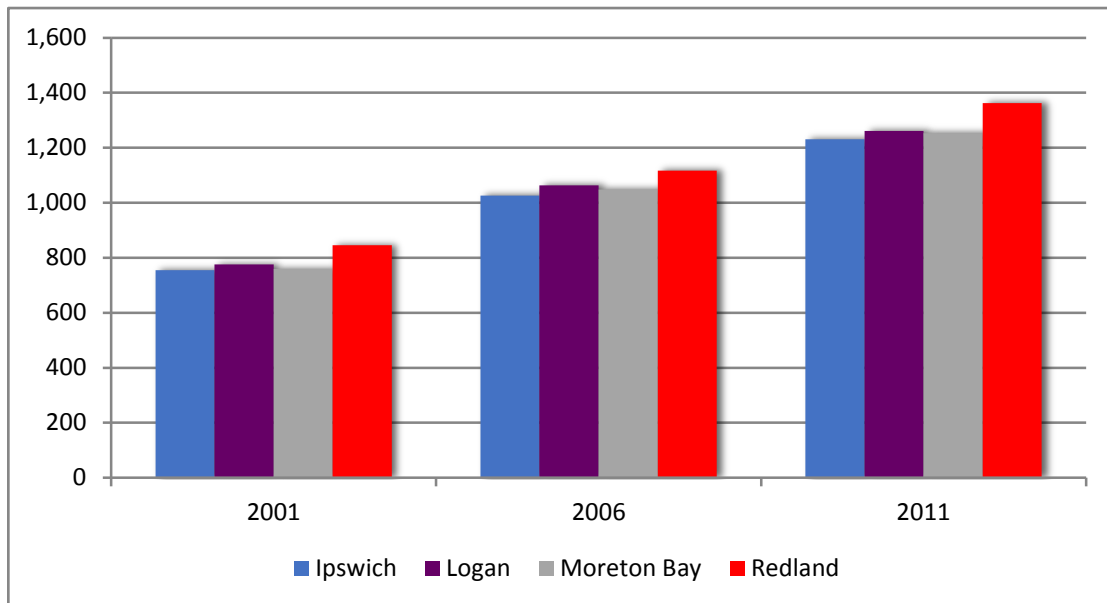


Chart 27 Median household income (\$)

Source: Queensland Treasury QRSIS/ ABS Census 2001, 2006 and 2011.

6 Redlands Education Sector

Education within the Redland City has a strong base as the fourth largest employment sector (based on Full Time Equivalent) and as a contributor of 4.4% of the City's output⁷.

Redland City has 31 schools catering for over 23,000 prep to year 12 students. Perceptions through discussions with key players to date are that the school sector is strong.

There is a large well established TAFE campus in Alexandra Hills. Its location makes it difficult to get to for both school students and school graduates. The campus has been deemed 'Not fit for purpose' and needs significant infrastructure changes or to be rebuilt elsewhere. Future options have been recommended to Government but no decision has been made yet.

There is no university campus which impacts on the City. Significantly there is a loss of a large cohort of year 12 graduates seeking university studies in Brisbane. The lack of a campus also severely limits the early integration of year 11 and 12 students into university programs. With Moreton Bay Regional Council's initiative to establish a university, Redland City will be the only major population centre and LGA near Brisbane without a university campus.

	Government	Independent	Catholic
Secondary	5	4	1
Primary	14	4	5
Specialist	1 Special School	2 Sycamore Australian Industry Trade College	

Table 5 Summary of Schools within Redland City

Note Some schools are counted in both secondary and primary categories

In consultations there have been recurring themes emerging. The positives are:

- That Redland City has a strong school sector
- Living in Redland City is a lifestyle choice
- Redland City is scenically diverse and attractive
- Redland City housing is relatively affordable

The more negative themes which have emerged from conversations with key stakeholders are:

- Redland City lacks the critical mass required for many services and industries. For example:
 - The lack of transport creates issues for students
 - The lack of a university and the loss of year 12 graduates is keenly felt
- The location of TAFE makes it difficult to access
- Proximity to Brisbane is both a positive and a negative

A list of schools and school data is shown in Table 6. Note the specific requirements of North Stradbroke Island have been acknowledged by the State Government and RCC with the development of the North Stradbroke Island Economic Transition Strategy.

Following is a description and discussion of a range of RCC Education Strengths and Weaknesses, Opportunities and Threats (SWOT). As always, Weaknesses can also be Strengths and Threats, Opportunities. The discussion focusses on how these Weaknesses, Strengths, Opportunities and Threats can be overcome or capitalised on.

Schools - Strength to stronger

	Type	Employees	Student enrolment	Indigenous	Language Other than English at home	Index of Community – Socio-Educat Adv	
Secondary Schools							
*	Redlands College	Ind	90	646	1.0%	3%	1112
*	Ormiston College	Ind	78	671	1.0%	11%	1135
*	Sheldon College	Ind	88	668	0.0%	3%	1118
	Wellington Pt SHS	Govt	128	1050	5.0%	-	1001
*	Capalaba State College	Govt	66	860	8.0%	12%	964
*	Faith Lutheran College	Ind	74	501	1.0%	0%	1067
	Cleveland District SHS	Govt	181	1888	4.0%	9%	1022
	Carmel College	Cath	111	1113	3.0%	1%	1047
	Alexandra SHS	Govt	158	1324	6.0%	8%	985
	Victoria Point SHS	Govt	137	1213	5.0%	3%	978
	TAFE Qld Senior Studies	Govt					1042.9
	Redland District Special School		75	123	7.0%		Na
	Australian Industry Trade College						
	Secondary Redlands Total		1,185	10,057			
	Secondary Redlands Av				3.7%	5.6%	1042.9
	Secondary Aust Av				3.3%		1000
	Primary						
	Star of the Sea Primary school	Cath	30	294	2.0%	-	1078
	St Anthony's School	Cath	51	483	3.0%	4%	1056
	St Lukes Catholic Parish School	Cath	40	341	4.0%	2%	1054
	St Mary MacKillop Primary School	Cath	60	571	1.0%	3%	1087
	St Rita's Primary School	Cath	58	543	1.0%	6%	1053
	Alexandra Hills State School	Govt	39	198	11.0%	10%	1006
	Bay View State School	Govt	73	666	1.0%	7%	1040
	Birkdale State School	Govt	77	638	8.0%	11%	1006
	Birkdale South State School	Govt	66	583	5.0%	5%	1004
	Capalaba State College	Govt	66	860	8.0%	12%	964
	Cleveland State School	Govt	76	707	5.0%	15%	1026
	Coolnwynpin State School	Govt	54	352	7.0%	6%	979
	Hilliard State School	Govt	81	703	5.0%	4%	1014
	Mt Cotton State School	Govt	62	613	2.0%	3%	1039
	Ormiston State school	Govt	66	598	3.0%	7%	1064
	Redland Bay State School	Govt	97	832	5.0%	6%	1010
	Thornlands State School	Govt	92	737	3.0%	7%	1030
	Vienna Woods State School	Govt	34	213	8.0%	10%	953
	Wellington Point State School	Govt	61	507	4.0%	7%	1052
	Sheldon College	Ind	88	668	0.0%	3%	1118
	Ormiston College	Ind	78	671	1.0%	11%	1135
	Redlands College	Ind		646	1.0%	3%	1112
	Faith Lutheran College	Ind	74	501	1.0%	0%	1067
	The Sycamore School	Ind		50			

Table 6 Redland City school summary 2016

** Numbers provided in aggregate divided in half across primary and secondary school*

The locations of the schools and transport are provided in *Figure 4 Redland City school location and transport*. Transport and time taken to travel is an issue for those on the Island and for some secondary school students wishing to attend TAFE or university during year 11 and 12.

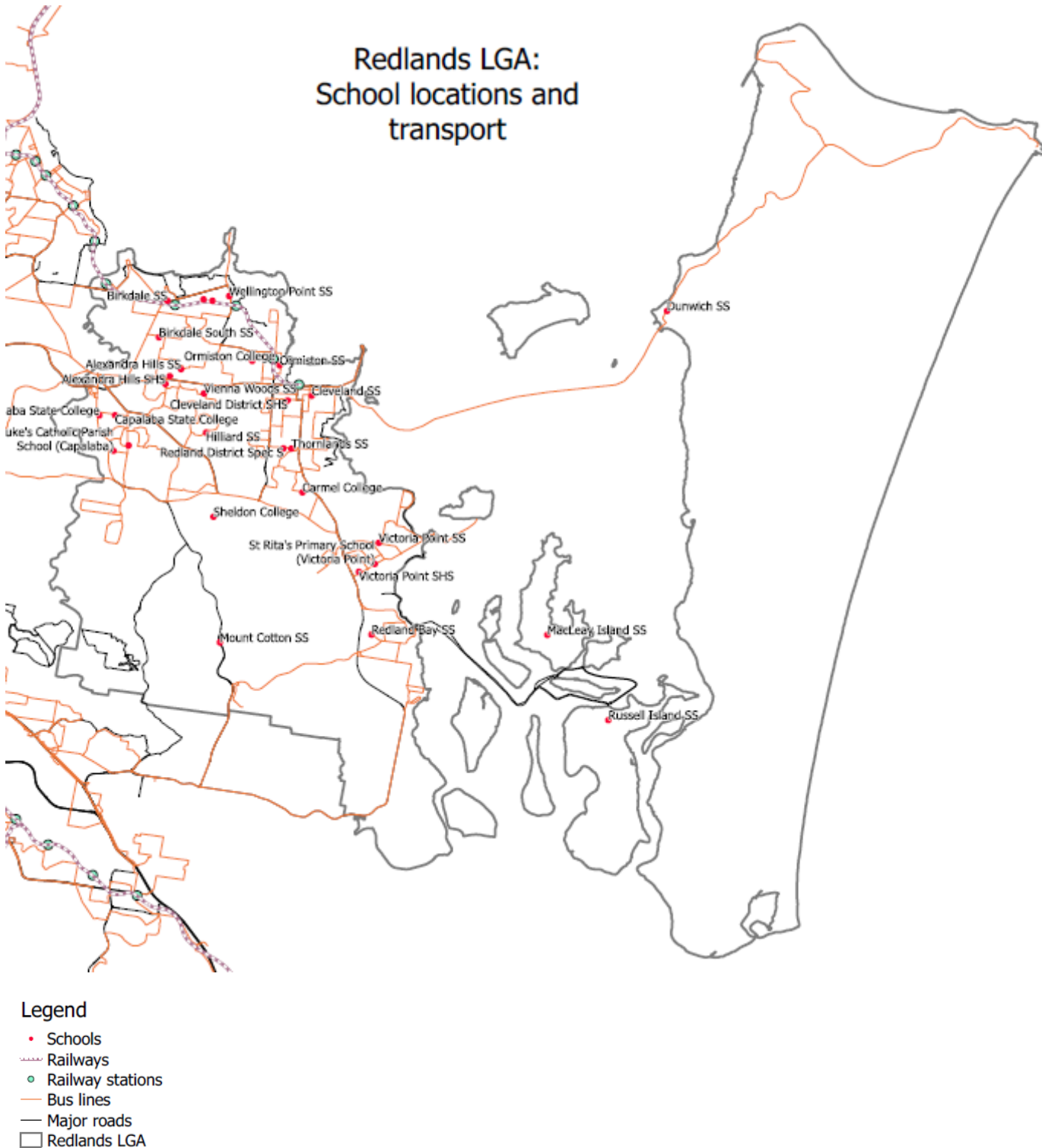


Figure 4 Redland City school location and transport

The perception of school education in Redland City is of a strong sector. Analysis of NAPLAN and OP results does show that as a group they are above average and some individual schools perform very highly.

Tracking of OPs (Year 12 Overall Performance Scores) show consistently average to above average performance over time in the broad OP 1-10 and 1-15 categories.

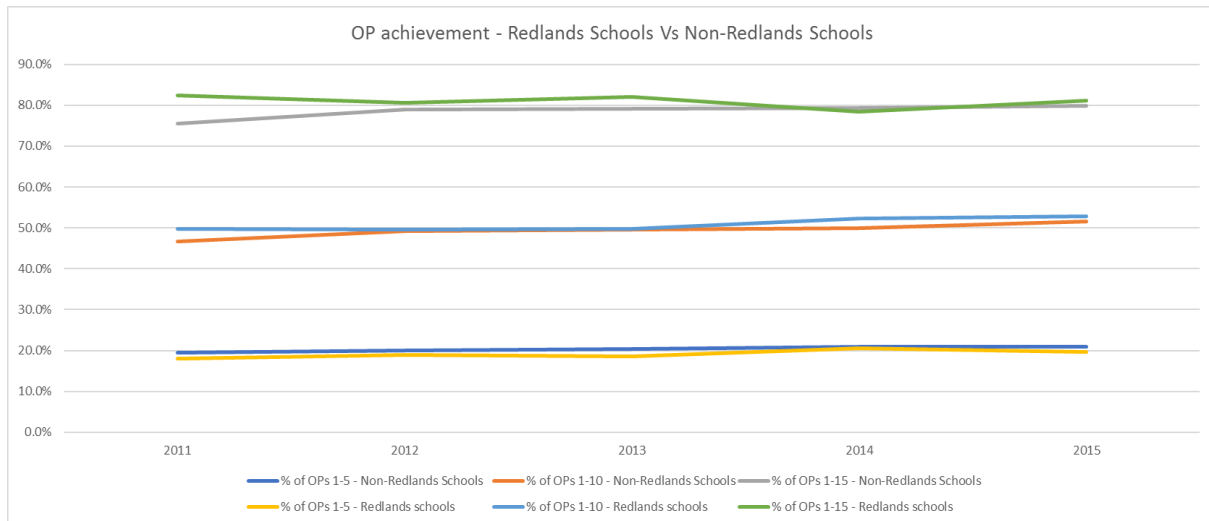


Chart 28 OP achievement (1-10 and 1-15) Redland City schools and non- Redland City schools

Interestingly, as briefly discussed before, charting the individual Redland City schools' NAPLAN results against their Socio-educational index (ICSEA) showed a very tight correlation i.e. the performance of the schools is in line with the social circumstances of their students.

Analysis of the school performance in Redland City is sound. Many of the schools have specialised programs which differentiate them. For example, two schools have an effective job placement program and another a specialised health hub. These programs build on a sound academic performance to justify the perception of a strong school sector.

Consultations with school principals revealed a desire for the Council to be more involved in the school sector, and improve communication as well as interaction.

Actions to consider

- 10) RCC take a leadership role and, in consultation with school principals, provide a formal framework of interaction to cover meaningful issues. For example, half yearly meetings between Principals and RCC celebrating successes and addressing issues. Venues could be rotated allowing schools to showcase their points of difference. Issues could include: success of school to work transition program, Careers and Courses Expos. This is a facilitating role with short to long term outcomes.
- 11) RCC consider a representative of the school sector be an addition to the Education Strategy Implementation sub-committee. RCC's role is to facilitate, no cost, short to long term outcomes.
- 12) RCC be formal part of 'The Schools Work Network' which facilitates the schools to work transition and hence improve employment outcomes for Redland City school students. RCC's role is to participate.

Special needs – Weakness to Strength

There are identifiable groups in the Redland City community with special education and training needs and responding to these needs will lead to positive economic outcomes.

The main groups are:

- Youth at risk
- Lower skilled mature age cohort

- The Indigenous population.

Youth at risk are young people (aged 15-24) comprising often overlapping subgroups of those who are unemployed; those not fully engaged in education and/or employment; and those who are not in education, employment, or training at all.

In respect to youth at risk a report by Australian Workforce Productivity Agency (AWPA) found that:²⁴

- Early intervention is critical and there is a need to identify at-risk young people at school and focus intervention efforts on transition before they become disengaged
- The role of high quality work placements cannot be overestimated in achieving successful transitions to work
- Many programs come and go and stakeholders are frustrated by the churn
- There are no quick fixes. It takes perseverance and requires stability and flexibility of funding to achieve good outcomes

In another report the AWPA found that:

... foundation skills are likely to have the largest impact on productivity. This is not surprising given that foundation skills provide the basis for further learning and productive activity in workplaces. However, studies examining interventions designed to develop foundation skills highlight that they are also some of the most difficult skills for adults to develop²⁵.

The lower skilled mature age cohort comprises those aged 45-59 who left school early and have no post-school qualifications. The AWPA found that:

- There is a gap of nearly 20 percentage points between the labour force participation of lower skilled mature-age people (aged 45-59 years), at 69.3 per cent, and those who completed Year 12 and have post-school qualifications, at 88.3 per cent
- Nearly three times as many lower skilled mature-age people are not in the labour force compared to those with higher-level skills. This creates barriers related to the person's confidence and motivation, so solutions need to focus on building confidence and self-esteem and identifying strengths and transferable skills
- Many in this group may have given up and have simply dropped out of the labour force, becoming invisible to agencies and services who could assist them

Education and training of various types is a key pathway to re-engage this group of the population in the labour force.

Redland City is an important location for the Quandamooka people, both on the islands and mainland. Improved education, training and employment outcomes for the Indigenous population is the focus of many Commonwealth, State and local policies and programs. The most notable current example in this region is the North Stradbroke Island Economic Transition Strategy.

Nationally, the labour force participation rate of Indigenous mature-age people with higher skills is 82.4 per cent but less than half of lower skilled Indigenous mature-age people are in the labour force (49.6 per cent).

While difficult, if programs close the gap on foundation skills, the economic impact is great. More effective use of TAFE strengths could be exercised here.

²⁴ The Australian Workforce Productivity Agency. Issues in labourforce participation. 2014

²⁵ The Australian Workforce Productivity Agency. Human Capital and productivity Literature Review. 2013

TAFE Queensland Brisbane Alexandra Hills Secondary Studies Program - Strength to stronger

The Redland City has a strength in the long established Senior Studies program at Alexandra Hills TAFE campus. TAFE has reinvested in this program and it has grown to over 200 students.

The program specialises in providing year 11 and 12 study programs for those seeking alternative pathways to conventional secondary schools. This caters for a broad range of those seeking education but specifically includes women returning to the workforce; those who have low literacy and numeracy skills; and youth at risk.

An internet search and consultations within the Redland City shows this program is not well known or promoted. This program attracts students from outside of the region and has the potential to attract many more. This Senior Studies program should be promoted and recognised as an integral part of the RCC Education Strategy.

The Sycamore School - Strength in concept and early implementation

Recently the Sycamore School was opened on the TAFE Queensland Alexandra Hills site. This provides a further specialised educational service tailored for those with autism.

With over 10,000 primary school aged students in Queensland with a diagnosis of an Autism Spectrum Disorder, there is a growing community not only of students, but also the increased numbers of families and educators who require support²⁶.

An estimated one in 100 people has autism. Autism affects almost four times as many boys than girls²⁷.

Autism Aspergers Advocacy Australia (A4) has been reporting substantial growth in the number of autism diagnoses for some time. In 2012, A4 observed that at least 1 in 63 Australian school children has a formal autism diagnosis and was registered to receive Carer Allowance (child)²⁸. Autism prevalence is shown in the following table:

Australia - Carer Allowance (Child) 2015

Age (years)	Autism Spectrum Diagnosis	Population	Prevalence
0-4	5,748	1,538,952	0.37%
5-9	29,027	1,522,192	1.91%
10-14	31,840	1,415,903	2.25%
15	5,569	287,190	1.94%

Table 7 Formal Autism diagnosis registered for Carer Allowance - Australia

While there are some support centres and schools for those with autism in Brisbane, Sycamore claims to be the only full time school for children with ASD in Queensland.

This school has the potential to be a specialist centre and to attract a market from outside of the city as well as service the city's need in this area.

²⁶ The Sycamore School <http://www.asdlearning.org.au/about-us.html>

²⁷ Autism Spectrum Australia <https://www.autismspectrum.org.au/content/what-autism>

²⁸ A4 Autism Aspergers Advocacy Australia <http://www.a4.org.au/prevalence2015>

International education - Weakness to Strength

As shown in section on the international education, the sector has grown to the extent that it is now the third largest export sector for Australia, behind only iron ore and coal. In 2015 Queensland had 103,251 international students studying English as well as a range of qualifications and non-award courses. Redland City is not capitalising on this market at all with very few of these enrolments.

Greater Brisbane accounts for about 65%-70% of the international students in Queensland. In Redland City, while there are 8 schools registered to deliver through CRICOS, there are only 4 providers delivering and with small numbers. Information from DET on Redland City international enrolments shows only 120 students on student visas, most of whom attend the two state high schools.

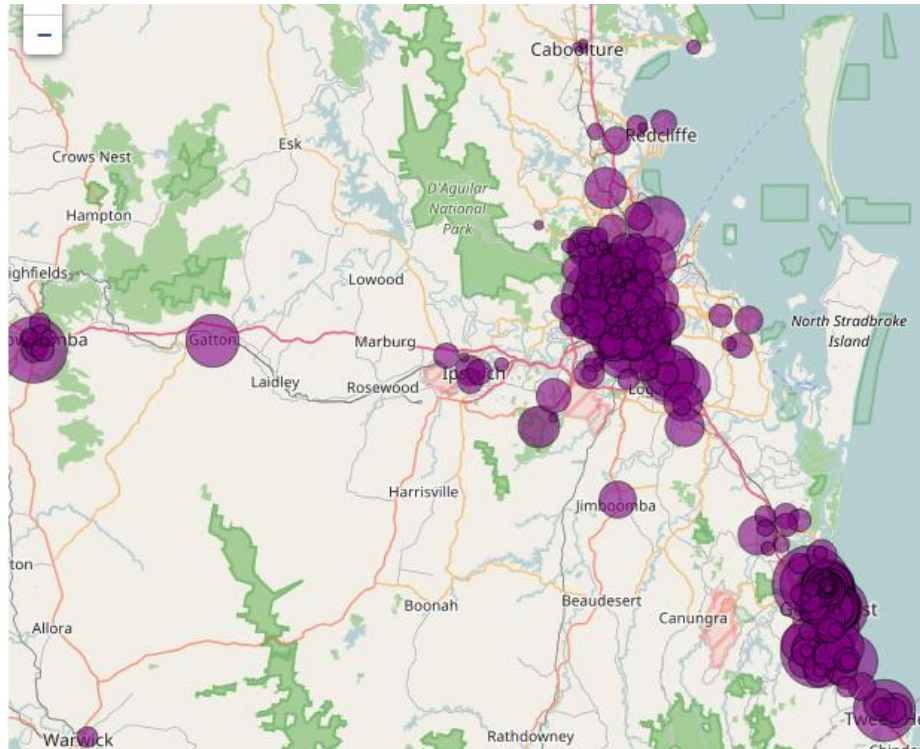


Figure 5 Indicative distribution of international students South East Queensland 2016

Source: DET

The above map shows the intensity of international student placements across South East Queensland. The three small dots to the right indicate international students in Redland City. The map below shows greater clarity around the Redlands area.

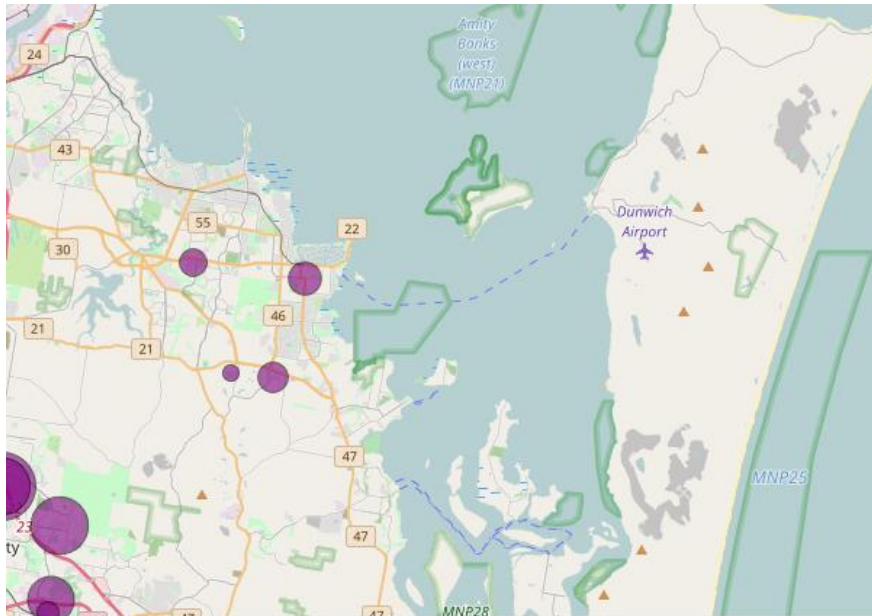


Figure 6 Indicative distribution of international students Redland City 2016 - large scale
 Source: DET

The marketing, regulatory and logistical requirements for attracting and supporting international students are complex. It is difficult for schools to ‘go it alone’ in this area. Cities successful in attracting and supporting international students have taken a coordinated approach to this.

A key element to the success of Brisbane and the Gold Coast is the coordinated support and marketing provided to International education providers through ‘Study Brisbane’ and ‘Study Gold Coast’ groups. The Councils provide varying forms of support including funding, coordination and administration.

International students should also be considered in the context of the tourism strategy promoting study tours. Eco and cultural tourism (edu tourism) would mesh well. Cairns, Brisbane, Gold Coast and Sunshine Coast are important study tour destinations. With the attractions of Redland City, in particular North Stradbroke Island, this is a market that would also be well suited to this region.

Cairns has a successful international education market. This was initiated on Study Tours, largely through as above. The strategy outlined later in this document recommends study tours as the base for developing an international education market for Redland City. There are two study tour markets to be considered:

- 1) Short tours for the 70,000 Brisbane international students and potentially the Gold Coast international students
- 2) 1-6 week study tours specifically designed for international groups to go to Redland City

This strategy will give rise to short, medium and long term actions, building on the strength of the Redland City schools in the short term to the potential for higher education in the longer term with attraction of university presence.

Redland City’s geography - Opportunity

Redland City displays a diverse range of geography with islands, a range of marine environments, open spaces, suburbs, semi-rural, rural and forested areas.

There is an opportunity to use the open space for training in the emerging industry of drones, and other artificial intelligence. Both QUT and TAFE are already separately using this space in drone technology training.

Action to consider

13) RCC include TAFE and QUT drone training, work on assistive technologies and other STEM activities in Redland City in the network of activities making up the Innovation Hub.

University campus - Weakness to Strength

This lack of a university has been well documented and given the outflow of year 12 graduates from the region it will continue to be an issue until addressed. While this can be considered a weakness for the area there is also strength in that while Redland City is considered a region, unlike many regions it has an array of well-regarded universities within a realistic commute.

The following graph shows 42.3% of year 12 Redland City graduates go to university. Given there is no university within the city bounds this is a significant loss.

Note that Nazarene Theological College is within the RCC boundaries and like TAFE offers a limited range of higher education qualifications.

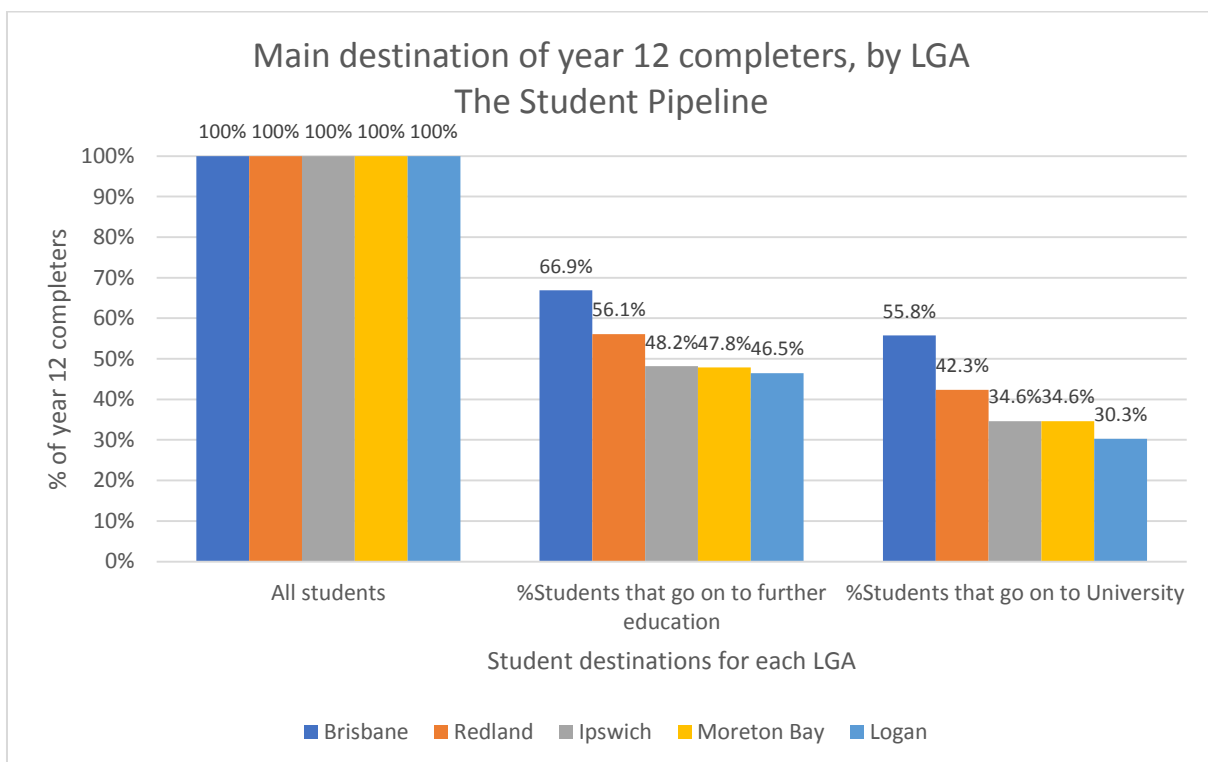


Chart 29 Destination of year 12 completers in from Redland City and comparable LGAs

Source: Next Step Data 2016

Registered Training Providers - Weaknesses, Strengths and Opportunities

TAFE Queensland

The area is serviced by a large TAFE campus based at Alexandra Hills. It has traditionally been the 'go to' Vocational Education and Training provider for the area. The campus is managed by TAFE Queensland Brisbane and provides as a wide range of courses including the business, allied health and core skills.

It should be noted that TAFE has a number of university partnerships and the capability to deliver a range of university level programs. These are not offered in Redland City at present.

In addition, Skills Tech is also based on the Alexandra Hills campus and provides training for apprentices in a broad range of traditional engineering trades.

TAFE is by far the major player in terms of vocational delivery. The TAFE campus at Alexandra Hills has long been perceived as difficult to access and a move to a new facility at Cleveland has been discussed for over 10 years. A recent draft proposal has earmarked Alexandra Hills campus for upgrade or a move to a new location.

With either outcome in mind there is an opportunity for TAFE to be part of the strategies within this plan. Of most relevance would be the inclusion of TAFE as a major player within the Study Centre in the Cleveland CBD, as described in Strategy 2.

It is worth noting that the NIEIR report⁷ - a widely quoted paper on the Redland City training demand - outlined that employer demand for skills in the Redland City is largely met and rightly concludes there are areas that should or should not be funded. This comprehensively covers trends in occupation and VET skill needs within Redland City the VET sector. However, a full market driven model fits outside the scope of this report. There are several points to be made here:

- While the report reflects employer demand it does not reflect consumer demand, where individuals are prepared to pay to increase their employability and productivity.
- Nor does it account for the contribution of education or 'over credentialed' employees to the economy in terms of productivity. Higher education levels not only improve participation (employability) but also productivity.
- Given the lack of prediction on the impact of digital disruption the report takes a conservative estimate on changing skill needs, basing these estimates on current trends.

This is in no way a criticism of the NIEIR report but a reflection of its clearly defined scope.

Private RTOs

There is a total of 24 Registered Training Organisations (RTOs, listed below) registered within the Redland City boundary. There is a mix of schools plus RTOs in specialist industries. The scope of school registrations are primarily business and IT but some cover the more industry specific areas of design, screen media and hospitality.

	RTO Code	RTO Name
1	1820	PCD Training Services Pty Ltd
2	30008	Horizon Foundation Inc
3	30255	Capalaba State College
4	30759	Sheldon College
5	31982	SDS TRAINING AND SECURITY PTY LTD
6	32129	AMC Training & Consulting Pty Ltd as trustee for AMC Trust
7	32376	EDB Training Services Pty Ltd as Trustee for The Barber Family Trust
8	40781	FARROW, MARK WILLIAM
9	41066	BROADBAND CONNECT PTY LTD
10	30209	Alexandra Hills State High School
11	30508	The Corporation of The Trustees of The Roman Catholic Archdiocese of Brisbane
12	30566	Redlands Combined Independent College Inc
13	30587	Victoria Point State High School
14	31179	Australian Celebrations Training Pty Ltd as Trustee for the ACT Trust
15	31293	Mayfair College Pty Ltd
16	31506	IMPROVEMENT TOOLS (QLD) PTY LTD
17	31943	New England Institute of Technology Pty Ltd
18	31988	Drug Testing Institute Pty Ltd as trustee for Drug Testing Institute Trust
19	40914	SPICE TRAINING PTY LTD
20	41065	ONSITE TRAINING SOLUTIONS PTY. LTD.
21	41415	COMMAND COACHING AND TRAINING PTY. LTD.
22	45056	AUSTRALIAN ONSITE TRAINING PTY LTD
23	30895	Xamerg Pty Ltd

	RTO Code	RTO Name
24	275	TAFE Queensland
Note there will be some RTOs operating in the area but registered elsewhere eg AITC		

Table 8 Registered Training Providers (RTOs) with offices registered in Redland City

Source: Training.gov.au

TAFE and other RTOs have a huge role to play in the future of Redland City.

The ageing population means an increased level of vocational training will be needed to support the wellbeing of this ageing cohort. With the Redland City projections of a dominant aged profile there will be a demand for wellness training programs – eg fitness, pilates, yoga trainers as well as an increased demand in allied health such as aged care.

With the need to maintain productivity in the workforce there is likely to be an increase in the retirement age and an overall increase in older workers. There is a need for training this cohort to maintain employable skills but also a need for ongoing training in life skills and knowledge in maintaining their own wellness.

U3A services address this need to an extent but Council could also support this. There are models in other council areas where wellness training is delivered using private trainers to the local constituents.

One of the strategies proposed is to develop a health/wellness education precinct. TAFE and other providers will have a major contribution to make here.

Increasingly the difficulty of registering and maintaining registration as an RTO is revealing the value of educational partnerships. It is not viable for any RTO to be everything to everyone – including TAFE. A greater coordination between RTOs in the City would enhance the opportunities for these partnerships and for potential students.

Case studies of this are already in existence and include:

- Australian Industry Trade College (AITC) is one of the very few trade colleges which has remained viable. This may be in part because while it is an RTO it is registered only for Business and IT. It does not try to hold registration for the range of trades it offers but it partners with other RTOs.
- Interviews with schools exposed the difficulty some students had in making their way to TAFE to do specialised courses. Some schools have partnered with private RTOs and or TAFE to deliver and assess on their own site, with their own teachers at a much reduced and efficient cost. In this case, the RTO oversees the quality only. There are models here with increasing involvement of the RTO.

Action to consider

- 14) *RCC take a coordinated approach to encouraging RTO partnerships though including RTO access to a centralised Study Centre.*

Population growth - Threat to Opportunity

As discussed previously, most of the increase in the Redland City population will be over 60 with relatively small numbers in the main primary and secondary school aged population. There needs to be a sense of urgency to develop the education industry to address this.

Recommendations are focused on using the ageing population projections for the Redland City to become a national leader in the provision of education for this cohort.

Action to consider

- 15) *RCC has the opportunity to lead and sponsor community based education and training for the older active population. As the Australian population ages, Commonwealth and State funding to Councils and other NGOs should become available to support meeting this need at the local level.*

- 16) *RCC should take the initiative and develop pilot sites (with Commonwealth and State funding) to establish a national research centre for the policy, research and program development of education and training services for the aged population.*
- 17) *RCC should ensure that the Health Precinct site to the south of the Hospital (old F&P factory site) has zoning that would allow education as well as health use.*

Education - Industry immersion model - Opportunity

With the increasing pace of change in technology, globalisation and work structures, and the impacts this has on the individual's need to continually train, the link between industry and education needs to be tighter than ever. Life-long learning of industry skills is an ever-changing paradigm. Education needs to be immersed within or very close to industry, in an education Industry immersion model.

Without a substantial investment in, or commitment to an existing higher education institution, RCC is well placed to move forward with a flexible industry focussed model. This would include linking course work and Recognition of Prior Learning with the major industries in the area. For example, with the implementation of Strategy 2, recommended at the end of this document, industry specific qualifications for the retail industry could be delivered from the Study Centre. A series of pathways to support the main industries could be developed.

TAFE Queensland Brisbane has higher education programs of its own and partnerships with University of Canberra and Federation University. They have tied their Advanced Diploma RPL programs for experienced managers to automatic entry to the second and third year degree programs. These pathways are linked to and applied in the workplace.

Flexible private RTOs have similar programs, which could be developed for Redland City's industries.

Action to consider

- 18) *It is recommended that an awareness program about alternative pathways for existing workers be promoted. Chamber of Commerce may be valuable support here.*

With regard to Health this could be done on a major scale through the development of the recommended Health and Education precinct. In Retail this could be done within the recommended Study Centre located in the CBD.

7 Assessing Economic Impacts of Education Strategies

The allocation of public resources by Federal, State and local governments is ultimately a political decision whereby governments weigh a wide range of competing priorities.

Various techniques can assist government in the decision-making process to assess the costs and benefits of relative claims on public resources, including:

- Cost–benefit analysis
- Cost effectiveness
- Planning balance sheet analysis, and
- Economic impact assessments including multipliers.

Given the leakage of some 50% of jobs from Redland City there are practical difficulties in measuring KPIs based on the above. In addition, while simple, the multiplier based models are no longer supported by Queensland Treasury nor the ABS and the Productivity Commission has raised serious doubts about their applicability. The Queensland Treasury states that, “... the Input-Output (I-O) model is easy to use because of a number of limiting and unrealistic assumptions”.

It is not recommended that the above economic impact assessments and related multipliers be used.

Ultimately governments will make decisions based on more than economic outcomes alone, particularly in the case of education that, as well as economic benefits, has broad social and community benefits.

Application to Redland City Council

Redland City Council’s Economic Development Framework (EDF) has several key objectives relating to education. The best guide must come from determining those actions that are most likely to achieve the Framework’s high-level economy wide objectives:

- Population growth targets
- Job growth targets
- GRP growth target.

The population growth, jobs growth and GRP targets are inextricably bound together.

The other key consideration is that the metrics used to evaluate the spending alternative must be readily available and clearly understood.

The best simple and direct measure is the number of jobs and income from those jobs because:

- The data is clearly understood (preferably expressed in FTE to standardise measured units)
- The data is a direct measure, that can be readily and easily assessed
- The number of jobs and the income from those jobs is a direct and by far the most substantial component of the Gross State Product (GSP) accounting for 84.1% of the Education and Training industry’s contribution to GSP. It is a fair assumption that the same would apply in Redland City.

Therefore, one measure of employment measures progress against the jobs target and to a very large part the same for the Council’s GRP target.

While Council as always needs to consider social, environmental and political outcomes different proposals can be compared and ultimately measured in terms of their impact on the jobs and income outcomes for Redland City and hence their contribution to EDF targets.

8 Strategies and Actions

All strategies require strong community involvement and commitment and the development of a supporting culture of life-long learning.

Strategy 1 - Grow International education

Step (1) Study tours

Step (2) ESL and RTOs (Registered Training Organisations)

Step (3) Schools

Step (4) Tertiary and Vocational

Strategy 2 - Grow a university sector

Strategy 3 - Establish a Centre of Excellence in Education for the Ageing

Strategy 4 - Develop a Health and Education Precinct

Strategy 5 - Engage the community in education and life- long learning

5.1 Increase engagement with school sector

5.2 Increase access to the vocational [training](#) sector

5.3 Increase engagement with and support for U3A

5.4 Develop community accessible STEM options

5.5 Develop community access to alternative and foundation studies sector

Before addressing any of the education strategies and their associated actions there are some initial and general actions that should be undertaken.

Initial and general Actions

- 1 Identify and support Education Champions to promote the implementation of the education strategy
- 2 Create a Study Redlands Group (including above) to drive, support, coordinate and promote the Redland City 's Education Strategy.
- 3 Identify and establish long term, high level education relationships at Councillor/Mayor to CEO/President/Vice Chancellor level

Appendix 5 Employment impacts of education strategies provides summary employment impacts, where possible, for each of these following strategies.

Strategy 1 - Grow International Education

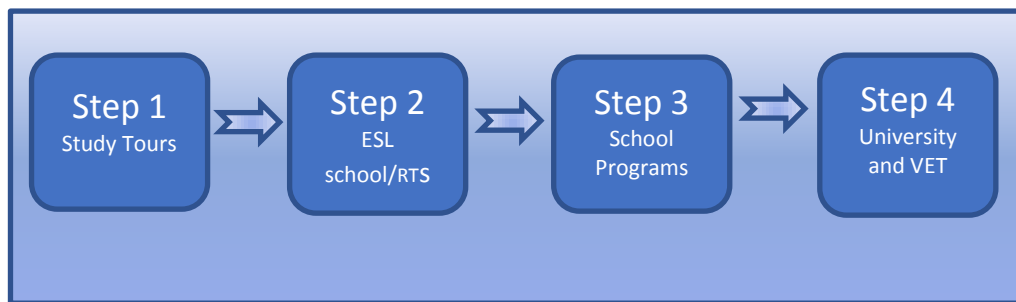


Figure 7 Redland City pathway to an increased International Education footprint underpinned by partnerships and community

Key to the success of the International Education strategy is the development of partnerships within the Redland City and between Redland City Council, State Government, education providers and private enterprise.

Why? Why grow the international education sector?

- At an Australian level the ABS valued exports from international education at \$18.8b, making it Australia's third largest export²⁹, and it is growing.
- Queensland international education is increasing and revenue for 2015-16 was \$2.97b³⁰. Redland City has a minute part of this lucrative international education market.
- Queensland differs from the other states in that International Education is less capital city centric – there is regional success and a now a regional focus in the new International Education strategy.
- In Brisbane City, there are nearly 70,000 international students, and there are opportunities for Redland City to 'piggy back' on this market success.
- At the State level moving into the International Education market is timely:
 - International Education is a major focus with the release of the Queensland International Educational and Training (IET) Strategy.
 - The Queensland International Education strategy has committed \$25.3M over the coming 5 years to four strategic imperatives including '*Strengthening our Regions*', specifically identifying:
 - '*Ensuring coordination and collaboration with local government and RSOs.*
 - '*Leveraging the linkages between other regional services and industries, such as tourism.*
 - '*Building leadership and capacity in all regions.*
 - '*Understanding the unique selling proposition for students studying outside of a capital city.*
 - '*Providing local access to information and support for international students.*³¹
- Redland City has a range of features, which would make it an attractive proposition to many international students, these include:
 - An Australian community-based experience
 - Diverse beautiful landscapes
 - Access to an Indigenous culture
 - Potential for edu tourism growth
 - Relatively affordable accommodation

²⁹ Australian Government, The Value of International Education to Australia. Prepared by Deloitte Access Economics.

³⁰ ABS, International Trade in Services. Cat 5368.0.55.003

³¹ Queensland's International Education & Training Strategy, Department of Trade and Investment, Qld

- Easy access to large city, a significant advantage.
- The Redland City Tourism Strategy and Action Plan has already identified the above features as those sought by the international student market. Active engagement of the tourism industry in all planning is essential.
- As well as longer term study tours where students come to stay there is an opportunity to provide shorter study tours to the existing international students on Brisbane and the Gold Coast, utilising the strong Edu Education and Eco Tourism features of the area.
- Redland City can emphasise the positive safety aspects of a location near to but not in a large city, given that safety concerns rank highly for international education location decisions.
- There is significant good will from commercial and Government organisations to support Redland City's growth in the international education sector.
- The Redland City has a strong School sector an enabler for study tours of 2-6 weeks.
- Redland City is well placed to provide an Australian community experience for students from the young to parents. There has been an assumption that students prefer the cities. However not all students are the same. Recent feedback on the student experience is revealing an aversion to international student enclaves, which often occur in the popular cities, and a desire for a 'community' experience and a sense of connectedness. Redland City can offer this community experience.

Constraints

- There is a range of study tour models from full integration in class and school activities to the study tour operator just hiring classrooms. A model tending to the latter is far less disruptive to schools while still providing a financial return. Study tours need be designed to meet school needs.
- The lack of an existing IE footprint limits expertise within Redland City.
- Homestay is seen as an issue. While schools continue to carry the load of homestays it will be an issue. There is a need to develop a broader, more supported approach to Homestays. This can be supported through study tour and ESL operators who have the expertise and incentive to develop a Homestay market.
- Importantly there are international education business models suited to growing the Redland City international education footprint. There is a step by step pathway into the International Education industry and provided there is a capability for schools to hire out classrooms for study tours and the schools are well supported there are relatively few barriers to entry including relatively low investment. The early step of systematically introducing study tours provides substantial economic input through fees to schools, tourism outlets, hospitality and homestay. This can be done with relatively little investment.

While the beauty of Redland City will be a contributor, the incorporation of the community can be its key point of differentiation. Queensland is different from other states in the success of its regional program. One key in this is that there is a segment of the international student market which wants to feel part of the community not just part of an international enclave which can be the case in a city environment.

Many cities have built their International Education sector based on university and or TAFE enrolments and expanded from there. This is not a viable option for Redland City at present.

The pathway to an International Education footprint outlined in Figure 7 is a more realistic option for Redland City. The City of Cairns provides a good example of building an international education market on study tours. While Cairns – a similar size but different demographics when compared to Redland City – did not plan the full pathway described above, that is how it developed. Refer to Appendix 3 Local Government Study Groups.

What? What needs to happen?

The recommended actions to commence this strategy are to work with Study Redlands and representatives from the relevant elements of the tourist industry to:

1. Identify International Education Champions from the 1. Council, 2. Community (including Indigenous and senior educationalists), 3. School sectors and 4 the Tourism Sector
2. Utilise the Study Redlands Group to support, drive, coordinate and promote international student activities with community and business focus. (Refer Appendix 3 Local Government Study Groups)
3. Identify value propositions which the community and Council can live by and differentiate Redland City from the competition in International Education. Potential: Differentiate Redland City as an 'Australian Community based experience with easy access to islands, water, a large city and theme parks'
4. Create a strong relationship with Trade and Investment – International Education via one of the identified Community and or Council champions
5. Develop an International strategy funding application in cooperation with Study Redlands– with community and business partnerships

1 Develop Study Tours

Sub objective is to create:

- a day study tour which is the number one choice for Brisbane and Gold Coast international students seeking an island and/or Indigenous cultural experience.
- a range of study tours 1 day to 6 weeks based on the Redland City's point of difference of a 'Australian community experience'. Study tours average approximately 1 week. An example with pricing, i.e. revenue figures is provided in Appendix 4 Study Tour example.

Actions:

1. Identify strategic and operational partnership with well credentialed Study Tour Operator(s) and Education Queensland International (EQI).
2. Outsource the planning and development of a community based Homestay program to a commercial operator. Ensure close understanding of, and input into this important community based development.
3. Support Study Redlands in initial funding, set up, contracting advice and in administration.
4. Support Study Redlands specifically in the development of a sustainable business model to drive the reliable delivery of Indigenous Cultural aspects of study tours. Reliability here is key and so the business model needs to be sound and focused on a strong financial return to the providers. (i.e. not funded but built on a business model)
5. Integrate the island and/or Indigenous Cultural Study tour into the Tourism Strategy³² with the objective to make the one day Indigenous Cultural and Island experience the number one day tour choice for Brisbane and Gold Coast international students.
6. Support study tour operators and EQI in the communication and promotion aspects of range of range of study tours 1 day to 6 weeks based on the Redland City's point of difference of a 'Community experience'

2 Develop ESL market

Sub objective is to build on the study tours market attract ESL (&RTO) schools to Redlands City. This will be built on an existing homestay and industry.

Actions:

7. Identify strategic and operational partnership with well credentialed ESL schools. An ESL school which is also a Registered Training Organisation (vocational training provider) or has close partnerships with a Registered Training Organisation would be preferable. Vocational

³² Redland City Tourism Strategy and Action Plan

certificates or diplomas will create further education pathways for students which will add to the City's educational foot print as well as providing a clear marketing pull for potential students.

8. Provide incentives to providers with potentially of scenic space at reduced rent

3 Build the International School market

Sub objective is to increase the support for and international student growth within the school sector

Actions:

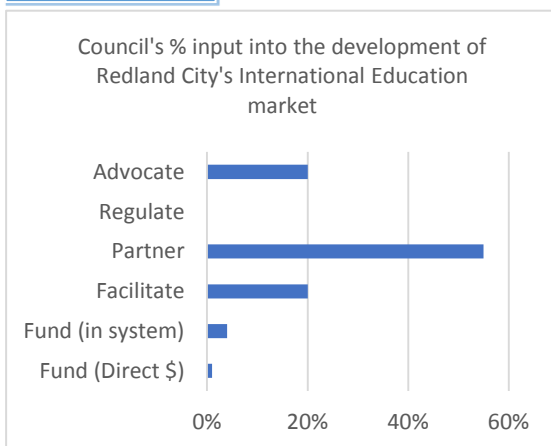
9. Support the extension of the homestay system to schools wishing to develop their market.
10. Through the Study Redlands group support schools in the development and promotion of their international Education market
11. Identify strategic and operational partnerships with well credentialed ESL schools who can provide school placements which will minimise the marketing the school is required to do.

4 Build the International Tertiary market

Sub objective is to build the tertiary market

This is very long term and depends on attracting the tertiary sector into specialised education hubs. If TAFE takes up a campus in Cleveland then there is the potential to deliver both vocational programs and university programs through partnerships.

Council role



Preliminary **advocacy** to International Education partners and Government to ensure their support for the Department of Trade and Investment and funding application and ongoing development of the International Education industry.

Ongoing **advocacy** to politicians to ensure they are aware and supportive of intent

Significant commitment in building and managing Government and Commercial **partnerships**.

Provide 'in kind' **funded** support in administering Study Redlands and in supporting International Education Council Champion(s) Directly **fund** the development of an application for state funding to grow Redland City International Business

Would recommend an initial **funding** of Study Redlands to show good will and to cover initial branding and marketing of Study Redlands

Estimated \$40,000 in support for the creation and administrative support to Study Redlands year 1.

Longer term investment would be dependent on International education growth

Returns

- Short term returns for study tours
 - Increased short term revenue –Example, approximately \$1,400 per student on a 2 week study tour would stay in Redland City – refer to draft case study *Appendix 3 Local Government Study Groups*.
 - There is a variable flow on effect depending on how closed the region's economy is.
- Increased long term revenue –
 - Example of one long term tertiary student at direct revenue of \$42,545 pa.
 - There are additional revenues associated with this long-term student
 - 17% from students staying before and after their courses
 - 5% from friends and family visiting
 - 38% visiting other regions within Australia³³

³³ Cairns International Education Sector, Value to the regional economy, Cummings Economics, 2004

- Raises tourism profile and revenue
- Increased international networks – cultural and industry benefits
- Increased cultural awareness and tolerance
- Increased academic results at school level
- Increased wage profile for the city with education attracting higher wages
- Increased number of employees in the industry which will impact GRP. The following are estimates of employment growth in response to this strategy.

Strategy 1 Employment impacts					
Year	Schools	ELICOS	VET	Higher Ed/Other	Total
2017	9	0	0	0	9
2018	11	0	0	0	11
2019	14	2	0	3	19
2020	17	4	1	5	27
2021	19	6	3	10	38
2022	19	8	4	13	44
2023	19	8	5	15	48
2024	19	8	6	18	51
2025	19	8	8	20	55
2026	19	8	9	23	59
2027	19	8	10	25	63
2028	19	8	11	25	64
2029	19	8	13	25	65
2030	19	8	14	25	67
2031	19	8	14	25	67
Total Full Time Person Years Equivalent					686

Table 9 Impact of Strategy 1 on Labour

Strategy 2 - Grow the university sector

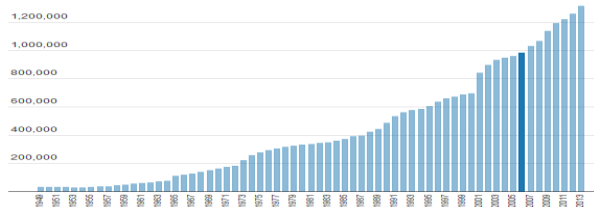
Why? Why grow the university sector?

- Redland City has only a very small tertiary presence and no university campus.
- Higher than comparative LGAs in socio economic index which is a strong indicator of higher academic performance but no university and limited vocational opportunities
- Currently most Redland City Students go to Griffith, QUT and UQ.
- Redland City's low population does not meet the threshold to attract a full major university campus. For this a population of 500,000 is consistently mooted.
- Changing technology and workforce structures has led to accelerating disruption in education including to the centuries old model of 'The University Campus'. A multitude of alternative models are emerging, these include:
 - Industry based campuses – eg a university hospitality faculty basing itself within a hotel, or a nursing faculty sharing a campus with a hospital
 - Satellite campuses in smaller regions, sometimes government driven to service isolated communities or university driven to confirm their footprint
 - Campuses placed in smaller towns to reinforce a university's footprint
 - Campuses integrated into the community – generally the CBD
 - Online campuses
 - These universities allow for a truly global foot print – eg MOOCs, MIT
 - Introduction of online 'assessment only'
- The increase in disruption means an increased need for older (30-70 years old) residents to retrain and RCC has a median age 9 years above the national average. In 2016 3.7% of Australian university students were over 40 years of age³⁴. This figure is much higher in regional universities. While the young may be prepared to commute to the city this is not an easy option for more mature residents, particularly parents.
- The age profile of regional community based universities tended to have an older age profile.
- At an economic level university presence in an area brings higher wages in terms of staffing as well as increasing the productivity and wage earning capacity of its students
- Universities interviewed showed a great deal of interest and good will towards Redland City seeking a university presence but most offered limited commitment.
- There are university business models, which will allow an adaptable and step wise introduction of a university campus into Redland City using the existing resources of the CBD.

In 2011 the percentage of the population aged 15 and above with a Bachelor's degree or higher (18.8%) was over nine times the figure for (2%).

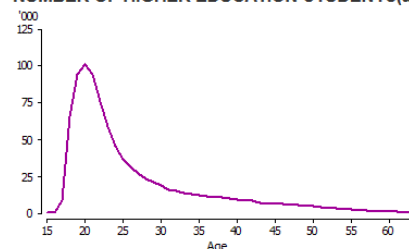
Students in higher education

Total number of students in higher education, 1949 - 2013



Source: Department of Education and Training Get the data

NUMBER OF HIGHER EDUCATION STUDENTS(a) BY AGE - 2011



(a) Aged 15-64 years.

Source: ABS 2011 Census of Population and Housing

Ref Who goes to university? The changing profile of our students
Nick Parr

³⁴ Undergraduate Applications, Offers and Acceptances 2016 Australian Department of Education and Training

University growth and operational models come in many forms.

At one end of the spectrum Griffith has five **large campuses** and is looking to maximise growth within those campuses. It does have some **satellite campuses** with specific purposes. For a large and comprehensive campus, a population of 500,000 is generally cited and with a 2016 population of 152,000 this is where Redland City is limited. The proliferation of universities and disruption to the industry has meant the introduction of large comprehensive campuses is a high cost, high risk, low flexibility entry into a market.

At the other end of the spectrum is CQU which has an **organic growth model** where they start with a Study Centre supporting their online courses. The centre grows into a satellite campus and in the case of Cairns (2016 population 162,000) investment in a purpose-built infrastructure. Courses delivered are determined in response to community demand. This is low cost. They have Study Centres in cities as small as the City of Busselton, Western Australia (2016 population 37,000). The low cost and community responsiveness of this model is appealing.

Cooma (2016 population 10,000) and Geraldton (2016 population 40,000) demonstrate an in between model - **Universities Centre**. These are well funded from Government sources with an infrastructure where universities can support external studies and deliver full programs under their own branding. This includes efficiencies where one university will deliver education for another.

There are university **outreach programs** such as Griffith and QUT plan and are providing in the Redland City. These programs raise skill and knowledge levels, generally of existing workers. These programs are responsive to current needs eg *social media strategies for business* and as such in economic terms raise Productivity and potentially Participation in the 3P economic drivers. The higher wages and potentially higher returns from small business also means this Outreach has economic returns and at low cost. The downside is that this has low economic impact in terms of the flow on effect of an onsite university presence while dampening demand for a university prepared to take up a more permanent presence.

There is a genuine will from the universities to support Redland City's efforts to introduce a university presence. They have provided excellent intelligence into the potential models. The higher education market is highly competitive and so there is also an element of watch and see and move in if there is a threat that others will pick up the market. This could disturb the initial plans.

There is capacity to include VET programs within this model through the incorporation of TAFE or other Registered Training Organisations within a university growth model.

It is recommended that a low cost, community responsive, flexible model such as that demonstrated by CQU in Cairns be investigated. This is not a recommendation that CQU be that partner at this stage.

What? What needs to happen to grow Tertiary Education sector?

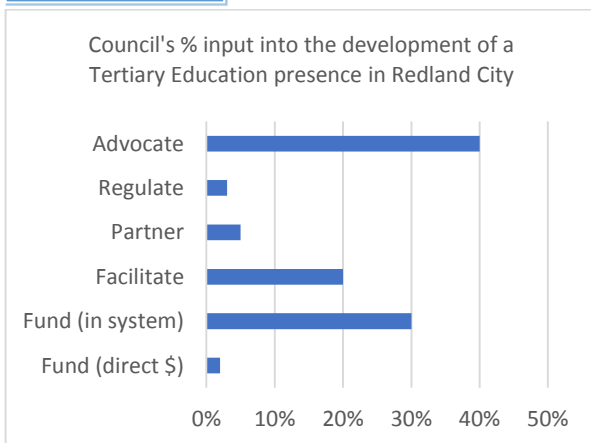
1. Identify Higher Education Champions from the 1. Mayor, 2. Community, 3. TAFE/RTO, 4. School sector, 5. Experts in the university sector, 6 Community, (U3A).
2. Utilise the Study Redlands Group and those above to advocate on behalf of Redland City and coordinate the introduction of a higher education presence in the City.
3. Support the Study Redlands group to develop a brief of the 'Best fit' university campus model, including the following options:
Option 1: Provide and support space and administration of Study Centre, allowing for involvement of many education providers.
Option 2: Negotiate the lease or purchase of Study Centre facility by a specific university.
The latter is less costly but less flexible.
Initial step in either option will be the support on online delivery. Growth to classroom delivery and is demand driven.
4. Develop an information prospectus to take to prospective universities to encourage investment in Redland City

5. Work with Study Redlands Group to Identify a strategic and operational partnership with university(ies) and a vocational provider(s) prepared to set up a Study Centre.
6. Engage CBD business operators in the planning stage.
7. Develop a plan for initiation and growth with the University(ies) and vocational provider(s) – consider incorporating this into the RCC Library.

Constraints

- The Australian university sector is collaborative but highly competitive. They like to protect their catchment even if there is little investment in the area. They may invest when another university moves in which means the situation can change rapidly.
- A further potential disrupter is possible changes to the university funding model by the Federal Government. If this change is implemented the fees of the large universities would be likely to rise, raising demand for regional universities.

Council Role



Estimated \$30,000 in support for the creation and administrative support to the Higher Education work group. If it is a leasing model include pa rental relief.

Advocacy in the form of presentations to and negotiations with university(ies). (Short term)

Potential **partnerships** with university (long term)

Co-ordination – **facilitation** of the process. (Short term)

Fund

Option 1 funding of 1 staff member (tutor) if multiple university is undertaken

Option 2 funding through potential rent ease or other support. (Long term)

Small amount of support **funding** in mutual promotions. (Long term)

Returns

- Increased business activity within the CBD area. For example a growth to 200 students would mean a total of \$320,000 consumption per annum.
- Increased wages profile for Redland City with the Education Industry attracting higher wages
- Medium to long term - increased business activity with 400 FTE pa students. \$800, 000 plus flow on effect
- Provides the potential base for an international tertiary market
- Provides pathways for local vocational graduates
- Higher wage earning capacity of local residents through up skilling
- Increased number of employees in the industry which will impact GRP. Estimates of labour figures are shown in *Table 10 Impact of Strategy 2 on labour*. It is suggested that labour force figures form the basis of KPIs for this strategy.

Strategy 2 Employment Impacts			
	Driver	Direct Employment	One university example
Year	Students FTE	Staff FTE	International students at 28%
2017	0	0	0
2018	0	8	0
2019	100	8	28
2020	200	17	56
2021	400	34	112
2022	500	42	140
2023	600	50	168
2024	700	59	196
2025	800	67	224
2026	900	76	252
2027	1000	84	280
2028	1000	84	280
2029	1000	84	280
2030	1000	84	280
2031	1000	84	280
	Fulltime Person Year Equiv.	781	
	2018/31 annual average	52	

Table 10 Impact of Strategy 2 on labour
Refer Appendix 5 Employment impacts of education strategies

Strategy 3 - Establish a Centre of Excellence in Education for the Ageing

This strategy and action plan is based on the existing and projected age profile of the Redland City population. Between 2016 and 2036 it is projected that 65% of the increase in Redland City population will comprise those 60 years and above.

Why? Why grow education based on the ageing sector?

Redland City's ageing population

- Redland City population is by far the oldest of the Local Government Areas (LGAs) in Greater Brisbane, and is ageing at a faster rate in absolute and relative terms than the other LGAs
- Between 2016 and 2036 it is projected that 65% of the increase in Redland City population will comprise those 60 years and above. The comparable proportions are 20% for Ipswich City and 30% for Logan City
- The ageing population is much better educated than in the past, particularly those in Redland City
- Redland City population is at the leading edge of a wave that will affect every aspect of Australia's future economic and social policy but to date the focus of policy has been on the health and not education needs of the older population

General Education

- The vast majority of the education industry and attendant funding has been focussed on the under 25s. Only 1% of the education budget is currently spent on the oldest third of the population³⁵.
- There are a large number of research centres for the ageing focussed on Health. There are very few focussed on education and none in Queensland
- Longer life, healthier lifestyles and economic imperatives means that Australians may be working well beyond retirement age and recent trends show an increase in labour force participation of the older population.
- 'Disruption' across a range of industries will require regular reskilling education in the workforce

Health education in the ageing

- Having a healthy mind contributes to a healthy body and is likely to reduce total health costs by keeping older people moving, involved and socially engaged
- Specific education in self-management of ageing complaints, such as arthritis³⁶ and diabetes³⁷, leads to greater wellbeing.
- People are living longer, and living much healthier lives
- The vast majority of older people are not sick and do not live in aged persons' accommodation

Redland City's positioning in the Ageing education sector

- Redland City is well ahead of a national trend of ageing which is a national issue that is not being systematically researched or addressed at national or state levels
- Redland City has a strong community based network of aged care facilities
- Redland City has a highly successful U3A organisation with nearly 2,000 members delivering over 100 courses per week from over 30 separate locations
- Business is booming for the Redland U3A, but resources are stretched. This is a valuable community and education resource.

³⁵ Older people education, neglected, The Guardian, 2017

³⁶ Effectiveness of patient education for the elderly, The Gerontologist, [Kate Long, RN, DrPH](#) [Janette Laurin, MPH](#) [Halsted R. Holman, MD](#)

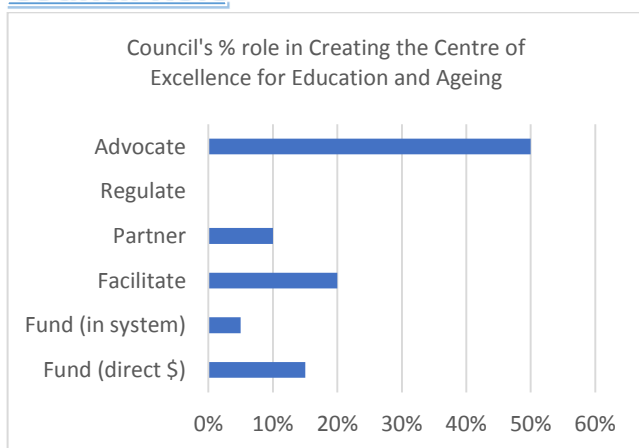
³⁷ Diabetes education in the elderly: a 5-year follow-up of an interactive approach, Elsevier: patient education and counselling

- Regional economic development analysis finds the most productive pathway is to build on local competitive strengths and expertise and then export those goods or services to gain economic benefits.
- Location principle: The proposed location of the Centre of Excellence in Education for the Ageing in Redland City follows well established practices of locating research, policy and field testing facilities close to the focus of activity. An example of this principle is the Australian Institute of Marine Science (AIMS) located near the Reef at Townsville, the Australian Antarctic Division in Hobart and the UQ Moreton Bay Research Station on North Stradbroke Island.
- All the above circumstances place Redland City at the forefront of key social and education issues that Australian governments and communities will have to address in the future.
- The strategy aligns closely with the strategy to develop the Redland City Health and Education Precinct.

What? What needs to happen?

- 1 Redland City to sponsor, advocate and facilitate the establishment of a national Centre of Excellence in Education for the Ageing being established in Redland City.
- 2 Council to develop the business case to present to targets such as the Commonwealth, State members, Ministers and Agencies and/or universities.
- 3 Include the uses and space needed for the Centre in the Redland Health Precinct or within or close to the space for the planned Innovation Hub.
- 4 Approach the members of U3A as a resource and support with administrative and teaching space. This could be within the innovation hub, to allow knowledge transfer between the generations or in the health and education precinct.
- 5 Redland U3A to participate in pilot research programs as part of the operations of the Centre of Excellence.

Council Role



Advocacy in attracting Government funding
Facilitation in joining the parties of the Health precinct, Council, Health and education organisations and the community
Funding of some development of the Health precinct

Returns

- The attraction of higher educated and higher paid workforce
- The training of older people leading to their greater health and in some cases higher labour force participation, employment and wages
- A greater sense of community with involvement of education bodies such as U3A
- Reduces demand on health sector resources
- Adds to the financial return to the Health and Education Precinct or Innovation Hub or wherever they are placed
- Places Redland City 'on the map' in terms of having a significant and leading edge research centre addressing major social policy issues

- Reinforces and consolidates the role of U3A as a positive and leading resource in Redland City
- Achievement of the Strategy and Action Plan turns a potentially serious social and economic weakness into a significant strength for Redland City
- Increased number of employees in the industry which will impact GRP.
- Quantifying this relatively novel strategy is difficult, including many assumptions. The assumptions made are conservative.

The result of the full analysis showed that if the implementation of Strategies 3 and 5.3 resulted in between a 1 percentage point increase and 0.5 percentage point increase in labour force participation above the base projected rate for those over 60 years of age (from 2016 to 2031) then there would be between an additional 3,200 and 6,500 person years employment in Redland City. This equates to an average of an additional 200-400 additional employed people per year.

Strategy 4 - Develop a Health and Education Precinct

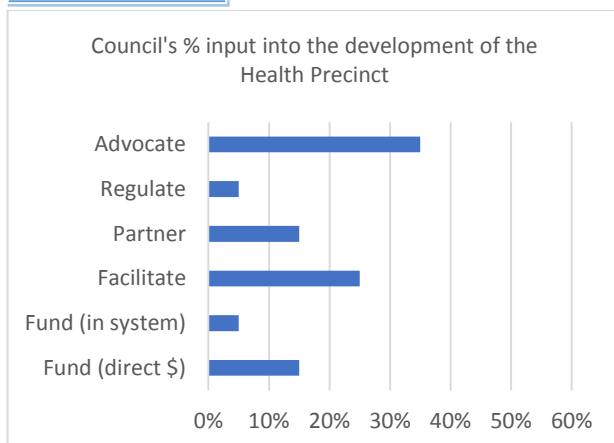
Why?

- While there is not a critical mass for a full university campus there may be the capacity for a more specialised campus to suit the Redland City profile – a Health and Wellness Precinct.
- The viability of the precinct will be greater with the addition of an Education precinct and the Centre of Excellence in Education for the Ageing
- Two thirds of new jobs in the next five years are expected to come from five industries and two of these industries are Health and Education² which will increase demand for health training.
- With the ageing population and the even more significant ageing of the Redlands population, together with the network of aged care homes in the Redland City, there is increasing demand for aged care training and health support areas such as Pilates trainers.
- The health industry needs a broad range of education beyond medical training. This includes training in: management, administration, facilities management and maintenance and cleaning, as well as self-management and wellbeing areas of recreation and exercise.
- There is an appropriate location for the development of a Health and Education Precinct.
- The introduction of National Disability Insurance Scheme (NDIS) across Australia is expected to create between 60,000 and 70,000 new FTE jobs over the next 3 years. This will increase demand in the allied health education area.³⁸
- Hospitals need more than nurses and doctors. For example, they need a range of education and training across management, administration, facilities and cleaning.
- Experience in the Springfield Education Precinct has led to some support for developing open space and leasing it to service providers. This provides flexibility around growth patterns and potential changes in the industry.
- Attracting universities and RTOs will be significantly easier if they do not have to commit to major construction and can lease flexible space.

What? What needs to happen?

- Develop a Health and Education precinct on the site defined on the Redland City Council City Plan.
- The details need to be worked through in conjunction with, and subsequent to, the development of the Health and Wellness Precinct which is within the draft RCC Health strategy

Council Role



Refer to the Health Care and Social Assistance Strategy and Action Plan

³⁸ National Disability Insurance Scheme (NDIS) Costs, Productivity Commission Issues Paper

Returns

- Increased level of skills in aged care which will be increasingly required by the industry as it grows within the City
- Increased allied health training to meet the needs of the increasing aged population
- Increased skills in occupations that support the Health industry
- With the above increased skills comes increased productivity
- Quantitative returns based on this strategy are highly dependent of the Draft RCC Health Strategy and Action Plan and the size of the Health and Education Precinct - See Health Industry Strategy and Action Plan

Strategy 5 - Engage the community in education and life-long learning

Strategy 5 Engage the community in education and lifelong learning

- 5.1 Increase engagement with school sector
- 5.2 Increase access to the vocational training sector
- 5.3 Increase engagement and support of U3A
- 5.4 Develop a community of STEM options
- 5.5 Develop community access to alternative and foundation studies sector

5.1 Increase engagement with school sector

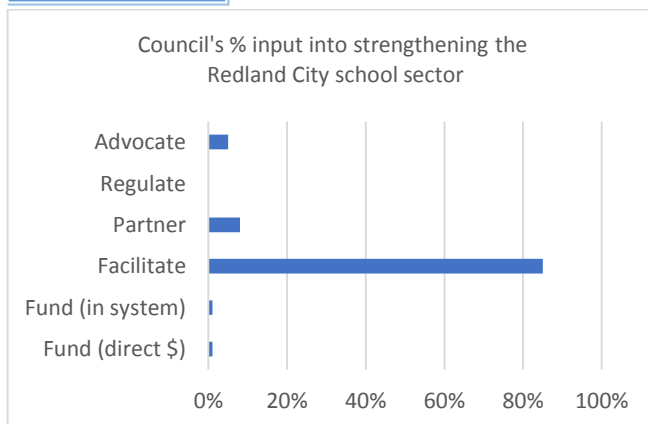
Why? Why strengthen the already strong school sector?

- Consultation with education and industry revealed a perception of poor **communication between the RCC** and the education sector. There needs to be increased formal and informal interaction to increase understanding of each other's roles and diminish these perceptions

What? What needs to happen?

- Create formal communication structures to improve communication and understanding and support between schools and the RCC.
- Incorporate school's involvement in the development of all education strategies.
- Include Schools in the development of the Study Centre to encourage transition from school to tertiary training within the Redland City
- Request TAFE to be part of the Study Centre (Preferably within the Innovation Hub) to include their Senior Studies program (year 11 and 12)
- RCC lead the way in supporting students work placements within the RCC

Council Role



Advocacy for the benefit of school development

Partnering in programs such as work placement programs and Careers Expos
Facilitation is crucial to make sure communication and understanding is maximised

Investment is internal. There will be some investment in combined school activities, for example marketing in the international sector.

Returns

For very little input this will enable:

- Broader understanding of education issues and solutions by all parties
- Coordinated education marketing across Redland City
- A more effective Redland City work placement program
- Engagement with Schools sector is needed to maximise effectiveness across the sector.
- The school sector is already strong and given the age profile of the City is unlikely to grow significantly, except potentially in the long term international market. As such it has not been subjected to the type of employment impact analysis undertaken for the other strategies.

5.2 Increase access to the vocational training sector

There are few RTOs operating within the Redland City. TAFE located at Alexandra Hills is by far the major player. This TAFE campus has long been perceived as difficult to access and a move to a new facility at Cleveland has been discussed for over 10 years. The Alexandra Hills campus has now been deemed as 'not fit for purpose' and as such may be upgraded or moved.

With either outcome in mind there is an opportunity for RTOs, TAFE in particular, to be part of the strategies within this plan. Of most relevance would be the inclusion of TAFE as a major player within the Study Centre in the Cleveland CBD, as described in Strategy 2.

In discussions with TAFE Executives they are willing to work with RCC on any of the strategies listed although they are constrained by potential changes to the Alex Hills Campus. Of particular interest to TAFE would be to combine with the Grow the University sector strategy by working within the Study Centre. TAFE's preference would be for the option of combining the Study Centre with the RCC's planned Innovation Hub.

Why? Why increase access to the vocational training sector?

There is demand for vocational education within Redland City being serviced by Brisbane. This is partly due to: the attraction of a modern campus in Brisbane; limited vocational offerings and RTOs in the area; and the difficulty of access to the local Alexandra Hills TAFE campus.

What? What needs to happen?

Provide opportunities for RTOs, including TAFE, to be a key part of a range of the above strategies particularly:

- Strategy 1 - Grow international education
- Strategy 2 - Grow the university sector. Note TAFE has a number of university partnerships and the capability to deliver a range of University level programs. As such they could contribute both vocational and higher level programs within a Study Centre.
- Strategy 4 - Develop a Health and Education Precinct. There are opportunities here for the delivery of allied health skills training as well as training covering general organisational needs such as cleaning, facilities management and business administration.

Returns

- The attraction of and creation of a higher educated and higher paid workforce
- Increased training in aged care and allied health skills to meet the needs of an ageing workforce
- Should TAFE choose to position itself within the Study Centre its numbers could be estimated to be about the same as the universities at an average growth rate of approximately 50 per year. However, this may be at the expense of some staff already employed by TAFE at the Alex Hills TAFE.

5.3 Increase engagement and support of U3A

Why? Why increase engagement and support for U3A?

U3A is particularly strong within the Redland City with 2000 members. This needs to be viewed as a resource, not just a 'Community organisation' to be serviced. It would be valuable to incorporate the skills within this large group within a number of the strategies listed, including the creation of a Study Centre and as mentors within the Redland City's proposed Innovation Hub.

What? What needs to happen?

Incorporate the U3A into a number of above strategies. In particular

- As users and as a resource in the initial development of a Study Centre
- Utilise U3A members as mentors within the Innovation Hub
- Utilise U3A members' skills and knowledge within the Centre of Excellence in Education for the Ageing

Returns

- This is a green field and places Redland City 'on the map' in providing leadership in a poorly addressed area of education and the ageing
- Moving from a culture regarding the aged as a liability to realising the aged as a resource
- Cross generational knowledge transfer
- Increased health of the aged through increased mental and physical activity, reducing the demand on the health sector
- A greater sense of community with involvement
- Would add to the financial return of the Innovation Hub
- Reinforces and consolidates the role of U3A as a positive and leading resource in Redland City
- Achievement of the Strategy and Action Plan turns a perceived weakness in ageing into a significant strength for Redland City
- This strategy is largely incorporated with *Strategy 3 Centre of Excellence in Education for the Ageing*. For the employment impact refer to Strategy 3.

5.4 Develop community accessible STEM options

Why? Why STEM options?

- The open space provided by the Redland City encourages a number of Technology initiatives including drone training by both QUT and TAFE as well as high tech horticulture
- This will increase the education credibility of the Redland City
- This will enable the cross fertilisation of ideas STEM education and research initiatives
- The strategy will encourage the entry of other STEM players

What? What needs to happen?

- Create a network and of the existing STEM strategies within the Redland City
- Identify and establish what the existing profile of STEM activity is within the Redland City
- Link this network of STEM players to the proposed Redland City Innovation Hub (This proposal has only just been submitted)
- The addition of the Arts, ie STEAM, may be considered. While the economic returns in arts education may not be significant the arts industry is a strength within Redland City which could be built on.

Returns

For a relatively low investment this strategy will:

- Increase the education credibility of the Redland City
- Enable the cross fertilisation of ideas STEM education and research initiatives
- Encourage entry of other STEM educators and researchers
- If Arts is added to STEM ie STEAM then this could provide added returns to the International education strategy – particularly with regard to Study Tours
- This strategy links to the Innovation Hub and a such returns will depend on the design of this Hub and the links

5.5 Develop community access to alternative and foundation studies sector

There are already a number of alternative and foundation learning facilities within Redland City. TAFE Queensland has an outstanding record in its Senior Studies program (year 11 and 12) at Alexandra Hills campus and there are a number of other support centres in that area such as The Sycamore School (based on the same TAFE campus) servicing primary students with Autism, and the Horizon Centre.

TAFE has a strong range of foundation courses.

Why? Why focus on foundation and alternative studies?

- The returns on investment in foundation and alternative education for those who are at risk of dropping out of education is high.
- There is a large increase in employability and productivity for a small amount of additional education at this level, providing significant return.
- While foundation education is often seen as a 'community obligation' it needs to be viewed as an economic imperative given the negative impact of low education on participation and productivity within the economy.
- People with low levels of education have least commitment to lifelong learning, meaning they will contribute little, and even cost the economy, now and into the future.

What? What needs to happen?

- Provide a supportive and coordinated approach to these programs, including marketing to raise their status and increase their uptake.

Returns

- While the economic impact of this initiative may not be seen in the short term it will enhance participation and productivity within the economy and reduce costs to the community in the longer term.
- The labour returns in this strategy may not be particularly high but the returns for recovering youth and others at risk of disengaging from education are extremely high, as this converts a potential cost to the region to a productive asset.

9 Summary Table of Strategies and Actions

These strategies and actions have been developed at a very practical level to provide short and long term achievements and an understanding of the path forward.

The RCC Economic Development Advisory Board has been provided with this table and the final product adjusted according to their feedback. Suggestions made by the EDAB include carefully staged implementation of these strategies and actions.

Timelines for each strategy are taken from month 'zero' and assumes a focussed attention to implementation. Resources required are summarised at the end of each strategy. A conservative approach to resources has been taken. Both the timelines and resources will depend very much on Council's implementation.

Actions have been set within the following time frames:

- a. • Short-term – within the next two financial years 2017/2018 and 2018/2019
- b. • Medium-term – within the following two financial years 2019/2020 and 2020/2021
- c. • Long-term – those to be undertaken 2021/2022 and onwards

STRATEGY		Action	Time line	Who	Council's primary role
General Actions	1.1	Identify and support Education Champions to promote the RCC Education strategy Recommend inclusion of: 1. Council, 2. Community (including Indigenous and senior educationalists), 3. School sector, 4 Tourism Sector and 5 Council International Ambassadors.	Short term	RCC	Facilitate
	1.2	Create a Study Redlands Group (including above) to drive, support, coordinate and promote Redland City 's Education Strategy. Engage members of the State's Study Group network to support this process. See case study in Appendix 3 Local Government Study Groups.	Short term	RCC	Facilitate/ Fund 'In kind'
	1.3	Differentiate Redland City from the competition in International Education. Potential: Differentiate Redland City as an 'Australian community-based experience with easy access to islands, beaches, a large city and theme parks'	Short term	RCC	Facilitate
	1.4	Identify and establish long-term, high-level education relationships at the level of Councillor/Mayor to CEO/President/Vice Chancellor	Short term	RCC	Advocate

STRATEGY		Action	Time line	Who	Council's primary role
	1.5	Initiate and establish strong relationships with relevant Government Departments - include Dept Education and Training and Dept Trade and Investment – International Education	Short term	RCC	Advocate
	1.6	Develop a Study Centre in Cleveland as an education focus for the city and the seed for a tertiary sector. Preferably within the proposed Innovation Hub.	Short term	RCC	Advocate/ Fund at least 'In kind'
Resources – General actions	Direct Expenditure: \$50,000 pa to be partially supported by TIQ program to employ one person half time plus on costs as Study Redland CEO Time resources: Staff time: 3.5 hours per week in initial start up period to support international and domestic sectors Councillor time: On Study Redland board (3 hours every 3 months (assuming quarterly meetings))				
Strategy 1 Grow International Education					
Step (1) International Study Tours	1.7	Identify and establish strategic and operational partnerships with well credentialed Study Tour Operator(s).	Short term	Study Redlands	Partner
	1.8	Develop partnership with 'Study Brisbane' and 'Study Gold Coast	Short term	Study Redlands	Partner
	1.9	Develop and submit an International Education funding application – with community and business partnerships eg Study Brisbane, Commercial Study Tour company.	Short term (by end of 2017)	Study Redlands	Partner
(1) A day study tour which is number one choice for Brisbane & Gold Coast International students seeking an island and/or indigenous cultural experience	1.10	Develop and implement a community based 'Homestay' program in partnership with a commercial operator and education stakeholders.	Short term	Study Redlands	Partner
	1.11	Develop and implement sustainable business model to support the reliable delivery of indigenous cultural aspects of study tours.	Short term	Study Redlands	Facilitate
(2) A range of study tours designed specifically with Redland City in the itinerary based on the Redland City's point of difference an 'Australian community experience'	1.12	Ensure implementation of the RCC Tourism Strategy is aligned with Study Tour actions - Especially the integration of the island and Indigenous Cultural Study Tours. (There is alignment in the plan.)	Short to Long term - ongoing	RCC	Facilitate
	1.13	Support study tour operators in the communication and promotion of range of study tours 1 day to 6 weeks based on the Redland City's point of difference of a 'Community experience' - largely through website.	Short to Medium term	RCC Study Redlands	Facilitate

STRATEGY		Action	Time line	Who	Council's primary role
<i>Step (2) English Language Colleges & Vocational Training</i>	1.14	Create strategic and operational partnership with well credentialed ESL school(s). Preferably vocationally or university registered to provide further education pathways.	Medium term	Study Redlands	Partner
	1.15	Involve CBD businesses in planning for ESL school within the CBD.	Medium term	RCC Study Redlands	Facilitate
	1.16	Provide incentives to ESL providers if necessary with potential of space at reduced rent.	Medium term	RCC	Fund 'In kind'
	1.17	Monitor impact of international students within CBD.	Medium to Long term - Ongoing	Study Redlands	Facilitate
<i>Step (3) International Growth in Schools</i>	1.18	Support the extension of the broader homestay system to schools wishing to develop their market.	Short term	Study Redlands	Facilitate
	1.19	Support schools in the development and promotion of their international education market. In particular support schools in CRICOS registration and marketing activities.	Medium term	Study Redlands	Facilitate
	1.20	Identify strategic and operational partnerships with well credentialed ESL schools that can provide school placements - minimising school marketing	Medium term	Study Redlands	Partner
<i>Step (4) International growth in Tertiary and Vocational Sector</i>	1.21	Advocate for university and Registered Training Provider uptake of international students within the Study Centre. This is very long term and depends on attracting the tertiary sector into specialised Study Centres hubs. Refer 1.4	Medium term	Study Redlands	Advocate
Resources - Strategy 1	<p>(Direct Expenditure: Refer to Resources General – utilise approx. 2/3 of the \$50,000 pa allocated above) As market grows RCC may identify that contribution to marketing costs will provide greater return</p> <p>(Time resources: Council staff time: 2 hours per week of that allocated above Counsellor's time: On Study Redland Board allocated above)</p>				

STRATEGY		Action	Time line	Who	Council's primary role
Strategy 2 Grow Tertiary Sector	2.1	Develop a brief of the 'Best fit' university Study Centre model - preferably within the Innovation Hub. Option 1: Provide and support space and administration of Study Centre, allowing for involvement of many education providers. Option 2: Negotiate the lease or purchase of Study Centre facility by a specific university. The latter is less costly but less flexible.	Short term	Study Redlands	Facilitate
	2.2	Engage the CBD business community in the planning process for the Study Centre.	Short term	RCC Study Redlands	Facilitate
	2.3	Develop an information prospectus to take to prospective universities to encourage investment in Redland City.	Short term	RCC Study Redlands	Facilitate
	2.4	Advocate on behalf of Redland City and coordinate the introduction of a higher education presence into the Study Centre. Refer 1.4 and 1.6. This should be based on a Study Centre within the proposed Innovation Hub within the CBD.	Short term	Mayor RCC	Advocate
	2.5	Identify suitable CBD Location.	Short term	Mayor RCC	Partner
	2.6	Identify strategic and operational partners university(ies) and a vocational provider(s) prepared to set up a Study Centre.	Short term	Study Redlands	Partner
	2.7	Negotiate with universities and RTOs / TAFE for agreement on a long-term growth model.	Short term	Study Redlands	Facilitate
	2.8	Option 1 model: Multiple universities and RTOs: Contract universities and vocational providers establishing a presence in the Study Centre. Include KPIs Option 2 model: one university and RTO	Short term	RCC	Partner
	2.9	Monitor growth of tertiary sector on Redland City economy.	Short to Medium term	RCC	Facilitate
	2.10	Growth to classroom delivery and large campus is demand driven. Timeline depends on demand	Medium term	Study Redlands	Facilitate
	2.11	Potentially advocate for and support the development of a campus when demand supports this	Medium to Long term	RCC	Advocate / Facilitate

STRATEGY		Action	Time line	Who	Council's primary role
Resources - Strategy 2	<p>Direct Expenditure: (\$ 50,000 allocated above) Option 1 model: \$100,000 for full time tutor – some of this cost could potentially be absorbed into the Innovation Hub staffing costs Option 2 model: zero staffing cost Funding in -kind: Potential cost of Incentives eg rent relief- dependent on negotiations.</p> <p>Time resources: Council staff time (1.5 hours per week for initial period to develop investment prospectus and consultation, allocated above) Role for Redland Investment Corporation in relation to surplus buildings or sites Councillor's time: (On Study Redland Board allocated above) and as required consultations with Federal and State MPs, Vice Chancellors, etc</p>				
Strategy 3 Establish a Centre of Excellence in Education for the Ageing	<p>3.1 Develop plan for the Establishment of a Research and Policy Centre for Education and the ageing primarily on economic (including health) impacts of education. This could be either within the Innovation Hub or the Health Precinct. Considerations include benefits of cross generational mentoring on mentors and mentorees, education of ageing and education by the ageing.</p> <p>3.2 Develop a summary advocacy sheet and business case highlighting the value of a Centre of Excellence in Education for the Ageing being established in Redland City.</p> <p>3.3 Include U3A as a resource within the Centre of Excellence.</p> <p>3.4 Advocate to Universities and Govt for funding and development of Centre</p>	<p>Short term</p> <p>Short term</p> <p>Short term</p> <p>Short to Medium term</p>	<p>RCC</p> <p>RCC</p> <p>RCC</p> <p>RCC</p>	<p>Facilitate</p> <p>Facilitate</p> <p>Facilitate</p> <p>Advocate</p>	
Resources - Strategy 3	<p>Direct Expenditure: Nil Incentives dependent on negotiations and outcome of Innovation Hub, other age based city initiatives and or Health and Wellness Precinct</p> <p>Time resources: Staff time: 2 hours per week for initial period to develop the investment plan and consultation Councillor time: As required consultations with Federal and State MPs, Vice Chancellors, State and Federal Departments. Once established Governance Board likely to require one Councillor's participation/membership</p>				

STRATEGY		Action	Time line	Who	Council's primary role
Strategy 4 Create a Health and Education Precinct	4.1	<p>See Health Strategy Develop a Health and Education Precinct on the site defined on the Redland City Council Plan and proposed in the Health Industry Strategy and Action Plan. Potentially include:</p> <p>1 TAFE Queensland in the training of aged care and nursing, as well as support occupations such as cleaning and administration. 2 Specialist Registered Training Providers in allied areas such as pilates and yoga instruction 3 Training space for a university health faculty and with nursing, allied health and management on their registration.</p>	Medium term	RCC	Advocate
Resources - Strategy 4	<p>Direct Expenditure: Absorbed into Development of Health and Wellness Precinct Time resources: Staff time: 1 hour per week for initial period to develop the investment plan and consultations</p>				
Strategy 5 Engage the community in education and lifelong learning		Underpin all actions with the concept of lifelong learning.		RCC	Facilitate
5.1 Increase engagement with school sector	5.1	Create and facilitate formal communication structures to improve communication, understanding and support between schools and the RCC. Utilise and formalise existing groups	Short term	RCC	Facilitate
	5.2	Incorporate school involvement in the development of all education strategies.	Short to Medium term	Study Redlands	Facilitate
	5.3	Include Schools in the development of the Study Centre to encourage transition from school to tertiary training within the Redland City.	Short term	Study Redlands RCC	Facilitate
	5.4	Encourage access of TAFE secondary students to the Study Centre.	Short term	Study Redlands	Facilitate
	5.5	Lead the way in supporting students work placements within the RCC.	Short term	RCC	Facilitate

STRATEGY		Action	Time line	Who	Council's primary role
<i>Resources - Strategy 5.1</i>	Direct expenditure: Nil Time resources: Staff time: 2 hours per semester - communication meetings Councillor time: 2 meetings per year				
5.2 Increase access to vocational education		Provide opportunities for RTOs, including TAFE, to be a key part of a range of these Education strategies particularly:		Study Redlands	Facilitate
	5.6	Strategy 1 - Grow international education.	Medium term	Study Redlands	Facilitate
	5.7	Strategy 2 - Grow the university sector. Note TAFE has a number of university partnerships and the capability to deliver a range of University level programs. As such they could contribute both vocational and higher level programs within a Study Centre.	Short to Medium term	Study Redlands	Facilitate
	5.8	Strategy 4 - Develop a Health and Education Precinct. There are opportunities here for the delivery of allied health skills training as well as training covering general organisational needs such as cleaning, facilities management and business administration.	Medium to Long term	Study Redlands	Facilitate
<i>Resources - Strategy 5.2</i>	Direct expenditure: Nil Time resources: Incorporated into main strategies				
5.3 Increase engagement and support of U3A	5.9	Incorporate the U3A into education strategies. In particular:			
	5.10	As users and as a resource in the initial development of a Study Centre.	Short term	Study Redlands	Facilitate
	5.10	Utilise U3A members as mentors within the Innovation Hub.	Short to Medium Term	Study Redlands	Facilitate
	5.11	Utilise U3A members' skills and knowledge within the Centre of Excellence in Education for the Ageing.	Short to Medium Term	Study Redlands	Facilitate
<i>Resources - Strategy 5.3</i>	Direct expenditure: Nil Time resources: Incorporated into main strategies				

STRATEGY		Action	Time line	Who	Council's primary role
5.4 Develop community accessible STEM options	5.12	Create a network and of the existing STEM strategies within the Redland City. The addition of the Arts – ie STEAM may be considered.	Short term	Study Redlands	Facilitate
	5.13	Establish a working group made up of those with a focus on STEM education and research to promote linkages and growth of the STEM industry in Redland City.	Short term	Study Redlands	Facilitate
	5.14	Establish the base profile including base employment numbers of STEM within Redland City	Short term	Study Redlands	Fund in kind''
	5.15	Encourage and promote school achievements in STEM (including competitions).	Short term - Ongoing	Study Redlands	Facilitate
	5.16	Link key STEM players – research and education within the Redland City - through the planned innovation Hub - include TAFE as a major player in training in assistive and drone technology.	Short to Medium term - Ongoing	RCC	Fund 'In kind'
<i>Resources - Strategy 5.4</i>	Direct expenditure: Nil Time resources: Largely incorporated into main strategies Staff time: 1 hour per fortnight Councillor time: 1 hour per fortnight				
5.5 Develop community access to alternative and foundation studies sector	5.17	Create network of education bodies using (eg schools) and supplying Foundation studies to understand their needs and support them in addressing these.	Short to medium term	Study Redlands	Facilitate
	5.18	Facilitate promotion, and provide advice, to strengthen members of the network – largely website	Short to medium term	Study Redlands	Facilitate
<i>Resources - Strategy 5.5</i>	Direct expenditure: Nil Time resources: Largely incorporated into main strategies Staff time: 1 hour per fortnight Councillor time: 1 hour per fortnight				

10 Summary of additional actions to consider

Throughout the study there were opportunities identified that needed addressing. These opportunities were not all suited to be within a proposed strategy, however, they have been noted through the document and addressed with 'Actions to consider'. This is a summary list of those actions.

- 1) *As employment data by industry and occupation is readily available and provides the most useful proxy for GRP, it should be the focus of initial KPI measurement.*
- 2) *Redland City needs to focus on those education/economic links that will best (most productively, effectively and efficiently) lead to achievement of EDF objectives including GRP, exports and jobs.*
- 3) *Strategies to achieve the points above are largely within the EDF but need to be sharper and more focussed with clearer pathways between the situation now and the EDF objectives for 2041.*
- 4) *Review the potential for large tenders and contracts within the industry, such as cleaning contracts, to be allocated locally.*
- 5) *All Redland City industry strategies should include a Strategy to address skill gaps, i.e. an industry sector education and training strategy.*
- 6) *Develop a strategy specific to Tourism to address identified skill gaps. This may include a model embedding training and assessment within the industry.*
- 7) *RCC needs to remain aware of the link between Socio Economic Status (SES) and education and training participation and outcomes. This needs to be a consideration in its Corporate Planning, City Plans, Operational Planning and programs. These plans and actions can have indirect but very positive impacts on the education sector.*
- 8) *RCC continue to participate strongly with the North Stradbroke Island Economic Transition Strategy process and seek state government support to extend the program to other island and RCC mainland Indigenous communities facing similar issues to those on NSI.*
- 9) *RCC to review the impact of the ageing of the population on the EDF GRP and employment objectives.*
- 10) *RCC take a leadership role and in consultation with school principals provide a formal framework of interaction to cover meaningful issues. For example, half yearly meetings between Principal and RCC celebrating successes and addressing issues. This could rotate venues allowing schools to showcase their points of difference. Issues could include, success of school to work transition program, Careers and Courses Expos. This is a facilitating role with short to long term outcomes.*
- 11) *RCC consider a representative of the school sector should be considered for addition to the Education Strategy Implementation sub-committee. RCC's role is to facilitate.*
- 12) *RCC be formal part of 'The Schools Work Network' which facilitates the schools to work transition and hence improve employment outcomes for Redland City school students. RCC's role is to participate, no cost, short to long term outcomes.*
- 13) *RCC include TAFE and QUT training in drone technology, work on assistive technologies and other STEM undertakings in Redland City in the network of activities making up the Innovation Hub.*
- 14) *RCC take a coordinated approach to encouraging Registered Training Organisations (RTO) partnerships though including RTO access to a centralised Study Centre.*
- 15) *RCC has the opportunity to lead and sponsor community based education and training for the older active population. As the Australian population ages, Commonwealth and State funding to Councils and other NGOs should become available to support meeting this need at the local level.*
- 16) *RCC should take the initiative and develop pilot sites (with Commonwealth and State funding) to establish a national research centre for the policy, research and program development of education and training services for the aged population.*
- 17) *Ensure that the Health Precinct site to the south of the Hospital (old F&P factory) has zoning that would allow education as well as health use.*
- 18) *It is recommended that an awareness program with regard to alternative pathways for existing workers be promoted. Chamber of Commerce may be valuable support here.*

Appendix 1 Stakeholders and consultations

To ensure engagement and the maximum leveraging of ideas and knowledge, the consultation process is extensive and continues to grow.

RCC Council

Mayor Karen Williams

RCC Officers

Frank Pearce

Noreen Orticio

EDAB Workshop with 5 members of EDAB

Bond Uni, Education

Technology

Redland Investment Corporation

CEO

Catherine O'Sullivan
Jordan Duffy

Peter Kelly

Redland Chamber of Commerce

President

Garry Hargrave

Higher Education

University of Queensland Vice Chancellor

Griffith University Vice Chancellor (acting)

University of Southern Qld Vice Chancellor

Central Qld University Vice Chancellor

Central Qld University Senior Deputy Vice Chancellor

SCU Vice Chancellor

Think Education/ Laureate University CEO

International University network broker

Peter Høj
Ned Pankhurst
Janet Verbyla
Professor Scott Bowman
Alastair Dawson
Greg Hill
Linda Brown

U3A

Julie Porteus
Colin Sutcliffe
Iris Murray

TAFE

TAFE Qld CEO TAFE Qld

TAFE Qld Brisbane Executive Director, Business Innovation & Commercialisation

TAFE Qld Brisbane Ex Executive Director, Business Innovation & Commercialisation

TAFE Qld SW General Manager

Jodi Schmidt,
Shayne Ostwald X2
Peter Laing
Brent Kinnane

Health

Carramar Consulting

Odette Pagan

Private schools

Ormiston College Headmaster

Sheldon College Founder and Principal/CEO

Faith Lutheran College Principal:

Sycamore Managing Director

Redlands College Principal

Carmel College Principal:

Australian Industry Training College, AITC

Brett Webster
Dr Lyn Bishop
Shane Altmann,
Cindy Corrie
Andrew Johnson
Brian Eastaughffe
Mark Hands

State secondary schools

Cleveland District State High School Deputy Principal

Wellington Point State High School Principal

Victoria Point State High School Principal

Alexandra Hills State High School Principal

Capalaba College Principal

Karen Abraham
Susan Dalton
Scot Steinhardt
Gail Armstrong
Bronwyn Johnstone

International

Trade and Investment Executive Director International Education

Education Qld International

Council International Ambassador

Council International Ambassador

Browns International CEO

Union Institute of Language CEO

Union Institute of Language

Union Institute of Language

Rebecca Hall
Jack Stathis
Michael Choi,
Teoh 'Tetsuo Mizuno'
Richard Brown
Hugh Ritchie
Anne McDougall
Trent Irvine

Study Cairns

Carol Doyle

Government

Department of State Development
CEO RDA Logan and Redlands -

Stuart Cameron
Mariae Leckie

Major employers

JJRichards
Redland and Mater Hospitals (undertaken by Carramar)

Other

Redlands Research Facility
North Stradbroke Island Transition Strategy Team

Lawrence Cooper
Stuart Cameron

Appendix 2 Alternative Pathways Case studies

1. Sam had worked in a school office for 9 years. She has no qualification but has worked her way up to manage all the non-teaching staff, manages the budget, projects etc. She has a broad range of skills and knowledge. Through a Registered Training Organisation (RTO) her skills and knowledge, gained through experience, were assessed and from this she achieved the Diploma of Business (equivalent on the Australian Qualifications Framework to first year university) without study. A Diploma has automatically provided her with an OP of 9 which gives her acceptance to a range of universities. She wants to do a Business degree. Several universities offer her direct entry into second year of the Bachelor of Business Program.

2. Jason dropped out of school at 14. At 17 he studied a Certificate III in Hospitality – an area he was interested in - at a private RTO. His Certificate III is approximately the same level as year 12 within the Australian Qualifications Framework (AQF) and gave him direct entry into a Bachelor degree at university.

3. With 3 children and no year 12, Jacinta undertook a university certificate and did well enough at this to be accepted into the university program, with the units she had done credited towards her degree.

Appendix 3 Local Government Study Groups

Growth of international sector

The international education sector is a major industry for Australia. It is the third largest export sector after iron ore and coal and is the largest contributor to service sector exports. Deloitte Access Economics has identified the sector as one of five key growth opportunities for Australia.

Government involvement

The Australian and state governments actively promote development of the sector for economic and cultural reasons. Some local governments also actively promote the sector as a key part of their economic development strategies.

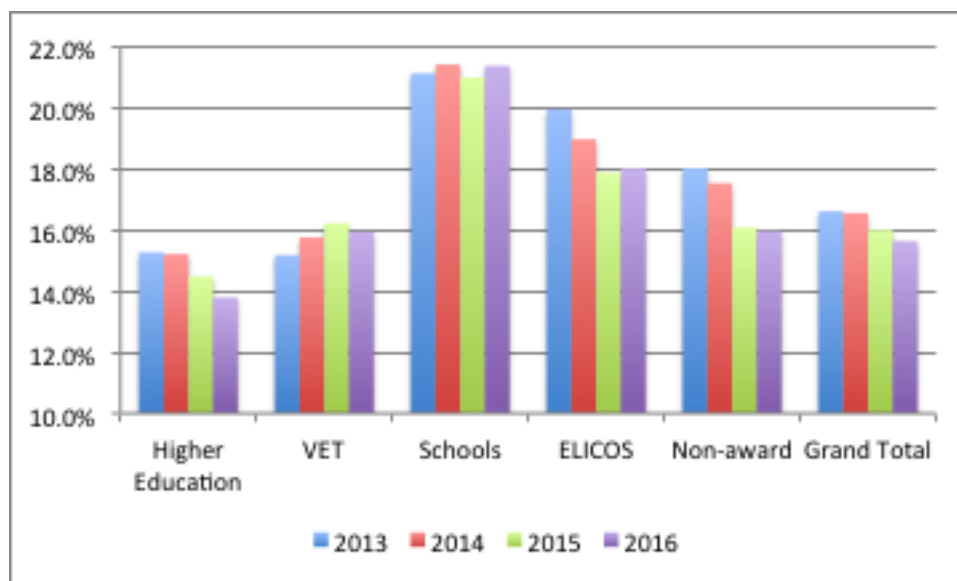
Scope and definitions

Reporting of international student numbers is the responsibility of the Commonwealth Department of Education and Training (DET). To date the focus has been on National and State reporting but DET has not reported on student numbers on a sub-state basis. Redland City Council requested that DET provide data for international students in the city, and DET has advised that there were some 130 international students in Redland City in 2016. This compares with 520 for Ipswich, 90 for Moreton Bay and 2,210 for Logan Cities

DET reports on international students on student visas that are enrolled in courses leading to a qualification in the Australian Qualification Framework. In addition, there are large numbers of students that are not included in the DET data, including Study Tours, visitors on other visas such as those on working holidays undertaking ELICOS and those on short professional development or management courses.

Queensland performance

In broad terms Queensland has grown in parallel with the growth of the industry in Australia. In 2016, Queensland's market share for all students was 15.6% but its market share was higher in the schools (21.4%) and ELICOS (18.0%) sectors but low in Higher Education (13.8%). To place this in perspective Queensland has 20.1% of the Australian population. Only in the schools' sector is the Queensland market share of international students above its population share. Over recent years, Queensland's market share of the school sector has increased marginally, whereas all other sectors except VET have declined.



Queensland Market Share of International Students by sector, 2013 to 2016

Source: DET

Main Queensland locations

As Queensland is a highly dispersed state, international education is much more important for regions than in other States. It is estimated that greater Brisbane accounts for about 65% of all international students in Queensland. Study Brisbane has links with other LGAs in Greater Brisbane.

The other important regions are:

- Gold Coast
- Cairns
- Townsville
- Sunshine Coast
- Toowoomba

Of these, the Gold Coast has the greatest number, with the number of international students on visas about the same in each of the other locations. The lack of DET sub- regional data severely hampers the assessment of numbers in Queensland regions or in LGAs.

Scope and governance of study organisations

There is no one standard model that applies to the major Study Organisations in Queensland. No two are the same. All have developed in response to opportunities and circumstances. Gold Coast is particularly well funded, but for others Council funding consists of a mix of financial, support in kind (such as office space), to no direct funding support.

In relation to funding, the Queensland Government International Education Strategy seeks to develop capacity in the regional Study Organisations and funding is available to Study Organisations.

Similarly, some Study Organisations have an international focus only and some international and domestic with a whole of industry role. Most of the Study Organisations operate at an arms-length relationship with Council, but others are within the Council structure.

There are no case studies that apply exactly to Redland City, particularly with regard to being a region with a capital city on its doorstep. However, a brief case study on 'Study Cairns' has been included here as Cairns:

- is highly successful in the International Education
- services a similar population, both at about 150,000 to 160,000
- has an sector as does Redland City although for Redland City this has not been fully capitalised on yet
- has a strong sense of community
- has easy access to an international airport as does Redland City
- initiated its international growth on study tours unlike other regions which initiated their growth in this sector based on a tertiary institution

The pattern of growth in the Cairns International Education over the past 20 years, although not all planned, supports the planned approach to the Development of International education with in Redland City as illustrated below:

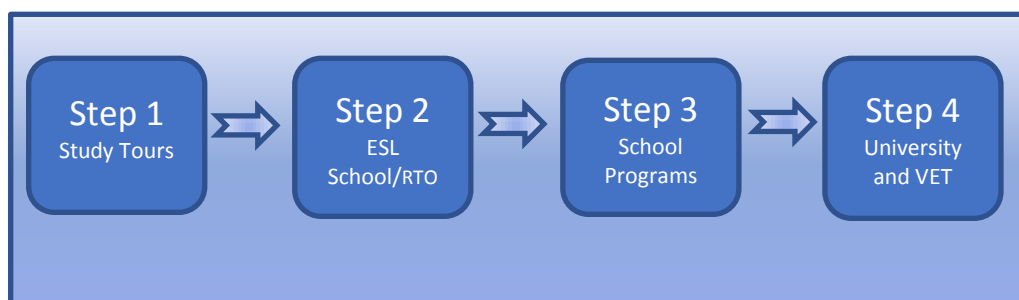


Figure 8 Redland City pathway to an increased International Education footprint

Study Cairns - Case Study

Study Cairns is a not-for-profit organisation established in 1997 and is headquartered in the CBD of Cairns, Queensland. Study Cairns is the lead agency for International Education and Training (IET) in the Cairns region. It is a collaborative international education network and marketing cluster which is dedicated to supporting its members to grow international education and training opportunities for the Cairns region.

Study Cairns Executive Board comprises; President (Carol Doyle), Vice President, Treasurer, Secretary, Sub-Chair and ten other members. These committee members have excellent knowledge of the educational industry both domestically and internationally.

In the 20 years of their existence they have grown from a small base to approximately 30,000 international students from 34 countries, the vast majority of whom are either on Study Tours or on Working Holiday Visas attending English Language courses.

Edu tourism is a large part of their international portfolio.

Study Cairns is an incorporated body with the stated **aim**: To position Cairns as a premier international education destination and to maximise economic opportunities for the Cairns region

Study Cairns **objectives** are to:

- carryout marketing activities both locally and internationally to promote new educational business opportunities for the Cairns region. Including timely first level information on projects and business opportunities through direct contact with the members using email, telephone, members briefing sessions.
- conduct regular meetings for the members to network and discuss various issues and business opportunities relating to education
- investigate opportunities for strategic alliances to provide a whole of project solution to customers
- participate in cross cluster collaboration
- lobby government on behalf of members
- ensure industry training and education programs are relevant to local industry needs³⁹

Study Cairns has the powers of an individual, for example:

- enter into contracts
- make charges for services and facilities it supplies
- do other things necessary or convenient to be done in carrying out its affairs

Membership is made of up stakeholder businesses including tourism, and education institutions who pay a fee for that membership. There is a schedule hierarchy of fees which also provides for a greater number of votes. They also have sponsor ship packages. The benefits gained for membership and sponsorship are clearly outlined in professionally published prospectus.

The current Study Cairns Constitution 2011 is available but is due for review. The **Strategic Plan objectives** provides a broader understanding of their market intent. The four objectives within their Strategic Plan are:

1. To promote the Cairns and Far North Queensland region as the leading regional international education and training destination.
2. Build and maintain relationships with stakeholders in regards to capability to support international education and training in the region
3. To provide partners/members with market intelligence, networking opportunities and strategic direction to assist with business development

39 Study Cairns Inc Constitution, 2011

- To provide effective advocacy on matters pertaining to regional international education and training⁴⁰

Examples of **value propositions** for Cairns include:

- It is possible to get a quality education experience that is affordable
- Just as an international student can gain a Bachelor degree from a university in Omaha, USA so can an international student at a University in Cairns
- The benefit is they can study in a destination that is safe, affordable, accessible and friendly⁴¹

Status of International Education in Cairns

The primary pathway options in Cairns include:

School		Financial outcome
(Short Stay Student)	4 weeks	If there was one student in each of these programs that you equate to 5 years, 4 months and one week.
Study Tour (English plus tourism)	5 days	
English Language School (Intensive English)	3 months	In direct value to Cairns this equates to \$234,000 ⁴¹
Vocational Education and Training (Diploma)	1 Year	
Vocational Education and Training (Advance Diploma)	2 Years	
University (Bachelor)	2 Years	

Of the \$937M in International Education revenue outside of Brisbane, Cairns accounts for \$150M, including flow on effects.

The industry within Cairns is estimated to employ 1050 people.⁴¹

Apart from revenue gained through students in their time on courses there are a number of other sources including an estimated additional:

- 17% from students staying before and after their courses
- 5% from friends and family visiting
- 38% visiting other regions within Australia⁴²

Study Cairns appears to be a vibrant and collaborative body, lobbying for and driving the growth of the regional International Education sector.

The president of Study Cairns in her final remarks at the 2017 Queensland International Education and Training Summit states:

'A partnership will be the foundation of success

We need a value proposition to remain competitive'

And importantly

*'We need to continue to build a collaboration program between regional areas through study clusters.'*⁴¹

⁴⁰ Study Cairns Website, <http://www.StudyCairns.com.au/>, 2017

⁴¹ Real story of the Real Australia, IET Trade and Investment presentation, Carol Doyle – President of Study Cairns, 2017

⁴² Cairns International Education Sector, Value to the regional economy, Cummings Economics, 2004

Appendix 4 Study Tour example

LOGO

EXAMPLE ONLY Community & Leadership Study Tour in the Redlands Area - Itinerary and Quote

Group: *School Age*

Referrer:

Arrive:

Depart:

Inclusions

- English classes as per attached itinerary.
- All excursion and activity fees as per attached itinerary.
- Transfers between airport and UIL campus on arrival and departure.
- Transport for all activities and excursions.
- Orientation kit on arrival.
- All stationary and tuition materials.
- Homestay accommodation including 3 meals per day.
- UIL staff member to accompany all activities and excursions.
- UIL Certificate of Graduation.
- Graduation gift.

Exclusions

- Airfares
- Personal expenditure and items of a personal nature.
- Activities and transfers arranged by the Agent
- Agent commission is not included in the quoted price, which is a net price.
- **Travel/Health Insurance** is not included in any of the prices quoted. It is strongly recommended that travel/health insurance should be arranged for the duration of each student's and tour leader's stay in Australia.

Quotation Acceptance:

UIL Tour Fee (Australian \$)	Quote Per Tour Participant
15-23 PAX + 1 FOC	*AU\$2870

Name: _____ Signature: _____

Short Version No. : 1
Date: 9/4/17
Prepared by: Anne McDougall



2 Week Community and Leadership Focused English Study Tour in the Redlands area

DAY	Schedule
1 Friday	Depart Home Country.
2 Saturday	Welcome to Brisbane. A UIL staff member will meet you at the airport. Welcome BBQ. Transfer to homestay
3 Sunday	Full Day Excursion: Visit Mt Coot-tha for City Views and Tour of Brisbane City. Visit Lone Pine Koala Sanctuary to hold a koala and experience Australian Wildlife. <i>Lone Pine Koala Sanctuary in Brisbane, is the world's first and largest koala sanctuary, with over 130 koalas. Cuddle a koala anytime, hand feed kangaroos and encounter a large variety of Aussie wildlife, all in beautiful, natural settings. www.koala.net for more information</i>
4 Monday	English assessment. UIL English class at local school and join in some classes with local school students eg. sport, art, music.
5 Tuesday	UIL English class at local school and join in some classes with local school students eg. sport, art, music.
6 Wednesday	UIL English class at local school and join in some classes with local school students eg. sport, art, music. Afternoon Community Service: Local park environment clean up and land maintenance.
7 Thursday	Full Day Excursion: Morning visit to the Moreton Bay Environmental Centre to understand the importance of taking leadership in environmental awareness. Afternoon visit to Daisy Hill State Forest Park and the Conservation Centre.
8 Friday	UIL English class at local school and join in some classes with local school students eg. sport, art, music Graduation Ceremony: Presentation of Certificates and farewell speeches.
9 Saturday	Full Day Excursion: Visit Dreamworld Theme Park on the Gold Coast Dreamworld on the Gold Coast is Australia's largest theme park. Home to great thrill rides, Nick Central, Tiger Island, native wildlife and more. www.dreamworld.com for more information
10 Sunday	Free Day with Homestay
11 Monday	Overnight Excursion: Enjoy the outdoor education camp focusing on leadership, teamwork and lifeskills on beautiful Stradbroke Island doing a range of environmental outdoor education and adventure activities. Enjoy an Aboriginal Cultural Presentation.
12 Tuesday	Overnight Excursion: Enjoy the outdoor education camp focusing on leadership, teamwork and lifeskills on beautiful Stradbroke Island doing a range of environmental outdoor education and adventure activities.
13 Wednesday	Full Day Excursion : Visit the famous tourist destination the Gold Coast and then visit the beautiful beaches and enjoy excellent shopping opportunities to buy gifts and souvenirs.
14 Thursday	Depart Brisbane

Note: Changes to the itinerary may require a revised quotation.

Terms and Conditions:

Validity

- The quote is valid for a period of one year from the quote date.
- Any changes to the itinerary may incur additional fees.
- Late night arrival or departure flight times may incur additional fees.
- UIL reserves the right to cancel an activity in circumstances outside its control e.g. activity cancellation due to bad weather. UIL will make every effort to provide alternative activities in consultation with the Tour Leader/s.
- UIL reserves the right to move activities around if activities are not available at the scheduled time or date.

Accommodation

- Students will be accommodated with suitable Homestay families, as indicated in the Itinerary.
- Twin share means 2 students sharing the same bedroom. There may be other students in the home.
- Single means 1 student per bedroom. There may be other students in the home.
- The Homestay families will supply three meals per day.
- Homestay Application Forms must be received 4 weeks prior to arrival to ensure effective matching with appropriate families.
- A final accommodation list will be provided to the agent or school no earlier than 2 weeks prior to arrival.
- A change made to original sharing arrangements may incur an additional charge of \$250.
- Any damage to Homestay property caused by students/tour leaders must be paid for by the student/tour leader.

Cancellation fees

- UIL will deduct 50% of the study tour quote for individual cancellation 1 week before the commencement date.

Payment

- **A 25% Study Tour Deposit is due within 30 days of signing this agreement.**
- **The remaining 75% is due 1 month prior to arrival.**

All payments should be made to the following account and email confirmation of payment sent to enquiries@uil.edu.au

Bank Name:	Commonwealth Bank of Australia
Bank Address:	xx, Brisbane, Queensland, 4000, Australia
Account Name:	Union Institute of Language – Springfield Campus Pty Ltd
BSB:	064 xxx
Account Number:	1116 xxx
Swift ID Code:	CTBAxxx

Further Information:

For more information regarding this UIL Study Tour Program, please contact: Anne.Mcdougall@uil.edu.au

*NOTE: It is estimated that 50% of revenue would go back into the Redland City community.

Appendix 5 Employment impacts of education strategies

Strategy 1 Grow International Education - Employment impacts

Employment impacts					
Year	Schools	ELICOS	VET	Higher Ed/Other	Total
2017	9	0	0	0	9
2018	11	0	0	0	11
2019	14	2	0	3	19
2020	17	4	1	5	27
2021	19	6	3	10	38
2022	19	8	4	13	44
2023	19	8	5	15	48
2024	19	8	6	18	51
2025	19	8	8	20	55
2026	19	8	9	23	59
2027	19	8	10	25	63
2028	19	8	11	25	64
2029	19	8	13	25	65
2030	19	8	14	25	67
2031	19	8	14	25	67
Total Full Time Equivalent Person Years Employment					686
Average/year over 15 years					46

Table 11 Employment impacts of education Strategy 1 Grow International Education

Strategy 2 Grow the university sector - employment impacts

Year	Driver	Direct Employment	
	Students FTE	Staff FTE	International students at 28%
2017	0	0	0
2018	0	8	0
2019	100	8	28
2020	200	17	56
2021	400	34	112
2022	500	42	140
2023	600	50	168
2024	700	59	196
2025	800	67	224
2026	900	76	252
2027	1000	84	280
2028	1000	84	280
2029	1000	84	280
2030	1000	84	280
2031	1000	84	280
Full Time Equivalent		781	
Average/year over period		52	

Table 12 Employment impacts of education Strategy 2 Grow the university sector

Strategy 3 Establish a Centre of Excellence in Education for the Ageing and Strategy 5.3 Increase engagement with, and support for, U3A – employment impacts

Redland City Population aged 60 and over and with 1% point and +0.5% point increase in labour force participation rate over base case

			Base Case		+1% point			+0.5% point		
Qld Pop projections	Pop'n	LF on Trend	LFPR	LF		LF	Difference from base case		LF	Difference from base case
2016	34,695	27.65	27.7%	9593	28.7%	9940	347	28.2%	9767	173
2021	40,786	30.08	30.1%	12266	31.1%	12674	408	30.6%	12470	204
2026	46,799	31.29	31.3%	14642	32.3%	15110	468	31.8%	14876	234
2031	52,213	32.50	32.5%	16969	33.5%	17491	522	33.0%	17230	261
							1745			872
						Av An PYE	436		Av An PYE	218
						PYE	6543		PYE	3272
						FTE at 50%	3272		FTE at 50%	1636

- PYE Persons Years Employment
- FTE Full Time Equivalent
- FL Labour Force
- FFPR Labour Force Participation Rate

Table 13 Employment impacts for education strategies: Strategy 3 Establish a Centre of Excellence in Education for the Ageing and Strategy 5.3 Increase engagement with, and support for, U3A

Strategy 4 Develop a Health and Education Precinct

The employment impacts will be driven by the Health and Welfare sector strategies. The addition of Education to the Health and Welfare Precinct adds greater viability for the Precinct. Employment value will be above what would otherwise occur as a result of the development of the Health and Welfare Precinct, however the degree of increase will depend very much on the construct and implementation of this Health Strategy.

Strategy 5 Engage the community in education and life-long learning

5.1 Increase engagement with the school sector

Engagement with the school sector is needed, however, this is to strengthen an already strong sector. This will lead to greater efficiencies and potentially greater productivity. It is not subject to the type of employment impact analysis undertaken for the other strategies.

Employment impacts are too diffused to assess, however any effort that results in increased school retention and better employment outcomes is a significant positive outcome.

Strategy 5 Engage the community in education and life-long learning
5.2 Increase access to the vocational training sector

Year	Driver	Direct Teaching Employment	Net Additional Flow on employment
	Additional Students *	Staff FTE	
2017	0	0	0
2018	100	2.5	50
2019	100	2.5	50
2020	100	2.5	50
2021	100	2.5	50
2022	100	2.5	50
2023	100	2.5	50
2024	100	2.5	50
2025	100	2.5	50
2026	100	2.5	50
2027	100	2.5	50
2028	100	2.5	50
2029	100	2.5	50
2030	100	2.5	50
2031	100	2.5	50
FTE PYE		35	700
Average/year over period		2	47
Assumption values	40		0.5
FTE PYE	Full Time Employment Person Years Employment		

*Additional students extra 100 on top of existing program of 200 per year

Table 14 Employment impacts of education Strategy 5.2 Increase access to the vocational training sector

Strategy 5 Engage the community in education and life-long learning

5.4 Develop a community of accessible STEM options

This strategy is working from a low base. Science, Technology, Engineering and Mathematics (STEM) employment within Redland City has some highly interesting areas but it is sparse and disjointed. STEM in Redland City includes the areas of marine, agriculture, industry and robotics.

An indicative estimate is that there are about 100-150 people employed in the sector presently, mainly as researchers and teachers. One of the early actions in this strategy is to establish the baseline number. Better coordination and linkages through the implementation of this strategy would attract more STEM activity and an increase in employment.

If the option of including Arts education in this STEM strategy is applied (ie STEAM) this would lead to greater employment still. Predictions on the degree of increase are difficult to make given the lack of a baseline figure.

Strategy 5 Engage the community in education and life-long learning

5.5 Develop community access to alternative and foundation studies sector

Direct employment in this area has higher ratios than for strategy 5.2. and so small measures of growth will lead to relatively higher labour returns. Staff student ratios require more intensive teaching than standard TAFE at ~15:1 relative to ~ 40:1. Therefore direct employment outcome could be about 3 times higher but still very low.

However, this strategy is one where direct employment outcome is not the most effective measure. The economic value is in recovering those at risk of 'dropping out' of education and the resultant avoidance of the significant costs of low education levels, which includes unemployment.

11.1.4 HEALTH CARE AND SOCIAL ASSISTANCE INDUSTRY SECTOR STRATEGY AND ACTION PLAN

Objective Reference:	A2496921 Reports and Attachments (Archives)
Attachment:	<u>RCC Health Care and Social Assistance Industry Sector Report</u>
Authorising Officer:	Louise Rusan General Manager Community and Customer Services
Responsible Officer:	Kim Kerwin Group Manager Economic Sustainability and Major Projects
Report Author:	Noreen Orticio Acting Principal Adviser Strategic Economic Development

PURPOSE

The purpose of this report is to present the Health Care and Social Assistance Strategy and Action Plan to Council.

BACKGROUND

Council resolved in 2015 to endorse the Redland City Economic Development Framework which charts a course based on key future objectives. Based on economic and industry trends, future growth opportunities and Council's economic vision, the framework identified eight (8) key industry sectors as drivers of economic and employment growth. Separate industry sector strategies and action plans will be developed with the intent of delivering the framework at an operational level.

At the General meeting of 27 July 2016 Council resolved to endorse the development of action plans in the health care and social assistance and education and training industry sectors based on the Economic Development Advisory Board's (EDAB) recommendations of industry priorities. Both industries are viewed as economic foundations of the city and provide employment, generate significant large value add and show strong growth potential.

Council engaged Carramar Consulting Pty Ltd to undertake the development of the Health Care and Social Assistance Industry Sector Strategy and Action Plan. The consultants undertook a comprehensive review of the industry sector to identify current and future trends and challenges faced by the sector at global, national and local levels. They also undertook active engagement and extensive consultation with stakeholders and industry leaders where key issues and opportunities were identified. Councillor workshops and workshops with the Redland City Economic Development Advisory Board were conducted to provide more substantive input to the action plan.

ISSUES

The Health Care and Social Assistance industry sector has been growing strongly for the past 5 years. The sector is the second largest employer in the City (National Institute of Economic Industry Research 2016) and is anticipated to experience high growth trajectory in terms of employment over the next decade. The sector is also the city's most productive industry generating a value-add of \$520M in 2015/16 (Ibid). The growth in the industry is driven primarily by the City's ageing population that has brought about an increased demand for social and health care services.

Improvements in communication technologies and increasing access to the internet are altering how health care is delivered. The role of the hospital is now diminishing with a stronger emphasis on the home and local community as the primary health care arena. Hospital sites will evolve as 'health campuses' that integrate general practice, support services, education, medical research and allied health.

Changes to how aged care and social services are delivered are also taking place as there is a stronger push to consolidate within the industry particularly driven by operators who want to achieve greater efficiency. The extent of the impact of customer driven care and the National Disability Insurance Scheme (NDIS) is still largely unknown but has driven organisations to develop better business models and to explore partnership opportunities in order to expand services they can offer rendering them more competitive. Customer driven care models will also likely affect the workforce through increased casualisation and will push demand up for home care workers in health, aged care and disability services.

In the context of these trends and challenges, the Health Care and Social Assistance Industry Sector Strategy and Action Plan Report identified three (3) broad strategies with specific actions and tasks, namely:

Strategy 1 Health services that meet the need. The strategy focuses on ensuring that suitable health services are available to meet the growing needs of the population. It is underpinned by land use and infrastructure planning, advocacy, partnerships, investment attraction and business capacity development. One of the key actions under this strategy is facilitating the planning of the Redland Health and Wellness Precinct. Council is already working in partnership with Metro South Hospital and Health Services (MSHHS) and Mater Private Hospital to deliver a Health Precinct Master Plan. The precinct has also been identified in the South East Queensland Regional Plan 2017 (Shaping SEQ) as a Knowledge and technology precinct. These are areas that contain a core high-level health, education, research or similar facility, that provides opportunities for complementary and supporting activities, and for development of these activities to intensify over time.

Strategy 2 A destination of choice for retirement living. The strategy capitalises on Redland City's attractiveness for retirement living and it involves working with tertiary institutions and vocational education providers to ensure the provision of local training and education programs for the aged care and disability workforce. The Centre of Excellence in Education for the Ageing as identified in the Education and Training Industry Sector Strategy and Action Plan can play a key role in ensuring training requirements are met. The strategy also entails strengthening partnerships with local aged care providers and the Brisbane South Primary Health Network as well as attracting investment opportunities for new services to establish locally.

Strategy 3 An inclusive community. The strategy ensures that people of all ages and abilities have access to services and activities, enabling infrastructure and employment opportunities. Council is encouraged to continue to support existing networks of disability and aged care service providers particularly through facilitating information and resource sharing and providing business support and education that increases their capacity to adjust to changing markets.

STRATEGIC IMPLICATIONS

Legislative Requirements

There are no legislative requirements that affect the outcome of this report.

Risk Management

Identified risks to successful economic development in the City include:

- Failure to work in partnership with the business community, and other levels of government which will inhibit the delivery of the framework; and
- Failure to implement the action plan due to inadequate resourcing.

Financial

Implementing the Health Care and Social Assistance Industry Sector Strategy and Action Plan will have financial and resource implications for Council. A report identifying the future work program for delivery of the Action Plan, including financial and human resource impacts, will be prepared for Council's consideration. It is anticipated the program for the current financial year will be undertaken within the existing resource allocation and through business planning inform proposed operational expenditure in subsequent financial years.

A number of sector actions are already being delivered under Council's 2017/18 Operational Plan including the preparation of a master plan for the Redlands Health and Wellness Precinct. This project is being developed under a Memorandum of Understanding (MOU) as a partnership between Redland City Council, Metro South Hospital and Health Service, and Mater Misericordiae Ltd.

The action plan will be used to advocate for new partnerships to attract new investments in the City that can positively impact on employment and economic output in this sector.

People

Implementation of the Health Care and Social Assistance Industry Sector Strategy and Action Plan will impact staff resources in the Economic Sustainability and Major Projects Group. A report will be prepared for Council identifying the forward work program and resource implications for delivery of the Action Plan, including for the current financial year.

Environmental

There are no identified environmental impacts.

Social

Implementation of the Health Care and Social Assistance Industry Sector Strategy and Action Plan supports improved outcomes for community health and wellbeing, while driving business investment and employment generation in this sector.

Alignment with Council's Policy and Plans

Relationship to Corporate Plan

The Health Care and Social Assistance Industry Sector Strategy and Action Plan supports Council's strategic priority of delivering a supportive and vibrant economy, specifically:

6.5 Growth in key sectors identified in Council's Economic Development Framework is supported through the development and implementation of action plans by the Industry Economic Development Advisory Board.

In addition, the Redland City Economic Development Framework 2014 – 2041 aims to:

- Provide opportunity for business investment and local employment;
- Develop a supportive vibrant economy that delivers business opportunities;
- Promote local jobs; and
- Strengthen the tourism industry.

CONSULTATION

Extensive consultation and industry engagement was undertaken in the development of the Health Care and Social Assistance Industry Sector Strategy and Action Plan. Activities have included:

- Councillor workshops
- Redland Economic Development Advisory Board workshop, presentations and reporting
- Focus groups/workshops with organisations in the areas of aged care, disability and community services (refer Health Care and Social Assistance Industry Sector Strategy and Action Plan Appendix G for list of stakeholders consulted)
- Key informant interviews including with representatives from Metro South Hospital and Health Services (MSHHS) and Mater Private Hospital Redland (refer Health Care and Social Assistance Industry Sector Strategy and Action Plan Appendix G for list of stakeholders consulted)
- Targeted discussions with officers from the Community and Cultural Services, City Planning and Assessment, and the Economic Sustainability and Major Projects Groups

OPTIONS

Option 1

1. That Council receives the Health Care and Social Assistance Industry Sector Strategy and Action Plan; and
2. That the General Manager Community and Customer Services reports to Council within three months to outline the delivery and implementation schedule for the Health Care and Social Assistance Industry Sector Strategy and Action Plan including timeframes, accountable parties and corresponding budget and resource considerations. OR

Option 2

That Council notes the Health Care and Social Assistance Industry Sector Strategy and Action Plan.

OFFICER'S RECOMMENDATION

That Council resolves as follows:

- 1. That Council receives the Health Care and Social Assistance Industry Sector Strategy and Action Plan; and**
- 2. That the General Manager Community and Customer Services reports to Council within three months to outline the delivery and implementation schedule for the Health Care and Social Assistance Industry Sector Strategy and Action Plan including timeframes, accountable parties and corresponding budget and resource considerations.**

Health Care and Social
Assistance Strategy and
Action Plan
Redland City Council



Disclaimer

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1. EXECUTIVE SUMMARY

This Health Care and Social Assistance Strategy and Action Plan supports the Economic Development Framework which is based on four key future growth objectives, which will form the basis of Action Plans that support economic growth in these areas.

The following actions were undertaken in developing the Action Plan:

- Market research and analysis
- Consultation with stakeholders
- Review of Council documents, secondary data and case studies of excellence
- Identification of opportunities, linkages and challenges for the sector
- Development of a high level economic analysis.
- Development of key strategies and actions for Redland City including outcomes.

From analysis of worldwide trends, changes in Australia as a whole and local context, the following planning considerations were taken into account in developing the strategies:

- Health services will be delivered in a fundamentally different way in the future
- The role of the hospital and hospital sites will change significantly
- Digital technology in all sectors is a critical driver
- Aged care focus will be to support people in their own home for as long as possible
- Business models in the retirement living and residential aged care sectors will continue to change
- Consolidation in the aged care and disability sector will continue
- Although the impact of the NDIS is largely unknown, a market based approach that allows consumer choice and competition will occur
- Access to housing is a key enabler for the Health and Social Assistance Sector
- For a low paid workforce such as is common in the aged care and disability sectors, access to affordable local housing will be a key factor for recruiting and retaining staff.

Key considerations from population and projections were reviewed as part of this report.

Following consultation and review of the information collected above, a summary of the implications for action planning by the Redland City Council was analysed and collated into a SWOT analysis.

The following key priorities for Redland were then developed based on a detailed analysis of the strengths, weakness, opportunities and threats of the Health and Social Assistance sector, and an assessment of the service gaps, economic environment and local context for Redlands:

- Development, expansion and networking of local health services in appropriate locations, supported by suitable enabling infrastructure, to ensure an appropriate range of health care services are available to meet the needs of the population.
- Development of an integrated Health Precinct at Weippin Street to create an 'exemplar' model of contemporary health delivery in an appropriate location and configuration that meets the demand for health services in the region.
- Growth of the aged care and retirement living sector to ensure a consistent supply of retirees into the region, and development of appropriate infrastructure, services and programs to promote age-friendly communities and maintain Redland City as a destination of choice for retirement living.

- Promotion of Redland City as an inclusive community and destination of choice both locally and internationally, ensuring that all people have access to appropriate services, housing options, information about services and community activities, and employment opportunities.

An economic analysis was performed for the Redland health care and social assistance sector in order to help understand the impact of these potential opportunities and to prioritise them.

The health care and social assistance sector is the second largest employer (representing 14.6% of the total job market), and generated an output of \$428.3 million in 2012. Projected employment is expected to increase to 16.7% of the job market by 2041, an increase of 6,122 jobs in the sector. Demand for health care will continue to increase as a result of the forecast population growth and the ageing demographic profile of the Redland community. Additional health care services will drive economic growth due to investment in infrastructure, growth in the associated supply chain as well as direct service provision in hospitals, general practice, allied health, community health and home care services.

Key Health and Social Assistance strategies were then developed and prioritised based on an analysis of the strengths, weaknesses, opportunities and threats of the Health Care and Social Assistance sector, and a detailed assessment of the service gaps, economic environment and local context for Redland. Specific actions were also developed under each strategy with a goal to improve the Health Care and Social Assistance Sector in Redland, and thereby increase economic growth in the region.

In summary, the following strategies (each with underlying actions which are detailed in the report) were developed:

- **STRATEGY 1:** Development, expansion and networking of local health services in appropriate locations, supported by suitable enabling infrastructure, to ensure an appropriate range of health care services are available to meet the needs of the population.
- **STRATEGY 2:** Growth of the aged care and retirement living sector to ensure a consistent supply of retirees into the region, and development of appropriate infrastructure, services and programs to promote age-friendly communities and maintain Redland City as a destination of choice for retirement living.
- **STRATEGY 3:** Promotion of Redland City as an inclusive community and destination of choice both locally and internationally, ensuring that all people have access to appropriate services, enabling infrastructure and relevant information about services and community activities, and employment opportunities.

2. INTRODUCTION

2.1. Project Scope

The Redland City Health Care and Social Assistance industry sector Strategy and Action Plan includes consideration of the Redland City economy, industry sector issues, challenges and opportunities as well as key priorities identified in the Redland City Council's Economic Development Framework objectives.

2.2. Background

Redland City Council has expressed a desire to ensure that its economy is growing in a sustainable manner, enabling existing business to grow, whilst attracting new areas of investment and development across key industry sectors. To support this, the Council has developed the Economic Development Framework 2014-2041 and established the Economic Development Advisory Board.

The Economic Development Framework is based on four key future growth objectives, which will form the basis of Action Plans that support economic growth in these areas. The four key future growth objectives are:

- Population Target - 206,000 by 2041 at an average growth rate of 1.2 per cent
- Number of Jobs - 30,000 jobs to be created in the city by 2041
- GRP Growth - An economy worth \$6.8bn by 2041
- Tourism Growth - to represent 2 per cent of the Redland City economy.

The delivery of the Framework requires a coordinated approach across Council and collaboration with industry to effectively implement the operational components of the Framework (the Action Plans). The delivery of the Action Plans associated with the Framework will be overseen by the Advisory Board who will assist in the development and delivery of the Action Plans and decide on the economic direction of the city through their input and advice, utilizing their knowledge and links in the key industry sectors.

The Framework focusses on eight key industries in Redland with Action Plans to be developed for each one of the following sectors:

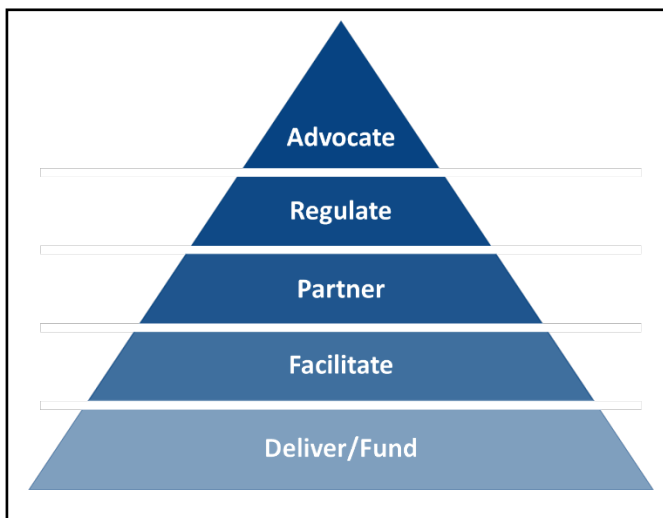
- Construction
- Education and Training
- Financial and Insurance Services and Professional, Scientific and Technical Services
- Health Care and Social Assistance
- Manufacturing
- Retail Trade
- Rural Enterprises
- Tourism

The Tourism Strategy and Action Plan 2015-2020 has since been developed in consultation with the local tourism industry and the next industry sector action plans to be developed will focus on Health Care and Social Assistance and on Education and Training. The Health Care and Social Assistance Strategy Framework and Action Plan will be based around healthcare, due to the strategic location of two hospitals in the city, which are currently looking to expand operations.

2.3. Methodology

To develop the Health Care and Social Assistance Strategy and Action Plan for the Redland City Council and Economic Development Advisory Board, the following actions were performed:

- Market research and analysis on the Health Care and Social Assistance sector of Redland City Council through discussion with key stakeholders and industry leaders (see Appendix G) from both Health and Community Services sectors (detailed market sounding was outside of the scope of this project).
- Review of Council documents, secondary data and case studies of excellence highlighting possible outcomes for the sector
- Identification of opportunities, linkages and challenges for the sector at the global, national, regional and local levels
- Development of a high level economic analysis. Economic Impact has been measured in two ways:
 - Any additional infrastructure associated with the Health Care and Social Assistance sector has been estimated and quantified. For example, hospital enhancements or construction of aged care facilities.
 - Health and social assistance services have been estimated, including employment of people in allied health, aged care and the disability services sector.
- Development of key strategies and actions for Redland City including outcomes. These were aligned to specific roles of council as outlined in the figure below:



Adapted from: Noosa Shire Local Economic Plan, 2016

2.3.1. Health needs assessment as it relates to health and social services strategy development

It is imperative for economic sustainability that the identification of investment priorities in the Redland City Health Care and Social Assistance industry sector Strategy and Action Plan is underpinned by a robust understanding and approach to needs analysis. Health need encompasses the concept of individual health, the health of the community and its relationship to the social determinants of health, namely the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness.¹ In general, relatively disadvantaged members of the community live shorter lives and have higher rates of illness, disability and death than those who are relatively advantaged.² It is therefore critical that a needs assessment not only provides an understanding of the average level of health in the community, but also how health is distributed.

In health needs assessment it is essential that the need for health care is distinguished from the need for health. For the purposes of planning, the need for health care is based on the specific opportunities to improve health outcomes and in most instances is taken to refer to the capacity or ability to benefit from health care. It will be pertinent to ask what type of benefit Redland City wants to realise from its health and social assistance investment. Is it best value for money from all health and social care spending, is it improved quality of life, is it a reduction in waiting lists, or is it keeping the population well and out of hospital? It is probably a combination of all these things and more.

The relationship between health needs assessment and planning will involve an assessment of the population's health and social care needs and existing services, in order to identify which strategies would be the most effective to improve health and reduce identified inequalities. Needs assessment also attempts to separate demand for which there may be insufficient justifiable need, from demand for which there is sufficient justifiable need. These differences are important given the tendency to focus on demand and supply as indicators of need. If resources are to be allocated on the basis of need, then the definition should allow the outcomes to be assessed from the allocation of resources and implies some priority setting.³ The needs assessment process therefore must also incorporate a structured approach to setting priorities.

The approach to needs assessment and priority setting is heavily informed by an understanding and commitment to implementing contemporary trends in service delivery across the sector. The hospital site of the future will have evolved into 'health campuses', providing a wide range of integrated health and health related services within the precinct, combining with services offered in the local community, including GPs, allied health, support services and social care.⁴ This will in future include Community and Disability care, which must also be incorporated into the end to end service provision for the community as a whole.

Health services throughout Australia and internationally are already implementing various forms of service reconfiguration aimed at achieving better coordination in integrated care. These will provide strategies and initiatives that can meet the needs of an ever growing and ageing population with increasing volumes of age related chronic and mental illnesses burdening health and hospitals systems (chronic diseases are the leading cause of illness, disability and death in Australia⁵). Community and Disability Services and in

¹ WHO Social determinants of health - Key concepts, Commission on Social Determinants of Health 2005-2008 Final Report http://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/

² Australian Institute of Health and Welfare 2012. Australia's health 2012. Australia's health series no.13. Cat. no. AUS 156. Canberra: AIHW

³ Asadi-Lari M, Packham, C, and Gray, D. "Need for redefining needs." Health and Quality of Life Outcomes 2003 1: 34-38

⁴ Naylor C, Alderwick H, Honeyman M, 2015, Acute hospitals and integrated care: From hospitals to health systems, The King's Fund

⁵ AIHW, 2014. Australia's health 2014. Australia's health series no. 14. Cat. no. AUS 178. Canberra: AIHW

particular, the National Disability Insurance Scheme (NDIS) will also be an ever increasing requirement of the community. As NDIS has been separated from the Health requirements of the individual new and different models will evolve over time and these will be investigated with a review of the situation across the rest of Australia as well as consideration of the Queensland context and how this applies to the Redland community.

Increased integration between primary, acute, ambulatory care and health and social community care services, as well as the public and private health sectors can improve transitions between different services across the continuum of health care and community services and reduce negative outcomes for people. This future vision for an integrated health network blurs the lines between acute care and ambulatory care, with improvements in technology further serving to drive services out of a hospital setting into homes and communities. This change also has an economic driver with an incentive to move care away from high-cost, high utilisation environments (such as hospitals) to appropriate local and community care environments that support the provision of high quality care and community services at a much lower cost. Both Community Services and Healthcare must be delivered closer to the home and as such smaller and localised services will be provided throughout the community.

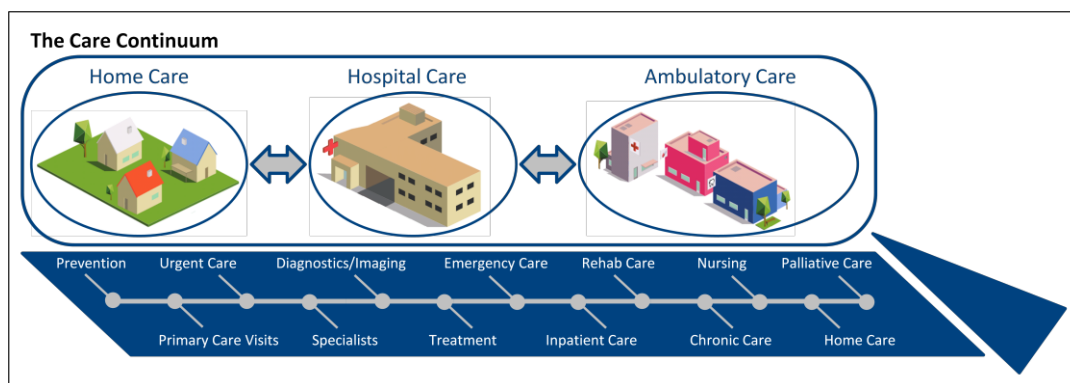
These new ways of working are a key element of the health system of the future and call for changes to the way services are located and the models of care they provide. Effective models of integrated care have been successfully implemented around the world. Some examples include Canterbury Health services in New Zealand, Torbay Care Trust, Devon in the United Kingdom, South Karelia Social and Healthcare District in Finland, Kaiser Permanente in the USA and the HealthOne program in NSW.

3. OVERVIEW OF HEALTH CARE AND SOCIAL ASSISTANCE SECTOR

3.1. Trends in the Health Care Sector

3.1.1. Contemporary Health Service Models

Contemporary service planning assumes that the significant advances in digital technology and medical research will result in health services functioning in a fundamentally different way in the future. This challenges the system to develop new models of care, new workforce arrangements and organisational models in order to deliver a greater proportion of care in settings outside of hospitals and is fundamental to the concept of a health precinct.



Naylor et al (2015)⁶ highlighted the significant potential for hospitals to evolve into 'health campuses', providing a wide range of integrated health and health related services within the precinct, combining with services offered in the local community, including GPs, allied health, support services and social care.⁷

In response to the needs of an ever growing and ageing population with increasing volumes of age related chronic and mental illnesses, health services throughout Australia and internationally have implemented various forms of service reconfiguration aimed at achieving better coordination in integrated care. The implementation of these models will allow health care providers to shift the focus of health care away from an episodic care approach toward a person-centred, coordinated and tailored integrated health care approach that meets the needs and preferences of the individual, their carers and family. The outdated model of episodic care for single conditions and silos of specialty must be realigned to match the needs of an ageing patient population and be redesigned as a whole healthy integrated environment, of which the hospital is only a part, and is supported by clinical networks that share information and medical technology. Together, these services should be centralised where necessary and localised where possible.

The decreasing role of the hospital with a stronger focus on the home and local community as the primary health care arena has been spurred by greater access to the internet and improvements to communication technologies. The increased implementation and use of telehealth has allowed patients to transform their

⁶ Naylor C, Alderwick H, Honeyman M, 2015, Acute hospitals and integrated care: From hospitals to health systems, The King's Fund

⁷ ibid

living rooms into consultation rooms, reducing the need to travel to hospitals, and allowing for the provision of flexible healthcare service in the local area that improve patient comfort and health outcomes.⁸

This is especially applicable to low mobility ageing patients who would find it difficult to access physical hospital locations and services and will need to manage their own care outside of a hospital setting. Patient-centred medical homes empower the patient to become an active participant in their own health, along with the physician providing monitoring, assistance and health care through a coordinated team that manages preventive, acute, and chronic needs to care for the patient in a home environment. This model incorporates hospital, community and digital healthcare and integrated delivery strategies to drive services away from hospitals and closer to the patient's location.⁹

Digital Technology

The backbone of an integrated health care model is communication. For various components of the health network to coordinate and work together effectively there must be an interconnectedness that can only be achieved through the effective exchange of information and patient data between clinical care, public health, and community-based services.

With the increasing trend to move healthcare from hospitals and clinics to homes and communities, information sharing will become even more critical. Digital access to the protocols and the patient record across the continuum of care will allow for consistent treatment, reduced error rates, and improved outcomes and improved staff and patient satisfaction. Improving communication between service providers can help to facilitate coordination of care and allow for shared care plans and decision making strategies. This supports the work of clinicians and builds relationships between disparate service providers working in multi-disciplinary teams.¹⁰

Additionally, the rise of smart phones, social media and sensors provides a new suite of tools that empower consumers with more information and control over their health and offer physicians more options for treatment that are flexible and tailored to each patient, including the ability to provide in-home remote monitoring, sensing and assessment outside the confines of a traditional hospital environment. These technologies can serve to increase connectivity between patients and health providers and allow for the flow of health information to be easily accessed by all involved parties. This will allow for greater integration between disparate services and providers in the health care continuum and will help to improve patient experience and outcomes.¹¹

Key examples of digital technology that will change the way in which healthcare is delivered in the future include:¹²

- Smart Phones - App stores already feature thousands of health apps, though their uptake for health and care to date has been patchy.
- At-home or portable diagnostics - these include portable x-ray machines, blood-testing kits and other technology that can provide more and more of the diagnostics required to support health care, with profound consequences for the way we configure our health care system.

⁸ Enders, T, Brown, K, Smith, M, Augenstein, J, Detty, A, Osius, E, 2014, Manatt's Healthcare Industry Megatrends, Manatt, Phelps & Phillips, LLP

⁹ Reynolds, A, 2009, 'Patient-centered Care', Radiologic Technology, vol. 81, no. 2, pp. 133-47

¹⁰ Powell-Davies, G, Williams, A, Larsen, K, Perkins, D, Roland, M, Harris, M, 2008, 'Coordinating Primary Health Care: An Analysis of the Outcomes of a Systematic Review', Medical Journal of Australia, vol. 188, no. 8, s65 – s68

¹¹ Enders, T, Brown, K, Smith, M, Augenstein, J, Detty, A, Osius, E, 2014, Manatt's Healthcare Industry Megatrends, Manatt, Phelps & Phillips, LLP

¹² Gretton, C, Honeyman, M, 2016, 'The digital revolution: eight technologies that will change health and care', The King's Fund, UK

- Smart or implantable drug delivery mechanisms - sensor technology so small it can be swallowed and combined with drugs in pill form has already been developed. When the pill dissolves in the stomach, the sensor is activated and transmits data to a wearable patch on the outside of the body and on to a smartphone app. This enables patients and their clinicians to see how well they are adhering to their prescription.
- Digital therapeutics - health or social care interventions delivered either wholly or significantly through a smartphone or a laptop. They effectively embed clinical practice and therapy into a digital form. At a minimum, these interventions combine provision of clinically curated information on a health condition with advice and techniques for dealing with that condition. Many digital therapy platforms also include a way for people to connect with peers and share their experience, or to connect with health professionals remotely.
- The connected community - connected communities for health are growing in their membership and their diversity. Several platforms bring together people with interests in health and care within countries and across the world to support each other, share learning and even provide a platform for tracking their health data or helping them manage their condition. MedHelp, PatientsLikeMe and HealthUnlocked are just three of these social networks for health. Alongside these dedicated networks, platforms such as Twitter and Facebook that dominate the social network market have also become key places for disseminating and discussing health and care information and best practice.

There are a plethora of examples of the increasing use of digital technology in Australia. Some readily available examples include:

- Healthdirect Australia which is a government funded initiative by the Commonwealth, State and Territory Governments. The Healthdirect app is available from both the App Store and Google Play and can be used to check your symptoms, find a health service and get trusted health information¹³
- There are a range of other online resources available to facilitate access to specialist medical services. For example, there is a provider directory on the Australian College of Rural and Remote Medicine website.¹⁴ Furthermore, some private services have started to facilitate access to such services, for example Anywhere Healthcare.¹⁵
- E-hub which develops and evaluates websites that deliver psycho-education and psychological interventions for common mental health problems. E-hub Assist can be accessed for information about e-hub's online self-help programs, and how they can be used. E-couch provides self-help modules for depression, general anxiety and social anxiety using strategies drawn from cognitive behavioural and interpersonal therapies, relaxation, and physical activity. E-couch also includes modules for separation and divorce, and loss and bereavement.¹⁶
- MoodGYM is an interactive self-help program for preventing and coping with depression and anxiety. MoodGYM teaches self-help skills drawn from cognitive behaviour therapy.
- SANE Australia Forums - online forums which are anonymous and moderated 24 hours/day 7 days per week to provide information, advice, and support.
- Free communication and file sharing options e.g. Skype and Drop-Box
- Personal health monitoring devices and apps such as Fitbit and MapMyRun.

¹³ Refer to <https://www.healthdirect.gov.au/health-app>

¹⁴ Refer to <http://www.ehealth.acrrm.org.au/provider-directory>

¹⁵ Refer to <https://www.anywherehealthcare.com.au/>

¹⁶ Refer to <http://ruralhealth.org.au/rural-resources-for-health-professionals-and-consumers>

Linking Health and Social Services

In the United Kingdom, an approach known as social prescribing has been used in the NHS for many years, however, interest in the model has expanded in the past decade or so. Social prescribing, sometimes referred to as community referral, is a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services. Recognising that people's health is determined primarily by a range of social, economic and environmental factors, social prescribing seeks to address people's needs in a holistic way. It also aims to support individuals to take greater control of their own health. Social prescribing schemes can involve a variety of activities which are typically provided by voluntary and community sector organisations. Examples include volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports. More than 100 schemes are currently running in the UK, more than 25 of which are in London. There are many different models for social prescribing, but most involve a link worker or navigator who works with people to access local sources of support.¹⁷

Successful examples of integrated health and social care are provided below (and detailed descriptions of specific case studies are presented in Appendix A):

- The Bromley by Bow Centre in London which seeks to improve the health and wellbeing of vulnerable young people, adults and families across the local community by collocating GP services with a range of activities and services including social welfare and legal advice, adult skills and employment programmes, money management services, social groups and other community activities, as well as healthy lifestyle programmes.
- The Torbay Care Trust in the United Kingdom which has developed a model of integrated health and social care teams, using pooled budgets and serving localities of around 30,000 people, to work alongside GPs to provide a range of intermediate care services to help older people to live independently in the community. Vertical service integration for older people has been established using already established strong partnerships with Torbay Council, South Devon Healthcare NHS Foundation Trust and Devon Partnership Trust.¹⁸
- In other areas of the United Kingdom, volunteers have been trained to become 'community health champions', supporting people in their neighbourhoods and broader communities to lead healthier lives, as well as working with commissioners and providers to improve the quality of services available in their local area (see www.altogetherbetter.org.uk; NHS Confederation and Altogether Better 2012).¹⁹
- In the United States, Kaiser Permanente has been involved for a number of years in efforts to improve the 'total health' of the broader communities it serves by sponsoring or co-founding more than 40 Healthy Eating Active Living (HEAL) collaboratives since 2006, typically focused on:
 - ensuring that health is considered in local government plans and policies (for example, through creating bike paths or walking trails)
 - improving access to green spaces and community gardens
 - improving access to healthy food in schools, workplaces and deprived areas
 - promoting physical activity across the whole population²⁰

¹⁷ The King's Fund, What is Social Prescribing? 2 February 2017 <https://www.kingsfund.org.uk/topics/primary-and-community-care/social-prescribing>

¹⁸ Thistlethwaite 2011 as cited in Goodwin N and Smith J Developing a National Strategy for the Promotion of Integrated Care The Evidence Base for Integrated Care The King's Fund and the Nuffield Trust

¹⁹ *ibid.*

²⁰ Thistlethwaite 2011 as cited in Goodwin N and Smith J Developing a National Strategy for the Promotion of Integrated Care The Evidence Base for Integrated Care The King's Fund and the Nuffield Trust

- In Sweden, Jönköping County Council has pursued a population-based vision for its citizens of 'a good life in an attractive city' for the past 20 years. Services aimed at improving older people's health include Jönköping's Passion for Life programme based on a series of group meetings called 'life cafés' which won the European award for social innovation in ageing. A broad approach to planning and delivering services across the whole of the population has been taking and includes use of a dashboard of indicators to monitor health outcomes across and within local populations. These indicators focus on a range of areas, including rates of obesity, alcohol consumption, physical activity, quality of diet, social deprivation, violent crime, school truancy and educational outcomes, as well as a range of measures of people's physical health. The Council then works in partnership with local government in Jönköping's municipalities to plan and deliver services to improve population health in each locality.

In the United Kingdom, responsibility for public health has been transferred to local authorities based on an understanding of the interconnectedness of the social determinants of health. As a result, Councils have taken on a wide range of roles including for example:²¹

- establishing an investment framework for the Public Health Grant which involves a shift from a medical to a social model, and uses the World Health Organisation's tool for evidence-informed decision making in public health (Blackburn with Darwen)
- pioneering a multi-faceted approach to alcohol misuse through a number of partnerships and a strategy involving a parallel inter-linked range of initiatives have been set up to tackle the increasing problem of alcohol misuse in the city (Brighton and Hove)
- development of a health website for the whole community has been used as an opportunity to open up information and accountability to the community, enabling data to be used by community groups (Devon)
- an asset-based approach through developing Area Action Partnerships and regional co-ordination roles (Durham)
- development of a public health movement for the county through an inclusive strategic approach to building a public health agenda among all those whose work impacts on health (Hertfordshire)
- using public health evidence-based practice approaches to tackle health inequalities through innovative community development activities which address public health, inequalities, migrant communities, community engagement and empowerment (Kingston upon Thames)
- supporting healthy urban planning as a high priority on the council's agenda with a toolkit being developed to embed health issues further into planning (Newham)
- becoming a 'strategic commissioning council' whose work is based on improving outcomes, building on assets and using a 'local action: central support' operating model to tackle wider determinants of health at a local level by connecting with communities, partnerships and assets including business and universities (Staffordshire).

A recent Australian example of local council involvement in linking health and social services is the development of the City of Port Phillip Integrated Family and Children Centres. Council has a strategy to improve family and children services in the City of Port Phillip by developing integrated family and children's centres which bring together accessible and affordable care, education and health services for families with children aged 0-8 years. The centre will provide these services in a coordinated, flexible and creative way that benefits children and families, particularly those experiencing difficulties. The centres can offer maternal and child health services, child care, kindergarten, playgroup spaces, toy libraries, consulting suites for allied health professionals and multi-purpose rooms.²²

²¹ Local Government Association United Kingdom, January 2014, *Public health transformation nine months on: bedding in and reaching out*.

²² Refer to http://www.portphillip.vic.gov.au/integrated_family_and_childrens_centres.htm

Another example is Kiama Municipality's 'Dementia Friendly Kiama' initiative. Kiama Council, Alzheimer's Australia, and the University of Wollongong are working together with the Kiama Local Dementia Alliance to operate the Kiama Local Dementia Alliance which includes people with dementia and representatives from local government, community organisations, businesses and schools. The initiative aims to support local organisations and businesses to become dementia-friendly with training and resources developed by Alzheimer's Australia for staff, raise awareness of dementia with information sessions, public lectures and education opportunities for all members of the community, work with organisations to promote volunteering, employment and other social engagement opportunities for people with dementia and work to improve the physical environment in Kiama and surrounds, such as providing better signage in public areas.²³

Mental Health is another key area where integration of health and other services is critical. A person's mental health and wellbeing is influenced by many factors, including life experiences, social and economic conditions, and their broader environment. In particular, a person's mental health and wellbeing can be shaped by income, employment, housing, education, health care and social services. Many people living with mental health issues will access a variety of service systems, such as healthcare, disability, housing, education and employment. These service systems are important in supporting the overall mental health and wellbeing of people living with mental health issues, including their recovery. For people who have attempted or are at risk of suicide, these service systems can be critical to achieving appropriate follow-up support.

There will be a need for better collaboration and coordination across governments and government agencies, and a commitment to driving change beyond the mental health service system. Local governments will be an important partner in fostering local ownership of activities within their local community to promote mental health and wellbeing and prevent suicide.²⁴

3.2. Trends in the Aged Care Sector

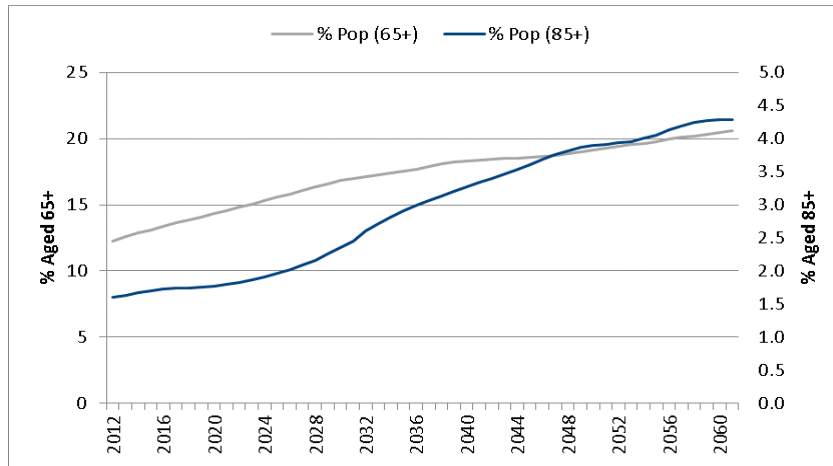
3.2.1. An Ageing Population

The Australian ageing population is growing quickly. Within the next 20 years, those over 65 year old will make up over 17 per cent of the total population. Due to improvements in health care, the 85 year and over population is also increasing rapidly and in 20 years' time this group is projected to almost double and make up 3 per cent of the total population.

²³ Refer to <http://www.kiama.nsw.gov.au/residents/aged---disability-services/dementia-friendly-kiama>

²⁴ Australian Government Department of Health, 2016, Mental Health in Australia Fifth National Mental Health Plan Draft for Consultation

Figure 1 Share of population above senior age, QLD, 2012 to 2060



Source: ABS, 3222.0 - Population Projections, Australia, 2012 (base) to 2101 - TABLE B3. Population projections, by age and sex, Queensland - Series B

More people are living longer and better, well into old age. However, advances in health care can only prolong life for so long. As life expectancy increases, the ways in which people die will change. Heart disease, strokes and cancer continue to be leading causes of death for those aged 65 and over in Australia, however there is also a significant increase in degenerative diseases that impair cognition (dementia and Alzheimer’s disease), with these diseases being the second most common cause of death for those aged 85 and over.

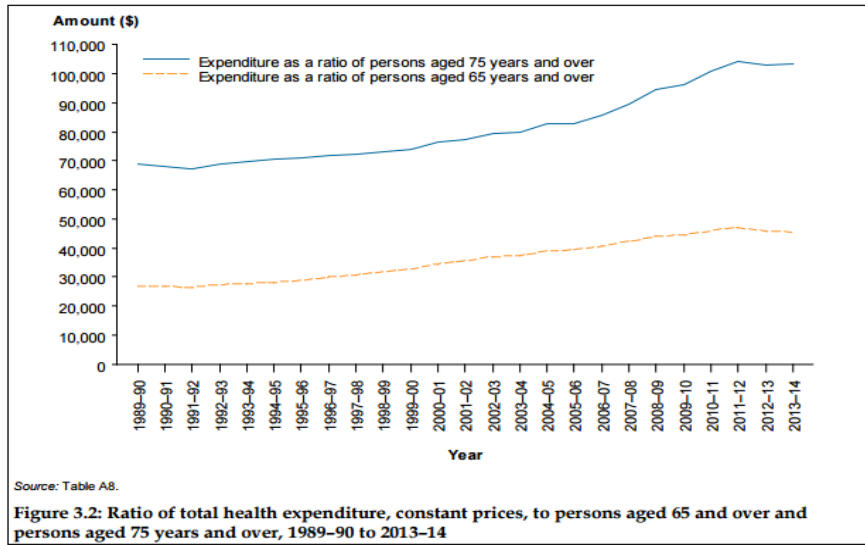
Table 1 Causes of Death for Australians aged 65+

Age	1st	2nd	3rd	4th	5th
65–74	Coronary heart disease	Lung cancer	COPD	Cerebrovascular disease	Colorectal cancer
75–84	Coronary heart disease	Cerebrovascular disease	Dementia & Alzheimer disease	Lung cancer	COPD
85–94	Coronary heart disease	Dementia & Alzheimer disease	Cerebrovascular disease	COPD	Heart failure
95+	Coronary heart disease	Dementia & Alzheimer disease	Cerebrovascular disease	Heart failure	Influenza & pneumonia

Source: AIHW National Mortality Database (Table S2).

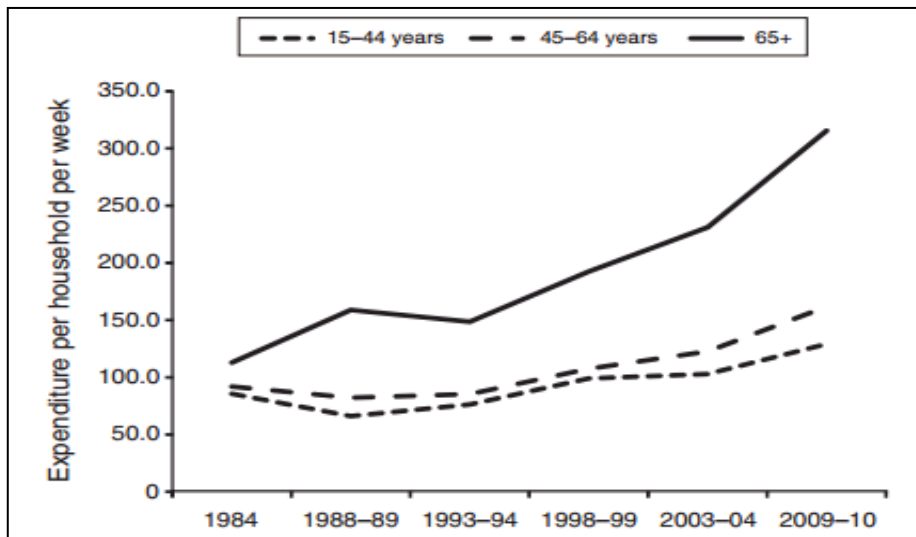
Caring for older people is becoming increasingly expensive, with an increasing share of health expenditure directed at those aged 65 and over and with retired persons spending more and more of their household income on healthcare (Figure 2). More funding will also need to be provided for long-term care programs to meet the needs of a larger proportion of the population that will age past 85 and develops Alzheimer’s, dementia and similar high-care diseases.

Figure 2 Ratio of total health expenditure, constant prices, to persons aged 65+ and 75+, 1989/90 – 2013/14



Source: Australian Institute of Health and Welfare 2015. Health expenditure Australia 2013-14. Health and welfare expenditure series no. 54. Cat. no. HWE 63. Canberra: AIHW.

Figure 3 Health expenditure per household per week by age, 1984-2009/10



Source: Tapper A, Phillimore, J (2014) Trends in Australian government health expenditure by age: a fiscal incidence analysis. Australian Health Review, 38:523-527

3.2.2. Overview of Aged Care in Australia

Retirement Living

A retirement village is a residential, multi-dwelling complex specifically designed for seniors aged 55 years and over. The average age of residents entering a retirement village is 75 years and the average time spent living in the village is 7 years.²⁵

Historically, the majority of villages are single-level or low-rise villas occupying landscaped grounds and with community spaces. Retirement villages offer a range of health, leisure and support services. Many include recreational and medical facilities, such as community halls, bowling greens, and rooms for visiting doctors or allied health professionals. In some cases the village is co-located with an aged care facility.

The most common title is leasehold with a deferred management fee (DMF) paid. Ingoing contribution is paid on entry and is repaid, minus the DMF, on exit and sale of the dwelling. A resident may also receive a share of a capital gain or loss.

The Australian Institute of Health and Welfare, Patterns in Aged Care Program Use 2002-03 to 2010-11 report determined that residents in retirement villages enter residential aged care on average five years later than those going from a family home. The average age of entry to residential aged care was 79 years when moving from a family home compared to 84 years from a retirement village.²⁶

Community Home Support Program

The Australian Government provides subsidies to aged care service providers to support aged people to remain in their homes for as long as possible. The 'entry level' program is called the Commonwealth Home Support Programme and is designed as a home help program for older people who are able to live mostly independently.²⁷ A wide range of services can be provided including:²⁸

- Community and home support
 - domestic assistance – household jobs like cleaning, laundry
 - personal care – help with bathing, showering or getting dressed
 - home maintenance – minor general repairs and care of your house or garden, for example, changing light bulbs or replacing tap washers
 - home modification – minor installation of safety aids such as alarms, ramps and support rails in your home
 - nursing care – a qualified nurse to dress a wound or provide continence advice in your home
 - social support – social activities in a community-based group setting
 - transport – help getting people out and about for shopping or appointments.
- Food services
 - providing meals at a community centre
 - helping with shopping for food
 - help with making meals and storing food in your home
 - assistance with learning to cook

²⁵ 2016 PwC/Property Council Retirement Census November 2016

²⁶ AIHW 2014. Patterns in use of aged care: 2002-03 to 2010-11. Data linkage series 18. Cat. no. CSI 20. Canberra: AIHW.

²⁷ Australian Government, Department of Social Services, 2016, Aged care reform - <https://www.dss.gov.au/our-responsibilities/ageing-and-aged-care/aged-care-reform>

²⁸ Refer to <http://www.myagedcare.gov.au/help-home/commonwealth-home-support-programme>

- delivering meals to your home.
- Allied health support services
 - physiotherapy (exercises, mobility, strength and balance)
 - podiatry (foot care)
 - speech pathology
 - occupational therapy (help to recover or maintain your physical ability)
 - advice from a dietician (healthy eating)
 - other allied health and therapy services.
- Care relationships and carer support
 - respite care (alternative care for you while your carer takes a break)
 - counselling and emotional support for carers
 - information and training.

Home Care Packages

The next level of aged care packages offered by the Government is the Home Care Packages (HCP) program, for those needing additional levels of support. This program was established in 2013, and consists of four levels of Home Care Packages, with dementia supplements available at each level if the client meets certain criteria. Eligibility is assessed through a mandatory assessment carried out by an Aged Care Assessment Team (ACAT). Home Care Packages provide tailored packages of care appropriate to the level of function of the clients. The same type of care and services are provided under each HCP level. The hours of care is increased at each level of care; more hours of care and services are delivered under Home Care Package level 4 compared to level 1.

Services in these packages included domestic assistance, food services, transport services, home or garden maintenance, social support, personal care, counselling, equipment and home modification, respite care and linen services.²⁹

Residential Aged Care

In addition to aged care packages, there are also two types of aged care that are provided in residential aged care facilities: permanent and respite care. Permanent residential aged care is offered to people who can no longer be supported to live in the community and may require accommodation and personal care, or may need 24-hour nursing care. Respite residential aged care is short-term care in aged care facilities. It is available on a planned or emergency basis to older people who intend to return to their own home, yet need temporary residential aged care. It supports older people in transition stages of health, as well as carers, to provide them with a break from their duties.³⁰

Industry Trends

The aged care sector in Australia continues to grow and develop with ongoing reforms and evolving business models. A number of trends³¹ are also emerging within the industry including improved service offerings such as on-site gyms, pools, shops, cinemas and restaurants, as well as pharmacy, medical and allied health services. The recent Australian Government 'Living Longer Living Better' reforms have also

²⁹ AIHW, 2016 – Aged Care In Australia - <http://www.aihw.gov.au/aged-care/residential-and-community-2012-13/aged-care-in-australia/>

³⁰ AIHW, 2016 – Aged Care In Australia - <http://www.aihw.gov.au/aged-care/residential-and-community-2012-13/aged-care-in-australia/>

³¹ Farrer, J & Teo, C (2015) Corrs Chambers Westgarth "Five aged care trends to watch" - <http://www.corrs.com.au/thinking/insights/five-aged-care-trends-to-watch-in-2015>

introduced more flexible pricing structures for residential care residents. These diversified service offerings and pricing structures will provide operators with new opportunities to improve revenue and maximise occupancy rates.

There has also been a recent increase in consolidation within the industry which is set to continue. This has been driven by operators wanting to achieve greater economies of scale. Large aged care providers are becoming significantly more profitable than smaller operators as they can benefit from higher occupancy rates, investments in services and technology, integrated administration systems, lower procurement costs and more flexible staffing rosters. The acquisition of additional aged care facilities is also a relatively simple process for large providers as standardised processes can be easily rolled out to quickly improve profitability without incurring significant risk or disruption.

The operating models for aged care are also changing. Currently, aged care facilities and retirement villages are often co-located in order to improve efficiency through shared food preparation, cleaning and laundry services and maintenance costs, however, some operators are now moving towards specialised models that focus on either one or the other to take advantage of specific and tailored business strategies, service offerings and regulatory requirements.

In line with the increasing emphasis on ageing in place, the in-home care market is a high growth area, with the allocation of Care Packages growing faster than residential care, at 13 per cent annually. This trend is likely to continue, with cost-effectiveness, demand for patients to be cared for in their home and technological advances that improve the in-home delivery of health services greatly increasing the uptake of Care Packages.

There is also an increasing demand for respite care, as this service helps to prolong the ability of older people to live independently in their own home and care for themselves. Respite care service models are being implemented that provide independent accommodation options with access to 24-hour care facilities that are integrated with acute hospital and community-based services and a range of post-discharge services to ensure safe transition from the hospital to the home. This will allow older people who need significant support to be able to live in their own home, but still have easy access to care services when required, thus delaying permanent entry to residential care.³²

As the ageing population continues to grow it will be more and more important to further align the interfaces between aged care, health services, disability support, palliative care and community services, and provide a holistic and integrated approach to meeting the needs of older people. The majority of recipients of aged care services also utilise health services at a higher rate, engaging with multiple service systems and requiring multiple transitions between service settings. It is therefore critical to enhance service delivery models in order to ensure that people are supported in transitioning between services and are able to interact with an integrated network of services that meets the changing needs of individuals.³³

³² The Myer Foundation, 2014, "2020: A Vision For Aged Care In Australia", <http://myerfoundation.org.au/wp-content/uploads/2014/09/2020-A-Vision-for-Aged-Care-in-Australia.pdf>

³³ National Aged Care Alliance NACA Blueprint Services, 2015, "Enhancing the quality of life of older people through better support and care"

3.3. Trends for Disability Services

3.3.1. Overview of the National Disability Insurance Scheme³⁴

In Queensland, the NDIS has been rolled out progressively across different locations from July 2016 based on the Queensland Local Government areas. Redland and Logan are in the final group of areas to transition commencing 2018. To access the NDIS people must:

- live in an area where the NDIS is available;
- meet the age and residency requirements; and
- meet either the disability or early intervention requirements.

The participant may meet the disability requirements if they:

- have an impairment or condition that is likely, or is to be permanent (i.e. it is likely to be lifelong) and
- the impairment substantially reduces their ability to participate effectively in activities, or perform tasks or actions unless:
 - they have assistance from other people or
 - they have assistive technology or equipment (other than common items such as glasses) or
 - they can't participate effectively even with assistance or aides and equipment and
 - the impairment affects their capacity for social and economic participation and
 - they are likely to require support under the NDIS for their lifetime.

An impairment that varies in intensity e.g. because the impairment is of a chronic episodic nature may still be permanent, and may require support under the NDIS for your lifetime, despite the variation. The types of supports that the NDIS may fund for participants may include:

- daily personal activities
- transport to enable participation in community, social, economic and daily life activities
- workplace help to allow a participant to successfully get or keep employment in the open supported labour market
- therapeutic supports including behaviour support
- help with household tasks to allow the participant to maintain their home environment
- help to a participant by skilled personnel in aids or equipment assessment, set up and training
- home modification design and installation
- mobility equipment, and
- vehicle modifications.

The *National Disability Insurance Scheme Act 2013* (NDIS Act) and the rules made under the NDIS Act identify supports that will not be funded by the NDIS. A support will not be funded if it:

- is not related to the participant's disability
- duplicates other supports already funded by a different mechanism from the NDIS, e.g. Medicare or Departments of Education
- relates to day-to-day living costs that are not related to a participant's support needs, or
- is likely to cause harm to the participant or pose a risk to others.

³⁴ NDIS Provider Information Pack 2016 www.ndis.gov.au

3.3.2. *Impact of the NDIS*³⁵

In April 2012, the Council of Australian Governments (COAG) agreed to high-level principles for an NDIS. One principle was that the NDIS should “maximise the benefits of a market-based approach to disability support services, including consideration of a costing structure that fosters competition and choice, and supports an individualised and localised approach and takes account of legitimate cost variations for different locations and client groups”.

Achieving the twin aims of consumer choice and sustainability for the NDIS will be influenced by future market structure. Existing providers will need to develop options for transitioning to a competitive market ahead of implementation of the full scheme. They will need to operate efficiently and competitively without requiring on-going subsidisation. New suppliers are also expected to emerge from other sectors such as health and aged care and there will be a need to work closely across the different sectors.

Securing a sustainable workforce is central to delivering on the NDIS. It is anticipated that the disability sector workforce will need to more-than-double in size between now and full implementation, as a result of the NDIS.

The NDIS will have a broader reach than the current disability support system. It will require a range of existing and new market segments to link together and respond to the needs of people with disability. The components of the market will not become apparent until people with disability start to exercise choice and control.

Key areas of action to enable existing and emerging suppliers to mature include:

1. Support existing providers to transition their business models to the NDIS

At the local level, the National Disability Insurance Agency (NDIA) will undertake market monitoring, engage with local suppliers on the pricing of supports, business models and workforce challenges. They will also integrate their business processes with NDIA systems for approving purchasing and invoicing. These local level initiatives will be supported at the state and territory level by a range of initiatives to prepare and support suppliers, including measures to ensure suppliers are able to understand the costs of their business and are able to operate within a contestable environment and interact with the NDIA in the transition to full scheme. The Sector Development Fund could also be used to ensure key market segments transition effectively to new business models. The fund could also be used to develop and disseminate capacity building tools and services for time-limited supports during transition to full scheme.

2. Support to attract new suppliers

At the local, state, territory and national level, the NDIA will ensure information on demand/population and service data is available to suppliers to highlight market opportunity and support strategic supplier investment in specific market segments, such as specialist areas of allied health.

3.3.3. *Market Analysis and Industry Trends*

At this stage, the impact of the introduction of the NDIS is largely unknown.

Expert advice based on pilot site experience to date indicates that the key issues for organisations is their degree of readiness for the 'free market' environment of the NDIS. Readiness for implementation requires both the knowledge and commitment of management to the philosophy of the NDIS and maturity of

³⁵ Senior Officials Working Group for the Disability Reform Council, 2015, “NDIS Integrated Market, Sector and Workforce Strategy”

organisational structures and business processes. Historically many disability organisations have been small providers with managers and boards of directors who have little formal business knowledge. They are used to functioning in a controlled block funding environment which requires the management of constraints. Organisational sustainability in the consumer driven environment of the NDIS demands an ability to canvas opportunities and work creatively. Many managers and boards do not have this skill. There is a major risk of significant fragmentation of services if local organisations are not ready for implementation. There is therefore significant potential for large organisations to come in and take over the services, including organisations from interstate. Many organisations are broadening the range of services they provide such as starting to provide services for both adults and children rather than specialising in one or the other group as they have tended to do previously.

Major issues of the boundary between disability and health services are being identified by the pilot sites due to the difficulties of identifying which service relates primarily to addressing the client's health issue rather than their disability. These boundary issues are particularly evident for mental health clients as well as people with a disability who also have chronic diseases such as diabetes and epilepsy. Another boundary issue is between disability services and aged care. Advances in medical technology has created an ageing cohort of disabled people for whom there is very little available data. It is commonly understood that disabled people age at a faster rate than others and are developing diseases of ageing at younger ages than would be expected. In addition, there are a group of younger people with disabilities who are resident in aged care facilities due to lack of suitable alternatives.

Opportunities for Councils that have been identified include fostering an environment that supports a highly integrated approach to developing services. Council should continue to support organisations who provide employment and business support to people with disabilities.

3.4. Enablers of Healthcare

The development of a robust, economical and efficient health care and social assistance sector in Redland is highly dependent on an interconnected infrastructure network including transport, information and communication technology systems and appropriate housing options. These infrastructure system connect and support all aspects of the Redland community including healthcare, disability care and aged care.

3.4.1. Transport

The Redland Integrated Local Transport Plan (ILTP) is currently under review and a new plan is soon to be developed. The ILTP is a 15-year integrated transport strategy to develop an efficient and effective transport system for the Redlands, to shape existing transport systems into one that can meet the future transport needs of the area.

The ILTP takes into consideration transport plans from adjacent local governments (Brisbane, Logan and Gold Coast); State agency transport positions (Department of Main Roads, Queensland Transport and Queensland Rail); and public transport operator positions.

Additionally, the South East Queensland Regional Plan (SEQRP) has been developed and a number of potential initiatives for the Redland region including:

- extending the Eastern Busway to Capalaba
- high frequency public transport to Capalaba, Cleveland, Victoria Point and southern Redland Bay
- duplication of the Cleveland rail line
- improved road links between Redland City and the Port of Brisbane and Gateway Motorway corridor.

These initiatives will enable increased transport capacity and connectivity for the region, enabling further growth and providing necessary infrastructure for services and industry sectors. While Council can advocate for various transport outcomes, not all are within the remit of Council and so collaboration with other partners such as State Government is a key strategy to improve transport and access in the region.

3.4.1.1. Access to health services

There are a number of access options for the Redland hospital precinct (incorporating Redland Hospital and Mater Private Hospital) including:

- Cars/Taxis - Access to the site is through Weippin Street and patient and visitors are able to drive directly to the facilities and park in the on-site carparks as well as on Weippin Street. Currently, the availability of carparks and congestion on the surrounding roads is an issues for residents accessing the precinct. Weippin Street will become increasingly congested as further services are added and expanded at the site.
- Buses - Public buses provide access to the precinct, with the nearest bus station located at the front of the hospital on Weippin Street (bus route 272, which travels from Victoria Point to Cleveland town centre via Redland Hospital and Cleveland station).
- Train - The nearest railway station to Redland Hospital is Cleveland (on the Cleveland train line) which is approximately 3km from the hospital. Buses operate from the train station to Redland Hospital (bus route 272).
- Community transport - STAR Community Transport provides affordable and convenient door-to-door transportation for seniors and people with a disability in the region.

3.4.1.2. Access from Southern Moreton Bay Islands

The Southern Moreton Bay Islands Integrated Local Transport Plan (SMBI ILTP) was developed to provide strategies to improve transport infrastructure and services for residents of Southern Moreton Bay Islands. The SMBI Mobility Study in 2011 reviewed transport patterns and found that residents of the Southern Moreton Bay Islands could expect longer travel times and have lower car ownership rates compared to the rest of the Redland community. Key strategic direction from the SMBI ILTP included:

- Accessible public transport and waterborne services
- Travel demand management to reduce vehicle trips, but to also better service key island and mainland destinations
- Sustainable provision of car parking on the Redland foreshore
- Continued collaboration of Local and State Government, including Council's continued advocacy for improved transport outcomes.

Residents on the islands face specific access challenges to services in Redlands, due to their physical location. Additionally, North Stradbroke Island is transitioning away from sandmining as its primary industry and this will affect the development and industry growth on the Island. As such, Redland City Council have provided a submission to the State Government Draft South East QLD Region Plan which includes recommendations to include the North Stradbroke Island transition as part of the plan and long-term strategic direction.

A number of passenger and vehicle ferry services are available to residents of the islands including:

- Stradbroke Ferries Vehicle barge and passenger ferry to North Stradbroke Island

- Gold Cats Stradbroke Flyer Passenger ferry to North Stradbroke Island
- Coochie Island Ferry Service Passenger ferry to Coochiemudlo Island
- Amity Trader Vehicle barge to Coochiemudlo Island
- Southern Moreton Bay Island Passenger ferry to Southern Moreton Bay Islands
- Stradbroke Ferries Vehicle barge to Southern Moreton Bay Islands.

3.4.2. *Information and Communication Technology*

The Queensland Health E-Health Investment Strategy 2015 recognises that information and communication technology (ICT) is an increasing enabler of integrated, quality and safe health services. The Strategy summarises some of the relevant global innovation opportunities for possible future investment in the Queensland context including:

- Electronic medical records—patients and clinicians can access appropriate medical information at the point of care, throughout the life of the patient and across the continuum of care.
- Portals—these provide the basis of integrated information exchange across the healthcare system and a mechanism to access services, patient information and preventative health information.
- Information interoperability—the secure exchange of information between care settings and providers improves the health system’s ability to work with health service partners and improves the integration of health services across care settings.
- Mobile health—remote and mobile monitoring of patient telemetry and other vital signs can increase patient safety, reduce the risk of adverse medical events and potentially reduce unnecessary hospitalisation.
- Mobile telecommunications technologies— deliver health services in, or as close to home as possible reducing travel costs for patients and providers, as well as offer access to a more equitable distribution of health services.
- Integrated scheduling and eReferrals— streamline the patient pathway with options for patient input and the transfer of patients.

The local importance of digital technology has also been identified in the Metro South Health Service Plan – Draft for Consultation as a key enabler to support a range of strategies including implementation of the Electronic Medical Record, increased Telehealth capacity, supporting innovation, access to data and exchange of information between Government departments, business and the community.

A business internet survey conducted by Redland City Council with 137 local businesses in Capalaba and Cleveland found widespread dissatisfaction with the current ICT services available in the area. Specifically, a number of business had either paid for their own Fibre -To-The-Premises (FTTP) connection or used a less effective 4G solution.

Similarly, a UQ Business Survey (in both 2013 and 2015) found that "internet access and performance has increased as a barrier to meeting business objectives and businesses are finding it increasingly harder to hire skilled labour. Resurveyed firms had also increased their intentions to exit the business."

These findings show the crucial need for appropriate ICT infrastructure and high speed internet access in the Redland region and especially at the hospital precinct in order to enable effective use of digital technology and initiatives and further grow the industry.

Although the implementation and delivery of physical ICT infrastructure is typically beyond the remit of Redland City Council, the Council has a number of advocacy and partnership strategies it could implement in order to ensure improved services and infrastructure is delivered in the region.

3.4.3. *Housing*

Suitable housing that is safe and warm is one of the foundations of personal wellbeing, and is critical to the health of individuals. It enables people to access services and build relationships in their community, and can facilitate programs that promote and improve health. For older people, housing can help maintain good health and independence for longer.³⁶

Affordable housing can:³⁷

- provide safe, decent homes that enhance wellbeing
- help alleviate the overall cost burden of illness and treatment
- help to offset and reduce costs of delivering health care to individuals
- demonstrate cost-effectiveness in helping to meet objectives of government health initiatives and improve health broadly
- help alleviate social and health issues including domestic violence, support for older residents, asthma, etc.

House prices in Australia have been rising significantly over the past 40 years, with a rapid increase during the periods of 1987 to 1988 (30 per cent increase relative to consumer price) and 2001 and 2003 (50 per cent increase relative to consumer price). Additionally, the cumulative rise in house prices since 1970 has been more than double that of construction costs.

Household income is a major determinant of how much a household is able to pay for a dwelling and so it is expected that house prices would increase in line with income. The median after-tax household income in Australia in 1981/1982 was approximately \$15,000 and the median dwelling price was around \$48,000 (a price-to-income ratio of approximately 3).³⁸ Through most of the 1980s median incomes and dwelling prices grew at similar rates, however the ratio increased from the late 1980s to the early 2000s (peaking at around a ratio of 7), but has declined slightly recently due to the impacts of the global financial crisis.³⁹ This is shown in the figure below.

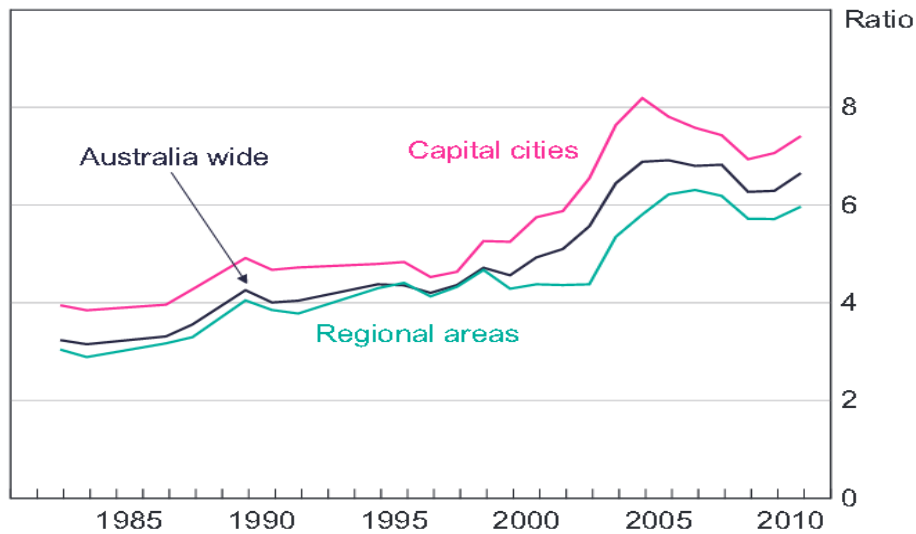
³⁶ Parliamentary Office of Science and Technology, 2011. Housing and health [online]. Postnote 371. Accessed from: <http://researchbriefings.parliament.uk/ResearchBriefing/Summary/POST-PN-371>

³⁷ Buck, D., Ross, S., Simpson, M., 2016. The economics of housing and health. The King' Fund.

³⁸ Income and Housing Survey, ABS

³⁹ Fox, R., Finlay, R., 2012. Dwelling Prices and Household Income. Reserve Bank of Australia Bulletin – December Quarter 2012

Figure 4 Dwelling Price-to-Income Ratios, by nationwide medians and financial years



Source: Reserve Bank of Australia, 2012

Affordable housing is housing that meets the needs of households whose incomes are insufficient to allow access to appropriate housing in the market without assistance. It is housing for which the cost may be made cheaper through some form of government intervention. The Australian Ministers of Housing, Planning and Local Government define this as follows:

"Affordable housing is housing that is appropriate for the needs of a range of low to moderate income households and priced so that low and moderate incomes are able to meet their other essential basic living costs".⁴⁰

Housing affordability is measured through 'housing stress', which is defined as a household in the bottom 40 per cent of the income distribution with housing costs that are more than 30 per cent of the total household income. Housing costs should be moderate for low-income households, and not deprive them of meeting other living costs, as such it is generally accepted that housing becomes unaffordable when its cost exceed 30 percent of household income.⁴¹

In 2013–2014, approximately 50 per cent of low-income renter households had housing costs greater than 30 percent of gross household income (including Commonwealth Rent Assistance). The federal, state and territory governments provide social housing for low-income households in need. However, the availability of social housing is not increasing at a sufficient rate to meet demand, (and waiting lists remain long).⁴²

Demand for housing is driven by growth in the numbers of households, wealth, tax concessions, availability of finance and other factors. Supply costs are also rising due to increased construction costs, land availability and planning and infrastructure costs. These conditions are expected to intensify the housing affordability

⁴⁰ Milligan, V and Yates J with Berry M, Burke T, Gabriel M, Phibbs P, Pinnegar S and Randolph B , 2007, Housing Affordability: a 21st Century Problem. National Research Venture No. 3, Final Report No. 105, AHURI, Sydney Research Centre.

⁴¹ Emsley, S., Phibbs, P., Crabtree, L., 2008, Models of Sustainable and Affordable Housing for Local Government. University of Western Sydney, Urban Research Centre.

⁴² SCRGSP , Steering Committee for the Review of Government Service Provision) 2016, Report on Government Services 2016, vol. G. Housing and homelessness, Productivity Commission, Canberra.

issues, while the capacity of social housing is expected to decline in terms of both quantity and quality.⁴³ There are three key sources of affordable housing. These are:

- means-tested public housing which is owned and managed by state governments
- community or social housing which is means-tested but provided by not-for-profit or community housing groups
- housing supplied on the private market that meets affordability criteria.

The Australian Housing and Urban Research Institute (AHURI) calculated that there was a shortfall of affordable and available private rentals of almost 400,000 properties in 2011 (an increase from 225,000 in 2006).⁴⁴ The reasons for the shortfall are that there is not enough suitable and affordable housing stock, and when there is affordable accommodation the houses are not made available due to higher income earners occupying the low cost rental properties. As such, there are now more than 215,000 people eligible for social housing but unable secure a dwelling.⁴⁵

In order to improve affordable housing availability a more integrated model is needed to overcome these major barriers. This includes the adoption of cooperative models between residents, community, government, private investors and not-for-profit agencies to providing more resilient and sustainable housing communities.

3.4.3.1. The Role of Local Councils in Delivering Affordable Housing

Local government performs an important role in delivering well-planned, robust, sustainable and equitable social infrastructure and it has a responsibility for planning a built and social environment that can address the community's right to adequate, safe and secure housing. However, local governments are under increased pressure to take on a more involved role in the provision of affordable housing as Federal and State funding sources decrease. This pressure has been heightened by a nation-wide shortage of affordable housing.

Selection of a strategy of affordable housing intervention for Redland needs to take into account the policy mix in Council, the competition for development opportunities in the area, and the potential for a plan to be driven and adopted by the community over the long term. Redland City Council's involvement in the housing sector is influenced by State legislation which outlines roles that are mandatory (developing planning schemes, health and safety regulations, rates), discretionary (coordination of local housing activity, financial support of housing providers, State-funded service deliver) and 'out of bounds' (regulation of building standards, actions contrary to legislation). This provides Council with a range of opportunities that it may choose to undertake, depending on resource availability and the needs of the local community.

From an economics perspective, there are three mechanisms that local government can use to increase the supply of affordable and social housing:⁴⁶

⁴³ Berry M. and Hall J., 2007, Operating deficits and public housing: policy options for reversing the trend: 2005/06 update, AHURI Final Report No. 106. AHURI: RMIT-NATSEM Research Centre.

⁴⁴ Hulse, K., Reynolds, M. and Yates, J., 2014, Changes in the supply of affordable housing in the private rental sector for lower income households, 2006–11, AHURI Final Report No. 235, Australian Housing and Urban Research Institute Limited, Melbourne, pg 2.

⁴⁵ Waiting list of 197,500, current supply of social dwellings 403,767. Source: Productivity Commission 2016, Report on Government Services 2016 Chapter 17.

⁴⁶ SGS Economics and Planning Pty Ltd., 2014, Models for council delivery of social and affordable housing. Urbecon Volume 3

- Facilitating efficient housing markets - the most significant role a council can take in boosting affordable housing availability is through facilitating efficient private housing markets (private market are largest supplier of affordable housing providing over 85 per cent of supply).
- Facilitating efficient affordable housing supply - council can play a role in facilitating affordable housing supply, and undertaking research and advocacy in support of greater social and affordable housing provision.
- Social housing provision - council can have a role in physical provision and/or management of social housing.

Councils will often partner with not-for-profit providers to improve the supply of affordable housing. Not-for-profit affordable housing providers have access to significant tax concessions which can better allow them to provide affordable housing. As such, these organisations have the capacity to tailor housing projects to provide the economic certainty local councils require. A number of affordable housing project have already been successfully provided in Australia with assistance of a number of local councils, through contributions of equity (e.g. in the form of land) to joint ventures in various partnership arrangements with not-for-profit housing providers, state and federal governments and community organisations.⁴⁷ In some cases, capital has also been directly advanced by the state to create specialist not-for-profit housing providers (e.g. Brisbane Housing Company) which can utilise the benefits of economies of scale.⁴⁸

Councils will seek to minimise risk when committing resources to affordable housing projects and will often transfer a portion of risk to a not-for-profit provider or through restricting the scale of their involvement. A few councils have maintained an ongoing role in affordable housing provision e.g. (Brisbane City and City of Port Phillip), though these have developed purpose specific not-for-profit organisations which can absorb risk to the council. Direct housing intervention by council is an intensive strategy within the range of options available to local government. As such, councils will usually use a variety of more extensive interventions such as building regulation, social planning, research and policy advocacy. Council policy and service provision may also improve the capacity of disadvantaged groups to afford housing costs indirectly, by addressing needs such as employment, literacy, and population health.⁴⁹

Council can also assist affordable housing developers to overcome land access barriers through a number of options such as:

- provision of lower priced government land
- deferred purchase of government sites
- long term leasing of public land
- transfer of existing public housing redevelopment sites to not-for-profit developers
- capture of the benefits of major uplifts in land value in strategic areas

The mechanisms of land supply to support the affordable housing sector should be designated in legislation and policy, not negotiated on a project-by-project basis, in order to reduce transaction costs and increase certainty for the provider.

⁴⁷ Emsley, S., Phibbs, P., Crabtree, L., 2008, Models of Sustainable and Affordable Housing for Local Government. University of Western Sydney, Urban Research Centre.

⁴⁸ *ibid.*

⁴⁹ *ibid.*

3.4.3.2. *Housing in the Redland region*

Redland City Council Housing Strategy 2011-2031 has identified key strategies for Council in relation to appropriate housing in the region, The population of Redland City is expected to grow by about 50,000 people between 2006 and 2031 and approximately 21,000 additional dwellings will be required to accommodate this growth. Council will have a number of challenges in this sector, including ensuring that:

- enough housing is developed to meet population growth
- housing is well located
- the diversity of this housing matches the diversity of household types
- housing is affordable, especially to people on low/moderate incomes
- housing is ecologically sustainable.

Commonwealth and State governments carry significant responsibility for policies that influence housing delivery, and actual housing is usually delivered by private developers or social housing providers. However, Redland City Council has a number of responsibilities including:

- developing the planning scheme that determines the locations, amounts and types of housing that can be produced
- regulating certain types of housing
- providing support services
- providing a local coordination role which facilitates the delivery of affordable and special needs housing.

A number of key issues, specific to the Redland region, have also been identified in the Housing Strategy through stakeholder engagement, including:

- The difficulty of delivering financially viable medium density housing outside key central locations such as Cleveland and Capalaba due to local market conditions and a lack of demand.
- The challenge of land supply particularly on North Stradbroke Island where there is very little developable land, but there is a likelihood of an influx of people following successful Native Title negotiations.
- A perception of inflexibility and lack of timeliness in Council's development assessment process.
- The balance between environmental and housing needs as there is a perception that environmental preservation is over-emphasised at the expense of housing development.
- A perception that aged care industry development requirements are not sufficiently supported by the planning scheme, resulting in inappropriate assessment of project components such as car parking and infrastructure requirements.
- The difficulty of achieving affordability given land and development costs and the need for incentives to improve affordability.
- The link between housing and economic development including the need to ensure that local employment opportunities grow along with housing.

To meet these challenges, five key strategies were developed in the Housing Strategy and Action Plan. These are presented below:

Sufficient housing to meet future growth - Redland City will experience a population increase to over 181,000 by 2031, requiring an additional 21,000 extra dwellings to be constructed between 2006 and 2031.

Housing that is well located - The target for this strategy is that 90 per cent of new dwellings are located within 400 metres of regular or accessible public transport.

Housing that is diverse in form - the makeup of households in the Redland is expected to change significantly over the next 20 years, with a substantial increase in lone person and couple households. The current dwelling mix is overwhelmingly oriented towards larger, detached houses with the size of the average dwelling having steadily increased over the past few decades, creating a supply gap in smaller housing types. Larger homes on large lots have also led to increased property prices in the area. As such, smaller housing forms will be required to satisfy both affordability constraints.

Suitable housing is affordable - Housing costs in the Redland have consistently risen faster than average household incomes, resulting in an increasing affordability gap. This has been the case for purchase prices and for rents. This translates into first home buyers struggling to access home ownership, low income renters living in housing stress and increasing levels of homelessness. A large proportion of these households are paying more than 30 per cent of their income in rent.

Housing is well designed, including being built for ecological sustainability - Embracing sustainability has a number of direct benefits to the Redland community including lowering the cost of living, building safe and high quality communities, preserving the quality of the natural environment, and integrating quality housing and neighbourhoods with greater employment and economic opportunities.

3.5. Summary of Key Planning Considerations for Redland

- Health services will be delivered in a fundamentally different way in the future due to significant advances in digital technology and medical research.
- The role of the hospital will decrease and there will be a much stronger focus on home and local community based care.
- Hospital sites will evolve in to 'health campuses' delivering a wide range of integrated services including expanded general practice, allied health, support services and social care.
- Digital technology will become the backbone of integrated health care. The rise of smart phones, portable diagnostics and electronic sensors will increasingly facilitate care to be delivered in people's homes.
- Reforms in the delivery of aged care focus on supporting aged people to remain in their own homes for as long as possible with the in-home care market being the major growth area in the sector.
- Business models in the retirement living and residential aged care sectors continue to evolve. Retirees are seeking improved service offerings such as on-site gyms, pools, shops, cinemas and restaurants in addition to access to supported care if needed.
- There has been a recent consolidation in the industry with large aged care providers becoming significantly more profitable than smaller operators due to economies of scale.
- The key principle of the NDIS is to maximise the benefits of a market-based approach to disability support services by fostering consumer choice and increasing competition between providers.
- At this stage the impact of the introduction of the NDIS on existing providers is largely unknown. Initial projections were that the disability sector workforce will need to more than double in size between now and full implementation of the scheme in 2020.
- Implementation of digital communication and information technology and infrastructure will be critical to all sectors.

- Access to appropriate and affordable housing is one of the key enablers for the Health and Social Assistance Sector. Suitable housing is one of the foundations of personal health and wellbeing for everyone. For older people, suitable housing helps maintain good health and independence for longer.
- For a low paid workforce such as is common in the aged care and disability sectors, access to affordable local housing will be a key factor for the recruitment and retention of staff.

4. REDLAND POPULATION ANALYSIS

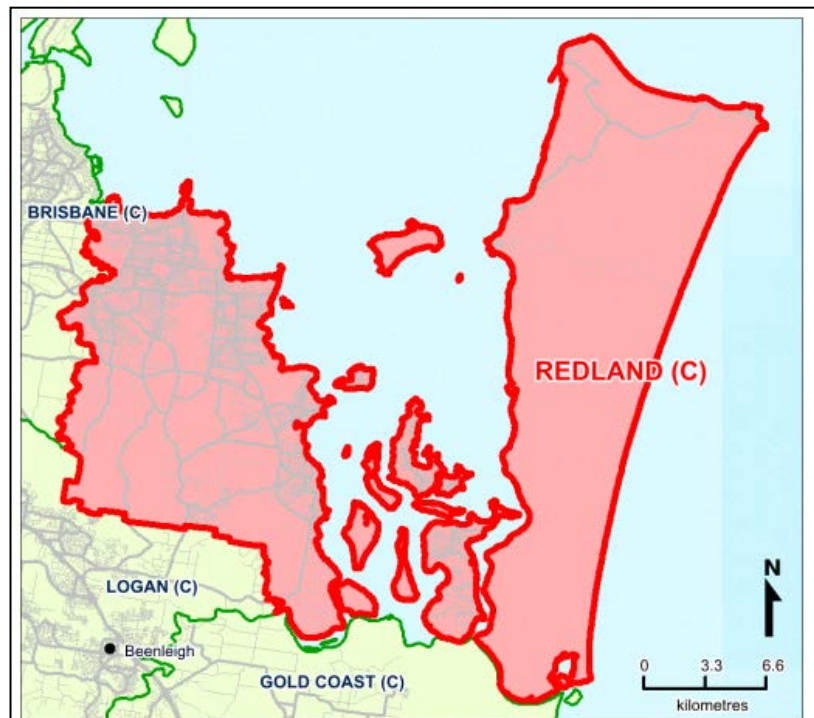
4.1. Redland Population Profile

4.1.1. Demographics

Demographic analysis was conducted on a catchment that has been defined as the Redland Local Government Area (LGA) (shown in the figure below), which incorporates the following Statistical Areas (SA2s):

- Alexandra Hills
- Birkdale
- Capalaba
- Cleveland
- Ormiston
- Redland Bay
- Redland Islands
- Sheldon-Mt. Cotton
- Thorneside
- Thornlands
- Victoria Point
- Wellington Point.

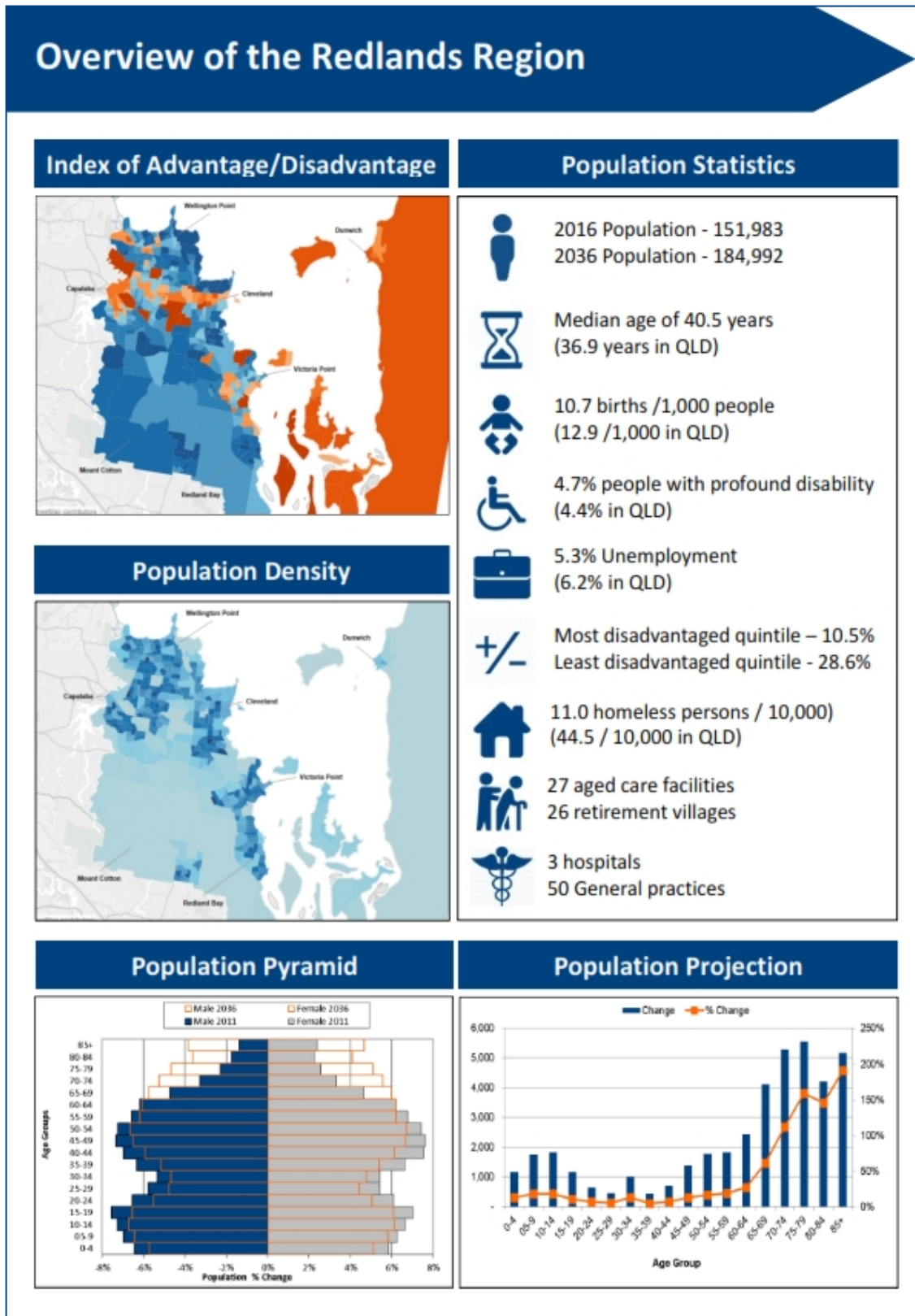
Figure 5 Map of Redland LGA



Source: Queensland Government Statisticians Office, Queensland Treasury and Trade

A summary of the key demographic and statistical data for the Redland region is in the figure below.

Figure 6 Summary Demographic and Statistical Data for Redland Region



Source: Queensland Government Statistician's Office, Queensland Treasury, Queensland Regional Profiles: Resident Profile for Redland Council region

4.1.2. Population

Based on data from the Australian Bureau of Statistics (ABS), there were 151,983 people residing in the Redland LGA as at 30 June 2016, with an average annual growth rate of 1.2 per cent over 5 years and 1.5 per cent over 10 years for the region. The population density was 211 people per square kilometre. The Sheldon-Mount Cotton SA2 is the fastest growing area with an average annual growth rate of 3.7 per cent over 5 years.⁵⁰

Adults aged 45-64 were the largest proportion of the population making up 27.3 per cent of total residents in the area, while 19.4 per cent of the population were children aged 0-14; 13.0 per cent were aged 15-24; 23.9 percent were aged 25-44, and 16.3 percent were seniors aged 65 or more (24,558 persons). Within the region, Sheldon - Mount Cotton SA2 had the largest percentage of persons aged 0-14 with 26.0 per cent; Alexandra Hills SA2 had the largest percentage of persons aged 15-64 with 68.9 per cent; and Redland Islands SA2 had the largest percentage of persons aged 65+ with 28.7 per cent.⁵¹

Table 2 Population of specific age groups in Redland LGA, 2015

Region/SA2	0-14 Number	0-14 %	15-24 Number	15-24 %	25-44 Number	25-44 %	45-64 Number	45-64 %	65+ Number	65+ %
Redland	29,179	19.4	19,586	13	35,958	23.9	41,031	27.3	24,558	16.3
Alexandra Hills	3,308	19.1	2,493	14.4	4,879	28.2	4,549	26.3	2,063	11.9
Birkdale	2,875	18.9	2,024	13.3	3,795	24.9	4,164	27.4	2,355	15.5
Capalaba	3,610	20.1	2,589	14.4	4,785	26.6	4,602	25.6	2,402	13.4
Cleveland	2,223	14.5	2,005	13.1	2,935	19.2	4,581	29.9	3,552	23.2
Ormiston	1,052	17.4	839	13.8	1,105	18.2	1,857	30.6	1,207	19.9
Redland Bay	3,360	22.3	2,031	13.5	3,742	24.8	3,941	26.1	2,017	13.4
Redland Islands	1,468	15.5	723	7.6	1,649	17.4	2,917	30.8	2,715	28.7
Sheldon - Mt Cotton	1,994	26	839	10.9	2,381	31.1	1,857	24.2	597	7.8
Thorneside	779	20.5	471	12.4	1,072	28.2	950	25	531	14
Thornlands	3,003	20.9	1,952	13.6	3,317	23.1	4,099	28.6	1,984	13.8
Victoria Point	3,014	18.7	2,030	12.6	3,579	22.2	3,935	24.4	3,549	22
Wellington Point	2,493	20.8	1,590	13.3	2,719	22.7	3,579	29.9	1,586	13.3
Queensland	943,992	19.8	647,983	13.6	1,327,470	27.8	1,173,195	24.5	686,214	14.4

Source: Queensland Government Statisticians Office, Queensland Treasury and Trade

In 2015, the median age in Redland LGA was 40.5 years, an increase of 2.5 years from 2005, and higher than the Queensland average of 36.9 years. The Redland Islands SA2 and Cleveland SA2 have the highest median age in the area (53.0 and 47.1 years respectively). The median age is projected to increase to 44.9 years by 2036 (compared to 39.9 for Queensland). There were 27 aged care services as at 30 June 2016 in the region offering 1,616 aged care service operational places.

⁵⁰ Queensland Government Statistician's Office, Queensland Treasury, Queensland Regional Profiles: Resident Profile for Redland City Local Government Area <http://statistics.qgso.qld.gov.au/qld-regional-profiles>

⁵¹ *ibid.*

There were 1,605 births to mothers with a usual residence in Redland LGA in 2015, a rate of 10.7 births per 1,000 persons, (which is lower than the State average of 12.9 births per 1,000 persons). Within the region, Sheldon - Mount Cotton SA2 had the highest birth rate with 15.6 births per 1,000 persons. There were 6.7 deaths per 1,000 persons (the Queensland average was 6.2 deaths per 1,000 persons).

As of the 2011 census, 2,630 persons (1.9 per cent of the region's population) identified as Indigenous, which is lower than the State average (3.6 percent), though Redland Islands SA2 had a higher average of 7.3 per cent. There were 6,524 persons (4.7 per cent of the region's population) in need of assistance with a profound or severe disability (the Queensland average is 4.4 per cent), with the highest rates in Redland Islands SA2 (8.7 per cent). The unemployment rate in the region was 5.5 per cent (the Queensland average is 6.1 per cent), with 4,617 people unemployed as of September, 2016. The highest unemployment rates were in Redland Islands (21.9 per cent unemployed). In the region, there were 17,832 recipients of the Age pension and 4,331 recipients of the Disability support pension as at June quarter 2016.

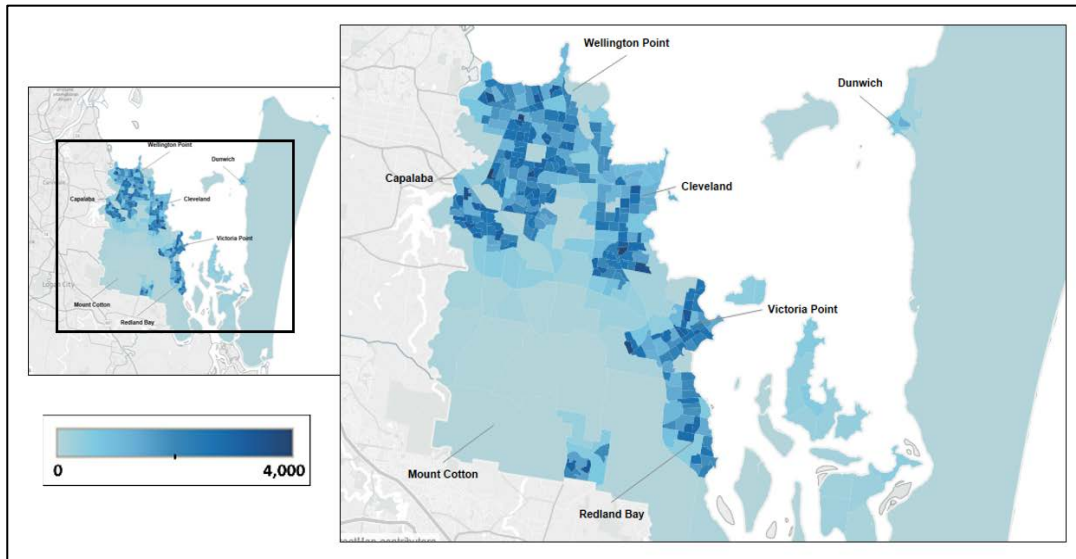
The map in the figure below show the population density (residents per square kilometre) of the Redland region. There are a number of high density urban areas including Capalaba, Wellington Point, Cleveland and Victoria Point, as well as large areas of low density areas in Mt Cotton and the southern region of Redland Bay.

Table 3 Demographic data by SA2, Redland Region and Queensland

SA2 / Region	Median Age (2015)a	Birth Rate per 1,000 (2015)a	Death Rate per 1,000 (2015)a	% of Pop. Indigenous (2011)b	% pop. with Disability (2011)b	% Unemployed (Jun, 2016)c
Alexandra Hills	36.0	11.9	5.7	1.7	4.5	6.2
Birkdale	40.0	9.8	9.3	1.3	5.0	4.1
Capalaba	46.6	12.6	4.8	1.9	3.9	6.2
Cleveland	47.1	7.8	10.3	1.2	5.9	4.6
Ormiston	45.4	6.1	4.8	0.6	4.0	3.1
Redland Bay	38.5	12.3	4.3	2.1	3.6	4.7
Redland Islands	53.0	7.6	9.6	7.3	8.7	21.1
Sheldon-Mt. Cotton	34.8	15.6	2.0	1.3	2.3	2.5
Thorneside	37.8	14.2	3.4	1.9	4.0	5.8
Thornlands	40.3	10.4	5.5	1.2	3.4	3.5
Victoria Point	42.3	9.7	10.5	1.6	6.5	4.4
Wellington Point	40.7	10.9	5.7	1.4	3.6	3.2
Redland Region	40.5	10.7	6.7	1.9	4.7	5.3
Queensland	36.9	12.9	6.2	3.6	4.4	6.2

Sources: a) ABS Population by Age and Sex. Regions of Australia, Queensland Treasury estimates; b) ABS Census of Population and Housing, 2011; c) Australian Government Department of Employment, Small Area Labour Markets

Figure 7 Density (population / square km) by SA1, Redland Region



4.1.3. Socio-Economic Indexes for Areas

The Socio-Economic Indexes for Areas (SEIFA) for the Redland region (data from 2011) identified 28.6 per cent of the population were in the least disadvantaged quintile and 10.6 per cent were in the most disadvantaged quintile. Redland Islands SA2 was the most disadvantaged area, with 82.7 per cent of residents being in the most disadvantaged quintile; while Sheldon-Mt. Cotton SA2 was the least disadvantaged with 74.8 per cent of residents in the least disadvantaged quintile. Details for each SA2 in the region are shown below in Table 4. Figure 8 provides a map of the region showing SEIFA deciles.

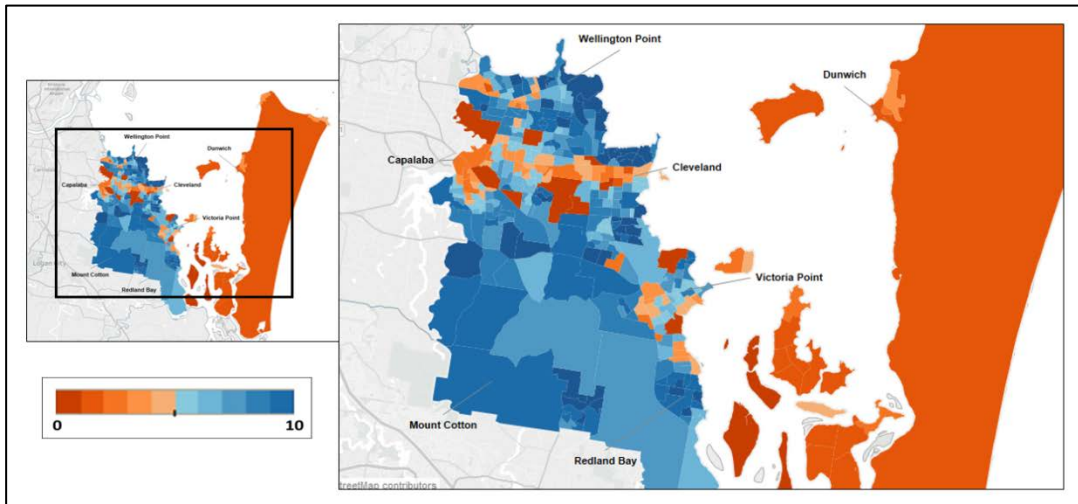
Table 4 Index of Relative Socio-Economic Disadvantage quintiles by SA2, Redland Region and Queensland

SA2 / Region	Quintile 1 (most disadvantaged)	Quintile 2	Quintile 3	Quintile 4	Quintile 5 (least disadvantaged)
Alexandra Hills	5.3	20.7	34.9	23.7	15.4
Birkdale	2.6	17.0	14.0	42.8	23.6
Capalaba	13.8	18.6	21.8	33.1	12.7
Cleveland	15.9	22.7	9.2	33.3	19.0
Ormiston	0.0	11.4	0.0	35.6	53.0
Redland Bay	2.0	13.1	14.4	33.1	37.3
Redland Islands	82.7	12.2	5.2	0.0	0.0
Sheldon-Mt. Cotton	0.0	0.0	7.4	17.8	74.8
Thorneside	15.7	34.1	12.0	18.5	19.7
Thornlands	1.8	0.0	20.2	16.3	61.7
Victoria Point	2.6	19.1	33.7	37.1	7.5

SA2 / Region	Quintile 1 (most disadvantaged)	Quintile 2	Quintile 3	Quintile 4	Quintile 5 (least disadvantaged)
Wellington Point	0.0	0.0	29.1	13.8	57.1
Redland Region	10.5	14.3	19.4	27.3	28.6
Queensland	20.0	20.0	20.0	20.0	20.0

Source: ABS Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2011 (QLD Treasury)

Figure 8 Index of Relative Socio-Economic Disadvantage deciles by SA1, Redland Region



4.1.4. Population Projections

Population projections (available from the ABS) from 2011 through to 2036 are shown in Figure 9, Figure 10, Figure 11 and Table 5 below. In summary, the population of the Redland region is forecast to grow to 184,683 by 2036, an increase of 29 per cent on 2011, with an annual growth rate of 1.0 per cent. The fastest growing age group are residents aged 65 and over (annual growth rate of 3.2 per cent), which will increase by 118.4 per cent to 44,882 people and will make up almost a quarter of the total population. The slowest growing age group are those aged 35-44 with an annual growth rate of 0.2 per cent.

Figure 9 Population change by 5-year age group, 2011 and 2036

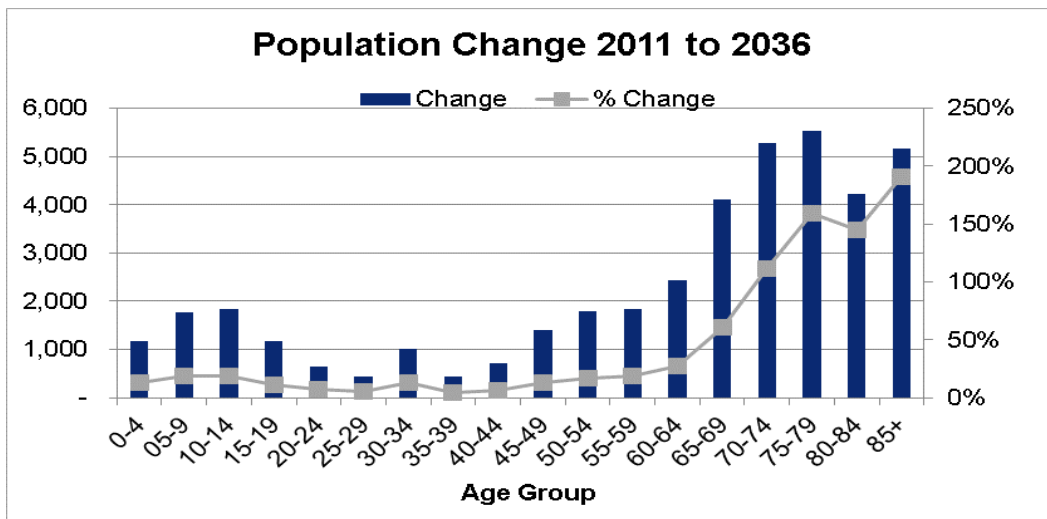
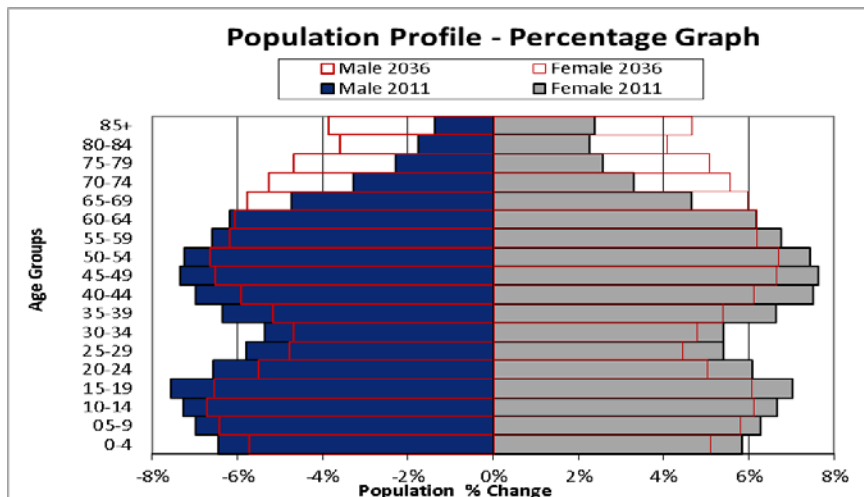


Table 5 Population change by 5-year age group, 2011 and 2036

Age	2011	2011 % Total	2036	2036 % Total	Change	% Change	AGR %
0-14	28,324	19.7%	33,102	17.9%	4,778	16.9%	0.6%
15-24	19,551	13.6%	21,368	11.6%	1,817	9.3%	0.4%
25-34	15,776	11.0%	17,236	9.3%	1,460	9.3%	0.4%
35-44	19,735	13.7%	20,878	11.3%	1,143	5.8%	0.2%
45-64	39,774	27.7%	47,218	25.6%	7,444	18.7%	0.7%
65+	20,551	14.3%	44,882	24.3%	24,331	118.4%	3.2%
Total	143,711	100%	184,683	100%	40,972	29%	1.0%

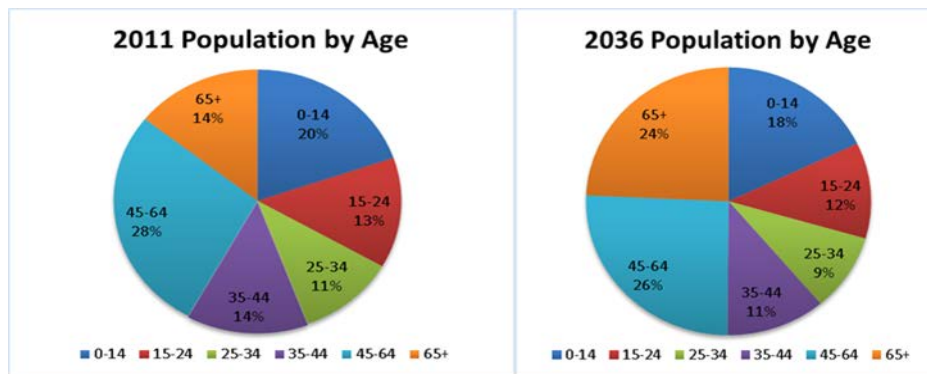
Source: Queensland Government population projections, 2015 edition; ABS, Population by Age and Sex, Regions of Australia, 2015

Figure 10 Population pyramid - percentage change by 5-year age group, 2011-2036



Source: Queensland Government population projections, 2015 edition; ABS, Population by Age and Sex, Regions of Australia, 2015.

Figure 11 Population by age, 2011 and 2036



Source: Queensland Government population projections, 2015 edition; ABS, Population by Age and Sex, Regions of Australia, 2015.

Table 6 Projected population and annual growth rate by SA2, 2011 to 2036

SA2 / Region	2011	2016	2021	2026	2031	2036	Annual Growth Rate (2011-2036)
Alexandra Hills	17,306	17,416	17,974	18,307	18,429	18,385	0.2
Birkdale	14,914	15,313	16,025	16,723	17,080	17,465	0.6
Capalaba	17,557	17,702	18,346	19,566	20,552	21,260	0.8
Cleveland	15,033	15,777	17,270	18,588	19,752	20,104	1.2
Ormiston	5,830	6,139	6,540	6,941	7,199	7,331	0.9
Redland Bay	14,038	15,340	16,703	18,390	19,538	19,702	1.4
Redland Islands	8,955	9,646	10,275	11,149	12,049	12,644	1.4
Sheldon-Mt. Cotton	6,717	7,843	8,683	8,856	8,936	8,872	1.1
Thorneside	3,672	3,907	3,990	4,075	4,111	4,120	0.5
Thorntlands	13,294	14,627	16,760	19,005	20,661	21,774	2.0
Victoria Point	15,307	16,283	17,201	18,202	19,103	19,763	1.0
Wellington Point	11,397	11,988	12,562	13,179	13,513	13,574	0.7
Redland Region	144,020	151,983	162,326	172,982	180,924	184,992	1.0
Queensland	4,476,778	4,853,048	5,250,292	5,730,062	6,240,546	6,763,153	1.7

Source: Queensland Government Population Projections, 2015 edition (medium series).

4.2. Population Health Status and Needs

4.2.1. Health Indicators

There is limited publicly available mortality and morbidity data for residents of Redland LGA. However, data is available for the broader geographic region comprising the local government areas of Brisbane City, Logan, Redland and Scenic Rim. It is reasonable to assume that the mortality and morbidity of Redland residents is not significantly different from residents of other areas of South-East Queensland.

Premature mortality relates to deaths that have occurred before expected according to life expectancy rates. Premature mortality indicates potential years of life lost in a person. The premature mortality rate for the broader area (240.5 premature deaths per 100,000 persons) is slightly lower than Queensland and Australian rates. Cancer is the principal cause of premature death in the broader region, of which lung cancer is the main contributor. The second highest cause relates to circulatory system diseases, in particular, ischemic heart disease. External causes are the third highest contributor of premature death and this is mainly due to suicide and self-inflicted injury.⁵²

⁵² Greater Metro South Medicare Local Whole of Region Needs Assessment May 2014

Poorer health is strongly linked to low socio-economic status and some cultural factors. There are concentrations of vulnerable groups within specific local areas of Redland that will have much higher rates of premature mortality as a result of these factors. The 2014 Needs Assessment undertaken by the Greater Metro South Medicare Local identified Redland Bay as one of the top five geographic hotspots within Greater Metro South showing poorer health status. Residents of Redland Bay, Mount Cotton and Victoria Point were found to be amongst the highest users of hospital emergency departments. This finding was consistent with stakeholder feedback in relation to gaps in service provision and capacity (navigation, financial and physical access) of the community to access services. Comparison of a range of common health indicators for Redland residents aged 18 years and over with those of residents of Greater Brisbane and Queensland is shown in Table 7 below. Adults residing in the Redland area had a lower rate of illness for the majority of indicators with the exception of respiratory diseases and asthma.

Table 7 Health Indicators for Redland residents, 2011-2013

Health Indicators 2011-2013	QLD (ASR*)	Greater Brisbane (ASR)	Redland City (ASR)	Persons (Redlands)
Estimated population (18+ years) with diabetes mellitus	5.1	5.2	4.8	5,618
Estimated population (18+ years) with high blood cholesterol	30.7	30.5	30.4	34,696
Estimated male population with mental and behavioural problems	12.6	12.2	11.9	8,781
Estimated female population with mental and behavioural problems	16.2	16.1	15.6	11,514
Estimated population with mental and behavioural problems	14.4	14.2	13.8	20,294
Estimated population (2+ years) with circulatory system diseases	17.8	17.0	16.7	24,735
Estimated population with hypertensive diseases	10.1	10.1	10.0	15,323
Estimated population with respiratory system diseases	27.2	26.7	29.0	42,396
Estimated population with asthma	10.2	9.6	10.3	15,080
Estimated population with chronic obstructive pulmonary disease	2.7	2.7	2.7	5,618
Estimated population with musculoskeletal system diseases	27.2	26.6	26.9	40,258
Estimated population with arthritis	14.1	13.7	13.4	20,535

*ASR: indirectly age-standardised rate per 100 population. Source: Social Health Atlas of Australia 2015 PHIDU

Cancer

The Cancer Council Queensland provides regional statistics for the incidence of cancer. The table below shows the potential numbers of Redland residents with all invasive cancer based on the rate for the Brisbane region (526/100,000 persons). Assuming the incidence rates remains unchanged over the next 10 years; there could be just under 1,000 people resident in the Redland area requiring treatment for an invasive cancer.

Table 8 Cancer incidence rates in Redlands

	2016	2026
Total Population	143,711	180,599
Potential No. with all invasive cancer	756	950

Source: Cancer Council Queensland, Regional Statistics – A snapshot of cancer in Brisbane, viewed 17 February 2016 <<https://cancerqld.org.au/wp-content/uploads/2015/12/Brisbane.pdf>>

Mental Health

Mental illness is a major health and social policy issue, and mental health is one of the nine National Health Priority Areas agreed to by governments.

One in five Australians aged 16 to 85 years will experience a mental disorder each year and almost half will experience a mental disorder in their lifetime.⁵³ In addition, almost one in seven young people (aged 4 to 17 years) were assessed as having a mental disorder in the previous year.⁵⁴ Less than half of people living with mental health issues access treatment each year, with untreated mental illness incurring major personal suffering and economic costs.⁵⁵

The experience of mental illness ranges across a wide spectrum. The most common experience is of a mild to moderate level of severity of mental illness (experienced by approximately three million Australians each year). Less common is the experience of severe mental illness (experienced by approximately 690,000 Australians each year).⁵⁶

People living with mental health issues are also more at risk of experiencing a range of adverse social and economic outcomes, with stigma creating significant barriers. For example, people living with mental health issues are less likely to be employed compared to those without a mental illness⁵⁷, and more likely to experience homelessness⁵⁸ and housing instability.⁵⁹ These factors may not only further contribute to their mental illness, but may also contribute to worsening health and social outcomes overall.

⁵³ Australian Bureau of Statistics (2008), National Survey of Mental Health and Wellbeing 2007: Summary of Results, ABS cat. no. 4326.0, Canberra, ABS.

⁵⁴ Lawrence D, Johnson S, Hafekost J, Boterhoven De Haan K, Sawyer M, Ainley J, Zubrick SR (2015), The Mental Health of Children and Adolescents: Report on the Second Australian Child and Adolescent Survey of Mental Health and Wellbeing. Canberra, Department of Health.

⁵⁵ Whiteford H, Buckingham W, Harris M, Burgess P, Pirkis J, Barendregt J, Hall W (2014), Estimating Treatment Rates for Mental Disorders in Australia, Australian Health Review, 38: 80-85.

⁵⁶ National Mental Health Commission (2014), The National Review of Mental Health Programmes and Services. Sydney, NMHC.

⁵⁷ Department of Health and Ageing (2013), National Mental Health Report 2013: tracking progress of mental health reform in Australia 1993 – 2011. Canberra, Commonwealth of Australia.

⁵⁸ Australian Bureau of Statistics (2016), Mental Health and Experiences of Homelessness, Australia, 2014, ABS cat. no. 4329.0.00.005, Canberra, ABS.

⁵⁹ Kamieniecki GW (2001), Prevalence of psychological distress and psychiatric disorders among homeless youth in Australia: a comparative review. Australian and New Zealand Journal of Psychiatry, Vol. 35, No. 3: 352- 358.

The impact of mental illness extends to our broader community and society. Mental illness is a significant contributor to the burden of disease in Australia, being the third largest cause of total disease burden and the leading cause of non-fatal burden.⁶⁰

The cost to society of mental illness is also significant. It not only includes expenditure on providing services and other supports to people living with mental health issues, but also includes the cost of lost productivity and the personal cost impact on people living with mental health issues and their carers. It has been estimated that total direct health and non-health expenditure to support people living with mental health issues is \$28.6 billion per year, with this amount nearly doubling when indirect costs, such as productivity loss and absence through sickness, are added.⁶¹

Suicide is the leading cause of death for people aged 15 to 44 years and the second leading cause of death for people aged 45 to 55 years. It accounts for one in three deaths among people aged 15 to 24 years and over one in four deaths among people aged 25 to 34 years.⁶²

Diabetes and Chronic Kidney Disease

Significant demand increases for health services in the future relate to the incidence of diabetes and chronic kidney disease. One in three Australians is at an increased risk of developing chronic kidney disease and 1 in 25 Australians have diagnosed diabetes which is a major cause of end-stage kidney disease.⁶³ Based on these statistics, Table 9 below shows the potential population numbers with these conditions in the Redland region.

Table 9 Diabetes and chronic kidney disease incidence rates in Redlands

	2016	2026
Total Population	143,711	180,599
Population with diagnosed diabetes	5,748	7,224
Population at risk of chronic kidney disease	47,904	60,200

Source: Chadban SJ, Briganti EM, Kerr PG et al 2003. Prevalence of kidney damage in Australian adults: The AusDiab kidney study. *J Am Soc Nephrol* (7) Suppl 2: S131-S138

⁶⁰ Australian Institute of Health and Welfare (2016), Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2011. Australian Burden of Disease Study series no. 3. BOD 4. Canberra, AIHW.

⁶¹ OECD (2015), Mental Health and Work: Australia, Mental Health and Work. Paris, OECD Publishing.

⁶² Australian Bureau of Statistics (2016), Causes of Death, Australia, 2015, op. cit.

⁶³ Chronic Kidney Disease – the facts Australian Institute of Health and Welfare <http://www.aihw.gov.au/chronic-kidney-disease> Accessed 17 February 2016.

4.3. Summary of Key Planning Considerations for Redland

- The annual population growth rate for the Redland LGA between 2011 and 2036 is projected to be only 1.0 per cent.
- The population profile is heavily weighted to older age groups. The fastest growing age group are residents aged 65 and over (annual growth rate of 3.2 per cent) who will make up almost a quarter of the total population by 2036. The slowest growing age group are those aged 35-44 with an annual growth rate of 0.2 per cent.
- In 2015, the median age in Redland LGA was 40.5 years, an increase of 2.5 years from 2005, and higher than the Queensland average of 36.9 years. The median age is projected to increase to 44.9 years by 2036 (compared to 39.9 for Queensland).
- The birth rate for Redland City is lower than the average for Queensland with a rate of 10.7 births per 1,000 persons, compared to the State average of 12.9 births per 1,000 persons.
- Residents of Redland City are relatively socio-economically advantaged compared to the average for Queensland with over a quarter of the total population (28.6 per cent) being in the least disadvantaged Socio-Economic Indexes for Areas (SEIFA) quintile and only 10.6 per cent being in the most disadvantaged quintile.
- As of the 2011 census, 2,630 persons (1.9 per cent of the region's population) identified as Indigenous, which is lower than the State average (3.6 per cent), though Redland Islands SA2 had a higher average of 7.3 per cent.
- Poorer health is strongly linked to low socio-economic status and some cultural factors. There are concentrations of vulnerable groups within specific local areas of Redland such as the Islands that will have much higher rates of ill-health and premature mortality as a result of these factors.

5. HEALTH CARE AND SOCIAL ASSISTANCE IN REDLAND

The following section of the report provides an overview of current services, issues and gaps and the key considerations for future projections for the health, aged care and disability sectors in Redland. A summary of the implications for action planning by the Redland City Council is presented as a SWOT analysis in Chapter 6 of the report.

5.1. Hospital Services

5.1.1. Current Services

The Redland Hospital is a 205 bed public facility located at Weippin St Cleveland servicing Redland City and Brisbane's southern bay side suburbs. Specialties include general medicine and surgery, cardiology, emergency medicine, obstetrics and gynaecology, orthopaedics, renal dialysis and paediatrics. A range of allied health and support services such as pharmacy, pathology and medical imaging are also provided. Redland Hospital is co-located with the Mater Private Hospital, the Redland Health Service Centre and Redland Residential Care. There is also a 12 chair renal dialysis unit on hospital site.

The Mater Private Hospital Redland is a 60 bed inpatient facility with 2 operating theatres, and access to a wide range of clinical services including surgery, general medicine and gerontology, low to medium risk birthing, orthopaedics, palliative care, rehabilitation, day oncology and sleep studies.

A list of the specialist services currently provided by the Mater Redland Hospital and Redland Hospital is in Appendix F.

The only other licensed hospital facility in the Redland area is the Eastern Endoscopy Centre at Birkdale which is a day hospital facility providing specialist gastroenterological consultations and procedural gastroenterology.

5.1.2. Issues and Gaps

The key issue in relation to local access to hospital services for residents of Redland is that currently both the Redland Hospital and the Mater Redland only have the capability to care for low to moderate risk patients. Anyone with more complex needs (for example, requiring admission to an intensive care unit or care by a medical specialist with particular skill set) must be transferred to larger hospitals in Brisbane including the Princess Alexandra Hospital, Mater Hospitals and Lady Cilento Children's Hospital.

In addition, both the Redland Hospital and the Mater Hospital are relatively small facilities in terms of size and therefore have limited capacity to meet increasing demand from the growth and ageing of the local population.

The Metro South Health Draft Plan also highlights the need to increase capability and capacity to provide services from Redland Hospital for Emergency, Medical (general medicine, renal dialysis, ICU), Surgical (general surgery, endoscopy), Maternity, Neonatal, Mental health (acute, community care units) and Sub and non-acute (including palliative care and rehabilitation) services.

The limited capacity and capability of both the Redland Hospital and the Mater Redland act as a constraint to developing the teaching and research roles of these facilities. Within the Metro South Health Service the focus of teaching and research is at the Princess Alexandra Hospital with limited linkages to Redland Hospital. Similarly for the Mater Redlands, teaching and research facilities are concentrated at the Mater

Hospitals in South Brisbane. Stakeholders from both organisations have indicated a desire to expand teaching and research locally in Redland, but advise that significant expansion of both hospitals would be required to support this.

Previous planning done for the Redland Hospital site by the Metro South Hospital and Health Services also identified the need more broadly for:

- community based mental health services
- polyclinic type facilities for urgent care and providing geriatric services
- outpatient and ambulatory services
- partnering with educational institutes
- partnering with private health service providers – pathology, radiology, e.g. Mater
- collocation opportunities with private clinics.

Key stakeholders have highlighted the physical access issues relating to the current hospital site as one of the major factors to be addressed in future master planning. These issues are the need to improve the road access to the site, the limited public transport options available and lack of sufficient car parking. The constraints on the existing site in relation to the need for preservation of important koala habitat and vegetation were also identified.

These issues will be considered in the a master planning study about to commence with the Redland City Council, Metro South Hospital and Health Service and the Mater Redland Hospital. The purpose of the study is to establish a planning framework for the Redland Health and Wellness Precinct at Cleveland, leveraging off the future expansion of the Redland Hospital and the Mater Private Hospital. Both hospitals are in the process of preparing individual conceptual extension plans, proposing to expand predominantly vertically within the boundaries of their existing sites. This project will identify the potential type, scale and preferred location of associated land uses that can leverage off the future expansion of both hospitals. This will inform the development of a concept land use and infrastructure plan to integrate the future expansion plans of both hospitals whilst ensuring sufficient car parking spaces, optimising access and transport arrangements, and protecting the values and integrity of the surrounding conservation areas.

5.1.3. *Future Projections and Considerations*

The recently released Metro South Health Service Plan 2017-2022 Draft for Consultation estimates that there is a potential gap between the current capacity of Redland Hospital and the size required in the next 5 years of up to 155 beds even with no change to the need for more complex patients to be transferred out. The Plan predicts a 50 per cent increase in hospital admissions, 15 per cent increase in outpatient services and 21 per cent increase in Emergency Department attendances between 2016 and 2022. (Note: actual volumes not provided in the publicly available document).

A key strategic direction of the Metro South Health Service Plan 2017-2022 Draft for Consultation is to provide services as close as possible to where people live and therefore aims to expand both the size and capability of Redland Hospital to be reduce the need for people to access services in Brisbane. To achieve this, the Draft Plan states that the Redland Hospital would potentially require 466 beds by 2022 (i.e. an additional 261 day only and overnight beds). It is however important to note that the scale, scope and timing of the capital solution for the Redland Hospital will be interdependent with the capital planning for Logan, Princess Alexandra and QEII Hospitals. It must also be noted that any capital development of the Redland Hospital is dependent on availability of funding from the State Government which is not at this stage guaranteed.

The Draft Health Service Plan also states an intention to evaluate public-private partnerships to meet infrastructure and asset requirements and maximise partnerships with private health service providers—e.g. Mater Health Services—to meet growing service demand. Previous planning undertaken by the Mater Hospitals had identified a potential expansion of 38 beds. This was not progressed at the time and the Mater Health Services advise that they are currently undertaking a clinical services planning review which will be used to inform the future development of the Mater Redland site. This review will consider the extent of the private hospital outflows from Redland to hospitals in Brisbane to the extent possible given issues of commercial in confidence relating to private market share.

It must be noted that the above projections are a broad indication only of the likely future capacity for each of the hospitals. The projection methodology has a range of limitations including:

- Reliability of population projections (the modelling is revised annually and the next version should be able to use updated projections based on information from the 2016 ABS Census of Population and Housing). This is particularly important for areas such as Redland as the size of the aged population is a key driver of demand for health services.
- Robust activity projections are only available for the admitted inpatient component of services delivered from each hospital and not for services such as outpatient clinics and a range of services delivered on a day stay basis.
- The assumptions underpinning the projection methodology are based on historical patterns of use of services and known current models of care. As noted previously, the manner in which health care will be delivered in the future is likely to change dramatically as advances in technology and medical research are increasingly aimed at reducing demand for hospital services.

5.2. General Practice and Specialist Medical Services

5.2.1. Current Services

In 2015, there were a total of 413 registered medical practitioners practising in the Redland Local Government Area.

Table 10 Number of Medical Practitioners Redland LGA 2015

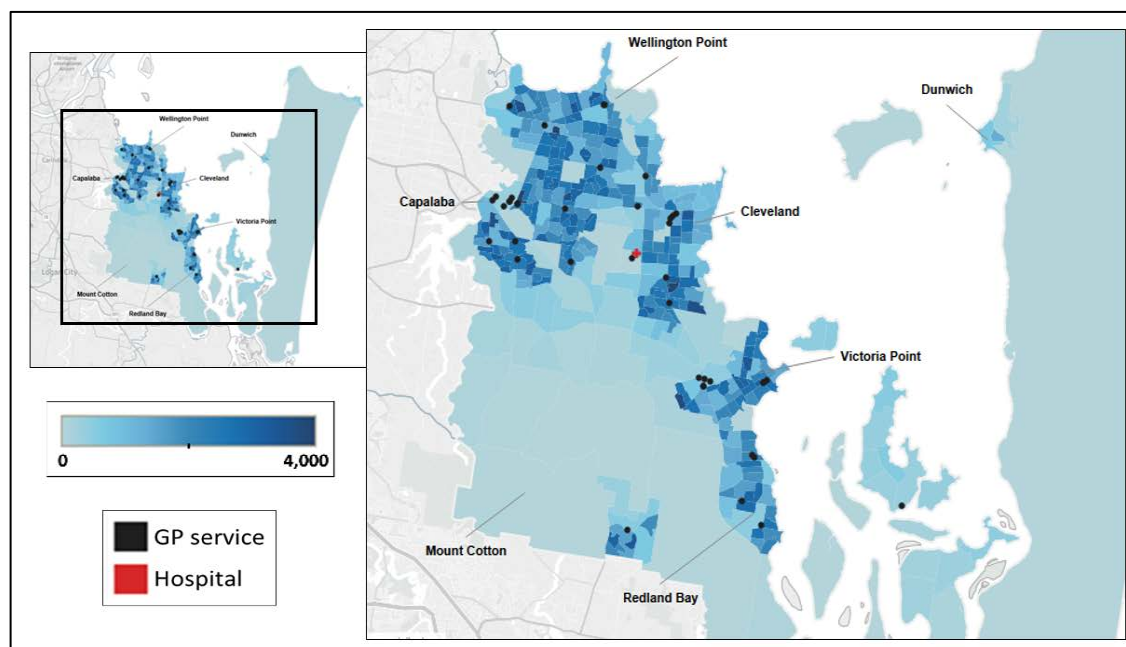
Job area	2015
General practitioner (GP)	169
Hospital non-specialist	50
Specialist	82
Specialist-in-training	63
Other clinician	5
Non-clinician	3
Not applicable / Unknown	42
Total	413

Source: Health Workforce Australia <http://data.hwa.gov.au/webapi/jsf/tableView/tableView.xhtml> Accessed February 2017

General Practice

The figure below shows the locations of the 50 GP services in Redland and the Redland Hospital precinct, overlaid on the population density (people per square kilometre).

Figure 12 GP Services and Hospital in Redland Region with Population Density



Medical Specialists

Of the 86 medical practitioners identified as specialists in 2015, the largest numbers worked in obstetrics and gynaecology (11), emergency medicine (10), anaesthesia (9) and psychiatry (9).

Table 11 Number of medical specialists by primary specialty area Redland LGA 2015

Primary specialty	No.	%
Clinical pharmacology	3	4%
Gastroenterology and hepatology	4	5%
General medicine	5	6%
General surgery	5	6%
Diagnostic radiology	4	5%
Specialist obstetrician and gynaecologist	11	13%
General paediatrics	5	6%
Specialist paediatrician	3	4%
Anaesthesia	9	11%
Psychiatry	9	11%
Emergency medicine	10	12%
Ophthalmology	3	4%

Primary speciality	No.	%
Dermatology	0	0%
Medical administration	3	4%
Addiction medicine	3	4%
Not applicable	3	4%
Total	82	100%

It must be noted that these medical specialists do not necessarily practise full-time within Redland as it is common practice for specialists to provide services from multiple locations. There is no publicly available quantitative data on the volume of medical specialist activity currently provided to residents of Redland from locations within Redlands.

Of the total medical practitioners registered at an address in Redland in 2015, 169 were general practitioners. The profile of these general practitioners was as follows:

- 86 per cent (145) worked in a group private practice and only 5 per cent (9) worked in a solo private practice
- 34 per cent (58) had trained overseas.
- 63 per cent (106) were aged between 45 and 64 years
- 28 per cent (47) worked less than 34 hours per week (i.e. part time).

5.2.2. *Issues and Gaps*

The Victoria Point, Redland Bay and Mount Cotton areas are currently identified by the Australian Government Department of Health as a District of Workforce Shortage (DWS) for General Practice. Determination of a DWS is based on either comparison of the full-time service equivalent (FSE) GP-to-population ratio for that geographic area with the current national average (i.e. the Medicare billing statistics show that there are more people for every GP within the area); or by identifying that the FSE GP-to-population ratio in that location is within up to 10 per cent of the current national average but the GPs practising privately in that area are working 30 per cent harder than the average privately practising GP. It must be noted that the Department of Health continually reviews the DWS classifications and they are therefore subject to change.

The National Health Services Online Directory currently identifies 50 separate general practice medical clinics located within Redland. The majority of practices offer some level of extended hour services, however, there appears to be limited availability late evening and weekends with the only 24 hour services being home visiting doctor services and the Redland Hospital Emergency Department.

An indicator of shortage of general practitioners can be the number of people presenting at hospital emergency departments who do not subsequently need to be admitted to a hospital. Of the 53,710 total presentations to the Redland Emergency Department in 2015/16, 21,312 (40 per cent) were in a triage category of semi-urgent (treatment recommended within 60 minutes) or non-urgent (treatment recommended within 120 minutes).⁶⁴ According to AIHW statistics, approximately only 17 per cent of all semi-urgent presentations and 5 per cent of non-urgent presentations are admitted to hospital after being seen in an

⁶⁴ Refer to <https://www.myhospitals.gov.au/hospital/310000028/redland-hospital/emergency-department>

Emergency Department.⁶⁵ Applying this admission rate to the Redland presentations, there would be up to 18,021 presentations per annum that do not result in a hospital admission and therefore could potentially have been treated in alternative location such as an urgent care centre or general practice. This equates to approximately 49 patients per day.

The Australian Government Department of Health has also identified Redland LGA as a District of Workforce Shortage (DWS) for a range of private medical specialists including anaesthetists, cardiologists, general surgeons, ophthalmologists and medical oncologists. In addition, the northern area of Redland (Capalaba SA3) is identified as a DWS for private specialists in diagnostic radiology, obstetrics and gynaecology and psychiatry. DWS classification for private medical specialists is based on analysis of Medicare billing statistics and ABS population data to determine the average number of FSE specialists of a type within each SA3 per 100,000 persons residing in the area. The number of FSE specialists per 100,000 persons within each SA3 is then compared with the national average number of specialists per 100,000 persons to identify DWS areas. DWS determinations that are made as part of this system are updated annually. Specific numbers are not published.

5.2.3. Future Projections and Considerations

An indicative estimate of the potential future requirements for general practitioners has been done based on publicly available data. Assuming that there were 169 general practitioners practising in Redlands, the ratio of numbers of general practitioners to population in 2015 would have been 111 per 100,000 population for Redland compared to 146 per 100,000⁶⁶ for Queensland as a whole. As the Redland population grows, there would need to be a significant increase in the numbers of general practitioners to maintain the current ratio and an even larger increase to achieve the Queensland ratio. The potential numbers required are shown in the table below. It must be noted that these are based on head count not a full service equivalents.

Table 12 Potential required numbers of general practitioners - Redland LGA

	2016	2021	2026	2031	2036
GP Head Count per 100,000 Population based on Redland 2015 ratio (111/100,000)	168	180	192	200	205
GP Head Count per 100,000 Population based on QLD 2015 ratio (146/100,000)	221	237	252	264	270
Estimated Resident Population Redland LGA	151,674	162,017	172,673	180,615	184,683
Variance from 2016 actual numbers based on Redland rate		11	23	32	37
Variance from 2016 actual numbers based on QLD rate		68	84	95	101

⁶⁵ Australian Institute of Health and Welfare 2014. Australian hospital statistics 2013–14: emergency department care. Health services series no. 58. Cat. no. HSE 153. Canberra: AIHW.

⁶⁶ Australian Government Department of Health General Practice Workforce Statistics, <http://www.health.gov.au/internet/main/publishing.nsf/content/General+Practice+Statistics-1>

The number of general practitioners is a key driver for the need for medical specialists due to the Medicare requirements for patients to have a formal referral from a GP to attend a consultation with a medical specialist.

An estimate of the projected future requirements for medical specialists in the Redland has not been able to be undertaken within the scope of this project due to the large number of unknown variables at this point in time. Any longer term projection based on current workforce to population ratios would be invalid. The reasons include:

- As noted previously medical specialists do not necessarily practise full-time within Redland and it is common practice for specialists to provide services from multiple locations. There is no publicly available quantitative data on the volume of medical specialist activity currently provided to residents of Redland from locations within Redland.
- The extent of further sub-specialisation of the medical workforce is unknown. Contemporary trends in the delivery of health services are very likely to result in a push for more generalist roles in the future reducing demand for some medical specialties. However, advances in medical technology and pharmacology may significantly increase demand for other specialties.
- Medical specialist colleges have historically controlled the supply of the medical specialists in Australia and do not usually make any specific workforce modelling publicly available. Medical services are one of the better known examples of supplier-induced demand in health economics. Supplier induced demand relates to the observation that per capita consumption of medical services tend to rise roughly in line with the doctor to population ratio.
- The public to private mix for health services in Redland in the future is unknown. Use of private medical specialists is influenced by levels of private health insurance particularly in relation to specialties such as surgery where there is a high likelihood of requiring admission to hospital. It is also influenced by availability of public hospital services and the length of public waiting lists.
- The Metro South Hospital and Health Service will do detailed workforce planning for Redland Hospital once the Health Service Plan is no longer a draft and the extent to which the Redland Hospital is able to be expanded is agreed. This will provide a key starting point for identifying the potential future local growth of medical specialists for Redlands.

Whilst it is not possible to quantify the future requirements for medical specialists, the commonly preferred service model is collocation with hospitals so any future growth in capacity within either Redland Hospital or Mater Redland will influence the local availability of medical specialist services.

5.3. Other Primary Care and Community Health Services

5.3.1. Current Services

Public sector community based services are provided from the Redland Health Service Centre which is collocated with the Redland Hospital. The centre is a multidisciplinary medical, nursing and allied health facility providing community health programs and clinics for adults and children. A wide range of community and primary health services including child health, BreastScreen, chronic disease management, Aboriginal and Torres Strait Islander liaison, palliative care, Child and Youth Mental Health, Dental Health (Adults), Emergency Dental Care, Mood Services, Older Adult Mental Health Services and Psychosis Services.

The Mater Health Centre Redland is located opposite Mater Private Hospital Redland at 16 Weippin St. The services provided by the practitioners within Mater Health Centre Redland complement the services provided by the adjacent services just across the road and include specialist medical clinics, physiotherapy, pathology and pharmacy. A comprehensive range of medical imaging services are provided by Queensland X-ray. In addition to Queensland X-ray, there are two other providers of medical imaging services in the area: Queensland Diagnostic Imaging and QScan.

There is a wide range of existing private and other non-government providers of health and health related services available in the Redland area offering a variety of in-rooms and mobile services including pharmacy, dental services and all disciplines of allied health as well as community and home nursing services.

5.3.2. *Issues and Gaps*

Recent work undertaken as part of the Brisbane South PHN (BSPHN) Needs Assessment 2016 prioritised the following service areas for action:⁶⁷

- Appropriate access and usage of health services
- Antenatal and perinatal
- Childhood development
- Prevention and management of chronic disease
- Mental health
- Aged care
- Alcohol and other drugs
- After-hours services
- Health literacy

A refresh of the service mapping for the Brisbane South PHN Whole of Region Needs Assessment (WORNA) was undertaken in November 2016, highlighting:

- relatively high levels of need for mental health services as well as service gaps in several areas, particularly Bayside suburbs. Many mental health services are delivered on an outreach basis to the Bayside areas and may not be sufficient to meet current need/demand. Evidence suggested there is a strong reliance on GPs and subsidised services (e.g. Access to Allied Psychological Services (ATAPS), Better Access), which may not have the capacity to meet growing demand. In particular, subsidised services are less available in the Bayside area.
- limited availability of particular types of alcohol and drug services, such as relapse prevention, withdrawal management and rehabilitation/residential treatment services, outside of the Brisbane/Logan geographic areas and particularly in relation to the Bayside area. Outreach services to the Bayside areas may not be sufficient to meet current levels of need/demand and after-hours services are limited across the sector.
- people in the Bay Islands have greater issues relating to accessibility and affordability of healthcare and other areas such as potentially preventable hospitalisations and the availability of after-hours services to reduce unnecessary hospital presentations.
- the Capalaba area is a relative 'hotspot' within the Brisbane South PHN region for children who are developmentally vulnerable on two or more domains.

Health workforce issues have also been consistently identified by Brisbane South PHN as priorities. Workforce deficits have been identified across most professions in Logan, Redland and Scenic Rim LGAs

⁶⁷ Brisbane South PHN, March 2016, Whole of Region Needs Assessment

including nurses, pharmacists and allied health (physiotherapists, podiatrists, speech pathologists, dietitians and occupational therapists).

The needs assessment does not identify the specific areas of workforce gap for the Redland area alone. Advice is that this may become available pending further work by the PHN. Reducing inappropriate and/or avoidable hospital attendances and admission rates, particularly potentially preventable presentations, is a high priority for both the MSHHS and the BSPHN. There are significant economic benefits, as well as improved health outcomes for patients, from ensuring appropriate access and usage of primary and community based health services. Areas where there were high numbers of presentations to a hospital included gastroenteritis and infections, chronic disease management and outpatient services within the community.

Encounters related to urinary tract infections, gastrointestinal issues and ENT were prevalent across high volume inpatient, potentially preventable inpatient and ED presentations. A proportion of these encounters could potentially be handled through primary care interventions or 'hospital in the home' style programs, which could reduce cost and volume pressures.

The Metro South Health Service Plan (Draft) highlights that chronic diseases such as diabetes, CVD, COPD, and asthma place significant pressures on the health system, and primary care interventions focused on prevention and improved chronic disease management could help reduce and manage existing volume pressures. Primary care options through primary and allied health services could supplement and help alleviate pressures on existing outpatient clinics and waitlists, specifically orthopaedic clinics (36 per cent of the total MSH outpatient waitlist) and allergy clinics for children.

Shared care arrangements between several health care professionals (e.g. hospitals, GPs, AHPs, specialists) for patients with complex care needs can assist in improving health outcomes and reducing access to acute care. Stakeholders also identified transitions between services as a key area of need (e.g. young people transitioning from child to adult services, transitions between RACFs and hospitals).

5.3.3. *Future Projections and Considerations*

With the exception of projection modelling for provision of inpatient hospital beds, there are no universally accepted methods for projecting requirements for non-hospital services. Service availability is a key factor in health utilisation. There is a strong link between the availability of general practice services and the demand for other primary care services. In the absence of quantitative modelling, needs assessment based on demographic profiling, expert stakeholder opinion and knowledge of contemporary service delivery trends must be used as a proxy.

The key issues and service gaps identified through the needs assessment and planning processes undertaken by both the Metro South Hospital and Health Service and the Brisbane South PHN strongly support the concept of developing an integrated health and education precinct at Weippin Street. There is a large block of land available both next to, and across from the existing hospital site. The land across from the hospital is ideally suited to the development of a 'super clinic' type service model provided by multidisciplinary teams of GPs, medical specialists, practice nurses, nurse practitioners and allied health practitioners (physiotherapists, exercise physiologists, occupational therapists, dieticians, podiatrists, speech pathologists, audiologists, psychologists and social workers). Services could include:

- extended hours, bulk billing GP practice and urgent care clinic for patients who are unable to see their regular GP and for category 4 and 5 patients redirected from the Redland Hospital emergency department
- medical specialist consultations

- soft tissue injury management clinics and wound clinics
- complex chronic disease management services including diabetes, heart-lung, mental health and pain management
- women's and family health including Pap smears, family planning, antenatal and shared care, child health and immunisations
- community care coordination for patients requiring maintenance and support services
- health promotion and education activities (healthy weight and healthy living programs).

Capacity for the delivery of undergraduate and postgraduate training and education programs would also be enhanced by including student placement opportunities for medicine, nursing, dietetics, speech pathology, pharmacy, physiotherapy, exercise physiology, occupational therapy, psychology and social work.

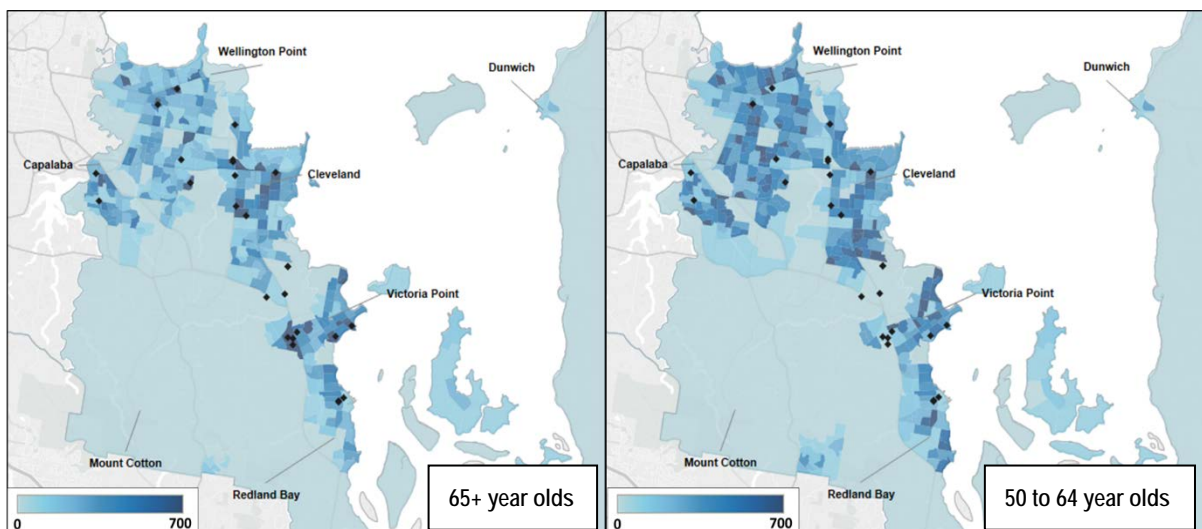
Other than the proposed integrated health and education precinct at Weippin Street, demographic and service analysis does not identify any other areas within Redland City where there is a foreseeable need for another major purpose built health precinct development. Future health services in other parts of the Redland area could be appropriately delivered by outreach from the integrated health and education precinct or from leased premises in commercial buildings. It will be important for RCC to consider the need for these premises in City Planning.

5.4. Aged Care Sector

5.4.1. Current Services

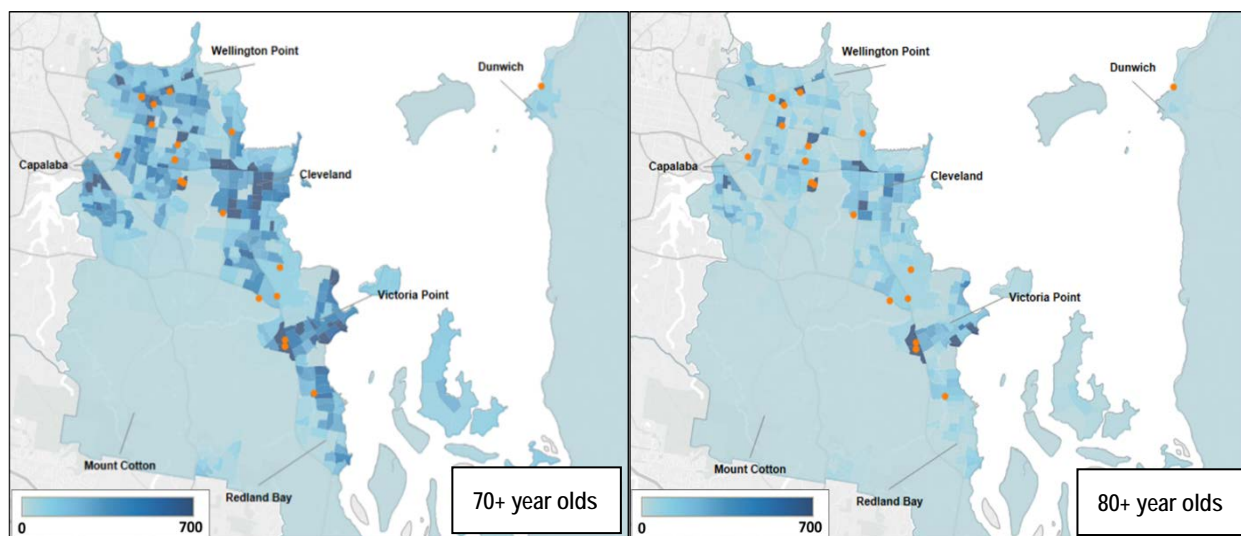
The figure below show the locations of retirement village facilities in Redlands, overlaid on the population density (people per square kilometre) of those aged 65 and over (the traditional population for retirement villages), and those aged 50 to 64 (those who will be moving into retirement living in the coming years).

Figure 13 Retirement Villages in Redland Region with Population Density of 65+ year olds and 50 to 64 year olds



The figure below show the locations of residential aged care facilities in Redlands, overlaid on the population density (people per square kilometre) of those aged 70 and over, and those aged 80 and over.

Figure 14 Aged Care Facilities in Redland Region with Population Density of 70+ and 80+ population



There were 904 approved residential care places and 330 home care places in Redland in 2015. A list of the providers is in Appendix B.

5.4.2. Issues and Gaps

Local Context

Consultation with key local aged care stakeholders has identified a number of trends and issues for the provision of aged care services in Redlands:

- Vacancy rates are low and most services operate a waiting list. There is a shortage of supported accommodation, transitional care and respite care.
- There is demand for a wider range of service options including multigenerational living (older people with adult disabled children) rental models and shared accommodation.
- Sustainability of the sector will require people aged in their 40s and 50s to move to and remain in the Redland area.
- In line with trends elsewhere, the majority of local stakeholders believe that smaller operators will become increasingly less viable and increasing competition will come from larger operators moving in to the area, including those from interstate and overseas. Large operators have the capacity to provide 'end to end' comprehensive service offerings which are increasingly being sought by consumers.
- The impact of increasing consumer driven care approaches is yet to be fully understood. However, it is likely that there will be increasing deregulation of the home care market similar that the direction being taken for disability services. Growth in brokerage models is likely to occur. Smaller operators will need to be increasingly flexible and dynamic potentially offering niche 'bolt on type' services to larger operators in order to remain viable.
- There has been significant growth in provision of retirement living and residential care places in the last 10 years due to the availability of land for development and attractiveness of Redland from a lifestyle perspective. Analysis of the waiting list by one operator indicated that 50 per cent of people waiting

came from outside Redlands. The extent to which this trend will continue is unknown and is likely to be affected by recent initiatives by the Brisbane City Council to increase the supply of suitable housing and enable Brisbane residents to retire within their suburb and community. As a result, Brisbane City Council is amending the city planning framework (Brisbane City Plan 2014) to offer a more streamlined approach to extending or upgrading residential care and retirement facilities. It will also provide greater encouragement for new facilities in preferred locations and where they meet best practice design requirements.⁶⁸

- One of the major difficulties associated with transitioning people from hospitals to residential aged care facilities in Redland is the requirement to pay a substantial accommodation bond or accommodation charge. There is a lack of lower cost places which can be readily accessed by clients with limited financial capacity. Currently this gap in the market is being filled by the government run Redland Residential Care facility which has been identified as requiring up to 21 additional places within the next 5 years to meet demand. Expansion of this facility would be inconsistent with recent government policy which has resulted in a reduction in the numbers of government operated facilities in metropolitan and regional centres.
- Rental options for aged care developments currently fall legislatively under the *Residential Tenancies and Rooming Accommodation Act 2008* not the *Retirement Villages Act 1999* and this is a disincentive for operators to develop rental aged care housing as they require different financing and operational arrangements to those traditionally used by retirement village operators.
- The investment horizon for both retirement villages and residential care is becoming shorter as the average age of resident entry increases and the length of stay decreases.
- Training and education of the workforce remains a challenge for aged care staff in all settings. Brisbane South PHN is working with the Health and Community Services Workforce Council to implement an Aged Care Workforce Development Project which will run from July 2016 to June 2018. The results will be used in conjunction with the aged care workforce development program to develop strategies to address current and future workforce needs.
- It must be noted that from 27 February 2017, a new national system for prioritising access to home care was established and managed through My Aged Care. Home care package funding will follow the consumer, allowing them to choose and direct package funding to the provider that best meets their needs, and giving home care providers the opportunity to expand their businesses to meet local demand and consumer expectations. This replaces the current system where home care places are allocated directly to an approved provider.
- Consumers who have been approved for a home care package and have indicated they are actively seeking care will be placed onto the national queue. A consumer's place in the national queue will take into account their relative needs and circumstances as determined by the ACAT, and the date they were approved for care. When a consumer reaches the top of the national queue they will be assigned a package from the national inventory regardless of where they live.⁶⁹

⁶⁸ Brisbane City Council, 2016, "Planning for the future of aged care fact sheet". <https://www.brisbane.qld.gov.au/community-safety/community-support/seniors/retirement-aged-care>

⁶⁹ Refer to <https://agedcare.health.gov.au/programs/home-care/introduction-to-home-care-changes>

5.4.3. Future Projections and Considerations

Demand for Retirement Living

Between 2006 and 2011 there was a consistent trend observed across all capital cities of the over 65 age group moving further away from the CBD, particularly to urban fringe locations where service provision and support infrastructure is at its lowest. This is a sub-optimal outcome for many older Australians. This movement could be due to factors including affordability and (the lack of) availability of appropriate housing options within the areas they have traditionally resided. Housing choice and a variety of age suitable housing forms ought to be encouraged to allow seniors to remain within their local communities.⁷⁰

The penetration rate of over 65s into retirement villages has increased from 5.3 per cent in 2010 to 5.7 per cent in 2014 with approximately 1.3 residents per dwelling. The Australian average penetration rate is projected to increase to 7.5 per cent in 2025. Queensland has historically had a penetration rate higher than the Australian average with a rate of 6.4 per cent in 2014.⁷¹

There are currently an estimated 2,807 retirement village units located within Redland. A list of the retirement villages and numbers of units is in Appendix B. Based on a projected penetration rate of 7.5 percent of the population aged 65+ and an average occupancy of 1.3 persons per unit, the current number of units exceeds the projected requirements at 2026 and 2036. At 2026, there is an excess of 731 units and by 2036 there is still an excess of 218 units, based on the projected Redland population for the 65+ aged group. Despite the projected excess, local retirement villages still have waiting lists.

Demand for Community Home Care

People access different services as their care needs change so that, over time, they may access a range of programs in any year. Research by the Australian Institute of Health and Welfare showed that in 2010-11 the majority of people aged 65 years and over (71 per cent) did not use a service. Among the 29 per cent of the population who did use a service, most accessed only HACC (now known as Community Home Support Program) or Veteran's Home Care services (20 per cent out of 29 per cent), emphasising the importance of these community-based programs.⁷² Based on the above estimate of 29 per cent of the population aged 65 years and over using a community home care services the potential size of the user group within the Redland LGA would more than double between 2016 and 2036 from 6,230 people to 13,811.

The patterns of program use are slightly different for older people with dementia. Based on a 2003-04 cohort, 3 in 5 cohort members with dementia used permanent residential care within 2 years of their first ACAT assessment, compared with a cohort average of 40 per cent. Just over 40 per cent of these people used community aged care services before entering residential care. People with dementia were also more likely than average to use residential respite care (28 per cent versus 20 per cent) Conversely, fewer people with dementia had no service use (16 per cent) or used only community services (17 per cent) compared with the whole cohort (24 per cent and 29 per cent respectively).

The prevalence of dementia in Australia is expected to increase from around 343,000 people in 2015 to about 900,000 in 2050. The growth in the numbers of people with dementia will clearly have major

⁷⁰ Retirement Living Council, 2014, "Demand Analysis of Housing for Older Australians 2011 Census Review", MacroPlanDimasi

⁷¹ Property Council of Australia, October 2014, "National overview of the retirement village sector".

⁷² AIHW, 2015, "Australia's welfare spending and workforce, Australia's Welfare" <http://www.aihw.gov.au/australias-welfare/2015/spending-and-workforce/#4>

implications for the formal aged care system—and for informal carers—in terms of the need to expand future capacity.⁷³

Demand for Residential Aged Care Places and Home Care Packages

The projected requirements for residential aged care and home care places in Redland LGA are shown in the table below.

Table 13 Aged care planning ratios for Redland LGA

Year		2016	2021	2026	2031	2036
	No. of Approved Places June 2016	Projected Requirements based on Department of Health and Ageing Benchmark:				
		<ul style="list-style-type: none"> ▪ 8 residential aged care places per 100 people aged over 70. ▪ 4.5 home care places per 100 people aged over 70. 				
Population Aged 70+		16767	21296	25856	30398	34033
Residential Care [^]	1378	1341	1704	2069	2432	2723
Home Care*	237	755	958	1164	1368	1531
Variance Actual to Benchmark						
Residential Care [^]		37	-326	-691	-1054	-1345
Home Care*		-518	-721	-927	-1131	-1294

Source: List of Aged Care Service Providers Qld June 2016. Queensland Government population projections, 2015 edition; Australian Bureau of Statistics, Population by age and sex, regions of Australia, 2014 (Cat no. 3235.0).

In summary the projected additional requirements for approved aged care places in the Redland LGA are:

- 2021 – 326 residential aged care places and 721 home care places
- 2026 – 691 residential aged care places and 927 home care places.
- 2031 – 1054 residential aged care places and 1131 home care places.
- 2036 – 1345 residential aged care places and 1294 home care places.

5.5. The Disability Sector

5.5.1. Issues and Gaps

Local Context

Local stakeholders identified a significant opportunity to partner or collaborate with aged care providers given the strength of that sector in the Redland. Approaches from interstate and international service providers were reported as already occurring.

The challenge for smaller operators under the proposed NDIS funding arrangements will be to maintain an adequate cash flow to meet labour costs. The potential impact on the workforce is as yet largely unknown

⁷³ AIHW, 2015, "Australia's welfare spending and workforce, Australia's Welfare" <http://www.aihw.gov.au/australias-welfare/2015/spending-and-workforce/#4>

however, there is a likelihood that there will be an increasing 'casualisation' of the workforce with increased mobility.

There is a strong provider network already in place in Redland which needs to be further expanded and supported to mitigate increasing service fragmentation.

Access to supported accommodation is currently the major service gap. There is a need to explore alternatives such as co-tenancy or self-managed models where disabled people and their families may develop the services themselves rather than relying on government funding for housing.

Currently the disability services workforce largely reside locally. A major increase in workforce numbers will require a corresponding increase in access to affordable housing particularly as wage rates in the sector are low.

5.5.2. Future Projections and Considerations

Estimated Demand

Specific estimates of the expected number of NDIS participants are not available for Redland LGA as for the purposes of planning and delivering disability services, Redland is considered to be part of the Beenleigh service region. According to the NDIA's May 2016 Queensland Market Position Statement, the Beenleigh service region will require the largest growth in supply, in absolute terms, for both the number of participants and the value of supports (an additional 5,600 participants and \$320m).

Table 14 Current and Planned NDIS Participants and Cost - Beenleigh Service Region

Beenleigh Region	Participants	Cost (\$M)
Current 2016	4,300	150
Full Scheme 2020	9,900	470
Growth #	5,600	320
Growth %	130%	213%

The workforce engaged in providing disability supports in the Beenleigh service region is currently estimated to be approximately 1,100 - 1,350 full time equivalent (FTE) employees. It is estimated that the workforce required to supply the increased volume of supports demanded under the NDIS will need to increase to 3,200 - 3,900 by the end of 2018-19. As the prevalence of part time and casual workers in the disability support workforce is high, the actual number of additional workers required to meet increased demand will be greater than the required FTE increase in the workforce.⁷⁴

An estimate of the overall demand for all disability services can be based on the number of persons with a profound or severe disability defined as needing help or assistance in one or more of the three core activity areas of self-care, mobility and communication because of a long term health condition (six months or more), a disability (lasting six months or more), or old age. At the 2011 Census there were 6,516 persons (or 4.7 per cent) living in Redland reported as in need of assistance with a profound or severe disability. This compares to 4.4 per cent of the total Queensland population.⁷⁵ However, this figure includes persons aged

⁷⁴ National Disability Insurance Agency, May 2016, "Queensland Market Position Statement"

⁷⁵ ABS, Census of Population and Housing, 2011, Basic Community Profile - B18 (usual residence)

65 years and over and in 2015, of the 1.4 million Australians who had a profound or severe limitation with core activities, almost half of whom (47.8 per cent) were aged 65 years or over. Based on these assumptions, in 2011 the potential population aged under 65 years who may have been in need of some level of assistance from disability service providers could have been approximately 3,115 persons.⁷⁶ By 2036, the potential population aged under 65 years who may need some level of assistance from disability service providers could increase to around 4,194 persons. It must be noted that not all these persons would meet the eligibility criteria for NDIS participation.

5.6. The Health Care and Social Assistance Workforce

In 2014/15, there were 5,081 persons employed in the Health Care and Social Assistance industry in Redland City, equating to 4,473 full time equivalents (Refer Table 15). The ratio of local jobs to the total number of residents employed in the industry was 0.79.

Table 15 Persons Employed in Health Care and Social Assistance Redland City 2014/15 - Number and Full Time Equivalents

Health Care and Social Assistance 2014/15	Total Number Employed	%	FTE Equivalent	%
Hospitals	1,184	23%	1,085	24%
Medical and Other Health Care Services	1,392	27%	1,251	28%
Residential Care Services	1,162	23%	957	21%
Social Assistance Services	1,342	26%	1,181	26%
Health Care and Social Assistance Total	5,081	100%	4,473	100%

Source: National Institute of Economic and Industry Research (NIEIR) 2016. Compiled and presented in economy.id by .id, the population experts <http://www.id.com.au>

Table 16 Ratio of Local Jobs to Residents Health Care and Social Assistance Redland City 2014/15

Health Care and Social Assistance 2014/15	Local jobs	Employed residents	Ratio of jobs to residents
Hospitals	1,184	2,030	0.58
Medical and Other Health Care Services	1,392	1,620	0.86
Residential Care Services	1,162	1,101	1.06
Social Assistance Services	1,342	1,685	0.8
Health Care and Social Assistance Total	5,081	6,436	0.79

Source: National Institute of Economic and Industry Research (NIEIR) 2016. Compiled and presented in economy.id by .id, the population experts <http://www.id.com.au>

Detailed demographic data on the health care and social assistance workforce for Redland City is currently only available based on the 2011 ABS Census of Population. Key features of the workforce in 2011 were:

- 82.7 per cent (4,192) were female

⁷⁶ ABS, 2015, "Disability, Ageing and Carers, Australia: Summary of Findings", Catalogue No. 4430.0

- 66.8 per cent (3,387) were aged between 25-54 years
- 39.4 per cent (1,997) were community and personal service workers, representing the largest single occupational group
- 53.6 per cent (2,718) worked part-time
- 30.6 per cent (1,553) held a Bachelor degree or above qualification, 26.5 per cent (1,345) had no qualifications
- 34.2 per cent (1,732 earned less than \$600 per week)
- 32.6 per cent (1,651) were born overseas.

Table 17 Workforce Key Statistics - Redland City 2011

Health Care and Social Assistance Workforce Redland City 2011	No.	%	Queensland %
Workforce			
Total workforce (Census)	5,067	100	100
Males	875	17.3	21
Females	4,192	82.7	79
Age structure			
15 - 24 years	564	11.1	10.3
25 - 54 years	3,387	66.8	69.9
55 - 64 years	976	19.3	17
65 years and over	140	2.8	2.8
Top three occupations			
Community and personal service workers	1,997	39.4	31.3
Professionals	1,644	32.4	38.5
Clerical and administrative workers	698	13.8	15.1
Hours worked			
Full time	2,297	45.3	53.2
Part time	2,718	53.6	45.6
Qualifications			
Bachelor or higher degree	1,553	30.6	37.5
Advanced diploma or diploma	888	17.5	14.9
Certificate level	1,173	23.1	19.2
No qualifications	1,345	26.5	24
Individual Income			
\$0-\$599	1,732	34.2	27.4

Health Care and Social Assistance Workforce Redland City 2011	No.	%	Queensland %
\$600 - \$1,249	2,247	44.3	45.3
\$1,250 or more	1,048	20.7	26.2
Other Characteristics			
Born overseas	1,651	32.6	28
Speaks a language other than English at home	565	11.2	11.8
Arrived between 2006 and 2011	344	6.8	6.8

Source: Australian Bureau of Statistics, Census of Population and Housing 2006 and 2011. Compiled and presented by .id, The population experts

In 2016 Queensland Treasury projected employment at state and sub-state levels, including an analysis of future employment. Health Care and Social Assistance workforce numbers for Redland are projected to increase by 79 per cent from 6,156 persons in 2010-11 to 11,041 persons in 2040-41. It must be noted that the projections are based on the Queensland Government population projections, 2015 edition (medium series), State budget forecasts (2015-16) and a range of other assumptions and variables. The projections are produced on a no policy change basis and should be considered as long term projections of *possible* future employment growth forecasts.

Table 18 Projected Persons Employed in Health Care, Redland 2010-2041

Redlands	2010-11	2015-16	2020-21	2025-26	2030-31	2035-36	2040-41
No. employed	6,156	7,019	7,766	8,683	9,570	10,338	11,041
Projected increase		863	1,610	2,527	3,414	4,182	4,885
% increase		14%	26%	41%	55%	68%	79%

Source: The State of Queensland (Queensland Treasury) 2016

Changing Roles in the Health and Social Assistance Workforce

One of the key changes in the workforce will be the growth of the home care workforce for health, aged care and disability services. Increasing deregulation of the market and the rise of consumer driven care models are likely to result in an increasing casualisation of the workforce. Traditional ways of working will be increasingly challenged.

Supporting the new models of care will require even greater emphasis on collaborative and joined-up working. Boundaries between staff in different services, organisations and sectors of care have long been identified as a key barrier to delivering integrated care. 'Boundary-spanning' means reaching across organisational structures to build relationships, interconnections and interdependencies. It can be done at an individual level, to develop and manage interactions, and at an organisational level, by setting up policies and structures that facilitate and define the relationships between individuals and their respective organisations.⁷⁷

The traditional roles and interdisciplinary boundaries between professions are also changing. The required skill mix changes will increase the education and training requirements of all health staff. A key example is

⁷⁷ Gilbert, H, 2016, 'Supporting integration through new roles and working across boundaries', The King's Fund, United Kingdom

the increasing trend for 'delegation' of tasks such as more 'routine' nursing and therapy activities from nurses and allied health professionals to support worker roles, in clinical as well as non-clinical settings. Another example is the introduction the nurse practitioner role and advanced allied health practitioner roles in emergency departments and urgent care centres who see patients and can fast track patients with minor injuries and illnesses who would previously waited to see a medical practitioner. The expanded education and training needs have also been identified in the Redland City Council Economic Development Education and Training Industry Sector Interim Report and highlighted as an important reason for collocation of educational and training facilities on the Health Precinct site.

6. SWOT ANALYSIS

An analysis of the Strengths, Weaknesses, Opportunities and Threats (SWOT) for the Health, Aged Care and Disability sectors in Redland is shown in the following tables. The SWOT summarises the key themes from national and local industry trends, local stakeholder opinion and analysis of publicly available data as detailed in the previous sections of this document.

6.1. Health

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none">• Growing and ageing population which is a key driver of demand for health care services.• The Redland community is able to be clearly defined in terms of place based type planning for health services• Existing collocation of the Redland Hospital, Mater Hospital, Redland Health Centre and Mater Health Centre at Weippin St Cleveland• Large parcel of adjacent land on Weippin St available for development for additional health and health related services as part of a Redland Health and Wellness Precinct• Identification of the Weippin St precinct area as a 'Specialised Centre' zone in the draft Redland City Plan.• Commencement of a master planning study led by Metro South HHS. Redland Council is a partner in this initiative to establish a planning framework for a Redland Health and Wellness Precinct at Cleveland, leveraging off the future expansion of the Redland Hospital and the Mater Private Hospital.• The need for further development of services that would form part of the Health Precinct has already been publicly identified by the major stakeholders including:<ul style="list-style-type: none">○ The MSHHS Draft Health Service Plan identifies the need for expansion of the existing hospital and states the intention to maximise partnerships with private health service providers including Mater Health Services, to meet growing service demand.○ MSHHS and BSPHN have both identified the need to move care out of hospitals and in to lower cost community based settings. This approach is highly consistent with contemporary trends in the delivery of health and social services and will be essential to meet the needs of a growing and ageing population with increasing chronic and mental illnesses.	<ul style="list-style-type: none">• Current size and level of capability of both the Mater Redland and Redland Hospital limits the extent to which the needs of the Redland population can be met locally and results in 'outflows' to hospitals in Brisbane.• Victoria Point, Redland Bay and Mount Cotton are currently identified by the Australian Government Department of Health as areas of workforce shortage for General Practitioners.• Identified current shortages of other private medical specialists including anaesthetists, cardiologists, general surgeons, ophthalmologists and medical oncologists across Redland City.• Annual Needs Assessments conducted by the Brisbane South PHN also identify workforce shortages for nurses, pharmacists, physiotherapists, podiatrists, speech pathologists dieticians and occupational therapists.• There is limited formal networking and integration of local public and private health services with the key organisational relationship for the Redland Hospital being with the Metro South HHS and the Mater Redland with the Mater Adults and Mothers Hospitals in South Brisbane.• There is limited car parking available at the precinct and there is congestion from the volume of traffic in the area. This will increase as the services available increase.• Research, teaching and education capacity in Metro South HHS and for the Mater Hospitals is currently concentrated on the major facilities in the southern suburbs of Brisbane and any expansion at Redland is constrained by the size and capability of the existing hospitals.• The Southern Moreton Bay Islands have a low socio-economic status and lower health outcomes as well as limited access to mainland health and social care services.

OPPORTUNITIES

- Develop the Redland Health and Wellness Precinct at Cleveland, leveraging off the future expansion of the Redland Hospital and the Mater Private Hospital to provide a platform for:
 - expansion of the general practice, specialist medical and allied health workforce
 - partnerships between public and private services
 - integrated care models between acute hospital services, non-hospital ambulatory services and community based health and social services to create a 'one-stop' shop concept
 - linking health, social assistance and education services
 - expansion of capacity for clinical research and trial of innovative health service models
 - increasing the focus on health education, promotion and disease prevention for the local community.
- There is a significant opportunity for Redland to become a leader in the use of digital technology in health to capitalise on the greater access to the internet and improvements to communication technologies such as health related smart phone applications. These technologies allow people to “transform their living rooms into consultation rooms”, reducing the need to travel to hospitals which is particularly important for the frail aged and people with mobility problems.
- There is an opportunity to further develop education, training and research in the region, specifically in areas of strength such as aged care, at the precinct. This could include education opportunities such as public courses, research in aged care, manufacturing of assistive technology and devices and other growth in related industries.

THREATS

- The differing key organisational relationships and broader strategic priorities of the main stakeholders for the Redland Health and Wellness Precinct may create difficulties in achieving a coordinated and agreed vision for the broader precinct which will be essential to achieve a workable master plan.
- There is a MOU between the MSHHS and the Mater Hospitals to undertake a master planning study, however this does not as yet formally include the private developer who owns the adjacent parcel of land on Weippin Street that will be part of the future precinct). An integrated planning approach between all the key stakeholders will be needed to reduce risks of service fragmentation and service sustainability (due to lack of critical mass) and ultimately, reduced access to services for the Redland community.
- The site's role in preservation of important koala habitat is a long standing issue and will have a major impact on the success of the master planning outcome if it is not able to be satisfactorily resolved.
- Growth in Redland Hospital is dependent on allocation of capital funding from the State Government which is not guaranteed at this stage. It is important to note that the scale, scope and timing of the capital solution for the Redland Hospital is interdependent with the outcome of capital planning for Logan, Princess Alexandra and QEII Hospitals as part of the broader network of public hospitals in the Metro South Hospital and Health Service.
- There is a gap in housing options, especially affordable housing that could attract additional workers and residents to the region. A wider choice of housing options is needed.
- There is limited ICT Infrastructure available in the region and this affects all industries and sectors. The lack of appropriate ICT services can lead to businesses and service providers exiting the region. ICT infrastructure is delivered through ICT providers and supported through national legislation. Council will need to develop innovative strategies in order to ensure appropriate service are delivered to the region.

6.2. Aged Care

STRENGTHS

- The fastest growing age group within Redland City are residents aged 65 and over. In 2015, the median age in Redland LGA was 40.5 years, higher than the Queensland average of 36.9 years. The median age is projected to increase to 44.9 years by 2036 (compared to 39.9 for Queensland).
- The demographics and forecast population growth in the local area will be a major driver of increase in need for aged care services.
- There is a strong existing presence of residential aged care providers and retirement village operators in Redland as a result of significant growth in the last 10 years due to the availability of land for development and attractiveness of Redland from a lifestyle perspective.
- Anecdotally, vacancy rates for retirement villages currently remain low and most providers operate a waiting list. RCC continues to receive applications for new developments.
- RCC already supports a well-developed network of local aged care service providers in the Redland area which will be increasingly important for improving information sharing and service coordination as the demand increases.

WEAKNESSES

- The aged care system is complex and difficult to navigate for both consumers and service providers. There are multiple sources of information and there is no single consolidated place to obtain comprehensive locally specific service information.
- There is a shortage of supported accommodation, transitional care and respite care for older people in Redland.
- There is demand for a wider range of housing options including multigenerational living (older people with adult disabled children) rental models and shared accommodation.
- There is a potential major shortfall over the next 20 years in the number of residential aged care places with a requirement of approximately 1350 additional places needed to meet projected demand.
- Stakeholders advise that the limited rental options for aged care developments is due to the issue of rental accommodation currently falling legislatively under the Residential Tenancies Act not the Retirement Village Act. This acts as a disincentive for operators to develop rental aged care housing as they require different financing and operational arrangements to those used traditionally for retirement villages.
- There is a lack of lower cost residential aged care places which can be readily accessed by clients with limited financial capacity. Hospital based stakeholders advise that one of the major reasons for difficulty in transitioning people from hospitals to residential aged care facilities in Redland is the requirement to pay a substantial accommodation bond or accommodation charge. At this stage, this gap in the market is being filled by the government run Redland Residential Care facility which has been identified as requiring up to 21 additional places within the next 5 years to meet demand. Expansion of this facility would be inconsistent with recent government policy which has resulted in a reduction in the numbers of government operated facilities in metropolitan and regional centres.
- The trend is for consumers to seek providers who offer 'end to end' services inclusive of in home care services, independent living, supported accommodation and residential aged care (provided in a single location) which are increasingly being sought by consumers. Many of the operators in Redland are smaller or independent operators who do not currently provide these 'end to end' services.
- Stakeholders identify one of the major weaknesses in the aged care sector is limited capacity to provide training and education of the workforce in the local setting.

OPPORTUNITIES

- A major opportunity is to support growth of in-home care service providers in with the increasing numbers of older people in the community and the emphasis on supporting older people to remain living in their homes for as long as possible through the Australian Government 'Living Longer Living Better' reforms.
- The already well-developed network of aged care service providers in the Redland area could be used to improve access to local service information. Development of a web based portal communications hub would further enhance the provision of locally specific service information for both consumers and providers.
- Digital technology will become increasingly important to the support of older people in the community and there is a key opportunity to support the expansion of the use of digital technology.
- There are industry linkages between the aged care sector, health sector and the education and training sectors and the concentration of older people within a defined geographic area provides a major opportunity for Redland to establish a Centre for research for education and the ageing as proposed in the Education and Training Industry Sector Action Plan.
- There is an opportunity for Council to partner with TAFE to provide aged care and disability sector education to upskill the local aged care and disability sector workforce. There is also an opportunity for TAFE to develop a 'training' retirement village facility to provide hands-on training.
- There is an opportunity for Council to develop a consortium for aged care research (through partnership with universities).
- There is significant potential to develop an investment strategy around aged care in order to market Redland internationally. Redland is closely located to large multicultural communities in the southern suburbs of Brisbane and so attracting interest from overseas investors may provide a key opportunity for the Redland.
- There is an opportunity for RCC to have input in to the current work being done by the Brisbane South PHN with the Health and Community Services Workforce Council to implement an Aged Care Workforce Development Project which will run from July 2016 to June 2018. The results will be used in conjunction with the aged care workforce development program to develop strategies to address current and future workforce needs.
- Aged care brokers can help to navigate the aged care system (though at a cost) and this industry can also be replicated in the disability sector with NDIS. Local businesses could provide this service to enable clients to access integrated, local aged care services.

THREATS

- Analysis of the retirement village waiting list by one local operator indicated that 50 per cent of people waiting came from outside Redland. The extent to which this trend will continue is unknown and is likely to be significantly affected by recent initiatives by the Brisbane City Council to increase the supply of suitable housing to support the desire of older Brisbane residents to retire within their own suburb and community. Based on current benchmarks and projected population estimates for Redland, there may be an excess of 731 retirement units by 2026 and still a potential excess of 218 units by 2036. Sustainability of the sector will require people aged in their 40's and 50's to move to and remain in the Redland area as they age.
- In line with trends elsewhere, the majority of local stakeholders believe that smaller operators in the Redland area will become increasingly less viable and increasing competition will come from larger operators moving in to the area including those from interstate and overseas. Large aged care providers are becoming significantly more profitable than smaller operators as they can benefit from higher occupancy rates, investments in services and technology, integrated administration systems, lower procurement costs and more flexible staffing rosters.
- The impact of increasing consumer driven care approaches is yet to be fully understood but is likely to lead to increasing deregulation of the aged care market similar that the direction being taken for disability services. For example, Home Care Package funding is now allocated directly to the consumer, allowing them direct funding to any provider that best meets their needs. This replaces the previous system where funding was allocated to an approved provider and means that individual local providers no longer have a guaranteed funding stream unless they can maintain and increase their profile and market share within the sector.
- There is limited ICT Infrastructure available in the region and this affects all industries and sectors. The lack of appropriate ICT services can lead to businesses and service providers exiting the region. ICT infrastructure is delivered through ICT providers and supported through national legislation. Council will need to develop innovative strategies in order to ensure appropriate service are delivered to the region.

6.3. Disability

STRENGTHS

- There is a strong provider network already in place in Redland which could be further expanded and supported to mitigate increasing service fragmentation.
- There is a diverse mix of disability services already provided to the Redland community by both large and small organisations. This includes a number of employment services, access to which is critical to assist people with a disability to contribute to the broader community and economy.
- The strength of the aged care sector in Redland is a key industry linkage for growth in disability sector services.
- RCC has demonstrated a strong ongoing commitment to supporting local disability service providers. This commitment includes active participation in community events and funding community programs. A key example was the support to Myhorizon to build the new community and education centre on Council land.
- Redland is a growth area and an attractive destination from a lifestyle perspective for people with a disability. This is being recognised by service providers from elsewhere with local providers reporting approaches from interstate and overseas service providers to consider partnerships.

WEAKNESSES

- The economic impact of increasing consumer driven care approaches such as the NDIS on local service providers is yet to be fully understood as the program does not commence rollout in the Redland until 2018.
- The Redland has a relatively large number of smaller operators who are likely to be challenged under the proposed NDIS funding arrangements to maintain an adequate cash flow to meet labour costs. They will need to be able to maintain and potentially expand their client base in competition with other providers.
- Experience from NDIS pilot sites elsewhere is that service provider readiness for implementation of the NDIS 'free market' approach requires both knowledge and commitment of management and maturity of organisational structures and business processes. Historically many disability organisations have been small providers with managers and boards of directors who have little formal business knowledge. They are used to functioning in a controlled block funding environment which does not require the same level of ability to canvas opportunities and work creatively.
- Similar to the aged care system, the disability sector is complex and difficult to navigate for both consumers and service providers. There are multiple sources of information and there is no single consolidated place to obtain comprehensive locally specific service information.
- Local stakeholders advise that access to disability friendly housing and supported accommodation is currently the major service gap. There is demand for a wider range of housing options including multigenerational living (older people with adult disabled children) rental models and shared accommodation.
- There is also a shortage of transitional care and respite care for people with a disability.
- Disability sector workers are traditionally low paid. Service providers have indicated that one of the issues for recruitment and retention of a local workforce is the current level of availability of affordable training, transport and housing options locally.
- Some of the larger organisations providing services in Redland are organisationally based outside of Redland in Logan or Brisbane which may impact on level of participation in local networks.

OPPORTUNITIES

- The rollout of the NDIS in 2018 can be a major opportunity as it has the potential to create a significant increase in jobs in the disability sector. It is anticipated that the disability sector workforce will need to more-than-double in size between now and full implementation of the NDIS.
- New suppliers are expected to emerge from other sectors such as health and aged care but there will be a need to work closely across the different sectors. Local stakeholders identified a significant opportunity to partner or collaborate with aged care providers given the strength of that sector in Redland.
- The NDIS will provide an incentive to address housing issues through the Specialist Disability Accommodation (SDA) funding. SDA will contribute towards the cost of the physical environment for eligible NDIS participants to live. SDA homes may range from a purpose built apartment in a mixed development through to a modified free standing house. Other accommodation options include co-tenancy or self-managed models where disabled people and their families may develop the services themselves rather than relying on government funding for housing.
- There is an opportunity for partnerships to provide business support, education and training for smaller existing providers to develop enhanced business skills for transitioning to a competitive market ahead of implementation of the full scheme.
- Continuing support by Council to maintain and expand the existing network of providers will be critical to ensuring effective linkages and coordination of services.
- Digital technology will become increasingly important to the support of older people in the community and there is a key opportunity to ensure that all future city planning supports the expansion of the use of digital technology.

THREATS

- Currently, the impact of the introduction of the NDIS is largely unknown as the introduction is both an opportunity and a threat to local providers.
- The NDIS will have a broader reach than the current disability support system and will require a range of existing and new market segments to link together and respond to the needs of people with disability. These market components will not become apparent until people with disability start to exercise choice and control.
- There is a major risk of significant fragmentation of services if local organisations are not ready for implementation.
- One of the key threats will be the ability to securing a sustainable workforce. Anecdotal information from the pilot sites is that the major change in service provider profiles has been the increasing 'casualisation' of the workforce with increased mobility along with a rapid increase in the number of 'sole trader' arrangements.
- There is limited ICT Infrastructure available in the region and this affects all industries and sectors. The lack of appropriate ICT services can lead to businesses and service providers exiting the region. ICT infrastructure is delivered through ICT providers and supported through national legislation. Council will need to develop innovative strategies in order to ensure appropriate service are delivered to the region.

7. STRATEGIC PRIORITIES FOR REDLAND

7.1. Economic Development in Redland

7.1.1. The Redland Economic Development Framework

Redland City Council has adopted the *Economic Development Framework 2014-2041* to identify key areas of economic value and opportunity in the Redland in order to plan for and develop initiatives for sustainable economic growth in the region. The Framework also aligns with the 'Open for Business' philosophy.

The outcome of implementing the Framework would be to increase the economic capacity and revenue streams for Redland. The Framework outlines four key future growth objectives to support economic growth:

- Increasing the local population
- Increasing the availability of jobs
- Increasing the economy through GRP growth
- Increasing tourism to the region.

The delivery of the Framework requires a coordinated approach and partnerships with the local business community to effectively implement the operational components of the Framework (the Action Plans) across eight key industries. This will drive engagement of key industry sectors and so develop an integrated and inclusive economy to position Redland as the destination of choice for tourists, residents, workers, businesses, and investment.

In enacting this Framework, Redland City Council will provide leadership and governance to enhance Redland City's economic, social and environmental qualities, and encourage the development and retention of existing and new enterprises in the region.

Wellbeing of the Redland Community and Environment

The new Economic Development Framework primarily focuses on improving the economic capacity of Redland City. However, increasing the economic capacity will also generate increased prosperity and revenue streams, which will allow for increases in funding to improve local service, programs, environmental outcomes and cultural initiatives. Redland City Council is committed to ensuring that improvements in economic capacity are linked to improved lifestyle outcomes for residents and improved community wellbeing.

Redland City Council is also committed to the principles of sustainable ecological sustainability as outlined in the *Redland 2030 Community Plan*, the *Council Corporate Climate Change Policy*, the *Council Corporate Plan 2015-2020* and the *Corporate Environment Policy (POL 2644)*. This commitment is strongly tied to the regional economic development goals detailed in the *Economic Development Framework*, which aim to balance increased economic capacity with environmental sustainability and climate-change mitigation strategies (Council has a key priorities to reduce the Redland carbon footprint).

7.1.2. The Redland Health Care and Social Assistance Sector

The health care and social assistance sector is the largest industry sector by employment at national, state and local levels, and will continue to grow due to an increasingly ageing population, population growth,

societal changes and increased health-related problems. The sector will continue to grow above national averages in all employment categories, with specific high demand for general practitioners, aged and disabled carers, registered nurses, nursing support and child-carers.

In the Redland, the sector is the second largest employer with 6,145 jobs in 2012/13, (representing 14.6 per cent of the total job market), and generated an output of \$428.3 million in 2012 (the sixth-largest sector in Redland). Projected employment is expected to increase to 12,276 jobs (16.7 per cent of the job market) by 2041, an increase of 6,122 jobs in the sector. There was also increased growth in the number of registered businesses in sector. Over 75 per cent of employees in the sector hold post-school qualifications, and approximately 40 per cent hold a Bachelor Degree or higher, making this one of the most highly educated workforces in the region.⁷⁸

Economic importance of Health services

Demand for health care will increase as a result of the forecast population growth and the ageing demographic profile of the Redland City community. In 2016, there were 151,983 people residing in the Redland LGA, and the population will grow to 184,992 by 2036. The fastest growing age group are residents aged 65 and over (annual growth rate of 3.2 per cent), which will increase by 118.4 per cent to 44,882 people and will make up almost a quarter of the total population by 2036. Additional health care services will drive economic growth due to investment in infrastructure (buildings), growth in the associated supply chain as well as direct service provision in hospitals, general practice, allied health, community health and home care services.

It is without question that health is of vital importance in everyday life. An individual's mental and physical health could be argued to be of the highest importance of all available metrics. The health of an individual, and of an entire community, is underpinned by the health services provided to that community. As a result, investment in health services is of high priority.

In an economic sense, a healthy individual is more capable of undertaking activity within a region that benefits the local economy. Being healthy allows an individual to generate economic activity through both working and spending within a region

As a result, having a healthy and engaged community ensures that all drivers of economic activity perform to maximum potential. Key Redland industries of tourism, education and health services all depend on having a healthy and available workforce to ensure their continued economic development. Additionally, wider community health supports these industries. At the same time health service providers can bring jobs and economic activity to the region, providing a further boost to the region's economy.

To ensure the Redland region remains a strong economy, it is essential for the Council to remain focused on assisting in the development of sufficient health services and service mix,

Ensuring the health of residents is essential in the ongoing economic development of Redland City Council's key industries



⁷⁸ From Redland City Council Economic Development Framework, research undertaken by the National Institute of Economic and industry Research, 2013.

appropriate health infrastructure and a range of health programs and initiatives.

Economic impact of ageing sector

As discussed previously (see Section 4.1), the Redland area has a higher than average proportion of older residents than other city council areas, which is expected to continue. While engagement in economic drivers such as employment may be lower for older residents than younger individuals, economic benefits to the Redland area can still be significant, particularly as a result of the related service industry environment designed to assist the aged sector.

Potential economic impact of disability sector

As discussed previously, the number of people living with disability within Redland area was 6,524 persons (4.7 per cent of the region's population) in 2015. The beneficial economic impact of this growth has the potential to be significant.

While engagement in economic drivers such as employment may be restricted, personal and subsidised spending by these residents on disability-related services (home improvements, home based care, etc.) could potentially drive significant economic activity in the region. Understanding the extent of this economic activity is difficult to assess at a high level. Personal needs and individual's accessible funding are significant drivers in understanding the amount of spending injection in the industry.

One potential indicator of the spending potential in this sector is the National Disability Insurance Agency (NDIA) forecast for future funding requirements. NDIA forecasts only consider a portion of individuals with a disability may be eligible for NDIS (National Disability Insurance Scheme) funding. It is assumed that those not eligible for NDIS will still be eligible for other funding outside the NDIS.

As a result, NDIS funding estimates may allow for a conservative estimate of potential disability sector spending for discussion, with potentially higher amounts of spending outside the scheme.

According to the NDIS May 2016 Queensland Market Position Statement, the Beenleigh service region will require \$470m in funding for 9,900 participants by 2020. Based on Redland population representation in the Beenleigh service area (approximately 32 per cent), this would equate to 3,200 participants and approximately \$150m in funding in the Redland area.

Table 19 Current and planned NDIS participants and program costs

	Beenleigh Region Participants	Cost (\$m)	Redland area Participants	Total Cost (\$m)
Current 2016	4,300	150	1,400	48
Full Scheme 2020	9,900	470	3,200	150

Source: National Disability Insurance Agency (NDIS) May 2016 Queensland Market Position Statement; ABS

Note: Assumed Redland proportion of NDIS Beenleigh service area of 32% (ABS), rounded.

This funding total of \$150m potentially injected into the Redland area represents a significant economic benefit and maximising Redland's share of this spend represents an important opportunity for the council. With limited understand of the benefits of any identified task in relation to improving personal health and wellbeing in the disability sector, this potential spend represents the value of ensuring these individuals continue to view the Redland area as one of inclusion and understanding.

7.2. Quantifying Economic Impact

7.2.1. The need for economic assessment

An economic assessment has been included in the project to help understand the impact of the potential opportunities identified and to prioritise these opportunities. Economics is one method used to understand these impacts. By assessing the costs and benefits through both a quantifiable and qualitative lens, economic assessment can help provide input into the decision-making process.

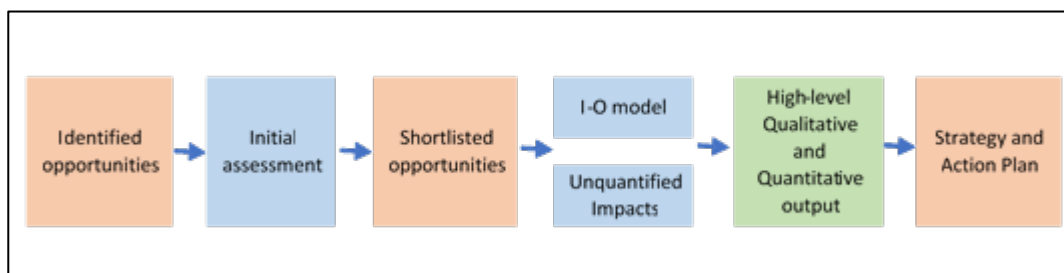
Several different economic assessment methods are available to evaluate and prioritise opportunities. The benefits of each method are largely contingent on the data available to undertake the assessment, the stage of planning/development lifecycle of the projects being assessed, and for what purpose the economic assessment will used.

To undertake a high level assessment of the economic impact of each opportunity, and to assist in prioritising these opportunities against the other, an assessment tool is required that provides an indicative high level economic impact on the Redland area, while providing a data-driven understanding of the scale, or 'order of magnitude', of the opportunities.

7.2.2. Assessment methodology

For a proportion of identified actions it was not possible to quantify their impact on these variables without further detailed examination. For those with the required information, an analysis of their impact using an Input-Output model (I-O model) has been undertaken. As detailed in the figure below, the outputs of this analysis have then been used to help rank the full of opportunities that they have developed, noting that an assessment of the impact of proposed Council strategies on these estimates will also be critical to the analysis.

Figure 15 Economic assessment framework



These assessments will look to provide the Redland City Council with a number of high level qualitative and quantitative economic indicators to assist in the prioritisation of tasks, and the development of the Strategy Action Plan.

Qualitative Ranking Scorecard assessment: This assessment will assess the impact of each identified task against three key economic development drivers to the Redland area:

- Impact on Redland area employment,
- Potential direct investment into the Redland area, and
- Size of potential impact on Redland area residents

The exact impact of these economic drivers on a large proportion of identified actions is not able to be quantified or known without further detailed examination. This approach however, will see all identified tasks assessed relative to each other to identify those with the highest potential impact on the Redland area (on a high, medium, low scale). This will allow the Redland City Council to effectively identify those tasks with the highest potential impact on the local economy.

Input-Output Model: For the purpose of this Strategy and Action Plan, economic contribution will be measured in terms of gross regional product utilising I-O model. The I-O model assesses the impact of spending in the community by providing a high level indication of the expected direct and indirect economic activity and employment across both infrastructure construction and service delivery.

The economic impacts considered are both the direct effects of increases in economic activity, as well as the indirect and induced effects this may cause. For example, direct spending on construction results in further rounds of spending as this money flows to producers and suppliers creating a shift in business growth for affected firms. It then flows through to additional consumption spending on food, accommodation and other consumer goods which also induces additional economic growth in the local economy.

A number of limitations exist in relation to reliance on I-O model outputs and findings, including the model's use of static and region-generic coefficients and the lack of supply side constraint i.e. the model assumes that when new jobs are created, there are available unemployed resources to take up the positions. However, with limited access to detailed information and data restricting impactful quantitative analysis, the I-O model allows the Council to understand the relative 'order of magnitude' of each opportunity's economic impact. This will assist in refining the Council's decision making process and opportunity prioritisation.

Unquantified impacts: Understanding the limitations in the I-O methodology, a discussion has also been included on additional unquantified economic impacts of each shortlisted opportunity.

7.2.3. Economic Modelling Limitations

A number of limitations exist in relation to reliance on I-O model outputs and findings, including the model's use of static and region-generic coefficients and the lack of supply side constraint. However, with limited access to detailed information and data restricting impactful quantitative analysis, the I-O model allows the Council to understand the relative 'order of magnitude' of each opportunity's economic impact. This will assist in refining the Council's decision making process and opportunity prioritisation.

All assumptions driving these assessments are discussed in each section. Understanding the limitations in the I-O methodology, a discussion has also been included on additional unquantified economic impacts of each shortlisted opportunity.

Accurate and reliable health and social assistance related data is not available at a detailed level for the Redland Shire. At the same time the projects are in the strategic identification phase and available cost and data assumptions data are at a high level and subject to considerable uncertainty. These data challenges have limited the range of data analysis techniques that can be practically applied to the analysis.

Based on the potential uncertainty of the cost and data assumptions, and the opportunities occurring early in the project lifecycle (strategic identification phase), more robust methods of economic assessment such as a cost-benefit analysis will provide little benefit to the Council. Undertaking a cost-benefit analysis with extensive further research into quantifying the benefits and costs of each opportunity and a more detailed understanding of the Redland areas users of health services would be useful in more accurately assessing the impacts of each opportunity. However this would require a significant time investment into the research and analysis of each opportunity, and potentially be a more significant investment than is required.

One major limitation of the input-output model when used to conduct impact analysis is the use of fixed coefficients implying that an industrial structure remains unchanged by the economic event. In addition, these fixed coefficients imply that the marginal response of industries as a result of some policy action is equivalent to the average relationships observed in the base year for which the tables are compiled. Another major limitation of the input-output model is its lack of supply side constraints. The implications of this are frequently overlooked in economic impact analysis. Constraints on the availability of inputs, such as skilled labour, requires some means, for example prices, to act as a rationing device. Therefore, prices act as a signal that induces changes in the consumption patterns of producers and consumers. In input-output analysis, where all adjustments take place in changes in the quantities produced, this type of rationing response is assumed not to occur. Consequently, the technique often results in a significant overstatement of the impacts on employment and potential economic activity.

The lack of supply side constraints also becomes a problem in studies evaluating the impact of government expenditure programs. If the government expands the funding of one portfolio it is faced with the choice of reducing the funding of other portfolios, raising taxes or undertaking additional borrowing. Either of the last two options would result in reduced expenditure in future periods. Any of these compensating adjustments will act to offset the impact of the initial expansion of government expenditure. These compensating adjustments are not usually accounted for in input-output analysis but need to be included to make these types of evaluations realistic.

7.3. Key Priorities for Redland

The following key priorities for Redland were developed based on a detailed analysis of the strengths, weakness, opportunities and threats of the Health and Social Assistance sector, and an assessment of the service gaps, economic environment and local context for Redlands:

- Development, expansion and networking of local health services in appropriate locations, supported by suitable enabling infrastructure, to ensure an appropriate range of health care services are available to meet the needs of the population.
- Development of an integrated Health Precinct at Weippin Street to create an 'exemplar' model of contemporary health delivery in an appropriate location and configuration that meets the demand for health services in the region.
- Growth of the aged care and retirement living sector to ensure a consistent supply of retirees into the region, and development of appropriate infrastructure, services and programs to promote age-friendly communities and maintain Redland City as a destination of choice for retirement living.
- Promotion of Redland City as an inclusive community and destination of choice both locally and internationally, ensuring that all people have access to appropriate services, housing options, information about services and community activities, and employment opportunities.

These priorities are further developed in Chapter 8 as part of the development of the Strategy and Action Plan. The economic assessment of these key priorities is presented in the following section, providing additional economic justification.

7.4. Assessment of Key Priorities for Redlands

High level assumptions were developed to reflect the possible capital expenditure for the provision of health and social assistance related services within the Redland region. Due to a lack of visibility and sensitive nature of private sector providers' costs and operations, these assumption were developed utilising forecast growth in required health service professionals. Indicative high level estimates of potential investment in providing health services could potentially total \$370 million by 2036⁷⁹. Realising this amount and type of assumed expenditure could potentially drive \$490 million in GSP contributions by 2036.⁸⁰

Economic output notes

The assumptions and outputs in the analysis below are indicative only, and are to assist in illustrating the relative size of the potential employment and economic output. While this analysis has been prepared taking all reasonable care and diligence required, this report provides high-level analysis only and does not purport to be advice on particular investment options or strategies.

In particular, the analysis and options included in this report was based on publicly available information and information provided to the study, and have not been independently verified. Additionally, this quantitative assessment only addresses the potential economic and employment output of the particular opportunities, and does not take into account the impact of Council activities on each opportunity.

⁷⁹ Indicative investment amount and profile developed using project assumptions on additional beds and health care users. Assumed hospital unit costs sources found in appendix. All amounts are estimates only, and are to be used for illustrative purposes only.

⁸⁰ All amounts are estimates only, and are to be used for illustrative purposes only.

7.4.1. Health services that meet needs

PRIORITY: Development, expansion and networking of local health services in appropriate locations, supported by suitable enabling infrastructure, to ensure an appropriate range of health care services are available to meet the needs of the population.

Additional GPs - Generated Economic Activity

The I-O model methodology suggests indicative economic activity of \$35m as a result of an increased number of general practitioners in the Redland areas. This activity is based on an increased direct spend in the area related to patients visiting locally based general practitioners, which ensures dollars are reinjected into the Redland area.

I-O model output	Annual Impact
Assumed investment	\$31m
Potential Economic Activity – Direct and Indirect	\$35m
Potential Employment – Direct and Indirect	570

These assumptions and outputs are indicative only, and are to assist in illustrating the relative size of the potential economic impact.

Unquantified Economic Benefits

In addition to the above indicative economic activity, a number of economic benefits have been identified below. Due to current data availability and timing limitations, these benefits have not been quantified. However, they could provide a significant economic benefit.

- With the creation of new businesses in the region, spending in the Redland area will increase through ongoing office related expenses, such as rent, office overheads, etc. Additionally, employment and job creation in the area through additional office administration/health specific staff will potentially see a spending increase in Redland through these employees.
- Providing GP services closer to patients that require these services will potentially see a number of positive economic benefits to patients, including aged patients that may have difficulty currently in accessing these services, as well as reduced travel and wait times.
- Additional services could also attract additional patients who currently may not seek treatment, due to long wait or travel times. Meeting these patients' needs will have a positive health benefit to these patients, and improve the economic impact of that individual.
- Patients currently presenting to emergency departments in lieu of GPs clinics, (resulting in an increased strain to those services), could be better managed by additional GP clinics, which could improve the health outcome of the patient and also relieve the strain on emergency departments (and allow them to more effectively allocate their resources).

Overarching Economic Benefits

These initiatives and opportunities will allow the Redland region to realise of the following potential benefit:

- **Development of new facilities and services:** Demand for health care will increase as a result of the forecast population growth and the ageing demographic profile of the Redland City community. Additional health care services will drive economic growth due to investment in infrastructure (buildings), growth in the associated supply chain as well as direct service provision in hospitals, general practice, allied health, community health and home care services.

These benefits attributed to the health services opportunities would likely see a significant positive economic impact for the Redland City Council region, through increased health and wellbeing of residents leading to increased social and economic productivity, and increased attractiveness of the region to residents and businesses leading to increased economic activity. Due to the limitations in understanding the Redland region's specific health requirements, the dynamic nature of the opportunities, and the complexities in quantifying the economic impact of improved health and wellbeing, these benefits remain unquantified.

7.4.2. A new integrated health and education precinct

PRIORITY: Development of an integrated health and education precinct at Weippin Street to create an 'exemplar' model of contemporary health delivery in an appropriate location and configuration that meets the demand for health services in the region.

Generated Economic Activity

The I-O model methodology suggests indicative economic activity of \$350m as a result of the development and operation of the integrated health and education precinct. This activity includes direct investment related to construction cost of the precinct, and ongoing operational cost of providing services within the precinct. Although the development timeframe for this site may be long, the development of the private site across

from the hospital will likely bring in early investment into the area. However, direct economic analysis of this opportunity is not possible as it would be highly dependent on the (as yet unreleased) plans of the developer for the site, as well as specific development staging and timeframes. The services mix on the site would also be dependent on the future planning strategy of both hospitals as well as the interest of potential service providers that would operate from the site.

I-O model output	Impact of Construction	Impact of Operation (Annual)
Assumed investment	\$104m	\$200m
Potential Economic Activity – Direct and Indirect	\$125m	\$225m
Potential Employment – Direct and Indirect	1,900	3,600

As the precinct site is larger than just the hospitals and private development sites, there is potentially a larger long term economic benefit for this area in the future, however this has a long development horizon. These assumptions and outputs are indicative only, and are to assist in illustrating the relative size of the possible economic impact.

Unquantified Economic Benefits

In addition to the above indicative economic activity, a number of economic benefits have been identified. Due to data availability and timing limitations, these benefits have not been quantified, but may potentially provide a significant economic benefit.

- Optimisation of health services offering and service mix in the Redland region ensures an appropriate service coverage to the community. This improves community health outcomes and enables the continued economic development of other key Redland industries.
- Improvements in health outcomes for residents, including potential reduction in injury and mortality, as a result of improved health service mix. Greater understanding and modelling of this opportunity would enable further understanding of these benefits.
- Development of the site will bring additional investment into the area and support related industries including education and training, research, and supply chain and manufacturing sectors that could provide services related to the site.

Overarching Economic Benefits

Planning, development and delivery of a contemporary integrated care model between acute hospital services, non-hospital ambulatory services and community based health and social services will provide a complete and comprehensive service offering in Redland's health and community services industry. This planning will allow the Redland region to realise a number of potential benefits:

- **Development of new facilities:** The development of upgraded hospital facilities, and the development of a dedicated Integrated health and education precinct, could create construction based jobs and opportunities for residents, and provide an economic uplift to the wider Redland economy.
- **Increased industry growth and optimisation:** Development of robust partnerships between public, private and non-government services could help assist Redland City Council in developing an integrated health and education precinct that offers a range of complementary services and offerings that see minimal overlap or ineffective competition. Through these partnerships, the Council could potentially

assist in developing a range of complementary services and offerings that see minimal overlap or ineffective competition. Such optimisation has the potential to improve the commercial and economic health of service providers and associated services.

- **Improved regional growth:** Promoting Redland as a preferred destination for services and industry investment, as well as a preferred destination for patients and users of health services will assist in retaining existing industry providers and existing Redland residents. Additionally, Redland could potentially see continued growth as industry providers are attracted to the region. Population growth may also improve, as residents become attracted to the health services within the region.
- **Improved health outcomes:** More coordinated and effective health services will allow greater integration between disparate services and providers in Redland. As a result, residents within the region could see improved health and wellbeing through improvements in patient experiences and patient health outcomes.

These benefits attributed to the health services opportunities would likely see a significant positive economic impact for the Redland City Council region, through increased health and wellbeing of residents leading to increased social and economic productivity, and increased attractiveness of the region to residents and businesses leading to increased economic activity. Due to the limitations in understanding the Redland region’s specific health requirements, the dynamic nature of the opportunities, and the complexities in quantifying the economic impact of improved health and wellbeing, these benefits remain unquantified.

7.4.3. *A destination of choice for retirement living*

PRIORITY: Growth of the aged care and retirement living sector to ensure a consistent supply of retirees into the region, and development of appropriate infrastructure, services and programs to promote age-friendly communities and maintain Redland City as a destination of choice for retirement living.

Residential Aged Care - Generated Economic Activity

The I-O model methodology suggests indicative economic activity of \$385m as a result of the development of additional residential aged care infrastructure and facilities. This activity includes direct investment related to construction cost of the facility, and ongoing operational cost of providing services within the facility.

I-O model output	Impact of Construction	Impact of Operation (Annual)
Assumed investment	\$270m	\$57m
Potential Economic Activity – Direct and Indirect	\$320m	\$65m
Potential Employment – Direct and Indirect	5,000	1,000

These assumptions and outputs are indicative only, and are to assist in illustrating the potential relative size of the potential economic impact.

Retirement Village Construction - Generated Economic Activity

The I-O model methodology suggests indicative economic activity of \$165m as a result of the development of a retirement village infrastructure and facilities. This activity includes direct and indirect investment related to construction cost of the precinct.

I-O model output	Annual Impact
Assumed investment	\$138m
Potential Economic Activity – Direct and Indirect	\$165m
Potential Employment – Direct and indirect	2,500

These assumptions and outputs are indicative only, and are to assist in illustrating the potential relative size of the potential economic impact

Home Care Package Users - Generated Economic Activity

The I-O model methodology suggests indicative economic activity of \$8m as a result of an increase in the demand for home care assistance. This activity is based on an increase in full time carers required to meet the needs of these users, which ensures dollars are reinjected into Redland.

I-O model output	Annual Impact
Assumed investment	\$7.6m
Potential Economic Activity – Direct and Indirect	\$8m
Potential Employment – Direct	205

These assumptions and outputs are indicative only, and are to assist in illustrating the potential relative size of the potential economic impact.

Community home support program - Generated Economic Activity

The I-O model methodology suggests indicative economic activity of \$28m as a result of an increase in the demand for community home support programs. This activity is based on an increase in full time equivalents required to meet the needs of these users, which ensures dollars are reinjected into Redland.

I-O model output	Annual Impact
Assumed investment	\$25.5m
Potential Economic Activity – Direct and Indirect	\$28m
Potential Employment – Direct	690

These assumptions and outputs are indicative only, and are to assist in illustrating the potential relative size of the potential economic impact.

Overarching Economic Benefits

Coordinated planning and development of aged care service offering and specialist residential infrastructure will provide a complete and comprehensive service offering in Redland's aged care industry. This planning will allow Redland to realise a number of potential benefits:

- **Development of new facilities:** The continued development of industry leading residential and assisted living facilities will create construction based jobs and opportunities for residents, and provide an economic uplift to the wider Redland economy. Additionally, these developments could potentially attract residents looking for newer developments, which integrate into the wider Redland city planning scheme and offer a unique living experience.
- **Increased industry growth and optimisation:** Through effective planning and industry engagement, the Council could potentially assist in developing a range of complementary services and offerings that see minimal overlap or ineffective competition. Such optimisation would potentially lead to improve commercial and economic health of service providers and associated services, and affordable placement costs.
- **Improved regional growth:** Promoting Redland as a preferred destination for services and industry investment, as well as a preferred destination for those needing aged care services will assist in retaining existing industry providers and existing Redland residents. Additionally, the Redland region could potentially see continued growth as industry providers are attracted to the region. Residential growth may also grow, as retirees and soon to be retirees could potentially be attracted to the aged care services within the region.
- **Improved health outcomes:** Through offering a more complete and comprehensive aged care offering, Redland's aged care residents could see an improvement in health care related treatment. As a result, these improvements could positively impact Redland's aged care resident's health and wellbeing.

These benefits attributed to the aged care opportunities would likely see a significant positive economic impact for the Redland City Council region, through increased health and wellbeing of residents leading to increased social and economic productivity, and increased attractiveness of the region to residents and businesses leading to increased economic activity. Due to the limitations in understanding the Redland region's specific health requirements, the dynamic nature of the Opportunities, and the complexities in quantifying the economic impact of improved health and wellbeing, these benefits remain unquantified.

7.4.4. *An inclusive community*

PRIORITY: Promotion of Redland City as an inclusive community and destination of choice both locally and internationally, ensuring that all people have access to appropriate services, housing options, information about services and community activities, and employment opportunities.

Disability services - Economic Benefits

Focusing the identified tasks and actions on creating an environment of wider community engagement both with and within the disability sector, would create a more positive community outlook for people with disabilities and increases the attractiveness of the region.

With data relating to the potential impact of the identified tasks and actions not available, quantification of the identified tasks and actions cannot be assessed. However, NDIS estimated funding by 2020 of \$150m represents significant spending in the local economy within the disability sector.

In an economic sense, encouraging this sector's continued growth in the region will assist in realising the potential spending forecast.

Overarching Economic Benefits

Redland City Council's continued support and council-led initiatives in the disability sector will provide an attractive environment to people with disabilities, and leading industry service providers. These initiatives and opportunities will allow the Redland region to realise a number of potential benefits:

- **Development of new facilities:** The continued facilitation and development of appropriate housing options will create construction based jobs and opportunities for residents, and provide an economic uplift to the wider Redland economy. Additionally, these developments could potentially attract residents looking for newer developments, which integrate into the wider Redland city planning and offer a unique living experience.
- **Improved access to disability services:** Through continuing and expanding the Council's role in facilitating and assisting local disability service providers, residents will continue to have a high level of access to disability and initiatives. This access allows residents to readily access services that will improve the health and wellbeing of these residents.
- **Improvement in health and wellbeing:** Redland City Council's opportunities in fostering an attractive and supportive environment will potentially lead to improvements and increases in disability focused services. These initiatives, including community engagement and education, and partnering with local employers, could potentially lead to improvements in resident health and wellbeing.

These benefits attributed to the disability sector opportunities would likely see a significant positive economic impact for the Redland region, through increased health and wellbeing of residents leading to increased social and economic productivity, and increased attractiveness of the region to businesses leading to increased economic activity. Due to the limitations in understanding Redland specific health requirements, the dynamic nature of the opportunities, and the complexities in estimating the economic impact of improved health and wellbeing, these benefits remain unquantified.

8. STRATEGY AND ACTION PLAN

8.1. Overview

The following table provides an overview of the key Health and Social Assistance strategies and actions identified for Redland, presented in order of priority. Detailed descriptions of the strategies and actions have been provided in Section 8.2.

These strategies have been developed and prioritised based on an analysis of the strengths, weaknesses, opportunities and threats of the Health Care and Social Assistance sector, and a detailed assessment of the service gaps, economic environment and local context for Redland (as described in this report). Specific actions have been developed under each strategy with a goal to improve the Health Care and Social Assistance Sector in Redland, and thereby increase economic growth in the region.

Prioritisation of strategies has been based on two key drivers of economic development: increased employment; and increased direct investment in the region. Additionally, the factor of benefit to the community as a whole has been included to align with Redland City Council's commitment to ensuring that improvements in economic capacity are linked to improved lifestyle outcomes for residents and improved community wellbeing.

STRATEGY 1: Health services that meet needs	Action Lead and Timeframes	Growth in Employment	Increased Investment	Benefit to Community
<p>STRATEGY 1: Development, expansion and networking of local health services in appropriate locations, supported by suitable enabling infrastructure, to ensure an appropriate range of health care services are available to meet the needs of the population.</p> <ul style="list-style-type: none"> ▪ ACTION 1.1 – Plan and develop strategies and planning frameworks for appropriate enabling infrastructure, in order to retain and expand existing local health services and businesses. ▪ ACTION 1.2 – Facilitate the planning and development of a Redland Health and Wellness Precinct at Cleveland, by engaging with public, private and non-government sector stakeholders to develop a collaborative planning framework, that will feed into a master planning study. ▪ ACTION 1.3 – Proactively advocate for investment in the Redland Health and Wellness Precinct by advocating to State Government for the allocation of capital funding; and marketing to service providers to invest in the precinct. ▪ ACTION 1.4 – Ensure development approval processes support development of facilities in locations appropriate for delivery of health services. ▪ ACTION 1.5 – Promote and support the development and growth of local general practice clinics to attract additional general practitioners and specialists to Redlands; and market opportunities for investment in health services to developers, service providers, governments and private investors. ▪ ACTION 1.6 – Partner with Metro South HHS to identify specific health, social care and transport issues affecting the Southern Moreton Bay Islands and develop a plan to address these gaps and improve services for the residents of these islands. 	<p>Lead: RCC Time: Short term</p> <p>Lead: MSHHS Time: Short term</p> <p>Lead: RCC Time: Medium term</p> <p>Lead: RCC Time: Short term</p> <p>Lead: RCC Time: Medium term</p> <p>Lead: MSHHS Time: Short term</p>	<p>High</p> <p>High</p> <p>High</p> <p>High</p> <p>High</p> <p>High</p> <p>Medium</p>	<p>High</p> <p>High</p> <p>High</p> <p>High</p> <p>High</p> <p>High</p> <p>Medium</p>	<p>High</p> <p>High</p> <p>High</p> <p>High</p> <p>Medium</p> <p>Medium</p> <p>Low</p>

STRATEGY 2: A destination of choice for retirement living	Action Lead and Timeframes	Growth in Employment	Increased Investment	Benefit to Community
<p>STRATEGY 2: Growth of the aged care and retirement living sector to ensure a consistent supply of retirees into the region, and development of appropriate infrastructure, services and programs to promote age-friendly communities and maintain Redland City as a destination of choice for retirement living.</p> <ul style="list-style-type: none"> ▪ ACTION 2.1 - Continue to support providers of retirement and aged care facilities by regularly reviewing the Redland City Plan to reduce impediments and regulatory burdens to support the continued development of retirement housing. ▪ ACTION 2.2 - Market investment opportunities in Redland to a wide range of potential 'service providers of choice' to encourage further market-driven growth by developing guiding principles and incentive programs. ▪ ACTION 2.3 - Develop an investment strategy to attract training and investment opportunities from overseas investors; and work with local aged care sector providers to encourage the development of culturally appropriate aged care services in order to market Redland as an attractive region to retire to for multicultural people. ▪ ACTION 2.4 - Liaise with universities, TAFE and vocational education providers to develop a strategy for teaching institutions to support the local provision of training and education programs for the aged care and disability sector workforce. ▪ ACTION 2.5 - Participate in the work being undertaken by the Brisbane South PHN with the Health and Community Services Workforce Council to implement an Aged Care Workforce Development Project to address current and future workforce needs. 	<p>Lead: RCC Time: Short term</p> <p>Lead: RCC Time: Medium term</p> <p>Lead: RCC Time: Short term</p> <p>Lead: RCC Time: Medium term</p> <p>Lead: PHN Time: Short term</p>	<p>High</p> <p>High</p> <p>High</p> <p>High</p> <p>Low</p> <p>Medium</p>	<p>High</p> <p>High</p> <p>High</p> <p>High</p> <p>Medium</p> <p>Low</p>	<p>Medium</p> <p>Medium</p> <p>Medium</p> <p>High</p> <p>Medium</p>

STRATEGY 3: An inclusive community	Action Lead and Timeframes	Growth in Employment	Increased Investment	Benefit to Community
<p>STRATEGY 3: Promotion of Redland City as an inclusive community and destination of choice both locally and internationally, ensuring that all people have access to appropriate services, enabling infrastructure and relevant information about services and community activities, and employment opportunities.</p> <ul style="list-style-type: none"> ▪ ACTION 3.1 - Continue to support local service providers to enhance the provision of effective and appropriate services for people in Redland ▪ ACTION 3.2 - Ensure that the planning scheme and zoning guidelines encourage the development of affordable housing options for aged and disabled people, as well as for the aged and disability sector workforce; and consider the role of the Redland Investment Corporation in potentially investing in additional affordable housing options, as well as reviewing the current investment incentive packages for housing. ▪ ACTION 3.3 - Maintain and enhance Redland as an 'inclusive community' that supports and provides accessible services to all residents , by ensuring that public spaces, and community and commercial facilities have appropriate security, access and signage and are well serviced by public transport options. ▪ ACTION 3.4 - Encourage local service providers to approach Council's Community Land and Facilities Panel to identify Council-owned land and community spaces that could be used to run community programs. ▪ ACTION 3.5 - Review the outcomes of the Ageing Well in the Redland program and renew positive initiatives to continue to provide successful community programs, and distribute and promote information about these programs and initiatives as well as about community and Government services, education programs. 	<p>Lead: RCC Time: Short term</p> <p>Lead: RCC Time: Medium term</p> <p>Lead: RCC Time: Long term</p> <p>Lead: RCC Time: Medium term</p> <p>Lead: RCC Time: Short term</p>	<p>Medium</p> <p>High</p> <p>High</p> <p>Low</p> <p>Low</p> <p>Low</p>	<p>Medium</p> <p>High</p> <p>High</p> <p>Medium</p> <p>Low</p> <p>Low</p>	<p>High</p> <p>High</p> <p>High</p> <p>High</p> <p>Medium</p> <p>Medium</p>

8.2. Strategies and Actions for Redland

8.2.1. Strategy 1: Health services that meet needs

Strategy 1: Development, expansion and networking of local health services in appropriate locations, supported by suitable enabling infrastructure, to ensure an appropriate range of health care services are available to meet the needs of the population.

Area of Focus: Whole of Redland, with specific focus on the Weippin Street precinct.

Council Role:

- Land use and critical infrastructure planning
- Promote and attract public, private and non-government investment
- Support for networking, advocacy and partnerships
- Support for business capacity development

Council Resource Requirements: Within existing resource capacity

Outcomes: The Redland community has access to an appropriate range of health services to meet the long term needs for health care as close as possible to home including:

- Improved availability of locally based services in the Redland region
- Improved sharing of information and networking of local service providers to support coordination of service delivery
- Increased 'market share' of health service delivery in relation to competition from services in Brisbane and Logan City.
- Improve health workforce recruitment and retention for all stakeholders.
- Cluster new and expanded health facilities and services with other health, social assistance, education and research services in a 'one-stop shop' Integrated health and education precinct that is in an easily accessible location in line with contemporary service delivery models. The precinct will deliver a number of 'service clusters' including:
 - Service Cluster 1 - Ambulatory Care Centre / Super Clinic
 - Service Cluster 2 - Aged Care and Disability Services
 - Service Cluster 3 - Acute Hospital Services
 - Service Cluster 4 - Mental health and drug and alcohol services
 - Service Cluster 5 - Government and Non-government community based services
 - Service Cluster 6 – Training, Education, Research, Manufacturing and other.

ACTION 1.1 - Plan and develop strategies and planning frameworks for appropriate enabling infrastructure (including aligning with recommendations from the *University of Queensland Growing Business in the Redland Survey 2014*), in order to retain and expand existing local health services and businesses. Specifically:

- Ensure that traffic and access issues to services (especially to Weippin Street and the surrounding precinct, and to and from the Southern Moreton Bay Islands) are addressed as part of local and regional traffic plans.
- Ensure appropriate enabling infrastructure is available for the site, including ICT infrastructure and high speed internet access to enable eHealth initiatives.

ACTION 1.2 – Facilitate the planning and development of a Redland Health and Wellness Precinct at Cleveland to create an 'exemplar' model of contemporary health delivery, by engaging with public, private and non-government sector stakeholders to develop a collaborative planning framework (leveraging off the future expansion of the Redland Hospital and the Mater Private Hospital), that will feed into a master planning study lead by Metro South HHS.

ACTION 1.3 – Proactively advocate for investment in the Redland Health and Wellness Precinct by advocating to State Government for the allocation of capital funding for the expansion of the Redland Hospital (and the precinct overall); and marketing to private health care, social assistance and education and training service providers to invest and set up businesses in the precinct. Council can specifically highlight the ageing population of Redland, which will produce higher health needs for the region.

ACTION 1.4 – Ensure development approval processes support development of facilities in locations appropriate for delivery of health services, and that these services align to and Council's commitment to the principles of ecological sustainability and built form guidelines for healthy urban planning.

ACTION 1.5 - Promote and support the development and growth of local general practice clinics to attract additional general practitioners and specialists to Redland and improve availability of primary health services; and market opportunities for investment in health services to developers, service providers, governments and private investors. This could be achieved through a number of initiatives including:

- providing incentive programs
- developing local provider networks (such as has occurred with aged care and disability service providers)
- developing an Organised Resident Attraction strategy
- investigating the potential role for the Redland Investment Corporation to invest in the development of 'satellite' health facilities and clinics on the fringes of Cleveland
- partnering with the PHN to integrate local providers and promote growth in the region
- advocating to federal entities (e.g. with Veteran Affairs) to use GPs and specialists in Redlands as overflow from Brisbane and Gold Coast GP and specialist clinics.

ACTION 1.6 – Partner with Metro South HHS to identify specific health, social care and transport issues affecting the Southern Moreton Bay Islands and develop a plan to address these gaps and improve services for the residents of these islands (this may include integration with the ongoing social infrastructure work being planned by Council to produce a Community Profile, undertake a needs analysis and develop a Social Infrastructure Strategy for the Redland LGA).

OPTIONAL ENABLING ACTIONS: The following actions could potentially be implemented by Redland City Council in order to further achieve this strategy:

- Provide information on Council websites for clients and service providers on available local health, aged care and disability services as well as information on local needs assessments, health reports, and health and active lifestyle topics.

8.2.2. Strategy 2: A destination of choice for retirement living

Strategy 2: Growth of the aged care and retirement living sector to ensure a consistent supply of retirees into the region, and development of appropriate infrastructure, services and programs to promote age-friendly communities and maintain Redland City as a destination of choice for retirement living.

Area of Focus: Whole of Redlands

Council Role:

- Land use and critical infrastructure planning
- Promoting and attracting investment
- Advocacy and partnerships
- Facilitation of networking

Council Resource Requirements: Within existing resource capacity

Outcomes: Redland City is a destination of choice for retirement living and maintains its market share of retirement living provision with the retirement living sector a key component of the local economy. This includes the following:

- A comprehensive range of services are available in Redland to meet the growing needs of the aged population
- The potential increase in demand is met for community based home care services, Home Care Packages, and Residential aged care places
- Existing aged care service providers are retained and expand service provision
- New aged care providers are attracted to establish services locally in Redland.

ACTION 2.1 - Continue to support providers of retirement and aged care facilities by regularly reviewing the Redland City Plan to reduce impediments and regulatory burdens to support the continued development of retirement housing. This will help to ensure a sufficient supply of retirement and aged care accommodation that provides a range of retirement housing options to meet the differing needs such as multigenerational living, affordable rental options and shared accommodation models.

ACTION 2.2 - Market investment opportunities in Redland to a wide range of potential 'service providers of choice' to encourage further market-driven growth by developing guiding principles (e.g. providers should be digitally connected and disability friendly etc.) and incentive programs for service providers that meet these principles.

ACTION 2.3 - Develop an investment strategy to attract training and investment opportunities from overseas investors; and work with local aged care sector providers to encourage the development of culturally appropriate aged care services in the region in order to market Redland as an attractive region in which multicultural people can retire.

ACTION 2.4 - Liaise with universities and TAFE and vocational education providers to develop a strategy for teaching institutions to support the local provision of training and education programs for the aged care and disability sector workforce (including a Centre of Excellence in Education for the Ageing); and engage with TAFE to assess the opportunity for the institute to develop a 'training' retirement village facility.

ACTION 2.5 - Participate in the work being undertaken by the Brisbane South PHN with the Health and Community Services Workforce Council to implement an Aged Care Workforce Development Project to address current and future workforce needs.

OPTIONAL ENABLING ACTIONS: The following actions could potentially be implemented by Redland City Council in order to further achieve this strategy:

- Support networking of local aged care service providers to ensure effective information sharing and ease of access to services by seeking funding and partners to establish a web based portal communications hub providing locally specific information for both consumers and providers.

8.2.3. Strategy 3: An inclusive community

Strategy 3: Promotion of Redland City as an inclusive community and destination of choice both locally and internationally, ensuring that all people have access to appropriate services, enabling infrastructure and relevant information about services and community activities, and employment opportunities.

Area of Focus: Whole of Redland

Council Role:

- Land use and infrastructure planning
- Supporting networks and partnerships
- Promoting and attracting investment
- Facilitation of networking
- Business capacity building

Council Resource Requirements: Within existing resource capacity

Outcomes: Redland City is an inclusive community for all people, enabling and promoting ease of access and appropriate services for aged, disabled and culturally and linguistically diverse people. This includes the following:

- Redland City is recognised as a community of choice for older people and those with a disability
- The service needs of older people and people with a disability are comprehensively met by local service providers.
- There is ease of access to a range of appropriate services through information sharing and connectivity
- A range of appropriate housing options are available for residents in Redlands
- Older people and people with a disability and their carers contribute to productivity through meaningful employment
- A strong network of service providers supports existing small service providers and attracts new providers to enter and integrate into the local market
- An economically viable and sustainable aged care and disability sector is located in Redlands.

ACTION 3.1 - Continue to support local service providers to enhance the provision of effective and appropriate services for people in Redland by:

- continuing to maintain the RCC existing role in supporting a local disability service provider network (including My Community Our Way)
- continuing to maintain the RCC existing role in supporting a local aged care service provider network
- providing business support and education to existing small local service providers to transition from a block grant funding environment to a market driven approach
- partnering with service providers to establish a reference group to provide feedback on and monitor the impact of the implementation of the NDIS in Redlands
- continuing the planning and development of the Cleveland Community Hub to cater for the growth of the aged and disabled sector by providing a space for collaboration and resource sharing between aged care and disability sector providers and community groups.

ACTION 3.2 - Ensure that the planning scheme and zoning guidelines encourage the development of affordable housing options for aged and disabled people, as well as for the aged and disability sector workforce; and consider the role of the Redland Investment Corporation in potentially investing in additional affordable housing options, as well as reviewing the current investment incentive packages for housing.

ACTION 3.3 - Maintain and enhance Redland as an 'inclusive community' that supports and provides accessible services to all residents (including aged people and those with disabilities), by ensuring that public spaces, and community and commercial facilities have appropriate security, access and signage and are well serviced by public transport options.

ACTION 3.4 – Encourage local service providers to approach Council's Community Land and Facilities Panel to identify Council-owned land and community spaces that could be used to run community programs, including for example 'life cafes' (group meetings where people come together to discuss how they can improve different aspects of their health and wellbeing) and 'learning cafes' (to connect people with similar conditions and draw on the expertise of 'expert patients').

ACTION 3.5 - Review the outcomes of the 'Ageing Well in the Redland' program and renew positive initiatives to continue to provide successful community programs including Redland District Committee on the Ageing (RDCOTA) Seniors Expos; the Community Transport Vehicle Asset Sharing Initiative and the Redland City Inspiring Seniors program. Distribute and promote information about these programs and initiatives as well as about community and Government services, education programs and senior related matters through print media, radio, telephone, face-to-face, and online formats.

OPTIONAL ENABLING ACTIONS: The following actions could potentially be implemented by Redland City Council in order to further achieve this strategy:

- Explore options to improve digital connectivity to support information sharing between health, aged care and disability providers. Seek funding and partners to establish a website for clients and service providers to obtain detailed information on local services including location, range of available services, waiting lists, eligibility criteria and costs.
- Council should continue to support organisations who provide employment and business support to people with disabilities e.g. lawn mowing, dog washing, laundry, etc.
- Promote the establishment of quiet rooms in public spaces such as shopping centres, community facilities or parks to enhance social inclusion and accessibility of public spaces to provide a calming and soothing sensory environment when individuals experience overstimulation from their surroundings.
- Continue to provide portable hearing augmentation devices for council events to support people with hearing loss; matting and specialist wheelchairs that are made available for people with disability to access beach and waterfront areas; and charge points for people who use electric mobility scooters and wheelchairs.
- Provide people with disability or other mobility issues assistance with their weekly rubbish collection. Residents could register with Council as needing assistance and have their bins moved, collected and returned as part of regular rubbish pick up.
- Promote greater respect and intergenerational understanding of older persons through information campaigns, addressing issues of age discrimination in the workplace and raising awareness about elder abuse prevention programs.
- Investigate the feasibility of a Home Share Program where younger people, known can live with older people and provide a number of hours of support per week in exchange for lower rent. This could help seniors stay in their homes longer; provide seniors with assistance; and provide cheap accommodation for tertiary students.
- Support and incentivise local organisations and businesses to become dementia-friendly through training and resourcing their staff and promoting volunteering and employment opportunities.

APPENDIX A SELECTED CASE STUDIES

A.1. Sunshine Coast Council - Healthy Sunshine Coast Seniors program

The Healthy Sunshine Coast Seniors program is run by Sunshine Coast Council and offers a variety of activities designed to improve the health and wellbeing of over-55s. Council launched a series of \$5 seniors classes in six locations on the Sunshine Coast to add to the program of activities that support seniors to maintain a healthy and active. Seniors can select from a range of free and low-cost classes to provide a sense of wellbeing and ensure they remain connected to their community.

From the Sunshine Coast Positive Ageing Foundation Paper 2011: "Sunshine Coast Council is well positioned to have a positive impact on the lives of the region's older residents, working with other key stakeholders to deliver collaborative services and programs. Federal and state government agencies have primary responsibility for health and aged care, however council has a significant role in the lives of older people in their local communities through local knowledge, ability to develop community networks, community participation in local decision-making, planning and provision of appropriate services and infrastructure, and advocacy role."

Sunshine Coast Council's role in the ageing sector is to support other agencies within the ageing sector to deliver their services through:

- facilitating networking and communication opportunities within the sector
- distributing information to the sector and community
- partnering with agencies in the delivery of innovative programs and initiatives that benefit older people
- advocating on behalf of older people to state and federal government agencies
- promoting age-friendly communities through the provision of infrastructure, facilities and programs.

A.2. Kiama Dementia Friendly Initiative

The Kiama Municipality's 'Dementia Friendly Kiama' initiative. Kiama Council, Alzheimer's Australia, and the University of Wollongong are working together with the Kiama Local Dementia Alliance to operate the Kiama Local Dementia Alliance which includes people with dementia and representatives from local government, community organisations, businesses and schools. The initiative aims to support local organisations and businesses to become dementia-friendly with training and resources developed by Alzheimer's Australia for staff, raise awareness of dementia with information sessions, public lectures and education opportunities for all members of the community, work with organisations to promote volunteering, employment and other social engagement opportunities for people with dementia and work to improve the physical environment in Kiama and surrounds, such as providing better signage in public areas.⁸¹

A.3. Brisbane City Council

50 Plus Centre

⁸¹ <http://www.kiama.nsw.gov.au/residents/aged---disability-services/dementia-friendly-kiama>

The Brisbane City Council 50 Plus Centre offers a variety of low-cost activities. It is open to residents in South East Queensland over 50 years of age, pensioners and benefit receivers. Activities are held in the basement level of Brisbane City Hall and membership is free. Activities include exercise classes (Zumba, Yoga, Tai Chi) Bridge classes, Dance classes, Art classes etc.

Growing Older and Living Dangerously (GOLD)

GOLD is a Brisbane City Council Active and Healthy Lifestyle program, providing free or low-cost activities for residents 50 years and over. Events include yogalates, balance and stretching exercises, orienteering, putt putt golf.

A.4. Jönköping County Council, Sweden⁸²

Jönköping County Council is an elected regional health authority serving around 340,000 people in southern Sweden. Over the past 20 years, Jönköping County Council has pursued a population-based vision for its citizens of 'a good life in an attractive city'.

Services aimed at improving older people's health include Jönköping's Passion for Life programme, which recently won the European award for social innovation in ageing. It is based on a series of group meetings called 'life cafés', where people come together to collectively discuss how they can improve different aspects of their health and wellbeing.

Jönköping County Council has taken a broad approach to planning and delivering services across the whole of the population it serves. It uses population-level data to understand the needs of different population groups, and uses a dashboard of indicators to monitor health outcomes across and within local populations. These indicators focus on a range of areas, including rates of obesity, alcohol consumption, physical activity, quality of diet, social deprivation, violent crime, school truancy and educational outcomes, as well as a range of measures of people's physical health. The Council then works in partnership with local government in Jönköping's municipalities to plan and deliver services to improve population health in each locality.

In particular, Jönköping County Council has developed targeted strategies for four main population groups: children and young people, people with mental health conditions, people living with drug and alcohol addiction, and older people. Professionals from different sectors are brought together to design and implement new approaches to improving people's health across each of these groups. One example is Jönköping's collaborative programme for younger people with mental health conditions, which involves primary care and social care services, schools and the police, as well as a range of other local partners. Public health is seen as a core part of designing and delivering interventions across each of these population groups, rather than a separate strand of activity.

To support people to manage their own health across the population, 'learning cafes' (similar to the life cafés described above) have been set up that connect people with similar conditions and draw on the expertise of 'expert patients'. The impact of Jönköping County Council's population-based approach is evidenced by its consistent high performance across a range of public health indicators when compared with other parts of Sweden – including in relation to life expectancy, self-reported health status and emotional wellbeing.

⁸² Alderwick H, Ham C, Buck D, Population health systems - Going beyond integrated care The King's Fund February 2015

A.5. UK Council Examples

In the United Kingdom, responsibility for public health has been transferred to local authorities based on an understanding of the interconnectedness of the social determinants of health. As a result, Councils have taken on a wide range of roles including for example:⁸³

Devon County Council: a website to support collaboration and communication on health and wellbeing:

When the transfer of public health to local government was mooted, commentators suggested that one advantage could be bringing together local authority population data with public health data analysis and modelling skills. In Devon, leading up to the transfer of 30 public health staff, it was decided that this opportunity could be built on, not only to create an up-to-date Joint Strategic Needs Assessment (JSNA), but also to make the information that informs the JSNA both visible and suited to many uses.

The website now contains information on Devon's Health and Wellbeing Board, including the usual minutes and agendas, but also briefing papers produced for the Board, the Joint Health and Wellbeing Strategy (JHWS), Annual Public Health Reports, JSNAs and a library of strategies, plans, needs assessments and other reports and information relevant to health and wellbeing in Devon. The website also hosts the Devon Health and Wellbeing newsletter, produced regularly, which gives news about the Health and Wellbeing Board, the CCG and local Healthwatch; and is used to promote consultations and relevant events such as Devon's hosting of the Rural Health conference.

The county council and partners already had strong place-based information and community health and wellbeing profiles which are posted on the website. They include constituency, town health, local authority, NHS locality and GP practice profiles. Posting profiles which cut across each other means that they can be used for a variety of purposes and by different geographically based groups.

It was also decided to enhance this place based information with information on different health topics or themes which, if placed in the public domain, would be of interest and use to different communities of interest. Each topic has a page on the website which outlines the issue, lists evidence of what works to tackle it and relates it to the Devon context and what is currently being done in the county. Together, the pages cover a wide range of issues, including:

- issues around the wider determinants of health such as poverty and housing
- information on promoting healthy lifestyles, such as preventing unintentional injuries in children and young people, teenage pregnancy, skin cancer prevention and early diagnosis (a significant issue in Devon) and smoking
- improving the health and wellbeing of the population, including safeguarding adults and children, learning disabilities, homelessness and domestic and sexual violence and abuse

There are also sections on 'resources for professionals' and 'resources for schools', although care has been taken to ensure that all parts of the website are publicly 'digestible'.

London Borough of Newham: developing healthy urban planning

The Core Strategy sets out a requirement for developers to undertake a health impact assessment of all major development proposals. This idea is increasingly being taken on board by developers, especially as planners are able to point to health policies in the strategy and to the need for developers to show that their

⁸³ Local Government Association United Kingdom, Public health transformation nine months on: bedding in and reaching out, January 2014

proposals will fulfil health-related criteria. The core policy, SP2 Healthy Neighbourhoods, states that development proposals which respond to the following contributors to health and well-being will be supported:

- the need to promote healthy eating through taking into consideration the cumulative impact of A5 uses (hot food takeaways)
- the need to improve Newham's air quality, reduce exposure to airborne pollutants and secure the implementation of the Air Quality Action Plan, having regard to national and international obligations
- the need to improve employment levels and reduce poverty, whilst attending to the environmental impacts of economic development including community/public safety, noise, vibrations and odour and the legacy of contaminated land
- the need to improve housing quality and reduce crime, insecurity and stress and improve inclusion through better urban design
- the need for new or improved health facilities, and importance of protection and promotion of local access to health and other community facilities and employment, including sources of fresh, healthy food in line with Policies SP6 (Successful Town and Local Centres) and INF5 (Town Centre Hierarchy and Network)
- the importance of facilitating and promoting walking and cycling to increase people's activity rates
- the need for new or improved inclusive open space and sports facilities to encourage greater participation in physical activity and provide relief from urban intensity
- the role of Newham University Hospital as a key provider of clinical care and expertise, employment and training provision.

Staffordshire County Council: connecting with communities, partnerships and assets including business and universities

The council has been transforming – moving from a service-based approach to become a strategic commissioning council whose work is based on improving outcomes and building on assets. It has established three overarching outcomes – people in Staffordshire should be able to:

- access more good jobs and feel the benefits of economic growth
- be healthier and more independent
- feel safer, happier and more supported in and by their community.

Public health has been a catalyst in the transformation to 'Connected Staffordshire', helping to establish stronger 'connectivity' in corporate thinking. The three outcomes are interdependent, and public health operates across all of them, either in a direct leadership role or by influencing others to promote health and wellbeing. The outcomes underpin the operating principles used to transfer and embed public health:

- 'local action: central support' – enhancing the district role in the delivery of health and wellbeing outcomes
- asset-based approaches – recognising the assets and connecting across business, community, district and academic partnerships
- mainstreaming health and wellbeing into corporate practice e.g. health impact assessment integrated into all county council policies, plans and cabinet decision making, and public health approaches embedded in the commissioning excellence operating model.

The council recognises the vital role that the business sector has in improving and connecting the economy with health and wellbeing in local communities. Public health has developed networks with large and smaller

local businesses and is encouraging the adoption of the Staffordshire Workplace Health Framework, which supports businesses to take action on:

- sickness absence management
- workforce, family and community health and wellbeing
- supporting vulnerable people and carers in employment
- the interdependence of mental health and employment and the growing impact of unpaid care demands on the working age population
- an incentivisation scheme, with specific standards and criteria, which enables businesses to demonstrate their commitment, improvements and outcomes
- Corporate Social Responsibility (environmental awareness, business community development and mentoring, third sector engagement and staff placements, and wider community development work).

Corporate Social Responsibility (CSR) involves two important assets – business and the voluntary and community sectors working with each other and collaborating to achieve positive social and economic outcomes. Examples include business mentoring schemes, voluntary work placements, community sports events and a mental health and wellbeing training programme delivered by the voluntary sector with businesses.

A.6. Torbay Care Trust, Devon, United Kingdom

The Torbay Care Trust in the United Kingdom has developed a model of integrated health and social care teams, using pooled budgets and serving localities of around 30,000 people, to work alongside GPs to provide a range of intermediate care services. By supporting hospital discharge, older people have been helped to live independently in the community. Health and social care co-ordinators help to harness the joint contributions of team members. The results include reduced use of hospital beds, low rates of emergency admissions for those over 65, and minimal delayed transfers of care.⁸⁴

Wilding (2010)⁸⁵ further describes the work being carried out to achieve vertical service integration for older people using already established strong partnerships with Torbay Council, South Devon Healthcare NHS Foundation Trust and Devon Partnership Trust. The model is divided into five work streams representing the whole pathway of care for a person aged 65 years and over:

- Preventative stream - key projects include a Memory cafe model to provide professional and peer support to people with dementia and their carers and a Falls Team who have developed a care pathway and falls register
- Immediate intervention stream - key projects include RACE (Rapid Assessment for care of the elderly) Clinics to support GPs in obtaining diagnostics and consultant opinions for vulnerable elderly patients without having to admit directly to hospital and exploring Medical Models in the community such as simple telephone clinics for GPs or permanent community geriatrician.
- Acute stream – emphasis is on management of the 65+ age group in emergency departments and on hospital discharge liaising with 'zone' teams about packages of care, medication, transport etc.

⁸⁴ Thistlethwaite 2011 as cited in Goodwin N and Smith J Developing a National Strategy for the Promotion of Integrated Care The Evidence Base for Integrated Care The King's Fund and the Nuffield Trust 2011

⁸⁵ Wilding H, Integrating Care: From Horizontal to Vertical Integration Journal of Integrated Care Volume 18 Issue 3 June 2010

- Reablement stream – emphasis is on identifying more appropriate facilities in the community that can be used to meet the needs of older people for e.g. community hospital medical models and community orthopaedic pathways.
- Palliative stream – focus is on COPD/CCF/dementia patients in care homes by working closely with the homes to provide a consistent approach to care and advanced care planning.

The Torbay Care Trust model has been underpinned by strong leadership and clinical engagement. Six key ingredients of success have been identified:⁸⁶

- Communicating vision
- Total organisational commitment
- Co-location of health and social care teams
- Development of a shared culture
- Introduction of new systems including IT systems to aid integration.
- Establishment of new roles that can support new ways of working.

A.7. Global Age-friendly Cities: A Guide World Health Organization 2007

An age-friendly city encourages active ageing by optimizing opportunities for health, participation and security in order to enhance quality of life as people age.

The idea of an age-friendly city presented in this Guide builds on WHO's active ageing framework. Active ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. It applies to both individuals and population groups.

In an age-friendly city, policies, services, settings and structures support and enable people to age actively by:

- recognizing the wide range of capacities and resources among older people;
- anticipating and responding flexibly to ageing-related needs and preferences;
- respecting their decisions and lifestyle choices;

Active ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. The term 'active ageing' was adopted by the World Health Organization in the late 1990s. It is meant to convey a more inclusive message than 'healthy ageing' and to recognize the factors in addition to health care that affect how individuals and populations age.

When health, labour market, employment, education and social policies support active ageing there will potentially be more people participating actively as they age in the social, cultural, economic and political aspects of society, in paid and unpaid roles and in domestic, family and community life.

There are good economic reasons for enacting policies and programmes that promote active ageing in terms of increased participation and reduced costs in care. People who remain healthy as they age face fewer impediments to continued work.

From: ACTIVE AGEING: A POLICY FRAMEWORK, Non-communicable Diseases and Mental Health Cluster, Non-communicable Disease Prevention and Health Promotion Department World Health Organization April 2002

⁸⁶ Hickey J Feature Article " Integrating Health and Social Care Services" Nursing Management Vol 15 No 8 December 2008

APPENDIX B LIST OF RETIREMENT VILLAGES, 2016

Name	Address	No of Units
Adventist Retirement Village	571 Cleveland Redland Bay Road, Victoria Point QLD	145
Aveo Gardens Retirement Village	83 Freeth Street, Ormiston QLD 4160	220
Blue Care Nandeebie Retirement Living	87 Winchester Rd, Alexandra Hills QLD 4161	67
Buckingham Gardens Aged Care	8 Buckingham St, Alexandra Hills QLD 4161	6
Capalaba Park Village	166 Mount Cotton Rd, Capalaba QLD 4157	N/A
Cleveland Manor Retirement Village	11 Grant Street, Cleveland QLD 4163	79
Finlandia Village	343 Cleveland Redland Bay Road, Thornlands QLD 4164	23
Forest Place Cleveland Retirement Village	148 Smith Street Cleveland, QLD, 4163	119
Freedom Cleveland	66 Bainbridge Street, Ormiston QLD 4163	66
Freedom Redland Bay	24 Salisbury Street, Redland Bay QLD 4165	46
Lake Sherrin Retirement Home	350 Boundary Rd, Thornlands QLD 4164	106
Mandalay Retreat	156 Bay St, Cleveland QLD 4163	109
Marebello	537 Cleveland-Redland Bay Rd, Victoria Point QLD 4165	138
Moreton Shores Retirement Living	101 King Street, Thornlands QLD 4164	156
Oak Tree Retirement Village	9 Driftwood St, Victoria Point QLD 4165	54
Ormiston Rise Retirement Living	174 Wellington Street, Ormiston QLD 4160	75
Palm Lake Resort	57 Hamilton St, Redland Bay QLD 4165	26
Prins Willem Alexander Village	62 Collingwood Rd, Birkdale QLD 4159	61
Renaissance Retirement Living	36 Bunker Rd, Victoria Point QLD 4165	200
RSL Care Moreton Shores	91 King St, Thornlands QLD 4164	126
Salford Waters Retirement Estate	9 Salford Street, Victoria Point QLD 4165	183
The Boulevards Redland Bay	35 Salisbury Street Redland Bay, QLD, 4165	433
The Shores Cleveland	162 Middle St, Cleveland QLD 4163	50
Tranquil Waters Retirement Village	31 Thompson Street, Victoria Point QLD 4165	120
Village Life	32 Pittwin Road, Capalaba QLD 4157	36
Wellington Manor Retirement	269 Birkdale Road, Birkdale QLD 4159	163
TOTAL		2807

Note: The Redland Council has also approved a development permit for 15 Aged Care Dwelling Houses at Moreton Shores Thornlands and has an application for a 12 unit aged care facility at Capalaba.

APPENDIX C LIST OF COMMUNITY HOME SUPPORT AGED CARE PROVIDERS

ORGANISATION	SERVICES
Australian Finnish Rest Home Association Inc.	in-home care and a day respite centre
Bayside Low Vision Support Group	Self-help support group for the blind and vision impaired.
Carers Link Pty Ltd	supported accommodation respite for families and clients
Centacare	Veterans Home & Garden Care, Veterans Domestic Support
Feros Care	community care, nursing, personal, domestic, respite care, transport, wellness and lifestyle services
Redland Home Assist Secure	assistance with minor home maintenance, repairs, and security
Redlands/Bayside Support Group of Parkinson's QLD Inc.	Information and Support
Special Transport Assistance Redland Association Inc. (STAR)	transport to eligible clients in the Redland shire.
Stanhope Healthcare Services Pty Ltd	nursing care, personal care, domestic assistance, social support
Adventist Retirement Village - CACP - Victoria Point	Home Care Packages
Anglicare SQ Metro South	Home Care Packages
Blue Care Redland Community Care	Home Care Packages
Buckingham Gardens Community Care Program	Home Care Packages
PresCare Community Care - Redland	Home Care Packages
Transitcare	transport to eligible clients in the Redland shire.
RSL Care	personal care, social support, nursing, allied health, domestic assistance, meal prep
OzCare	personal care, social support, nursing, allied health, domestic assistance, meal preparation
Cleveland Meals on Wheels	meals
Nextt	domestic support in the home, mobility, bathing, shopping, meal preparation, cleaning, exercise, companionship, transportation, medication monitoring.
Diversicare	community care to culturally diverse groups

APPENDIX D AGED CARE APPROVED PLACES - REDLANDS LGA

Service name	Suburb	Residential Places	Home Care Places
Adventist Retirement Village Victoria Point	VICTORIA POINT	176	10
Blue Care Alexandra Hills Nandeebie Aged Care	ALEXANDRA HILLS	76	
Blue Care Redland Bay Yarrabee Aged Care	REDLAND BAY	40	
Blue Care Redland Community Care	ALEXANDRA HILLS		70
CapellaBay Aged Care	CAPALABA	133	
Churches of Christ Buckingham Gardens Aged Care	ALEXANDRA HILLS	50	20
Finlandia Village	THORNLANDS	45	
Mandalay Retreat	CLEVELAND	109	
Marebello	VICTORIA POINT	138	
Nareeba Moopi Pa Aged Care Hostel	DUNWICH	14	
Netherlands Retirement Village	BIRKDALE	108	
PresCare - Lake Sherrin	THORNLANDS	48	
PresCare Community Care	BIRKDALE		60
Redland Residential Care Facility	CLEVELAND	128	
Regis Birkdale	BIRKDALE	70	
RSL Care Moreton Shores	THORNLANDS	60	
Sylvan Woods Nursing Home	BIRKDALE	90	
Wellington Park Private Care	WELLINGTON POINT	94	
TOTAL PLACES		1379	160

Note:

1. From 27 February 2017, a new national system for prioritising access to home care was established so that Home care package funding will follow the consumer and no longer be allocated directly to an approved provider. Consumers who have been approved for a home care package and have indicated they are actively seeking care will be placed onto the national queue. A consumer's place in the national queue will take into account their relative needs and circumstances as determined by the ACAT, and the date they were approved for care. When a consumer reaches the top of the national queue they will be assigned a package from the national inventory regardless of where they live.⁸⁷
2. The Redland Council has also approved a development permit for a new 3 Level Residential Aged Care Facility (Stages 1 & 2) at Birkdale

⁸⁷ <https://agedcare.health.gov.au/programs/home-care/introduction-to-home-care-changes>

APPENDIX E LIST OF DISABILITY SERVICE PROVIDERS

ORGANISATION	SERVICES
Bayside Low Vision Support Group	Self-help support group for the blind and vision impaired.
Bayside Respite	overnight respite service for adults with disabilities. community access and in home respite for children and adults with disabilities
Carers Link Pty Ltd	supported accommodation respite for families and clients, frail aged, mental health, disabilities, crisis and emergency care.
Centacare - Kyandra Victoria Point	social support, day centre, post school options, kids club, respite, training in money management, personal development training
Comepass Employment Services - Capalaba	employment service
Connect2Employment - Cleveland	intellectual and learning disability intellectual disability and learning disability specialist
CPL's Cleveland Disability Employment Services	employment service
CPL's Capalaba Services	physio, OT, speech, social work, aquatic therapy, life skills, creative arts programs, support to get out in the community.
Disability Works Australia Ltd	employment service
Endeavour Foundation	learning & lifestyle support services
First Service	community access services and registered training courses for people with a disability
FSG Australia - Wynnum	centre for social enterprise offering wide range of innovative services in disability, mental health, aged care, family and children's services.
Horizon Foundation Inc.	support coordination, accommodation, early intervention, respite, post-school community access, brokerage, employment and training
Max Employment	employment service
Open Minds - Capalaba	community and in home programs for persons with mental illness, intellectual disability or acquired brain injury: lifestyle support services, employment, personal support, personal helpers and mentors
OzCare	personal care, social support, nursing, allied health, domestic assistance, meal prep
Phoenix Lifestyle Support Association Inc.	one to one accommodation support as well as community activity support to individuals with intellectual or physical disabilities living in the Redlands.

Qld Health STEPS Program - Acquired Brain Injury Outreach Service	six week group program for adults with acquired brain injury or stroke and their families and friends. the program aims to improve community participation, using a self-management approach
Redland District SPEC S - Early Childhood Development Program	special education program for birth to prep.
Redland Home Assist Secure	assistance with minor home maintenance, repairs, and security
Redland Respite Care	respite care
S.B.H. Qld. Inc.	school support, home visits, individual therapy sessions as well as group programs, holiday camps and community outreach visits for children and adults with the conditions of spina bifida and hydrocephalus
Special Transport Assistance Redland Association Inc. (STAR)	transport to eligible clients in the Redlands.
Tea-Cup Cottage Pty Ltd	respite care for people with a cognitive impairment aged 18 and over / brokerage
Transitcare	transport to eligible clients in the Redlands.

APPENDIX F HOSPITAL SERVICES

Service	Redland Hospital	Mater Redlands
Acute Mental Health Care	Y	
Allied Health	Y	Y
Breast and endocrine surgery		Y
Cardiac Rehabilitation	Y	
Cardiology	Y	Y
Colorectal Surgery	Y	
Day Medical Oncology		Y
Diabetes	Y	
Emergency Department	Y	
Endocrinology	Y	
Gastroenterology	Y	Y
General Medicine	Y	Y
General Surgery	Y	Y
Geriatric Medicine	Y	Y
Gynaecology	Y	Y
Infectious Diseases	Y	
Maternity Care	Y	Y
Medical Imaging	Y	Y
Neurology	Y	
Ophthalmology		
Oral and maxillofacial surgery		Y
Orthopaedics	Y	Y
Paediatrics	Y	
Palliative Care	Y	Y
Pathology		
Pharmacy		
Plastic and Reconstructive Surgery	Y	Y
Rehabilitation		Y
Renal / Nephrology	Y	
Respiratory	Y	
Sleep Studies		Y
Urogynaecology		Y
Urology	Y	Y

APPENDIX G LIST OF STAKEHOLDERS CONSULTED

Focus Groups/Workshops were held with:

- Redland Aged Care Sector Working Group
- Redland Disability Sector Working Group
- Redland Interagency Working Group
- Redland Economic Development Advisory Board

Specific additional information was obtained through Key Informant Interviews conducted with representative/s from:

- Metro South Hospital and Health Service Planning Unit
- Mater Hospitals Business Strategy, Planning Unit and Mater Redland Hospital
- Brisbane South PHN
- Sentinel Property Group
- Jane Lehmann, Disability Industry Expert and Advocate
- Redland City Council International Ambassador for China
- Tranquil Waters Retirement Villages
- Redland City Council Senior Planner – Strategic Planning

11.2 ORGANISATIONAL SERVICES

11.2.1 AUGUST FINANCIAL UPDATE

Objective Reference: tba
Reports and Attachments (Archives)

Authorising/Responsible Officer: Deborah Corbett-Hall
Chief Financial Officer

Report Author: Udaya Panambala Arachchilage
Corporate Financial Reporting Manager

EXECUTIVE SUMMARY

This report is being finalised.

12 MAYORAL MINUTE

In accordance with s.22 of POL-3127 Council Meeting Standing Orders, the Mayor may put to the meeting a written motion called a 'Mayoral Minute', on any matter. Such motion may be put to the meeting without being seconded, may be put at that stage in the meeting considered appropriate by the Mayor and once passed becomes a resolution of Council.

13 NOTICES OF MOTION TO REPEAL OR AMEND RESOLUTIONS

In accordance with s.262 Local Government Regulation 2012.

14 NOTICES OF MOTION

14.1 NOTICE OF MOTION – CR BISHOP

14.1.1 AREA SURROUNDING BIRKDALE SCHOOL OF ARTS HALL

On 23 August 2017, in accordance with s.3(4) POL-3127 *Council Meeting Standing Orders*, Cr Bishop gave notice that he intends to move as follows:

That Council resolves that the Chief Executive Officer be requested to prepare a report on the future of the area surrounding the Birkdale School of Arts Hall in relation to the Birkdale Community Hub, as identified in the Redlands Social Infrastructure Strategy, 2009: Building Strong Communities.

BACKGROUND

The Redlands social infrastructure strategy, 2009 identifies new approaches to social infrastructure, including the

- creation of hubs
- a use of partnerships and alliances to deliver infrastructure as well as
- a move to sustainability and thinking locally
- Child friendly communities
- Valuing young people

And preparing for the impact of changing global forces including economic downturn and the need for an emphasis on community development as our social and service system endure unprecedented disruption.

One of the projects identified was LP3 - Birkdale Place making project.

This paper calls on council officers to investigate the potential future use of such a hub in the area around the Birkdale School of Arts Hall.

At present, regular hall users have bookings that prevent general community use and there are growing needs in the area that may be supported by the establishment of a hub.

As part of future strategic planning for community needs and social infrastructure provision, it would be useful to consider options for the establishment of a hub on this site or within the surrounding region.

14.2 NOTICE OF MOTION – CR TALTY**14.2.1 FIRE MANAGEMENT PLANS**

On 24 August 2017, in accordance with s.3(4) POL-3127 *Council Meeting Standing Orders*, Cr Talty gave notice that she intends to move as follows:

That Council resolves that the Chief Executive Officer prepares a further report to Council, on the feasibility of publishing a fact sheet for property owners, to assist them in preparing Fire Management Plans for private properties.

15 URGENT BUSINESS WITHOUT NOTICE

In accordance with s.26 of POL-3127 *Council Meeting Standing Orders*, a Councillor may bring forward an item of urgent business if the meeting resolves that the matter is urgent.

Urgent Business Checklist	YES	NO
To achieve an outcome, does this matter have to be dealt with at a general meeting of Council?		
Does this matter require a decision that only Council can make?		
Can the matter wait to be placed on the agenda for the next Council meeting?		
Is it in the public interest to raise this matter at this meeting?		
Can the matter be dealt with administratively?		
If the matter relates to a request for information, has the request been made to the CEO or to a General Manager previously?		

16 MEETING CLOSURE