



**Redland**  
CITY COUNCIL

# **AGENDA**

## **GENERAL MEETING**

**Wednesday, 25 July 2018**  
**commencing at 9.30am**

**The Council Chambers**  
**91 - 93 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 - 20 JUNE 2018**

### **5.2 SPECIAL MEETING - 25 JUNE 2018**

### **5.3 SPECIAL MEETING - 6 JULY 2018**

## **6 MATTERS OUTSTANDING FROM PREVIOUS COUNCIL MEETING MINUTES**

### **6.1 REQUEST FOR REPORT – PETITION REQUESTING THAT A COMMUNITY REFERENCE GROUP BE FORMED TO ASSIST COUNCIL TO PLAN FOR FUTURE USE OF COMMONWEALTH LAND AT BIRKDALE.**

At the General Meeting of 6 June 2018 (Item 8.2 refers) Council resolved as follows:

*That the petition be received and referred to the Chief Executive Officer for consideration and a report to the Local Government.*

A report will be presented to a future meeting of Council.

## **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 Division 5A of the *Local Government Act 2009*).

In summary:

### **If a councillor has a material personal interest, in a matter before the meeting:**

Under s.175C *Local Government Act 2009*, the councillor must inform the meeting of the councillor's material personal interest in the matter, including the following particulars:

- *The name of the person or other entity who stands to gain benefit or suffer a loss from the outcome of the consideration of the matter at the meeting;*
- *How the person or other entity stands to gain the benefit or suffer the loss;*

- *If the person or other entity who stands to gain the benefit or suffer the loss is not the councillor, the nature of the councillor's relationship to the person or entity.*

***If the councillor has a material personal interest they must leave the meeting, including any area set aside for the public while the matter is discussed and voted on, unless the councillor has approval from the Minister to be present while the matter is discussed and voted on pursuant to section 175F.***

#### **Record of material personal interest**

*Under s.175J of the Local Government Act 2009, if a councillor has a material personal interest under section 175C of the Local Government Act 2009, the following information must **be recorded in the minutes of the meeting, and published on the local government's website**—*

- (a) the name of the councillor who has the material personal interest in the matter;*
- (b) the material personal interest including the particulars mentioned in section 175C(2)(a) as described by the councillor;*
- (c) whether the councillor participated in the meeting, or was present during the meeting, under an approval given by the Minister under section 175F.*

#### **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, under s.175E of the Local Government Act 2009, inform the meeting about the councillor's personal interests in the matter, including the following particulars:*

- *The nature of the interest;*
- *If the personal interest arises because of the councillor's relationship with, receipt of a gift from, another person-*
  - *The name of the other person;*
  - *The nature of the relationship or the value and date of the receipt of gift; and*
  - *The nature of the other person's interest in the matter.*

***If the other councillors in the meeting are informed about a councillor's personal interests in a matter and the councillor has not voluntarily left the meeting while the matter is discussed and voted on, the other councillors must decide:***

- *Whether there is a real or perceived conflict; and*
- *If the councillors decide that there is a real or perceived conflict, whether the councillor-*
  - *Must leave the meeting including any area set aside for the public, while the matter is voted on and discussed; or*
  - *May participate in the meeting in relation to the matter, including voting on the matter.*

#### **Record of conflict of interest**

*Under s.175J of the Local Government Act 2009, if a councillor has a conflict of interest under section 175E, the following information must be **recorded in the minutes of the meeting, and published on the local government's website**—*

- (a) the name of the councillor who has a real conflict of interest or perceived conflict of interest in the matter;*
- (b) the councillor's personal interests in the matter, including the particulars mentioned in section 175E(2) as described by the councillor;*

*(c) the decisions made by the other councillors in relation to the existence and nature of the conflict and whether the councillor was permitted to participate in the meeting in relation to the matter, and the reasons for the decisions;*

*(d) whether the councillor participated in the meeting, or was present during the meeting, under an approval under section 175F;*

*(e) if the councillor voted on the matter—how the councillor voted on the matter;*

*(f) how the majority of councillors who were entitled to vote at the meeting voted on the matter.*

### **Duty to report another councillor's material personal interest or conflict of interest**

Section 175G of the *Local Government Act 2009* imposes an obligation on councillors to report undisclosed material personal interests and conflicts of interest at a meeting relating to other councillors.

#### **If a councillor at a meeting reasonably believes, or reasonably suspects:**

- *That another councillor at a meeting has a material personal interest or a real or perceived conflict in a matter; and*
- *The other councillor has not informed the meeting about the interest under section 175C(2) or 175E(2);*

*The councillor who has the belief or suspicion, must as soon as practicable, inform the person who is presiding at the meeting about the facts and circumstances that form the basis of the belief or suspicion.*

*Note: Section 175H makes it an offence for a person to prejudice, intimidate or harass a councillor or another person take action that is likely to be detrimental to a councillor because a councillor has complied with their disclosure obligation under s.175G.*

## **11 REPORTS FROM THE OFFICE OF THE CEO**

Nil

## 12 REPORTS FROM ORGANISATIONAL SERVICES


### 12.1 JUNE 2018 INTERIM MONTHLY FINANCIAL REPORT

#### Objective Reference:

**Authorising Officer:** Deborah Corbett-Hall, Chief Financial Officer

**Responsible Officer:** Deborah Corbett-Hall, Chief Financial Officer

**Report Author:** Udaya Panambala Arachchilage, Corporate Financial Reporting Manager

**Attachments:** 1. [June 2018 Interim Monthly Financial Report](#) 

#### PURPOSE

The purpose of this report is to note the interim year to date financial results as at 30 June 2018.

#### BACKGROUND

Council adopts an annual budget and then reports on performance against the budget on a monthly basis. This is not only a legal requirement but enables the organisation to periodically review its financial performance and position and respond to changes in community requirements, market forces or other outside influences.

#### ISSUES

##### *Interim results*

The interim June 2018 Monthly Financial Performance Report is prepared based on interim financial results for the year ended 30 June 2018 (prior to the finalisation of the end of year accounts). Significant movement is expected through the finalisation of accruals, deferrals and other year-end adjustments over the coming weeks. The final results for the year ended 30 June 2018 will be reflected in the audited annual financial statements.

##### *Revaluation of Road and Stormwater assets*

Council is currently in the process of comprehensively valuing Road and Stormwater assets and desktop valuations are undertaken on other material asset classes, in accordance with Australian Accounting Standard 116 Property, Plant and Equipment.

#### STRATEGIC IMPLICATIONS

Council has either achieved or favourably exceeded the following key financial stability and sustainability ratios as at the end of June 2018:

- Net financial liabilities
- Level of dependence on general rate revenue
- Ability to pay our bills – current ratio
- Ability to repay our debt – debt servicing ratio
- Cash balance
- Cash balances – cash capacity in months
- Longer term financial stability – debt to asset ratio
- Interest coverage ratio

The following ratios did not meet the target at the end of June 2018:

- Operating surplus ratio
- Asset sustainability ratio
- Operating performance

Council's interim operating surplus ratio came in at -4.49% and is below the target range of 0% - 10%. Council's year to date operating deficit is \$11.88M compared to year to date budget deficit of \$11.14M.

The interim operating deficit is \$743K higher than the budget mainly due to above budget depreciation expense due to higher opening asset balances for 2017/2018. These asset balances include the results from the 2016/2017 asset revaluations, as well as the recognition of developer contributed assets. These end of year adjustments as well as sewerage network assets capitalised this year from work in progress, influenced the increase in depreciation expense. Also contributing is the refund of unexpended grant monies.

This unfavourable variance from depreciation and refund of unexpected grant monies was partially offset by early receipt of Financial Assistance Grant of \$2.76M and favourable variances of employee costs and material and services costs.

The asset sustainability ratio did not meet the target at the end of June 2018 and continues to be a stretch target for Council with renewal spend of \$30.00M and depreciation expense of \$56.58M year to date on infrastructure assets. This ratio is an indication of how Council currently maintains, replaces and renews its existing infrastructure assets as they reach the end of their useful life. Capital spend on non-renewal projects increase the asset base and therefore increases depreciation expense, resulting in a lower asset sustainability ratio. The upward revaluation of infrastructure assets increases the asset base correspondingly increasing the depreciation expense that results in a lower ratio.

Council's Capital Works Prioritisation Policy (POL-3131) demonstrates its commitment to maintaining existing infrastructure and the adoption of a renewal strategy for its existing assets ahead of 'upgrade' and/or 'new' works.

The operating performance ratio at the end of June is 14.34% and is slightly below the 15% benchmark. This ratio is a cash measure and therefore moves in line with the cash balances. Higher payments to suppliers contributed to the lower operating performance ratio.

### **Legislative Requirements**

The interim June 2018 financial reports are presented in accordance with the legislative requirement of section 204(2) of the *Local Government Regulation 2012*, requiring the Chief Executive Officer to present the financial report to a monthly Council meeting.

### **Risk Management**

The interim June 2018 financial reports have been noted by the Executive Leadership Team and relevant officers who can provide further clarification and advice around actual to budget variances.

### **Financial**

There is no direct financial impact to Council as a result of this report; however it provides an indication of interim financial outcomes at the end of June 2018.

**People**

Nil impact expected as the purpose of the attached report is to provide financial information to Council based upon actual versus budgeted financial activity.

**Environmental**

Nil impact expected as the purpose of the attached report is to provide financial information to Council based upon actual versus budgeted financial activity.

**Social**

Nil impact expected as the purpose of the attached report is to provide financial information to Council based upon actual versus budgeted financial activity.

**Alignment with Council's Policy and Plans**

This report has a relationship with the following items of the 2018-2023 Corporate Plan:

**8. Inclusive and ethical governance**

Deep engagement, quality leadership at all levels, transparent and accountable democratic processes and a spirit of partnership between the community and Council will enrich residents' participation in local decision-making to achieve the community's Redlands 2030 vision and goals.

8.2 Council produces and delivers against sustainable financial forecasts as a result of best practice Capital and Asset Management Plans that guide project planning and service delivery across the city.

**CONSULTATION**

Council departmental officers, Financial Services Group officers and the Executive Leadership Team are consulted on financial results and outcomes throughout the period.

**OPTIONS****Option One**

That Council resolves to note the interim financial position, results and ratios for June 2018 as presented in the attached Monthly Financial Report.

**Option Two**

That Council requests additional information.

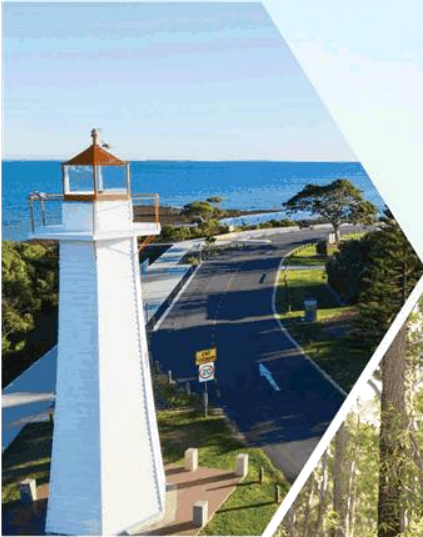
**OFFICER'S RECOMMENDATION**

**That Council resolves to note the interim financial position, results and ratios for June 2018 as presented in the attached Monthly Financial Report.**



# Monthly Financial Report

## Interim June 2018



MAKE A  
**DIFFERENCE**  
MAKE IT  
**COUNT**





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## 1. EXECUTIVE SUMMARY

This monthly report illustrates the financial performance and position of Redland City Council compared to its adopted budget at an organisational level for the period ended 30 June 2018. The year to date and annual revised budget referred to in this report incorporates the changes from the budget capital carryovers adopted by Council on 23 August 2017.

The June 2018 Monthly Financial Report is prepared based on interim financial results for the year ended 30 June 2018 (prior to the finalisation of the end of year accounts) and significant movement is expected through the finalisation of accruals, deferrals and other year-end adjustments. The final results for the year ended 30 June 2018 will be reflected in the audited annual financial statements.

### Key Interim Financial Highlights and Overview

Key Interim Financial Results (\$000)	Annual Revised Budget	YTD Revised Budget	YTD Actual	YTD Variance	YTD Variance %	Status Favourable ✓ Unfavourable ✗
Operating Surplus / (Deficit)	(11,136)	(11,136)	(11,879)	(743)	-7%	✗
Recurrent Revenue	261,639	261,639	264,549	2,910	1%	✓
Recurrent Expenditure	272,775	272,775	276,428	3,653	1%	✗
Capital Works Expenditure	94,860	94,860	67,186	(27,674)	-29%	✓
Closing Cash & Cash Equivalents	140,234	140,234	138,562	(1,672)	-1%	✗

Council reported a year to date interim operating deficit of \$11.88M. Recurrent revenue is above budget due to early receipt of Financial Assistance Grant amounting to \$2.76M. The favourable variance in materials and services expenditure is primarily due to underspend in consultant and contractor costs. The unfavourable variance in depreciation expense is due to higher opening asset balances for 2017/2018 which include the results from the 2016/2017 asset revaluations, as well as the recognition of developer contributed assets. These end of year adjustments as well as sewerage network assets capitalised this year from WIP, influenced the increase in depreciation expense.

Council recognised a dividend of \$1.5M from subsidiary company Redland Investment Corporation during the month.

Capital revenue is below budget mainly due to lower than expected developer cash and non-cash contributions. Loss on disposal of non-current assets is mainly due to sale of fleet assets; and infrastructure and parks asset replacement.

Please note end of year adjustment, accruals and deferrals might adjust the reported revenue and expenses in this report.

Council's capital works expenditure is below budget by \$26.72M due to timing of works for a number of infrastructure projects, asset management project and timing of capital acquisitions and fleet replacement.

Council's cash balance is below budget due to higher than anticipated payments to suppliers which includes \$7.84M for canal and lake special charges refund and below budget receipt of capital grants, subsidies and contributions. This is partially offset by below budget expenditure for property, plant and equipment and above budget operating grants. Constrained cash reserves represent 69% of the cash balance.

## 2. INTERIM KEY PERFORMANCE INDICATORS

### Interim Key Performance Indicators

Interim Financial Stability Ratios and Measures of Sustainability	Status Achieved ✓ Not achieved ✗	Annual Revised Budget	YTD June 2018	Target
Operating Surplus Ratio (%)	✗	-4.26%	-4.49%	Between 0% and 10% (on average over the long-term)
Asset Sustainability Ratio (%) <sup>^</sup>	✗	70.92%	53.03%	Greater than 90% (on average over the long-term)
Net Financial Liabilities (%) <sup>*</sup>	✓	-23.95%	-35.82%	Less than 60% (on average over the long-term)
Level of Dependence on General Rate Revenue (%)	✓	33.93%	33.90%	Less than 37.5%
Ability to Pay Our Bills - Current Ratio	✓	2.74	3.96	Between 1.1 & 4.1
Ability to Repay Our Debt - Debt Servicing Ratio (%)	✓	2.99%	2.97%	Less than or equal to 10%
Cash Balance \$M	✓	\$140.234M	\$138.562M	Greater than or equal to \$50M
Cash Balances - Cash Capacity in Months	✓	7.87	7.36	Greater than 3 months
Longer Term Financial Stability - Debt to Asset Ratio (%)	✓	1.47%	1.46%	Less than or equal to 10%
Operating Performance (%)	✗	17.65%	14.34%	Greater than or equal to 15%
Interest Coverage Ratio (%) <sup>**</sup>	✓	-0.59%	-0.63%	Less than 5%

<sup>\*</sup> The net financial liabilities ratio exceeds the target range when current assets are greater than total liabilities (and the ratio is negative)

<sup>\*\*</sup> The interest coverage ratio exceeds the target range when interest revenue is greater than interest expense (and the ratio is negative)

The Interim Key Performance Indicators above are based on interim financial results prior to the finalisation of end of year accounts. Significant movement is expected over the coming weeks and the final financial results will be reflected in the audited financial statements for the year ended 30 June 2018. The final Key Performance Indicators will be presented as part of the 2017/2018 Annual Report.





### 3. INTERIM STATEMENT OF COMPREHENSIVE INCOME

INTERIM STATEMENT OF COMPREHENSIVE INCOME					
For the period ending 30 June 2018					
	Annual Original Budget \$000	Annual Revised Budget \$000	YTD Revised Budget \$000	YTD Actual \$000	YTD Variance \$000
<b>Recurrent revenue</b>					
Rates, levies and charges	227,186	227,186	227,186	228,950	1,764
Fees	13,048	13,048	13,048	12,890	(158)
Rental income	839	839	839	891	52
Interest received	4,361	4,361	4,361	4,502	141
Investment returns	2,200	2,200	2,200	2,000	(200)
Sales revenue	3,823	3,823	3,823	3,408	(415)
Other income	684	684	684	979	295
Grants, subsidies and contributions	9,497	9,497	9,497	10,929	1,432
<b>Total recurrent revenue</b>	<b>261,639</b>	<b>261,639</b>	<b>261,639</b>	<b>264,549</b>	<b>2,910</b>
<b>Capital revenue</b>					
Grants, subsidies and contributions	33,013	33,035	33,035	21,564	(11,471)
Non-cash contributions	3,213	3,213	3,213	1,074	(2,139)
<b>Total capital revenue</b>	<b>36,226</b>	<b>36,248</b>	<b>36,248</b>	<b>22,638</b>	<b>(13,610)</b>
<b>TOTAL INCOME</b>	<b>297,865</b>	<b>297,887</b>	<b>297,887</b>	<b>287,187</b>	<b>(10,700)</b>
<b>Recurrent expenses</b>					
Employee benefits	85,677	85,677	85,677	85,151	(526)
Materials and services	125,787	125,787	125,787	125,247	(540)
Finance costs	3,112	3,112	3,112	3,291	179
Depreciation and amortisation	58,200	58,200	58,200	62,739	4,539
<b>Total recurrent expenses</b>	<b>272,775</b>	<b>272,775</b>	<b>272,775</b>	<b>276,428</b>	<b>3,653</b>
<b>Capital expenses</b>					
(Gain) / loss on disposal of non-current assets	289	36	36	1,961	1,925
<b>Total capital expenses</b>	<b>289</b>	<b>36</b>	<b>36</b>	<b>1,961</b>	<b>1,925</b>
<b>TOTAL EXPENSES</b>	<b>273,064</b>	<b>272,811</b>	<b>272,811</b>	<b>278,389</b>	<b>5,578</b>
<b>NET RESULT</b>	<b>24,801</b>	<b>25,076</b>	<b>25,076</b>	<b>8,798</b>	<b>(16,278)</b>
<b>Other comprehensive income / (loss)</b>					
Items that will not be reclassified to a net result					
Revaluation of property, plant and equipment	-	-	-	(77)	(77)
<b>TOTAL COMPREHENSIVE INCOME</b>	<b>24,801</b>	<b>25,076</b>	<b>25,076</b>	<b>8,721</b>	<b>(16,355)</b>

The Statement of Comprehensive Income will adjust over coming weeks as the accounts are being finalised and the final results will be reflected in the audited financial statements for the year ended 30 June 2018. Other Comprehensive Income will change as a result of asset revaluations. The audited financial statements for the year ended 30 June 2018 will reflect the final revalued position and impact and will be presented as part of the 2017/2018 Annual Report.

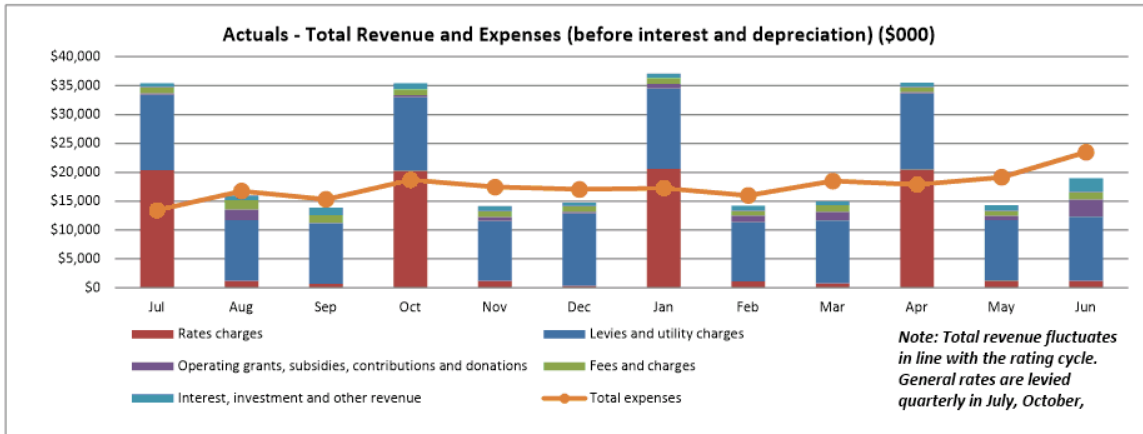






4. INTERIM OPERATING STATEMENT

INTERIM OPERATING STATEMENT For the period ending 30 June 2018					
	Annual	Annual	YTD	YTD	YTD
	Original Budget \$000	Revised Budget \$000	Revised Budget \$000	Actual \$000	Variance \$000
<b>Revenue</b>					
Rates charges	91,688	91,688	91,688	92,505	817
Levies and utility charges	138,824	138,824	138,824	139,731	907
Less: Pensioner remissions and rebates	(3,325)	(3,325)	(3,325)	(3,286)	39
Fees	13,048	13,048	13,048	12,890	(158)
Operating grants and subsidies	8,795	8,795	8,795	10,504	1,709
Operating contributions and donations	702	702	702	425	(277)
Interest external	4,361	4,361	4,361	4,502	141
Investment returns	2,200	2,200	2,200	2,000	(200)
Other revenue	5,347	5,347	5,347	5,278	(69)
<b>Total revenue</b>	<b>261,639</b>	<b>261,639</b>	<b>261,639</b>	<b>264,549</b>	<b>2,910</b>
<b>Expenses</b>					
Employee benefits	85,677	85,677	85,677	85,151	(526)
Materials and services	126,040	126,040	126,040	123,075	(2,965)
Finance costs other	303	303	303	467	164
Other expenditure	489	489	489	2,951	2,462
Net internal costs	(741)	(741)	(741)	(779)	(38)
<b>Total expenses</b>	<b>211,767</b>	<b>211,767</b>	<b>211,767</b>	<b>210,865</b>	<b>(902)</b>
<b>Earnings before interest, tax and depreciation (EBITD)</b>	<b>49,872</b>	<b>49,872</b>	<b>49,872</b>	<b>53,684</b>	<b>3,812</b>
Interest expense	2,809	2,809	2,809	2,824	15
Depreciation and amortisation	58,200	58,200	58,200	62,739	4,539
<b>OPERATING SURPLUS / (DEFICIT)</b>	<b>(11,136)</b>	<b>(11,136)</b>	<b>(11,136)</b>	<b>(11,879)</b>	<b>(743)</b>



The Interim Operating Statement will adjust over the coming weeks as the accounts are being finalised and the final results will be reflected in the audited financial statements for the year ended 30 June 2018. The financial statements will be presented as part of the 2017/2018 Annual Report.





#### 4. INTERIM OPERATING STATEMENT - CONTINUED

INTERIM LEVIES AND UTILITY CHARGES ANALYSIS For the period ending 30 June 2018					
	Annual	Annual	YTD	YTD	YTD
	Original	Revised	Revised	Actual	Variance
	Budget	Budget	Budget	\$000	\$000
	\$000	\$000	\$000		
<b>Levies and utility charges</b>					
Refuse collection rate charge	21,663	21,663	21,663	21,775	112
Special charges	4,083	4,083	4,083	4,075	(8)
SES separate charge	339	339	339	341	2
Environment separate charge	7,568	7,568	7,568	7,636	68
Separate charge landfill remediation	2,911	2,911	2,911	2,937	26
Wastewater charges	43,647	43,647	43,647	43,639	(8)
Water access charges	18,296	18,296	18,296	18,425	129
Water consumption charges	40,317	40,317	40,317	40,903	586
<b>Total levies and utility charges</b>	<b>138,824</b>	<b>138,824</b>	<b>138,824</b>	<b>139,731</b>	<b>907</b>

INTERIM MATERIALS AND SERVICES ANALYSIS For the period ending 30 June 2018					
	Annual	Annual	YTD	YTD	YTD
	Original	Revised	Revised	Actual	Variance
	Budget	Budget	Budget	\$000	\$000
	\$000	\$000	\$000		
<b>Materials and services</b>					
Contractors	34,121	34,221	34,221	32,565	(1,656)
Consultants	4,465	4,188	4,188	2,223	(1,965)
Other Council outsourcing costs*	17,355	17,517	17,517	18,319	802
Purchase of materials	44,300	44,392	44,392	44,303	(89)
Office administration costs	7,949	8,045	8,045	8,137	92
Electricity charges	5,751	5,729	5,729	5,424	(305)
Plant operations	4,466	4,480	4,480	4,518	38
Information technology resources	2,811	2,653	2,653	2,498	(155)
General insurance	1,363	1,363	1,363	1,876	513
Community assistance**	1,619	1,628	1,628	1,417	(211)
Other material and service expenses	1,840	1,824	1,824	1,795	(29)
<b>Total materials and services</b>	<b>126,040</b>	<b>126,040</b>	<b>126,040</b>	<b>123,075</b>	<b>(2,965)</b>

\* Other Council outsourcing costs are various outsourced costs including refuse collection and disposal, waste disposal, legal services, traffic control, external training, valuation fees, etc.

\*\* Community assistance costs represent community related costs including community grants, exhibitions & awards, donations and sponsorships.

INTERIM EMPLOYEE BENEFITS AND FULL TIME EQUIVALENTS (FTE) For the period ending 30 June 2018							
Month	FTE (Council employees and Councillors)*	Total staff wages and salaries (including Councillors) \$000	Annual leave and long service leave entitlements \$000	Superannuation (including Councillors) \$000	Other employee related expenses (including agency costs) \$000	Less: capitalised employee expenses \$000	Total operating employee benefits \$000
July	900	5,324	626	647	333	481	6,449
August	899	5,992	702	698	627	520	7,499
September	902	5,213	617	653	597	471	6,609
October	906	6,080	724	722	525	531	7,520
November	914	5,961	698	703	598	383	7,577
December	919	5,508	650	674	452	389	6,895
January	921	5,496	646	713	560	414	7,001
February	922	5,416	646	637	469	638	6,530
March	925	5,967	710	699	479	383	7,472
April	923	5,581	642	685	471	486	6,893
May	931	6,084	733	735	554	538	7,568
June	932	5,750	686	671	627	596	7,138
<b>Total employee benefits YTD</b>		<b>68,372</b>	<b>8,080</b>	<b>8,237</b>	<b>6,292</b>	<b>5,831</b>	<b>85,151</b>

\* Refer to page 14 for further information on FTE and headcount.

The Interim Operating Statement will adjust over the coming weeks as the accounts are being finalised and the final results will be reflected in the audited financial statements for the year ended 30 June 2018. The financial statements will be presented as part of the 2017/2018 Annual Report.

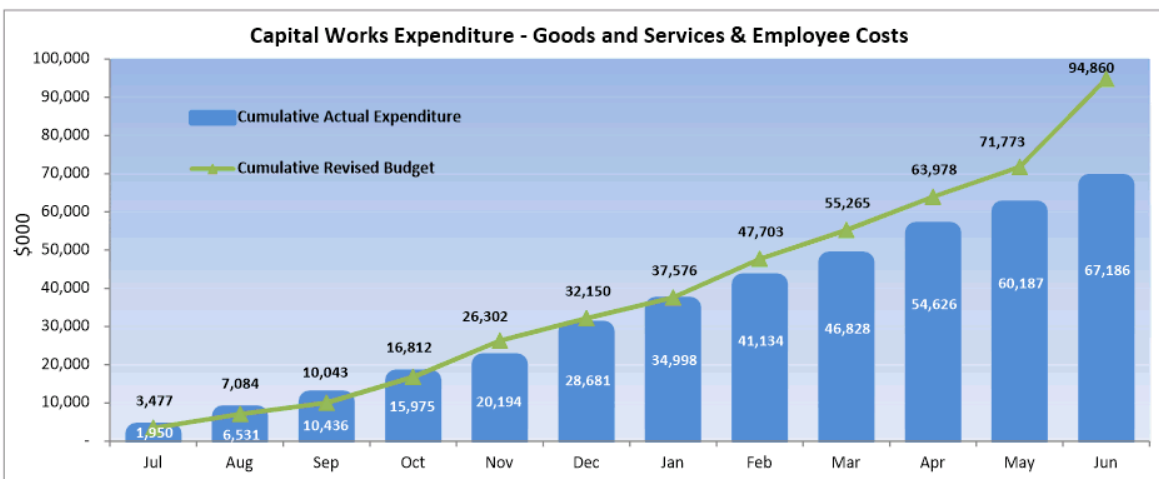




**5. INTERIM CAPITAL FUNDING STATEMENT**

INTERIM CAPITAL FUNDING STATEMENT For the period ending 30 June 2018					
	Annual	Annual	YTD	YTD	YTD
	Original Budget \$000	Revised Budget \$000	Revised Budget \$000	Actual \$000	Variance \$000
<b>Sources of capital funding</b>					
Capital contributions and donations	29,250	29,250	29,250	18,294	(10,956)
Capital grants and subsidies	3,763	3,785	3,785	3,270	(515)
Proceeds on disposal of non-current assets	1,180	1,433	1,433	1,180	(253)
Capital transfers (to) / from reserves	(14,106)	(13,493)	(13,493)	(9,496)	3,997
Non-cash contributions	3,213	3,213	3,213	1,074	(2,139)
New loans	867	867	867	-	(867)
Funding from general revenue	66,106	78,028	78,028	58,958	(19,070)
<b>Total sources of capital funding</b>	<b>90,272</b>	<b>103,082</b>	<b>103,082</b>	<b>73,280</b>	<b>(29,802)</b>
<b>Application of capital funds</b>					
Contributed assets	3,213	3,213	3,213	1,074	(2,139)
Capitalised goods and services*	74,965	87,599	87,599	61,355	(26,244)
Capitalised employee costs*	7,085	7,261	7,261	5,831	(1,430)
Loan redemption	5,010	5,010	5,010	5,020	10
<b>Total application of capital funds</b>	<b>90,272</b>	<b>103,082</b>	<b>103,082</b>	<b>73,280</b>	<b>(29,802)</b>
<b>Other budgeted items</b>					
Transfers to constrained operating reserves	(13,268)	(13,268)	(13,268)	(14,164)	(896)
Transfers from constrained operating reserves	11,565	11,565	11,565	18,255	6,690
Written down value (WDV) of assets disposed	1,468	1,468	1,468	3,141	1,673

\* Total capital works expenditure depicted in the graph below is the total of capitalised goods and services and capitalised employee costs.



The Interim Capital Funding Statement will adjust over the coming weeks as the accounts are being finalised and the final results will be reflected in the audited financial statements for the year ended 30 June 2018. The financial statements will be presented as part of the 2017/2018 Annual Report.





## 6. INTERIM STATEMENT OF FINANCIAL POSITION

INTERIM STATEMENT OF FINANCIAL POSITION As at 30 June 2018				
	Annual	Annual	YTD	YTD
	Original Budget \$000	Revised Budget \$000	Revised Budget \$000	Actual Balance \$000
<b>CURRENT ASSETS</b>				
Cash and cash equivalents	133,650	140,234	140,234	138,562
Trade and other receivables	25,805	27,273	27,273	36,770
Inventories	678	556	556	1,042
Non-current assets held for sale	4,278	262	262	11,203
Other current assets	2,122	2,073	2,073	1,217
<b>Total current assets</b>	<b>166,533</b>	<b>170,398</b>	<b>170,398</b>	<b>188,794</b>
<b>NON-CURRENT ASSETS</b>				
Investment property	1,054	1,091	1,091	1,091
Property, plant and equipment	2,483,228	2,598,914	2,598,914	2,550,265
Intangible assets	1,215	1,845	1,845	1,982
Other financial assets	73	73	73	73
Investment in other entities	5,961	14,712	14,712	14,791
<b>Total non-current assets</b>	<b>2,491,531</b>	<b>2,616,635</b>	<b>2,616,635</b>	<b>2,568,202</b>
<b>TOTAL ASSETS</b>	<b>2,658,064</b>	<b>2,787,033</b>	<b>2,787,033</b>	<b>2,756,996</b>
<b>CURRENT LIABILITIES</b>				
Trade and other payables	21,411	39,792	39,792	26,529
Borrowings	7,701	7,713	7,713	7,713
Provisions	13,126	13,014	13,014	9,182
Other current liabilities	1,755	1,747	1,747	4,215
<b>Total current liabilities</b>	<b>43,993</b>	<b>62,266</b>	<b>62,266</b>	<b>47,639</b>
<b>NON-CURRENT LIABILITIES</b>				
Borrowings	33,461	33,343	33,343	32,466
Provisions	12,356	12,115	12,115	13,938
<b>Total non-current liabilities</b>	<b>45,817</b>	<b>45,458</b>	<b>45,458</b>	<b>46,404</b>
<b>TOTAL LIABILITIES</b>	<b>89,811</b>	<b>107,724</b>	<b>107,724</b>	<b>94,043</b>
<b>NET COMMUNITY ASSETS</b>	<b>2,568,254</b>	<b>2,679,309</b>	<b>2,679,309</b>	<b>2,662,953</b>
<b>COMMUNITY EQUITY</b>				
Asset revaluation surplus	963,349	1,070,838	1,070,838	1,070,761
Retained surplus	1,498,727	1,503,632	1,503,632	1,497,142
Constrained cash reserves	106,178	104,839	104,839	95,050
<b>TOTAL COMMUNITY EQUITY</b>	<b>2,568,254</b>	<b>2,679,309</b>	<b>2,679,309</b>	<b>2,662,953</b>

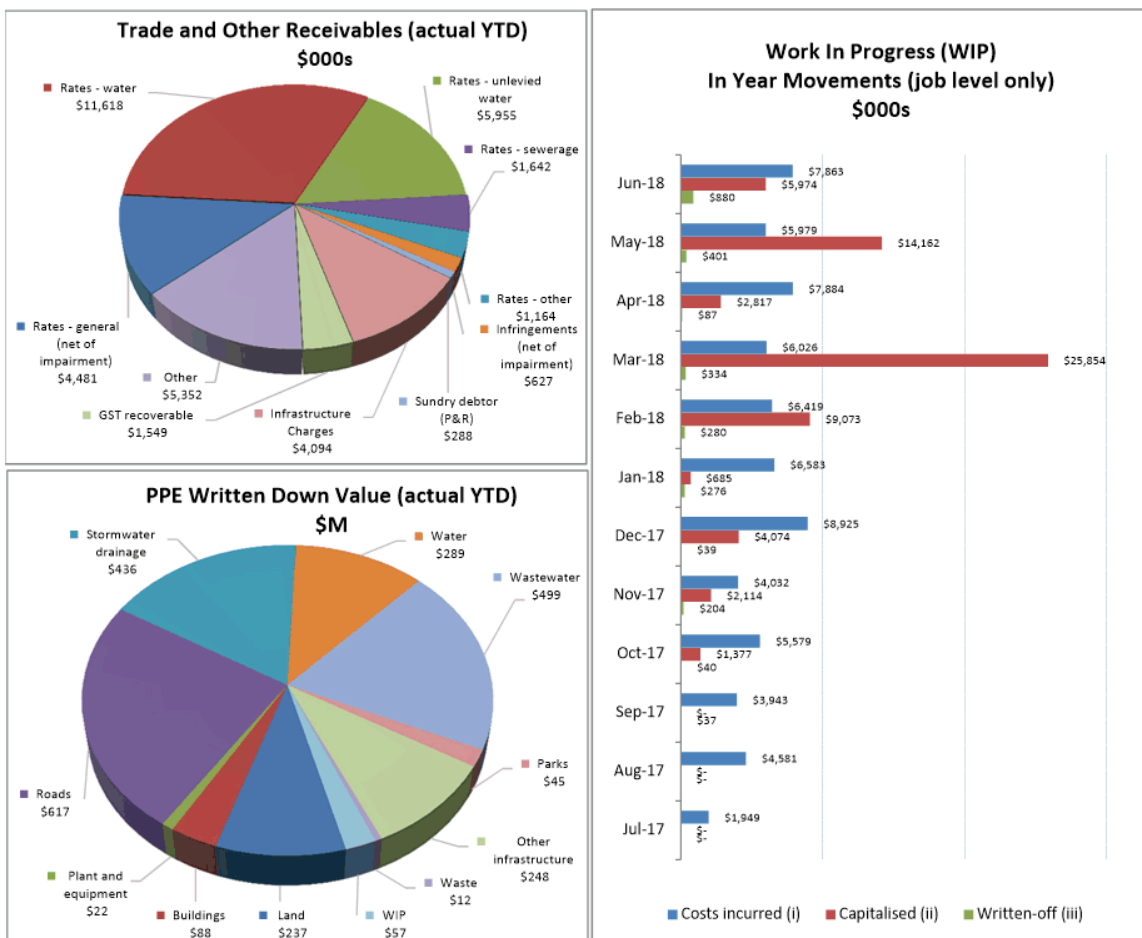
The Interim Statement of Financial Position will adjust over the coming weeks as the accounts are being finalised and the final results will be reflected in the audited financial statements for the year ended 30 June 2018. The financial statements will be presented as part of the 2017/2018 Annual Report.







6. INTERIM STATEMENT OF FINANCIAL POSITION - CONTINUED



- (i) Costs incurred: costs transferred into WIP for the construction or acquisition of fixed assets and at this point are non-depreciating.
- (ii) Assets registered: additions to the asset register which includes unwinding of 2016/2017 accruals and new capitalisations.
- (iii) Written-off: costs transferred from WIP to operational expenditure. These costs are operational in nature and therefore will not be capitalised.

INTERIM PROPERTY, PLANT AND EQUIPMENT (PPE) MOVEMENT*				
For the period ending 30 June 2018				
	Annual Original Budget \$000	Annual Revised Budget \$000	YTD Revised Budget \$000	YTD Actual Balance \$000
<b>PPE movement</b>				
Opening balance (includes WIP from previous years)	2,456,540	2,559,417	2,559,417	2,559,417
Acquisitions and WIP in year movement	85,217	98,071	98,071	68,210
Depreciation in year	(57,061)	(57,061)	(57,061)	(61,786)
Disposals	(1,468)	(1,468)	(1,468)	(2,977)
Other adjustments**	-	-	-	(12,599)
<b>Closing balance</b>	<b>2,483,228</b>	<b>2,598,959</b>	<b>2,598,959</b>	<b>2,550,265</b>

\* This table includes movement relating to property, plant and equipment only and is exclusive of intangible assets.  
 \*\* Other adjustments include transfers between asset classes, revaluation adjustments, prior period adjustments and depreciation thereon. Includes reclassification of \$11.05M from property, plant and equipment to non-current assets held for sale.

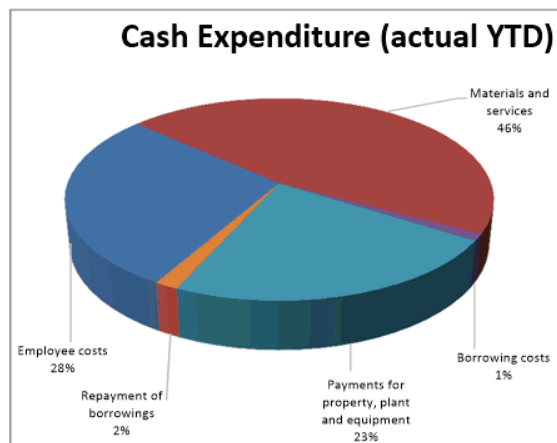
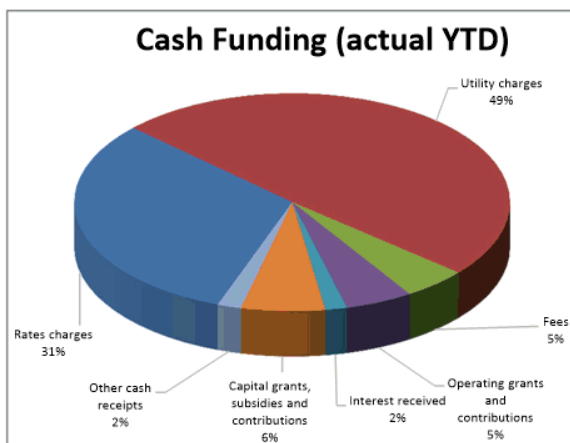
The Interim Statement of Financial Position will adjust over the coming weeks as the accounts are being finalised and the final results will be reflected in the audited financial statements for the year ended 30 June 2018. The financial statements will be presented as part of the 2017/2018 Annual Report.





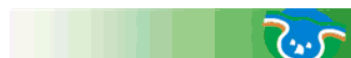
**7. INTERIM STATEMENT OF CASH FLOWS**

<b>INTERIM STATEMENT OF CASH FLOWS</b>				
<b>For the period ending 30 June 2018</b>				
	Annual	Annual	YTD	YTD
	Original	Revised	Revised	Actual
	Budget	Budget	Budget	\$000
	\$000	\$000	\$000	
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>				
Receipts from customers	244,741	244,741	244,741	244,111
Payments to suppliers and employees	(210,402)	(210,527)	(210,527)	(222,596)
	34,340	34,215	34,215	21,515
Interest received	4,361	4,361	4,361	4,501
Rental income	839	839	839	891
Non-capital grants and contributions	9,547	9,547	9,547	14,079
Borrowing costs	(3,175)	(3,175)	(3,175)	(3,187)
<b>Net cash inflow / (outflow) from operating activities</b>	<b>45,912</b>	<b>45,787</b>	<b>45,787</b>	<b>37,799</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>				
Payments for property, plant and equipment	(82,005)	(94,815)	(94,815)	(68,095)
Payments for intangible assets	(45)	(45)	(45)	(50)
Proceeds from sale of property, plant and equipment	1,180	1,433	1,433	1,180
Capital grants, subsidies and contributions	33,013	33,035	33,035	17,470
Other cash flows from investing activities	2,200	2,200	2,200	(1,500)
<b>Net cash inflow / (outflow) from investing activities</b>	<b>(45,656)</b>	<b>(58,192)</b>	<b>(58,192)</b>	<b>(50,995)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>				
Proceeds of borrowings	867	867	867	-
Repayment of borrowings	(4,644)	(4,644)	(4,644)	(4,657)
<b>Net cash inflow / (outflow) from financing activities</b>	<b>(3,777)</b>	<b>(3,777)</b>	<b>(3,777)</b>	<b>(4,657)</b>
<b>Net increase / (decrease) in cash held</b>	<b>(3,521)</b>	<b>(16,181)</b>	<b>(16,181)</b>	<b>(17,853)</b>
Cash and cash equivalents at the beginning of the year	137,171	156,415	156,415	156,415
Cash and cash equivalents at the end of the financial year / period	133,650	140,234	140,234	138,562



<b>Total Cash Funding (Actual YTD)</b>	<b>280,732</b>	<b>Total Cash Expenditure (Actual YTD)</b>	<b>298,585</b>
Total Cash Funding (Annual Revised Budget)	297,023	Total Cash Expenditure (Annual Revised Budget)	313,204
% of Budget Achieved YTD	95%	% of Budget Achieved YTD	95%

The Interim Statement of Cash Flows will adjust over the coming weeks as the accounts are being finalised and the final results will be reflected in the audited financial statements for the year ended 30 June 2018. The financial statements will be presented as part of the 2017/2018 Annual Report. Of note, cash at the end June 2017 will not change, movements will be due to classification within the accounts.

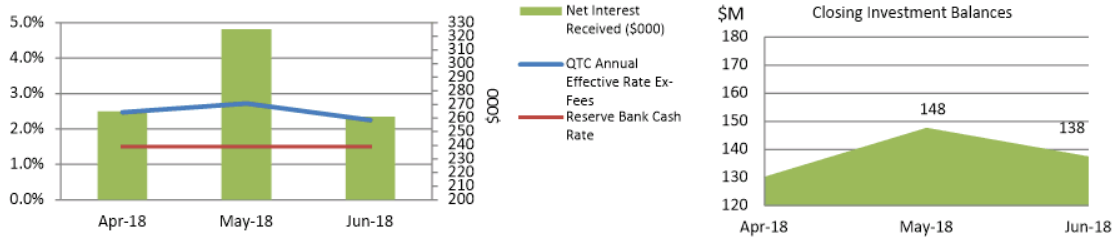




**8. INTERIM INVESTMENT & BORROWINGS REPORT**

For the period ending 30 June 2018

**INVESTMENT RETURNS - QUEENSLAND TREASURY CORPORATION (QTC)**



**Total Investment at End of Month was \$137.58M**

All Council investments are currently held in the Capital Guaranteed Cash Fund, which is a fund operated by the Queensland Treasury Corporation (QTC).

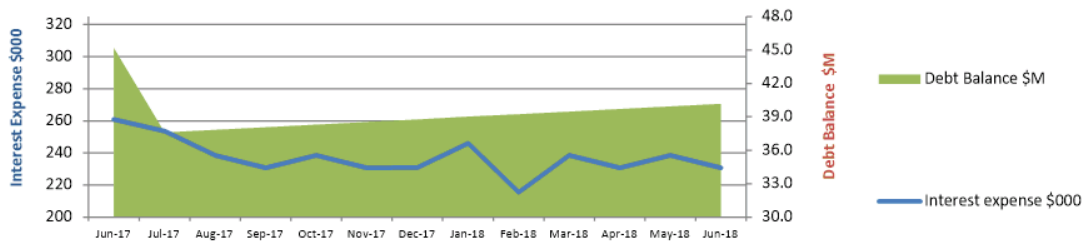
The movement in interest earned is indicative of both the interest rate and the surplus cash balances held, the latter of which is affected by business cash flow requirements on a monthly basis as well as the rating cycle.

Note: the Reserve Bank reduced the cash rate down to 1.5% in the August 2016 sitting - this has not changed in subsequent months.

On a daily basis, cash surplus to requirements is deposited with QTC to earn higher interest as QTC is offering a higher rate than what is achieved from Council's transactional bank accounts. The current annual effective interest rate paid by QTC of 2.25% exceeds the Bloomberg AusBond Bank Bill Index (previously the UBS Bank Bill Index) of 1.79% as at the end of June 2018 in accordance with Corporate POL-3013. Term deposit rates are being monitored to identify investment opportunities to ensure Council maximises its interest earnings.

Council adopted its revised Investment Policy (POL-3013) in May 2017 for the 2017/2018 financial year

**BORROWINGS AND BORROWING COSTS**



The existing loan accounts were converted to fixed rate loans on 1 April 2016 following a QTC restructure of loans and policies. In line with Council's debt policy, the principal debt repayment has been made *annually* in advance for 2017/2018 which will result in the loans being repaid approximately one year earlier.

The debt balance shows a decrease as the Annual Debt Service Payment (ADSP) was made during July 2017. Interest will accrue monthly on a daily balance until next ADSP in July 18 which is reflected in the increasing debt balance. Interest expense for February 2018 shows a decrease due to days in calendar month.

**Total Borrowings at End of Month were \$40.18M**

General pool allocated to capital works is 99.25% and 0.75% is attributable to RedWaste.

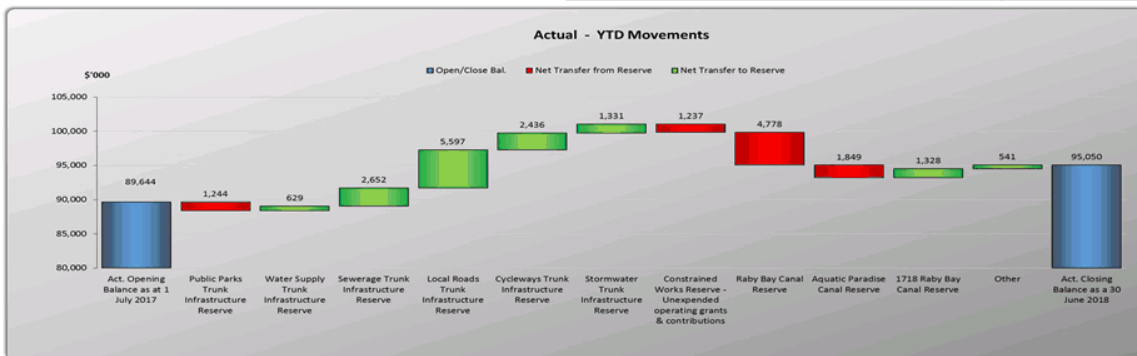
Council adopted its revised Debt Policy (POL-1838) in June 2017 for the 2017/2018 financial year





9. INTERIM CONSTRAINED CASH RESERVES

Reserves as at 30 June 2018	Opening Balance	To Reserve	From Reserve	Closing Balance
	\$000	\$000	\$000	\$000
<b>Special Projects Reserve:</b>				
Weinam Creek Reserve	3,075	452	(29)	3,498
Red Art Gallery Commissions & Donations Reserve	4	-	-	4
	<b>3,079</b>	<b>452</b>	<b>(29)</b>	<b>3,502</b>
<b>Constrained Works Reserve:</b>				
Public Parks Trunk Infrastructure Reserve	8,693	3,279	(4,523)	7,449
Land for Community Facilities Trunk Infrastructure Reserve	1,675	516	-	2,191
Water Supply Trunk Infrastructure Reserve	9,478	629	-	10,107
Sewerage Trunk Infrastructure Reserve	6,573	3,360	(708)	9,225
Constrained Works Reserve-Capital Grants & Contributions	1,154	-	(416)	738
Local Roads Trunk Infrastructure Reserve	30,570	6,598	(1,001)	36,167
Cycleways Trunk Infrastructure Reserve	8,343	2,581	(145)	10,779
Stormwater Trunk Infrastructure Reserve	7,553	1,331	-	8,884
Constrained Works Reserve-Operating Grants & Contributions	2,667	140	(1,377)	1,430
Tree Planting Reserve	86	51	(49)	88
	<b>76,792</b>	<b>18,485</b>	<b>(8,219)</b>	<b>87,058</b>
<b>Separate Charge Reserve - Environment:</b>				
Environment Charge Acquisition Reserve	618	600	(984)	234
Environment Charge Maintenance Reserve	1,387	7,636	(7,286)	1,737
SES Separate Charge Reserve	-	341	-	341
	<b>2,005</b>	<b>8,577</b>	<b>(8,270)</b>	<b>2,312</b>
<b>Special Charge Reserve - Other:</b>				
Bay Island Rural Fire Levy Reserve	-	236	(229)	7
SMBI Translink Reserve	(6)	949	(714)	229
	<b>(6)</b>	<b>1,185</b>	<b>(943)</b>	<b>236</b>
<b>Special Charge Reserve - Canals:</b>				
Raby Bay Canal Reserve	4,778	15	(4,793)	-
Aquatic Paradise Canal Reserve	2,592	16	(1,865)	743
Sovereign Waters Lake Reserve	404	6	12	422
1718 Raby Bay Canal Reserve	-	2,799	(1,471)	1,328
1718 Aquatic Paradise Canal Reserve	-	872	(1,367)	(495)
1718 Sovereign Waters Lake Reserve	-	52	(108)	(56)
	<b>7,774</b>	<b>3,760</b>	<b>(9,592)</b>	<b>1,942</b>
<b>TOTALS</b>	<b>89,644</b>	<b>32,459</b>	<b>(27,053)</b>	<b>95,050</b>
				Closing cash and cash equivalents
				<b>138,562</b>
				Reserves as percentage of cash balance
				<b>69%</b>



Total Reserves increased by \$2.50M during the month. YTD growth in developer cash contributions totalled \$18.35M with drawdowns of \$6.43M. YTD growth in other reserves totalled \$14.11M, with drawdowns totalling \$20.62M. \$3.76M of the increase in reserves is attributed to canals and lakes. The process for issuing refunds for the reserve balances quarantined for maintenance and repairs since 2011-12, has been worked through and as at end of June, Council has processed 95% of the refunds. New 2017/2018 canal and lake reserves reflect the current year program for revenue and expenditure.





## 10. INTERIM REDLAND WATER STATEMENTS

INTERIM REDLAND WATER SUMMARY OPERATING STATEMENT For the period ending 30 June 2018					
	Annual Original Budget \$000	Annual Revised Budget \$000	YTD Revised Budget \$000	YTD Actual \$000	YTD Variance \$000
Total revenue	105,147	105,147	105,147	105,521	374
Total expenses	59,688	59,688	59,688	58,347	(1,341)
Earnings before interest, tax and depreciation (EBITD)	45,459	45,459	45,459	47,174	1,715
Interest expense	18,265	18,265	18,265	18,265	-
Depreciation	18,457	18,457	18,457	23,049	4,592
Operating surplus / (deficit)	8,737	8,737	8,737	5,860	(2,877)

INTERIM REDLAND WATER CAPITAL FUNDING STATEMENT For the period ending 30 June 2018					
	Annual Original Budget \$000	Annual Revised Budget \$000	YTD Revised Budget \$000	YTD Actual \$000	YTD Variance \$000
Capital contributions, donations, grants and subsidies	6,631	6,631	6,631	4,573	(2,058)
Net transfer (to) / from constrained capital reserves	(3,120)	(3,117)	(3,117)	(3,281)	(164)
Non-cash contributions	3,131	3,131	3,131	122	(3,009)
Funding from utility revenue	4,675	6,186	6,186	4,429	(1,757)
<b>Total sources of capital funding</b>	<b>11,316</b>	<b>12,830</b>	<b>12,830</b>	<b>5,843</b>	<b>(6,987)</b>
Contributed assets	3,131	3,131	3,131	122	(3,009)
Capitalised expenditure	8,185	9,699	9,699	5,721	(3,978)
<b>Total application of capital funds</b>	<b>11,316</b>	<b>12,830</b>	<b>12,830</b>	<b>5,843</b>	<b>(6,987)</b>

## 11. REDWASTE STATEMENTS

INTERIM REDWASTE OPERATING STATEMENT For the period ending 30 June 2018					
	Annual Original Budget \$000	Annual Revised Budget \$000	YTD Revised Budget \$000	YTD Actual \$000	YTD Variance \$000
Total revenue	24,532	24,532	24,532	25,769	1,237
Total expenses	17,480	17,480	17,480	20,354	2,874
Earnings before interest, tax and depreciation (EBITD)	7,052	7,052	7,052	5,415	(1,637)
Interest expense	33	33	33	33	-
Depreciation	307	307	307	181	(126)
Operating surplus / (deficit)	6,712	6,712	6,712	5,201	(1,511)

INTERIM REDWASTE CAPITAL FUNDING STATEMENT For the period ending 30 June 2018					
	Annual Original Budget \$000	Annual Revised Budget \$000	YTD Revised Budget \$000	YTD Actual \$000	YTD Variance \$000
Non-cash contributions	-	-	-	-	-
Funding from utility revenue	317	333	333	380	47
<b>Total sources of capital funding</b>	<b>317</b>	<b>333</b>	<b>333</b>	<b>380</b>	<b>47</b>
Capitalised expenditure	240	249	249	297	48
Loan redemption	77	83	83	83	-
<b>Total application of capital funds</b>	<b>317</b>	<b>333</b>	<b>333</b>	<b>380</b>	<b>47</b>

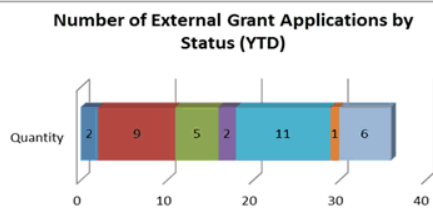




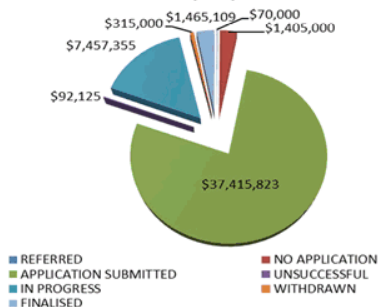


12. APPENDIX: ADDITIONAL AND NON-FINANCIAL INFORMATION

External Funding Summary



Value of External Grant Applications by Status (YTD)



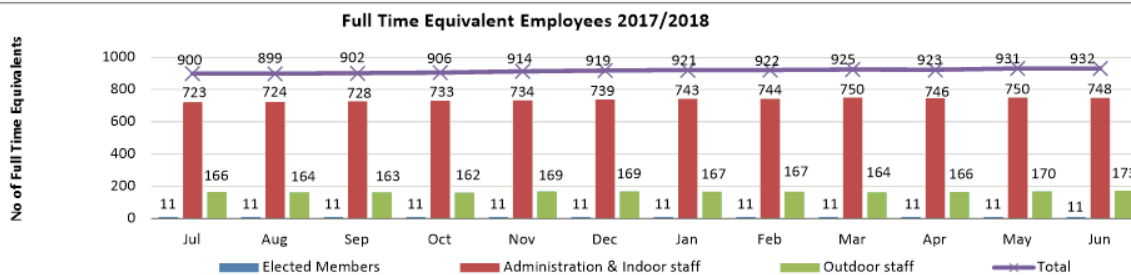
June 2018 Progress

- REFERRED:**
- Queensland Day 2019 Grant, closes 10 September 2018
- APPLICATION SUBMITTED:**
- Innovation and Improvement Fund Round 2, 6 projects submitted in pre-application stage, formal applications close 27 July 2018
  - Advancing Queensland: an age-friendly community grants program, 2 projects endorsed and supported submitted by community organisations
- APPLICATION UNSUCCESSFUL:**
- Two submissions made under the Building Better Regions Fund Round 2 were notified as unsuccessful
  - Submission made for CCTV improvements to Capalaba Place under the Safer Communities Fund was notified as unsuccessful

Successful Funding Submissions YTD 2017/2018

- Environment:**
- \$100,000 for Thornlands and Mount Cotton Koala Corridors Project under the Improving Your Local Parks and Environment Program to be completed between 2018-2020
- Roads and Active Transport:**
- \$875,000 for two Road Alliance projects to be completed in 2017/2018
  - \$456,000 for City wide Bus Shelter Renewals to be completed in 2017/2018
- Economic Development:**
- \$500,000 between 2017-2019 as part of the Advancing Regional Innovation Program (multiple partners including Logan City Council and Griffith University)
  - \$916,137 between 2017-2019 for Indigiscapes Expansion Stage 2 under the Local Government Grants and Subsidies Program
- Community Resilience:**
- \$233,838 between 2018-2020 as part of the Natural Disaster Resilience Program for two projects including Evacuation Centre Upgrades and Smart Road Flooded Signage

Workforce Reporting



Department Level	Employee Type							Total
	Casual	Contract of Service	Perm Full	Perm Part	Temp Full	Temp Part	Councillors	
Office of CEO	3	2	31	3	8	3		50
Organisational Services	4	6	157	18	25	4		214
Community and Customer Service	31	5	231	67	34	12		380
Infrastructure and Operations	8	6	310	15	22	2		363
Elected members							11	11
<b>Total</b>	<b>46</b>	<b>19</b>	<b>729</b>	<b>103</b>	<b>89</b>	<b>21</b>	<b>11</b>	<b>1018</b>

Note: Full Time Equivalent Employees includes all full time employees at a value of 1 and all other employees, at a value less than 1. The table above demonstrates the headcount by department (excluding agency staff) and does not include a workload weighting. Commencing February 2018 elected members were included in the head count to be consistent with the FTE reporting. It includes casual staff in their non-substantive roles as at the end of the period where relevant. Due to a change in the reporting structure in August 2017, Finance and Legal Services (including Procurement) moved from the Office of CEO to join Organisational Services.





### 13. GLOSSARY

#### Key Terms

**Written Down Value:**

*This is the value of an asset after accounting for depreciation or amortisation, and it is also called book value or net book value.*

**Work In Progress:**

*This represents an unfinished project that costs are still being added to. When a project is completed, the costs will be either capitalised (allocated to relevant asset class) or written off.*

#### Definition of Ratios

**Operating Surplus Ratio\*:**

*This is an indicator of the extent to which revenues raised cover operational expenses only or are available for capital funding purposes*

$$\frac{\text{Net Operating Surplus}}{\text{Total Operating Revenue}}$$
**Asset Sustainability Ratio\*:**

*This ratio indicates whether Council is renewing or replacing existing non-financial assets at the same rate that its overall stock of assets is wearing out*

$$\frac{\text{Capital Expenditure on Replacement of Infrastructure Assets (Renewals)}}{\text{Depreciation Expenditure on Infrastructure Assets}}$$
**Net Financial Liabilities\*:**

*This is an indicator of the extent to which the net financial liabilities of Council can be serviced by operating revenues*

$$\frac{\text{Total Liabilities - Current Assets}}{\text{Total Operating Revenue}}$$
**Level of Dependence on General Rate Revenue:**

*This ratio measures Council's reliance on operating revenue from general rates (excludes utility revenues)*

$$\frac{\text{General Rates - Pensioner Remissions}}{\text{Total Operating Revenue - Gain on Sale of Developed Land}}$$
**Current Ratio:**

*This measures the extent to which Council has liquid assets available to meet short term financial obligations*

$$\frac{\text{Current Assets}}{\text{Current Liabilities}}$$
**Debt Servicing Ratio:**

*This indicates Council's ability to meet current debt instalments with recurrent revenue*

$$\frac{\text{Interest Expense + Loan Redemption}}{\text{Total Operating Revenue - Gain on Sale of Developed Land}}$$
**Cash Balance - \$M:**

*Cash balance include cash on hand, cash at bank and other short term investments.*

Cash Held at Period End

**Cash Capacity in Months:**

*This provides an indication as to the number of months cash held at period end would cover operating cash outflows*

$$\frac{\text{Cash Held at Period End}}{[(\text{Cash Operating Costs} + \text{Interest Expense}) / \text{Period in Year}]}$$
**Longer Term Financial Stability - Debt to Asset Ratio:**

*This is total debt as a percentage of total assets, i.e. to what extent will our long term debt be covered by total assets*

$$\frac{\text{Current and Non-current loans}}{\text{Total Assets}}$$
**Operating Performance:**

*This ratio provides an indication of Redland City Council's cash flow capabilities*

$$\frac{\text{Net Cash from Operations + Interest Revenue and Expense}}{\text{Cash Operating Revenue + Interest Revenue}}$$
**Interest Coverage Ratio:**

*This ratio demonstrates the extent which operating revenues are being used to meet the financing charges*

$$\frac{\text{Net Interest Expense on Debt Service}}{\text{Total Operating Revenue}}$$

\* These targets are set to be achieved on average over the longer term and therefore are not necessarily expected to be met on a monthly basis.



## 13 REPORTS FROM COMMUNITY & CUSTOMER SERVICES

### 13.1 DECISIONS MADE UNDER DELEGATED AUTHORITY FOR CATEGORY 1, 2 & 3 DEVELOPMENT APPLICATIONS

**Objective Reference:**

**Authorising Officer:** Louise Rusan, General Manager Community & Customer Services

**Responsible Officer:** David Jeanes, Group Manager City Planning & Assessment

**Report Author:** Hayley Saharin, Senior Business Support Officer

**Attachments:** 1. Decisions Made under Delegated Authority 27.05.2018 to 30.06.2018 [↓](#)

#### 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 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 note this report.**

### Decisions made under delegated authority for 27.05.2018 to 02.06.2018

#### CATEGORY 1

Application Id	Application Full Details	Applicant	Associated Property Address	Primary Category	Decision Date	Negotiated Decision Date	Decision Description	Division
CAR18/0195	Design and Siting	The Certifier Pty Ltd	1 Sleath Street Ormiston QLD 4160	Referral Agency Response - Planning	23/05/2018	NA	Approved	1
CAR18/0202	Design and Siting	Castle Glenn Homes Suzanne Kate HEMBROW	52 Rose Street Ormiston QLD 4160	Referral Agency Response - Planning	15/05/2018	NA	Approved	1
CAR18/0208	Design and Siting - Dwelling House	The Certifier Pty Ltd	28 Bayview Street Wellington Point QLD 4160	Referral Agency Response - Planning	31/05/2018	NA	Approved	1
MCU18/0080	Change to Development Approval - MCU014027	Philip Impey Architect	10 Sturgeon Street Ormiston QLD 4160	Minor Change to Approval	28/05/2018	NA	Approved	1
MCU18/0101	Change to development approval - MCU 013318 - Home Business	Iris VAN QUICKELBURGHE	9 Anhs Place Wellington Point QLD 4160	Minor Change to Approval	29/05/2018	NA	Approved	1
CAR18/0188	Design and Siting- Dwelling House	Coral Homes (Qld) Pty Ltd	138 Bay Street Cleveland QLD 4163	Referral Agency Response - Planning	30/05/2018	NA	Approved	2
CAR18/0212	Design & Siting - Dwelling House x 2	Building Code Approval Group Pty Ltd Edgarange Pty Ltd	57 Princess Street Cleveland QLD 4163	Referral Agency Response - Planning	30/05/2018	NA	Approved	2

## Decisions made under delegated authority for 27.05.2018 to 02.06.2018

### CATEGORY1

Application Id	Application Full Details	Applicant	Associated Property Address	Primary Category	Decision Date	Negotiated Decision Date	Decision Description	Division
CAR18/0215	Design and Siting - Carport	Fluid Building Approvals	34 Venn Parade Thornlands QLD 4164	Referral Agency Response - Planning	31/05/2018	NA	Approved	3
CAR18/0146	Design and Siting - Shed	The Certifier Pty Ltd	1 Trisha Close Victoria Point QLD 4165	Referral Agency Response - Planning	31/05/2018	NA	Approved	4
CAR18/0205	Design and Siting- Dwelling	Fluid Approvals	12 Penrose Avenue Redland Bay QLD 4165	Referral Agency Response - Planning	29/05/2018	NA	Approved	4
OPW18/0058	Operational Works - Domestic Driveway Crossover	Hugh James CARR	83 Colburn Avenue Victoria Point QLD 4165	Code Assessment	31/05/2018	NA	Development Permit	4
CAR18/0203	Design and Siting - Dwelling	Bartley Burns Certifiers & Planners	22 Dart Street Redland Bay QLD 4165	Referral Agency Response - Planning	29/05/2018	NA	Approved	5
CAR18/0217	Design and Siting	Fastrack Building Certification	220 School Of Arts Road Redland Bay QLD 4165	Referral Agency Response - Planning	30/05/2018	NA	Approved	5
MCU18/0093	Change to Development Approval - Dwelling House	Bay Island Designs	41 Attunga Street Macleay Island QLD 4184	Minor Change to Approval	28/05/2018	NA	Approved	5
CAR18/0169	Design and Siting - Shed Extension	Fluid Building Approvals	309 Avalon Road Sheldon QLD 4157	Referral Agency Response - Planning	22/05/2018	NA	Approved	6

### Decisions made under delegated authority for 27.05.2018 to 02.06.2018

#### CATEGORY1

Application Id	Application Full Details	Applicant	Associated Property Address	Primary Category	Decision Date	Negotiated Decision Date	Decision Description	Division
CAR18/0117.01	Design and Siting	All Approvals Pty Ltd Andrew James BATEMAN Sally Anne BATEMAN	4 Westaway Court Thornlands QLD 4164	Minor Change to Approval	01/06/2018	NA	Approved	7
CAR18/0213	Design and Siting- Shed	Fluid Building Approvals	16 Hilltop Crescent Alexandra Hills QLD 4161	Referral Agency Response - Planning	01/06/2018	NA	Approved	7
CAR18/0210	Design and Siting- Carport and Extension	Thomas Christopher LANCASTER	10 Polperro Court Alexandra Hills QLD 4161	Referral Agency Response - Planning	29/05/2018	NA	Approved	7
MCU18/0019.01	Change to Development Approval	Craig Sydney LAMBERT	10 Water Lilly Drive Capalaba QLD 4157	Minor Change to Approval	29/05/2018	NA	Approved	9
MCU18/0042	Dwelling House	The Certifier Pty Ltd	24 Hugh Street Thorneside QLD 4158	Code Assessment	01/06/2018	NA	Development Permit	10
RAL18/0025	Reconfiguration of Lot - 3 into 6 - Minor Change	Suzanne Kate HEMBROW	34 Collingwood Road Birkdale QLD 4159	Minor Change to Approval	29/05/2018	NA	Approved	10

### Decisions made under delegated authority for 27.05.2018 to 02.06.2018

#### CATEGORY2

Application Id	Application Full Details	Applicant	Associated Property Address	Primary Category	Decision Date	Negotiated Decision Date	Decision Description	Division
OPW18/0043	Operational Works For ROL - 1 into 2	Bax Investments Pty Ltd	22 Erobin Street Cleveland QLD 4163	Code	28/05/2018	NA	Development Permit	2
MCU18/0094	Change to development approval - MCU012074	Paul Harding HAERSE Robyn Ann HAERSE	16 Robert Street Russell Island QLD 4184	Minor Change to Approval	28/05/2018	NA	Approved	5
RAL18/0043	Change to Development Approval - Combined Staged Format Subdivision with Dwelling Houses and Small lot houses	Henley Properties (Qld) Pty Ltd Wolter Consulting Group	18 Salisbury Street Redland Bay QLD 4165	Minor Change to Approval	30/05/2018	NA	Approved	5
OPW18/0035	Operational works - Retrospective Earthworks	Jade Lauren WILSON	148-160 Heinemann Road Redland Bay QLD 4165	Code	01/06/2018	NA	Development Permit	6

### Decisions made under delegated authority 03.06.2018 to 09.06.2018

#### CATEGORY1

Application Id	Application Full Details	Applicant	Associated Property Address	Primary Category	Decision Date	Negotiated Decision Date	Decision Description	Division
CAR18/0209	Design and Siting - New Dwelling	Anthony CREGAN	16-20 O'Connell Parade Wellington Point QLD 4160	Referral Agency Response - Planning	06/06/2018	NA	Approved	1
CAR18/0206	Design and Siting - Domestic Additions	Austags Development	36-38 Rose Street Ormiston QLD 4160	Referral Agency Response - Planning	04/06/2018	NA	Approved	1
MCU18/0080	Change to Development Approval - MCU014027	Philip Impey Architect	10 Sturgeon Street Ormiston QLD 4160	Minor Change to Approval	04/06/2018	NA	Approved	1
CAR18/0220	Design & Siting - Carport	Hugo Robert BRUIN Lynette Kay BRUIN	135 Fitzroy Street Cleveland QLD 4163	Referral Agency Response - Planning	05/06/2018	NA	Approved	2
CAR18/0223	Design and Siting - Carport	Capital Building Approvals	104 Smith Street Cleveland QLD 4163	Referral Agency Response - Planning	04/06/2018	NA	Approved	2
CAR18/0184	Design and Siting - Additions	The Certifier Pty Ltd	62 Orana Esplanade Victoria Point QLD 4165	Referral Agency Response - Planning	04/06/2018	NA	Approved	4
CAR18/0069	Amenity and Aesthetics - Dwelling and 3 Shipping Containers	Curlew Homes Pty Ltd	146 High Central Road Macleay Island QLD 4184	Referral Agency Response - Planning	13/06/2018	NA	Approved	5
CAR18/0114	Design and Siting	Suncoast Building Approvals	41 Stradbroke Street Redland Bay QLD 4165	Referral Agency Response - Planning	04/06/2018	NA	Approved	5

### Decisions made under delegated authority 03.06.2018 to 09.06.2018

#### CATEGORY1

Application Id	Application Full Details	Applicant	Associated Property Address	Primary Category	Decision Date	Negotiated Decision Date	Decision Description	Division
CAR18/0200	Amenity and Aesthetics - Cabins	All Approvals Pty Ltd	18 Gilcrest Road Russell Island QLD 4184	Referral Agency Response - Planning	07/06/2018	NA	Approved	5
MCU18/0093	Change to Development Approval - Dwelling House	Bay Island Designs	41 Attunga Street Macleay Island QLD 4184	Minor Change to Approval	04/06/2018	NA	Approved	5
MCU18/0062	Dwelling House	Bay Island Designs	38 Timothy Street Macleay Island QLD 4184	Code Assessment	04/06/2018	NA	Approved	5
MCU18/0067	Dwelling House	Bay Island Designs	35 Kalara Street Macleay Island QLD 4184	Code Assessment	06/06/2018	NA	Development Permit	5
RAL18/0028	Reconfiguring a Lot - Rearranging Boundaries - 2 into 2 lots	Sharon Louise MCCABE Stephen Leslie MCCABE	142 Main Street Redland Bay QLD 4165	Code Assessment	07/06/2018	NA	Development Permit	5
CAR18/0187	Design and Siting - Extension- Build near sewer	Bartley Burns Certifiers & Planners	87 Redruth Road Alexandra Hills QLD 4161	Referral Agency Response - Planning	05/06/2018	NA	Approved	7
DBW18/0018	Domestic Outbuilding - Shed	The Certifier Pty Ltd	7 Ruth Street Birkdale QLD 4159	Code Assessment	04/06/2018	NA	Approved	10

## Decisions made under delegated authority 03.06.2018 to 09.06.2018

### CATEGORY2

Application Id	Application Full Details	Applicant	Associated Property Address	Primary Category	Decision Date	Negotiated Decision Date	Decision Description	Division
MCU18/0108	Change to Development Approval - MCU013166	Platinum Design, Curo Property Solutions	18 Bainbridge Street Ormiston QLD 4160	Minor Change to Approval	08/06/2018	NA	Approved	1
MCU18/0109	Change to Development Approval - MCU013165	Curo Property Solutions	16 Bainbridge Street Ormiston QLD 4160	Minor Change to Approval	08/06/2018	NA	Approved	1
OPW18/0012	Operational Works - Prescribed Tidal Works - Pontoon	Aqua Pontoons Pty Ltd	11 Anchorage Drive Cleveland QLD 4163	Code Assessment	07/06/2018	NA	Development Permit	2
MCU18/0082	Change to Development Approval MCU013661	Javica Pty Ltd	16 Wharf Street Cleveland QLD 4163	Minor Change to Approval	04/06/2018	NA	Approved	2
OPW18/0065	Operational Works - Main Sewerage Reticulation System	Palacio Property Group Pty Ltd As Trustee	4-8 Rachow Street Thornlands QLD 4164	Code Assessment	08/06/2018	NA	Development Permit	3
CAR18/0178	Build Over or Near Relevant Infrastructure - Pool	Building Approvals & Advice	41 Wilson Esplanade Victoria Point QLD 4165	Referral Agency Response - Engineering	30/05/2018	NA	Approved	4
EXC18/0005	Exemption Certificate	Mr Alan G Hope As Trustee	137 Main Street Redland Bay QLD 4165	Exemption Certificate	07/06/2018	NA	Approved	5
MCU18/0032	Request to Change C1420 - Conv- SERVICE STATION	Mr William A Tincknell, Mrs Gina A Tincknell	73 High Street Russell Island QLD 4184	Other Change to Approval	08/06/2018	NA	Development Permit	5
RAL18/0044	Change to Development Approval - Combined Staged Format Subdivision with Dwelling Houses and Small lot houses - 21 Swansea Street	Clarendon Homes Qld C/ - Professional Certification Group	18 Salisbury Street Redland Bay QLD 4165	Minor Change to Approval	04/06/2018	NA	Approved	5
		Wolter Consulting Group						



### Decisions made under delegated authority 03.06.2018 to 09.06.2018

#### CATEGORY2

Application Id	Application Full Details	Applicant	Associated Property Address	Primary Category	Decision Date	Negotiated Decision Date	Decision Description	Division
RAL18/0045	Change to Development Approval - Standard Format Reconfiguration - 3 lots	AJS Surveys Pty Ltd	128 Seaview Road Mount Cotton QLD 4165	Minor Change to Approval	04/06/2018	NA	Approved	6
		M C Challoner & Associates						
RAL18/0042	Change Application - Standard Format - Reconfiguring a Lot	68 Kinross Developments Pty Ltd	64-66 Kinross Road Thornlands QLD 4164	Minor Change to Approval	07/06/2018	NA	Approved	7
CAR17/0246.01	Change to Development Approval - Design and Siting - Dwellings x 51	Saunders Havill Group	68-70 Kinross Road Thornlands QLD 4164	Minor Change to Approval	07/06/2018	NA	Approved	7
CAR18/0111	Build Over or Near Relevant Infrastructure - Retaining Wall	Senadji Corporate 1 Pty Ltd As Trustee	23 Hampshire Crescent Alexandra Hills QLD 4161	Referral Agency Response - Engineering	09/05/2018	NA	Approved	7
MCU17/0068	Change to Development Approval MC011532 (Apartment Building x 271 units)	LM Capalaba Pty Ltd	54-58 Mount Cotton Road Capalaba QLD 4157	Other Change to Approval	18/04/2018	08/06/2018	Approved	9
OPW002265	Operational Works - CIVIL ONLY - Multiple Dwelling x 41	Heran Building Group Pty Ltd	Rhodes 500/58 Mount Cotton Road Capalaba QLD 4157	SPA - 15 Day Compliance Assessment	04/06/2018	NA	Compliance Certificate	9

**Decisions made under delegated authority 03.06.2018 to 09.06.2018****CATEGORY3**

Application Id	Application Full Details	Applicant	Associated Property Address	Primary Category	Decision Date	Negotiated Decision Date	Decision Description	Division
MCU17/0105	8 Shed Expansion to Existing Poultry Farm	Reel Planning P/L	111-153 Days Road Redland Bay QLD 4165	Code Assessment	04/06/2018	NA	Development Permit	6

### Decisions made under delegated authority for 10.06.2018 to 16.06.2018

#### CATEGORY1

Application Id	Application Full Details	Applicant	Associated Property Address	Primary Category	Decision Date	Negotiated Decision Date	Decision Description	Division
CAR18/0216	Design and Siting	Cert 1 Private Building Certification	648 Main Road Wellington Point QLD 4160	Referral Agency Response - Planning	11/06/2018	NA	Approved	1
CAR18/0218	Design & Siting - Dwelling House	Philip Murray IMPEY	4/283 Main Road Wellington Point QLD 4160	Referral Agency Response - Planning	11/06/2018	NA	Approved	1
CAR18/0221	Design and Siting	Baic	26 Harris Street Wellington Point QLD 4160	Referral Agency Response - Planning	11/06/2018	NA	Approved	1
MCU18/0071	Dwelling House	Sutgold Pty Ltd	30-32 Station Street Wellington Point QLD 4160	Code Assessment	11/06/2018	NA	Development Permit	1
RAL18/0024	Reconfiguring a Lot - Standard Format - 1 into 2 lots	Statewide Survey Group Pty Ltd Consulting Surveyors	688 Main Road Wellington Point QLD 4160	Code Assessment	15/06/2018	NA	Development Permit	1
DBW18/0021	Domestic Additions- Deck and Pergola	PV Building Design	121 Mooloomba Road Point Lookout QLD 4183	Code Assessment	14/06/2018	NA	Development Permit	2
DBW18/0022	Domestic Outbuilding	Heisig Constructions (QLD) Pty Ltd	17 Bonaventure Court Cleveland QLD 4163	Code Assessment	11/06/2018	NA	Development Permit	2

## Decisions made under delegated authority for 10.06.2018 to 16.06.2018

### CATEGORY1

Application Id	Application Full Details	Applicant	Associated Property Address	Primary Category	Decision Date	Negotiated Decision Date	Decision Description	Division
MCU18/0103	Change to Development Approval - Multiple Dwelling ( 5 townhouses)	Platinum Design	11 Island Street Cleveland QLD 4163	Minor Change to Approval	13/06/2018	NA	Approved	2
OPW18/0037	Advertising Device Works	Bax Investments Pty Ltd	12-16 Wellington Street Cleveland QLD 4163	Code Assessment	14/06/2018	NA	Development Permit	2
RAL18/0033	Reconfiguring a Lot - Standard Format - 1 into 2 lots	Robert O LANSDOWNE	16 Scott Street Cleveland QLD 4163	Code Assessment	14/06/2018	NA	Development Permit	2
CAR18/0211	Design and Siting - Dwelling	Bartley Burns Certifiers & Planners	27 Affinity Way Thornlands QLD 4164	Referral Agency Response - Planning	13/06/2018	NA	Approved	3
CAR18/0214	Design and Siting - Carport	The Certifier Pty Ltd	5 Pelham Street Victoria Point QLD 4165	Referral Agency Response - Planning	11/06/2018	NA	Approved	4
CAR18/0226	Design and Siting - Shed	Applied Building Approvals	137 Beelong Street Macleay Island QLD 4184	Referral Agency Response - Planning	14/06/2018	NA	Approved	5
CAR18/0228	Design and Siting- Dwelling	Building Approvals Qld	26 Goolagong Street Russell Island QLD 4184	Referral Agency Response - Planning	13/06/2018	NA	Approved	5
MCU18/0114	Change to Development Approval - Dwelling House	Sandra Joyce DOMALEWSKI	23 Esplanade Redland Bay QLD 4165	Minor Change to Approval	14/06/2018	NA	Approved	5

### Decisions made under delegated authority for 10.06.2018 to 16.06.2018

#### CATEGORY1

Application Id	Application Full Details	Applicant	Associated Property Address	Primary Category	Decision Date	Negotiated Decision Date	Decision Description	Division
DBW18/0015	Secondary Dwelling	East Coast Surveys Pty Ltd	521A West Mount Cotton Road Mount Cotton QLD 4165	Code Assessment	15/06/2018	NA	Development Permit	6
OPW18/0045	Advertising Device	Phoenix Outdoor	439-447 Redland Bay Road Victoria Point QLD 4165	Code Assessment	12/06/2018	NA	Development Permit	6
OPW18/0068	Operational Works - 2nd Domestic Driveway Crossover	James Edward LAMMEY	2 Durian Street Mount Cotton QLD 4165	Code Assessment	14/06/2018	NA	Development Permit	6
OPW18/0044	Advertising Device	Phoenix Outdoor	2-6 Bailey Road Birkdale QLD 4159	Code Assessment	12/06/2018	NA	Development Permit	8
MCU014007	Dual Occupancy	Suzanne Kate HEMBROW	59 Willard Road Capalaba QLD 4157	Impact Assessment	11/06/2018	NA	Development Permit	9

**Decisions made under delegated authority for 10.06.2018 to 16.06.2018****CATEGORY2**

Application Id	Application Full Details	Applicant	Associated Property Address	Primary Category	Decision Date	Negotiated Decision Date	Decision Description	Division
EXC18/0007	Exemption Certificate – Dwelling House	Philip Murray IMPEY	4/283 Main Road Wellington Point QLD 4160	Planning Act Request	11/06/2018	NA	Approved	1
OPW18/0051	Operational Works – ROL - 3 into 6 Lots	Azura Property Group Pty Ltd	30 Collingwood Road Birkdale QLD 4159	Code Assessment	15/06/2018	NA	Development Permit	10

## Decisions made under delegated authority 17.06.2018 to 24.06.2018

### CATEGORY1

Application Id	Application Full Details	Applicant	Associated Property Address	Primary Category	Decision Date	Negotiated Decision Date	Decision Description	Division
CAR17/0197.01	Design and Siting - Dwelling - Change to Development application	Cornerstone Building Certification	14 Beachcrest Road Wellington Point QLD 4160	Minor Change to Approval	22/06/2018	NA	Approved	1
CAR18/0157	Design and Siting	The Certifier Pty Ltd	75 Hilliards Park Drive Wellington Point QLD 4160	Referral Agency Response - Planning	20/06/2018	NA	Approved	1
CAR18/0246	Design and Siting	DBR Building Certification	33 Mindarie Crescent Wellington Point QLD 4160	Referral Agency Response - Planning	20/06/2018	NA	Approved	1
CAR18/0229	Design and Siting- Garage Addition	Bartley Burns Certifiers & Planners	9 Princess Street Cleveland QLD 4163	Referral Agency Response - Planning	19/06/2018	NA	Approved	2
CAR18/0231	Design and Siting - Carport	Professional Certification Group Pty Ltd	10 Eileen Close Thornlands QLD 4164	Referral Agency Response - Planning	22/06/2018	NA	Approved	3
CAR18/0227	Design & Siting & Amenity and Aesthetics - Removal Dwelling	Applied Building Approvals	37 Stradbroke Street Redland Bay QLD 4165	Referral Agency Response - Planning	18/06/2018	NA	Approved	5
CAR18/0235	Amenity and Aesthetics	Glendale Homes	4 Wentworth Parade Russell Island QLD 4184	Referral Agency Response - Planning	18/06/2018	NA	Approved	5
CAR18/0237	Design and Siting	Fluid Building Approvals	13 Normanby Street Alexandra Hills QLD 4161	Referral Agency Response - Planning	21/06/2018	NA	Approved	8

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### Decisions made under delegated authority 17.06.2018 to 24.06.2018

#### CATEGORY1

Application Id	Application Full Details	Applicant	Associated Property Address	Primary Category	Decision Date	Negotiated Decision Date	Decision Description	Division
CAR18/0174	Design and Siting and Build Over Sewer	Kp Building Approvals Pty Ltd	49 Brosnan Drive Capalaba QLD 4157	Referral Agency Response - Planning	18/06/2018	NA	Approved	9
CAR18/0232	Design and Siting - Garage	Kp Building Approvals Pty Ltd	1 James Street Capalaba QLD 4157	Referral Agency Response - Planning	19/06/2018	NA	Approved	9
MCU18/0112	Dwelling House (incl Secondary Dwelling)	Metricon Homes Qld	27-29 Stanley Street Capalaba QLD 4157	Code Assessment	18/06/2018	NA	Development Permit	9
RAL18/0038	Extension to Currency Period - ROL005982	Redland City Council City Spaces	Degen Road Park 1-21 Degen Road Capalaba QLD 4157	Minor Change to Approval	20/06/2018	NA	Approved	9



### Decisions made under delegated authority 17.06.2018 to 24.06.2018

#### CATEGORY2

Application Id	Application Full Details	Applicant	Associated Property Address	Primary Category	Decision Date	Negotiated Decision Date	Decision Description	Division
OPW18/0061	Operational Works - Domestic Driveway Crossover	Lindsay BARRIE	12 Achernar Court Thornlands QLD 4164	Code Assessment	18/06/2018	NA	Development Part Permit	3
OPW18/0035	Operational works - Retrospective Earthworks	Jade Lauren WILSON	148-160 Heinemann Road Redland Bay QLD 4165	Code Assessment	20/06/2018	NA	Development Permit	6
OPW18/0041	Operational Works - Water Main Relocation - Cleveland-Redland Bay Rd, Double Jump Rd & Boundary St Intersection Upgrade (Shoreline Associated)	Shoreline Redlands Pty Ltd	156-168 Serpentine Creek Road Redland Bay QLD 4165	Code Assessment	19/06/2018	NA	Development Permit	6

## Decisions Made Under Delegated Authority 24.06.2018 to 30.06.2018

### CATEGORY1

Application Id	Application Full Details	Applicant	Associated Property Address	Primary Category	Decision Date	Negotiated Decision Date	Decision Description	Division
MCU18/0126	Change to Development Approval - Dwelling House	Michael Frederick HUNTER	20 Esplanade Wellington Point QLD 4160	Minor Change to Approval	27/06/2018	NA	Approved	1
CAR18/0239	Design and Siting	The Certifier Pty Ltd	28 Sandy Cove Place Redland Bay QLD 4165	Referral Agency Response - Planning	26/06/2018	NA	Approved	5
CAR18/0241	Design and Siting - Dwelling	Jon Alexander MCMORROW	21 Benowa Street Macleay Island QLD 4184	Referral Agency Response - Planning	27/06/2018	NA	Approved	5
CAR18/0247	Design and Siting - Dwelling House	Applied Building Approvals	13 Pia Street Russell Island QLD 4184	Referral Agency Response - Planning	27/06/2018	NA	Approved	5
MCU18/0084	New Dwelling & Attached Garage	Bay Island Designs	73 Coondoorroopa Drive Macleay Island QLD 4184	Code Assessment	25/06/2018	NA	Development Permit	5
CAR18/0230	Design and Siting - Patio	Fluid Building Approvals	29 Lyndon Road Capalaba QLD 4157	Referral Agency Response - Planning	27/06/2018	NA	Approved	7
CAR18/0242	Design and Siting- Dwelling	Monika KANDA Professional Certification Group Pty Ltd	18 Leven Street Thornlands QLD 4164	Referral Agency Response - Planning	28/06/2018	NA	Approved	7

## Decisions Made Under Delegated Authority 24.06.2018 to 30.06.2018

### CATEGORY 1

Application Id	Application Full Details	Applicant	Associated Property Address	Primary Category	Decision Date	Negotiated Decision Date	Decision Description	Division
CAR18/0207	Design and Siting - Pergola and Carport	Allan Neil CASPERSON	23 Dianella Place Capalaba QLD 4157	Referral Agency Response - Planning	25/06/2018	NA	Approved	9
		Sylvia Henriette CASPERSON						
DBW18/0038	Change to Development Approval - BWP004330 - Domestic Outbuilding - Shed, Boatport, Carport and Alterations	Nancy Ella GRICE	30 Brewer Street Capalaba QLD 4157	Minor Change to Approval	29/06/2018	NA	Approved	9
		Ross James WOODEN						
		The Certifier Pty Ltd						

## Decisions Made Under Delegated Authority 24.06.2018 to 30.06.2018

### CATEGORY2

Application Id	Application Full Details	Applicant	Associated Property Address	Primary Category	Decision Date	Negotiated Decision Date	Decision Description	Division
MCU18/0120	Change to development approval- MCU013299- Multiple dwellings x 5	Mr Philip M Impey	285 Main Road Wellington Point QLD 4160	Minor Change to Approval	29/06/2018	NA	Approved	1
MCU18/0123	Change to development approval MC010654 - 7 Storey Apartment Building	Building Code Approval Group Pty	140 Middle Street Cleveland QLD 4163	Minor Change to Approval	29/06/2018	NA	Approved	2
OPW18/0008	Temporary rock platform 22m long x 9m - Prescribed Tidal Works	Pensar Civil Pty Ltd	14-22 Russell Terrace Macleay Island QLD 4184	Code Assessment	25/06/2018	NA	Development Permit	5
RAL18/0006	Change to Development Approval ROL005777 (Standard Format Reconfiguration - 1 into 9) - Removal of Bio-Retention Basins	Southsea's Developments Pty Ltd As Trustee	97-101 Unwin Road Redland Bay QLD 4165	Minor Change to Approval	27/06/2018	NA	Approved	6
		Pro Town Planners						
OPW17/0046.01	Operational Works - ROL 1 into 30 - Change Application	Andiworth Pty Ltd	Highfield Avenue Creek Corridor 74 Kinross Road Thornlands QLD 4164	Minor Change to Approval	25/06/2018	NA	Approved	7

**13.2 LIST OF DEVELOPMENT AND PLANNING RELATED COURT MATTERS AS AT 4 JULY 2018****Objective Reference:****Authorising Officer:** Louise Rusan, General Manager Community & Customer Services**Responsible Officer:** David Jeanes, Group Manager City Planning & Assessment**Report Author:** Emma Martin, Senior Appeals Planner**Attachments:** Nil**PURPOSE**

The purpose of this report is for Council to note the current development and planning related Court matters/proceedings.

**BACKGROUND**

Information on appeals 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/services/search-for-a-court-file/search-civil-files-ecourts>

- b) Judgments 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. Court of Appeal**

Information on the process and how to search for a copy of Court of Appeal documents can be found at the Supreme Court (Court of Appeal) website:

<http://www.courts.qld.gov.au/courts/court-of-appeal/the-appeal-process>

**3. Department of State Development, Manufacturing, Infrastructure and Planning (DSDMIP)**

The DSDMIP provides a Database of Appeals that may be searched for past appeals and declarations heard by the Planning and Environment Court.

<https://planning.dsdmip.qld.gov.au/planning/spa-system/dispute-resolution-under-spa/planning-and-environment-court/planning-and-environment-court-appeals-database>

The database contains:

- a) 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.
- b) Information about the appeal or declaration, including the appeal number, name and year, the site address and local government.

**4. Department of Housing and Public Works (DHPW)**

Information on the process and remit of development tribunals can be found at the DHPW web site:

<Http://www.hpw.qld.gov.au/construction/BuildingPlumbing/DisputeResolution/Pages/default.aspx>

**PLANNING & ENVIRONMENT COURT APPEALS**

<b>1.</b>	<b>File Number:</b>	Appeal 3641 of 2015 (MCU012812)
<b>Appellant:</b>		<b>King of Gifts Pty Ltd and HTC Consulting Pty Ltd</b>
<b>Proposed Development:</b>		Material Change of Use for Service Station (including car wash) and Drive Through Restaurant 604-612 Redland Bay Road, Alexandra Hills
<b>Appeal Details:</b>		Appeal against Council refusal
<b>Current Status:</b>		Appeal filed on 16 September 2015. Trial held 1-3 August 2017. Judgment handed down on 6 November 2017. Appeal allowed subject to finalising conditions. Conditions resolved and final orders delivered on 18 June 2018. Council has until 30 July to appeal the decision.

<b>2.</b>	<b>File Number:</b>	Appeal 4515 of 2017 (ROL006084)
<b>Appellant:</b>		<b>Australian Innovation Centre Pty Ltd</b>
<b>Proposed Development:</b>		Reconfiguring a Lot (1 into 22 lots and park) 289-301 Redland Bay Road, Thornlands (Lot 5 on RP14839)
<b>Appeal Details:</b>		Deemed refusal appeal
<b>Current Status:</b>		Appeal filed on 23 November 2017. On 31 January 2018 Council solicitors notified the parties that it opposed the proposed development. A mediation was held on 6 March 2018. The next Court review is 19 July 2018.

<b>3.</b>	<b>File Number:</b>	Appeal 339 of 2018 (MCU013949)
<b>Appellant:</b>		<b>Hosgood Company 3 Pty Ltd &amp; DPK Injection Pty Ltd</b>
<b>Proposed Development:</b>		Material Change of Use for a Dual Occupancy 2 Starkey Street, Wellington Point (Lot 11 on SP284567)
<b>Appeal Details:</b>		Appeal against Council refusal
<b>Current Status:</b>		Appeal filed on 30 January 2018. Mediation held on 10 April 2018. The next Court review is 20 July 2018.

<b>4.</b>	<b>File Number:</b>	Appeal 461 of 2018 (MCU013977)
<b>Appellant:</b>		<b>Robyn Edwards &amp; Ronald Edwards</b>
<b>Proposed Development:</b>		Material Change of Use for an Undefined Use (Rooming Accommodation) 41 Ziegenfusz Road, Thornlands (Lot 291 on RP801793)
<b>Appeal Details:</b>		Appeal against Council refusal
<b>Current Status:</b>		Appeal filed on 8 February 2018. A Directions Order was set down on 27 April 2018 detailing a timetable for the proceedings. Mediation held 31 May 2018. The next Court review is 3 August 2018.

<b>5.</b>	<b>File Number:</b>	Appeal 894 of 2018 (MCU013921)
<b>Appellant:</b>		<b>Palacio Property Group Pty Ltd</b>
<b>Proposed Development:</b>		Infrastructure Conversion Application (relating to the Development Permit for a Material Change of Use for Multiple Dwellings (22 units)) 4-8 Rachow Street, Thornlands (Lot 5 on SP149013)
<b>Appeal Details:</b>		Appeal against Council refusal
<b>Current Status:</b>		Appeal filed on 9 March 2018. A without prejudice meeting was held on 17 May 2018.

<b>6.</b>	<b>File Number:</b>	Appeal 1506 of 2018 (MCU17/0149)
<b>Appellant:</b>		<b>Barro Group Pty Ltd</b>
<b>Proposed Development:</b>		Request to Extend the Currency Period (relating to the Development Permit for a Material Change of Use for Extractive Industry and Environmentally Relevant Activities 8 (Chemical Storage), 16 (Extractive and Screening Activities) and 21 (Motor Vehicle Workshop Operation)) 1513 and 1515-1521 Mount Cotton Road, Mount Cotton 163-177 and 195 Gramzow Road, Mount Cotton (Lot 162 on S31962, Lot 238 on SP218968, Lot 370 on S311071, Lot 1 on RP108970, Lot 17 on RP108970, Lot 1 on SP272090, Lot 2 on SP272091, Lot 3 on SP272092 and the land comprising part of Greenhide (California) Creek located between Lot 162 on S31962 and Lot 238 on SP218968, which is the property of the State)
<b>Appeal Details:</b>		Appeal against Council refusal
<b>Current Status:</b>		Appeal filed on 24 April 2018. Mediation is required before 13 July 2018.

<b>7.</b>	<b>File Number:</b>	Appeal 1774 of 2018 (OPW002206)
<b>Appellant:</b>		<b>Jexville Pty Ltd</b>
<b>Proposed Development:</b>		Operational Works for an Advertising Device 39 Old Cleveland Road, Capalaba (Lot 1 on RP137310)
<b>Appeal Details:</b>		Appeal against a condition of the Development Permit
<b>Current Status:</b>		Appeal filed on 15 May 2018. Mediation was held on 27 June 2018.

<b>8.</b>	<b>File Number:</b>	Appeal 1834 of 2018 (RCC reference CAR17/058 and Development Tribunal reference 58 of 2017)
<b>Appellant:</b>		<b>Redland City Council</b>
<b>Respondents:</b>		<b>Michael Van Dyck</b> <b>Sean Carroll</b> <b>Jane Carroll</b>
<b>Proposed Development:</b>		Building Works for a Domestic Outbuilding (Carport) 22 Sommerssea Court, Cleveland (Lot 666 on CP853643)
<b>Appeal Details:</b>		Appeal against the decision of the Development Tribunal (58-17)
<b>Current Status:</b>		Appeal filed on 18 May 2018. Review scheduled for 27 July 2018.

<b>9.</b>	<b>File Number:</b>	Appeal 2142 of 2018 (MCU013782)
<b>Appellant:</b>		<b>Binnaton Holdings Ltd</b>
<b>Proposed Development:</b>		Material Change of Use for an Apartment Building (39 units) 7, 9 & 11 Fernbourne Road, Wellington Point (Lots 1 & 2 on RP14166 and Lot 2 on RP14166)
<b>Appeal Details:</b>		Appeal against Council decision to issue a Preliminary Approval
<b>Current Status:</b>		Appeal filed on 11 June 2018.

<b>10.</b>	<b>File Number:</b>	Appeal 2171 of 2018 (ROLO06209)
<b>Appellant:</b>		<b>Lorette Margaret Wigan</b>
<b>Proposed Development:</b>		Reconfiguring a Lot for 1 into 29 lots and road 84-122 Taylor Road, Thornlands (Lot 1 on RP123222)
<b>Appeal Details:</b>		Appeal against Council decision to issue a Preliminary Approval
<b>Current Status:</b>		Appeal filed on 13 June 2018. Mediation held on 29 June 2018.

### APPEALS TO THE QUEENSLAND COURT OF APPEAL

<b>11.</b>	<b>File Number:</b>	CA11075 of 2017 (4940 of 2015, 2 of 2016 and 44 of 2016) (MCU013926)
<b>Applicant:</b>		<b>Nerinda Pty Ltd</b>
<b>Proposed Development:</b>		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 (Lot 3 on SP117065)
<b>Appeal Details:</b>		Co-respondent appeal against the decision of the P&E Court
<b>Current Status:</b>		Application for leave to appeal filed on 23 October 2017. The application and outline of arguments were heard on 30 April 2018. Judgment handed down on 29 June 2018 granting leave to appeal, allowing the appeal, setting aside the decision of the Planning and Environment Court and remitting the matter to the Planning and Environment Court to be determined according to the law.

### DEVELOPMENT TRIBUNAL AND OTHER MATTERS

<b>12.</b>	<b>File Number:</b>	1568 of 2018
<b>Applicant:</b>		<b>Redland City Council</b>
<b>Respondents:</b>		<b>Paul Michael McManus</b> <b>Approved Realty Pty Ltd</b> <b>IApproved Pty Ltd</b>
<b>Development:</b>		Undefined Use (Rooming Accommodation) 1/139 Mount Cotton Road, Capalaba (Lot 1 on SP258938)
<b>Application Details:</b>		Unlawful Use
<b>Current Status:</b>		Application filed on 30 April 2018. Mediation held 14 June 2018. Review scheduled for 20 July 2018.

### OFFICER'S RECOMMENDATION

That Council resolves to note this report.



**13.3 KOALA SPRP DIVISION 9 REQUEST - 14-20 BONNIE STREET, THORNLANDS - ROL006039****Objective Reference:****Authorising Officer:** Louise Rusan, General Manager Community & Customer Services**Responsible Officer:** Chris Vize, Service Manager Planning Assessment**Report Author:** Brett Dibden, Planning Officer**Attachments:**

1. **Aerial Map** [↓](#)
2. **Koala Habitat Map** [↓](#)
3. **Recommended Change to Koala Habitat Map** [↓](#)

**PURPOSE**

This request for reclassification of habitat type under Division 9 of the South East Queensland Koala State Planning Regulatory Provisions (Koala SPRP) is referred to Council for determination.

The applicant, Harridan Pty Ltd C/- Carolyn Mellish CMM Planning, has lodged a request in accordance with the requirements of Division 9 of the Koala SPRP and is associated with a code assessable development application for Reconfiguring a Lot (ROL) (1 into 7 lots plus road) at 14-20 Bonnie Street, Thornlands, owned by Mr M C Mellish. The ROL will be decided separately to the Division 9 request and is not assessed within this report.

The request has been assessed in accordance with Division 9 of the Koala SPRP and the Sustainable Planning Act 2009 and it is recommended that the request be approved.

**BACKGROUND**

A ROL application for 1 into 7 lots plus road was submitted to Council on 8 April 2016 (ROL006039), with a request under Division 9 of the Koala SPRP to re-classify the koala habitat on the site.

**ISSUES****Site & Locality**

The site has an area of 49,180m<sup>2</sup> and is currently improved by a single dwelling, a shed and a private swimming pool. The site is heavily vegetated in the northern two-thirds of the site apart from the existing dwelling location, and is more sparsely vegetated for the southern one-third of the site. The land falls north towards the Bonnie Street frontage.

The site is located between Bonnie Street to the north and Luke Street to the south (refer Attachment 1). The land to the north and south is zoned Park Residential and is made up of lots of a similar size to that proposed, with most of the lots developed with dwellings. The land adjoining to the west is zoned Rural Non-Urban and Environmental Protection, with poultry farming predominant on the rural land.

**Koala Habitat Mapping**

The site is classified as having both High Value Bushland Habitat and Medium Value Rehabilitation Habitat on site (refer Attachment 2).

**Proposed Changes**

The applicant has lodged a request to re-classify the area on the site identified as High Value Bushland Habitat to Medium Value Rehabilitation Habitat. The request is supported by an

ecological assessment report prepared by Gondwana Ecology Group. This report states that the areas of proposed change from High Value Bushland Habitat to Medium Value Rehabilitation are either largely devoid of koala habitat trees having been cleared for more than 10 years, other than some isolated regrowth trees (northern part of the site), or dominated by regrowth wattle and she-oak (central area). The surrounding area to the west is dominated by open paddocks with a selectively cleared canopy typical of rural lots rather than areas retaining a full native ecosystem cover that is reflective of bushland. Specifically, the closer trees are to existing infrastructure, the more modified the environment and, although these areas retain koala trees, there is a greater alignment with the rehabilitation definition. The report found that there are no values distinct within the proposed rehabilitation areas that vary from the surrounding values already mapped as rehabilitation habitat.

### Assessment

Division 9, 9.1(4) of the Koala SPRP states that an assessment manager may determine that the land is either an area where koalas are generally not present, or is of a koala habitat type different to that which is mapped. On the evidence provided by the applicant and observations during site inspections, it is considered that the site is an area where koalas may be present. Therefore, it must be established that the area does not meet the definition of bushland habitat to change the mapped area. 'Bushland habitat' is defined in the Koala SPRP as:

- a. *An area that is mapped as bushland habitat on the Map of Assessable Development Area Koala Habitat Values; or*
- b. *An area:*
  - i. *That is either:*
    1. *Greater than two hectares in size; or*
    2. *Less than two hectares in size but is within 50 metres of surrounding bushland habitat; and*
  - ii. *That is characterised by intact contiguous native vegetation and may include remnant and non-remnant or regrowth vegetation; and*
  - iii. *That has a landcover composition of predominantly forest ranging from closed canopy to open woodland; and*
  - iv. *That contains an assortment of eucalypt species used by koalas for food, shelter, movement and dispersal; and*
  - v. *That is not a plantation forest.*

In the initial reports provided by the applicant, it was asserted that the "actual koala value" of the land is limited. This is not supported by the supplementary report and site inspection undertaken by Council officers. The identification of 236 non-juvenile koala habitat trees (NJKHT) within the development footprint is not characteristic of limited koala habitat value.

The **northern** part of the bushland habitat area (adjacent to 76-94 Springacre Road) meets the criteria as set out in the definition of bushland habitat in the Koala SPRP:

- It is within 50 metres of surrounding bushland habitat.
- It is characterised by contiguous native vegetation, including remnant and non-remnant or regrowth vegetation – there are at least 50 NJKHT and other native trees in this area, that

form an open canopy and connect to koala habitat of varying density to the north, east, south and west.

- The landcover composition, as the tree plot, current satellite mapping and in-situ observations indicate, is predominantly open woodland forest containing numerous NJKHT, many of which are significant, remnant and veteran trees.
- As identified by the tree survey, the area contains an assortment of eucalypt species, including Bloodwood, Scribbly Gum and Stringybark. Other koala habitat trees are also present in large numbers, including Swamp Box and Paperbark.
- The area is not a plantation forest.

Consequently, it is recommended that the northern part remain as bushland habitat.

Conversely, the **southern** part of the bushland habitat area, does not represent bushland habitat as defined in the Koala SPRP:

- Native vegetation is isolated and dominated by species other than koala habitat trees, such as she-oak and wattle; approximately 37 NJKHT were identified in this area and are not in close proximity to form a canopy or woodland.
- Landcover is composed primarily of weed species and grasses and cannot be characterised as “predominantly forest”, as is required under the definition.
- The area does not contain an assortment of eucalypt species, with only a small number of Bloodwood identified in the tree survey. However, other koala habitat trees are present, including Swamp Box and Paperbark.

The next category down from bushland habitat is ‘Rehabilitation Habitat’, which is defined as:

- Mapped as rehabilitation habitat on the map of Assessable development Area Koala Habitat Values; or*
- An area of habitat other than intact, contiguous native vegetation on a lot equal to or larger than 0.5 hectares in size that:*
  - Has a land cover composition comprising of a mix of forest, scattered trees, grass and bare surfaces; and*
  - Provides koala populations with food and shelter trees while allowing for day-to-day movement, dispersal and genetic exchange.*

Whilst the southern section of the mapped bushland habitat does not meet the statutory criteria for “bushland habitat”, it still provides food, shelter, movement and dispersal for koalas. The identified NJKHTs are in sufficient numbers to provide an important link, or stepping stone, between the northern habitat and the substantive corridor to the south. It is also noted that the area of bushland habitat is identified as an Enhancement Corridor that connects to the Erapah Creek Regional Riparian Corridor, identified in the RCC Wildlife Connections Plan 2017 – 2027. This means it has been identified as an important area that exhibits sufficient ecological value and linkages that would be an appropriate target for strategic enhancement to strengthen Established Corridors. In this regard, the southern section is considered to best fit the criteria as ‘rehabilitation habitat’ as the habitat consists mostly of scattered trees and grass, while still providing food and shelter trees and movement opportunities for koalas.

In this regard, it is recommended that the southern part of the mapped bushland habitat be reclassified from bushland habitat to rehabilitation habitat from Luke Street to the northern boundary of 96-108 Springacre Road (refer Attachment 3). The northern section of the mapped bushland habitat should remain as is currently classified.

**Infrastructure Charges**

Not applicable.

**State Referrals**

The request does not trigger any referrals.

**Submissions**

Not applicable.

**STRATEGIC IMPLICATIONS****Legislative Requirements**

The request has been assessed in accordance with Division 9 of the Koala SPRP.

**Risk Management**

There are no direct appeal rights to the Planning and Environment Court against a decision to approve or refuse a request under Division 9 of the Koala SPRP. However, any party can commence declaratory proceedings to the Court against this decision of Council.

**Financial**

Any party can commence declaratory proceedings to the Court against this decision of Council. Such proceedings would incur legal and Court costs.

**People**

Not applicable. There are no implications for staff.

**Environmental**

Environmental implications are detailed within the assessment in the "Issues" section of this report.

**Social**

There are no social issues associated with the request.

**Alignment with Council's Policy and Plans**

The assessment and officer's recommendation align with Council's policies and plans as described within the "issues" section of this report.

**CONSULTATION**

The assessment manager has consulted with other internal assessment teams, in particular Council's Environmental Assessment Team. Advice has been received from relevant officers and forms part of the assessment of the application.

**OPTIONS****Option One**

That Council resolves to re-classify the area on Lot 6 on SP164062 extending from Luke Street to the northern boundary of 96-108 Springacre Road to 'Medium Value Rehabilitation Habitat', under Division 9 of the South East Queensland Koala Conservation State Planning Regulatory Provisions. The remaining area classified as Bushland Habitat on Lot 6 on SP164062 remains unchanged.

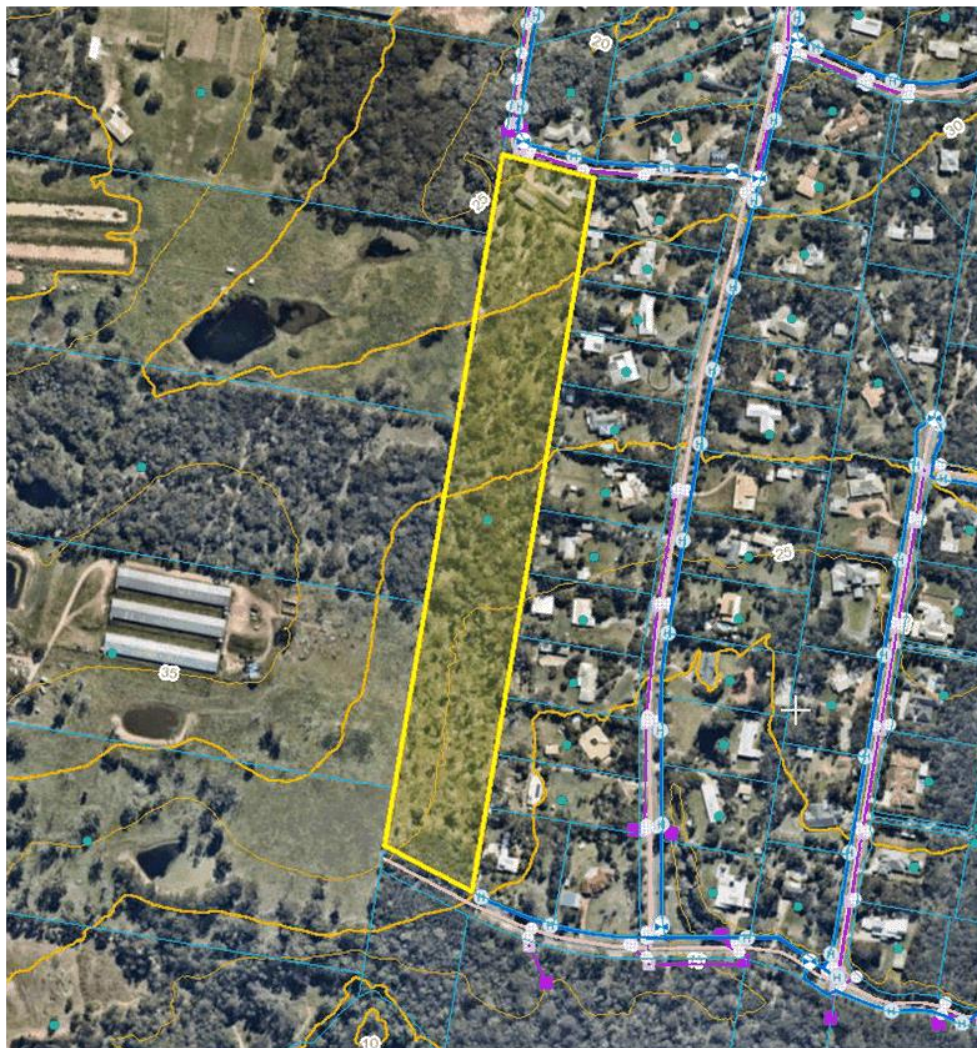
**Option Two**

That Council resolves to refuse the applicant's request to re-classify the koala habitat classification on the site (reasons for refusal must be identified).

**OFFICER'S RECOMMENDATION**

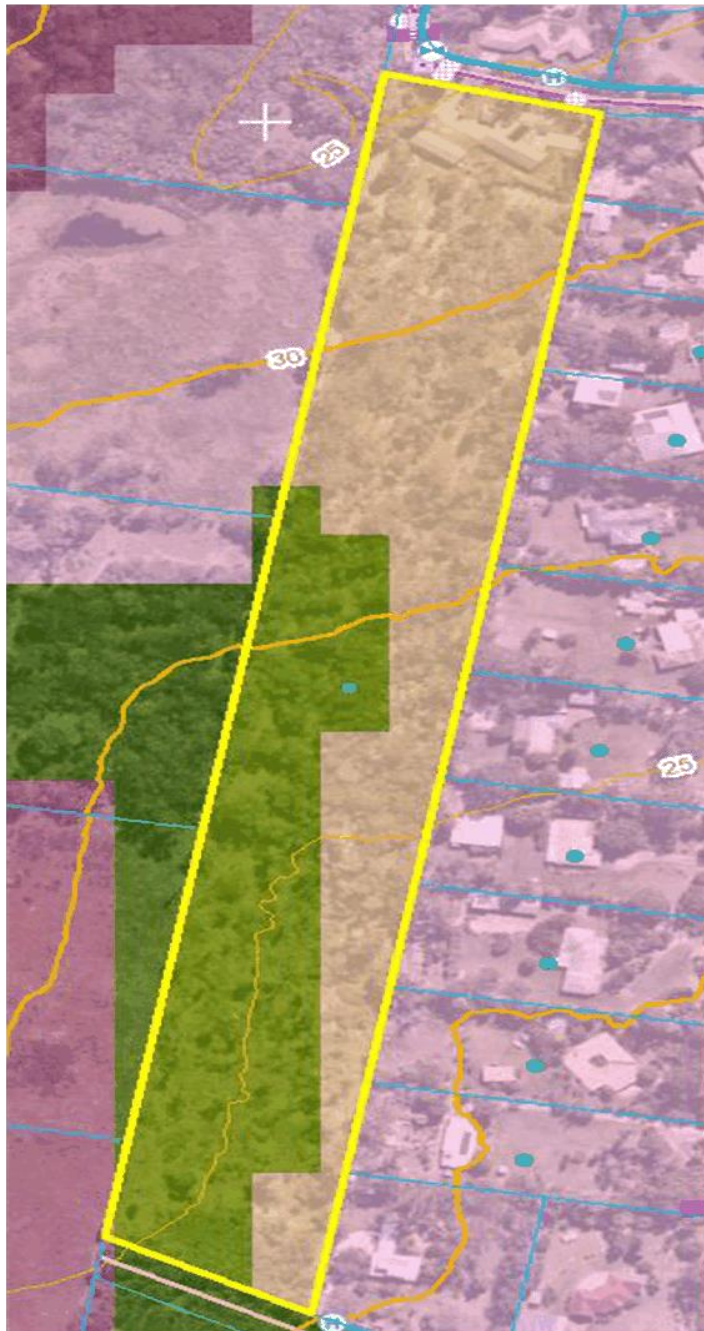
**That Council resolves to re-classify the area on Lot 6 on SP164062 extending from Luke Street to the northern boundary of 96-108 Springacre Road to 'Medium Value Rehabilitation Habitat', under Division 9 of the South East Queensland Koala Conservation State Planning Regulatory Provisions. The remaining area classified as Bushland Habitat on Lot 6 on SP164062 remains unchanged.**

ROL006039 – Attachment 1 – Aerial

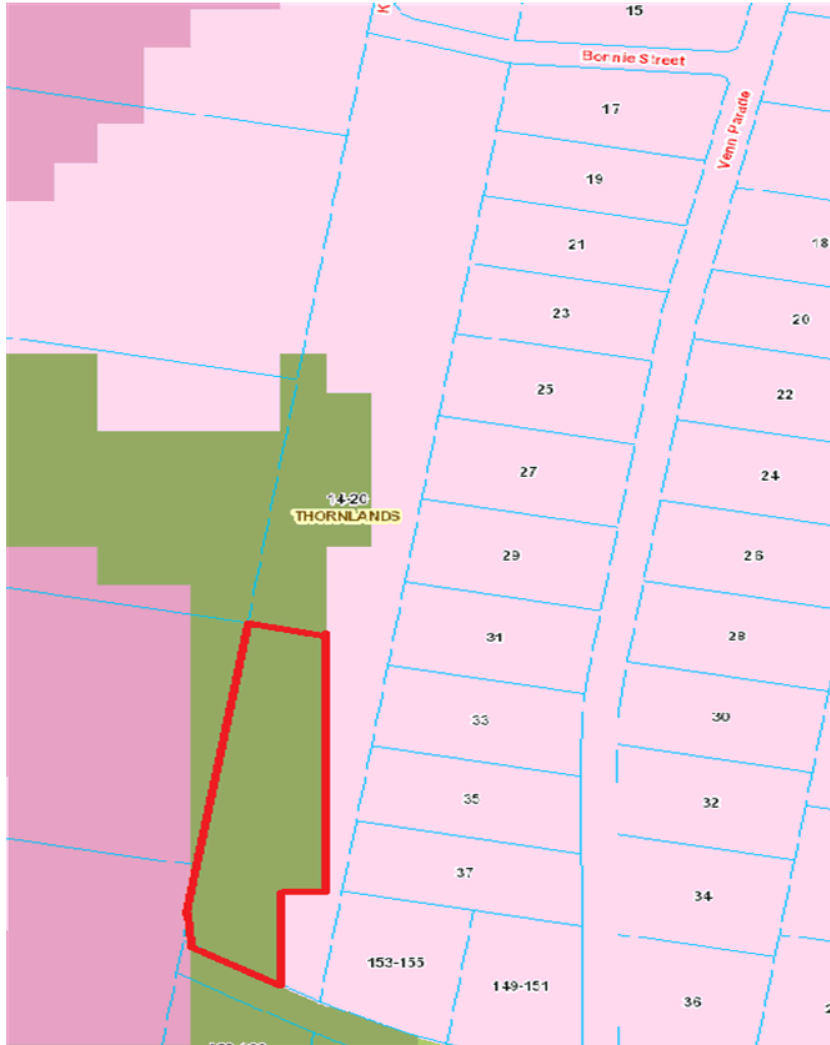




ROL006039 – Attachment 2 – Koala Habitat Values



ROL006039 – Attachment 3 – Area of Bushland Habitat recommended to be reclassified as Rehabilitation Habitat





### **13.4 KOALA CONSERVATION ACTION PLAN 2016-2021 DELIVERY PROGRAM 2018-19 FINANCIAL YEAR**

**Objective Reference:****Authorising Officer:** Louise Rusan, General Manager Community & Customer Services**Responsible Officer:** Graham Simpson, Group Manager Environment & Regulation**Report Author:** Cathryn Dexter, Project Officer Koala Conservation Program**Attachments:** Nil**PURPOSE**

This report provides an update for noting on the planned delivery of initiatives during the 2018-19 financial year, associated with the four key objectives outlined in the Koala Conservation Action Plan 2016-2021 (KCAP).

**BACKGROUND**

The KCAP articulates actions for koala conservation within Redland City, on both the mainland and North Stradbroke Island, which Council can undertake in partnership with the community, State Government, businesses, neighbouring local governments and research bodies. The actions are formulated around the four key objectives:

- Decisions based on science
- Protect and improve koala habitat
- Reduce koala deaths; and
- Community making a difference

Fundamental to the KCAP's 37 nominated actions is to address the five key threats to koalas that include:

- Habitat loss and fragmentation
- Road mortality
- Dog attacks
- Disease; and
- Climate change

**Progress of Implemented Actions (2017-2018)**

First year actions (financial year 2017-2018), have centred on undertaking a comprehensive koala population and habitat assessment and a broad-reaching community intercept survey on koala awareness. This work represents the critical first-steps to inform strategic planning for longer-term koala management and community engagement over the next four years.

Preliminary findings for the three independent research projects pertaining to the koala population and habitat assessments are:

1. The genetics for koalas in the northern section of the City (predominately the urban areas of Birkdale, Cleveland, Ormiston and Wellington Point), show sufficient gene flow between the discreet local populations. Genetics on koalas from the southern areas (or more bushland areas) within the City are yet to be finalised.

2. Mainland areas contain substantive areas where koalas have existed for at least three recent generations (a koala generation is approximately 6 years), the majority of which is located in the north of the City. The data suggests that while there is an acknowledged decline in koala numbers, there has been no significant change in the areas that koalas have occupied across the City historically. Comparisons were made using a subset of 7,344 records before and after 2000. It is estimated that koalas are utilising 68% of available habitat in the City. This is considerably higher than other Local Government Areas (LGAs) that have been surveyed using the same method. A population estimate on density and abundance for Redland mainland koalas has not been fully analysed at the time of this report.
3. Habitat Conservation Prioritisation analysis has been completed and has identified areas of habitat across the City that should be prioritised for koala conservation. This data will now be used to select and layer habitat conservation and restoration efforts across the City during 2018-19 and over the life period of the current KCAP.

The koala population and habitat assessment planned for North Stradbroke Island is to be conducted and completed during July 2018. The delivery of final reports for all koala surveys is due in October 2018. This will include an assessment on the general health in relation to Chlamydia disease.

Results from face-to-face community intercept surveys, indicate that nearly half of the respondents had thought about koalas within the last week, but koala sightings are not common. Attitudes towards koala conservation are generally positive, but residents' knowledge about the causes of koala deaths and the means that can be implemented to protect koalas are modest at best. Attitudes towards koala conservation differ by age groups, with younger generations showing more negativity towards koalas. Most of the respondents believe both the Council and the community need to work together to protect koalas.

## **ISSUES**

These initial research findings can be viewed overall as highly positive. Despite the pressures of urbanisation, the Redlands Coast has above average area of occupied koala habitat and has maintained at least three generations of koalas across the City. Redland's koala population appears to still be ecologically functional, even in the predominately urbanised areas.

These findings are important as it provides Redlands Coast a window of opportunity to maintain current koala population levels. As such, it is imperative that the remaining population remains ecologically functional and not be allowed to dip below a critical threshold.

### **KCAP– Planned delivery 2018-19**

Planning for 2018-19 takes into consideration all four key objectives of the KCAP and will focus on delivering a multi-layered approach to koala conservation. It will include both broad and targeted community engagement activities, delivery of koala threat mitigation initiatives and habitat conservation planning.

The summary of Planned Delivery Programs to date is listed in Table 1 below.

**Table 1: Planned Delivery of Key Initiatives 2018-19 Financial Year**

Action	Planned Delivery	2018-19 Budget
<b>Decisions Based on Science</b>		Estimated Budget
Koala Population and Habitat Assessment	<ul style="list-style-type: none"> <li>Finalisation of NSI population and habitat surveys.</li> <li>Consultation with QYAC.</li> </ul>	<ul style="list-style-type: none"> <li>\$153,000</li> <li>KCAP officer/s time</li> </ul>
Koala Threat Mapping	<ul style="list-style-type: none"> <li>Analysis of threat mapping priorities based on koala population and habitat assessment final reports.</li> <li>Select sites for threat mitigation treatments over the following years of the current KCAP.</li> </ul>	
Koala safe zones/precincts	<ul style="list-style-type: none"> <li>Using the results of the Kola Population and Habitat Assessment (mentioned above) selection of a candidate area to create a pilot koala safe zone and/or precinct is planned to be underway by September 2018.</li> <li>The koala safe zone will be developed to align with key objectives within KCAP and will focus on specifically targeted campaigns directed at the local residents to drive awareness around threats to koalas such as road strike and dog attack (see Community Making A Difference section below for more details on planned community engagement activities).</li> <li>The koala safe zone will also become a management hub that focuses on monitoring resident koalas to track incidence of mortality and disease.</li> <li>The Ormiston area encompassing Fellmonger and Hillards Creek Parks is the current preferred option for the case study, based on criteria set for a candidate area at this time.</li> </ul>	
Research Partnerships - Koala Monitoring	<ul style="list-style-type: none"> <li>Partnering with a research team to monitor a small number of koalas (derived from results of the Koala Population and Habitat Assessment), in a candidate area on mainland (part of koala safe zone case study).</li> <li>Partnering with a research team and Quandamooka Yoolooburrabee Aboriginal Corporation (QYAC) to monitor a small number of koalas (derived from results of the Koala Population and Habitat Assessment), on North Stradbroke Island.</li> <li>Development of a citizen science and QYAC ranger involvement program to support research based monitoring is in progress with relevant stakeholders.</li> <li>Investigating partnering a research project on Koala Drone Survey Methods that will specifically include North Stradbroke Island.</li> </ul>	

Protect and Improve Koala Habitat		Estimated Budget
Linking Koala Habitat on Council Land and Improving Koala Movement	<ul style="list-style-type: none"> <li>Add the newly developed conservation habitat prioritisation mapping layer to Arc Reader GIS system and promote within relevant Council teams.</li> <li>Utilise the One Million Native Plants Program, Bushcare and the Environmental Partnerships teams, to identify additional koala tree planting opportunities outside and within wildlife corridors and road and drainage reserves.</li> </ul> <p><i>Note: Funding for koala habitat improvement work exists through current business as usual activities carried out by the Parks and Conservation Unit and Environment and Education Unit.</i></p> <ul style="list-style-type: none"> <li>New KCAP Extension Officer to provide extra support to expand extension programs with an emphasis on creating additional koala habitat. The focus will be centred on areas that have been identified as priority conservation areas; derived from results of the Koala Population and Habitat Assessment Surveys.</li> <li>BAU support for operation and ongoing maintenance of the Link Road Fodder Farm.</li> </ul>	<ul style="list-style-type: none"> <li>\$87,000</li> <li>New KCAP extension officer</li> <li>KCAP Officer/s time</li> </ul>
Reduce Koala Deaths		Estimated Budget
Reduce Koala Deaths on Roads	<ul style="list-style-type: none"> <li>Facilitate research project on smart signage design and messaging to understand driver awareness, habituation and response. Objective is to better inform Council of how to respond to and manage koala road mortality longer term.</li> <li>Link smart sign project to broader community engagement communications and local targeted area strategy on driver and sign awareness. Objective is greater awareness and behaviour change.</li> <li>Install road mitigation treatments at candidate pilot koala safe zone site.</li> </ul>	<ul style="list-style-type: none"> <li>\$176,000</li> <li>KCAP Officer/s time</li> </ul>
Controlling Dogs	<ul style="list-style-type: none"> <li>Securing Dog Off Leash Areas (DOLA) through the provision of wildlife exclusion fencing and community awareness signs on koalas across the City.</li> <li>Integrated community engagement messaging via the broader koala awareness campaigns which will additionally support Council's current 'Leave It' dog owner behavioural change program.</li> </ul> <p><i>Note: Leave It dog behaviour change program is a separately funded program of work.</i></p>	

Community Making a Difference		Estimated Budget
Koalas and the community	<ul style="list-style-type: none"> <li>• Facilitate delivery of a concept design for an overarching social marketing campaign that will aim to strengthen koala awareness across the Redland's community to create a feeling of ownership and custodianship over the span of the current KCAP.</li> <li>• Implement the KCAP Communication Plan (Attachment 1) developed in partnership between the Environment and Regulation Group and Communication Engagement and Tourism Group.</li> <li>• Deliver a subset of targeted campaigns based on the KCAP Communications Plan, to drive behaviours around koala awareness including: <ul style="list-style-type: none"> <li>• Koala Custodian Community Engagement Campaign</li> <li>• Koala &amp; Dispersal Breeding Season Campaigns</li> <li>• Smart Signage Campaign</li> <li>• Driver Awareness Campaign</li> <li>• Target Area Campaigns/Citizen Science / Habitat programs</li> </ul> </li> <li>• Facilitate follow up integrated community attitude survey to measure change behaviour from campaigns undertaken in 2017-2018.</li> <li>• Delivery of a high school community engagement project that will invite all 10 high schools and colleges in Redland to engage students from years 8–12 to create a koala sculpture. The sculpture will become part of the Redland Public Art Asset Portfolio. The challenge is planned to begin in March 2019.</li> </ul>	<ul style="list-style-type: none"> <li>• \$105,500</li> <li>• KCAP Officer/s time</li> </ul>

### Business as Usual

Council teams continue to facilitate koala conservation programs such as koala habitat plantings, community education, Redlands After-hours Wildlife Ambulance, One Million Native Plants and the annual North Stradbroke Island koala survey, which complement the broader aims of the KCAP. The planned delivery program and budget details outlined in Table 1 above are in addition to business as usual actions.

## STRATEGIC IMPLICATIONS

### Legislative Requirements

Koala protection and conservation involves management action at all levels of government. Contained within the suite of State and Commonwealth legislation relating to planning and the environment, Council has numerous statutory obligations regarding the conservation of koalas. The implementation of the KCAP assists in addressing Council's obligations.

### Risk Management

The risk of not implementing initiatives and actions set for the KCAP is not delivering against Council's Operational Plan 2018-19, and will not achieve the commitments set out in the longer term Corporate and Community plans for the Healthy Natural Environment outcome.

This includes not delivering on the specific commitments to implement the Koala conservation strategies as part of the adoption of the Natural Environment Policy POL-3128 on 3 June 2015, and the Koala Conservation Strategy and Action Plan 2016-2021 adopted on 14 December 2016.

## Financial

The KCAP is a multi-year program currently scheduled until the 2021-22 financial year subject to annual budget funding.

## People

Priority outcomes and actions listed in the KCAP are managed by the individual area in Council responsible for the activity.

## Environmental

The implementation of the KCAP seeks to conserve and manage suitable koala habitat, which has significant benefits for a wide range of other native species and ecological communities that also share the koala's habitat.

### State Government Koala Expert Panel (KEP)

The Queensland State Government adopted all six core recommendations outlined in the Koala Expert Panel's final report in May 2018.

The proposed delivery of new State-wide Koala Conservation Strategy within 12 months is anticipated to provide the necessary path forward for all relevant stakeholders to work in collaboration to address koala decline across Queensland, and within South East Queensland in particular.

Key recommendations from the KEP report were the identification of prioritised koala conservation areas, ongoing monitoring of koala populations, a more coordinated approach to koala conservation to mitigate threats and partnering with the community and other relevant stakeholders.

These recommendations firmly align with a number of key Council 2018-2019 KCAP initiatives. This includes the development of Koala Safe Precincts (or Zones) within the Redlands Coast progressing research partnerships to manage koala populations, including ongoing threats, and developing community engagement programs to increase koala awareness and custodianship.

## Social

The roll-out of the KCAP has significant social benefits associated with the community participating in programs and actions that achieve Koala conservation outcomes.

### **Alignment with Council's Policy and Plans**

Redland City Council's current policy and plans directed to meet statutory obligations and guide protections related specifically to the KCAP includes the following:

- Redlands 2030 Community Plan
- Redland City Council Corporate Plan 2018–2023
- Redland City Council Operational Plan 2018-2019
- Natural Environment Policy POL-3128
- Local Law No.2 (Animal Management) 2015
- Redlands Planning Scheme V7 2006
- Adopted Draft Redland City Plan

**CONSULTATION**

- Service Manager Environment and Education
- Senior Adviser Environment
- Group Manager Communications Engagement and Tourism
- Senior Adviser Media Services
- Education Officer Koala Conservation Strategy

**OPTIONS****Option One**

That Council resolves to note the Koala Conservation Action Plan 2016-2021 Delivery Program for the 2018-19 financial year.

**Option Two**

That Council resolves to request additional information.

**OFFICER'S RECOMMENDATION**

**That Council resolves to note the Koala Conservation Action Plan 2016-2021 Delivery Program for the 2018-19 financial year.**

### 13.5 SECURITY CAMERAS POLICY

**Objective Reference:****Authorising Officer:** Louise Rusan, General Manager Community & Customer Services**Responsible Officer:** Frank Pearce, Service Manager Strengthening Communities**Report Author:** Christine Potito, Senior Adviser Community Development**Attachments:** 1. Security Cameras POL-3085 [↓](#)**PURPOSE**

The purpose of this report is to seek Council approval of the POL 3085–Security Cameras Policy.

**BACKGROUND**

There has been considerable growth worldwide in the use of video surveillance cameras in public spaces as a crime prevention measure and, increasingly, as a tool to detect and identify offenders.

In Australia, video surveillance cameras have become an increasingly common fixture in urban centres, in shopping centres and malls, individual shops and banks, on public transport and in car parks.

State, Territory and Commonwealth Governments have made a significant investment in video surveillance cameras as part of crime prevention programs, with video surveillance cameras accounting for a growing proportion of overall grant funding available to local government<sup>1</sup>.

The use of video surveillance by Queensland local governments is common. A 2015 survey by the Office of the Information Commissioner (QLD) revealed that over one third (37%, 12,084) of fixed surveillance cameras operated by Queensland government agencies are owned and managed by local government. The most common reasons local governments install security cameras are:

- public and staff safety
- property protection
- crime prevention
- investigation and enforcement
- increasing the public perception of safety

This is despite inconclusive evidence that video surveillance delivers on these outcomes<sup>2</sup>.

The monitoring arrangements and control room operations of video surveillance cameras are arguably the most crucial element of a video surveillance system, particularly where the aim of a scheme is to improve the response of police or private security to incidents as they occur. The monitoring of cameras can be classified into three broad categories:

- active monitoring – an operator sits and monitors camera footage in real time
- passive monitoring – monitors are in view and are casually monitored by operators who react when an incident is observed in progress
- no monitoring - where recording devices record images that can be accessed and replayed if a crime is reported.

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<sup>1</sup> Hulme S, Morgan A & Brown R. 2015. *CCTV use by Local Government: Findings from a national survey*. Research in practice No. 40. Canberra: Australian Institute of Criminology. <https://aic.gov.au/publications/rip/rip40>

<sup>2</sup> Office of Information Commissioner, Information Privacy and Camera Surveillance Survey 2015 – Local Government results.



Findings of a 2015 national survey undertaken by the Australian Institute of Criminology on video surveillance camera use by local government found the majority (61 per cent) of systems operated by local governments are not monitored, while a further 15 per cent were passively monitored by an operator during business hours. Only ten per cent of systems were actively monitored, either during business hours or 24 hours a day<sup>3</sup>.

## ISSUES

### Definition and terminology

In the absence of a universal definition to describe the devices used to collect and store video footage, various terms are used interchangeably - these include; video surveillance cameras, closed circuit television (CCTV) and security cameras. The Office of the Information Commissioner (QLD) (OIC) Camera Surveillance and Privacy guideline<sup>4</sup> describes camera surveillance as any equipment that is used to observe and record images of individuals, such as closed circuit television (CCTV), temporary or fixed cameras (such as automatic number plate recognition cameras), body-worn video and unmanned aerial vehicles such as drones. Advice received from the OIC is that the term surveillance refers to the purposeful recording of video footage that is able to be accessed and viewed, and does not require footage to be monitored or viewed in real time.

### Redland City Council's use of video surveillance cameras

Council has 160 fixed video surveillance cameras in the City (as at July 2018). Fixed video cameras are installed in key Council locations including customer service centres, waste transfer facilities, the animal shelter, libraries and other major Council owned facilities. A further 4 mobile surveillance cameras are used in Local Law enforcement to target offences such as illegal dumping, parking, and pest management. Council also employs a car-based camera for monitoring parking infringements. None of Council's video surveillance cameras are actively monitored.

Council currently uses unmonitored cameras for collecting evidence to assist with:

- protecting Council owned assets from damage (e.g. vandalism, theft etc.)
- local-law enforcement
- protecting staff in Council facilities

Council seeks grant funding opportunities to purchase video surveillance cameras through Federal Government grants (e.g. the federally funded Safer Communities Fund).

### Requests for video surveillance cameras

Council has had an increasing number of requests from both community members and Councillors to install video surveillance cameras at various locations across the City as a response to address community safety concerns. It is difficult to quantify the exact number of requests received as currently there is no one central point of contact for such enquiries. Council also receives requests from community groups seeking approval to install privately owned video surveillance cameras on Council owned assets. There appears to be a widespread community perception that installing surveillance cameras will address community safety issues including violent and anti-social behaviour.

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<sup>3</sup> Hulme S, Morgan A & Brown R. 2015. *CCTV use by local Government: Findings from a national survey*. Research in practice No. 40. Canberra: Australian Institute of Criminology. <https://aic.gov.au/publications/rip/rip40>

<sup>4</sup> <https://www.oic.qld.gov.au/guidelines/for-government/guidelines-privacy-principles/applying-the-privacy-principles/camera-surveillance-and-privacy>

## Effectiveness of video camera surveillance in crime prevention

Video surveillance cameras are commonly perceived to be an effective crime prevention tool, however research shows their effectiveness is determined largely by the type of system implemented, the location in which cameras are used, how they are operated and the crimes that are targeted.

The best available research consistently suggests that video surveillance cameras have limited effect on the prevention of violent crime. Better results have been found for its ability to prevent property crime, particularly vehicle crime (theft and damage). Video surveillance cameras have been found to be especially effective when used in car parks to address property crime. Video surveillance cameras are not a single answer for dealing with public safety and property protection, but may be useful when used as part of a suite of strategies, particularly if physical patrolling of the area is also one of the strategies<sup>5</sup>.

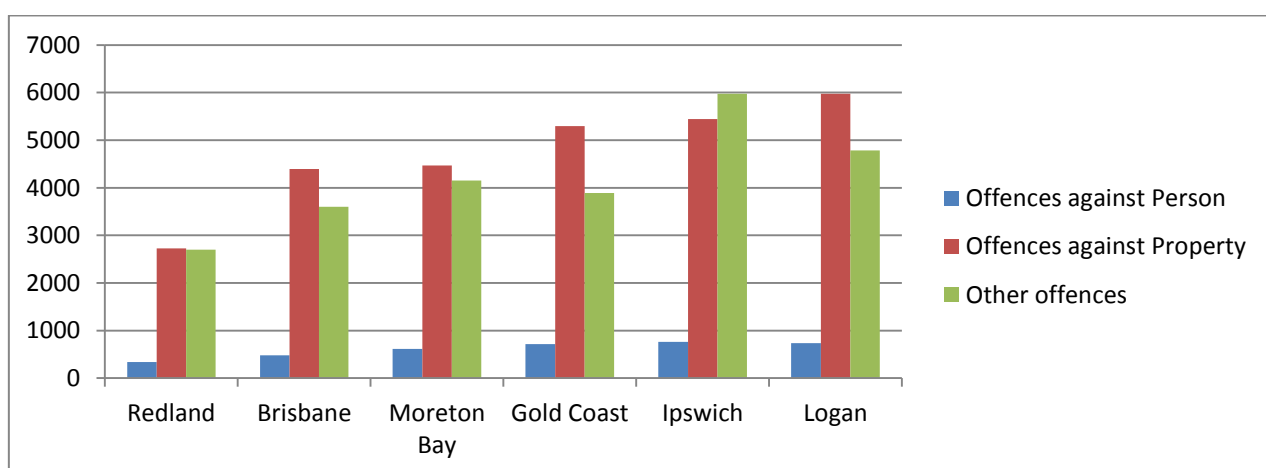
## Crime in Redland City

The Redland's Local Government Area (LGA) has a relatively low crime rate in comparison to neighbouring LGAs<sup>6</sup>. The total reported offences for surrounding LGAs for 2016 – 2017 is shown in **Table 1** below. Redland's LGA had the lowest number of reported offences (8,864) and the lowest rate of offences per 100,000 persons (5,758) whilst Ipswich and Logan have the highest rates of reported offences.

Local Government Area	Total offences reported	Rate per 100,000 persons
Brisbane	101,830	8,468
Gold Coast	58,471	9,902
Ipswich	25,064	12,178
Logan	36,623	11,496
Moreton Bay	41,375	9,234
Redland	8,864	5,758

**Table1: Total number and rate of reported offences**

Further analysis reveals the Redland LGA had the lowest rate of reported offences against the person at 338 per 100,000 persons in comparison to Ipswich (764) and Logan (737). The rate of property related crime in the Redlands was 2,724 offences per 100,000 which is significantly lower than Logan (5974), Ipswich (5441) and Gold Coast (5294) as shown in **Figure 1** below.



**Figure 1: 2016-2017 Crime rate per 100,000 by offence type.**

<sup>5</sup> 2004. Closed circuit television (CCTV) as a crime prevention measure. AICrime reduction matters No. 18. Canberra: Australian Institute of Criminology. <https://aic.gov.au/publications/crm/crm018>

<sup>6</sup> <https://statistics.qgso.qld.gov.au/qld-regional-profiles>

## **Costs of video surveillance cameras**

The costs of video surveillance cameras varies significantly depending on whether the system is monitored or not, the characteristics of the specific location; such as the shape and size of the area to be monitored, environmental factors (e.g. potential for vandalism, exposure to weather or sea salt) the amount of vegetation present and the available lighting. The storage system that is required to hold the recorded data also varies depending on the size and number of cameras that have been installed.

### Unmonitored cameras

The cost of unmonitored video surveillance cameras includes the purchase, installation and maintenance of the equipment. The cost to purchase and install unmonitored cameras is estimated to be between \$15,000 - \$150,000 per location, depending on number of cameras required and type of cameras suitable to the specific characteristics and conditions of the location. Costs incurred can include electricity connections and power poles, Wifi remote connection and maintenance and replacement costs. A recent quote to purchase and install eight video surveillance cameras at Capalaba Place was \$39,000. This cost does not include any ongoing operational or maintenance costs.

### Monitored cameras

The costs of monitored video surveillance cameras are generally much higher than unmonitored systems; as these cameras are more sophisticated in capability than those used in an unmonitored scenario. Since the intent of a monitored video surveillance system is to effect an immediate response by police or security personnel, the cameras need the ability to capture high quality, full colour, 360 degree images and the capability to pan, tilt and zoom and operate in darkness with an infrared function. Monitored video surveillance cameras must be capable of transmitting a high rate video stream to ensure the images are relayed to the control room in real time. This requires high speed internet connections.

Aside from the purchase of the equipment, monitored systems also require the establishment of a control room where the images can be relayed and monitored by staff, stored and analysed. The cost to establish the control room at Logan City Council in 2015 was approximately \$1,300,000<sup>7</sup>.

Staffing of the control room is costly. Monitoring is usually undertaken by two trained officers 24 hours a day, 7 days a week and this is estimated to be in excess of \$600,000 per annum for employee wages to allow for coverage by operational shifts for a 24 hour period.

There are also additional costs for internet costs and data storage of the recorded footage that is collected 24 hours a day, 7 days a week with up to 90 days storage. Further costs are also associated with the upgrades to video surveillance camera networks.

## **Managing requests for video surveillance cameras**

It is recommended that from an operational perspective a uniform approach for the management and consideration of requests for video surveillance cameras is adopted. This will enable Council to respond efficiently to requests, ensure a consistency of technology, compatibility of platforms and effective use of resources.

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<sup>7</sup> <http://www.logan.qld.gov.au/about-council/news-and-publications/media-releases/media-releases/new-camera-monitoring-room-keeps-city-of-logan-safe>

### **Working arrangements with Government agencies**

Council currently works collaboratively to address a range of community safety issues with the Queensland Police Service and other Government agencies. To avoid ambiguity about roles and responsibilities in these collaborations it is recommended that Council seek to develop formal partnership agreements with State Government agencies through a Memorandum of Understanding (MOU). An MOU would enable the Queensland Police Service efficient access to stored camera footage for evidentiary purposes.

### **Adherence to privacy principles**

A review of surveillance camera use by Queensland Government agencies and compliance with the *Information Privacy (IP) Act 2009* principles in 2012<sup>8</sup> found that although surveillance systems were generally operated in a practical way, significant privacy-related gaps in the administration of the systems existed. One common example was the inability for individuals to discover or access footage which contained images of them. Each gap represents a risk, which if left unmanaged, could result in a privacy breach that could significantly affect members of the community.

Council will need to ensure adherence to legislated privacy principles to support implementation of the policy in relation to:

- collection of images
- retention of images
- storage of images
- destruction of images
- access to recorded images for individuals under the IP Act or the Right To Information applications
- access to recorded images for Queensland Police Service or other law enforcement agencies
- outsourcing security cameras
- misuse of security cameras
- roles and responsibilities

### **Policy Position**

The proposed policy position outlined below is based on:

- recognition that a safe community is important to build community spirit, connectedness and wellbeing
- a commitment to a comprehensive community safety response composed of many elements of which security cameras only play a small part. Other responses include:
  - Crime Prevention through Environmental Design (CPTED) practices
  - Activation of public spaces
  - Collaboration with other agencies
  - Activities that build community resilience and strength
- an understanding that overdependence on security cameras can have unintended consequences including creating false perceptions (that an area is inherently unsafe or alternatively that the area is fully monitored and very safe) and shifting crime to other locations in the City

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<sup>8</sup> Office of the Information Commissioner Queensland; Camera surveillance and privacy, Review of camera surveillance use by Queensland Government agencies and compliance with the privacy principles in the Information Privacy Act 2009 (Qld).

- an acknowledgement that while Council has an important part to play in creating safe communities that State government has the primary responsibility for the prevention and prosecution of crime. It is recommended that Council should not take on additional functions or costs that are the responsibility of State government
- a commitment to employ security cameras for non-council asset protection in Council controlled space, only where research has demonstrated cameras to be most effective, specifically for addressing property crime (not, for example, crimes against the person, anti-social behaviour or traffic offences) and then only based on evidence of significant need determined by property related crime data from the Queensland Police Service
- an acknowledgement that Redland City has historically enjoyed a significantly lower crime rate than other Council areas in South East Queensland and that a response should be commensurate with the issues presenting
- the need to comply with legal obligations in regards to the collection, handling and sharing of personal information in the operation of security cameras, to ensure compliance with these privacy obligations Council has received advice that it is able approve third parties placing cameras on Council assets, but cannot participate in any way in the operation of such cameras
- a desire to maintain a financially responsible approach to the deployment of security cameras, which avoids the high cost of actively monitored camera systems and seeks funding from other sources for purchase of unmonitored systems.

For core Council functions (asset protection, local law enforcement and customer service functions) it is recommended that the use of security cameras is a business decision for the responsible Council operational area.

It is recommended that Council's policy position on video surveillance cameras is as follows:

Redland City Council recognises that a safe community is important to build community spirit, connectedness and wellbeing. Council will support a safe community through a range of crime prevention activities including implementation of the Crime Prevention through Environmental Design (CPTED) principles, activation of public spaces, supporting resilience in communities, partnerships with other agencies and, where appropriate, security cameras to protect property.

Council is committed to:

1. Using security cameras for the purpose of evidence collection related to:
  - a) Protecting property against crime such as vandalism, theft and graffiti occurring on Council owned or controlled infrastructure, buildings, land and public spaces.
  - b) Local law infringements such as illegal dumping and parking.
  - c) Interactions between the public and staff in and around Council buildings.
2. The sustainable implementation and management of security cameras by:
  - a) The deployment of security cameras to support core Council functions, including Council asset protection, local law enforcement and monitoring customer service functions.
  - b) The installation of security cameras on Council controlled land and spaces for non-Council asset protection based on evidence of need determined by property crime data obtained from the Queensland Police Service and Council's ability to meet costs to sustainably operate and maintain the equipment. Security cameras will not be prioritised by Council to address traffic offences or anti-social behaviour.

- c) Use of unmonitored security cameras. Redland City Council will not monitor security cameras in real time. However, if partnerships with other statutory authorities are developed the active monitoring of security cameras may be undertaken by that entity at their cost.
3. The referral of complaints received about antisocial behaviour, traffic related offences and other criminal activity to the Queensland Police Service for appropriate action.
  4. Developing partnerships with State Government agencies to collaboratively improve community safety and reduce crime.
  5. Fulfilling Council's legal obligations in regards to the collection, handling and sharing of personal information in the operation of security cameras.

Council may approve the installation of security cameras on Council owned assets operated by other government or not-for-profit entities for crime prevention purposes. In this instance, to meet Council's information privacy obligations, the security cameras will be entirely under the control of the other entity, and Council would not have access to the camera feeds or the images. Council will not be responsible for the installation, maintenance, operation, provision of supporting services or removal of equipment installed by third-parties.

Scenario	Outcome	Reason
Camera requested for monitoring illegal dumping	Operational business decision of relevant Council unit	Addressing Council core business – local law enforcement
Camera requested to collect evidence of damage for a remote council asset	Operational business decision of relevant Council unit	Addressing Council core business – Council asset protection
Camera requested to monitor anti-social behaviour in a council park or other Council controlled public space	Not supported	Not Council core business - matter for Queensland Police
Camera requested to monitor traffic offences on a road	Not supported	Not Council core business - matter for Queensland Police
Camera requested to monitor criminal property damage in a Council controlled car park	Supported if Queensland Police Service statistics indicate a significant need	Camera requests will be prioritised on the basis of need (highest first) and funding available

**Table 2 Safety camera deployment scenario under proposed policy**

## STRATEGIC IMPLICATIONS

### Legislative Requirements

In the operation of video surveillance cameras Council must comply with the following legislation:

*Public Records Act 2002*: Defines the requirements for the making, managing and preserving public records.

*Right to Information Act 2009*: Gives the right of access to information in the Government's possession or under the Government's control unless, on balance, it is contrary to the public interest to give the access.

*Information Privacy Act 2009*: Describes the rules for the fair collection and handling of personal information in the public sector environment; and the right of access to, and amendment of, personal information in the Government's possession or under the Government's control unless, on balance, it is contrary to the public interest to give the access or allow the information to be amended.

*Evidence Act 1977*: Provides direction for parties in civil legal proceedings to access documents under Section 134A of the *Evidence Act 1977* may apply to Council to produce for inspection documents relevant to the proceedings that are in Council's possession.

### **Risk Management**

The POL-3085 Security Cameras Policy provides a clear policy position on Council's use of video surveillance cameras in Redland City.

The purchase and installation of video surveillance cameras in public spaces by Council is dependent on funding by the State or Federal Government. There is a risk that community expectations for video surveillance cameras would not be able to be met if funding is reduced or ceases for any reason, Council would then be in a situation where it would need to meet community expectations for the service without resources to do so, presenting a real risk of cost-shifting.

### **Financial**

The cost of monitored video surveillance cameras (installing, operating, supplying services and maintaining a network of and associated infrastructure) is significantly higher than for an unmonitored system because it would involve the establishment and operation of a staffed control room and associated infrastructure.

The Federal Government's Safer Communities Fund provides grants of up to \$1,000,000 to community organisations and local governments for local crime prevention and security infrastructure activities and to protect community organisations that may be facing security risks associated with racial and /or religious intolerance. Council seeks grants through this program to purchase and install video surveillance cameras.

### **People**

This policy impacts officers in the following Council service areas:

#### Infrastructure and Operations

- Asset Managers
- Facilities Services Unit
- City Infrastructure Group
- Redland Water
- Redland Waste

#### Organisational Services

- Right to Information Officers

#### Community and Customer Services

- Community Safety Officer
- Regulatory Services

### **Environmental**

There are no known environmental impacts.

### **Social**

The presence of video surveillance cameras in a public space may have unintended consequences, these include:

- the displacement of crime to surrounding areas without video surveillance cameras where crime is not prevented but it is moved to another location
- creating the perception that the area is unsafe
- alternatively, creating the perception of safety if it is perceived the area is being monitored and someone will be available to respond if an incident occurs
- the installation and operation of video surveillance cameras by Council may raise community expectations by sending the message that Council will address antisocial behaviour and increase requests for video surveillance cameras in other locations

#### **Alignment with Council's Policy and Plans**

- POL-1002 Data Management Policy
- POL-1003 Enterprise Content Management Policy
- POL-3034 Community Safety Policy
- POL-3103 Information Privacy Policy
- POL-3126 Access to Information Policy

#### **CONSULTATION**

- Principal Privacy Advisor - Office of the Information Commissioner (QLD)
- Principal Right To Information Decision Maker/ Team Leader - Governance Services Group
- Finance Manager, Business Partnering - Financial Services Group
- Solicitor – Legal Services, General Counsel Group
- Legal Officer – Legal Services, General Counsel Group
- Service Manager - Facilities Services Group
- Records Manager Team Leader – Information Management Group
- Senior Leasing Officer – City Operations Group
- Community Safety Officer – Strengthening Communities, Economic Sustainability and Major Projects Group

#### **OPTIONS**

##### **Option One**

That Council resolves to:

1. adopt the POL-3085 Security Cameras Policy;
2. subject to the consent of both parties, enter into a Memorandum of Understanding with the Queensland Police Service to define roles and responsibilities to support this policy; and
3. delegate authority to the Chief Executive Officer under s.257(1)(b) of the *Local Government Act 2009* to make vary and discharge all documents in regard to this matter.

##### **Option Two**

That Council resolves to request further information or significant changes to the policy and revised documents be brought back to Council at an ensuing General Meeting for consideration.



**Option Three**

That Council resolves to not adopt the POL-3085 Security Cameras Policy and continues to operate video surveillance cameras in the City without a policy.

**OFFICER'S RECOMMENDATION**

That Council resolves to:

1. adopt the POL-3085 Security Cameras Policy;
2. subject to the consent of both parties, enter into a Memorandum of Understanding with the Queensland Police Service to define roles and responsibilities to support this policy; and
3. delegate authority to the Chief Executive Officer under s.257(1)(b) of the *Local Government Act 2009* to make vary and discharge all documents in regard to this matter.

# policy document



**POL- 3085**

## Security Cameras

### Head of Power

This policy supports the delivery of the Corporate Plan 2018-2023, Strong and Connected Communities outcomes.

### Policy Objective

The objective of this policy is to define the purpose and use of security cameras by Council.

### Definition

A security camera is defined as a fixed or temporary video surveillance camera or closed circuit television used to record images that may be viewed by Redland City Council staff or other authorised parties.

### Policy Statement

Redland City Council recognises that a safe community is important to build community spirit, connectedness and wellbeing. Council will support a safe community through a range of crime prevention activities including implementation of the Crime Prevention through Environmental Design (CPTED) principles, activation of public spaces, supporting resilience in communities, partnerships with other agencies and, where appropriate, security cameras to protect property.

Council is committed to:

- 1) Using security cameras for the purpose of evidence collection related to:
  - a) Protecting property against crime such as vandalism, theft and graffiti occurring on Council owned or controlled infrastructure, buildings, land and public spaces.
  - b) Local law infringements such as illegal dumping and parking.
  - c) Interactions between the public and staff in and around Council buildings.
- 2) The sustainable implementation and management of security cameras by:
  - a) The deployment of security cameras to support core Council functions, including Council asset protection, local law enforcement and monitoring customer service functions.
  - b) The installation of security cameras on Council controlled land and spaces for non-Council asset protection based on evidence of need determined by property crime data obtained from the Queensland Police Service and Council's ability to meet costs to sustainably operate and maintain the equipment. Security cameras will not be prioritised by Council to address traffic offences or anti-social behaviour.
  - c) Use of unmonitored security cameras. Redland City Council will not monitor security cameras in real time. However, if partnerships with other statutory authorities are developed the active monitoring of security cameras may be undertaken by that entity at their cost.
- 3) The referral of complaints received about antisocial behaviour, traffic related offences and other criminal activity to the Queensland Police Service for appropriate action.

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CMR Team use only

Department:  
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Approved by:  
Date of Approval:

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# policy document



**POL- 3085**

- 4) Developing partnerships with State Government agencies to collaboratively improve community safety and reduce crime.
- 5) Fulfilling Council's legal obligations in regards to the collection, handling and sharing of personal information in the operation of security cameras.

Council may approve the installation of security cameras on Council owned assets operated by other government or not-for-profit entities for crime prevention purposes. In this instance, to meet Council's information privacy obligations, the security cameras will be entirely under the control of the other entity, and Council would not have access to the camera feeds or the images. Council will not be responsible for the installation, maintenance, operation, provision of supporting services or removal of equipment installed by third-parties.

## Related Documents

### Policy

- POL - 1002 Data Management Policy
- POL - 3034 Community Safety Policy
- POL - 3103 Information Privacy Policy
- POL - 3126 Access to Information Policy
- POL - 1003 Enterprise Content Management Policy

### Guidelines

- GL - 1003 - 001 Records Management Guideline
- GL - 3126 - 001 Access to Information Guideline
- GL - 3085 - 001 Closed Circuit Television (CCTV) in Public Spaces Guideline

### Procedures

- PR - 1003 - 001 Destruction of Records

### Legislation

- Public Records Act 2002 (Qld)
- Information Privacy Act 2009 (Qld)
- Right to Information Act 2009 (Qld)
- Evidence Act 1977 (Qld)
- Crime and Misconduct Act 2001 (Qld)
- Local Government Act 2009 (Qld)

### Standards

- AS 4806.4 - 2008 Australian Standard Closed Circuit Television (Video Surveillance Camera) Part 4 Remote Video

## Version Information

Version number	Date	Key Changes
1	July 2018	New

### CMR Team use only

Department:  
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### 13.6 HEALTH CARE AND SOCIAL ASSISTANCE INDUSTRY SECTOR PLAN 2018-2023

**Objective Reference:****Authorising Officer:** Louise Rusan, General Manager Community & Customer Services**Responsible Officer:** Kim Kerwin, Group Manager Economic Sustainability and Major Projects**Report Author:** Noreen Orticio, Research Economist  
Bruce Redpath, Principal Advisor Strategic Economic Development**Attachments:**

1. [Health Care and Social Assistance Industry Sector Plan 2018-2023](#) ↓
2. [Health Care and Social Assistance Strategy and Action Plan Consultant's Report](#) ↓

**PURPOSE**

The purpose of this report is to seek the endorsement of Council for the Health Care and Social Assistance Industry Sector Plan 2018-2023 including timeframes, accountabilities and resourcing requirements for deliverables (Attachment 1). The plan is one of the key documents supporting the delivery of Council's Economic Development Framework 2014 – 2041.

**BACKGROUND**

Council in 2015 resolved to endorse the Redland City Economic Development Framework (EDF). Based on economic and industry trends, future growth opportunities and Council's economic vision, the EDF identified eight (8) key industry sectors as drivers of future economic growth. Each sector requires a specific action plan detailing the initiatives and activities that will be undertaken in order to achieve key growth objectives as well as the level of investment required. Through implementation of the EDF, Council is committed to increasing economic growth and local employment opportunities, as well as ensuring that improved economic capacity is linked to improved lifestyle outcomes for residents and improved community well-being.

At its 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 recommendation of the Redlands Economic Development Advisory Board (EDAB). Both industry sectors are viewed as economic foundations of the City, providing employment, generating significant value-add and displaying strong growth potential.

Council engaged consultants (Carramar Consulting Pty Ltd) to undertake the development of the health care and social assistance industry sector plan. Carramar consulted extensively with health and social assistance sector stakeholders and industry leaders during development of their report, including EDAB and Councillors where key issues and opportunities were identified. The final report (Attachment 2) from the consultants was presented at the General meeting of 6 September 2017. Council resolved to receive the report and for the General Manager Community and Customer Services to outline the delivery and implementation schedule for the Health Care and Social Assistance Industry Sector Plan including timeframes, accountable parties and corresponding budget and resource considerations.

In developing the Health Care and Social Assistance Industry Sector Plan 2018-2023 (Attachment 1), a further round of engagement was undertaken with industry stakeholders including those consulted in the preparation of the Carramar report. This included members of the Redland Interagency Network, Aged Care Providers Network and Redlands Disability Network, as well as Metro South Health and Hospitals, Mater Hospital and the EDAB, to validate findings and

recommendations. Feedback from the ground-truthing process was used to refine the industry sector plan.

Council separately commissioned a validation of data underpinning the EDF objectives and confirming the continued relevance of key industry sectors to consider the implications of the recently released Australian Bureau of Statistics (ABS) 2016 Census data. The findings indicated that the eight industries continue to perform well in terms of output, value add, employment and exports and opportunities. The findings further identified opportunities, including for the health and social assistance sector, where local government can potentially provide benefit by advocating for and enabling the industry and these have been incorporated in the Health Care and Social Assistance Industry Sector Plan 2018-2023.

## ISSUES

### ***The Health Care and Social Assistance Industry***

The Health Care and Social Assistance industry includes businesses and organisations that are engaged in the delivery of human health care and social assistance services. The industry has two sub-sectors: Health Care services, which includes hospitals and other allied health services; and Residential Care and Social Assistance Services which includes aged care residential, social assistance and child care services.

The Health Care and Social assistance industry has experienced sustained growth for the past 5 years and is the largest contributor to employment at the local, state and national level. In the Redlands the sector is one of the highest performing industries based on economic output and level of employment. As of December 2017, the industry was the 4th largest in terms of output (or revenue generated by businesses and organisations) generating \$764.4M or 6.7% of the City's total output (REMPLAN economy). In terms of employment, the industry was the largest employer in Redland City with 6,693 jobs (or 15.6% of total employment) (Australian Bureau of Statistics 2016). The City had a larger proportion of workers in health care and social assistance in comparison to South East Queensland (13.8%).

The Health Care and Social Assistance industry's strong performance in terms of employment and output has been largely attributed to the growth in demand for its services. The industry is largely influenced by demographic factors particularly the incidence of lower birth rates and longer life expectancies. These factors have significantly tilted the population age structure towards the 65 and over age cohort posing policy and service delivery challenges. With the population continuing to age significantly in the next five years and with more women re-entering the labour force, it is anticipated these factors will bring greater demand on allied health and community services which includes aged, childcare and social support services.

### ***Key trends and opportunities in the industry that have been identified from the research***

- *Shifting models of care.* Customer driven care and the National Disability Insurance Scheme (NDIS) will impact on health and community service providers. This shift in the delivery model can provide the impetus for more collaboration and partnerships requiring the need for more of the community and disability support services to be market ready in terms of structure, business processes and program delivery.
- *Changes in digital technology.* Improvements in communication technologies and increasing access to the internet will gradually facilitate care to be delivered in people's homes. This presents a significant opportunity for Redlands to become a leader in the use of digital technology in health.

- *Consequences of an ageing population.* An ageing population brings more pressure on allied health and community services and an increasing demand for an aged care trained workforce. Redland's reputable secondary education sector, its robust network of service providers and its linkages with vocational education providers, places it in a strong position to facilitate training and education opportunities for the aged care workforce.
- *Access to enabling infrastructure.* Access to affordable housing and improved transport services and infrastructure are key enablers for the Health Care and Social Assistance industry sector. For a low paid workforce, which is common in the industry, access to affordable housing will be a key factor in recruiting and retaining staff.

### **Health Care and Social Assistance Industry Sector Plan 2018 -2023**

Building on the research, engagement and report by the consultants and the ground truthing process undertaken with key stakeholders, the Health Care and Social Assistance Industry Sector Plan 2018 -2023 is structured into two (2) broad areas with key actions, timeframes and resource considerations:

#### 1. Enhance health care and social assistance infrastructure

The identified actions focus on proactively advocating for investment in the health care and social assistance industry which will boost the local economy and address growing community needs. The plan is also underpinned by land use and infrastructure planning particularly through the delivery of the Redlands Health and Wellness precinct master plan, currently under preparation, and the monitoring of planning frameworks such as the City Plan that encourages investment in the industry and its key enablers including transport and affordable housing.

Council will continue to work in partnership with Metro South Health and Hospital Services and Mater Private to progress the master plan project, which is currently being finalised by consultants. The Redlands Health and Wellness Precinct presents a significant economic opportunity for the City that can generate employment and growth, as well providing high quality specialist and tertiary health services for Redlands' residents in the longer term.

#### 2. Enable health care and social assistance industry sector

The continued growth of the sector will increase demand for a more highly trained health care and social assistance workforce. Council can facilitate the development of training programs through partnerships with TAFE and other training providers to meet the needs of businesses, strengthening the capacity and capability of the workforce. Building capacity of businesses will require an enabling environment that fosters business growth and expansion. This is made possible through strengthening linkages and partnerships locally and internationally as well as by Council facilitating business workshops and industry summits.

The plan will inform Council's strategic economic approach as it works with the health care and social assistance industry. The successful implementation of the plan will require a coordinated approach across Council and working in partnership with State and Federal governments, business, industry, health care professionals, and community service organisations. The plan will be used to advocate to different levels of government, businesses, and private sector to collaborate and to attract new investment to strengthen the local economy's capacity.

## **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

The implementation of the Health Care and Social assistance Industry Sector Plan will have financial and resource implications for Council. It is anticipated the program for the current financial year will be undertaken within existing resources.

A number of actions are already underway. These include the preparation of a master plan for the Redlands Health and Wellness Precinct in partnership with Metro South Health and Hospital Services and Mater Hospital, a project. Planning for an Innovative Ageing Summit is also well advanced through preliminary workshops with service providers, with funding through the Advance Queensland's Regional Innovation Program (ARIP). Immediate/short term actions will be delivered within current financial year 2018/2019 budget, while other activities may be subject to future budget bids with proposals to be submitted for consideration during Council's budget development process.

The plan will be used to retain and grow existing businesses and institutions in the City as well as attracting new investment, creating significant potential to expand employment opportunities and economic output.

## People

The implementation of the Health Care and Social Assistance Industry Sector Plan will impact workload of resources within the Economic Sustainability and Major Projects Group, with activities to be undertaken within existing resources in the current financial year.

## Environmental

There are no identified environmental impacts.

## Social

Implementation of the Health Care and Social Assistance Industry Sector Plan 2018-2023 will support a strong and vibrant economy that will contribute to overall community well-being through provision of appropriate and adequate services resulting in the creation of more employment and economic opportunities.

## Alignment with Council's Policy and Plans

### *Relationship to Corporate Plan*

The Health Care and Social Assistance Industry Sector Plan 2018-2023 supports the priorities, objectives and outcomes of the Redland City Council Corporate Plan 2018-2023. Specifically, this implementation plan relates directly with:

**Strategic Priority 6 Supportive and vibrant economy** *"Businesses will thrive and jobs will grow from opportunities generated by low impact industries, cultural and outdoor lifestyle activities, ecotourism and quality educational experiences."*

**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.*

The industry sector plan will assist in delivering the Redland City Economic Development Framework 2014 – 2041 at an operational level.

The industry sector plan also supports Economic Development which is one of Council's six strategic priorities.

## **CONSULTATION**

Consultation on the development of the Health Care and Social Assistance Industry Sector Plan 2018-2023 was undertaken with a number of stakeholders including:

- workshops with Councillors and Redlands Economic Development Advisory Board;
- workshop with community organisations in the area of aged care, disability and social housing;
- interviews with representatives from Redland Hospital and Mater Hospital;
- Economic Sustainability & Major Projects Group: Strengthening Communities Team;
- City Planning and Assessment; and
- Corporate Planning and Transformation.

The refinement of the action plan involved a ground-truthing and validation process with industry stakeholders and community organisations, which had provided input during development of the Carramar report (Attachment 2). Stakeholders confirmed support for the issues and recommendations in the consultant's report with feedback used to refine proposed actions. Council presented the draft plan to EDAB in early 2018 with feedback and input considered in the finalisation of the plan (Attachment 1).

## **OPTIONS**

### **Option One**

That Council resolves to endorse the Health Care and Social Assistance Industry Sector Plan 2018 - 2023.

### **Option Two**

That Council resolves to endorse the Health Care and Social Assistance Industry Sector Plan 2018 - 2023 with changes.

### **Option Three**

That Council resolves to not endorse the Health Care and Social Assistance Industry Sector Plan 2018 – 2023 and to seek further information.

## **OFFICER'S RECOMMENDATION**

**That Council resolves to endorse the Health Care and Social Assistance Industry Sector Plan 2018 -2023.**



Redland City

# Health Care and Social Assistance Industry Sector Plan 2018 -2023

DRAFT 12 July 2018

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## 1. INTRODUCTION

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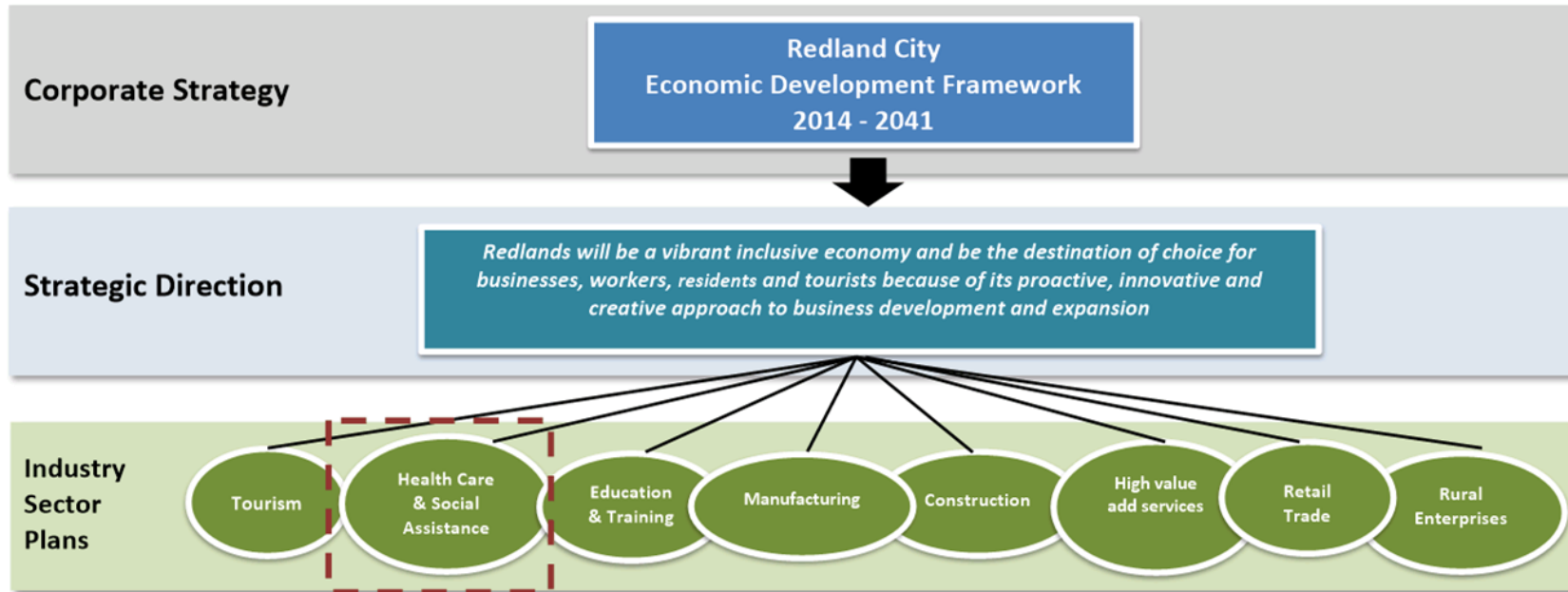
Redland City Council (Council) has developed a **Health Care and Social Assistance Industry Sector Plan** (the Plan) for the period 2018 – 2023 to support the objectives of the **Redland City Economic Development Framework 2014-2041 (EDF)**.

The **EDF** provides a clear direction for business growth and job generation to guide sustainable economic development in the City. Council's focus is the development of key industry sectors – health care and social assistance, education and training, tourism, manufacturing, construction, retail trade, high value-add services and rural enterprises – to deliver sustainable economic growth through strong partnerships with the business community (**see Figure 1 Industry sector plan alignment**). Each sector will require a specific action plan detailing the initiatives and activities that will be undertaken in order to achieve key growth objectives as well as the level of investment required. A Tourism Industry Sector Plan is currently being implemented. Through implementation of the EDF, Council is committed to increasing economic growth and local employment opportunities, as well as ensuring that improved economic capacity is linked to improved lifestyle outcomes for residents and improved community well-being.

The health care and social assistance industry contributes strongly to the Redlands economy and has a large and growing workforce with significant potential for industry investment and expansion. Coupled with the challenges of an ageing population and the opportunities presented by new technology, planning for the future of the industry and the community is a priority for Council.

The Plan recognises the current strength of the industry in the Redlands economy and its potential for growth. It also recognises the role of other levels of government, industry, health and technology experts and Council's responsibility, leading to more investment in the sector and wider economic benefits such as increased local employment. This Plan sets out actions to realise these benefits, and the resources and investment required. The Plan will be used to drive activity, monitor progress and report on outcomes.

Figure 1 Industry sector plan alignment



## 2. OBJECTIVE OF THE PLAN

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The objective of the Plan is to contribute to achieving key growth measures identified in the EDF by addressing the challenges and harnessing the emerging opportunities in the health care and social assistance services sector through a number of actions, as set out in **Figure 2 Implementing the Framework**.

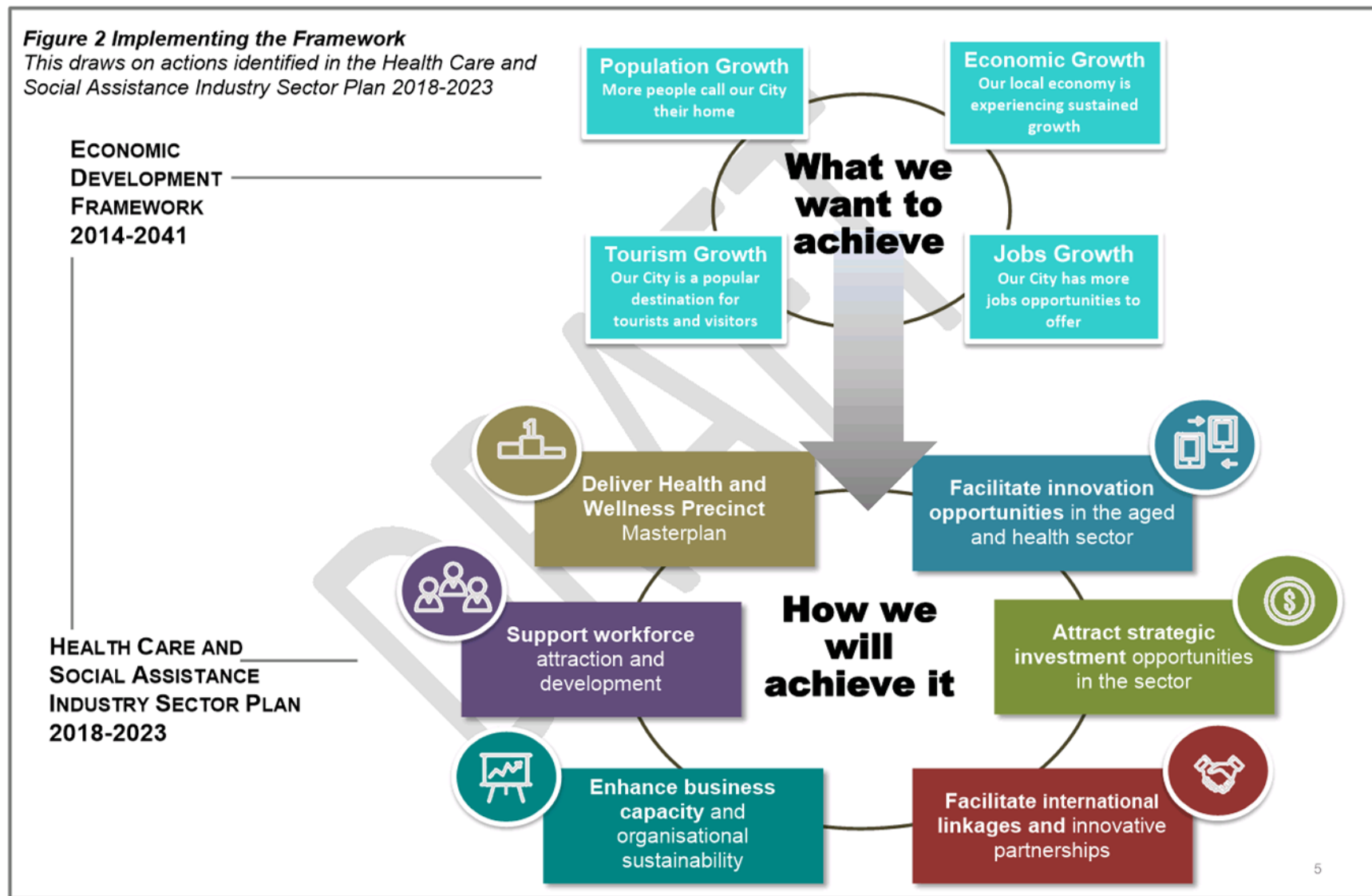
The key growth measures providing the broad economic objectives for the Redlands to 2041 are:

- Population Target - 206,000 by 2041 at an annualised average growth rate of 1.2 per cent
- Number of jobs - 30,000 jobs to be created in the City by 2041
- Gross Regional Product (GRP) Growth - an economy worth \$6.8 billion by 2041
- Tourism Growth - to represent 2% of the Redland City economy

The Plan acknowledges the importance of collaboration with the health care and social assistance sector. Specifically it will:

- Drive initiatives that attract strategic investment opportunities in the sector;
- Enhance business capacity through workshops and training opportunities;
- Continue to develop and maintain strong partnerships with the business community and other levels of government;
- Support training and educational opportunities for the current and future health care and social assistance workforce;
- Enable collaboration within and across industry sectors that will improve efficiencies and supply chain links;
- Enhance international linkages through existing Redland's sister and friendship city relationships;
- Advocate for funding for health care infrastructure and services in the City; and
- Improve residents' access to better local health, aged care and home care services.

**Figure 2 Implementing the Framework**  
 This draws on actions identified in the Health Care and Social Assistance Industry Sector Plan 2018-2023



### 3. HEALTH CARE AND SOCIAL ASSISTANCE ECONOMIC PROFILE AND INDUSTRY TRENDS

#### 3.1 Economic Profile

The Health Care and Social Assistance industry sector includes businesses and organisations that are engaged in the provision of human health care and social assistance. The industry has two sub-sectors: Health Care services which include hospitals and other allied health services; and Social Assistance and Residential Care Services which includes aged care residential, child care and other social assistance services (*see Box 1*).

#### Population

Redland City's estimated resident population (ERP) in 2016 was 151,987 (*see Box 2*). Based on the Census usual resident population (URP), the City had an average annual growth rate of 1.2 per cent over five years and 1.5 per cent over 10 years. Among the suburbs, Mount Cotton experienced the most change between the 2011 and 2016 Census periods with an average annual growth rate of 5.9 per cent followed by Thornlands (2.9 %) and Redland Bay (2.8%).

#### Age distribution

The median age of persons in Redland City in 2016 was 42 which was higher than Brisbane and the rest of Queensland. About 38% of the City's total population in 2016 were in the 25-54 age cohort, with 18% being 65 years and over.

The largest change between 2011 and 2016 across the age groups, was the 65 years and over with an additional 6,133 persons. This was followed by 55-64 years with an increase of 1,920 persons. The 10-19 and 35-44 years old age cohort experienced a decline (-556 and -717 persons respectively) between the Census periods.

#### Population projections

The population of Redland City in 2036 is forecast to be 184,683 based on medium series projections prepared by the Office of Economic and Statistical Research (or Queensland Treasury). This indicates an average annual growth rate of 1.1% over a 20 year period from 2016 to 2036.

#### Box 1 Industry subsectors

##### Industry Subsectors (3 and 4 digit level ANZSIC classifications)

- Medical and other health services
  - GP Medical services
  - Specialist medical services
  - Dental
  - Optometry
  - Pathology and diagnostic imaging
- Hospitals
- Social Assistance services
  - Adult day care centres
  - Aged care assistance services
  - Disability assistance services
  - Welfare counselling services
  - Youth welfare
  - Child care services
- Residential care services
  - Aged care residential services (e.g. nursing homes)
  - Community mental health hostels
  - Crisis care accommodation

Population projections indicate that the number of people 65 years and over will almost double from 25,309 persons in 2016 to 44,882 in 2036 (see Box 3). This represents a 77% increase. By 2036 at least one in four Redland City residents will be 65 years and over.

**Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socio Economic Disadvantage (IRSD)**

The Index of relative socio economic disadvantage (IRSD) was developed by the Australian Bureau of Statistics (ABS) to measure an area’s level of socio-economic disadvantage based on a range of Census variables. The index was based on characteristics that reflect disadvantage such as low income, low educational attainment and high unemployment. A higher number indicates a lower level of disadvantage.

In 2016, Redland City’s IRSD was 1027 which indicates a low level of disadvantage. However the City experienced pockets of disadvantage. The island communities in particular were significantly disadvantaged in comparison to the remainder of the City. Southern Moreton Bay Islands (SMBI) recorded a score of 813. Coochiemudlo (920) and North Stradbroke Island (934) also scored lower in their SEIFA indices.

**Economic output and value add**

The health care and social assistance industry experienced sustained growth for the past five years and is the largest contributor to employment at the local, state and national level. The strong performance of the sector is fuelled by demographic shifts, particularly the growth in ageing population. The industry was the fourth largest in terms of output (or revenue generated by businesses and organisations) generating \$764.4 million (December 2017) or 6.7% of the City’s total output (see Box 3).

The industry was also the third largest in terms of value add contributing \$566.8 million (or 10.4% to total value add).

**Workforce**

The health care and social assistance sector was the largest employer in Redland City with 6,693 jobs or 15.6% of total employment (ABS 2016). The City had a larger proportion of workers in health care and social assistance in comparison to South East Queensland (13.6%). The number of jobs in the sector grew by 32.2% from 5,061 in 2011 to 6,693 in 2016. The majority of those who worked in the sector were female (83%). A significant proportion of the workforce of the sector were employed as community and

**Box 2 Summary of Key Statistics**

**Redlands Demographic Snapshot**



2016 ERP – 151,987  
2011 ERP – 143,711  
1.2% Average annual growth rate



Median age of 42  
(35 in Brisbane and 37 in Qld)



5.5% needing assistance with core activities  
(5.0% in SEQ)



5.9% Unemployment rate (December quarter 2017)  
(5.9% Unemployment rate in Qld)

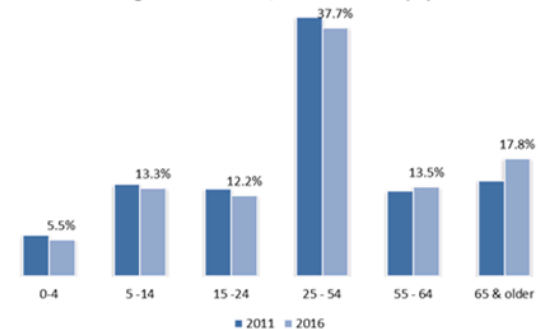


62.6% Total Labour Force Participation (Redlands)

Source: 2016 ABS Census of Population and Housing; Department of Jobs and Small Business

**Redlands Age Distribution**

**Age Distribution, 2011 & 2016 (%)**



Source: 2016 ABS Census of Population and Housing



personal service workers (40%) followed by professionals (35%) and clerical and administrative workers (13%).

The industry's workforce also had an older age profile with more than half of the workforce (or 51%) in the 45 and over age group. Health care and social assistance workers were highly educated and highly skilled with 44% having a Bachelor's degree or higher. Almost a quarter (24%) of the workers had Certificate level qualifications.

**Wages and salaries**

Health care and social assistance had the largest wages and salaries paid to employees who work in the City amounting to \$487.6 million. This accounted for 17% of the total wages and salaries for Redlands.

**Businesses**

As of February 2018, 1,514 businesses (or 4% of total number of businesses) in the health care and social assistance industry were registered in the Redlands. Of these, 970 were in the Health Care Services subsector and 544 were in the Residential Care and Social Assistance services subsector.

**Value of health care and social assistance**

As demand for health care increases, due to the forecast population growth and the ageing demographic profile of the City, additional health care services will drive economic growth. This will be brought about by 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.

**3.2 Industry Trends**

The health care and social assistance industry is anticipated to dominate employment growth and will contribute significantly to economic output in the next five years. The sector is driven by an ageing population, public funding structures and population growth. Digital disruption will impact on industries including health care and social assistance and will influence how businesses deliver services with the availability of more advanced technologies. Health care delivery models are likewise changing with more emphasis on a client driven approach and an increasing trend towards home or community care. While these trends can impact on the health care and social assistance industry in the Redlands, the City can also capitalise on the potential opportunities they bring.

**Box 3 Summary of Key Statistics**

### Population Projection

Age Range	2016 (Number)	2036 (Number)	% change
0-4	~10,000	~10,000	8.3%
5 to 14	~20,000	~22,000	12.5%
15 to 24	~18,000	~20,000	14.0%
25 to 54	~58,000	~62,000	7.9%
55 to 64	~18,000	~20,000	14.6%
65 & older	~25,000	~44,000	77.3%

Source: Queensland Treasury, Population projection medium series, 2015 edition

### Health Care & Social Assistance Industry Snapshot

- \$764.4 M Output or 6.7% of the city's output
- Largest employer in Redland City with 6,693 jobs in 2016
- Employment in the industry is set to grow at an average annual rate of 2.3%
- 83% of the industry's workforce in 2016 were female
- There were 1,514 registered businesses in the Health Care and Social Assistance Industry Sector in the Redlands as of February 2018

Source: economy.id; REMPLAN economy

### **3.2.1 Key Economic Drivers**

The health care and social assistance industry is largely influenced by demographic factors. The industry's strong performance in terms of employment and output has been attributed mainly to the growth in demand. Older people tend to access health services more, requiring frequent medical check-ups and treatments. Women's increasing labour force participation affects demand for childcare services. Over the next five years, it is anticipated that these factors will create a greater demand for allied health and community services including: aged, childcare and social support services.

The level of State and Federal Government funding for health and community services also affects the industry. Governments provide significant revenue to health services such as hospitals but with increasing pressure to control expenditure in sectors associated with health, governments may implement changes to funding arrangements.

The community services industry subsector that supports people who are experiencing disadvantage is also quite reliant on government funding. These organisations provide social safety nets that address community needs and their activities have significant community benefits. They often operate in counter-cyclical fashion i.e. the demand for welfare services increases when the economy experiences a downturn and when real discretionary income falls. Hence any changes to funding could impact on revenue streams and service provision.

### **3.2.2 Changes in health care and allied health delivery models**

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 (client-driven), coordinated and tailored integrated health care approach that meets the needs and preferences of the individual, their carers and family.

The roll out of the National Disability Insurance Scheme (NDIS) will alter the way disability support services are provided. The NDIS adopts a market based approach to disability support services that will foster competition and maximise consumer choice. While the impact of the NDIS is still largely unknown, existing providers will need to develop options for transitioning to a competitive market with implementation of the full scheme in the Redlands from July 2018. 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. It is also anticipated that the disability sector's workforce will need to more-than-double in size to satisfy demand under full implementation of NDIS.

#### ***Implications for the Redlands***

The shift in delivery models can provide the impetus for health, allied health and community services to collaborate and forge partnerships. Community and disability support services need to be market ready in terms of structure, business processes and program delivery. Redlands has a strong network of social, community and aged care services. Council plays a key role in facilitating partnerships in the sector through its ongoing support of the Redlands Interagency Network, Redlands Disability Network and the Aged Care Providers Network. There will be a much stronger focus on home and local community based care in terms of health services. Hospital sites are expected to diversify their functions as they evolve into 'health campuses' delivering a wide range of integrated services including expanded general practice, allied health, support services and social care. The Redlands Health and Wellness Precinct creates an opportunity to integrate service delivery across education, research, health and allied health areas. Delivering on this Precinct is critical for the opportunities in this Plan to be realised and achievement of performance measures (refer Section 4.2). Additionally the ability to deliver on the four growth measures identified in the EDF will be challenging if the Precinct is not fully realised. (Refer Section 3.4 of this Plan for details of this Precinct and the opportunities and the economic benefits for this City that would be realised as a result).

### **3.2.3 Digital technology**

The changing role of the hospital with a stronger focus on the home and local community as the primary health care arena has been enabled by greater access to the internet and improvements to communication technologies.

The increased implementation of tele-health has allowed patients to transform their 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. The benefits are improved patient comfort and health outcomes.

With the trend increasing, information sharing will become even more critical. Digital access to the health system protocols and the patient record across the continuum of care will allow for consistent treatment, reduced error rates, improved patient 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.

The rise of smart phones, social media and the use of sensors provide 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.

Key examples of digital technology that is changing the way healthcare is delivered include:

- Smart Phones - App stores already feature thousands of health apps, though their uptake for health and care to date has been variable;
- 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 the health care system is configured;
- 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; and
- 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.

#### ***Implications for the Redlands***

Digital technology has significantly transformed our communities and economies. It will become the foundation of integrated health care and is both a key enabler of and a by-product of innovation. Innovations have enhanced the lives of people of all ages and abilities, but none more so than the lives of seniors. New products have provided seniors improved quality of life by allowing them to have fulfilling experiences that otherwise wouldn't have been possible due to limited mobility. With its commitment to innovation, Redlands has an opportunity to facilitate the development and use of cutting edge digital technology to provide better quality of care in the aged care sector. Through the

Advance Queensland's Regional Innovation Program (ARIP) that supports innovation and entrepreneurship, Council can catalyse innovation opportunities in the City by building the innovation ecosystem and creating pathways and a supportive environment where innovators can discuss and collaborate and attract new investment.

The Redlands has an older median age profile than that of Queensland, with this gap set to widen. The trend of an ageing population is an Australia-wide issue not being systematically researched or addressed at a national or state level. There are a large number of research centres for the ageing focused on health, but very few are focused on education and there are none in Queensland.

A Centre of Excellence in Education for the Ageing can be a 'living laboratory' where ideas on how digital technologies can assist individuals and communities with managing their health, social services, disability and aged care challenges are developed, while also facilitating continued education for older adults on innovation and health.

The opportunity aligns closely with the master planning for a Redlands Health and Wellness Precinct and the Queensland Government-funded Maturing the Infrastructure Pipeline Program Early Stage Assessment for a potential Cleveland Innovation Precinct. There is also potential to explore partnership opportunities facilitated through Advance Queensland's Advancing Regional Innovation Program and with tertiary institutions including the University of Queensland and Griffith University's Cooperative Research Centre's 'Smart Ageing' bid and the City4Age program.

In addition, the University of the Third Age (U3A) – a worldwide, volunteer organisation for the continuing education of those in their 'third age' of life – is particularly strong in the Redlands, with approximately 1800 members. The community organisation's valuable expertise could be utilised as a resource in the potential establishment of a Centre of Excellence in Education for the Ageing.

### **3.2.4 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 years and over population is also increasing rapidly and in 20 years' time this group is projected to almost double and make up three per cent of the total population.

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.

Caring for older people is becoming more 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. 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 develop Alzheimer's, dementia and other high-care diseases.

#### ***Implications for the Redlands***

The ageing population increases demands and brings opportunities in two distinct areas:

- Increased education and training to boost both the skills of the local workforce and the number of people available for employment in the aged care sector; and
- Continuing education for the ageing via 'lifelong learning' programs which research has shown offer increased economic, social and health benefits.

An ageing population brings more pressure on allied health and community services and an increasing demand for a trained aged care workforce. With its top performing secondary education sector, its robust network of service providers and its linkages with vocational education providers, Redland City is in a strong position to facilitate training and education opportunities for the aged care workforce.

Council is leading work in the area of innovation and entrepreneurship for the aged as well as collaborating with local service providers around programs that support people with dementia.

### 3.3 Industry Issues and Gaps

To facilitate the success of the Plan, there are some identified issues and gaps.

Health, aged and social assistance services and infrastructure	Industry workforce
<ul style="list-style-type: none"> <li>▪ Local hospitals only have capability to care for low to moderate risk patients. Patients with more complex needs are transferred to larger hospitals</li> <li>▪ Limited capacity to meet increasing demand for health services due to the size of hospital facilities</li> <li>▪ Limited capacity to provide emergency, medical, survival, neonatal, mental health and sub and non-acute services</li> <li>▪ Limited opportunities to incorporate teaching and research</li> <li>▪ Limited public transport options to the hospital precinct</li> <li>▪ Single road access to the hospital sites and significant undersupply of car parking</li> <li>▪ Limited availability of general practice clinics that are open late evening and on weekends</li> <li>▪ Consolidation of services due to impact of customer driven care</li> <li>▪ Service gaps in high health needs areas particularly in the City's island communities</li> <li>▪ Limited supported accommodation, transitional care and respite care</li> </ul>	<ul style="list-style-type: none"> <li>▪ Shortage of general practitioners</li> <li>▪ Shortage of private medical specialists including anaesthetists, cardiologist, general surgeons, ophthalmologists and medical oncologists</li> <li>▪ Casualisation of workforce</li> <li>▪ Workforce deficits in allied health services (physiotherapists, podiatrists, occupational therapists)</li> <li>▪ Increased demand for training and education of workforce to meet future needs</li> </ul>

It is important to note that addressing these issues and gaps will require working in partnership with the Redlands Health Care and Social Assistance industry sector, business, community and the State and Federal Governments.



### 3.4 Redland City Opportunities

The following provides an overview of the Health Care and Social Assistance opportunities identified for the Redlands.

Infrastructure and partnership opportunities	Workforce and business development opportunities
<ul style="list-style-type: none"> <li>▪ Collaboration between public hospitals and educational institutes</li> <li>▪ Partnerships between public hospitals and private health service providers to address service gaps and efficiencies</li> <li>▪ Co-location opportunities with private clinics particularly in the Redlands Health and Wellness Precinct</li> <li>▪ Explore the development of a Centre of Excellence in Education for the Ageing</li> <li>▪ Capitalise on the growth of the use of digital technology for health and aged care</li> <li>▪ Develop an investment attraction strategy for the industry</li> </ul>	<ul style="list-style-type: none"> <li>▪ Partnership with TAFE and training providers to facilitate aged care and disability sector education to upskill workforce</li> <li>▪ Organise summits that can be a platform for health care and social assistance industries to engage and network</li> <li>▪ Support existing networks of aged care and community service organisations to improve access to information and coordination of services</li> <li>▪ Business support through workshops and training opportunities</li> <li>▪ Work with international partners to identify and develop opportunities and attract investment</li> </ul>

#### 3.4.1 Enhance health care and social assistance infrastructure

##### **Health and Wellness Precinct**

Council is working in partnership with Mater Misericordiae Ltd (Mater) and Metro South Hospital and Health Service (MSH) which oversees Redland Hospital to deliver a Health and Wellness Precinct master plan. The precinct, which is centred on Weippin Street in Cleveland will incorporate the planned expansion of the private and public hospitals and identify potential industry clustering opportunities around the hospitals.

As well as identifying and zoning the precinct as a Specialist centre in the Redland City Plan, the area is identified in the *Shaping SEQ South East Queensland Regional Plan 2017* as a knowledge and technology precinct, which contains a core of high level health, education, research or similar facilities and will provide opportunities for complementary and ancillary services to develop in the area over time. The precinct presents a catalyst economic opportunity for the City that can generate employment and growth, as well providing high quality specialist and tertiary health services for Redlands' residents in the long term.

Potential development and operation of an integrated health and education precinct would bring investment and economic activity and deliver significant health benefits for the Redlands. Due to the dynamic nature of the opportunities, estimates of the benefits can be indicative only and a detailed economic analysis has not yet been undertaken. The Health Care and Social Assistance consultants' report to Council, has estimated that economic activity could be in the vicinity of \$350 million. Indicative figures for employment opportunities are estimated at 1,900 during potential construction and up to 3,600 overall.

The following is being investigated to be included as part of the precinct's future development:

- Hospital expansions;

- Expanded medical and specialists' services;
- Technology companies supporting the delivery of new-era health services;
- Supporting infrastructure including traffic access and circulation, car parking, public transportation, information and communication technology (ICT) and open space;
- Education and training facilities; and
- Ancillary services focusing on wellness.

### ***Technology – Innovation opportunities***

As outlined in this Plan, information and communication technology (ICT) is changing the way health care is delivered. This in turn creates opportunities for technology companies, including those that are already flourishing in the Redlands and companies that potentially will establish here in the future.

Queensland's *e-health Investment Strategy* recognises that ICT is an enabler of integrated, quality and safe health services. Looking at Queensland in particular, the strategy lists some of the global innovation opportunities for potential future investment, as follows:

- 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 settings;
- Mobile health – remote and mobile monitoring of patients' 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 more equitable distribution of health services; and
- Integrated scheduling and eReferrals – streamline the patient pathway with options for patient input and transfer of patients.

Locally, the *Metro South Service Plan – Draft for Consultation*, has also identified the importance of digital technology as a key enabler to support a range of strategies including the recently implemented Electronic Medical Record system, increased Telehealth capacity, supporting innovation, access to data and exchange of information between Government departments, business and the community.

As part of the move to ICT in health care, Council acknowledges that improving internet access and performance in the Redlands is a critical challenge and is continuing to work with Federal and State Governments, and providers, to rectify this situation.

### ***Centre of Excellence in Education for the Ageing***

A Centre of Excellence in Education for the Ageing has the potential to be the confluence of education, training and research in the region, specifically in areas of strength such as aged care. It is important to build on local competitive strengths and harnessing existing community organisations as a potential resource can create significant opportunities not only in terms of educating older people but also facilitating inter-generational mentoring programs. Potential benefits of establishing a Centre of Excellence at a pilot location in Redland City could include:

- Attraction of a 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;
- An increased number of employees, which will impact economic output;
- A greater sense of community with opportunity for involvement of education providers such as U3A;
- A living lab for ageing research;
- An innovation space that explores new technology that can positively impact on the quality of life of seniors;
- Reduced demand on health sector resources;
- Contribution to the financial return to the Redlands Health and Wellness Precinct or potential Cleveland Innovation Hub or wherever it is placed; and
- Putting Redland City 'on the map' in terms of having a significant and leading edge research centre addressing major ageing and social policy issues.

### ***Investment attraction***

Council is working to build an investment attraction strategy for Redland City, which will encourage and enhance current action plans. Council has commissioned a Gap Analysis and Opportunities Assessment study to identify opportunities for key and emerging industry sectors. These have the potential to support business growth and re-capture some of the workforce that is currently leaving Redland City. The findings will inform future investment attraction strategies in key industries, including health care and social assistance.

### ***Planning and Regulatory Framework - Redland City Plan***

At the time of this Plan's publication in July 2018, the master plan process for the Health and Wellness Precinct was approaching completion. Council continues to work in close partnership with MSH and Mater to plan for a Health and Wellness Precinct, which will be a major economic driver for Redland City.

The purpose of the master planning process is to identify the optimal development of the site as the City's major health hub, generating high employment opportunities and economic output. The planning framework has been based on the outcomes of industry demand, urban planning, ecological and traffic studies that were conducted as part of the process, and aims to:

- Position the area as the City's pre-eminent health and wellness precinct, where specialist and general health services, health-based education and training and related activities will cluster;
- Deliver a vibrant and sustainable precinct, which is a focus for private and government investment and complements the City's existing network;
- Encourage economic investment and employment generation by co-locating a mix of land uses and activities; and
- Determine the potential type, scale and location of health-related uses and services that can leverage off the hospital expansions and positively contribute to the long term health, community, employment and education needs of the City.

### ***3.4.2 Enable health care and social assistance industry sector***

#### ***Building business capacity***

Council's aim is to improve the competitiveness and capacity of health care and social assistance businesses and organisations. Integral to achieving this aim, is building on the established, networking and communication channels between the industry and Council, to further strengthen working relationships.



To identify specific ways in which Council can assist, it is proposed that Council will:

- Deliver Health Care and Social Assistance industry summits in partnership with the local industry;
- Link and liaise with the health care and social assistance industry to identify business training needs;
- Facilitate and coordinate workshops that improve the competitiveness and capacity of health care and social assistance businesses and organisations;
- Provide timely information on business grants and training opportunities; and
- Assist new businesses by providing advice and facilitating access to pertinent information and grants.

The purpose of the industry summits will be to:

- Discuss trends, transformative ideas, issues and solutions to industry challenges; and
- Identify health care and social assistance industry experts and leaders who can provide input and engage with the local sector and businesses, leading to research and investment opportunities.

### ***International links***

Council continues to build on international relationships which have been established in China, Japan and South Korea, through 'sister city' and 'friendship city' agreements. This has resulted in increased overseas interest, for example, in 2017 a delegation to Kani City, located in Gifu Prefecture, in central Japan led to representatives from the Gifu Medical Science University touring the Redlands and inspecting medical and aged care facilities in early 2018. The university will send a study tour to Redland City in 2019.

Partnering with international institutes in order to tap into the Redlands' expertise in the field of health and aged care, offers a range of benefits such as: workforce attraction and retention, potential reciprocal arrangements, professional development opportunities and the economic and social advantages that accrue from a first-class, international reputation. An environmental scan of international education providers will pave the way for linking with stakeholders and identifying the best approach to capitalise on the growing international education market.

### ***Workforce attraction and development***

Council recognises that growing the Redlands' health care and social assistance workforce to meet current and future needs is vital to maintaining and growing the City's liveability. Council will support this by:

- Undertaking a key industry sector validation assessment to understand the workforce profile;
- Liaising with industry to identify workforces needs;
- Facilitating links between industry employers and VET and higher education providers; and
- Working with university, TAFE and the vocational training sector to facilitate the development of training and education programs for the aged care and disability sector workforce.

## 4. IMPLEMENTATION PLAN 2018-2023

This Implementation Plan contains actions required to realise future opportunities in the Health Care and Social Assistance Industry Sector, contributing to the achievement of the objectives in EDF.

### 4.1 Plan Summary

Actions will be implemented over the following time frames:

- Short-term – within the next two years (2018–2020)
- Medium-term – within the next three years (2018–2021)
- Long-term –to be undertaken after five or more years (2023 onwards) but may need to commence in the medium-term
- Ongoing – actions will continually be dealt with through the life of the plan.

The resultant work program is captured in **Figure 3 Implementation Plan Summary**. The work program for year 1 including resourcing and budget is already provided for within the financial year 2018/2019 budget. Activity from years 2 to 5 may be subject to future yearly budget bids for resourcing and funding to deliver actions.

Council could play five active roles in engaging the sector and implementing the actions (**see Table 1**):

**Table 1 Council roles**

<b>Advocate</b>	Attract and retain public, private and non-government investment that expands the economic base and improves service delivery in the City.
<b>Regulate</b>	Implement land use and infrastructure planning and policy development that will support the industry sector.
<b>Partner</b>	Strengthen existing links and networks and to establish constructive working relationships with businesses and government to implement initiatives and to enhance supply chain links.
<b>Facilitate</b>	Enable the growth of emerging businesses by ensuring the provision of timely information, access to business grants, sponsorship and training opportunities.
<b>Lead/Deliver</b>	Take the lead and implement initiatives that will foster an environment that is conducive to business growth and expansion.



## 4.2 Implementation Plan for Redlands

### 1. Enhance health care and social assistance infrastructure

Outcome: Development of infrastructure that supports business and employment growth in the Health Care and Social Assistance industry

Objective	Actions	Governance		Performance Measure	Resources	Timeframe
		Council's Role	Key Stakeholders			
Deliver the Redlands Health and Wellness Precinct Master Plan	<ul style="list-style-type: none"> <li>Finalise the Redlands Health and Wellness Precinct master plan and present to Council for future direction</li> </ul>	<ul style="list-style-type: none"> <li>Facilitate</li> </ul>	<ul style="list-style-type: none"> <li>Metro South Hospital and Health Service (MSH)</li> <li>Mater Misericordiae Ltd (Mater)</li> <li>State Government</li> </ul>	Council decision on Master plan including future direction	Yr 1 activity funded through 2018/2019 budget	Short (Year 1)
	<ul style="list-style-type: none"> <li>Identify and activate the legislative pathway for delivering the agreed Redlands Health and Wellness Precinct master plan</li> </ul>	<ul style="list-style-type: none"> <li>Advocate/Facilitate</li> </ul>	<ul style="list-style-type: none"> <li>MSH</li> <li>Mater</li> <li>State Government</li> </ul>	Delivery pathway for Redlands Health and Wellness Precinct master plan confirmed	Funding to implement master plan subject to future budget bid	Medium to long
	<ul style="list-style-type: none"> <li>Amend regulatory instruments to give effect to endorsed master plan</li> </ul>	<ul style="list-style-type: none"> <li>Lead/Facilitate</li> </ul>	<ul style="list-style-type: none"> <li>MSH</li> <li>Mater</li> <li>State Government</li> </ul>	Relevant regulatory instruments amended	Funding to implement master plan subject to future budget bid	Medium to long
	<ul style="list-style-type: none"> <li>Identify and secure funding to deliver key elements of the master plan</li> </ul>	<ul style="list-style-type: none"> <li>Advocate/Facilitate</li> </ul>	<ul style="list-style-type: none"> <li>State and Federal Governments</li> <li>Industry stakeholders</li> </ul>	Funding stream identified and funds committed to implementing elements of the master plan	Funding to implement master plan subject to future budget bid and external funding streams	Medium to long
Increase innovation opportunities in health and aged care	<ul style="list-style-type: none"> <li>Host an Innovative Ageing Summit to facilitate links with industry and identify opportunities for innovation</li> </ul>	<ul style="list-style-type: none"> <li>Facilitate</li> </ul>	<ul style="list-style-type: none"> <li>Aged Care Providers Network</li> <li>Hospitals</li> <li>Industry leaders</li> </ul>	Innovative Ageing Summit delivered and subsequent	Budget captured under the Advance Queensland's	Short (Year 1)

Objective	Actions	Governance		Performance Measure	Resources	Timeframe
		Council's Role	Key Stakeholders			
			<ul style="list-style-type: none"> <li>State and Federal Governments</li> <li>Chambers of commerce</li> <li>Education providers</li> <li>Researchers</li> <li>Start-ups</li> </ul>	innovation opportunities and partnerships identified	Regional Innovation Program (ARIP) funding	
	<ul style="list-style-type: none"> <li>Support the investigation for a Centre of Excellence in Education for the Ageing (refer to the Education and Training Industry Sector Plan 2018-2023)</li> </ul>	<ul style="list-style-type: none"> <li>Partner</li> </ul>	<ul style="list-style-type: none"> <li>Education providers</li> <li>Health and aged care industry sectors</li> <li>Tertiary institutions</li> <li>Community organisations</li> </ul>	Detailed report outlining model, timeframes and partners for a Centre of Excellence in Education for the Ageing completed	Budget to be identified in the Education and Training Industry Sector Plan 2018-2023	Medium to Long
Attract investment in Health Care and Social Assistance industry	<ul style="list-style-type: none"> <li>Investigate investment attraction and expansion opportunities in the Health Care and Social Assistance industry</li> </ul>	<ul style="list-style-type: none"> <li>Deliver</li> </ul>	<ul style="list-style-type: none"> <li>Industry stakeholders</li> <li>State and Federal Governments</li> </ul>	Health care and social assistance industry investment attraction plan developed and implemented*	Activity funded in 2018/2019; *elements of implementation may be subject to future budget bids	Short (Year 1) to Medium
	<ul style="list-style-type: none"> <li>Actively work with key agencies and peak bodies to identify and advocate for investment opportunities in the sector both locally and internationally</li> </ul>	<ul style="list-style-type: none"> <li>Advocate/ Partner</li> </ul>	<ul style="list-style-type: none"> <li>South East Queensland Council of Mayors</li> <li>Logan and Redlands Regional Development Australia Committee</li> <li>State and Federal Governments</li> <li>Brisbane South Primary Health Network</li> <li>International partner cities</li> </ul>	Investment opportunities identified	Activity funded in 2018/2019	Short to Medium



Objective	Actions	Governance		Performance Measure	Resources	Timeframe
		Council's Role	Key Stakeholders			
	<ul style="list-style-type: none"> <li>Advocate for development and expansion of local health services (including general practitioners and specialist services) in appropriate locations to address current per capita under-supply</li> </ul>	<ul style="list-style-type: none"> <li>Advocate / Facilitate</li> </ul>	<ul style="list-style-type: none"> <li>State and Federal Governments</li> <li>Brisbane South Primary Health Network</li> </ul>	Number of new and expanded local health services; improved per capita supply of general practitioners and specialist services in the City	Activity funded through investment attraction strategy and master plan implementation	Medium to Long
Monitor the implementation of the City Plan to ensure the Strategic outcomes of Liveable Communities and Housing and Economic Development are met	<ul style="list-style-type: none"> <li>Support development of affordable housing options to attract sector workforce</li> </ul>	<ul style="list-style-type: none"> <li>Regulate/ Advocate/ Facilitate</li> </ul>	<ul style="list-style-type: none"> <li>State and Federal Governments</li> <li>Housing providers</li> </ul>	Housing options identified for sector workforce in accessible locations	Activity funded in annual budgets	Medium to Long

**2 Enable health care and social assistance industry sector**

**Outcome: Improve productivity of health care and social assistance industry sector businesses and workforce**

Objective	Actions	Governance		Performance Measure	Resources	Timeframe
		Council's Role	Key stakeholders			
Improve competitiveness and build capacity of Health Care and Social Assistance businesses and organisations	<ul style="list-style-type: none"> <li>Link and liaise with Health Care and Social Assistance industry to identify business training needs</li> </ul>	Deliver	<ul style="list-style-type: none"> <li>Community Services</li> <li>Aged Care Residential Services</li> <li>Allied Health services</li> <li>Chambers of commerce</li> </ul>	A detailed report identifying training needs that will inform planning for future business workshops	Budget bid request in FY 2019/2020 (indicative cost \$30,000)	Short
	<ul style="list-style-type: none"> <li>Facilitate and coordinate business workshops that improve the competitiveness and capacity of Health Care and Social Assistance businesses and organisations</li> </ul>	Facilitate	<ul style="list-style-type: none"> <li>Community Services</li> <li>Aged Care Residential Services</li> <li>Allied Health services</li> <li>Chambers of commerce</li> <li>Industry stakeholders</li> </ul>	Number of participants satisfied with workshops	Subject to budget bid in FY 2020/2021 (indicative cost \$15,000)	Medium
	<ul style="list-style-type: none"> <li>Continue to support local service providers through existing networks to enhance provision of effective and appropriate services in the City</li> </ul>	Facilitate	<ul style="list-style-type: none"> <li>Health care and social assistance organisations</li> <li>Redlands Interagency Network</li> <li>Redlands Disability Network</li> <li>Primary Health Network</li> </ul>	Local service providers survey confirmed effectiveness of Council support	Year 1 activity funded in 2018/2019 budget as BAU	Current and ongoing
Deliver Health Care and Social Assistance sector summit to strengthen linkages across the industry including government agencies, businesses and organisations	<ul style="list-style-type: none"> <li>Organise a Health Care and Social Assistance Industry summit to discuss future trends, transformative ideas, issues and solutions to industry challenges</li> </ul>	Deliver	<ul style="list-style-type: none"> <li>Hospitals</li> <li>Community Services</li> <li>Aged Care Residential Services</li> <li>Allied Health services</li> <li>Chambers of commerce</li> <li>Redlands Economic Development Advisory Board</li> <li>State and Federal Governments</li> </ul>	Health Care and Social Assistance Industry Summit delivered	Subject to budget bid in FY 2019/2020 (indicative cost \$30,000)	Short to medium

Objective	Actions	Governance		Performance Measure	Resources	Timeframe
		Council's Role	Key stakeholders			
Grow Health Care and Social Assistance workforce to meet current and future needs	<ul style="list-style-type: none"> <li>Liaise and work with industry to identify workforce training and education needs</li> </ul>	Facilitate	<ul style="list-style-type: none"> <li>Tertiary institutions</li> <li>TAFE and VET providers</li> <li>Aged care providers network</li> </ul>	A detailed report identifying workforce needs, training opportunities, and education offerings	Budget bid request in FY 2019/2020 (indicative cost \$30,000)	Short to medium
	<ul style="list-style-type: none"> <li>Work with university, TAFE and vocational sector to facilitate the development and delivery of training and education programs for the aged care, social services and disability sector workforce to address identified needs</li> </ul>	Facilitate	<ul style="list-style-type: none"> <li>Tertiary institutions</li> <li>TAFE and VET providers</li> <li>Aged care providers network</li> </ul>	Industry survey to determine if education offerings are meeting industry workforce needs	Subject to budget bid in FY 2022/2023 (indicative cost \$15,000)	Long
Partner with international institutes that tap into Redland expertise in the field of health and aged care	<ul style="list-style-type: none"> <li>Explore opportunities to partner with international institutes by leveraging health and aged care expertise through sister and friendship city relationships and business missions</li> </ul>	Facilitate	<ul style="list-style-type: none"> <li>International partner cities</li> <li>Chambers of commerce</li> <li>Hospitals and other allied health services</li> <li>Aged Care sector</li> <li>Industry stakeholders</li> </ul>	Partnership opportunities identified and developed	Activity funded through 2018/2019 budget  Activity will be funded through future annual budget bids	Short to long



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## APPENDIX 1 – SUMMARY OF STATE AND FEDERAL PLANS AND STRATEGIES

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### South East Queensland

**Shaping SEQ: Making the most of our future:** a vision to guide growth in South East Queensland. It brings together all levels of government to plan for a population increase in SEQ expected to be almost two million people over the next 25 years. *Shaping SEQ* is the foundation upon which the future will be built and guides the State Infrastructure Plan and council planning schemes. The plan was based on recommendations from the South East Queensland Regional Planning Committee which was made up of State Government departments and SEQ Local Government Mayors, including the Mayor of Redland City, Councillor Karen Williams. (Note: In August 2017, *Shaping SEQ* replaced the *South East Regional Plan 2009-2031*.) [Shaping SEQ: Making the most of our future](#)

**Brisbane South Primary Health Network – Strategic Plan 2017 onwards:** this Primary Health Network (PHN) takes in the Redland City Council area, parts of Brisbane City, all of Logan City and parts of the Scenic Rim. The Federal Government established PHNs in 2015 to: increase the efficiency of medical services for patients, particularly those at risk of poor health outcomes; improve coordination of care to ensure patients receive the right care, in the right place, at the right time. [Brisbane South PHN - Strategic Plan 2017 onwards](#)

**Brisbane South Primary Health Network – 2018 Needs Assessment:** focuses on a “people” and “places” approach in assisting people in the region. It has a particular focus on those in the most vulnerable groups in geographic locations or “hotspots” which have higher needs, emerging concerns or challenges due to local circumstances. [Brisbane South PHN - 2018 Needs-Assessment](#)

### Queensland

**The Queensland Plan:** a plan created by Queenslanders for Queensland that provides a 30-year roadmap for the state’s growth and prosperity. Health is one of the nine foundations on which the plan is based. [The Queensland Plan](#)

**My health, Queensland’s future: Advancing health 2026:** Healthcare is being transformed by innovation. By 2026, healthcare will look very different than it does today. This Queensland Health plan will further drive investment in new ideas, research and technology. *Advancing health 2026* was developed to guide Queensland government investment in health over the longer term and to reorient the system to be flexible and innovative in taking advantage of new technologies, while improving health outcomes for the population at large. [My health, Queensland’s future: Advancing health 2026](#)

**Metro South Health Strategic Plan 2015-2019 (2017 update):** the plan provides the leadership to keep up with the rapid rate of change and the growing demands for innovation, in order to deliver best-practice patient care. Metro South Health takes in the Redlands and is an organisation employing more than 14,000 staff, with an annual budget of \$2.3 billion. [Metro South Strategic Plan \(2017 update\)](#)

**Metro South Health Service Plan 2017-2022** provides a strategic perspective on health service delivery across all Metro South services. The plan identifies four key service directions, and 39 priority strategies, to guide service development and address the health priorities of the Metro South community to 2022. [Metro South Health Service Plan 2017-2022](#)

**eHealth Investment Strategy:** information and communications technology (ICT) is an increasing enabler of integrated, quality health services. This strategy ensures that ICT investment form part of a cohesive plan between Hospital and Health Services (HHSs) and the department. It identifies ICT requirements over the next 20 years to ensure the state's health system can continue to provide essential services to Queenslanders. [eHealth Investment Strategy](#)

**Every Queensland Succeeding - Disability Service Plan 2017-2020:** pledges the Department of Education's support for Queenslanders with a disability. The plan states that the department is committed to collaborating with students, staff, community and partners, to identify how best to support all Queenslanders – regardless of their background, postcode, personal circumstances or ability - to succeed. [Every Queensland Succeeding - Disability Service Plan](#)

## Federal Government

**National Disability Insurance Scheme (NDIS):** will provide about 460,000 Australians under the age of 65, who have with a permanent and significant disability, with the reasonable and necessary supports they need to live an ordinary life. As an insurance scheme, the NDIS takes a lifetime approach, investing in people with disability early to improve their outcomes later in life. The National Disability Insurance Agency (NDIA) is the independent Commonwealth government agency responsible for implementing the NDIS. The scheme became available in Redland City from 1 July 2018. [About the NDIS](#)

**Commonwealth Home Support Programme (CHSP):** funded by the Australian Government, the programme provides a range of entry-level aged care services for older people who need assistance to keep living independently at home and in their community. The aim is to help older people live as independently as possible and safely at home. [Your Guide to Commonwealth Home Support Program Services](#)

**Australia's Health Landscape Infographic:** depicts the four tiers of health care in Australia in the form of an infographic. It includes the factors that contribute to health; opportunities such as technology and challenges such as chronic disease; supporting regulations and infrastructure; and health system funding (\$2.3 trillion to 2027.) [Australia's Health Landscape Infographic](#)

**National Health and Medical Industry Growth Plan:** this \$1.3 billion plan focuses on the medical technology, biotechnology and pharmaceutical sector. It contains a profile of the current sector, the growth plan and future outlook (including forecast changes to both economic and health wealth.) [National Health and Medical Industry Growth Plan](#)

**Aged Care Legislated Review 2017:** considered the impact and effectiveness of a number of aged care reforms that have been implemented since 2012 and makes recommendations for future reform to the aged care system. [Legislated Review of Aged Care 2017](#)

**Review of National Aged Care Quality Regulatory Processes:** the review identified that despite reforms to improve the quality of residential aged care, current regulatory mechanisms do not consistently provide the assurance of safety and quality care, that the community expects. The review was presented to the Federal Government in October 2017. [Review of National Aged Care Quality](#)

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



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## ***1. EXECUTIVE SUMMARY***

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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***

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### ***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:

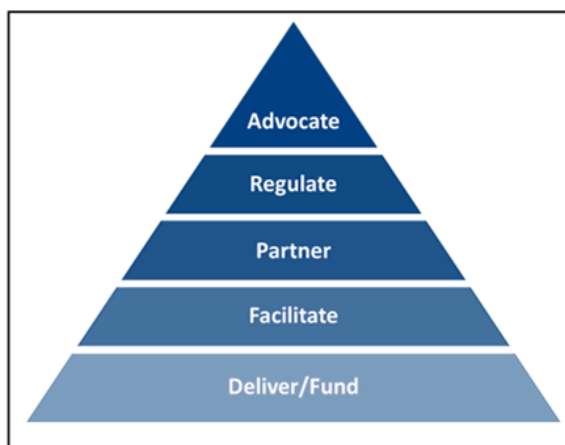
- Construction
- Education and Training
- Financial and Insurance Services and Professional, Scientific and Technical Services
- Health Care and Social Assistance
- Manufacturing
- Retail Trade
- Rural Enterprises
- Tourism

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.<sup>1</sup> 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.<sup>2</sup> 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.<sup>3</sup> 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.<sup>4</sup> 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 Australia<sup>5</sup>). Community and Disability Services and in

<sup>1</sup> 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/](http://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/)

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

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

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

<sup>5</sup> 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.

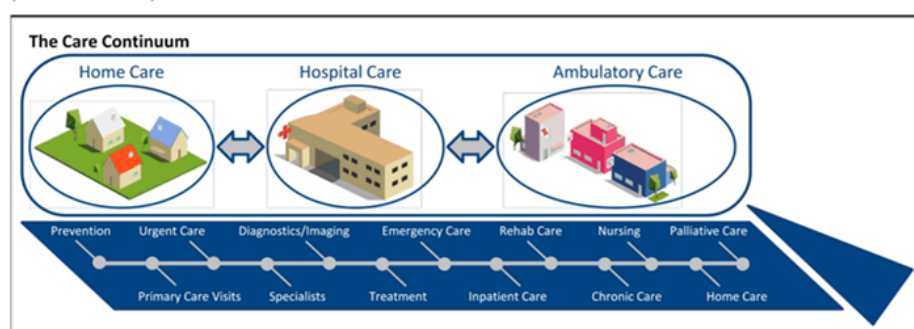
These new ways of working are a key element of the health system of the future and call for changes to the way services are located and the models of care they provide. Effective models of integrated care have been successfully implemented around the world. Some examples include Canterbury Health services 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)<sup>6</sup> 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.<sup>7</sup>

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

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

<sup>7</sup> 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.<sup>8</sup>

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.<sup>9</sup>

### 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.<sup>10</sup>

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.<sup>11</sup>

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

- 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.

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

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

<sup>10</sup> 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

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

<sup>12</sup> 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 information<sup>13</sup>
- 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.<sup>14</sup> Furthermore, some private services have started to facilitate access to such services, for example Anywhere Healthcare.<sup>15</sup>
- 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.<sup>16</sup>
- 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.

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

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

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

<sup>16</sup> 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.<sup>17</sup>

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.<sup>18</sup>
- 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](http://www.altogetherbetter.org.uk); NHS Confederation and Altogether Better 2012).<sup>19</sup>
- 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 population<sup>20</sup>

<sup>17</sup> The King's Fund, What is Social Prescribing? 2 February 2017 <https://www.kingsfund.org.uk/topics/primary-and-community-care/social-prescribing>

<sup>18</sup> 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

<sup>19</sup> *ibid.*

<sup>20</sup> 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:<sup>21</sup>

- 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.<sup>22</sup>

<sup>21</sup> Local Government Association United Kingdom, January 2014, *Public health transformation nine months on: bedding in and reaching out*.

<sup>22</sup> Refer to [http://www.portphillip.vic.gov.au/integrated\\_family\\_and\\_childrens\\_centres.htm](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.<sup>23</sup>

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.<sup>24</sup>

## ***3.2. Trends in the Aged Care Sector***

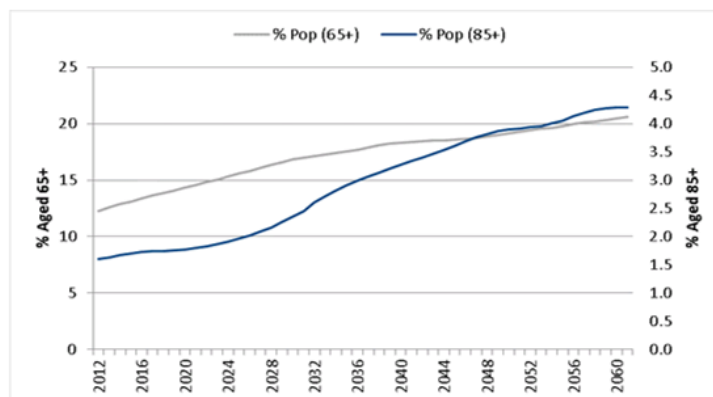
### ***3.2.1. An Ageing Population***

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.

<sup>23</sup> Refer to <http://www.kiama.nsw.gov.au/residents/aged---disability-services/dementia-friendly-kiama>

<sup>24</sup> 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.

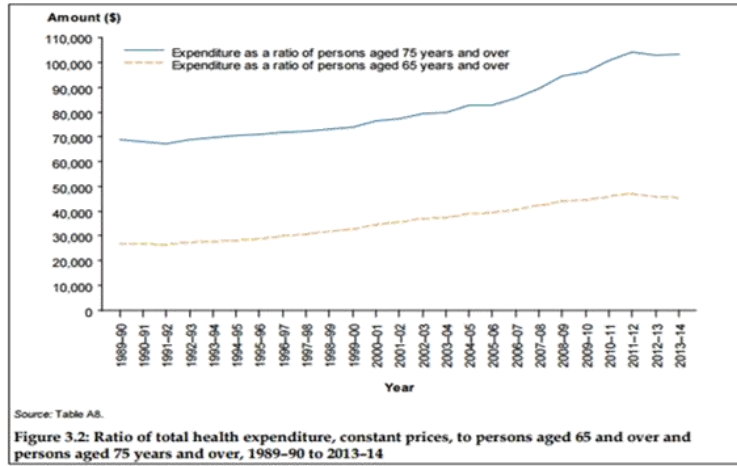
**Table 1 Causes of Death for Australians aged 65+**

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).

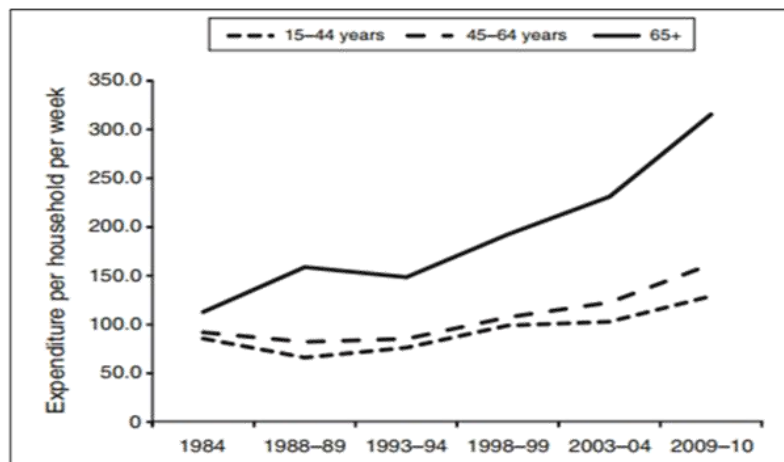
Caring for older people is becoming increasingly expensive, with an increasing share of health expenditure directed at those aged 65 and over and with retired persons spending more and more of their household income on healthcare (Figure 2). More funding will also need to be provided for long-term care 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.<sup>25</sup>

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.<sup>26</sup>

#### **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.<sup>27</sup> A wide range of services can be provided including:<sup>28</sup>

- 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

<sup>25</sup> 2016 PwC/Property Council Retirement Census November 2016

<sup>26</sup> AIHW 2014. Patterns in use of aged care: 2002-03 to 2010-11. Data linkage series 18. Cat. no. CSI 20. Canberra: AIHW.

<sup>27</sup> Australian Government, Department of Social Services, 2016, Aged care reform - <https://www.dss.gov.au/our-responsibilities/ageing-and-aged-care/aged-care-reform>

<sup>28</sup> 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.<sup>29</sup>

### 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.<sup>30</sup>

### Industry Trends

The aged care sector in Australia continues to grow and develop with ongoing reforms and evolving business models. A number of trends<sup>31</sup> 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

<sup>29</sup> AIHW, 2016 – Aged Care In Australia - <http://www.aihw.gov.au/aged-care/residential-and-community-2012-13/aged-care-in-australia/>

<sup>30</sup> AIHW, 2016 – Aged Care In Australia - <http://www.aihw.gov.au/aged-care/residential-and-community-2012-13/aged-care-in-australia/>

<sup>31</sup> 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.<sup>32</sup>

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.<sup>33</sup>

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<sup>32</sup> 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>

<sup>33</sup> 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 Scheme*<sup>34</sup>

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.

<sup>34</sup> NDIS Provider Information Pack 2016 [www.ndis.gov.au](http://www.ndis.gov.au)

### **3.3.2. *Impact of the NDIS***<sup>35</sup>

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

<sup>35</sup> 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.<sup>36</sup>

Affordable housing can:<sup>37</sup>

- 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.

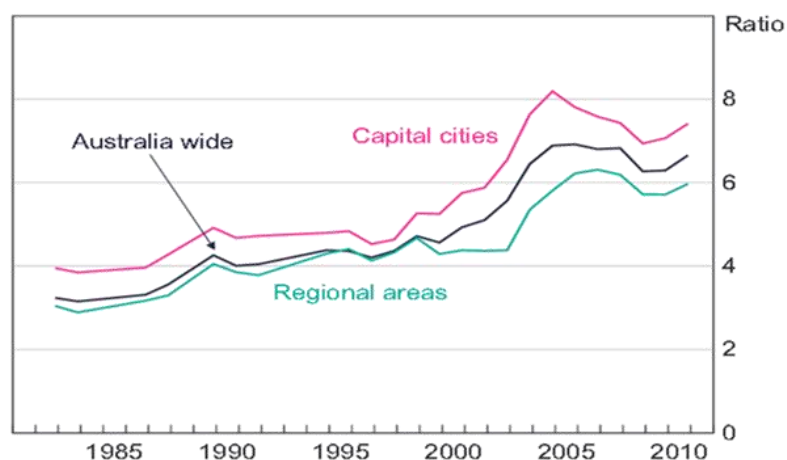
Household income is a major determinant of how much a household is able to pay for a dwelling and so it is expected that house prices would increase in line with income. The median after-tax household income in Australia in 1981/1982 was approximately \$15,000 and the median dwelling price was around \$48,000 (a price-to-income ratio of approximately 3).<sup>38</sup> 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.<sup>39</sup> This is shown in the figure below.

<sup>36</sup> Parliamentary Office of Science and Technology, 2011. Housing and health [online]. Postnote 371. Accessed from: <http://researchbriefings.parliament.uk/ResearchBriefing/Summary/POST-PN-371>

<sup>37</sup> Buck, D., Ross, S., Simpson, M., 2016. The economics of housing and health. The King' Fund.

<sup>38</sup> Income and Housing Survey, ABS

<sup>39</sup> 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".<sup>40</sup>*

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.<sup>41</sup>

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).<sup>42</sup>

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

<sup>40</sup> 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.

<sup>41</sup> Emsley, S., Phibbs, P., Crabtree, L., 2008, Models of Sustainable and Affordable Housing for Local Government. University of Western Sydney, Urban Research Centre.

<sup>42</sup> 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.<sup>43</sup> 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).<sup>44</sup> 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.<sup>45</sup>

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:<sup>46</sup>

<sup>43</sup> 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.

<sup>44</sup> 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.

<sup>45</sup> Waiting list of 197,500, current supply of social dwellings 403,767. Source: Productivity Commission 2016, Report on Government Services 2016 Chapter 17.

<sup>46</sup> 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.<sup>47</sup> 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.<sup>48</sup>

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.<sup>49</sup>

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.

<sup>47</sup> Emsley, S., Phibbs, P., Crabtree, L., 2008, Models of Sustainable and Affordable Housing for Local Government. University of Western Sydney, Urban Research Centre.

<sup>48</sup> *ibid.*

<sup>49</sup> *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

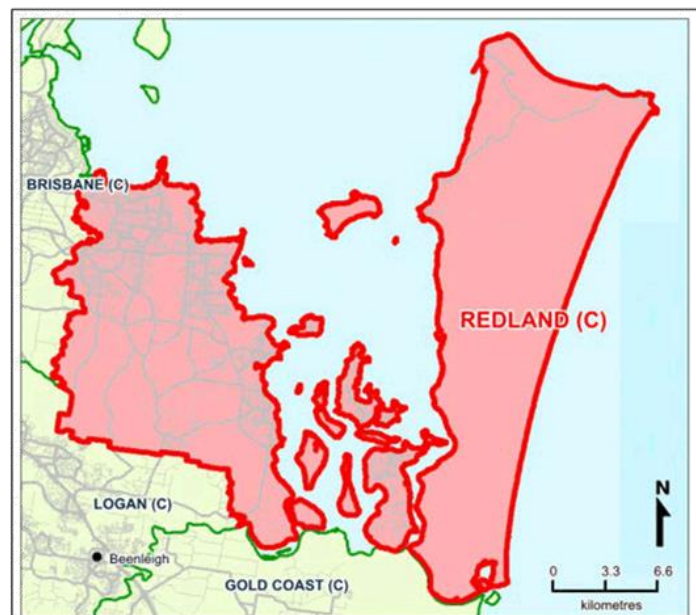
### 4.1. Redland Population Profile

#### 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.

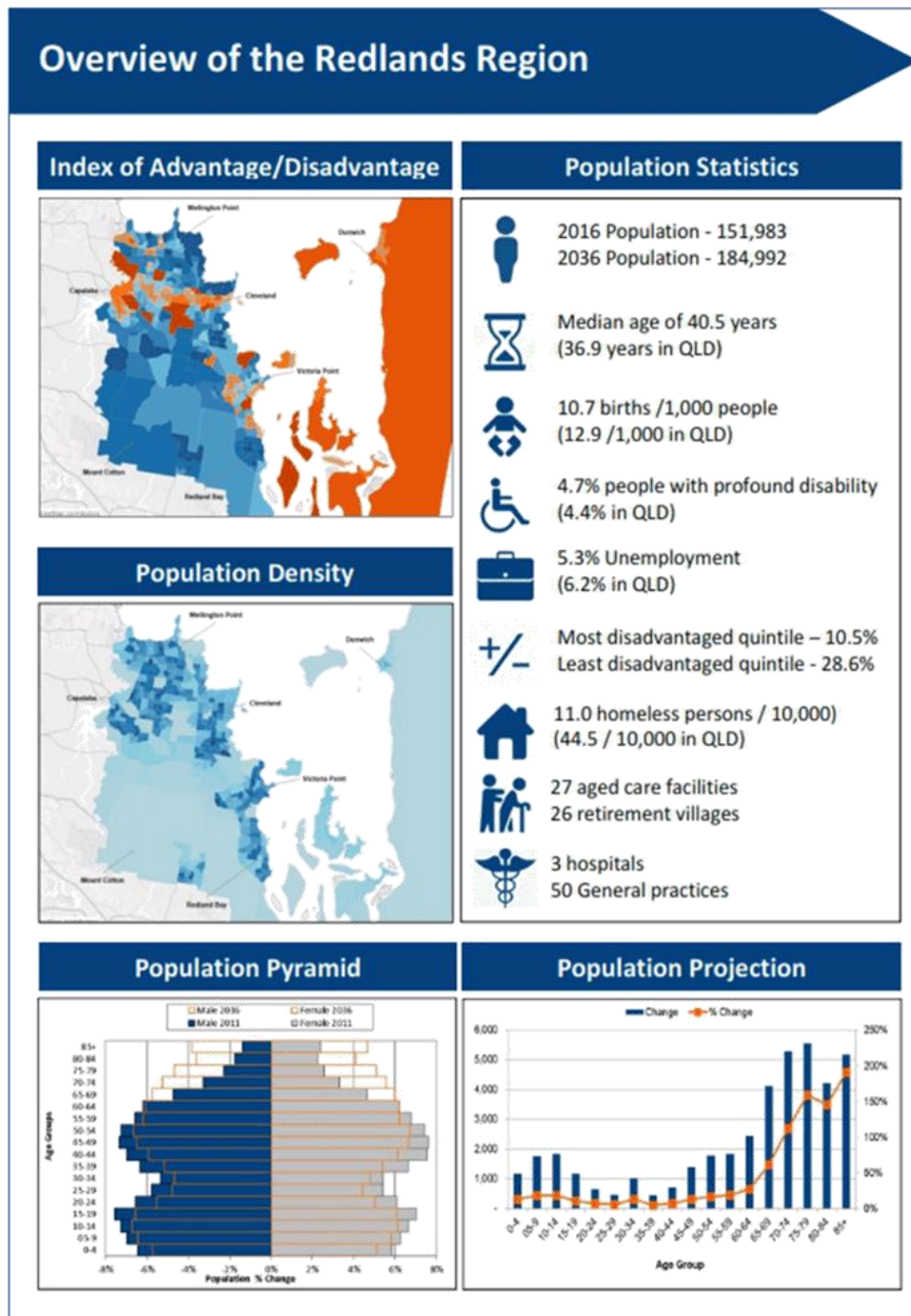
**Figure 5 Map of Redland LGA**



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.<sup>50</sup>

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 per cent were aged 25-44, and 16.3 per cent 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.<sup>51</sup>

**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+ %
<b>Redland</b>	<b>29,179</b>	<b>19.4</b>	<b>19,586</b>	<b>13</b>	<b>35,958</b>	<b>23.9</b>	<b>41,031</b>	<b>27.3</b>	<b>24,558</b>	<b>16.3</b>
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
<b>Queensland</b>	<b>943,992</b>	<b>19.8</b>	<b>647,983</b>	<b>13.6</b>	<b>1,327,470</b>	<b>27.8</b>	<b>1,173,195</b>	<b>24.5</b>	<b>686,214</b>	<b>14.4</b>

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.

<sup>50</sup> Queensland Government Statisticians Office, Queensland Treasury, Queensland Regional Profiles: Resident Profile for Redland City Local Government Area <http://statistics.qgso.qld.gov.au/qld-regional-profiles>

<sup>51</sup> *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 per cent), 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.

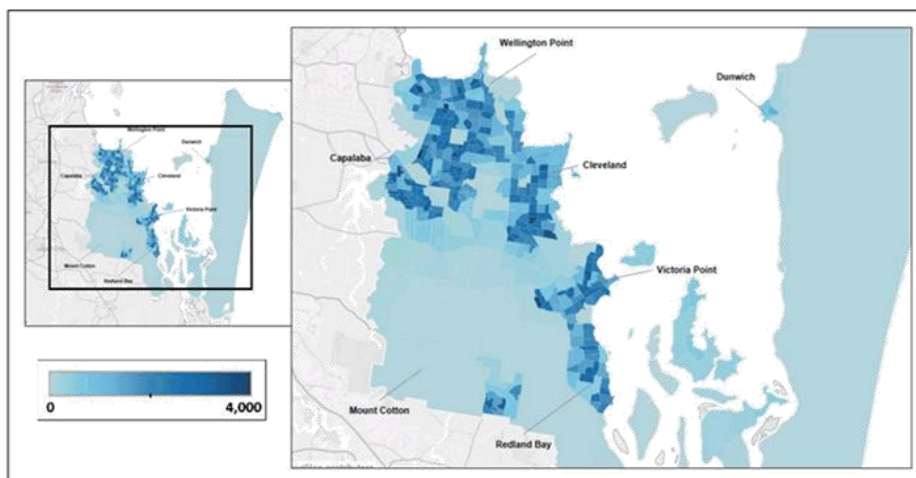
The map in the figure below show the population density (residents per square kilometre) of the Redland region. There are a number of high density urban areas including Capalaba, Wellington Point, Cleveland and Victoria Point, as well as large areas of low density areas in Mt Cotton and the southern 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
<b>Redland Region</b>	<b>40.5</b>	<b>10.7</b>	<b>6.7</b>	<b>1.9</b>	<b>4.7</b>	<b>5.3</b>
<b>Queensland</b>	<b>36.9</b>	<b>12.9</b>	<b>6.2</b>	<b>3.6</b>	<b>4.4</b>	<b>6.2</b>

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.

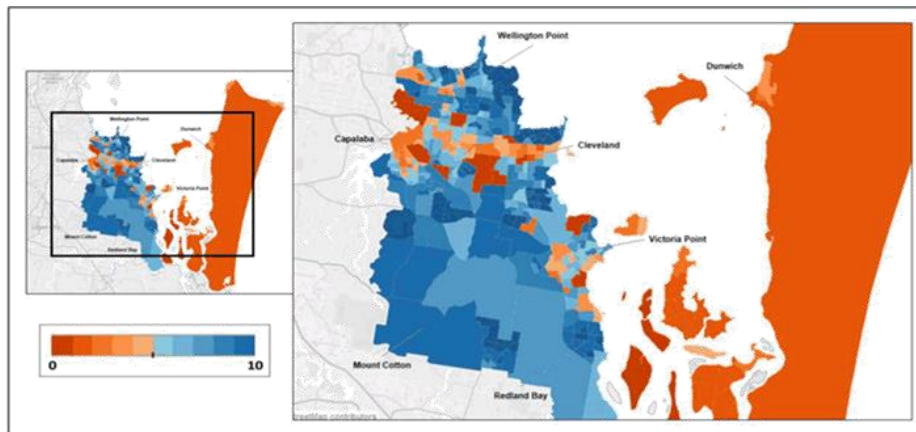
Table 4 Index of Relative Socio-Economic Disadvantage quintiles by SA2, Redland Region and Queensland

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
<b>Redland Region</b>	<b>10.5</b>	<b>14.3</b>	<b>19.4</b>	<b>27.3</b>	<b>28.6</b>
<b>Queensland</b>	<b>20.0</b>	<b>20.0</b>	<b>20.0</b>	<b>20.0</b>	<b>20.0</b>

Source: ABS Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2011 (QLD Treasury)

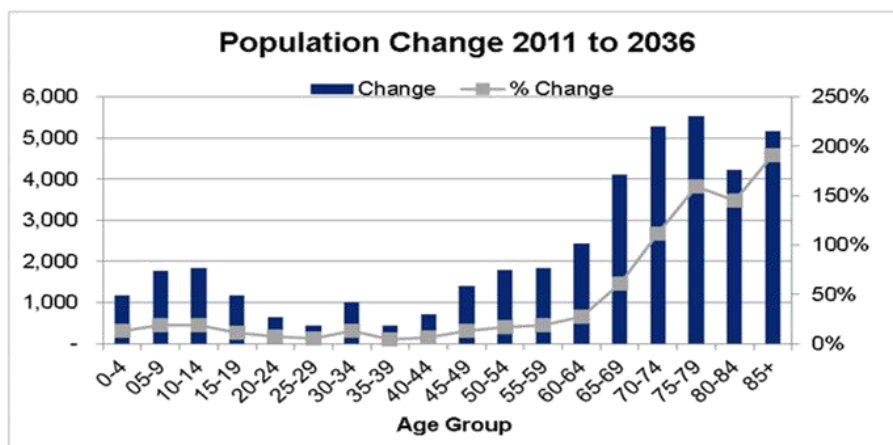
Figure 8 Index of Relative Socio-Economic Disadvantage deciles by SA1, Redland Region



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

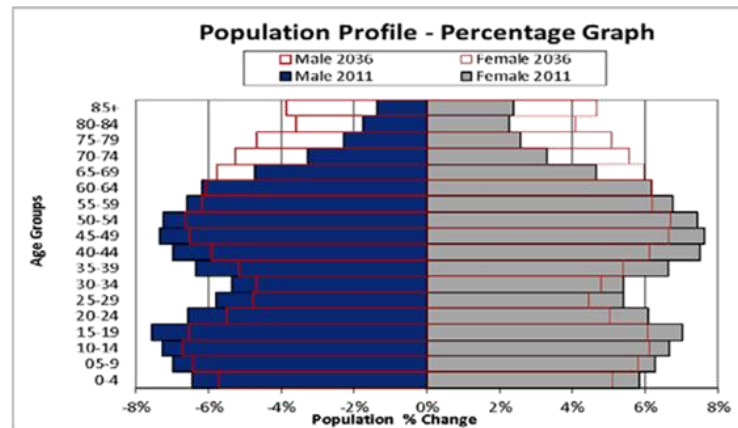


**Table 5 Population change by 5-year age group, 2011 and 2036**

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%
<b>Total</b>	<b>143,711</b>	<b>100%</b>	<b>184,683</b>	<b>100%</b>	<b>40,972</b>	<b>29%</b>	<b>1.0%</b>

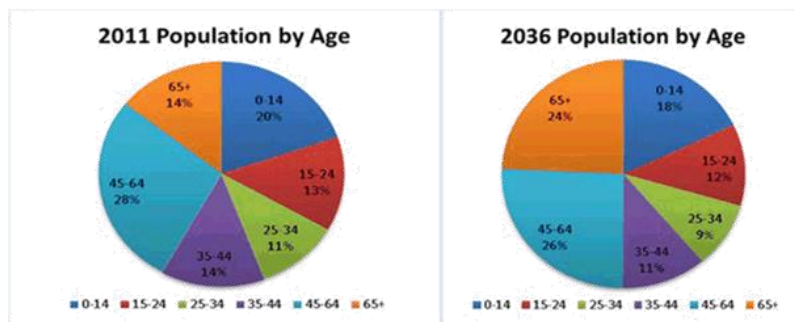
Source: Queensland Government population projections, 2015 edition; ABS, Population by Age and Sex, Regions of Australia, 2015

**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
Thornlands	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
<b>Redland Region</b>	<b>144,020</b>	<b>151,983</b>	<b>162,326</b>	<b>172,982</b>	<b>180,924</b>	<b>184,992</b>	<b>1.0</b>
<b>Queensland</b>	<b>4,476,778</b>	<b>4,853,048</b>	<b>5,250,292</b>	<b>5,730,062</b>	<b>6,240,546</b>	<b>6,763,153</b>	<b>1.7</b>

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.<sup>52</sup>

<sup>52</sup> 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.<sup>53</sup> In addition, almost one in seven young people (aged 4 to 17 years) were assessed as having a mental disorder in the previous year.<sup>54</sup> 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.<sup>55</sup>

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).<sup>56</sup>

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 illness<sup>57</sup>, and more likely to experience homelessness<sup>58</sup> and housing instability.<sup>59</sup> These factors may not only further contribute to their mental illness, but may also contribute to worsening health and social outcomes overall.

<sup>53</sup> Australian Bureau of Statistics (2008), National Survey of Mental Health and Wellbeing 2007: Summary of Results, ABS cat. no. 4326.0, Canberra, ABS.

<sup>54</sup> 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.

<sup>55</sup> 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.

<sup>56</sup> National Mental Health Commission (2014), The National Review of Mental Health Programmes and Services. Sydney, NMHC.

<sup>57</sup> 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.

<sup>58</sup> Australian Bureau of Statistics (2016), Mental Health and Experiences of Homelessness, Australia, 2014, ABS cat. no. 4329.0.00.005, Canberra, ABS.

<sup>59</sup> 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.<sup>60</sup>

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.<sup>61</sup>

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.<sup>62</sup>

### 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.<sup>63</sup> 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

<sup>60</sup> 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.

<sup>61</sup> OECD (2015), Mental Health and Work: Australia, Mental Health and Work. Paris, OECD Publishing.

<sup>62</sup> Australian Bureau of Statistics (2016), Causes of Death, Australia, 2015, op. cit.

<sup>63</sup> 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 percent), 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**

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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**

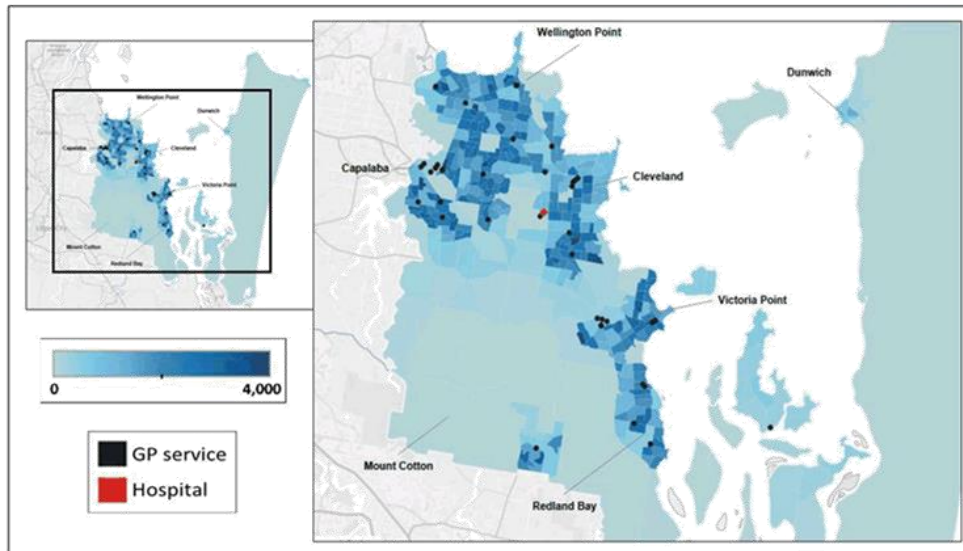
<b>Job area</b>	<b>2015</b>
General practitioner (GP)	169
Hospital non-specialist	50
Specialist	82
Specialist-in-training	63
Other clinician	5
Non-clinician	3
Not applicable / Unknown	42
<b>Total</b>	<b>413</b>

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 speciality	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%
<b>Total</b>	<b>82</b>	<b>100%</b>

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).<sup>64</sup> 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

<sup>64</sup> Refer to <https://www.myhospitals.gov.au/hospital/31000028/redland-hospital/emergency-department>



Emergency Department.<sup>65</sup> 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 100,000<sup>66</sup> 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
<b>Variance from 2016 actual numbers based on QLD rate</b>		<b>68</b>	<b>84</b>	<b>95</b>	<b>101</b>

<sup>65</sup> 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.

<sup>66</sup> 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:<sup>67</sup>

- 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

<sup>67</sup> 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.

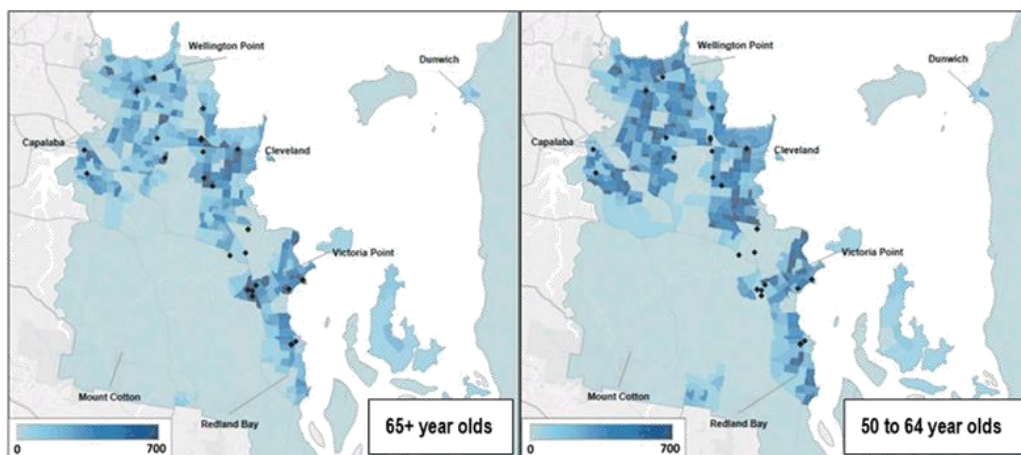
Other than the proposed integrated health and education precinct at Weippin Street, demographic and service analysis does not identify any other areas within Redland City where there is a foreseeable need for another major purpose built health precinct development. Future health services in other parts 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

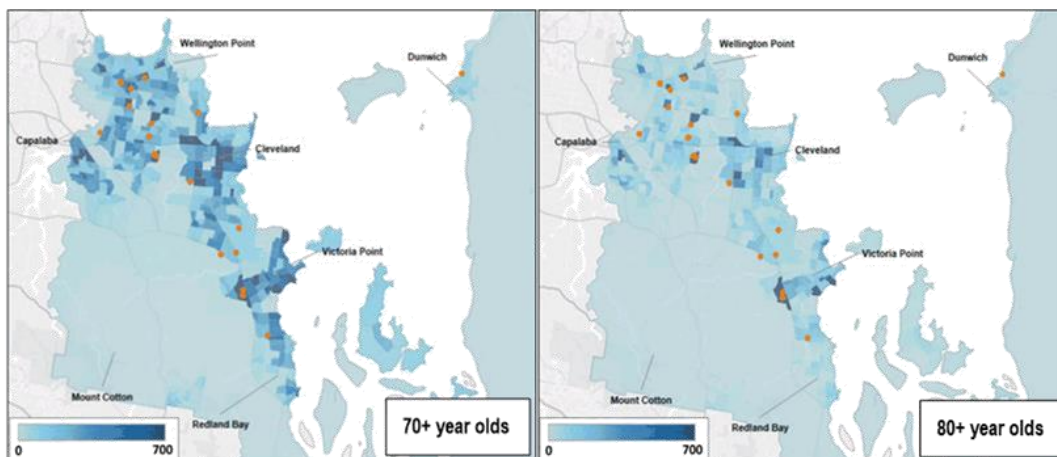
The figure below show the locations of retirement village facilities in Redlands, overlaid on the population density (people per square kilometre) of those aged 65 and over (the traditional population for retirement villages), and those aged 50 to 64 (those who will be moving into retirement living in 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.<sup>68</sup>

- 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.<sup>69</sup>

<sup>68</sup> 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>

<sup>69</sup> 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.<sup>70</sup>

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.<sup>71</sup>

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 a 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.<sup>72</sup> 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

<sup>70</sup> Retirement Living Council, 2014, "Demand Analysis of Housing for Older Australians 2011 Census Review", MacroPlanDimasi

<sup>71</sup> Property Council of Australia, October 2014, "National overview of the retirement village sector".

<sup>72</sup> 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.<sup>73</sup>

#### 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
	<b>No. of Approved Places June 2016</b>	Projected Requirements based on Department of Health and Ageing Benchmark: <ul style="list-style-type: none"> <li>▪ 8 residential aged care places per 100 people aged over 70.</li> <li>▪ 4.5 home care places per 100 people aged over 70.</li> </ul>				
Population Aged 70+		16767	21296	25856	30398	34033
Residential Care <sup>^</sup>	1378	1341	1704	2069	2432	2723
Home Care*	237	755	958	1164	1368	1531
<b>Variance Actual to Benchmark</b>						
Residential Care <sup>^</sup>		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

<sup>73</sup> AIHW, 2015, "Australia's welfare spending and workforce, Australia's Welfare" <http://www.aihw.gov.au/australias-welfare/2015/spending-and-workforce/#14>

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
<b>Growth %</b>	<b>130%</b>	<b>213%</b>

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.<sup>74</sup>

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.<sup>75</sup> However, this figure includes persons aged

<sup>74</sup> National Disability Insurance Agency, May 2016, "Queensland Market Position Statement"

<sup>75</sup> 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.<sup>78</sup> 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%
<b>Health Care and Social Assistance Total</b>	<b>5,081</b>	<b>100%</b>	<b>4,473</b>	<b>100%</b>

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
<b>Health Care and Social Assistance Total</b>	<b>5,081</b>	<b>6,436</b>	<b>0.79</b>

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

<sup>78</sup> 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 %
<b>Workforce</b>			
Total workforce (Census)	5,067	100	100
Males	875	17.3	21
Females	4,192	82.7	79
<b>Age structure</b>			
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
<b>Top three occupations</b>			
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
<b>Hours worked</b>			
Full time	2,297	45.3	53.2
Part time	2,718	53.6	45.6
<b>Qualifications</b>			
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
<b>Individual Income</b>			
\$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
<b>Other Characteristics</b>			
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.<sup>77</sup>

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

<sup>77</sup> 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"> <li>• Growing and ageing population which is a key driver of demand for health care services.</li> <li>• The Redland community is able to be clearly defined in terms of place based type planning for health services</li> <li>• Existing collocation of the Redland Hospital, Mater Hospital, Redland Health Centre and Mater Health Centre at Weippin St Cleveland</li> <li>• 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</li> <li>• Identification of the Weippin St precinct area as a 'Specialised Centre' zone in the draft Redland City Plan.</li> <li>• 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.</li> <li>• 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"> <li>○ 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.</li> <li>○ 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.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Identified current shortages of other private medical specialists including anaesthetists, cardiologists, general surgeons, ophthalmologists and medical oncologists across Redland City.</li> <li>• Annual Needs Assessments conducted by the Brisbane South PHN also identify workforce shortages for nurses, pharmacists, physiotherapists, podiatrists, speech pathologists dieticians and occupational therapists.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>

#### 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	WEAKNESSES
<ul style="list-style-type: none"> <li>• There is a strong provider network already in place in Redland which could be further expanded and supported to mitigate increasing service fragmentation.</li> <li>• 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.</li> <li>• The strength of the aged care sector in Redland is a key industry linkage for growth in disability sector services.</li> <li>• RCC has a 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.</li> <li>• 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.</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• There is also a shortage of transitional care and respite care for people with a disability.</li> <li>• 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.</li> <li>• 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.</li> </ul>

OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Continuing support by Council to maintain and expand the existing network of providers will be critical to ensuring effective linkages and coordination of services.</li> <li>• 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.</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• There is a major risk of significant fragmentation of services if local organisations are not ready for implementation.</li> <li>• 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.</li> <li>• 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.</li> </ul>

## **7. STRATEGIC PRIORITIES FOR REDLAND**

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### **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.<sup>78</sup>

**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,



<sup>78</sup> 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.

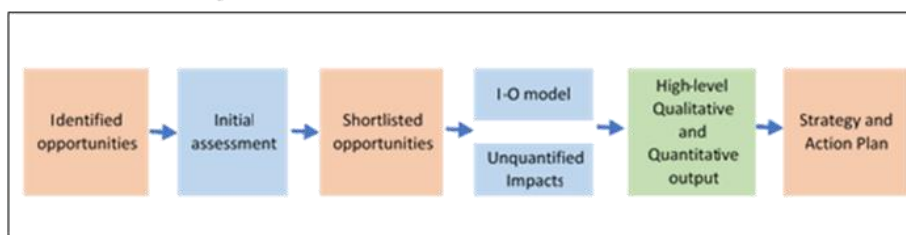
Several different economic assessment methods are available to evaluate and prioritise opportunities. The benefits of each method are largely contingent on the data available to undertake the assessment, the stage of planning/development lifecycle of the projects being assessed, and for what purpose the economic assessment will be 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 2036<sup>79</sup>. Realising this amount and type of assumed expenditure could potentially drive \$490 million in GSP contributions by 2036.<sup>80</sup>

#### **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.

<sup>79</sup> 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.

<sup>80</sup> 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***

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### ***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><b>STRATEGY 1:</b> 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>		High	High	High
<ul style="list-style-type: none"> <li>▪ <b>ACTION 1.1</b> – Plan and develop strategies and planning frameworks for appropriate enabling infrastructure, in order to retain and expand existing local health services and businesses.</li> </ul>	<p><b>Lead:</b> RCC <b>Time:</b> Short term</p>	High	High	High
<ul style="list-style-type: none"> <li>▪ <b>ACTION 1.2</b> – 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.</li> </ul>	<p><b>Lead:</b> MSHHS <b>Time:</b> Short term</p>	High	High	High
<ul style="list-style-type: none"> <li>▪ <b>ACTION 1.3</b> – 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.</li> </ul>	<p><b>Lead:</b> RCC <b>Time:</b> Medium term</p>	High	High	High
<ul style="list-style-type: none"> <li>▪ <b>ACTION 1.4</b> – Ensure development approval processes support development of facilities in locations appropriate for delivery of health services.</li> </ul>	<p><b>Lead:</b> RCC <b>Time:</b> Short term</p>	High	High	Medium
<ul style="list-style-type: none"> <li>▪ <b>ACTION 1.5</b> – 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.</li> </ul>	<p><b>Lead:</b> RCC <b>Time:</b> Medium term</p>	High	High	Medium
<ul style="list-style-type: none"> <li>▪ <b>ACTION 1.6</b> – 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.</li> </ul>	<p><b>Lead:</b> MSHHS <b>Time:</b> Short term</p>	Medium	Medium	Low

STRATEGY 2: A destination of choice for retirement living	Action Lead and Timeframes	Growth in Employment	Increased Investment	Benefit to Community
<p><b>STRATEGY 2:</b> 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>		<b>High</b>	<b>High</b>	<b>Medium</b>
<ul style="list-style-type: none"> <li>▪ <b>ACTION 2.1</b> - 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.</li> </ul>	<p><b>Lead:</b> RCC <b>Time:</b> Short term</p>	High	High	Medium
<ul style="list-style-type: none"> <li>▪ <b>ACTION 2.2</b> - 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.</li> </ul>	<p><b>Lead:</b> RCC <b>Time:</b> Medium term</p>	High	High	Medium
<ul style="list-style-type: none"> <li>▪ <b>ACTION 2.3</b> - 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.</li> </ul>	<p><b>Lead:</b> RCC <b>Time:</b> Short term</p>	High	High	Medium
<ul style="list-style-type: none"> <li>▪ <b>ACTION 2.4</b> - 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.</li> </ul>	<p><b>Lead:</b> RCC <b>Time:</b> Medium term</p>	Low	Medium	High
<ul style="list-style-type: none"> <li>▪ <b>ACTION 2.5</b> - 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.</li> </ul>	<p><b>Lead:</b> PHN <b>Time:</b> Short term</p>	Medium	Low	Medium

STRATEGY 3: An inclusive community	Action Lead and Timeframes	Growth in Employment	Increased Investment	Benefit to Community
<p><b>STRATEGY 3:</b> 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>		<b>Medium</b>	<b>Medium</b>	<b>High</b>
<ul style="list-style-type: none"> <li>▪ <b>ACTION 3.1</b> - Continue to support local service providers to enhance the provision of effective and appropriate services for people in Redland</li> </ul>	<p><b>Lead:</b> RCC <b>Time:</b> Short term</p>	High	High	High
<ul style="list-style-type: none"> <li>▪ <b>ACTION 3.2</b> - 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.</li> </ul>	<p><b>Lead:</b> RCC <b>Time:</b> Medium term</p>	High	High	High
<ul style="list-style-type: none"> <li>▪ <b>ACTION 3.3</b> - 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.</li> </ul>	<p><b>Lead:</b> RCC <b>Time:</b> Long term</p>	Low	Medium	High
<ul style="list-style-type: none"> <li>▪ <b>ACTION 3.4</b> - 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.</li> </ul>	<p><b>Lead:</b> RCC <b>Time:</b> Medium term</p>	Low	Low	Medium
<ul style="list-style-type: none"> <li>▪ <b>ACTION 3.5</b> - 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.</li> </ul>	<p><b>Lead:</b> RCC <b>Time:</b> Short term</p>	Low	Low	Medium

## 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***

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### ***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.<sup>81</sup>

### ***A.3. Brisbane City Council***

#### **50 Plus Centre**

<sup>81</sup> <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, Sweden<sup>82</sup>***

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.

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<sup>82</sup> 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:<sup>83</sup>

**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

<sup>83</sup> 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.<sup>84</sup>

Wilding (2010)<sup>85</sup> 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 in to 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.

<sup>84</sup> 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

<sup>85</sup> 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:<sup>86</sup>

- 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*

<sup>86</sup> 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**

<b>Name</b>	<b>Address</b>	<b>No of Units</b>
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
<b>TOTAL</b>		<b>2807</b>

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***

<b>ORGANISATION</b>	<b>SERVICES</b>
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***

<b>Service name</b>	<b>Suburb</b>	<b>Residential Places</b>	<b>Home Care Places</b>
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	
<b>TOTAL PLACES</b>		<b>1379</b>	<b>160</b>

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.<sup>87</sup>
2. The Redland Council has also approved a development permit for a new 3 Level Residential Aged Care Facility (Stages 1 & 2) at Birkdale

<sup>87</sup> <https://agedcare.health.gov.au/programs/home-care/introduction-to-home-care-changes>

## ***APPENDIX E LIST OF DISABILITY SERVICE PROVIDERS***

<b>ORGANISATION</b>	<b>SERVICES</b>
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***

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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

### 13.7 UPDATED POL-3084 - CORPORATE SPONSORSHIP POLICY

**Objective Reference:****Authorising Officer:** Louise Rusan, General Manager Community & Customer Services**Responsible Officer:** Kim Kerwin, Group Manager Economic Sustainability and Major Projects**Report Author:** Kate Mullens, Community Grants Coordinator**Attachments:**

1. POL-3084 [↓](#)
2. Detailed Finding Audit Report [↓](#)

**PURPOSE**

The purpose of this report is to seek endorsement of the updates to POL-3084 Corporate Sponsorship Policy to address issues raised in an internal audit report.

**BACKGROUND**

The Sponsorship Program administered by Council provides financial or value in-kind support through the sponsorship of events, projects, services and other activities in an equitable and accountable manner.

The Sponsorship Program is open for applications twice per financial year; the next Round is scheduled to open on 6 August 2018.

In-kind support for public events may include the waiving or discounting of permit fees, providing free Council services and lending Council equipment.

POL-3084 Corporate Sponsorship Policy provides a framework to facilitate appropriate Sponsorship (monetary and in-kind) to the community.

GL-3084-001 Corporate Sponsorship Guideline (Outgoing) provides direction to Council officers regarding the application of corporate policy POL-3084 Corporate Sponsorship, specifically relating to requests for monetary and/or in-kind sponsorship of an event, project, service or activity.

The Corporate Sponsorship Policy (POL-3084) and Corporate Sponsorship Guideline (Outgoing) (GL-3084-001) was subject to an internal audit in late 2016.

The objective of the audit was to undertake a high level evaluation of existing processes and systems to ensure the transparency and appropriate recording and management of Council's sponsorship-in-kind contributions for public events. A number of strengths and weaknesses were identified as part of the review.

Overall, Internal Audit has rated the Review of Events Management – Sponsorship-In-Kind as satisfactory. Internal Audit identified that the governance, risk management and control environment substantially meet the required standards.

The audit identified seven key findings, (Attachment 2). Recommendations supporting the key findings are the responsibility of various operations units throughout Council.

**ISSUES**

To date, recommendations supporting key findings of the audit report have been implemented by the relevant operations units throughout Council with the exception of the following audit recommendations from the Review of Events Management – Sponsorship-In-Kind Internal Audit.

### Audit recommendations

- 6.1.1 The Corporate Sponsorship (Outgoing/Incoming) Policy (POL-3084) and Corporate Sponsorship Guideline (Outgoing) (GL-3084-001) are reviewed and updated. The following provisions should be included, as a minimum, in consultation with the different stakeholders across Council:
  - Clear definition of ‘sponsorship-in-kind’;
  - The roles and responsibilities of responsible Council staff in relation to sponsorship-in-kind;
  - Designation of a group/business unit, e.g. Communication, Engagement and Tourism Group, who will oversee and coordinate with the different stakeholders on all significant public events that are supported by Council; and
  - The requirement to document the approvals of requests for sponsorship-in-kind by Council officers.
- 6.1.2 A central register for all sponsorship-in-kind is established.
- 7.2.1 Customising a module within the proposed automated grants management system where all sponsorship-in-kind funding can be recorded.

To meet the audit recommendations, Economic Sustainability and Major Projects has:

- updated the Corporate Sponsorship Guideline (Outgoing) to include a clearer definition of sponsorship in-kind;
- updated the Corporate Sponsorship Guideline (Outgoing) to include clearer roles and responsibilities for all Council staff involved in supporting the administration of sponsorship in-kind;
- developed a new sponsorship in-kind application form that will centralise in-kind requests that support an event, project, service or activity in the online grant management portal – Smarty Grants.
- developed a workflow outlining the sponsorship process (start to end) for monetary and in-kind sponsorship.

In addition, in-kind contributions will be reflected in Finance One ledgers by job numbers.

### **STRATEGIC IMPLICATIONS**

#### **Legislative Requirements**

There are no legislative implications as a result of the updated policy.

#### **Risk Management**

The updated policy will streamline the process and ensure all Council officers involved in the administration of sponsorship in-kind are consistent.

The next round of sponsorship is due for release on 6 August 2018, should the updated policy not be accepted by Council, the existing version of the policy will apply to ensure minimal impact to the applicants.

#### **Financial**

Currently, there is no dedicated budget to support in-kind costs for sponsorship events. To date, Operational Units utilise their day to day operations budgets to support the in-kind service.

**People**

There are no implications for staff as a result of the updated policy.

**Environmental**

There is no environmental impact resulting from the Sponsorship Program or supporting sponsoring events. Potential environmental impacts are addressed through event management plans developed by applicants.

**Social**

Sponsored events have the potential to provide substantial benefits to the local community as well as visitors, stimulating tourism and economic growth by showcasing the Redlands, and contributing to the health and wellbeing of the community.

**Alignment with Council's Policy and Plans**

Council recognises events as opportunities to stimulate tourism and economic growth by showcasing the destination and attracting visitors from outside the City.

Sponsorship applications must align to one or more key outcomes outlined in Council's *Corporate Plan 2018-2023*.

**CONSULTATION**

Consultation was undertaken with the following officers:

- Group Manager, Economic Sustainability and Major Projects;
- Service Manager, Strengthening Communities;
- Service Manager, Parks and Conservation;
- Service Manager, Roads, Drainage and Marine;
- Service Manager, Communication, Engagement and Tourism;
- A/Service Manager, City, Sport and Venues; and
- A/Service Manager, Environment and Health.

**OPTIONS****Option One**

That Council resolves to adopt the updated Corporate Sponsorship Policy (POL-3084).

**Option Two**

That Council resolves to not adopt the updated Corporate Sponsorship Policy (POL-3084) and requests further information or changes to the Policy.

**OFFICER'S RECOMMENDATION**

**That Council resolves to adopt the updated Corporate Sponsorship Policy (POL-3084).**

# policy document



## Corporate POL-3084

### Corporate Sponsorship (Outgoing/Incoming)

#### [Version Information](#)

#### Head of Power

*Local Government Act 2009  
Redland City Council Corporate Plan 2018-2023*

#### Policy Objective

The objective of this Policy is to provide a framework to facilitate appropriate sponsorship (financial and in-kind) to the community that enhances the breadth and quality of community programs and events in Redland City.

The benefits include increased community capacity, economic opportunities and building greater understanding of Council's role in the community.

Sponsorship opportunities may be sought by individuals or organisations from Council (outgoing sponsorship). Alternatively, Council may seek financial or in-kind sponsorship from individuals or organisations to support or promote its initiatives (incoming sponsorship).

Council may seek incoming sponsorship for Council events, projects or services from individuals or organisations whose products or services are consistent with the role of a local government and where no potential conflict of interest could exist.

#### Policy Statement

Council is committed to:

1. Ensuring the equitable and impartial distribution of sponsorship funds is via an accountable and transparent process in accordance with established criteria and Corporate Sponsorship Guideline (Outgoing) – GL-3084-001;
2. Ensuring that all funding is provisional on clear outcomes, performance indicators and terms and conditions of a funding agreement;
3. Ensuring that there are clear written administration guidelines and procedures, a program information kit and record keeping for the administration of sponsorship funds (financial and in-kind) of an event, project, service or activity; and
4. Ensuring funds are distributed to activities, events and/or projects that align to Council's Corporate Plan 2018-2023.

#### Incoming sponsorship

In order to enhance, extend and/or offset costs associated with producing community events and other projects, Council will explore and, if appropriate, enter into sponsorship agreements to receive monetary or in-kind benefits in return for agreed tangible promotional benefits from Council.

# policy document



## Corporate POL-3084

### Related Documents

This Policy supports:

- Redland City Council Corporate Plan 2018-2023
- GL-3084-001 - Corporate Sponsorship Guideline (Outgoing)
- GL-3084-002 - Corporate Sponsorship Guideline (Incoming)
- Sponsorship Program Information Kit

### Version Information

Version number	Date	Key Changes
4	July 2014	<ul style="list-style-type: none"> <li>• Inclusion of "economic benefits to Redland City" in assessment criteria.</li> <li>• Moved "adherence to local laws and permits" from assessment criteria to a standard requirement in body of text.</li> </ul>
5	August 2014	<ul style="list-style-type: none"> <li>• Clarification that some profits from a sponsored event can be provided to a Redlands charity.</li> </ul>
6	July 2018	<ul style="list-style-type: none"> <li>• Updated Corporate Plan reference</li> <li>• Updated Policy Objective</li> <li>• Inclusion of reference to financial and in-kind sponsorship in the Policy Objective.</li> <li>• Deletion of assessment criteria and included in GL-3084-001.</li> <li>• Deletion of definitions and included in GL-3084-001 and Sponsorship Program Information Kit.</li> <li>• Deletion of Outgoing Sponsorship and included in GL-3084-001 and Sponsorship Program Information Kit.</li> <li>• Deletion of contractual agreements and included in GL-3084-001 and Sponsorship Program Information Kit.</li> <li>• Deletion of clarification that some profits from a sponsored event can be provided to a Redland charity and included Sponsorship Program Information Kit.</li> </ul>

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## Review of Events Management – Sponsorship-In-Kind Audit

### Detailed Findings

#### Moderate Risk Finding

##### 6.1 Governance Framework

###### Issue

The review of the governance over sponsorship-in-kind provided to public events has identified the following issues:

*Sponsorship-in-kind* is not clearly defined in Council's policy and guideline. Under the *Corporate Sponsorship (Outgoing/Incoming) Policy (POL-3084)*, the definition of 'sponsorship' includes 'financial contribution' and 'value in-kind'. However, 'value in-kind' (herein referred as sponsorship-in-kind) is not explained in detail in the policy and guideline.

As a result, there are inconsistencies across Council in relation to the understanding of the scope of sponsorship-in-kind. For example, some business units opine that the mowing or mulching services provided at the venue before the event constitute 'business as usual', whilst some argue that these services are sponsorship-in-kind because these are performed outside the normal business cycle. Sponsorship-in-kind must be clearly explained for consistency in identification, application, etc.

There are numerous entry points in Council where requests for sponsorship-in-kind can be submitted or received. Each business unit has its own process for accepting and handling requests from event organisers which may result in the lack of visibility of these events and sponsorship-in-kind requests by the Principal Adviser Community Events. One example is the Caravan, Camping, Boating and 4x4 Expo which was held on 25–27 September 2015.

The Roads, Drainage and Marine Unit built temporary infrastructure at the venue as in-kind support, but there was no evidence of a written request on file from the event organiser and this request was not brought to the attention of the Communication, Engagement and Tourism Group.

Having numerous entry points in Council that direct the event organisers to different business units for processing permits, licences, providing advice, etc. can cause frustration for the event organisers due to the perception of inefficiency and red tape. Some business units, such as the Health and Environment Unit and the City Sport and Venues Unit, have taken the initiative to collaborate with each other to facilitate the processing of temporary event entertainment permits and venue hire through one single point of contact.

There is no central register in place that captures and records all requests and approved funding. Some business units have their own register for recording the waivers of fees, i.e. temporary event entertainment permit fee, venue hire fee, etc. whilst others do not have registers. This decentralised function of handling and processing requests for sponsorship-in-kind contributes to the non-visibility by senior management for oversight of the total sponsorship-in-kind provided to public events.

There is no documented approval and assessment process for sponsorship-in-kind outside the Sponsorship Program or the *Community Benefit Guideline for Fees and Charges Discount (GL-2659-001)*. Sponsorship-in-kind requests are approved by different Council officers depending on the type of such requests. Sponsorship applications are assessed and approved by the assessment team and committee whilst requests for full fee waivers are



generally sent to the Chief Executive Officer for approval. Other requests such as the use of Council equipment like generators, fencing scrims, powerboards, fire fighting equipment, etc. can be approved by the service managers, while requests for staff services are escalated to the group managers for approval and in most cases, these approvals are not documented. For example, there was no evidence of approval by the authorised Council officer for the free use of Roads, Drainage and Marine Unit staff during the Caravan, Camping, Boating and 4x4 Expo.

There are no clear and documented roles and responsibilities of the different stakeholders across Council for the handling and approving of sponsorship-in-kind requests outside the Sponsorship Program and other relevant duties relating to events management. The draft *Events Strategy 2017-2022* provides for Council's roles and responsibilities for events management, but the allocation of such roles and responsibilities to specific Council staff is not currently documented in the *Corporate Sponsorship Guideline (GL-3084-001)*. Having clear roles and responsibilities will improve coordination, efficiency and accountability, and avoid duplication of work.

The Communication, Engagement and Tourism Group is not involved in all public events that occur in the Redlands as are other business units. One example of such an event is the ANZAC Day Parade where Council provided assistance in traffic management, waived traffic control permits, etc., through the Roads, Drainage and Marine Unit. The Communication, Engagement and Tourism Group is not involved in this event in any way.

To effectively facilitate event monitoring and the evaluation of the impact and economic benefits of the public events against key performance indicators, there should be a responsible business unit in Council who oversees all significant public events and coordinates with the different internal and external stakeholders.

Currently, high level reports on events managed by the Communication, Engagement and Tourism Group and successful applicants of the Sponsorship Program are being provided to management and Council for their information. However, these reports, especially those pertaining to the Sponsorship Program, do not include the sponsorship-in-kind provided to events. The reasons for the non-reporting of sponsorship-in-kind support are due to the lack of a recording methodology in place and the absence of a central register.

The Group Manager Communication, Engagement and Tourism advised that the governance framework for sponsorship-in-kind can be integrated and streamlined with the existing Sponsorship Program where all applications or requests for sponsorship-in-kind would be subjected to the same rigorous assessment and approval process, in particular for the Tier 1 events.

### **Root Cause**

The root cause of the issues is the inadequacy of the current governance framework that supports Council's sponsorship-in-kind program for public events.

### **Risk**

The absence of an effective governance framework for sponsorship-in-kind may expose Council to inefficiencies and inconsistencies in its operations and possible allegations of favouritism from the public, thus, eroding Council's reputation.

## 14 REPORTS FROM INFRASTRUCTURE & OPERATIONS

### 14.1 DISPOSAL OF TRUNCATED LAND SITUATED ADJACENT TO 28 & 32 HARDY ROAD, BIRKDALE

**Objective Reference:****Authorising Officer:** Peter Best, General Manager Infrastructure & Operations**Responsible Officer:** Bradley Salton, Group Manager City Infrastructure**Report Author:** Len Purdie, Principal Engineer City Infrastructure Planning**Attachments:**

1. Portion of truncated land to be disposed of at 28 & 32 Hardy Road, Birkdale [↓](#)
2. RP Map Hardy Road, Birkdale [↓](#)

#### PURPOSE

The purpose of the report is to recommend the disposal of truncated portions of land owned by Redland City Council (Council) and adjacent to properties located at 28 and 32 Hardy Road, Birkdale.

#### BACKGROUND

Council is the owner of Lot 11 and Lot 12 on RP902772 and situated adjacent to 28 & 32 Hardy Road, Birkdale and are both 9m<sup>2</sup> in area as shown on Attachment A.

When the original lot of land was subdivided in 1962 provision for a road with truncations was made between Hardy Road and Paul Street, Birkdale. The truncated areas of land were transferred to Council with the development. The truncations have become redundant through development which did not require the road to be built.

A house has been established on the land where the road was proposed. The owners of 32 Hardy Road want to construct a carport on their property and are unable as it will encroach into the truncation. A request has been made to Council by the owner of 32 Hardy Road for the truncation to be returned to the property, as it is no longer required by the Council and serves no purpose. The truncated lot is maintained by the owner of 32 Hardy Road. Transfer of land to the properties located at no. 28 and 32 Hardy Road restores the wholeness of the lots and removes Council's requirement to manage the land.

#### ISSUES

##### Disposal of land by Council

*Local Government Regulation 2012* (the Regulation) describes land as a "Valuable Non-Current Asset" and prescribes a number of options available to enter into a contract to sell the land (Lots 11 and 12 on RP902772). Sale by tender or auction is the prescribed method of disposing of land (Lots 11 and 12 on RP902772), however the Regulation provides for exceptions to this rule if certain conditions are met.

In particular, reference is made to the exception in subparagraph 236(1)(c)(iv) of the *Local Government Regulation 2012*:

- a) the land is not suitable to be offered for disposal by tender or auction for a particular reason, including, for example, the size of the land or the existence of particular infrastructure on the land; and
- b) there is not another person who owns other adjoining land who wishes to acquire the land; and
- c) it is in the public interest to dispose of the land without a tender or auction; and
- d) the disposal is otherwise in accordance with sound contracting principles.

The truncated lots are surplus to Council requirements and, due to their small size, being located effectively inside 28 and 32 Hardy Road, Birkdale; it is impractical to offer the land to anyone other than the adjoining land owner.

The adjacent property owner (30 Hardy Road) has been contacted and they have provided signed evidence that they have no interest in the land.

A resolution of Council is required to excise this disposal option under subparagraph 236(1)(c)(iv) of the *Local Government Regulation 2012*.

The value of the land (Lots 11 and 12 on RP902772) would be low given the size of 9m<sup>2</sup>. By the applicant being responsible for the legal process and the Council not being involved could lead to process issues.

## **STRATEGIC IMPLICATIONS**

### **Legislative Requirements**

These parcels of property (Lots 11 and 12 on RP902772) have been determined to be surplus to Council requirements and can be disposed of in accordance with the provisions of the *Local Government Regulation 2012* and Council's Procurement & Contract Manual – GL-3043-001.

Amalgamation of 2 or more lots is exempt under the *Planning Act 2016*.

### **Risk Management**

There are no identified risks.

### **Financial**

The financial implications relate to the solution adopted. There is an estimated cost of \$1500.00 if Council chooses to manage the process, i.e. survey and legal fees. If the land is retained there could be ongoing maintenance costs as the land is presently managed by the adjacent owners.

### **People**

There is no impact.

### **Environmental**

There is no impact.

### **Social**

There is no impact.

### **Alignment with Council's Policy and Plans**

Sale of surplus Council land supports Council's policy to obtain the best return socially and economically from Council assets.

## CONSULTATION

Consultation has been undertaken with:

- Organisational Services
- Environment and Regulation
- Legal Services

## OPTIONS

### Option One

That Council resolves to:

1. dispose of Lots 11 and 12 on RP902772 in accordance with Section 236(1)(c)(iv) of the *Local Government Regulation 2012*; and
2. delegate authority to the Chief Executive Officer Redland City Council, under s.257(1)(b) of the *Local Government Act 2009*, to negotiate, make, vary, and discharge any resultant contracts and related documentation with the adjoining property owners, including the purchase price of the land.

### Option Two

That Council resolves to:

1. dispose of Lots 11 and 12 on RP902772 in accordance with Section 236(1)(c)(iv) of the *Local Government Regulation 2012*. With all associated cost including legal fees and survey being borne by the adjoining property owners; and
2. delegate authority to the Chief Executive Officer Redland City Council, under s.257(1)(b) of the *Local Government Act 2009*, to negotiate, make, vary, and discharge any resultant contracts and related documentation with the adjoining property owners, including the purchase price of the land.

### Option Three

That Council resolves to retain the land (Lots 11 and 12 on RP902772). The land (Lots 11 and 12 on RP902772) is redundant, surplus to requirements and has no future use. It is presently managed and maintained by the owners at 28 and 32 Hardy Road.

## OFFICER'S RECOMMENDATION

That Council resolves to:

1. **dispose of Lots 11 and 12 on RP902772 in accordance with Section 236(1)(c)(iv) of the *Local Government Regulation 2012*; and**
2. **delegate authority to the Chief Executive Officer Redland City Council, under s.257(1)(b) of the *Local Government Act 2009*, to negotiate, make, vary, and discharge any resultant contracts and related documentation with the adjoining property owners, including the purchase price of the land.**

Attachment A – Portions of Truncated Land to be disposed of at 28 & 32 Hardy Road, Birkdale







## 14.2 PARK NAMING REQUEST - SANDY DRIVE CREEK CORRIDOR

### Objective Reference:

**Authorising Officer:** Peter Best, General Manager Infrastructure & Operations

**Responsible Officer:** Bradley Salton, Group Manager City Infrastructure

**Report Author:** Frances Hudson, Service Manager Civic & Open Space

**Attachments:**

1. [Support letter from Cr Lance Hewlett](#) ↓
2. [Support letter from Mayor Karen Williams](#) ↓
3. [GL-3004-003 Park Naming Guideline](#) ↓
4. [Sandy Drive Creek Corridor site map](#) ↓

### PURPOSE

To consider a request to rename an ecological area with the default name “Sandy Drive Creek Corridor”, Victoria Point to “Dan Holzapfel Park”.

### BACKGROUND

A park naming application was submitted 5 April 2018 by Raymond McAllister (the applicant). The application includes letters of support from the Mayor and Deputy Mayor acknowledging the significant connection and contributions of Mr Holzapfel to the community.

“Sandy Drive Creek Corridor” (i.e. the ecological area) consists of five real lot property descriptions as below:

- 42-52 Creekwood Street, Victoria Point (Lot 900 on SP169418)
- 36-44 Sandy Drive, Victoria Point (Lot 600 on SP145390)
- 44-60 Sandy Drive, Victoria Point (Lot 601 on SP148429)
- 18-48 McConechy Drive, Victoria Point (Lot 604 on SP160866)
- 18-24 Brendan Way, Victoria Point (Lot 602 on SP160857)

The application provided a detailed history of Mr Holzapfel’s involvement in the community including attending Mount Cotton State School, and leaving at the age of 11 to work on the family’s tomato farm. His family purchased 84 acres at Capalaba where they switched to growing strawberries which are synonymous with Redland.

Mr Holzapfel was named Redland’s Citizen of the Year 2018 and is a former Redland Shire Councillor (1964–1973). He has devoted himself to the community over many decades through Rotary and the Redlands Foundation. He has been one of the most significant contributors to the Rotary International program for the eradication of polio. He was also the most significant private donor to the expansion of the Redland Museum and the Redland Foundation to build transitional housing for families impacted by domestic violence. He has contributed to many local programs that have directly and indirectly contributed to improvements to health and wellbeing in the community.

Mr Holzapfel is now residing at Renaissance Retirement Village which is located beside “Sandy Drive Creek Corridor” and looks out to this ecological area from his home.

### ISSUES

The park naming request is consistent with the naming of infrastructure policy and park naming guideline. The supporting documentation supplied with the application indicates that Mr

Holzapfel is highly recognised within the community and should be afforded a park named in his honour.

As Mr Holzapfel has just turned 95, there is a sense of seeking and providing this honour in a timely manner.

## **STRATEGIC IMPLICATIONS**

### **Legislative Requirements**

There are no known legislative requirements for consideration for renaming a park asset.

### **Risk Management**

There are no known risks in naming the ecological area from “Sandy Drive Creek Corridor” to “Dan Holzapfel Park”.

### **Financial**

The estimated cost for the design, construction and installation of an appropriate park naming sign will be approximately \$2,500. This cost will be accommodated in Council’s annual operational 2018/19 budget.

### **People**

The Civic & Open Space Asset Management Unit would arrange for the installation of a park naming sign, if Council resolved to name the parkland “Dan Holzapfel Park”. There will be no changes to resource allocations with the renaming of the area. The new sign will be recorded appropriately in Council’s asset register and place naming databases.

### **Environmental**

There are no environmental implications in the naming of this park and it will continue to be maintained as an ecological area.

### **Social**

The naming of the park to “Dan Holzapfel Park” will provide opportunity for Redland City Council and the community to acknowledge and honour Mr Holzapfel’s contributions.

### **Alignment with Council's Policy and Plans**

This park naming request is in accordance with, and meets the criteria of, the Park Naming Guideline for Conservation Parks GL-3004003. As noted in the guideline, “Conservation parks and pathways will be permitted to be named or renamed after person/s that the community highly recognises.”

## **CONSULTATION**

Mr Holzapfel is not aware the request has been lodged to name a park in his honour.

Letters from Mayor Karen Williams and Deputy Mayor Councillor Lance Hewlett highlight the well respected and highly valued contributions of Mr Dan Holzapfel and fully support the park naming application.

No external consultation has been undertaken with regard to this park naming application.



## OPTIONS

Option one will recognise the significant contributions of Mr Dan Holzapfel to the Redland community, and current association with the Sandy Drive Creek Corridor ecological area. This option will have financial impact of \$2,500.

Option two will not fulfil the request and supporting documentation. This option will not have any financial impact to Council, however the decision could be considered unacceptable to the community.

Option three may result in Mr Dan Holzapfel being recognised, however an alternate location and timing to undertake additional investigations and consultation may be unacceptable to the supporters of the park naming request and the broader community.

### Option One

That Council resolves to:

1. rename the ecological area with the default name of "Sandy Drive Creek Corridor", Victoria Point to "Dan Holzapfel Park";
2. advise the applicant in writing of Council's decision; and
3. install signage to reflect the approved name.

### Option Two

That Council resolves to:

1. decline the request to rename "Sandy Drive Creek Corridor", Victoria Point "; and
2. advise the applicant in writing of Council's decision.

### Option Three

That Council resolves to:

1. seek an alternate park location to honour Mr Holzapfel; or
2. seek alternate names for "Sandy Drive Creek Corridor"; and
3. advise the applicant in writing of Council's decision.

## OFFICER'S RECOMMENDATION

That Council resolves to:

1. rename the ecological area with the default name of "Sandy Drive Creek Corridor", Victoria Point to "Dan Holzapfel Park";
2. advise the applicant in writing of Council's decision; and
3. install signage to reflect the approved name.



## From your Council Representative

### Councillor Lance Hewlett – Deputy Mayor Representing Division 4 – Victoria Point/Coochiemudlo Island/ parts of Redland Bay

General Inquiries 07 3829 8999  
Council After Hours 07 3829 8633

**Business Hours** 07 3829 8603  
**Mobile** 0421 880 371  
Facsimile 07 3829 8781  
Email lance.hewlett@redland.qld.gov.au



Our Ref: LH:lw  
File No: A2966484

4 May 2018

## TO WHOM IT MAY CONCERN

### Letter of Support - Park Naming – Dan Holzapfel

As the Deputy Mayor and local Councillor for Division 4, Victoria Point and Coochiemudlo Island, I am pleased to support an application from Raymond McAllister for the park naming of the Sandy Drive Park to be named after Dan Holzapfel.

Dan Holzapfel is a pioneer of Redland City, attended Mount Cotton State School and spent most of his life farming at Mount Cotton and Capalaba. He is a former Councillor (1964 to 1973) and president of the Cleveland Rotary Club and has served on Redland Ambulance, Birkdale National Seniors and Shoreline Probus Club Committees.

He has long been a financial contributor to charitable causes including the 'eradication of polio'. He has committed to projects such as Redlands Museum, the Hospital and Rotary International. Dan is very well respected across the globe for his contributions to Rotary and as well as donations such as \$100,000 to the Redland Foundation to build transitional housing for families impacted by domestic violence.

On being named Redland's 2018 Citizen of the Year, Dan stated "I am only an average resident of the district', such is his humility. His friends are the ones who speak for him and say he is an achiever and a very reliable person, if he says he will do something he does!

I fully support the application for the Sandy Drive Park to be named after Dan Holzapfel.

Yours sincerely

Cr Lance Hewlett  
Deputy Mayor  
Councillor for Division 4

Redland City Council  
ABN 86 058 929 428  
Cnr Bloomfield & Middle Sts.  
Cleveland Qld 4163  
PO Box 21,  
Cleveland Qld 4163  
[www.redland.qld.gov.au](http://www.redland.qld.gov.au)



# Office of the Mayor

Redland City Council

PO Box 21,  
Cleveland Qld 4163

Business hours 07 3829 8235  
Email [mayor@redland.qld.gov.au](mailto:mayor@redland.qld.gov.au)  
[www.redland.qld.gov.au](http://www.redland.qld.gov.au)



9 May 2018

## To Whom it May Concern

I write in support of a Park Naming Application submitted by Raymond McAllister for Sandy Drive Park to be named in honour of former Redland Shire Councillor Dan Holzapfel.

Mr Holzapfel is an inspiration and stalwart of the Redlands community and fittingly, this year he was named Redland's 2018 Citizen of the Year. He is one of our city's best known residents and has devoted himself to the community over many decades, particularly through Rotary and the Redlands Foundation.

He is a true humanitarian and his philanthropic spirit and support have made a difference here in the Redlands and further abroad.

I wholeheartedly support this application for this park to be named in Mr Holzapfel's honour.

Yours sincerely

Mayor Karen Williams  
**Redland City Council**

# guideline document

**GL-3004-003**

## Park Naming

### Version Information

#### Scope

This guideline refers to Council's Corporate Policy POL-3004 Naming of Infrastructure Assets which provides guidance to the park and track naming process and to provide further guidance in relation to park memorials and tributes.

It will be applied in conjunction with the Council's Corporate Guideline Tribute Park Seat, Tribute Plaque and Tribute Tree GL-3004-004.

It is acknowledged that any Council decision, by resolution, will take precedence over aspects of this guideline where very exceptional circumstances have been demonstrated.

#### Purpose

This guideline provides direction:

As a general rule, parks and reserves will be named after the most relevant street frontage when they are created.

1. Neighbourhood parks will only be considered for tribute naming or re-naming in exceptional circumstances to recognise individuals for their eminence and outstanding endeavour associated with the Redlands community such as:
  - a) provided extensive community service,
  - b) worked to foster equality and reduce discrimination,
  - c) risked his/her life to save others,
  - d) prior ownership for a significant period of time,
  - e) made a significant financial or non-financial contribution to the park.

Exceptions to this position would be where land of significant area has been gifted or bequeathed (not including land dedicated as part of development application) and consideration will be given to any request for this land that forms part or the whole of any park to bear the personal name of the benefactor.

2. City-wide sports parks will only be named or re-named to identify the predominant sporting use. Where there are opportunities to sub-name fields and ovals within multi-field parks, this will be delegated to the predominant club and these names will not be used as place names. There should not be any sub-naming of ovals or fields within parks with only one oval or field.

3. Destination and community parks including conservation areas will only be named or re-named to reflect the natural or geographical features, significant flora or fauna of the park. Where an opportunity to recognise Aboriginal or post-European heritage exists, a dual name will be considered. Such a proposal will require consultation with and consent of the most relevant local indigenous community group or other relevant group.

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#### CMR Team use only

**Department:** Infrastructure & Operations  
**Group:** City Spaces  
**Approved:** General Manager Infrastructure & Operations  
**Date of Approval:** 28 September 2015

**Effective date:** 28 September 2015  
**Version:** 1  
**Review date:** 30 September 2018  
**Page:** 1 of 2

# guideline document



**GL-3004-003**

4. Conservation parks and pathways will be permitted to be named or renamed after person/s that the community highly recognises.
5. Duplication of naming should be avoided, however it is recognised that under very exceptional circumstances such duplication would be considered appropriate.
6. No memorial naming or memorials or commemorative plaques (excluding war memorials or plaques) will be allowed in any park or on any park furniture. Existing memorials or plaques cannot be taken as precedents for future approvals. Public parklands will not duplicate the commemorative function of cemeteries. Tribute park seat, tribute plaque and tribute tree programs and supportive guidelines have been developed to provide suitable alternatives to memorials.
7. A report to Council with supporting evidence supplied from the applicant for park naming will be required prior to the approval of a park naming request.
8. Upon approval, the Parks & Conservation Unit will be requested to supply and install an appropriate park name sign.
9. The cost of supply and installation of the park name sign will be borne by Council from the annual Parks & Conservation operational budget.

## Reference Documents

- Redland Open Space Strategy 2026;
- Urban Park Landscape plans;
- Corporate Policy POL- 3004 – Naming of Infrastructure Assets;
- Corporate Guideline GL-3004-004 – Tribute Seat, Tribute Plaque & Tribute Tree Guidelines

## Document Control

- Only the General Manager Infrastructure & Operations can approve amendments to this guideline. Please forward any requests to change the content of this document to the Public Place Projects Service Manager.
- Approved amended documents must be submitted to the Corporate Meetings & Registers Team to place the document on the Policy, Guideline and Procedures Register.

## Version Information

Version No.	Date	Key Changes
1	September 2015	Originally a policy in its own right (POL-3068). Due to the creation of POL-3004 Naming of Infrastructure Assets, the original policy has been converted to a guideline to support POL-3004.

[Back to Top](#)

### CMR Team use only

**Department:** Infrastructure & Operations  
**Group:** City Spaces  
**Approved:** General Manager Infrastructure & Operations  
**Date of Approval:** 28 September 2015

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**Review date:** 30 September 2018  
**Page:** 2 of 2







### 14.3 REDLANDS BASEBALL INCORPORATED - LEASE RENEWAL

**Objective Reference:****Authorising Officer:** Peter Best, General Manager Infrastructure & Operations**Responsible Officer:** Lex Smith, Group Manager City Operations**Report Author:** Anne-Maree Sankey, Senior Leasing Officer**Attachments:** 1. Redlands Baseball Existing Survey Plan [↓](#)**PURPOSE**

The purpose of this report is to seek Council's approval for Redlands Baseball Club Incorporated (RBCI) to enter into a 10 year lease on part Lot 2 RP173521 situated at 20-40 Duncan Road Capalaba, as shown on the attached registered plan as Lease area A.

**BACKGROUND**

Lot 2 RP173521, described as 20-40 Duncan Road Capalaba is land owned by Council in freehold. Since 1 May 1998, the RBCI clubhouse has occupied this site under a lease arrangement with Council. However, while under review by both parties the existing lease expired and it was agreed for RBCI to continue occupancy under a periodic tenancy clause.

RBCI has now requested that Council provide them with a 10 year lease over the same site.

**ISSUES**

A 10 year lease provides surety to RBCI which in turn provides them with opportunities to secure significant grants and expand their current baseball programs.

The lease complies with Council's Leasing of Council Land and Facilities policy statement and the tenure term requested is consistent with the standard lease term of 10 years.

**STRATEGIC IMPLICATIONS****Legislative Requirements**

The *Local Government Regulation 2012* (the Regulation) s.236(1)(b)(ii) requires that Council agree by resolution that it is appropriate to dispose of an interest in land to a community organisation, other than by tender or auction. RBCI meets the Regulation's definition of a community organisation, as it is an entity that carries on activities for a public purpose and whose primary object is not directed at making a profit. Council is permitted to resolve to issue RBCI a lease under s.236(1)9B)(ii).

**Risk Management**

All new leases require the lessee to maintain full building and public liability insurance.

Council's Facility Services Unit conducts regular inspections to ensure legislative compliance regarding occupant safety and building condition.

The most recent inspection was conducted in September 2017 and the building is now compliant.



**Financial**

The lessee bears all costs associated with the preparation and registration of the lease. A Sport and Recreation officer conducted a sustainability check on 13 March 2018 and confirmed the club is financially sound.

In the 2019/20 financial year the introduction of a new accounting standard AASB16 Leases may impact on the way Council will report on this lease. The full impact of this is currently being reviewed.

**People**

The only staffing implications for Council are related to the periodic building inspections.

**Environmental**

The lease site is not impacted by the adjacent closed landfill area.

**Social**

Continuity of tenancy provides social benefit to the baseball community and endorses the strategic priority and gives residents the foundation for a strong future.

**Alignment with Council's Policy and Plans**

Council Policy POL-3071 Leasing of Council Land and Facilities supports leases for not-for-profit community organisations.

The officer's recommendation aligns with both the Redlands 2030 Community Plan and the Redland City Council Corporate Plan 2018-2023 through the key priority of strong and connected communities.

7.2 Council maximises community benefit from the use of its parklands and facilities by improving access to, and the quality of shared use of, public spaces and facilities by groups for sporting, recreation and community activities.

**CONSULTATION**

In the preparation of this report there has been consultation with the:

- Councillor Division 7
- Redland City Council's Community Land and Facilities Panel
- Service Manager City Sport & Venues
- Group Manager City Operations
- Business Partnering Unit – Management Accountant
- Legal Services Officer

All of whom support the Officer's recommendation.

**OPTIONS****Option One**

That Council resolves to:

1. make, vary or discharge a lease to Redlands Baseball Club Incorporated over the building site on part lot 2 RP173521 situated at 20-40 Duncan Road Capalaba as shown on the attached registered plan as Lease area A, for a term of 10 years;

2. agree in accordance with s.236(1) of the *Local Government Regulation 2012* that s.236(1)(b)(ii) of the *Local Government Regulation 2012* applies allowing the proposed lease to a community organisation, other than by tender or auction;
3. delegate authority to the Chief Executive Officer under s.257(1)(b) of the *Local Government Act 2009* to sign all documents in regard to this matter; and
4. agree the lease preparation costs be paid by the lessee.

### **Option Two**

That Council resolves not to approve the Redlands Baseball Club Incorporated to lease the building situated on part lot 2 PR173521, described as 20-40 Duncan Road, Capalaba for a 10 year period and investigate alternative arrangements.

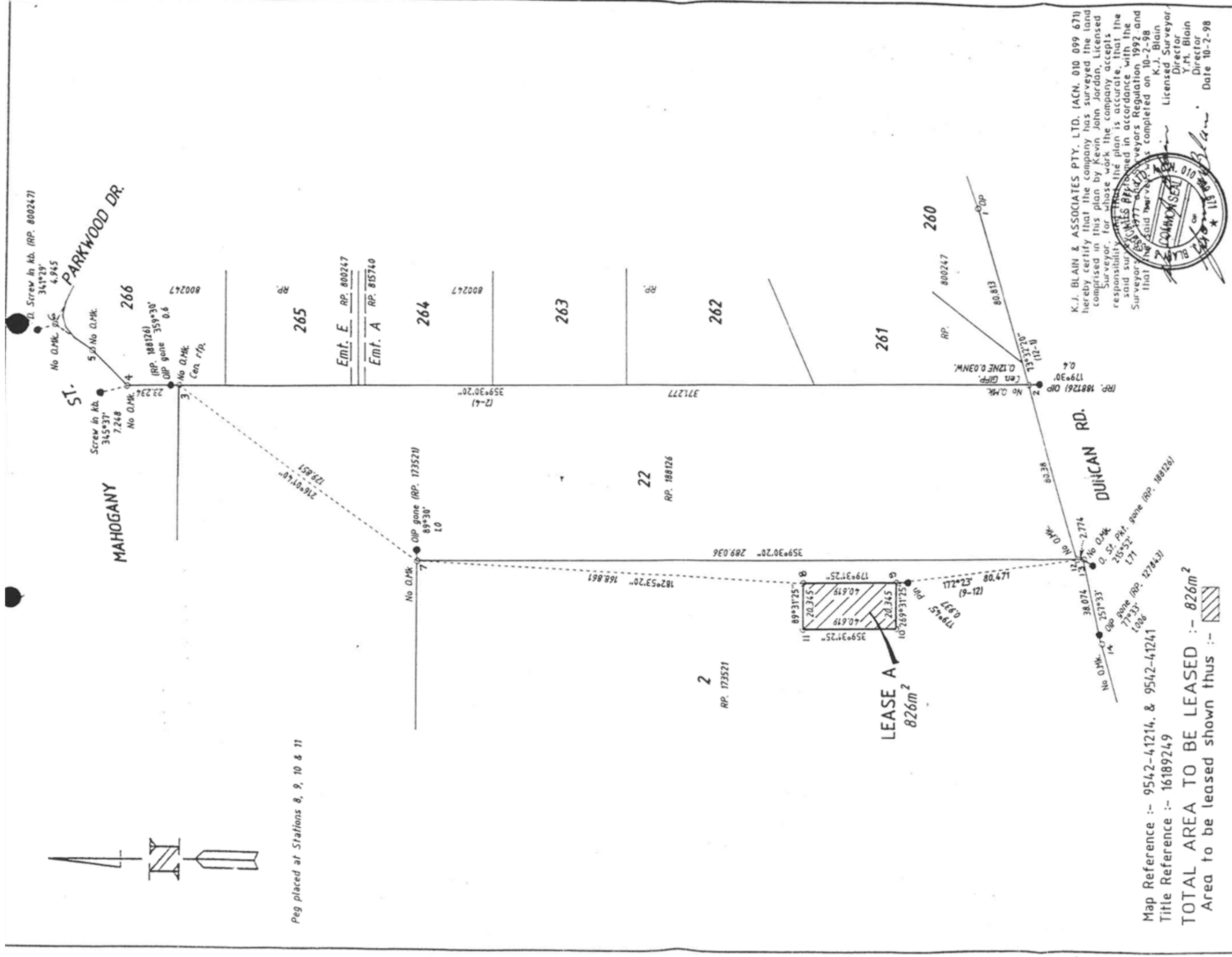
### **Option Three**

That Council resolves to investigate further tenancy options.

### **OFFICER'S RECOMMENDATION**

That Council resolves to:

1. **make, vary or discharge a lease to Redlands Baseball Club Incorporated over the building site on part lot 2 RP173521 situated at 20-40 Duncan Road Capalaba as shown on the attached registered plan as Lease area A, for a term of 10 years;**
2. **agree in accordance with s.236(1) of the *Local Government Regulation 2012* that s.236(1)(b)(ii) of the *Local Government Regulation 2012* applies allowing the proposed lease to a community organisation, other than by tender or auction;**
3. **delegate authority to the Chief Executive Officer under s.257(1)(b) of the *Local Government Act 2009* to sign all documents in regard to this matter; and**
4. **agree the lease preparation costs be paid by the lessee.**

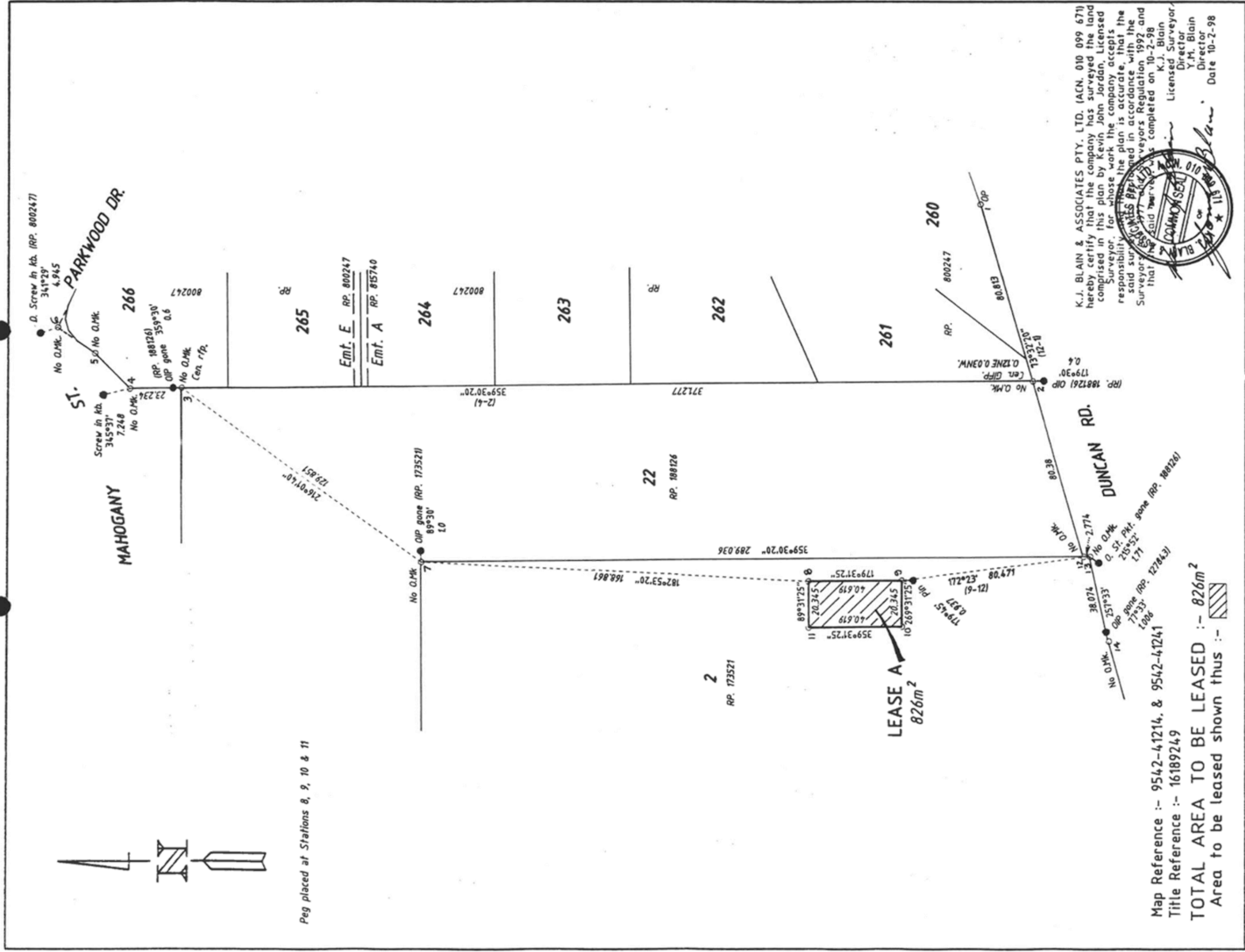


K.J. BLAIN & ASSOCIATES PTY. LTD. (ACN. 010 099 671) hereby certify that the company has surveyed the land comprised in this plan by Kevin John Jordan, Licensed Surveyor, for whose work the company accepts responsibility. The plan is accurate, that the said survey was performed in accordance with the Surveyors Regulation 1992 and that the said survey was completed on 10-2-98

K.J. Blain  
 Director  
 Y.M. Blain  
 Director  
 Date 10-2-98



PLAN FOR LEASE PURPOSES ONLY over Part of Lot 2 on RP173521 Parish : Capalaba County : Stanley	K. J. BLAIN & ASSOCIATES PTY. LTD. A.C.N. 010 099 671 CONSULTING SURVEYOR 20 COBURG ST. (East) CLEVELAND. Ph. 38212016 P.O. Box 5, CLEVELAND. 4163 Fax. 38212253	SCALE :- 1 : 1500 DATE :- 10-2-98 REF:- 6729-A
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K.J. BLAIN & ASSOCIATES PTY. LTD. (ACN. 010 099 671) hereby certify that the company has surveyed the land comprised in this plan by Kevin John Jordan, Licensed Surveyor, for whose work the company accepts responsibility and that the plan is accurate, that the said survey was done in accordance with the Surveyors Regulation 1992 and that the said survey was completed on 10-2-98

K.J. Blain  
Licensed Surveyor  
Director  
Y.M. Blain  
Director  
Date 10-2-98

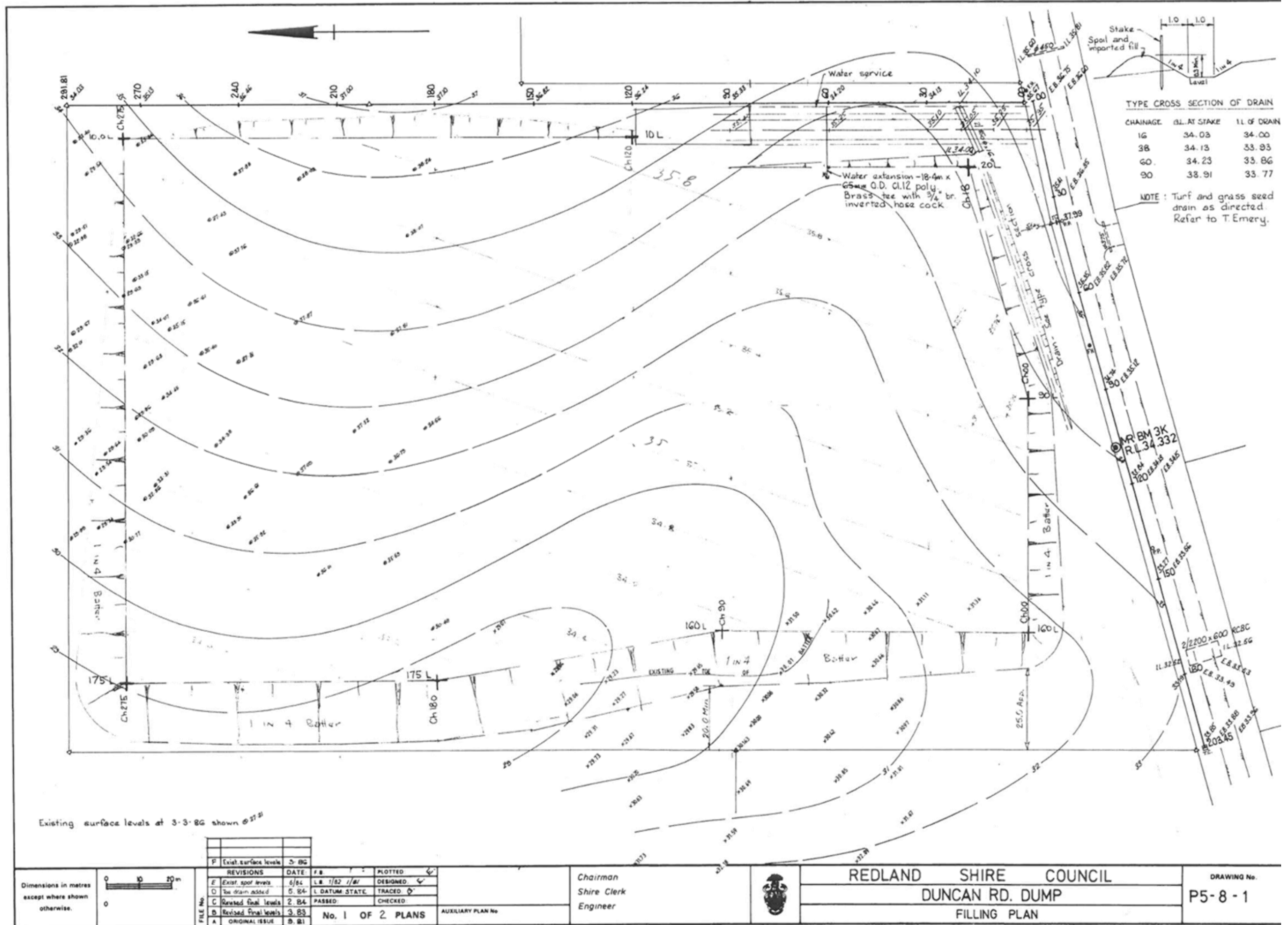
Map Reference :- 9542-41214, & 9542-41241  
Title Reference :- 16189249  
**TOTAL AREA TO BE LEASED :- 826m<sup>2</sup>**  
Area to be leased shown thus :-

Peg placed at Stations 8, 9, 10 & 11

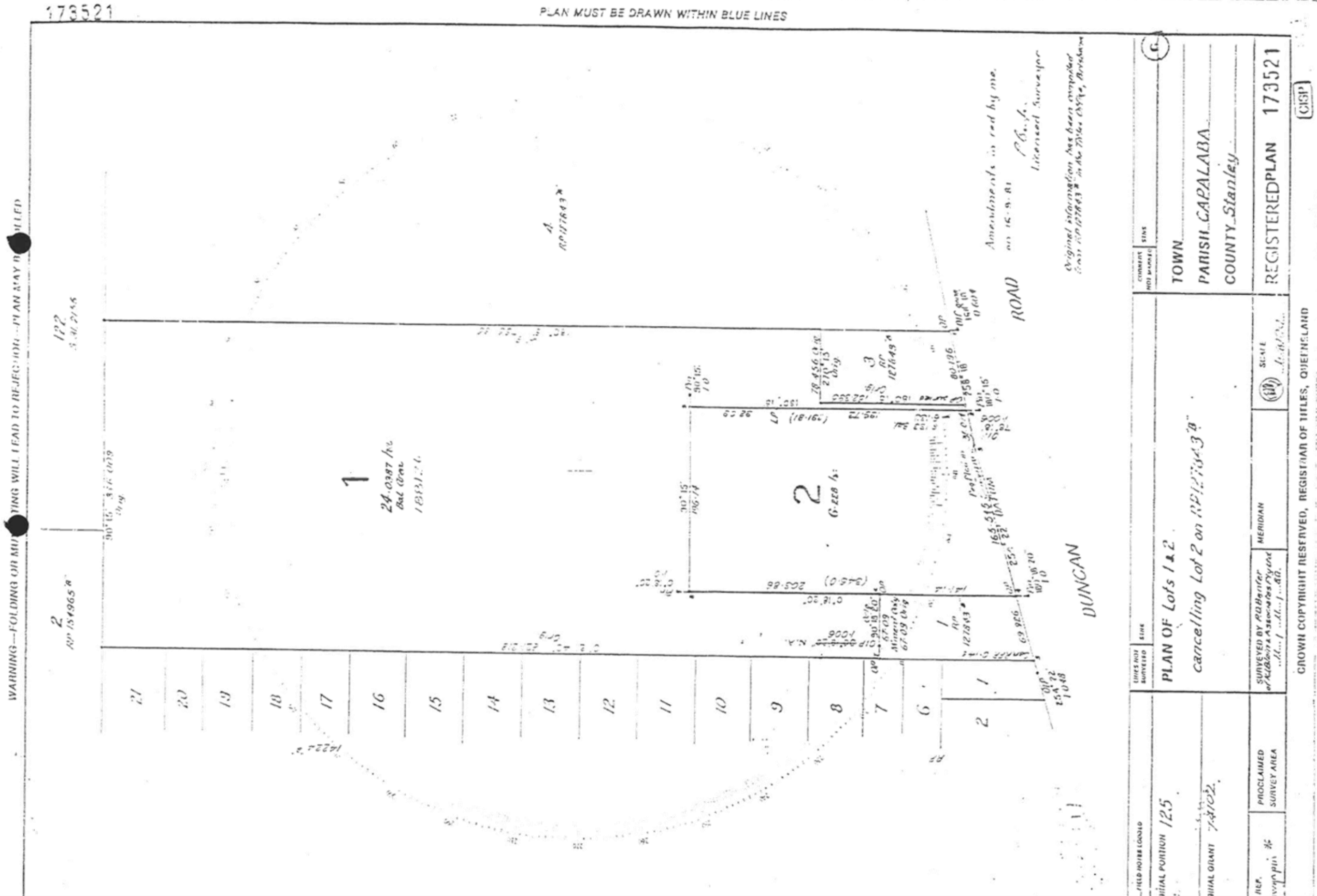
PLAN FOR LEASE PURPOSES ONLY over Part of Lot 2 on RP173521  Parish : Capalaba County : Stanley	K. J. BLAIN & ASSOCIATES PTY. LTD. A.C.N. 010 099 671 CONSULTING SURVEYOR 20 COBURG ST. (East) CLEVELAND. Ph. 38212016 P.O. Box 5, CLEVELAND. 4163 Fax. 38212253	SCALE :- 1 : 1500 DATE :- 10-2-98 REF:- 6729-A
	K.J. BLAIN & ASSOCIATES PTY. LTD. (ACN. 010 099 671) hereby certify that the company has surveyed the land comprised in this plan by Kevin John Jordan, Licensed Surveyor, for whose work the company accepts responsibility and that the plan is accurate, that the said survey was done in accordance with the Surveyors Regulation 1992 and that the said survey was completed on 10-2-98 K.J. Blain Licensed Surveyor Director Y.M. Blain Director Date 10-2-98	













#### 14.4 PROPOSED LEASE – THE STATE OF QUEENSLAND (QUEENSLAND POLICE SERVICE) LOT 6 RP178363 12 MEISSNER STREET REDLAND BAY

**Objective Reference:****Authorising Officer:** Peter Best, General Manager Infrastructure & Operations**Responsible Officer:** Bradley Salton, Group Manager City Infrastructure**Report Author:** Damien Jolley, Senior Property Officer**Attachments:**

1. [Locality map 12 Meissner St Redland Bay](#) ↓
2. [Leased area 12 Meissner St Redland Bay](#) ↓
3. [Photos of leased area 12 Meissner St Redland Bay](#) ↓

**PURPOSE**

The purpose of this report is to recommend that Council resolve to grant a lease for land and structures to be used by the Queensland Police Service (QPS) as a jetty facility for berthing of vessels, vehicle parking, general storage and refuelling.

**BACKGROUND**

The City Infrastructure Group is the asset owner of Lot 6 RP178363 situated at 12 Meissner Street Redland Bay. The property is primarily used as a car park and is 7,581m<sup>2</sup> in total area. The proposed lease area comprises approximately 340m<sup>2</sup> in area and contains a shed, roofed structures and concrete jetty.

Council entered into a licence to occupy (LTO) with the QPS to use the property for the purposes mentioned above which ended on 21 February 2018. Prior to the LTO ending, the QPS requested a new agreement and asked for a five year term with a further option of a five year term. The decision was then made that a lease was the preferred option to continue the use for an extended period.

The LTO is continuing on a monthly basis pending the lease being granted.

**ISSUES**

There is no current or proposed use by Council of the lease area and/or structures. The lease area has been used by the QPS since February 2017 without issue.

The lease area is in the Weinam Creek Priority Development Area and a master plan has been developed by Redlands Investment Corporation which may impact on the continued long term use of the area. Accordingly an early termination clause will be included in the lease.

**STRATEGIC IMPLICATIONS****Legislative Requirements**

The *Local Government Regulation 2012* (LGR 2012) describes land as a “Valuable Non-Current Asset” and prescribes a number of options available to enter into a contract to dispose of the land including granting of a lease. Sale by tender or auction is the prescribed method of disposing of land, however LGR 2012 provides for exceptions to this rule in certain circumstances.

In particular, reference is made to the exception in subparagraph 236(1)(b)(i) of LGR 2012: - the valuable non-current asset is disposed of to— a government agency.

The QPS, being a government agency, requires the use of the lease area and structures to assist in the policing of the Southern Moreton Bay Islands.

It is considered that the proposed new or renewed leases are able to be made in accordance with these exceptions contained within the LGR 2012 provisions.

### **Risk Management**

The new lease will provide some measure of security for both Council and QPS ensuring the property is maintained and managed within the terms of the lease.

### **Financial**

The commercial rent received for the lease contributes to Council revenue. There are no forecast additional costs during the term of the lease, above current business as usual maintenance and management costs associated with the properties.

In the 2019/20 financial year the introduction of a new accounting standard AASB16 Leases may impact on the way Council will report on this lease. The full impact of this is being reviewed currently.

### **People**

There are no staff implications

### **Environmental**

There are no environmental implications identified.

### **Social**

There are no social implications identified. However, the continued use will enable the QPS to respond to policing matters on the Southern Moreton Bay Islands.

### **Alignment with Council's Policy and Plans**

No non-alignment with Council's policy and plans has been identified and the lease will assist with policing to the Southern Moreton Bay Islands.

## **CONSULTATION**

- Acting Senior Property Services Officer
- Redlands Investment Corporation

## **OPTIONS**

### **Option One**

That Council resolves to:

1. apply the exception to dispose of land or an interest in land, other than by tender or auction, under sub paragraph 236(1)(b)(i) of the *Local Government Regulation 2012*, for renewing a lease over part of 12 Meissner Street Redland Bay described as Lot 6 on RP178363; and
2. delegate the Chief Executive Officer under s.257(1)(b) of the *Local Government Act 2009* to make, vary, negotiate and discharge the lease of the properties at fair market value.

**Option Two**

That Council resolves as follows:

1. That the exceptions under the *Local Government Regulation 2012* do not apply;
2. To invite written tenders for the lease of the property; and
3. To delegate the Chief Executive Officer under s.257(1)(b) of the *Local Government Act 2009* to make, vary, negotiate and discharge a lease of the property with the successful tenderer.

**OFFICER'S RECOMMENDATION**

That Council resolves to:

1. **apply the exception to dispose of land or an interest in land, other than by tender or auction, under sub paragraph 236(1)(b)(i) of the *Local Government Regulation 2012*, for renewing a lease over part of 12 Meissner Street Redland Bay described as Lot 6 on RP178363; and**
2. **delegate the Chief Executive Officer under s.257(1)(b) of the *Local Government Act 2009* to make, vary, negotiate and discharge the lease of the properties at fair market value.**



3/13/2018 Attachment 1 - Locality map 12 Meissner St Redland Bay

Red-e-map Print



<http://pspaaps01/redemap/printGeneric.aspx?Title=Red-e-map%20Plot&Scale=850&PaperSize=A3&Orientation=Landscape>

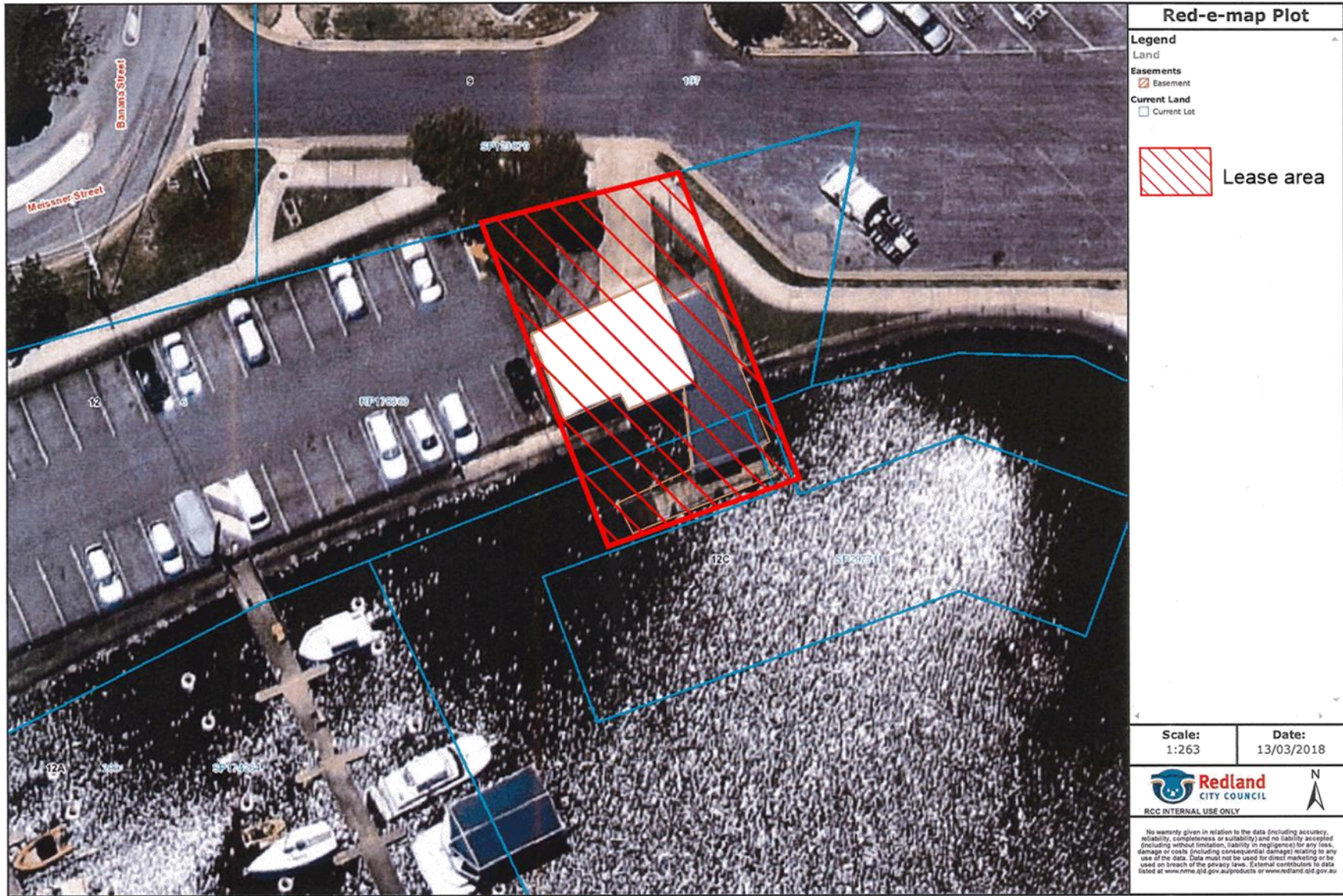
1/1



3/13/2018

Attachment 2 - leased area 12 Meissner St Redland Bay

Red-e-map Print



<http://pspaaps01/redemap/printGeneric.aspx?Title=Red-e-map%20Plot&Scale=263&PaperSize=A3&Orientation=Landscape>

1/1



Attachment 3 - photos of leased area 12 Meissner St Redland Bay



Attachment 3 - photos of leased area 12 Meissner St Redland Bay



**15 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.

**16 NOTICES OF MOTION TO REPEAL OR AMEND A RESOLUTION**

In accordance with s.262 *Local Government Regulation 2012*.

**17 NOTICES OF MOTION**

In accordance with s.3(4) POL-3127 Council Meeting Standing Orders.

**18 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.

<b>Urgent Business Checklist</b>	<b>YES</b>	<b>NO</b>
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 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 a General Manager Previously?		

## 19 CONFIDENTIAL ITEMS

### COUNCIL MOTION

That Council considers the confidential report(s) listed below in a meeting closed to the public in accordance with Section 275(1) of the *Local Government Regulation 2012*:

#### 19.1 Land Tenure Action Proposal, North Stradbroke Island

This matter is considered to be confidential under Section 275(1) - (h) of the *Local Government Regulation 2012*, and the Council is satisfied that discussion of this matter in an open meeting would, on balance, be contrary to the public interest as it deals with other business for which a public discussion would be likely to prejudice the interests of the local government or someone else, or enable a person to gain a financial advantage.

#### 19.2 Contents of the City Plan General Amendment Package

This matter is considered to be confidential under Section 275(1) - (h) of the *Local Government Regulation 2012*, and the Council is satisfied that discussion of this matter in an open meeting would, on balance, be contrary to the public interest as it deals with other business for which a public discussion would be likely to prejudice the interests of the local government or someone else, or enable a person to gain a financial advantage.

#### 19.3 Sponsorship Round 2 2017/18 Applications over \$15,000

This matter is considered to be confidential under Section 275(1) - (e) of the *Local Government Regulation 2012*, and the Council is satisfied that discussion of this matter in an open meeting would, on balance, be contrary to the public interest as it deals with contracts proposed to be made by it.

## 20 MEETING CLOSURE