



Speech By
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MEMBER FOR COOMERA

Record of Proceedings, 2 May 2019

HEALTH AND WELLBEING QUEENSLAND BILL

 **Mr CRANDON** (Coomera—LNP) (12.02 pm): I rise to make a contribution to the Health and Wellbeing Queensland Bill. I note the committee recommended that the bill be passed with no other recommendations being made. The main objective of the bill is to establish a health promotion agency, known as Health and Wellbeing Queensland, as a statutory body. It is intended that Health and Wellbeing Queensland will contribute to improving the health and wellbeing of Queenslanders through a focus on reducing the risk factors associated with chronic disease and reducing health inequities.

The proposed functions of the agency include facilitation and commission of activities to prevent illness and promotion of health and wellbeing in our community. As well, the agency will develop partnerships and collaborate across government and with organisations, including businesses, industry organisations, community organisations, academics, local governments and individuals to further its objectives or carry out its functions.

The agency will give grants for activities that further its objectives. Monitoring and evaluation will occur to ensure the goals of prevention of illness and promotion of health and wellbeing are achieved. The agency is also charged with the responsibility of developing policy and provision of advice to the minister and government entities about illness prevention or promotion of health and wellbeing and also coordinate the exchange of information about activities for that very same reason.

The bill also amends the Hospital Foundations Act 2018 to enable the establishment of a foundation to support Health and Wellbeing Queensland in achieving its objectives. *The health of Queenslanders 2018: report by the Chief Health Officer Queensland* identified that the health system continues to face public health challenges, including high rates of obesity, an increase in chronic disease burden, disparity in the life expectancy and chronic disease burden for Aboriginal and Torres Strait Islander people and the adverse effect of socio-economic factors. Combined with a growing and ageing population, these factors are negatively impacting the quality of life of many Queenslanders.

The costs associated with these risk factors are significant for individuals and the community. In adults, being overweight or obese frequently results in chronic diseases, such as type 2 diabetes, heart disease and cancer, which can reduce life expectancy by up to 10 years. It is estimated that obesity related illness had an estimated cost on the Queensland healthcare system of \$756 million in 2015, which I believe is the latest data available. When the additional costs of absenteeism from employment, losses to productivity, loss of wellbeing and early death are included, the total financial impact on the Queensland economy was estimated to be \$11.2 billion.

In socio-economically disadvantaged areas, the rates of death due to a lifestyle related chronic condition were 50 per cent higher than those in advantaged areas in that same year of 2015. Remoteness is also a key factor in Queensland, with rates of death due to lifestyle related chronic conditions in remote and very remote areas 33 per cent higher than in major cities in 2015. The disease and injury burden for Indigenous Queenslanders is 2.2 times that of non-Indigenous Queenslanders and rates of death due to lifestyle related chronic conditions is 70 per cent higher than the non-Indigenous population.

There are large differences in the risk factors that lead to diseases and premature death across Queensland's population. For example, obesity rates are 49 per cent higher in socio-economically disadvantaged areas of Queensland when compared to advantaged areas, 35 per cent higher in remote areas and 39 per cent higher in very remote areas of Queensland compared to major cities. Across-the-board, obesity rates are 39 per cent higher among Indigenous Queenslanders when compared with non-Indigenous Queenslanders.

It is intended that Health and Wellbeing Queensland will provide a new way of working by investing in innovative projects generated by local community partnerships to create environments that support the health and wellbeing of Queensland communities. As well, it will use flexible funding models to source private and non-government revenue streams, such as corporate partnerships and sponsorship.

From a government perspective, the bill provides that Health and Wellbeing Queensland will have a board of up to 10 members, a chief executive officer and staff. The board is responsible to the minister for the management and performance of the agency. A maximum of four members of the board will be chief executives of government departments. The other members will be persons with knowledge, skills or experience in business or financial management, law, public health, academia, community service organisations, the not-for-profit sector or other areas considered relevant or necessary to support the board in performing its functions. This will ensure that there is flexibility to enable the board to be made up of members who will bring a range of experience and background to the board such as experience as a consumer representative or advocate.

The bill requires that at least one person on the board must be an Aboriginal person or a Torres Strait Islander person. Board members will be appointed by the Governor in Council for periods not exceeding four years; however, they may be reappointed. The board functions are as one would expect: ensuring the proper, efficient and effective performance of the agency's functions, and such things as deciding the objectives, strategies and policies to be followed and ensuring compliance with its obligations under the act and/or other law. To ensure that the agency will be held to a high standard of accountability, the bill provides that, among other things, the agency is a unit of public administration under the Crime and Corruption Act 2001.

The bill also requires that Health and Wellbeing Queensland's annual report, which is prepared under the Financial Accountability Act 2009, must contain details of each direction given to it by the minister during the financial year and any action taken by it because of that direction. The annual report must also include details of functions performed by the agency during the year and how efficiently and effectively these were performed.

In 2019-20 the agency will have an initial operational budget of \$32.955 million. Existing prevention activities currently delivered by Queensland Health that are aimed at reducing chronic disease and improving nutrition and physical activity are to transition to Health and Wellbeing Queensland for them to deliver. Certainly, it makes total sense to work to develop preventive health strategies from both a public health and economic perspective, and most certainly at an individual level. The concept has my full support. From personal experience, I can say that Queensland Health programs have made a huge difference to the health of one of my family members. I cannot thank enough the good folk of Queensland Health Helensvale for the wonderful programs they provide, which make such a huge difference to the individuals they work with.