

2019–2020
ANNUAL
REPORT



Accessibility

Open data

Information about consultancies, overseas travel and the Queensland Language Services Policy is available at the Queensland Government Open Data Portal (<https://www.data.qld.gov.au>). Health and Wellbeing Queensland has no open data to report in the 2019–2020 reporting period.

Public availability statement

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Content from this annual report should be attributed as: The State of Queensland (Health and Wellbeing Queensland) Annual Report 2019–2020.

ISSN 2652-6336 (online) ISSN 2652-6344 (print)

Aboriginal and Torres Strait Islander peoples are advised that this publication may contain words, names and descriptions of people who have passed away.

Acknowledgement to Traditional Owners

Health and Wellbeing Queensland respectfully acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Owners and Custodians of the lands, waters and seas where we live, learn and work. We recognise and support the Queensland Government's *Reconciliation Action Plan 2018–2021* and *Making Tracks toward closing the gap in health outcomes for Indigenous Queenslanders by 2033*.

We celebrate Aboriginal and Torres Strait Islander history, in particular the strength, resilience and courage which has occurred over time and now inspires current and future generations to create a healthier Queensland. We acknowledge the important role of Elders, past and present, who have taken on the responsibility to protect and promote their culture and leave a legacy for future Elders and leaders.

We recognise that Aboriginal and Torres Strait Islander culture is rich and diverse and that we, as an agency, have a responsibility to facilitate efforts that account for this to ensure equity for all. We promise to walk together with Aboriginal and Torres Strait Islander peoples in our journey to better health.

Recognition of Australian South Sea Islanders

Health and Wellbeing Queensland formally recognises the Australian South Sea Islanders as a distinct cultural group within our geographical boundaries. We are committed to fulfilling the Queensland Government Recognition Statement for the Australian South Sea Islander Community to ensure that present and future generations of Australian South Sea Islanders have equality of opportunity to participate in and contribute to the economic, social, political and cultural life of the State.

Recognition of a multicultural and diverse Queensland

Health and Wellbeing Queensland recognises and supports the Queensland Government's *Multicultural Recognition Act 2016* and *Multicultural Queensland Charter (2017)* and is committed to engaging in activities that support and develop health promotion and improve the health of all Queenslanders, regardless of culture, language, faith or age.

Health and Wellbeing Queensland also values and is committed to universal inclusion of Queensland's lesbian, gay, bisexual, transgender, intersex and queer/questioning (LGBTIQ+) community and supports the *Queensland public sector LGBTIQ+ inclusion strategy*. We pay our respects and offer our deep thanks to those who have worked to improve the health and wellbeing of LGBTIQ+ communities.

Equity and inclusion will encompass and infiltrate everything Health and Wellbeing Queensland does. We focus on chronic disease prevention by addressing underlying causes of ill health, identifying barriers to achieving optimal health and addressing needs of different communities – and we do this through the development of partnerships and the co-design of programs that meet the needs of these communities. We do this to drive change that has the potential to prevent illness and strengthen and protect wellbeing at all stages of life for all Queenslanders.

Letter of compliance



7 September 2020

The Honourable Steven Miles MP
Deputy Premier, Minister for Health and Minister for Ambulance Services
GPO Box 48
BRISBANE QLD 4001

Dear Deputy Premier

I am pleased to submit for presentation to the Parliament the Annual Report 2019–2020 and financial statements for Health and Wellbeing Queensland.

I certify that this annual report complies with:

- The prescribed requirements of the *Financial Accountability Act 2009* and the *Financial and Performance Management Standard 2019*; and
- The detailed requirements set out in the *Annual report requirements for Queensland Government agencies*.

A checklist outlining the annual reporting requirements is provided at pages 32-33 of this annual report.

Yours sincerely

A handwritten signature in black ink, appearing to be 'J. Wakefield'.

Dr John Wakefield
Chairperson of the Board
Health and Wellbeing Queensland

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Statement on government objectives for the community

The Queensland Government's objectives for the community are set out in the *Our Future State: Advancing Queensland's Priorities* (Our Future State) plan as follows:

- Create jobs in a strong economy;
- Give all our children a great start;
- Keep Queenslanders healthy;
- Keep communities safe;
- Protect the Great Barrier Reef; and
- Be a responsive government.

Health and Wellbeing Queensland's *Strategic Plan 2020–2024* aligns with the Our Future State plan and Health and Wellbeing Queensland has contributed to the Queensland Government's objectives to 'Keep Queenslanders healthy' and 'Give all our children a great start'.

Improving the health and wellbeing of Queenslanders over the long-term will be an important step in constraining future health expenditure and increasing the Queensland Government's ability to continue to invest in new services and infrastructure.

Year in review

From the Board Chairperson

I am both privileged and delighted to present the inaugural Health and Wellbeing Queensland Annual Report 2019–2020.

Firstly, I would like to take this opportunity to thank everyone who has been involved in the creation of Health and Wellbeing Queensland – Queensland’s first health promotion agency, established on 1 July 2019, to improve the health and wellbeing of all Queenslanders.

I would especially like to thank my predecessor, Mr Michael Walsh, for his dedication to ensuring Health and Wellbeing Queensland was established with rigour. I would also like to acknowledge and thank the Health and Wellbeing Queensland Advisory Committee, the inaugural acting board members and inaugural acting Chief Executive for their contributions and commitment during the initial establishment phase, as well as the Honourable Steven Miles MP, Deputy Premier, Minister for Health and Minister for Ambulance Services and the Honourable Nikki Boyd MP, Assistant Minister for Health, for their continued support.

Health and Wellbeing Queensland supports the Queensland Government’s objectives to ‘Keep Queenslanders healthy’ and ‘Give all our children a great start’. Chronic health problems are often caused by lifestyle-related behaviours learnt from an early age and which are influenced by a complex mix of societal, environmental, socioeconomic and biological factors that are embedded into everyday life. Health and Wellbeing Queensland has been established to improve the health of Queenslanders by taking a multi-strategy, multi-sector approach through coordinating efforts and strengthening linkages across diverse sectors, fostering innovative thinking.

During 2019–2020, Health and Wellbeing Queensland focused on key establishment activities and initiatives around strengthening policy, creating a place-based approach, managing programs and raising awareness of the organisation and its point of difference. While this work continued, there was an additional need to readjust priorities due to COVID-19. Health and Wellbeing Queensland took the opportunity to embrace its agility and responded

by developing Boost your Healthy, a digital platform full of trustworthy resources from our alliance partners. The site continues to motivate and support Queenslanders to boost their activity, healthy eating and wellbeing on a daily basis. This couldn’t have been achieved without our dedicated and energetic team.

Collaboration plays a crucial role for Health and Wellbeing Queensland. We have and will continue to partner with local communities and engage with sectors outside of the health system to create the environments that will better support the health and wellbeing of all Queenslanders. This includes partnering with a range of academic institutions to ensure our work is underpinned by behavioural science and evaluation frameworks, and partnering with health promotion agencies nationwide to improve information sharing and accelerate the translation of innovative prevention solutions into the community.

Next period, our focus will shift from establishment to consolidation, action and implementation. We will expand on initiatives including Remote Food Security and Pick of the Crop; and continue to advance our work in population and health data analytics to improve decision making, reduce healthcare burden and cost, and drive evidence-based health system reform.

Finally, I take this opportunity to congratulate the permanent board members on their appointments, to acknowledge their diverse skills and experience, and to thank them for their valued contributions. I also congratulate Dr Robyn Littlewood on her appointment as Chief Executive and thank her for her passion, enthusiasm and tireless efforts to deliver on Health and Wellbeing Queensland’s important objectives in its first year of operation.

It’s an exciting time for Health and Wellbeing Queensland. I look forward to seeing the journey continue to Make Healthy Happen in 2020–2021.

Yours sincerely,
Dr John Wakefield
Chairperson of the Board

Year in review

From the Chief Executive

2019 was the year of hope for Queensland. To establish the first independent health promotion agency in Queensland for Queenslanders is a huge achievement.

The establishment of Health and Wellbeing Queensland shows that Queenslanders (people, communities, organisations and government) have a true and deep understanding of the current state of health in Queensland – our challenges, risks and how best to support the system in the long-term for a sustainable and positive future. The bipartisan support for Health and Wellbeing Queensland's establishment also demonstrates a commitment to ensure the right to good health for all Queenslanders is upheld. I congratulate Queensland for making this happen. I feel both privileged and excited to lead our strategic direction through to performance and impact as the inaugural permanent Chief Executive of Health and Wellbeing Queensland. This is a role I do not take lightly.

I pay my respects to the Aboriginal and Torres Strait Islander ancestors of this land, our First Nations people, their spirits and their legacy which we promise to respect and build upon to make this state stronger, together. I thank the First Nations communities and their leaders for their interest and engagement in our new organisation. Through the sharing of your lived experiences, we have been entrusted with information and will treat it as respectfully and sensitively as it was provided to us. We are passionate and committed to improving outcomes for each community based on their priorities, and we are relentless in our search for achievement, sustainability and better health for all people. This approach, which is built on mutual trust and respect, will enable all of us to improve the lives of all Queenslanders, no matter where we live or who we are. I promise to do all I can to make this happen.

I would like to thank the population of Queensland. Queensland has a long tradition and rich history of welcoming people from many lands. At present, Queensland is home to around 220 different cultures who speak over 200 different languages and observe 100 different religions.

It is the commitment from all of us combined that will continue to shape this organisation and influence its success.

I would like to acknowledge the outstanding efforts displayed by the Health and Wellbeing Queensland workforce in their ability to respond to the sharp pivotal change from working across a broad range of Queensland Government departmental sectors to embracing the agile, quick and responsive nature that is inherent with the creation of a new statutory body (not dissimilar to a start-up). In addition to this adaptability, they have been required to pivot again in order to appropriately respond to the COVID-19 pandemic where they have transitioned seamlessly while maintaining high-quality service standards and relentlessly focusing their energy on delivering outcomes for Queenslanders. People, population and communities remain at the centre of all we do. This remains apparent throughout our COVID-19 response, Boost your Healthy, and is fundamental to all of our service delivery as outlined in our new *Strategic Plan 2020–2024*.

I would like to acknowledge and thank Mr Michael Walsh as the inaugural Board Chairperson and champion for Health and Wellbeing Queensland for his leadership, excitement and dedication to this agenda which has put us in good stead for success.

I would like to thank and recognise Dr John Wakefield, Board Chairperson, the Honourable Steven Miles MP, Deputy Premier, Minister for Health and Minister for Ambulance Services, and the Honourable Ms Nikki Boyd MP, Assistant Minister for Health, for their continued support, and would like to deeply thank Queensland Health, specifically, the Office of the Director-General, Department of Health, for all of its continued support, nurturing, guidance and resourcing throughout the development of the entity. Although the volume of this support has tapered off as we slowly mature, a strong relationship will always exist with the Department of Health as we partner closely to support the health of our population in unison. The focus on prevention remains strong and has been gaining momentum throughout the previous year.

I would like to acknowledge the ongoing commitment from our partners including non-government organisations, Hospital and Health Services, government departments,

universities, consumer and advocacy groups, peak bodies, associations, communities, families and individuals. The support for this organisation remains unparalleled to anything else I have seen. We are a partnered organisation, and this remains fundamental to our work.

Our inaugural acting board set the groundwork for Health and Wellbeing Queensland. They provided a strong direction on our fundamental principles, including co-design, community engagement and partnerships. This led to our first *Strategic Plan 2020–2024*, which was approved by our permanent board. Creation of our strategy was a deliberate, iterative process. Over many months, we considered the needs of Queenslanders, our experience, up-to-date evidence, health priorities, strengths, weaknesses, gaps and innovation to establish our purpose and vision.

Due to the positive work already undertaken, the permanent board has seamlessly progressed this agenda – they take their individual and collective roles seriously in supporting us to steer our direction and play an integral role as champions for specific projects using their expertise and experience to ensure we deliver with impact. There is no lack of support, guidance or recognition from this group as Health and Wellbeing Queensland continues to progress through leveraging everything that is available to us. The board is no exception.

What has been achieved over the past 12 months is significant. With the foundational strategic planning completed, progressing the operational and implementation planning has been a priority for the team. A significant focus on behaviour change and impact drives our performance. The strength of our evaluation and research capability and capacity is key and our workforce and partners have embraced this. Everything we do, we measure, compare and report on impact. Our data, analytics and intelligence are a priority as we develop a new evidence base – one that is specific for Queensland. This will not only produce positive outcomes for the health of Queenslanders but can further influence the health sector as it strives to provide the most precise, high-quality service within communities at the right place, with less waste and greater financial sustainability.

We know that the health system impacts 20 per cent of our population's health¹ – we must be agile and work across sectors to positively influence the remaining 80 per cent. The building blocks of our work are set and we have:

- Identified our three priority place-based initiatives, committed to improving remote food security, and commenced close engagement with school communities and local farmers to support nutrition and healthy eating programs for primary school students;
- Commenced the development of a Queensland Equity Framework, our position statements (and influence on policy direction) and our focus on prevention (with children being the priority);
- Progressed the launch of our Clinicians Hub supporting health sector clinicians and partnerships across government with the Department of Housing and Public Works, Department of Aboriginal and Torres Strait Islander

Partnerships, Department of Agriculture and Fisheries, Queensland Health and others; and

- Developed a solid public health initiative, Boost your Healthy, which is now part of the fabric that is Queensland.

Together by engaging multiple strategies, approaches, platforms and media, we will tackle chronic disease, obesity, food insecurity and other issues to make a positive difference to wellbeing.

Without Health and Wellbeing Queensland's long-term planning and focus on chronic disease prevention and equity, potentially reducing demand and pressure from the current high-quality health system (primary, secondary, tertiary and private), the sustainability and longevity of the current health system will be challenged.

Change is needed. Behaviour change, uptake and engagement with services and local advocacy is critical.

This is exactly why Health and Wellbeing Queensland was established, and this is exactly what we will achieve. We are already starting to demonstrate how. I can't wait for year two.

Yours sincerely,
Dr Robyn Littlewood
Chief Executive



Who we are

Our establishment

Health and Wellbeing Queensland is an independent statutory health promotion agency established on 1 July 2019 under the *Health and Wellbeing Queensland Act 2019* (HWQld Act) to reduce the burden of chronic diseases through targeting risk factors for those diseases such as poor nutrition, low physical activity and obesity, and reducing health inequity.

Our principal place of business is 139 Coronation Drive, Milton Green.

The main functions of Health and Wellbeing Queensland, as set out in the HWQld Act, are to:

- Facilitate and commission activities to prevent illness and promote health and wellbeing;
- Develop partnerships and collaborate with other entities to further our objective or carry out our functions under the HWQld Act;
- Give grants for activities to further our objective or carry out our functions under the HWQld Act;
- Monitor and evaluate activities to prevent illness and promote health and wellbeing;
- Develop policy, and advise the Minister and government entities, about preventing illness and promoting health and wellbeing; and
- Coordinate the exchange of information about activities to prevent illness and promote health and wellbeing.

Queensland is investing in prevention. Literature suggests this is a critical positive move for our population due to its known benefits not only for individuals and communities, but also for the health system and economy.

As a champion of health promotion, Health and Wellbeing Queensland is committed to putting people and communities at the heart of everything we do. We believe the best outcomes are achieved when we listen to the needs of communities and consumers and work with them to build the capacity of their community leaders and influencers to develop, expand and lead their own health and wellbeing

efforts. This includes ensuring that each phase of planning, implementation and evaluation of activities is informed by the perspectives and priorities of community members that reflect the diverse Queensland population and the communities where they live.

Partnering with communities is an important strategy to improve health, address the social determinants of health and reduce health inequities. It can help to ensure health and wellbeing initiatives are effective, relevant, accessible, well used and responsive. At the same time, partnering with people and communities in the planning, implementation and evaluation of health and wellbeing initiatives that are intended for them, can lead to improvements in social support, wellbeing, knowledge and self-belief.^{2,3}

Our principles

Underpinned by the Queensland Government public service values that are fundamental to all our work, our principles are:

- **Everyone** – better health is a universal human right that we will respect, protect and promote;
- **Innovative** – do things differently, accelerate and amplify new ideas;
- **Collaborative** – best results in partnership, combine and leverage skills, will and resources;
- **Ambitious** – set big targets, do whatever it takes, action today; and
- **Bold** – push the boundaries, question and disrupt.

Our vision and purpose

Our vision is that every Queenslander achieves and sustains a healthier weight by moving more and making healthier food and drink choices.

Our purpose is to partner, to create and to amplify policy and actions that achieve real and measurable improvements for the health of every Queenslander.

The health of Queenslanders 2018: Report of the Chief Health Officer Queensland identified that the health system continues to face public health challenges including:

- High rates of obesity;
- An increasing chronic disease burden;
- Disparity in the life expectancy and chronic disease burden for Aboriginal and Torres Strait Islander peoples; and
- The adverse effect of socioeconomic factors.

These factors, combined with a growing and ageing population, are negatively impacting the quality of life of Queenslanders, the capacity of the health system and the productivity of the Queensland economy.

The advantages of establishing Health and Wellbeing Queensland as an independent statutory body to undertake health promotion activities are that:

- We are empowered to act as a champion for change that is well placed to coordinate efforts across diverse sectors, and foster the innovative thinking required to support individual, community and environmental changes needed to reduce health inequities;
- We can help strengthen linkages across sectors that have a role to play in illness prevention and health promotion, promote better alignment between federal, state and local jurisdictions, and increase shared responsibility across the sectors; and
- We can facilitate the growing expectation for a new public health movement that focuses on building the capacity of people and communities to be a key force for social change in matters of health and wellbeing.

Health and Wellbeing Queensland provides 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.

Our people

Board

Health and Wellbeing Queensland is governed by a board of eight members, including a chairperson, appointed by the Governor in Council under section 18 of the HWQld Act on the recommendation of the Minister, for terms of up to four years.

Pursuant to the HWQld Act, the board must include no more than 10 members comprised of:

- At least one and no more than four chief executive officers (Directors-General) of government departments;
- At least one and no more than six other members with qualifications and experience in areas including law, business or financial management, public health, academia, community service organisations, the not-for-profit sector or other areas the Minister considers relevant or necessary to support the board in performing its functions; and

- At least one of whom must be an Aboriginal person or a Torres Strait Islander.

The board provides strategic leadership, guidance and effective oversight of management, operations and financial performance and is responsible for the following functions:

- Ensuring the proper, efficient and effective performance of Health and Wellbeing Queensland's functions;
- Deciding the objectives, strategies and policies to be followed by Health and Wellbeing Queensland;
- Ensuring Health and Wellbeing Queensland complies with its legislative obligations; and
- Any other function given to the board under an Act.

Prior to Health and Wellbeing Queensland's establishment, the Health and Wellbeing Queensland Advisory Committee was established by the Department of Health's Transformation Team – a team created to support works across the system to accelerate and coordinate innovation, including furthering the 2017 Queensland Government election commitment to establish a health promotion agency to tackle Queensland's obesity and chronic disease rates.

The Health and Wellbeing Queensland Advisory Committee was comprised of representatives from the Department of Health, Department of Housing and Public Works through Sport and Recreation, Hospital and Health Services (HHSs), Hospital and Health Boards (HHBs), Primary Health Networks (PHNs), academia, community services and business to explore initiatives and opportunities to realise the government's election commitment in this regard. The committee had significant input into the development of the Health and Wellbeing Queensland Bill 2019, and some members of the committee went on to support Health and Wellbeing Queensland's governance after its establishment by way of acting appointments to the board and executive.

At its commencement, an acting board and Chief Executive were appointed, including two members of the Health and Wellbeing Queensland Advisory Committee – Mr David Conry and Dr Robyn Littlewood – which provided continuity for Health and Wellbeing Queensland in its initial establishment phase. The board comprised two Directors-General appointed by the Governor in Council and six other acting members appointed by the Minister.

The activities undertaken by the Health and Wellbeing Queensland Advisory Committee and the inaugural acting board significantly contributed to the stewardship of Health and Wellbeing Queensland, and their contributions and achievements are recognised.

In March 2020, the permanent board was approved by the Governor in Council, resulting in new and continuing members commencing from 1 April 2020.

The board met eight times during the reporting period, monthly from July to December 2019, and in April and June 2020, with both of the 2020 meetings conducted virtually in response to COVID-19 social distancing restrictions.

Who we are

Members

Chairperson and Director-General member: Director-General, Queensland Health (ex-officio)	
Appointed:	1 July 2019
Current term:	1 July 2019 to 30 June 2021
Meetings attended:	4*
Current office holder:	Dr John Wakefield

Dr Wakefield commenced as the Acting Director-General, Queensland Health, on 7 September 2019, and was permanently appointed to the role on 20 September 2019. Dr Wakefield possesses 30 years' experience in clinical and management roles across Queensland and is the former Deputy Director-General, Clinical Excellence Queensland (CEQ), Department of Health, where he drove significant reforms in mental health, nursing and maternity services. Dr Wakefield has been actively involved in Queensland and national efforts to improve patient safety, including establishing and leading the Queensland Health Patient Safety Centre and chairing the National Open Disclosure Pilot Project. In 2011, Dr Wakefield was awarded a public service medal for services to patient safety as part of the national Australia Day Awards.

**Dr Wakefield attended 4 of the 5 meetings held during his time in office as Director-General, Queensland Health. Meeting attendances of the former ex-officio office holder, Mr Michael Walsh, are addressed in the former members section.*

Director-General member: Director-General, Department of Housing and Public Works (ex-officio)	
Appointed:	1 July 2019
Current term:	1 July 2019 to 30 June 2021
Meetings attended:	6*
Current office holder:	Ms Liza Carroll

Ms Carroll is the Director-General, Department of Housing and Public Works. Ms Carroll has over 15 years' senior executive experience across the Australian and Queensland governments and is the former Associate Secretary of Indigenous Affairs, Department of the Prime Minister and Cabinet. Ms Carroll started her career in the early childhood education and higher education arena and has a keen interest in public sector leadership and administration in terms of strategy and delivery for government and the community.

**Ms Carroll attended 5 meetings; and Mr Graham Atkins attended 1 meeting while Acting Director-General, Department of Housing and Public Works.*

Member:	Mr Thomas (Preston) Campbell
Appointed:	1 July 2019*
Current term:	1 April 2020 to 30 June 2023
Meetings attended:	8*

Mr Campbell is a former professional rugby league footballer. Mr Campbell has a strong commitment to community development and youth work with a large part of this being delivered in both urban and regional First Nations communities. In 2016, Mr Campbell established The Preston Campbell Foundation for the purpose of providing participants with pathways to positive wellbeing and a strong sense of identity through connection to culture. The programs available are not exclusive to First Nations participants and they use the core values of respect, responsibility and reciprocity in establishing a sense of connectedness for participants.

**Mr Campbell was an acting board member from 1 July 2019 to 31 March 2020 and commenced as a permanent board member on 1 April 2020. Mr Campbell attended all board meetings held during the reporting period.*

Member:	Mr Stephen (Steve) Ryan
Appointed:	1 July 2019*
Current term:	1 April 2020 to 30 June 2023
Meetings attended:	8*

Mr Ryan is a professional board member, senior executive and educator with over 40 years' experience in strategic leadership, governance and service delivery. Mr Ryan has extensive exposure across the public, union, superannuation and not-for-profit sectors in his various roles as a secondary school teacher, a Trustee of the QSuper Board and a Director of QInvest. Mr Ryan is a Director of the Residential Tenancies Authority Queensland and Chair of its Risk and Audit Committee; he is also a Director of GROW, a national not-for-profit community-based organisation helping Australians recover from mental illness through programs of mutual support and personal development. Further, Mr Ryan was an executive member and President of the Queensland Teachers' Union.

**Mr Ryan was an acting board member from 1 July 2019 to 31 March 2020 and commenced as a permanent board member on 1 April 2020. Mr Ryan attended all board meetings held during the reporting period.*

Member:	Emeritus Professor Ian Lowe
Appointed:	1 April 2020
Current term:	1 April 2020 to 30 June 2022
Meetings attended:	2*

Emeritus Professor Lowe is a highly experienced, widely published and highly awarded expert on urban development, sustainability, environmental science and public health. One of Australia's most respected environmental scientists, Emeritus Professor Lowe is an Adjunct Professor at Flinders University and the University of the Sunshine Coast, and an Emeritus Professor of Science, Technology and Society at Griffith University where he was previously Head of the School of Science. Emeritus Professor Lowe holds earned degrees from The University of New South Wales and the University of York, as well as honorary doctorates from Griffith University and the University of the Sunshine Coast. Emeritus Professor Lowe's principal research interests are in the broad area of policy decisions influencing use of science and technology, especially in the fields of energy and environment.

**Emeritus Professor Lowe was appointed to the board commencing 1 April 2020 and attended all board meetings held during the term of his appointment.*

Member:	Mrs Stella Taylor-Johnson
Appointed:	1 April 2020
Current term:	1 April 2020 to 30 June 2022
Meetings attended:	2*

Mrs Taylor-Johnson is the Chief Executive Officer of Kambu Aboriginal and Torres Strait Islander Corporation for Health and has more than 40 years' experience working in the health sector and studying in the fields of behavioural science and social welfare. Mrs Taylor-Johnson was instrumental in the development of the first *Queensland Health Aboriginal and Torres Strait Islander Mental Health Policy* and holds a range of senior advisory positions in government and the not-for-profit sector, and numerous board directorships including with the Institute for Urban Indigenous Health (UIH), Queensland Aboriginal and Islander Health Council and Health Workforce Queensland. Throughout her career Mrs Taylor-Johnson has held leadership roles and chair positions which have provided the opportunity to build on the further establishment of the Murri Independent Community School in Brisbane, Queensland Trachoma and Eye Health, and the development and implementation of the Queensland Police Service Aboriginal and Torres Strait Islander Recruitment Strategy.

**Mrs Taylor-Johnson was appointed to the board commencing 1 April 2020 and attended all board meetings held during the term of her appointment.*

Member:	Ms Anna Voloschenko
Appointed:	1 April 2020
Current term:	1 April 2020 to 30 June 2022
Meetings attended:	2*

Ms Voloschenko is a health professional with over 30 years' experience encompassing public health, health promotion, health protection and population health. Ms Voloschenko is an independent consumer advisor and strategic planner on matters related to the health of populations and communities who live in Queensland. Throughout her career, Ms Voloschenko has been involved in the development of major public health and health promotion campaigns which included community education and associated workforce both nationally and at a state level. For many years, Ms Voloschenko has championed health issues including health literacy and challenges facing culturally and linguistically diverse Queenslanders. She also advocates for equity and inclusion for all. As a result of her efforts, Ms Voloschenko was awarded an Outstanding Individual Achiever Award by Multicultural Queensland in 2019.

**Ms Voloschenko was appointed to the board commencing 1 April 2020 and attended all board meetings held during the term of her appointment.*

Member:	Ms Jane Williams
Appointed:	1 April 2020
Current term:	1 April 2020 to 30 June 2023
Meetings attended:	2*

Ms Williams is an experienced registered nurse and holds qualifications in management, community service coordination and rural and remote health. Since 1992, Ms Williams has worked in rural and remote areas of Western Queensland and continues to practice as a wellness nurse at the Barcardine Medical Centre, caring for people with chronic disease and mental illness. Living and working as part of a rural and remote community has provided Ms Williams with valuable insights into the issues and challenges facing these communities. She also holds a number of key board appointments with Central West HHB, Queensland Music Festival, CheckUP, Royal Flying Doctors Service (Queensland) Foundation, Queensland Mental Health and Drug Alcohol Advisory Council and Central West Rural Wellness Network.

**Ms Williams was appointed to the board commencing 1 April 2020 and attended all board meetings held during the term of her appointment.*

Who we are

Former members

Chairperson and Director-General member:	Director-General, Queensland Health (ex-officio)
Former office holder:	Mr Michael Walsh
Meetings attended:	3*

**Mr Walsh was the Director-General, Queensland Health, until 6 September 2019, and attended all 3 meetings held during the period of his ex-officio appointment.*

Former member:	Professor Amanda Lee
Term:	1 July 2019 to 31 March 2020
Meetings attended:	6*

**Professor Lee was an acting board member from 1 July 2019 to 31 March 2020 and attended all board meetings held during the term of her appointment.*

Former member:	Dr Robyn Littlewood
Term:	1 July 2019 to 25 October 2019*
Meetings attended:	4*

**Dr Littlewood was appointed as an acting board member from 1 July 2019 to 31 December 2019, however, resigned from the board on 25 October 2019 prior to her appointment as Chief Executive. Dr Littlewood attended all board meetings held during the term of her appointment.*

Former member:	Ms Jo Whitehead
Term:	1 July 2019 to 31 March 2020
Meetings attended:	5*

**Ms Whitehead was an acting board member from 1 July 2019 to 31 March 2020 and attended 5 of the 6 board meetings held during the term of her appointment.*

Former member:	Dr John Pickering
Term:	1 July 2019 to 31 March 2020
Meetings attended:	6*

**Dr Pickering was an acting board member from 1 July 2019 to 31 March 2020 and attended all board meetings held during the term of his appointment.*

Executive Leadership Team

Health and Wellbeing Queensland's Executive Leadership Team is responsible for delivering the agency's legislative requirements within a compliant corporate governance framework and for providing strategic and operational guidance. The Executive Leadership Team has been established to manage the operational functions of Health and Wellbeing Queensland and comprises:

- **Chief Executive:** Dr Robyn Littlewood;
- **Chief Operating Officer:** Mr Mark Tuohy;
- **General Manager:** Ms Gemma Hodgetts;
- **Director, Health Promotion:** Ms Judy Nean;
- **Manager, Business and Governance:** Ms Julie Imber;
- **Manager, Strategy and Planning:** Mr Roger Meany; and
- **Manager, Research and Engagement:** Dr Sara Mayfield.

Chief Executive, Dr Robyn Littlewood

The Chief Executive reports directly to the board, directs the overall efficient, effective and economical administration and guides the strategic direction of Health and Wellbeing Queensland. The Chief Executive is responsible for the day-to-day administration of Health and Wellbeing Queensland, including management and performance of the Chief Executive's functions in accordance with the HWQld Act. Dr Littlewood was appointed pursuant to section 32 of the HWQld Act by the Governor in Council, with the approval of the Health and Wellbeing Queensland Board, for a four-year term commencing 18 November 2019.

Dr Littlewood is a highly experienced paediatric clinical dietitian with more than 20 years' experience. Dr Littlewood is also a leading advocate for health promotion, particularly in the area of children's nutrition and obesity prevention, and is an experienced leader, researcher, academic and educator. Dr Littlewood believes every Queenslanders has the right to better health, no matter where they live, and wants Queensland to be a global leader in obesity reduction by shifting the dial to create real change. Dr Littlewood holds a Postgraduate Diploma in Nutrition and Dietetics from the Queensland University of Technology, Master of Medical Science, Doctor of Philosophy (PhD) in childhood nutrition and Graduate Certificate in Executive Leadership from the University of Queensland (UQ), and is completing a Master of Business Administration.

Prior to commencing as Chief Executive, Dr Littlewood was a member of the inaugural acting board and held director roles in health services research and dietetics at the Queensland Children's Hospital, Children's Health Queensland HHS. Dr Littlewood holds a range of national and Queensland clinical and academic positions in paediatric obesity prevention and nutrition and is highly respected, having been an invited speaker at state, national and international conferences and having published many international papers. Dr Littlewood has worked extensively across all levels of paediatric obesity prevention, nutrition and dietetics, including as General Manager of ChildD Dietetics

where she led the first national paediatric dietetics training course in Australia, alongside Dietitians Australia.

Dr Littlewood has held other influential roles including Co-Chair of the Queensland Child and Youth Clinical Network (QCYCN) and Conjoint Associate Professor in Nutrition, Human Movement and Nutrition Science at UQ, converting to an Adjunct Professor prior to her commencement as Chief Executive. Dr Littlewood was also a Board Director with Dietitians Australia (Dietitians Association of Australia at the time) and has held a range of professional and occupational memberships on advisory and consultative bodies focusing on child health and obesity prevention, health system improvement and consumer collaboration.

Former Acting Chief Executive, Mr David Conry AM

Mr Conry was appointed by the Minister as the inaugural acting Chief Executive, pursuant to section 38 of the HWQld Act, from 1 July 2019 to 8 November 2019. We thank him for his contribution to the establishment of Health and Wellbeing Queensland in this role and as a member of the Health and Wellbeing Queensland Advisory Committee.

Chief Operating Officer, Mr Mark Tuohy

The Chief Operating Officer leads the business, corporate governance and service delivery functions and drives the day-to-day delivery of organisational performance. A strong focus of this role includes the oversight of business planning and continuous improvement to deliver the highest standards of operations and corporate governance, aligned with the strategic directions of Health and Wellbeing Queensland.

Mr Tuohy is a qualified lawyer with approximately 16 years' experience working as a solicitor in private practice and as a government lawyer, including as an in-house lawyer with Queensland Health. Mr Tuohy is a graduate of the Australian Institute of Company Directors and has extensive experience in governance and compliance in a government and health context.

Prior to his appointment as Chief Operating Officer, Mr Tuohy was Director of the Health and Wellbeing Queensland Implementation Team established as part of Queensland Health's Rapid Results Program, whereby he coordinated the accelerated activities required to ensure Health and Wellbeing Queensland's commencement of operations on 1 July 2019.

Mr Tuohy's management and operational experience includes undertaking a variety of other senior roles in Queensland Health, including as Cabinet Legislation and Liaison Officer, and Directors roles in Legislative Policy, the Mental Health Branch and the Office of Health Statutory Agencies – a role providing support and advice to the Deputy Premier, Minister for Health and Minister for Ambulance Services and the Director-General Queensland Health, in relation to health portfolio statutory agencies, including the monitoring of key governance compliance requirements and application of whole-of-government policy and legislation.

General Manager, Ms Gemma Hodgetts

The General Manager leads the planning, direction and controlling of Health and Wellbeing Queensland's business and is responsible for providing strategic and tactical advice, direction and support to the Chief Executive and the organisation to ensure the delivery of key functions, and seeks to identify, develop and implement new opportunities. This is achieved through the building and fostering of relationships with key stakeholders and sectors with a commitment to collaborative and effective partnerships to implement evidence-based, sustainable solutions. The General Manager leads the consultation and facilitation of executive information and provides expert advice with respect to executive government processes including cabinet, parliamentary and ministerial liaison.

Ms Hodgetts has a Master of Business Administration, qualifications in business and policy analysis and over 20 years' experience in governance, operations and media strategy, compliance and risk, process improvement and management. Ms Hodgetts joined Health and Wellbeing Queensland as the General Manager in February 2020, prior to which she held positions including Senior Director and Acting Executive Director, Office of the Director-General, Department of Health. Through these roles, Ms Hodgetts led the provision of strategic advice and service delivery for the Deputy Premier, Minister for Health and Minister for Ambulance Services and the Director-General, Queensland Health, contributing to reforming communication and engagement practices for the division and to wider health sector initiatives focused on health statutory agencies and system and departmental liaison leadership.

Prior to her time with Queensland Health, Ms Hodgetts held positions including Director, Office of the Coordinator-General, Department of State Development and senior strategic advisory roles with the Department of Community Safety and the Office of the Minister for Police, Corrective Services and Emergency Services.

Director, Health Promotion: Ms Judy Nean

The Health Promotion team oversees the management of Health and Wellbeing Queensland's preventive health partners and programs, utilising the diversely skilled staff of the team (including health promotion officers, public health nutritionists and clinical nurse consultants), using multi-strategy approaches to investigate opportunities and develop initiatives through partnerships to promote health and wellbeing across the state, and with a place-based approach focused on increasing physical activity opportunities and making better food and drink options available.

Ms Nean is a public health nutrition expert with more than 30 years' experience in the health sector across state, regional and local government. Ms Nean holds a Master of Medical Science (Research) and Graduate Diploma in Nutrition and Dietetics and comes to Health and Wellbeing Queensland from the Preventive Health Branch, Department of Health. Throughout her extensive career, Ms Nean has

Who we are

gained expert-level knowledge and experience in all aspects of public health including strategic planning, health promotion, policy development and program management. Ms Nean is passionate about reducing health inequity and supporting better health and wellbeing for Queensland's communities and populations.

Manager, Business and Governance: Ms Julie Imber

The Business and Governance team performs human resource, finance and procurement functions, manages the development and monitoring of policies, plans, and legislation to ensure best-practice governance and accountability for Health and Wellbeing Queensland, and provides secretariat support to the board and administrative support to all staff.

Ms Imber is an experienced corporate services manager with over 32 years' experience in corporate finance, business services, human resources and governance, mainly in the public health and education sectors. Ms Imber holds a Bachelor of Business in Management and Accounting, Graduate Diploma in Health Management, Diploma of Business, Certificate of Foundations of Directorship, Australian Institute of Company Directors and is a registered Commissioner for Declarations in Queensland. Ms Imber comes to Health and Wellbeing Queensland from the Office of the Chief Health Officer, Department of Health, and brings a high level of corporate governance and financial management knowledge, critical in ensuring Health and Wellbeing Queensland is meeting its compliance obligations.

Manager, Research and Engagement: Dr Sara Mayfield

The Research and Engagement team provides expert support and guidance in research, including providing advice on project design, data collection and evaluation to ensure Health and Wellbeing Queensland's body of work is underpinned by scientific rigour and that partnerships with university networks are managed and grown. The team also provides expert support and guidance in media and communications, including contemporary and strategic engagement, marketing and communication systems; and integrates a clinical prevention lens across Health and Wellbeing Queensland's work by providing education and resources aimed at assisting clinicians to understand and address obesity in their communities of practice.

Dr Mayfield is a clinician with more than 30 years' experience nursing in acute care hospitals both in Australia and internationally. Predominantly working in intensive care settings, Dr Mayfield completed her PhD in a paediatric intensive care unit and came to Health and Wellbeing Queensland from Children's Health Queensland HHS where she was the Principal Data Analyst, Patient Safety and Quality Service. Dr Mayfield brings with her a passion for relevant and up-to-date evidence-based practice using strong research methodology and analysis to inform, support and underpin high quality decision making that improves outcomes and enables sustainable system change.

Manager, Strategy and Planning: Mr Roger Meany

The Strategy and Planning team drives the strategic business planning agenda for Health and Wellbeing Queensland, which is a critical role for Health and Wellbeing Queensland's short- and long-term future to establish processes that will align all parts of the business to the *Strategic Plan 2020–2024*.

Mr Meany is a recognised leader in prevention and has over 20 years' experience guiding successful initiatives at state and local government levels, in addition to providing leadership on national health promotion strategies. Mr Meany holds a Master of Public Health and a Bachelor of Nursing, and is currently completing a Master of Urban and Environmental Planning. Mr Meany comes to Health and Wellbeing Queensland from the Preventive Health Branch, Department of Health and brings experience in the design and delivery of national strategies, including strategic frameworks and policy reviews. Over the past 10 years, Mr Meany has also worked with the urban planning sector to build awareness of the contribution that urban planning can make to health, and continues to focus on alternative ways to address population change.

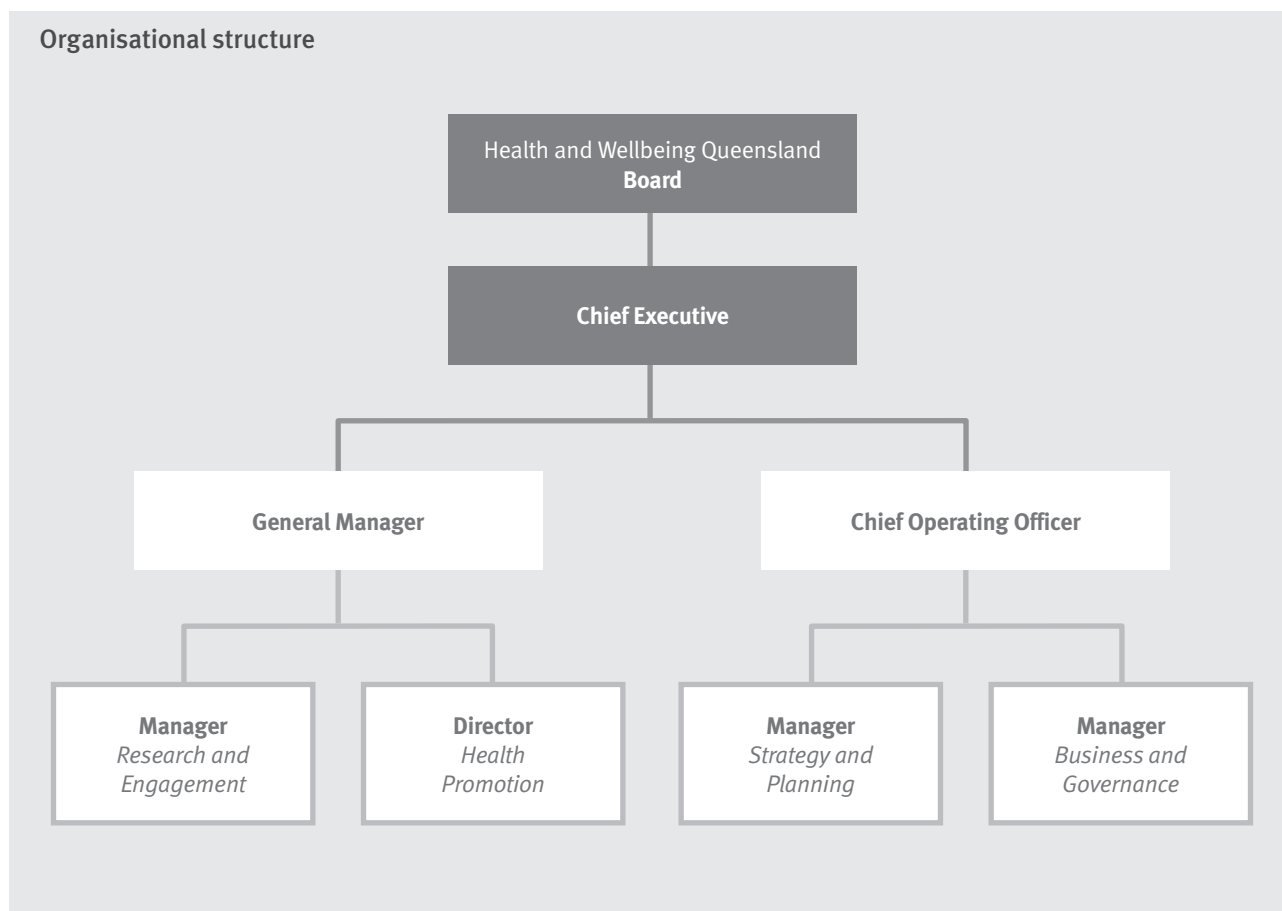
Organisational structure and workforce profile

As a new entity, Health and Wellbeing Queensland has developed its organisational structure to be agile and flexible and reflect the core expertise and skills necessary for Health and Wellbeing Queensland to undertake its functions.

We have a diversely skilled workforce that includes nurses, dietitians, public health nutritionists, health promotion officers, research fellows, policy experts, strategic communications specialists and administration officers all helping to deliver on Health and Wellbeing Queensland's objectives to drive positive and innovative change to improve the health of all Queenslanders.

As at 30 June 2020, Health and Wellbeing Queensland had an establishment of 23.9 full-time equivalent (FTE) positions, with a head count of 25 people including full-time, part-time and temporary employees. As Health and Wellbeing Queensland moves its focus from planning this period to implementation next period, it is expected the workforce profile will expand.

Our workforce is primarily permanent with 87 per cent of FTEs employed in permanent roles and 13 per cent of FTEs employed on a temporary basis. Women make up 80 per cent of employees and 61 per cent of managerial positions (being positions at or above Administration Officer 7 level).



Our objectives and measures

Our primary objective is to **Make Healthy Happen**.

Health and Wellbeing Queensland builds partnerships and co-designs strategies with Queensland communities that drive population change focused on healthy weight. As outlined in our inaugural *Strategic Plan 2020–2024*, approved by the board in June 2020, we are committed to driving our work through the three key strategic pillars of population, prevention and partnership.

Population: Our population approach focuses on creating environments that support healthier options at all stages of life and for priority populations. We are driven to ensure better health is achieved across the entire Queensland population. We are for everyone.

Prevention: Our role in prevention is to empower and activate people, organisations, communities and governments to create the conditions that will prevent people from getting ill in the first place and keep them healthy.

Partnership: We will support the health promotion activity, capacity and direction of our partners by providing access to resources and expertise to scale-up and leverage evidence-informed and innovative approaches.

Our communities and the places where they live, learn, work and play influence what Queenslanders eat, how much they move and their mental wellbeing. Working with communities is the key to improving health by strengthening those conditions that can influence change, add value and amplify impact.

Aligned with the Queensland Equity Framework – the first Queensland-specific, inter-agency equity framework, which is being developed under Health and Wellbeing Queensland’s lead – our Community Partnering Strategy will support a planned approach to ensure Health and Wellbeing Queensland’s activities are informed by, or co-designed with, community. This will ensure that activities are inclusive, accessible, culturally respectful and relevant for the diverse populations across Queensland and that they collectively contribute to systems change and reducing health inequities.

Our strategic objectives, performance measures and strategies are guided by all three strategic pillars, with the most closely associated pillar indicated as follows.

Our objectives to Make Healthy Happen are as follows:

Strategic objective	Performance measure/s
<i>Pillar: Population</i>	
Address social determinants that contribute to health inequity	<ul style="list-style-type: none"> • Actions implemented to reduce barriers to healthy living for priority populations affected unequally by overweight and obesity.
Make healthier options the easier options where Queenslanders live, learn, play and work	<ul style="list-style-type: none"> • Healthy weight interventions implemented in partnership with communities, schools, workplaces and health services; • Improved availability, accessibility and acceptability of healthy food and physical activity options, especially in remote areas; and • Collaborative health and wellbeing policy, funding models and actions embedded across sectors.
<i>Pillar: Prevention</i>	
Empower Queenslanders to live a healthier life	<ul style="list-style-type: none"> • Increased healthy behaviours in Queenslanders, including healthy eating and physical activity; and • Increased capability, opportunity and motivation amongst communities for healthy behaviours.
<i>Pillar: Partnerships</i>	
Build partnerships and co-design strategies (targeting hearts and minds) that drive population change focused on healthy weight in Queensland communities	<ul style="list-style-type: none"> • Increased engagement with communities, partners, health consumers and other stakeholders to develop a shared agenda; • Connections made between people, communities, innovation, investment, communication and decision making; and • Knowledge developed and shared with researchers, organisations, and communities that contributes to healthy weight.

Our strategies to Make Healthy Happen are as follows:

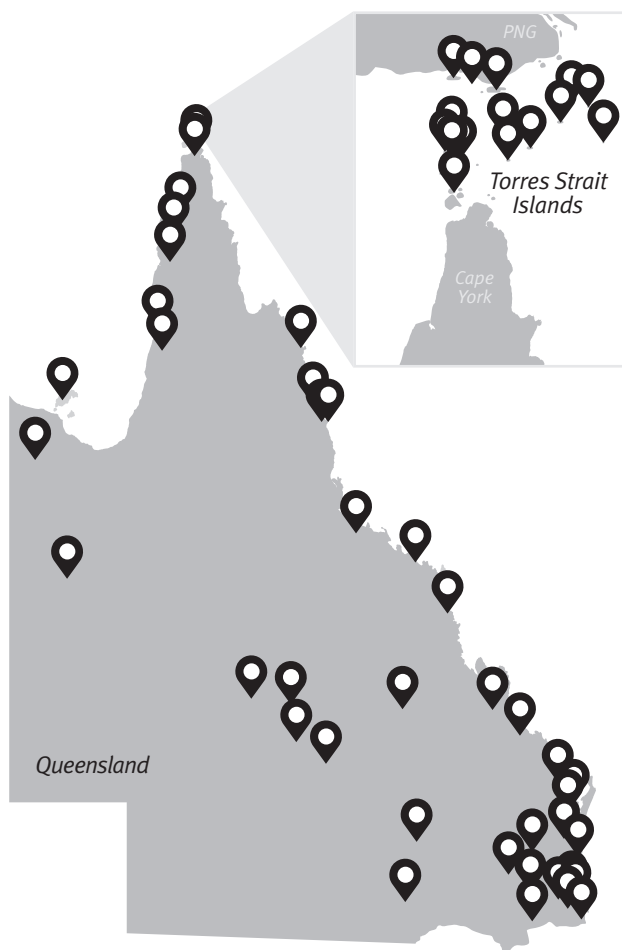
Strategy	Details
<i>Pillar: Population</i>	
Empower people and communities	<ul style="list-style-type: none"> • Stimulate community-led initiatives and policy in Aboriginal and Torres Strait Islander communities to supply healthy food and promote healthy eating and physical activity, with a focus on remote food stores; • Build prevention capacity and support concerted efforts, targeting hearts and minds within our communities to lead their own health and wellbeing efforts and build on positive changes made during COVID-19, deliver Boost your Community small grants and provide an online platform for communities to share learnings; and • Deliver a whole-of-school and whole-of-system healthy eating program to increase students’ consumption of vegetables and fruit.
Strengthen policy	<ul style="list-style-type: none"> • Influence the national and state policy agenda and initiatives across sectors, including the National Obesity Strategy and Our Future State; • Deliver actions to support Activate! Queensland 2019-2020, the Queensland Walking Strategy, Queensland Cycling Strategy and Growing for Queensland; • Develop and deliver policy options to reduce the marketing and sale of unhealthy food including introducing awards for healthy children’s menus; and • Develop a Queensland Equity Framework and position statements to guide investment for Queensland on healthy communities and places, early life and children, work health and wellbeing, and food security.

Strategy	Details
<i>Pillar: Prevention</i>	
Build prevention capacity	<ul style="list-style-type: none"> • Support, empower and facilitate the collective success of all our partners in delivering best-practice prevention initiatives and policy; • Lead an alliance of organisations committed to improving the lives of Queenslanders to facilitate coordination, create a collective of prevention offerings and build momentum for health and wellbeing; • Empower health, social and other care providers to have a greater prevention focus through delivery of prevention-specific training and resources; and • Implement a funded program mix that enhances behaviour change strategies, innovative service delivery, reach and access to healthy lifestyle and capacity building programs and policy.
<i>Pillar: Partnerships</i>	
Research and invest	<ul style="list-style-type: none"> • Generate novel, population, community and other robust research evidence to enhance prevention and health promotion practices; • Grow and bolster state, national and global research partnerships to advance prevention and health promotion research activities; • Develop alternative funding models to influence investment to create co-benefits across communities and sectors, driving impact and population-level results; and • Apply an iterative implementation science approach and evaluation frameworks to capture the collective impact of our preventive policy and actions, forming a sustainable, Queensland-specific healthy weight research collaborative.
Engage	<ul style="list-style-type: none"> • Extend our brand awareness, visibility and reach of our message to Queenslanders; • With the Department of Housing and Public Works through Sport and Recreation as our principal partner, build and enable a physical activity and healthy eating culture, leveraging the collective strengths of all partner entities; • Form purposeful partnerships, positive working relationships and open channels of communication with key stakeholders, including communities and health consumers; • Develop a strategy for community and consumer engagement; • Engage families, organisations and communities through digital media to inspire, motivate and influence healthy eating and active lifestyles; and • Recognise and reward existing best-practice prevention initiatives.

What we've been doing

By partnering with community, public, not-for-profit, non-government and private sectors, we help turn skills, will and resources into health promotion action and policy that enables Queenslanders to move more and make healthier food and drink choices. That's why we're here, to Make Healthy Happen and improve life for all Queenslanders.

Health and Wellbeing Queensland's activities, including digital presence, cover the vast metropolitan, rural and remote locations across the whole of Queensland. The map below provides an indication of some of the specific



locations Health and Wellbeing Queensland's activities and initiatives have reached this period, noting the full breadth of our activities, including through preventive health programs and alliance organisations, extends across the entire state.

We value strong foundations of equity and co-design and drive all work through the three strategic pillars of population, prevention and partnership. These strategic pillars, underpinned by the foundations of equity and co-design, will ensure we make a positive impact.

Equity

Equity is fundamental to all we do at Health and Wellbeing Queensland. Our health is closely linked to the conditions in which we live and work and factors such as socioeconomic position, disability status, access to health services, social supports and the built and natural environments. Health and Wellbeing Queensland is leading the development of an overarching conceptual and action-oriented Queensland Equity Framework to identify areas of influence and entry points for action to reduce the inequities impacting Queenslanders. It is well known that reduced inequity can lead to better health, education, economic, justice, child safety and social outcomes, for both individuals and the state. The Queensland Equity Framework will help to achieve our legislative purpose to reduce health inequity and our objective to address the social determinants that contribute to health inequity.

Developed through triangulated inputs from evidence, communities and individuals, and policymakers, the Queensland Equity Framework will:

- Help to embed equity within Queensland's structures, policies, and practices;
- Enable broad application across agencies, organisations and sectors to assist in addressing equity across traditional portfolio or issue-based boundaries;
- Include tools to inform Queensland policy, strategy and initiative/service investment decisions that promote equity and remove systemic barriers; and

- Increase understanding and enhancement of:
 - Queensland contributions to reducing inequity;
 - The need for intersectoral, top-down leadership and bottom-up demand to drive the removal of systemic barriers, policy changes and actions that tackle social determinants of wellbeing;
 - The value and impact existing and planned efforts can or do have on equity, while identifying additional mechanisms that are needed to break cycles of inequity, adverse living conditions and poor social position; and
 - Public sector implementation of the *Human Rights Act 2019*, especially economic, social and cultural rights, protection of children and families, and conduct of public entities.

Commencing the development of a Queensland Equity Framework is one of many actions we have taken this period to reduce barriers to healthy living for priority populations affected unequally by overweight and obesity to further our strategic objective to address social determinants that contribute to health inequity.

Population

Population. Every Queenslander has the right to good health. This includes every single person in Queensland, no matter who they are or where they live. We are driven to ensure better health is achieved across the entire Queensland population. We listen to the voices of people across the many diverse communities of Queensland, recognise and celebrate diversity and are committed to using our unique knowledge and skills to embrace cultural differences and needs.

Our population approach focuses on creating environments that support healthier options at all stages of life and for priority populations, including people living with disadvantage, regional and remote communities and Aboriginal and Torres Strait Islander peoples.

This is what we know about Queensland's population.

Over the past decade, the growth rate was the third highest of all Australian jurisdictions. Queensland's population was estimated at 5.0 million in 2018 and is projected to reach 5.7 million by 2026. The latest Australian Bureau of Statistics report⁴ indicated Queensland's population had a median age of 37.4 years (the same as the national median), compared to Tasmania which had the oldest population (42.2 years) and Northern Territory which had the youngest (33.1 years).

In 2016, there were approximately 221,000 First Nations people living in Queensland, representing 4.6 per cent of the Queensland population, which makes Queensland's population of First Nations people the second largest after New South Wales, and the second highest proportion after the Northern Territory. While First Nations Queenslanders generally have a younger age profile, the proportion of older people is gradually increasing.

The prevalence of overweight and obesity in Queensland was at 66 per cent for adults and 25 per cent for children in 2017–2018, similar to the national average.⁵ Overweight and obesity was one of the top leading causes of disease burden of the risk factors, accounting for 6.5 per cent of the total burden in Disability-Adjusted Life Years (DALYs) in Queensland in 2011 (compared with 5.5 per cent nationally).^{6,7}

Around 30 per cent of the hospitalisations for overweight and obesity were associated with stroke and other cardiovascular diseases (20 per cent) and coronary heart disease (10 per cent).⁵ **In 2015, obesity was responsible for a significant financial cost estimated at \$11.2 billion combined with its impact on loss of wellbeing and early death.**⁵

The burden on the healthcare system could be alleviated if more Queenslanders maintained a healthy weight. Predictive modelling has demonstrated that there could be 2,200 fewer new cancer cases if all Queenslanders maintained a healthy weight.⁵ However, preventing excessive weight gain continues to be a challenge for many Queenslanders, as well as Australians, given the overweight and obesity prevalence has remained high over the past decade.

The Australian Health Survey (2011–2012) and the National Nutrition and Physical Activity Survey indicated that most Queenslanders did not meet the daily recommended serves for any of the five food groups outlined in the Australian Dietary Guidelines. Instead, Queensland children and adults are consuming ultra-processed foods and drinks that are energy dense and nutrient poor. In 2014–2015, the Queensland adult prevalence of sufficient physical activity was 9 per cent lower than nationally,⁸ while activity levels in Queensland children were 18 per cent higher than children nationally.⁹ Across all age groups, the average daily total energy intake from unhealthy foods was over one-third (37 per cent), with the highest proportion among adolescents aged 14–18 years (45 per cent).¹⁰ The combined impact of dietary risks (7.8 per cent) and physical inactivity (5 per cent) accounted for 12.8 per cent of the total burden of disease and injury in 2011.^{5,7} Among First Nations people, dietary risks were the second largest cause of health loss accounting for 9.7 per cent of the total burden of disease and injury, and 15 per cent of the health gap between First Nations people and other Australians.¹¹

Queensland is a state of cultural and social diversity with almost 30 per cent of the population born overseas, 14 per cent of households speaking a language other than English at home, 17 per cent of families being single parent families with children⁵ and 11 per cent of individuals identifying as LGBTIQ+.¹² In 2015, around 18 per cent of Queenslanders were living in areas of greatest disadvantage and a further 18 per cent reported having a disability, with 6 per cent having a severe or profound disability.

Generally, Queenslanders can expect to enjoy long and relatively healthy lives, however, there are disparities across some population groups. For instance, **Queensland children living in disadvantaged areas have 2.5 times greater risk of developing obesity compared to children living in advantaged areas.**⁵ The latest Australian Institute of Health and Welfare report, *Australia's health 2020*, also highlighted that people living in rural and remote and/or lower socioeconomic areas, people living with a disability and Aboriginal and Torres Strait Islander peoples experience higher rates of illness, hospitalisation and premature death compared to other Australians.¹³

The Queensland Equity Framework will ensure a rigorous process, transparency and accuracy in informing resource allocation at a population level that takes account of these complex demographics. Making these connections between people, communities, innovation, investment, communication and decision making, and increasing our engagement to develop a shared agenda with communities, partners, health consumers and other stakeholders advances our strategic objective to build partnerships and co-design strategies that drive population change focused on healthy weight in Queensland communities.

The year 2020 has also presented opportunities for the government, health experts, policy makers, workforce and individuals to work together and work differently while combating the COVID-19 pandemic.

Evidence shows that obesity is one of the leading pre-existing conditions, alongside a number of other chronic diseases, which increases the risk of COVID-19 complications. As a result of COVID-19, countries have seen a detrimental impact on the provision of health services and care for people living with obesity. **Research from the United Kingdom, United States of America, China and Italy demonstrates that obesity is linked with almost twofold the risk of complications and mortality from COVID-19.**¹⁴ Subsequent national guidance documents recognise that people living with obesity represent a population who are more vulnerable to the complications of COVID-19.

The World Obesity Federation has released a comment piece, *Obesity, COVID-19 and Policy Implications*¹⁴ calling for the implementation of strong policies to protect people living with obesity and reduce obesity prevalence through increasing equitable access to nutritionally adequate food, supporting physical activity and promoting good mental health, as a vital step for reducing the burden of COVID-19 on health services. Further, a 2020 Assessing Cost-Effectiveness (ACE) of obesity prevention study evaluated 16 diverse policy interventions in Australia and found that all were cost-effective and demonstrated strong potential for long-term health benefits.¹⁵

The significant role played by policy change and implementation in health promotion and prevention is precisely the reason Health and Wellbeing Queensland is well positioned to make a positive impact. Understanding our population demographics is necessary to inform our work, supporting the achievement of our strategic objectives.

Prevention

Prevention is key because it works. One-third of the disease burden in Queensland is preventable.² If Australians lived in a healthy weight range, diabetes would be reduced by 53 per cent, coronary heart disease by 25 per cent and stroke by 22 per cent.⁶

A large part of the improvements in the health of Queenslanders over recent decades can be attributed to success in reducing risk factors such as smoking, high blood pressure and physical inactivity. In Queensland, 90 per cent of the decline in all-cause death rates (meaning the overall population death rates) over the past decade was associated with declining rates of lifestyle-related chronic diseases.⁵

Preventive actions, when implemented well, are more effective, less expensive and have a greater population impact than treating and managing chronic disease,

such as obesity. Chronic diseases are the biggest contributor to premature death and disability in Australia.¹⁶ Obesity and dietary risks are the second and third largest contributors to loss of health in Queensland, respectively.⁷

In Queensland, it is estimated that obesity-related illness cost the Queensland healthcare system \$756 million in 2015. Living with overweight or obesity can reduce life expectancy by up to 10 years. **The total financial impact of overweight and obesity on the Queensland economy was estimated to be \$11.2 billion.**⁵ Studies have shown that for every dollar invested in preventive health interventions, there is an average return of \$14.⁵

Health and Wellbeing Queensland has prioritised areas of prevention for focused investment based on equity, data, evidence and impact potential, including preventive health

programs and partners and clinical prevention. Development of position statements on the key influencing areas of early life/children and workers/workplaces will ensure collaborative and community-led prevention encompasses the full breadth of policy, environment and individual practice actions required to ensure the best sustainable outcomes.

Preventive health programs and partners

Keeping people healthy for as long as possible across the lifespan provides immense benefits to individuals, health service costs and the economy. During this period, Health and Wellbeing Queensland provided oversight of 10 statewide preventive health programs on behalf of the Department of Health which has enabled our objective to empower Queenslanders to live a healthier life by increasing healthy behaviours in Queenslanders, and increasing capability, opportunity and motivation amongst communities for healthy behaviours.

These programs also advance our strategic objective to make healthier options the easier options where Queenslanders live, learn, play and work, noting several are healthy weight interventions implemented in partnership with communities, schools, workplaces and health services, and have improved the availability, accessibility and acceptability of healthy food and physical activity options.

Seven programs are healthy lifestyle programs that support those seeking to improve their lifestyle and at-risk consumers, and the remaining three programs focus on building health promotion and prevention capacity within schools, junior sporting clubs and within a volunteer organisation.

Deadly Choices

Deadly Choices Healthy Lifestyle Program, delivered by IUIH, is aimed at empowering Aboriginal and Torres Strait Islander peoples to make healthy choices for themselves, their families and communities – to eat good food, exercise daily and to stop smoking.

This period, more than 5,270 Aboriginal and Torres Strait Islander peoples participated in 519 programs; more than 150 health message videos, posters and social media tiles were produced and distributed featuring Deadly Choices ambassadors; social media post shares during early COVID-19 stages (March 2020) increased by 200 per cent; a new DC Fit program was launched; and the program successfully partnered with the Brisbane Broncos, increasing numbers of Aboriginal and Torres Strait Islander peoples at Deadly Choices community days.

My health for life

My health for life, delivered by Diabetes Queensland and the Healthier Queensland Alliance, is a statewide diabetes and chronic disease prevention program aimed at identifying Queensland adults at high risk of developing preventable chronic disease and providing them with access to lifestyle modification interventions to reduce their risk through healthy eating, physical activity, quitting smoking and maintaining a healthy weight.

This period, the program achieved its target to support 10,000 Queenslanders to complete a My health for life program since commencement in 2017; participant retention rates were maintained at over 75 per cent; biometric and behavioural changes in participants included an average 2 per cent decrease in body weight and 3 per cent decrease in waist circumference, and increased fruit and vegetable consumption and physical activity; one in eight participants reduced their chronic disease risk score; and an eight-episode online Wellbeing Series was developed as part of Boost your Healthy to enable all Queenslanders to experience a 'taster' healthy lifestyle program covering key aspects of how to be a well being.

Country Kitchens

Country Kitchens program, delivered by the Queensland Country Women's Association (QCWA), is aimed at improving food and nutrition literacy amongst regional, rural and remote Queenslanders through building the health promotion capacity of the QCWA and its volunteer members.

This period, 219 of the 232 QCWA branches engaged in the program; QCWA Country Kitchens Branch Facilitators partnered with over 50 organisations to deliver health promotion activities, and more than 220 QCWA volunteer members registered to become facilitators; more than 690 healthy eating and healthy lifestyle initiatives were delivered and adapted to meet the community needs; support and health promotion activities were delivered via video, online training and branch social media pages during COVID-19 restrictions; and the QCWA Cook at Home Challenge was developed as part of Boost your Healthy, receiving more than 850 submissions.

Jamie's Ministry of Food

Jamie's Ministry of Food, delivered by The Good Foundation with support from the Queensland Government, is a community-based food literacy program aimed at improving the health of participants by educating, empowering and inspiring them to love and enjoy cooking nutritious food from scratch. The program targets all Queenslanders aged 12 years and over with a focus on low socioeconomic population groups, groups at risk of chronic disease, young people, Aboriginal and Torres Strait Islander peoples, people living with a disability and communities in areas of need (socioeconomically disadvantaged, rural, regional and remote areas).

What we've been doing

This period, more than 3,250 Queenslanders attended a Jamie's Ministry of Food course or event (of centre participants, 70 per cent held concession cards, 11 per cent identified as Aboriginal or Torres Strait Islander peoples and 41 per cent were young people (12–29 years), exceeding all targets; of the Mobile Kitchen participants, 70 per cent held concession cards, 6.3 per cent identified as Aboriginal or Torres Strait Islander peoples and 33 per cent were young people, exceeding all targets; and of the Outreach Program (Ravenshoe) participants, 95 per cent held concession cards, 50 per cent identified as Aboriginal or Torres Strait Islander peoples and 92 per cent were young people); and, in response to COVID-19, the program rapidly developed and nationally launched a new interactive online model resulting in the enrolment of 256 Queenslanders and the delivery of virtual community programs in Queensland locations.

10,000 Steps

10,000 Steps, delivered by the Central Queensland University, raises awareness and increases participation in physical activity by encouraging the accumulation of incidental activity as part of everyday living. The program targets Queensland adults with a focus on workplaces and communities.

This period, more than 14,560 Queensland individuals newly registered, exceeding targets by 45 per cent; overall, 7.4 billion steps were logged by Queenslanders from more than 390 postcodes; more than 300 Queensland workplaces from all industry categories newly registered, exceeding targets by 62 per cent; more than 380 team organisation tournaments were started by Queensland organisations involving more than 2,770 teams (over 17,300 individuals); 64 Queensland community organisations across 33 local government regions implemented community-based strategies, such as walking signage; the program collaborated with the My health for life program to co-host 10 Health in Your Region events across Queensland; and the Billion Steps Challenge was rapidly developed as part of Boost your Healthy – a strategy which is planned for adoption in other states.

Heart Foundation Walking

Heart Foundation Walking program, delivered by the National Heart Foundation, promotes the incorporation of more movement into Queenslanders' lives, and supports wellbeing and participation in the local community. It is Australia's largest free walking community, with volunteered groups catering for all ages and abilities.

This period, there were more than 1,780 new group walkers and nearly 40 new walking groups, including new walking groups on 14 islands in the Torres Strait; nearly 70 new walk organisers, more than 40 new local coordinators and more than 10 new host organisations were engaged in delivering the program; in total, the program recorded 8,648 registered participants in 297 walking groups, with an 81 per cent participant and group retention rate; the program created a design competition to engage rural and remote communities, resulting in walking shirts for walk organisers that identify as

Aboriginal or Torres Strait Islander peoples; and, while walking groups paused due to COVID-19 restrictions, communication with walkers, walk organisers and host organisations increased to support health and wellbeing and encourage physical activity at home.

Healthy Tuckshop Support

Healthy Tuckshop Support Program, delivered by the Queensland Association of School Tuckshops, supports Queensland school tuckshops, convenors, volunteers and parent organisations to supply healthy food and drinks to Queensland students.

This period, more than 30 network meetings were held, with a total of 263 network participants; 26 new recipes, four recipe demonstration videos and seven menu planning resources were produced; 158 menu-health checks were completed to support schools to implement the Queensland Government's *Smart Choices Healthy Food and Drink Supply Strategy for Queensland Schools*; an audience of almost 300,000 was reached through online and social media activities; and 46 manufacturers, suppliers and industry members were supported through the Smart Choices Nutrition Advisory Service.

Good Sports Healthy Eating

Good Sports Healthy Eating Program, delivered by the Alcohol and Drug Foundation, is designed to support amateur sporting organisations to increase the provision and promotion of healthy food and drinks.

This period, more than 570 Queensland clubs participated in the program, exceeding the target of 500, and 188,880 Queenslanders were reached; nearly 190 new clubs were accredited to level 2 or level 3, exceeding the target of 150, and nearly 40 unique sporting codes were represented and accredited to level 1, 2 or 3; and healthy eating information, social media content, activities and a 're-opening pack' resource for clubs and communities were developed and disseminated.

Life Education

Life Education Program, delivered by Life Education Queensland, provides health education that empowers children to develop the knowledge, skills, strategies and confidence to make safer and healthier choices in regard to their physical, social and emotional wellbeing. The extra-curricular school-based program is sequential, curriculum-aligned, age-appropriate and tailored to meet local school needs.

This period, the program provided health education to more than 50,000 Queensland children and supported approximately 2,400 classroom teachers to integrate nutrition into their classroom teaching, despite the disruption to service due to COVID-19; launched Life Education @ Home in April 2020 – a customised learning management system featuring educational online health education resources to support schools and parents during

COVID-19; registered more than 100 primary schools on the Life Education @ Home platform, including many new customers in regional and remote areas of Queensland; and engaged more than 300 parents with the Life Education @ Home platform.

Get Healthy

Get Healthy Information and Coaching Service® (Get Healthy) provides information and telephone health coaching to Queenslanders over the age of 16 years to enable them to make lifestyle changes regarding healthy eating, being physically active and achieving and maintaining a healthy weight. Queensland Health currently has a Service Agreement with the New South Wales Ministry of Health to provide access to the program for Queensland residents to 30 June 2021.

This period, the program delivered Get Healthy programs (being tailored healthy lifestyle modification programs delivered over a six-month period, including Standard Coaching, Get Healthy in Pregnancy, Type 2 Diabetes Prevention, Aboriginal and Torres Strait Islander Program and Information Only) and received over 800 referrals and 400 enrolments, with more than 130 graduates.

Clinical prevention

Health and Wellbeing Queensland has created a sustainable linkage between clinical prevention and health promotion. These two fields share similar objectives – to promote general health and prevent disease – and integrate the health system with public health.¹⁷

For effective prevention, these fields and their professions require robust linkage, partnership and action.¹⁸ The first step of our approach was to partner with the Allied Health Professions' Office of Queensland (AHPOQ), CEQ, to develop an allied health-led Model of Care (MOC) for the prevention and treatment of paediatric obesity. The MOC empowers multidisciplinary health professionals at the point-of-care to help promote healthy growth and prevent and manage childhood obesity. If we can prevent effectively in the early years, we can potentially save millions in healthcare costs and thousands of Health-Adjusted Life Years in the lifetimes of our children.¹⁹

Primary healthcare professionals are uniquely positioned to engage in routine, evidence-based primary and secondary prevention strategies²⁰ and Health and Wellbeing Queensland is supporting our frontline health professionals with Clinicians Hub.

Clinicians Hub

Clinicians Hub is a digital ecosystem of practical initiatives, resources and tools for multidisciplinary health professionals to support best-practice prevention, identification, treatment and management of childhood obesity. Clinicians Hub was finalised in June 2020 and was developed by Health and Wellbeing Queensland in partnership with AHPOQ.

Clinicians Hub aligns with the Our Future State plan priority to 'Keep Queenslanders healthy' with its target to increase the proportion of adults and children with a healthy body weight by 10 per cent in 2026, and contributes to the *My health, Queensland's future: Advancing health 2026* agenda.

Clinicians Hub hosts the MOC, Clinical Toolkit, Referral Pathway, Project ECHO®, Health Transformers, Research Guide and Showcase. Health and Wellbeing Queensland plans to host a live, interactive webinar to launch Clinicians Hub and the MOC in 2020–2021 with multidisciplinary participants joining from across Queensland. The webinar will feature an expert panel including internal participants – Chief Executive, Dr Littlewood and board member, Mr Campbell; and external participants – Professor Jennifer Batch, Paediatric Endocrinologist, Ms Liza-Jane McBride, Chief Allied Health Officer, CEQ and Ms Natalie Cook OAM, Executive Director, Elite Success and Partnerships, Department of Housing and Public Works, as the chair.

Model of Care (MOC)

The MOC is Queensland's first integrated clinical approach to tackling childhood obesity in Queensland. The MOC was developed by Health and Wellbeing Queensland in collaboration with Children's Health Queensland HHS, CEQ and UQ. The MOC is a 'how-to' guide – it comprises pragmatic prevention, treatment, education and research initiatives for childhood obesity that are evidence-based, scalable and applicable across the health continuum. The MOC was first developed by the Paediatric Obesity Working Group, QCYCN. It was piloted at Children's Health Queensland HHS through a range of successful prevention, treatment, education and research initiatives.

Clinical Toolkit

A digital repository of resources, tools and education modules to support the MOC, the Clinical Toolkit is recommended to be used in conjunction with the MOC but can also be used as a standalone resource. In 2020–2021, we plan to use a co-design research approach with multidisciplinary clinicians and caregivers to develop precision resources that help clinicians overcome common barriers to talking about, identifying, preventing, managing and referring for childhood obesity in practice.

Referral Pathway

The Referral Pathway is a quick reference guide to support primary healthcare professionals in point-of-care decision making to raise the topic of weight, measure and assess child growth, deliver evidence-based clinical interventions and refer children, young people and their families to appropriate weight management services in a sensitive and effective manner.

Project ECHO®

Project ECHO® (Extension for Community Healthcare Outcomes) is an interactive hub and spoke knowledge sharing model with a focus on peer-to-peer learning,

What we've been doing

co-management of cases and collaborative problem-solving. Health and Wellbeing Queensland has become a Project ECHO® Hub and can host topic-based ECHO® series to empower local providers from healthcare, education and human services backgrounds to build prevention capacity and capability.

Health and Wellbeing Queensland has conducted ECHO® sessions on Pregnancy and Early Life in partnership with the B.strong Program (delivered by Menzies School of Health Research and funded by Queensland Health) in response to COVID-19 due to the inability to deliver face-to-face workshops. We have been exploring the use of Project ECHO® to support and enhance the delivery of Health and Wellbeing Queensland's programs to increase access to best-practice approaches and reduce health disparities, especially for those in rural and remote areas. We have also partnered with Children's Health Queensland HHS and UQ to develop a Childhood Overweight and Obesity ECHO® series to increase skills and competence for participants in childhood overweight and obesity management.

Health Transformers

Health and Wellbeing Queensland has established a statewide, multidisciplinary governance committee – Paediatric Obesity Health Transformers – to implement the MOC across Queensland. This is a two-year project – with our Chief Executive, Dr Littlewood, as the Chief Investigator – that commenced in July 2019 and is funded by AHPOQ. The committee provides statewide advocacy and leadership to implement contextualised prevention, treatment, education and research model of care initiatives in local hospitals, health services and PHNs across Queensland. An implementation science-driven research framework to evaluate the statewide impact and outcomes of the MOC will be designed and executed next period. There have been minor timing impacts on this project due to COVID-19.

Research Guide

This is a step-by-step guide on how to start, conduct and translate research in childhood obesity for any clinician, novice researcher, clinician-researcher, system decision-maker or professional staff. It also includes best-practice case studies of conducting childhood obesity research in priority populations, including Māori and Pacific Islander populations (Good Start Program, Children's Health Queensland HHS) and First Nations people (Making Tracks in Children's Health – MaTCH, Griffith University). The Research Guide was developed by Health and Wellbeing Queensland in collaboration with the Paediatric Obesity Working Group, QCYCN, and UQ.

Showcase

This is a showcase of Queensland leaders in transforming health for childhood obesity. It demonstrates best-practice examples of the MOC in Queensland. The Showcase provides clinicians, leaders and decision-makers with insight into how the MOC has been applied in services and communities to create positive change for healthy growth, weight and

lifestyle in Queensland children. The first showcase to be featured in Clinicians Hub is the Good Start Program (Children's Health Queensland HHS), an award-winning, statewide program to improve the health and wellbeing of Māori and Pacific Islander children and their families.

Developing and sharing knowledge with researchers, organisations and communities that contributes to healthy weight furthers our strategic objective to build partnerships and co-design strategies that drive population change for this purpose.

Position statements

Two priority areas for prevention are early life/children, and workers/workplaces. Through this initial period, Health and Wellbeing Queensland commenced development of the Early Life and Children and Work Health and Wellbeing position statements to inform the evidence base, direction, level of action and potential partners required to ensure our position statements effect positive impact on the health and wellbeing of Queenslanders. These will best inform planning and investment for these priority areas while enabling nimble and flexible responses to meet changing contexts, stakeholders and opportunities.

Our Early Life and Children position statement focuses on early life (including prenatal and the first and second 1,000 days) and children (up to the end of primary school) and identifies the need to strengthen policy, networks of support and shape child-friendly settings and spaces while valuing and growing the knowledge and skills of families and communities to best fit individual circumstances.

Our Work Health and Wellbeing position statement outlines strategies for leveraging existing workplace health and wellbeing policy, resources, services and practice research that enables integrated work health, safety and wellbeing environments, and ensures people are well at work.

Our collaborative approach to enabling health and wellbeing policy, equitable funding models and actions embedded across sectors furthers our strategic objective to make healthier options the easier options where Queenslanders live, learn, play and work.

Partnership

Partnership. Great things happen when we work together, when many are involved, and we are all part of the solution. Using 'place' as the basis for health and social supports creates immediate links to a community's strengths; it makes it easier to recognise and value community diversity, while organising a consistent system across many groups. Better information about the characteristics of the people being served, shared among those delivering services, is central to succeeding with this approach. It has the potential to reduce healthcare costs over time as communities increasingly support their own health and wellbeing.²¹ Collaborative research and action across government at the state level, and across jurisdictions and portfolios at the national and global levels, is particularly important for addressing the social, environmental and economic determinants of health.

Health and Wellbeing Queensland has identified the need for a Community Partnering Strategy to support a planned approach to ensuring that all Health and Wellbeing Queensland initiatives:

- Are developed using community and consumer engagement and co-production approaches;
- Are inclusive, accessible, culturally respectful, empowering and built with credibility and trust;
- Are meaningful and relevant for the diverse populations across Queensland; and
- Reflect community priorities.

This period, work commenced to develop the strategy and, in order to ensure it reflects the intent, Health and Wellbeing Queensland initiated engagement with communities and consumers and provided opportunities for individuals and organisations to participate in the development of the strategy:

- A draft discussion paper has been developed and tested for ease of use by key partners including Health Consumers Queensland. The discussion paper outlines proposed components for the strategy and poses a number of questions for consideration. The paper will be used to guide consultation with community members, consumers of preventive health and other health services and key partners between July and September 2020;
- Partnering with Health Consumers Queensland, a focus group of 10 consumers was established to test the Boost your Healthy website prior to its launch. Participants were drawn from across the state and included First Nations people, people living with a disability and people from a culturally and linguistically diverse background. Feedback was used to inform development of the website as well as broader discussion with partners about access and equity and the development of the Community Partnering Strategy;

- Two critical friends were recruited from Health Consumers Queensland and engaged to provide further community perspectives on the Boost your Healthy website and the development of the Community Partnering Strategy; and
- Engagement with a number of organisations that represent the interests of priority populations informed the development of the Boost your Healthy website and broader partnering opportunities.

Developing a Community Partnering Strategy increases engagement with communities, partners, health consumers and other stakeholders to form a shared agenda and, as such, furthers our objective to build partnerships and co-design strategies that drive population change focused on healthy weight in Queensland communities. The strategy also aligns with the *National Safety and Quality Health Service Standards (second edition)*, *Queensland Human Services Quality Framework* and *Queensland Health Non-Government Organisations Performance Framework*, which all require consumer involvement or partnership activities.

A key challenge for Queensland is the significant health inequity that is related to a person's socioeconomic status, the remoteness of where they live and whether they are Aboriginal or Torres Strait Islander peoples.⁵ There are four dedicated areas where strong partnerships have been formed and continue to build and strengthen health promotion and prevention. Over the past 12 months, there has been an increased focus on partnerships, empowerment, support and alliances in Remote Food Security (a program targeting areas of food insecurity), Boost your Community (place-based initiatives), Pick of the Crop (school-based nutrition program) and Boost your Healthy (our response to COVID-19). The following sections describe each of these focus areas.

Food security

Achieving food security in remote First Nations communities has been a long-time goal and ongoing challenge for many years. It is well accepted that improving food security will have far reaching, long-term health and economic benefits for communities. Commitment and coordinated action between government, community and other key stakeholders is critical to address the dimensions of food security at the systems, community and individual family level.

This period, we commenced as a key priority the development of a position statement on food security for Queensland, with its purpose being to guide efforts to improve food security across Queensland, including in rural and remote Aboriginal and Torres Strait Islander communities.

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This work aligns with the Our Future State plan and supports Health and Wellbeing Queensland's objective to address the social determinants that contribute to health inequity measured by the implementation of an action to reduce barriers to healthy living for priority populations.

Health and Wellbeing Queensland has refined a framework to achieve food security in remote Aboriginal and Torres Strait Islander communities in Queensland to demonstrate the breadth and complexity of factors contributing to food insecurity. This framework has been used to inform the work Health and Wellbeing Queensland will be leading related to remote food security into the future.

Healthy Communities projects have been rolled out in the Cape, Lower Gulf and Torres Strait regions of Queensland via the Apunipima Cape York Health Council, Gidgee Healing and Torres Strait Island Regional Council with funding by the Department of Health to explore healthy food environments in some of the remote communities they service. These projects were managed by Health and Wellbeing Queensland from January 2020.

Committed and coordinated systems action between government, community and other key stakeholders is critical to achieving food security at the system, community and individual family level. Health and Wellbeing Queensland has started working to stimulate intersectoral action by tackling structural, policy, environmental and service-level influencers on food security in Queensland's remote First Nations communities. This includes working with communities, stores groups, government, non-government organisations (NGOs), the Aboriginal and Torres Strait Islander Community Controlled Health sector, universities and businesses to improve food security.

On average, healthy food items in Queensland cost up to 27 per cent more in regional and remote stores compared to major cities.²²

Planning also commenced for the establishment of a Far North Queensland Hub as a place to connect those who are committed to improving the health and wellbeing of their communities. The purpose of the Far North Queensland Hub is to strengthen the prevention workforce capacity and capability and create a new evidence base that is informed by co-designed community initiatives.

Communities and places

Where we live, work, learn and play helps shape our options, choices and wellbeing. Health and Wellbeing Queensland has started developing place-based initiatives which seek to join the efforts of community stakeholders to improve the socioeconomic and physical wellbeing within a defined geographical location. Often used to respond to complex, interrelated or challenging issues, such as obesity and health inequity, these initiatives are intended to be long-term partnerships characterised by shared design, shared stewardship and shared accountability for outcomes and impacts.

This period, we have identified the key elements that underpin a longer-term approach to building prevention capacity and empowering people and communities across Queensland. We will work intensively with some communities to build momentum for positive local change; we will partner with many communities to support current initiatives and help take them to the next level; and for all communities, we are committed to strengthening foundations for community-led health and wellbeing prevention initiatives. This approach was informed by a rapid review of current place-based investments in Queensland, and the evidence base on place-based prevention. Key principles for place-based work have been drafted and a Boost your Community Overview Paper will provide communities with an opportunity to share feedback about the proposed approach in line with our Community Partnering Strategy.

The first place-based partnership opportunities were selected in accordance with identified high need communities based on disadvantage, lower physical activity, higher body mass index (BMI), victims of crime and more children vulnerable on the Australian Early Development Census. By applying an equity lens and considering readiness for change and community interest, the Torres Strait region, Bundaberg and the South West region were selected, and work has commenced.

Torres Strait region

In consultation with the Torres Strait Regional Authority, Health and Wellbeing Queensland visited Thursday Island in February 2020 to meet and explore opportunities to support community-led health and wellbeing. The Torres Strait Island Regional Council, Torres Shire Council, Torres and Cape HHS, IUIH, Department of Aboriginal and Torres Strait Islander Partnerships, and Aboriginal and Torres Strait Islander advisors from the Department of Housing and Public Works through Sport and Recreation were also part of the discussion which resulted in Health and Wellbeing Queensland being asked to work with the local Thursday Island community and the outer islands to connect, consolidate and maximise current resources through collaboration.

The newly elected Torres Strait Regional Council invited Dr Littlewood to meet via teleconference in May 2020. A number of immediate strategies were identified including the need to hold a regional forum, the need for improvements to the factors that impact unhealthy eating and the importance of building the capability and capacity of local Healthy Lifestyle Officers located in each of the 15 outer island communities that the Torres Strait Regional Council works with.

Bundaberg

Health and Wellbeing Queensland, along with the Bundaberg Regional Council and Department of Housing and Public Works through Sport and Recreation, agreed to partner and lead a collaborative place-based initiative, commencing with co-hosting a workshop in March 2020. The workshop brought together key stakeholders from across community, NGO and university sectors. Collectively, participants agreed to support the efforts of project partners and to work together on a new

initiative for the Bundaberg region by forming a Building a Healthy Bundaberg Alliance governed by terms of reference. It has the purpose of providing collective strategic direction for the initiative and a forum to address gaps in the health and wellbeing sector and identify opportunities to leverage current assets and build upon existing efforts currently implemented in the region.

South West region

Dr Littlewood visited Roma in February 2020 and presented to the South West HHB and at a Healthy Communities Forum with local representatives from health and industry organisations. Health and Wellbeing Queensland has commenced work with the South West HHS Healthy Communities Team to share information, strengthen links and explore options for a collaborative approach to a healthy South West region.

Pick of the Crop

Pick of the Crop is a flagship initiative for Health and Wellbeing Queensland to increase Queensland children's vegetable and fruit intake through a whole-of-school nutrition program.

The program aligns with Health and Wellbeing Queensland's *Strategic Plan 2020–2024* to empower people and communities and strengthen policy through a school-based nutrition program, and the performance measure to implement initiatives in partnership with communities and schools.

Activities undertaken up to 30 June 2020 include securing in-principle support from peak industry bodies and government departments, including education and agriculture, finalising the project plan, confirming the 2020–2021 budget, negotiating with three regions to host project officers and developing the key strategies for the success of the initiative based on evidence reviews and consultation. Unfortunately, COVID-19 delayed engagement with local schools, so activities planned for Term 3, 2020 were postponed to Term 1, 2021.

COVID-19 response – Boost your Healthy

The Boost your Healthy initiative aims to support Queenslanders through the challenging times the COVID-19 environment presents by communicating positive and evidence-based health messages to encourage a wider community to boost their daily activity, healthy eating and wellbeing.

In late March 2020, Health and Wellbeing Queensland developed the Boost your Healthy website in close collaboration with the Department of the Premier and Cabinet and the Department of Housing and Public Works through Sport and Recreation.

The Boost your Healthy campaign and dedicated digital hub was launched on 2 May 2020 at the Brisbane City Botanic Gardens and was attended by Deputy Premier Steven Miles, The Honourable Mick de Brenni, Minister for Housing and Public Works, Digital Technology and Sport, and a host of notable Queenslanders including Ms Cook OAM, professional boxer and former World Boxing Champion Jeff Horn and Queensland Firebird, Gretel Bueta. The launch was also live-streamed by ABC on Facebook.

Health and Wellbeing Queensland recruited a host of ambassadors to be key supporters of the campaign including cricketer Jodie Fields, rugby league player Steve Renouf, and ABC Radio breakfast presenter Craig Zonca, together with the main spokespeople, Dr Littlewood and Ms Cook OAM. Through the partnership with the Department of Housing and Public Works through Sport and Recreation, key sporting professionals were enlisted as Boosters to promote the campaign and throw out 30-second challenges on social media to each other and the wider Queensland community. By working with their industry partners, the Department of Housing and Public Works through Sport and Recreation also provided key resources that contributed to the Boost your Healthy hub with the aim of inspiring Queenslanders to stay active while at home.

The Boost your Healthy program has three key pillars:

- Boost your activity – we partnered with the Department of Housing and Public Works through Sport and Recreation and other partners to share information and resources to help Queenslanders move more at home;
- Boost your healthy eating – we partnered with a range of trusted organisations to provide information, support, recipes and other tips to help Queenslanders make eating well at home easy, fun and tasty; and
- Boost your wellbeing – we worked with the Queensland Council of Social Service and other partners to provide a suite of tools, support and information on establishing healthy routines, getting enough sleep and tips for workers on the frontline or at home.

Health and Wellbeing Queensland invited partners from across industry, government and research to join an alliance and contribute to the Boost your Healthy site. An alliance of 30 organisations was established comprising 1,300 dietitians, exercise physiologists, nurses, doctors and other health professionals, as well as an army of volunteers. Collectively, they delivered services in over 300 locations: from the far north Cape and Torres, to central Mackay and Bundaberg, outback Roma, and around the south-east corner, including First Nations communities.

This work led to a series of public health campaigns (<https://hw.qld.gov.au/bigboost/>), including the Billion Steps Challenge which was delivered in partnership with the preventive health program, 10,000 Steps, and achieved the target of one billion logged steps within 32 days (<https://www.10000steps.org.au/billion-steps-challenge/>); and the Cook at Home Challenge which was delivered in partnership with the preventive health program, Country Kitchens, and received more than 850 submissions.

Research

A major challenge to the translation of health and medical research evidence into health service practice improvements or community health benefits is the lack of alignment between the research focus and the knowledge needs of health practitioners and policy makers. Effective partnerships between researchers and policy makers and practitioners have the greatest potential for enhancing the quality and relevance of both research and actions in improving population health.

To learn from what we do and share what we know, Health and Wellbeing Queensland has established a research team to facilitate the weaving of robust methodology across all the projects we are involved in, and to establish strong university partnerships that can assist in amplifying the work we undertake to address obesity and improve nutrition and physical activity for Queenslanders. This team advises and ensures future investment is underpinned by current, evidence-based outcomes and strategies, giving strength to our evaluation.

Inaugural Research Workshop

Health and Wellbeing Queensland hosted its inaugural Research Workshop on 29 May 2020. Facilitated by Emeritus Professor Sandra Capra AM, the online event saw over 70 passionate health professionals and academic researchers come together to share valuable ideas on building research capacity and establishing inter-professional partnerships between Health and Wellbeing Queensland and universities across Queensland, and created opportunities for Health and Wellbeing Queensland staff to present existing programs and initiatives to a wide-ranging audience.

The workshop was well-received by all participants and the discussion covered Health and Wellbeing Queensland-led initiatives through to how to tackle challenges in public health, research and policy. The workshop also generated a total of 234 chat comments grouped into eight themes, as follows:

- Health behaviour and behaviour change;
- Health inequities and determinants;
- Collaboration;
- Co-design with agents of change and end users;
- Systems approach;
- Long-term sustainability;
- Data, evaluation and evidence; and
- Informing policy practice.

Monitoring and evaluation

We have worked with partners to commence the development of a monitoring and evaluation framework that will be a key mechanism for communicating Health and Wellbeing Queensland's outcomes. It will capture the broad range of outcomes and data sources, from inputs to implementation, including long-term population-level outcomes, aligned with our *Strategic Plan 2020–2024*.

The monitoring and evaluation framework is being developed to capture the signals of change that shift the pre-conditions in systems, and the partnerships and voices of people and communities through stories.

Dissemination and collaboration

Health and Wellbeing Queensland is committed to learning from others to ensure we engage in strong, evidence-based evaluation relating to health promotion and prevention. Further to this commitment, we have initiated and continued to foster engagement with academic and research institutions for research collaboration to build research skills and capacity within our staff.

Our staff co-authored several academic publications this period in the areas of obesity and health system research, including *Interventions to prevent or treat childhood obesity in Māori & Pacific Islanders: a systematic review*²³; *Building a Children's Health Service and System Research Strategy: development and integration in an Australian paediatric healthcare setting*²⁴; *Specialist children's obesity management services: what makes a difference in outcomes?*²⁵; and *The right care, in the right place, at the right time – A Policy Brief*.²⁶

Staff also attended and presented their work at national and international conferences related to public health and obesity prevention:

- Mrs Joanna Munro, Senior Dietitian, and Mr Oliver Canfell, Senior Dietitian and Research Fellow, were accepted to deliver oral presentations at the Queensland Dietitian Symposium which was held on 13 March 2020 by Dietitians Australia, the peak body of the dietetics profession in Australia, on the subjects of Health and Wellbeing Queensland's vision and strategies in making healthy happen using a systems approach, and Queensland's first model of care to transform health in paediatric obesity; and
- Health and Wellbeing Queensland was one of the proud sponsors of the World Public Health Nutrition Congress 2020, bringing together the international public health nutrition sector. This year's theme, 'Knowledge, policy, action in the decade of nutrition 2016–2025', aimed to look at the complex interconnected factors of poverty and inequity in the context of new emerging challenges and how they impact malnutrition. Dr Littlewood was invited to address the Congress Welcome for the international conference which was held from 31 March to 2 April 2020 (virtually due to the impacts of COVID-19 restrictions).

We have also formed strong links between researchers and practitioners through collaborative ventures and we are committed to forward-thinking through continuous learning and improving, including by supporting staff to build research skills and capacity:

- In December 2019, Dr Littlewood collaborated with researchers from Children's Health Queensland HHS, the University of Newcastle and the Deputy-Director of the New South Wales Office of Preventive Health to publish a policy brief on childhood obesity. This brief was later

submitted to the National Obesity Strategy Committee as a collective response to the national call for community consultation to inform the development of the national obesity strategy;

- In April 2020, Dr Li Kheng Chai, a Research Fellow with Health and Wellbeing Queensland, was awarded a PhD from The University of Newcastle for her thesis entitled *An Innovative Technology Based Intervention to Address Childhood Obesity*;
- In June 2020, Mr Canfell submitted his thesis entitled *i-PATHWAY: a clinical prediction model to prevent childhood obesity*, the outcome of which will be available in early 2020–2021; and
- Also in June 2020, Health and Wellbeing Queensland joined the alliance of partnerships led by the Australian Research Alliance for Children and Youth (ARACY) to support the proposal 'Thriving Queensland Kids Partnership: Brain Builders+'. This proposal aligns to the Our Future State priority 'Give all our children a great start' by targeting the health, development, wellbeing and safety outcomes for children and young people, especially those from vulnerable families and communities.

Engagement and promotion

Over the last year, the Chief Executive, supported by the Executive Leadership Team and health promotion workforce, have collaborated more than 260 times with more than 160 organisations to explore partnerships and collaboration, with real outcomes. This includes meeting with:

- 13 First Nations councils, communities and organisations including Aurukun, Wujal Wujal, Yarrabah, Doomadgee, Mapoon, Northern Peninsula Area, Napranum and Hope Vale Shire Councils; Torres Strait Island Regional Council; Apunipima Cape York Health Council; Goondir Health Services; Palm Island Corporation; Gidgee Healing; and Torres Cape Indigenous Council Alliance;
- 24 health services including the Department of Health, HHSs, PHNs, Royal Flying Doctor Service, Health Consumers Queensland and private health institutions;
- 20 universities and academic and research institutions;
- More than 30 industry partners including the Heart Foundation, Diabetes Queensland, Nutrition Australia Queensland, Bowen Gumly Growers Association, Active Queenslanders Industry Alliance, Lockyer Valley Growers, Restaurant and Catering Industry Association, and fitness, sport and active recreation peak bodies;
- 10 local government agencies and community groups;
- More than 20 government departments including the Queensland Department of the Premier and Cabinet, Department of Housing and Public Works, Department of Education and Department of Agriculture and Fisheries, and Wellness South Australia and Victoria Health; and
- More than 40 other entities including NGOs, charities and not-for-profit organisations and food retailers.

Effective communication supports a strong community understanding of the benefits of healthy behaviour change and the importance of health promotion and prevention.²⁷ Health and Wellbeing Queensland is committed to communicating positive and evidence-based health messages to the wider community, and has built a great statewide network of audiences, demonstrated in part by the breadth and scope of formal media and invited speaking opportunities staff have been involved in, including:

- A two-page article in The Sunday Mail magazine, U on Sunday, featuring Dr Littlewood following her appointment as Chief Executive, introducing Health and Wellbeing Queensland and its obesity prevention agenda for Queensland to an audience of nearly 300,000 readers across Queensland, driving positive exposure for the new agency's work and agenda;
- 7 Plus series 'Parenting in a Pandemic' – episode 12 'Moving forward with some healthy new habits' – providing advice and insights to help manage mealtimes;
- Channel 10 news report promoting Square Eyes – a documentary on screen time;
- Seven News Brisbane and ABC reports on state obesity rates;
- Regional radio interviews to promote our place-based initiatives;
- ABC North West radio interview regarding statewide implementation of strategies to prevent and treat childhood obesity across Queensland;
- Queensland Clinical Senate Podcast relating to how we plan to reduce Queensland's obesity and chronic disease rates;
- ABC Breakfast radio and online video updates and challenges to promote Boost your Healthy and the related Billion Steps Challenge, in partnership with the Department of Housing and Public Works through Sport and Recreation;
- A cooking demonstration video with media personality and food consultant, Ms Alison Alexander, and the QCWA State President, Ms Christine King, promoting the QCWA Country Kitchens Cook at Home Challenge as part of Boost your Healthy;
- The episode 'Well, Well, Well' from the My health for life Wellbeing Series to explore the many influences on individual health and wellbeing as part of Boost your Healthy;
- 2019 Aspiring Women's Leadership Summit hosted by Queensland Health;
- The Great Debate at the Clinical Excellence Showcase 2020, exploring the topic of whether hospitals, as we know them, will cease to exist in 50 years' time; and
- Health and Wellbeing Queensland's monthly newsletter emailed to more than 1,400 stakeholders and members of the public.

Establishment activities

Our first year of operations focused on establishing the entity, including undertaking consultation with stakeholders to inform the development of strategic directions and organisational effectiveness performance measures.

Activities undertaken in relation to Health and Wellbeing Queensland's establishment include:

- Development of our *Strategic Plan 2020–2024* which was a major achievement. Consultation with stakeholders, including clarification of our role and the development of an evidence base, was essential to developing our strategic framework. A key challenge was to ensure an appropriate breadth of input while developing and implementing a work program that resulted in tangible activities building on the consultations as they occurred. Our network of stakeholders continues to grow as we reach out and respond to those individuals and organisations that have an interest in contributing to the improved health and wellbeing of Queenslanders;
 - Transition of preventive health functions from Queensland Health to Health and Wellbeing Queensland, including staff, programs, projects and related records, which was a major body of work. While transition activities commenced during this period, and in some instances have been formally completed, some activities will carry over into the next period, including the transfer of preventive health programs via contract novation and the transfer of program and project funding;
 - Transfer of custodianship of the following three performance measures under the Queensland Health Service Delivery Statements to Health and Wellbeing Queensland, planned to take effect in 2020–2021.
- The following three performance measures will continue to require a whole-of-government approach to meet associated targets once transferred:
- Percentage of the Queensland population who consumed recommended amounts of fruits and vegetables;
 - Percentage of the Queensland population who engaged in levels of physical activity for health benefit; and
 - Percentage of adults and children with a BMI in the normal weight category;
- Development of the organisational structure necessary to give effect to Health and Wellbeing Queensland's strategic objectives;
 - Development of good governance policies, systems and processes;
 - Fitting out and relocating to permanent offices at Milton Green;
 - Establishment of the Finance, Audit and Risk Management Committee of the board; and
 - Development of a website to create a robust online presence to inform and engage Queenslanders on our work, agenda, programs, activities and initiatives, and from which the development of a broader digital ecosystem could grow.

Finance, risk management and accountability

Financial performance

Our financial health at 30 June 2020 was good, with assets of \$744,000, liabilities of \$308,000 and total equity of \$435,000. Total income for the year was \$3.551 million and total expenses were \$3.116 million, finishing the year with an operating surplus of \$435,000. Health and Wellbeing Queensland had an operating budget of \$3.551 million, the majority of which was administered as a grant through the health portfolio (\$3.518 million), other revenue of \$19,000 and interest payable against cash at bank (\$14,000).

Strategic workforce planning, performance and separation

As a new entity, much of our early focus was on establishing a governance framework in accordance with our statutory obligations. This included ensuring the development of the organisational structure and corporate policies and processes including, where practicable, utilising existing whole-of-government policy.

An attraction and retention framework is in development to ensure Health and Wellbeing Queensland maintains an appropriately skilled workforce, noting 88 per cent of Health and Wellbeing Queensland's workforce transitioned from Queensland Health and are engaged under enterprise bargaining agreements *Queensland Public Health Sector Certified Agreement (No. 9) 2016* and *Health Practitioners and Dental Officers (Queensland Health) Certified Agreement (No.2) 2016*.

Health and Wellbeing Queensland is committed to ensuring the health, safety and wellbeing of all employees and to providing a workplace that is free from workplace injury, illness, harassment and discrimination. Mechanisms are in place to support this, including the provision of a flexible work environment with flexible working hours, the development of sound internal practices to meet operational demands and help manage work/life balance, and union membership encouragement.

In response to the COVID-19 pandemic, Health and Wellbeing Queensland rapidly mobilised to ensure all staff could work

remotely and had greater flexibility in their working hours, including staff with school-aged children in light of the Queensland Chief Health Officer's home-schooling directive. Health and Wellbeing Queensland also offered additional support and flexibility to vulnerable staff. Contemporary platforms were utilised to ensure the workforce stayed connected and informed and could continue to deliver successful outcomes in a new and challenging environment. These contemporary platforms (including Teams and SharePoint) enhanced internal information sharing, efficiency and accessibility of corporate documents, data sets and news updates, and were a key tool used to assist with staff induction.

Staff access and utilise study assistance and a range of flexible working arrangements – flexible working arrangements have supported 16 per cent of staff who work part-time, with the remaining 84 per cent of staff working full-time. Staff and their immediate families are also able to access the Queensland Government Employee Assistance Program and were given access to the annual influenza vaccination program at no personal cost this period.

Health and Wellbeing Queensland has also worked during this initial start-up period to establish an induction manual for staff, including mandatory training requirements. Due to the date most staff commenced and the need to work remotely due to COVID-19 restrictions, planned development training was deferred to 2020–2021.

The separation rate for permanent staff was zero this period and no redundancy, early retirement or retrenchment packages were paid.

Audit and risk management

Finance, Audit and Risk Management Committee

On 24 June 2020, the Health and Wellbeing Queensland Board approved the establishment and membership of the Finance, Audit and Risk Management Committee (FARM Committee) to provide advice, assurance and assistance to the board in the areas of risk, control, audit, performance management, compliance frameworks and other financial

management and reporting responsibilities under the *Financial Accountability Act 2009*, *Statutory Bodies Financial Arrangements Act 1982* and *Financial and Performance Management Standard 2019*.

In establishing the FARM Committee's charter, due regard was given to the Queensland Treasury's *Audit Committee Guidelines: Improving Accountability and Performance*.

The FARM Committee membership comprises independent chairperson, Mr Chris Johnson, and board members, Mr Ryan and Ms Williams. No FARM Committee meetings were held this financial year and members' terms commence in early 2020–2021.

Internal audit function and external scrutiny

Health and Wellbeing Queensland's internal audit function is provided by the Queensland Government Corporate Administration Agency and includes the provision of internal audit services and assistance with annual reporting, when required, such as:

- Assistance in the development of strategic and annual audit programs;
- Scoping, coordination and undertaking of audits and operational reviews;
- Attendance by invitation at FARM Committee meetings;
- Providing ongoing assistance to management in their monitoring of risks and exposures including the development of a risk management framework, training and the establishment and maintenance of a risk register; and
- Other audit and investigatory services deemed necessary.

The internal audit function has had due regard to the Queensland Treasury's *Audit Committee Guidelines: Improving Accountability and Performance* and no internal audits were required during this reporting period.

Health and Wellbeing Queensland has not been the subject of external scrutiny, independent review or evaluation this reporting period.

Information systems and recordkeeping

Sound records management practice is an essential element of good corporate governance. Health and Wellbeing Queensland's information and records are public and corporate assets, vital both for ongoing operations and in providing valuable evidence of business decisions, activities and transactions.

Health and Wellbeing Queensland uses Content Manager, an electronic document and record management system, and is committed to training staff to ensure records management practices are consistent, accurate, fit for purpose and undertaken in accordance with the requirements of the *Public Records Act 2002* and whole-of-government policy, including the Records Governance Policy and General Retention and Disposal Schedule.

Queensland public sector ethics

The Code of Conduct for the Queensland Public Service applies to Health and Wellbeing Queensland pursuant to the *Public Sector Ethics Act 1994*. Board members and staff are provided training and access to the Code of Conduct via induction processes, and mandatory training is provided by the Queensland Government Corporate Administration Agency. Health and Wellbeing Queensland incorporates the principles, values and requirements of the Code of Conduct into all aspects of its work and monitors compliance with the Code of Conduct via staff performance plans.

Human rights

As a public entity, Health and Wellbeing Queensland is bound by the newly enacted *Human Rights Act 2019* and is committed to ensuring consistency of our policies, programs, procedures, practices and services with human rights.

During this period, Health and Wellbeing Queensland reviewed existing policies and procedures (including local complaints management procedures and complaints registers) for compatibility with human rights and identified mandatory human rights training requirements for all staff, including dedicated staff responsible for managing human rights complaints.

Health and Wellbeing Queensland is also leading the co-development of the Queensland Equity Framework which will further our legislative objective to improve the health and wellbeing of the Queensland population, and the objects of the *Human Rights Act 2019* to protect and promote human rights, help build a culture in the Queensland public sector that respects and promotes human rights and help promote a dialogue about the nature, meaning and scope of human rights.

Health and Wellbeing Queensland has received no human rights complaints during this period and is committed to promoting and protecting the human rights of all Queenslanders through our decision making and actions.

A genuine thankyou to all of our partners who have contributed to our journey so far. It is our hope that some lives in Queensland have already improved as a result of our work and we look forward to telling their story through our annual report next year. It will be our privilege to do so.

Glossary

Acronym/term	Definition
ABC	Australian Broadcasting Corporation
ACE	Assessing Cost-Effectiveness
AHPOQ	Allied Health Professions' Office of Queensland
ARACY	Australian Research Alliance for Children and Youth
ARRs	<i>Annual Report Requirements for Queensland Government agencies</i>
BMI	Body mass index
CEQ	Clinical Excellence Queensland, Department of Health
COVID-19	Coronavirus disease pandemic
DALYs	Disability-Adjusted Life Years
ECHO	Extension for Community Healthcare Outcomes
FAA	<i>Financial Accountability Act 2009</i>
FPMS	<i>Financial and Performance Management Standard 2019</i>
FARM Committee	Finance, Audit and Risk Management Committee
FTE	Full-time equivalent employees
HALYs	Health-Adjusted Life Years
HHBs	Hospital and Health Boards
HHSs	Hospital and Health Services
HWQld Act	<i>Health and Wellbeing Queensland Act 2019</i>
IUIH	Institute for Urban Indigenous Health
LGBTIQ+	Lesbian, gay, bisexual, transgender, intersex and queer/questioning
MOC	Model of Care – the first integrated clinical approach to tackling childhood obesity in Queensland
NGOs	Non-government organisations
OAM	Order of Australia Medal
PhD	Doctor of Philosophy
PHNs	Primary Health Networks
QCWA	Queensland Country Women's Association
QCYCN	Queensland Child and Youth Clinical Network
Queensland Health	Department of Health and HHSs, collectively
UQ	The University of Queensland

References

References 1–27: Please contact Health and Wellbeing Queensland for a reference list.

Compliance checklist

Summary of requirements		Basis for requirement	Annual report reference
Letter of compliance	A letter of compliance from the accountable officer or statutory body to the relevant Minister/s	ARRs – section 7	Pg ii
Accessibility	Table of contents	ARRs – section 9.1	Pg 1
	Glossary		Pg 31
	Public availability	ARRs – section 9.2	Inside front cover
	Interpreter service statement	Queensland Government Language Services Policy ARRs – section 9.3	Inside front cover
	Copyright notice	<i>Copyright Act 1968</i> ARRs – section 9.4	Inside front cover
	Information Licensing	QGEA – Information Licensing ARRs – section 9.5	Inside front cover
General information	Introductory Information	ARRs – section 10.1	Pg 3 to 5
	Machinery of Government changes	ARRs – section 10.2, 31 and 32	N/A
	Agency role and main functions	ARRs – section 10.2	Pg 6 to 7
	Operating environment	ARRs – section 10.3	Pg 3 to 6 Pg 15 to 29
Non-financial performance	Government's objectives for the community	ARRs – section 11.1	Pg 2
	Other whole-of-government plans/ specific initiatives	ARRs – section 11.2	Pg i, 14, 20, 21 and 23
	Agency objectives and performance indicators	ARRs – section 11.3	Pg 14 to 15
	Agency service areas and service standards	ARRs – section 11.4	N/A
Financial performance	Summary of financial performance	ARRs – section 12.1	Pg 29
Governance – management and structure	Organisational structure	ARRs – section 13.1	Pg 12 to 13
	Executive management	ARRs – section 13.2	Pg 7 to 12
	Government bodies (statutory bodies and other entities)	ARRs – section 13.3	N/A
	Public Sector Ethics	<i>Public Sector Ethics Act 1994</i> ARRs – section 13.4	Pg 30
	Human Rights	<i>Human Rights Act 2019</i> ARRs – section 13.5	Pg 30
	Queensland public service values	ARRs – section 13.6	Pg 6

Summary of requirements		Basis for requirement	Annual report reference
Governance – risk management and accountability	Risk management	ARRs – section 14.1	Pg 29 to 30
	Audit committee	ARRs – section 14.2	Pg 29 to 30
	Internal audit	ARRs – section 14.3	Pg 30
	External scrutiny	ARRs – section 14.4	Pg 30
	Information systems and recordkeeping	ARRs – section 14.5	Pg 30
Governance – human resources	Strategic workforce planning and performance	ARRs – section 15.1	Pg 29
	Early retirement, redundancy and retrenchment	Directive No.04/18 Early Retirement, Redundancy and Retrenchment ARRs – section 15.2	Pg 29
Open Data	Statement advising publication of information	ARRs – section 16	Inside front cover
	Consultancies	ARRs – section 33.1	https://data.qld.gov.au
	Overseas travel	ARRs – section 33.2	https://data.qld.gov.au
	Queensland Language Services Policy	ARRs – section 33.3	https://data.qld.gov.au
Financial statements	Certification of financial statements	FAA – section 62 FPMS – sections 38, 39 and 46 ARRs – section 17.1	Pg 53
	Independent Auditor’s Report	FAA – section 62 FPMS – section 46 ARRs – section 17.2	Pg 54 to 56

Health and Wellbeing Queensland Financial Statements

for the year ended 30 June 2020

Health and Wellbeing Queensland Financial Statements 2019-20

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Statement of Changes in Equity	38
Statement of Cash Flows	39
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Audit Certificate	54-56

Health and Wellbeing Queensland

Statement of Comprehensive Income for the year ended 30 June 2020

		2020 Actual
	Notes	\$'000
Income		
Revenue		
Grants and other contributions	4	3,518
Other revenue		19
Interest		14
		<hr/>
Total Revenue		3,551
		<hr/>
Total Income		3,551
		<hr/>
Expenses		
Employee expenses	5	1,844
Supplies and services	6	1,233
Depreciation	10	8
Other expenses	7	30
		<hr/>
Total Expenses		3,116
		<hr/>
Operating Result		435
		<hr/>
Total Comprehensive Income		435
		<hr/>

The accompanying notes form part of these statements.

Health and Wellbeing Queensland

Statement of Financial Position for the year ended 30 June 2020

		2020 Actual
	Notes	\$'000
Current Assets		
Cash and cash equivalents	8	539
Receivables	9	23
Prepayments		65
		<hr/>
Total Current Assets		628
		<hr/>
Non Current Assets		
Property, plant and equipment	10	116
		<hr/>
Total Non Current Assets		116
		<hr/>
Total Assets		744
		<hr/>
Current Liabilities		
Payables	11	163
Accrued employee benefits	12	145
		<hr/>
Total Current Liabilities		308
		<hr/>
Total Liabilities		308
		<hr/>
Net Assets		435
		<hr/>
Equity		
Accumulated surplus/(deficit)		435
		<hr/>
Total Equity		435
		<hr/>

The accompanying notes form part of these statements.

Health and Wellbeing Queensland

Statement of Changes in Equity for the year ended 30 June 2020

2020

\$'000

Balance as at 1st July 2019

-

Operating Result

435

Balance as at 30 June 2020

435

The accompanying notes form part of these statements.

Health and Wellbeing Queensland

Statement of Cash Flows for the year ended 30 June 2020

	2020 Actual
Notes	\$'000
Cash flows from operating activities	
<i>Inflows:</i>	
Grants and other contributions	3,518
GST collected from customers	59
GST input tax credits from ATO	177
Interest receipts	14
<i>Outflows:</i>	
Employee expenses	(1,764)
Supplies and services	(1,070)
GST paid to suppliers	(200)
GST remitted to ATO	(59)
Other	(30)
Net cash provided by (used in) operating activities	644
Cash flows from investing activities	
<i>Outflows:</i>	
Payments for plant and equipment	(105)
Net cash provided by (used in) investing activities	(105)
Net increase (decrease) in cash held	539
Cash at beginning of financial year	-
Cash at end of financial year	8 539

The accompanying notes form part of these statements.

	2020 \$'000
Reconciliation of Operating Result to Net Cash from Operating Activities	
Operating surplus/(deficit)	435
Depreciation expense	8
Donated assets received	(19)
Changes in assets and liabilities:	
(Increase)/decrease in receivables	(23)
(Increase)/decrease in prepayments	(65)
Increase/(decrease) in payables	163
Increase/(decrease) in accrued employee benefits	145
Net cash provided by/(used in) operating activities	644

Health and Wellbeing Queensland

Notes to the Financial Statements for the year ended 30 June 2020

Section 1: How We Operate - Our Agency Objectives and Activities

- Note 1: General Information
- Note 2: Objectives and Principal Activities of Health and Wellbeing Queensland
- Note 3: Basis of Financial Statement Preparation

Section 2: Notes about our Financial Performance

- Note 4: Grants and Other Contributions
- Note 5: Employee Expenses
- Note 6: Supplies and Services
- Note 7: Other Expenses

Section 3: Notes about our Financial Position

- Note 8: Cash and Cash Equivalents
- Note 9: Receivables
- Note 10: Plant and Equipment and Depreciation Expense
- Note 11: Payables
- Note 12: Accrued Employee Benefits

Section 4: Notes about Risk and Other Accounting Uncertainties

- Note 13: Commitments
- Note 14: Contingencies
- Note 15: Financial Risk Disclosures
- Note 16: Events Occurring after the Reporting Date

Section 6: Other information

- Note 17: Key Management Personnel (KMP) Disclosures
- Note 18: Related Party Transactions
- Note 19: Accounting standards early adopted
- Note 20: Future Impact of Accounting Standards Not Yet Effective
- Note 21: Climate Risk Disclosure

Health and Wellbeing Queensland

Notes to the Financial Statements for the year ended 30 June 2020

1. General Information

These financial statements cover Health and Wellbeing Queensland (HWQld), an independent statutory body established under the *Health and Wellbeing Queensland Act 2019*. The financial statements include all income, expenses, assets, liabilities and equity of HWQld. HWQld does not have any controlled entities. The entity is controlled by the state of Queensland which is the ultimate parent.

The head office and principal place of business is:

Milton Green

Ground Floor, 139 Coronation Drive

MILTON QLD 4064

For information relating to these financial statements please email info@hw.qld.gov.au

2. Objectives and Principal Activities of Health and Wellbeing Queensland

HWQld was established on 1 July 2019 as a statutory body to improve the health and wellbeing of the population and reduce health inequities with an initial focus on reducing the risk factors that drive the chronic disease burden, such as poor nutrition, physical inactivity and obesity. HWQld has been given a mandate to develop a new way of working that requires innovation, partnerships and an element of risktaking that a statutory body is well positioned to deliver. While HWQld is accountable to government, and the broader community, HWQld is an independent agency that will work relentlessly to achieve outcomes that benefit the whole of Queensland.

3. Basis of Financial Statement Preparation

Compliance with Prescribed Requirements

HWQld has prepared these financial statements in compliance with section 39 of the *Financial and Performance Management Standard 2019*. The financial statements comply with Queensland Treasury's Minimum Reporting Requirements for reporting periods beginning on or after 1 July 2019.

HWQld is a not-for-profit entity and these general purpose financial statements are prepared on an accrual basis (except for the Statement of Cash Flows which is prepared on a cash basis) in accordance with Australian Accounting Standards and Interpretations applicable to not-for-profit entities.

Presentation

Currency and Rounding

Amounts shown in these financial statements may not add to the correct sub-totals or total due to rounding.

Amounts included in the financial statements are in Australian dollars and rounded to the nearest \$1,000 or, where that amount is \$500 or less, to zero, unless disclosure of the full amount is specifically required.

Comparatives

As this is HWQld's first year of operation, no prior year comparatives are available.

Current/Non-Current Classification

Assets and liabilities are classified as either 'current' or 'non-current' in the Statement of Financial Position and associated notes.

Assets are classified as 'current' where their carrying amount is expected to be realised within 12 months after the reporting date. Liabilities are classified as 'current' when they are due to be settled within 12 months after the reporting date, or HWQld does not have an unconditional right to defer settlement to beyond 12 months after the reporting date.

All other assets and liabilities are classified as non-current.

Health and Wellbeing Queensland

Notes to the Financial Statements for the year ended 30 June 2020

Authorisation of Financial Statements for Issue

The financial statements are authorised for issue by the Chief Executive Officer and the Board Chairperson at the date of signing the Management Certificate.

Basis of Measurement

Historical cost convention is used as the measurement basis in this financial report.

Under historical cost, assets are recorded at the amount of cash or cash equivalents paid or the fair value of the consideration given to acquire assets at the time of their acquisition. Liabilities are recorded at the amount of proceeds received in exchange for the obligation or at the amounts of cash or cash equivalents expected to be paid to satisfy the liability in the normal course of business.

Health and Wellbeing Queensland

Notes to the Financial Statements for the year ended 30 June 2020

	2020 \$'000
4. Grants and Other Contributions	
Grants from Government	3,518
Total	3,518

Accounting policy

Grants and contributions are non-reciprocal in nature where the agency does not directly give approximately equal value to the grantor. The grant is accounted for under AASB 1058 *Income of Not-for-Profit Entities*, whereby revenue is recognised upon receipt of the grant funding.

5. Employee Expenses

Employee Benefits

Wages and salaries	1,248
Annual leave levy	138
Long service leave levy	32
Employer superannuation contributions	140

Employee Related Expenses

Workers' compensation premium	12
Payroll tax	62
Other employee related expenses	213

Total	1,844
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The number of employees as at 30 June 2020, including both full time and part time employees, measured on a full time equivalent basis (reflecting Minimum Obligatory Human Resource Information (MOHRI)).

	2020 No.
Full-Time Equivalent Employees	23.9

Accounting policy

Wages, Salaries and Sick leave

Wages and salaries due but unpaid at reporting date are recognised in the Statement of Financial Position at the current salary rates. As HWQld expects such liabilities to be wholly settled within 12 months of reporting date, the liabilities are recognised at undiscounted amounts. As sick leave is non-vesting, an expense is recognised for this leave as it is taken.

As at 30 June 2020, HWQld had not made the backpay as required under the Queensland Public Health Sector Certified Agreement (No. 10) 2019 and the Health Practitioners and Dental Officers (QH) Certified Agreement (3) 2019. The estimated amount is \$28,125 for 22.5 FTE. This is prorated for part-time staff.

Health and Wellbeing Queensland

Notes to the Financial Statements for the year ended 30 June 2020

5. Employee Expenses (continued)

Annual Leave and Long Service Leave

Under the Queensland Government's Annual Leave Central Scheme and Long Service Leave Scheme HWQld is levied for the cost of employees' annual leave (including leave loading and on-costs) and long service leave (including on-costs). The levies are expensed in the period in which they are payable. Amounts paid to employees for annual leave and long service leave are claimed from the scheme quarterly in arrears.

No provision for annual leave and long service leave is recognised in HWQld's financial statements as the liability is held on a whole-of-government basis and reported in those financial statements pursuant to *AASB 1049 Whole of Government and General Government Sector Financial Reporting*.

Superannuation

Post-employment benefits for superannuation are provided through defined contribution (accumulation) plans or the Queensland Government's QSuper defined benefit plan as determined by the employee's conditions of employment.

Defined Contribution Plans - Contributions are made to eligible complying superannuation funds based on the rates specified in the relevant EBA or other conditions of employment. Contributions are expensed when they are paid or become payable following completion of the employee's service each pay period.

Defined Benefit Plan - The liability for defined benefits is held on a whole-of-government basis and reported in those financial statements pursuant to *AASB 1049 Whole of Government and General Government Sector Financial Reporting*. The amount of contributions for defined benefit plan obligations is based upon the rates determined by the Treasurer on the advice of the State Actuary. Contributions are paid by HWQld at the specified rate following completion of the employee's service each pay period. HWQld's obligations are limited to those contributions paid.

Workers' Compensation Premiums

HWQld pays premiums to WorkCover Queensland in respect of its obligations for employee compensation. Workers' compensation insurance is a consequence of employing employees, but is not counted in an employee's total remuneration package. It is not employee benefits and is recognised separately as employee related expenses.

Key management personnel and remuneration disclosures are detailed in Note 17.

Health and Wellbeing Queensland

Notes to the Financial Statements for the year ended 30 June 2020

	2020 \$'000
6. Supplies and Services	
Property rental	265
Information technology	20
Minor plant and equipment	119
Legal fees	2
Supplies and consumables	93
Consultants and contractors	407
Corporate service charges	286
Communications	28
Sundry expenses	12
Total	1,233

Accounting policy - Property Rental

Payments for non-specialised commercial office accommodation under the Queensland Government Accommodation Office (QGAO) framework arise from non-lease arrangements with the Department of Housing and Public Works, who has substantive substitution rights over the assets used within these schemes. Payments are expensed as incurred and categorised within property rental.

Accounting policy - Short-term leases and leases of low value assets

HWQld has elected to recognise lease payments for short-term leases of low value assets as expenses on a straight-line basis over the lease term, rather than accounting for them on the balance sheet.

7. Other Expenses

Insurance	4
External audit fees for the audit of financial statements ⁽¹⁾	26
Donations	1
Total	30

Audit Fees

(1) Total audit fees quoted by the Queensland Audit relating to the 2019-20 financial statements are \$25,750. There are no non-audit services included in this amount.

8. Cash and Cash Equivalents

Cash at bank	539
Total	539

Accounting policy

For the purposes of the Statement of Financial Position and the Statement of Cash Flows, cash assets include all cash and cheques receipted but not banked at 30 June.

Health and Wellbeing Queensland

Notes to the Financial Statements for the year ended 30 June 2020

2020
\$'000

9. Receivables

GST receivable	16
	<hr/>
	16
Annual leave reimbursements	7
	<hr/>
Total	23
	<hr/>

Accounting policy - Receivables

Receivables are measured at amortised cost which approximates their fair value at reporting date.

Accounting policy - Impairment of receivables

HWQld's receivables are primarily from Queensland Government agencies or Australian Government agencies. No loss allowance is recorded for these receivables on the basis of materiality. Refer to Note 15 for HWQld's credit risk management policies.

10. Plant and Equipment and Depreciation Expense

Closing Balance and Reconciliation of Carrying Amount

Gross (at cost)	124
Less: Accumulated depreciation	(8)
	<hr/>
Total	116
	<hr/>

2020
\$'000

Carrying amount at 1 July	-
Acquisitions	105
Donations received	19
Depreciation expense	(8)
	<hr/>
Carrying amount at 30 June	116
	<hr/>

Health and Wellbeing Queensland

Notes to the Financial Statements for the year ended 30 June 2020

10. Plant and Equipment (contd)

Accounting policy

Cost of Acquisition

Historical cost is used for the initial recording of all property, plant and equipment acquisitions. Historical cost is determined as the value given as consideration and costs incidental to the acquisition (such as architects' fees and engineering design fees), plus all other costs incurred in getting the assets ready for use.

Assets acquired at no cost or for nominal consideration, other than from another Queensland Government entity, are recognised at their fair value at date of acquisition.

Where assets are received free of charge from another Government entity (whether as a result of a machinery-of-government change or other involuntary transfer), the acquisition cost is recognised as the carrying amount in the books of the other entity immediately prior to the transfer.

Measurement using Historical Cost

Plant and equipment, is measured at historical cost in accordance with Queensland Treasury's Non-Current Asset Policies for the Queensland Public Sector. The carrying amounts for such plant and equipment is not materially different from their fair value.

Items of plant and equipment with a cost or other value equal to or in excess of \$5,000 are recognised in the year of acquisition. Items with a lesser value are expenses in the year of acquisition.

Depreciation Expense

Property, plant and equipment is depreciated on a straight-line basis so as to allocate the net cost or revalued amount of each asset, less any estimated residual value, progressively over its estimated useful life to Health and Wellbeing Queensland.

Key Judgement: Straight line depreciation is used as that is consistent with the even consumption of service potential of these assets over their useful life to Health and Wellbeing Queensland.

Depreciation rates for each class of depreciable asset (including significant identifiable components):

<i>Class</i>	<i>Rate%</i>
Plant and Equipment:	
Office Equipment	20%
Leasehold Improvement	10%

Impairment

All non-current physical assets are assessed for indicators of impairment on an annual basis. If an indicator of possible impairment exists, Health and Wellbeing Queensland determines the asset's recoverable amount. Any amount by which the asset's carrying amount exceeds the recoverable amount is recorded as an impairment loss.

Health and Wellbeing Queensland

Notes to the Financial Statements for the year ended 30 June 2020

	2020 \$'000
11. Payables	
Trade and other creditors	94
Accrued other supplies and services	69
	<hr/>
Total	163 <hr/>

Accounting policy

Trade creditors are recognised upon receipt of the goods or services ordered and are measured at the nominal amount i.e. agreed purchase/contract price, gross of applicable trade and other discounts. Amounts owing are unsecured.

	2020 \$'000
12. Accrued Employee Benefits	
Salary and wages related	23
Annual leave levy payable	92
Long service leave levy payable	21
Superannuation	9
	<hr/>
Total	145 <hr/>

Accounting policy

No provision for annual leave or long service leave is recognised in HWQld's financial statements as the liability is held on a whole-of-government basis and reported in those financial statements pursuant to AASB 1049 *Whole of Government and General Government Sector Financial Reporting*.

13. Commitments

Non-cancellable Operating Lease Commitments

HWQld does not have any commitments as at 30 June 2020.

14. Contingencies

HWQld does not have any contingencies as at 30 June 2020.

15. Financial Risk Disclosures

(a) Financial Instrument Categories

Financial assets and financial liabilities are recognised in the Statement of Financial Position when HWQld becomes party to the contractual provisions of the financial instrument.

No financial assets and financial liabilities have been offset and presented net in the Statement of Financial Position.

Health and Wellbeing Queensland

Notes to the Financial Statements for the year ended 30 June 2020

15. Financial Risk Disclosures (contd)

(b) Risks Arising From Financial Instruments

Financial risk management is implemented pursuant to Queensland Government and HWQld's policies. These policies provide the principals for overall risk management as well as specific areas, and seek to minimise potential adverse effects on the financial performance of HWQld.

HWQld's activities expose it to a variety of financial risks as set out in the following table:

Risk Exposure	Definition	Exposure	Measurement Method	Risk Management Strategies
Credit Risk	Credit risk exposure refers to the situation where the entity may incur financial loss as a result of another party to a financial instrument failing to meet their obligations.	HWQld is exposed to credit risk in respect of its receivables (Note 9). No financial assets are past due or impaired.	Ageing analysis	HWQld manages credit risk by proactively pursuing the recoverability of monies owed to them. Exposure to credit risk is monitored on an ongoing basis.
Liquidity Risk	Liquidity risk refers to the situation where HWQld may encounter difficulty in meeting obligations associated with financial liabilities that are settled by delivering cash or another financial asset.	HWQld is exposed to liquidity risk in respect of its contractual payables reported under Note 11 Payables	Maturity Analysis	HWQld manages exposure to liquidity risk by ensuring sufficient funds are available to meet employee and supplier obligation at all times. This is achieved by ensuring minimum levels of cash are held within the bank account to match the expected duration of the various employee and supplier liability.
Market Risk	The risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk. Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in the market interest rates.	HWQld does not trade in foreign currency and is not materially exposed to commodity price changes or other markets. Exposure to interest rate risk is limited to cash held in the CBA bank account. Refer to Note 8 Cash and Cash Equivalents.	Interest rate sensitivity analysis	HWQld does not undertake any hedging in relation to interest rate risk. Interest rate risk is minimised through a passive investment management strategy to ensure the return of capital and at the same time, generate a return commensurate with the risk taken.

16. Events Occurring after the Reporting Date

From 1 July 2020, Department of Health will novate 10 existing community services contracts to HWQld totalling \$21.77M. This funding will be classified as Recurrent Grants Revenue under AASB 1058. The 10 contracts range from 1 year to 2 year contract dates. Further details of the contracts are in the body of the Annual Report under the section relating to contract novation.

HWQld's financial statements are expected to be impacted by the COVID-19 programs beyond 30 June 2020, although the actual impacts cannot be reliably estimated at the reporting date.

Health and Wellbeing Queensland

Notes to the Financial Statements for the year ended 30 June 2020

17. Key Management Personnel (KMP) Disclosures

Details of Key Management Personnel

The following details for non-Ministerial KMP reflect those positions that had authority and responsibility for planning, directing and controlling the activities of HWQld during 2019-20. Further information on these positions can be found in the body of the Annual Report under the section relating to Executive Management.

Position	Position Responsibility
Board Chairperson	Provides strategic leadership, guidance and effective oversight of management, operations and financial performance
Board Member	Provides strategic leadership, guidance and effective oversight of management, operations and financial performance
Chief Executive Officer	The Chief Executive Officer directs the overall efficient, effective and economical administration and guides the strategic direction of HWQld.
Chief Operating Officer	The Chief Operating Officer leads the business, corporate governance and service delivery functions.
General Manager	The General Manager leads the planning, directing and controlling of HWQld's business.

KMP remuneration policies

The responsible Minister is the Deputy Premier and Minister for Health and Minister for Ambulance Services. Ministerial remuneration entitlements are outlined in the Legislative Assembly of Queensland's Members' Remuneration Handbook. The HWQld does not bear any cost of remuneration of Ministers. The majority of Ministerial entitlements are paid by the Legislative Assembly, with the remaining entitlements being provided by Ministerial Services Branch within the Department of the Premier and Cabinet. As all Ministers are reported as KMP of the Queensland Government, aggregate remuneration expenses for all Ministers is disclosed in the Queensland General Government and Whole of Government Consolidated Financial Statements, which are published as part of Queensland Treasury's Report on State Finances.

Remuneration policy for HWQld's Chief Executive Officer, Chief Operating Officer and General Manager are set by the Queensland Public Service Commission as provided for under the *Public Service Act 2008*. Individual remuneration and other terms of employment (including motor vehicle entitlements and performance payments if applicable) are specified in employment contracts. Appointment to the Board is made by Governor in Council under s18 of the Health and Wellbeing Act 2019.

Remuneration expenses for those KMP comprise the following components:

Short term employee expenses, including:

- salaries, allowances and leave entitlements earned and expensed for the entire year, or for that part of the year during which the employee occupied a KMP position;
- performance payments recognised as an expense during the year; and
- non-monetary benefits - consisting of provision of vehicle together with fringe benefits tax applicable to the benefit.

Long term employee expenses include amounts expensed in respect of long service leave entitlements earned.

Post-employment expenses include amounts expensed in respect of employer superannuation obligations.

Termination benefits include payments in lieu of notice on termination and other lump sum separation entitlements (excluding annual and long service leave entitlements) payable on termination of employment or acceptance of an offer of termination of employment.

Performance Payments

No performance payments were made to the key management personnel of Health and Wellbeing Queensland.

Health and Wellbeing Queensland

Notes to the Financial Statements for the year ended 30 June 2020

17. Key Management Personnel (KMP) Disclosures (continued)

Remuneration Expenses

The following disclosures focus on the expenses incurred by the agency attributable to non-Ministerial KMP during the respective reporting periods. The amounts disclosed are determined on the same basis as expenses recognised in the statement of comprehensive income.

2019-20

Position	Short Term Employee Expenses		Long Term Employee Expenses	Post-Employment Expenses	Termination Benefits	Total Expenses
	Monetary Expenses \$'000	Non-Monetary \$'000	\$'000	\$'000	\$'000	\$'000
Chief Executive Officer						
Current (18/11/2019-30/06/2020)	175	1	4	13	0	193
Former (01/07/2019-08/11/2019)	123	1	3	14	44	185
Chief Operating Officer						
Current (14/02/2020-30/06/2020)	148	0	2	7	0	157
General Manager						
Current (10/02/2020-30/06/2020)	72	1	0	8	0	81
Total Remuneration	518	3	9	42	44	616

Board Remuneration

Position	Terms		Total remuneration	Out of Pocket expenses
	Date of initial appointment	Date of cessation	\$'000	\$'000
Current Members				
Dr John Wakefield (Chair) ^	7/09/2019		-	-
Ms Liza Carroll ^	1/07/2019		-	-
Mr Thomas (Preston) Campbell	1/07/2019		16	-
Mr Stephen Ryan	1/07/2019		16	-
Ms Stella Taylor-Johnson	1/04/2020		4	-
Ms Anna Voloschenko	1/04/2020		4	-
Professor Ian Lowe	1/04/2020		4	-
Ms Jane Williams	1/04/2020		4	-
Former Members				
Mr Michael Walsh (Chair) ^	1/07/2019	06/09/2019	-	-
Dr Robyn Littlewood	1/07/2019	25/10/2019	6	-
Dr John Pickering	1/07/2019	31/03/2020	12	-
Ms Jo Whitehead ^	1/07/2019	31/03/2020	-	-
Professor Amanda Lee	1/07/2019	31/03/2020	11	-
Total Remuneration			77	-

^ Officer of the Public Service - non-remunerated

Health and Wellbeing Queensland

Notes to the Financial Statements for the year ended 30 June 2020

18. Related Party Transactions

Transactions with people/entities related to KMP

There were no transactions with people or entities related to our KMP.

Transactions with other Queensland Government-controlled entities

HWQld received funding from Queensland Health. The funding provided is predominately for operational requirements (refer Note 4).

HWQld transacts with the Department of Housing and Public Works for accommodation services (Queensland Government Accommodation Office) and Qfleet vehicle services (refer Note 6).

HWQld has a service level agreement with the Corporate Administration Agency (refer Note 6 - Corporate service charges).

19. Accounting standards early adopted

No Australian Accounting Standards have been early adopted for 2019-20.

20. Future Impact of Accounting Standards Not Yet Effective

At the date of authorisation of the financial report, the expected impacts of new or amended Australian Accounting Standards issued but with future effective dates are set out below:

AASB 1059 Service Concession Arrangements: Grantors

AASB 1059 will first apply to HWQld's financial statements in 2020-21. This standard defines service concession arrangements and applies a new control concept to the recognition of service concession assets and related liabilities.

At the date of authorisation of the financial report, Australian accounting standards and interpretations with future effective dates are either not applicable to HWQld's activities or have no material impact.

21. Climate Risk Disclosure

Current Year Impacts

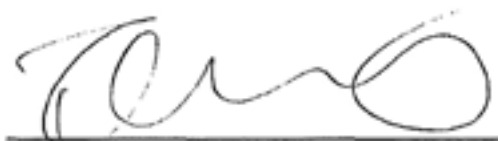
No adjustments to the carrying value of recorded assets or other adjustments to the amounts recorded in the financial statements were recognised during the financial year.

**Management Certificate
for Health and Wellbeing Queensland (HWQld)**

These general purpose financial statements have been prepared pursuant to section 62(1) of the *Financial Accountability Act 2009* (the Act), section 39 of the *Financial and Performance Management Standard 2019* and other prescribed requirements. In accordance with section 62(1)(b) of the Act we certify that in our opinion:

- (a) the prescribed requirements for establishing and keeping the accounts have been complied with in all material respects; and
- (b) the financial statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, of the transactions of HWQld for the financial year ended 30 June 2020 and of the financial position of HWQld at the end of that year; and

We acknowledge responsibility under section 7 and section 11 of the *Financial and Performance Management Standard 2019* for the establishment and maintenance, in all material respects, of an appropriate and effective system of internal controls and risk management processes with respect to financial reporting throughout the reporting period.



Name: Dr Robyn Littlewood
Title: Chief Executive Officer

Date: 5.8.2020



Name: Dr John Wakefield
Title: Board Chairperson

Date: 5.8.2020

INDEPENDENT AUDITOR'S REPORT

To the Board of Health and Wellbeing Queensland

Report on the audit of the financial report

Opinion

I have audited the accompanying financial report of Health and Wellbeing Queensland.

In my opinion, the financial report:

- a) gives a true and fair view of the entity's financial position as at 30 June 2020 and its financial performance and cash flows for the year then ended
- b) complies with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2019 and Australian Accounting Standards.

The financial report comprises the statement of financial position as at 30 June 2020, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes to the financial statements including summaries of significant accounting policies and other explanatory information, and the management certificate.

Basis for opinion

I conducted my audit in accordance with the *Auditor-General Auditing Standards*, which incorporate the Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report.

I am independent of the entity in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to my audit of the financial report in Australia. I have also fulfilled my other ethical responsibilities in accordance with the Code and the *Auditor-General Auditing Standards*.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Responsibilities of the entity for the financial report

The Board is responsible for the preparation of the financial report that gives a true and fair view in accordance with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2019 and Australian Accounting Standards, and for such internal control as the Board determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

The Board is also responsible for assessing the entity's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless it is intended to abolish the entity or to otherwise cease operations.

Auditor's responsibilities for the audit of the financial report

My objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

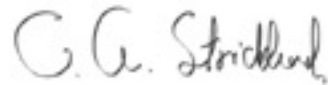
- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for expressing an opinion on the effectiveness of the entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the entity.
- Conclude on the appropriateness of the entity's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. I base my conclusions on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Report on other legal and regulatory requirements

In accordance with s.40 of the *Auditor-General Act 2009*, for the year 30 June 2020 :

- a) I received all the information and explanations I required.
- b) In my opinion, the prescribed requirements in relation to the establishment and keeping of accounts were complied with in all material respects.



Charles Strickland, CA
as delegate of the Auditor-General

6 August 2020

Queensland Audit Office
Brisbane

