



QUEENSLAND
FUTURES INSTITUTE



QLD POLICY LEADERS' FORUM
SOLUTIONS FOR A HEALTHY STATE

25 JUNE 2025

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SOLUTIONS FOR A HEALTHY STATE

PANELISTS:



NOELLE CRIDLAND

Health Service Chief Executive,
Metro South Health



PROF. MAHER GANDHI

Chief Executive Officer,
Translational Research Institute



DR ROBYN LITTLEWOOD

Chief Executive Officer,
Health and Wellbeing
Queensland



PROF. KAREN NELSON

Vice-Chancellor,
University of Southern Queensland



DR ANA SVENSSON

Senior Medical Director,
Novo Nordisk Oceania



**MODERATOR
SARAH ABBOTT**

Partner,
Health, Ageing & Human
Services, KPMG

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Snapshot

The 2025 Queensland Futures Institute Solutions for a Healthy State panel highlighted the health challenges for Queensland's diverse and growing population, and innovative initiatives and opportunities to meet the state's health needs.

While there is a rising burden of chronic disease and other pressures on the state's health system, there is significant opportunity to address this need by prioritising prevention and care, reshaping workforce pathways through interdisciplinary training and regional placements, and better integration between translational research, universities, industry, hospitals and primary care.

Summary of Panel Comments

- One in two Queenslanders now live with chronic disease, and 40% of the health burden is preventable – yet only 1.7% of the health budget is spent on prevention. Managing the growing and changing health needs of the state's diverse population is the key challenge for the industry.
- Critically, health outcomes vary dramatically across Queensland – with a 30-year gap in median age of death between Brisbane (82 years) and some parts of Far North Queensland (52 years). Addressing regional health disparities requires stronger collaboration between universities, healthcare providers and government – particularly through regionally focused education, workforce training and integrated care models that reflect the needs of local communities.
- Another key solution for meeting the state's health needs is focusing more on preventative healthcare. However, prevention needs to be funded sustainably – not just through annual grants or activity-based models. This would see a more holistic focus by clinicians on people's health and wellbeing, rather than just treating illness.
- Many preventable diseases are often linked to SNAPO risk factors (smoking, nutrition, alcohol, physical activity and obesity). While this is clearly prevalent across the state, there are many innovative initiatives driving prevention and improving better health outcomes – such as Wellness My Way and Logan Healthy Living.
- Primary care must be integrated better with hospitals – enabling GPs and specialists to work together more fluidly would avoid unnecessary referrals and improve outcomes.
- Wraparound care – including supporting access to allied health, pharmacists and broader support – as well as mental health initiatives are also key for preventative health.
- Additionally, translational research – especially when interdisciplinary and collaborative – is essential for solving healthcare challenges and moving discoveries into clinical practice.
- We need to rebuild our pharmaceutical and biotech manufacturing ecosystem – supporting small and medium enterprises, investing in infrastructure and encouraging partnerships to improve resilience and access.

Panel Comments



Sarah Abbott

- Improving health standards for Queenslanders is a top priority for the state. We saw this reflected in yesterday's budget - alongside a strong focus on fiscal repair.
- The current challenge for the State Government is meeting the growing and changing needs of diverse populations sustainably.
- Advances in medical technology, data analytics and public health innovation give us hope for solutions.
- The panel today knows the challenges all too well - these include rising chronic disease, ageing populations and workforce shortages.
- More importantly, they lead teams actively working on solutions right now to secure better health outcomes for all Queenslanders.



Noelle Cridland

- Metro South Health is an organisation with over 21,000 staff and a budget exceeding \$4 billion.
- We're experiencing unprecedented demand, especially in emergency and chronic disease services.
- Despite significant challenges, healthcare offers enormous opportunities for innovation.
- Our three main interconnected challenges are workforce, timely access to quality care and managing costs. Addressing these requires a sophisticated, nuanced approach.
- Empowering our talented workforce and fostering strong external partnerships is critical to addressing these challenges and taking advantage of the opportunities we face.



Prof. Maher Gandhi

- The Translational Research Institute (TRI) is located at the Princess Alexandra and Boggo Road precincts. We have approximately 1,100 staff across four key partners: Metro South Health, Mater Research, the University of Queensland and Queensland University of Technology.
- Our core mission is improving health outcomes through translational research, directly addressing Queensland's major healthcare challenges.



Dr Robyn Littlewood

- Health and Wellbeing Queensland is a statutory body established six years ago.
- For the first time, today's children in Queensland will have shorter lifespans than their parents.
- There is a 30-year gap in median age of death between metropolitan and regional demographics: 82 years in Brisbane, but only 52 years in some far northern areas.
- One in two Queenslanders now live with chronic diseases like obesity, heart disease stroke or cancer.
- Critically, 40% of Queensland's health burden is fully preventable.
- We have one of the best healthcare systems globally, yet our current funding model doesn't adequately support prevention.
- We need to fundamentally change around how we fund and deliver prevention, driving innovation and collaboration across the sector.

Panel Comments



Prof. Karen Nelson

- The University of Southern Queensland has about 22,000 students deeply embedded across regional communities from Ipswich to Toowoomba and western and southern Queensland.
- Our university actively addresses healthcare workforce shortages, particularly in regional areas where 3 out of 5 shortage areas exist.
- As a response to this challenge, we have embedded rural and regional placements in all allied health programs, preparing students for real-world regional healthcare settings.
- USQ piloted an innovative, complete nursing program in Charleville, allowing students to fully train locally, leading to high local workforce retention.
- Recently, we've launched the first physiotherapy program offered by a regional university in Toowoomba.
- We also partner closely with health industry providers to deliver cadetship degrees, blending theoretical learning and workplace experience to effectively prepare students as healthcare professionals.



Dr Ana Svensson

- Novo Nordisk has been focused on addressing chronic diseases globally for 100 years, and in Australia for 50 years.
- Chronic diseases like type 2 diabetes, obesity and cardiovascular conditions account for 91% of preventable deaths and 85% of life that is lost due to illness in Australia.
- Currently, 61% of Australians live with at least one chronic disease, creating a significant burden on individuals, society and healthcare systems.
- We tackle chronic disease in two ways - through innovative treatments and prevention.
- We recently made a federal budget submission advocating for increased investment in preventative measures and stronger partnerships between the public and private sectors – to allow communities to have a role in co-designing solutions.
- Government plays a critical role in reshaping the healthcare system through early intervention, prevention investment and facilitating access to innovative treatments.
- Our ultimate goal is to help create environments that reduce the number of patients and increase the number of people enjoying longer, healthier lives.

The Health Service you lead serves a rapidly growing and changing population. Tell us about the approaches and initiatives of your health service which give you the most hope that we can continue to deliver sustainable healthcare to Queenslanders?



Noelle Cridland

- I'm naturally optimistic about healthcare improvements. Our workforce has extraordinary capability; my role, alongside our executive team, is to create environments that empower staff to develop innovative solutions.
- Workforce shortages and turnover, especially in nursing and midwifery, are significant challenges for the industry. We're seeing shorter career spans and increasing part-time arrangements.
- 75% of our nursing and midwifery staff now work part-time, which increases onboarding and ongoing education demands within the same budget constraints.

Panel Comments

- To support a strong workforce, we partner with universities to support graduates coming into the workforce.
- Additionally, to boost workforce engagement, we've recently launched clinical networks led by senior clinical leaders, generating exceptional engagement and practical solutions.
- We're also working to minimise avoidable hospital visits, and in doing so are improving access to health services. This includes diversifying roles - such as physios managing back pain or nurses prescribing medication - to deliver timely, appropriate care.
- A key challenge is controlling costs, as labour comprises 75% of our budget - we carefully review workforce efficiency, procurement, supply chains, fleet management and digital tools to carefully manage this.
- We're trialling innovative technologies like Ambient AI, which automatically generates medical records, patient notes and GP letters from one interaction, easing clinician workload and improving efficiency.
- While we're actively exploring these technology-led approaches, we prioritise cautious adoption to ensure patient care quality remains uncompromised.

How do we train and educate our workforce needs to change to meet the future needs of our population?



Prof. Karen Nelson

- A key focus of our training programs is building resilience in health workers and emphasising interdisciplinary teamwork.
- We intentionally design courses and activities where students from various disciplines (e.g., physiotherapy, nursing, medicine and occupational therapy) learn collaboratively to solve patient problems.
- We ensure students understand and can work across their full scope of practice, especially at intersections where roles overlap, preparing them for the future healthcare environment.
- Regional training is critical - about 80% of students trained regionally will remain in those communities. This is an important solution for directly addressing workforce shortages and poorer health outcomes in the regions.
- Our Charleville nursing program is the first fully remote nursing program in Australia, graduated its first cohort in 2024, with 80% of students staying locally after graduation.
- Successful regional initiatives like this must be expanded across all health disciplines, including medical training, through collaborations like our medical pathway partnership with UQ.



Sarah Abbott

- When we spoke to clinicians across the country for the Unleashing the Potential of the Health Workforce report, it became clear almost immediately that there's still too little understanding of what other clinical professionals do.
- That lack of understanding undermines the care team's ability to work together and harness their full potential to meet community needs.
- Interdisciplinary approaches to education are fundamental to addressing this and building more cohesive teams.

Panel Comments

How do you make sure the work of TRI is focused on solving the most pressing problems facing our healthcare system?



Prof. Maher Gandhi

- We don't tell our researchers what to research, but rather we encourage them to think about how to research.
- TRI is focused on translation. While discovery is important – such as understanding molecular pathways and biology, which has contributed to a massive revolution in precision medicine - we encourage researchers not just to aim for publication, but to think about how to translate their research into the clinic.
- We have a whole range of exciting projects right now. For example, a University of Queensland partnership where Professor Peter Soyer developed a 3D imaging system that takes 92 photos in one second to map patients' moles, detect melanomas and plan treatment.
- Thinking outside the box is critical for this translation. One of our smartest professors, Gene Tyson from QUT, looked at mental health in army recruits in a non-traditional way.
- He compared new recruits undergoing basic training, with elite SAS soldiers, studying their gut bacteria and immune systems to find links to resilience.
- He's working on culturing those bacteria - or isolating the chemical compounds that they secrete - to potentially treat anxiety and depression.
- These 'out-of-the-box' developments are exciting and rely on interdisciplinarity to be achieved.

Evidence tells us that building the health and wellbeing of our community must begin long before an individual presents at hospital. In the context of the growing pressure on our health system, how is the work of Health and Wellbeing Queensland part of the solution?



Dr Robyn Littlewood

- The world and our health landscape have fundamentally changed - we must approach healthcare differently, especially prevention.
- One in two people now live with chronic disease, a situation that will worsen significantly without intervention. Importantly, people who live with chronic diseases can often have up to six.
- Prevention is essential: 40% of Queensland's health burden is preventable by addressing SNAPO risk factors (smoking, nutrition, alcohol, physical activity and obesity).
- Type 2 diabetes in children – which was previously unheard of - is now common alongside conditions like fatty liver and high cholesterol, signalling an urgent need for early prevention.
- Most chronic diseases - 90% of type 2 diabetes, 80% of heart disease and 40% of cancers - are preventable, yet public awareness and education remain insufficient.
- Prevention solutions must be quick, accessible and user-friendly, reflecting the immediate needs of today's population, including apps, phone-based coaching and on-demand services.

Panel Comments

- Successful pilots like “Wellness My Way” in Roma and programs in Bundaberg and Logan show promising results and community engagement. Roma alone saw 500 voluntary participants within nine months – driven by word-of-mouth adoption.
- We have also found that our Logan Healthy Living program delivers strong returns; for every dollar invested, there’s a \$1.82 return, 10% fewer hospital admissions and bed days and a 30% drop in emergency presentations.
- Scaling such prevention programs statewide could significantly reduce healthcare burdens, allowing hospitals to focus on acute care where they are most needed.

Novo Nordisk is a global company committed to preventing chronic disease, particularly through building partnerships to drive action and make cities healthier. Could you tell us more about that?



Dr Ana Svensson

- We recognise that chronic diseases like type 2 diabetes, obesity and cardiovascular issues are closely linked to our living environment.
- At Novo Nordisk, we launched the global “Cities for Better Health” program, active in around 50 countries, and have brought it to Australia - specifically to Logan in Queensland - where there’s significant unmet health needs.
- We’re working in partnership with community groups to change environments and promote healthier lifestyles.
- One initiative, partnered with Logan Together and the Australian Institute for International Play, involves innovatively redesigned playgrounds to encourage children’s physical activity, receiving national recognition.
- Another partnership with Stephanie Alexander Kitchen Gardens programs educates young families about nutrition and healthy lifestyle choices, aiming to build lifelong healthy habits.
- Additionally, we’re collaborating with Metro South Health and Logan Endocrine and Diabetes Services to directly address local risk factors for chronic diseases.
- We believe strongly in prevention and long-term solutions. Currently, only 1.7% of the Australian health budget is spent on prevention, which is significantly lower than in many other countries.
- Our approach is about adapting globally proven initiatives locally, working collaboratively to make sustainable and meaningful impacts in Australian communities.

Audience Questions

How hopeful are you about improving global access to affordable medicines, given the current challenges facing the pharmaceutical industry?



Dr Ana Svensson

- All pharmaceutical companies are really working closely with the government to better subsidise medications to improve access and cost.
- Novo Nordisk is focused on making quality products and treatments accessible to everyone.
- The industry is working closely with the government to achieve this.



Prof. Maher Gandhi

- Australia's pharmaceutical supply chain has significant challenges. Currently, CSL is our only globally significant pharmaceutical manufacturer.
- To strengthen our capability, we need to attract global pharmaceutical companies and better support local small and medium enterprises (SMEs).
- Queensland has advantages like electronic health records and accessible pathology data – which is unique compared to other states.
- However, we lack manufacturing capacity. At TRI, we're addressing this through our new \$110 million state-funded facility, designed specifically to help SMEs produce pharmaceuticals to Therapeutic Goods Administration standards and facilitate early-phase clinical trials.
- Our goal is to create a manufacturing ecosystem that allows successful local enterprises to scale their production capabilities, benefiting healthcare and the economy more broadly.
- Encouragingly, the current Queensland State Government has prioritised biotech.

Manufacturing exports have declined significantly over the past 10–15 years – but TRI is stepping up in this space. Given the importance of this industry for both the economy and access to medicines and medical devices, and the need to keep supply chains local, how else is TRI supporting this? What are you focusing on when it comes to medical trials?



Prof. Maher Gandhi

- Since our establishment in 2012, TRI has worked to shift research culture towards true translation - not just using patient samples or clinical trials but actively partnering with industry.
- We've implemented mentorship and training programs and have established nationally significant facilities like protein and mRNA production labs and the Human Immune Model facility, which supports vaccine research.
- Such national-level infrastructure attracts top researchers and fosters extensive collaborative networks, which is essential to driving meaningful translational research outcomes.

Audience Questions

Only 1.7% of the total health budget is spent on prevention, yet 40% of health presentations are preventable and one in two of us has a chronic condition. Our current funding model isn't sustainable in that context - so what needs to change in how we fund healthcare?



Dr Robyn Littlewood

- When activity-based funding was introduced, I initially thought it was positive due to transparency.
- However, there is an issue around waiting until people become very sick before funding their care. The current funding model rewards treatment after illness rather than prevention, making sustainable funding for preventative health challenging.
- Although the government does support our prevention efforts annually, prevention is not an activity – it needs a stable, sustainable funding model, not just periodic support.
- We must fundamentally rethink the funding model, shifting towards compensating clinicians for keeping people healthy, as done in some parts of the US and Europe.
- If doctors were rewarded for maintaining patients' wellness - such as managing weight, cardiovascular and metabolic health - it would dramatically ease pressure on our healthcare system.
- Clearly, integrating prevention and treatment in funding models and demonstrating the outcomes through data is the way forward.



Dr Ana Svensson

- It's very important to think about wraparound care, because an individual who has health problems needs access to everything else - whether it's allied health, clinicians, pharmacists and anything possible to make their journey easier.
- As such, making sure wraparound care is incentivised is an important aspect of prevention.



Prof. Karen Nelson

- One critical health issue we haven't discussed yet today is mental health, which urgently needs more preventative focus.
- Mental health outcomes are declining; there's a growing incidence of mental illness in our communities.
- At my university, over 8% of students have declared disabilities, and nearly three-quarters of those involve mental health. This mirrors broader societal trends.
- We're actively engaged in mental health prevention, including innovative programs such as our student-athlete empowerment initiative linked to the upcoming Olympics.
- Led by Professor Steven Bird, this program addresses nutrition, hydration, female physiology and importantly, the mental aspects of health and performance.
- The findings from this program have broad applicability, highlighting the importance of holistic health and wellbeing approaches for preventing poor health outcomes.

Audience Questions

How can we shift funding and activity outside of hospitals to let the acute sector focus on what it does best?



Noelle Cridland

- There's no doubt that the vast majority of funding in Metro South Health relates to us doing activity - and this is carefully monitored.
- The sector we haven't really focused on this morning, but is critical, is the primary care sector.
- Working with general practice and other practitioners in primary care is where most of the healthcare needs to happen – in addition to addressing prevention as already discussed.
- We need mechanisms that allow health services to work much more collaboratively with the primary care sector.
- Some of the initiatives at Metro South include trying to make it easier for our clinicians to have synchronous or asynchronous conversations with primary care. For example, this means a GP can ask a senior doctor “How do I manage this patient? What test do I need? What treatment would you recommend?”
- The patient can then stay in the care of the GP, which stops a lot of referrals into hospital and means patients get care in a timelier way.
- As such, funding models that enable us to work across primary, secondary and tertiary care are critical.
- But right now, primary care is funded federally - and hospitals are funded by the state.
- Better integrating these health services would unlock a lot of potential - because primary care can do so much of this work.

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