

What does the future hold?



1

- The population has been growing and ageing over the past decade and it will continue to do so.
- Utilisation of health services such as general practitioner (GP) visits and hospitalisations, is increasing and there is no sign of a slowing in demand.
- Combined, these factors will put increasing pressure on the capacity of the health system and our ability to fund it.
- Action to improve outcomes through refocusing effort on healthcare that provides the most benefit has commenced and is expected to provide greater value to consumers, and more streamlined and effective outcomes while containing costs.
- Preventive action has delivered benefits over the past 10 years and with ongoing investments and commitment will contribute to improved health and wellbeing for Queenslanders, and over the longer term, help to constrain health expenditure.
- Health and wellbeing are central to the strategic outlook of the Queensland Government. Actions to achieve such outcomes include working across sectors and through legislation to support people to adopt healthy lifestyles and create healthy places and systems.
- Queensland has become a healthier place to live with more smoke-free environments, and better support for walking, active recreation and more sport. The food environment is beginning to change but there is still much to be done working with industry and the community to improve the food intake of Queenslanders.
- Health has been improving for many, but not all. Disparities are evident for those from poorer socioeconomic circumstances and for Indigenous Queenslanders. Greater investment in preventive action is necessary to address these gaps and investment is required early, if improvement is to be secured in the next 10 years.
- There will be a need in the years ahead to increasingly support actions to improve end of life care and choices. This may include advance care planning so that as people age or face end of life, the wishes and preference of that person and their family can influence the healthcare support provided, and potentially avoid futile care that detracts from quality of life.

The past 10 years

The health of Queenslanders continues to improve—the result of long term investment in health and related sectors with the benefit of preventive action and effective treatment evident in better outcomes for many people.

Queenslanders are living longer, gaining an extra two years in life expectancy at birth in the past decade. The increase for males was a little better than for females—2.6 years compared with 1.6 years. Gains are slowly being achieved for Indigenous Queenslanders with a slight narrowing of the life expectancy gap which is now at about 10 years. Death rates for all Queenslanders continue to decline and as a result there are about 1000 fewer premature deaths each year than there would have been had the rates stayed the same.

Much of the advantage in longer lives and lower death rates has been achieved by preventive action, screening, early diagnosis and effective treatments for lifestyle related diseases. In fact, 90% of the reduction in all-cause deaths is due to rate decline for diseases such as stroke, coronary heart disease, lung cancer, colorectal cancer, breast cancer and COPD (chronic obstructive pulmonary disease). For Australia, the impact of risk exposure on disease burden has contracted slightly over the past eight years, showing benefits from preventive action, with smoking reduction the leading success story.

While people are living longer, they are living longer with illness and disability. The burden of chronic conditions associated with an ageing population is increasing—musculoskeletal disorders, nervous system disorders, mental disorders including dementia and substance use disorders, diabetes, vision loss and hearing loss. The prevalence of most of these conditions rises sharply with age, and as people survive into their 70s and 80s and beyond, the amount of time spent with these disorders increases, as does the treatment required.

Consequently, over the past 10 years there has been a substantial increase in the treatment and management of disease. In Queensland, presentations to GPs increased by about 700,000 per year on average (4% annual increase) and admissions to hospitals by 85,000 per year (5% annual increase). Much of this was associated with the older population—half the annual increase in GP visits and hospitalisations was for the older cohort.

The past decade has been a period of improving health outcomes, an increasing commitment and success in prevention, offset by a rising disability burden, increasing rates of health utilisation, budgetary pressures and ongoing inequalities.

The Queensland population is growing and ageing. Of the increase of 840,000 people over the past decade, about 230,000 were aged 65 years or older.

The past decade has seen a growing focus on promoting wellbeing. It was a key priority of the *My health, Queensland's future: Advancing health 2026* strategic outlook and integral to the *Queensland Health and Wellbeing Strategic Framework 2017 to 2026*—the blueprint for integrated actions to address overweight and obesity, smoking and skin cancer prevention. Furthermore, the 2018 Government priorities, *Our Future State*, place the health and wellbeing of Queenslanders at the core of their commitments.

The national health budget is increasing and in the latest estimate exceeded 10% of GDP (gross domestic product). As a proportion of state government spending, health continues to increase. Pressures in the health budget reflect the impact of expanding treatment options for a growing and ageing population.

There are continuing disparities in health. Tobacco smoking is a major contributor to health inequalities and a leading cause of preventable death and illness in Queensland. It will have ongoing impact on the health of those populations most affected—the socioeconomically disadvantaged and Indigenous Queenslanders. Not only is the smoking rate substantially higher in these populations, but gains are smaller which suggests disparity is increasing. This is evident in maternal smoking and adult and youth smoking. Lack of improvement can be seen in rates of death for lifestyle related chronic conditions, where rate decline is strong and sustained for most Queenslanders, but not for those from disadvantaged areas or for Indigenous Queenslanders. As a minimum, greater effort is required in preventive strategies to address the needs of these populations. Underpinning such action will be a renewed appreciation of the impact of the social determinants of health.

Looking ahead

The next 10 years will bring inevitable changes as well as opportunities to shape our future.

The latest population projections indicate we will reach 5.7 million Queenslanders by 2026, an increase of about 880,000 people or nearly 90,000 per year. One-third will be of people aged 65 years and older, an additional 300,000 older Queenslanders. The number of children and young people will increase by 250,000 (28% of the growth) with an additional 340,000 people aged 30–64 years (37% of the increase).

The steadily changing age profile will impact on the demand for GP and hospital services. Based on current trends, the number of GP visits in Queensland is likely to increase from 24 million per year in 2016–17 to 32 million per year in 2026–27. Hospital admissions will increase by a further 1.4 million to reach 3.7 million per year in 2026. At that time, 50% are likely to be for older people, an increase of about 900,000 more hospital admissions of those aged 65 years and older.

More people are going to hospital more often, particularly those aged 65 years and older. Access appears to play a part because rates are higher and generally increasing at a greater rate in areas of socioeconomic advantage and in the more populated HHSs. Some cause-groups are likely to increase in impact over the next 10 years—admissions for investigations, treatments and procedures, symptoms and signs, musculoskeletal conditions, digestive diseases, injury, and mental disorders. In 2026, it is likely these causes combined will account for 60% of all admissions.

Increasing multimorbidity associated with chronic diseases will put pressure on health services, both in the primary care sector and the hospital system. This is a result of people living longer but not wholly free of disease. International evidence shows that the burden of illness and disability in the population will increase as the population ages, carrying into future older years a burden of chronic disease, complicated by multimorbidity which develops relatively early in adult life for some.

More diverse and complex health needs for more people will result in growing pressure on funding models. The growth in health spending nationally over the past five years has slowed, however, it continues to be greater than the growth in GDP. While some commentators would make the case that growth in health spending is inevitable and affordable⁴, national and state funding limits will apply. Queensland Health, along with most health service providers, is likely to face increasing pressure to increase efficiencies and maintain and improve outcomes within the context of a relatively inelastic budget.

Knowing what we know now, and considering the evidence of trends and patterns over the past 10 years, the next decade is likely to be a time of improving health, increasing health system pressures, more knowledge and sharper investment intelligence to grow healthy people, healthy places and healthy systems in Queensland.

The health benefit generated by prevention is likely to continue and will drive down the impact of some conditions on health system pressures, but sustained investment in preventive strategies is necessary. The goal is to reduce the prevalence of smoking, increase the proportion of people in the healthy weight range and to lift levels of physical activity. Assuming these gains are achieved and that ongoing efforts to improve social and physical environments continue, the overall health and wellbeing of the population is likely to improve and may generate health system savings among younger people over the next decade and among older generations in the longer-term.

The unequal health outcomes evident in 2018, particularly from preventable causes for people with poorer socioeconomic circumstances and for Indigenous Queenslanders, are very likely to continue. Furthermore, the health gap will most likely widen unless action is taken to address these disparities early in the next decade and to sustain action until equity of outcome is achieved. Without innovative and substantial investment at sufficient scale, the gap will not diminish. At a more fundamental level there is a need to embrace differing concepts about health and the needs of different cultures and peoples.

The knowledge to inform planning and to assess the relative benefit of investments is rapidly developing in Queensland. The objective will be to put the person at the centre of the health system, to design systems and grow a workforce that is focussed on outcomes that matter to people and are fit for purpose. Such planning is at the core of preventive investments as well as clinical systems and service delivery.

Actions to manage our future burden

The aspiration is for Queenslanders to be the among the healthiest people in the world—a priority of the Queensland Government as described in *Our Future State: Advancing Queensland's Priorities and My health, Queensland's future: Advancing health 2026*. Empowering Queenslanders to make healthy choices and working across sectors and through legislation to build environments that favour healthier outcomes is central to the *Health and Wellbeing Strategic Framework 2017 to 2026*.

This aspiration is achievable but will require a proactive approach to keeping Queenslanders healthy and innovative responses to health system pressures.

Population growth and ageing will present the first challenge. Neither of these factors can be changed, but planning and complex modelling of alternative investments for system change are likely to result in more sustained delivery and optimise outcomes customised to the person who is at the centre of the service.

Assessing the value of healthcare practices to ensure that the system is lean, that is, the care provided is supported by evidence of its benefit or value is a priority. Work is underway in Queensland Health on multiple fronts to build on this concept and as the knowledge grows and the system adapts to the changing drivers, improved patient outcomes can be achieved, consistent with patient values and goals. Success will involve engaging health consumers in the process, balancing investments between prevention and treatment, developing the workforce to respond to change, responding to insights, optimising opportunities for data linkage and strengthening alliances. This future focus will require sustained commitment over the next decade to align health service delivery to meet the challenges ahead.

Australia is carrying a relatively larger disability burden than other high-income countries—we need to invest more in growing a healthier population. We have been successful in reducing early deaths but not as successful at preventing the diseases of old age. A sustained focus is needed to reduce preventable diseases through lifestyle and behaviour change and also to prevent and manage chronic conditions which are the cause of the high disability burden. Some of the conditions associated with ageing have low preventability, so it will be important to utilise existing evidence and invest in the kind of research that will inform this issue including how best to manage and mitigate the burden which may not be in the acute care setting. It is important that the widest possible opportunities and responses to change are considered.

To become leaders in good health, we will need a proactive approach to keeping Queenslanders healthy and innovative responses to health system pressures.

We can learn from other countries who are facing challenges similar to our own, that is, optimising health under an ageing demographic and high impact of chronic disease. Japan has a 2035 vision which is underpinned by fairness and one of their three core principles is a concept called life design—the need for solidarity built on individual autonomy, that is, empowering personal and social health choices.⁵ The objective is a healthcare system that supports individuals to actively participate in their community and encourages proactive approaches to healthcare.

The environments in which we live shape the choices we make. We need to act where people are. We are achieving a smoke-free state, we are growing places where people can be active, including parks, walking tracks, dedicated bike paths, open spaces and networks of green spaces in neighbourhoods. Schools are embracing healthy food options as are an increasing number of workplaces. The food industry is on a journey to reformulate foods and provide more options for healthy eating. The health of Queenslanders in 2026 will show the benefit of such change if the momentum for creating healthier places continues.

There is a need to balance investments. Currently the health system focuses on treatment and management of disease with less than 2% spent on public health. Prevention is a sound investment—it improves population wellbeing, delays the onset of disease and helps to constrain increasing costs associated with an ageing population over the long term.

Finally, there will be a need in the years ahead to increasingly support actions to improve end of life care and choices. This may include advance care planning so that as people age or face end of life, the wishes and preference of that person and their family can influence the healthcare support provided. Such planning can help to guide decision-making at a future time, particularly when a person's ability to communicate those preferences is limited. The greatest benefit will be to the individual and their family as it may avoid intrusive interventions when there is no realistic hope of recovery.