



MOORE POINT

HEALTH AND WELLBEING – REPORT

PRINCIPLES, VISION AND STRATEGIES

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An architectural rendering of the Moore Point development in Western Sydney. The scene shows a lush park area with a swimming pool, a playground with water fountains, and a large grassy area with people sitting and walking. In the background, modern high-rise residential buildings are visible, integrated with the greenery. The overall atmosphere is one of a vibrant, sustainable community.

A RIVERFRONT CITY

MOORE POINT

WESTERN SYDNEY'S LIVEABILITY BENCHMARK

“Moore Point will enable community and connectivity; Moore Point will nurture liveability and sustainability; and, Moore Point will inspire integration and innovation.”

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KEY TO ABBREVIATIONS

ABBREVIATION / ACRONYM	EXPANSION
CBD	Central Business District
CSIRO	Commonwealth Scientific and Industrial Research Organisation
DA	Development Application
DCP	Development Control Plan
GSC	Greater Sydney Commission
HNA	Health Needs Assessment
LIP	Liverpool Innovation Precinct
LSPS	Liverpool Local Strategic Planning Statement
NSW	New South Wales
PIC	Place-based Infrastructure Compact
SWSLHD	South Western Sydney Local Health District
SWSPHN	South Western Sydney Primary Health Network
UNSW	University of New South Wales



1. INTRODUCTION

The Liverpool Central Business District (CBD) and surrounding area are maturing into a significant metropolitan centre. Moore Point is a catalyst to the further development of this environment. Moore Point, with a 30 plus year vision, is one of the largest and long-term urban renewal projects, that can support the broader objectives of the Liverpool Collaboration Area Place Strategy (Greater Sydney Commission (GSC), 2018).

Moore Point is the largest privately-led urban renewal project in Australia, led by a Joint Landowner Group (JLG) comprised of Coronation Property Co and Leamac Property Group.

The 31.4 hectares site, set within the Liverpool Collaboration Area (LCA), is a unique opportunity to deliver a model for urban renewal at a metropolitan scale consistent with the strategic priorities of Government, it will be a catalyst for Liverpool City Council (Council) to realise its objectives for the LCA and the Western Parkland City.

When delivered, Moore Point will consolidate Liverpool's role as Australia's a great river city, providing a high-quality living and working environment for future generations. It will deliver homes, jobs and open space up to 2060, in a highly accessible location with unparalleled recreational amenity along the Georges River and Lake Moore.

At a glance, Moore Point will deliver:

- Approximately 11,000 dwellings set within distance of Liverpool CBD and LCA,
- Approximately 23,000 jobs to complement the expansion of Liverpool CBD, and
- Approximately 14 hectares of publicly accessible open space supported by bridge crossings from Liverpool CBD to a fully accessible Georges River foreshore and Haigh Park.

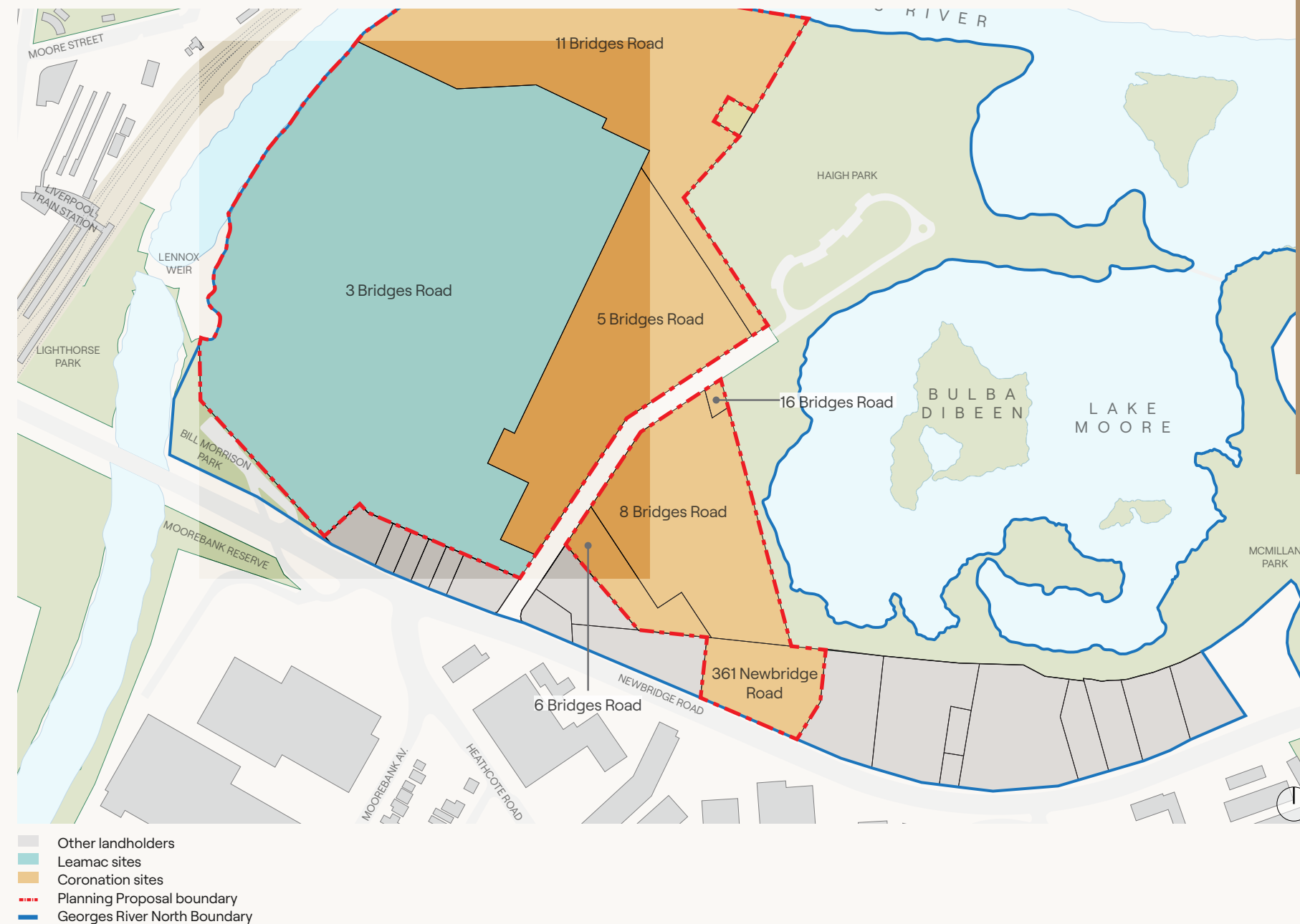


Figure 1: Moore Point. Source: Mecone, 2023.

1. INTRODUCTION

An overall vision for Moore Point has been developed by Leamac Property Group and Coronation Property as part of their overall precinct vision planning. This vision has been described as:

“Liverpool has the ambition to be the next Great River City of the world.

A City where the Georges River is its beating heart unifying both sides of the River into a pulsating waterfront experience.

The Moore Point vision will shape the City’s eastern bank into an internationally renowned destination loved by locals and visitors alike.

Reimagined Riverfront Parklands, River Pools, a Creative Heritage Quarter and a Marketplace will inspire our community of residents, workers and visitors. They will be the most productive, healthy and happy people on the planet.”

The vision of Moore Point, and enhancing and enabling the Liverpool CBD development, will be realised through the investment in new infrastructure. This includes bridges connecting Moore Point and the Liverpool CBD, open space adjacent to the Georges River, road upgrades, community facilities and improved local access connections (Mecone, 2020). The Moore Point vision is understood to benefit from the incorporation of health and wellbeing principles, vision and strategies. The intention is for the proposed principle, vision and strategies to be aligned with those consistently reflected in key strategic documents and policy directives, such as the Greater Sydney Region Plan (GSC, 2018), Western Sydney District Plan (GSC, 2018), Liverpool Collaboration Area Place Strategy (GSC, 2018) and Liverpool Local Strategic Planning Statement (Liverpool Council, 2020).

A health and wellbeing vision and strategy are required to enable the incorporation of health and wellbeing principles into the planning, design, and commercialisation of new towns. It is accepted that future positive commercial outcomes are linked to health outcomes. This point is supported by research, collaborative and integrated service planning and governance models that inform community and commercial strategies.

Linéaire Projects was engaged by Leamac Property Group and Coronation Property to facilitate the development of the Moore Point health and wellbeing strategy. Linéaire Projects has developed a four-stage assessment process to explore the health strategy, health needs and opportunities for Moore Point. This report is the output of Stage 1- Establishment of the Health Vision and Strategic Context.

This report outlines the approach and findings from document analysis, stakeholder consultations and scan of the literature, to outline the strategic health context and vision for Moore Point. This report can be utilised to inform ongoing planning and urban design in Moore Point, providing health and wellbeing principles, vision and strategies to support the broader objectives of Liverpool City. This includes, but is not limited to, healthy built forms, provision of health and community services, and collaboration with existing health, education, other government, and commercial partners.

2. OBJECTIVES

The key objectives of Stage 1- Establishment of the Health Vision and Strategic Context, were to:

- 1. Understand the health and wellbeing strategic context for Moore Point;
- 2. Engage with key stakeholders to inform the development of health and wellbeing principles;
- 3. Determine health components that can be embedded into a Development Control Plan (DCP) or Concept DA;
- 4. Define and develop the health vision and strategy of Moore Point.

3. METHODOLOGY

The health and wellbeing principles, vision and strategy for Moore Point has been informed by the following three key components:

- Review of the strategic context: examine state, regional and local strategies, plans and policy identifying material that can be used to underpin the health and wellbeing of future residents, visitors and workers of Moore Point.
- Fifteen stakeholder consultations with representatives from government, health, education, business and research organisations. These consultations are necessary to understand stakeholder perspectives on health and wellbeing for Moore Point, incorporating socio-cultural, equity, population health and economic issues, as well as the long-term strategy of local organisations over the next 20 years. A structured interview and discussion approach was utilised with stakeholders to enable the identification of key themes.
- Leamac Property Group identified representatives from 23 organisations as key stakeholders to consult with (Appendix D). As of November 2021, the following organisations have been consulted:
 - Business Western Sydney;
 - Calvary Health Care;
 - Commonwealth Scientific and Industrial Research Organisation (CSIRO)
 - Department of Education;
 - Greater Sydney Commission;
 - Ingham Institute for Applied Medical Research;
 - Karitane;

- Liverpool City Council;
 - Liverpool Innovation Precinct (LIP);
 - South Western Sydney Local Heath District (SWSLHD);
 - South Western Sydney Primary Health Network (SWSPHN);
 - Sydney Catholic Schools;
 - University of NSW, and
 - Western Sydney Leadership Dialogue
- Scan of the literature: review evidence on six key elements that foster a healthy and well community, including - healthy built environment; social determinants of health; community engagement; health service needs assessment; digital health care; and sustainable health care.

4. FINDINGS

The findings are summarised in three sections: 4.1 review of the strategic context, including state, regional and local policies and plans; 4.2 stakeholder consultations; and, 4.3 scan of the literature. The Appendices contain the detailed material that supports these summaries.

4.1 REVIEW OF THE STRATEGIC CONTEXT

Leamac Property Group and Coronation Property have made a significant investment in the development of Moore Point. They have sought to align the development of the Moore Point vision, master planning and more recently, the concept Development Applications (DAs) being prepared, to the strategic context - state, regional and local strategies, plans and policies.

The development of the Moore Point health and wellbeing vision has similarly considered the state, regional and local strategies, plans and policies. Health service provision and the health and wellbeing of the broader community is influenced by key strategic developments and infrastructure decisions. These decisions range from proposed infrastructure developments, the establishment of public transport links, key social infrastructure improvements and broader economic strategies. Specifically, the assessment of the state, regional and local strategic context examined five dimensions, as follows:

- Former Greater Sydney Commission
- Liverpool City Council
- NSW Health State context
- South Western Sydney Local Health District

Statewide and local health service strategies and policies outline the commitment to deliver high-quality health services locally to the community. This is dependent on key factors including:

- The health of the community, such as the overall health status of people and prevalence of disease among community cohorts.
- Population size and demographic factors, such as employment, education, income and accommodation.
- Access to and availability of relevant health services.

On average each year, one person will have seen a general practitioner six times, seen an allied health professional three times, have had 12 prescriptions dispensed, seen a specialist four times and received 10 pathology and/or diagnostic imaging services (AIHW, 2020). There are current tertiary, secondary and primary care services available across the Liverpool CBD and broader region, and it is expected these will expand as Moore Point and the south-west region further develops. Understanding the health utilisation of a community is key to engaging with public and private health providers to explore opportunities to establish relevant services within or adjacent to Moore Point.

Recognising that Moore Point is a once in a lifetime urban renewal development, there are considerable opportunities to support, complement and enable the achievement of key health strategies, policies and future health service delivery. Four key elements with 11 translation strategies are identified (Table 1).

4. FINDINGS

Key Areas	Translating Strategies Into Practice	What Does This Look Like At Moore Point
Integrated Health System	<ul style="list-style-type: none"> Providing spaces that enable the delivery of health services delivered by public, private and not-for-profit providers, and specialist day surgery and procedures. Providing spaces that enable the development and implementation of Integrated Health Hubs. 	<ul style="list-style-type: none"> Ensure adequate zoning and gross floor area to enable the delivery of health-related services in Moore Point.
	<ul style="list-style-type: none"> Continuing engagement with key public health and general practice stakeholders to provide innovative solutions that encourage services to be implemented and provided from Moore Point and integrated with existing and future services. Engaging with South Western Sydney Local Health District (SWSLHD) and other related health service providers to understand the needs of the future community and their requirements for establishing health service delivery models in Moore Point. Enable the relevant clinical service planning strategies and activities for the region through related infrastructure solutions. 	<ul style="list-style-type: none"> Participate in key committees and/or groups with LIP and health-related stakeholders. Continually review government and health stakeholders strategic plans and reports. Invite key health stakeholders to participate in ongoing Moore Point planning and development activities.
	<ul style="list-style-type: none"> Conduct a Health Needs Assessment (HNA) of Moore Point to inform future health service provision. 	<ul style="list-style-type: none"> Inform the HNA in partnership with NSW Health.
Enabling e-health	<ul style="list-style-type: none"> Providing high-speed and reliable digital connectivity throughout the precinct to allow for high-quality telehealth service delivery. 	<ul style="list-style-type: none"> Support high quality IT/internet infrastructure across the precinct.
Keeping The Community Healthy And Well	<ul style="list-style-type: none"> Developing safe and secure open spaces that encourage an active lifestyle and reduce car dependency. 	<ul style="list-style-type: none"> Create the economic and recreation loops connecting Moore Point and Liverpool CBD Core.
	<ul style="list-style-type: none"> Enabling access to fresh produce. Providing spaces that encourage social activity and community connectedness such as markets, creative studios/areas and health promotion and social group gatherings. 	<ul style="list-style-type: none"> Inclusion of open space in master planning and concept design. Zone spaces to enable community uses. Continue engaging with key community-related committees/groups.
Healthy Built Environment	<ul style="list-style-type: none"> Establishing and implementing healthy build principles. Using the 11 healthy built environment checklist themes in the planning and design of Moore Point. 	<ul style="list-style-type: none"> Continue to promote green spaces within plans that will be delivered throughout the development. Connecting Moore Point to the Liverpool CBD Core via the three bridges to establish a recreation loop, promote active transports and reduce car dependency. Planning and design of amenities that complements Liverpool CBD.

Table 1: Opportunities to Translate Strategy and Policy into Practice.

4. FINDINGS

4.2 STAKEHOLDER CONSULTATIONS

Stakeholder consultations with key representatives in the public, private and not-for-profit sectors were completed. There was a high level of consistency in key themes across stakeholders, regardless of sector and role. Six key themes were identified:

- Partnerships and collaboration;
- Co-designed service spaces;
- Complementary and integrated residential, education, research and industry opportunities;
- Open and shared spaces;
- Transport and major infrastructure links, and
- Digital connectivity.

Stakeholders emphasised the importance of **partnerships and collaboration**. They noted that efforts to foster integration, shared service delivery and collective strategic development were vital to the success of Moore Point, LIP and Liverpool CBD. Furthermore, it was consistently highlighted that the Moore Point project is uniquely positioned geographically, being within and close to an existing city centre, major tertiary hospital, established primary and secondary schools, three tertiary education centres, a research institute, and an emerging innovation precinct. This enables opportunities to collaborate and partner with public and private organisations that will see Moore Point as a place to complement and, where appropriate, expand their operations, participate in new endeavours, and support their workforce. The Moore Point development on the opposite side of the river to the existing amenities presents an opportunity for the Liverpool CBD to grow and fulfil its ambition of being the third CBD in greater Sydney.

Stakeholders outlined that **co-designed service spaces** are critical for community engagement, connectedness, and cohesion. It was noted that applying healthy built principles can support communities to inform and participate in the design and delivery of infrastructure and services. In addition to creating a liveable precinct, Moore Point can co-design spaces with industry partners to strengthen amenities for Liverpool City. This can include spaces for: the production and consumption of creative industries; diverse (type and size) retail options; and, integrated health hubs, including general practice, allied health and diagnostic services. Specifically for health service delivery, codesigning with public and private health organisations will ensure that purpose-built infrastructure is considered early in the design phases of Moore Point. Also, factoring the recent pandemic experience, the incorporation of flexible spaces that can be converted for health service provision such as testing, surveillance and vaccinations centres, was noted. This approach will enable health organisations to consider investing in Moore Point. The stakeholders stated that the indigenous heritage and multicultural communities of south-western Sydney need to be recognised and celebrated in spaces in

the development. These spaces will enable ongoing community and social development within Moore Point and complement activities elsewhere in the region.

Stakeholders reported that the proximity of the Liverpool CBD, LIP and Moore Point offered opportunities for **complementary, integrated residential, education, research and industry opportunities**. Stakeholders reflected that creating a place where people live, work and play has numerous benefits, including attracting and retaining high-calibre talent and providing opportunities for translational research in a 'live' environment. As well as, creating opportunities for collaborations locally, nationally and internationally through purpose-built amenities, such as an Integrated Primary Care Centre or conference centre. Implemented effectively, Moore Point and the LIP can leverage the benefits of an 'innovation ecosystem' providing avenues for co-creation of ideas and knowledge, and the production of translational research outcomes. Stakeholders viewed partners, on both sides of the river, working closely together to enable all visions and objectives to be met, while developing a productive and thriving community in south-west Sydney. This approach also builds upon the entrepreneurial spirit of the diverse multicultural communities within Liverpool to enhance these opportunities.

Stakeholders made the point that **open and shared spaces** across Moore Point are critical to the creation of an environment, in which people feel welcomed and safe. Such space promotes community, cohesivity and creativity, all elements that enhance health and wellbeing. Stakeholders advocated for different areas connected by pathways that encourage and enable ease of access. They noted the need for green places, covered and open areas, and all accessible by different forms of mobility. The idea of open and shared space extended to how the Liverpool CBD, LIP and Moore Point are connected. Stakeholders promoted a vision to view three areas as one large space within the central area of Liverpool City.

Stakeholders stated the benefit and challenge of the Moore Point development was the location being bound by the river, parkland

4. FINDINGS

and major roads. They noted that to prevent Moore Point from becoming isolated, **transport and major infrastructure links** such as public transport options and connecting bridges, will be necessary to enable ease of access into and out of the area. It was reflected that the proposed bridges that have featured in the master planning and concept design phases are essential to realising future opportunities of linking Moore Point with the Liverpool CDB Core and LIP. These linkages will enable the extension of the Liverpool City to incorporate an amenity-rich precinct that can lead to new market opportunities for health and other service providers, and support the health and wellbeing of residents, visitors and workers of Moore Point.

Digital connectivity was identified by stakeholders as a basic and key driver to promote: the use of spaces within Moore Point; engagement within and across communities; and, between individuals and industry, health providers, education institutions, retailers, and government. They indicated high quality and reliable digital connectivity, for personal and commercial settings and uses, is fundamental to the development of Moore Point being successful. Specifically for supporting health service delivery, many health service providers are adjusting their strategies to incorporate increased volume of telehealth and virtual care delivery through hub and spoke models with existing tertiary health centres.

4.3 SCAN OF THE LITERATURE

The development and sustainability of healthy and well communities is a complex, non-linear, long-term, ongoing cyclical process. Healthy and well individuals and communities are achieved and maintained by six interrelated elements (Figure 3). A scan of the literature was undertaken for each element to identify important ideas, frameworks and an understanding of the issues involved.

A healthy and well community relies upon each component individually being undertaken comprehensively and well-integrated with the other elements. To maximise the potential for positive health behaviours and outcomes for individuals and communities requires significant holistic vision, planning, stakeholder engagement and implementation. The scan of the literature identified a range of strategies and led to deriving associated exemplar actions, to improve the health and wellbeing of the community during redevelopment projects (Table 2).

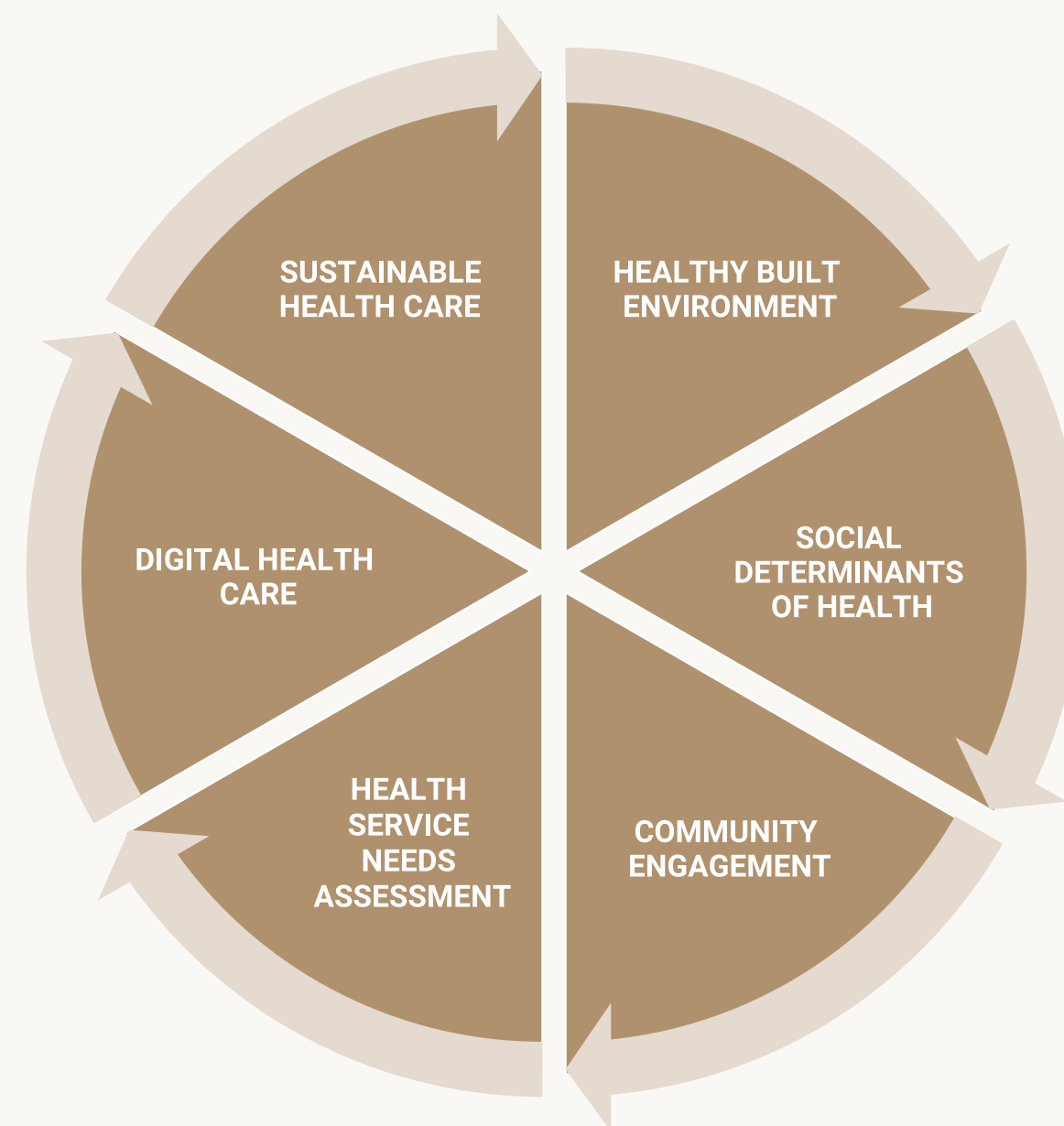


Figure 3: Healthy and Well Community Development and Sustainability Cycle

4. FINDINGS

Key Areas	Translating Strategies into Practice	What Does This Look Like At Moore Point
Healthy Built Environment	<ul style="list-style-type: none"> Create cross-sector collaboration and critically evaluate the development proposal using multiple health and wellbeing frameworks, including: <ul style="list-style-type: none"> Checklist for healthy urban and transport development (Mueller et al 2021); Bird et al (2018) framework interconnected planning focus, planning principles, modifiable features, and health-related outcomes; and, Sustaining Places: Best Practices for Comprehensive Plans framework (Godshalk and Rouse 2015). Opportunity to collaborate with partners to research and evaluate implementation of healthy built environment frameworks longitudinally. 	<ul style="list-style-type: none"> Current master planning designs featuring open spaces, mixed-used spaces/ amenities, connections to Liverpool CBD and the LIP. Assess concept DA plans against the indicated frameworks. Continue engagement with key stakeholders, such as the LIP, Liverpool Council, State Government and health-related organisations. Collaboration with external partners to research Moore Point development and outcomes.
Social Determinants of Health	<ul style="list-style-type: none"> Embed the development process with the WorldGBC Health and Wellbeing Framework six principles, including education, work environment, housing, health care services, access to food, water and safety. 	<ul style="list-style-type: none"> Current master planning designs featuring open and mixed-use spaces and amenities. Connections to the LIP and Liverpool CBD enabling work and education realised through bridges and satellite sites in Moore Point. Future education opportunities within Moore Point, including early childhood education, and primary school.
Community Engagement	<ul style="list-style-type: none"> Ground the development process with the Australian Institute of Family Studies principles and challenges to guide community engagement. 	<ul style="list-style-type: none"> Planning process to incorporate a community engagement strategy. Engage subject matter experts to assess existing and future community engagement strategies and processes, including ensuring representations and governance processes. Continue to engage with Liverpool City Council on strategies and actions that enable community engagement.

4. FINDINGS

Key Areas	Translating Strategies into Practice	What Does This Look Like At Moore Point
Health Service Needs Assessment	<ul style="list-style-type: none">Integrate the SWSLHD and SWSPHN health needs assessments of the local community into the development plans.	<ul style="list-style-type: none">Continue engagement with SWSLHD and SWSPHN representatives to support population health requirements and strategies for Moore Point.
Digital Health Care	<ul style="list-style-type: none">Ensure high quality, adaptive technological infrastructure; and, integrate the SWSLHD and SWSPHN Virtual Care strategies into the development planning.	<ul style="list-style-type: none">Support high quality IT/internet infrastructure in commercial and residential buildings.Ongoing planning process to incorporate virtual care strategies into plans.
Sustainable Health Care	<ul style="list-style-type: none">Embed the development process with the WorldGBC Health and Wellbeing Framework six principles; and, align the development with the SWSLHD and PHN strategic plans.Opportunity to collaborate with partners to research and evaluate health-related topics longitudinally.	<ul style="list-style-type: none">Development plans and designs prioritise maintaining open space, air and water quality to enhance physical and mental health.Moore Point has active transport connections.Moore Point incorporates health services and telehealth options.Building and construction utilise environmentally sustainable approaches and materials.Commercial and residential developments support sustainable living including waste, water and energy utilisation.Collaboration with external partners to research Moore Point development and outcomes.

Table 2: Strategies for Improving the Moore Point Development

5. ASSESSMENT AND SUMMARY



Creating a healthy, integrated and cohesive community requires comprehensive, structured, systematic planning and implementation strategies, executed over the longer term. Achieving this goal is firstly predicated upon establishing and maintaining, a context of trust, respect, and engagement with stakeholders. Next is understanding and aligning individual development plans and strategies across stakeholders for a coherent, united vision. The overall objective is that stakeholders enhance and build capacity individually and collectively together so that the sum is greater than the parts. Leamac Property Group and Coronation Property together with stakeholders in the Moore Point development are actively and productively working to achieve this objective.

Moore Point in collaboration with, and through complementing the strategic plans of the State Government and Liverpool City Council and LIP, can together create a unique precinct in Sydney, and Australia. The proximity of the development of a high quality diverse residential and commercial area at Moore Point, to an established city centre of the Liverpool CBD, alongside health, education, and research organisations of the LIP, is unique. Leveraging the natural, built and community assets of the area will enable Moore Point, Liverpool City and LIP to realise their strategic goals. Together, they can be the market leader interweaving liveability, sustainability, and productivity. This knowledge promotes a collective approach to planning, designing, and activating the third CBD of Sydney.

The strategic context, stakeholder consultations and scan of the literature provide information, perspectives, and evidence of the interdependence of health and wellbeing. Moore Point can be a success through integrating community and population health, health service delivery, and commercial and economic knowledge bases and needs. Specifically for health and wellbeing, Moore Point can position itself as an exemplar study of how to positively address the health needs, and enhance the outcomes, of the future community. Simultaneously, Moore Point can provide opportunities for health service providers to stake a claim in a precinct in immediate proximity to a major teaching and referral health service,

research institutes and amenities that support the business and provision of health service delivery. Complementarity has been noted as key to the broader Liverpool CBD, LIP and Moore Point integrating to grow and develop into a world-class city.

Moore Point will be an important component of the broader Liverpool City area, connected to and supporting existing and future industries, services and populations. Specifically, Moore Point will be: adaptable and caring for the environment; accessible for residents, workers and visitors; built on best practice foundations; culturally integrated and cohesive; and, digitally and technologically advanced.

Moore Point development health and wellbeing principles, vision and strategies and actions have emerged from this review. The principles will direct ongoing discussions, decisions and actions by organisations associated with the Moore Point development. The vision is the aspiration statement for long-term development, that unites and integrates the principles. Together they shape and direct the strategies and associated action plans to make Moore Point a reality. Leamac Property Group and Coronation Property endorsed the six interrelated principles and vision statement, during the vision session held in November 2021.

6. HEALTH AND WELLBEING PRINCIPLES AND VISION

The Moore Point health and wellbeing vision is to develop a built form that enables, nurtures and inspires active participation in, and with, the spaces of the precinct, Liverpool CBD and LIP. Moore Point will utilise, protect and enhance the natural, built and community assets within and around the precinct and area. Moore Point will complement and stimulate the LIP and Liverpool CDB developments, to further the creation of a holistic region of state and national significance.

For Moore Point to promote and enable the health and wellbeing of the community, six interrelated principles and an accompanying vision statement are presented.

PRINCIPLES

1. **Community** – diversity, accessible and equitable
2. **Integration** - live, learn and work
3. **Liveability** – residents, workers and visitors
4. **Connectivity** – digital, space and transport
5. **Innovation** – think, create, and perform
6. **Sustainability** – green, recycle and future-orientated

VISION

Moore Point will enable **community** and **connectivity**; Moore Point will nurture **liveability** and **sustainability**; and, Moore Point will inspire **integration** and **innovation**.

7. RECOMMENDATIONS

There are seven focus areas recommended for the Leamac Property Group and Coronation Property development of Moore Point to promote and enable the health and wellbeing of the community. These are: stakeholder engagement; healthy built environment; a diverse multicultural community; an integrated health system; enabling digital health; sustainable health care; and, longitudinal evaluation and research.

FOCUS AREA ONE: STAKEHOLDER ENGAGEMENT

The Leamac Property Group and Coronation Property update and implement a long-term plan for the ongoing consultation and engagement with the Liverpool City Council, State Government agencies, LIP and community organisations. Ongoing stakeholder consultation is critical to Moore Point developing into an area that is integrated into and complements and contributes to the evolution of Liverpool CBD, LIP and the south-west region.

Appendix D outlines the stakeholder register as well as the ongoing and future opportunities for engagement.

FOCUS AREA TWO: HEALTHY BUILT ENVIRONMENT

The Leamac Property Group and Coronation Property continue to create cross-sector collaborations and integrate into plans health and wellbeing frameworks, such as the Checklist for Healthy Urban and Transport Development (Mueller et al 2021), the Framework of Interconnected Planning Focus, Planning Principles, Modifiable Features, and Health-Related Outcomes Bird et al (2018), and the Sustaining Places: Best Practices for Comprehensive Plans Framework (Godshalk and Rouse 2015). These actions will help ensure that master planning and concept designs feature open and mixed-use spaces, environmental sustainability, and amenity and physical connections to Liverpool CBD and the LIP.

FOCUS AREA THREE: A DIVERSE MULTICULTURAL COMMUNITY

Leamac Property Group and Coronation Property continue to establish a Moore Point master plan that meets the needs of a diverse multicultural community. Diversity in economic and cultural backgrounds, age groups, and needs (residents, workers and visitors) is to be the goal. The precinct needs to provide accommodation (residential and visitor (short and longer term)), diverse employment opportunities, and entertainment, recreational and cultural activities. The greater the diversity in all forms, the more active, vibrant, stimulating, engaging and healthy Moore Point will be, in the short, medium and long term.

FOCUS AREA FOUR: AN INTEGRATED HEALTH SYSTEM

Leamac Property Group and Coronation Property continue ongoing collaboration with the State Government agencies, health stakeholders and LIP to plan for and enable the delivery of health care in Moore Point. This will enable Leamac Property Group and Coronation Property to engage with public and private health service providers to support and complement their business models and strategies to deliver health services within Moore Point, and the broader south-west region. An important component is undertaking a Health Needs Assessment of the future health service needs and opportunities for Moore Point.

FOCUS AREA FIVE: ENABLING DIGITAL HEALTH

Leamac Property Group and Coronation Property ensure that long term the precinct development provides state-of-the-art digital and technology connectivity. The time span for the development precludes predicting future technology innovations and needs, hence the necessity for a continual review and upgrading of plans, systems and capabilities each five-year period. This strategy will work to continually future proof the precinct, ensuring digital connectivity to allow for high-quality service delivery across education, health and other industry sectors. From a health services

perspective, this is critical to enable public and private health providers to implement telehealth service models and future tech-based services.

FOCUS AREA SIX: SUSTAINABLE HEALTH CARE

The Leamac Property Group and Coronation Property integrate health and wellbeing frameworks into Moore Point plans. Moore Point can contribute to the health of the community by designing and establishing a precinct that supports social, physical and mental health. This is achieved through the provision of open spaces, active transport connections, access to health services, sustainable living, diverse housing/accommodation models, and opportunities for life-long learning and employment. Doing so aligns the Moore Point development with the SWSLHD vision to be a leader in health care delivery and ensure the community is healthy.

FOCUS AREA SEVEN: LONGITUDINAL EVALUATION AND RESEARCH

The Leamac Property Group and Coronation Property collaborate with external partners to longitudinally research Moore Point development and outcomes. There is a unique opportunity to track economic, industry, social, community partnerships, multicultural and, health and wellbeing issues and outcomes for the community. Similar to the iconic “7-Up” study tracking a cohort of individuals in the United Kingdom, the Moore Point development can undertake a community socio-ethnographic project of state, national and international significance.

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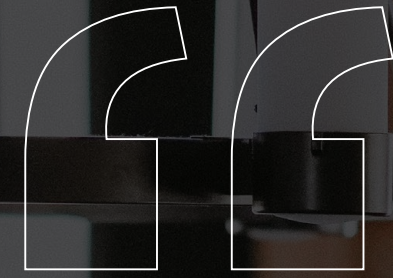
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“Moore Point is creating 40 years of growth for Western Sydney. This is the place where the vision for the Western Sydney Parkland City will become reality”.

APPENDICES

APPENDIX A — REVIEW OF THE STRATEGIC CONTEXT

The development of a health and well Moore Point is aligned to a range of government strategies, plans and policies. Health service provision and the health and wellbeing of the broader community is influenced by key strategic developments and infrastructure decisions. These decisions range from proposed infrastructure developments, establishment of public transport links, key social infrastructure improvements and broader economic strategies.

It needs to be recognised that both Leamac Property Group and Coronation Property have made significant investment in understanding and aligning the various strategic contexts to the development of the Moore Point vision, master planning and more recently, the concept DAs being prepared.

From a health and wellbeing context, the overarching strategic alignment relevant for Moore Point is outlined below,

- **FORMER GREATER SYDNEY COMMISSION**
- **LIVERPOOL CITY COUNCIL**
- **NSW HEALTH STATE CONTEXT**
- **SOUTH WESTERN SYDNEY LOCAL HEALTH DISTRICT**

Improving the Health System

Improving outpatient and community care is focused on delivering health services outside the traditional hospital-based setting. Moore Point is well-positioned to support this priority through the provision of assets that enable health services to be delivered in the community. This includes sites such as community halls, open public spaces and medical centres located within a retail/commercial area.

Health and social research demonstrate that economic prosperity, access the health care, prioritising mental health and preventative activities at the community level can reduce the risk of suicide (Wasserman et al, 2020). With the coordinated efforts of Leamac Property Group and Coronation Property to design and develop Moore Point, there are opportunities to support this through the built form, anticipated economic and social uplift.

Better Environment

Research has demonstrated the positive health, social and psychological benefits of green spaces (Ige-Elegbede et al., 2020b) (Australian Institute of Health and Welfare, 2020) (Nathan et al., 2018). Benefits ranging from creating a more welcoming neighbourhood to support health, wellbeing, environmental resilience and thriving economies, reducing ambient temperatures, and mitigating the urban heat island effect, have been articulated across state-level strategies and policy over the past five years. Moore Point has demonstrated through its planning proposal, and ongoing master planning design, it is creating opportunities to maximise the existing green spaces within and around the precinct.

FORMER GREATER SYDNEY COMMISSION

The former Greater Sydney Commission and its evolution as the Greater Cities Commission, was formally dissolved on 1 January 2024, with its strategic planning functions absorbed by the new NSW Department of Planning, Housing and Infrastructure. References to strategies below were key in guiding the development of the health and wellbeing strategies which are still relevant and aligned to the evidence-base of healthy built environments.

The former Greater Sydney Commission (GSC) was the leading metropolitan planning organisation that provided strategic oversight and coordination across government agencies and councils to implement the Greater Sydney Region and District Plans. The GSC outlined long term plans to make greater Sydney more productive, liveable and sustainable (GSC, 2018a). The following key plans were pivotal to the development of Moore Point and include:

- Greater Sydney Region Plan, 2018
- Western Sydney District Plan, 2018
- Liverpool Collaboration Area Place Strategy, 2018

These plans articulated the Ten Directions of the Liveability, Productivity and Sustainability Framework that can be incorporated to inform the planning and design of Moore Point (Figure 1a). Their relevance as key enablers to supporting and achieving a healthy and well community for Moore Point is evident in the overall master planning of the precinct.

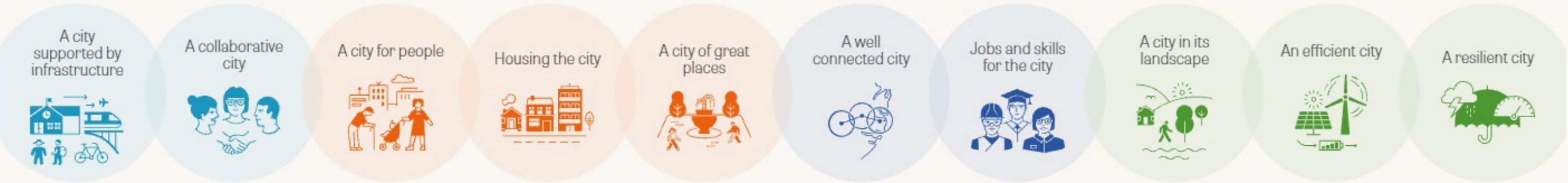


Figure 1a: Ten Directions of the Liveability, Productivity and Sustainability Framework. Source: GSC, 2018.

In addition to overarching strategies, the GSC explored a model referred to as the ‘Place-based Infrastructure Compact’ (PIC), which considered elements such as: “how well connected and walkable are places?”; “how close together are jobs, local parks, shops and services?”; and “how well-located are schools and health services?” (GSC, 2019). The PIC model was based on collaboration, methodology and data so partners can consider holistically the infrastructure and services needed in a place to address existing problems and support the growth that will eventuate. There are eight interconnected elements required for holistic place planning (Figure 2a).



Figure 2a: Elements of the PIC model. Source: GSC, 2019.

LIVERPOOL INNOVATION PRECINCT (2017) AND LIVERPOOL COLLABORATION AREA PLACE STRATEGY (2018)

The Liverpool Innovation Precinct (LIP) is described as a high-tech, transit-oriented, advanced manufacturing business park that leverages the growth of the health, education and equine sectors (GSC, 2018b). This supports the 2017 report “Reimagining...Liverpool Health, Education and Innovation” launched by Lucy Turnbull AO, Chief Commissioner, Greater Sydney Commission. The report (LIP, 2017) outlined the vision for LIP reimagining:

- how health, education and research is undertaken individually and collaboratively to drive innovation
- the industries that will drive the Liverpool economy
- the technologies that will underpin the next wave of economic progress
- the public’s perception of Liverpool as an economic entity.

Thus, the Liverpool Collaboration Area Place Strategy (GSC, 2018b) outlined a series of projects where the LIP is the lead agency, demonstrating the government’s recognition of the LIP as an entity for the progression of its broader strategic goals to maximise livability and productivity in the Liverpool region. These projects include:

- expand the Ingham Centre of Excellence
- locate and develop private hospital
- establish additional university campus
- support the growth of the health, education and innovation precinct.

There are 11 key places that comprise the Liverpool Collaboration Area (Figure 3a). As shown, Place 10 is identified as Georges River North and as it is known today as Moore Point. Moore Point has an immediate position and proximity to key existing infrastructure such as the Liverpool Hospital, Liverpool TAFE and Liverpool City Core (Place 2).

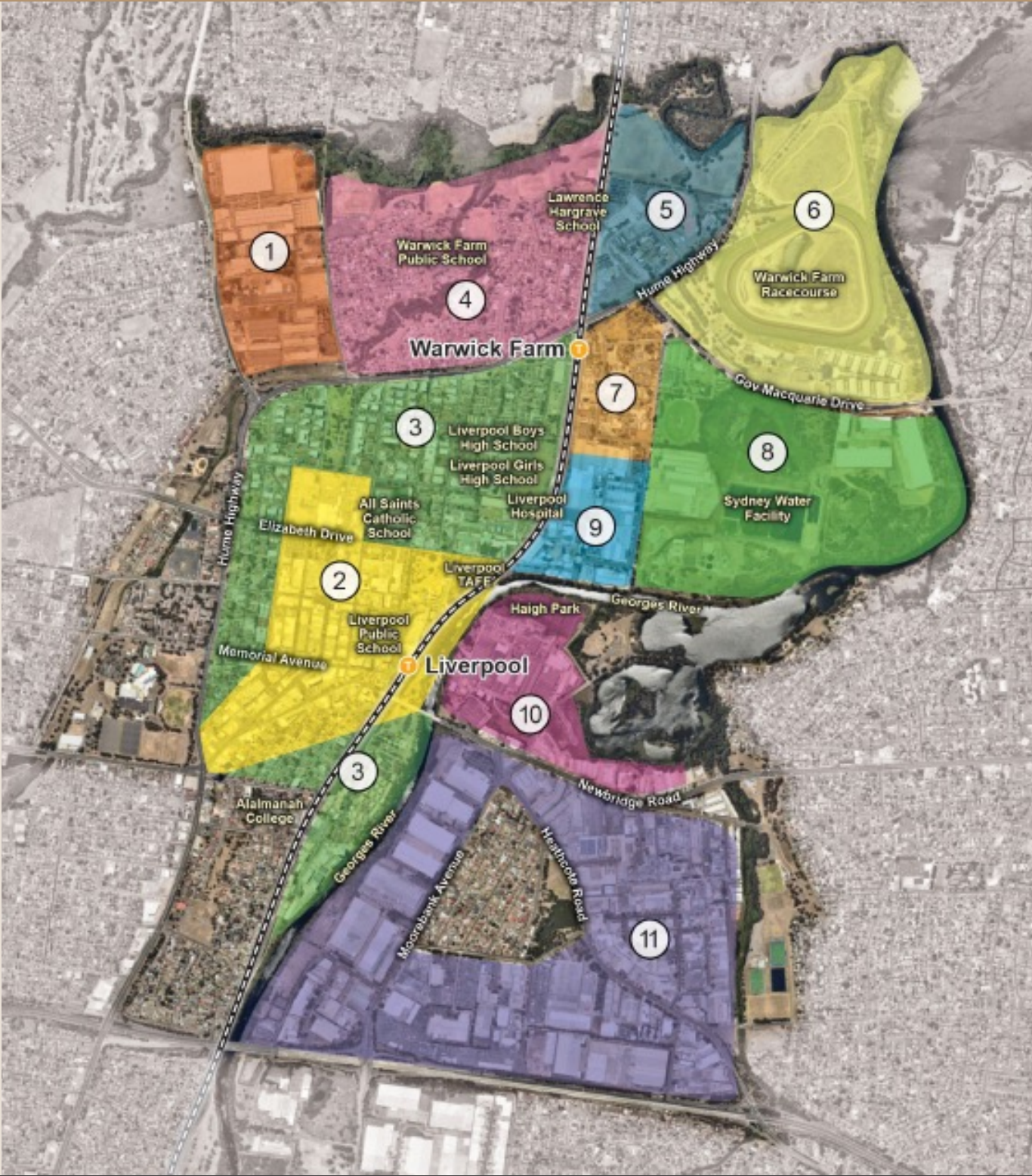
Moore Point is in a position to support and complement these strategies. As expressed in the Planning Proposal (Mecone, 2020), Moore Point responds to these by facilitating a mixed-use precinct with a mix of recreational, educational, cultural, residential and commercial uses. Moore Point has an emphasis on reorienting Liverpool to the Georges River foreshore and providing new open space, facilities and connections adjoining the Liverpool CBD and specifically to the LIP.

The LIP released its Investment Prospectus (LIP, 2023) in 2023, which referenced Moore Point as an expectational destination for locals and visitors, due to its focus on wellbeing and creativity. As well as physical connection to parts of the Liverpool CBD.

LIVERPOOL CITY COUNCIL COMMUNITY STRATEGIC PLAN 2022-2032 (2022)

The Liverpool Community Strategic Plan (Liverpool Council, 2022) is a 10-year plan that defines the vision and priorities of the community. The Plan sets the directions for Liverpool Council and its government, business, not for profit and resident stakeholders. Within the Plan, key priorities areas were identified based on four strategic objectives, which include:

- **Social** — Healthy, inclusive, engaging
- **Environmental** — Liveable, sustainable, resilient
- **Economic** — Evolving, prosperous, innovative
- **Civic Leadership** — Visionary, leading, responsible



1. ORANGE GROVE ROAD
2. LIVERPOOL CITY CENTRE-CORE
3. LIVERPOOL CITY CENTRE-FRAME
4. HARGRAVE PARK
5. SAPHO ROAD
6. EQUINE PRECINCT
7. MUNDAY STREET
8. ECO/ UTILITY
9. SCRIVENER STREET
10. GEORGES RIVER NORTH
11. GEORGES RIVER SOUTH

Figure 3a: Places in the Liverpool Collaboration Area. Source: GSC, 2018b

The vision of the Liverpool Council Community Strategic Plan is outlined as:

“A vibrant global city of lifestyle and opportunity.”

The strategy aims to address the following challenges:

- **Population Increase** – As Liverpool continues to grow, the distribution and efficiency of services is affected. Coupled with increasing life expectancy, healthcare and aged care services will experience increased demand and a larger retiree population may influence city infrastructure and services as well as job industries.
- **Social Connection** – There is a requirement to further explore ways to connect the community at a time of growth and change. Continuing to create a harmonious society where differences are appreciated and celebrated. This includes ensuring services reach a broad range of citizens equitably, and using technology and social media to communicate which brings new challenges as well.
- **Economic Development** – As Liverpool continues to experience growth in commercial and industrial development, its status as a strategic commercial centre place it in a prime position to attract a range of industry. This includes: revitalising the city centre, developing key economic, cultural, recreational and entertainment precincts and creating a place that draws people from across the South West Sydney and broader regions.
- **Sustainability and Climate** – The growth in Liverpool while increasing opportunity for the community, also places pressure on the environment, with over one third covered vegetation and being home to a significant portion of the Georges River. The challenge will be maintaining a balance between conservation and expanding urban development over the coming years.

- **Transport, Accessibility and Connectivity** – Liverpool’s growing population places demands on existing road infrastructure and high car ownership and usage by residents has led to high traffic volume and congestion. Striking a balance between community and visitor transport infrastructure, as well as the anticipated transport needs of the growing business and services sector.

Moore Point is well placed to address these challenges with its integrated and coordinated planning approach and holistic place vision. This includes coordination of various studies and assessments ranging from biodiversity, service infrastructure, transport and urban design. The information gained from these studies has been utilised in the Moore Point Master Planning Phase.

Additionally, it is recognised Moore Point can support solutions such as economic development, innovative design thinking, conservation and enhancement of green and blue spaces. This will enable the achievement of a high level of residential and public amenity, job creation and opportunities as well as leveraging the close access and proximity to the Liverpool CBD, train station and LIP through strategic walkable connections.

CONNECTED LIVERPOOL 2040

The Liverpool Local Strategic Planning Statement (LSPS) (Liverpool City,2020) was created to set Liverpool City Council’s strategic vision for the next 20 years. It contains the planning priorities aligned to the GSC priorities of Connectivity, Productivity, Liveability and Sustainability.

As outlined in the Planning Proposal (Mecone, 2020), the LSPS formally refers to Moore Point and outlines short, medium and long terms actions for the area. Moore Point is identified as the river precinct for mixed-use and residential development to support the Liverpool CBD and LIP (Figure 4a).

The LSPS details other key strategic projects related to Moore Point, including:

- Investigation of amendments to Land and Environment Plan (LEP) to rezone the River Precinct north of Newbridge Road (Moore Point) as a mixed-use zone to support the Liverpool CBD and LIP with an extensive open space system and cross-river linkages in the short to medium terms;

- Investigation of opportunities to create links from Liverpool train station to the Georges River and for transport interchanges at Moore Point in the short to medium term;
- Investigation of an extension of the Fifteenth Avenue Smart Transit (FAST) Corridor to Holsworthy station with consideration of appropriate station locations including one at Moore Point within the medium to long term;

Moore Point Master Planning has already commenced considering the above and has been integral in informing the design of the area to enable a connected, safe and secure, accessible and clean precinct. Research has demonstrated that walkability, access to public transport links and access to economic and health service amenities contribute to improved health, social and wellbeing outcomes for communities (Yip, 2020).



Figure 4a: Liverpool CDB and Surrounding Areas. Source: Liverpool Council, 2020

FUTURE HEALTH: GUIDING THE NEXT DECADE OF CARE IN NSW 2022-2032 (2022)

The Future Health Report (NSW Ministry of Health, 2022a) provides the strategic framework which brings together NSW Health’s existing plans, programs and policies, and sets the roadmap for the health system to achieve NSW Health’s vision. It will help guide the next decade of care in NSW, while adapting to and addressing the demands and challenges facing the system.

The vision is outlined as:

“A sustainable health system that delivers outcomes that matter most to patients and the community, is personalised, invests in wellness and is digitally enabled.”

The State Health Plans demonstrates that the above can be achieved through key strategies ranging from developing the workforce, harnessing research and innovation, enabling improved digital connectivity, investment in preventative care, addressing health inequality among communities, delivering sustainable services, connecting with partners and aligning infrastructure and service planning. In 2021, the Virtual Care Strategy was released, positioning virtual care as a complement to existing services that streamlines the experience of health services providing and patients receiving care (NSW Ministry of Health, 2022b).

Moore Point can have a key role as an enabler of these strategies by supplementing and complimenting the LIP and broader Liverpool city community. This is evidenced through

its projected residential capacity, improved connection to Liverpool and broader regions, amenity to safe, clean and open spaces and establishment of commercial, digitally-enabled and creative developments.

HEALTHY BUILT ENVIRONMENT CHECKLIST (2020)

NSW Ministry of Health (2020a) has created a practical tool to assist with the assessment of built environmental factors that impact on health. The checklist is guided by the principles of equity, early engagement, interdependence and partnerships and considers wider health determinants such as education, employment, housing, social networks and relationships, air quality, food, access to social infrastructure and health care (NSW Ministry of Health, 2020b).

The Checklist aims to improve the amenity of the built environment for people, places and public spaces. It supports the promotion of healthy planning as a core component of good design (NSW Ministry of Health, 2020b). There are 11 checklist themes that feature a range of considerations that can be used to assess urban development projects (Figure 5a). In this context, Moore Point is working alongside government, public and private organisations to establish a sustainable, clean and healthy precinct, with preliminary master planning and design featuring these themes.



Figure 5a: Healthy Built Environmental Checklist Themes.
Source: NSW Ministry of Health, 2020b

VALUE BASED HEALTH CARE (2020)

In NSW, value based health care means continually striving to deliver care that improves (NSW Ministry of Health, 2020b):

- HEALTH OUTCOMES THAT MATTER TO PATIENTS
- EXPERIENCES OF RECEIVING CARE
- EXPERIENCES OF PROVIDING CARE
- EFFECTIVENESS AND EFFICIENCY OF CARE.

These four elements are known as the quadruple aim, which is an approach linked to improving health care sustainability. Value based health care is underpinned by strong engagement from patients, the community, health practitioners and organisations. It is a collaborative approach ensuring that best outcomes for the community, and best value for the health system are being delivered. Further information is outlined in the scan of the literature (section 4.3.7).

Several statewide priorities and programs are being accelerated across the health system to enable value-based health care, including:

- **Leading Better Value Care** - identifying and scaling evidence-based initiatives statewide for specific conditions.
- **Integrated Care** - statewide strategies to coordinate care and processes within the health system and with other service providers.
- **Commissioning for Better Value** - shifting focus on non-clinical and clinical support projects from outputs to outcomes.
- **Collaborative Commissioning** - whole-of-system approach to incentivise local autonomy and accountability for delivering patient-centred and outcome-focused care in the community.

Moore Point is well-positioned as a key enabler to value-based health care through the location to Liverpool hospital, provision of commercial space and enhanced digital connectivity. From an economic perspective, Moore Point can consider the development of integrated care hubs, which allows for the co-location of complementary health service providers and services that deliver care to residents and the broader community in purpose-built infrastructure, with access to green spaces and related amenities.

SWSLHD provides public health services for the communities from Liverpool to Bowral. SWSLHD has a Strategic Plan 2022-2027 to guide the development and implementation of health services.

STRATEGIC PLAN 2022-2027

SWSLHD Strategic Plan (SWSLHD, 2022) articulates its vision as ‘Leading safe, sustainable care for healthier communities’. There are five strategic directions identified to achieve its vision and guide health service development over the short to medium term. These include:

- **Deliver safe quality care and positive experiences.**
- **Strengthen and promote healthier communities.**
- **Support and develop our people.**
- **Lead research and innovation.**
- **Build a sustainable future.**

Health service planning and delivery for the SWSLHD community are underpinned by guiding principles that range from a commitment to delivering high-quality care to ensuring environmental sustainability in the design and delivery of clinical and non-clinical services and infrastructure (SWSLHD, 2020). Other prominent themes aligned to existing strategies and policies include:

- **Equity in access**
- **Communication, collaboration and engagement with key stakeholders**
- **Responsive care to diverse needs of individuals, families and communities**

- **Strong, effective and shared leadership**
- **Efficient, sustainable and cost-effective systems and processes to deliver best value care**
- **Innovation and research that is translated into practice for the benefit of the community**

The development of Moore Point needs to be aligned and continue to collaborate with the SWSLHD to further deliver on these health-related strategic directions. The goal for the Moore Point development is to enable and support the health and wellbeing of the community to supplement SWSLHD in the delivery of health services through infrastructure solutions. These solutions can range from providing flexible spaces to deliver community-based care, to reliable and high-functioning digital connectives to enable remote monitoring and virtual care delivery.

The proximity of Moore Point to the LIP, specifically Liverpool hospital provides a unique opportunity. There is scope to support the future workforce through affordable housing, exciting and purposeful amenities, and expansion options for SWSLHD to support its acute and community health service delivery.

HEALTHY BUILT ENVIRONMENT ORGANISATIONS

Through the University of NSW (UNSW) and its Health Built Environments Program (UNSW, 2021a), SWSLHD is identified as a Health Built Environment Organisation. This program recognises that the SWSLHD along with a host of other public and private organisations are involved in activities that contribute to healthy built environments, ranging from policy development to community engagement.

From the perspective of SWSLHD (UNSW 2021b), as the main public health service provider for the Liverpool City, activities that promote and enable healthy built environments aim to:

- **Improve people’s physical health**
- **Increase people’s physical activity level**
- **Strengthen social capital**
- **Reduce pollution from traffic**
- **Promote active transport (walking, cycling, public transport)**
- **Improve safety for pedestrians and cyclists.**

The SWSLHD can contribute to the urban design and renewal of Moore Point through its advocacy of these healthy built design principles in four ways. That is: inputting into the strategic and design planning processes; influencing the location of facilities within a community to ensure convenience, integration with related services and accessibility; promoting interactions in public spaces; and, encouraging supportive social networks within neighbourhoods and participation in decision making.

Recognising that Moore Point is an urban renewal development, there are considerable opportunities to support, compliment and enable the achievement of key health strategies and policies. Four key elements with 11 translation strategies are identified (Table 1a).

Key Element	Translating Strategies
Integrated health system	<ul style="list-style-type: none">• Providing spaces that enable the delivery of health services ranging from general practice consultation, diagnostic radiology and pathology services, early intervention and health promotion services and programs; delivered by public, private and not for profit providers, and specialist day surgery and procedures.• Providing spaces that enable the development and implementation of Integrated Health Hubs.• Continuing engagement with key public health and general practice stakeholders to provide innovative solutions that encourage services to be implemented and provided from Moore Point and integrated with existing and future services.• Engaging with SWSLHD and other related health service providers to understand the needs of the future community and their requirements for establishing health service delivery models in Moore Point.• Conduct a Health Needs Assessment of Moore Point to inform future health service provision.
Enabling eHealth	<ul style="list-style-type: none">• Providing high-speed and reliable digital connectivity throughout the precinct to allow for high-quality telehealth service delivery, enabling public and private health providers to implement tech-based information solutions such as electronic medical records, electronic referral and booking systems.
Keeping the community healthy and well	<ul style="list-style-type: none">• Developing safe and secure open spaces that encourage an active lifestyle.• Enabling access to fresh produce.• Providing spaces that encourage social activity and community connectedness such as markets, creative studios/areas and health promotion and social group gatherings.
Healthy built environment	<ul style="list-style-type: none">• Establishing and implementing healthy build principles.• Imbuing the 11 healthy built environment checklist themes into the planning and design of Moore Point.

Table 1a: Opportunities to Translate Strategy and Policy Into Practice.

APPENDIX B –
STAKEHOLDER
CONSULTATION

Stakeholder consultations with key representatives in the public, private and not-for-profit sectors are underway. These consultants are vital in understanding health and wellbeing for Moore Point from a diverse range of perspectives, incorporating socio-cultural, equity, population health and economic issues, as well as the long-term strategy of local organisations over the next 20 years.

LEAMAC Property Group identified representatives from 23 organisations as key stakeholders to consult with (Appendix D). Due to the long term nature of the overarching Moore Point development project, stakeholder consultations will continue to inform the key milestones and strategies.

Table 1b outlines the stakeholder consultations undertaken to inform the health and wellbeing principles and vision for Moore Point.

Organisation	Stakeholder	Date
Business Western Sydney	David Borger, Executive Director	15 November 2021
Calvary Health Care	Matthew Hanrahan, Deputy Chief Executive Officer	1 November 2021
CSIRO	Caroline Seagrove, NSW Relationship Manager Jill Freyne, Deputy Director, CSIRO E-Health Centre Tim Muster, Principal Research Scientist	5 November 2021
Greater Sydney Commission	Lizz Dibbs, Western Parkland City District Commissioner	25 October 2021
Karitane	Grainne O’Loughlin, Chief Executive Officer	19 November 2021
Ingham Institute for Applied Medical Research	Daryl Harkness, Chief Executive Officer	11 October 2021
Liverpool City Council	Lance Chia, Manager, Liverpool Innovation Precinct Dr Eddie Jackson, Chief Executive Officer	15 October 2021 15 November 2021
NSW Parliament - Member for Holsworthy	Melanie Gibbons, MP	7 October 2021
School Infrastructure, Department of Education	Kathy Jones, Consultant	11 October 2021
South Western Sydney Local Health District	Amanda Larkin, Chief Executive	30 November 2021
South Western Sydney Primary Health Network	Keith McDonald, Chief Executive Officer	25 October 2021
Sydney Catholic Schools	Justine Mercer-Moore, Director Property and Facilities	15 November 2021
TAFE NSW	Michael Cullen, Regional General Manager	28 September 2021
University of NSW	Dr Zoe Terpening, Strategic Lead, UNSW Health Precincts UNSW Medicine & Health	29 November 2021
Western Sydney Leadership Dialogue	Adam Leto, Executive Director	18 November 2021

Analysis of consultation interview data has identified six key themes, that is:

- Partnerships and collaboration
- Co-designed service spaces
- Integrated residential, education, research and industry opportunities
- Open and shared spaces
- Transport and major infrastructure links
- Digital connectivity

Table 1b: Organisations involved in Stakeholder Consultations.

PARTNERSHIPS AND COLLABORATION

Stakeholders emphasised the importance of partnerships and collaboration. They noted that efforts to foster integration, shared service delivery and collective strategic development were vital to the success of Moore Point, LIP and broader Liverpool City.

Partnerships, the stakeholders agreed, are essential in addressing the health, social and wellbeing needs of the community. Stakeholders indicated that this relies on working closely with government and commercial partners. They drew on existing collaborations in other parts of Sydney as the type of partnerships that should be promoted locally, for example, Karitane together with the South Eastern Sydney Local Health District is establishing a service within a commercial space in Wolli Creek. This space is near the residential development and has been working with local businesses to promote their services. Another opportunity being explored is an integrated health service and education model with co-located health services at or nearby primary, secondary and/or tertiary education facilities.

Collaboration among government and industry enables creative solution design to challenges commonly experienced in urban renewal projects. Stakeholders expressed the view that solving economic and social challenges, such as housing requirements, opportunities for learning and job creation, and community connection and cohesion, requires integrated working across agencies, organisations and sectors.

The community itself is also considered a key partner and collaborator. Stakeholders reflected that Liverpool's diverse communities offer opportunities to explore tailored and innovative ways to engage residents and visitors to Moore

Point to participate in commercial, research and health-related endeavours.

CO-DESIGNED SERVICE SPACES

Stakeholders outlined that co-designing service spaces are critical for community engagement, connectedness, and cohesion. It was noted that applying healthy built principles can support communities to inform and participate in the design and delivery of their services. Healthy built principles endorsed included: open and green spaces; safe and secure connections; active transport and physical connectivity; and supporting infrastructure. These principles, as one stakeholder noted, "are about how people are invited to do something collectively".

Stakeholders explained that access to spaces that enable these activities to occur is critical. They promoted the perspective that the design of Moore Point needs to incorporate these ideas. They wished for open green spaces to well positioned and spacious retail or commercial venues that encourage people to come together. Stakeholders noted that enabling the community to grow, develop and participate in activities will strengthen its connection to the place and engender a sense of belonging.

In addition to creating a liveable precinct, Moore Point can co-design spaces with industry partners to strengthen amenities for Liverpool City. This can include spaces for: the production and consumption of creative industries; diverse (type and size) retail options; and, integrated health hubs, including general practice, allied health and diagnostic services. Specifically for health service delivery, codesigning with public and private health organisations will ensure that purpose-built infrastructure is considered early in the design phases of

Moore Point. Also, factoring the recent pandemic experience, the incorporation of flexible spaces that can be converted for health service provision such as testing, surveillance and vaccinations centres, was noted. This approach will enable health organisations to consider investing in Moore Point.

INTEGRATED RESIDENTIAL, EDUCATION, RESEARCH AND INDUSTRY OPPORTUNITIES

Stakeholders reported that the proximity of the LIP and Moore Point offered opportunities for integrated residential, education, research and industry opportunities. This potential is being realised at similar health and education precincts, where tertiary education, research institutes and industry are collocated; such as at the established Westmead Health and Innovation District and Camperdown-Ultimo Collaboration Area (GSC, 2019).

Implemented effectively, Moore Point and the LIP can leverage the benefits of an 'innovation ecosystem' providing avenues for co-creation of ideas and knowledge, and producing translational research outcomes. Stakeholders noted this as a key opportunity for Moore Point to supplement their organisational strategies and the LIP vision. Specific education-industry learning examples were indicated including, Moore Point providing training opportunities for apprentices in the hospitality industry or placements for students from TAFE or university programs in LIP.

Stakeholders indicated these opportunities could emerge through a comprehensive, broad, long term Moore Point master plan. They emphasised a key approach was integrating the residential, commercial, health and education

needs of the community. This is also linked to the identity of Moore Point which will be further defined as the development progresses. Stakeholders viewed partners working closely together will enable Moore Point to meet their needs while developing a productive and thriving community. This also extends to harnessing the entrepreneurial spirit of the multicultural diverse communities within Liverpool to enhance these opportunities.

Stakeholders discussed how access to learning and employment opportunities results in improved social and health outcomes. They considered the need to create a vision where education, research and working are integrated for the community, whether residing, working or visiting Moore Point; doing so to embed involvement and engagement in a fertile translational health research ecosystem (Holmes et al, 2019).

Stakeholders commented that for Moore Point to be inclusive, it required residential accommodation for people and families from all socio-economic, cultural and age groupings. They noted the opportunity to establish a wide range of accommodation types, sizes, and costings, including residential places, and short and long term hotel stays.

OPEN AND SHARED SPACES

Stakeholders made the point that Moore Point open and shared spaces are critical to the creation of an environment, in which people feel safe, creative, and promotes cohesivity – all elements that enhance health and wellbeing.

They viewed open spaces as important assets that belong to, and bring together the community. Stakeholders discussed spaces need to include:

- Places to meet for work, both formal situations – meeting

rooms, flexible in size, configuration and technology-enabled, and informal gatherings – cafes and open areas;

- Locations for recreation – walkways, cycle paths, garden and grassed areas;
- Sites for confidential appointments – rooms for consultations via internet and phone;
- Locations for reflection and quiet – libraries and prayer halls/rooms; and
- Area that enables the different sub-communities to engage such as children, young people, families and older persons.

Stakeholders advocated for different areas connected by pathways that encourage and enable ease of access. They noted the need for green places, covered and open areas, and accessible by different forms of mobility. The idea of open and shared space extended to how the LIP and Moore Point were connected. Stakeholders promoted a vision to view the LIP and Moore Point as one large space within the central area of Liverpool.

In doing so discussion focused on the need for strategies to enable connections – economic, educational, recreational and social – between and across them to have this vision made a reality. Central to this vision was the importance of integrating work, accommodation, socialisation and recreation within and across the LIP and Moore Point; doing so encouraged and enabled people from different backgrounds to collectively use the spaces.

PUBLIC TRANSPORT AND MAJOR INFRASTRUCTURE LINKS

Stakeholders stated the strength and challenge of Moore Point was the location bound by the river, parklands and major road. They argued to prevent it from becoming isolated, public transport and infrastructure links will be necessary to enable ease of access into and out of the area. To generate the 'innovation ecosystem' noted above, required linking the LIP and Moore Point as well connecting them to other similar sites within Sydney. Additionally, links are necessary to draw other people from around the south-west and also other parts of Sydney into Moore Point and LIP so that they are owned, used and accessible to the wider community.

DIGITAL CONNECTIVITY

Digital connectivity was identified by stakeholders as a basic and key driver to promote the use of spaces within Moore Point; engagement within and across communities; and, between individuals and industry, retailers and government. They indicated high-quality digital connectivity, for personal and commercial settings and uses, is fundamental to the development of Moore Point being successful. This focus on digital connectivity is aligned to the concept of the 'smart city' where the Internet of Things (IoT) forms the fabric of the development with devices connecting to send and receive real-time data through wearables to make life easier (Yip, 2020).

APPENDIX C – SCAN OF THE LITERATURE

OVERVIEW

The development and sustainability of healthy and well communities is a complex, non-linear, long-term, ongoing cyclical process. Healthy and well individuals and communities are achieved and maintained by six interrelated elements (Figure 1c).

A healthy and well community relies upon each component individually being undertaken comprehensively and well-integrated with the other elements. To maximise the potential for positive health behaviours and outcomes for individuals and communities requires significant holistic vision, planning, stakeholder engagement and implementation.

A scan of the literature was undertaken for each element to identify important ideas, frameworks and an understanding of the issues involved. Sub-topics related to each element helped guide the scan (Table 1c) and where possible systematic, rapid or narrative literature reviews were prioritised and accessed. Literature reviews provide a rigorous, structured, comprehensive and systemic analysis of topics and the current evidence base.

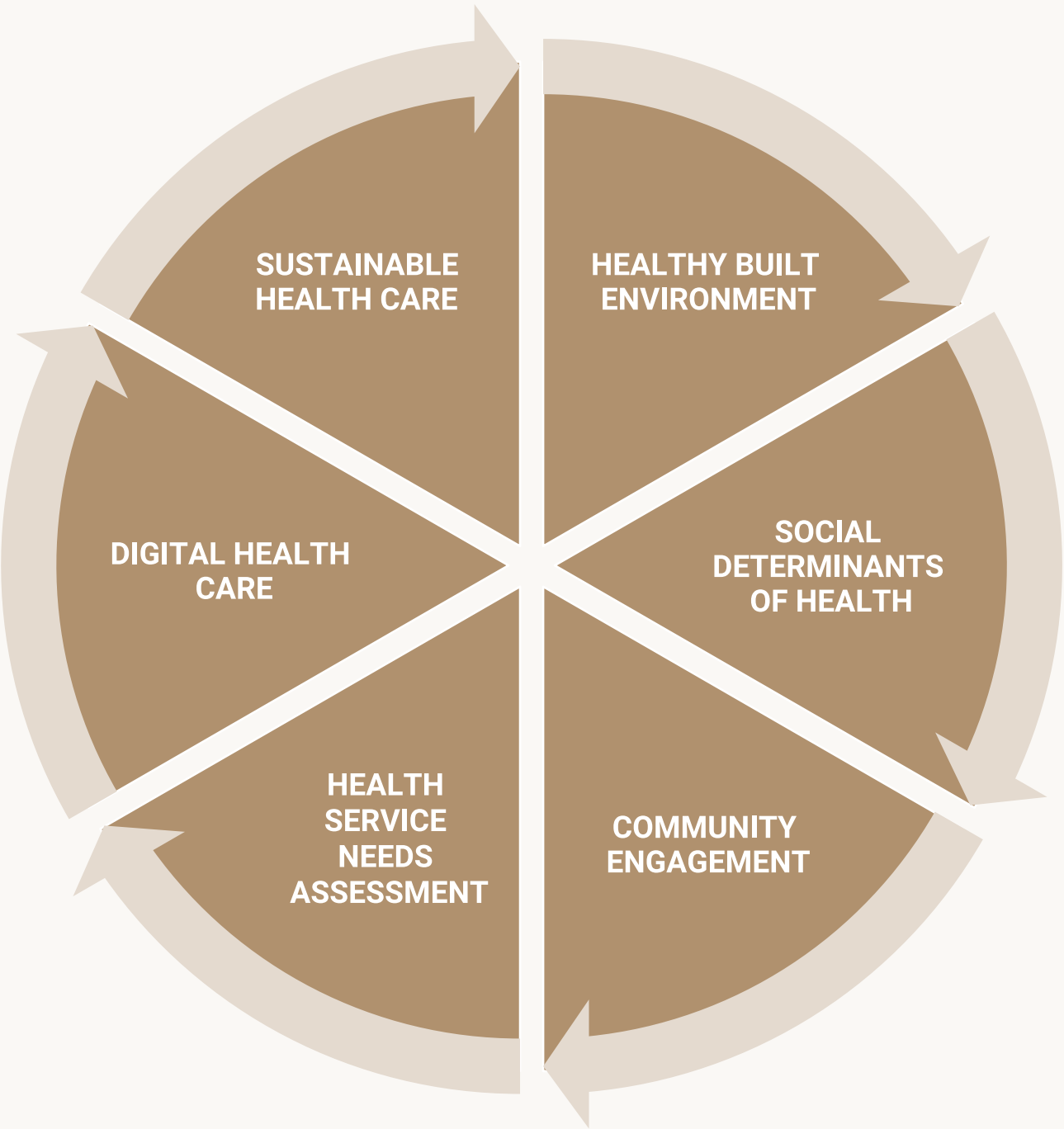


Figure 1c: Healthy and Well Community Development and Sustainability Cycle

Key Element	Sub-Topics/ Terms
Healthy built environment	<ul style="list-style-type: none">• Healthy built environment principles• Healthy cities• Liveability
Social determinants of health	<ul style="list-style-type: none">• Health/ wellbeing/ community• Social determinants of health• Multicultural issues
Community engagement	<ul style="list-style-type: none">• Health literacy• Patient engagement• Co-production of services Co-design, co-production
Health service needs assessment	<ul style="list-style-type: none">• Planning health services in urban communities• Health care in new communities• neighbourhood/ hubs
Digital health care	<ul style="list-style-type: none">• Digital technology• eHealth• mHealth
Sustainable health care	<ul style="list-style-type: none">• Integrated health• Public-private partnerships• Organisational design

Table 1c: Scan of The Literature – Key Elements And Sub-Topics

HEALTHY BUILT ENVIRONMENT

There is a well-established body of research evidence that shows that the design of the physical urban and neighbourhood environment is associated with positive or negative health and wellbeing across all age groups (Ige-Elegbede et al., 2020b) (Australian Institute of Health and Welfare, 2020).

Access and proximity to green space are associated with reduced risk factors for cardiovascular diseases, diabetes and respiratory diseases among adults. Green space access can lead to increased physical activity levels, and also a positive flow-on impact on mental health (Nathan et al., 2018). Well planned neighbourhoods translate into walkable, engaging environments utilised across all age groups, from children to older adults. These benefits are linked to emotional, physical and psychological measures of health and wellbeing (Nathan et al., 2018). Enhanced neighbourhood quality has similarly been associated with improvements in mental health.

A further finding is the positive longer-term interactional impact of good urban design on long term health outcomes. In the systematic review study of neighbourhood design on health and wellbeing, it was identified that the interrelated effects of various designs features, such as walkability, access to green space and amenities on health and wellbeing, positively influence outcome measures across the lifespan (Ige-Elegbede et al., 2020b: 12).

Participants in outdoor environmental enhancement and conservation activities, such as volunteering, reported potentially achieving short-term health and well-being benefits, including opportunities for social contact, improvements in physiological, mental/emotional health, and quality-of-life outcomes (Husk et al. 2016, Burch and Tort 2020).

Changing established patterns of physical activity is identified as important to improving the health and well-being of

individuals and communities but noted as a significant challenge to achieve (WHO, 2017). An individual’s health improvements can only be achieved when obstacles are removed in their physical environment. Hence, the importance of the initial conceptualisation, planning and building arrangements to encourage positive individual choices (Bird et al., 2018).

There is recognition that a poorly built urban environment physically structures inequality, disadvantages and social injustice. As Pineo (2020: 1) states, “The built environment tends to disadvantage or exclude women, children, the elderly, disabled, poor and other groups, starting from design and planning stages through to occupation, and this results in avoidable health impacts.” Poorly built environments are overcrowded heat sinks, lack accessible and useable parks and recreation spaces, and require vehicles to move around easily and safely.

The Covid-19 crisis has further reinforced the need to critically re-examine and reconceptualise the links between multiple factors, including neighbourhood environments, work settings, social behaviours, and health behaviours and outcomes. Complex, detailed thinking is needed about the relationships between social health determinants, inclusion, equity, and sustainability, and physical and mental well-being outcomes (Shaw et al., 2020).

One positive to emerge from the COVID-19 pandemic is the serious re-examination and questioning of public space design, use and perceptions (Figure 2c) (Honey-Rosés et al., 2020). How space will be accessed and used, by whom and in what numbers, under what levels of surveillance? – these issues now are all being asked by the researchers, policymakers, planners, government and the community.

Summary of the emerging questions about how the COVID-19 episode may change the design, use, behaviours and perceptions in public space.

- Use, Behaviour and Perceptions**
- 1. Will we observe fewer people in public?
 - 2. Will we change what we do in public?
 - 3. What is the future of large public gatherings?
 - 4. Will our perceptions of public space change?
 - 5. Will our intuitive carrying capacity for public spaces decrease?
 - 6. What will be the impacts on public transit?
 - 7. What will happen to micro-mobility and mobility sharing?
 - 8. Will we observe changes in the use and regulation of interior public spaces?
 - 9. Will we experience infringements on civil liberties?
- Design**
- 10. Will the temporary transformations during the crisis inspire permanent changes?
 - 11. Will streets be re-designed?
 - 12. Will the pandemic accelerate the mainstreaming of health criteria into the design of public spaces?
 - 13. Will green space planning need new designs, uses and practices?
 - 14. Do we need a new typology for public space?
- Inequities and Exclusions**
- 15. How will the needs of vulnerable groups such as racial minorities, immigrants, women, the poor, elderly, children, disabled and the homeless be accounted for in future public space designs, practices, and rules?
 - 16. Will cities in the Global South attempt to constrain further or regulate the informal street economy?
 - 17. Will COVID-19 change who moves in and who moves out of newly redeveloped urban centers?
 - 18. Will everyone be able to shift to active transit?
 - 19. Will the pandemic permanently disrupt the interconnected global settlement system and freedom of movement?

Figure 2c: Public Space Questions Arising from The COVID-19 Pandemic. Source: Honey-Roses et al. 2020: 2

There is a need for holistic public health perspectives to analyse urban and community design issues and create innovative solutions (Martins, 2021). An important factor shaping social and environmental planning is identifying and integrating health evidence in the process. However, stakeholders with diverse backgrounds – for example, public health and planning professionals – report several challenges: differences in their interpretation and use of ‘evidence’; a lack of practical evidence to apply locally; and, a lack of resource and staff capacity to do so (Ige-Elegbede et al., 2020). Not surprisingly, the prioritisation of public health criteria in planning decisions remains to be consistently demonstrated and widespread; the inclusion of health criteria in public space design is incipient. Nevertheless, there are tools that may assist planners and designers to conceptualise, design and build with a health perspective (Bird et al. 2018, Public Health Scotland 2019).

One such tool is the ‘The Towards Healthy uRbanism: Inclusive Equitable Sustainable (THRIVES) framework’, which recognises the interconnected health impacts of built environment policies and design decisions at multiple urban scales (Figure 3c). The THRIVES framework reconceptualises the concept of healthy urban development “to encompass the connected lenses of sustainability, equity and inclusion and the consideration of health impacts at multiple spatial and temporal dimensions” (Pineo, 2020: 1).

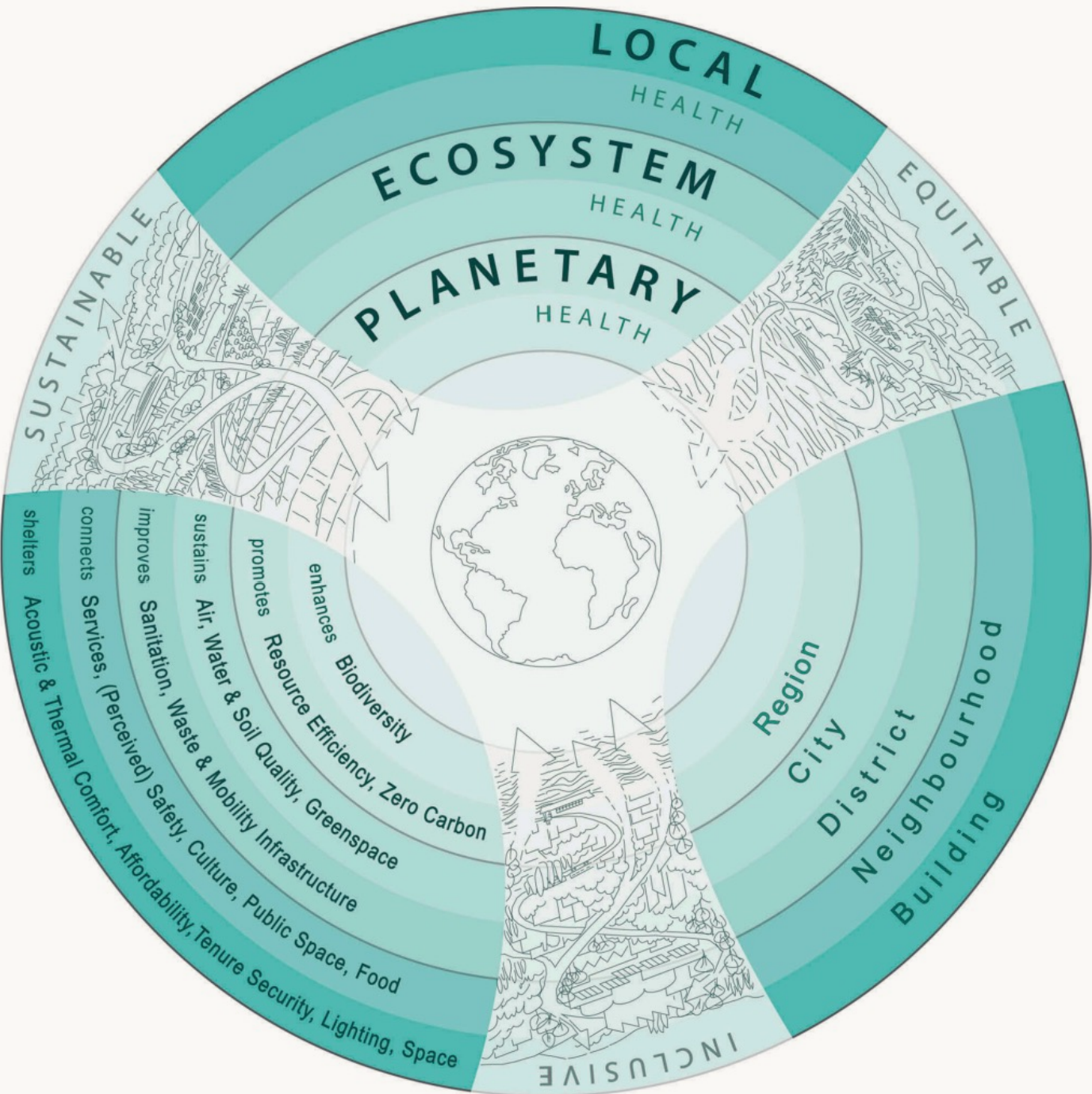


Figure 3c: The THRIVES Framework. Source: Pineo 2020: 9

Research has identified four core planning objectives and 10 urban and transport planning principles that promote positive health outcomes in urban environments (Table 2c) (Mueller et al., 2021). This work led to the development of a checklist for healthy urban and transport development (Figure 4c) (Mueller et al., 2021).

Focus	Sub-Topics/ Terms
Core planning objectives	<div>1. Development of compact cities</div> <div>2. Reduction of private motorized transport</div> <div>3. Promotion of activity such as walking, cycling and public transport</div> <div>4. Development of green and public open space</div>
Urban and transport planning principles	<div>1. Land use mix</div> <div>2. Street connectivity</div> <div>3. Density</div> <div>4. Motorized transport reductions</div> <div>5. Walking</div> <div>6. Cycling</div> <div>7. Public transport</div> <div>8. Multi-modality</div> <div>9. Green and public open space</div> <div>10. Integration of all planning principles</div>

Table 2c. Core Planning Objectives and Urban And Transport Planning Principles for Healthy Urban Environments

Healthy Urban and Transport Planning Checklist



PLANNING PRINCIPLE	✓	INDICATOR
1. LAND USE MIX		
Is the proportion of green and public open space appropriate?	<input type="checkbox"/>	≥ 25% of total land surface for green and public open space
Is the proportion of built environment appropriate?	<input type="checkbox"/>	≤ 75% of total land surface for built environment
<ul style="list-style-type: none"> Is the proportion allocated to roads and parking appropriate? 	<input type="checkbox"/>	≤ 25 % of total land surface for roads and parking
<ul style="list-style-type: none"> Is the proportion allocated to buildings appropriate? 	<input type="checkbox"/>	≤ 50% of total land surface for buildings
<ul style="list-style-type: none"> Is there a mix between residential and non-residential building function? 	<input type="checkbox"/>	75% of building function should be residential 25% of building function should be non-residential
Are there numerous, diverse destinations in direct proximity?	<input type="checkbox"/>	↑ Number and diversity of destinations in proximity (food, retail, general services, healthcare, community services, sports and recreation, entertainment, etc.)
Note: 'Walkable' destinations are those within a ≤ 300 m street network distance 'Cyclable' destinations are those within a ≤ 5 km street network distance		≤ 300 m street network distance ≤ 5 km street network distance
2. STREET CONNECTIVITY		
Are streets well-connected and do they provide direct routes to destinations?	<input type="checkbox"/>	↑ Number of intersections
<ul style="list-style-type: none"> Is active and public transport prioritized in providing short and direct routes to destinations? 	<input type="checkbox"/>	↑ Street connectivity for active and public transport
<ul style="list-style-type: none"> Is private motorized transport diverted and re-directed to discourage use? 	<input type="checkbox"/>	↓ Street connectivity for private motorized transport
Are changes of street side, over- and underpasses and other physical barriers for pedestrians/ cyclists avoided?	<input type="checkbox"/>	↓ Number of physical barriers for pedestrians/ cyclists
Are block sizes kept relatively small?	<input type="checkbox"/>	Optimum ≤ 120 m until next intersection
Are cul-de-sacs avoided?	<input type="checkbox"/>	↓ Number of cul-de-sacs

Cross-sector collaboration is complex and context-specific. Seven strategies within cross-sector collaboration are required for a healthy environment (van Vooren et al., 2020):

1. creating a feeling of equivalence among the partners;
2. building mutual trust among the partners;
3. creating a connection between the different sectors and perspectives;
4. providing clarity about roles and tasks;
5. creating and leveraging reasons to commit to the cross-sector projects;
6. making sure the partners feel engaged in the cross-sector project; and,
7. understanding whom to engage at which point of the process.

Similarly, synthesising the work across a range of studies, Bird and colleagues have identified a range of interconnected planning focus, planning principles, modifiable features, and health-related outcomes for each built and natural environment domain (Bird et al., 2018) (Table 3c). This work provides practical, specific items to address when conceptualising and planning new urban environments, which can address health, well-being and social justice for individuals and communities.

Figure 4c: Checklist for Healthy Urban And Transport Development

PLANNING FOCUS

PLANNING PRINCIPLE AND MODIFIABLE FEATURE

NEIGHBOURHOOD DESIGN

Enhance neighbourhood walkability

Increase walkability

- Increased social engagement
- Increased mobility
- Increased physical activity

Improve infrastructure to support walking and cycling

- Increased physical activity
- Increased mobility
- Improved weight status

Build complete and compact neighbourhoods

Compact neighbourhoods

- Increased physical activity

Increase access to facilities and amenities

- Increased mobility among older adults
- Increased social participation among older adults
- Improved mental health

Enhance connectivity with safe and efficient infrastructure

Improved street connectivity

- Increased physical activity

Provision of public realm improvements (e.g., provision of street lighting)

- Increased physical activity
- Reduced fear of crime
- Reduced road traffic collisions

Table 1c: Scan of The Literature – Key Elements And Sub-Topics

PLANNING FOCUS	PLANNING PRINCIPLE AND MODIFIABLE FEATURE	
HOUSING	Improve quality of housing	
	Increase energy-efficient homes	<ul style="list-style-type: none">Improved general and mental health outcomes (including for those from low-income groups)Reduced mortality
	Remove home hazards	<ul style="list-style-type: none">Improved social outcomes among older adultsReduced fall-related injuries among older adultsReduced unintentional injury
	Home refurbishment/retrofit	<ul style="list-style-type: none">Improved general healthReduced fear of crime
	Increase provision of affordable and diverse housing	
	Provision of diverse housing	<ul style="list-style-type: none">Increased physical activity
	Provision of mixed-use, affordable housing	<ul style="list-style-type: none">Increased perceptions of safety among low-income groups
	Provision of affordable rental housing	<ul style="list-style-type: none">Improved mental health among adolescents and adults
	Increase provision of affordable housing for groups with specific needs	
	Provision of affordable housing for vulnerable groups	<ul style="list-style-type: none">Improved social outcomesImproved behavioural outcomesImproved health-related outcomesReduced in substance misuse or co-occurring mental disordersImprove psychiatric health outcomesIncreased quality of life
		Continued Over

PLANNING FOCUS	PLANNING PRINCIPLE AND MODIFIABLE FEATURE	
HOUSING (CONT)	Increase provision of affordable housing for groups with specific needs (cont)	
	Provision of affordable housing for groups living with chronic conditions	<ul style="list-style-type: none">• Increased engagement with HIV/ AIDS services• Reduced engagement in risky sexual behaviours among those with HIV/AIDS• Improved HIV/AIDS outcomes
	Provision of affordable housing for the homeless	<ul style="list-style-type: none">• Increased engagement with health care services• Increased quality of life• Increased employment• Improved mental health
HEALTHIER FOOD ENVIRONMENT	Increase provision of healthier, affordable food	
	Increase access to healthier food	<ul style="list-style-type: none">• Reduced dietary fat intake• Improved dietary behaviour• Increased fruit and vegetable intake• Improved attitudes towards fruit and vegetables• Improved weight status• Healthier food purchasing
	Enhance community food infrastructure Increase urban food growing	<ul style="list-style-type: none">• Improved attitudes towards healthier eating• Increased opportunities for fruit and vegetable consumption• Increased opportunities for social connectivity• Increased opportunities for physical activity
		Continued Over

PLANNING FOCUS	PLANNING PRINCIPLE AND MODIFIABLE FEATURE	
NATURAL AND SUSTAINABLE ENVIRONMENT	Reduce exposure to environmental hazards	
	Improve air quality	<ul style="list-style-type: none">Increased physical activity among older adults
	Reduce exposure to air pollution	<ul style="list-style-type: none">Reduced risk of chronic conditionsImproved birth outcomesReduced infant mortalityImproved cognitive function
	Reduce exposure to excessive noise	<ul style="list-style-type: none">Improved mental health outcomesReduced risk of ischemic heart disease
	Reduce the impact of flooding	<ul style="list-style-type: none">Reduced risk of carbon monoxide poisoningImproved mental and physical outcomes
	Increase access to, and engagement with, the natural environment	
	Increase access and engagement opportunities	<ul style="list-style-type: none">Increased physical activityReduced risk of cardiovascular diseaseIncreased motivation to engage in physical activityReduced obesity among adolescentsImproved mental health outcomes
	Aesthetic park improvements	<ul style="list-style-type: none">Increased first-time park usersIncreased physical activity
	Adaptation to climate change	
	Prioritisation of neighbourhood tree planting	<ul style="list-style-type: none">Improved health outcomes
		Continued Over

PLANNING FOCUS

PLANNING PRINCIPLE AND MODIFIABLE FEATURE

TRANSPORT

Provision of active travel infrastructure		
Increase infrastructure for walking and cycling		<ul style="list-style-type: none">• Increased physical activity• Increased mobility• Improved weight status
Enhance connectivity with safe and efficient infrastructure		
Provision of traffic calming measures		<ul style="list-style-type: none">• Increased physical activity• Reduced risk of pedestrian injury• Reduced risk of road traffic collision• Increased pedestrian activity
Provision of public realm improvements (e.g., provision of street lighting)		<ul style="list-style-type: none">• Increased physical activity• Reduced fear of crime• Reduced road traffic collisions
Prioritise public transport		
Promote public transport use		<ul style="list-style-type: none">• Increased physical activity• Improved cardiovascular outcomes• Reduced fear of social isolation• Improved mental health
Enable mobility for all ages and activities		
Increase access to recreational space		<ul style="list-style-type: none">• Improved pedestrian safety among adolescents• Improved mental health

Table 3c: Planning Focus, Planning Principles, Modifiable Features, and Health-Related Outcomes Identified for Each Built And Natural Environment Domain

Sustaining Places: Best Practices for Comprehensive Plans presents a comprehensive integrated framework with standards for creating a healthy community, based on a resilient economy, social equity, and strong regional ties (Godshalk and Rouse, 2015). The framework is based on six interrelated principles, processes, attributes and steps that guide engagement, participation, planning discussions, decision making and implementation (Table 4c).

FRAMEWORK ELEMENT		EXPLANATION
PRINCIPLES	Liveable built environment	Ensure that all elements of the built environment – including land use, transportation, housing, energy, and infrastructure – work together to provide sustainable, green places for living, working, and recreating, with a high quality of life.
	Harmony with nature	Ensure that the contributions of natural resources to human well-being are explicitly recognised and valued and that maintaining their health is a primary objective.
	Resilient economy	Ensure that the community is prepared to deal with both positive and negative changes in its economic health and to initiate sustainable urban development and redevelopment strategies that foster green business growth and build reliance on local assets.
	Interwoven equity	Ensure fairness and equity in providing for the housing, services, health, safety, and livelihood needs of all citizens and groups.
	Healthy community	Ensure that public health needs are recognized and addressed through provisions for healthy foods, physical activity, access to recreation, health care, environmental justice, and safe neighbourhoods.
	Responsible regionalism	Ensure that all local proposals account for, connect with, and support the plans of adjacent jurisdictions and the surrounding region.
PROCESSES	Authentic participation	Ensure that the planning process actively involves all segments of the community in analysing issues, generating visions, developing plans, and monitoring outcomes.
	Accountable implementation	Ensure that responsibilities for carrying out the plan are clearly stated, along with metrics for evaluating progress in achieving desired outcomes.
		Continued Over

FRAMEWORK ELEMENT		EXPLANATION
ATTRIBUTES	Consistent content	Ensure that the plan contains a consistent set of visions, goals, policies, objectives, and actions that are based on evidence about community conditions, major issues, and impacts.
	Coordinated characteristics	Ensure that the plan includes creative and innovative strategies and recommendations and coordinates them internally with each other, vertically with federal and state requirements, and horizontally with plans of adjacent jurisdictions.
IMPLEMENTATION STEPS	<ol style="list-style-type: none">1. Discuss the standards framework with the community to determine if it will be helpful in the comprehensive planning process.2. Review the needs of the plan and planning process in order to highlight areas where use of the standards will improve the plan quality and relevance.3. Incorporate the standards into the plan, using them to fill gaps or upgrade existing plan policies and practices.4. Score the plan, to determine its comparative ranking against a fully realized comprehensive plan for sustaining places.	

Table 4c. Sustaining Places Principles, Processes and Attributes

From the stakeholder consultations and literature scan of the healthy built environment, we can distil a strategy to improve the health and wellbeing of the community during redevelopment projects. The recommended strategy is to create cross-sector collaboration, as per the principles outlined by van Vooren, Drewes, de Weger, Bongers, & Baan, (2020), and critically evaluate the development proposal using multiple health and wellbeing frameworks, including:

- Checklist for healthy urban and transport development (Mueller et al 2021);
- Bird et al (2018) framework interconnected planning focus, planning principles, modifiable features, and health-related outcomes; and,
- Sustaining Places: Best Practices for Comprehensive Plans framework (Godshalk and Rouse 2015).

Socioeconomic conditions in which individuals and communities live and work fundamentally influence their health (in)equalities and illness/wellness in all its forms. An individual’s health is influenced by a range of factors: socioeconomic determinants, biological factors, physical, environmental and behavioural (Figure5c) (Hosseini Shokouh et al., 2017; Australian Institute of Health and Welfare, 2020).

Housing is a central factor in determining an individual’s health and well-being. Recent research focusing on those in public housing has revealed factors within this important relationship, including tenancy experience; housing quality; and, neighbourhood quality and social support (Figure 6c) (Rolfe et al., 2020).

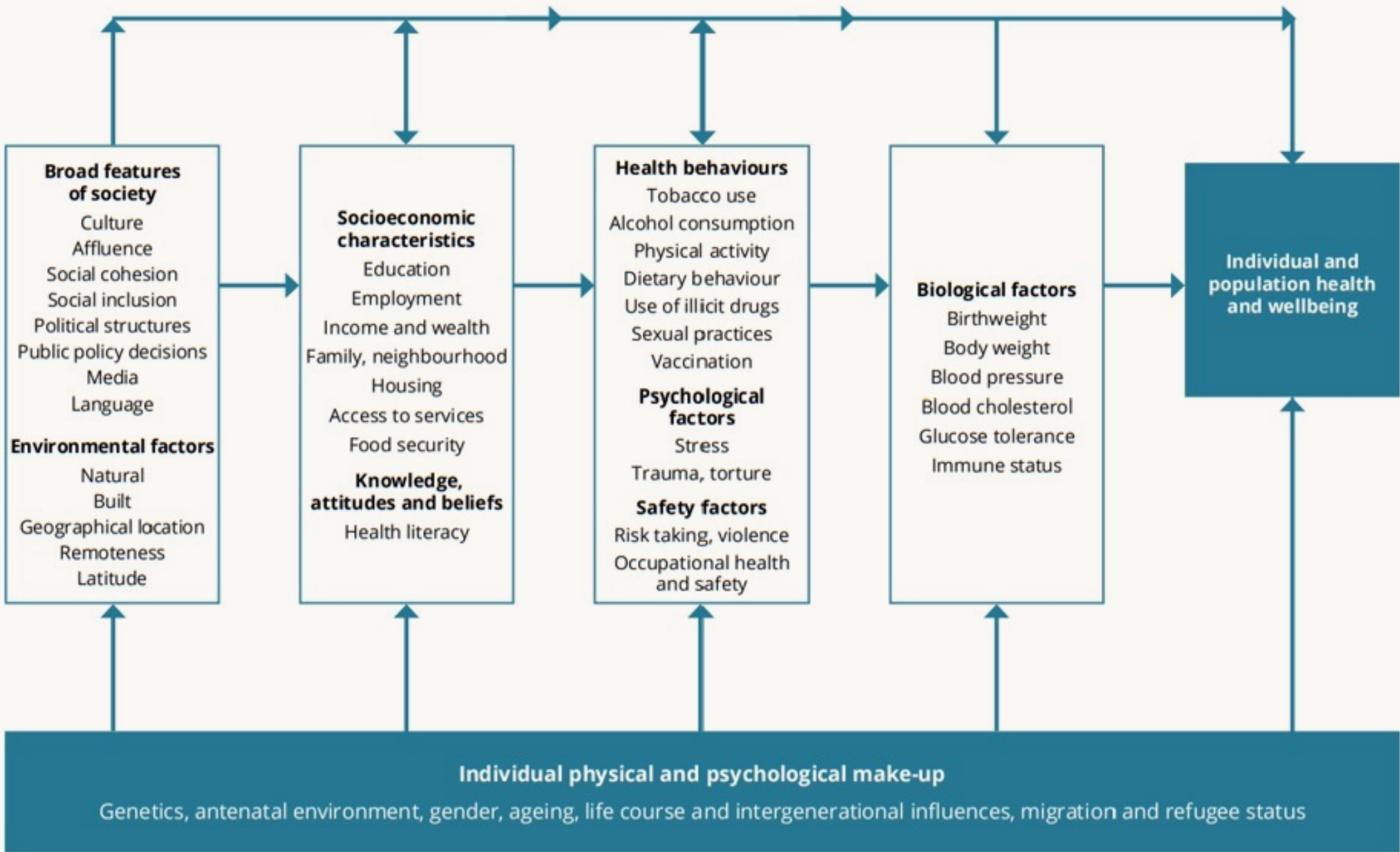


Figure 5c: AIHM Social Determinants of Health Framework. Source: AIHW, 2020: 81

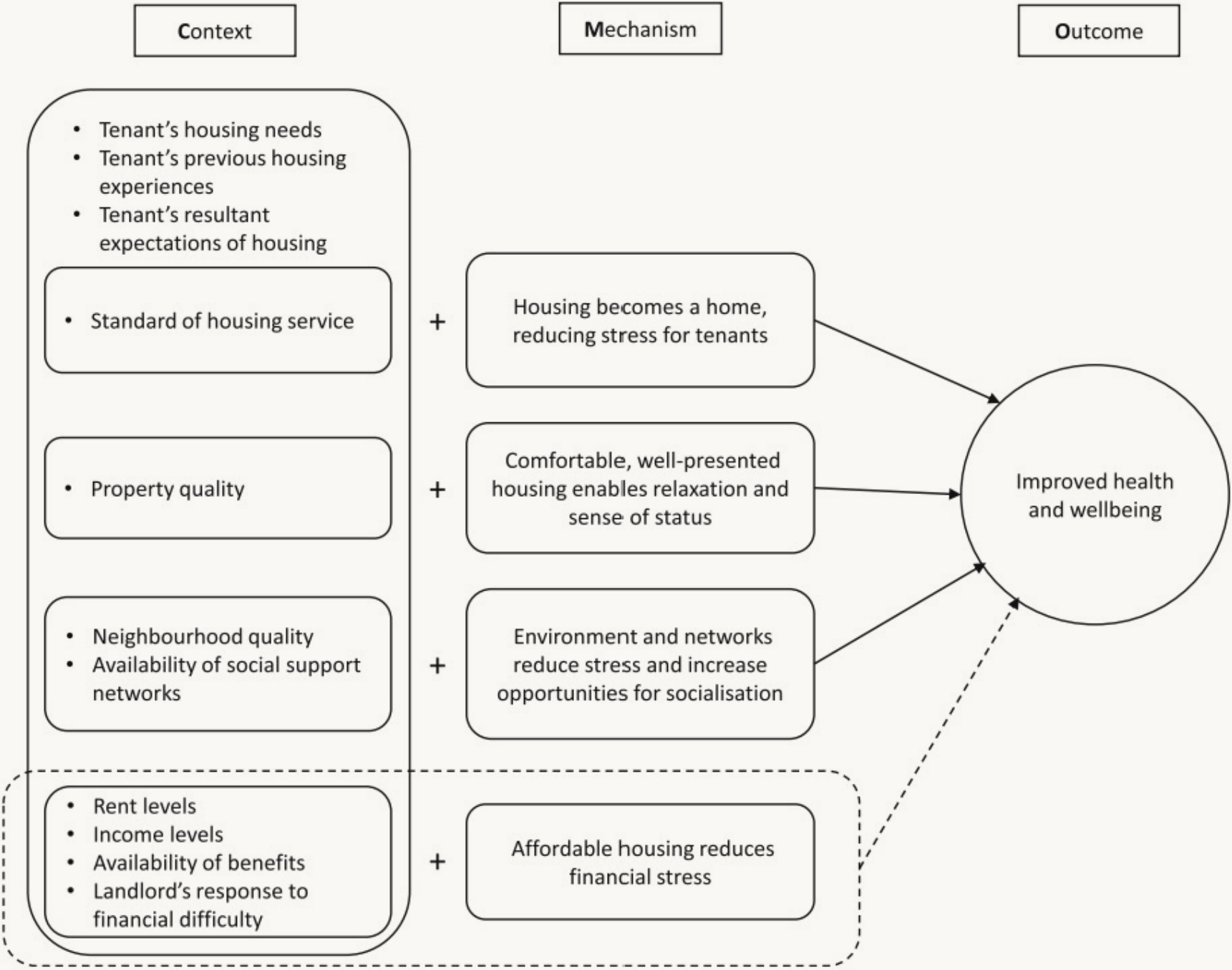
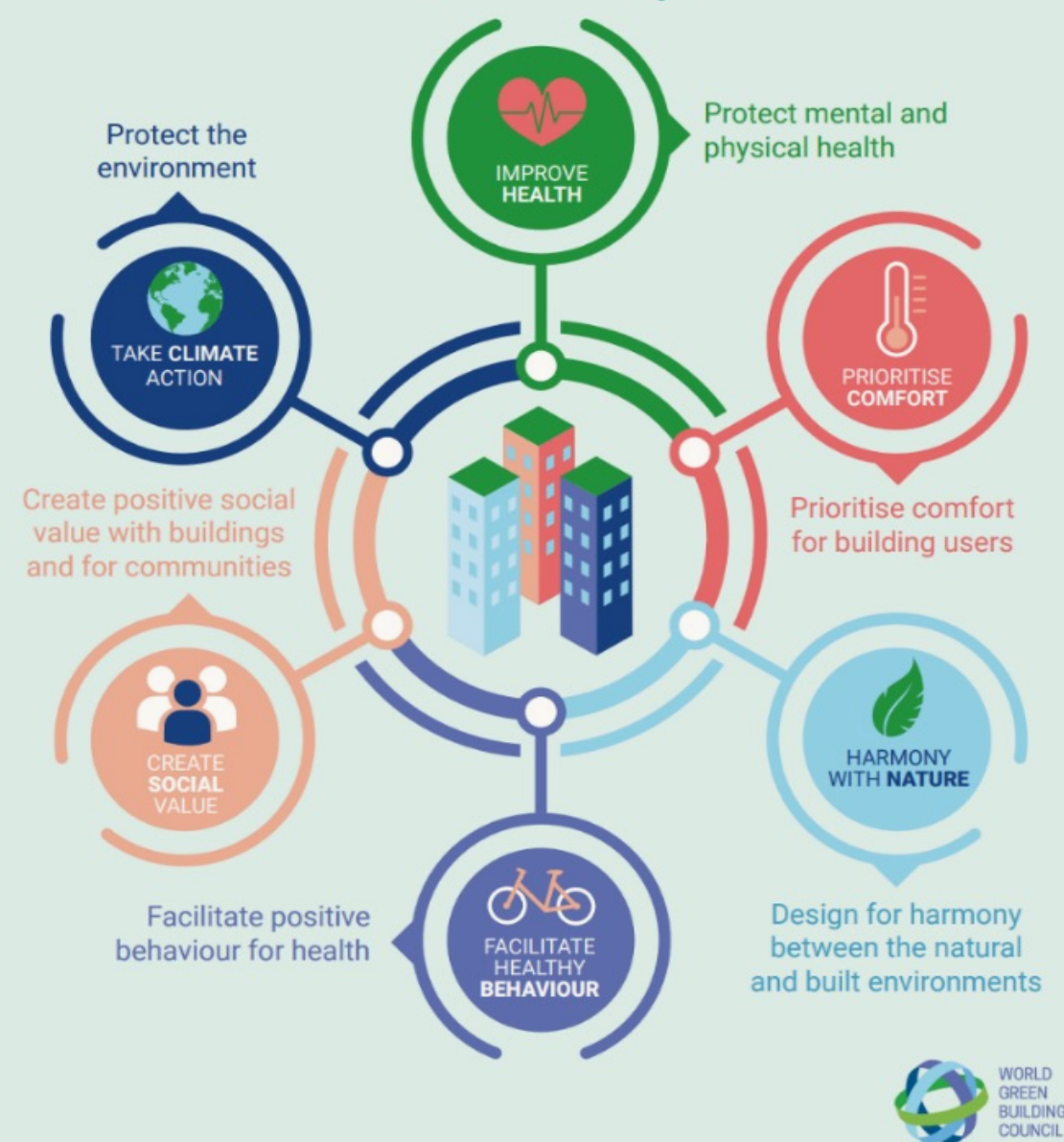


Figure 6c: Housing Factors Influencing Health and Well-Being. Source: Rolfe et al. 2020:17

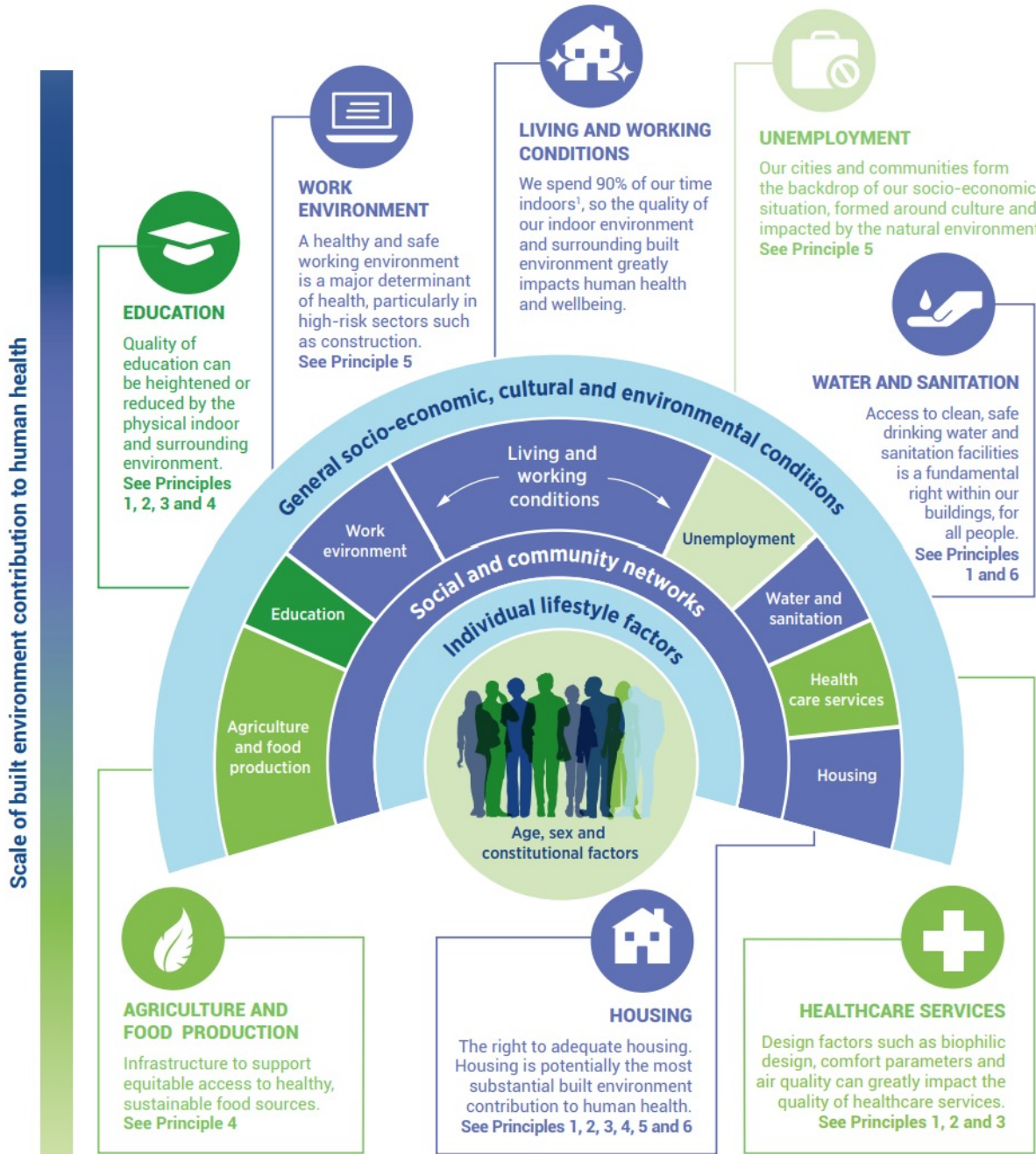
WorldGBC Health & Wellbeing Framework
The Six Principles



WorldGBC Health and Wellbeing Framework offers a representative set of health and wellbeing principles for the sustainable built environment movement (Figure7c) and the application of determinants of health to the building environment (Figure 8c).

Figure 7c: Worldgbc Health and Wellbeing Framework.
Source: https://worldgbc.org/sites/default/files/WorldGBC%20Health%20%26%20Wellbeing%20Framework_Exec%20Report_FINAL.pdf

Determinants of health relating to the built environment



Based on Dahlgren-Whitehead 'Rainbow model', 1991.



From the stakeholder consultations and literature scan of the social determinants of health, a strategy can be distilled to improve the health and wellbeing of the community during redevelopment projects. The recommended strategy is to embed the development process with the WorldGBC Health and Wellbeing Framework six principles.

Figure 8c: Determinants of Health Relating To The Built Environment.
Source: https://worldgbc.org/sites/default/files/WorldGBC%20Health%20%26%20Wellbeing%20Framework_Exec%20Report_FINAL.pdf

The logic of community engagement and participation has been well articulated and presents a compelling case for the activity (Figure 9c) (Australian Institute of Family Studies, 2016). As noted by Haldane and colleagues (2019) there is “a breadth of evidence that community involvement has a positive impact on health, particularly when substantiated by strong organisational and community processes. This is in line with the notion that participatory approaches and positive outcomes including community empowerment and health improvements do not occur in a linear progression, but instead consists of complex processes influenced by an array of social and cultural factors” (Haldane et al., 2019: 1-2).

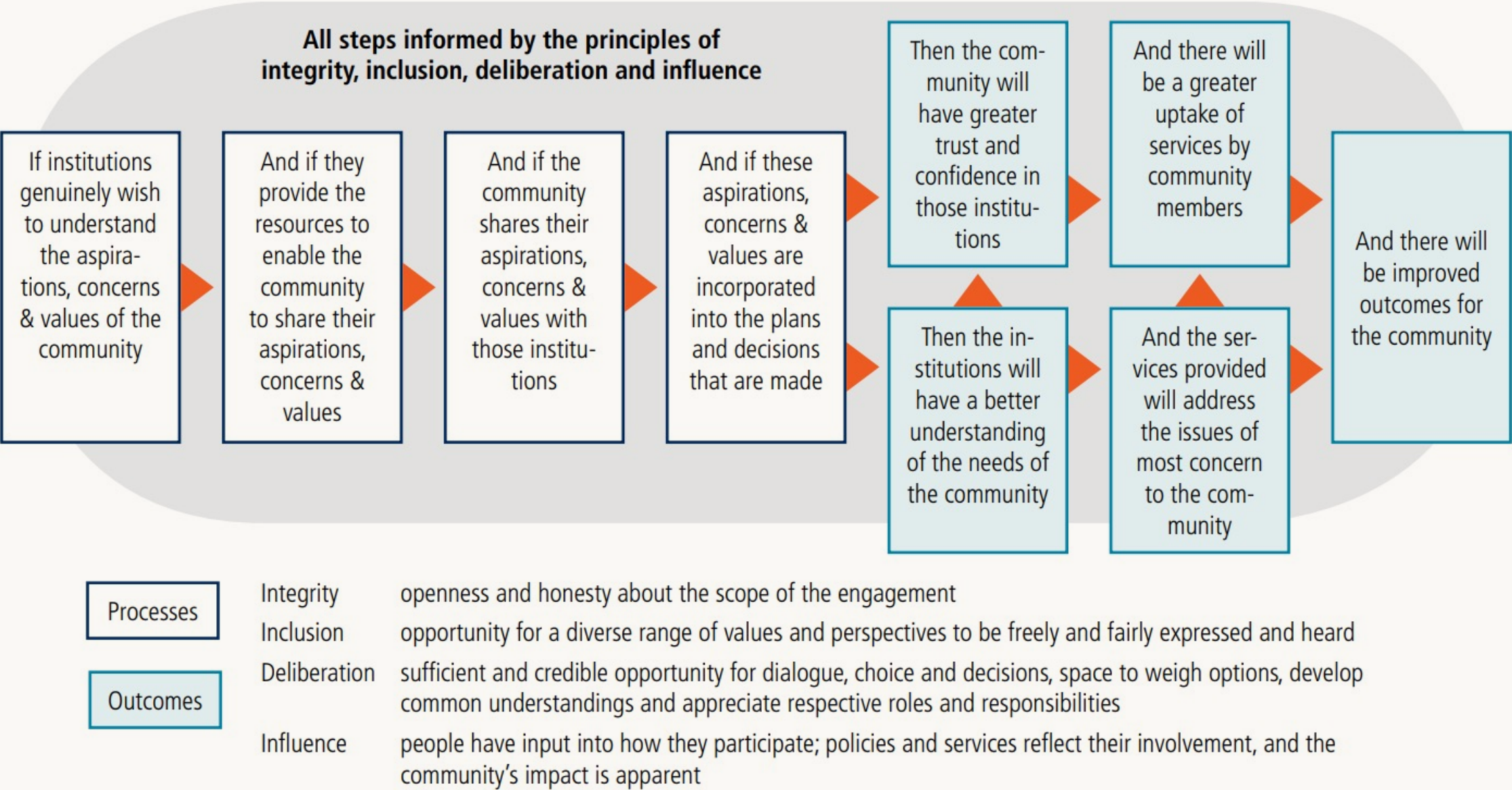


Figure 9c. The Logic of Community Engagement For Service Delivery. Source: AIFS 2016: 9

However, community or patient engagement in health care service design (Australian Institute of Family Studies, 2016; Frith et al., 2019; Haldane et al., 2019), planning (De Weger et al., 2020), and evaluation or research (Haldane et al., 2019; Ortiz et al., 2020; Abrams et al., 2021) is a challenging undertaking requiring significant time, trust, and commitment. In particular, gaining and maintaining involvement from representatives with diverse backgrounds is recognised as difficult and founded on differing expectations of those involved (Frith et al., 2019; De Weger et al., 2020).

To enable community engagement to be effective, a clear purpose as to, and training for – community members and professionals, the participation is critical (De Weger et al., 2020). A synthesis of research has identified are eight core features of community engagement (Figure 10c) (Australian Institute of Family Studies, 2016).

Core features of effective community engagement strategies

Community engagement involves:

- starting from the community’s own needs and priorities rather than those dictated from outside;
- inviting and building local autonomy, giving leadership to people in the community and acting as a resource to them;
- building the capacity of families and the community to meet their own needs more effectively;
- having a flexible service system that can be tailored to meet local needs;
- balanced partnerships between providers and consumers based on mutual trust and respect;
- working with the community rather than doing things for them or to them;
- information sharing so that the community can make informed decisions; and
- providing the community with choices regarding services and intervention options.

Figure 10c.: Core Feature of Effective Community Engagement Strategies. Source: AIFS 2016: 14

Consistent with the notion of the core features, eight action-oriented guiding principles are advocated for organisations to achieve success (Table 5c) (De Weger et al., 2018).

PRINCIPLES FOR COMMUNITY ENGAGEMENT

1. Ensure staff provide supportive and facilitative leadership to citizens based on transparency

2. Foster a safe and trusting environment enabling citizens to provide input

3. Ensure citizens’ early involvement

4. Share decision-making and governance control with citizen

5. Acknowledge and address citizens’ experiences of power imbalances between citizens and professionals

6. Invest in citizens who feel they lack the skills and confidence to engage

7. Create quick and tangible wins

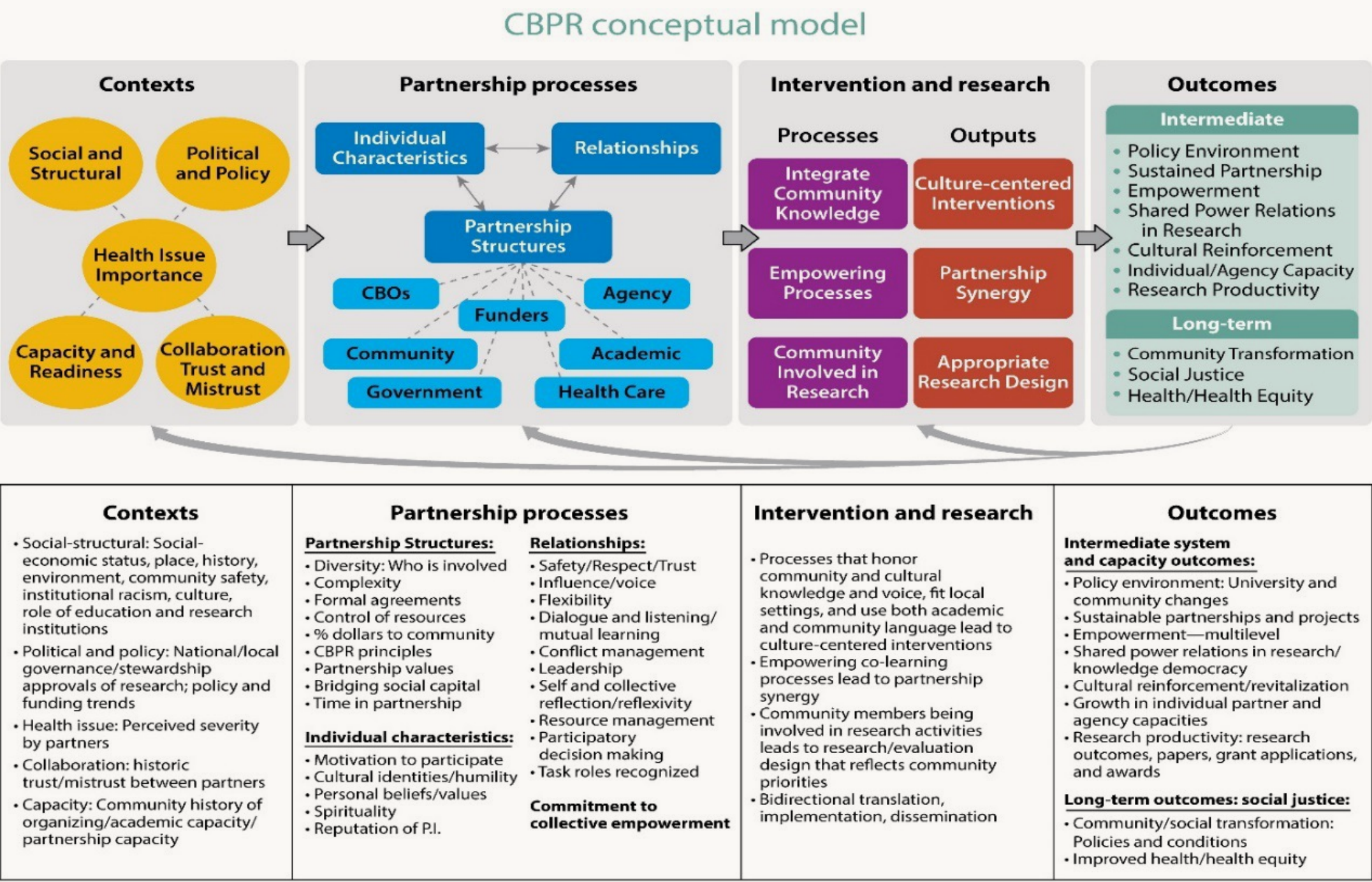
8. Take into account both citizens’ and organisations’ motivations

Table 5c. Principles for Community Engagement

Similarly, other work has developed guidelines consisting of nine principles, presented under three points of focus, and six challenges to direct community engagement (Table 6c) (Australian Institute of Family Studies, 2016: 15-17).

FOCUS	PRINCIPLES
Items to consider prior to beginning engagement	Ensure that all elements of the built environment – including land use, transportation, housing, energy, and infrastructure – work together to provide sustainable, green places for living, working, and recreating, with a high quality of life.
Before starting a community engagement effort...	Become knowledgeable about the community’s culture, economic conditions, social networks, political and power structures, norms and values, demographic trends, history, and history of efforts by outside groups to engage it in various programs. Learn about the community’s perceptions of those initiating the engagement activities.
Necessary preconditions for engagement	Go to the community, establish relationships, build trust, work with the formal and informal leadership, and seek commitment from community organisations and leaders to create processes for mobilising the community.
For engagement to occur, it is necessary to...	<ul style="list-style-type: none">• Remember and accept that collective self-determination is the responsibility and right of all people in a community. No external entity should assume it can bestow on a community the power to act in its own self-interest.• It is necessary to partner with the community to create change and improve health.
What to consider for engagement to be successful?	Recognise and respect the diversity of the community. Awareness of the various cultures of a community and other factors affecting diversity must be paramount in planning, designing, and implementing approaches to engaging a community.
For engagement to succeed...	<ul style="list-style-type: none">• To engage a community as well as individuals seeking to effect change, organisations must be prepared to release control of actions or interventions to the community and be flexible enough to meet its changing needs.• A long-term commitment by the engaging organisation and its partners is vital.
Challenges to community engagement	<ul style="list-style-type: none">• Ensuring representativeness• Ensuring equity• Establishing community views• Asking too much of community members• Avoiding disillusionment• Establishing governance arrangements

Table 6c. Principles and Challenges To Guide Community Engagement



A more complex, detailed empirically validated model for community engagement - originally developed, and empirically tested for community engagement in research projects, but with relevance for development projects simply by reading “development” in place of “research” within it – is the Community-based participatory research (CBPR) model. The CBPR model’s four major domains are deemed critical for representing how context influences partnering processes, leading to successful community-engaged actions within research designs and interventions. The outcomes being enhanced engagement and health equity outcomes (Figure 11c).

From the stakeholder consultations and literature scan of community engagement, we can distil a strategy to improve the health and wellbeing of the community during redevelopment projects. The recommended strategy is to ground the development process with the principles and challenges to guide community engagement (Australian Institute of Family Studies, 2016).

Figure 11c. CBPR Conceptual Model. Source: Ortiz et al. (2020: 18)

Health needs assessments (HNA), which can also be referred to as health impact assessments or community health needs assessments, are a well-established and important part of planning activities. An effective HNA project has clear planning, focus and implementation management strategies (Table 7c) (Public Health England, 2021; WHO, 2021).

HNA ISSUES TO ADDRESS...

- Aims and objectives for the assessment – defining purpose and intended outcomes, being clear on the intended outcome
- The spectrum of needs and risks, estimated severity of conditions, and temporal duration of needs (how long each need is expected to continue)
- A target population to be assessed
- Geographical distribution of needs and severity, including information available disaggregated by gender, age, minority group, vulnerability
- The data and information required, and production of baseline data to measure future progress and inform future
- A timeline for the health needs assessment – when, what, how and who
- Potential challenges and how to manage them, including existing capacities and resources
- Stakeholders who need to be involved, which may involve members of the health visiting team, school nurse team, key partners for example early years, schools, local authorities, voluntary, community and social enterprise (vcse) sector
- Resources required for example including it equipment, room or space
- The strengths, limitations and opportunities of the health needs assessment, including the boundaries and limitations of the health needs assessment
- Local or national priorities and issues of concern
- Expectations of completing a population health needs assessment
- What is achievable within the resources available

Table 7c. HNA Issues to Address

HNA is, by definition, a complex undertaking and can incorporate differing perspectives, including sociology, epidemiology and health economics (Billings and Cowley, 1995). HNA needs to include consideration of social, financial, or cultural factors that can be potential barriers to health and wellbeing (Beran, 2015).

HNA use structured multi-data collection and multi-stakeholder consultation approaches which nevertheless are subjective and involve a political process as to who and how the community is selected and engaged (Lavoto, 2016). Key questions shaping the outcome of HNA, for example, include: who – sub-community and specific individuals - is consulted to identify health needs? how are “health needs” defined? whose needs are they?; and what time and resources are committed to the HNA task? For example, a critique of HNA for people with chronic conditions is a limited focus on psychological or psychosocial needs and medical interventions, failing to address their wider needs and consider needs beyond the formal health system (Beran, 2015).

Effective HNA is achieved by, at times, adapting the process to suit the circumstances or history of different community groups. Tailoring methodologies for each community improves engagement and contribution. For example, HNA for Australian Indigenous people’s is more effective when using community-based participatory research and storytelling as a culturally appropriate Indigenous method of data collection (Smith et al., 2020).

From the stakeholder consultations and literature scan of health needs assessment, we can distil a strategy to improve the health and wellbeing of the community during redevelopment projects. The recommended strategy is to integrate the SWSLHD and PHN health needs assessments of the local community into the development plans.

DIGITAL HEALTH CARE

Digital health incorporates at least three components – the technological infrastructure provided by telecommunication companies; individuals willing (i.e., cost, attitude, trust, privacy and capability) to use digital health devices (Kolasa and Kozinski, 2020); and, models of care, i.e., self-health or clinical services monitoring systems or devices, encompassing items. The technological infrastructure combined with models of care is the enabler or barrier for individuals and community choices to embrace digital health (Whitelaw et al., 2021).

As individuals and communities age there is a need for increased health care, particularly for chronic and rehabilitation services. Added to this requirement is a maturing of technological capabilities and evolving public policies striving to contain costs and support new models of care. In this context, new digital health technologies have an important role to play in supporting care provision outside of hospitals and other clinical environments and enabling individuals to monitor and improve their own health behaviours (Jones et al., 2020). Hence, digital health, or the more broader term e-health incorporating apps, social media and online video, has significant potential that is beginning to be realised. It is advocated to potentially improve access – particularly for underserved populations, reduce costs, and improve self-management of an individual's health (Wynn et al., 2020).

Digital health, at least prior to the COVID-19 pandemic, has been primarily focused upon the provision of health and the wellbeing of people, both at population and individual levels. Technology has been an enabler for the provision of health and wellness (Fatehi et al., 2020). A secondary focus has been on the care of patients suffering from diseases. There is yet to

be established a standardised way to assess and value digital health interventions, to consistently determine the impact of digital interventions (Kolasa and Kozinski, 2020). For some illnesses or conditions (i.e., cardiovascular diseases) digital health technologies have shown to be cost-effective and improve care outcomes (Jiang et al., 2019; Whitelaw et al., 2021). However, at present for other areas (i.e., elderly/ aged care and risk of falling) the use of technology and associated model of care has significant limitations (Gaspar et al., 2021).

The COVID-19 crisis has stimulated the adoption of large-scale digital technologies and rapidly shifted models of care to incorporate online activities; it has been a significant disrupter in beliefs, perceptions and thinking about how health care can and should be provided (Golinelli et al., 2020).

From the stakeholder consultations and literature scan of digital health care, we can distil a strategy to improve the health and wellbeing of the community during redevelopment projects. The recommended strategy is twofold: first, ensure high quality, adaptive technological infrastructure; and, second, integrate the SWSLHD and PHN health technology plans into the development planning.

SUSTAINABLE HEALTH CARE

Sustainable health care can be considered as two very different issues: sustainability in health; and sustainability of the health system.

Sustainability in health encompasses three parts: organisations providing health services use physical resources appropriately; attention is given to maintaining a sustainable environment for healthy lifestyles, and, the implications of a changing climate are considered in planning and delivering services [Figure 12c; Global Green and Healthy Hospitals (greenhospitals.net)].

Developing and building health organisations and urban environments that address sustainability is a requirement for the wellbeing of individuals and communities. To this end, there is the “World GBC Health and Wellbeing Framework” that promotes six principles for a healthy, sustainable well-built environment (Figure 13c).



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Who We Are

The Global Green and Healthy Hospitals community has over 1,450 members in 72 countries who represent the interests of more than 43,000 hospitals and health centers.

Our members are using innovation, ingenuity, and investment to transform the health sector and foster a healthy future for people and the planet. [Find out more](#) and [become a member](#).

GGHH is a project of [Health Care Without Harm](#)



Figure 12c: Global and Green Healthy Hospital



Figure 13c: World GBC Health and Wellbeing Framework. Source: <https://www.worldgbc.org/health-framework>

Sustainability of the health system can be assessed to promote quality, timely care available equitably across communities. In Australia, as elsewhere around the world, health care expenditure has for some time been recognised as unsustainable on its present trajectory (Liaropoulos and Goranitis, 2015; Putrik et al., 2021).

To address the problem, there is an acknowledgement that sustainability in health care involves simultaneously addressing the economic, political, and social dimensions (Fischer, 2015; Borgonovi et al., 2018; Lennox et al., 2018). The attributes of successful and sustainable health systems have been identified and debated for some time, without consensus. Two models, with similar but different components, demonstrate the essence of the debate (Table 8c).

SUSTAINABILITY OF HEALTH CARE HAS BEEN DEFINED TO RELY UPON...	
<div>1. Enhance the safety and quality of care;</div> <div>2. Deliver care humanely, for efficient, timely care;</div> <div>3. Focus on patient-centred care;</div> <div>4. Target systems reengineering to improve care flow and pathways;</div> <div>5. Instil a learning system and ethos into organisations; and,</div> <div>6. Enact transparency and accountability, individually and collectively.</div> <div>(Fineberg, 2012)</div>	<div>1. Long-term strategic perspectives and innovativeness</div> <div>2. Disease prevention and health promotion</div> <div>3. Quality</div> <div>4. Institutionalisation of environmental concerns</div> <div>5. Institutional accountability and individual responsibility</div> <div>(Fischer, 2015)</div>

Table 8c: Different Models of Sustainability Of Health Care Organisations

A recent literature review identified that at the core of sustainability debate lies the unresolved issue - is sustainability to be viewed as an end state or ongoing process? (Lennox et al., 2018). The need to establish clarity around sustainability goals and components (see Figure 14c) is advocated to ensure the appropriate application of ideas.

Sustainability is presented as comprising, depending on the stakeholder perspective, as a collection of items from across six categories with 40 components. Individual stakeholders prioritise similar and/or different groupings of items for their respective goals and purposes.

The initiative design and delivery	Negotiating initiative processes	The people involved	Resources	The organisational setting	The external environment
• Demonstrating effectiveness 89%	• Belief in the initiative 63%	• Stakeholder participation 79%	• General resources 90%	• Integration with existing programs and policies 79%	• Socioeconomic and political considerations 63%
• Monitoring progress over time 84%	• Accountability of roles and responsibilities 56%	• Leadership and champions 73%	• Funding 68%	• Intervention adaptation and receptivity 73%	• Awareness and raising the profile 45%
• Training and capacity building 76%	• Defining aims and shared vision 53%	• Relationships and collaboration and networks 65%	• Infrastructure 26%	• Organisational values and culture 71%	• Urgency 5%
• Evidence base for the initiative 52%	• Incentives 31%	• Community participation 56%	• Resource_Staff 26%	• Organisational readiness and capacity 56%	• Spread to other organisations 5%
• Expertise 23%	• Workload 27%	• Staff involvement 42%	• Resource_Time 6%	• Support available 40%	
• The problem 15%	• Complexity 24%	• Ownership 26%		• Opposition 5%	
• Project duration 8%	• Job requirements 19%	• Power 18%			
• Improvement methods 6%		• Patient involvement 16%			
• Project type 2%		• Satisfaction 11%			

Figure 14c: Empirically Derived Sustainability In Health Care Framework. Source: (Lennox et al., 2018:10)

Alternative delivery arrangements rated as high or very high priority by $\geq 70\%$ of panel. COPD, chronic obstructive pulmonary disease; ED, emergency department; EPOC, Effective Practice and Organisation of Care; GP, general practitioner; IV, intravenous; ICT, information and communication technology; ICU, intensive care unit; OT, occupational therapist

Overall ranking	Cochrane EPOC taxonomy category	Intervention	No. respondents (%)
1	Where care is provided and changes to the healthcare environment	Primary care (allied health and GPs) and hospital services (nurses and specialists) providing services or colocated in residential care facilities vs hospital (in- or out-patient) for elderly (e.g. IV antibiotics)	61 (86)
2	Coordination of care and management of care processes	Collaboration between GP, hospital and nursing home vs usual care for the frail elderly residents of aged care facilities (to reduce ED presentations)	58 (82)
3	Coordination of care and management of care processes	Multidisciplinary care, including allied health professionals (single point access) vs usual care for depression, low back pain management, osteoarthritis, neonatal care, severe mental illness, children with asthma, other chronic conditions and patients with complex needs	57 (80)
4	Coordination of care and management of care processes	Discharge planning tailored to the individual patient, including referral to supportive health services (e.g. smoking cessation programs, community allied health) vs conventional hospital discharge	56 (79)
5	ICT	Telehealth vs usual care for direct patient care delivered by clinicians (e.g. physicians, OTs, speech pathologists) through online videoconferencing or telephone to support management of acute stroke, geriatric care, paediatric care, emergency and ICU support for rural and remote areas and for the delivery of oncology, dermatology, asthma, heart failure, maternity care, smoking cessation support and contraception use counselling to all areas	56 (79)
6	Where care is provided and changes to the healthcare environment	Early supported discharge and rehabilitation at home vs in-patient stay for patients with stroke, COPD, heart failure, joint replacements, postoperative care, palliative care, end-of-life care, elderly discharged from acute care, children with cancer and febrile neutropenia, infant jaundice, physiotherapy, intravenous and antibiotic therapy for cystic fibrosis, haemodialysis, meningitis and pyelonephritis	54 (76)
7	Goal focused	Preventing 30-day hospital readmissions (e.g. telephone follow-up after discharge, specialised pharmacotherapeutic counselling, self-management focused education programs)	54 (76)
8	Where care is provided and changes to the healthcare environment	Home vs in-patient chemotherapy for cancer patients	52 (73)
9	Coordination of care and management of care processes	Integrated care models vs usual care for chronic viral hepatitis, cancer, children with medical complexity, COPD, oral care in diabetes, chronic kidney disease and end-stage kidney disease, other chronic diseases	52 (73)
10	Coordination of care and management of care processes	Continuity of care (shared care and interdisciplinary teams) vs usual care in the follow-up of patients with cancer, women with chronic pelvic pain, pregnancy (caseload midwifery), chronic diseases	52 (73)
11	Coordination of care and management of care processes	Home support programs vs usual care for carers of older people discharged from acute medical units to reduce carer burden	51 (72)
12	How and when care is delivered	Centralised liaison coordinator vs usual practice to streamline access and flow to the correct pathway of care to reduce waiting times for in-patient, ED and out-patient services	50 (70)
13	Coordination of care and management of care processes	Stepped care model approach to mental health that links multidisciplinary mental health hospital services to primary care	50 (70)
14	Coordination of care and management of care processes	Care coordination vs usual care (e.g. in primary care for chronic disease, in acute care for people with complex needs, post-acute/long-term care coordination for patients in rehabilitation, between residential care facilities, GPs and hospitals, maternity care, children with chronic and complex problems)	50 (70)

APPENDIX C

Sustainability can also be investigated down to the level of an individual health care organisation (Figure 15c) (Putrik et al., 2021). Doing so identifies the strategies and actions required to improve capacity by focusing on: managing high-risk client population and services; improving clinical and management systems and processes; enhancing care coordination and integration; ensuring family and patient supports external to facilities; and, attending to social, political and environmental contextual issues.

Figure 15c: Key Components Required for Health Care Organisational Sustainability.
Source: (Putrik et al., 2021: 429)

At a more conceptual level, the ideas have been visually represented in many ways. Presentations generally highlight the interconnectedness of each sub-goal for sustainability to be achieved and maintained (Figure 16c).



Figure 16c: Sustainable Health Care. Source: Oregon Health Authority: Medical Coverage: Public Employees’ Benefit Board, State of Oregon

More recently, the quadruple aim framework has been advocated as key to health care organisational and system sustainability. That is, simultaneously addressing the interconnected parts: population health needs; financing and costs; the well-being of health professionals; and patient experience (Figure 17c). Recent studies have demonstrated the applicability and positive outcomes achieved through using the quadruple aim framework (Brown-Johnson et al., 2019; Arnetz et al., 2020).

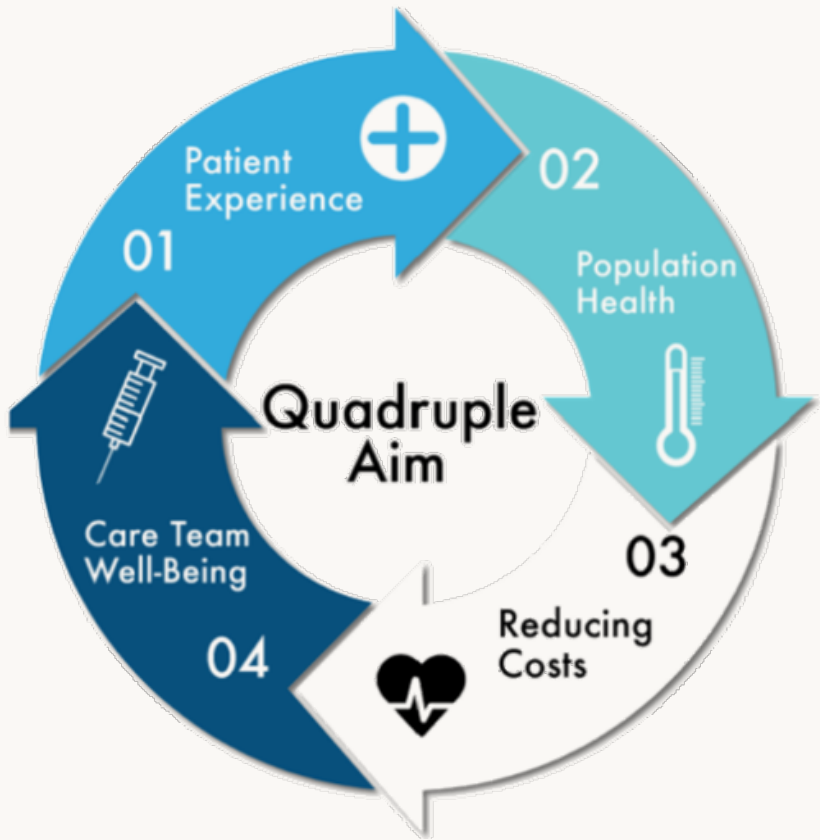


Figure 17c: The Quadruple Aim Framework for Improving Health Care Sustainability. Source: <https://thekinetixgroup.com/the-era-of-the-quadruple-aim/>

From the stakeholder consultations and literature scan of sustainable health care, we can distil a strategy to improve the health and wellbeing of the community during redevelopment projects. The recommended strategy is twofold: embedding the development process with the WorldGBC Health and Wellbeing Framework six principles; and, aligning with the implementation of SWSLHD and PHN strategic plans.

Throughout the consultations, all participants indicated their support for continued engagement related to Moore Point. Table 9c indicates those organisations that were interviewed and their focus areas for future engagement.

STAKEHOLDER ORGANISATION	NAME	TITLE	FOCUS AREA(S) FOR FUTURE ENGAGEMENT
TAFE NSW, Western Sydney	Michael Cullen	Regional General Manager	Education, vocational/ tertiary studies, partnerships with other education providers
Member for Holsworthy	Melanie Gibbons	MP	Community engagement, integration with broader Liverpool and south-west region
Ingham Institute for Applied Medical Research	Daryl Harkness	CEO	Health research, conference opportunities and talent attraction and retention.
Department of Education	Kathy Jones	Consultant	Linkages with health and the primary, secondary and tertiary education sectors
Liverpool Innovation Precinct	Lance Chia	Manager	Amenity related to Moore Point and its integration with the Liverpool CBD to support the Liverpool Council Vision and related placemaking strategies.
Western Sydney Leadership Dialogue	Adam Leto	Executive Director	Economic and social opportunities that emerge as Moore Point develops.
Karitane	Grainne O’Loughlin	CEO	Opportunities to deliver locally-based services within Moore Point and support the emerging Moore Point community
South Western Sydney Primary Health Network	Keith McDonald	CEO	Health service provision within Moore Point. particularly for general practice and allied health sectors.

Continued over

STAKEHOLDER ORGANISATION	NAME	TITLE	FOCUS AREA(S) FOR FUTURE ENGAGEMENT
Greater Sydney Commission	Liz Dibbs	Western Parkland City District Commissioner	Development of Moore Point as it is an enabler and contributor to GSC plans and strategies.
Calvary Health Care	Matt Hanrahan	Deputy CEO	Health service and aged care delivery opportunities to provide services from Moore Point for the broader south-west region.
CSIRO	Caroline Seagrove	NSW Relationship Manager	Innovation, integration with existing science and innovation hubs (such as their Westmead Hub), energy and environmental sustainability
Business Western Sydney	David Borger	Executive Director	Broader economic opportunities and complementarity with the LIP
Liverpool City Council	Dr Eddie Jackson	Chief Executive Officer	Employment and economic opportunities, education and health
Sydney Catholic Schools	Justine Mercer-Moore	Director, Property and Facilities	Connectivity with Moore Point, broader precinct planning involving Moore Point, Liverpool CBD and the LIP
South Western Sydney Local Health District	Dr Amanda Larkin	CEO	Opportunities to support community-based health service delivery and improve the health of the community.
University of NSW	Dr Zoe Terpening	Strategic Lead - UNSW Health Precincts	Strategic governance, research opportunities within Moore Point, long-term precinct transformation, innovation and creative place-making, integration with the LIP.

Table 9a: Stakeholder Register of Those Interviewed.

Table 9b provides details for other organisations that have been identified for future engagement and explore opportunities for Moore Point.

STAKEHOLDER ORGANISATION	FOCUS AREA(S) FOR FUTURE ENGAGEMENT
Healthscope	Private hospital and health services provider
Hammond Care	Private aged care provider
Ramsay Health	Private hospital and health services provider
GenesisCare	Private provider of cancer and cardiac care services
Icon Health Care Centre	Private primary and specialist health care provider
St Vincent’s Health Australia	Not for profit health and aged care provider

MOORE POINT

HEALTH AND WELLBEING – REPORT

PRINCIPLES, VISION AND STRATEGIES

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