Ordinary Council Meeting - 26 November 2024 Attachments

GLAMORGAN SPRING BAY COUNCIL

9 Melbourne Street (PO Box 6)
Triabunna TAS 7190
03 6256 4777
03 6256 4774
admin@freycinet.tas.gov.au
www.gsbc.tas.gov.au

Application for Planning Approval

Advice:

Use this form for all no permit required, permitted and discretionary planning applications including visitor accommodation, subdivision as well as for planning scheme amendment & minor amendments to permits.

Completing this form in full will help ensure that all necessary information is provided and avoid any delay. The planning scheme in clause 6.0 provides details of other information that may be required. A checklist of application documents is provided on page 4 of this form.

Often, it is beneficial to provide a separate written submission explaining in general terms what is proposed and why and to justify the proposal against any applicable performance criteria.

If you have any queries with the form or what information is required, please contact the office.

Details of Applicant and Owner			
Applicant:	Vincent Butler		
Contact person: (if different from applicant)			
Address:	3 Pinehurst Court		
Suburb:	Prospect	Post Code:	7250
Email:	v_butler88@hotmail.com	Phone: / Mobile:	0407 327 698

Note: All correspondence with the applicant will be via email unless otherwise advised

Owner (if different from applicant)			
Address:			
Suburb:		Post Code:	
Email:		Phone: / Mobile:	

Details of Site *(Note: If your application is discretionary, the following will be placed on public exhibition)*			
Address of proposal:	284 Rheban Road		
Suburb:	Spring Beach	Post Code:	7190
Size of site: (m^2 or Ha)	3136 m2		
Certificate of Title(s):	CT 169414/1		
Current use of site:	Vacant land		

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General Application Details *Complete for All Applications*	
Description of proposed use or development:	2 Lot Subdivision (low density residential) - (1 new lot + 1 balance lot)
Estimated value of works: (design & construction) The estimated cost is to include the cost of labour and materials using current industry pricing and is to include GST. You may be required to verify this estimate.	$ TBC
Is the property on the State Heritage Register? (Circle one)	☐ Yes / No ☑

For all Non-Residential Applications	
Hours of Operation	
Number of Employees	
Describe any delivery of goods to and from the site, including the types of vehicles used and the estimated average weekly frequency	
Describe any hazardous materials to be used or stored on site	
Type & location of any large plant or machinery used (refrigeration, generators)	
Describe any retail and/or storage of goods or equipment in outdoor areas	

Personal Information Protection Statement

The personal information requested will be managed in accordance with the *Personal Information Protection Act 2004*. The personal information is being collected by Glamorgan Spring Bay Council for the purposes of managing, assessing, advising on, and determining the relevant application in accordance with the *Land Use Planning and Approvals Act 1993*(LUPPA) and other related purposes, including for the purpose of data collection.

The information may be shared with contractors and agents of the Council for this purpose, law enforcement agencies, courts and other organisations and it may also be made publicly available on the Council's website and available for any person to inspect in accordance with LUPAA. If you do not provide the information sought, Council will be unable to accept and/or process your application.

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Applicant Declaration

I/we hereby apply for planning approval to carry out the use or development described in this application and the accompanying documents and declare that:

- The information in this application is true and correct.
- I/we authorise Council employees or consultants to enter the site to assess the application.
- I/we have obtained all copy licenses and permission from the copyright owner for the publication, communication and reproduction of the application and reports, plans and materials provided as part of the application and for the purposes of managing, assessing, advising on, and determining the application.

I/we authorise the Council to:

- Make available the application and all information, reports, plans, and materials provided with or as part of the application in electronic form on the Council's website and in hard copy at the Council's office and other locations for public exhibition if and as required;
- Make such copies of the application and all information, reports, plans and materials provided with or as part of the application which are, in the Council's opinion, necessary to facilitate a consideration of the application;
- Publish and or reproduce the application and all information, reports, plans and materials provided with or as part of the application in Council agendas, for representors, referral agencies and other persons interested in the application; and
- provide a copy of any documents relating to this application to any person for the purpose of assessment or public consultation and agree to arrange for the permission of the copyright owner of any part of this application to be obtained.

You indemnify the Council for any claim or action taken against the Council for breach of copyright in respect of the application and all information, report, plan, and material provided with or as part of the application.

I/We declare that the Owner has been notified of the intention to make this application in accordance with section 52(1) of *the Land Use Planning and Approvals Act 1993.*

Applicant Signature:		Date:	~~/06/2024~~ 26/09/2024

Owners Consent required if application is on or affects Council or Crown owned or administered land

I declare that I have given permission for the making of this application for use and/or development.

Council General Manager or delegate Signature:		Date:	

If land affected by this application is owned or administered by the Crown or Council, then the written permission of the relevant Minister (or their delegate) and/or the General Manager must be provided. For Crown land, a copy of the instrument of delegation must be provided.

It is the applicant's responsibility to obtain any owners consent prior to lodgement. Written requests for Council consent are via the General Manager. Request for Ministerial consent is to be directed to the relevant department.

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Checklist of application documents:
Taken from Section 6 of the Planning Scheme

An application must include:

- ☑ a signed application form;
- ☑ any written permission and declaration of notification required under s.52 of the Act and, if any document is signed by the delegate, a copy of the delegation;
- ☑ details of the location of the proposed use or development;
- ☑ a copy of the current certificate of title for all land to which the permit sought is to relate, including the title plan; and
- ☑ a full description of the proposed use or development.

In addition to the information that is required by clause 6.1.2, a planning authority may, in order to enable it to consider an application, require such further or additional information as the planning authority considers necessary to satisfy it that the proposed use or development will comply with any relevant standards and purpose statements in the zone, codes or a specific area plan, applicable to the use or development including:

- ☑ any schedule of easements if listed in the folio of the title and appear on the plan, where applicable;
- ☑ a site analysis and site plan at a scale acceptable to the planning authority showing, where applicable:
  - (i) the existing and proposed use(s) on the site;
  - (ii) the boundaries and dimensions of the site;
  - (iii) topography including contours showing AHD levels and major site features;
  - (iv) natural drainage lines, watercourses and wetlands on or adjacent to the site;
  - (v) soil type;
  - (vi) vegetation types and distribution including any known threatened species, and trees and vegetation to be removed;
  - (vii) the location and capacity and connection point of any existing services and proposed services;
  - (viii) the location of easements on the site or connected to the site;
  - (ix) existing pedestrian and vehicle access to the site;
  - (x) the location of existing and proposed buildings on the site;
  - (xi) the location of existing adjoining properties, adjacent buildings and their uses;
  - (xii) any natural hazards that may affect use or development on the site;
  - (xiii) proposed roads, driveways, parking areas and footpaths within the site;
  - (xiv) any proposed open space, common space, or facilities on the site; and
  - (xv) proposed subdivision lot boundaries;
- ☐ where it is proposed to erect buildings, a detailed layout plan of the proposed buildings with dimensions at a scale of 1:100 or 1:200 as required by the planning authority showing, where applicable:
  - (xvi) the internal layout of each building on the site;
  - (xvii) the private open space for each dwelling;
  - (xviii) external storage spaces;
  - (xix) parking space location and layout;
  - (xx) major elevations of every building to be erected;
  - (xxi) the relationship of the elevations to existing ground level, showing any proposed cut or fill;
  - (xxii) shadow diagrams of the proposed buildings and adjacent structures demonstrating the extent of shading of adjacent private open spaces and external windows of buildings on adjacent sites; and
  - (xxiii) materials and colours to be used on roofs and external walls.

Peter Coney; Grad Dip Env Planning
Peter.Coney@outlook.com

284 Rheban Road, Spring Beach

25 September 2024

Mr Vince Butler
By email: v_butler88@hotmail.com

Dear Vince

Please see below an assessment for the proposed subdivision of land at 284 Rheban Road, Spring Beach. I have taken into account the plans and supporting reports to be lodged with the application being:

a. Proposal plans: Rev A – 27 February 2024;
b. Bushfire Hazard Management Report: Subdivision – 18 March 2024; and
c. Onsite Wastewater and Stormwater Assessment - 7 March 2024.

In short, I find that the proposal complies with each of the applicable standards of the Low Density Residential Zone, as well as relevant Codes: C2.0 Parking and Sustainable Transport Code, C3.0 Road and Railway Assets Code, and C13.0 Bushfire-Prone Areas Code.

I expect a permit should be issued subject to reasonable conditions.

Site and Locality

The site of the proposed subdivision is a 3136m² allotment within Spring Beach. The lot is an internal lot which shares a frontage with similarly laid out internal lots (see Image 1). This immediate locality includes the more consolidated portion of the settlement, with predominately single dwellings. There are a mixture of lot sizes ranging between 650m² to over 5000m².

Image 1. Site relative to nearby properties.

The immediate locality (see Image 2) is bound to the north by larger rural residential lots, and to the west and south by largely undeveloped rural holdings. Further to the south there is along Rheban Road a continuation of residential lots in a ribbon fashion extending from Two Mile Creek toward the bluff which separates Spring and Stapleton Beach. Like the north, the settlement is bound by rural residential properties at the south, until the 'Rheban farm' property, which defines the border of the settlement.

Image 2. Site relative to Spring Beach settlement.

Zone

The site is within the Low Density Residential Zone, in proximity to land within the Rural Living Zone to the north, which otherwise separates Spring Beach from Orford (see Image 3). The application of zones in the locality is reflective of the existing uses, though also reflects a strategic intent for consolidation at the centre of Spring Beach, and limiting southern expansion beyond Two Mile Creek.

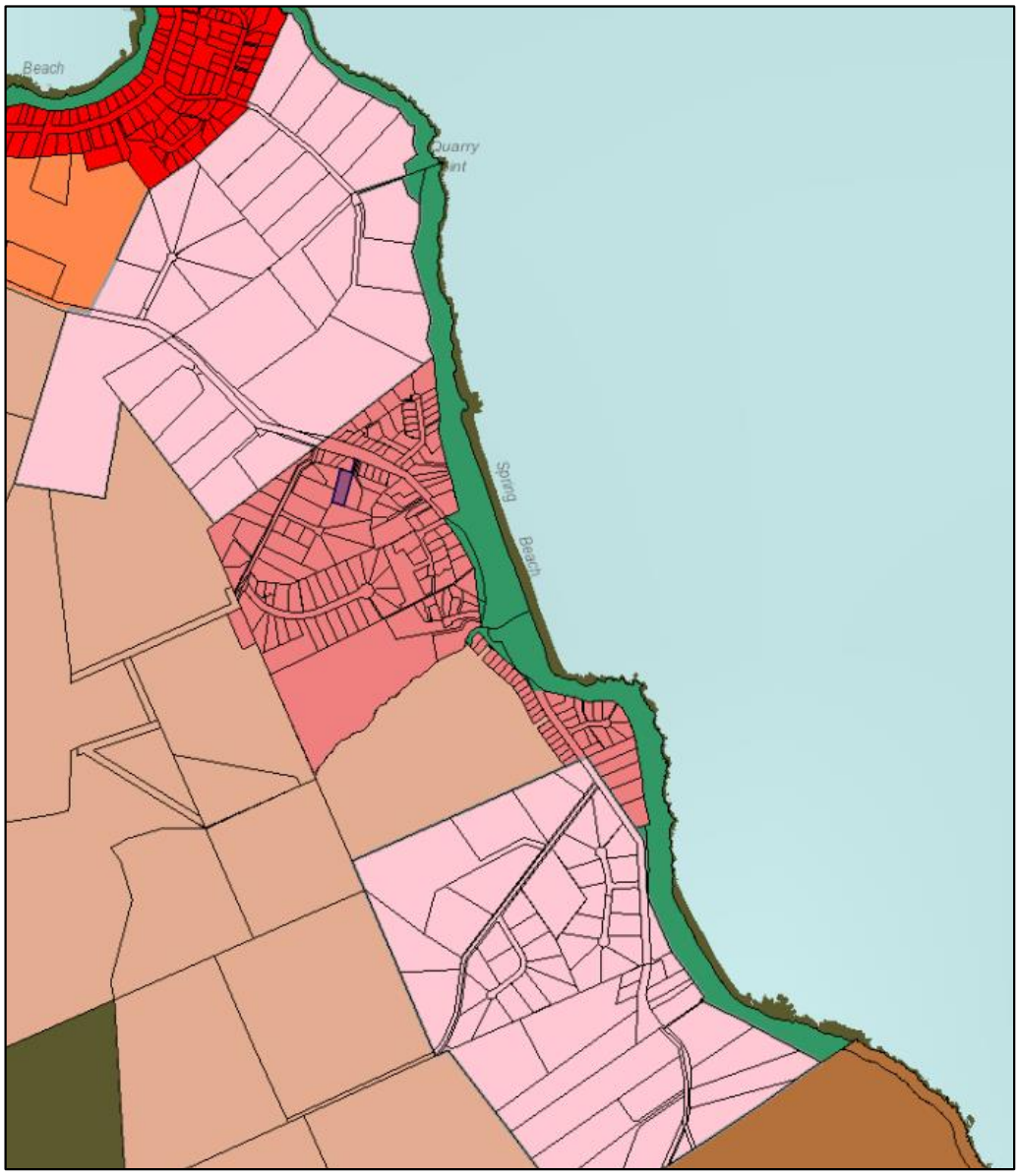


Image 3. Site (blue) with respect to the application of zones across Spring Beach.

Proposal

The proposal is for a two lot subdivision to provide for an additional lot to the rear of 284 Rheban Road, Spring Beach. Lot 1 to the fore is proposed to be 1636m², and Lot 2 at the rear is 1500m². The proposal also includes the construction of an access way to Lot 2 over Lot 1, and associated services where available (ie stormwater connection for Lot 1) will be installed.

In supporting the proposal, consideration is also given to the right of way which the lots have a benefit over for fire fighting access. The ordinary residential use however will rely on the vehicle access to be provided.

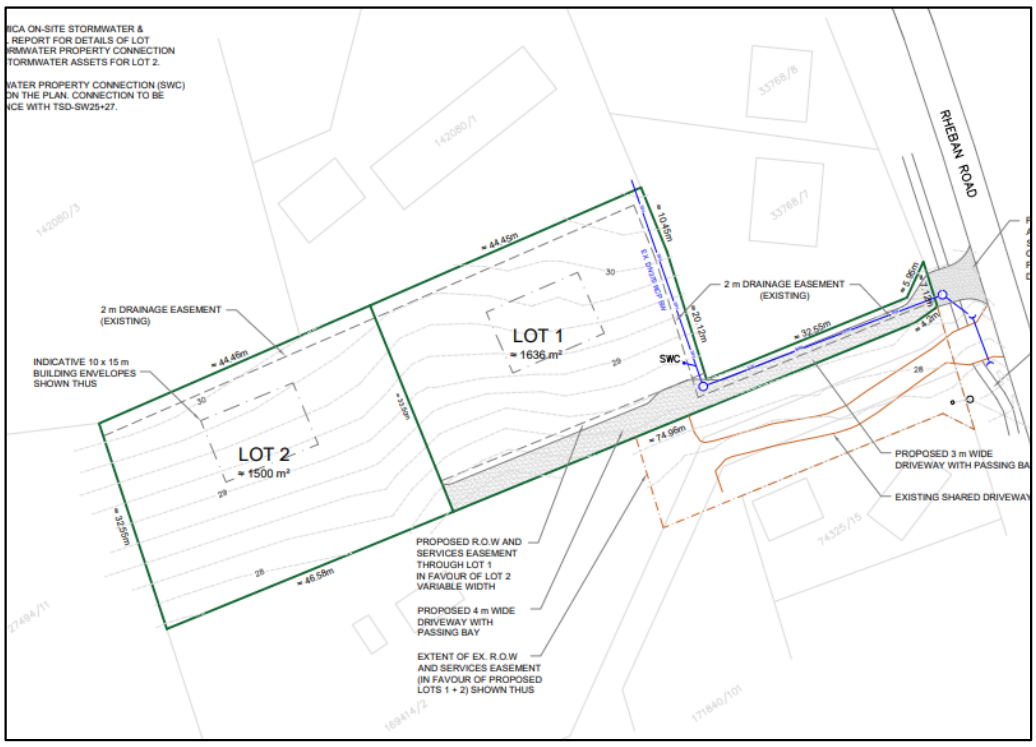


Image 5. Extract of the proposal plan.

Tasmanian Planning Scheme - Glamorgan Spring Bay (the Scheme).

Clause 6.0 Assessment of an Application for use and Development.

6.2 Categorising use or development

Pursuant to clause 6.2.6; notwithstanding clause 6.2.1, development which is for subdivision does not need to be categorised into a use class.

6.8 Discretionary use or development

The proposal is reliant on the performance criteria of the following standards.

- 7.10 Development not required to be categorised into a use class;
- 10.6.1 Lot Design (P1) and (P2); and
- 10.6.3 Services (P2) and (P3).

As such, the planning authority has discretion to refuse or permit the development under clause 6.8.1 (b).

Further and pursuant to clause 6.8.2, the planning authority has discretion under clause 7.10 to refuse to permit a development that is not required to be categorised into a use class under sub-clause 6.2.6 (subdivision) of the planning scheme if:

(a) there are no applicable standards that apply to the development; or
(b) the use or development relies on any Performance Criteria to demonstrate compliance with an applicable standard; and
(c) the development is not Prohibited under any other provision of this planning scheme.

As there are applicable development standards for subdivision within the Low Density Residential Zone, and the proposal is reliant on the performance criteria for those standards, the planning authority has discretion under clause 7.10.

General Provisions

7.10 Development not required to be categorised into a use class.

Where clause 6.8.2 applies, the planning authority has discretion under clause 7.10 to refuse or permit a development that is not required to be categorised into a use class.

In considering a proposal under this provision, the purpose of the applicable zone and codes is relevant. For the Low Density Zone, the purpose is:

> *10.1.1 To provide for residential use and development in residential areas where there are infrastructure or environmental constraints that limit the density, location or form of development.*
>
> *10.1.2 To provide for non-residential use that does not cause an unreasonable loss of amenity, through scale, intensity, noise, traffic generation and movement, or other off site impacts.*
>
> *10.1.3 To provide for Visitor Accommodation that is compatible with residential character.*

Invariably a subdivision to provide a residential lot in a residential zone fulfills this purpose, because the lots are intended for residences. The additional lot can be provided despite a constraint of access to the full suite of utilities services (being the reason why the land is within the Low Density Residential Zone), but the lot size is such that it can include onsite systems to manage those service needs.

The provision of an additional lot to allow for a residential use which can manage constraints, is considered to inherently fulfill the purpose of the Low Density Residential Zone.

For the relevant codes it is considered that the access is entirely useable for a residential development, and is considered to comply with each of the applicable standards of the C2.0 Parking and Sustainable Transport Code, and the C3.0 Road and Railway Assets Code.

For C13.0 Bushfire-Prone areas Code, the proposal is supported by a Bushfire Hazard Management Report which finds the proposal complies with the applicable standards, and so it can be concluded that the proposal accords with the purpose of that code.

In considering the proposal against the requirements of the General Provision, it is supportable.

Applicable Standards

Specifically, the proposal demonstrates compliance with the following applicable standards:

10.0 Low Density Residential Zone

10.6 Development Standards for Subdivision;

10.6.1 Lot Design (P1); Complies

The proposed lots each have an area in excess of 1500m², which can contain a minimum area of 10m x 15m at an appropriate grade (approximately 8%), clear of all setbacks per (a)(i)a, of the Acceptable Solution.

For (a)(i)b, the building area is sited in an area within which building is limited by a covenant, unless that building is approved by the Glamorgan Spring Bay Council. Because of this title restriction the proposal cannot comply with the Acceptable Solution and so is reliant on the performance criteria, which require:

> *Each lot, or a lot proposed in a plan of subdivision, must have sufficient useable area and dimensions suitable for its intended use, having regard to:*
>
> *(a) the relevant requirements for development of buildings on the lots;*
>
> *(b) the intended location of buildings on the lots;*
>
> *(c) the topography of the site;*
>
> *(d) adequate provision of private open space;*
>
> *(e) the pattern of development existing on established properties in the area; and*
>
> *(f) any constraints to development,*
>
> *and must have an area not less than 1200m2.*

Comment

In addressing the performance criteria, it is noted that the Council has resolved at the meeting of the 24 September 2024 that it will allow the development of a dwelling within the area shown on the plan of subdivision as a building area.

The lot therefore has not only a sufficient area for the ordinary purposes of the planning scheme, but with reference to the covenant approval, can comply with the performance criteria because the requirements for building are understood, and such a building has been approved. This pathway is embedded within the covenant, and so there is no absolute restriction within that area shown for the development of a dwelling.

The covenant approval is relevant for criteria (a), (b) and (f). For (c), the topography is of no hinderance, and for (d) private open space is sufficiently available.

For (e), a 1500m² internal lot for the purpose of residential development is entirely consistent with the pattern of development in the immediate locality (refer Image 1).

The proposal is considered to comply.

10.6.1 Lot design (P2); **Complies**

The proposal is for internal lots, with access to a road by way of an access strip (for Lot 1), and a benefiting right of way for Lot 2 over Lot 1 and that access strip. As neither lot have a frontage in accordance with the Acceptable Solution (20m), the proposal is reliant on the performance criteria, which requires:

> *Each lot, or a lot proposed in a plan of subdivision, excluding for public open space, a riparian or littoral reserve or Utilities, must be provided with a frontage or legal connection to a road by a right of carriageway, that is sufficient for the intended use, having regard to:*
>
> *(a) the width of frontage proposed, if any;*
>
> *(b) the number of other lots which have the land subject to the right of carriageway as their sole or principal means of access;*
>
> *(c) the topography of the site;*
>
> *(d) the functionality and useability of the frontage;*
>
> *(e) the ability to manoeuvre vehicles on the site; and*
>
> *(f) the pattern of development existing on established properties in the area,*
>
> *and is not less than 3.6m wide.*

Comment

For (a) Lot 1 has a maximum frontage of 7.1m, and Lot 2 has none, though is to be served by a minimum 3.6m right of carriageway within the access strip for Lot 1. There is therefore only one lot to benefit over the right of way (b). This accessway is of a design which can satisfactorily support residential uses, deemed to be satisfactory to the planning authority in assessment of a dwelling at the site under DA2024/00152 per (c), (d) and (e).

With respect to the pattern of development, a number of lots in the locality have access to a road via rights of carriageway (f), and to collocate at suitable access points where not increasing traffic volumes to unacceptable levels is an efficient means of using the existing road network.

The proposal is considered to comply.

10.6.1 Lot design (A3); **Complies**

The proposed access point location and design has been endorsed by the Glamorgan Spring Bay Council as part of DA2024/00152.

The proposal complies with the Acceptable Solution.

10.6.2 Roads (A1); **Complies**

No new road is proposed.

The proposal complies with the Acceptable Solution.

10.6.3 Services (A1/P1); **Not applicable**

The site is not within 30m of a supply service. This standard is therefore not an applicable standard.

10.6.3 Services (P2); **Complies**

The proposal is supported by an onsite assessment which concludes the land can accommodate an on-site system for future residential use and development.

The proposal is considered to comply.

10.6.3 Services (P3); **Complies**

Lot 1 is proposed to be connected to the public infrastructure available, though Lot 2 is not, and so an onsite system is instead proposed for that lot.

The capability of Lot 2 to manage stormwater is supported by an onsite assessment which concludes the land is suitable for an on-site system for the future residential use and development of the land.

The proposal complies with the Acceptable Solution.

C2.0 Parking and Sustainable Transport Code

C2.5 Use Standards

As the proposal is for subdivision, there are no applicable use standards.

C2.6 Development Standards

As the proposal includes the development of an internal driveway, the development standards of the code are applicable as follows:

C2.6.1 Construction of parking areas (A1); **Complies**

The proposed driveway within Lot 1 to service Lot 2 is to be sealed (a) and (c), and drained to the proposed new stormwater connection per (b).

The proposal complies with the Acceptable Solution.

C2.6.2 Design and layout of parking areas (A1.1); **Complies**

The proposed driveway traverses a lot with a grade not exceeding 8% and so a compliant driveway grade is achievable (a)(i);

The driveway does not of itself serve more than 4 car parking spaces and so does not need to include onsite turning (a)(ii);

The access width is a minimum 3m, with passing bays at appropriate distances in accordance with the Table C2.2 (a)(iii).

No parking spaces are proposed as part of the subdivision (a)(iv) and (a)(v)

Sub clauses (a)(vi) and (a)(vii) are not applicable.

The proposal complies with the Acceptable Solution.

C2.6.3 Number of Accesses for Vehicles (A1); **Complies**

The proposal is for one access for the frontage to Lot 1, which will also serve Lot 2.

The proposal complies with the Acceptable Solution.

C3.0 Road and Railway Assets Code

C3.5 Use Standards

C3.5.1 Traffic generation at a vehicle crossing, level crossing or new junction (A1); **Complies**

The proposal is reliant on a new vehicle access point to serve both lots. This vehicle access point has been consented to by the road authority under DA2024/00152 per A1.2.

Additional vehicle movements anticipated for a residential use of Lot 2 can be accommodated by this access, and comply with the amounts of Table C3.1, per A1.4 of this standard.

The proposal complies with the Acceptable Solution.

C3.6 Development Standards

There are no applicable development standards of the C3.0 Road and Railway Assets Code.

C13.0 Bushfire-Prone Areas Code

Pursuant to clause C13.2.1, the Bushfire-Prone Areas Code is an applicable code owing to the proposal being for subdivision within a bushfire-prone area. The proposal does not include a vulnerable use. The proposal is supported by a Bushfire report, authored by an accredited person who finds in the appended section 52(2)(d) certificate that the proposal complies with each of the Acceptable Solutions of the applicable standards of the C13.0 Bushfire-Prone Areas Code.

Conclusion

The proposal provides for an additional residential lot within a residential area, fulfilling the purpose of the Low Density Residential Zone, and moreover, conforming to an important strategic planning principle of consolidating existing towns and settlements.

The proposal complies with each of the applicable standards of the relevant standards for 10.0 Low Density Residential Zone, the C2.0 Parking and Sustainable Transport Code, C3.0 Road and Railway Assets Code, and is supported by detail relating to the compliance of the proposal against the C13.0 Bushfire-Prone Areas Code.

With regard for the relevant sections of Part 3 of the Local Government (Building and Miscellaneous Provisions) Act 1993 (LGBMP), it is considered the subdivision should be approved by Council, and relevant conditions will be imposed for the provision of easements, and for a payment instead of the provision of public open space, in accordance with Council policy and section 117 of the LGBMP Act.

Importantly, as only one additional lot is being created, it is considered the area of land valued for the purpose of reconciling the amount to be paid in lieu of public open space should not be required to include Lot 1. This recognises that the lot would already be accounted for by a previous contribution.

As there is no additional demand for public open space by the residents of an existing lot, to require contributions for public open space (or cash in lieu thereof) in addition to the new lot for which there is a new demand is unreasonable.

I trust you will find the above useful in making an application and am available should there be any questions

Regards, Peter.

RESULT OF SEARCH

RECORDER OF TITLES

Issued Pursuant to the Land Titles Act 1980

Tasmanian Government

SEARCH OF TORRENS TITLE

VOLUME	FOLIO
171840	101
EDITION	DATE OF ISSUE
3	28-Apr-2017

SEARCH DATE : 16-Feb-2024
SEARCH TIME : 11.18 PM

DESCRIPTION OF LAND

Parish of ORFORD Land District of PEMBROKE
Lot 101 on Sealed Plan 171840
Derivation : Part of Lot 5698, 45A-1R-0P Gtd. to George Arnold
Prior CT 169414/3

SCHEDULE 1

M607694 TRANSFER to MICHAEL PETER SODEN and LOUISE ANN SODEN
Registered 16-Jan-2017 at 12.01 PM

SCHEDULE 2

Reservations and conditions in the Crown Grant if any
SP171840 EASEMENTS in Schedule of Easements
SP171840 COVENANTS in Schedule of Easements
SP171840 FENCING PROVISION in Schedule of Easements
SP171840 SEWERAGE AND/OR DRAINAGE RESTRICTION
SP27494 & SP169414 COVENANTS in Schedule of Easements
SP27494 & SP169414 FENCING PROVISION in Schedule of Easements
E89219 MORTGAGE to MyState Bank Limited Registered
28-Apr-2017 at noon

UNREGISTERED DEALINGS AND NOTATIONS

No unregistered dealings or other notations

RESULT OF SEARCH

RECORDER OF TITLES

Issued Pursuant to the Land Titles Act 1980

Tasmanian Government

SEARCH OF TORRENS TITLE

VOLUME	FOLIO
171840	102
EDITION	DATE OF ISSUE
2	14-Sep-2016

SEARCH DATE : 16-Feb-2024
SEARCH TIME : 11.28 PM

DESCRIPTION OF LAND

Parish of ORFORD Land District of PEMBROKE
Lot 102 on Sealed Plan 171840
Derivation : Part of Lot 5698, 45A-1R-0P Gtd. to George Arnold
Prior CT 169414/3

SCHEDULE 1

M590828 TRANSFER to ANTHONY CHARLES STEWART and KELLY KAYE STEWART Registered 14-Sep-2016 at 12.01 PM

SCHEDULE 2

Reservations and conditions in the Crown Grant if any
SP171840 EASEMENTS in Schedule of Easements
SP171840 COVENANTS in Schedule of Easements
SP171840 FENCING PROVISION in Schedule of Easements
SP171840 SEWERAGE AND/OR DRAINAGE RESTRICTION
SP27494 & SP169414 COVENANTS in Schedule of Easements
SP27494 & SP169414 FENCING PROVISION in Schedule of Easements

UNREGISTERED DEALINGS AND NOTATIONS

No unregistered dealings or other notations

RESULT OF SEARCH

RECORDER OF TITLES

Issued Pursuant to the Land Titles Act 1980

Tasmanian Government

SEARCH OF TORRENS TITLE

VOLUME	FOLIO
169414	2
EDITION	DATE OF ISSUE
2	05-Jul-2016

SEARCH DATE : 16-Feb-2024
SEARCH TIME : 06.49 PM

DESCRIPTION OF LAND

Parish of ORFORD Land District of PEMBROKE
Lot 2 on Sealed Plan 169414
Derivation : Part of Lot 5698, (45A-1R-0P) Gtd. to George Arnold
Prior CT 27494/12

SCHEDULE 1

M575842 TRANSFER to PETER MICHAEL SEABOURNE and TRACY NICOLE EVANS Registered 05-Jul-2016 at noon

SCHEDULE 2

Reservations and conditions in the Crown Grant if any
SP169414 EASEMENTS in Schedule of Easements
SP169414 COVENANTS in Schedule of Easements
SP169414 FENCING PROVISION in Schedule of Easements
SP 27494 COVENANTS in Schedule of Easements
SP 27494 FENCING PROVISION in Schedule of Easements
E47542 MORTGAGE to National Australia Bank Limited Registered 05-Jul-2016 at 12.01 PM

UNREGISTERED DEALINGS AND NOTATIONS

No unregistered dealings or other notations

FOLIO PLAN

RECORDER OF TITLES

Issued Pursuant to the Land Titles Act 1980

OWNER: T G WILKINSON

FOLIO REFERENCE: CT 169414-3

GRANTEE:

PART OF LOT 5698 45-1-0 GTD TO GEORGE ARNOLD

PLAN OF SURVEY

BY SURVEYOR A. S. HAMILTON

LOCATION

LAND DISTRICT OF PEMBROKE
PARISH OF ORFORD

SCALE 1: 600 LENGTHS IN METRES

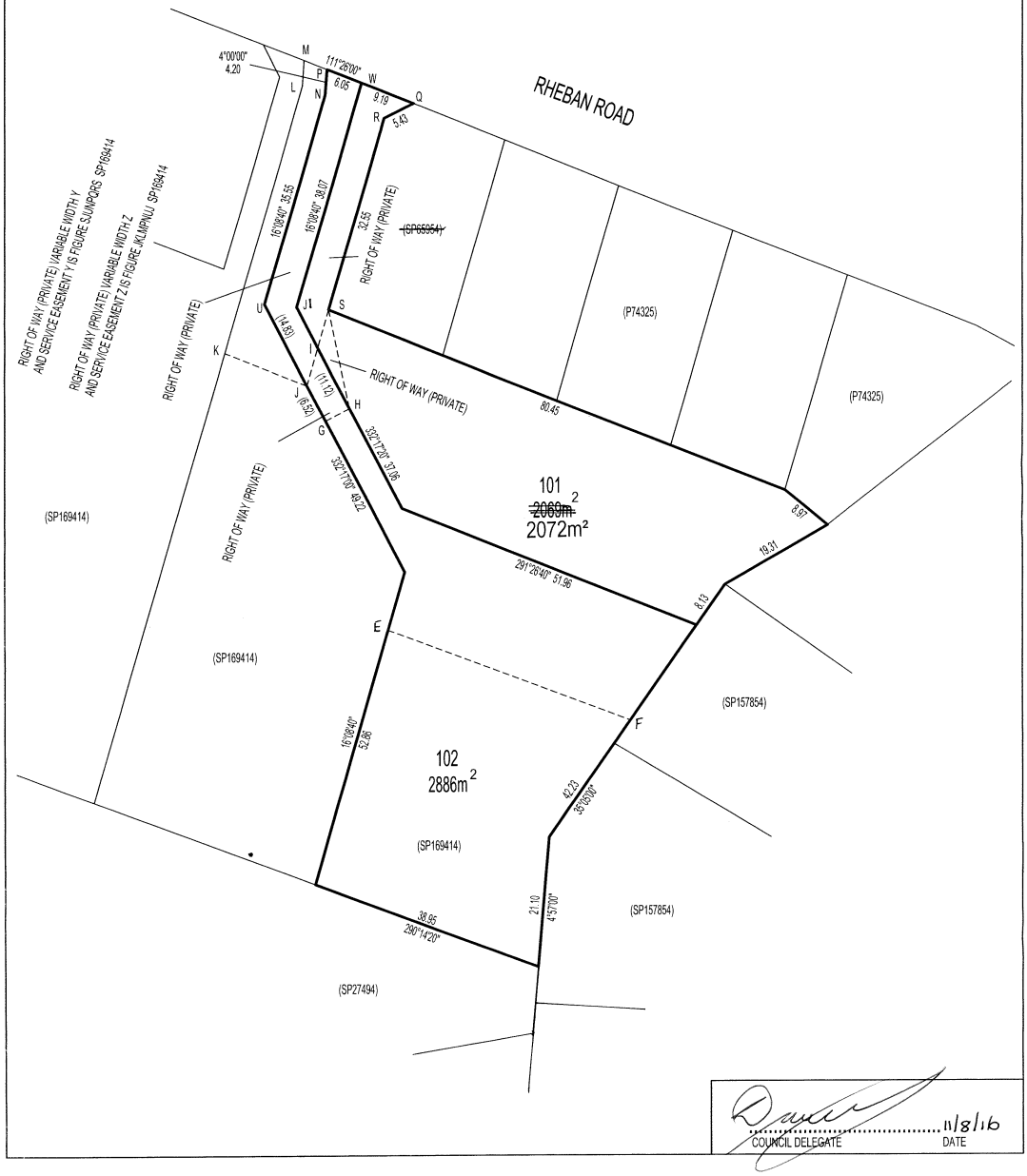
REGISTERED NUMBER
SP171840

APPROVED
EFFECTIVE FROM .....

Recorder of Titles

MAPSHEET MUNICIPAL CODE No.	LAST UPI No.	LAST PLAN No. SP 27494	ALL EXISTING SURVEY NUMBERS TO BE CROSS REFERENCED ON THIS PLAN

LOT 101 IS COMPILED FROM CT 169414-3 AND THIS SURVEY



SCHEDULE OF EASEMENTS

RECORDER OF TITLES

Issued Pursuant to the Land Titles Act 1980

SCHEDULE OF EASEMENTS	Registered Number
NOTE: THE SCHEDULE MUST BE SIGNED BY THE OWNERS & MORTGAGEES OF THE LAND AFFECTED. SIGNATURES MUST BE ATTESTED.	SP 171840

PAGE 1 OF 4 PAGE/S

EASEMENTS AND PROFITS

Each lot on the plan is together with:-
(1) such rights of drainage over the drainage easements shown on the plan (if any) as may be necessary to drain the stormwater and other surplus water from such lot; and
(2) any easements or profits a prendre described hereunder.
Each lot on the plan is subject to:-
(1) such rights of drainage over the drainage easements shown on the plan (if any) as passing through such lot as may be necessary to drain the stormwater and other surplus water from any other lot on the plan; and
(2) any easements or profits a prendre described hereunder.
The direction of the flow of water through the drainage easements shown on the plan is indicated by arrows.

Fencing Provision. In respect of Lots 101 & 102 on the Plan
The Vendor T G Wilkinson Shall not be required to fence.

Easements

Lots 101 and 102 on the plan is together with a right of carriageway over right of way (private) Z ~~more fully set forth in SP 169414~~ shown on the Plan.

Lots 101 and 102 on the plan are subject to a right of carriageway over right of way (private) Y on the plan in favour of lots 1 and 2 on SP 169414 ~~more fully set forth on that sealed plan.~~

(appurtenant to Lots 1 & 2 on SP169414)

Lots 101 and 102 on the plan are subject to a Service Easement over Service Easement Y ~~more fully set forth on SP 169414~~ shown on the Plan & as defined herein.

Lots 101 and 102 on the plan are together with a Service Easement over Service Easement Z ~~more fully set forth on SP 169414~~ shown on the Plan & as defined herein.

Lot 101 on the plan is together with a right of carriageway over right of way (private) WPNUJIJ1 shown on the plan over lot 102 on the plan

(USE ANNEXURE PAGES FOR CONTINUATION)

SUBDIVIDER: T G Wilkinson FOLIO REF: CT 169414-3 SOLICITOR & REFERENCE: MURDOCH CLARKE RJB	PLAN SEALED BY: Glamorgan Spring Bay Council DATE: 11/8/16 SA 15010 REF NO. Council Delegate

NOTE: The Council Delegate must sign the Certificate for the purposes of identification.

SCHEDULE OF EASEMENTS

RECORDER OF TITLES

Issued Pursuant to the Land Titles Act 1980

ANNEXURE TO SCHEDULE OF EASEMENTS PAGE 2 OF 4 PAGES	Registered Number SP 171840
SUBDIVIDER: T G Wilkinson FOLIO REFERENCE: CT 169414-3	

Lot 102 ~~QWJ1HSR~~ on the plan is together with a right of carriageway over right of way (private) QWJ1HSR ~~WPNUJIJ1~~ shown on the plan over lot 101 on the plan

Lot 101 on the plan is together with a service easement over right of way (private) WPNUJIJ1 shown on the plan over lot 102 on the plan

Lot 102 ~~QWJ1HSR~~ on the plan is together with a service easement over right of way (private) ~~WPNUJIJ1~~ QWJ1HSR shown on the plan over lot 101 on the plan

Lot 101 on the Plan is subject to a right of carriageway (appurtenant to Lot 102) over the Right of Way (Private) marked QWJ1HSR on the Plan.

Lot 101 on the Plan is subject to a service easement (appurtenant to Lot 102) over the Right of Way (Private) marked QWJ1HSR on the Plan.

Lot 102 on the Plan is subject to a right of carriageway (appurtenant to Lot 101) over the Right of Way (Private) marked PNUJIJ1W on the Plan.

Lot 102 on the Plan is subject to a service easement (appurtenant to Lot 101) over the Right of Way (Private) marked PNUJIJ1W on the Plan.

NOTE: Every annexed page must be signed by the parties to the dealing or where the party is a corporate body be signed by the persons who have attested the affixing of the seal of that body to the dealing.

SCHEDULE OF EASEMENTS

RECORDER OF TITLES

Issued Pursuant to the Land Titles Act 1980

ANNEXURE TO SCHEDULE OF EASEMENTS PAGE 3 OF 4 PAGES	Registered Number SP 171840
SUBDIVIDER: T G Wilkinson FOLIO REFERENCE: CT 169414-3	

'**Service Easement**' means the full and free right for every person who is at any time entitled to an estate or interest in possession in the land herein indicated as the dominant tenement or any part thereof with which the right shall be capable of enjoyment to make or lay or install pipes, wires, cables, other apparatus, and equipment for the purpose of conveying or carrying water, electricity, gas and telephone services and all and any other kind of services to or from the dominant tenement or any such parts thereof under the land herein indicated as the land over which the right is to subsist and through all pipes, wires, cables, other apparatus and equipment which are now or now may hereafter be made or laid or installed passing under the last mentioned land and the right for every such person and every person authorised by him:

1. to maintain and use the pipes, wires, cables, other apparatus and equipment for any of those purposes;
2. to inspect, alter, repair and replace all or any part of the pipes, wires, cables, other apparatus and equipment when and where necessary;
3. to break the surface of, dig, open up and use the servient tenement for any of those purposes;
4. to enter the servient tenement ant any time (if necessary with vehicles, equipment, workman, materials and specialist services) for any of those purposes; and
5. to do all necessary works and things for any of those purposes without doing unnecessary damage to the servient tenement and leaving the same in a clean and tidy condition and making good any damage occasioned thereby.

Covenants

Lot 102 on the plan is subject to a covenant more fully set forth in SP 169414 in the following terms:
Not to build any building or structure south of the line E-F marked on the Plan unless approved by the Glamorgan Spring Bay Council.

Lots 101 & 102 on the Plan are each burdened by the restrictive covenants as created by and more fully set forth in Sealed Plan 27494.

NOTE: Every annexed page must be signed by the parties to the dealing or where the party is a corporate body be signed by the persons who have attested the affixing of the seal of that body to the dealing.

SCHEDULE OF EASEMENTS

RECORDER OF TITLES

Issued Pursuant to the Land Titles Act 1980

ANNEXURE TO SCHEDULE OF EASEMENTS PAGE 4 OF 4 PAGES	Registered Number SP 171840
SUBDIVIDER: T G Wilkinson FOLIO REFERENCE: CT 169414-3	

Signed by the Registered Proprietor

T G Wilkinson .....

In the presence of witness (sign) .....

Witness Name JANE WILKINSON

Address 15 GATE COURT, SANDY BAY

occupation BUSINESS OWNER.

NOTE: Every annexed page must be signed by the parties to the dealing or where the party is a corporate body be signed by the persons who have attested the affixing of the seal of that body to the dealing.

RESULT OF SEARCH

RECORDER OF TITLES

Issued Pursuant to the Land Titles Act 1980

Tasmanian Government

SEARCH OF TORRENS TITLE

VOLUME	FOLIO
169414	1
EDITION	DATE OF ISSUE
3	27-Mar-2024

SEARCH DATE : 10-Apr-2024
SEARCH TIME : 08.56 PM

DESCRIPTION OF LAND

Parish of ORFORD Land District of PEMBROKE
Lot 1 on Sealed Plan 169414
Derivation : Part of Lot 5698, (45A-1R-0P) Gtd. to George Arnold
Prior CT 27494/12

SCHEDULE 1

N181223 TRANSFER to VINCENT ARTHUR BUTLER Registered 27-Mar-2024 at noon

SCHEDULE 2

Reservations and conditions in the Crown Grant if any
SP169414 EASEMENTS in Schedule of Easements
SP169414 COVENANTS in Schedule of Easements
SP169414 FENCING PROVISION in Schedule of Easements
SP 27494 COVENANTS in Schedule of Easements
SP 27494 FENCING PROVISION in Schedule of Easements
E375555 MORTGAGE to Commonwealth Bank of Australia Registered 27-Mar-2024 at 12.01 PM

UNREGISTERED DEALINGS AND NOTATIONS

No unregistered dealings or other notations

SCHEDULE OF EASEMENTS

RECORDER OF TITLES

Issued Pursuant to the Land Titles Act 1980

SCHEDULE OF EASEMENTS	Registered Number
NOTE: THE SCHEDULE MUST BE SIGNED BY THE OWNERS & MORTGAGEES OF THE LAND AFFECTED. SIGNATURES MUST BE ATTESTED.	- 4 NOV 2024 SP 169414

PAGE 1 OF 4 PAGE/S

EASEMENTS AND PROFITS

Each lot on the plan is together with:-
(1) such rights of drainage over the drainage easements shown on the plan (if any) as may be necessary to drain the stormwater and other surplus water from such lot; and
(2) any easements or profits a prendre described hereunder.
Each lot on the plan is subject to:-
(1) such rights of drainage over the drainage easements shown on the plan (if any) as passing through such lot as may be necessary to drain the stormwater and other surplus water from any other lot on the plan; and
(2) any easements or profits a prendre described hereunder.
The direction of the flow of water through the drainage easements shown on the plan is indicated by arrows.

Fencing Provision In respect to the lots on the plan
The Vendors Leanne Wright and Christopher Ian Wright Shall not be required to fence.

Easements Continued on Page 4

~~Lot 1 on the plan is together with rights of carriageway over rights of way (private) Y and Z on the plan~~ over lots 3 and 2.

Lot 2 on the plan is together with a right of carriageway over right of way (private) Y on the plan over lot 3.

Lot 3 on the plan is together with a right of carriageway over right of way (private) Z on the plan over lot 2.

Lot 1 on the plan is subject to a Drainage Easement 2.00 Wide more fully set forth on Sealed Plan 27494.

Lot 2 on the plan is subject to a right of carriageway over right of way (private) Z on the plan in favour of lots 1 and 3.

Lot 3 on the plan is subject to a right of carriageway over right of way (private) Y on the plan in favour of ~~lots 1 and 2.~~

(USE ANNEXURE PAGES FOR CONTINUATION)

SUBDIVIDER: L & I Wright	PLAN SEALED BY: Glamorgan Spring Bay Council
FOLIO REF: CT 27494-12	DATE: 6/3/25
SOLICITOR & REFERENCE: JUSTIN McMULLEN SA13017	SA13017 REF NO.
	Council Delegate

NOTE: The Council Delegate must sign the Certificate for the purposes of identification.

Angela J Schmack WITNESS

SCHEDULE OF EASEMENTS

RECORDER OF TITLES

Issued Pursuant to the Land Titles Act 1980

ANNEXURE TO SCHEDULE OF EASEMENTS PAGE 2 OF ~~3~~ 4 PAGES	Registered Number SP 169414
SUBDIVIDER: L & I WRIGHT FOLIO REFERENCE: CT 27494-12	

~~Lot 1 on the plan is together with Service Easements over Service Easements Y and Z on the plan over~~ lots 3 and 2.

Lot 2 on the plan is together with a Service ~~Easement~~ over Service Easement Y on the plan over lot 3.

~~Lot 3 on the plan is together with a Service Easement over Service Easement Z on the plan over lot 2.~~

'**Service Easement'** means the full and free right for every person who is at any time entitled to an estate or interest in possession in the land herein indicated as the dominant tenement or any part thereof with which the right shall be capable of enjoyment to make or lay or install pipes, wires, cables, other apparatus, and equipment for the purpose of conveying or carrying water, electricity, gas and telephone services and all and any other kind of services to or from the dominant tenement or any such parts thereof under the land herein indicated as the land over which the right is to subsist and through all pipes, wires, cables, other apparatus and equipment which are now or now may hereafter be made or laid or installed passing under the last mentioned land and the right for every such person and every person authorised by him:

1. to maintain and use the pipes, wires, cables, other apparatus and equipment for any of those purposes;
2. to inspect, alter, repair and replace all or any part of the pipes, wires, cables, other apparatus and equipment when and where necessary;
3. to break the surface of, dig, open up and use the servient tenement for any of those purposes;
4. to enter the servient tenement ant any time (if necessary with vehicles, equipment, workman, materials and specialist services) for any of those purposes; and
5. to do all necessary works and things for any of those purposes without doing unnecessary damage to the servient tenement and leaving the same in a clean and tidy condition and making good any damage occasioned thereby.

NOTE: Every annexed page must be signed by the parties to the dealing or where the party is a corporate body be signed by the persons who have attested the affixing of the seal of that body to the dealing.

Angela J Schwarz - WITNESS

SCHEDULE OF EASEMENTS

RECORDER OF TITLES

Issued Pursuant to the Land Titles Act 1980

ANNEXURE TO SCHEDULE OF EASEMENTS PAGE 3 OF ~~3~~ 4 PAGES	Registered Number SP 169414
SUBDIVIDER: L & I WRIGHT FOLIO REFERENCE: CT 27494-12	

Covenants

The Owner of lot 1 on the Plan covenants with the subdivider, and the owners for the time being of every other lot shown on the plan to the intent that the burden of this covenant may run and bind the covenantor's lot and every part thereof and that the benefit thereof shall be annexed to and devolve with each and every part of every lot shown on the plan to observe the following stipulation: Not to build any building or structure south of the line A-B marked on the plan unless approved by the Glamorgan Spring Bay Council.

The Owner of lot 2 on the Plan covenants with the subdivider, and the owners for the time being of every other lot shown on the plan to the intent that the burden of this covenant may run and bind the covenantor's lot and every part thereof and that the benefit thereof shall be annexed to and devolve with each and every part of every lot shown on the plan to observe the following stipulation: Not to build any building or structure south of the line C-D marked on the plan unless approved by the Glamorgan Spring Bay Council.

The Owner of lot 3 on the Plan covenants with the subdivider, and the owners for the time being of every other lot shown on the plan to the intent that the burden of this covenant may run and bind the covenantor's lot and every part thereof and that the benefit thereof shall be annexed to and devolve with each and every part of every lot shown on the plan to observe the following stipulation: Not to build any building or structure south of the line E-F marked on the plan unless approved by the Glamorgan Spring Bay Council.

Signed by the Registered Proprietors

Leanne Wright and .....

Christopher Ian Wright .....

In the presence of witness (sign) Angela J Schwartz

Witness Name ANGELA SCHWARTZ
Address 7 HARRIS ROAD BRIGHTON TAS 7030
occupation TEACHER ASSISTANT

NOTE: Every annexed page must be signed by the parties to the dealing or where the party is a corporate body be signed by the persons who have attested the affixing of the seal of that body to the dealing.

SCHEDULE OF EASEMENTS

RECORDER OF TITLES

Issued Pursuant to the Land Titles Act 1980

ANNEXURE TO SCHEDULE OF EASEMENTS PAGE 4 OF 4 PAGES	SP169414

SUBDIVIDER: - LEANNE WRIGHT AND CHRISTOPHER IAN WRIGHT

FOLIO REFERENCE: - 27494/12

EASEMENTS

Lot 2 on the plan is subject to a Right of Carriageway (appurtenant to Lots 1 & 3) over the Right of Way (private) variable width Z and Service Easement Z on the plan.

Lot 3 on the plan is subject to a Right of Carriageway (appurtenant to Lots 1 & 2) over the Right of Way (private) Y and Service Easement Y on the plan.

Lot 1 on the plan is together with Rights of Carriageway over the Right of Way (private) variable width Y and Service Easement Y and Right of Way (private) variable width Z and Service Easement Z on the plan.

Lot 2 on the plan is together with a Right of Carriageway over the Right of Way (private) variable width Y and Service Easement Y on the plan.

Lot 3 on the plan is together with a Right of Carriageway over the Right of Way (private) variable width Z and Service Easement Z on the plan.

Lot 1 on the plan is subject to a Right of Drainage (appurtenant to Lot 11 on SP27494) over the Drainage Easement 2.00 wide as created by and more fully set forth in SP27494 and shown on the plan.

Lot 2 on the plan is subject to a Service Easement (appurtenant to Lots 1 & 3) over the Right of Way (private) variable width Z and Service Easement Z on the plan.

Lot 3 on the plan is subject to a Service Easement (appurtenant to Lots 1 & 2) over the Right of Way (private) variable width Y and Service Easement Y on the plan.

Lot 1 on the plan is together with a Service Easement over the Right of Way (private) variable width Y and Service Easement Y and Right of Way (private) variable width Z and Service Easement Z on the plan.

Lot 2 on the plan is together with a Service Easement over the Right of Way (private) variable width Y and Service Easement Y on the plan.

Lot 3 on the plan is together with a Service Easement over the Right of Way (private) variable width Z and Service Easement Z on the plan.

COVENANTS

The lots on the plan are each burdened by the restrictive covenants as created by and more fully set forth in Sealed Plan No. 27494.

NOTE: - Every annexed sheet must be signed by the parties to the dealing or where the party is a corporate body be signed by the persons who have attested the affixing of the seal of that body to the dealing.

FOLIO PLAN

RECORDER OF TITLES

Issued Pursuant to the Land Titles Act 1980

OWNER LEANNE WRIGHT
AND CHRISTOPHER IAN WRIGHT

FOLIO REFERENCE
CT 27494-12
GRANTEE
PART OF LOT 5698 (45-1-0) GTD TO GEORGE ARNOLD

PLAN OF SURVEY

BY SURVEYOR A. S. HAMILTON

LOCATION
LAND DISTRICT OF PEMBROKE
PARISH OF ORFORD

SCALE 1 800 LENGTHS IN METRES

REGISTERED NUMBER
SP169414

APPROVED 14 MAY 2014
EFFECTIVE FROM
Alice Kawa
Recorder of Titles

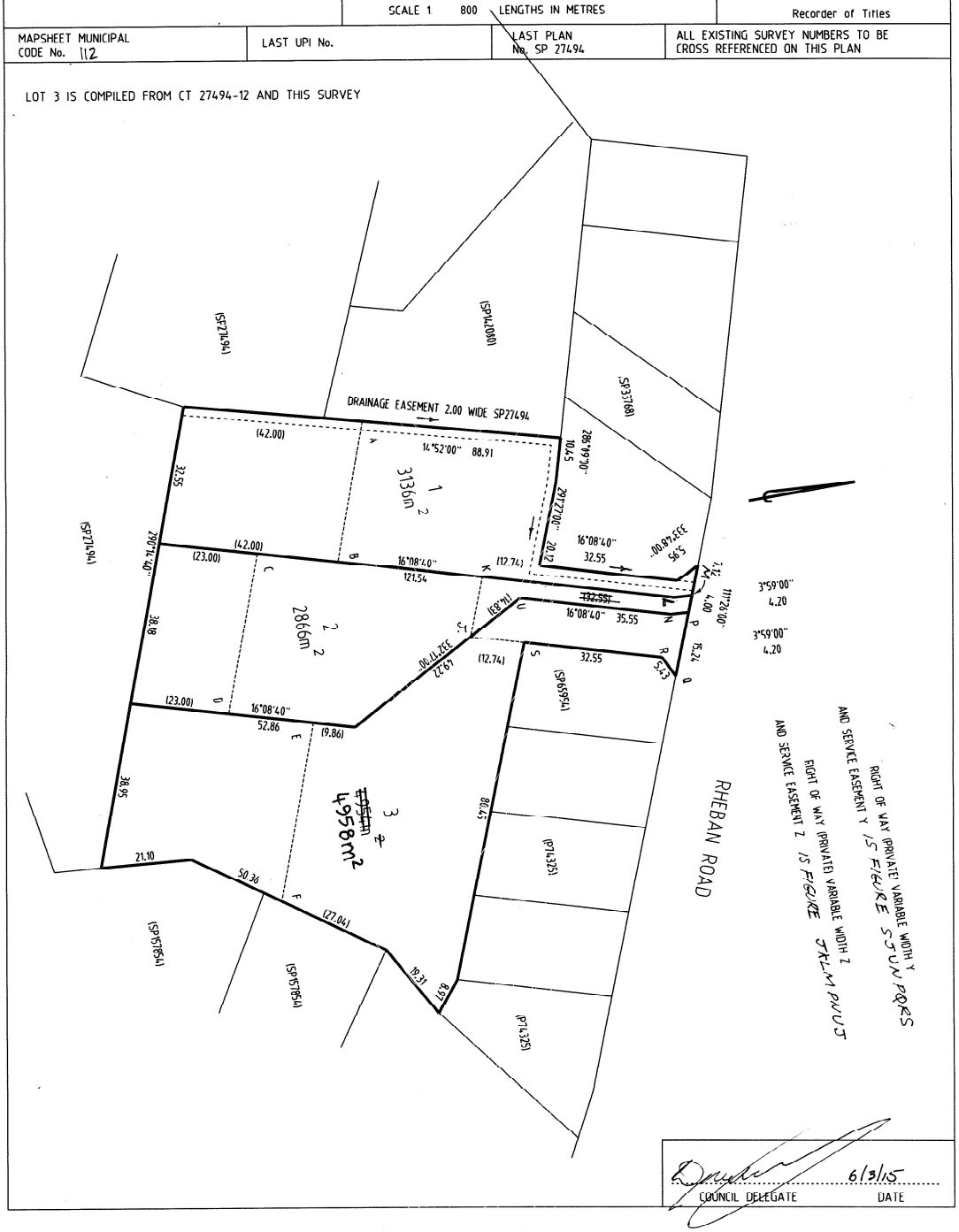
MAPSHEET MUNICIPAL CODE No. 112

LAST UPI No.

LAST PLAN No. SP 27494

ALL EXISTING SURVEY NUMBERS TO BE CROSS REFERENCED ON THIS PLAN

LOT 3 IS COMPILED FROM CT 27494-12 AND THIS SURVEY



Bushfire Hazard Management Report: Subdivision

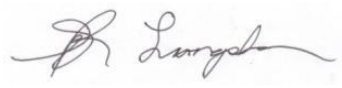
Report for: **Vince Butler**

Property Location: **284 Rheban Road, Spring Beach**

Prepared by: Scott Livingston
Livingston Natural Resource Services

Date: 18th March 2024

Summary

Client:	Vince Butler
Property identification:	CT 169414/1, PID 3364109 284 Rheban Road, Spring Beach Zoning: Low Density Residential Tasmanian Planning Scheme – Glamorgan Spring Bay
Proposal:	Subdivision 2 lots from 1 existing title.
Assessment comments:	A field inspection of the site was conducted to determine the Bushfire Attack Level and Risk.
Assessment by:	 _____ Scott Livingston, Master Environmental Management, Natural Resource Management Consultant. Accredited Person under part 4A of the Fire Service Act 1979: Accreditation # BFP-105 Scope 1,2, 3A, 3B, 3C.

Contents

LIMITATIONS

This report only deals with potential bushfire risk and does not consider any other potential statutory or planning requirements. This report classifies type of vegetation at time of inspection and cannot be relied upon for future development or changes in vegetation of assessed area.

SITE DESCRIPTION

A 2 lot from 1 lot subdivision is proposed for CT 169414/1, 284 Rheban Road, Spring Beach The land is and mapped as Bushfire Prone in planning Scheme Overlays.

The property is currently woodland with no buildings. The title has a narrow (4m) access panhandle fronting Rheban Road and right of way over existing access on adjoining titles to Rheban Road. The area is not serviced by a reticulated water supply. Surrounding land is zoned low density residential and is a mosaic of low threat around dwellings and woodland patches.

See Appendix 1 for photos and Appendix 2 for maps.

BAL AND RISK ASSESSMENT

The lot is mapped as Bushfire Prone Area in Planning Scheme overlays.

VEGETATION AND SLOPE

Vegetation & Slope from lot boundaries.

Lot		North	East	South	West
1	Vegetation within 100m of lot boundaries	0-100m low threat	0-100m low threat, woodland mosaic	0-100m woodland / grassland mosaic	0-100m low threat
	Slope (degrees, over 100m)	Flat/ Upslope	down slope 0-5°	Flat/ Upslope	
	BAL Rating: existing vegetation	BAL Low	BAL FZ	BAL FZ	BAL Low
	BAL rating with setbacks and HMA	BAL 19			
2	Vegetation within 100m of lot boundaries	0-44m woodland (Lot1) 44-100m low threat	0-100m low threat, woodland mosaic	0-100m woodland / grassland mosaic	0-100m low threat
	Slope (degrees, over 100m)	Flat/ Upslope	down slope 0-5°	Flat/ Upslope	
	BAL Rating: existing vegetation	BAL Low	BAL FZ	BAL FZ	BAL Low
	BAL rating with setbacks and HMA	BAL 19			

Setback distances for BAL Ratings with HMA have been calculated based on the vegetation that will exist after development and management of land within the property and have also considered slope gradients.

The BAL ratings applied are in accordance with the Australian Standard AS3959-2018, *Construction of Buildings in Bushfire Prone Areas*, and it is a requirement that any habitable building, or building within 6m of a habitable building be constructed to the BAL ratings specified in this document as a minimum.

The Fire Danger Index for Tasmania is **50**

Table 2: BAL Levels

Bushfire Attack Level (BAL)	Predicted Bushfire Attack & Exposure Level
BAL-Low	Insufficient risk to warrant specific construction requirements
BAL-12.5	Ember attack, radiant heat below 12.5kW/m²
BAL-19	Increasing ember attack and burning debris ignited by windborne embers together with increasing heat flux between 12.5-19kW/m²

Figure 1: BAL Building areas

HAZARD MANAGEMENT AREAS

All land within the hazard management areas shown must be low threat vegetation prior to commencement of construction of a habitable building on either lot and maintained in perpetuity. The HMA includes all areas of both lots. Low threat vegetation includes maintained lawns (<100mm in height) gardens and orchards. Trees may be retained within the HMA provided that, surface and near surface fuels (branches, bark & leaf litter) are maintained at low fuel levels, trees do not form interlocking canopies and are pruned to at least 2m. Where shrubs are retained, they must not be under tree canopy.
The owner of a lot is responsible for management of fuels and maintenance of infrastructure within their lot.

ROADS

No roads are required for the subdivision, lots have frontage or right of way to Rheban Road.

PROPERTY ACCESS

Access to lots must comply with the relevant elements of Table C13.2 Standards for Property Access, C 13 *Bushfire-Prone Areas Code* prior to commencement of construction of a habitable building. The existing access on the right of way is compliant with the exception of minor vegetation management to ensure horizontal and vertical clearances are maintained. (Element A). Access to a habitable building water supply point must be compliant with Element B of Table C13.2 prior to commencement of construction.

Table C13.2: Standards for Property Access

Element		Requirement
A.	Property access length is less than 30m; or access is not required for a fire appliance to access a fire fighting water point.	There are no specified design and construction requirements.
B.	Property access length is 30m or greater; or access is required for a fire appliance to a fire fighting water point.	The following design and construction requirements apply to property access: (a) all-weather construction; (b) load capacity of at least 20t, including for bridges and culverts; (c) minimum carriageway width of 4m; (d) minimum vertical clearance of 4m; (e) minimum horizontal clearance of 0.5m from the edge of the carriageway; (f) cross falls of less than 3 degrees (1:20 or 5%); (g) dips less than 7 degrees (1:8 or 12.5%) entry and exit angle; (h) curves with a minimum inner radius of 10m; (i) maximum gradient of 15 degrees (1:3.5 or 28%) for sealed roads, and 10 degrees (1:5.5 or 18%) for unsealed roads; and (j) terminate with a turning area for fire appliances provided by one of the following: (i) a turning circle with a minimum outer radius of 10m; or (ii) a property access encircling the building; or (iii) a hammerhead "T" or "Y" turning head 4m wide and 8m long.

C.	Property access length is 200m or greater.	The following design and construction requirements apply to property access: (a) the requirements for B above; and (b) passing bays of 2m additional carriageway width and 20m length provided every 200m.
D.	Property access length is greater than 30m, and access is provided to 3 or more properties.	The following design and construction requirements apply to property access: (a) complies with requirements for B above; and (b) passing bays of 2m additional carriageway width and 20m length must be provided every 100m.

FIRE FIGHTING WATER SUPPLY

The subdivision is not serviced by a reticulated supply. Lots must have must have a static water supply compliant with Table C13.5 prior commencement of construction of future habitable buildings.

Table C13.5

Column		Column 2
Element		**Requirement**
A.	Distance between building area to be protected and water supply	The following requirements apply: a) The building area to be protected must be located within 90 metres of the water connection point of a static water supply; and b) The distance must be measured as a hose lay, between the water point and the furthest part of the building area.

Column		Column 2
Element		**Requirement**
B.	Static Water Supplies	A static water supply: a) May have a remotely located offtake connected to the static water supply; b) May be a supply for combined use (fire fighting and other uses) but the specified minimum quantity of fire fighting water must be available at all times; c) Must be a minimum of 10,000 litres per building area to be protected. This volume of water must not be used for any other purpose including fire fighting sprinkler or spray systems; d) Must be metal, concrete or lagged by non-combustible materials if above ground; and e) If a tank can be located so it is shielded in all directions in compliance with Section 3.5 of AS 3959-2009, the tank may be constructed of any material provided that the lowest 400 mm of the tank exterior is protected by: (i) metal; (ii) non-combustible material; or (iii) fibre-cement a minimum of 6 mm thickness.
C.	Fittings, pipework and accessories (including stands and tank supports)	Fittings and pipework associated with a water connection point for a static water supply must: (a) Have a minimum nominal internal diameter of 50mm; (b) Be fitted with a valve with a minimum nominal internal diameter of 50mm; (c) Be metal or lagged by non-combustible materials if above ground; (d) Where buried, have a minimum depth of 300mm (compliant with *AS/NZS 3500.1-2003 Clause 5.23);* (e) Provide a DIN or NEN standard forged Storz 65 mm coupling fitted with a suction washer for connection to fire fighting equipment; (f) Ensure the coupling is accessible and available for connection at all times; (g) Ensure the coupling is fitted with a blank cap and securing chain (minimum 220 mm length); (h) Ensure underground tanks have either an opening at the top of not less than 250 mm diameter or a coupling compliant with this Table; and (i) Where a remote offtake is installed, ensure the offtake is in a position that is: (i) Visible; (ii) Accessible to allow connection by fire fighting equipment; (iii) At a working height of 450 – 600mm above ground level; and (iv) Protected from possible damage, including damage by vehicles

Column		Column 2
Element		**Requirement**
D.	Signage for static water connections	The water connection point for a static water supply must be identified by a sign permanently fixed to the exterior of the assembly in a visible location. The sign must (a) comply with: Water tank signage requirements within AS 2304-2011 *Water storage tanks for fire protection systems; or* (b) comply with water tank signage requirements within *Australian Standard AS 2304-2011 Water storage tanks for fire protection systems*; or (c) comply with the Tasmania Fire Service Water Supply Signage Guideline published by the Tasmania Fire Service.
E.	Hardstand	A hardstand area for fire appliances must be provided: (a) No more than three metres from the water connection point, measured as a hose lay (including the minimum water level in dams, swimming pools and the like); (b) No closer than six metres from the building area to be protected; (c) With a minimum width of three metres constructed to the same standard as the carriageway; and (d) Connected to the property access by a carriageway equivalent to the standard of the property access.

CONCLUSIONS

A 2 lot from 1 lot subdivision is proposed for CT 169414/1, 284 Rheban Road, Spring Beach The land is and mapped as Bushfire Prone in planning Scheme Overlays.

Lots have building areas at BAL 19. Property Access must be constructed to the requirements of Table C13.2 prior to commencement of construction of a habitable building. A static water supply must be installed to meet the requirements of Table C13.5 prior to commencement of construction of a habitable building. Hazard management Area, all of both lots, must be in place prior to commencement of construction of a habitable building on either lot.

REFERENCES

Director of Building Control (2021) Director's Determination for Bushfire Hazard Areas v1.1 2021

Standards Australia. (2018). *AS 3959-2018 Construction of Buildings in Bushfire Prone Areas*

Tasmanian Planning Scheme- *Glamorgan Spring Bay*

APPENDIX 1 – PHOTOS

Figure 2: east along right of way.

Figure 3: NW across lot 1.

Figure 4:north across lot 1 boundary.

Figure 5: east along northern boundary.

Figure 6: south along western boundary.

Figure 7: west along southern boundary.

APPENDIX 2 - MAPS

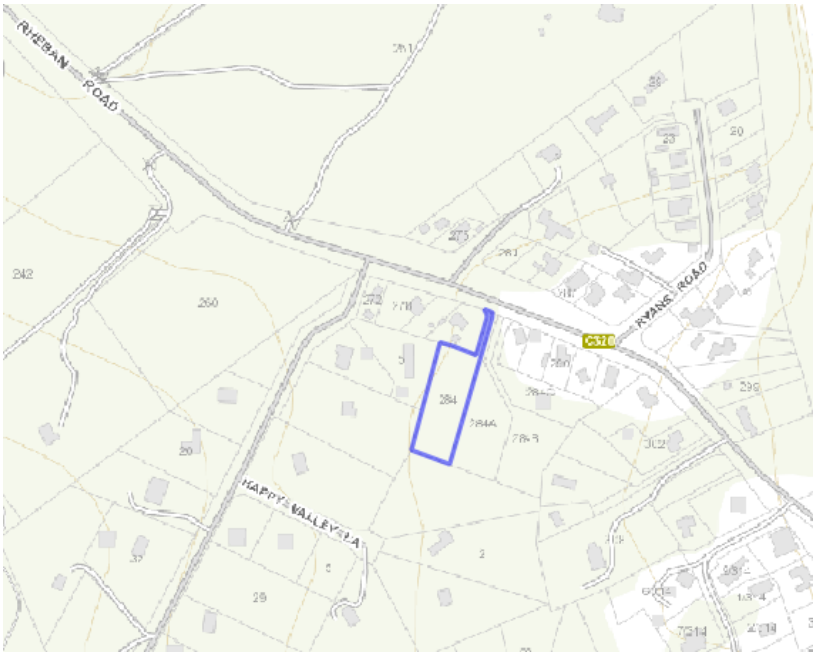


Figure 8: Location, existing lot shown in blue

Figure 9: aerial image.

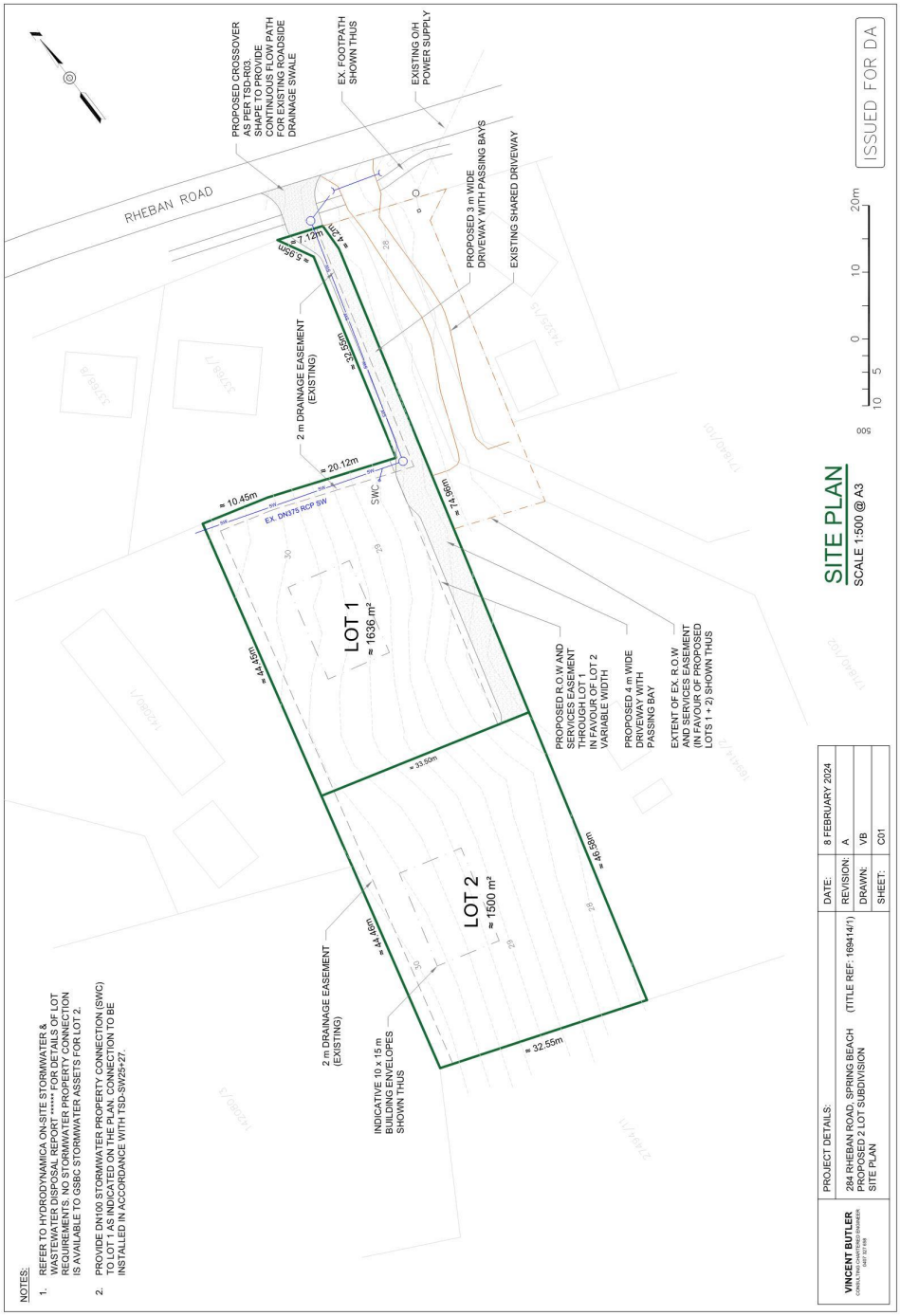


Figure 10: Plan of Subdivision

Bushfire Hazard Management Plan:

Proposed Development	Subdivision,2 lots from 1 lot
Plan of Subdivision	Vincent Butler
Property Owner	Vincent Butler
Address	24 Rheban Road, Spring Beach
CT	169414/1
PID	3364109

For future habitable buildings the following must be installed/ compliant prior to commencement of construction and be maintained in perpetuity:

- **Hazard Management Areas (all of both lots)**
- **Access**
- **Water Supply**

The owner of a lot is responsible for management of vegetation and maintenance of infrastructure within a lot.

Construction: BAL 19 as shown

Buildings in Bushfire Prone Area to be built in accordance with the Building Code of Australia and Australian Standard AS3959.

Building setbacks / BAL ratings apply to habitable buildings (Class 1, 2 3, 8 or 9) and class 10a buildings within 6m of a habitable building.

Hazard Management Areas (HMA)

All land within the hazard management areas shown must be low threat vegetation prior to commencement of construction of a habitable building on either lot and maintained in perpetuity. The HMA includes all areas of both lots. Low threat vegetation includes maintained lawns (<100mm in height) gardens and orchards. Trees may be retained within the HMA provided that, surface and near surface fuels (branches, bark & leaf litter) are maintained at low fuel levels, trees do not form interlocking canopies and are pruned to at least 2m. Where shrubs are retained, they must not be under tree canopy .

Access and Water Supply

See report for detail

This BHMP has been prepared to satisfy the requirements of the Tasmanian Planning Scheme –Glamorgan Spring Bay . This plan should be read in conjunction with the report titled: Bushfire Hazard Management Report 284 Rheban Road Spring Beach.

Scott Livingston
Accreditation: BFP – 105: 1, 2, 3A, 3B, 3C
Date 18/3/2024
SRL24/14S

BUSHFIRE-PRONE AREAS CODE

CERTIFICATE[1] UNDER S51(2)(d) LAND USE PLANNING AND APPROVALS ACT 1993

1. Land to which certificate applies

The subject site includes property that is proposed for use and development and includes all properties upon which works are proposed for bushfire protection purposes.

Street address:	284 Rheban Road Spring Beach
Certificate of Title / PID:	CT 169414/1, PID 3364109

2. Proposed Use or Development

Description of proposed Use and Development:	Subdivision, 2 lots from 1 lot
Applicable Planning Scheme:	Tasmania Planning Scheme-Glamorgan Spring Bay

3. Documents relied upon

This certificate relates to the following documents:

Title	Author	Date	Version
Bushfire Hazard Management Report 284 Rheban Road Spring Beach	Scott Livingston	18/3/2024	1
Bushfire Hazard Management Plan 284 Rheban Road Spring Beach	Scott Livingston	18/3/2024	1
Plan of Subdivision	Vincent Butler	8/2/2024	A

4. Nature of Certificate

[1] This document is the approved form of certification for this purpose and must not be altered from its original form.

The following requirements are applicable to the proposed use and development:

☐	**E1.4 / C13.4 – Use or development exempt from this Code**	
	Compliance test	**Compliance Requirement**
☐	E1.4(a) / C13.4.1(a)	Insufficient increase in risk

☐	**E1.5.1 / C13.5.1 – Vulnerable Uses**	
	Acceptable Solution	**Compliance Requirement**
☐	E1.5.1 P1 / C13.5.1 P1	***Planning authority discretion required. A proposal cannot be certified as compliant with P1.***
☐	E1.5.1 A2 / C13.5.1 A2	Emergency management strategy
☐	E1.5.1 A3 / C13.5.1 A2	Bushfire hazard management plan

☐	**E1.5.2 / C13.5.2 – Hazardous Uses**	
	Acceptable Solution	**Compliance Requirement**
☐	E1.5.2 P1 / C13.5.2 P1	***Planning authority discretion required. A proposal cannot be certified as compliant with P1.***
☐	E1.5.2 A2 / C13.5.2 A2	Emergency management strategy
☐	E1.5.2 A3 / C13.5.2 A3	Bushfire hazard management plan

☒	**E1.6.1 / C13.6.1 Subdivision: Provision of hazard management areas**	
	Acceptable Solution	**Compliance Requirement**
☐	E1.6.1 P1 / C13.6.1 P1	***Planning authority discretion required. A proposal cannot be certified as compliant with P1.***
☐	E1.6.1 A1 (a) / C13.6.1 A1(a)	Insufficient increase in risk
☒	E1.6.1 A1 (b) / C13.6.1 A1(b)	Provides BAL-19 for all lots (including any lot designated as ‘balance’)
☐	E1.6.1 A1(c) / C13.6.1 A1(c)	Consent for Part 5 Agreement

☒	**E1.6.2 / C13.6.2 Subdivision: Public and fire fighting access**	
	Acceptable Solution	**Compliance Requirement**

☐	E1.6.2 P1 / C13.6.2 P1	***Planning authority discretion required. A proposal cannot be certified as compliant with P1.***
☐	E1.6.2 A1 (a) / C13.6.2 A1 (a)	Insufficient increase in risk
☒	E1.6.2 A1 (b) / C13.6.2 A1 (b)	Access complies with relevant Tables

☒	**E1.6.3 / C13.1.6.3 Subdivision: Provision of water supply for fire fighting purposes**	
	Acceptable Solution	**Compliance Requirement**
☐	E1.6.3 A1 (a) / C13.6.3 A1 (a)	Insufficient increase in risk
☐	E1.6.3 A1 (b) / C13.6.3 A1 (b)	Reticulated water supply complies with relevant Table
☐	E1.6.3 A1 (c) / C13.6.3 A1 (c)	Water supply consistent with the objective
☐	E1.6.3 A2 (a) / C13.6.3 A2 (a)	Insufficient increase in risk
☒	E1.6.3 A2 (b) / C13.6.3 A2 (b)	Static water supply complies with relevant Table-
☐	E1.6.3 A2 (c) / C13.6.3 A2 (c)	Static water supply consistent with the objective

5. Bushfire Hazard Practitioner

Name:	Scott Livingston	**Phone No:**	0438 951 021
Postal Address:	1299 Relbia Road, Relbia, 7258	**Email Address:**	scottlivingston.lnrs@gmail.com
Accreditation No:	BFP – 105	**Scope:**	1, 2, 3A, 3B, 3C

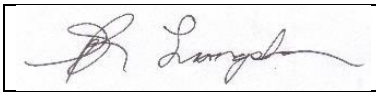
6. Certification

I certify that in accordance with the authority given under Part 4A of the *Fire Service Act 1979* that the proposed use and development:

☐ Is exempt from the requirement Bushfire-Prone Areas Code because, having regard to the objective of all applicable standards in the Code, there is considered to be an insufficient increase in risk to the use or development from bushfire to warrant any specific bushfire protection measures, or

☒ The Bushfire Hazard Management Plan/s identified in Section 3 of this certificate is/are in accordance with the Chief Officer's requirements and compliant with the relevant **Acceptable Solutions** identified in Section 4 of this Certificate.

Signed:
certifier



Name: Scott Livingston **Date:** 18/3/2024

Certificate Number: SRL 24/14S

(for Practitioner Use only)

CERTIFICATE OF QUALIFIED PERSON – ASSESSABLE ITEM

Section 321

Form **55**

To: Vince Butler *Owner /Agent*

3 Pinehurst Court *Address*

Prospect 7250 *Suburb/postcode*

Qualified person details:

Qualified person: Scott Livingston

Address: PO Box 178 Phone No: 0438 951 021

Orford 7190 Fax No:

Licence No: BFP-105 Email address: scottlivingston.lnrs@gmail.com

Qualifications and Insurance details: Accredited Bushfire Assessor *(description from Column 3 of the Director of Building Control's Determination)*

Speciality area of expertise: Bushfire Assessment *(description from Column 4 of the Director of Building Control's Determination)*

Details of work:

Address: 284 Rheban Road Lot No: 1, 2

Spring Beach 7190 Certificate of title No: 169414/1

The assessable item related to this certificate: Bushfire Attack Level (BAL)

(description of the assessable item being certified)
Assessable item includes –
- *a material;*
- *a design*
- *a form of construction*
- *a document*
- *testing of a component, building system or plumbing system*
- *an inspection, or assessment, performed*

Certificate details:

Certificate type: Bushfire Hazard *(description from Column 1 of Schedule 1 of the Director of Building Control's Determination)*

This certificate is in relation to the above assessable item, at any stage, as part of - *(tick one)*

building work, plumbing work or plumbing installation or demolition work: ✓

or

a building, temporary structure or plumbing installation: ☐

In issuing this certificate the following matters are relevant –

Documents:	• Bushfire Attack Level Assessment & Report
Relevant calculations:	
References:	Australian Standard 3959 Building Amendment Regulations 2016 Director of Building Control, Determinations • Categories of Building Control and Demolition Work (July 2017) • Requirements for Building in Bushfire Prone Areas. (July 2017) • Application of Requirements for Building in Bushfire Prone Areas. (Feb 2017)

Substance of Certificate: (what it is that is being certified)

1. Assessment of the site Bushfire Attack Level (BAL) to Australian Standards 3959

Bushfire Hazard Management Plan

Assessed as – BAL 19

Proposal is compliant with DTS requirements, tables 1, 2, 3A/3B & 4, Director's Determination for Bushfire Hazard Areas v1.1 2021.

Scope and/or Limitations

Scope:

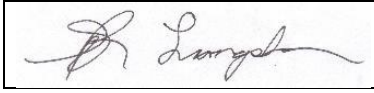
This report was commissioned to identify the Bushfire Attack Level for the existing property. All comment, advice and fire suppression measures are in relation to compliance with Director of Building Control, Determination- Requirements for Building in Bushfire Prone Areas, the Building Code of Australia and Australian Standards, AS 3959-20018, Construction of buildings in bushfire-prone areas.

Limitations:

The inspection has been undertaken and report provided on the understanding that;-

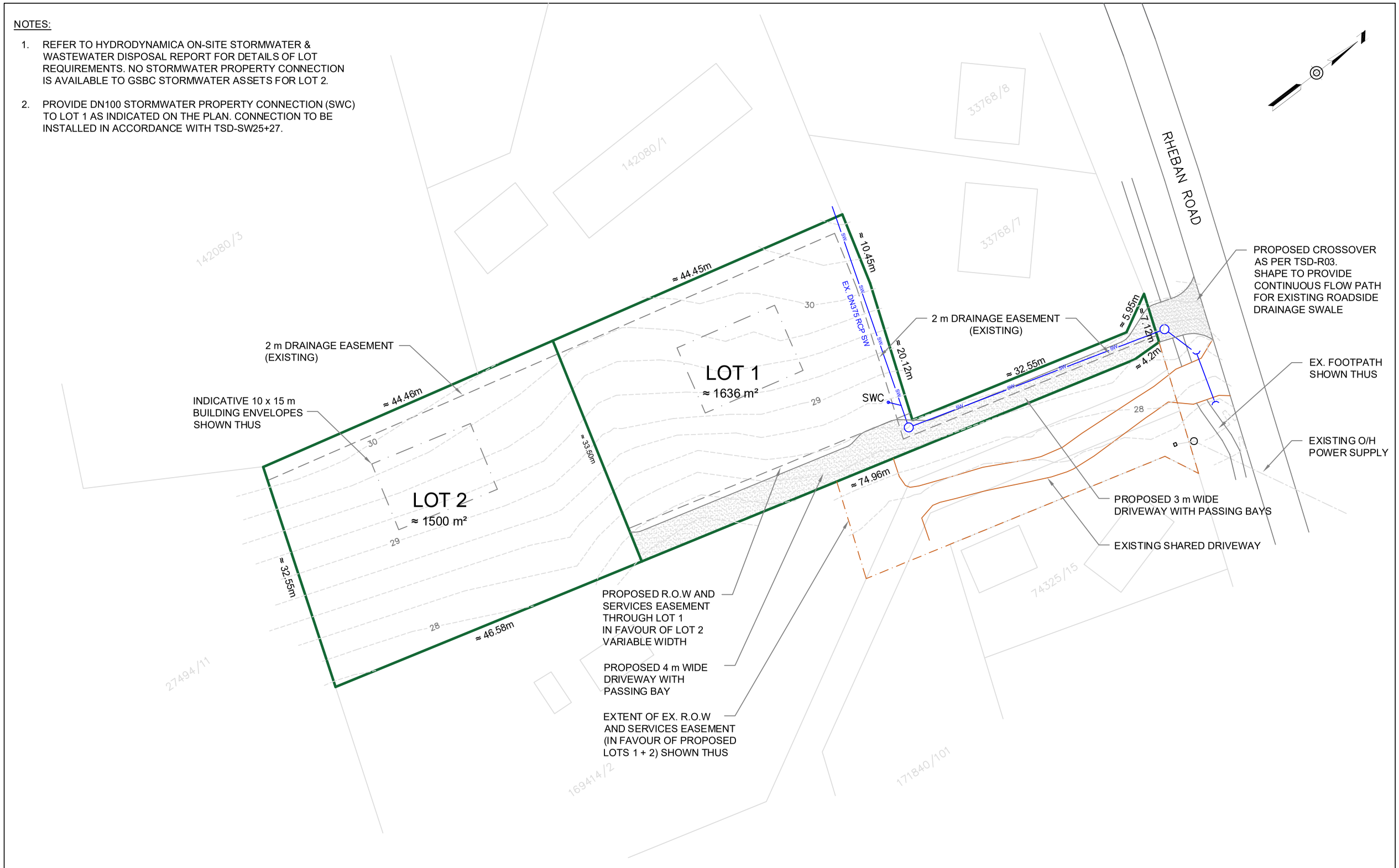
1. The report only deals with the potential bushfire risk all other statutory assessments are outside the scope of this report.
2. The report only identifies the size, volume and status of vegetation at the time the site inspection was undertaken and cannot be relied upon for any future development.
3. Impacts of future development and vegetation growth have not been considered.

I certify the matters described in this certificate.

	Signed:	*Certificate No:*	*Date:*
Qualified person:		SRL24/14S	18/3/2024

NOTES:

1. REFER TO HYDRODYNAMICA ON-SITE STORMWATER & WASTEWATER DISPOSAL REPORT FOR DETAILS OF LOT REQUIREMENTS. NO STORMWATER PROPERTY CONNECTION IS AVAILABLE TO GSBC STORMWATER ASSETS FOR LOT 2.
2. PROVIDE DN100 STORMWATER PROPERTY CONNECTION (SWC) TO LOT 1 AS INDICATED ON THE PLAN. CONNECTION TO BE INSTALLED IN ACCORDANCE WITH TSD-SW25+27.



VINCENT BUTLER CONSULTING CHARTERED ENGINEER 0407 327 698	PROJECT DETAILS:	DATE:	27 FEBRUARY 2024
	284 RHEBAN ROAD, SPRING BEACH (TITLE REF: 169414/1) PROPOSED 2 LOT SUBDIVISION SITE PLAN	REVISION:	A
		DRAWN:	VB
		SHEET:	C01

SITE PLAN

SCALE 1:500 @ A3

500 | 10 5 | 0 10 20m

ISSUED FOR DA

HYDRODYNAMICA

ONSITE WASTEWATER & STORMWATER DISPOSAL SUITABILITY ASSESSMENT

284 RHEBAN ROAD, SPRING BEACH

7 MARCH 2024

HYDRODYNAMICA
44 PENQUITE ROAD LAUNCESTON TAS 7250
T 0431 208 450 E cameron.oakley@h-dna.com.au

Project: 284 Rheban Road, Spring Beach, Onsite Wastewater & Stormwater Disposal Suitability Assessment

Authors: Cameron Oakley

B.Eng (Hons), B.Tech (Env.), MBA

Licensed Building Services Provider No. 949718126

DATE	NATURE OF REVISION	REVISION NUMBER	PREPARED BY
03/03/2024	DRAFT	0	Cameron Oakley
07/03/2024	FINAL	1	Cameron Oakley

TABLE OF CONTENTS

1. INTRODUCTION

Hydrodynamica was engaged to prepare an onsite wastewater and stormwater disposal assessment for the proposed subdivision of 284 Rheban Road, Spring Beach. The existing property is zoned 'Low Density Residential' within the Tasmanian Planning Scheme – Glamorgan Spring Bay Local Provisions Schedule.

The proposed subdivision is shown in Figure 1:

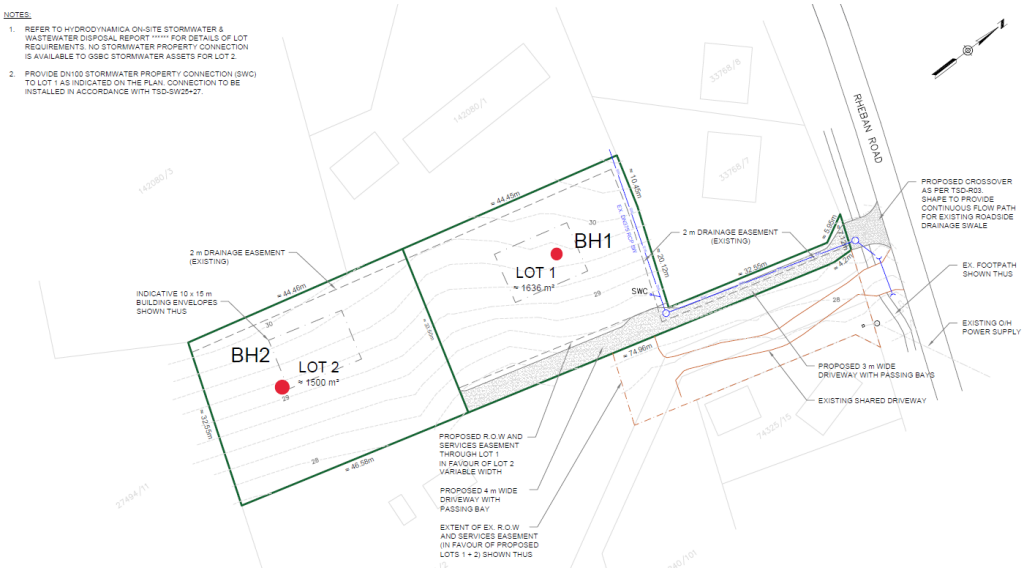


Figure 1. Proposed Subdivision (from Vincent Butler Consulting Chartered Engineer drawing 8/2/24), & soil test hole locations

The existing property is an approximately 3136 m^2 internal block with access off Rheban Road at its northern extent. The property falls from north-west to south-east.

This report demonstrates that proposed Lots 1 and 2 can accommodate onsite wastewater disposal for typical 4-bedroom residential dwellings.

Lot 1 will have a stormwater property connection to the existing DN375 stormwater main, but Lot 2 will need to dispose of stormwater onsite. This report shows Lot 2 is capable of onsite stormwater disposal and therefore the existing lot is suitable for subdivision.

This report has been prepared for in accordance with the requirements of *AS/NZS 1547:2012 On-site Domestic Wastewater Management*, the *Tasmanian Director of Building Control's Guidelines for On-site Wastewater Management Systems*, and the findings from our soil investigations undertaken on the 13th of February 2024.

Stormwater elements have been considered in accordance with *Water Sensitive Urban Design – Engineering Procedures for Stormwater Management in Tasmania* (Derwent Estuary Program, 2012) Chapter 10.

2. PROJECT CRITERIA

The following criteria have been considered in our waste water assessment of the new Lots:

Municipality	Glamorgan Spring Bay
Survey Plan	None
Climate	Mean annual rainfall for the area is approx. 668 mm (Ref. BOM station no. 92027 Orford (Aubin Court)
Proposed Lot sizes	Lot 1: 1636 m2, Lot 2: 1500 m2
Date of inspection	13 February 2024
Desktop study	02 March 2024
Water supply	Tank
Land use	Low Density Residential – Tasmanian Planning Scheme
Land history	284 Rheban Road – vacant land
Power Supply	Mains
Method of testing	2 no. test hole excavations by hand auger. The excavations were completed to identify the distribution and variation in soil material

Table 1. Project Criteria

3. SITE EVALUATION

From our site and desktop investigations, the key findings were:

Site Gradient	Average 6% slope (3.5 degrees) trending north-west to south-east
Exposure	The site has exposure to winds from all directions
Slope Stability	Stable. Not located within Landslide Planning Map Hazard Bands
Boulder/ rock outcrops	None
Land Surface shape	Linear planar to linear convergent – refer Figure C2 AS/NZS 1547:2012.
Soil Maps of Tasmania Classification	Podzol and podzolic soils on sandstone
Karst Sensitivity	None
Vegetation	Partially cleared bush, with native grasses, shrubs, and trees
Waterways	Approximately 360m from Spring Beach
Fill	None

Stormwater run-on and upslope seepage	A small amount of upslope runoff from the western boundary
Channelled (concentrated) runoff	None
Salinity Hazard	Low
Ground Water Table Depth	No groundwater encountered from 2 boreholes to depths of 1200mm
Water wells/ bores	The nearest recorded bore is a functioning bore 154 metres southeast. Groundwater was struck at 24.4m depth. Refer to https://wrt.tas.gov.au/groundwater-info/ feature ID 15530.
Available disposal areas	Lots 1 and 2 have no specific limitations, other than the required offsets from boundaries and future dwellings

Table 2. Site Evaluation

4. SOIL ASSESSMENT & EVALUATION

The soil evaluation for this site was carried out in accordance with AS/NZS 1547:2012 with two bore logs. These present the same soil types as summarised in Table 3:

Typical soil texture and profile	Depth (mm)	Description	Soil Category
	0-800	Dark-brown-grey sandy loam	2
	800-1200	Dark-brown/orange loamy sand	2
	1200+	Borehole terminated	N/A
Soil structure	Weakly structured - refer Table 5.1 AS/NZS 1547:2012		
Adopted Soil Category	Category 2 - refer Table 5.1 AS/NZS 1547:2012		
Indicative Permeability (K_{sat})	>3.0 m/d - refer Table 5.1 AS/NZS 1547:2012		

Table 3. Soil evaluation summary (test hole 1)

The main risk associated with Category 2 soils is achieving even distribution of effluent over the full design surface. To show that Lots 1 and 2 can accommodate onsite disposal a secondary treated effluent with a drip irrigation system has been sized in Sections 5 and 6 of this document.

5. INDICATIVE DESIGN IRRIGATION RATES (DIR)

Table M1 of ASNZS1547:2012 provides the following recommended DIR values for drip irrigation secondary treated effluent. Therefore, the following parameters were adopted:

Soil category	Soil texture	Structure	Indicative Permeability (K_{sat})	DIR (mm/d)
2	Loamy sand	Weakly structured	>3.0 m/d	5

Table 4. DIR for drip irrigation disposal

6. INDICATIVE WASTEWATER SYSTEM DESIGN & RECOMMENDATIONS

A typical 4-bedroom house with mains water supply will generate the following daily loading:

Assumed number of proposed bedrooms	4 bedrooms
Number of equivalent persons (AS/NZS 1547:2012 T. J1)	6 persons
Water source	Tank
Daily Loading (L/per person / per day) (AS/NZS 1547:2012 T. H1)	120
Total Loading per day (L/D)	720 max.

Table 5. Daily loading

Indicative drip irrigation area requirements are as follows for secondary treated wastewater from a 4-bedroom dwelling on mains water are therefore:

Adopted Soil Category (AS/NZS 1547:2012 T. M1)	2
Indicative K_{sat} (m/d) (AS/NZS 1547:2012 T. M1)	>3.0 m/d
Indicative DIR (mm/d) (AS/NZS 1547:2012 T. M1)	5
Total Irrigation Area required (m^2) (AS/NZS 1547:2012 L4.2 & T. M1)	144

Table 6. Drip irrigation disposal area requirements

A minimum disposal area of 144 m^2 is required for the disposal of secondary treated effluent. An additional 144 m^2 is required as a reserve area.

Applicable distances would be required as per the Director's Guidelines are listed below:

- A1 (b) (i) No less than 3m from an upslope or level building;
- A1 (b) (iii) For secondary treated effluent no less than 2m plus 0.25m for every degree of average gradient from a downslope building;
- A2 (b) (ii) For secondary treated effluent be no less than 15m plus 2 m for every degree of average gradient to downslope surface water
- A3 (b) (i) Be no less than 1.5m from an upslope or level property boundary and (iii) 1.5m plus 1m for every degree of average gradient from a downslope property boundary;
- A5 (b) vertical separation between groundwater and land application area must be no less than 0.6m for secondary treated effluent (no groundwater was identified in this assessment)

- A6 (b) vertical separation distance between a limiting layer and land application area must be no less than 0.5m for secondary treated effluent (no limiting layer was identified in this assessment)

The minimum disposal area and reserve area, totalling 288m^2, can easily be accommodated within the proposed 1636m^2 and 1500m^2 lots.

The selection and design of any treatment and disposal system needs to be formalised when development within the lot is formally proposed. Land application systems in Category 2 soils require design by a suitably qualified and experienced person, and distribution techniques need to achieve an even distribution of effluent across the design surface area.

All works associated with the wastewater disposal for any future dwellings should be carried out by an accredited and registered plumber in accordance with the relevant sections of AS3500, AS1547:2012 and the Director's Guidelines.

7. LOT 2 ONSITE STORMWATER DISPOSAL

Lot 2 is incapable of connecting to the public stormwater system on Rheban Road. Therefore, performance criteria 10.6.3 P3 applies.

In the absence of specific standards of onsite stormwater disposal, the *Water Sensitive Urban Design – Engineering Procedures for Stormwater Management in Tasmania* (Derwent Estuary Program, 2012) Chapter 10 have been used. These procedures detail a conservative and robust methodology for sizing of infiltration stormwater disposal areas. The sizing of an indicative infiltration system will demonstrate Lot 2 can accommodate an onsite stormwater management system, which will achieve compliance with 10.6.3 P3.

The assumptions used in the calculations contained in this report are as follows:

- Total impervious areas to be serviced
  - house roof = 200 m^2
  - sealed long internal driveway (Lot 2) = 75 x 4m width = 300 m^2
  - supplementary impervious surfaces (hardstand, garage etc) = 100 m^2
- A runoff coefficient from impervious surfaces = 1 (100%)
- A saturated permeability rate of 3 m/day, as per the site soil classification in Section 4 of this report
- A Moderation Factor, U, of 0.5 for sandy soil
- A void ratio of 33% for 20mm to 40mm single-sized aggregate
- 20 year rainfall intensities are the BOM/AR&R 2016 IFDs (http://www.bom.gov.au/water/designRainfalls/revised-ifd/) Spring Beach.

Table 7 provides a summary of infiltration bed inflow volumes, outflow volumes, and required storages for the range of 5% AEP (1 in 20 year) storm durations:

I(mm/hr)	D (hrs)	Inflow Vol (m3)	Outflow Vol (m3)	Required Storage (m3)	V	C_{20}	1	
97.7	0.08	4.89	0.43	4.45		A	600	m2
91.9	0.1	5.51	0.52	5.00		Length	18	m
74.5	0.17	7.45	0.86	6.59		Width	4	m
51.5	0.33	10.20	1.71	8.49		Depth	0.5	m
40.3	0.5	12.09	2.59	9.50		P	44	m2
26.3	1	15.78	5.19	10.59		U (sandy soil)	0.5	
17.7	2	21.24	10.38	10.87		K_{sat}	3	m/d
14.4	3	25.92	15.56	10.36		K_{sat}	125.00	mm/hr
10.4	6	37.44	31.13	6.32		A_{inf}	72	m2
7.65	12	55.08	62.25	-7.17		V(total)	36	m3
5.31	24	76.46	124.50	-48.04		V(void- storage available)	11.88	m3
3.3	48	95.04	249.00	-153.96				
2.35	72	101.52	373.50	-271.98				

Table 7. Lot 2 stormwater disposal bed calculation summary

The calculations show that a total infiltration bed disposal area of 72 m^2 with a storage volume of 11.88 m^3 will effectively store and infiltrate runoff from development of Lot 2 for the range of 5% AEP (20 year) storm durations. Combined with the wastewater disposal area requirements of 288 m^2 a total of 360 m^2 is required for wastewater and stormwater disposal on proposed Lot 2.

There is sufficient space on the 1500 m^2 lot to accommodate this. Obviously, smaller impervious areas will reduce the size of any required system. The use of a rainwater detention tank for roof water, or arches within the disposal bed, will create more 'clear' storage volume and reduce the required size of the stormwater disposal bed.

Treatment of roof water for the removal of debris and sediment is essential and storm runoff should not be conveyed directly into any infiltration system. Pre-treatment measures including the provision of leaf and roof litter guards along the roof gutter would be required.

Rep 1

Glamorgan Spring Bay Council

To Whom it may concern

We strongly object to the removal of the covenant on this lot along with the proposed subdivision.

Firstly; when the drainage easement is taken off the total lot area i expect the current lot size may fall below 1500 sq metres each and as a result may not meet guidelines for subdivision?

Secondly; When a covenant is placed as part of a subdivision for numerous reasons then how is it possible that it can be so simply ignored or removed when it was placed in the first instance to also be of benefit the lot owners party to the original subdivision along with the whole Spring Beach area to help maintain both social and ecological balance in the area.

The purchasers of the initial lots knew of the covenant and in good faith bought adjacent lots with the knowledge & comfort that the building envelopes were complimentary to adjacent lots and provide some privacy along with some certainty in knowing there would not be homes built so close as to remove the tranquil nature of the area and the reason they bought those lots in the first instance.

There were also Native Fauna Studies that contributed to the original covenant.

This proposal will as a result devalue the adjacent properties and may even result in the need to sell at a loss for those that no longer wish to build in an area that is more concentrated.

The developers proposal to build modest dwellings is no comfort when it's clear his intention is to sell the blocks once subdivided at a profit. The new owners then only need to build to code which may be completely different than any current proposal or development application.

The developer knew of the covenant when purchasing this property and has intended from the outset due to his own skills and expertise to pursue changes to the title for personal gain only with no regard for neighbours. It is also my understanding that the developer has been engaged in work on behalf of the GSBC and very familiar with the inner workings of the GSBC. This is another concerning conflict of interest.

The council also profits being able to charge rates on another lot. Here lies another conflict of interest.

Thirdly; There will be a concentration of sewage effluent impacting those direct neighbours particularly as Septic Soakage is likely to impact the south eastern lots.

It's clear to us that any subdivision will diminish the value of adjacent lots and is not in the spirit of the original 3 lot subdivision of which others relied when purchasing adjacent lots.

The personal gain of the developer and the GSBC should not be at the detriment to adjoining properties nor should the covenant on which others relied be so simply removed by the strike of a pen from GSBC and then enable a resultant subdivision.

We strongly request this application for subdivision be denied and the original covenant remain on the property.
Clearly the intent of the covenant was to disallow building in that area when the prior subdivision was undertaken. (I have owned the adjoining land for nearly 20 years and know that this was the intent at the time and all parties to that subdivision had to agree to any changes to building envelopes let alone subdivision)

If we had been aware that an opportunist with links to the council was to follow this course of action we would have purchased the property ourselves to avoid this happening.

This is one reason people bought the lots adjoining as they had relied upon it and had been sold on that premise when purchasing those lots.

You do not have a social licence to allow the subdivision to proceed as others relied on this covenant and that area not being built on when they purchased adjoining lots.

The proponent has shown utter disregard to his neighbours privacy and property values in the pursuit of his own personal gain.

We strongly urge the council & the proponent to consider their actions and the effect they are having on adjoining neighbours and consider if this course of action which seems at this point to have passed through the hands of council without the aforementioned consideration is in the best interest of a harmonious neighbourhood.

Rep 2

From:
Sent on: Thursday, October 17, 2024 10:41:30 AM
To: Planning <planning@freycinet.tas.gov.au>
Subject: Proposed subdivision of Lot1/284 Rheban Rd

To the General Manager, Mr Greg Ingham

and I recently purchased in March this year which shares a boundary with the proposed subdivision.
In January when we were looking to purchase property in the area, we looked at both Lot 1/284 Rheban Road and
A deciding factor not to purchase Lot 1/284 Rheban Road was the covenant on the block, which directly related to a positive in purchasing and the perceived privacy that it would offer us.

While we concede that the proposed subdivision seems legally legitimate, we would like to lodge our concerns regarding the potential building applications that this subdivision will now create and how the covenant will be managed then.

Regards,

Rep 3

21/10/2024

General Manager
Glamorgan Spring Beach Council
9 Melbourne St
Triabunna TAS 7190

Dear Sir/Madam,

Re: Development Application RA284 Rheban Road Spring Beach CT169414/1

Many thanks for accepting this representation.

My wife has spoken to you regarding her initial email and the date of receipt of the letter regarding the application dated 2 October 2024 that was not delivered to us until 11 October 2024. She has also discussed the difficulty we had trying to contact James Bonner, Senior Planner, prior to representation closing at midnight on 17 October 2024.

The current block was recently sold to the proposed developer. The block size is 3000 sq. metres with the proposed subdivision creating 2 x 1500 sq. metre blocks. The original building envelope was wholly contained within the northern side of the block with the southern area (proposed new block) remaining as native bushland. Clearing of the block has already commenced despite no development approval being in place.

One of the main tree species on the block is tea-tree. The local area is habitat for the Beautiful Firetail finch *(Stagonopleura bella)* that inhabits tea-tree thickets and these birds are present on the proposed 2nd block. The species is graded as uncommon to rare.

Numerous Xanthorrhoea bracteata specimens (grasstrees) are present on the block. Xanthorrhoea bracteata is listed on the Threatened Species Protection Act 1995 and the Environment Protection and Biodiversity Conservation *Act* 1999. A permit is required under the Tasmanian Threatened Species Protection Act 1995 to 'take' (which includes kill, injure, catch, damage, destroy and collect), keep, trade in or process any specimen or products of a listed species.

The greatest risk to their survival is land clearing. The lot immediately south of proposed lot 2 of this subdivision had numerous specimens that unfortunately have now been lost due to clearing and placement of 3 eco-tents.

I also believe that several Callitris oblonga subsp. oblonga, (South Esk pine) are present on the proposed lot. This species is also listed on the Threatened Species Protection Act 1995 and again a permit is required to 'take' one of these specimens prior to any development.

The subdivision of the current lot is unnecessary and will impact the several threatened species outlined above. In addition, removal of the vegetation on the block will severely impact bird and marsupial passage up and down Happy Valley as it represents one of only a couple of animal corridors that still exist.

Yours truly,

Rep 1 –

General Manager,

I reside at _____ and have seen the proposed plans for multiple dwellings at 31 Douglas Street (CT75133/6).

I wish to lodge an objection to the height of the dwellings as it seems to be exceeding the height limits.

I would like to know what the wording outside of acceptable solution building envelope means. If it is above the allowable height limit.

I totally object to this plan.

Rep 2 –

General Manager,

Hello, My wife and I own and occupy the property at _____ _____ of the proposed development at 31 Douglas Street. _____

My primary objections concern unit two of the proposed development and are;

1. the height of the proposed dwelling (Unit 2 at 7.3 metres) which will cause; a) significant overshadowing to the actual dwelling at _____ as indicated by 4A and 4B of the submitted planning documents . It is also considerably higher than all surrounding adjacent dwellings, which creates 'blocking' and privacy issues. _____ for example is 5.5 metres and is a 2 story dwelling.

2. proximity to the boundary with _____ which combined with the height of the proposal fails to meet the objective of "That building height protects the landscape and natural values and complements the coastal bushland character, privacy and seclusion enjoyed by residents." The proposed development obstructs, the northerly aspect from the window of the 2nd story living area of _____ and severely overshadows the 1st level outdoor living space. It prevents important north and northeasterly light from reaching the dwelling at __ _____

Secondary objections concerning both unit one and two as submitted on the planning proposal are; 3. the sheer amount of asphalt areas and the two building foot prints combined of the units which, coupled with the lack of significant landscaping and planting of any significant trees on the site does little to mitigate heat gain, wind deflection or preserve any natural aspects of the topography.

4. lack of detailing in the planning documents regarding vegetation, particularly native, that are over 1.5 metres. What is indicated on 5/21appears minimal and 'tokenistic'

5. is there really enough room allocated for vehicle movement as indicated on 7/21?

In summary;

I feel that the proposed development is too high and is not compatable with surrounding dwellings. There appears to have been no design consideration in minimising overshadowing

(which is severe) and 'blocking' out the northerly aspect' in regards to the existing dwelling at [redacted] (it just appears that unit one has just been transposed and re orientated). I feel that the overall building footprint of the two 'units' and associated ancillary areas (driveways/parking) are too large to preserve the character of the area (located in close proximity to the Bicheno blow hole) and do not offer enough scope for native landscaping. I believe that for the proposal to be successful overshadowing of surrounding properties needs to be reduced and building, and ancillary footprints, need to be made more compatible with the surrounding environment.

[redacted] was designed as to have minimal impact on surrounding dwellings while preserving a natural setting, including landmark trees. [redacted] avenue follows a similar design philosophy, as contrasted to [redacted] which, arguably, is an example of regulatory compliant but nonetheless perhaps not fitting the natural values or aesthetic considerations of what is a valued beachside superb.

Rep 3 -

I reside at [redacted] to the land mentioned in the DA.

I have reviewed the advertised plans with relation to DA 2024/173, I feel the large size is of some concern but do wish to submit an objection to the below mentioned.

- I noticed the height of both dwellings is above the height limits (envelope) as shown on plans. The actual height of the units is a concern to us due to the large amount of shadowing [redacted] will experience with these being built. If the units are the recommend height it would help some what with this shadowing.
- In relation to Unit 1 top floor - West Elevation page 24 of DA. I have concerns with the open end of the top deck on [redacted] and the large first window. We feel all privacy will be lost as they will be looking directly into [redacted] front private deck and lounge room area that has a full wall of glass doors in the lounge area. replacing with a smaller window and closing in the side deck would allow [redacted] to keep some privacy.

GLAMORGAN/SPRING BAY COUNCIL

NOTICE OF PROPOSED DEVELOPMENT

Notice is hereby given that an application has been made for planning approval for the following development:

SITE: **31 Douglas Street, Bicheno**
CT75133/6

PROPOSAL: **Multiple Dwellings**

Any person may make representation on the application(s) by letter (PO Box 6, Triabunna) or electronic mail (planning@freycinet.tas.gov.au) addressed to the General Manager. Representations must be received before midnight on Friday 25 October 2024.

APPLICANT:	**Buz Designs**
DATE:	**02/09/2024**
APPLICATION NO:	**DA 2024 / 173**

GLAMORGAN SPRING BAY COUNCIL

9 Melbourne Street (PO Box 6)
Triabunna TAS 7190
03 6256 4777
03 6256 4774
admin@freycinet.tas.gov.au
www.gsbc.tas.gov.au

Application for Planning Approval

Advice:

Use this form for all no permit required, permitted and discretionary planning applications including visitor accommodation, subdivision as well as for planning scheme amendment & minor amendments to permits.

Completing this form in full will help ensure that all necessary information is provided and avoid any delay. The planning scheme in clause 6.0 provides details of other information that may be required. A checklist of application documents is provided on page 4 of this form.

Often, it is beneficial to provide a separate written submission explaining in general terms what is proposed and why and to justify the proposal against any applicable performance criteria.

If you have any queries with the form or what information is required, please contact the office.

Details of Applicant and Owner			
Applicant:	BVZ Designs		
Contact person: (if different from applicant)	Bradley van Zetten		
Address:	4 Eden Hills Drive		
Suburb:	Riverside	Post Code:	7250
Email:	bvzdesigns@gmail.com	Phone: / Mobile:	0407272381

Note: All correspondence with the applicant will be via email unless otherwise advised

Owner (if different from applicant)			
Address:			
Suburb:		Post Code:	
Email:		Phone: / Mobile:	

Details of Site *(Note: If your application is discretionary, the following will be placed on public exhibition)*			
Address of proposal:	31 DOUGLAS STREET		
Suburb:	BICHENO	Post Code:	7215
Size of site: (m^2 or Ha)	1044 SQ/M		
Certificate of Title(s):	75133/6		
Current use of site:	VACANT LAND		

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General Application Details *Complete for All Applications*	
Description of proposed use or development:	UNIT DEVELOPMENT
Estimated value of works: (design & construction) The estimated cost is to include the cost of labour and materials using current industry pricing and is to include GST. You may be required to verify this estimate.	$
Is the property on the State Heritage Register? (Circle one)	☐ Yes / No ☑
For all Non-Residential Applications	
Hours of Operation	
Number of Employees	
Describe any delivery of goods to and from the site, including the types of vehicles used and the estimated average weekly frequency	
Describe any hazardous materials to be used or stored on site	
Type & location of any large plant or machinery used (refrigeration, generators)	
Describe any retail and/or storage of goods or equipment in outdoor areas	

Personal Information Protection Statement

The personal information requested will be managed in accordance with the *Personal Information Protection Act 2004*. The personal information is being collected by Glamorgan Spring Bay Council for the purposes of managing, assessing, advising on, and determining the relevant application in accordance with the *Land Use Planning and Approvals Act 1993*(LUPPA) and other related purposes, including for the purpose of data collection.

The information may be shared with contractors and agents of the Council for this purpose, law enforcement agencies, courts and other organisations and it may also be made publicly available on the Council's website and available for any person to inspect in accordance with LUPAA. If you do not provide the information sought, Council will be unable to accept and/or process your application.

GLAMORGAN SPRING BAY COUNCIL

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Applicant Declaration

I/we hereby apply for planning approval to carry out the use or development described in this application and the accompanying documents and declare that:

- The information in this application is true and correct.
- I/we authorise Council employees or consultants to enter the site to assess the application.
- I/we have obtained all copy licenses and permission from the copyright owner for the publication, communication and reproduction of the application and reports, plans and materials provided as part of the application and for the purposes of managing, assessing, advising on, and determining the application.

I/we authorise the Council to:

- Make available the application and all information, reports, plans, and materials provided with or as part of the application in electronic form on the Council's website and in hard copy at the Council's office and other locations for public exhibition if and as required;
- Make such copies of the application and all information, reports, plans and materials provided with or as part of the application which are, in the Council's opinion, necessary to facilitate a consideration of the application;
- Publish and or reproduce the application and all information, reports, plans and materials provided with or as part of the application in Council agendas, for representors, referral agencies and other persons interested in the application; and
- provide a copy of any documents relating to this application to any person for the purpose of assessment or public consultation and agree to arrange for the permission of the copyright owner of any part of this application to be obtained.

You indemnify the Council for any claim or action taken against the Council for breach of copyright in respect of the application and all information, report, plan, and material provided with or as part of the application.

I/We declare that the Owner has been notified of the intention to make this application in accordance with section 52(1) of *the Land Use Planning and Approvals Act 1993.*

Applicant Signature:	BV	Date: 3/9/24	

Owners Consent required if application is on or affects Council or Crown owned or administered land

I declare that I have given permission for the making of this application for use and/or development.

Council General Manager or delegate Signature:		Date:	

If land affected by this application is owned or administered by the Crown or Council, then the written permission of the relevant Minister (or their delegate) and/or the General Manager must be provided. For Crown land, a copy of the instrument of delegation must be provided.

It is the applicant's responsibility to obtain any owners consent prior to lodgement. Written requests for Council consent are via the General Manager. Request for Ministerial consent is to be directed to the relevant department.

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Checklist of application documents:
Taken from Section 6 of the Planning Scheme

An application must include:

- ☐ a signed application form;
- ☐ any written permission and declaration of notification required under s.52 of the Act and, if any document is signed by the delegate, a copy of the delegation;
- ☐ details of the location of the proposed use or development;
- ☐ a copy of the current certificate of title for all land to which the permit sought is to relate, including the title plan; and
- ☐ a full description of the proposed use or development.

In addition to the information that is required by clause 6.1.2, a planning authority may, in order to enable it to consider an application, require such further or additional information as the planning authority considers necessary to satisfy it that the proposed use or development will comply with any relevant standards and purpose statements in the zone, codes or a specific area plan, applicable to the use or development including:

- ☐ any schedule of easements if listed in the folio of the title and appear on the plan, where applicable;
- ☐ a site analysis and site plan at a scale acceptable to the planning authority showing, where applicable:
  - (i) the existing and proposed use(s) on the site;
  - (ii) the boundaries and dimensions of the site;
  - (iii) topography including contours showing AHD levels and major site features;
  - (iv) natural drainage lines, watercourses and wetlands on or adjacent to the site;
  - (v) soil type;
  - (vi) vegetation types and distribution including any known threatened species, and trees and vegetation to be removed;
  - (vii) the location and capacity and connection point of any existing services and proposed services;
  - (viii) the location of easements on the site or connected to the site;
  - (ix) existing pedestrian and vehicle access to the site;
  - (x) the location of existing and proposed buildings on the site;
  - (xi) the location of existing adjoining properties, adjacent buildings and their uses;
  - (xii) any natural hazards that may affect use or development on the site;
  - (xiii) proposed roads, driveways, parking areas and footpaths within the site;
  - (xiv) any proposed open space, common space, or facilities on the site; and
  - (xv) proposed subdivision lot boundaries;
- ☐ where it is proposed to erect buildings, a detailed layout plan of the proposed buildings with dimensions at a scale of 1:100 or 1:200 as required by the planning authority showing, where applicable:
  - (xvi) the internal layout of each building on the site;
  - (xvii) the private open space for each dwelling;
  - (xviii) external storage spaces;
  - (xix) parking space location and layout;
  - (xx) major elevations of every building to be erected;
  - (xxi) the relationship of the elevations to existing ground level, showing any proposed cut or fill;
  - (xxii) shadow diagrams of the proposed buildings and adjacent structures demonstrating the extent of shading of adjacent private open spaces and external windows of buildings on adjacent sites; and
  - (xxiii) materials and colours to be used on roofs and external walls.

RESULT OF SEARCH

RECORDER OF TITLES

Issued Pursuant to the Land Titles Act 1980

Tasmanian Government

SEARCH OF TORRENS TITLE

VOLUME	FOLIO
75133	6
EDITION	DATE OF ISSUE
3	13-May-2024

SEARCH DATE : 01-Sep-2024
SEARCH TIME : 09.22 AM

DESCRIPTION OF LAND

Parish of BICHENO, Land District of GLAMORGAN
Lot 6 on Diagram 75133 (formerly being 249-37D)
Derivation : Part of Lot 13840 Gtd. to C.A. Hill.
Prior CT 2886/18

SCHEDULE 1

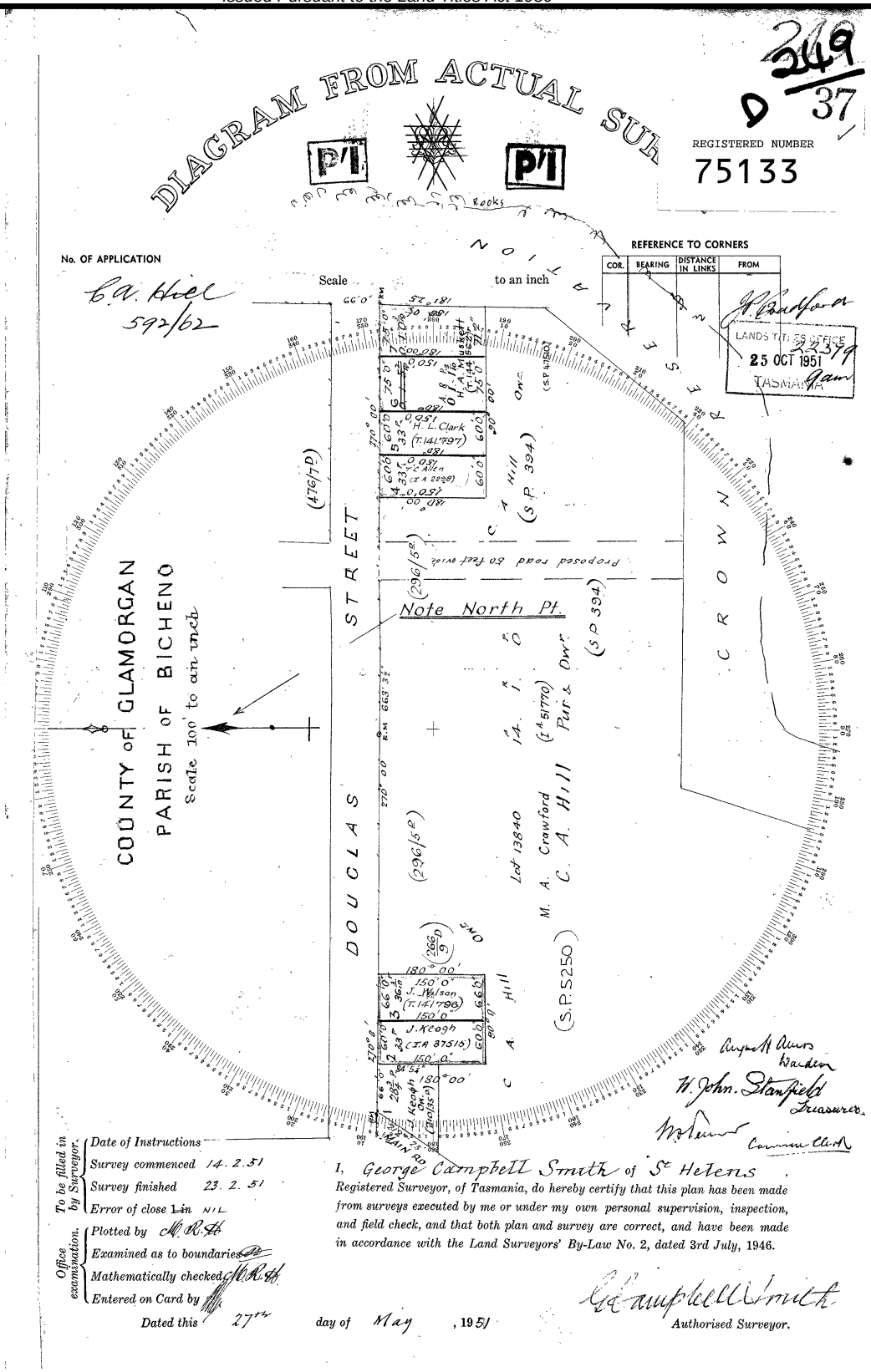
N186248 TRANSFER to G & S BROCKMAN SMSF PTY LTD Registered 13-May-2024 at noon

SCHEDULE 2

Reservations and conditions in the Crown Grant if any
144562 FENCING CONDITION in Transfer

UNREGISTERED DEALINGS AND NOTATIONS

No unregistered dealings or other notations



LEGEND

COUNCIL – GLAMORGAN SPRING BAY COUNCIL
ZONE – GENERAL RESIDENTIAL
CODE – NIL
LANDSLIDE BAND – NIL

TITLE REF. = 75133/6

CORROSION ENVIRONMENT – VERY HIGH

PROPOSED UNIT DEVELOPMENT FOR G & S BROCKMAN SMSF PTY LTD AT 31 DOUGLAS STREET BICHENO 7215

CLIMATE ZONE FOR THERMAL DESIGN = 7
REFER TO ENERGY REPORT BY 2DR

ALPINE AREA – N/A LESS THAN 900m AHD

OTHER HAZARDS – N/A

ALL DIMENSIONS SHOWN ARE TO OUTSIDE OF BRICKWORK CLADDING OR TIMBER FRAMING ON CLAD HOUSES UNLESS NOTED OTHERWISE

CONFIRM ALL DIMENSIONS AND SERVICES ON SITE PRIOR TO COMMENCEMENT OF WORKS

IF IN ANY DOUBT ABOUT BEARING AND BOUNDARIES THEN THESE MUST BE CONFIRMED ONSITE BY A SURVEYOR PRIOR TO SETOUT

ENSURE DRAWINGS USED ONSITE ARE STAMPED 'APPROVED' PLANS BY BUILDING SURVEYOR AND PERMIT AUTHORITY

H4D9 CONDENSATION MANAGEMENT TO BE COMPLIANT WITH NCC PART 10.8 CONDENSATION MANAGEMENT.
NOTES
(1)REFER TO THE GUIDANCE IN THE "CONDENSATION IN BUILDINGS TASMANIAN DESIGNERS' GUIDE" – CURRENT VERSION AVAILABLE AT WWW.CBOS.TAS.GOV.AU. THIS GUIDE MUST BE READ IN CONJUNCTION WITH THE NCC.

IF ANY DISCREPANCIES, APPARENT ERROR, ANOMALY OR AMBIGUITY WITHIN THE DOCUMENTATION IS FOUND. THE DESIGNER IS TO BE CONTACTED PRIOR TO ANY MORE CONSTRUCTION CONTINUING.

ENSURE THAT DRAWINGS ARE NOT SCALED AND THAT THE NOTED DIMENSIONS ARE USED FOR ACCURACY. IF IN ANY DOUBT CONTACT DESIGNER

REVISION NUMBER	DATE
REVISION 1	06 / 05 / 2024
REVISION 2	16 / 06 / 2024
REVISION 3	31 / 07 / 2024
REVISION 4	01 / 09 / 2024

BVZ DESIGNS
BRADLEY VAN ZETTEN
4 EDEN HILLS DRIVE
RIVERSIDE 7250
P. 0407 272 381
E. BVZDESIGNS@GMAIL.COM
LICENCE NUMBER 957699796

N

LOCALITY PLAN

REVISION NUMBER	DATE
REVISION 1	06 / 05 / 2024
REVISION 2	16 / 06 / 2024
REVISION 3	31 / 07 / 2024
REVISION 4	01 / 09 / 2024

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LICENCE NUMBER 957699796

PROJECT: PROPOSED UNIT DEVELOPMENT
FOR G & S BROCKMAN SMSF PTY LTD
AT 31 DOUGLAS STREET
BICHENO 7215

DRAWING: LOCALITY PLAN

DESIGNED: B. v. Z.
DRAWN: B. v. Z.

APPROVED.
DATE: 01 / 09 / 24

SCALE: 1:1000.
A3.

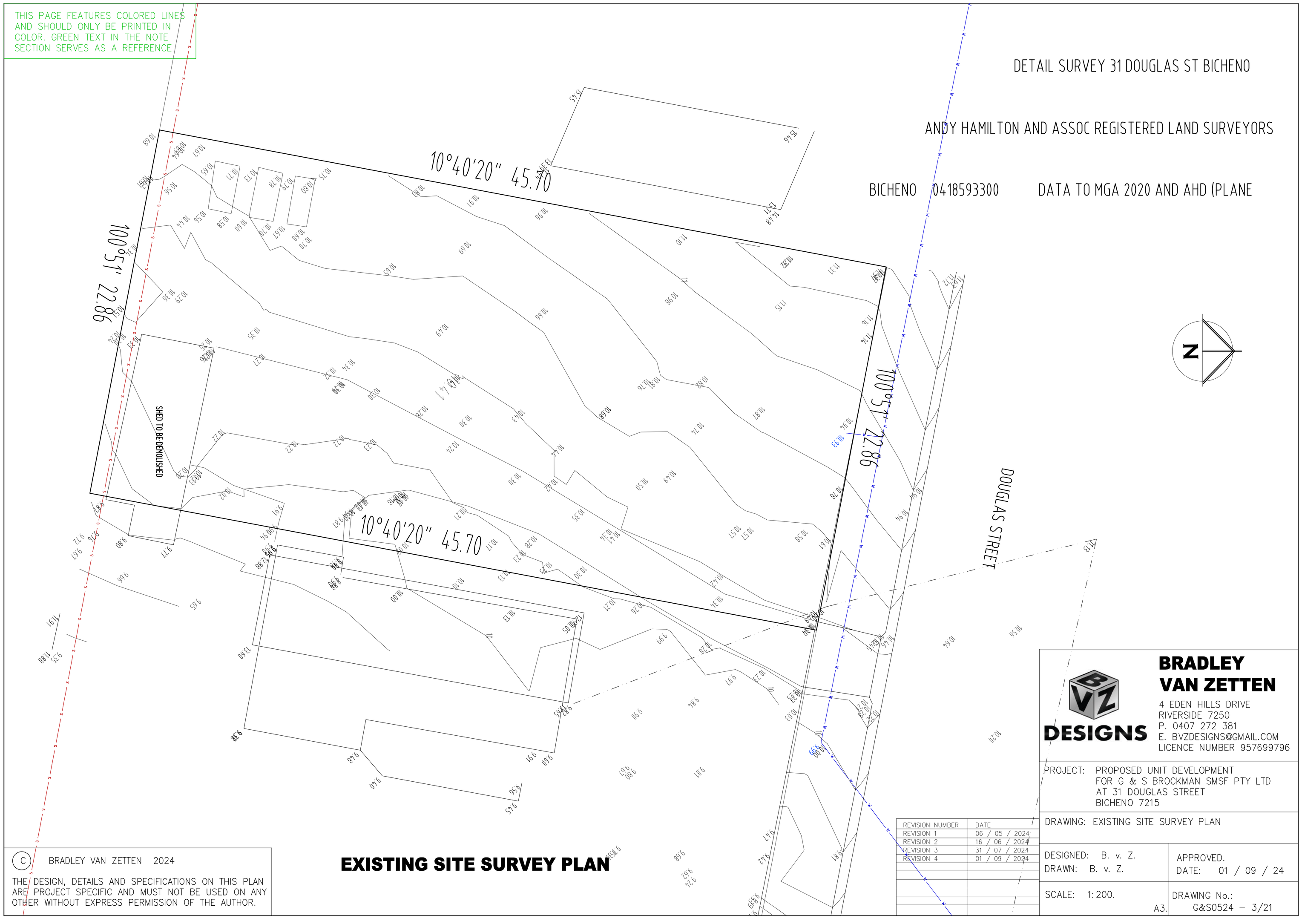
DRAWING No.:
G&S0524 – 2/21

THIS PAGE FEATURES COLORED LINES AND SHOULD ONLY BE PRINTED IN COLOR. GREEN TEXT IN THE NOTE SECTION SERVES AS A REFERENCE

DETAIL SURVEY 31 DOUGLAS ST BICHENO

ANDY HAMILTON AND ASSOC REGISTERED LAND SURVEYORS

BICHENO 0418593300 DATA TO MGA 2020 AND AHD (PLANE



EXISTING SITE SURVEY PLAN

REVISION NUMBER	DATE
REVISION 1	06 / 05 / 2024
REVISION 2	16 / 06 / 2024
REVISION 3	31 / 07 / 2024
REVISION 4	01 / 09 / 2024

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PROJECT: PROPOSED UNIT DEVELOPMENT
FOR G & S BROCKMAN SMSF PTY LTD
AT 31 DOUGLAS STREET
BICHENO 7215

DRAWING: EXISTING SITE SURVEY PLAN

DESIGNED: B. v. Z.
DRAWN: B. v. Z.

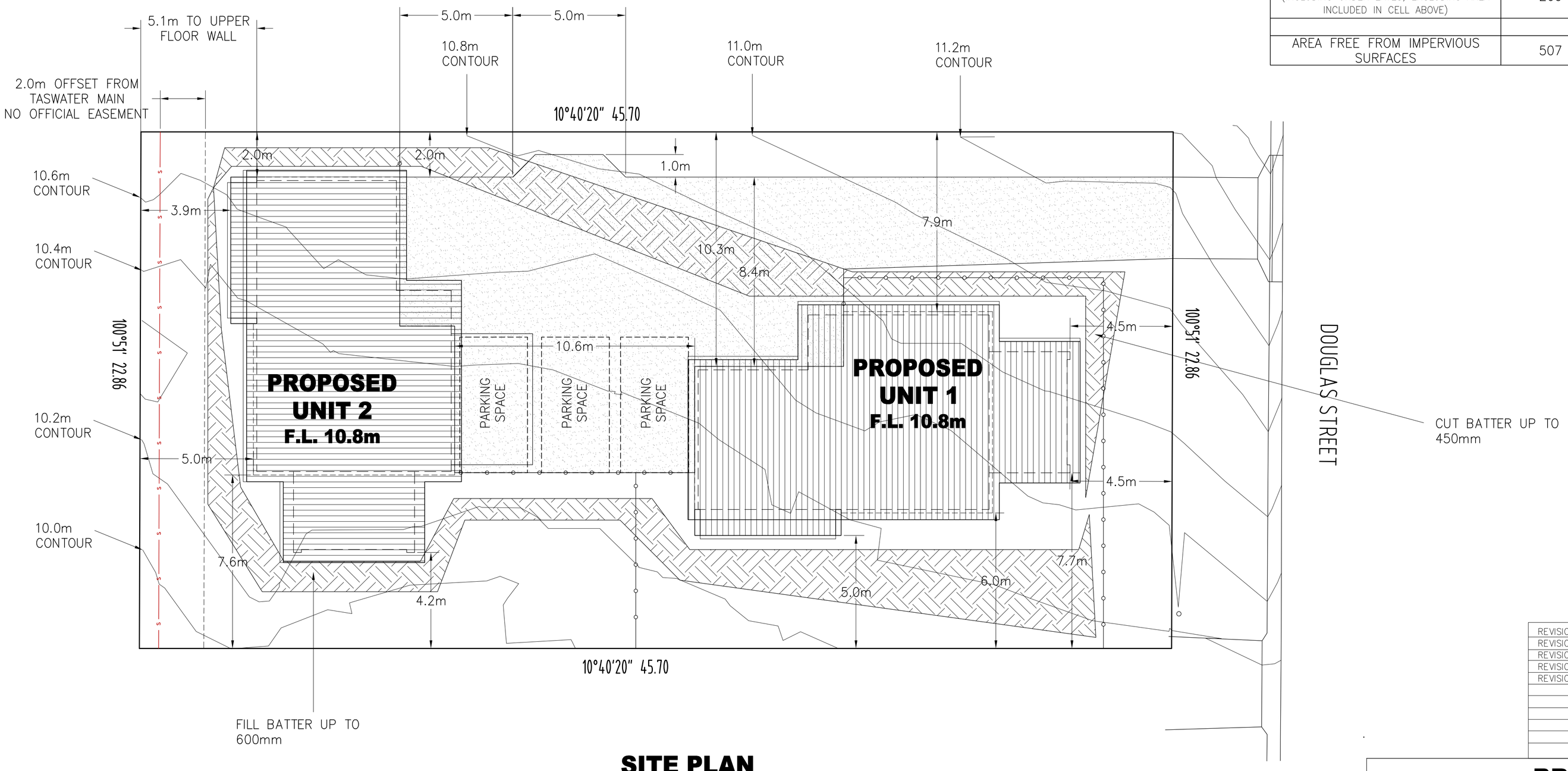
APPROVED.
DATE: 01 / 09 / 24

SCALE: 1:200.
A3.

DRAWING No.: G&S0524 – 3/21

THIS PAGE FEATURES COLORED LINES AND SHOULD ONLY BE PRINTED IN COLOR. GREEN TEXT IN THE NOTE SECTION SERVES AS A REFERENCE

SITE AREA TABLE		
	SQUARE METER	PERCENTAGE OF LOT
SITE AREA	1044	
BUILDING AREA EXCLUDING EAVES UP TO 0.6m WIDE (AS PER PLANNING SCHEME)	277	26.5
SEALED GROUND AREA (INCLUDING UNDER EAVES, EXCLUDING AREA INCLUDED IN CELL ABOVE)	260	24.9
AREA FREE FROM IMPERVIOUS SURFACES	507	48.6



SITE PLAN

CUT/FILL BATTER MAX GRADE OF
1:10 IN PRIVATE OPEN SPACE
1:10 DRIVEWAY TURNING AREA
1:4 DRIVEWAY NON-TURNING AREA

SEALED DRIVEWAY TO FALL TO PITS. ASPHALT OR CONCRETE

UN-RETAINED BULK EARTHWORKS - SITE CUT AND FILL PART 3.2.1

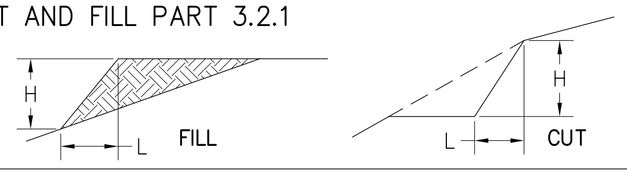


TABLE 3.2.1: SOIL TYPE		EMBANKMENT SLOPES H:L	
		COMPACTED FILL	CUT
STABLE ROCK		3:3	8:1
SAND		1:2	1:2
CLAY	FIRM CLAY	1:2	1:1
	SOFT CLAY	NOT SUITABLE	2:3
SOFT SOILS		NOT SUITABLE	NOT SUITABLE

EMBANKMENTS THAT ARE TO BE LEFT EXPOSED AT THE END OF THE CONSTRUCTION WORKS MUST BE STABILISED BY VEGETATION OR SIMILAR TO PREVENT SOIL EROSION

(1)A SITE CUT USING AN UN-RETAINED EMBANKMENT MUST BE--
(A)WITHIN THE ALLOTMENT; AND
(B)NOT WITHIN THE ZONE OF INFLUENCE OF ANY EXISTING STRUCTURE ON THE PROPERTY, OR THE ALLOTMENT BOUNDARY AS DEFINED IN TABLE 3.2.1 AND FIGURE 3.2.1A; AND
(C)NOT DEEPER THAN 2 M FROM THE NATURAL GROUND LEVEL AT ANY POINT.

(2)FILL, USING AN UN-RETAINED EMBANKMENT MUST--
(A)BE PLACED WITHIN THE ALLOTMENT; AND
(B)BE PLACED AT A GRADIENT WHICH COMPLIES WITH TABLE 3.2.1 AND FIGURE 3.2.1B; AND
(C)BE PLACED AND MECHANICALLY COMPACTED IN LAYERS NOT MORE THAN 150 MM; AND
(D)BE NOT MORE THAN 2 M IN HEIGHT FROM THE NATURAL GROUND LEVEL AT ANY POINT; AND
(E)WHERE USED TO SUPPORT FOOTINGS OR SLABS, BE PLACED AND COMPACTED IN ACCORDANCE WITH PART 4.2; AND
(F)HAVE SURFACE WATER DIVERTED AWAY FROM ANY EXISTING STRUCTURE ON THE PROPERTY OR ADJOINING ALLOTMENT IN ACCORDANCE WITH 3.3.3.

REVISION NUMBER	DATE
REVISION 1	06 / 05 / 2024
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LICENCE NUMBER 957699796

PROJECT: PROPOSED UNIT DEVELOPMENT
FOR G & S BROCKMAN SMSF PTY LTD
AT 31 DOUGLAS STREET
BICHENO 7215

DRAWING: SITE PLAN

DESIGNED: B. v. Z.
DRAWN: B. v. Z.

APPROVED.
DATE: 01 / 09 / 24

SCALE: 1:200. A3.

DRAWING No.: G&S0524 - 4/21

SHADOW PLAN 9AM JUNE 21ST

REVISION NUMBER	DATE
REVISION 1	06 / 05 / 2024
REVISION 2	16 / 06 / 2024
REVISION 3	31 / 07 / 2024
REVISION 4	01 / 09 / 2024

BVZ DESIGNS
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PROJECT: PROPOSED UNIT DEVELOPMENT
FOR G & S BROCKMAN SMSF PTY LTD
AT 31 DOUGLAS STREET
BICHENO 7215

DRAWING: SITE PLAN

DESIGNED: B. v. Z.
DRAWN: B. v. Z.

APPROVED.
DATE: 01 / 09 / 24

SCALE: 1:250.
A3.

DRAWING No.:
G&S0524 – 4A/21

SHADOW PLAN
10AM
JUNE 21ST

REVISION NUMBER	DATE
REVISION 1	06 / 05 / 2024
REVISION 2	16 / 06 / 2024
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LICENCE NUMBER 957699796

PROJECT: PROPOSED UNIT DEVELOPMENT
FOR G & S BROCKMAN SMSF PTY LTD
AT 31 DOUGLAS STREET
BICHENO 7215

DRAWING: SITE PLAN

DESIGNED: B. v. Z.
DRAWN: B. v. Z.

APPROVED.
DATE: 01 / 09 / 24

SCALE: 1:250.
A3.

DRAWING No.:
G&S0524 – 4B/21

SHADOW PLAN
11AM
JUNE 21ST

REVISION NUMBER	DATE
REVISION 1	06 / 05 / 2024
REVISION 2	16 / 06 / 2024
REVISION 3	31 / 07 / 2024
REVISION 4	01 / 09 / 2024

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LICENCE NUMBER 957699796

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DRAWING No.:
G&S0524 – 4C/21

SHADOW PLAN
NOON
JUNE 21ST

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G&S0524 – 4D/21

SHADOW PLAN
1PM
JUNE 21ST

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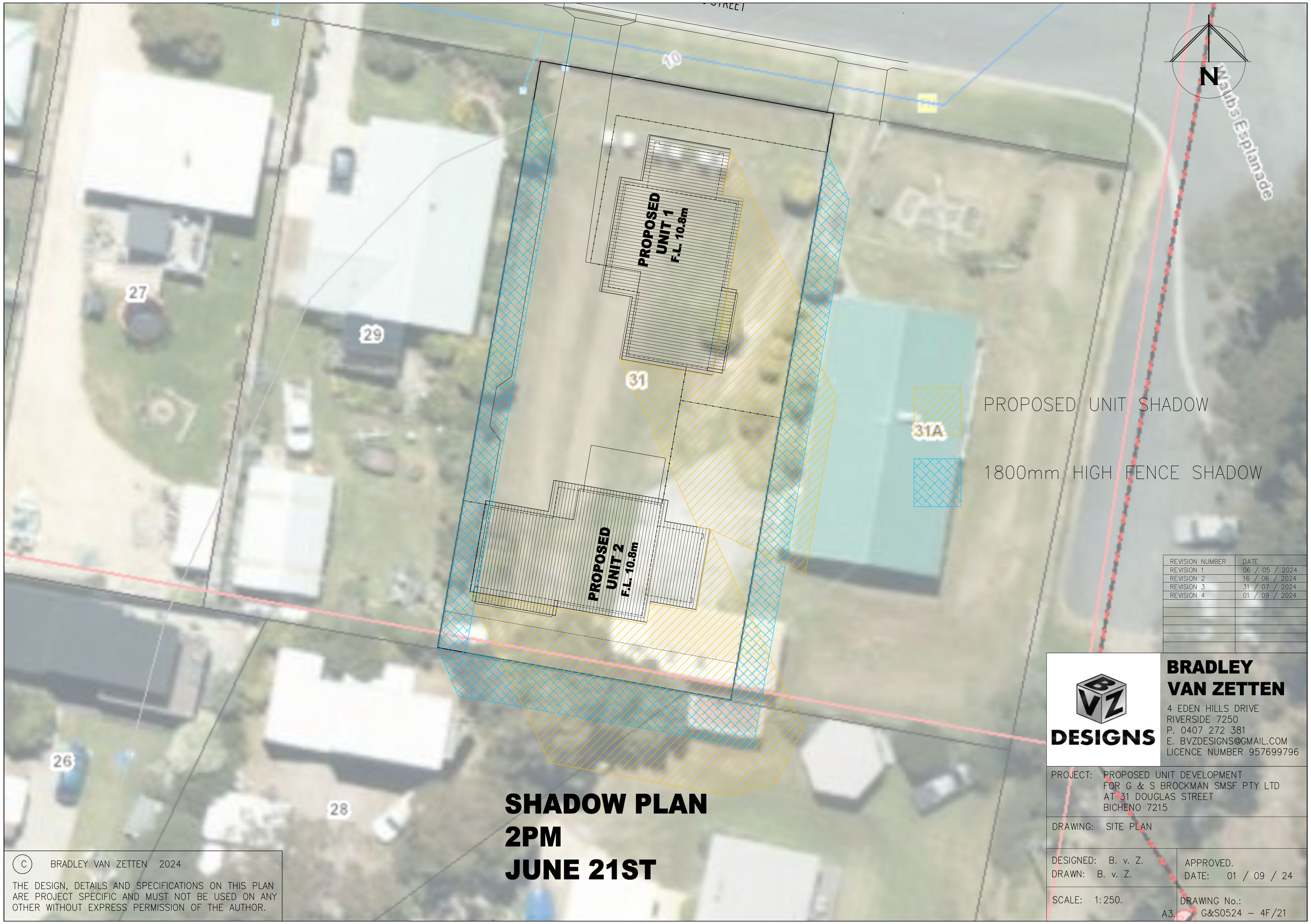

SHADOW PLAN
2PM
JUNE 21ST

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AT 31 DOUGLAS STREET
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DRAWING: SITE PLAN

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DRAWING No.:
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SHADOW PLAN 3PM JUNE 21ST

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BORONIA ANEMONIFOLIA
STICKY BORONIA
MATURE HEIGHT APPROX. 1.5m

LEUCOPYHTA BROWNII
CUSHION BUSH
MATURE HEIGHT APPROX. 1.0m

SEDUM SPECTABILE
ICE PLANT
MATURE HEIGHT APPROX. 0.7m

DIANELLA TASMANICA
(TASMANIAN FLAX LILY)
MATURE HEIGHT APPROX. 1.0m

PLANS SHOWN INDICATE TYPE AND HEIGHT TO BE PLANTED SIMILAR VARIATIONS MAY BE INSTALLED AT TIME OF PLANING

SIR WALTER BUFFALO OR SIMILAR GRASS

15mm–20mm 'NO FINES' DECORATIVE STONE OR MULCH TO ALL GARDEN BEDS.

SEALED DRIVEWAY TO FALL TO PITS

PRIVATE OPEN SPACE
6x4m OR 5x5m
MAX GRADE 1:10

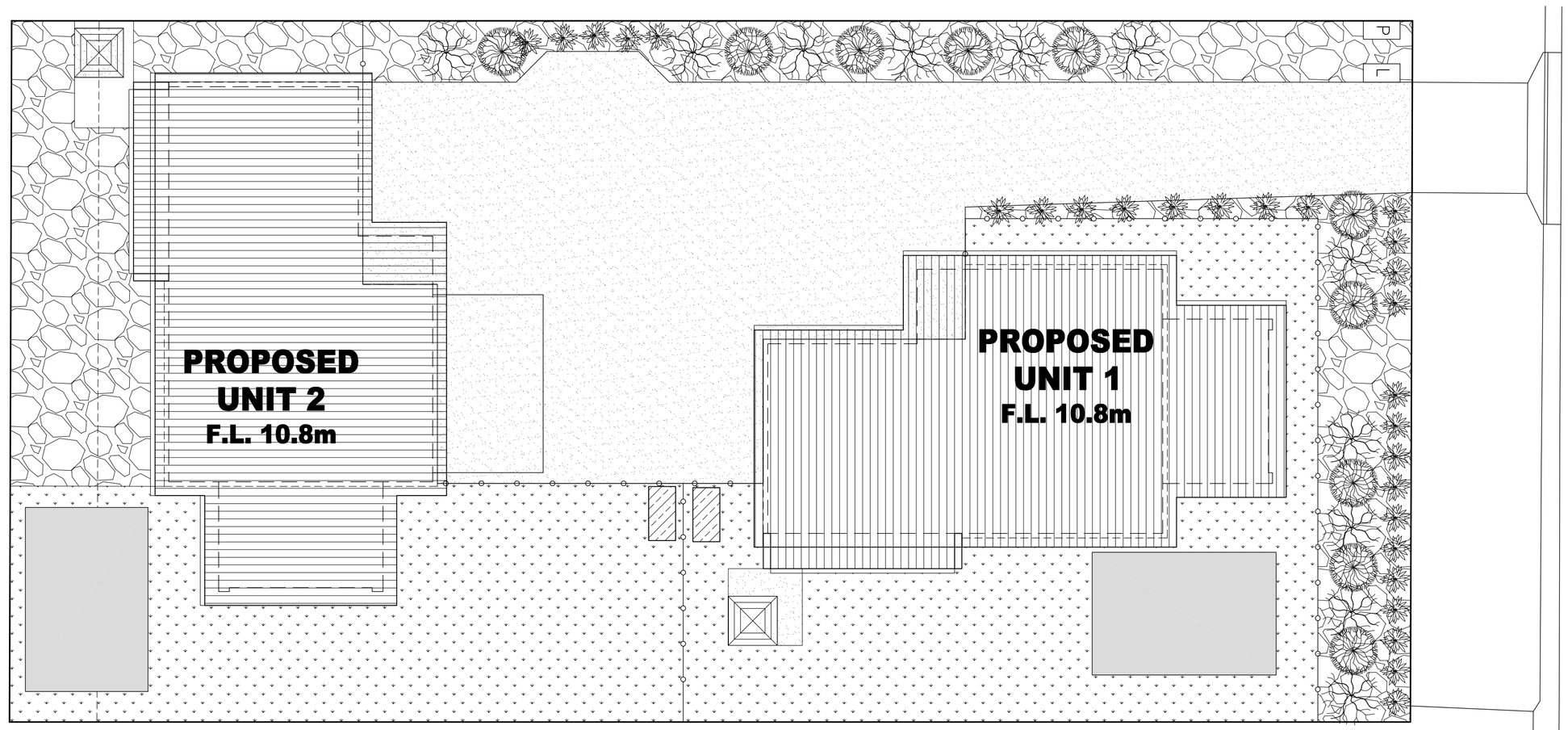
CLOTHES LINE
CRUSHED GRAVEL PATH OR STEPPING STONE PAVERS TO CLOTHES LINE

1.7x0.9m
WHEELIE BIN STORAGE
MINIMUM 1.5m2

L LETTERBOX

P MAIN POWER BOARD LOCATED WITHIN COMMON GROUND

1800mm HIGH LAPPED PAILING FENCE OR SOLID COLORBOND FENCE.
ALL BOUNDARY FENCES TO TITLE BOUNDARY THAT ARE PART OF THE PRIVATE YARD OF THE UNITS TO BE SOLID 1800mm HIGH MINIMUM. EXISTING FENCES UPGRADED AS REQUIRED.



LANDSCAPING PLAN

PRIVATE YARD AREA UNIT 1 = sq/m
PRIVATE YARD AREA UNIT 2 = 250 sq/m

NOT INCLUDING BUILDING AREA
PLANTING INSIDE PRIVATE YARD BY OWNER

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AT 31 DOUGLAS STREET
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DRAWING: LANDSCAPING PLAN

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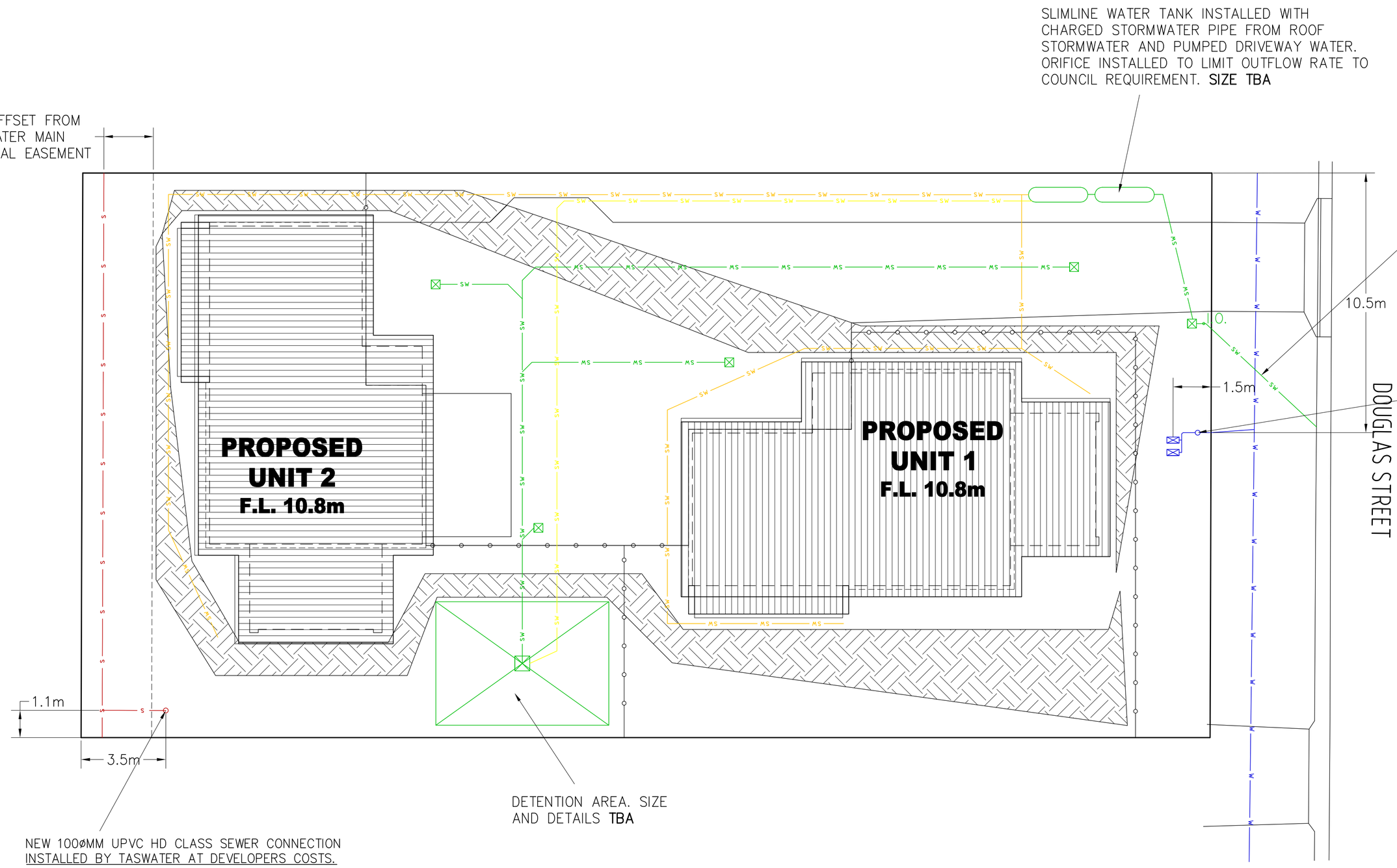
G&S0524 – 5/21

THIS PAGE FEATURES COLORED LINES AND SHOULD ONLY BE PRINTED IN COLOR. GREEN TEXT IN THE NOTE SECTION SERVES AS A REFERENCE



SITE PLUMBING PLAN

- PROPOSED NON CHARGED PLUMBING SHOWN IN "GREEN" FOR CLARITY
- PROPOSED CHARGED PLUMBING SHOWN IN "ORANGE" FOR CLARITY
- PROPOSED PUMPED PLUMBING SHOWN IN "YELLOW" FOR CLARITY

ONSITE DETENTION SYSTEM DESIGN AND VOLUME TO BE COMPLETED ONCE PLANNING APPROVAL IS GRANTED. DESIGN SHOWN IS ESTIMATE ONLY

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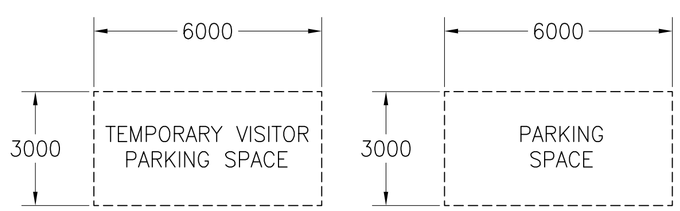
CARPARKING PLAN



EXTERNAL PARKING SPACES TO BE CLEARLY DELINEATED.

INDIVIDUAL UNITS, EXTERNAL PARKING TO HAVE SIGNAGE OF WHICH UNIT IT IS ASSOCIATED WITH.

VISITOR PARKING, TO HAVE SIGNAGE TO INDICATE IT IS A COMMUNAL VISITOR PARKING SPACE.

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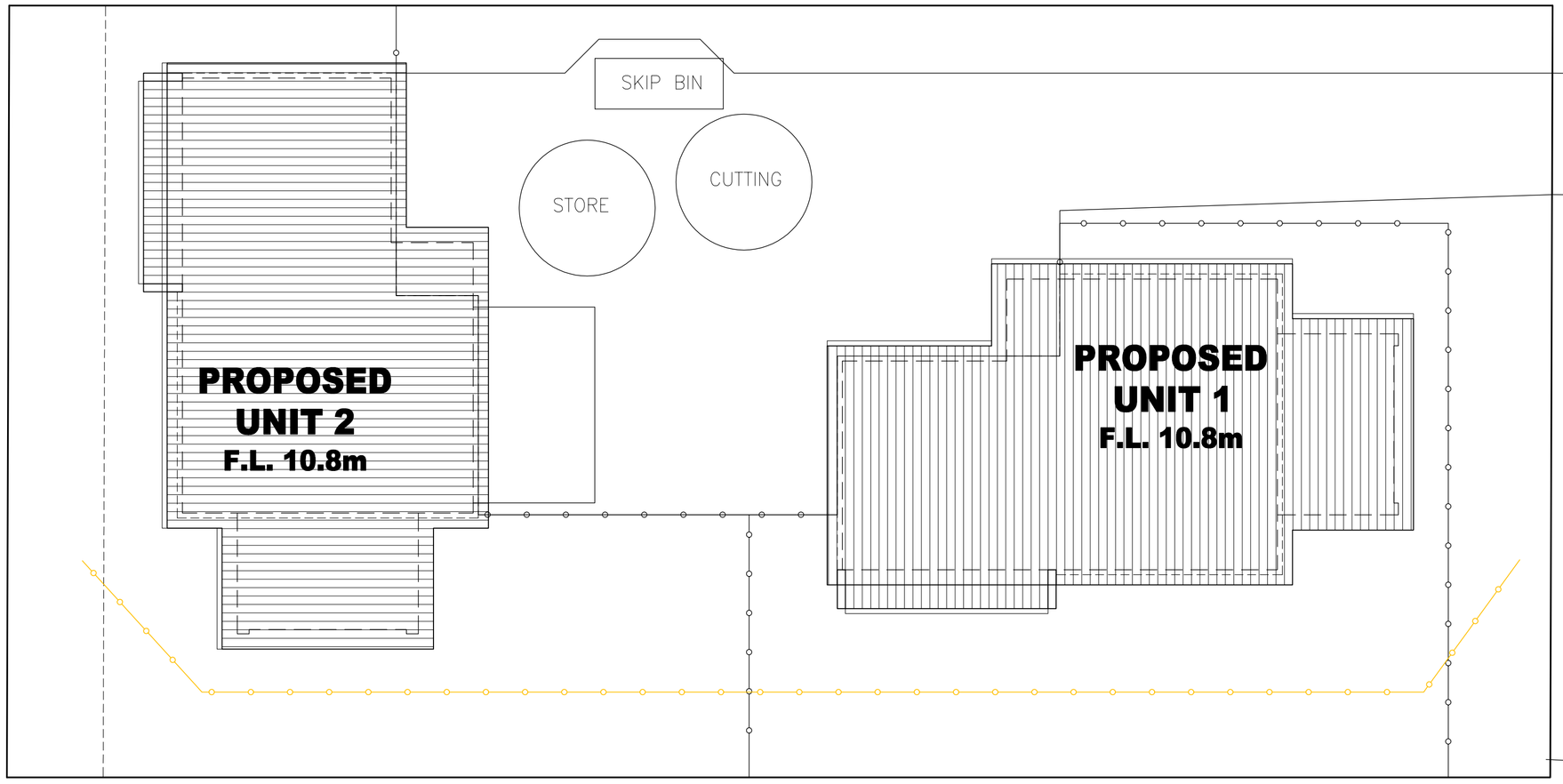

BUILDING SITE DURING CONSTRUCTION TO COMPLY WITH EPA TASMANIA, SOIL AND WATER MANAGEMENT ON BUILDING SITES WHERE POSSIBLE. REFER TO FACT SHEETS 1–19
EPA.TAS.GOV.AU/ENVIRONMENT/WATER/STORMWATER/SOIL–AND–WATER–MANAGEMENT–ON–BUILDING–SITES

FACT SHEET 3 – SOIL AND WATER MANAGEMENT.
PLAN TO BE KEPT ONSITE AND ALL TIMES AND ALL WORKERS UNDERSTAND THE SWMP

FACT SHEET 4 – DISPERSIVE SOILS, NOT APPLICABLE.

FACT SHEET 5 – MINIMISE SOIL DISTURBANCE.
DO TRACK MACHINERY UP AND DOWN THE SLOPE TO CREATE GROOVES FROM THE WHEELS/ OR TRACKS THAT WILL CATCH RAINFALL. THE GROOVES WILL ROUGHEN THE SURFACE IN A WAY THAT WILL SLOW RUNOFF. AS PER FACT SHEET
CLEARING FOR WORKS TO BE LIMITED TO WITHIN 5 METRES FROM THE EDGE OF ANY ESSENTIAL CONSTRUCTION ACTIVITY. NO TOPSOIL SHALL BE REMOVED FROM LAND OUTSIDE THE AREAS OF GROUND DISTURBANCE SHOWN. ALL AREAS OF GROUND DISTURBANCE MUST BE DRESSED WITH TOP SOIL AND WHERE APPROPRIATE REVEGETATED AND STABILISED TO PREVENT FUTURE EROSION OR SILTATION.

FACT SHEET 6 – PRESERVE VEGETATION.
WHERE EXISTING TREES ARE TO REMAIN ON THE SITE, ESTABLISH NO GO AREA AROUND TREES OF BRIGHT TAPE ON STAR PICKETS MINIMUM 1m AWAY FROM BASE OF TREE
EXISTING GROUND VEGETATION TO BE RETAINED WHEN EVER POSSIBLE. MINIMUM 400mm WIDE GRASS STRIPS TO BE RETAINED ON BACK OF KERB FOR FILTERING RUNOFF. INSTALLED AS PER FACT SHEET

FACT SHEET 7 – DIVERT UP–SLOPE WATER
DIVERSION CHANNEL TO BE CONSTRUCTED ON HIGHSIDE OF SITE MINIMUM 150MM DEEP WITH 10% MAX FALL WITH A CURVED SHAPE WITH EXCAVATED SOIL FROM THE CHANNEL ON THE DOWN–SLOPE SIDE TO INCREASE DIVERSION CHANNEL CAPACITY.
LEVEL SPREADER TO END OF DIVERSION CHANNEL TO ENSURE WATER DISCHARGE IS SLOW MOVING MINIMUM 4M WIDE.
INSTALLED AS PER FACT SHEET

FACT SHEET 8 – EROSION CONTROL MATS AND BLANKETS
WHERE FINISHED BATTERS ARE PROPOSED TO BE STEEPER THAN 1:3 EROSION CONTROL BLANKETS TO BE INSTALLED ON BATTER FOR SITE REHABILITATION. INSTALLED AS PER FACT SHEET

FACT SHEET 9 – PROTECT SERVICES TRENCHES AND STOCKPILES
ALL STOCKPILES TO BE POSITIONED CLEAR OF WATER COURSES AND TO ENSURE THAT NO SILT RUNOFF CAN ENTER A WATER COURSE.
TOP SOIL TO BE STOCKPILED SEPARATELY AND SPREAD OVER BACKFILLED AREAS. SPOIL TO BE STOCKPILED IN A NARROW CORRIDOR ON THE UPSTREAM SIDE OF ALL EXCAVATION. TEMPORARY CATCH DRAINS TO BE CONSTRUCTED ON THE UPSTREAM SIDE OF STOCKPILES AND EXCAVATED AREAS, DIRECTING RUNOFF TO EXISTING STORMWATER SYSTEM.
SERVICE TRENCHES TO HAVE SOIL PLACED ON TOPSIDE OF TRENCH TO DIVERT WATER FLOW AWAY FROM THE TRENCH LINE.

FACT SHEET 10 – EARLY ROOF DRAINAGE CONNECTION
DOWNPIPES TO BE CONNECTED INTO STORMWATER SYSTEM AS SOON AS THE ROOF IS INSTALLED.
TEMPORARY DOWNPIPES TO DIRECT WATER TO TUFTED AREAS.

FACT SHEET 11 – SCOUR PROTECTION
NOT APPLICABLE AS NO NEW DAMS/ CULVERTS

FACT SHEET 12 – STABILISED SITE ACCESS
DIVERSION HUMP INSTALLED ON ROAD ACCESS WITH WATER DIRECTED TO SEPARATE SILT FENCE.
INSTALLED AS PER FACT SHEET

FACT SHEET 13 – WHEEL WASH
EVERY EFFORT TO BE MADE TO MINIMISE SPREADING SEDIMENT ON TO SEALED AREAS WHEN VEHICLES LEAVE THE SITE, INCLUDING THE WASHING DOWN OF TYRES.

FACT SHEET 14 – SEDIMENT FENCES
SEDIMENT FENCE INSTALLED AS PER DETAIL AND FACT SHEET

FACT SHEET 15 – PROTECTION OF STORMWATER PITS
PITS INSTALLED ONSITE TO BE CONSTRUCTED WITH DRIVEWAY AT END OF JOB AFTER FINISHED CONSTRUCTION OF BUILDING. THEREFORE NO REQUIREMENTS FOR PITS.

FACT SHEET 16 – PROTECTED CONCRETE, BRICK AND TILE CUTTING
ALL CUTTING TO BE INSIDE NOMINATED AREA AS PER SWMP WITH FILTER SOCKS INSTALLED ON LOW SIDE. SLURRY TO BE DISPOSED OFF IN GEOTEXTILE LINED DITCH OR DRUMS

FACT SHEET 17 – SEDIMENT BASINS
NOT REQUIRED DUE TO SCALE OF WORKS.

FACT SHEET 18 – DUST CONTROL
DURING EXTENDED PERIODS OF DRY WEATHER, DAMPEN THE SITE SLIGHTLY WITH A LIGHT APPLICATION OF WATER DURING EXCAVATION OR WHEN DUST IS BEING RAISED

FACT SHEET 19 – SITE REVEGETATION
ALL OF SITE THAT IS NOT FINISHED IN HARD SURFACES TO BE REVEGETATION WITH GRASS OR MULCH AS PER LANDSCAPING PLAN OR TO OWNERS DETAILS

N

SOIL AND WATER MANAGEMENT PLAN

SILT FENCE AS PER DETAIL

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DOWNPIPES TO BE CONNECTED INTO STORMWATER SYSTEM AS SOON AS THE ROOF IS INSTALLED

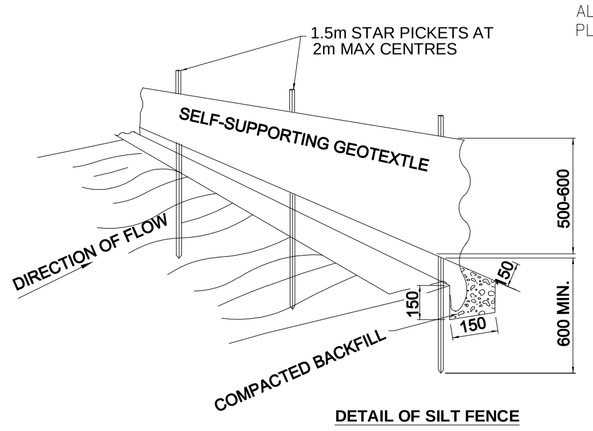
INSTALL AG DRAIN (IF SHOWN) PRIOR TO FOOTING EXCAVATION

EXCAVATED MATERIAL PLACED UP SLOPE OF CUT OFF DRAIN. TO BE REMOVED WHEN BUILDING WORKS ARE COMPLETE AND USED AS FILL ON SITE FOR ANY LOW POINTS. INSTALL A SEDIMENT FENCE ON THE DOWNSLOPE SIDE OF MATERIAL

SKIP BIN — SKIP BIN

STORE — MATERIAL STORAGE

CUTTING — CONCRETE, BRICK AND TILE CUTTING AREA



DETAIL OF SILT FENCE

SEDIMENT FENCE NOTES:
1. SURVEY AND MARK OUT LOCATION OF SEDIMENT FENCE, ENSURE IT IS PARALLEL TO THE CONTOURS OF THE SITE AND TO DRAIN IN THE CORRECT DIRECTION
2. DIG A 150 MM TRENCH IMMEDIATELY ABOVE THE PROPOSED FENCE LINE.
3. PLACE THE BOTTOM OF THE FABRIC TO THE BASE OF THE TRENCH AND RUN FABRIC UP THE DOWN–SLOPE SIDE OF THE TRENCH.
4. BACKFILL THE TRENCH AND COMPACT TO SECURE ANCHORAGE OF THE FABRIC.
5. DRIVE 1.5 M STAR PICKETS INTO GROUND, 2 M APART TO SUPPORT THE SEDIMENT FENCE FABRIC. TENSION AND FASTEN FABRIC TO PICKETS USING UV STABILISED ZIP TIES OR WIRE TIES.
6. JOIN SECTIONS OF FABRIC AT A SUPPORT POST WITH A 2 M OVERLAP.
7. ANGLE THE ENDS OF THE SEDIMENT FENCE UPSLOPE TO REDUCE SCOURING

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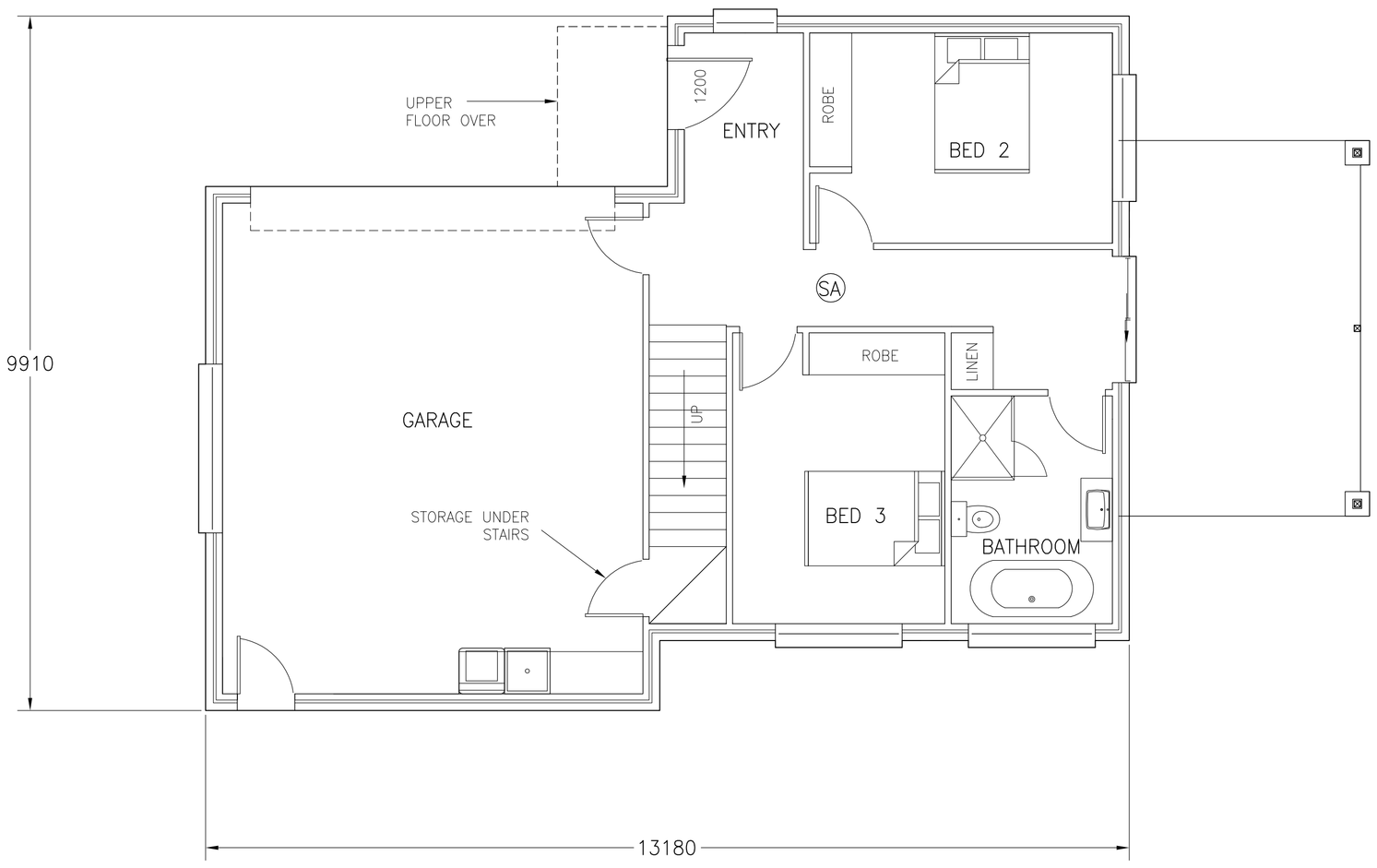
BRICK VENEER WALL

90mm TIMBER FRAMED WALL WITH CEMENT SHEET CLADDING

90mm STUD WALL WITH 10mm PLASTER BOARD LINING THROUGHOUT. (WET AREA PLASTERBOARD TO WET AREA WALLS)



SA – 240V HARD WIRED SMOKE ALARMS INSTALLED IN ACCORDANCE WITH NCC9.5 TO COMPLY WITH AS3786, BE CONNECTED TO MAINS POWER AND INTERCONNECTED WHERE THERE IS MORE THAN ONE ALARM

AREA TABLE		
	SQUARE METER	BUILDING SQUARES
LOWER FLOOR AREA	107.9	11.6
UPPER FLOOR AREA	99.0	10.7
ALFRESCO AREA	18.5	2.0
TOTAL AREA	225.4	24.3

LOWER FLOOR PLAN
UNIT 1

BRICK VENEER – DIMENSIONS AND AREA TO OUTSIDE CLADDING
CLAD FRAME – DIMENSIONS AND AREA TO OUTSIDE OF TIMBER FRAMING. CLADDING IN ADDITION TO DIMENSIONS
ALL INTERNAL DOORS ARE 820mm UNLESS OTHERWISE NOTED

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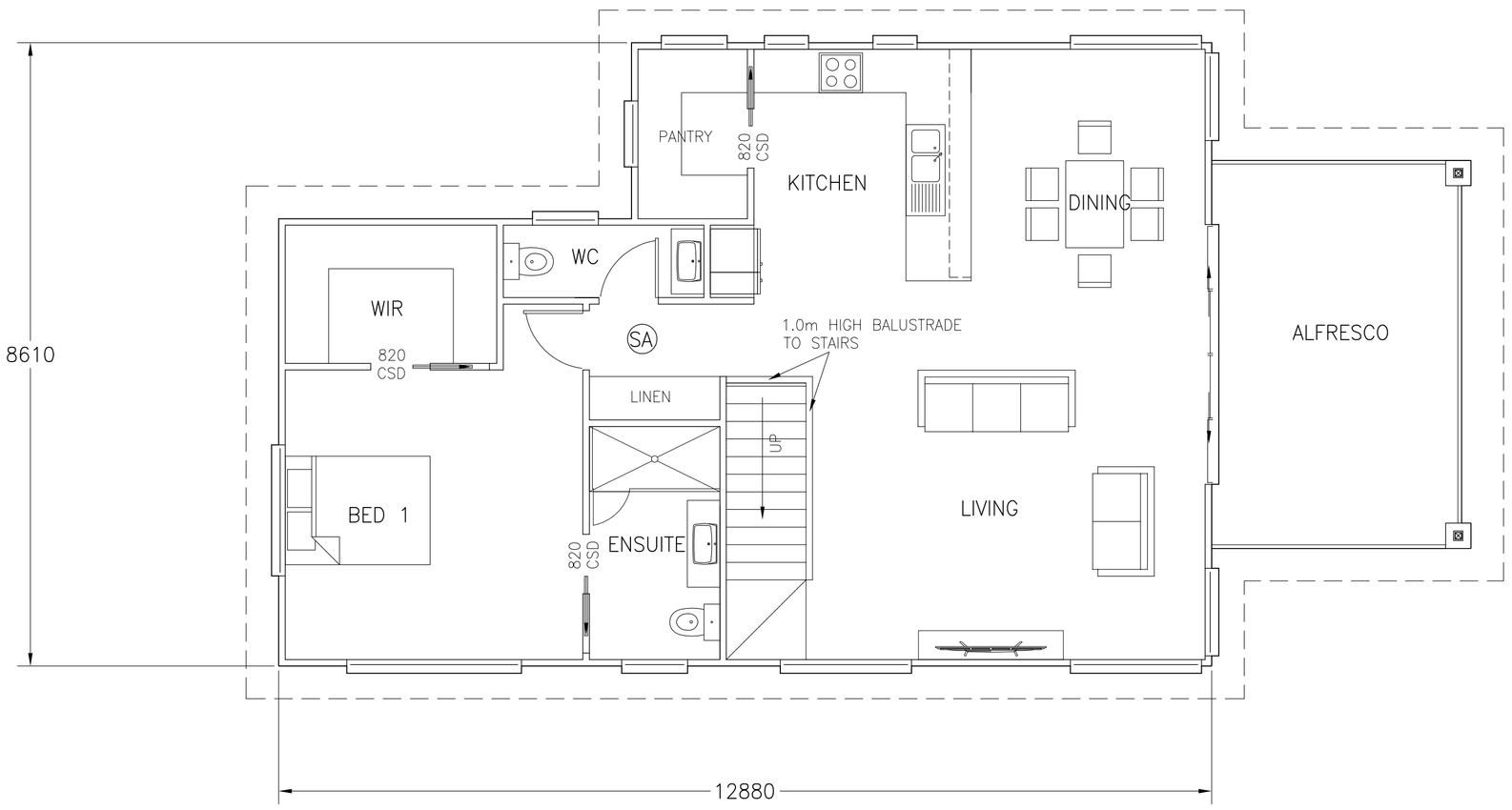

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UPPER FLOOR PLAN
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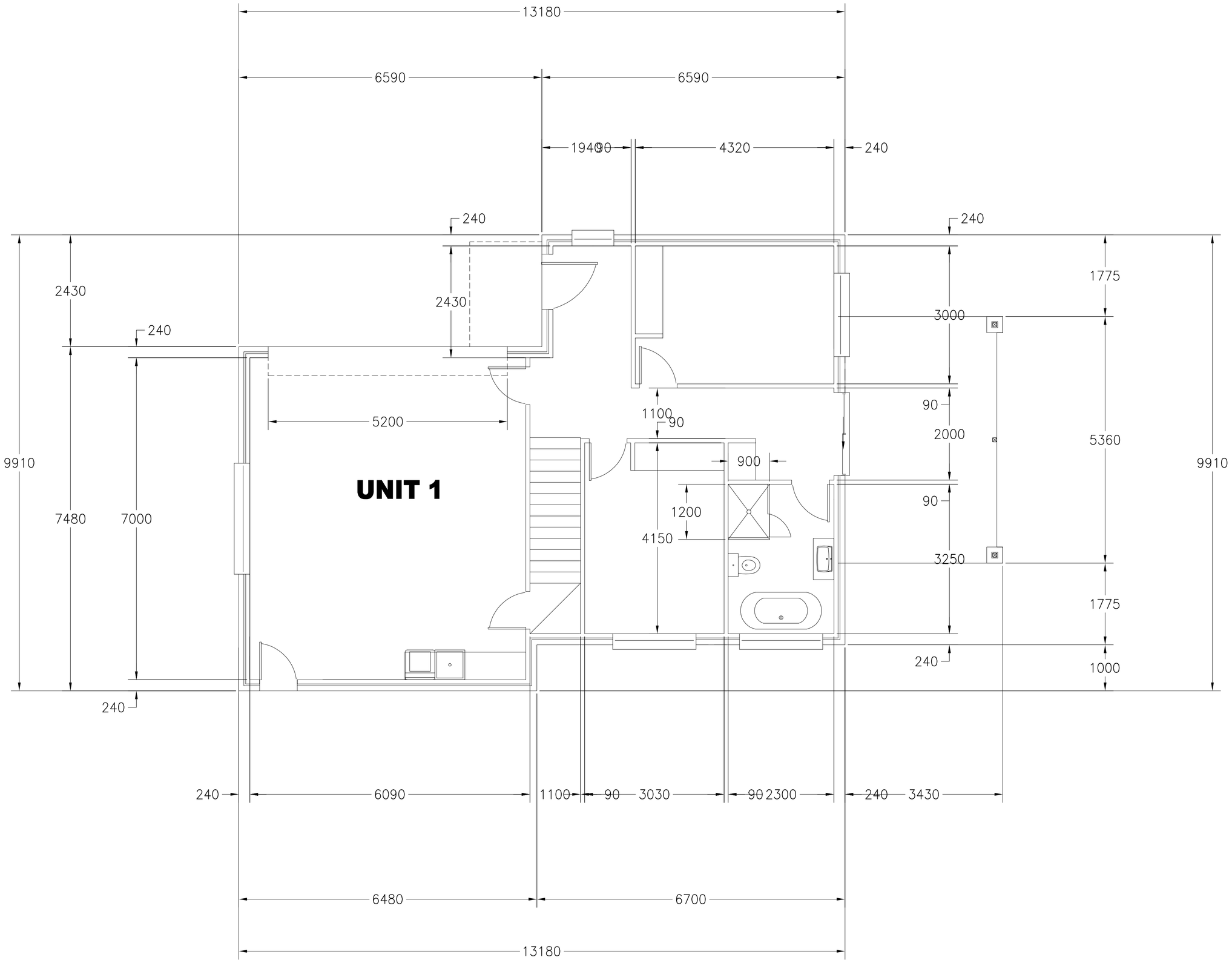

LOWER FLOOR PLAN
WITH DIMENSIONS UNIT 1

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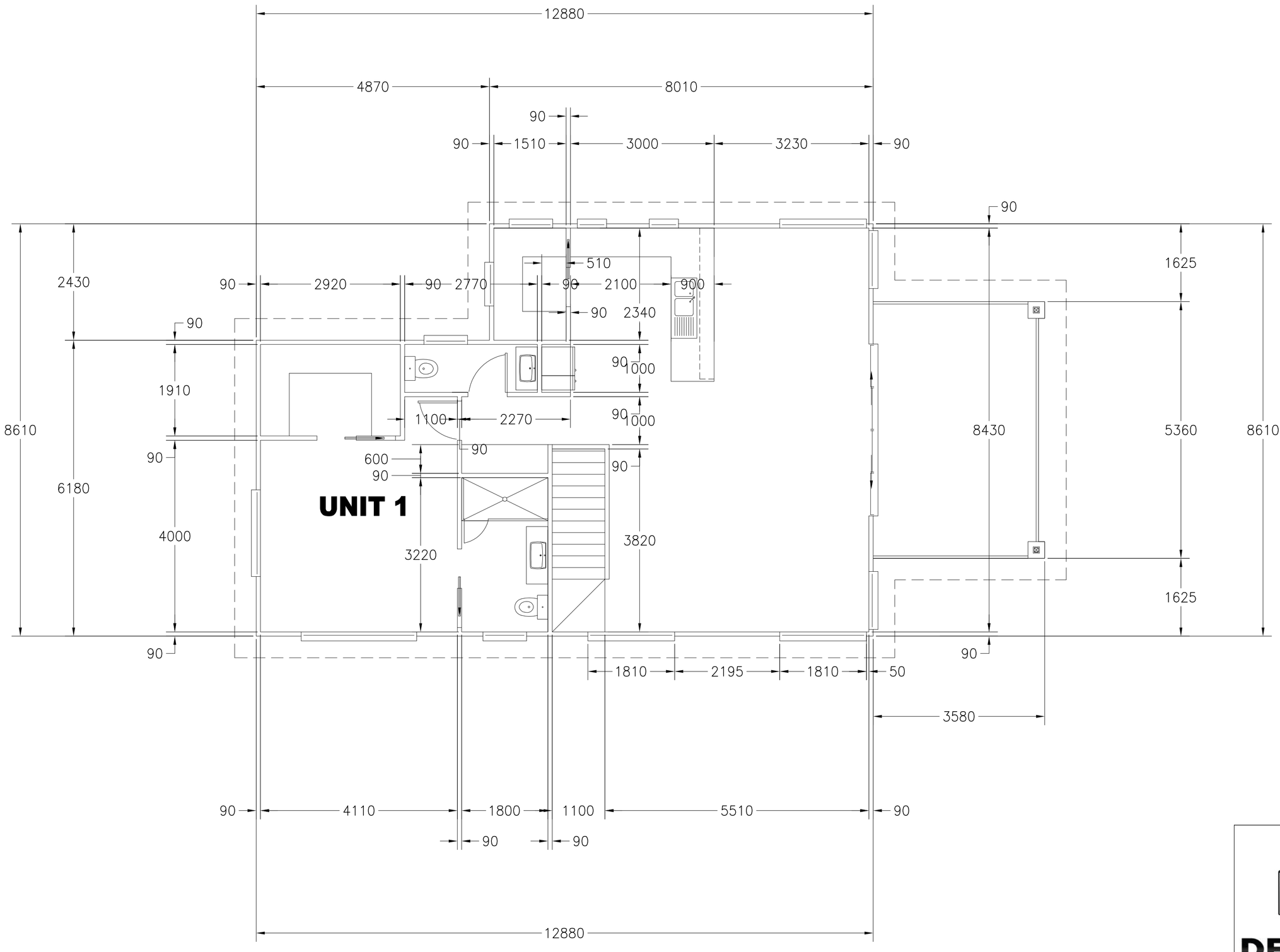

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WITH DIMENSIONS UNIT 1

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REVISION 1	06 / 05 / 2024
REVISION 2	16 / 06 / 2024
REVISION 3	31 / 07 / 2024
REVISION 4	01 / 09 / 2024

BVZ DESIGNS
BRADLEY VAN ZETTEN
4 EDEN HILLS DRIVE
RIVERSIDE 7250
P. 0407 272 381
E. BVZDESIGNS@GMAIL.COM
LICENCE NUMBER 957699796

PROJECT: PROPOSED UNIT DEVELOPMENT
FOR G & S BROCKMAN SMSF PTY LTD
AT 31 DOUGLAS STREET
BICHENO 7215

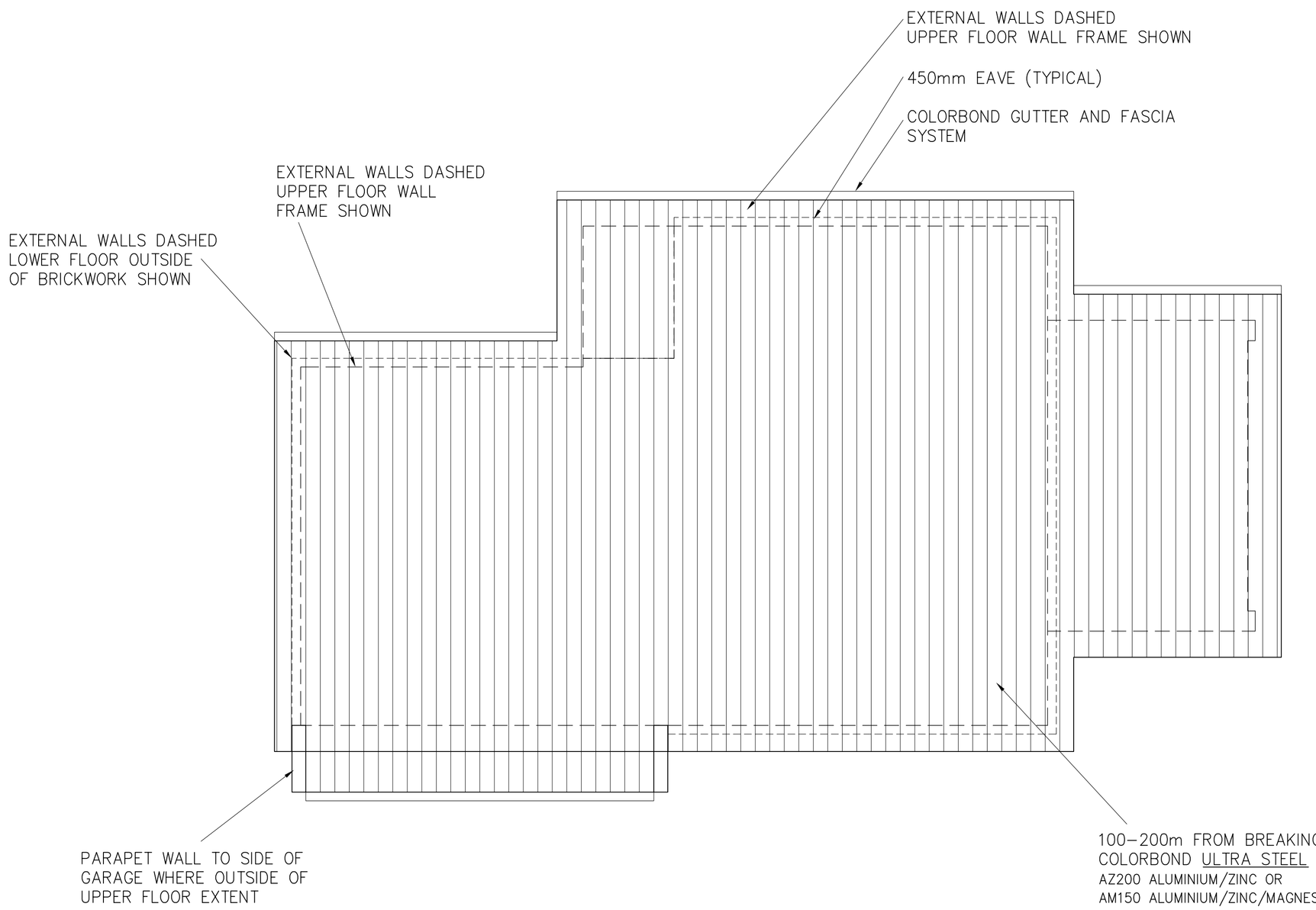
DRAWING: UPPER FLOOR PLAN
WITH DIMENSIONS UNIT 1

DESIGNED: B. v. Z.
DRAWN: B. v. Z.

APPROVED.
DATE: 01 / 09 / 24

SCALE: 1:100.
A3.

DRAWING No.:
G&S0524 – 12/21



COLORBOND CUSTOM ORB ROOF SHEETING AT 5.0°. ONE AND A HALF CORRUGATION SIDE LAP (TYPICAL). FIXED AT SIDE LAPS. 3 FIXINGS FOR INTERNAL SPANS AND 5 FOR END SPANS. FIXED WITH ROOFZIPS M6–11x50mm FOR SOFTWOOD AND STEEL 0.55–1.0mm BMT BATTENS 12–14x35 METAL TEK 1.0–3.0mm BMT STEEL BATTENS 12–11x50mm FOR HARDWOOD

ROOF PLAN

SHEET ROOF
75x38mm HARD WOOD OR 70x35mm MGP12
BATTENS AT 900mm MAX 900mm CRS AND SPAN.

RANGEHOOD AND BATHROOM EXTRACTION FANS
DUCTED TO EAVE/WALL VENT

ROOF CLADDING TO COMPLY WITH NCC PART 7.1–7.5

GUTTERS AND DOWNPIPES INSTALLED AS PER NCC PART 7.4
GUTTER MUST BE INSTALLED WITH A FALL NOT LESS THAN
- 1:500 FOR EAVES GUTTERS, UNLESS FIXED TO METAL FASCIAS

WHERE HIGH FRONTED GUTTERS ARE INSTALLED, PROVISION MUST BE MADE TO AVOID ANY OVERFLOW BACK INTO THE ROOF OR BUILDING STRUCTURE BY INCORPORATING OVERFLOW MEASURERS OR THE LIKE

DOWNPIPES MUST––

(A)NOT SERVE MORE THAN 12 M OF GUTTER LENGTH FOR EACH DOWNPIPE; AND

(B)BE LOCATED AS CLOSE AS POSSIBLE TO VALLEY GUTTERS; AND

(C)BE SELECTED IN ACCORDANCE WITH THE APPROPRIATE EAVES GUTTER SECTION AS SHOWN IN TABLE 7.4.3A, TABLE 7.4.3B AND TABLE 7.4.3C.

FOR ROOF CATCHMENTS UP TO 50SQ/M PER DOWNPIPE MEDIUM RECTANGULAR GUTTERS OR 115MM 'D' GUTTERS MAY BE USED WITH 90ØMM DOWNPIPES

EAVE AND GUTTER OVERFLOW MEASURE TO BE INSTALLED FOR 1% ANNUAL EXCEEDANCE PROBABILITY

BOX GUTTERS AS PER AS3500.3

7.4.6 ACCEPTABLE CONTINUOUS OVERFLOW MEASURE

(1) FOR A FRONT FACE SLOTTED GUTTER WITH—

A MINIMUM SLOT OPENING AREA OF 1200 MM2 (A) PER METRE OF GUTTER; AND

(a) THE LOWER EDGE OF THE SLOTS INSTALLED A MINIMUM OF 25 MM BELOW THE TOP OF THE FASCIA,

THE ACCEPTABLE OVERFLOW CAPACITY MUST BE 0.5 L/S/M, CONSTRUCTED IN ACCORDANCE WITH FIGURE 7.4.6A.

(2) FOR A CONTROLLED BACK GAP WITH—

(a) A PERMANENT MINIMUM 10 MM SPACER INSTALLED BETWEEN THE GUTTER BACK AND THE FASCIA; AND

(b) ONE SPACER PER BRACKET, WITH THE SPACER NOT MORE THAN 50 MM WIDE; AND

(c) THE BACK OF THE GUTTER INSTALLED A MINIMUM OF 10 MM BELOW THE TOP OF THE FASCIA,

THE ACCEPTABLE OVERFLOW CAPACITY MUST BE 1.5 L/S/M, CONSTRUCTED IN ACCORDANCE WITH FIGURE 7.4.6B.

(3) FOR THE CONTROLLED BACK GAP OPTION, THE SPACER CAN BE A PROPRIETARY CLIP OR BRACKET THAT PROVIDES THE REQUIRED OFFSET OF

THE GUTTER FROM THE FASCIA.

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LICENCE NUMBER 957699796

PROJECT: PROPOSED UNIT DEVELOPMENT
FOR G & S BROCKMAN SMSF PTY LTD
AT 31 DOUGLAS STREET
BICHENO 7215

DRAWING: ROOF PLAN

DESIGNED: B. v. Z.
DRAWN: B. v. Z.

APPROVED.
DATE: 01 / 09 / 24

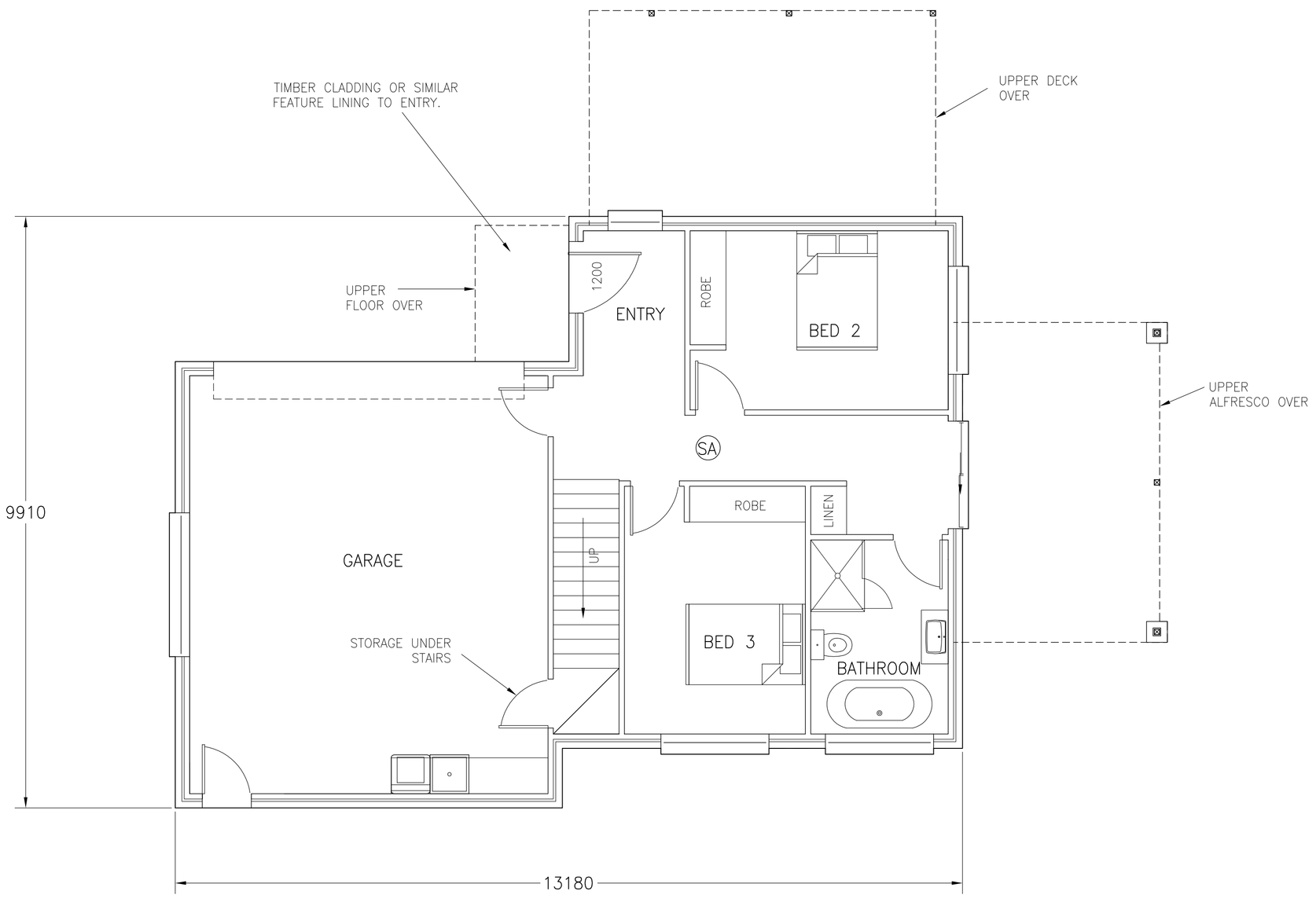
SCALE: 1:100.
A3.

DRAWING No.:
G&S0524 – 13/21

BRICK VENEER WALL

90mm TIMBER FRAMED WALL WITH CEMENT SHEET CLADDING

90mm STUD WALL WITH 10mm PLASTER BOARD LINING THROUGHOUT. (WET AREA PLASTERBOARD TO WET AREA WALLS)



SA – 240V HARD WIRED SMOKE ALARMS INSTALLED IN ACCORDANCE WITH NCC9.5 TO COMPLY WITH AS3786, BE CONNECTED TO MAINS POWER AND INTERCONNECTED WHERE THERE IS MORE THAN ONE ALARM

AREA TABLE		
	SQUARE METER	BUILDING SQUARES
LOWER FLOOR AREA	107.9	11.6
UPPER FLOOR AREA	99.0	10.7
ALFRESCO AREA	18.5	2.0
DECK AREA	20.8	2.2
TOTAL AREA	246.2	26.5

LOWER FLOOR PLAN
UNIT 2

BRICK VENEER – DIMENSIONS AND AREA TO OUTSIDE CLADDING
CLAD FRAME – DIMENSIONS AND AREA TO OUTSIDE OF TIMBER FRAMING. CLADDING IN ADDITION TO DIMENSIONS
ALL INTERNAL DOORS ARE 820mm UNLESS OTHERWISE NOTED

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FOR G & S BROCKMAN SMSF PTY LTD
AT 31 DOUGLAS STREET
BICHENO 7215

DRAWING: LOWER FLOOR PLAN UNIT 2

DESIGNED: B. v. Z.
DRAWN: B. v. Z.

APPROVED.
DATE: 01 / 09 / 24

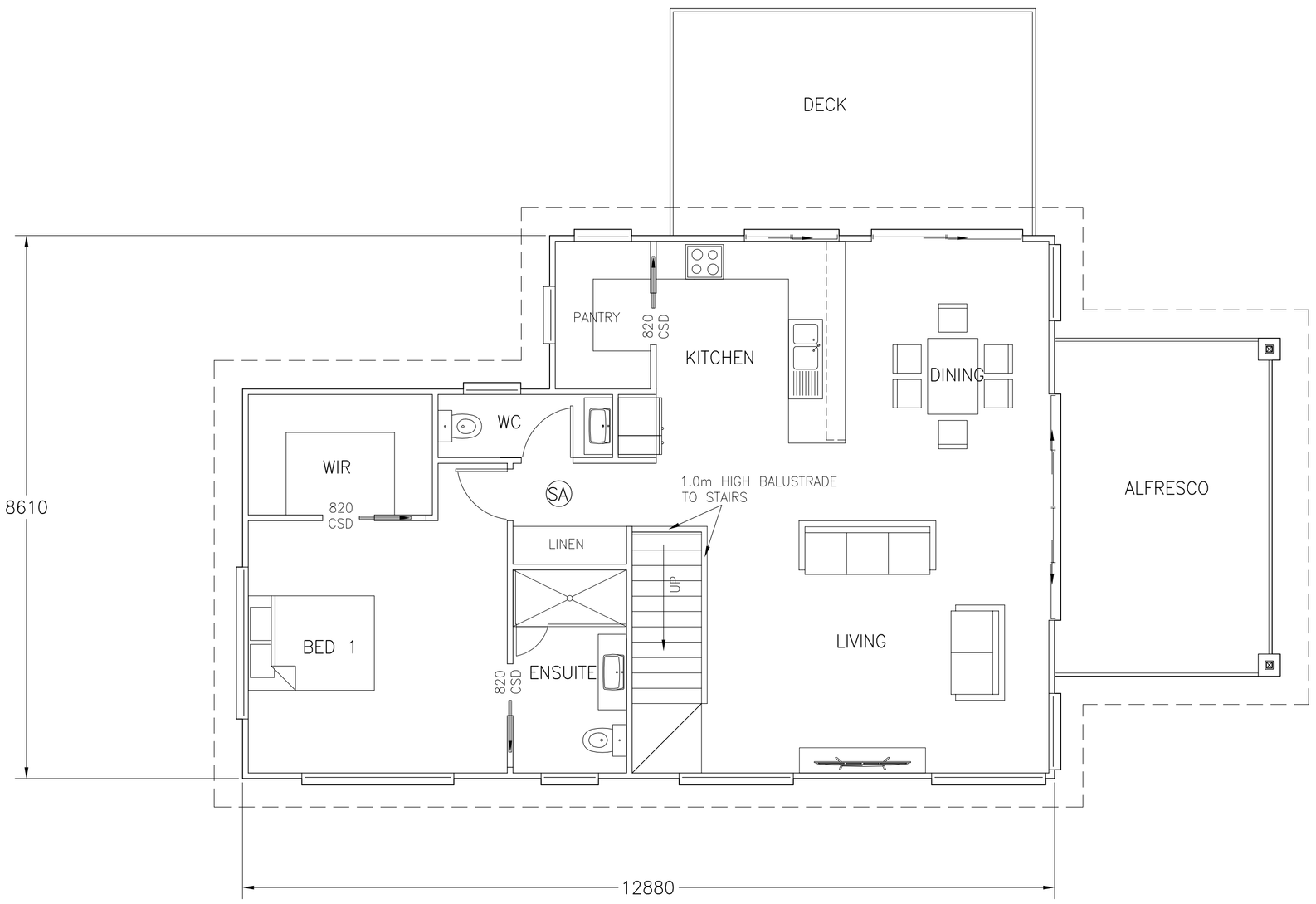
SCALE: 1:100.
A3.

DRAWING No.: G&S0524 – 14/21

BRICK VENEER WALL

90mm TIMBER FRAMED WALL WITH CEMENT SHEET CLADDING

90mm STUD WALL WITH 10mm PLASTER BOARD LINING THROUGHOUT. (WET AREA PLASTERBOARD TO WET AREA WALLS)



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UPPER FLOOR PLAN
UNIT 2

BRICK VENEER – DIMENSIONS AND AREA TO OUTSIDE CLADDING
CLAD FRAME – DIMENSIONS AND AREA TO OUTSIDE OF TIMBER FRAMING. CLADDING IN ADDITION TO DIMENSIONS
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DRAWING: UPPER FLOOR PLAN UNIT 2

DESIGNED: B. v. Z.
DRAWN: B. v. Z.

APPROVED.
DATE: 01 / 09 / 24

SCALE: 1:100.
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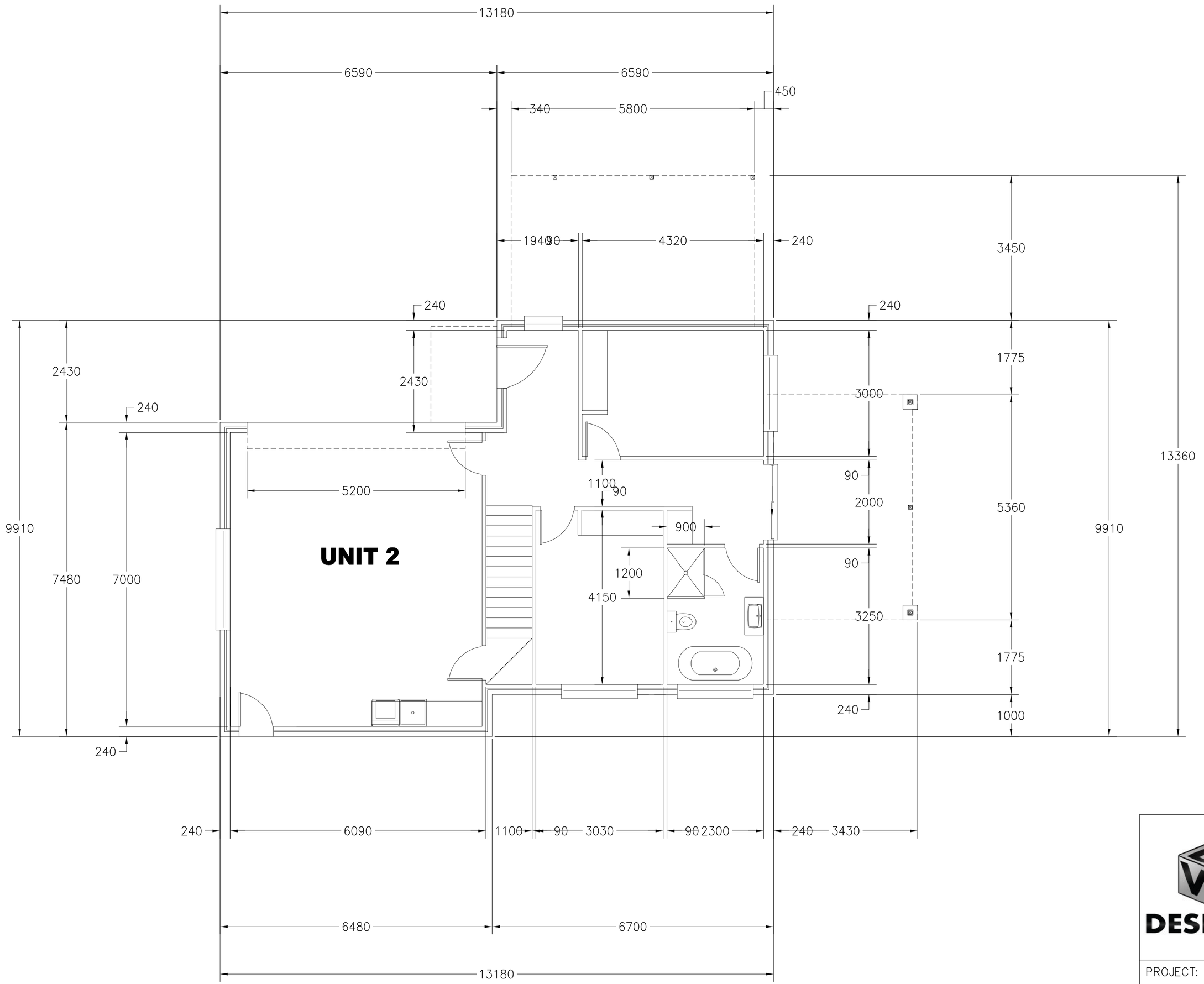
DRAWING No.: G&S0524 – 15/21



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AT 31 DOUGLAS STREET
BICHENO 7215

DRAWING: LOWER FLOOR PLAN
WITH DIMENSIONS UNIT 2

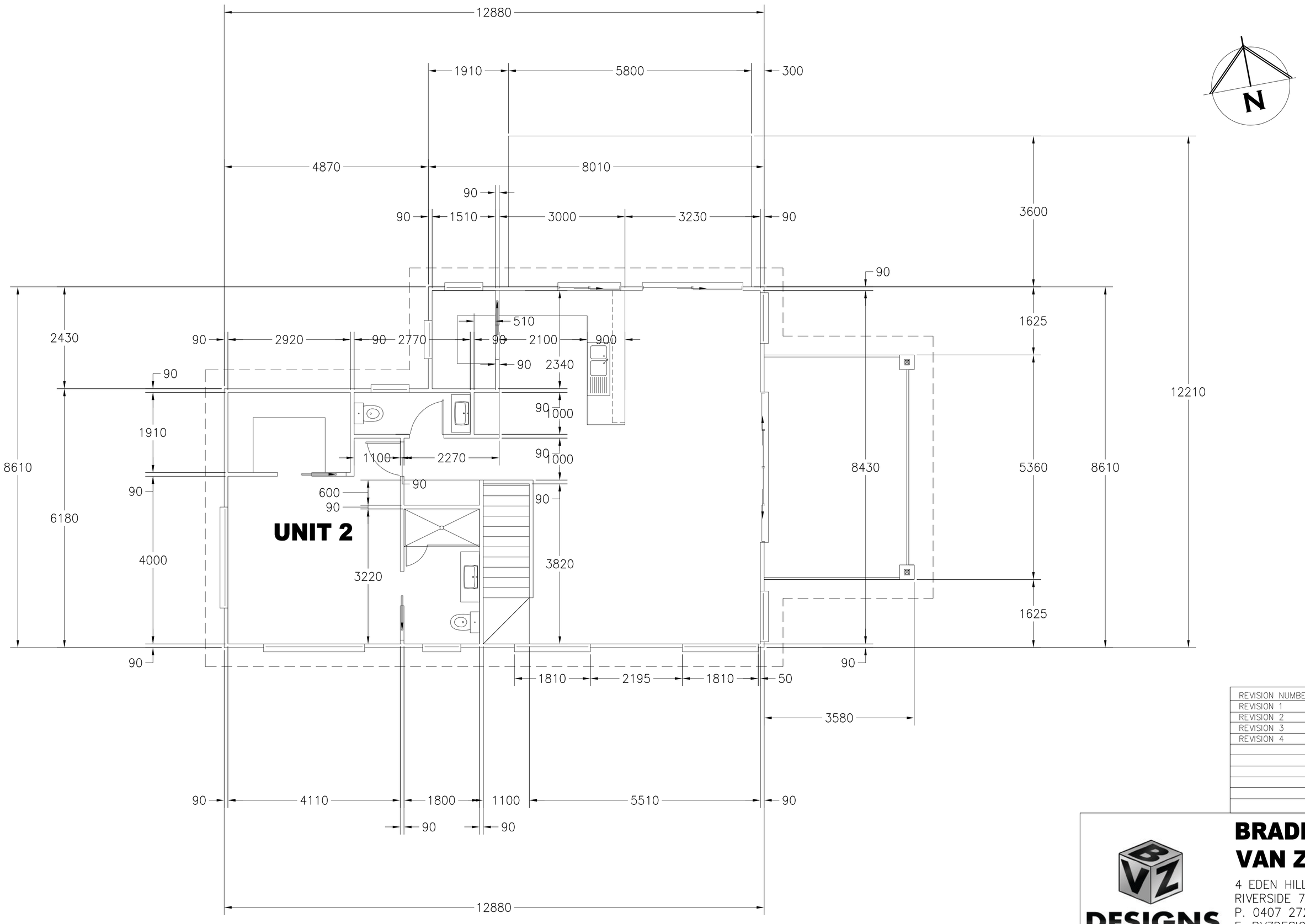
DESIGNED: B. v. Z.
DRAWN: B. v. Z.

APPROVED.
DATE: 01 / 09 / 24

SCALE: 1:100.
A3.

DRAWING No.:
G&S0524 – 16/21

LOWER FLOOR PLAN
WITH DIMENSIONS UNIT 2



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UPPER FLOOR PLAN
WITH DIMENSIONS UNIT 2

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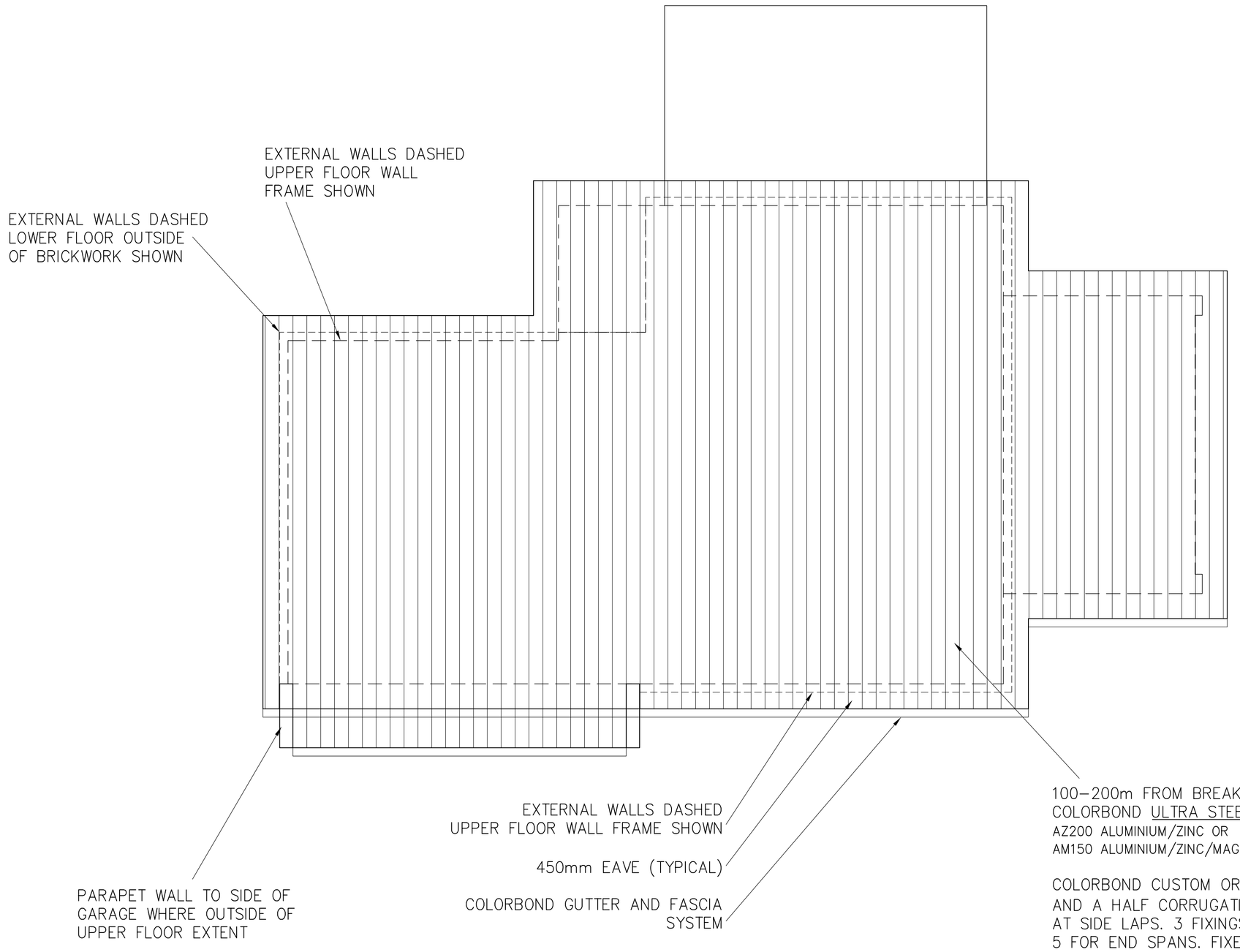
G&S0524 – 17/21



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BRADLEY VAN ZETTEN DESIGNS
4 EDEN HILLS DRIVE
RIVERSIDE 7250
P. 0407 272 381
E. BVZDESIGNS@GMAIL.COM
LICENCE NUMBER 957699796

PROJECT: PROPOSED UNIT DEVELOPMENT
FOR G & S BROCKMAN SMSF PTY LTD
AT 31 DOUGLAS STREET
BICHENO 7215

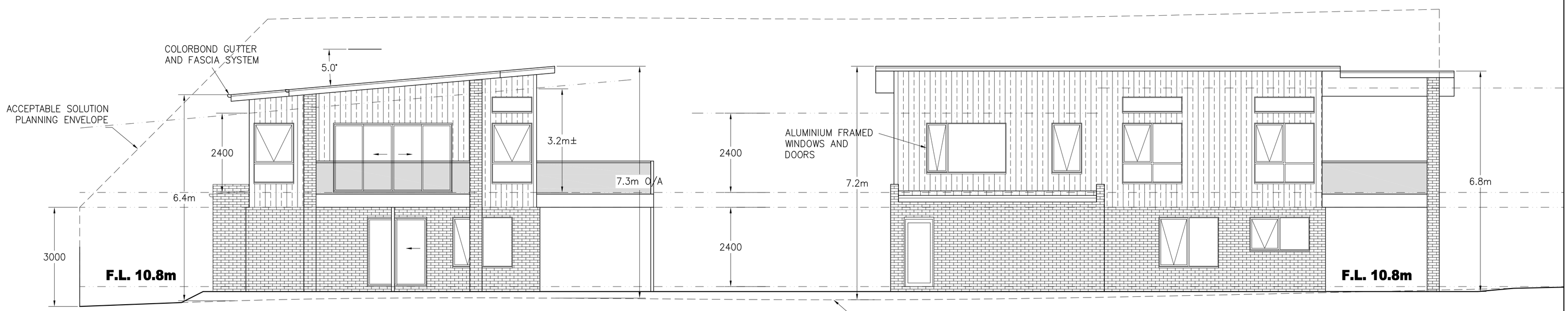
DRAWING: ROOF PLAN

DESIGNED: B. v. Z.
DRAWN: B. v. Z.

APPROVED.
DATE: 01 / 09 / 24

SCALE: 1:100.
A3.

DRAWING No.:
G&S0524 – 18/21



UNIT 2
EAST ELEVATION

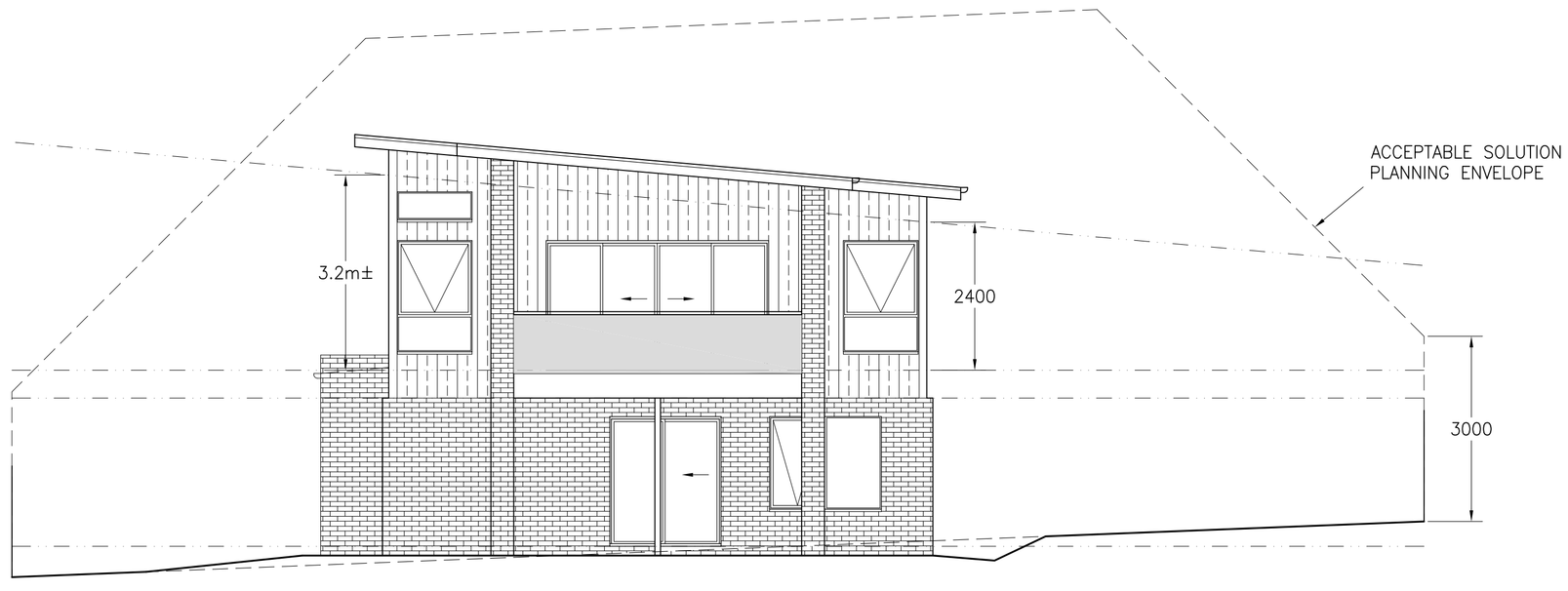
UNIT 1
EAST ELEVATION

JAMES HARDIES CEMENT SHEET CLADDING,
MIXTURE OF AXON/LINEA WEATHER BOARD
INSTALLED AS PER JAMES HARDIES INSTALLATION MANUAL WITH CAVITY FIXING

GLASS BALUSTRADE

BRICK VENEER CLADDING

100–200m FROM BREAKING SURF
COLORBOND ULTRA STEEL SHEET ROOFING
AZ200 ALUMINIUM/ZINC OR
AM150 ALUMINIUM/ZINC/MAGNESIUM



UNIT 1
NORTH ELEVATION

REVISION NUMBER	DATE
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AT 31 DOUGLAS STREET
BICHENO 7215

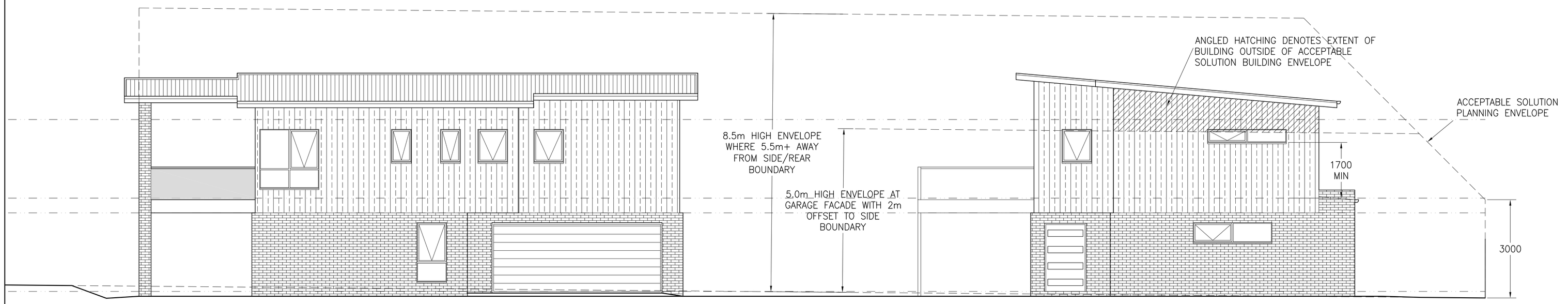
DRAWING: ELEVATIONS

DESIGNED: B. v. Z.
DRAWN: B. v. Z.

APPROVED.
DATE: 01 / 09 / 24

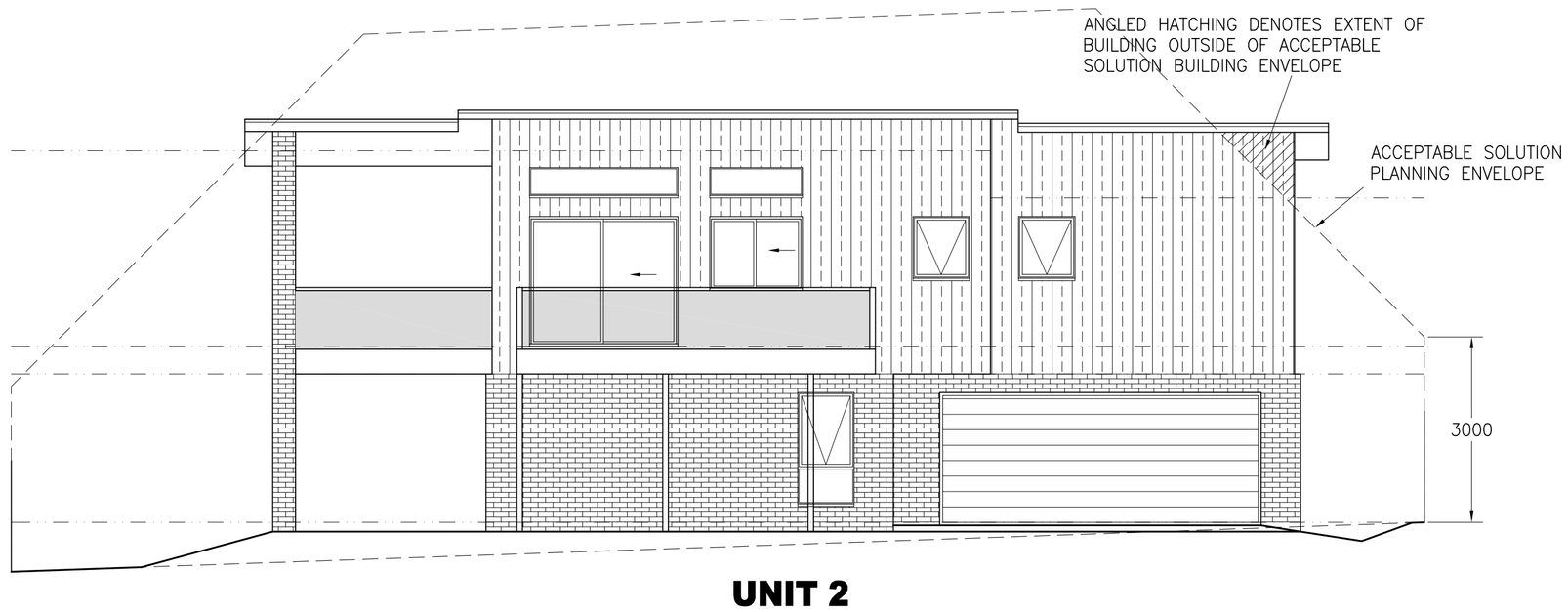
SCALE: 1:125.
A3.

DRAWING No.:
G&S0524 – 19/21



UNIT 1
WEST ELEVATION

UNIT 2
WEST ELEVATION



UNIT 2
NORTH ELEVATION

REVISION NUMBER	DATE
REVISION 1	06 / 05 / 2024
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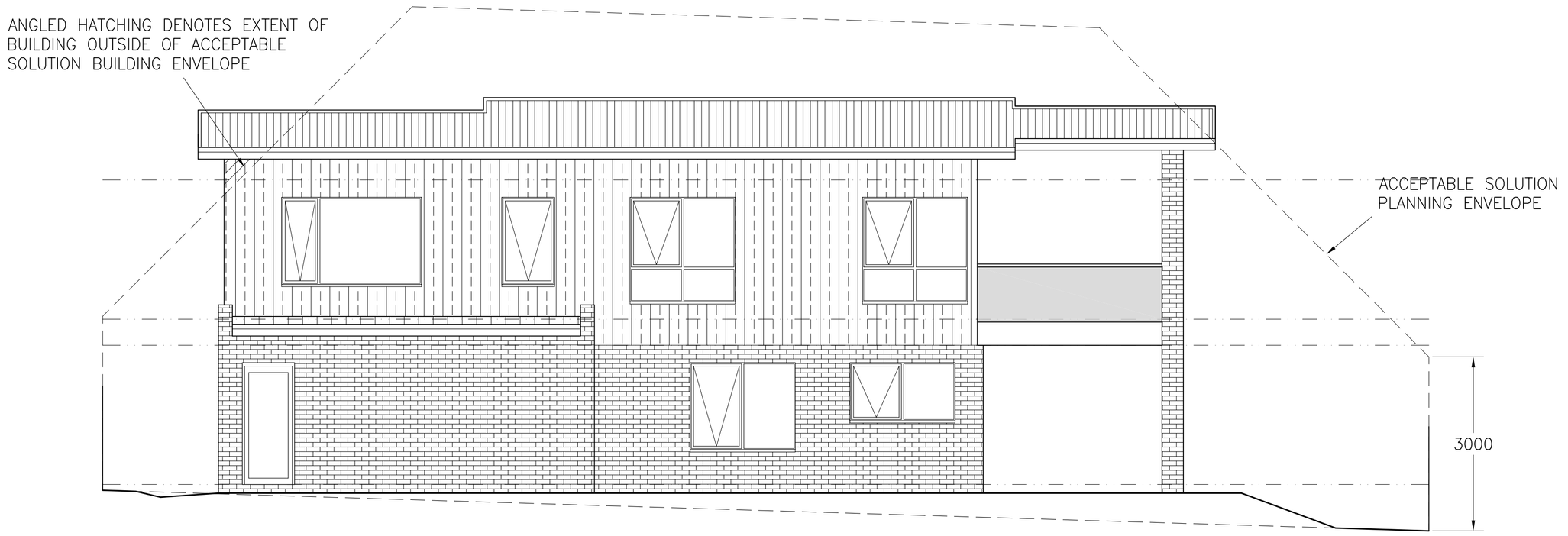
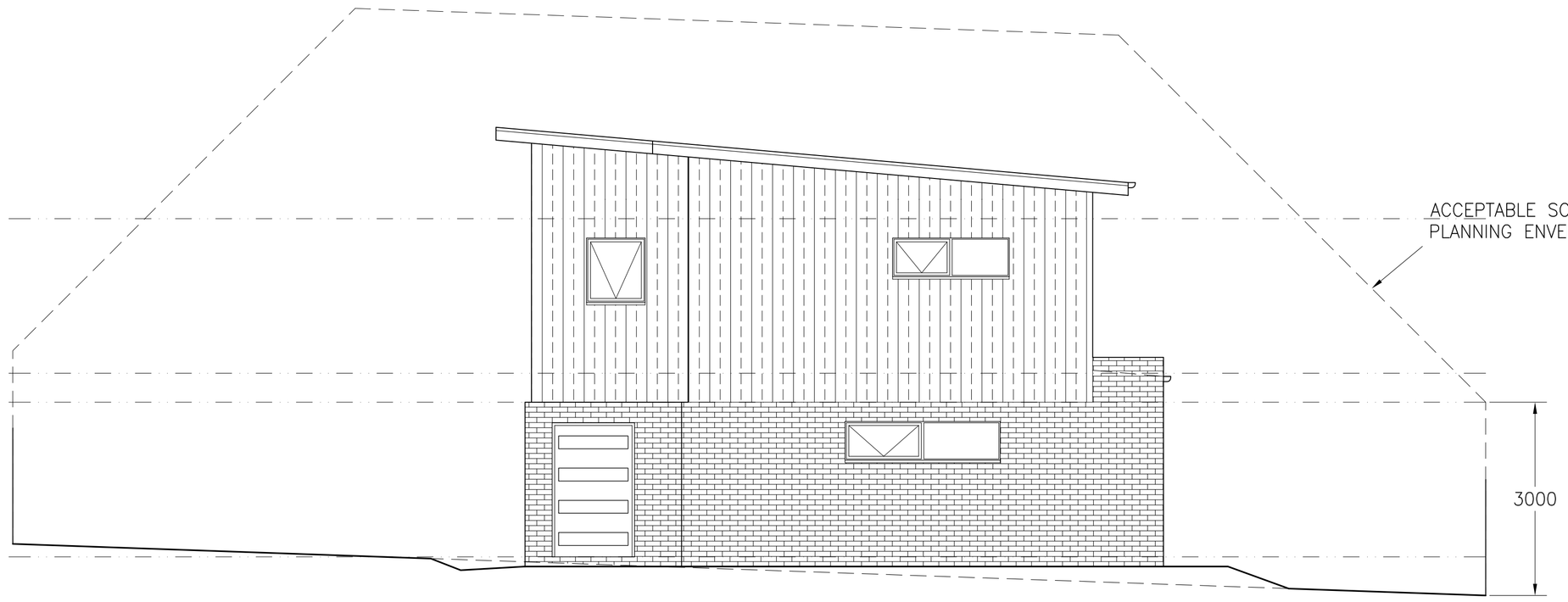


UNIT 2
SOUTH ELEVATION



UNIT 1
SOUTH ELEVATION

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G&S0524 – 21/21

Capital Works Detail

Glamorgan Spring Bay Council
Budget 2024-25

Dept	Capital Item	Cost YTD	% cost spent	Status	Carry Fwd Funds @ 30.6.24	Renewal Works	New Works	Budget 2024/25	Council Funded	External Funded	External Funding Source
Roads, Footpaths, Kerbs											
	Road accessibility (Black Summer)	-	0%	In progess	30,000			**30,000**	-	30,000	Black summer bushfire recovery
	Storm Damage Projects 2022	-	0%	complete	160,051			**160,051**	- 27,449	187,500	Emergency management fund
	Footpath and disability compliance renewal 2024-25	-		Not Started				**-**			
	Kerb & Channel Renewal 2024-25	46,070		Not Started				**-**			
	Resheet Program	34,801	35%	In progess		100,000		**100,000**	100,000	-	
	Pavement Renewal Program	11,917	3%	In progess		400,000		**400,000**	400,000		
	Reseal Program	319	0%	In progess		600,000		**600,000**	103,000	497,000	Roads to recovery
	Triabunna Tomorrow Streetscapes	16,650	3%	Design		400,000	175,000	**575,000**	-	575,000	State Government MOU
	Bicheno Urban Design Streetscape	-	0%				100,000	**100,000**	-	100,000	State Government MOU
	Swanwick Footpath 130 m kerb and road repair stage 2	1,090	2%	Design			60,000	**60,000**	20,000	40,000	State Vulnerable road user program
	Kerb & Channel Bluff Crt	-	0%	in progess			50,000	**50,000**	50,000		
	Design allocation	-	0%	in progress			75,000	**75,000**	75,000		
	Contingency	-	0%			40,000		**40,000**	40,000		
	Total Roads, Footpaths, Kerbs	**110,847**	**5%**		**190,051**	**1,540,000**	**460,000**	**2,190,051**	**760,551**	**1,429,500**	
Bridges, Culverts											
	Bridge - 17 Acre Creek Bridge Wielangta Rd	-	0%			400,000		**400,000**	80,000	320,000	Subject to Federal grant approval
	Bridge - 24 Ferndale Rd	-	0%	design		150,000		**150,000**	150,000		
	Unemployed Gully / Brockley Rd Bridge	-	0%	In progess		70,000		**70,000**	70,000		
	Total Bridges, Culverts	**-**	**0%**		**-**	**620,000**	**-**	**620,000**	**300,000**	**320,000**	
Parks, Reserves, Walking Tracks, Cemeteries											
	Bicheno Triangle	49,203	10%	In progress	492,300			**492,300**	-	492,300	Community Development Grant Cwth
	Bicheno Gulch	341,827	49%	In progress	698,390			**698,390**	-	698,390	Community Development Grant Cwth
	Coles Bay Foreshore	124,304	254%	In progress	49,008			**49,008**	-	49,008	Community Development Grant Cwth
	Walking/Cycling strategy	-	0%		20,000			**20,000**		20,000	Department of Health State
	Playground Renewals	-	0%			20,000	80,000	**100,000**	100,000		
	Playground Bicheno Lions Park	-	0%			100,000		**100,000**	100,000		
	Orford Foreshore Masterplan	-	0%			100,000	118,400	**218,400**	218,400		Contribution POS
	Orford Transfer Station Fencing	3,329	33%	in progress		10,000		**10,000**	10,000		
	Our Park Precinct Plan	-	0%				10,000	**10,000**	10,000		
	Bicheno Skate Park Carpark	-	0%				90,000	**90,000**	90,000		
	Total Parks, Reserves, Walking Tracks, Cemeteries	**518,663**	**29%**		**1,259,698**	**230,000**	**298,400**	**1,788,098**	**528,400**	**1,259,698**	
Stormwater & Drainage											
	49 Rheban Rd design to West Shelley Bch Nautilus Detention	-	0%	In progress	35,000		165,000	**200,000**	200,000		
	Holkham Court	-	0%	In progress	11,558		35,000	**46,558**	46,558		Contribution Stormwater
	Pit and Pipe Renewal Program	3,945	3%	In progress	20,559	100,000		**120,559**	120,559		
	System Upgrade	-	0%			20,000	20,237	**40,237**	40,237		
	Taswater infiltration Program	-	0%				50,000	**50,000**	50,000		
	SQID program	-	0%				30,000	**30,000**	30,000		Contribution Stormwater
	Total Stormwater & Drainage	**3,945**	**1%**		**67,117**	**120,000**	**300,237**	**487,354**	**487,354**	**-**	

Capital Works Detail

Glamorgan Spring Bay Council
Budget 2024-25

Dept	Capital Item	Cost YTD	% cost spent	Status	Carry Fwd Funds @ 30.6.24	Renewal Works	New Works	Budget 2024/25	Council Funded	External Funded	External Funding Source
Building											
	Heli-pad Swansea Emergency Services	-	0	In progress	103,245			**103,245**	0	103,245	Black summer bushfire recovery
	Coles Bay Hall Annexe	316,624	0.5338168	In progess	593,132			**593,132**	163,132	430,000	Community Infrastructure Round 3 &
	Public Amenities	40,280	0.0895111	design	100,000		350,000	**450,000**	100,000	350,000	State Government MOU
	Bicheno Skate Park Toilet	-	0				106,000	**106,000**	26,000	80,000	State Government MOU
	Toilet Raspins Beach OFMP	-	0			300,000	115,000	**415,000**	15,000	400,000	Contribution POS
	Bicheno Surf Club and Toilet upgrade	-	0			150,000	100,000	**250,000**	100,000	150,000	State community Grant
	Triabunna Rec Ground	-	0				100,000	**100,000**	100,000		
	Black water Bicheno relocation	-	0			10,000		**10,000**	10,000		
	Total Building	**356,904**	**18%**		**796,377**	**460,000**	**771,000**	**2,027,377**	**514,132**	**1,513,245**	
Marine Infrastructure											
	Saltworks Toilet	-	0	In progress	100,000			**100,000**	-	100,000	Community Infrastructure Round 3
	Saltworks Boat Ramp Upgrade	-	0	In progress	99,123			**99,123**	-	99,123	State Grant MAST
	Total Marine Infrastructure	**-**	**0**		**199,123**	**-**	**-**	**199,123**	**-**	**199,123**	
Sewerage											
	Swanwick Waste System Pump Upgrade	-	0	Not started		15,000	-	**15,000**	15,000		
	Total Sewerage	**-**	**0%**		**-**	**15,000**	**-**	**15,000**	**15,000**	**-**	
Plant Equipment & Other											
	IT Computer equipment	12,220	41%	In progress		30,000		**30,000**	30,000		
	CRM Software implementation costs	121	1%			-	13,000	**13,000**	13,000		
	Office Equipment	-	0%			10,000		**10,000**	10,000		
	Waste Chipper	-	0%	quotes			250,000	**250,000**	125,000	125,000	Emergency Management State subject
	Waste Bulk Skip Bins	-	0%	quotes			100,000	**100,000**	100,000		
	Emulsion Trailer	-	0%				43,000	**43,000**	43,000		
	Grader (low hrs)	-	0%	In progess		420,000		**420,000**	420,000	-	
	Mower replace 2017 Mower JDeere Coles Bay	27,727	92%	complete		30,000		**30,000**	30,000		
	Small plant & Equipment	6,695	45%			15,000		**15,000**	15,000		
	Truck 16t tipper replace 2008 Hino16t A85NU Swansea	-	0%	In progress		190,000		**190,000**	190,000		
	Truck 7.5t tipper w crane replace 2010 Hino 7t B79TI Bicheno	-	0%	In progress		105,000		**105,000**	105,000		
	Ute Dual Cab 4wd replace Ute BT50 H92ME	90,174	180%	In progress		50,000		**50,000**	50,000		
	Ute extra Cab 2wd replace Ute Dmax H40SF	-	0%	In progress		45,000		**45,000**	45,000		
	Wagon replace MUX I42CX Works	-	0%	In progress		45,000		**45,000**	45,000		
	Wagon replace MUX I62BW Plumbing	39,796	88%	In progress		45,000		**45,000**	45,000		
	Wagon replace Ute Dmax J30LP P&D	41,198	92%	complete		45,000		**45,000**	45,000		
	Total Plant Equipment & Other	**217,932**	**15%**		**-**	**1,030,000**	**406,000**	**1,436,000**	**1,311,000**	**125,000**	
Total Capital Works		**1,208,291**	**14%**		**2,512,366**	**4,015,000**	**2,235,637**	**8,763,003**	**3,916,437**	**4,846,566**	

Profit and Loss

Glamorgan Spring Bay Council
For the 4 months ended 31 October 2024

Account	YTD Actual	YTD Budget	Budget Var	Var %	2024/25 Budget
Trading Income					
Rate Revenue	13,884,593	13,871,977	12,616	0%	13,871,977
Statutory Charges	252,975	224,332	28,643	13%	691,962
User Charges	661,164	503,410	157,754	31%	1,026,149
Grants	629,650	68,791	560,859	815%	1,467,660
Interest & Investment Revenue	270,524	176,368	94,156	53%	632,404
Other Revenue	392,039	352,492	39,547	11%	646,335
Total Trading Income	**16,090,944**	**15,197,370**	**893,574**	**6%**	**18,336,487**
Gross Profit	**16,090,944**	**15,197,370**	**893,574**	**6%**	**18,336,487**
Capital Grants					
Grants Commonwealth Capital - Other	101,381	1,682,443	(1,581,062)	-94%	2,662,443
Grants Commonwealth Capital - Roads to Recovery	0	0	0	0%	497,000
Grants State Capital - Other	430,366	187,500	242,866	130%	2,626,623
Total Capital Grants	**531,747**	**1,869,943**	**(1,338,196)**	**-72%**	**5,786,066**
Other Income					
Net Gain (Loss) on Disposal of Assets	36,481	0	36,481	0%	201,200
Contributions	186,883	110,000	76,883	70%	330,000
Total Other Income	**223,364**	**110,000**	**113,364**	**103%**	**531,200**
Operating Expenses					
Employee Costs	1,774,951	1,875,516	(100,565)	-5%	5,496,864
Materials & Services	2,854,298	3,187,120	(332,822)	-10%	8,263,316
Depreciation	1,281,293	1,244,312	36,981	3%	3,712,957
Interest	25,383	60,079	(34,696)	-58%	170,757
Other Expenses	106,108	97,620	8,488	9%	237,860
Total Operating Expenses	**6,042,034**	**6,464,647**	**(422,613)**	**-7%**	**17,881,754**
Net Profit	**10,048,910**	**8,732,723**	**1,316,187**	**15%**	**454,733**
Total Comprehensive Result (incl Capital Income)	**10,804,022**	**10,712,666**	**91,356**	**1%**	**6,771,999**

NOTES OF BUDGET VARIANCES > $50k and >10%.

1. Timing differences, marina berth fees now due annually in July following new marina licences arrangements up $184k as at October. Sale of steel up $16k, Swanwick water charges up $22k due to new subdivision. Caravan charges down $20k. Tassal variable water charges down on budget $35k due to no readings supplied.

2. Black summer bushfire grant funds for telstra works rolled over from prior year, not yet spent $566k. FAGS funds received as budgeted, $60k

3. Higher than expected interest on investments

4. Black summer bushfire grant funds for helipad received and rolled over from prior year works not yet started $101k. Community Development Grant Bicheno Gulch funds budgeted for July-Aug, received in late June $450k+$300k. Community Development Grant Bicheno Triangle $300k budgeted for Sept, expected to claim Dec 2024. LCRI4 Rehab Dolphin Sands Rd - Rheban Rd budgeted Sept, expected to claim Dec 2024.

5.Saltworks jetty $49k received and rolled over from prior year. Triabunna Tomorrow Streetscape $211k received and rolled over from prior year. Emergency Management Fund for 2022 Storm Damage $187k budgeted for Aug not yet claimed. Received $150k out of $250k from Tasmanian Community Fund for Coles Bay Hall Annex expected in Dec. Received $20k out of $40k for State vulnerable road users grant, expected in Apr 25.

6. Contribution for public open space up $64k, stormwater down $10k and subdivisions up $22k.

7. Adjustment for medical subidies down $94k due to EOFY timing, rental and lease costs down $44k, pension remissions up $19k, contractor services and materials down $157k & $15k.

8. Timing, end of year apportionment of loan repayments.

Statement of Financial Position

Glamorgan Spring Bay Council
As at 31 October 2024

Account	31 Oct 2024	30 June 2024
Assets		
Current Assets		
Cash & Cash Equivalents	11,334,275	8,036,845
Trade & Other Receivables	8,279,945	2,515,905
Other Assets	72,876	0
Total Current Assets	**19,687,096**	**10,552,751**
Non-current Assets		
Investment in Water Corporation	33,872,244	33,872,244
Property, Infrastructure, Plant & Equipment	211,852,617	213,133,910
Total Non-current Assets	**245,724,861**	**247,006,154**
Total Assets	**265,411,957**	**257,558,905**
Liabilities		
Current Liabilities		
Trade & Other Payables	184,605	908,886
Trust Funds & Deposits	401,439	394,402
Provisions	721,295	721,295
Contract Liabilities	0	928,735
Interest bearing Loans & Borrowings	299,655	384,912
Trust Funds & Deposits - Retention Monied Held	19,074	30,517
Total Current Liabilities	**1,626,069**	**3,368,747**
Non-current Liabilities		
Provisions	51,738	51,738
Interest Bearing Loans & Borrowings	5,434,693	5,434,693
Total Non-current Liabilities	**5,486,431**	**5,486,431**
Total Liabilities	**7,112,500**	**8,855,178**
Net Assets	**258,299,457**	**248,703,727**
Equity		
Current Year Earnings	9,595,730	4,941,530
Retained Earnings	99,834,435	94,892,905
Equity - Asset Revaluation Reserve	147,403,564	147,403,564
Equity - Restricted Reserves	1,465,727	1,465,727
Total Equity	**258,299,457**	**248,703,727**

Statement of Cash Flows

Glamorgan Spring Bay Council
For the 4 months ended 31 October 2024

Account	YTD Actual	2024
Operating Activities		
Receipts from Customers	8,265,914	17,574,209
Operating Grants	629,650	1,437,377
Payment to employees and Suppliers	(5,043,375)	(12,068,606)
Other Payments	(114,496)	(204,060)
Finance Costs Paid	(65,165)	(207,722)
Net Cash Flows from Operating Activities	**3,672,528**	**6,531,198**
Investing Activities		
Proceeds from sale of property, plant and equipment	40,130	140,351
Payment for property, plant and equipment	(1,393,578)	(5,607,733)
Receipts from capital grants	1,068,013	1,343,076
Net Cash Flows from Investing Activities	**(285,436)**	**(4,124,306)**
Financing Activities		
Trust funds & deposits	(4,406)	18,852
Proceeds from/ repayment of long term loans	(85,257)	(1,767,274)
Net Cash Flows from Financing Activities	**(89,663)**	**(1,748,421)**
Net Cash Flows	**3,297,429**	**658,471**
Cash and Cash Equivalents		
Cash and cash equivalents at beginning of period	7,943,937	7,285,466
Cash and cash equivalents at end of period	11,241,367	7,943,937
Net change in cash for period	**3,297,429**	**658,471**

Application Number	Applicant name	Address	Application details	Representations received (N/A for Permitted)	Summary of representation.	Officers consideration of representation	Approval date
DA2024/178	MJ Architecture	8 Meika Place, Coles Bay	Single Dwelling	1	There is no setback from the boundary, rep requesting a bigger setback to avoid overlooking issues.	The building has been placed here due to topographical constraints and landslip issues. The areas facing the adjoining property are not habitable rooms apart from one bedroom which has a very small window. Given the neighbouring properties house is setback 5m and the setback is consistent with other properties within the area it is consistent with the character.	04/10/2024

cohealth
care for all

literature review

Primary care Rural Innovative Multidisciplinary Models (PRIMM) Project

East Coast Tasmania

contents

background

This Literature Review is one of four key background documents developed for the scoping phase of the Primary care Rural Innovative Multidisciplinary Models (PRIMM) project on the East Coast of Tasmania. The purpose of PRIMM project is to develop a community-designed plan for multidisciplinary primary care services and innovative workforce solutions for the Glamorgan Spring Bay (GSB) Local Government Area (LGA).

Primary health services are defined as those which are delivered outside and acute setting with a restorative or health maintenance function. It includes general practice, nursing and services such as midwifery, pharmacy, dentistry, Aboriginal health services and allied health. The sector covers a range of public, private and non-government health services and health service providers.

The four background documents are:

- **Literature Review** – to explore Tasmanian primary healthcare-related research and grey literature from rural and remote contexts, with a particular focus on the GSB LGA
- **Needs Analysis** – to provide a broad overview of the primary health needs
- **Funding Mapping** – to identify key sources and amounts of primary health funding into GSB LGA
- **Service Mapping** – to identify all primary health services delivered in the GSB LGA

These documents discuss primary health services that are delivered within GSB, remotely via telehealth, or accessed through travel outside of the GSB LGA.

The aim of the Literature Review is to undertake a rapid review of primary health care literature relating to the East Coast of Tasmania.

These four documents constitute the scoping phase of the PRIMM project and will provide the basis for the second phase of this project, the consultations in July-December 2023. The third and fourth stages are service design and consolidation and workforce partnership.

executive summary

Geography impacts healthcare access, impacts which are particularly felt by widely dispersed populations such as those in rural and remote Australia[1] and are whom are known to experience greater challenges in accessing healthcare services than those who live in major cities and regional centres, contributing to poorer health outcomes[1–3].

Tasmania is a small island state of Australia, with a population of around 560,000 people[4]. The majority of the island is classified as rural or remote[5]. Around 35% of the population lives outside the regional centres of Hobart, Launceston, Devonport and Burnie[4].

The upper two-thirds of the east coast of Tasmania comprises two local government areas, Break O'Day and Glamorgan Spring Bay, and localities are classed as either small rural towns (MM5) or remote communities (MM6)[6,7].

Broadly speaking the health needs of the region can be summarised as "compared to Tasmanians living in urban areas, those living in rural and remote areas are older, sicker, poorer and experience more negative health outcomes related to the social determinants of health."[8].

Primary healthcare (PHC) "is a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people's needs as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment."[9]. As a whole-of-society approach, primary health care has three crucial and inter-related components; a) primary care and essential public health functions as a core of integrated health services; (b) multisectoral policy and action; and (c) empowered people and communities[9].

Primary healthcare services are crucial to overcoming geographical barriers to healthcare access and addressing health inequities[1,9], such as those experienced by people living on the east coast of Tasmania. Thomas et al[10] suggest that the "primary care and essential public health services" elements of primary healthcare can be separated into eight key categories (Table 1) and recommend population sizes where these services should be provided by resident health workers in Australia[11]. However, the mere presence of health services does not imply equitable access[12]. In the Australian context, access has usefully been described as "the potential ease with which consumers can obtain health care at times of need….that access is determined by the fit between how well the health system meets differing population characteristics across a set of specific dimensions"[13]. The seven interrelated dimensions of access discussed by Russell et al are summarised in Table 2.

Table 1: Components of Primary healthcare and key categories of Primary Care and Public Health Services

	Component of PHC	Code
Multisectoral Policy & Action		MPA
Empowered People & Communities		Emp
Core Primary care/ essential Public Health service	*Illustrative list*	
Care of the sick & injured	24h care including evacuation, treatment of injury and poisioning, pathology, radiology, provision of essential drugs, patient advocacy	ACUTE
Public health & illness prevention	Immunisation, communicable disease control, targeted and broad health promotion programs, screening programs, youth programs, well men's and womens programs, advocacy	PH
Mental health & social & emotional wellbeing	Counselling, drug and alcohol treatment	MH&SEWB
Rehabilitation	Post stroke care, programs, alcohol and other drug rehabilitation, after trauma	REHAB
Maternal & child health	Antenatal care, postnatal care, universal child health checks, immunisation	MCH
Oral and dental health		DENT
Sexual & Reproductive health	Sexually transmitted infections and blood borne virus screening and management, Family-planning services,	S&RH
Allied health services	Aged and disability services, Palliative care, Counselling & social work, Family and domestic violence support, Audiology, Dietetics, Occupational Therapy, physiotherapy, Podaitry, speech pathology, psychology, optometry	AH

Table 2: Dimensions of Access

Dimension	Definition[1]	Code
Availability	As a dimension of access, availability relates to the type and amount of PHC facilities and services compared to population health needs (p63)	Av
Timeliness	Timeliness "refers to the degree of separation by time between health care providers and health care consumers, relative to the urgency of the PHC need" (p65)	T
Geography	In terms of PHC access, geography relates to the ease with which people can travel the distance between their location and the location of the PHC service (p63)	Geo
Affordability	Affordability is the dimension of PHC access related to the ease with which a person can meet the direct and indirect costs of their healthcare (p63)	Af
Acceptability	The acceptability of PHC services involves the relationship between consumer attributes, attitudes and beliefs about their health to provider and health service characteristics such as provider attributes and the attitudes of providers towards consumers[13].	PH
Acp	Counselling, drug and alcohol treatment	MH&SEWB
Accommodation	The degree of accommodation of PHC services refers to the ease with which consumers can contact, gain entry to and navigate the service or system (p65)	REHAB
Acm	Antenatal care, postnatal care, universal child health checks, immunisation	MCH
Awareness	Relates to the communication of health and health system/service information between providers and consumers[13].	DENT

In 2021 the Australian Government introduced competitive funding through Primary Care Rural Innovative Multidisciplinary Models (PRIMM) grants. The grants enable organisations to work with rural and remote communities and develop models of healthcare that better meet community needs[14].

This review intends to explore Tasmanian primary healthcare-related research and grey literature from rural and remote contexts, with a particular focus on the Glamorgan-Spring Bay (GSB) local government area (LGA). The purpose of the review is to provide background information that can be utilised in the development of a community-designed plan for multidisciplinary primary care services and innovative workforce solutions for the GSB LGA, funded through a PRIMM grant.

A rapid review was conducted, the method is described in further detail in Appendix 1. Structural coding was applied to all identified sources informed by the three key components of primary health care (World Health Organisation & United Nations Childrens Fund, 2018), the eight key categories of primary health care services described by Thomas[10] and the dimensions of access as defined by Russell et al[13] structural coding was applied to relevant sections of all identified sources. Findings are presented as a narrative summary.

Image 1: Tasmanian Health Service regional boundaries

Image 2: Statistical Area 4 Boundaries

findings

Findings are reported under sub-headings indicating primary relevance to specific components of primary healthcare, category of primary care or public health service or dimension of access. Health workforce issues also significantly impact primary healthcare in rural and remote settings and an additional sub-heading for Workforce (W) has been included. Inter-relatedness is demonstrated through the application of relevant additional codings as described in Table 1 and Table 2, highlighting the complexity of identifying and understanding primary healthcare systems and services in Tasmania.

General findings

Discussion of rural health-related data commonly occurred in groupings that reflect the Tasmania Health Service regions of North-West, North and South and Statistical Area Level 4 groupings which have similar boundaries to the three THS regions (Image 1, Image 2).

Of the three key components of Primary Health Care, data relating to primary care services was the most frequently discussed. Discussion on health workforce issues was prevalent in research and grey literature. Only four sources contained data explicitly related to GSB LGA[8,15–17], two additional sources contained data specific to Break O'Day LGA[18,19].

Glamorgan Spring Bay specific findings

- At 122 per 1000 people, the SA3 South-East coast region had the equal highest crude incidence rate of annual ambulance dispatches in the state for the period 2009 – 2015[16] (**Acute, T, Av, Geo**).
- Anecdotally the recent provision of salaried paramedics in the GSB LGA has reduced the number of emergency presentations at the General Practices in the towns where paramedics are located[8] (**Acute, Av, T**).
- Anecdotally Extended Care Paramedics further enhance home-based assessments and local management of patients where appropriate, supporting the work of local General Practices[8](**Acute, T, Av**).
- There is reduced access to imaging, pathology and allied health services in GSB and Break O'Day LGAs[8] (**Acute, AH, PH, T, Geo, Av, Af**).
- There are no First Nation's specific health services on the east coast of Tasmania[17] (**Acute, PH, Av, Af, Acp**).
- Financial incentives and smoking cessation support provided by rural community pharmacists may improve access to smoking cessation programs in rural and remote regions[15] (**PH, Av**).

Collective findings for rural and remote Tasmania

Availability (Av)

Specific considerations for the availability of PHC in rural and remote Tasmania are the known higher rates of multi-morbidity, socio-economic disadvantage, lower levels of health literacy and a hyper ageing population[3,8].

The centralisation of health services in Tasmania, a state with a decentralised population, has resulted in a lack of non-GP specialist and allied health services in rural and remote regions[8,20,21] and a greater reliance on generalist service providers such as General Practitioners (GPs) and Registered Nurses (RNs)[8,20] (**Acute, AH, Rehab, PH, SRH, M&CH, MH&SEWB**). There is a shortage of GPs and RNs in these areas which has subsequent implications for the affordability, availability and timeliness of care[8] (**Af, T, W**). Notably, for the period 2011-2016 the SA4 South-East region of the state had the highest population dependency ratio and lowest per capita hours of care across all health and care profession types[22] (**W**).

There are few permanent or outreach public health or priority population health services, such as immunisation clinics, sexual health services, LBGTIQ+, First Nations, migrant and refugee health, in rural and remote Tasmania[8,23–25] (**Acm, PH, SRH**). These services are frequently provided through private general practice in rural and remote areas, or patients are required to travel to access them[24,25] (**Geo, Acm, Af**). Similarly, the local availability of dental care is a concern[8,20] (**DENT, Ti**).

Furthermore, whilst numerous sources highlight that increasing health literacy and access to collaborative multi-disciplinary care is critical to reducing the strain on the acute care sector[8,20,21,26–29], difficulty in accessing these supports and services in rural and remote Tasmania is evident[8,20,28,29] (**Ti, Geo, Af, MPA, PH**). Notably, Tasmania is reported as having proportionately, a smaller allied health workforce than other states, with a disproportionate shortage in rural and remote regions[8] (**AH, Ti**).

Timeliness (Ti)

Timeliness is of particular importance for rural and remote populations where there may be additional delays in access due to provider availability or the implications of travel time[13] (**Av, Geo**).

An additional consideration in the timeliness of PHC in rural and remote Tasmania are frequently reported delays in healthcare seeking[8,20,29,30]. Reasons for this delay may be singular or multiple and interrelated[8,20]. A lack of access to bulk-billed GP services may be contributing to people delaying seeking healthcare and presenting at emergency departments either as an alternative to GP care or because of deterioration in their health status[8,20,29] (**Af**).

Other commonly reported reasons for delays in seeking care include a lack of available local appointments (**T, Av, Acm**) or the inability to afford services or travel (**Af, Geo**), a lack of inclusive and culturally safe services for diverse and priority population groups (**Acp**) or low levels of health literacy that result in reduced awareness of the need for healthcare or knowledge of available services (**Aw**). When there are delays in people seeking healthcare it can result in increased acuity or complexity of health problems and results in greater health resource utilisation[8,29,30], thereby further impacting resource availability (**Av, T**).

The higher health needs of rural and remote Tasmanians and lower GP-to-population ratios than elsewhere, contribute to significant wait-times to access GP-provided primary care in many regions[8]. Fewer resident allied health providers, pathology providers and locally based imaging services and a reliance on visiting services also impact the timeliness of PHC (**AH**).

Tourist-based adventure activities are increasing the rate of rural and remote trauma presentations which is increasing the demand on emergency services[8]. Emergency department presentations in Tasmania have been increasing at rates inconsistent with population growth and Tasmania has the longest wait-times for patients requiring hospital admission from the emergency department in the nation. This is impacting quality of care, results in ambulance ramping which in turn delays the return of rural/remote ambulances to their regions, further impacting ambulance response times there[8,21] (**Acute, Av**) .

Geography (Geo)

Population size and density in Tasmania means it is not feasible for certain specialist services to be provided in the state. The cost of travel interstate to access some specialist services has significant financial implications for the state's health system and individuals (PTAS, Subcommittee) (**Av, Af**).

The centralisation of health services within the state has also resulted in an increased travel-burden on people from rural and remote Tasmania[8,20](**Av**). Transport costs are threefold; the direct cost of transport and indirect costs such as income lost due to work absences and social cost in terms of implications on family logistics and community obligations[31] (**Av, Af**). Travel associated with local appointments can also be problematic due to a lack of public transport services[29,32]. Difficulties with travel may be exacerbated for those with mobility problems, even where public transport options are available[20].

Several transport assistance schemes exist to help address difficulties and costs associated with healthcare-related travel. These include the Patient Transport Assistance Scheme (PTAS), Community Transport Services Tasmania and Community Cars[8,20]. Community Cars and Community Transport Services rely on volunteer drivers and availability varies as a result[8]. Despite subsidies and subsidised services, the cost of healthcare-associated travel is still a significant burden on many people[8,20,31] (**Af**). Other funded transport services to assist people in rural Tasmania include the Cancer Council *transport2treatment* service, the Department of Health subsidised Health Link bus and transport support services funded through First Nation's Integrated Team Care (ITC) funding, examination of public domain information suggests that none of these services operates on the east coast of Tasmania, in either north or south administrative regions[8,33,34].

Affordability (Af)

People living in rural and remote areas of Tasmania experience higher direct PHC costs due to reduced rates of bulk-billing by both GP and allied health providers, and indirect costs such as transport, lost income due to time away from work and costs associated with accessing digital technology to support the use of the growing number of telehealth services[8,20]. In terms of affordability of PHC services, Callander and colleagues (2017) found that nationally, Tasmania and the Northern Territory had the highest out-of-pocket costs for key primary health care services and the poorest overall health status.

Numerous sources point to failures in Medicare Benefits Scheme (MBS) funding arrangements for primary health care as the reason for higher out-of-pocket costs[8,20,29]. Multiple submissions to the states inquiry into Rural Health Services[8] noted that the MBS does not adequately provide for the higher costs of providing care in rural and remote regions where rates of multi-morbidity are higher. Workforce recruitment and retention challenges, a heavy reliance on locum providers and drive-in-drive out services also increase the cost of delivering services in these areas whilst challenging continuity of care [8].

Le and colleagues[20] noted that in one rural region of Tasmania, the out-of-pocket costs of both GP and specialist appointments resulted in people avoiding care, opting instead for alternative and first-aid type treatments for complex health problems (**Ti**). Costs of care were noted as particular barriers for both young and First Nations people[17,32]. Use of emergency departments as a free alternative to GP, medical specialist and outpatient imaging was discussed in multiple submissions reported in the *Report on Rural Health Services in Tasmania*[8].

The centralisation of obstetric and maternity services to the centres of Hobart, Launceston and Burnie has resulted in significant additional costs, social disruptions and concern for rural women and families in accessing maternity care[31] (**Av, Acp, Mch**). Notably, 73% (16/22) of participants in one study reported that the financial burden of accessing care was a significant issue[31] (**Mch, Acp**). The majority of participants felt that antenatal check-ups (Strongly Agree/Agree, 95.1%), antenatal classes (Strongly Agree/Agree, 93.2%) and postnatal check-ups (Strongly Agree/Agree, 98.1%) should be provided locally[31] (**Av**).

Acceptability (Acp)

Definitions of acceptability point towards the importance of contemporary concepts such as cultural safety and inclusivity in ensuring the acceptability of PHC services. Similar to the rest of the nation, access to inclusive services, particularly inclusive mental health and sexual health services is a concern for LBGTIQ+ people living in rural and remote Tasmania[8,24,25,32] (**Av**).

Sex-workers in Tasmania also report difficulty in accessing inclusive services[36] (**Av**). Furthermore, more than one-third of First Nations people in Tasmania report not accessing care due to a lack of culturally appropriate care[3] (**Ti, Av**). As the state with the second highest proportion of First Nations people in the nation, this is a significant concern. There are few Aboriginal Community Controlled services operating in the state and none of the east coast of Tasmania[17] (**Av, Geo, W**). Primary Health Tasmania and the Tasmanian Health Service have recently identified the need to improve the cultural safety of services[3,26].

Accommodation (Acm)

Russell and colleagues[13] suggest that accommodation is a particularly important dimension of access for people who have multiple or complex needs and may need to navigate multiple service providers/systems or negotiate multiple appointment arrangements. Rural and remote Tasmania has a higher proportion of people with multi-morbidity and complex care requirements than elsewhere in the state, accommodation is therefore a significant consideration in accessibility. In Primary Health Tasmania's submission to the state's inquiry into rural health services, they comment that:

> *"Primary care is critical and comprehensive, but organisations are challenged by fragmentation, poor coordination, and variable integration into the overall health*

system. People in rural and remote areas have less access to health professionals and to multidisciplinary teams than people who live in more urban areas" [8]

Health system navigation is a particular issue for people in rural and remote Tasmania [3,26,29]. Lower levels of health literacy, needing to access multiple healthcare providers and a lack of resourcing for care coordination across the spectrum of PHC services, are reported as key concerns[8,26] (**Aw, Af**).

Awareness (Aw)

Awareness is a dimension of access particularly relevant for people who have poor health literacy or who are unaware of available services[13]. A lack of awareness of PHC services may be contributing to a increasing number of emergency department presentations and is a particular concern in Tasmania[3,8,29] (**Acute, Ti**).

Ridge et al[29], suggest that disease-specific education interventions are likely to have little effect on reducing rates of potentially preventable hospitalisations and that targeting health literacy more broadly may be more effective. However, Hughes[28] identifies the following challenges in Tasmania related to health promotion;

- the responsibility for resourcing health promotion is contested
- there is only a small, qualified health promotion dedicated workforce in the state
- there are limited opportunities for education and professional development related to health-promotion in Tasmania further impacting workforce availability and capacity.

Workforce

Discussion on workforce issues dominated the research literature (7/29, 24%). In terms of the healthcare workforce, Tasmanian research evidence suggests:

- The largest health workforce growth in Tasmania (2011-2016) was in the number of Carers[22].

Medical workforce:

- University of Tamania international fee-paying medical students do not contribute significantly to the rural and remote medical workforce post graduation[37].
- Graduates of the University of Tasmania's School of Medicine who spent at least 12 months at a Rural Clinical School are more likely to practice in a rural or remote location than students who did not attend a Rural Clinical School[38].
- Rural General Practice intern programs can be delivered successfully in Tasmania, offer diverse clinical and non-clinical experiences and may help interns identify rural training pathways for the future[39].
- Challenges for rural general practices in hosting intern programs include the availability of space, understanding and managing workflows, and staff and community understandings of intern scopes of practice[39].
- The majority of International Medical Graduates (IMGs) who arrive in Tasmania stay for 2 years or less, the intention of IMGs to remain in Tasmania is strongly linked to their families' desire to remain in the state[40].

Nursing workforce:

- Rurally based preceptors of nursing students report difficulties in balancing their own clinical workloads and preceptor responsibilities[41].
- An alternative model of nursing student placement supervision, that addresses unique location needs in rural/remote Tasmania (whole-of-community facilitators) was accepted and valued by students and host facilities and increased the quality of placement experience and the capacity for facilities to host students[42].
- There is a lack of clarity in the definition of the term 'community nurse' and a poor understanding of the role of community nurses by the acute-care sector, state-wide there is variability in the hours of operation and role of community nurses in rural settings[43]
- The diversity and acuity of care in the community is increasing and community nurses require ongoing access to education and training to maintain the broad skill-sets required in their roles[43].
- Graduate nurses and midwives in Tasmania feel that obtaining regional and rural employment is easier than urban employment where competition for roles is greater but the decision to apply for rural roles is influenced by the availability of transition to practice programs[44].

Allied health workforce

- Obtaining graduate employment was perceived as being difficult for allied health professionals with fewer roles and greater competition resulting in some graduates accepting less preferential clinical or locality based roles[44].
- Rural radiographers can provide support to rural GPs in timely image interpretation, this support can be enhanced by clear communication pathways and additional training for radiographers[45] (**Ti, Av**).

Research findings related to categories of PHC service

Mental health, social and emotional wellbeing

- Community gardens were found to be sites of informal mental health, grief and loss, drug and alcohol and family and domestic violence support with users reportedly linking others to local service providers[46] (**Aw, Emp**). Some service providers utilised community gardens as sites to provide outreach, education and support in informal settings[46] (**Acp**).
- There are specific considerations for the successful implementation and ongoing sustainability of a systems-based approach to suicide prevention in rural Tasmanian locations; clear and early communication, co-design, community ownership and appropriate resourcing are identified as crucial elements[18], and Workging Group participants felt that a participatory action research approach contributed to sustainability[19] (**Emp, MPA**).
- Despite the presence of mental health professionals in some regions, locally based mental health services were lacking[20] (**Av, Ti**).
- Of the 11 OECD Better Life Indicators, the majority of Tasmanians rank 'Health' as the most important for their overall well-being, but also at the top of their concerns for the future[47].

- Young Tasmanians report it is important for their GPs to discuss mental health in consults even when it is not the presenting issue[32] (**MH, Acp**).

Public health and illness prevention

- In regional and rural Tasmania the rates of potentially undiagnosed asthma in children are higher than elsewhere in the nation[48].
- Community gardens can be sites of health-promoting activities such as cooking classes, access to low-cost/free nutritious food and social connectedness[46] (**Emp, MH**).
- Telephone mentoring provided by nurses improved chronic condition management for people living with chronic obstructive pulmonary disease, but did not improve quality of life[49].

Care of the sick and injured

- Nationally, at a Primary Health Network level, Tasmania and the Northern Terroritory have the highest out-of-pocket costs for primary health care and the poorest health[50]
- Children from rural (OR 0.64, 95% CI 0.48, 0.86) and remote (OR 0.18, 95% CI 0.11, 0.28) Tasmania are less likely to be frequent presenters at emergency departments in the states major hospital facilities[51]
- Tasmanian ambulance response times are on the increase and are the highest in the nation[16]
- Residents of rural Tasmania report a desire for improved after-hours urgent care services[20]

Maternal and child health

- Living in outer remote and regional Tasmania was associated with a high service usage of universal child health and early education services[52].
- Many regions of rural and remote Tasmania lack locally available maternity services and there is significant consumer desire for antenatal and postnatal care to be provided locally in rural and remote Tasmania[31].
- GPs in Tasmania report that access to termination of pregnancies is more difficult for women who live in rural and remote locations and GPs from rural locations were more likely to be interested in providing early medical abortion than those in urban locations[53].

Sexual and reproductive health

- Bi-sexual women report barriers accessing sexual health care in rural Tasmania, visual displays of inclusivity in clinics, use of gender neutral language and evidence of non-judgemental attitudes during consults can increase the acceptability of services for women in these locations[24].
- Some gay and bi-sexual men in Tasmania report challenges accessing public sexual health clinics due to their opening hours, conflicts with work schedules and the amount of travel involved[25].
- Despite discrete signage, gay and bi-sexual men in Tasmania report concerns regarding confidentiality when accessing public sexual health services, some men prefer to access

sexual health care through their GPs as a more discrete alternative however cost was a concern[25].

- HIV positive men report barriers in accessing authorised prescibers for antiretroviral therapy (ART)and travel involved in access ART results in challenges in continuity of therapy for some people[25].
- Sexual health, contraception and STIs were identified by young rural Tasmanian's as priority issues they would like their GPs to raise in all discussions even if they were not the reason for presentation[32].

discussion

Implications of administrative boundaries, terrain and transport

The common practice in government publications and research reports of discussing data in terms of administrative boundaries such as THS regional boundaries, or at the Statistical Area (SA) 3 or SA4 level separates the east coast in two across the 'North' and 'South' regions[3,16,22,26,27,40]. This is likely obscuring the realities of health status and healthcare access for people who live in the GSB LGA and on the east coast in general. Additionally, the absence of data reporting from district hospital sites (St Mary's Community Health Centre, St Helen's District Hospital) and THS contracted bed sites (May Shaw Health Centre) is also preventing a comprehensive understanding of health status and healthcare utilisation in the region.

Significantly, data such as admissions and emergency department presentations at District Hospital sites are not included in publicly available datasets, impacting population health analysis and health service planning for the region. Additionally, nationally PHC performance data reported by the Australian Institute of Health and Welfare is grouped at the Primary Health Network level, Tasmania has a single PHN, concealing performance data for the discrete geographical regions that comprise rural and remote Tasmania.

Terrain has a significant impact on the availability of road access to the east coast of Tasmania. Communities in the Glamorgan-Spring Bay and Break O'Day LGAs are separated from the population centres of Launceston in the north and Hobart in the south by numerous mountains, ranges and mountain tiers. This has resulted in the presence of only four key, bitumenised, access roads to the coastal regions. In the last two years, prolonged closures of sections of the A3, south of Orford, and St Mary's Pass and Elephant Pass, south of St Helen's, due to landslips and road instability significantly impacted access to healthcare and other services for people on the east coast.

Burden of care

A lack of funded population health programs and services in rural and remote regions of Tasmania suggests that the burden of care for sexual health, youth health, refugee and migrant health and immunisation services rests with GPs. In centres such as Hobart, Launceston and Devonport or Burnie this care may be provided by dedicated services, alleviating some of the pressure on General Practice. Furthermore, in rural localities with District Hospitals, Community Health Centres or funded THS beds, rural GPs, contracted by the THS through Rural Medical Practitioner Agreements, also assume the burden of care for emergency presentations and sub-acute inpatient management[54]. Thus, due to MBS primary care and public and population health funding mechanisms and health system design, a relatively small GP workforce maintains significant day-to-day burden of care responsibility for rural and remote communities. A lack of multidisciplinary care teams and scope of practice limitations on some health professional groups also places significant strain on the rural healthcare workforce in Tasmania[8].

Equitable distribution of health services, based on identified needs, is a key element of primary health care. Except for studies related to the National Suicide Prevention pilot[18,19], this review failed to identify any examples of equitable healthcare distribution in rural and remote Tasmania. Rather, the majority of sources highlighted access barriers and workforce issues. Similarly, few sources provided evidence of community empowerment or multi-sectoral policy and action elements of primary healthcare[18,46,52].

conclusion

Despite broad inclusion criteria, this rapid review identified few sources describing programs or initiatives on the east coast of Tasmania, or rural and remote Tasmania in general, that fit WHO descriptors of primary health care.

Evidence suggests that GPs maintain the burden of primary care and public health services in these regions, without ease of access to integrated, multidisciplinary support as indicated by complexity of need, or in line with the State Governments aspirational goals of equitable care delivered closer to home.

This review has highlighted significant issues in rural and remote Tasmania in terms of the interrelated domains of access that are likely contributing to the geographical manifestation of health inequities seen in the state. Population-based approaches to primary healthcare service design may be more successful in addressing these disparities if they focus on discrete localities rather than the three commonly utilised THS or SA3, SA4 regions. Increased understanding of local health service utilisation patterns, including emergency presentation and admission data from District Hospitals would contribute significantly to a more comprehensive understanding of need in order to inform service design.

The limited sources that described programs or services broadly fitting definitions of primary health care highlighted the importance of community participation in design and engaging local knowledge and expertise, alongside multi-agency participation, for the long-term sustainability of initiatives. Given that readily available health data obscures the reality of health on the east coast, this is a particularly relevant consideration for policy makers and funders, who are more likely to be located in urban locations and lack the lived experience of health or health service utilisation in rural and remote Tasmania[1].

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Appendix 1

A rapid review of research and grey literature (Government and organisational publications available in the public domain) was undertaken in which elements of a systematic review were modified to produce information in a brief period of time[55].

The search strategy and inclusion and exclusion criteria are outlined in Table 3 and PRISMA flowchart (Image 3).

Table 3 Rapid review search strategy

	Inclusion criteria	Exclusion criteria
Databases	Medline, Scopus, Proquest Central and Google Scholar (first 1000 records only)	Google scholar record >1000
Search terms wth BOOLEAN operators AND/OR	health, Tasmania, primary care, primary health care, community health	acute care setting only, medication focussed intervention,
Type of source	Research or grey literature (organisational or government reports/publications)	Study protocols only,
Place	Rural or remote Tasmania	Urban/Major city/ Regional centre Tasmanian, No Tasmanian data
Time period	01/01/2012 – 03/01/2023	
Language	English	Languages other than English

Abstracts and document summaries were reviewed by a single reviewer and inclusion and exclusion criteria were applied. A single reviewer completed fulltext review of all sources where inclusion and exclusion criteria were applied in further detail. Quality appraisal of sources did not occur.

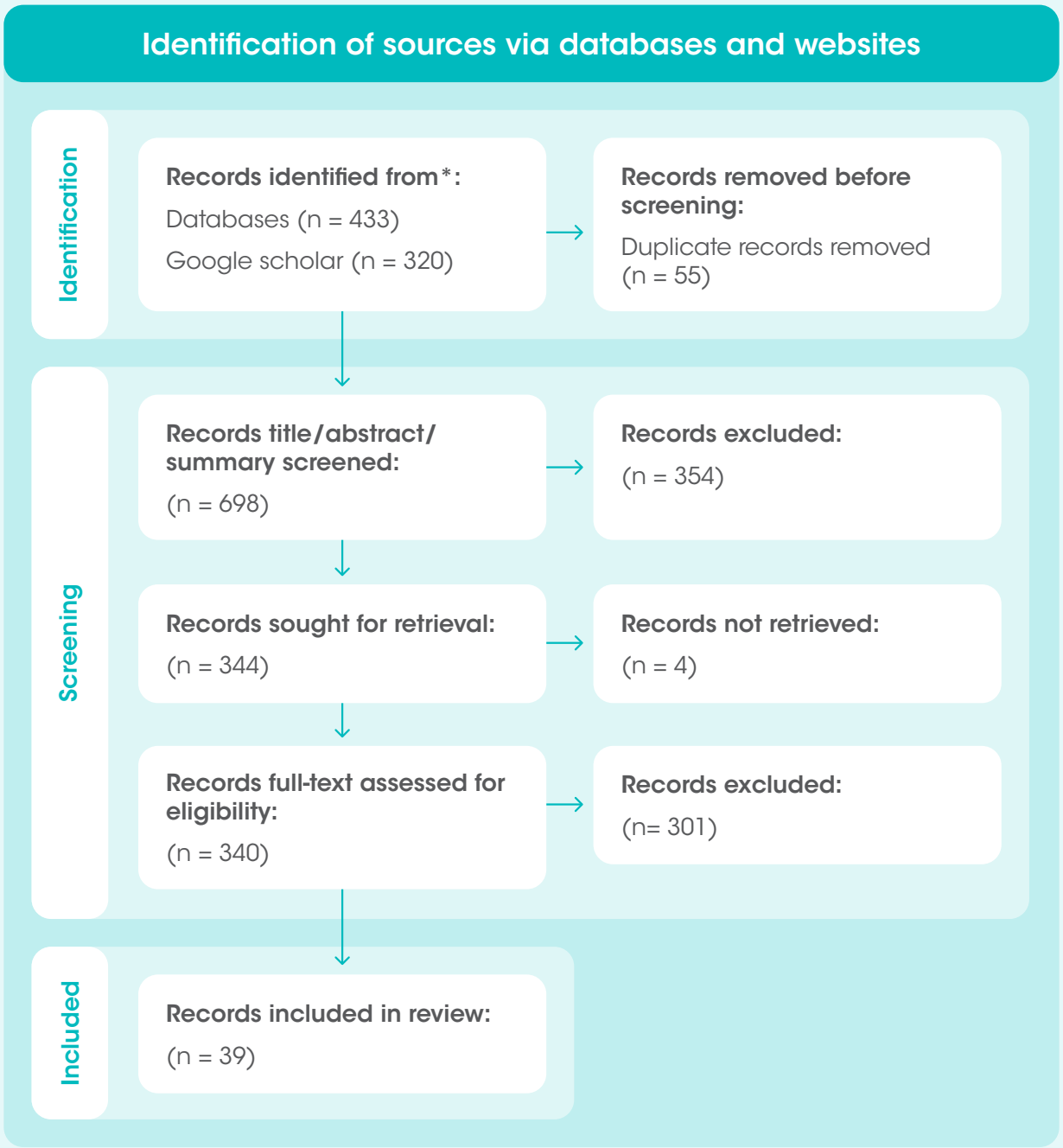
Atlas Ti Windows (version 23.0.8.0) was utilised for the structural coding of all sources to inform the narrative summary. Structural coding was informed by the three key components of primary health care (World Health Organisation & United Nations Childrens Fund, 2018), the eight key categories of primary health care services described by Thomas[10] and the dimensions of access as defined by Russell et al[13]. Key characteristics of included sources are included in Appendix 2.

Appendix 2

Table 4 Source details

Author	Year	Source Type	Source detail
Andrewartha J, Allen P, Hemmings L, Dodds B, Shires L	2020	Research	Qualitative research
Ascencion-Lane DJC	2022	Grey literature	Organisational document
Australian Institute of Health and Welfare.	2020	Grey literature	Government report
Barrett A, Terry DR, Lê Q, Hoang H	2016	Research	Qualitative research
Breen RJ, Frandsen M, Ferguson SG	2021	Research	Intervention trial
Callander E, Larkins S, Corscadden L	2017	Research	Quantitative
Callander E, Larkins S, Corscadden L, Callander E, Larkins S, Corscadden L.	2017	Research	Quantitative research
Cheek C, Hays R, Allen P, Walker G, Shires L	2017	Research	Cohort study
Coe S, Marlow A, Mather C	2021	Research	Action research
Department of Health Tasmania	2021	Grey literature	Government report
Department of Health Tasmania	2022	Grey literature	Government report
Department of Health Tasmania	2022	Grey literature	Government report
Edwards LJ	2018	Research	Quanitative research
Forrest R, Duigan N, Edmunds L, Gaffney M, Harriss D, Lovell S.	2022	Grey literature	Government report
Grant R, Nash M.	2019	Research	Qualitative research
Grattidge L, Purton T, Auckland S, Lees D, Mond J	2022	Grey literature	Qualitative research
Hoang H, Le Q, Terry D	2014	Research	Qualitative research
Hughes R.	2021	Grey literature	Organisational report
Jessup B, Barnett T, Cross M, Obamiro K, Mallick S	2021	Research	Mixed methods
Jessup B, Barnett T, Obamiro K, Cross M, Mseke E	2021	Research	Quantitative
Le Q, Nguyen HB, Auckland SRJ, Hoang H, Terry DR	2012	Research	Qualitative research
Lea T, Anning M, Wagner S, Owen L, Howes F, Holt M	2019	Research	Qualitative research
Lester L, Banham R, Horton E, Pisanu N, Remund A, Steel R, et al	2021	Grey literature	Organisational report
Marsh P, Brennan S, Vandenberg M	2018	Research	Action research
Neil AL, Chappell K, Wagg F, Miller A, Judd F.	2021	Research	Cohort study
Ogden K, Ingram E, Levis J, Roberts G, Robertson I	2021	Research	Mixed methods
Primary Health Tasmania	2021	Grey literature	Organisational report
Reynish TD, Hoang H, Bridgman H, Nic Giolla Easpaig B	2022	Research	Qualitative research
Ridge A, Peterson GM, Kitsos A, Seidel BM, Anderson V, Nash R	2021	Research	Cohort study
Ridge A, Peterson GM, Seidel BM, Anderson V, Nash R	2021	Research	Qualitative research
Shires L, Allen P, Cheek C, Wilson D	2015	Research	Cohort study
Smith L, Purton T, Auckland S, Lees D, Mond J	2020	Research	Action research
Squibb K, Smith A, Dalton L, Bull RM	2016	Research	Qualitative research
Taylor CL, Christensen D, Jose K, Zubrick SR.	2022	Research	Cohort study
Terry DR, Quynh L	2021	Research	Quantitative research
Turner L, Spencer L, Strugnell J, Chang J, Di Tommaso I, Tate M, et al	2017	Research	Mixed methods
Walters J, Cameron-Tucker H, Wills K, Schuz N, Scott J, Robinson A, et al	2013	Research	Randomised control trial
Weber HC, Walters EH, Frandsen M, Dharmage SC	2019	Research	Quantitative research
Zournazis HE, Marlow AH	2014	Research	Mixed methods

Image 3: PRISMA 2020 flow diagram



From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71. For more information, visit: http://www.prisma-statement.org/

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needs analysis

Primary care Rural Innovative Multidisciplinary Models (PRIMM) Project

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background

This Needs Analysis is one of four key background documents developed for the scoping phase of the Primary care Rural Innovative Multidisciplinary Models (PRIMM) project on the East Coast of Tasmania. The purpose of PRIMM project is to develop a community-designed plan for multidisciplinary primary care services and innovative workforce solutions for the Glamorgan Spring Bay (GSB) Local Government Area (LGA).

Primary health services are defined as those which are delivered outside and acute setting with a restorative or health maintenance function. It includes general practice, nursing and services such as midwifery, pharmacy, dentistry, Aboriginal health services and allied health. The sector covers a range of public, private and non-government health services and health service providers.

The four background documents are:

- **Literature Review** – to explore Tasmanian primary healthcare-related research and grey literature from rural and remote contexts, with a particular focus on the GSB LGA
- **Needs Analysis** – to provide a broad overview of the primary health needs
- **Funding Mapping** – to identify key sources and amounts of primary health funding into GSB LGA
- **Service Mapping** – to identify all primary health services delivered in the GSB LGA

These documents discuss primary health services that are delivered within GSB, remotely via telehealth, or accessed through travel outside of the GSB LGA.

These four documents constitute the scoping phase of the PRIMM project and will provide the basis for the second phase of this project, the consultations in July-December 2023. The third and fourth stages are service design and consolidation and workforce partnership.

executive summary

The needs analysis illustrates that the GSB area has demographic indicators that point to more complex health needs than both the Tasmanian and Australian average. There is therefore a greater need for local, accessible, integrated primary health services.

Overall, the region is older, has lower rates of participation in the workforce and lower rates of educational attainment. This varies across towns, indicating that health services may need to be targeted towards the towns with the highest health needs.

There are primary health care issues common to regional Australia such as lower rates of cancer screening, and higher rates of potentially preventable hospital stays[1]. Other issues will be more specific to GSB. The consultation phase will be used as an opportunity to further explore the range of unmet health needs.

Social Determinants of Health

The social determinants of health are the non-medical factors that influence health outcomes. This section explores key social determinants including demographic trends, education, and employment in GSB LGA.

The population of the GSB LGA is 5,012 (2021 census) with 48.6 being female and 51.4 being male. The average age of the population is 57. This compares with the Tasmania average of 42 and the Australian average of 38. The population is therefore older and as such, would require more health services.

The three key largest towns in GSB are Triabunna, Swansea and Bicheno. Orford is 7.5km from Triabunna and therefore residents of Orford have a close connection to, and use services based in Triabunna. The next smaller town is Coles Bay with a population of 515.

For the purpose of demographic comparisons, the three larger towns will be examined in more detail. All data used in this section is ABS Census 2021 data.

Town	Population	Average Age (Aus 38)	% over 65 (Aus 17.2%)
Triabunna	905	51	30.5
Orford	685	62	43
Swansea	997	62	42
Bicheno	1049	54	29.4

employment

Employment data indicates the participation in the labour force as lower than the Tasmanian average and lower again than the national average. Lowest participation rates in GSB are in Triabunna.

Employment - Participation in labour force	Triabunna		Swansea		Bicheno		Tas	Aus
	Number	%	Number	%	Number	%	%	%
In the labour force	337	43.0	410	44.3	481	52.2	58.2	61.1
Not in the labour force	412	52.6	464	50.2	377	40.9	36.5	33.1
Not stated	37	4.7	52	5.6	69	7.5	5.2	5.8

education

Educational data indicates a lower level of educational attainment compared with Tasmania and lower again when compared with Australia. Lowest education rates in GSB are in Triabunna.

Educational attainment	Triabunna		Swansea		Bicheno		Tas	Aus
	Number	%	Number	%	Number	%	%	%
Bachelor Degree level or above	54	6.9	133	14.4	181	19.6	21.9	26.3
Advanced diploma and diploma level	42	5.4	98	10.6	81	8.8	7.9	9.4
Certificate level IV	27	3.4	25	2.7	28	3.0	3.5	3.5
Certificate level III	136	17.3	150	16.2	118	12.8	15.0	12.6
Year 12	87	11.1	93	10.1	99	10.7	12.0	14.9
Year 11	42	5.4	39	4.2	39	4.2	4.3	4.6
Year 10	173	22.1	172	18.6	159	17.2	15.9	10.0
Certificate level II	0	0	0	0	0	0	0.1	0.1
Year 9 or below	136	17.3	118	12.8	0	0	8.6	7.2
Not provided/ no attainment	100	12.8	101	10.8	89	9.7	10.9	11.4

income

Income data indicates a lower level of income compared to Tasmania and lower again compared to Australia. Lowest income levels in GSB are in Triabunna.

Income level

Median Weekly Income	Triabunna	Swansea	Bicheno	Tasmania	Australia
Personal (a)	$493	$565	$631	$701	$805
Family (b)	$1,125	$1,272	$1,292	$1,720	$2,120
Household (c)	$919	$929	$1,030	1,358	$1,746

(a) Excludes people aged 15 years not over who did not state their income.

(b) Excludes families where at least one family member aged 15 years and older did not state their income.

(c) Excludes households where at least one household member aged 15 years and older did not state their income.

The GSB Community Health Check (2021)[2] provides a good overall summary of the key demographic and health indicators for the population.

chronic health

Census data indicates that Tasmanians have a higher percentage of all long-term health conditions compared to Australia. In Triabunna all health conditions (except dementia) are higher than the Tasmanian average (11/12). In Swansea all health conditions (except Asthma and Kidney Disease) are higher than the Tasmanian average (10/12). In Bicheno only Arthritis, Cancer, Heart Disease, and Lung Condition are higher than the Tasmanian average (4/12).

Health Conditions, long term	Triabunna		Swansea		Bicheno		Tas	Aus
	Number	%	Number	%	Number	%	%	%
Arthritis	168	18.6	214	21.5	149	14.2	12.2	8.5%
Asthma	113	12.5	72	7.2	91	8.7	9.4	8.1%
Cancer (including remission)	43	4.8	59	5.9	50	4.8	3.4	2.9%
Dementia (including Alzheimer's)	4	0.4	31	3.1	7	0.7	0.8	0.7%
Diabetes (excluding gestational diabetes)	69	7.6	88	8.8	48	4.6	5.1	4.7%
Heart disease (including heart attack or angina)	71	7.8	62	6.2	58	5.5	4.5	3.9%
Kidney disease	11	1.2	9	0.9	11	1.0	1.1	0.9%
Lung condition (including COPD or emphysema)	43	4.8	31	3.1	40	3.8	2.5	1.7%
Mental health condition (inc depression, anxiety)	109	12.0	120	12.0	79	7.5	11.5	8.8%
Stroke	15	1.7	21	2.1	4	0.4	1.2	0.9%
Any other long term health conditions	87	9.6	97	9.7	77	7.3	8.9	8.0%

chronic health (continued)

When examining those who have multiple long term health conditions[3], it is notable that there are a higher number of people in Triabunna with three or more conditions compared to Swansea and Bicheno. The total number of people with three or more conditions across these three main towns are 1,178 people.

Multiple long term health conditions

Number of long-term health conditions	Triabunna	Swansea	Bicheno
1 condition	196	269	255
2 conditions	101	110	66
3 or more conditions	75	66	40
Total	**372**	**445**	**361**

chronic health (continued)

GP Chronic Disease Management Plans

A GP can prepare either a GP Management Plan or Team Care Arrangements to work with a patient for Chronic Disease Management. These plans ensure that clients are able to access Medicare rebates for certain allied health services and also are supported by practice nurses. The recent Commonwealth budget announced further initiatives to better support people with chronic health conditions through the funding of multidisciplinary care.

In GSB there are 790[4] people who are on a GP Chronic Disease Management Plan. Given that there are 1,178 people in Triabunna, Swansea and Bicheno alone with 3 or more long term health conditions this indicates that there is a potential for more people to be assessed and considered for a Chronic Disease Management Plan.

In order to more adequately manage chronic conditions, a comprehensive set of allied health services is necessary. There are a range of allied health services available in GSB including OT, counselling, physiotherapy, podiatry, and speech pathology. The availability of these services is noted in the service mapping paper and will be the subject of further investigation in the community consultation process.

GP Client Presentations

For the South East Region of Tasmania the following table details the average number of GP client presentations[5] per annum, by age group compared with the Australian average.

GP client presentations by age

Age group	South East Tas average number of presentations	Australian average number of presentations
0–24	4.4	4.2
25–44	4.7	5.2
45–64	5.5	6.7
65+	9.3	12.0
Average	**6.4**	**6.3**

The average age of the population in South East Coast is 57 compared to the Australian average of 38. Evidence indicates that as the population ages, the number of health conditions increases. As the population in this location is significantly older than the Australian average, it would be assumed they would use significantly more health services. This relatively low number of presentations of over 65 years of age population requires further examination in the consultation phase.

mental health

There are higher rates of mental health conditions in Triabunna and Swansea, compared to the Tasmanian and national averages. Conversely Bicheno has lower rates of mental health conditions compared to both the Tasmanian and national average. Compounding the complexity of services for people with mental illness, most people with a mental illness also have chronic disease.

Rates of mental health conditions (ABS, as previously outlined)	Triabunna		Swansea		Bicheno		Tas	Aus
	Number	%	Number	%	Number	%	%	%
Mental health condition (inc. depression, anxiety)	109	12.0	120	12.0	79	7.5	11.5	8.8

mental health (continued)

The PHT Needs assessment states that about 1 in 5 Tasmanians experience health problems in any year[6], or 927 people in GSB, this can be broken down on a per capita basis.

Numbers of people with mental health problems in Tasmania and GSB.

	% of population	Tasmania	GSB
Severe mental health disorder	2.6%	14,860	130
Moderate mental health disorder	5.3%	29,721	266
Mild mental health disorder	10.6%	59,442	531
Total		**104,023**	**927**

There are limited number of local mental health services and a limited number of visiting services. Psychiatry has been noted as a gap. There is a likely need for better mental health care across all age groups, with levels of psychological distress noted as high among younger Tasmanian's aged 18-34[7] and noting the importance of mental health services for older people.

As outlined in the PHT Needs Assessment, for those Tasmanians with a psychotic illness, psychosocial support needs are substantial and largely unmet. More than half of people who died by suicide had a previous mental illness diagnosis. The report highlights that people find it hard to navigate the mental health service system and there is a lack of integration between services, requiring people to retell their stories.

alcohol and other drugs

AOD use is associated with increased rates of mental illness, infectious disease, injuries, and death. It can contribute to pregnancy complications, cancer, cerebrovascular, cardiovascular, liver and digestive diseases.

According to the most recent survey results in Tasmania in 2019 among people aged 14 and over:

- 1 in 4 people consumed 5 or more drinks in one sitting (at least monthly)
- 1 in 6 people used an illicit drug in the past 12 months.

Rates of alcohol consumption are higher in Tasmania than Australia as a whole, whereas rates of illicit drug use are similar in Tasmania compared with Australia[8].

In 2019-20 a total of 2,761 Tasmanians (aged over 10 years) received treatment from specialist AOD services[9]. On a per capita basis this is the equivalent of 25 people in GSB. The main service types are counselling and rehabilitation.

In GSB there are no dedicated AOD services. Furthermore, data on the usage level of statewide services by GSB residents is not available. Opioid substitution treatment is more difficult in GSB given the lack of pharmacies open 7 days per week. It has been difficult to locate information on smoking rates in GSB and this is an issue which will be further investigated. The availability and use of AOD services requires further investigation and consultation.

other health needs

Emergency Department Presentations

According to THS, there were 229 ED presentations by GSB residents for non-admitted Triage Category 4 and 5 in 2021-22. Triage Category 4 and 5 are split into thirds with approximately one third primary care, one third is possibly primary care but their condition implies urgent investigation and the last third arrived by ambulance or from a GP letter[10]. Therefore, between one third and two thirds (76-153) of ED presentations could possibly be treated in an alternative setting if the appropriate service was available.

It is unclear from the data provided what the presenting health issues were that required ED attendance.

The commonwealth budget announced funding for GPs to better support frequent hospital users. The extent and uptake of this may impact positively on ED presentations.

Technology

Technology has become increasingly important and gaining momentum during the pandemic. There are significant connectivity issues on the East Coast of Tasmania that potentially hold back innovations in tele health service delivery through technology. This will be further investigated in the community consultation process.

Telehealth is now a valuable tool for primary health care delivery. It has received a further boost in the budget with telehealth GP appointments of 40 minutes or more available for MyMedicare enrolled patients.

My Health Record is also an important and undervalued electronic management record that could be more widely used by health users and health professionals to the benefit of the client.

Indigenous Health Needs

There are 221 people (4.4% of the population[11] in GSB who are Aboriginal and Torres Strait Islander, they live mainly in Triabunna and Orford. Indigenous Australians face significant health inequities including lower life expectancy, higher chronic disease and mental health disorders, and higher rates of smoking and obesity. This is compounded by challenges in accessing services that are accessible and culturally safe.

references and notes

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2. https://www.primaryhealthtas.com.au/wp-content/uploads/2019/07/Glamorgan-Spring-Bay-Community-Health-Check-2022.pdf
3. Long Term conditions comprise: arthritis, asthma, cancer (including remission), dementia (including Alzheimer's), diabetes (excluding gestational diabetes), heart disease (including heart attack or angina), kidney disease, lung condition (including COPD or emphysema), mental health condition (including depression or anxiety) and stroke. This count excludes 'Any other long-term health condition(s)'.
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background

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The four background documents are:

- **Literature Review** – to explore Tasmanian primary healthcare-related research and grey literature from rural and remote contexts, with a particular focus on the GSB LGA
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- **Funding Mapping** – to identify key sources and amounts of primary health funding into GSB LGA
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These documents discuss primary health services that are delivered within GSB, remotely via telehealth, or accessed through travel outside of the GSB LGA.

The aim of the service map is to demonstrate a basic analysis of what health services are available within the municipality and attempt to delineate what services are available for residents in each major town centre. This paper should be read in conjunction with the funding mapping paper which describes and quantifies the funding sources for services for GSB.

These four documents constitute the scoping phase of the PRIMM project and will provide the basis for the second phase of this project, the consultations in July-December 2023. The third and fourth stages are service design and consolidation and workforce partnership.

key considerations

The GSB LGA covers an area of 2,592 square kilometres and stretches from Buckland in the south to Denison in the north, with some services managed from each direction (Hobart-Launceston).

Services are largely provided in the three towns of Bicheno (B), Swansea (S) and Triabunna (T). Coles Bay and Swanwick residents most often utilise services in Bicheno, while Orford residents access Triabunna services.

There are also smaller population settlements with servicing centres in brackets. They include but are not limited to: Denison (B), Cranbrook (S), Dolphin Sands (S), Lake Leake (S), Royal George (S), Pontypool (T), Buckland (T), Wielangta (T), Little Swanport (T). Additionally, Seymour, Chain of Lagoons and Little Beach – while not in GSB are geographically close and residents choose between Bicheno and St Marys.

For acute and emergency care, Swansea residents are most likely to present at May Shaw Health Urgent Care Centre (UCC) in Swansea and, if required, are transported to hospitals in Hobart or Launceston. Residents of Triabunna and Orford are more likely to be taken to Hobart. Depending on various factors, residents of Bicheno, Coles Bay and Swanwick may present at Swansea UCC, St Mary's Community Health Centre or opt to travel to St Helen's District Hospital for emergency and acute care.

collection of information

Categories for defining services are listed as *GP and Nursing, Allied Health, Mental Health, AOD, NDIS and Aged Care.*

Annually visiting services such as the Breast Screen Bus and Bone Density Bus were omitted from mapping. To reduce complexity, private v public access was omitted from this initial map, as well as access and contact details for services. This information was noted in raw spreadsheet data.

This primary healthcare mapping has focused largely on clinical and allied health service provision. Community and human services such as employment, social support and community groups have not been included. Description of services provided are as accurate and comprehensive as possible at the time of writing.

methodology

Information gathered for this service mapping was gathered and tested through the following:

- **Informants/stakeholders:** Bicheno Health Group Inc, the Village (East Coast Regional Development Association), Glamorgan Spring Bay Health and Wellbeing directory, GP and THS staff, PHT commissioned services staff, allocated NDIS providers for the region, Break O'Day Mental Health Services Directory, peak body contacts.
- **Collection of service mapping data:** Direct email and phone calls, discussion with health care providers e.g., GPs, community nurses, NDIS providers, government websites.
- **Data cleaning/service checking:** sharing of initial data with community representatives; this needs to be further refined to ensure there is no missing or inaccurate information. Service presence can also change regularly so mapping must be checked and modified accordingly.
- **Reliability and validity:** It is difficult to ensure there are no gaps in information, with no centralised health service and north/south service provision boundary issues. Some services may provide outreach in the form of home visits (e.g., Community adult mental health, NDIS) meaning health care providers may be unaware of each other's presence. Multiple sources were contacted to attempt workable coverage throughout the municipality[1].

complexities of understanding service provision particular to GSB

The disparate nature of the three major towns providing health services means there is no centralised understanding of what services come in and out of the community. For example, private practitioners may live in one town and choose not to service another – there is speech pathology regularly available in Bicheno but not Swansea or Triabunna; there are no specialist medical services visiting Bicheno – only allied health, and yet Swansea has regular visiting cardiology and gerontology. This is often reflective of community or GP-led initiatives to encourage certain services dependent on required need and demographic of their town, as well as Swansea's greater capacity for complex service provision and centralised location (despite its verified remoteness).

Proximity to the larger towns of St Helen's in the north and Sorell in the south mean some limited-service extension into the municipality. This does not necessarily imply that residents will go out of the municipality to these towns to access services – Bicheno residents may not go to St Helens as it is not on the way to the greater service centre of Launceston, likewise in the south residents may choose to drive through Sorell and continue to Hobart where they are accessing greater breadth and more specialised services. Transport to neighbouring LGAs can also be an issue. Knowledge about what services visit proximal towns may not be readily available.

Some state-wide services, including the Tasmanian Health Service (THS) are divided into north, south and north-west, Glamorgan-Spring Bay being divided between both north and south. This can be a confusing element to work with, with some overlap (eg. Palliative Care in Bicheno is coordinated by THS north, yet care is delivered by Community Nurses from THS south or contracted through a private provider on behalf of the THS). There appears to be in-reach from Break O'Day municipality (St Helens) and Sorell, where Community and Child-Health Nursing are increasingly based. Further data collection on the movements of GSB residents for specialist access may be useful to pursue. There may also be differences in service delivery models and commitment/quality of care between northern and southern-based organisations.

primary healthcare services GP

Educational data indicates a lower level of educational attainment compared with Tasmania and lower again when compared with Australia. Lowest education rates in GSB are in Triabunna.

General practices	Organisation	GP FTE	Nursing FTE
Bicheno General Practice	GSBC- East Coast Health	0.8 - 1.6	0.4
Swansea General Practice	GP Owner-operator, Acute/Emergency and sub-acute provider with MayShaw	2.4	0.4
Triabunna Medical Centre	GSBC - East Coast Health	2	0.4

Note: the CHN for Bicheno is coordinated from Break O'Day, Swansea CHN travels from Campbelltown (Northern Midlands) and Triabunna CHN service operates out of Sorell. No readily available data on Community Home Support Programme (CHSP - Bicheno) or Home and Community Care (HACC) services.

Paramedics are based in Bicheno, Swansea and Triabunna and supported by Volunteer Ambulance officers. Coles Bay remains operated by Volunteers. Bicheno, Swansea and Triabunna 1.0 FTE for each town, with Bicheno being an Extended Care Paramedic (ECP)/Intensive Care Paramedic (ICP).

primary healthcare services nursing

Nursing services	Organisation	Frequency	Location
Child Health Nurse (CHN)	CHAPS - THS	Monthly	Bicheno
		Monthly	Swansea
		Fortnightly	Triabunna
Community Health Nurse	Glamorgan Spring-Bay Community Nurses	Daily, as required	Bicheno
			Swansea
			Triabunna
School Health Nurses	Department of Education, Children, Young People and Families (DECYP)	Bicheno (BPS)	0.1 FTE
		Swansea (SPS)	0.1 FTE
		Orford (OPS)	0.1 FTE
		Triabunna (TDHS)	0.4 FTE
		St Marys (SMDHS) *accessed by Bicheno secondary students*	0.4 FTE

primary healthcare services allied health

Allied health services in GSB are organised through volunteer groups and individual practitioners. Some services make arrangements with individual providers. Some services are public and others private. Overall allied health services are different in each town, vulnerable to individual practitioners coming and going, patchy, and lack stability. Some services are available across GSB and some on a location basis.

Type	Organisation	Frequency	Location
Audiology	Australian Hearing Service	6-weekly	Swansea
	Comfort Clean Ear	3-monthly	Bicheno
Diabetes Educator	Diabetes Australia	Will provide service visit if 5 + HP referrals received. No current caseload in GSB	Bicheno
			Swansea
			Triabunna
Dietician	Nicola Gadd Dietician -private	Fortnightly	Swansea
Exercise Physiology	RFDS	Weekly	Bicheno
			Swansea
			Triabunna
Foot Clinic	South-East Community Care	Monthly	Bicheno
			Swansea
			Triabunna
	Feet 2 U - private	as required	Outreach

primary healthcare services allied health (continued)

Type	Organisation	Frequency	Location
Occupational Therapy	Tasmanian OT – private	Fortnightly	Bicheno
			Swansea
			Triabunna
	THS	as required	Bicheno
	South East Community Care	as required	outreach
Optometry	Eyelines - private	6-weekly	Bicheno
		Monthly	Swansea
		2-monthly	Triabunna
Palliative Care	GP managed, administered THS	as required	Bicheno
			Swansea
			Triabunna
Physiotherapy	East Coast Physio - private	Weekly	Bicheno
	Active Physio - private	as required	Swansea
	THS - RHH	weekly	Triabunna

primary healthcare services allied health (continued)

Type	Organisation	Frequency	Location
Podiatry	THS - RHH	monthly	Triabunna
	Private	fortnightly	Triabunna
	Private	monthly	Swansea
	Private	monthly	Bicheno
Speech Pathology	Island Therapy - private	as required	Bicheno
	DECYP - Primary school	as needed	Bicheno

primary healthcare services mental health

Mental health services	Organisation	Frequency	Location
THS North THS Clarence and Eastern Districts	IAR Level 5	As required, home visits, no current caseload managed in GSB	Bicheno Swansea Triabunna
Older Persons Mental Health Unit (OPMHU - THS)	IAR Level 4-5	Home visits and RAC, fortnightly South only. May be serviced north if required no current caseload Bicheno	Triabunna Swansea
Richmond Fellowship Mental Health nurse program Prospect Medical	IAR Level 4	As required, home visits No current caseload managed in GSB.	Bicheno Swansea Triabunna
RFDS Adult Mental Health Program	IAR level 2-3	3 days/week; 1 day each service centre	Bicheno Swansea Triabunna
RFDS Youth Mental Health Program	IAR level 2-3	3 days/week, 1 day each service centre	Bicheno Swansea Triabunna

*Initial Assessment and Referral (IAR)

IAR scale 1-5: self-managed, low intensity, medium intensity, high intensity, specialist and acute

primary healthcare services mental health (continued)

Mental health services	Organisation	Frequency	Location
Crawley Clinic Psychological Services	IAR level 2-3	3 days per week, one day per service centre, 1-2 days Telehealth per week	Bicheno Swansea Triabunna
CCST (Private)	IAR level 2-3	Fortnightly	Bicheno
RAW Tas	IAR level 2-3	3 days per week throughout GSB. Outreach, home visits	Bicheno Swansea Triabunna
Sexual Assault Support Services SASS – South Laurel House - North	IAR Level 2-3	As required, no current caseload in GSB	Bicheno Swansea Triabunna
Pain Management Group Dementia Support Group Prosser House Day Centre Other varied groups not mentioned in this map	IAR level 1-2	Group work, peer support programs. No centralised programs, varied groups throughout GSB	Triabunna Bicheno Orford

*Initial Assessment and Referral (IAR)

IAR scale 1-5: self-managed, low intensity, medium intensity, high intensity, specialist and acute

primary healthcare services mental health (continued)

Emerging Services

Baptcare are developing outreach programs although no service provision has occurred at the time of writing. This includes the Horizon program for adult mental health recovery and Mindset Foundations Program for adults with significant and persistent mental health issues. Diabetes Australia report being open to Group programs/IAR level 1 support, resuming greater service scope post Covid-19 restriction.

DECYP provides School Social Work for Bicheno (0.1FTE), none/on-call at Swansea, Orford and Triabunna (0.2FTE) and Psychology at Bicheno, Swansea and Orford (0.1 FTE) and 0.2FTE at each Triabunna and St Marys, which benefits Swansea and Bicheno secondary students respectively.

For those who are at risk of suicide, inpatient centres at Hobart and Launceston can be difficult to get into, and patients risk discharge a long way from home and supports. Residents may have a risk profile that is significant but does not qualify for intensive support at these centres. Creative solutions for local service provision and on-call local support may deserve exploration. Rural Alive and Well (RAW) provides regular services (weekdays) in GSB.

primary healthcare services alcohol and other drugs

Anglicare Drug and Alcohol Treatment Program (ADATS) is state-wide and will potentially provide outreach counselling support to East Coast on a case-by-case/needs basis. This service may be underutilised and has not demonstrated significant presence in GSB to date. Consistent presence in St Helens and Sorell is unknown. Accessibility and presence require clarification. Accessing services from the Tasmanian Alcohol and Drug Service requires travel to Launceston or Hobart. The Salvation Army Bridge Program (residential), is based in Hobart and Launceston and currently stretches service to Dorset, Georgetown and Meander (but not GSB).

primary healthcare services NDIS

Organisation	Services	Location
Fidler and Ford	NDIS Case coordination, psychology, social work, support services - OUTREACH	Bicheno
Mission Australia	NDIS, Local Area Coordination TBC	Bicheno
		Swansea
		Triabunna
Maxima	NDIS support coordination/ psychosocial support	Bicheno
		Swansea
		Triabunna
HR Plus	NDIS package coordination	Bicheno
SE support coordinator NDIS	NDIS, Local Area Coordination	Bicheno
	F2F for Early Childhood Intervention program (initial consultation)	Swansea
		Triabunna

There is an underspend of existing plans and under-registration of participants in GSB (see funding mapping). In the north (Bicheno, Coles Bay), plan management may be fulfilled by HR Plus. Maxima (support coordination, psychosocial support) travel through the entire municipality with no current clients at time of writing. Mission Australia Partners in the Community (PITC) are the Local Area Coordinators (LAC) for the region and also provide Early childhood services and intervention.

For plan facilitation, Fidler and Ford (St Helens) services Bicheno with support coordination, support staff, exercise physiology, social work, psychology, other allied health supports including respite accommodation and support. They employ three people in GSB, with 4 participants at time of writing. South of Bicheno the delivery of NDIS support for adults is unclear and may be serviced by individuals with ABN's who do not have an easily accessible public profile.

primary healthcare services aged care

Residential Aged care services are delivered by May Shaw who provide CHSP services and Home Care Packages. They are based in Swansea and outreach to Triabunna and Bicheno. There are additional visiting specialists within the Residential Aged Care facility for eligible residents only (eg. OPMHU, Agewise) not detailed within this document.

Type	Organisation	Frequency	Location
Cardiology	Cardiac specialist	Fortnightly	Swansea
	Pacemaker support	Monthly	Swansea
	Echocardiogram	Monthly	Swansea
Gerontologist	Dr David Dunbabin	2 monthly	Swansea
			Triabunna

Note: The above aged care specialists provide service to both May Shaw residents and community members.

primary healthcare services other services

Pharmacy

Each town has a pharmacy which is open weekdays and Saturdays

Dental

Organisation	Frequency	Location
RFDS East Coast Dental Practice	Monthly	Swansea
RFDS School Dental Program	Annually	Bicheno
		Swansea
		Triabunna
		Orford

summary

- GSB is fortunate to have current stability in GP provision in all three major service centres and UCC access at Swansea. This may also be a risk, with the working knowledge and trust in current providers from patients, community and larger frameworks difficult to replace if the GP workforce changed. GSB has benefitted from an increase in paramedic and ECP provision which is supported by local volunteer ambulance. GSB GPs also offer a strong teaching program for emerging potential rural GPs.
- UTAS Allied Health expansion program may be an opportunity to "grow" practitioners working across the community, thereby ameliorating service inconsistencies.
- There is also a potential for replication of programs throughout the municipality. This includes outreach programs eg. pain self-management program Spring Bay Community and Health centre, Dementia Support Group at Bicheno, Prosser House Day Centre Orford or similar community activities.
- Coordination of client lists throughout the municipality and centralised service advocacy could encourage greater F2F attendance from diabetes education and AOD services.
- Many services with state-wide reach and State or Federal funding only attend the municipality on an as-needs basis. This has the potential to underscore demand for particular services, as rural people may need to build trust with services and know they are going to remain in the area consistently before engaging. Providers with a consistent physical presence in the community – local or visiting – are aware of each other and good at working together but there may be integration lacking from other, larger, infrequent service organisations which also may be unaware of numbers forming their potential client base.
- Transport is an issue that requires further consideration. Public transport is limited and if clients are eligible for community transport it may not address the need due to the voluntary nature of the service, and accessibility of the transport provided.
- Access to necessary devices, digital literacy and internet coverage can be an issue, and some are by personal preference unlikely to initially engage via Telehealth. Telehealth may be more suitable as a supplement to face-to-face delivery and not a replacement for.
- There are a number of areas that require further investigation to ascertain the level of service delivery. This includes barriers to accessing specialist care, the availability of opiate substitution treatment, palliative care planning and service provision and pain management services.
- According to a parliamentary report on rural health provision, Allied health provision is lowest/significantly low, and there is a significant shortage of imaging services[2]. Some Imaging is available at St Helens to the north of GSB, and Hobart to the south.

summary (continued)

- Rural pathology is centralised to Hobart and Launceston
- There is no Neighbourhood House, Child and Family Centre (CFC), THS Community Social Work or overarching Health Promotion or care coordination, or linkage support between elements of a stepped care system with much of the responsibility for this picked up by GP centres.
- Lack of caseloads for some State-wide funded services may be partially explained by operational constraints and workforce limitations, or lack of knowledge of services by local referrers. Developing a methodology for tracking these issues, as well as residents travelling to access services, may be useful.

The Community consultation phase will be an opportunity to expand knowledge of the workings of the service map and needs analysis through lived experience of consumers. It may increase data knowledge around service use to inform future formulations of a more integrated care system for GSB residents.

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Primary care Rural Innovative Multidisciplinary Models (PRIMM) Project

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background

This Funding mapping is one of four key background documents developed for the scoping phase of the Primary care Rural Innovative Multidisciplinary Models (PRIMM) project on the East Coast of Tasmania. The purpose of PRIMM project is to develop a community-designed plan for multidisciplinary primary care services and innovative workforce solutions for the Glamorgan Spring Bay (GSB) Local Government Area (LGA).

Primary health services are defined as those which are delivered outside an acute hospital setting with a restorative or health maintenance function. It includes general practice, nursing and services such as midwifery, pharmacy, dentistry, Aboriginal health services and allied health. The sector covers a range of public, private and non-government health services and health service providers.

The four background documents are:

- **Literature Review** – to explore Tasmanian primary healthcare-related research and grey literature from rural and remote contexts, with a particular focus on the GSB LGA
- **Needs Analysis** – to provide a broad overview of the primary health needs
- **Funding Mapping** – to identify key sources and amounts of primary health funding into GSB LGA
- **Service Mapping** – to identify all primary health services delivered in the GSB LGA

These documents discuss primary health services that are delivered within GSB, remotely via telehealth, or accessed through travel outside of the GSB LGA.

These four documents constitute the scoping phase and will provide the basis for the second phase of this project, the consultations in July-December 2023. The third and fourth stages are service design and consolidation and workforce partnership.

This Funding Mapping provides an initial summary of health related funding sources into the GSB area, including all levels of government, NDIS and My Aged Care. It also includes out of pocket expenses which are difficult to quantify but an important consideration. The report then goes on to examine funding into key primary health services including medical, nursing, allied health, mental health, disability and aged care.

Where funding figures are available, they refer to the 2021-22 financial year. Population figures refer to the Tasmania population as at the 2021 Census, as 558,000[1] and the population of the GBS region as 5,012[2].

executive summary

In 2020–21[3], **$73.4 billion was spent on primary health care in Australia**. Of this, the Commonwealth Govt spent $33.5 billion, non-government entities $27.6 billion, and state and territory governments $12.3 billion.

This funding mapping indicates that $13.73m is spent on primary health care in GSB (excluding pharmaceuticals and pathology). Of this the Commonwealth funds $3.92m, out of pocket expenses fund $5.01m, the state government funds $4.25m and Local Government $.55m. With an additional $1.76m spent on NDIS and My aged Care, the total funding spent in GSB is $15.49m

This analysis of primary health funding illustrates a system that is funded through multiple streams, often for a similar service. The multiplicity of funding sources indicates the possibility for better organising funding streams, creating efficiencies and delivering services in a more integrated way.

executive summary (continued)

The following is a summary of the **key streams of funding of primary health care** in the GSB LGA.

Commonwealth Government

The Commonwealth Government is the key funder of primary health care in Australia, mainly though Medicare Benefits Schedule. Medicare income generated through the GSB area is $3,300,152. Additionally, the total for incentive payments (WIP and PIP) is $150,100. This totals $3,450,252.

The Commonwealth Government also funds services through the Primary Health Network commissioning process. Based on a per capita ratio Primary Health Tasmania funding to GSB is $468,805 (total grant revenue $52,193,409). It should be noted this this calculation is based on population figures only and not on either a needs basis or how services are delivered into GSB.

State Government

The State Government funds an estimated total of $4.25m in GSB. Given the absence of accurate figures this includes an estimated $1m for nursing at the Spring Bay Community and Health Centre, $1.5m for the Urgent Care Centre (UCC) in Swansea, $1.5m for paramedics and $.25m for Alcohol and Other Drug (AOD) services.

Local Government

The Glamorgan Spring Bay Council Medical Levy is set at $90 per annum and raised $549,000[4] which helps fund medical practices in the LGA.

Out of Pocket Expenses

It is difficult to quantify these expenses at an LGA level, however they are an important consideration. In accordance with Grattan estimates[5], this is calculated at $1,000 per person. GSB therefore generates approximately $5,012,000 in out of pocket expenses.

NDIS

There are 40 active participants on NDIS, which generates a total plan budget of $850,000, noting an underutilisation of both the overall numbers on the NDIS and individual expenditure of NDIS plans.

My Aged Care

This includes revenue generated for Home Care Packages and through the Commonwealth Home Support Program. May Shaw notes revenue for Home Care Subsidies as $905,225[6].

funding for medical practices and nursing

General practice is provided in GSB through the three medical practices based in Triabunna, Swansea and Bicheno. GPs are also the gateway to many other services such as allied health, mental health, diagnostics and specialist services.

General practice and nursing are funded by a combination of **Commonwealth**, **State** and **Local Government** funding.

Commonwealth Government funding

Commonwealth funding for general practice includes MBS, Practice Incentive Payments (PIP) and Workforce Incentive Payments (WIP).

The PIP is paid to GPs based on quality of care provided to patients. The WIP encourages GPs to work in rural, regional and remote areas and locations are determined using the Modified Monash Model (MM) scale of 1-7. Bicheno and Swansea are rated as MM6 and Triabunna is as MM5.

Medicare data (AIHW)[7] indicates the following income generated in GSB. This data is disaggregated from the SA3 South East Coast Region.

Medicare Income Generated in GSB

Service	Medicare Benefits Paid
GP attendances	1,922,567
Specialist attendances	334,026
Allied Health Attendances	245,050
Diagnostic Imaging	789,282
Nursing and Aboriginal Health Workers	9,227
Total	**$3,300,152**

This information needs to be carefully interpreted. Specialist attendances would be almost certainly delivered outside of the GSB area. Allied health attendances would be a mix of inside and outside the region. Diagnostic imaging is delivered in St Helens, LGH and RHH. Additionally, this income reflects Medicare only, out of pocket expenses are not included.

WIP payments for a financial year are approximately $24,100 for Bicheno and Swansea (including a remoteness loading of 50%) and $26,400 for Triabunna (including a remoteness loading of 30%). PIP incomes for a financial year are approximately $24,400 for Bicheno and Swansea and $26,700 for Triabunna. Total GP incentive payments are therefore $150,100.

State Government funding

The Tasmanian Health Service provides funding for nursing services including:

- Spring Bay Community and Health Centre Community Nursing, providing services across GSB (approximately 4.5FTE), with an estimated funding of $1m (awaiting clarification from THS)
- Spring Bay Community and Health Centre Child Health nursing services in Triabunna and Swansea (unknown level of funding)
- Bicheno Child Health and Parenting Service (unknown level of funding).

Additionally, the Department for Education, Children and Young People funds the work of the School Health Nurses (unknown level of funding).

Local Government funding

The Glamorgan Spring Bay Council has provided ongoing funding to support medical practices, based on a levy of $90 per annum, per rateable property. In 2021-22 the funds raised through this levy totalled $549,000.

pathology, pharmacy, radiology funding

Further investigation is required to determine the level of funding for pathology companies generated by GSBC residents. It is estimated that there could be up to 100 referrals for pathology a day generated by the three medical practices. These referrals are made to Hobart Pathology.

Engagement with Hobart Pathology will be undertaken to ascertain the revenue generated by GSB residents and the potential for them to support GSB medical practices.

Diagnostic imaging is undertaken in St Helens or through the Launceston General Hospital or Royal Hobart Hospital. There is no diagnostic imaging or radiology undertaken in GSB.

The issue of provision and funding of services by pharmacies has not yet been ascertained and will be further investigated.

funding for other services

after hours funding

After hours services are funded by the Commonwealth and State Governments through a mix of THS and PHT funding. After hours services can be provided by emergency departments in St Helens and otherwise emergencies are directed to the Launceston General Hospital or Royal Hobart Hospital. There is an Urgent Care Centre in Swansea.

The UCC in Swansea is well used and supported by the community. Numbers fluctuate from 60 presentations per month to 100 during the tourist season. The 2-3 bed UCC is funded by THS which includes a RN during the day, EN at night, local GP support and consumables. Estimated funding is $1.5m.

Primary Health Tasmania and Tasmanian Department of Health collaboratively fund GP Assist. This is an after hours service that is available statewide including in GSB. GP Assist is available to consumers through accessing HealthDirect phone line, health professionals have a direct support line to the service as part of secondary after-hours health support.

Paramedics

Funding for Ambulance Services in 2021-22 for 57 locations across Tasmania was $110,074,000[8]. Ambulance service paramedics are based in Swansea, Bicheno and Triabunna. They are single branch stations which are staffed by a paramedic on a day shift, available on-call out-of-hours and supported by volunteers. Coles Bay operates as a volunteer only station. Estimated funding is $1.5m.

allied health funding

Allied health services are funded through a mix of Commonwealth (MBS and PHT), State (THS), private and out of pocket expenses.

Swansea

Allied health services are delivered by individual practitioners hiring rooms at the THS, GP clinic or May Shaw. May Shaw provides aged care allied health services and has a contract in place for physiotherapy and dietetics, and accesses speech therapy through Hobart and Launceston.

Bicheno

The volunteer led Bicheno Community Health Group coordinates allied health practitioners through the provision of consulting rooms and bookings management at the medical centre. Allied therapists control their own billing and conduct a mix of public and private clients. Funding is therefore a mix of MBS and out of pocket expenses. Allied therapists include physiotherapy, footcare and speech therapy. Visiting services also include optometry and ear cleaning.

Triabunna

The THS funds the Spring Bay Community and Health Centre in Triabunna which has a mix of community nursing and visiting allied health services working across GSB. Rooms are booked for visiting clinicians. Some allied therapists use rooms at the GP clinic. The Village (Eastcoast Regional Development Organisation) undertake a key role in coordinating and partnering with organisations and individual clinicians to provide allied health and community support services.

chronic health funding

Chronic health services are funded by a mix of Commonwealth (MBS and PHT) and State (THS) funding. Chronic health services are often provided or coordinated by GPs, which is augmented by identified chronic health programs. Services are often provided on a telehealth basis.

Many chronic health services are funded through the Commonwealth and State as generalist statewide services. These services are not required to report service provision by location, therefore levels of service delivery into GSB are unable to be quantified.

PHT fund local programs for exercise physiology, diabetes and cardiac disease.

NDIS funding

The Commonwealth funded NDIS provides support to people aged under 65 years with permanent and significant disability. NDIS services are delivered into GSB through a number of providers, none of which are based in GSB. Some of these services such as Mission Australia are statewide and others such as the Fidler and Ford (based in St Helens), subcontract to local providers. NDIS Plan Management occurs through organisations such as HRPlus.

In December 2021 there were 40 active participants with an approved plan[9] in the GSB area. As a percentage of population 0.7% of GSB residents (40 of 5012) are on a NDIS plan, compared to 1.9% of Australia (502,413[10] of 25,978,935 in 2022). This indicates a potential underutilisation of the NDIS and could reflect service availability issues.

According to the NDIS, the total plan budget for GSB was $850,000 with a 48% plan utilisation rate, indicating that $442,000 remained unspent in the catchment.

aged care funding

The Commonwealth Government funds My Aged Care Home Care Packages and the Commonwealth Home Support Program. May Shaw is a health and aged care service provider based in Swansea and is the primary aged care provider in GSB.

May Shaw provides a range of aged care and home based supports and is managing 68 Home Care Packages. According to Aged Care data the number of Tasmanians in a HCP is 5,048[11] or 0.93% of the population, this would equate to 47 HCP's for GSB, therefore GSB numbers are higher than the state average.

The number of Australians on the CHSP is 783,044[12]. In GSB, CHSP is delivered by a number of statewide agencies who broker services through May Shaw. May Shaw provides services to approximately 45 clients per month. May Shaw also runs a day centre for around 40 clients, twice a month.

The May Shaw 2021-22 Annual Report noted revenue for Home Care Subsidies - $905,225[13].

mental health funding

Mental health services are funded by a mix of Commonwealth (MBS and PHT) and State (THS) funding. These services are provided by medical specialists, GPs, allied health professionals and community based supports.

Inpatient mental health services are provided through LGH and RHH, with outpatient community health provided on a visiting basis to St Helens. Counselling services are provided through a number of providers, there is limited bulk-billing, with most services either funded or providing services on a mixed billing arrangement.

Commonwealth funding is provided through PHT which funds a range of services within GSB, as well as statewide services which include GSB as part of their remit. The THS also funds mental health services including a social work service based at the Spring Bay Community and Health Centre, and mental health outpatient support.

Given the difficulty in ascertaining levels of funding, mental health funding has not been separately calculated, but is included in PHT and THS funding estimates.

AOD funding

The Commonwealth and State Governments both fund AOD services. PHT funds statewide services Anglicare, Holyoake and the Salvation Army to provide services in the region. Anglicare offers counselling from the Break O'Day region and into GSB on request, with telehealth the preferred service option. An AA group meets in St Helens.

The Tasmanian Alcohol and Drug Service provides a range of programs, interventions, and treatment services. In 2021-22 this totalled $14.5m. In addition, $13m was spent on community services to provide support services, sobering up and rehabilitation services. These are predominantly statewide services with no specific services located in GSB. There is no data on the usage level of services by GSB residents. Therefore, as an estimate, AOD services fund a total of $27.5m, on a per capita basis this equates to $247,000 in the Glamorgan Spring Bay LGA.

Although it is impossible to ascertain funding levels for AOD services for GSBC, an estimate of $250,000 for State Government funding (on a per capita basis) will be assumed (awaiting clarification from THS). AOD funding is included in the overall PHT estimate.

preventative health funding

There is no preventative health or health promotion plan for GSB, and no dedicated preventative health funding. Most preventative health programs are community and volunteer led. GSC does not have a public recreation centre, pool or any other sports facilities. Recreation facilities funded and managed by the Council include club rooms, three tennis facilities, dog exercise areas and four cricket practice nets. THS has more recently funded Reclink to promote physical activity however the level of funding is unknown.

The following were cited as health and wellbeing activities in GSB:

- **Swansea** - golf club, bowls club, May Shaw Day Centre (CHSP funded)
- **Bicheno** - pool (leased as needed), Cancer Group (ocean swimming), Bicheno Community Health Group
- **Triabunna** - Triabunna Football Club, East Coast Networking Group – The Village

dental funding

The Spring Bay Community and Health Centre provides a mobile dental van which services Triabunna. The Royal Flying Doctor Service provides a Regional Oral Health Support program. A private dentist based in Swansea has recently closed. Adult public dental health services are provided through Launceston or Hobart and are subject to co-payments.

For the purposes of funding mapping, dental health is not separately listed but will be further investigated.

palliative care funding

Palliative care services are funded by the state government and provided in the main population centres. In GSB some palliative care services are delivered from May Shaw in Swansea. Palliative care beds are available in in Swansea (May Shaw) and out of the area in St Mary's and St Helens.

A palliative care physician is available on a telehealth basis and community nursing is able to provide some home visiting during business hours. Equipment is funded through the Community Nursing service.

For the purposes of funding mapping, palliative care is not separately listed.

LGA boundaries and travel patterns

The challenge of delivering primary health services across a rural region is considerable. Residents in Triabunna, Swansea and Bicheno have access to a medical clinic and some services however other towns have no local access to any health services.

While residents may access some primary health services within the GSB area, many are likely to travel outside the LGA to access services. When considering the delivery of services outside the region, the GSB area is effectively split into two sections. Residents from Swansea and the southern section of GSB generally access services in Sorell and Hobart. The travel time between Swansea and Hobart is 1 hour 45 minutes (134km). Residents in Bicheno, Coles Bay and the northern section of GSB would access services in St Helens and Launceston. The travel time between Bicheno and Launceston is 2 hours (160km).

For residents without access to transport, there are some community transport services however no specific funding is provided for transport. A community car in Bicheno is funded and managed by the Bicheno Community Health Group.

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acknowledgement of country

cohealth acknowledges the Traditional Custodians of the land and waterways on which our offices stand, the Boon Wurrung, Wurundjeri and Wathaurong people, and pays respects to Elders past, present and emerging.

We acknowledge the Stolen Generations and the historical and ongoing impact of colonisation on Aboriginal and Torres Strait Islander peoples. We also recognise the resilience, strength and pride of Aboriginal and Torres Strait Islander communities.

Aboriginal and Torres Strait Islander peoples' living culture is the oldest continuing culture in the world, and we acknowledge that the land and waterways are a place of age-old ceremonies of celebration, initiation and renewal.

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summary of findings

The East Coast Tasmania, Primary care Rural Innovative Multidisciplinary Models (PRIMM) Project has four phases which are scoping, consultation, service design and consolidation. The scoping phase was completed and documented in June 2023. The four phases are occurring over a two year period and the project will be completed at the end of 2024.

The following is a summary of the key themes have that emerged from the consultation phase which involved consultations with consumers, service providers and workforce agencies. While the matters documented in this report were raised in this phase, a broader range of issues will be considered in the next design phase.

This Summary of findings section of the report will be followed by a fuller description of the consultation phase of the project. This includes the background, methodology and findings of the consultations with consumers, service providers and workforce agencies.

The key themes are:

1. Access[1]

Availability and timeliness

The availability and timeliness of primary health care services is a predominant theme. Those interviewed discussed the need for the expansion and integration of local and visiting services. Issues raised:

- more availability of GPs
- access to a GP appointment when needed
- more after hours services, including GPs and pharmacy
- reinstatement of the visiting GP and other services to Coles Bay
- more nursing services including clinic nurses, nurse practitioners and a better distribution of state funded community nurses
- an increased range of visiting health specialists
- more local allied health services including physiotherapy, podiatry, occupational therapy, counselling and psychology
- more locally available mental health and alcohol and other drug services
- more locally available dental services
- additional services for those with a disability or who are aged requiring services such as respite, personal care and home help
- greater provision of post acute care services
- further development of health promoting communities through recreation and activities such as sports, a public swimming pool, exercise classes.

[1] The theme of access has been aligned with the Dimensions of Access as outlined by Russell et al (2013) (Appendix 1), with some variation of terms.

Geography

As a rural area of over 2,500 km^2 the issue of geography is significant for Glamorgan Spring Bay. As a rural area with considerable distances between the major towns, distance and transport are a barrier to accessing health care services. Issues raised:

- the need for subsidised or free transport between towns, and to and from either Launceston or Hobart to access GP, specialist and other health appointments
- support for transfers of care from hospital back into the community.

Affordability

While the recurring theme of the need for more GP services was a major issue, affordability was not substantially raised. This may be due to the common practice of bulkbilling of GP appointments. The reality that there are a very limited range of specialists, allied health, mental health and alcohol and other drug services available within GSB may mean that affordability is a non-issue due to the lack of services. The primary issue raised is:

- the cost of travel and accommodation associated with accessing health care services in Hobart or Launceston.

Appropriateness

The appropriateness of services can be affected by a range of factors including the relationship between the consumer and health provider, the quality of the services, and the suitability of the services.Issues raised:

- the need for culturally appropriate health services for First Nations persons
- confidential youth health services
- access to a female GP.

Navigating services

There was limited feedback from the consultations about navigating primary health care system. The ease of contacting and gaining entry to navigate the health system was raised for the following areas:

- support to apply for a NDIS package
- capacity of NDIS participants to access NDIS services
- building capacity and digital skills to apply for My Aged Care package
- capacity of My Aged Care clients to access services.

Awareness

The general lack of information for consumers and practitioners about management of health conditions and availability of health services was a recurring theme. The following issues were specifically mentioned:

- the need for more information, in various forms, about self-management of health issues
- more information and communication about permanent health services, visiting health services including details on eligibility and availability
- better information and communication about preventative health activities such as social activities, exercise classes and other health and wellbeing activities.

2. Other findings

Digital health

- acceptance of the increased need for, and use of telehealth or virtual health care alongside face to face appointments
- desire for an increased use of a shared electronic record between GPs, specialists and allied health

Service integration

- improve service integration through a multidisciplinary, collaborative model of health care
- improve the collaboration and communication between GPs, nurses, allied health and other health providers
- fund rural health services that support integration

Workforce

A broad range of workforce challenges will be considered in the next phase of the project. Key issues raised included:

- campaigns to attract and welcome health professionals to the East Coast
- place based rural education opportunities for training of health care professionals
- support for health professionals to work in a collaborative and team based model in a rural setting

Infrastructure

- better access to diagnostic imaging services including ultrasound and x-ray
- better equipment for rehabilitation
- the development of integrated health hubs, including rooms for visiting health practitioners

Appendix 2 contains the themes and their alignment with key state and federal government report recommendations.

background

The purpose of Primary care Rural Innovative Multidisciplinary Models (PRIMM) project is to develop a community-designed plan for multidisciplinary primary care services and innovative workforce solutions for the Glamorgan Spring Bay (GSB) Local Government Area (LGA).

Primary health services are defined as those which are delivered outside an acute setting with a restorative or health maintenance function. It includes general practice, nursing and services such as midwifery, pharmacy, dentistry, Aboriginal health services and allied health. The sector covers a range of public, private and non-government health services and health service providers.

This paper is a summary of the consultation phase of the PRIMM project. The project is progressing through four stages – scoping, consultation, design, and consolidation. The scoping phase resulted in a number of key documents which are the basis for the remainder of the project including service design and consolidation and workforce partnership development. They can be found in full at: https://www.cohealth.org.au/about-us/what-we-do/improving-primary-healthcare-in-tasmanias-east-coast/.

The consultation phase was conducted over a five-month period from July-December 2023. It included consultations with consumers, service providers and workforce agencies. The consultations aimed to establish views on current provision of primary health services, gaps and ideas for improvement of services.

methodology

Consultations were conducted with consumers, service providers and workforce agencies through a range of methodologies including surveys, group discussions and individual interviews.

Consumer consultations

Online survey

A broad based consumer survey was undertaken through the platform, survey monkey [2]. The survey was broadly advertised through social media, local newspapers, posters, networking meetings and word-of-mouth. Surveys were completed online or via a paper copy which was collected. A total of 181 survey responses were received.

Kitchen Table Conversations

In order to ensure that a diverse range of consumers were consulted, Health Consumers Tasmania was engaged to undertake Kitchen Table Conversations across the region. Local Kitchen Table hosts were recruited and trained by Health Consumers Tasmania to facilitate the groups.

A total of 84 participants were consulted through 8 Kitchen Table Conversations - two in Orford, one in Triabunna, two in Swansea, one in Coles Bay, and two in Bicheno.

These consultations provided a further level of feedback from consumers that might be considered 'harder to reach'. A diverse cross section of the community was represented, including participants who identified as:

- older people
- parents of young children
- Aboriginal and or Torres Strait Islander
- part of the LGBTIQA+ community
- on low incomes
- at risk of homelessness
- culturally and linguistically diverse community
- having chronic illness, mental ill-health and or disability.

Service provider and workforce agency consultations

Individual structured interviews were held with service providers and workforce agencies. A total of 25 service providers and seven workforce agencies were interviewed, including GPs and nurses, pharmacists, paramedics, allied health practitioners, health associations, academics and mental health and alcohol and other drug providers.

Additionally, service providers were requested to complete a survey, through survey monkey. The 15 responses provided quantitative data with information on their professional pathway as a regional health practitioner.

A cross section of service providers were consulted including those across various locations, residents or non-residents, permanent or casual, and private or public sector providers.

[2] https://www.surveymonkey.com/home/

Workforce agencies were selected to represent various health professionals, local expertise and speciality recruitment agencies.

Interviews were conducted face-to-face or online, they were recorded, and AI transcription utilised. Transcribed interviews were loaded into AtlasTi software[3]. Thematic coding was applied to all transcribed interviews by a single project officer with coding reviewed by a second project officer. Results from provider consultations are summarised thematically and reference to area of practice has been removed to ensure anonymity.

[3] https://atlasti.com

findings

The consultations provided a range of findings, both quantitative and qualitative and a summary of the findings is provided below.

Consumer consultations

The community consultations indicated an overall satisfaction with primary health services. Concerns were expressed primarily around GP, specialist and other primary health service availability and the need for more visiting services to meet health needs on a local level.

Consumer survey

A broad based consumer survey was undertaken through the survey monkey (see questions in Appendix 3). There are 181 respondents, and the key demographics of the respondents are:

- 75% are female
- 70% are over 55 years of age
- 55% are from Bicheno, 18% Triabunna and Orford, 6% Swansea
- 46% are employed, 52% not in the labour force
- 43% have a pensioner or concession card,
- 95% live permanently in GSB.

Access to services

"Wait times to get services are excessive, preventative health care not good enough either. Waiting more than a year to see a specialist is not good enough."

Consumer

The following is a graphic from the consumer survey and provides a high level overview of key services currently accessed in GSB, compared with what consumers identify should be available in GSB.

Table 1 Services currently accessed in GSB (n=174)

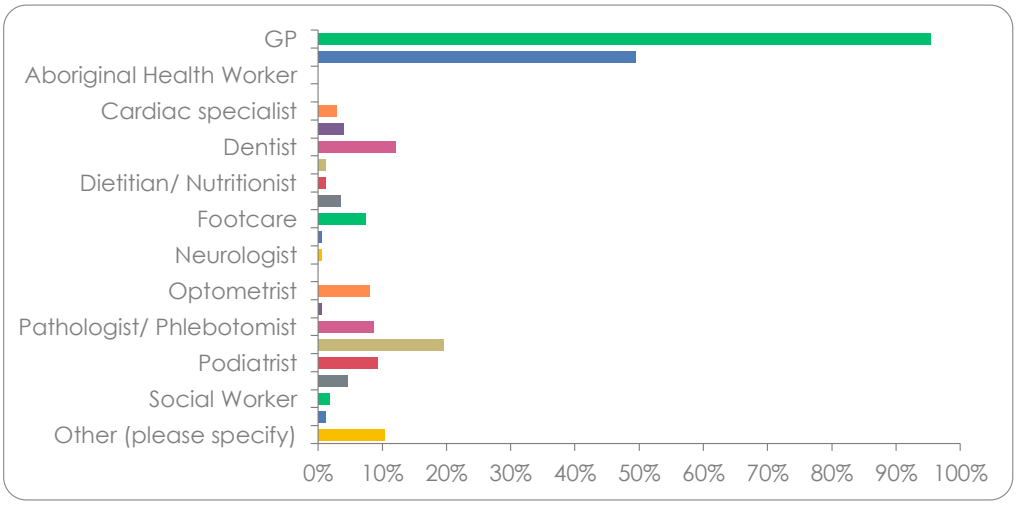
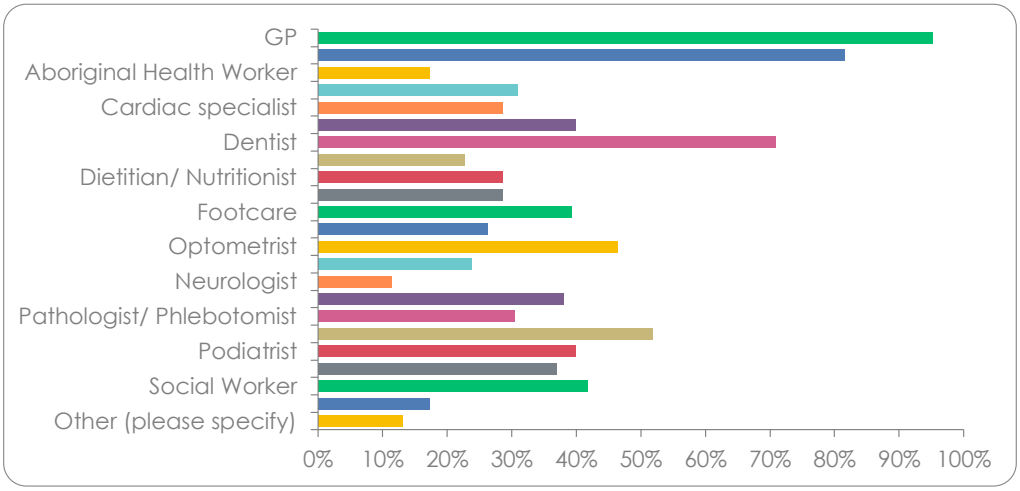


Table 2 Services that should be available in GSB (n=168)



After hours

The reported most frequently used after hours service is the paramedics at 25% (n=35/139) followed by the Swansea Urgent Care Centre by 18% (n=25/139) of respondents.

In response to the question of other services that would be used after hours if available this was overwhelmingly GPs (n=23), followed by dentist (n=8), pharmacy (n=7) and a closer urgent care centre (n=5)

Barriers accessing health services

When presented with various barriers to accessing health services the following were identified as a barrier on a 'frequent' or 'very frequent' basis:

- Timeliness of appointment 44% of respondents (n=68/154)
- Cost 21% of respondents (n=31/150
- Transport 16% of respondents (n=25/153)
- Quality 14% of respondents (n=20/142)

Telehealth

70% had used telehealth (n=119/169)

82% would be likely to use it if it was offered (n=137/167)

Views on health services

A series of statements were offered to gain sentiments on agreement or disagreement. The following are the percentage of respondents who 'agree' or 'strongly agree' with the statements.

The Government needs to act to improve the number of health services.	87%	n=144/166

The overall quality of health services is excellent.	44%	n=73/167
The types of health services available are what you should expect in a country area.	42%	n=69/166
I have found it hard to negotiate my way around the health system.	41%	n=11/27
I believe that health services are adequate to meet my needs.	31%	n=51/167
Access to health services is excellent	27%	n=45/167

The statements support the view that the number and range of health services should be increased. The question of quality indicates that over half of respondents think the quality of health care is less than excellent and this issue requires further exploration.

Ideas for service improvement

In response to a question on how health services could be improved or delivered differently 161 comments were received. These could be largely grouped into the following areas.

GP and nursing

The overwhelming comments by respondents called for more and increased availability of GPs, including more after-hours and female GPs (n=81/161). There was a strong call for less reliance on locums, to address the issue of continuity of care. There was a reported need to attract, retain and support GPs to stay in the area. There was also a need for more nursing time including nurse practitioners, community nursing availability and a better distribution of state funded community nursing. This should include better availability of pathology services.

"It would be good to have access to a female GP sometimes It would be good to have access to a dental prosthetist sometimes."

Consumer

Specialists

The second most commented upon issue was the need for more frequent visiting specialists across various fields including children's services, skin care, cancer care.

Allied health, mental health and alcohol and other drug services

There was a need expressed for more allied health support options including physiotherapy, speech therapy, occupational therapy and podiatry. Respondents identified mental health as an issue and called for relationship counselling, psychology, and trauma specialists. These are services that were reported to be needed locally. This was particularly for mental health where there was some distress expressed at the need to travel to Hobart or Launceston and perhaps then not be treated.

Dental and optometry

Dental health and optometry are identified as gaps, particularly in Bicheno. There is a need for additional services such as monthly dental clinics to prevent situations becoming urgent and seeking emergency treatment.

Diagnostic imaging

There is a need for access to diagnostic equipment such as ultrasound and x-ray. Currently, the closest available is in St Helens.

Awareness of services

There is a lack of awareness of visiting health services and a general need for more information, both online and hardcopy, about health services and resources.

"Access & info & access to all visiting services is essential eg bone density bus only came to area because local resident knew it was visiting other area and asked why it was not coming here."

Consumer

Transport

Transport issues were raised as a major challenge. There is a need for greater access to subsidised/free transport between services, and also the provision of funded transport to and from either Launceston or Hobart for diagnostics such as x-ray and other specialist clinics as required.

Aged Care

There is an identified need for support to navigate the complexities of the aged care system. It was noted that more services are needed locally such as respite care, personal care, home help, and post acute support. The issue of access was reported including travel support to access specialists.

Health promotion

Promotion and preventative health services were commented on by respondents calling for a public swimming pool, wholistic health care centre and exercise classes.

Infrastructure

There was a call for the resumption of visiting GP and other services to Coles Bay. There were comments regarding the need for a health hub in the area. There was also a call for additional rooms for visiting specialists and accommodation to encourage them to stay overnight. Telehealth was also noted as an option to address access (transport) issues.

Kitchen Table Conversations

The Kitchen Table Conversations were conducted by Health Consumers Tasmania. A total of 84 people participated across eight groups.

The groups explored four areas in order to capture knowledge and experiences of health and wellbeing in GSB:

1. What is most important to you when it comes to your health and wellbeing?

2. What are the barriers to receiving health care and how has this affected you?
3. What do you do when you are feeling unwell after hours?
4. What do you think are the long-term solutions to receiving the health care you need?

Below provides a summary of the key themes emerging from the discussions.

What is most important to you when it comes to your health and wellbeing

These key points were often discussed in the context of strengths of the local community, but also considering the barriers to achieving the ideal level of access or care. The key points were:

- Access to primary health care services, in particular GPs
- Living in a community that is supportive of health and wellbeing (activities and infrastructure)
- Access to information that is current and relevant to the local community
- Ensuring 'future-proofed' local service delivery.

Many participants in the groups discussed the importance of disease prevention and wanting to maintain lifestyles that are conducive to health and wellbeing. People often described their communities as being supportive and that this is a strength of rural areas. The factors which were seen to contribute to the ability of communities to support wellbeing were intangible factors like social engagement and inclusion, as well as more tangible aspects like community activities and infrastructure.

Participants placed a lot of value on knowing what is happening in their community. This includes information about social events and activities, leisure/sport activities (e.g. Pilates), permanent services, visiting services and details about who is eligible for what service and when. This included both in hours and after-hours services. Information access is seen to be vital to support access to services, but also to maintain wellbeing through healthy lifestyles.

> **"A community health blog or online resource with interesting, timely information directly relevant to our local community including access to services and availability."**
>
> Consumer

People value having services that are available in their own region because they are closer, more accessible and more relevant to their own experience of everyday life. Many people are reluctant or unable to leave the area for services even when they are urgent or require a specialist.

What are the barriers to receiving health care and how has this affected you

The key barriers to good health care access which were described in the groups were:

- A general lack of local service provision and/or significant gaps in provision, especially in aged care service and mental health services/support.
- Poor integration of care and difficulties experienced though transfers of care from hospital back into the community.
- Travel, distance and transport.

For many services, the main barrier to access was a lack of or limited service provision in the local area. Of the many services mentioned, aged care and mental health services were the most prominent. These services were available, but limited or unsuitable. Many other services

were perceived to be simply not available in the local area, or not to an extent that was practical or usable.

"I need to be able to get timely appointments, so that my medical condition or concern can be addressed. This leads to peace of mind. Currently, the unavailability of doctors at Bicheno has meant that appointment availability has blown out to over 5 days"

Consumer

"Interstate locums don't know the specialist network in Tasmania"

Consumer

Participants described multiple barriers to accessing suitable aged care services. The first access barrier is having to have the capacity and digital skills to apply through My Aged Care. However, even if people do manage to apply and are assessed for a package, some struggle to find providers. This impacts on people's ability to stay in the area:

Visiting services were perceived to fill a gap, however, they were not always accessible or practical, especially if the service is very infrequent.

Not surprisingly for a rural LGA, the distance both from major population centres and between locations in the area, coupled with limited public transport, means that travel and transport become major barriers for local residents in accessing health and wellbeing services as well as to maintain wellbeing through being able to partake in community activities, access essential services and maintain social connections. The two main factors are the impact on travel on health and wellbeing and the lack of transportation.

What do you do when you are feeling unwell after hours

Participants were asked to discuss what they would do if they were unwell after-hours. There were very varied responses, which were quite different between different regions. Some described quite detailed plans, especially those who are accustomed to managing exacerbations of chronic illnesses or who have plans in place with their GP. For others, after-hours access was seen as a problem, especially on weekends. Many were not certain what they would do or had simple strategies (e.g., do nothing vs. call 000 for help).

Participants described following a process of self-triage using a range of strategies depending on the perceived severity of the illness. Strategies ranged from sleeping it off, taking over-the-counter medication, ringing Healthdirect or Swansea Urgent Care Centre after-hours service, to ringing an ambulance. Participants who had good relationships with their GP practice, also experienced good care.

Participants felt very happy about their ambulance service and relied on the care their paramedics provided and described positive experiences. This applied particularly in Triabunna, Swansea and Bicheno which have a permanent paramedic staffing model. Where the ambulance is staffed by volunteers (Coles Bay) people were reluctant to call, especially in the middle of the night.

It is quite clear though, that not everyone is aware of what after-hours services are available locally or statewide via telehealth. There is, for example, a need for more information that Healthdirect is available 24 hours a day and what is available locally through the Swansea Urgent Care Centre and who is eligible for this service.

What do you think are the long-term solutions to receiving the health care you need

Participants were asked what solutions they could imagine which would improve their experience of health services and wellbeing in the region.

The key ideas expressed by consumers were:

- Build upon existing local staff/services and infrastructure to work at their full potential and increase the skill level through training.
- Utilise telehealth and virtual health care.
- Expand, integrate and improve visiting services.
- Improve information access and community knowledge (community health literacy) through multiple mechanisms.
- Create health-promoting communities.
- Fund integrated rural services.
- Do more to make healthcare staff and their families feel welcome.

> **"Government needs to invest more in incentivising medical staff to move to regional areas to work. Pay them more!"**
>
> Consumer

Those who identified as LGBTIQA+ identified the need to train staff and increase their understanding for them to be able to provide inclusive care.

While the suggestion of increasing access through telehealth was absent from some KTCs, there were several which suggested it. It is notable that virtual care is seen to be a solution when it is used in conjunction with local services and face-to-face care. There is also a need for support with the infrastructure, hardware, software and connectivity for virtual care. People living rurally may not be able to access appropriate internet connections due to blackspots and the cost of mobile data.

It was suggested that the visiting services could be more regular, and/or consistent over time and be expanded to different towns and stay for longer. It was suggested that there could be alternative methods of receiving a referral, as it was not always possible to get a GP appointment in time to get a referral for the seasonal service.

A common suggestion was that of an information pack about health and wellbeing services which could be distributed through GP practices and other organisations. It was important that this publication included information about health services, healthy behaviours, and also community activities which allow people to live well and actively participate.

People were aware that the social and physical environment around them can be either supportive or not supportive of health. Some long-term solutions therefore centred around improving physical infrastructure as well as increasing opportunities for engaging meaningfully in their community. Many suggestions for physical infrastructure were around improving walking paths in and around towns/settlements:

A long term solution was suggested that visiting specialists could come on a regular basis to a "super clinic" which might also include local hospital-type services. There were also suggestions about improving outreach into some of the more regional areas like Coles Bay for community nursing, child health and blood tests. It was also suggested that there are underutilised clinic rooms there.

Community members greatly value their local permanent health workforce and felt very strongly about wanting to make new health staff and their families feel welcome in the area.

They recognise that health professionals, especially GPs and allied health professionals, are in high demand and that for the area to be able to retain the workforce in the long term, it needs to be a place they can live comfortably and feel like they are a part of the community. It was suggested that accommodation offered to the health staff needs to be of a high standard with the flexibility of choice to attract and retain workers.

Service provider consultations

Service provider survey

A survey of the service providers was undertaken to explore their professional pathway as a rural practitioner. A total of 15 responses were received.

Of the respondents 53% (n=8) have been working more than 6 years in their professional role. Equally 8 reside outside the Glamorgan Spring Bay area but work in the area and 8 undertook a student placement in a regional area.

Some of the challenges cited for both living and working in the Glamorgan Spring Bay area are:

- access to schooling for children
- accommodation
- work opportunities for the partner
- access to suppliers for equipment trials with clients
- the scarcity of services in the area, as well as how sparsely located the available services are
- remoteness and access to healthcare, fresh food, shopping, supplies and services such as car servicing.

When asked if they had received professional support for working in a regional area 47% (n=7) said they had received no support. Three respondents cited that they had received a state or commonwealth funded scholarship.

Service provider interviews

Five key questions formed the basis of service provider interviews and were adapted to suit the providers area of practice and expertise (Appendix 4). Providers included Medical Doctors, nurses and midwives, mental health workers, physiotherapists, occupational therapists, dietitians, exercise physiologists, volunteers whose roles interface with primary health care services and teachers and child development workers supporting families and children with additional health needs.

Despite the diversity of service providers, key similarities emerged around areas of challenge and opportunities for innovation. Providers also shared examples of existing local and regional innovation.

Table 3 The top five most frequently discussed themes that were also identified as challenges to health service delivery and/or the healthcare workforce

Challenge area	Count
Collaboration and communication	21

Workforce support	10
Service boundaries	10
Transport	9
Workforce shortages	9

Table 4 The top five areas most frequently cited for possible innovations

Area for innovation	**Count**
Mental Health and social and emotional wellbeing services	16
Funding	16
Collaboration and communication	13
Allied health services	9
Care co-ordination	9

Collaboration and communication

Providers talked about feeling that there is a lack of communication from external services, programs and providers when they have referred a client and that a significant amount of time and effort is expended in ensuring critical referrals are actioned. Whilst these concerns were spread across the breadth of organisations and specialties, aged care, alcohol and drug and mental health services were the most frequently mentioned.

Providers also discussed delays in the sharing or availability of health information that is critical to care delivery. Examples of areas where communication delays were identified as occurring include:

- manual scanning of reports into medical records at general practices
- discharge summaries from hospitals, most concerning for discharges occurring later in the week
- sharing of information and collaboration between Medical Specialists when a consumer is under the care of more than one specialty.

Increased embedding of visiting services (specialists, allied and mental health services) within General Practices in the region would increase ease of communication and collaboration between providers, ensure more cohesive and less siloed care. Providers talked about 'one-stop shops', 'embedded care', 'co-ordinated clinics'. The use and availability of a single, primary health care shared medical record was also raised as an innovation that could improve collaboration, communication and continuity of care.

Creating or increasing the availability of nursing and mental health clinician roles embedded in local General Practices was described by a number of providers as being an opportunity to

address both the availability of general and mental health related urgent care services, but also enhanced local capacity for care co-ordination and consumer support. Funded roles for peer support workers, or lay healthcare connectors were also raised as innovations that could improve access to already available services.

Allied health providers discussed the benefit that could arise from the increased use of multidisciplinary case conferences, for which there is MBS funding, however, regional workload pressure and a lack of dedicated funding for care co-ordination results in the administrative work associated with the organisation of multi-disciplinary meetings often being too great for primary health care providers in the region.

Most providers indicated that becoming and remaining aware of services and providers in the LGA and neighbouring towns was difficult due to the varied and constantly changing health funding streams, programs and the variety of organisations and private providers operating. Local/regional health service co-ordinators/navigators, a local calendar of visiting services and programs and local or regional health provider network meetings were all raised as possible solutions to this concern.

The tyranny of distance

Clinicians and frontline providers (10/25) described the challenges health care consumers have in travelling to appointments in regional centres but also locally in their own towns due to a lack of public transport options. Clinicians were aware of the availability of the community transport scheme in Bicheno, a volunteer run community car, however due to demand and reliance on volunteer drivers, these services do not wholly meet community needs. Additionally, concerns were raised regarding consumer awareness of the services, the cost of the services and also, in relation to Community Transport Services Tasmania (CTST) the eligibility criteria and registration process. They highlighted that the impact of reduced access to public transport is likely to be more keenly felt by those who cannot drive, such as young people and the very elderly.

A number of clinicians suggested that better co-ordination of transport services and outpatient appointments might improve efficiency of currently available services and that this could be achieved through the creation of local care-coordinator roles and funding to employ drivers.

They also felt that an increase in the number and type of specialists visiting the region to provide face-to-face appointments was warranted given the demographic and health profiles and the lack of transport services. The following specialties were specifically discussed in terms of increase/commencement of visiting services:

- Women's Health services, including midwifery
- Youth Health services
- Diabetes education
- Paediatrician

Further information has been obtained regarding

- car ownership data
- bus routes/ timing/ availability
- service mapping of transport services
- visiting service and Tazreach data.

This information will be analysed for inclusion in the design phase.

Commonly noted was the impact on the availability of clinical hours/appointment times due to time lost to driving by a drive-in drive-out (DIDO) workforce, this was a particular concern for the availability of community nursing and mental health worker hours.

On the flip-side providers whose roles involved travel within the region, discussed the pressure they felt as the only, or one of few, providers in their speciality/practice area in the region, expressing concern that if they left the region/service there would be significant gaps in service availability.

Increasing the total number of service providers in the region and the creation of more place-based roles were seen as possible solutions to challenges of workforce travel. Mental health clinicians, nursing, allied health services, health promotion workers and aged and disability care staff were all reported as being types of providers where there was adequate need for an increase in the number of place-based positions.

Telehealth was viewed positively by providers as reducing travel burden for both consumers and providers. However, one provider noted the broader benefit obtained when specialist providers provide a visiting service it improves their understanding of local context, service availability and results in better connection with rural and remotely based providers, assisting to decrease their sense of professional isolation.

Providers also expressed that THS and other regional North-South administrative boundaries that the LGA saddles contributes to the tyranny of distance and at times results in greater fragmentation of care. A mechanism for regional fund pooling was proposed by one provider as means of addressing the challenges created by administrative boundaries.

Interviews with workforce agencies are currently being undertaken and findings will be added once they have been completed.

Workforce agency consultations

A total of seven agencies were interviewed to ascertain their views on workforce recruitment and retention, with a particular focus on rural workforce and lessons learned to apply to the East Coast of Tasmania. Five key questions formed the basis of the workforce agency interviews and these can be found in Appendix 5. Workforce agencies included national health professional associations, academia, and identified experts in recruitment in a Tasmanian context. The following are the key themes that emerged from the interviews.

Recruitment and retention

The change in recruitment and retention over time is reflected in rural and remote areas. Workforce agencies observed that effort is required to attract health professionals through adequate remuneration, accommodation and support. Support might include access to childcare, schooling for children and work opportunities for a partner.

The friendliness of communities and offering a unique Tasmanian lifestyle was broadly discussed. There are various strategies that are in place around Australia that have been successful, and include campaigns such as teaching towns, welcoming communities and a concierge system. All are similar ideas which centre around the concept of understanding the needs of the individual and their family members and connecting them personally to groups, people and points of interest in the local community.

Support for health professionals in the rural setting was discussed, strategies such as mentoring were cited as important. The Services for Australia Rural and Remote Health (SARAH) Allied Health Rural Generalist Pathway was noted as a particularly successful program which links

education, structured supervision and support, and encouragement to innovate the service model.

Education and Training

The 'grow your own' idea was discussed as a key idea for developing rural workforce capacity. This is by now a common idea, based in evidence, that if students from specific areas train in the same region, they are more likely to be retained as local health professionals.

Interviewees also noted the importance of student placements in rural areas. Some adjustments were discussed to improve the placement experience such as pairing students, shared supervision if there is only a part time professional available for supervision and extending the welcoming communities concept for students.

Workforce agencies also discussed the need for ongoing professional development and mentoring for health professionals in a rural context. This is particularly important where scope of practice may be extended due to a sole practitioner model. A community of practice platform and health professional support line was also noted as important supports for ongoing professional development.

Nursing workforce

Workforce agencies highlighted the importance of the nursing workforce. This included the importance of adequate training of primary health clinic nurses, student placements, and mentoring and support. There was also discussion about a nurse-first model where the primary health clinic nurse sees a nurse who undertakes a triage, refers to a GP as needed and is able to coordinate care as a system navigator.

Rural health model of care

Workforce agencies identified a number of factors that were specific to rural heath settings that were important to consider in a primary health care model.

The siloed nature of service funding is not conducive to health professionals working across service types. For example private practitioners noted that they would not provide NDIS services due to the administrative burden. Funds pooling to a single employer would improve the capacity to recruit and retain a workforce.

Collaboration and team care was noted as an area that required more work in a rural setting due to the more limited nature of services. The importance of defining the team and putting measures in place to ensure smooth communication was highlighted. A number of workforce agencies discussed the importance of a shared electronic record to support collaboration. Given the more disparate nature of a rural health workforce these are important measure to ensure health professionals are able to provide a good quality of care, and in turn this is a better experience for the health professional.

For practitioners that are fly/ bus/ drive in, the right support can retain these health practitioners that are important and can provide a continuity of care. This could include the provision of accommodation to stay overnight and the provision of consulting rooms.

conclusion

In conclusion, the consultation phase of the PRIMM project has highlighted the key challenges facing consumers and service providers in accessing and delivering primary health care services on the East Coast of Tasmania. While many of these challenges are common to rural areas around Australia, the report has highlighted some priority areas of action that will be considered in the design phase.

Priorities for the East Coast include adequate provision of and access to basic primary health services which have been documented in this and previous service mapping work. Additionally, the issue of transport has been found to be a major barrier for consumers, despite the relatively small distances compared to other rural and remote areas. The issue of communication, for consumers and service providers was also highlighted as a barrier.

The next phase of the project, the service design phase, will consider all the issues raised in the consultation phase, alongside best practice primary health care delivery in comparable areas in Australia.

appendices

Appendix 1 – Dimensions of Access

Dimension	Definition
Availability	As a dimension of access, availability relates to the type and amount of PHC facilities and services compared to population health needs
Timeliness	Timeliness "refers to the degree of separation by time between health care providers and health care consumers, relative to the urgency of the PHC need"
Geography	In terms of PHC access, geography relates to the ease with which people can travel the distance between their location and the location of the PHC service
Affordability	Affordability is the dimension of PHC access related to the ease with which a person can meet the direct and indirect costs of their healthcare
Acceptability Appropriateness	The acceptability of PHC services involves the relationship between consumer attributes, attitudes and beliefs about their health to provider and health service characteristics such as provider attributes and the attitudes of providers towards consumers
Accommodation Navigating services	The degree of accommodation of PHC services refers to the ease with which consumers can contact, gain entry to and navigate the service or system
Awareness	Relates to the communication of health and health system/service information between providers and consumers

Source: Russell DJ, Humphreys JS, Ward B, Chisholm M, Buykx P, McGrail M, et al. Helping policy-makers address rural health access problems. Aust J Rural Health. 2013;21(2):61–71.

Appendix 2 - Alignment of findings with key Tasmanian and Commonwealth Government health planning reports

PRIMM Project finding	**Link to recommendation in report** Listed below – 1, 2, 3
Access – availability and timeliness	
more availability of GPs	Rec 6.3.2 – Rural Generalist Pathway to attract, retain and support rural generalist doctors in partnership with a range of stakeholders. (2)
access to a GP appointment when needed	
more after hours support, including GPs and pharmacy	Rec 5. Adopt a strategic approach to deliver integrated, multi-disciplinary models of care, including mental health services, that: c. include the delivery of after-hours care (1)
reinstatement of the visiting GP and other services to Coles Bay	
more nursing services including clinic nurses, nurse practitioners and a better distribution of state funded community nurses	Rec 6.3.3 – Nurse Practitioner Models to increase service access and efficiency and improve patient experiences through innovative models. (2)
an increased range of visiting health specialists	Rec 6.2.2 – Improving the distribution of specialist skills through digital technologies such as telehealth, remote access to interstate service providers, and shared employment of specialists with the private sector. (2) Rec 6.3.4 – Technology assisted access to specialised health workforces in Tasmania to expand local access to highly specialised health professionals, where it is clinically safe and appropriate. (2)
more local allied health services including physiotherapy, podiatry, occupational therapy, counselling and psychology	Rec 3. Take an evidence-based approach to identify health care needs in rural and regional Tasmania and strongly advocate for additional Australian Government funding to: a. support the delivery of viable primary health services (1)
more locally available mental health and alcohol and other drug services	Rec 1.5.3 – Interface with Alcohol and Drug Services (ADS) and mental health services will continue to be strengthened for those who require continuity of care and support across both these areas, as well as the broader health system. This is work supported through our *Reform*

	Agenda for the Alcohol and Other Drugs Sector in Tasmania. (2)
more locally available dental services	
additional services for those with a disability or who are aged requiring services such as respite, personal care and home help	
greater provision of post acute care services	
further development of health promoting communities through recreation and activities such as sports, a public swimming pool, exercise classes	Rec 2.4.1 – Prioritising preventive health at all levels of the organisation, including leading by example as a healthy organisation and the ongoing implementation of the *Healthy Tasmania Five-Year Strategic Plan 2022-26*. (2)
Access – geography	
the need for subsidised or free transport between towns, and to and from either Launceston or Hobart to access GP, specialist and other health appointments	Rec 1. Adopt a long-term strategy to address the poorer health outcomes experienced by Tasmanians living in rural and regional areas, with a particular focus on: e. removing access barriers (1)
support for transfers of care from hospital back into the community	Rec 1.6.2 – Clinical transport will be optimised through investment in new and upgraded transport infrastructure, development of a Patient Transport and Interfacility Coordination Unit, alternate care pathways for lower acuity Ambulance Tasmania pathways, and the use of Extended Care Paramedics and Community Paramedics to avoid emergency medical transport where it is not appropriate. (2)
Access – affordability	
the cost of travel and accommodation associated with accessing health care services in Hobart or Launceston	Rec 1. Adopt a long-term strategy to address the poorer health outcomes experienced by Tasmanians living in rural and regional areas, with a particular focus on: e. removing access barriers (1)
Access – appropriateness	
the need for culturally appropriate health services for First Nations persons	Rec 2.4.2 – Supporting priority population groups through a range of strategies including: *Improving Aboriginal Cultural Respect Across Tasmania's Health System (2)*
confidential youth health services	
access to a female GP	
Access – navigating services	

support to apply for a NDIS package	Rec 13. Consider the employment of a Health Systems Navigators, particularly in rural and regional Tasmania, to assist individuals and families to find and engage with appropriate health professionals and services. (1)
capacity of NDIS participants to access NDIS services	
building capacity and digital skills to apply for a My Aged Care package	Rec 1.7.2 – Partnering with the Australian Government, including through the Tasmanian Aged Care Collaborative to improve the timely access to residential aged care and NDIS support services, and enhance aged care service capabilities in areas of specialised care needs such as dementia. (2)
capacity of My Aged Care clients to access services	
Access – awareness	
the need for more information, in various forms, about self-management of health issues	Rec People can reduce their chances of developing a chronic condition by reducing risk factors that are in their control to change. This includes smoking, drinking, being overweight, not being physically active, and consuming too much alcohol. Supporting people to manage their own health can improve health status and symptom management and reduce health service use. (3)
more information and communication about permanent health services, visiting health services including details on eligibility and availability	Rec 12. Ensure all communications related to the availability of health services in rural and regional areas of Tasmania, are clear, contemporary and accessible. (1)
better information and communication about preventative health activities such as social activities, exercise classes and other health and wellbeing activities.	Rec 2.4.5 – Increasing the dissemination of preventive health information using digital health platforms, partner organisations, peer approaches and tailored messaging to give people access to trusted health information that is relevant to them. (2)
Digital health	
acceptance of the increased need for, and use of telehealth or virtual health care alongside face to face appointments	Rec 11. Work with the Federal Government to improve access to digital health care in rural and regional Tasmania through: a. ensuring rural communities have access to modern digital infrastructure and associated technology in rural health facilities; and

	b. a targeted, community centred approach to investment in digital literacy (1) Rec 2.2.1 – Establishing central virtual care hubs to strengthen and better coordinate the delivery of home and community-based services across a range of care areas, including intermediate care, subacute care, and HiTH. (2) Rec Action 5.1 – Digital 5.1.1 – Implementing the Digital Health Transformation Strategy health transformation 10-Year Program of work to enable the key digital advances of virtual care, eReferral and a statewide Electronic Medical Record (EMR). (2)
desire for an increased use of a shared electronic record between GPs, specialists and allied health	Rec We will continue to work with providers to increase eReferral and shared electronic health record adoption to enable delivery of better care for chronic conditions. (3)
Service Integration	
improve service integration through a multidisciplinary, collaborative model of health care	Rec 2. Working with the Australian Government, establish collaborative and innovative funding models to meet the specific needs of individuals living in rural and regional areas particularly the: (b). active support of multi-disciplinary models of care. (1) Rec 3. Take an evidence-based approach to identify health care needs in rural and regional Tasmania and strongly advocate for additional Australian Government funding to: b. deliver community-centred alternative models of health care (1) Rec 6.1.3 – Making the best use of our non-clinical and support staff by trialling and implementing new ways of working that increase delegation of non-clinical tasks to non-clinical workers and partnering with TAFE Tasmania and other vocational education providers to boost this important workforce. (2)
Improve the collaboration and communication between GPs, nurses, allied health and other health providers	Rec Using technology, particularly electronic communication and information-sharing, will reduce the administrative burden on clinicians and increase the availability of information for

	clinical decision support, and contributing to improving the patient experience of care. (3) Rec Our priority is to enable health information continuity between providers. Information and data continuity between providers is essential for the delivery of coordinated care for chronic conditions. (3)
fund rural health services that support integration	Rec 2. Working with the Australian Government, establish collaborative and innovative funding models to meet the specific needs of individuals living in rural and regional areas particularly the: a. consideration of a dedicated rural health fund (1)
Workforce	
campaigns to attract and welcome health professionals to the East Coast	Rec 9. To address specific workforce shortages in rural and regional Tasmania, including: c. consider alternate funding models and remuneration of health professionals in areas of high workforce shortage (1)
place based rural education opportunities for training of health care professionals.	Rec .2.1 – Improving geographic workforce distribution in generalist service areas through strategies including incentivising practice and professional development in rural areas, new training opportunities in rural areas, and working with educational partners to rebuild the general workforce in medicine, nursing and allied health. (2)
support for health professionals to work in a collaborative and team based model in a rural setting	
Infrastructure	
better access to diagnostic imaging services including ultrasound and x-ray	
better equipment for rehabilitation services	
the development of integrated health hubs, including rooms for visiting health practitioners	Rec 2.3.2 – Optimising rural service delivery in partnership with communities by mapping healthcare capacity across the rural health network, strengthening resources and infrastructure in rural areas, and developing health service optimisation plans through the place-based approach. (2)

	Rec 5.2.2 – Implement an Asset Management System and Health Facility Planning and Delivery Process to apply a lifecycle asset management approach to DoH facilities and ensure that all new and upgraded health facilities are fit for purpose, future focused and enable high quality and safe care. (2)

Links to reports:

(1) Parliament of Tasmania, Legislative Council Government Administration Committee "A" Report on Rural Health Services in Tasmania, 2022

(2) Department of Health, Long-Term Plan for Healthcare in Tasmania 2040, Tasmanian Government, March 2023

(3) Primary Health Tasmania, Health in Tasmania, Primary Health Tasmania Health Needs Assessment 2022–23 to 2024–25, November 2021

Appendix 3 - Consumer survey questions

Consumer Survey

Question 1.

Could you tell us a bit about yourself?

1a. Where do you live?
1b. What is your age group?
1c. How do you describe your gender identity?
1d. What is your employment status?
1e. Do you have a pensioner/ concession card?
1f. Do you live permanently in Glamorgan Spring Bay?

Question 2.

Residents might access health services on the East Coast or might travel to areas where there are larger populations. What services do you currently access in the Glamorgan Spring Bay area?

GP
Nurse
Aboriginal Health Worker
Alcohol and Drug Worker
Cardiac specialist
Child Health and Parenting Service
Dentist
Diabetes Educator
Dietician/ Nutritionist
Exercise Physiologist
Footcare
Maternal and Child Health Service
Midwifery
Neurologist
Occupational Therapist
Optometrist
Palliative Care
Pathologist/ Phlebotomist
Physiotherapist
Podiatrist
Psychologist
Social Worker
Speech Pathologist
Other (please describe)

Question 3.

Do you access a health service outside of Glamorgan Spring Bay even though it is offered locally? If so, which services and why.

Question 4.

Many health services are only available during business hours (weekdays 9am-5pm). Have you needed to access health services after hours or on weekends? Which of the following have you used after hours or on weekends?

Paramedics
Urgent Care Centre, Swansea
St Helens District Hospital
St Mary's Community Health Centre
Emergency Department in Hobart or Launceston
HealthDirect phone line
After hours visiting GP
Other (please describe)

Question 5.

Thinking about health service you access, have you experienced any of the following barriers?

	Very Frequently	Frequently	Occasionally	Rarely	Never
Transport					
Wait times					
Cost					
Quality					
Cultural appropriateness					
Confidentiality					

Other barriers (please describe)

Question 6.

What services do you think should be locally available to you? (Same list as question 2)

Question 7.

During the pandemic many of us became more familiar with online or telephone consultations. Have you used telehealth? Would you be likely to use it if it was offered? If no, what are the barriers for you?

Question 8.

The following are statements that various people have made about health care services in Glamorgan Spring Bay. Please tell us if you agree or disagree with them.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
The types of health services available are what you must expect in a country area.					
Access to adequate health services is excellent.					
The Government needs to act to improve the number of health services					
The overall quality of health services is excellent.					
I believe that health services are adequate to meet my needs					

Question 9.

Do you have any ideas on how health services could be improved or delivered differently to meet your health needs?

Appendix 4 - Service provider interview questions

PRIMM Project Consultations – Service provider interview template

Date of Interview:

Organisation:

Interviewee:

Interviewer:

1. How could your service (or other services you are closely involved with) be further developed to better meet the needs of the community?

2. Do you have any examples of best practice or innovations that could be applied to health services in GSB to improve their efficiency and effectiveness?

3. Please describe any legal or organisational limitations on your scope of practice that you feel impede/reduce your ability to fully contribute to the provision of health services in the region.

4. What would you like to see changed to achieve an integrated service model, what is stopping collaborative care happening?

5. How could other stakeholders and healthcare providers better work with you to promote collaborative primary health care and improved continuity of care in the region.

Appendix 5 - Workforce agency interview questions

PRIMM Project Stakeholder Workforce agency interview template

Date of Interview:

Organisation:

Interviewee:

Interviewer:

1. Why in your view is it difficult to recruit and retain a health workforce in Glamorgan Spring Bay?

2. For each of the following primary health care service groups, what do you think needs to be done to address this issue?

2.1. GPs and nursing

2.2. Allied health

2.3. Mental health

2.4. Alcohol and other drugs

2.5. Dental

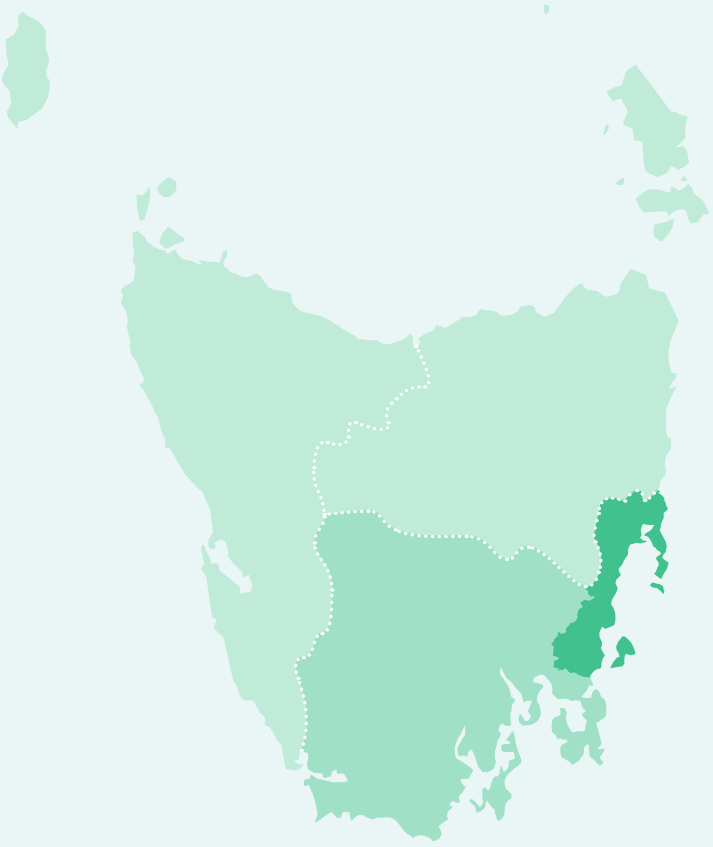
3. There are various workforce incentives associated with the Modified Monash Model classification of Triabunna (MM5) and Swansea and Bicheno (MM6). In addition, the Strengthening Medicare Bulk Billing Incentive is due to commence on 1 November 2023. Do these Commonwealth incentive policies work?

4. Are there any innovations in attracting and retaining a rural and regional primary health workforce that you think could be applied to Glamorgan Spring Bay?

5. How could other stakeholders and healthcare providers better work with you to promote collaborative primary health care and improved continuity of care in the region.

Building a Connected System of Healthcare

Primary care Rural Innovative Multidisciplinary Model (PRIMM) Project:
Glamorgan Spring Bay Community Health Service Model



cohealth care for all

COPHE COMMUNITY-OWNED PRIMARY HEALTH ENTERPRISES

Contents

This work is supported by a Primary care Rural Innovative Multidisciplinary Models (PRIMM) Grant from the Commonwealth Department of Health and Aged Care.

This document has been prepared by Community Owned Primary Health Enterprises (COPHE) on behalf of our consortia partners:

- Bicheno Community Health Group
- Bicheno General Practice
- cohealth
- COPHE
- Glamorgan Spring Bay Council
- Health Consumers Tasmania
- HR+ Tasmania
- May Shaw Aged Care
- Primary Health Tasmania
- Swansea General Practice
- Triabunna General Practice
- THS
- The Village, Triabunna
- UTAS

The model describes a connected system of healthcare for Glamorgan Spring Bay that meets the needs and improves the health outcomes of its communities.

Acronyms

AOD	Alcohol and Other Drugs
CAG	Community Advisory Group
GSB	Glamorgan Spring Bay
GSBC	Glamorgan Spring Bay Council
LGA	Local Government Area
MAC	My Aged Care
MBS	Medicare Benefits Schedule
NDIS	National Disability Insurance Scheme
PHT	Primary Health Tasmania
PIP	Practice Incentives Program (GP)
PRIMM	Primary care Rural Innovative Multidisciplinary Models
RFDS	Royal Flying Doctor Service
SBCHC	Spring Bay Community and Health Centre
THS	Tasmanian Health Service
UCC	Urgent Care Centre
UTAS	University of Tasmania
WIP	Workforce Incentive Program (GP)


Triabunna | GP and client

The challenge

Across Australia, costs in acute and hospital care are escalating to record levels, but outcomes are not improving at the same rate. The health needs of Australians are increasing, yet more people than ever are struggling to access the care they need to stay safe and well in their communities.

These issues are compounded in regional areas, where workforce shortages and retention issues are widespread, and those living on low incomes or facing disadvantage miss out on healthcare. The Strengthening Medicare Taskforce Report[1] confirmed that existing models do not do enough to ensure health care is delivered in communities with less access to care, including people in rural and remote areas, and people on low incomes.

This leaves regional communities to shoulder the burden of higher rates of preventable illness and higher rates of avoidable hospitalisations.

Regional communities want local, skilled health care professionals with whom they can build connections and trust. Drive-in, drive-out services, or a revolving door of locums are suboptimal solutions.

Traditional models of care are not working for clinicians in regional communities, either. The evidence shows that bulk-billed general practice in rural areas is simply not sustainable, requiring innovative models.

In Tasmania's Glamorgan Spring Bay (GSB), General Practitioners (GPs) are facing huge demand from an ageing population, people with multiple complex and chronic health issues and is seeing an increase in the arrival of tourists who require medical care while visiting.

Tasmania has some of the lowest bulk billing rates in the country, and many patients pay out of their own pockets. People in GSB struggle to find a local medical specialist and are forced to travel to Hobart (approximately 170km) or Launceston (approximately 150km) to access many essential services.

These factors encourage people in GSB to defer or delay care until their needs are acute – driving demand into already overwhelmed acute care settings. In addition, emergency departments and hospitals in Hobart and Launceston struggle to navigate the services available in GSB, resulting in sub-optimal discharge planning and frequent re-admissions.

GP practices in GSB are facing ongoing financial sustainability challenges, and GPs are difficult to replace. This situation is made worse by a shortage of after-hours GP availability. Pressures on GP clinics are resulting in decreasing rates of bulk billing[2]. Changes are needed to take pressure off busy GPs, remove regulatory barriers that stop primary care professionals from using all their skills, to give clinicians more time for complex cases.

Integration of services is lacking, and the responsibility for coordinating these services often falls on volunteers. The fragmented and frequently changing landscape of allied health, mental health and AOD services in GSB contributes to difficulties navigating local systems of care.

1 health.gov.au/sites/default/files/2023-02/strengthening-medicare-taskforce-report_0.pdf

2 theguardian.com/news/datablog/2023/feb/17/revealed-the-areas-where-australians-are-struggling-to-access-free-gp-care

3 World Health Organisation

Primary care Rural Innovative Multidisciplinary Models (PRIMM) Grant

The Commonwealth Government's PRIMM grants help rural and remote communities design health care models that work for them. Funding is not for service delivery, but for helping communities consider primary health care issues and develop solutions.

Primary health care is a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people's needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment[3].

The aim of the PRIMM grant in GSB is to develop a community designed plan for a multidisciplinary primary community health care services and innovative workforce solutions in the GSB Local Government Area.

The PRIMM work started in December 2022 and is on track for completion by the end of 2024. The project has four, six-month stages:

Key resources developed through stages 1 and 2 include:

- Literature Review – exploring Tasmanian primary healthcare-related research and grey literature from rural and remote contexts
- Needs Analysis –a broad overview of the primary health needs in GSB
- Service Mapping – identifying all primary health services delivered in GSB
- Funding Mapping – a map of key primary health funding in GSB
- Consultation Report – results of consultations with consumers including kitchen table conversations and survey, and consultations with service providers and workforce agencies

This Service and Financial Model is the key deliverable from stage 3.

The final stage of the project (stage 4) aims to identify and secure the funding and partnership arrangements required to implement the GSB Community Health Model.

Scoping
January 2022

Consultation
July 2023

Design
January 2024

Consolidation
July 2024

The challenge

Elevating the voice of the community

The Ngayubah Gadan Consensus Statement tells us that to be effective, rural and remote health policy design and implementation must be codesigned with, have shared decision making and be developed in close, ongoing and genuine consultation with rural and remote health workforces, services and communities[4].

The key to understanding and solving the issues in GSB is working in partnership with the GSB community.

The community staff the clinics and receive its services, so are the ultimate beneficiary of a more sustainable model. Codesigning services with the GSB community is critical to improving the efficiency of primary health services, and in ensuring the new model responds to community needs.

A PRIMM Community Advisory Group (CAG) is meeting monthly throughout the duration of the PRIMM grant funding agreement. Membership consists of eight community members from across the LGA, selected through a EOI process based on range of diversity, inclusivity, lived experience and geographical factors.

The role of the CAG is to:

- Prioritise the key challenges facing residents in accessing primary health care services, as outlined in the PRIMM Consultation Report
- Develop consumer driven solutions to selected identified challenges
- Provide advice to the development of an action plan to address the key identified challenges.
- Contribute to advocacy efforts with relevant stakeholders regarding resourcing for implementation of solutions
- Promote discussion of community primary health ideas within community networks
- Communicate the aims and limitations of the PRIMM project within community networks

The CAG is embedded in all elements of the PRIMM project, from defining the problem and needs, to codesigning the proposed GSB Community Health Model. Two CAG members attend each meeting of the PRIMM consortia partners to ensure that the consortia remain accountable to the voices of community.

At the conclusion of the PRIMM project in December 2024, a review of the CAG will be undertaken to ensure the Group can continue to contribute to the design of mechanisms to support consumer involvement in primary health services in GSB going forward.

Key findings of PRIMM inquiry and consultation

The PRIMM work has brought to life how workforce shortages and traditional service models are letting down GSB communities.

The PRIMM work substantiates that people living in GSB are older and have more complex needs than both the Tasmanian and Australian average. The GSB population is 5,012[5], with an average age of 57. This compares with the Tasmanian average age of 42 and the Australian average of 38. As a percentage, 45.2% of the population is 60 or older compared with 27.8% in Tasmania and 23% in Australia.

GSB has a median weekly household income of $854, far short of the national median of $1,438. The region has lower rates of participation in the workforce and lower rates of educational attainment than both the Australian and Tasmanian average.

There is a significant gap between what services are funded, and what services are visible, accessible and available to the people living in GSB. This is illustrated through the Service Mapping and Funding Mapping, which showed that funded services were sometimes not locally provided or accessible.

There are additional complexities and confusion created by government's funding and service delivery boundaries - with GSB proximate to both the North-South Tasmanian Health Service and Primary Health Tasmania funding and services delivery boundaries.

Older people with chronic and complex health conditions need support from an integrated, multidisciplinary team to support best practice in primary health care. The splintered, hard to navigate service system for both service users and clinicians in GSB does not encourage or sustain this way of working.

The primary health care workforce in GSB is a mix of permanent and causal, drive-in drive-out, and public and private practitioners. The siloed nature of service funding is not conducive to health professionals working across service types or looking to stay long term.

The general practice clinics have insufficient clinical rooms available in GSB to host students, effectively putting a handbrake on training pathways and workforce development opportunities. Further, affordable housing shortages makes relocating to GSB unfeasible for clinicians and their families.

4 health.gov.au/sites/default/files/2023-10/the-ngayubah-gadan-consensus-statement-rural-and-remote-multidisciplinary-health-teams.pdf

5 2021 Census.


Wiradjuri | Client

Needs analysis

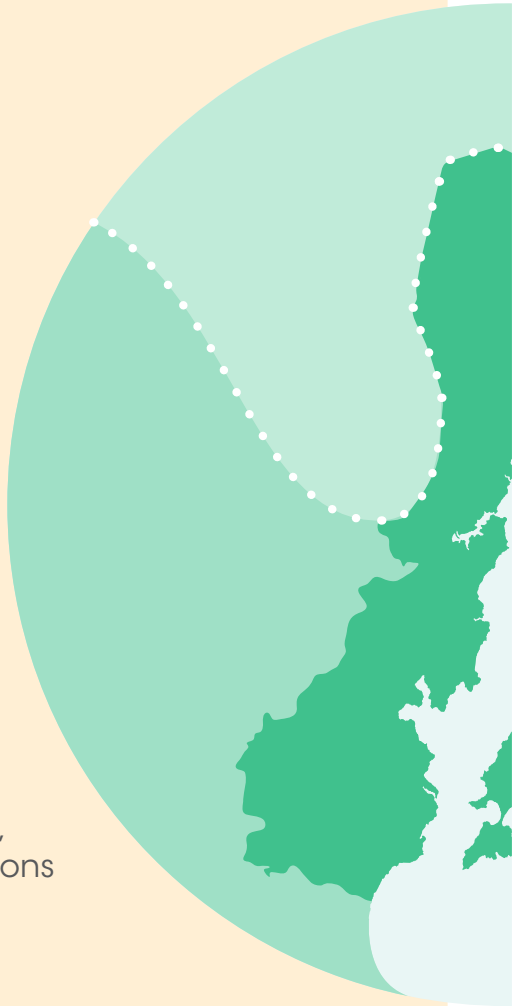
Who lives in Glamorgan Spring Bay?

The Glamorgan Spring Bay community is diverse and aging.

4.4% First Nations (5.4% Tas)

85.5% Australian citizen (87.4% Tas)

731 people were born overseas, with 24.4% arriving in previous 5 years, higher than Tas average (23.2% Tas)

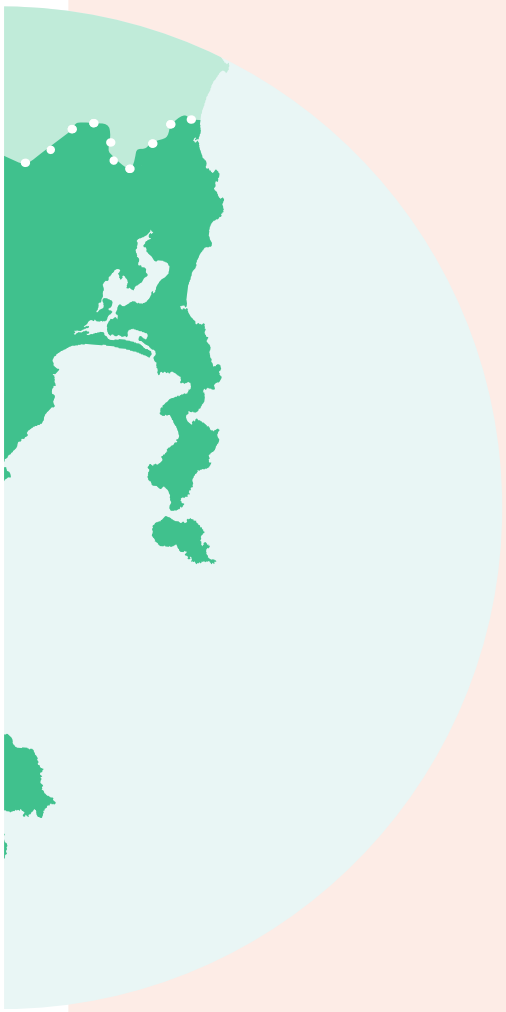


The average age of the population is 57. This compares with the Tasmania average of 42 and the Australian average of 38.

Census data indicates that Tasmanians have a higher percentage of all long-term health conditions compared to Australia. People living in Glamorgan Spring Bay have higher rates of arthritis, cancer, heart disease and lung conditions than even the Tasmanian population.

However, people in Glamorgan Spring Bay access GP services at lower rates than the Australian average.

Who works in Glamorgan Spring Bay?



Data shows us that the local workforce is not as engaged, and not as skilled as the rest of Tasmania.

People in Glamorgan Spring Bay are less likely to have a Bachelor Degree, or have completed Year 12, than other Tasmanians.

Participation in the labour force is lower than the Tasmanian average and lower again than the national average. Lowest participation rates are in Triabunna, with 52.6% of people not in the labour force.

To read the full needs analysis: **cohealth.org.au/wp-content/uploads/2023/08/cohealth-Tasmania-NeedsAnalysis.pdf**

Consultation

The consultation phase was conducted over a five-month period from July-December 2023. It included consultations with consumers, service providers and workforce agencies. The consultations aimed to establish views on current provision of primary health services, gaps and ideas for improvement of services.

Consultations were conducted through a range of methodologies including surveys, group discussions and individual interviews.

During the consultation:

- **84 community members** were consulted through eight Kitchen Table conversations
- **25 service providers** and **seven workforce agencies** were interviewed
- **181 survey responses** were received.


Interstate locums don't know the specialist network in Tasmania.
I need to be able to get timely appointments, so that my medical conditions are addressed and I can have peace of mind.
Currently, the availability of doctors at Bicheno has meant that appointment availability has blown out.

A new service model for Glamorgan Spring Bay

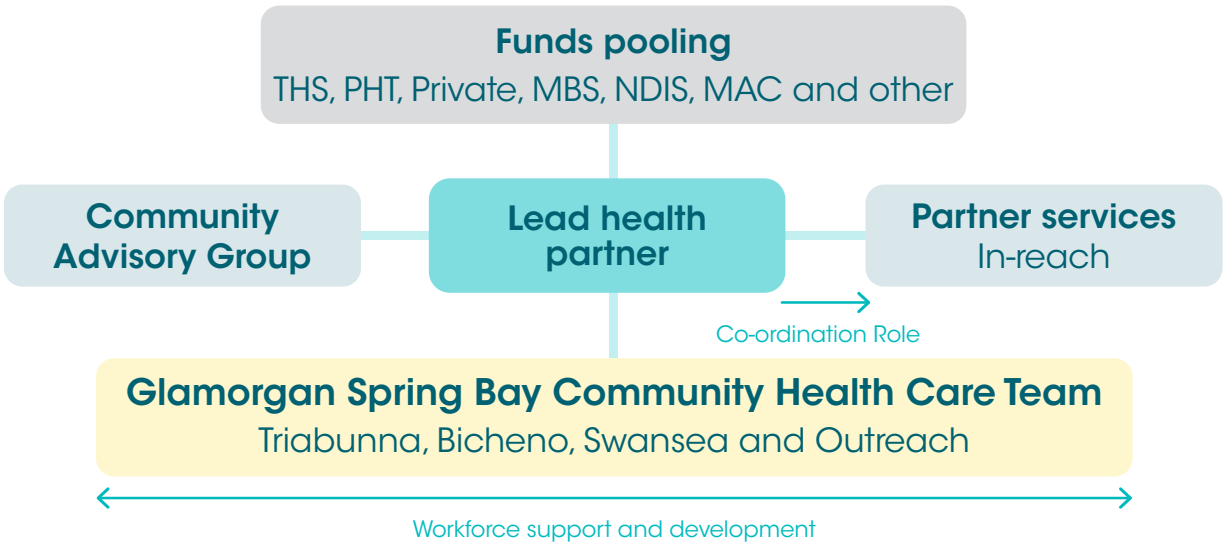
A new service model is needed in GSB, to ensure the primary health system is visible, locally provided, and transparent.

For community members in GSB this means a reliable primary health care system that is easier to navigate and delivers services that better meet their needs – preventing unnecessary trips to Hobart and Launceston into acute care.

For the workforce in GSB this means a primary health system that reduces the risks and difficulties associated with setting up a small practice and supports them to spend their time well – on addressing client needs and professional development.

The GSB Community Health Model provides the architecture and describes the scope of primary health care services required to address the issues identified by the community. The GSB Community Health Model will improve local service levels and deliver better practice, multidisciplinary and integrated primary health care.

Service Model




Triabunna | Practice Manager

A new service model for Glamorgan Spring Bay

Core components of the GSB Community Health Model

A lead organisation

It is essential that there is a community health partner (described here as the lead organisation) that can provide physical, mental and social care, continuity of practice, aggregate funding (pool funding) to build a response health service able to respond to need, and drive towards an integrated and coordinated range of primary health care services in GSB.

The lead organisation should have values that align with those of the GSB community, and with the necessary skills to operationalise, innovate and manage the service is both critical to the model's functioning, and to attracting and retaining the right workforce.

Integrated care, delivered through a lead organisation includes both direct service delivery and coordination of services.

Benefits of the lead organisation model include:

- For funders, the lead organisation provides a trusted, place-based entity, or local health steward, with established governance mechanisms through which services can be contracted. This will support better value for money, as services can be better targeted to local needs, and corporate overheads reduced.
- For the workforce, the lead organisation supports low risk, 'easy entry, gracious exit'[6] opportunities to work in GSB without having to establish themselves as independent private providers. Where the lead organisation supports practice management and corporate governance, clinicians will be freed up to focus on clinical care, practice innovation and professional development. This supports clinicians to work in the collaborative, integrated ways required by the GSB Community Health Model.
- For community stakeholders and services, a lead organisation that is visible, with place-based knowledge and expertise, makes navigating the local service system easier. Information about referral pathways and programs is streamlined and the channels for community to influence and advocate for changes are clearer and stronger.
- Clients benefit from improved continuity of care as a result of improved workforce retention, and continuity of client records.

Connected Care: cohealth

cohealth is an award-winning community primary health service, with 1,000 staff working across Victoria and Tasmania. cohealth is registered charity and a not for profit that exists to improve health and wellbeing for all and tackle inequality, in partnership with people and communities.

cohealth specialise in the community health model – population health, public expanded primary care. This involves team-based, multidisciplinary health and care that brings a range of providers together including GPs, allied health, nurses, dental, mental health and alcohol and drug support together to address the spectrum of people's physical, mental and social needs. These integrated services make it easier for people to get holistic support, in their community, for all interconnected aspects of their health and wellbeing.

In delivering these services, cohealth aggregates (funds pooling) 86 funding streams from all levels of Government and partner agencies to deliver a range of health services that meets the intersecting needs of community and makes the service system easier to navigate for its clients.

6 Mark Lynch, Melissa Boucher (2003) A guide to assist rural communities to design and implement an innovative approach to recruiting doctors and strengthening medical services, Commonwealth Department of Health and Ageing, Canberra, Australia.

Pooled funding

Traditional funding mechanisms mean services often focus on one need, problem or population group at a time. As a result, the current interventions and investments are often ineffective in meeting the needs of the GSB community.

The GSB Community Health Model is predicated on a funds pooling mechanism, which will draw funding from a range of sources including Medicare Benefits Schedule (MBS), My Aged Care (MAC), National Disability Insurance Scheme (NDIS), Primary Health Tasmania (PHT), Tasmanian Health Service (THS), and patient fee for service.

Benefits of a funds pooling mechanism include:

- For funders, there is better visibility, transparency and return on the total investment coming into an area – supporting a reduction in duplication, inefficiency, and any funded activities that work at cross purposes.
- For the workforce, funds pooling has the potential to create more place-based FTE, making it more attractive and feasible to relocate to the region (see case study to the right).
- For clients, there is a better coordinated, easier to navigate system to support their health needs.
- For community stakeholders and services there is better service coordination and integration closer to home, with opportunities to be more involved in service design and planning. Local voices are empowered by better transparency around the investment in their community.

Pooled funding case study: Supporting more sustainable place-based FTE

Ellen is a physiotherapist working in a full-time position at a not-for-profit community health centre. She is registered with the Physiotherapy Board of Australia and has a Medicare provider number for her current work location. Across a typical week Ellen has 12 private clients, 10 NDIS clients, 2 Strong and Balanced Group sessions, and 4 individual client assessments. Ellen is paid by the community health centre through two contracts, one generated through her ABN as a private provider (0.4FTE) and one as a salaried employee (0.6FTE).

This arrangement allows Ellen the equivalent of a full-time role with the community health organisation, and while she works on two contracts, she is supported by the community health provider in a way that feels seamless. For the community health organisation, it means they are able to attract high quality candidates, as they can offer more, and reliable hours.

Pooled funding case study: How pooled funding could support better investment in mental health in GSB.

Mental health services in GSB are delivered by number of organisations and individual providers. Only one provider lives in the region. Regular changes to program funding, and the impact of travel from bigger cities results in regularly changing mental health providers. As a result, referring clinicians struggle navigate referral pathways and find local support for clients.

Pooling, or integrating, the different mental health funding streams could create more, locally based FTE, increase the visibility or services available, and streamline referral pathways for both clinicians and clients.

A new service model for Glamorgan Spring Bay

A comprehensive primary health care team

The GSB Community Health care team includes a comprehensive range of practitioners. In GSB, team care is more likely to be achieved where there are significant population bases, with services to be predominantly provided in Triabunna/Orford, Swansea and Bicheno.

The team will deliver services across GSB through a combination of site-based services, outreach, home visiting, and telehealth.

The project consortia is closely following the national independent Scope of Practice Review, which is identifying opportunities to remove the barriers which stop health professionals working to their full scope of practice.

The GSB Community Health Model team is designed to support a rural generalism model, where the team is flexible and nimble to the needs of community and other factors (i.e.: staff absences, seasonal demand factors).

When fully realised, the GSB Community Health Model team will consist of:

Generalist medical services

- GPs and clinic nursing
- Community nursing
- Palliative care nursing
- Chronic disease nurse practitioner
- Care Coordination/ Intake worker
- Geriatrician
- Cardiac specialist
- Midwife (antenatal and postnatal)
- Maternal and child health nurse

Allied health services

- Audiology
- Diabetes education
- Dietetics
- Exercise physiology
- Occupational therapy
- Optometry
- Physiotherapy
- Podiatry/ Foot care
- Speech pathology

Other services

- Dental
- Pathology collection
- Aboriginal Health Worker
- Sonographer
- Radiographer
- Health Promotion
- Workforce development and support
- Community engagement

Mental health and AOD services

- Mental health nurse practitioner
- Social Worker/ Psychologist
- Psychiatrist
- Mental health youth worker
- Older persons mental health
- Alcohol and other drug worker

7 sarrah.org.au/ahrgp-about

8 Cairns Consensus, International Statement on Rural Generalist Medicine, 2014

9 health.gov.au/sites/default/files/2023-03/the-national-rural-and-remote-nursing-generalist-framework-2023-2027.pdf

Rural generalism[7] in practice

GSB Community Health Model is an opportunity to demonstrate rural generalism in practice.

In allied health, a rural generalist is an allied health professional who has had the capacity and capability - gained through education and training, support and experience - to deliver a high quality, safe, effective service that meets the broad range of needs presenting in their rural and remote community. Rural generalists practice under the regulatory instruments of their specific allied health profession and the policies of their employer.

For GPs, rural generalism refers to the provision of a broad scope of medical care by a doctor in the rural context that encompasses the following:

- Comprehensive primary care for individuals, families and communities
- Hospital in-patient care and/or related secondary medical care in the institutional, home or ambulatory setting
- Emergency care
- Extended and evolving service in one or more areas of focused cognitive and/or procedural practice as required to sustain needed health services locally among a network of colleagues
- A population health approach that is relevant to the community
- Working as part of a multi-professional and multi-disciplinary team of colleagues, both local and distant, to provide services within a 'system of care' that is aligned and responsive to community needs[8].

While all nurses are trained as generalists, rural and remote registered nurses work at an advanced generalist full scope of practice across the lifespan to provide the needed healthcare for their community. The planning and care they provide occurs across settings in preventative and emergency management, acute care, aged care, chronic disease, child health, maternity and antenatal, mental health, palliative, and health promotion. Rural and remote RNs participate in or lead the clinical assessments of individuals. They also develop public health initiatives to meet emerging social and health needs. Rural and remote RNs apply clinical courage to push their capabilities beyond their comfort zone, in their full scope of practice, to manage presentations.[9]

While defined slightly differently across workforces, it's clear that regional settings require care to be delivered to populations that have significantly higher burden of disease, lower life expectancies, and barriers to health service access not experienced in urban areas. It is critical that the GSB Community Health Model team is supported to deliver comprehensive rural and remote healthcare to meet the diverse needs of these communities.

Infrastructure that supports integrated practice

The final core component of the GSB Community Health Model is infrastructure that supports integrated practice and care.

For the workforce this means infrastructure that supports and encourages collaboration – including physical sites and client management systems that can span clinical disciplines.

For clients this means a visible front door to better primary care, and a "one stop shop" service.

To fully realise the service suite at **Table 1**, GSB Community Health Model requires an investment in physical infrastructure – particularly for clinical rooms. Proposals are detailed further in **Creating the required infrastructure**.

However, the GSB Community Health Model takes a modular – rather than an all or nothing – infrastructure investment. This acknowledges that significant improvements can be achieved within the existing infrastructure in GSB, and that progress towards improved services for the community does not need to be held back by insufficient infrastructure funding.

As such, GSB Community Health Model notes that there will be infrastructure costs but notes these as to be confirmed in **Table 3**.

Costed service model

This model outlines the level of service and associated funding required to meet current need in GSB, measured against national averages and taking into account the demographic profile of GSB.

The model is a combination of existing services, plus services that are currently under-delivered or not available.

Table 1 identifies which services are current, expanded or new. Existing services have been mapped through analysis of data from various sources including PRIMM work, MBS data, practice data, clinician consultations, and census data.

Table 1 also identified where the services will be delivered - Triabunna/Orford, Swansea, Bicheno or across the GSB area. The nature of the GSB Community Health Model, particularly funds pooling, will enhance service flexibility to respond to changing needs over time.

It is estimated that annual operating costs for GSB Community Health Model is $6,526,500 annually to meet the identified community need.

This is made up of current funding, potential redirected funding, the disaggregation of statewide funding and new funding to expand existing services and establish new services. Key funding sources are THS, PHT, MBS, NDIS, MAC and out-of-pocket or private funds. Smaller funding sources have not been considered in the model (e.g. Department of Veteran Affairs funding, as it is estimated that would apply to less than 2.8% of the population).

A new service model for Glamorgan Spring Bay

Service and financial model parameters

The following parameters of this service and financial model should be noted:

- Modelling has benefitted from only limited access to THS data, which is split across the north/south regions and rarely incorporates data from small rural hospitals. In addition, funders could not provide data about the use or underuse of statewide services by GSB residents.
- Various residential developments and town planning processes that are underway have not been included.
- Community based services such as family violence, sexual assault and child protection services are not addressed in the model, however, it is acknowledged that these and other social care programs intersect with primary health services.
- There has been consideration of the need for 24/7 healthcare in GSB in addition to the Swansea Urgent Care Centre, further investigation is required. Service options include extending the operating hours of the medical practices, utilising community paramedics or engaging a GP or nurse after hours.
- The model has considered community based My Aged Care services (e.g.: Home Care Packages) but not residential aged care health needs. The current number of residential aged care beds in GSB is 51[10]. This sits below the National Healthcare Agreement aged care places formula which sets a target of 78 residential care places per 1,000 population aged 70 years and over. If this formula is applied to current population for GSB, 90 residential aged care beds are required.
- Sub-acute services have not been considered in the model. Sub-acute services are a mix of bed based and community rehabilitation services, delivered by hospitals. For the purposes of this project, it is considered part of the acute health sector rather than primary health care.
- The modelling is based on costing an FTE at between $180,000 and $190,000 per annum. This cost includes salary, oncosts, professional development, rent and equipment, and a rural loading. Further costing may need to be undertaken with funders depending on the service type. Given the iterative and expanding nature of the service model, funding availability and requirements will change over time.

10 Number of residential aged care beds based in May Shaw Health Centre, Swansea


Triabunna

GSB Community Health Model service levels

Generalist medical services

GPs and clinic nursing
Community nursing
Palliative care nursing
Chronic disease nurse practitioner
Care Coordination/ Intake worker
Geriatrician
Cardiac specialist
Midwife (antenatal and postnatal)
Maternal and child health nurse

Allied health services

Audiology
Diabetes education
Dietetics
Exercise physiology
Occupational therapy
Optometry
Physiotherapy
Podiatry/ Foot care
Speech pathology

Mental health and AOD services

Mental health nurse practitioner
Social Worker/ Psychologist
Psychiatrist
Mental health youth worker
Older persons mental health
Alcohol and other drug worker

Other services

Dental
Pathology collection
Aboriginal Health Worker
Sonographer
Radiographer
Health Promotion
Workforce development and support
Community engagement

GSB Community Health Model service levels

Table 1: GSB Community Health Model service levels and operating costs*

	Existing service levels in GSB	Enhanced service offering through G
Generalist medical services		
GPs and clinic nursing	Medical practices at Swansea, Triabunna, and Bicheno. Income generated through MBS, WIP, PIP, GSBC subsidy for Triabunna and Bicheno, and patient contributions.	Service levels maintained, coordinate
Community nursing	Provided throughout GSB, as required. Service is currently funded by THS and delivered from the SBCHC.	Service levels maintained, coordinate
Palliative care nursing	None.	New service to operate 2.5 days per v service could be funded by THS, PHT c
Chronic disease nurse practitioner	None.	New service to operate 1 day per wee THS, PHT or private patients.
Care Coordination/ Intake worker	None.	Expanded to 3 days per week at eacl with outreach capacity to other popu with the majority needed to be source
Geriatrician	Currently funded through Rural Health Outreach Fund and MBS.	Service levels maintained. Under the r the lead organisation. The lead organ patients who are unable to pay.
Cardiac specialist	Currently provided through a bulk-billing and user pays system.	Service levels maintained. Under the r the lead organisation. The lead organ patients who are unable to pay.
Midwife (antenatal and postnatal)	None.	New service to operate 3 days per mo THS, PHT or private patients.
Maternal and child health nurse	Child Health Nurses service Bicheno and Swansea monthly, and Triabunna fortnightly.	Services to be expanded to 5 days pe from Tasmanian state government (he

SB Community Health Model, targeted to need	Estimated cost of service per annum	Additional infrastructure investment needed
d by the lead organisation.	2,800,000	Yes, clinical space
d by the lead organisation.	840,000	Yes, Swansea and Bicheno, clinical space
veek throughout GSB, as needed and after hours. This r private patients.	95,000	Yes, office space
k throughout GSB. This service could be funded by	38,000	No
n centre located at Swansea, Triabunna, and Bicheno, ılation centres in the LGA This would be a new service ed from PHT or THS.	342,000	Yes, clinical space
new Model, the service would be coordinated by ıisation would also investigate funding sources for	54,000	No
new Model, the service would be coordinated by ıisation would also investigate funding sources for	36,000	No
onth throughout GSB. This service could be funded by	72,000	No
r week throughout GSB, pending additional funding ealth and education departments).	190,000	

GSB Community Health Model service levels

Table 1: GSB Community Health Model service levels and operating costs*

	Existing service levels in GSB	Enhanced service offering through G
Allied health services		
Audiology	Provided every 6 months by Hearing Australia and a private provider every 3 months.	Expanded to at least monthly, coordir funding from the Commonwealth gov
Diabetes education	Diabetes Australia will visit if more than 5 referrals are received – there is no current caseload in GSB	Expanded to 2.5 days per week throu Diabetes Australia or fee for service.
Dietetics	Currently provided by a private provider fortnightly.	Expanded to 1 day per week for GSB, funding could be sought through PHT MAC).
Exercise physiology	Currently provided weekly by RFDS and fortnightly by a private provider	Expanded to 3 days per week in GSB criteria. The service would be coordin funding to expand the service. This ac patient fee for service.
Occupational therapy	Currently provided approximately fortnightly	Expanded to at least 2 days per week lead organisation. Funding for the exp and patient fee for service.
Optometry	Currently provided every 2 months by TAZREACH Visiting Optometrists Scheme (VOS).	Service levels to be maintained but c funding will be through MBS.
Physiotherapy	Currently provided at least 1 day per week by a private provider and funding from THS	Expanded to 4 days per week across expanded service through MBS, PHT, T
Podiatry/ Foot care	Currently provided at least fortnightly by private providers and THS.	Expanded to at least 3 days per week lead organisation, or coordinated by operating. Additional funding to supp patient fee for service.
Speech pathology	Currently provided by a private provider fortnightly	Expanded to 3 days per month. This lead organisation and additional fur for service.

SB Community Health Model, targeted to need	Estimated cost of service per annum	Additional infrastructure investment needed
ıated by the lead organisation – pending additional /ernment to the service provider (Hearing Australia).	36,000	No
ghout GSB. This service could be funded by THS, PHT,	95,000	Yes, Group therapy room/meeting room
coordinated by the lead organisation. Additional , MBS, THS, patient fee for service (including NDIS,	38,000	No
on an ongoing basis, and with broader access ated by the lead organisation and require additional dditional funding could be sought through PHT, MBS,	57,000	Yes, group therapy room
, to be provided by both the existing provider and the panded service would be sought through MBS, THS,	149,000	No
ordinated by the lead organisation. Any additional	56,000	No
GSB. Funding would need to be sought for the HS, patient fee for service patients.	152,000	Yes, clinical space or group therapy room
across GSB. This service would be delivered by the the lead organisation where private providers are ort this would be sought through MBS, THS, PHT and	123,500	Yes
expanded service would be coordinated by the nding sought through MBS, PHT, THS and patient fee	54,000	No

GSB Community Health Model service levels

Table 1: GSB Community Health Model service levels and operating costs*

	Existing service levels in GSB	Enhanced service offering through G
Mental health and AOD services		
Mental health nurse practitioner	None.	Expanded to 5 days per fortnight with from THS, PHT or patient fee for service
Social Worker/ Psychologist	Crawley Clinic Psychological Services delivers services 3 days per week (one day per town), plus 1-2 days Telehealth per week. RFDS Adult Mental Health Program delivers services 3 days per week (one day per town).	Expanded to 3 days per week in each of acuity. To be coordinated by the lea Crawley Clinic and RFDS
Psychiatrist	None.	A new service and would be provided organisation. Funding would need to could also be used.
Mental health youth worker	RFDS deliver the service 3 days per week (1 day each in Bicheno, Swansea and Triabunna).	Expanded to 5 days per week and co
Older persons mental health	Home visits and RAC, fortnightly in Triabunna and Swansea only. The Older Persons Mental Health Unit (OPMHU - THS) can also service northern parts of the catchment, but there is no current caseload in Bicheno	Expanded into the north of GSB and t coordinated by the lead organisation
Alcohol and other drug worker	None.	A new service will be provided 5 days funded by THS/PHT. MBS funding coul

SB Community Health Model, targeted to need	Estimated cost of service per annum	Additional infrastructure investment needed
in GSB. Additional funding will need to be sourced	95,000	No
n town, and better targeting patients at different levels ad organisation through the current service providers,	324,000	Yes
d 12 days per year and coordinated by the lead be sourced through PHT and THS, or MBS funding	24,000	No
ordinated by the lead organisation through RFDS.	180,000	Yes
o be provided 1 day per month in each town,	54,000	No
per fortnight. This new service would need to be d also be investigated.	90,000	No

GSB Community Health Model service levels

Table 1: GSB Community Health Model service levels and operating costs*

	Existing service levels in GSB	Enhanced service offering through G
Other services		
Dental	Currently provided monthly by RFDS.	To be coordinated by the lead organi
Pathology collection	Unfunded service provided by medical practises. Should be funded through MBS items but local pathology providers are unwilling to negotiate a service agreement.	Service agreement to be brokered by Expanded to 0.6FTE across three clinic
Aboriginal Health Worker	Limited services on offer.	Expanded to at least 5 days per week organisation and funding sought thro
Sonographer	None.	A new service will be provided approx would coordinate the service with infr private.
Radiographer	None.	A new service will be provided approx would coordinate the service with a p patients.
Health Promotion	None.	A new service will be provided 5 days the lead organisation and funding so
Total		

GSB Community Health Model, targeted to need	Estimated cost of service per annum	Additional infrastructure investment needed
isation.	54,000	Yes
the lead organisation. cs - 2 hours per day, 4 days per week.	108,000	No
across GSB. This service will be delivered by the lead ough MBS and the Commonwealth.	210,000	Yes, clinical space
ximately 1 day per month. The lead organisation astructure and service funded through MBS, and	-	Yes, clinical space
ximately 3 days per month. The lead organisation rivate provider. Funded through MBS and private	-	Yes, specialised space
per week across GSB. Service would be provided by ught through THS and PHT.	160,000	Yes, office space
	$6,526,500	

GSB Community Health Model service levels

Table 2: Non-clinical costs*

Item	Description
Workforce development and support	A new service at 0.6 FTE to build training and placement pathways with educat health professional students in the region and concierge supports for health pr
Community engagement	A new service at 0.4 FTE to undertake community engagement and co-ordinate
Total	

Table 3: Infrastructure costs*

Item	Description
Infrastructure costs	Infrastructure that supports integrated practice and collaboration is a core com (both physical infrastructure and ICT systems). To fully realise the service suite at **Table 1**, GSB Community Health Model require However, the model takes a modular – rather than an all or nothing – infrastruct be achieved within the existing infrastructure in GSB, and that progress towards insufficient infrastructure funding. Proposals are detailed further in **Creating the required infrastructure**.
Total	

Table 4: Total costs GSB Community Health Model*

Components of GSB Community Health Model
Service offering
Non-clinical costs
Infrastructure costs
Total

* Note: Costs subject to further negotiation between the funder and the lead agency.

	Estimated cost per annum
ion providers for health professional roles and to provide logistical support to ofessional relocating for the region	108,000
e volunteer services (i.e. volunteer drivers and Community connectors)	72,000
	$180,000

	Estimated cost per annum
nponent of the GSB Community Health Model	TBC
es an investment in physical infrastructure – particularly for clinical rooms. ure investment. This acknowledges that significant improvements can improved services for the community does not need to be held back by	
	TBC

Estimated cost per annum
6,526,500
180,000
TBC
6,706,500 + infrastructure

Building the required infrastructure

Infrastructure that supports integrated practice and care is a core component of the GSB Community Health Model.

For the workforce this means infrastructure that supports and encourages collaboration – including physical sites and client management systems that can span clinical disciplines.

For clients this means a visible front door to better primary care, and a "one stop shop" service.

Primary health infrastructure in GSB is a mix of public and private, including private practices, Council owned practices delivered by non-profits, and government funded health infrastructure. A GSB-wide view of community need, and subsequent coordination of health infrastructure investment has been challenging. This can result in a patchwork of insufficient and inefficient infrastructure for primary health care in GSB.

At present, the number of clinical rooms in GSB acts as a handbrake on services' ability to meet demand for primary health care, and means clinics have to choose between seeing clients and training local GPs.

To fully realise the GSB Community Health Model, investment in physical infrastructure is needed. However, the GSB Community Health Model takes a modular – rather than an all or nothing – approach, acknowledging that significant improvements can be achieved within the existing infrastructure, and that progress towards improved services for the community does not need to be held back by insufficient infrastructure funding.

The PRIMM project has worked hard to explore with the community innovative approaches to tackle the infrastructure problem – however, investment is still required.

To realise the full model, a proposed plan for each location is below. These proposals are suggestions only, and should be considered for each current site and in conjunction with local government and state government planning.

Triabunna and Orford

The Plan: a single larger site for primary health care services.

The cohealth Triabunna Medical Practice and Spring Bay Community and Health Centre (SBCHC) are separately located and as a result neither are maximised as an integrated, multi-disciplinary primary health service. Both existing sites are too small to accommodate a single integrated service.

The local council owns the cohealth operated medical practice, land, building and equipment. The SBCHC land and buildings are owned by the state government and is collocated with the ambulance and onsite helipad.

A consolidated site would provide clients with an easy to navigate, single front door to support. All GPs, nursing, allied health, and acute care (ambulance and helipad) would be located at the site, supporting integrated service delivery, as well as administrative and corporate efficiencies.

A single larger site would also provide capacity to incorporate future opportunities to expand the service suite, including:

- residential aged care beds
- a 24-hour health care service

The development of a new site could be supported through funding avenues such as the Multi-Purpose Services (MPS) Program, however this would require the support of both the State and Commonwealth governments.

Achieving this would require:

1. Interim consolidation of services at a refurbished cohealth site. This includes:
   - Reaching an agreement with local stakeholders
   - Identifying funding to support refurbishments required to house additional staff on a time limited basis.
   - Co-location of services at the interim integrated site.
2. Building and relocation to a fit for purpose site, including ambulance and the helipad, four GP consulting rooms and 11 flexible use health consult rooms. This includes:
   - Develop plans for a single larger site, ensuring the capacity for residential aged care beds and 24-hour health care
   - Identifying funding, potentially through MPS
   - Potential to use current cohealth site for dedicated workforce accommodation.

Swansea

The Plan: a new larger primary health care centre based at May Shaw Health Centre.

The privately owned and operated Swansea Medical Practice is located in the May Shaw Health Centre building, which is a large site including 51 aged care beds, 4 THS funded sub-acute beds and a two-bay Urgent Care Centre. Other services are also delivered from this site including visiting specialists, some allied health and dental health.

The May Shaw Health Centre site is well located and known by the community. The May Shaw Board have plans to expand the site into a health precinct hub, encompassing both aged care and community based primary health care. May Shaw is particularly interested in expanding into NDIS and developing Supported Living Units as there are currently not available in GSB.

The section of May Shaw Health Centre accommodating the primary health care services is currently at capacity. Additional rooms are required for GP, nursing, clinic and allied health staff and students. It is anticipated that an additional 8 flexible use health consult rooms and a group meeting room would be required, with associated equipment.

The THS site adjacent to May Shaw Health Centre delivers some aged care, and allied health services. There are referrals between THS and May Shaw Health Centre, but services are not integrated.

It is proposed that the May Shaw Health Centre be expanded to meet demand, and allow for a collocated GSB Community Health Model service.

Achieving this would require:

1. Scoping the existing capacity of the May Shaw Health Centre in detail, and working with partners to ensure buy in to service planning.
2. Building and relocation to an expanded May Shaw Health Centre, pending the identification of funding.

Bicheno

The Plan: a new larger primary health centre based centrally and co-located with the ambulance and pharmacy.

The cohealth Medical Practice is currently located 1km from the main street and is at capacity. The medical practice is on a double block, both the building and land are owned by the council. The current building and land allow for potential development on site. Much of the medical practice equipment was purchased by the Bicheno Community Health Group and donated to practice.

There are ongoing discussions regarding the location of a new ambulance station in Bicheno, which remains unresolved. A new centrally located primary health centre with co-location of paramedics and pharmacy is highly desirable.

A new health care centre would include 3 GP consulting rooms, 8 flexible use health consult rooms a group meeting room, co-located with the ambulance and co-located with the pharmacy.

Achieving this requires:

1. Identifying redevelopment and expansion options for the current medical practice site, initiating discussions with partners and costing options.
2. Building and relocation to an expanded health care centre in Bicheno. This includes:
   - Identifying funding sources
   - Potential to use current cohealth site for dedicated workforce accommodation.

Outreach

Wherever possible and appropriate, the GSB Community Health Model will leverage existing infrastructure to facilitate access across the catchment. However, to support the provision of sustainable, locally provided, visible primary health services across GSB, the infrastructure requirements warrant further consideration.

For example, GSBC has indicated that it is doing a refurbishment of the rooms previously utilised as consult rooms at the Coles Bay Community Hall. Consideration for an additional consultation space is warranted to enable team visits.

Sustaining a primary health workforce for GSB

A sustainable primary health care model in GSB relies on a sustainable workforce.

Rural workforce recruitment and retention requires additional effort in supporting the workforce pipeline, providing adequate remuneration, accommodation, and support to integrate into the local community. It is important to understand the needs of the individual and their family members and connecting them personally to childcare, school, employment, groups, people and points of interest in the local community. This has been undertaken through various strategies around Australia such as 'teaching towns', 'grow your own', 'welcoming communities' and a 'concierge' system.

The GSB Community Health Model core components of pooled funding, infrastructure that promotes collaboration and a lead organisation will support the recruitment and retention of a local workforce.

If the current medical practices in Triabunna and Bicheno are relocated as per the proposals above, existing sites could be converted into staff and clinical student accommodation.

GSB Community Health Model also includes:

- 0.6 FTE to build training and placement pathways with education providers for health professional roles and to provide logistical support to health professional students in the region and concierge supports for health professional relocating for the region.
- 0.4 FTE to undertake community engagement and co-ordinate volunteer services (i.e. volunteer drivers and community connectors)

cohealth and the University of Tasmania are exploring a potential partnership in providing education, support, placements, mentoring and supervision for nursing, allied health and medical students on the East Coast. This partnership will also include May Shaw Health Centre as the current sole residential aged care site. A partnership of this nature could attract funding for infrastructure, academic support and rural placement support and would provide a workforce pipeline for medicine, nursing and allied health. It would also increase the visibility of tertiary education on the east coast, a region that has currently lacks a tertiary education site and has low rates of high school completion.

Next steps to implementation

Stage 4 of the PRIMM grant is to identify and secure the funding and partnership arrangements required to implement the GSB Community Health Model.

Pending the receipt of the funds needed, PRIMM partners will work together to document and communicate the scheduling and arrangements of services to be provided, codify governance and partnership arrangements, and work together to identify opportunities to integrate services (such as THS funded community nursing and THS/PHT funded allied health) and/or expand services.

In the meantime, the PRIMM work has identified a number of shortcomings in current service availability and the need for governments to better fund and organise service delivery within GSB. In lieu of the full GSB Community Health Model's implementation, there are opportunities for state and commonwealth governments to increase their capacity to deliver funded services in a visible and transparent way into GSB. The PRIMM consortia partners and PRIMM CAG members will continue to advocate for the needs of the GSB community.

Bicheno | Photographer: Pen Tayler

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1 health.gov.au/sites/default/files/2023-02/strengthening-medicare-taskforce-report_0.pdf

2 theguardian.com/news/datablog/2023/feb/17/revealed-the-areas-where-australians-are-struggling-to-access-free-gp-care

3 World Health Organisation

4 health.gov.au/sites/default/files/2023-10/the-ngayubah-gadan-consensus-statement-rural-and-remote-multidisciplinary-health-teams.pdf

5 2021 Census.

6 Mark Lynch, Melissa Boucher (2003) A guide to assist rural communities to design and implement an innovative approach to recruiting doctors and strengthening medical services, Commonwealth Department of Health and Ageing, Canberra, Australia.

7 sarrah.org.au/ahrgp-about

8 Cairns Consensus, International Statement on Rural Generalist Medicine, 2014

9 health.gov.au/sites/default/files/2023-03/the-national-rural-and-remote-nursing-generalist-framework-2023-2027.pdf

10 Number of residential aged care beds based in May Shaw Health Centre, Swansea

Glamorgan Spring Bay Council

Spring Bay Health Hub Proposal 2024

Version 1.0

Project Description:

Establish a Multipurpose Service (MPS) in Spring Bay (Triabunna/Orford), to deliver integrated health and aged care services to the East Coast's largest, underserviced population.

Policy context:

Australian, state and local governments all have a role in health policy and service delivery. In broad terms the Australian government is responsible for Medicare and Aged Care, the Community Home Support Program and a range of other health specific programs, with States responsible for hospitals and community care.

Over the last decade Glamorgan Spring Bay (GSB) local government has also had a primary care role, in terms of collecting a ratepayer Medical Levy that has been used to incentivise health professionals to service the GSB area.

Like many rural municipalities GSB is not able to support stand-alone aged care and health services, given the relative size, and dispersed nature of its population. That said, GSB's main population base (Spring Bay) is of a size, and growing, that now necessitates an integrated model of health and aged care. As per Figure 1. Map of GSB[1], GSB is also linear in nature. Its three major townships are Triabunna/Orford, Swansea and Bicheno – but it operates without a central hub. In terms of accessing higher order health services (acute care/radiology/outpatients), its northern (Bicheno) residents travel north to Launceston, and its southern residents (Spring Bay and Swansea) to Hobart.

The Australian Government's MPS model is an ideal, trusted model for providing integrated, scalable service provision, delivering:

- Improved access to a mix of health and aged care services (or in this case actually establishing some aged care access) that meet community needs
- more innovative, flexible and integrated service delivery
- flexible use of funding and/or resource infrastructure within integrated service planning
- improved quality of care for clients
- improved cost-effectiveness and long-term viability of services.[2]

The Australian government aged care policy utilises a residential aged care provision ratio formula – between 60-78 beds per 1000 people aged 70 years. This formula delivers GSB a nominal allocation of 69 to 90 aged care residential beds, given its 1153 population over 70 years. The respective ratio-based allocation of those beds across its major townships is shown in Figure 2: GSB major townships respective population based aged care bed allocation.[3] There are currently only 50 aged care residential beds within GSB, equating to 19-40 beds shy of the expected nominal provision for its over 70s population. The 50 current beds are not located near GSB's most populated area, being Spring Bay.

The Spring Bay MPS will also provide necessary foundational infrastructure to support governments' disability policy aims, given the lack of disability services on the east coast.

In terms of State acute/sub acute/palliative care policy objectives, the Spring Bay MPS will provide a facility for such service provision, reducing demand on acute care beds.

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[1] *Figure 1: Map of Glamorgan Spring Bay location*
[2] *About the Multi-Purpose Services (MPS) Program | Australian Government Department of Health and Aged Care*
[3] *Figure 2: GSB major townships respective population based aged care bed allocation*

Beyond State government health policy, the Tasmanian government has introduced a significantly expanded tourism policy, including doubling of Bass Strait ferry sailings. GSB, home to many of Tasmania's most iconic visitor tourism sites such as Freycinet and Maria Island, will see significantly increased tourism numbers, with significant further demand on health services – noting that the population data cited below, reflects census data, exclusive of tourism visitor numbers that are already in the hundreds of thousands annually.

Rationale:

Triabunna/Orford, otherwise known as Spring Bay, is the GSB's largest population centre, and is home to half of the municipalities 70 years and older residents, as shown in Figure 3, 4 and 5: GSB major townships comparative population graphs.[4] Effectively the Albury/Wodonga of Tasmania, Triabunna and Orford literally abut each other, with a population of approximately 2000 people and growing. [5] Beyond Spring Bay's current population growth, a major Spring Bay development, which has already been rezoned, is estimated to produce over 600 residential allotments (SOLIS). Spring Bay is now of at the point of exceeding the size of Tasmanian east coast's other major population centre, being St Helens, of approximately 2300 people, being St Helens – noting that it is located in a northeast of the State, some 170 kms north of Spring Bay.

GSB has the oldest median age of any Tasmanian municipality – of 57 years. [6] GSB's percentage of people aged 60-85 years is twice the Tasmanian average for this age group. With a median age of this order its resident population has a higher incidence of one/more chronic diseases and associated health and aged care needs. Unlike other rural areas where a high median age, GSB's high median age does not represent evidence of a declining population, but rather its status as an ever-increasingly desirable retiree population.

Despite its size Spring Bay lacks any rural integrated health arrangements, with no 24 hour sub acute, primary, palliative, respite or aged care services, like that provided in a range of Tasmanian rural towns, as shown in Figure 6: Map of 24 hr integrated service across Tasmania.[7] Many of the Tasmanian towns that do have integrated care arrangements have significantly smaller populations (up to a factor of by 3 times smaller) than Spring Bay, as demonstrated in Figure 2: Comparative population size of Tasmanian 'Red Star' rural towns (e.g. Nubeena, Campbelltown, Beaconsfield, St Mary's, Dover and Oatlands). [8] So too, as per Figure 8[9], Spring Bay's population sits well within the span of the near 200 MPSs across Australia.

The current locations of integrated rural health services reflects, in large part, the establishment of district hospital arrangements, now many generations ago, in the key rural population centres of those times. It does not reflect the demonstrable, data driven, population-based health needs of today, and into the future.

Spring Bay has been lucky enough to attract 3 general practitioners, providing a stable GP workforce. This has been achieved by a GSB ratepayer levy that has been used to incentivise GP to the area – and ensured that general practice has been provided across GSB while other centres have struggled with

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[4] *Figure 3: GSB 3 major townships – comparative total population*
[4] *Figure 4: GSB 3 major townships – 50 years and over (by 5-year age brackets)*
[4] *Figure 5: GSB 3 major townships – distribution (by percentage) of towns 70 yrs. and over group by town*
[5] *Source - 2021 census data and GSBC subsequent 2021-2024 development information*
[6] *Source - 2021 census data*:
[7] *Figure 6: Map of 24 hr. integrated service across Tasmania.*
[8] *Figure 7 Tas rural towns with integrated care – comparative size*
[9] *Figure 8: The near 200 Australian MPSs by size – ranging from 54 to 4879*

this workforce. The MPS will also provide the basis to potentially introduce a health workforce hub in collaboration with the University of Tasmania (for placements and professional practice) on Tasmania's east coast, further supporting immediate and longer-term workforce development and local employment.

As noted above, GSB's current 50 bed residential aged care provision, is significantly less (in the order of 19-40 beds shy), than the government ratio's own estimate of 69-90 beds for its 70 years and over population – in the order of 19-40 beds (depending on the use of 60 or 78/1000). Moreover GSB's 50 existing beds are located in the area of municipality furthest from acute care, emergency departments, radiology, outpatients' clinics etc. Spring Bay residents who need to enter residential aged care are unable to age in place/location. Not able to access care in their area they will typically move south to Hobart for its above range of service, not move not to the considerably more remote location of Swansea, placing them considerably further again, from the set of health services they are likely to require in their older years.

In terms of establishing the Spring Bay MPS – there is no current health/aged care facility site (State or local government) that is of sufficient size to expand to MPS facility size, let alone allow for possible future MPS expansion. In that context the Spring Bay MPS will need to be a new green site project. It is assumed that local and state government may contribute the proceeds of sale of existing health and aged care facilities towards the capital costs with the Australian government contributing the remaining capital contribution.

Net cost of investment:

The capital costs for establishing an integrated health and aged care facility are expected to be in the order of $15 million, based on industry aged care/health centre builds information.

It is expected that the Spring Bay MPS will include 20 residential aged care beds with a 1-2 bed allocation for respite and palliative care. It is assumed that the MPS will also include 4 acute/sub-acute/urgent care beds. Primary and community care services would also operate out of the MPS with related accommodation requirements.

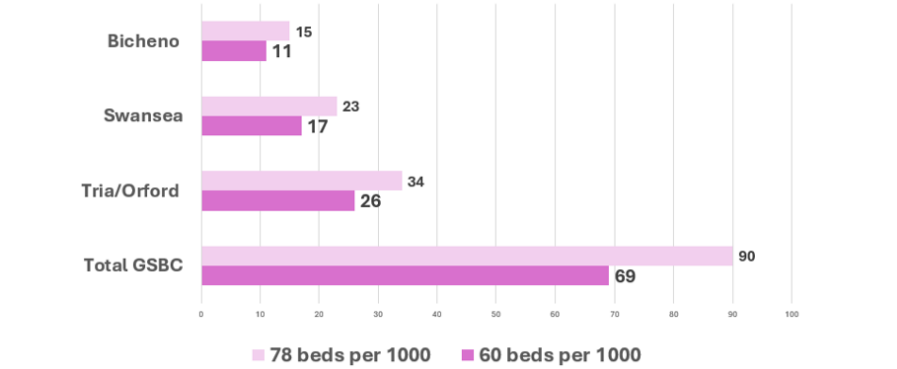
There are currently no challenging behaviours/dementia related beds anywhere in GSBC. Noting that the following service would be expected to cost an additional $4 million, ideally the Spring Bay MPS encompass an additional 10 bed area for this purpose. Even with a dementia related service, the quantum of all proposed bed numbers (some 35 beds), plus the 50 existing beds, is within the government's ratio nominal allocation of 69-90 beds.

Spring Bay currently has a stable medical workforce (3 general practitioners) to support a Spring Bay MPS.

Ongoing operational costs would be expected to be derived from various program streams – Medicare/MBS, Community Home Support Program/CHSP, community care, sub acute, aged care program funds, managed as per MPS Agreement arrangements. It is expected, subject to all parties agreement, that the Spring Bay MPS will align with the three other MPS agreements that exist within the Tasmanian environment (Beaconsfield, Campbelltown and Tasman.

Figure 1: Map of Glamorgan Spring Bay location/towns

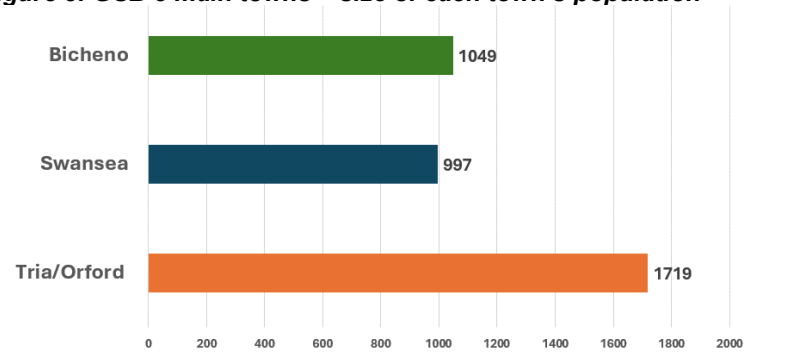
Figure 2: GSB townships – formula based respective aged care bed 'nominal' allocation[1]



Commonwealth formula:
78 beds for every 1000 people over the age of 70 in the area (until this year)
60 beds for every 1000 people over 70yrs (for next 3 years)

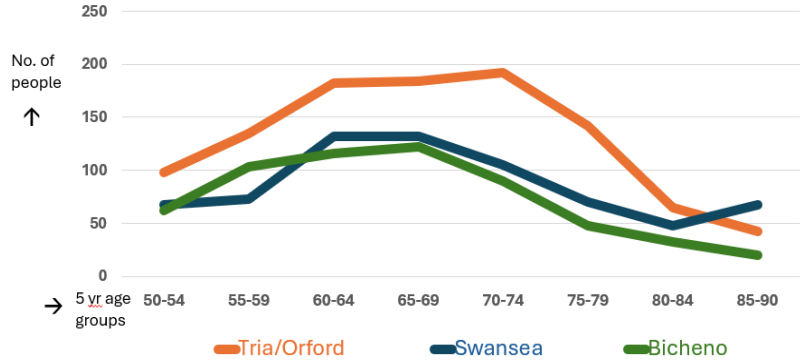
2021 Census data

Figure 3: GSB 3 main towns – size of each town's population



2021 Census data

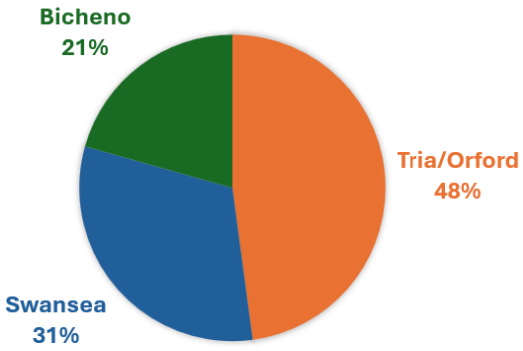
Figure 4: GSB – population for those aged 50 years and above (by 5-year brackets) by each main town



Note: GSBC has higher % of 50-70yrs in its population (by factor of 2-3 times) than Tasmanian and national % for these ages

2021 Census data

Figure 5: GSB – distribution (by percentage) of GSBC 70 years and over population, across 3 towns



2021 Census data

Figure 6: Map of Tasmanian towns with integrated health service (noted by red stars)

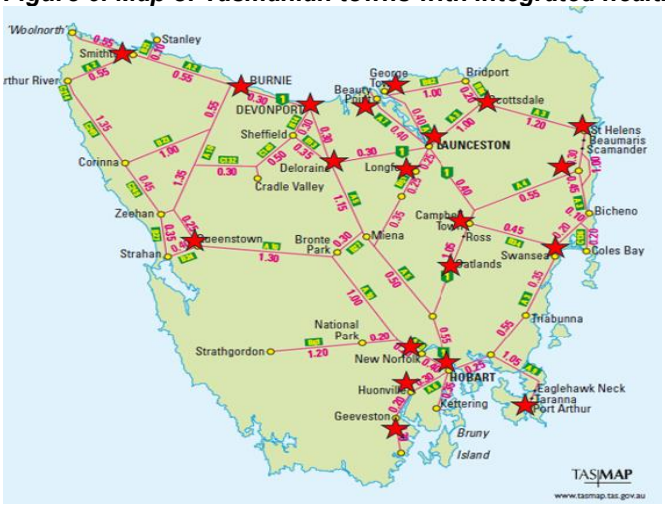


Figure 7: Comparative population size of 'Red Star" rural towns with integrated service (alongside Spring Bay which has no integrated service)

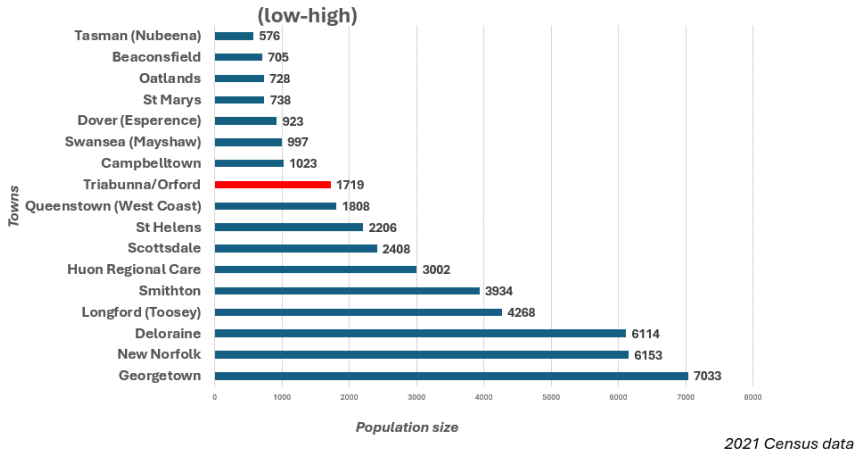
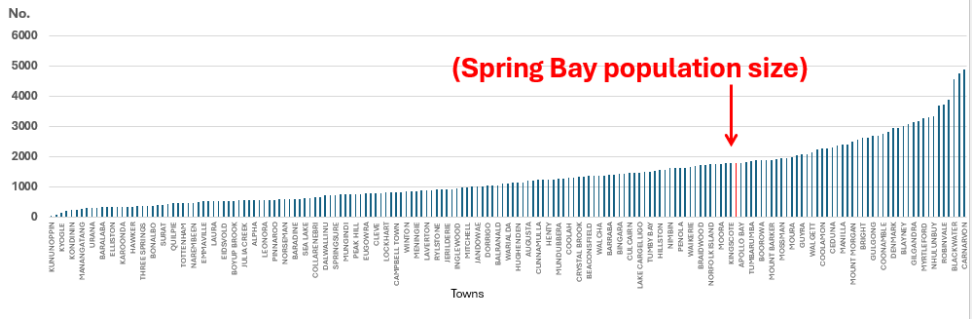


Figure 8: The near 200 Australian MPSs by size, ranging from 54 - 4879 people



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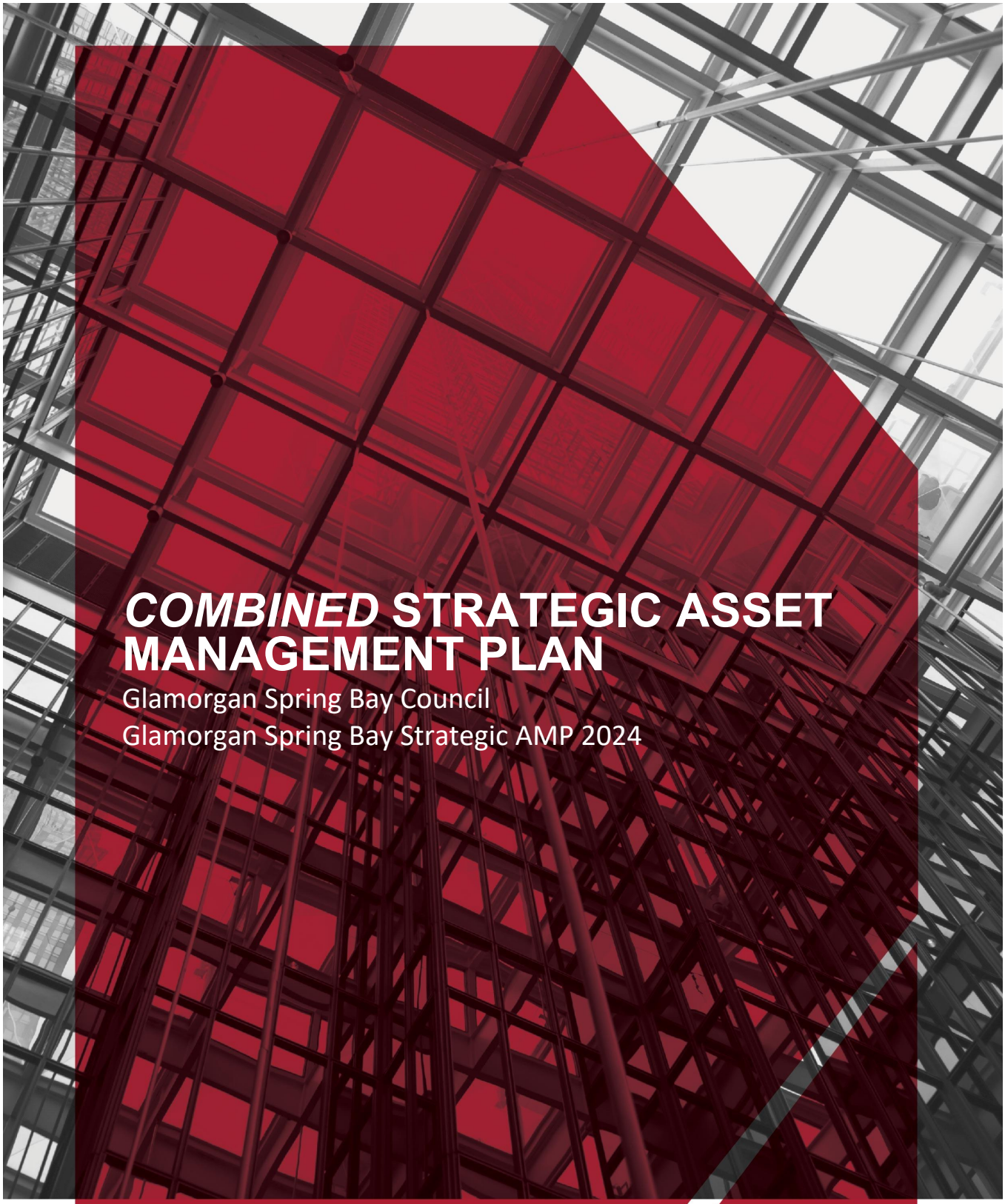

COMBINED STRATEGIC ASSET MANAGEMENT PLAN

Glamorgan Spring Bay Council

Glamorgan Spring Bay Strategic AMP 2024

Document Control	**Strategic Asset Management Plan** (combined)				
Document ID :					
Rev No	**Date**	**Revision Details**	**Author**	**Reviewer**	**Approver**
2	September 2024	Based on 2022-23 revision of specific asset management plans & 2023-24 Financial Statements & 24-25 adopted Budget	DWI	DCC	Council

Contents

EXECUTIVE SUMMARY

Context

Glamorgan Spring Bay Council is responsible for the acquisition, operation, maintenance, renewal and disposal of an extensive range of finite life physical assets with a full replacement value of **$211,111,000**.

These assets include, buildings, parks, recreation areas, roads, plant vehicles and equipment, marine infrastructure bridges, footpaths, drainage systems, IT and associated operating assets and provide service essential to our community's quality of life. Council also owns land assets which are excluded from this plan.

This Strategic Asset Management Plan (SAMP) takes the organisational objectives in our Strategic Plan, develops the asset management objectives, principles, framework and strategies required to achieve our organisational objectives. The plan summarises activities and expenditure projections from individual asset management plans to achieve the asset management objectives.

Current situation

Our aim is to achieve a 'core' maturity for asset management activities by 2028 and continue maturity improvement where the benefits exceed the costs. Improvement tasks with costs and target dates have been identified and documented in Table 8.2.

What does it Cost?

Operating Outlays (excluding depreciation)

The projected operating outlays necessary to provide the services covered by this SAMP includes operation and maintenance of existing assets over the 10 year planning period is **$4.762M** on average per year.

Capital Outlays

The projected required capital outlays including renewal/replacement and upgrade of existing assets and acquisition of new assets over the 10 year planning period is **$6.578M** on average per year.

We have balanced the projected expenditures in the SAMP with financial outlays in the Long-Term Financial Plan (LTFP) involving:

- Previous and ongoing community consultation on desirable and affordable levels of service
- balancing service performance, risk and cost in a trade-off of projects and initiatives
- considering the impact of trade-offs and accepting the service and risk consequences
- No new borrowings to finance high priority capital renewal and upgrade/new projects in years where grants can be secured
- Reliance on projected external funding for particular asset classes like: *MAST* for Marine Infrastructure, Bridges renewal Program for Bridge renewals, unspecified grants and developer contributions for hydraulic, buildings and roads and parks renewals and new capital.

What we will do

Our aim is to provide the services needed by the community in a financially sustainable manner. Achieving financial sustainability requires balancing service levels and performance with cost and risk.

It may not be possible to meet all expectations for services within current financial resources. We will continue to engage with our community to ensure that needed services are provided at appropriate levels of service at an affordable cost while managing risks.

What we have deferred

We have enough funding to provide all services at the present service levels but not to provide new services without a level of grant funding and development contributions. Major initiatives are minimised for the next 10 years under long-term financial plan funding levels and limited by available grant funds for example for bridge renewals

Selected smaller capital projects can be funded in whole or part.

Infrastructure renewal backlog works are starting to be addressed primarily through judicious use of grant funds to achieve a necessarily high rate of asset renewal.

Managing the Risks

There are risks associated with providing the services and not being able to complete all identified initiatives and projects. We have identified major risks as:

- Assets performing below their required level of service
- Loss of key staff and knowledge
- Climate Change Risks
- Unknown condition ratings for many assets
- Community dissatisfaction with the level of amenity or service provided by council
- Reliance on grant funding for renewal programs

We will endeavour to manage these risks within available funding by:

- Developing and servicing pro-active maintenance programs
- Prioritising renewals on a basis of risk reduction
- Targeting grants that are critical to meeting renewal milestones
- Working cooperatively with funding partners without committing council to unconsidered costs
- Minimising asset acquisitions
- Providing resources to development application scrutiny of future infrastructure burdens and climate change adaptation
- Communicating long term financial plans to the community
- Maintaining an asset management committee within staff to facilitate continuous improvement and learning
- Improving asset data and condition ratings

Confidence Levels

This SAMP is based on Medium level of confidence information.

The Next Steps

The actions resulting from this asset management plan are:

- implement the improvement plan in Section 8.2
- improve consultation methods to increase awareness of service performance, risk and cost pressures we are facing
- investigate actions to extend the life of assets without affecting performance and risk
- review asset renewal and replacement options to reduce service delivery lifecycle costs
- Review Long Term Financial Plan sustainability goals

2. ASSET MANAGEMENT STRATEGY

2.1 Asset Management System

Asset management enables an organisation to realise value from assets in the achievement of organisational objectives, while balancing financial, environmental and social costs, risk, quality of service and performance related to assets.[1]

An asset management system is a set of interrelated and interacting elements of an organisation to establish the asset management policy and asset management objectives, and the processes, needed to achieve those objectives. An asset management system is more than 'management information system' software. The asset management system provides a means for:

- coordinating contributions from and interactions between functional units within an organisation,[2] and
- consistent application of the asset management processes to achieve uniform outcomes and objectives.

The asset management system includes:

- The asset management policy
- The asset management objectives
- The strategic asset management plan
- The asset management plans, which are implemented in
    - operational planning and control
    - supporting activities
    - control activities
    - other relevant processes.[3]

The asset management system fits within the organisation's strategic planning and delivery process as shown in Figure 1.

[1] ISO, 2014, ISO 55000, Sec 2.2, p 2

[2] ISO, 2014, ISO 55000, Sec 2.5.1, p 5

[3] ISO, 2014, ISO 55002, Sec 4.1.1, p 2.

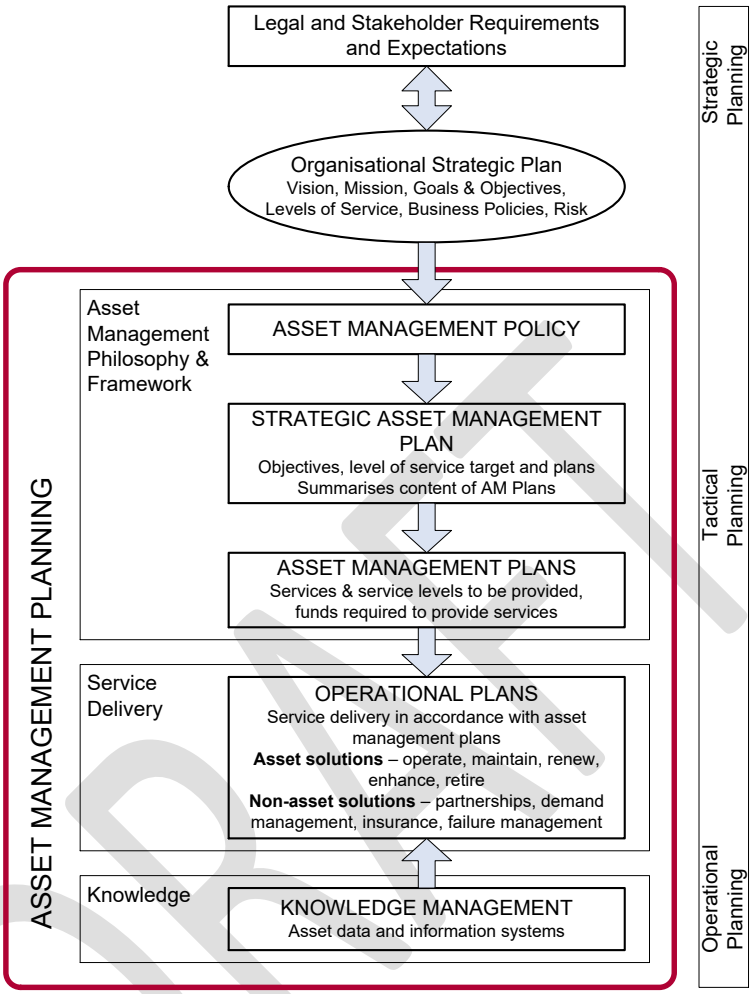

Figure 1: Strategic Asset Management Plan fit in Planning Process

2.1.1 Asset Management Policy

The asset management policy sets out the principles by which the organisation intends applying asset management to achieve its organisational objectives.[4] Organisational objectives are the results the organisation plans to achieve, as documented in its Strategic Plan. Our adopted asset management policy is available from our web site.

2.1.2 Asset Management Objectives

The asset management objectives developed in Section 2.4.3 provide the essential link between the organisational objectives and the asset management plan(s) that describe how those objectives are going to be achieved. The asset management objectives transform the required outcomes (product or service) to be provided by the assets, into

[4] ISO, 2014, ISO 55002, Sec 5.2, p 7.

activities typically described in the asset management plans. Asset management objectives should be specific, measurable, achievable, realistic and time bound (i.e. SMART objectives).[5]

2.1.3 Strategic Asset Management Plan

This strategic asset management plan is to document the relationship between the organisational objectives set out in the Financial Management Strategy and the asset management (or service) objectives and define the strategic framework required to achieve the asset management objectives.[6]

The asset management objectives must be aligned with the organisation's strategic objectives set out in its strategic plan.

This strategic asset management plan encompasses the following services:

- Bridges and major culverts
- Roads Infrastructure including footpaths and kerb
- Stormwater infrastructure including pits, pipes, culverts, drains, detention basins and gross pollutant traps
- Coastal Infrastructure including jetties, pontoons, wharfs, boat ramps and marina
- Public Open Space amenities including playgrounds, tracks, BBQ's and park benchs
- Buildings including public amenities, halls, operational buildings, medical and commercial
- Operational assets including furniture, IT equipment, plant vehicles and other equipment
- Sewerage infrastructure

The strategic asset management framework incorporates strategies to achieve the asset management objectives. The strategies are developed in 4 steps:

- What assets do we have?
- Our assets and their management
- Where do we want to be?
- How will we get there?[7]

2.1.4 Asset Management Plans

Supporting the strategic asset management plan are asset management plans for major service/asset categories. The asset management plans document the activities to be implemented and resources to be applied to meet the asset management objectives. The strategic asset management plan summarises the key issues from following asset management plans:

- Road Infrastructure
- Parks & Recreation
- Bridges
- Hydraulic Infrastructure

[5] ISO, 2014, ISO 55002, Sec 6.2.1, p 9.

[6] ISO, 2014, ISO 55002, Sec 4.1.1, p 2.

[7] LGPMC, 2009, Framework 2, Sec 4.2, p 4.

- Buildings
- Coastal Infrastructure

- The Strategic Asset Management Plan is part of the organisation's strategic and annual planning and reporting cycle as shown in Table 2.1.

Table 2.1: Strategic Asset Management Plan within the Planning and Reporting Cycle

	Plan	Planning Cycle	Performance Reporting	Reporting Method
Community Planning	10 year Strategic Plan	4 – 10 years	Community Objectives Indicators	Annual Report
Strategic Planning	10 year Long-Term Financial Plan	4 years	Organisational Objectives	Annual Report
			Financial Indicators	
	Corporate Calendar		Corporate Performance Indicators	
	Strategic Asset Management Plan Asset Management Plans		Asset Management Objectives	
Annual Planning & Budget	Annual Plan & Budget	Annual	Annual Objectives Budget Objectives	Annual Report/ Monthly Reports to Council
	Asset Management Plans		Directorate Work Plans	Monthly Reports to Council
	Asset Management Plans		Individual Work Plan Objectives	

2.2 What Assets do we have?

We manage a lot of assets to provide services to our community. The assets provide the foundation for the community to carry out its everyday activities, while contributing to overall quality of life.

Table 2.2: Assets covered by this Plan

Asset Class/Category	Values
Bridges	$14,477,000
Buildings	$31,333,000
Parks & Recreation	$9,061,000
Hydraulic Infrastructure	$27,454,000
Coastal Infrastructure	$11,951,000
Road Infrastructure	$109,951,000
Plant Vehicles & Equipment and sundry	$6,884,000
Grand Total	**$211,111,000**

2.3 Our Assets and their management

2.3.1 Asset Values

The infrastructure assets covered by this strategic asset management plan are shown in Table 2.3.1. These assets are used to provide services to the community.

Table 2.3.1: Assets covered by this Plan

Asset Class/Category	Gross Replacement Cost *	Carrying Value	Annual Depreciation
Bridges	$14,477,000	$,7,029,000	$243,288
Buildings	$31,333,000	$22,326,000	$584,471
Parks & Recreation	$9,061,000	$8,199,000	$422,998
Hydraulic Infrastructure	$27,454,000	$15,475,000	$244,680
Coastal Infrastructure	$11,951,000	$9,090,000	$136,220
Road Infrastructure	$109,951,000	$72,577,000	$1,630,356
Plant Vehicles & Equipment, IT, Medical and sundry	$6,884,000	$1,342,000	$450,938
TOTAL	**$211,111,000**	**136,038,000**	**$3,712,951**

Figure 2 shows the gross replacement value of our assets.

GLAMORGAN SPRING BAY COUNCIL – Asset Replacement Values

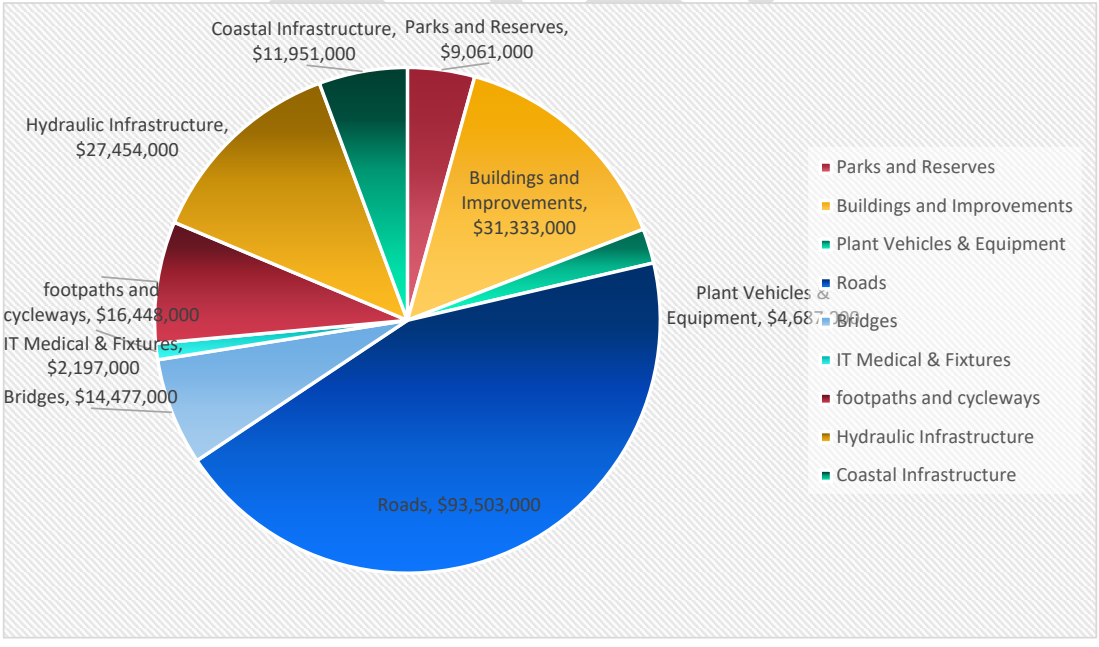

Figure 2: Asset Replacement Values

Section 2.3 demonstrates the significance of Glamorgan Spring Bay's investment in infrastructure. An objective for this SAMP is to demonstrate how value is to be obtained from the $211M investments in providing services to the community. The investment in infrastructure is being consumed at $4.65M per annum.

2.3.2 Asset Condition, Function and Capacity

Our State of the Assets Report monitors the performance of the assets under three community service indicators:

- condition/quality – how good is the service?
- function - does it meet users' needs?
- capacity/utilisation – is the service usage appropriate to capacity?

A future improvement will be to provide more detailed condition data.

Figure 3 shows the state of the assets in terms of the respective portfolio consumed values relative to their individual asset value. The chart below shows at the top of each bar in Yellow, how much value has been consumed of the total proportional value of each asset class. The heavy Maroon bar at the base of each column indicates the residual, or remaining value of each class.

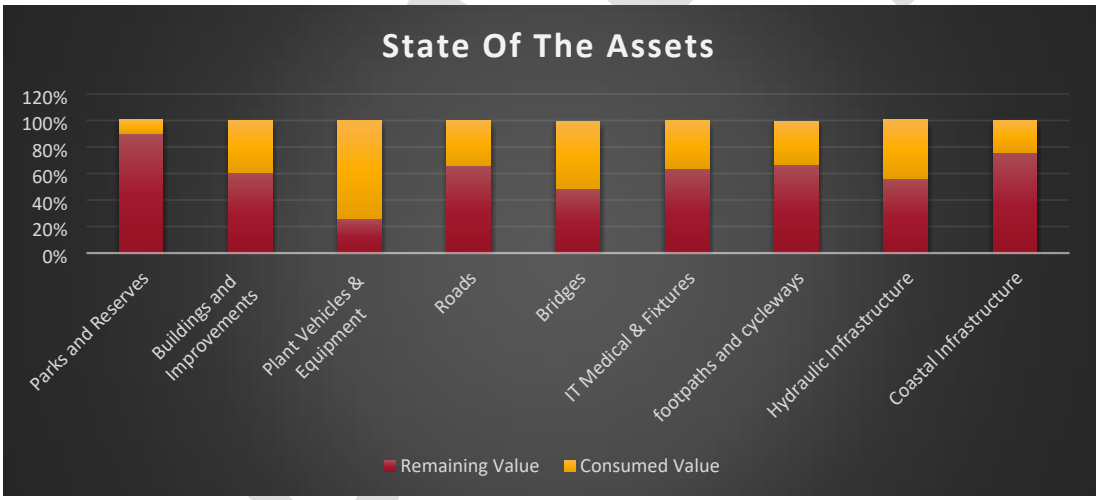

Figure 3: State of the Assets

Figure 3 provides a visual summary of overall asset consumption by asset class. Each class has many assets. The greater the Yellow section, the more assets are coming to the end of their useful lives through full depreciation. Road infrastructure indicates that 34% ($32M) of the asset value has been consumed. Some assets will be at the end of their useful life and beginning to fail, while others have good service life left. Of concern is the high level of bridge consumption and the shorter life road assets at the end of life.

Across all assets, 36% of the total asset value has been consumed.

2.3.3 Lifecycle Costs

Lifecycle costs (or whole of life costs) are the average annual costs that are required to sustain the service levels over the longest asset life. Lifecycle costs include operation and maintenance expenditures plus asset consumption (depreciation). Life cycle costs can be compared to lifecycle expenditure to give a comparison of current expenditures to lifecycle costs of services.

Lifecycle expenditures include operation and maintenance expenditures (excluding depreciation) plus capital renewal expenditure. The capital renewal component of lifecycle expenditure can vary depending on the timing of asset renewals. Included is the identified costs for bridge ancillary works and stormwater upgrade associated with replacement and development.

The lifecycle costs and expenditures averaged over the 10 year planning period are shown in Table 2.3.3.

Table 2.3.3: Asset Lifecycle Costs

Asset Class/Category	Lifecycle Cost ($/yr)	Lifecycle Expenditure ($/yr)	Lifecycle Expenditure Indicator
Bridges	$544,873	$544,873	$0
Buildings	$1,755,697	$1,755,748	$51
Parks & Recreation	1,515,526	$1,515,565	-$40
Hydraulic Infrastructure	$874,493	$873,938	-$555
Coastal Infrastructure	$498,355	$537,237	$38,882
Road Infrastructure	$4,516,217	$4,519,000	$3000
Plant Vehicles & Equipment, IT, Medical and sundry	$1,031,890	$1,031,890	$0
TOTAL	**$10,737,051**	**$10,778,251**	**$41,200**

Total lifecycle expenditure may reasonably be higher/lower than lifecycle costs in periods of above/below average asset renewal/replacement activity. The lifecycle indicator is a measure of estimated need over the long-term with negative values indicative of the size of funding gaps. Positive values indicate surplus value allocations. Section 5.4 gives a more accurate indicator of renewal/replacement funding needs over the period of the SAMP.

2.3.4 Asset Management Indicators

An asset management objective is to provide the services that the community needs at the optimum lifecycle cost in a financially sustainable manner. Figure 4 shows the projected operation, maintenance, acquisition, renewal expenditure balanced with financial outlays in the 10-year long-term financial plan. Asset renewal may now be scheduled at a rate to ensure the overall condition of assets is not declining. While there is some work to do in renewing assets at a rate faster than depreciation to pull back the renewal backlog, asset decline has been arrested with the passing of the 2023-24 and 2024-25 financial year budgets.

Figure 4: Projected Operating and Capital Expenditure

The purpose of this strategic asset management plan is to develop the strategies to achieve the asset management objectives through balancing of asset service performance, cost and risk.

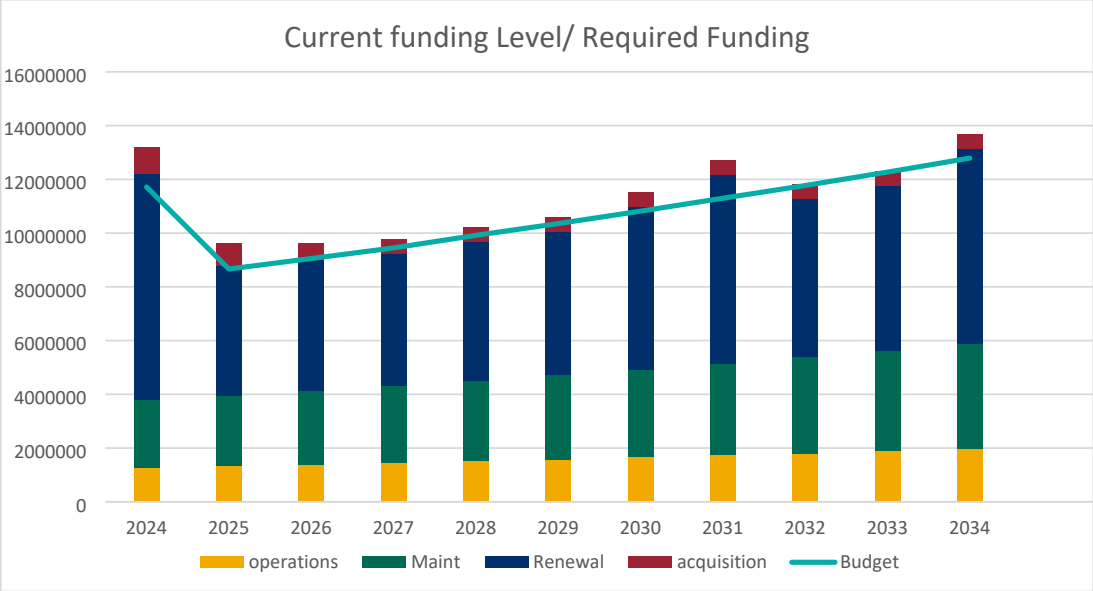

Figure 4 shows the results of balancing of service performance, risk and cost in the asset management plans and long-term financial plan to achieve an agreed and affordable position on service level and costs. This includes allocations for new grant funds to finance urgent and critical renewal and new capital works in years throughout the program, deferral of lower priority projects and modest initiatives for at least 10 years and identification and acceptance of the risks associated with the deferrals.

2.3.5 Opportunities and Risks

We have identified opportunities relevant to the services included in this strategic asset management plan including:

- Investigate options for bitumen road maintenance to provide cost effective repairs to old seals
- Review of buildings and properties to identify surplus and opportunity for sale income
- Funding options for renewal and new infrastructure including grant opportunities which provide some new infrastructure and also renewal of existing assets
- Mentoring and training of multiple staff in aspects of asset management practice
- Working with the Tas Audit Office and audit consultants to minimise council liabilities

Relevant risks to the strategic asset management plan in the future are:

- Economic shocks to the organisation
- State Government Council reform outcomes
- Asset management system capability within council
- HR Resourcing for staff and consultants
- An asset renewal backlog

- Grant funding slow or delayed due to funding priorities of other levels of Government
- Community aspirations over-riding fiscal responsibility

Infrastructure risk management plans for these and other relevant risks are summarised with risk management activities and resource requirements incorporated in the relevant asset management plans.

2.3.6 Asset and Financial Management Maturity

We have taken steps to improve our asset and financial management performance including assessing our asset management maturity against the International Infrastructure Management Manual Frameworks. Our target is to achieve 'core' maturity with the Frameworks. Figure 5 shows the current and target 'core' and 'advanced' maturity scores for the key elements of the Frameworks for asset and financial management.

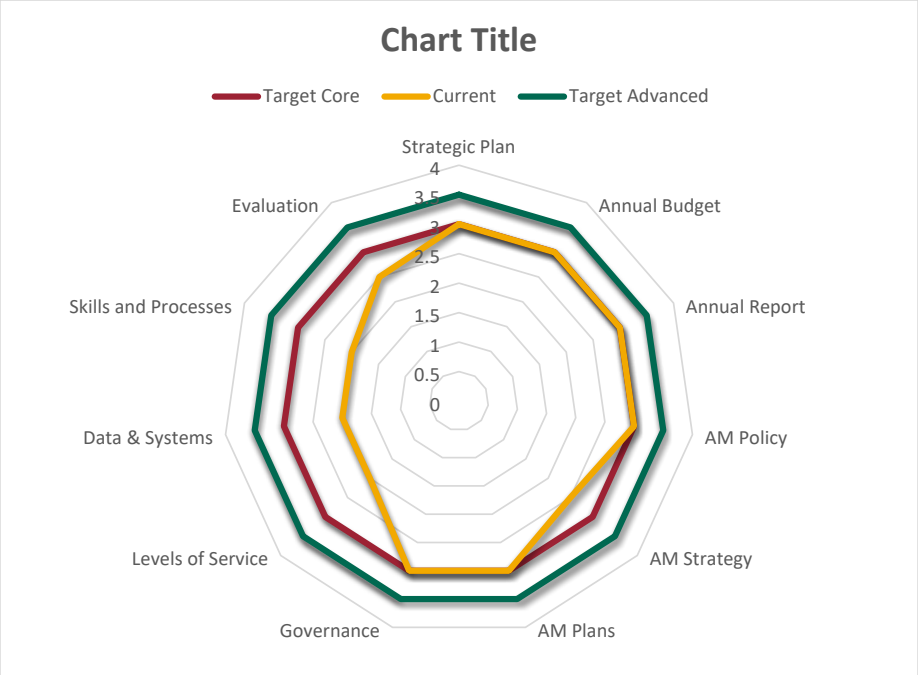

Figure 5: Maturity Assessment

Improvement in 'core' maturity is indicated by movement of the Orange (current maturity) line to the Red ('core' maturity target) line.

Elements with low maturity scores are:

- Levels of Service Framework
- Data and Systems
- Skills and Processes
- Evaluation and AM Strategy

The risk to the organisation from the current maturity is shown in Figure 6.

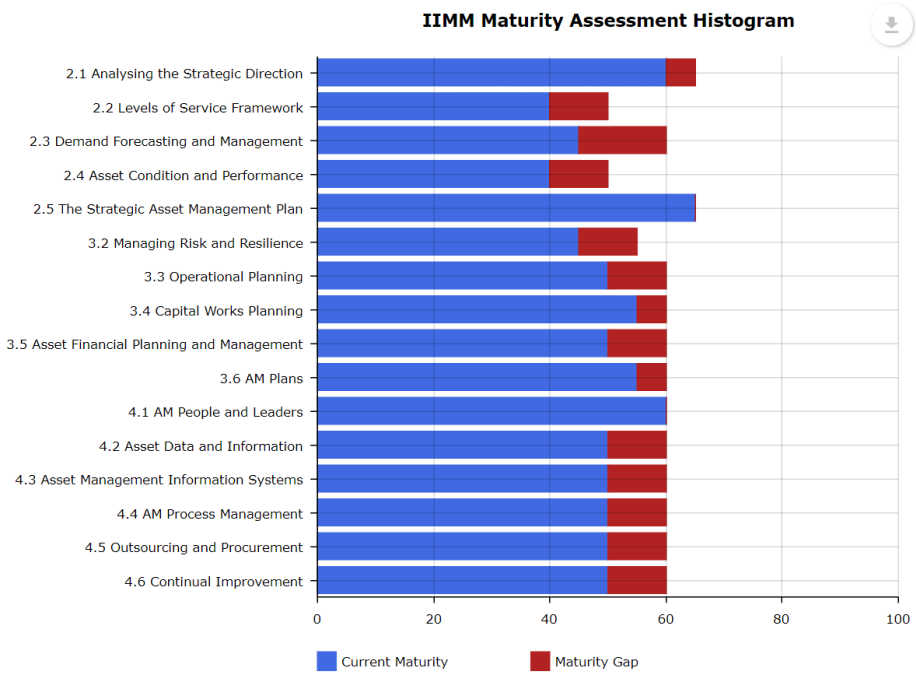

Figure 6: Maturity Risk Assessment

Reduction in risk from current maturity is indicated by elimination of the red ◆ (current risk) bar by replacing it with Blue. (desired or aspirational target risk). The priority for maturity risk reduction is indicated by the length of the blue bars. Elements with highest priority for improvement are:

- Asset Condition and performance
- Levels of Service Framework
- Managing risk and resilience
- Demand Forecasting and Management

Tasks to improve asset and financial management maturity are prioritised and included within the Improvement Plan shown in Section 7.2.

2.3.7 Strategy Outlook

1. We can maintain current levels of service or modest variations in service for the next ten years based on current knowledge and projections in AM Plans and Long-Term Financial Plan, subject to grant funding success for bridge renewal and Marine Infrastructure renewal.

2. Subject to grant funding of bridges and marine infrastructure, funding of current infrastructure lifecycle costs is considered adequate for the next 10 years. Review of services, service levels and costs will need to be ongoing over the next 10 years to identify and monitor changes in demand for services and affordability over the longer-term.

3. Our current asset and financial management maturity are below 'core' level and further investment is needed to improve information management, lifecycle management, service management and accountability and strategic direction.

    a. This investment means continuation of staff development and knowledge of processes.

    b. Development of service level documentation has been challenging to date with limited resources. Workforce development and prioritisation of activity is required to achieve this advance in process.

    c. Council's financial system (Xero), is not well structured or developed to provide reporting supportive of developed service levels. This will remain a challenge for the foreseeable future.

2.4 Where do we want to be?

2.4.1 Community Expectations

We have identified community expectations for service levels to be generally consistent with current levels of service. We engage with the community through an annual community survey, public meetings and various other surveys and communications including review of customer requests to determine adequacy of service levels. Community engagement is necessary to ensure that informed decisions are made on future levels of service and costs and that service and risk consequences are known and accepted by stakeholders.

2.4.2 Organisational Objectives

The organisation objectives are developed in the Glamorgan Spring Bay Council Strategic Plan 2020-2029 (revised February 2024) under Vision, Mission, Values and Priority Areas as shown below.

Vision

We want Glamorgan Spring Bay to be:

Prosperous, Vibrant And Inclusive. A Place Where People Want To Live, Work And Visit.

Key Foundations

- Our Governance and Finance
- Our Community
- Infrastructure and Services
- Our Environment

Priority Areas

Our Vision and Values means looking after the distinctive characteristics and qualities of our region and community that already make this place special – as well as encouraging positive and appropriate change and development.

The organisation objectives developed for priority areas are shown in Table 2.4.2.

Table 2.4.2: Strategic Priority Areas and Organisational Objectives

Strategic Priority Area	Organisational Objective
Our Governance and Finance	Planned Asset Renewal expenditure based on agreed asset management plans
	Realistic Budgets with income and expenditure monitored closely
Our Community	Developing our facilities to be accessible and inclusive for all.
	Improvement of access for all abilities across internal and external environments
Infrastructure and Services	Continuation of our asset management journey to maturity of processes and policy conformance across all Council assets
	Developing and implementing infrastructure provision strategies and plans that consider whole of municipality service priorities.
Our Environment	Undertaking Planning functions, including development engineering, to support and manage growth in our municipality including effective future development facilitation.

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2.4.3 Asset Management Objectives

The asset management objectives (or strategies) translate the organisational objectives into the required service outcomes to be provided by infrastructure assets and activities described in the asset management plans. Actions to achieve the asset management objectives with performance targets and timelines are shown in Tables 2.4.3 – 2.4.3.5 and included in operational and capital works plans.

Table 2.4.3: Asset Management Objectives – Asset Condition and Performance

Organisational Objective Our Governance and Finance

Asset Management Objective	Action	Performance Target & Timeline
Planned asset renewal expenditure based on agreed asset management plans	Set asset expenditure within LTFP	Annual budget cycle
	Consult and update 10 year forward works program	As per budget development program
Best Practice governance risk and financial management	Asset Management Training for staff	Annual program

Table 2.4.3.1: Asset Management Objectives – Levels of Service Framework

Organisational Objective Our Community

Asset Management Objective	Action	Performance Target & Timeline
Developing our Facilities to be accessible and inclusive for all.	Review Public Amenities and strategise improvement actions	2024-27
Support and facilitation of social activities that promote community wellbeing	Development of Walking and Cycling Strategy	2024-25
	Development of Public Open Space Srtrategy	2024-25
Improvement of access for all abilities across internal and external environments	Review Public Amenities and strategise improvement actions	2024-27

Table 2.4.3.2: Asset Management Objectives – Levels of Service Framework

Organisational Objective Infrastructure and Services

Asset Management Objective	Action	Performance Target & Timeline
Continuation of AM journey to maturity of process and policy conformance across all council assets	Continued development of service level documents for core asset services	2024-26
Setting clear annual budget priorities to meet needs and community expectations in consultation with community	Continued development of service level documents for core asset groups	2024-26
Providing and managing a safe and well maintained road and bridge network across the municipality	Alignment of funding to asset renewal requirements	10 year program LTFP
	Securing of capital grants to assist bridge renewals	Annual requirement

Table 2.4.3.3: Asset Management Objectives – Demand Forecasting and Management

Organisational Objective Our Environment

Asset Management Objective	Action	Performance Target & Timeline
Implementing strategies to respond to climate change	Climate change data and plans are used to inform asset renewal and new planning actions	Ongoing
Reviewing and updating council strategies and plans	Including consideration of climate change adaptation requirements for the CC risks in our municipality	Progressive with reviews
Undertaking Planning functions, including development engineering, to support and manage growth in our municipality including effective future development facilitation	Development engineer planning conditions are appropriate for future climate change.	Every application ongoing

Note: Development of Asset Management Objectives is a requirement if ISO 55001. The Asset Management Objectives shown in Tables 2.4.3 – 2.4.3.3 are those to be achieved to deliver the agreed level of service performance while managing risk and cost. The Asset Management Objectives are identified and developed in our Strategic Plan.

All actions and tasks to achieve the asset management objectives are included within operational and capital works plans discussed in Sections 5.3 – 5.6.

2.5 Asset Management Vision

To ensure the long-term financial sustainability of the organisation, it is essential to balance the community's expectations for services with their ability to pay for the infrastructure assets used to provide the services. Maintenance of service levels for infrastructure services requires appropriate investment over the whole of the asset life cycle. To assist in achieving this balance, we aspire to:

Develop and maintain asset management governance, skills, process, systems and data in order to provide the level of service the community need at present and in the future, in the most cost-effective and fit for purpose manner.

In line with the vision, the objectives of the strategic asset management plan are to:

- ensure that our infrastructure services are provided in an economically optimal way, with the appropriate level of service to residents, visitors and the environment determined by reference to our financial sustainability
- safeguard our assets including physical assets and employees by implementing appropriate asset management strategies and appropriate financial resources for those assets
- adopt the long term financial plan as the basis for all service and budget funding decisions
- meet legislative requirements for all our operations
- ensure resources and operational capabilities are identified and responsibility for asset management is allocated
- ensure operational and service delivery risks are adequately managed
- engage the relevant cross section of council departments in asset management committee activities

- continually improve our asset, risk and financial management and service delivery performance
- provide high level oversight of financial and asset management responsibilities through Audit Committee/CEO reporting to Council on development and implementation of the Strategic Asset Management Plan, Asset Management Plan(s) and Long Term Financial Plan.

Strategies to achieve this position are outlined in Section 2.6.

2.6. How will we get there?

The strategic asset management plan proposes strategies to enable the organisational objectives and asset management policies to be achieved.

Table 2.6: Asset Management Strategies

No	Strategy	Desired Outcome
1	Incorporate Year 1 of long term financial plan revenue and expenditure projections into annual budgets.	Long term financial planning drives budget deliberations and the long term implications of all services are considered in annual budget deliberations.
2	Report our financial position at Fair Value in accordance with Australian Accounting Standards, financial sustainability and performance against organisational objectives in Annual Reports.	Financial sustainability information is available for Council and the community.
3	Develop and maintain a long term financial plan covering 10 years incorporating asset management plan expenditure projections with a sustainable funding position outcome.	Sustainable funding model to provide our services.
4	Develop and annually review asset management plans and strategic asset management plan covering at least 10 years for all major asset classes (80% of asset value).	Identification of services needed by the community and required funding to optimise 'whole of life' costs.
5	Review and update asset management plans, strategic asset management plan and long term financial plans to inform preparation and adoption of annual budgets. Communicate any consequence of funding decisions on service levels and service risks.	We and the community are aware of changes to service levels and costs arising from budget decisions.
6	Develop and maintain a risk register of operational and service delivery risks showing current risk levels, risk management treatments and report regularly to Council on current high level risks.	Risk management of operational and service delivery risks is an integral part of governance.
7	Ensure Council decisions are made from accurate and current information in asset registers, on service level performance and costs and 'whole of life' costs.	Improved decision making and greater value for money.
8	Report on our resources and operational capability to deliver the services needed by the community in the annual report.	Services delivery is matched to available resources and operational capabilities.
9	Ensure responsibilities for asset management are identified and incorporated into staff position descriptions.	Responsibility for asset management is defined.
10	Implement an improvement plan to realise 'core' maturity for the financial and asset management competencies within 3 years.	Improved financial and asset management capacity within the organisation.
11	Report regularly to Council by GM on development and implementation of strategic asset management plan, AM Plans and long term financial plans.	Oversight of resource allocation and performance.

2.7 Asset Management Improvement Plan

The tasks required achieving a 'core' financial and asset management maturity are shown in priority order in the asset management improvement plan in Section 8.2

2.8. Consequences if actions are not completed

There are consequences for the Council if the improvement actions are not completed. These include:

- Inability to achieve strategic and organisational objectives
- Inability to achieve and financial sustainability for the organisation's operations
- Current risks to infrastructure service delivery are likely to eventuate and response actions may not be appropriately managed
- We may not be able to accommodate and/or manage changes in demand for infrastructure services.

3. LEVELS OF SERVICE

3.1 Consumer Research and Expectations

The expectations and requirements of various stakeholders were considered in the preparation of asset management plans summarised in this strategic asset management plan. Table 3.1 shows available satisfaction levels for these services.

Table 3.1: Community Satisfaction Levels (annual community survey data)

Asset Management Plan	Service	Satisfaction Level %	
		Previous Year	Last Year
Roads	Roads	16	16
Hydraulic Services	Drainage and SW management	20	31
Roads	Footpaths	25	23
Roads	Cycling and pedestrian infrastructure	31	28
Public Open Space	Parks reserves and open spaces	45	42
Public Open Space	Sport courts ovals fields and pavilions	50	52
Buildings	Community halls	63	68

3.2 Organisational Objectives

Sections 2.4.2 and 2.4.3 of this strategic asset management plan reported the organisational objectives from the Strategic Plan and asset management objectives developed from the organisational objectives.

The organisational and asset management objectives provide focus for the community and technical level of service tables in Section 3.4.

3.3 Legislative Requirements

We have to meet many legislative requirements including Australian and State legislation and State regulations. These are detailed in the various asset management plans summarised in this strategic asset management plan.

3.4 Levels of Service

Service levels are defined in three ways, customer values, customer levels of service and technical levels of service.

Customer Values indicate:

- what aspects of the service is important to the customer,
- whether they see value in what is currently provided and
- the likely trend over time based on the current budget provision

Customer Levels of Service measure how the customer receives the service and whether the organisation is providing value.

Customer levels of service measures used in the asset management plan are:

General perception of condition, quality and extent of service provided

Our current and projected community levels of service for the services covered by this strategic asset management plan are shown in the AM Plans summarised in this strategic asset management plan.

The community level of service measures provide information on our performance on service delivery. They can indicate areas of possible over and over servicing and potential for reallocation of resources to maximise community value.

Technical Levels of Service - Supporting the community service levels are operational or technical measures of performance. These technical measures relate to the allocation of resources to service activities that the organisation undertakes to best achieve the desired community outcomes and demonstrate effective organisational performance.

Technical service measures are linked to annual budgets covering:

- Operation – the regular activities to provide services such as availability, cleansing, mowing, etc.
- Maintenance – the activities necessary to retain an asset as near as practicable to an appropriate service condition (e.g. road patching, unsealed road grading, building and structure repairs),
- Renewal – the activities that return the service capability of an asset similar to that which it had originally (e.g. road resurfacing and pavement reconstruction, pipeline replacement and building component replacement) or to a lower service level,
- Acquisition – the activities to provide a higher level of service (e.g. widening a road, sealing an unsealed road, replacing a pipeline with a larger size) or a new service that did not exist previously (e.g. a new library).

Service managers plan, implement and control technical service levels to influence the customer service levels.[8]

Together the community and technical levels of service provide detail on service performance, cost and whether service levels are likely to stay the same, get better or worse.

Our current and projected technical levels of service for the services covered by this strategic asset management plan are shown in the AM Plans summarised in this strategic asset management plan.

Tables summarising the current and desired technical levels of service for services are shown in Appendix A.

Note: The Tables in Appendix A summarise the agreed sustainable position where trade-offs between service performance, risk and cost have been agreed by the Council following consultation with the community.

[8] IPWEA, 2011, IIMM, p 2.22

4. FUTURE DEMAND

4.1 Demand Drivers

Drivers affecting demand include population change, changes in demographics, seasonal factors, climate change, vehicle ownership rates, consumer preferences and expectations, government decisions, technological changes, economic factors, agricultural practices, environmental awareness, etc.

4.2 Demand Forecast

The present position and projections for demand drivers that may impact future service delivery and utilisation of assets were identified and are documented in Table 4.3.

4.3 Demand Impact on Assets

The impact of demand drivers that may affect future service delivery and utilisation of assets are shown in Table 4.3.

Table 4.3: Demand Drivers, Projections and Impact on Services

Projection	Impact on services
Aging Population	
GSBC population is projected to continue to age	More retired people – requirements for walking and cycling active community infrastructure
	Facilities to cater for group activities, art classes, ukulele groups etc
Climate Change	
Increased heat	Fire danger level increase – access roads levels of service
More Intense rain	Stormwater systems capacity issues
	Bridge and culvert upgrades
Property Values	
High property values	General Purpose FA grants low – council capacity to pay impacted
Land subdivision	Increase in demands for services
	Increase in POS requirements
	Higher expectations of stormwater management
Increased tourist traffic	
20% increase	Pressure on roadside car parks for RV overnight camping
HV Transport economies / secondary routes	
Increase in level of service required	Bridge upgrades (Wielangta Road)
Increased traffic volumes	Road upgrades (Wielangta Road)

4.4 Demand Management Plan

Demand for new services will be managed through a combination of managing existing assets, upgrading of existing assets and providing new assets to meet demand and demand management. Demand management practices include non-asset solutions, insuring against risks and managing failures.

Non-asset solutions focus on providing the required service without the need for the organisation to own the assets and management actions including reducing demand for the service, reducing the level of service (allowing some assets to deteriorate beyond current service levels) or educating customers to accept appropriate asset failures[9].

[9] IPWEA, 2015, IIMM, Sec 2.3.6, p 2|53.

Examples of non-asset solutions include providing joint services from existing infrastructure such as aquatic centres and libraries that may be in another community area or public toilets provided in commercial premises.

Opportunities identified for demand management are shown in Table 4.4.

Table 4.4: Demand Management Plan Summary

Service Impact	Demand Management Plan
Bridge Upgrade	Partner with state and federal government for grant funding to accommodate increased service level required by state
Road Upgrade	
Roadside car park pressures	Work with State government on plan to improve RV and caravan parking
Land subdivision	Work with developers to provide mitigation and detention for stormwater
	Work with developers in provision of upgraded services: footpaths, kerbs, stormwater contributions
	Manage POS pressures with financial contributions in lieu of public land where practical
	Require climate change modelling for stormwater assessments
Walking and cycling demand	Develop and adopt strategy for Walking and Cycling and POS
Facilities to cater for retirees	Develop strategies for provision of buildings and seek grants to assist funding

4.5 Asset Programs to meet Demand

The new assets required to meet growth will be acquired free of cost from land developments and constructed/acquired by the organisation. New assets constructed/acquired by the organisation are discussed in Section 5.5.

Acquiring these new assets will commit the organisation to fund ongoing operation, maintenance and renewal costs for the period that the service provided from the assets is required. These future costs are identified and considered in developing forecasts of future operation, maintenance and renewal costs in Section 6.

5. LIFECYCLE MANAGEMENT PLAN

The lifecycle management plan details how the organisation plans to manage and operate the assets at the agreed levels of service (defined in Section 3) while optimising life cycle costs and managing risks.

5.1 Background Data

5.1.1 Physical parameters

The assets covered by this strategic asset management plan are shown in Tables 2.2 and 2.3.1.

5.1.2 Asset capacity and performance

The organisation's services are generally provided to meet design standards where these are available.

Asset capacity and performance is monitored loosely by community survey prior to annual budget development period. The state of the assets is shown in Figure 3.

5.2 Routine Operation and Maintenance Plan

Operation include regular activities to provide services such as public health, safety and amenity, e.g. cleansing, utility services, street sweeping, grass mowing and street lighting.

Routine maintenance is the regular on-going work that is necessary to keep assets operating, including instances where portions of the asset fail and need immediate repair to make the asset operational again.

5.2.1 Operation and Maintenance Plan

Operation activities affect service levels including quality and function, such as cleanliness, appearance, etc., through street sweeping and grass mowing frequency, intensity and spacing of street lights and cleaning frequency and opening hours of building and other facilities.

Maintenance includes all actions necessary for retaining an asset as near as practicable to an appropriate service condition including regular ongoing day-to-day work necessary to keep assets operating, e.g. road patching but excluding rehabilitation or renewal.

Maintenance expenditure levels are considered to be adequate to meet projected service levels, which may be less than or equal to current service levels. Where maintenance expenditure levels are such that will result in a lesser level of service, the service consequences and service risks have been identified and service consequences highlighted in the respective AM Plan and service risks considered in the Infrastructure Risk Management Plan.

5.2.2 Operation and Maintenance Strategies

We will operate and maintain assets to provide the defined level of service to approved budgets in the most cost-efficient manner. The operation and maintenance activities include:

- Scheduling operations activities to deliver the defined level of service in the most efficient manner
- Undertaking maintenance activities through a planned maintenance system to reduce maintenance costs and improve maintenance outcomes. Undertake cost-benefit analysis to determine the most cost-effective split between planned and unplanned maintenance activities (50 – 70% planned desirable as measured by cost)
- Maintain a current infrastructure risk register for assets and present service risks associated with providing services from infrastructure assets and reporting Very High and High risks and residual risks after treatment to management and Council
- Review current and required skills base and implement workforce training and development to meet required operation and maintenance needs
- Review asset utilisation to identify underutilised assets and appropriate remedies, and over utilised assets and customer demand management options
- Maintain a current hierarchy of critical assets and required operation and maintenance activities

- Develop and regularly review appropriate emergency response capability
- Review management of operation and maintenance activities to ensure we are obtaining best value for resources used.

5.2.3 Summary of future operation and maintenance expenditures

Future operation and maintenance expenditure is forecast to trend in line with the value of the asset stock as shown in Figure 7. The forecast expenditures (shown in Appendix B) have been accommodated in the organisation's long-term financial plan. Note that all costs are shown in current dollar values (i.e. real values).

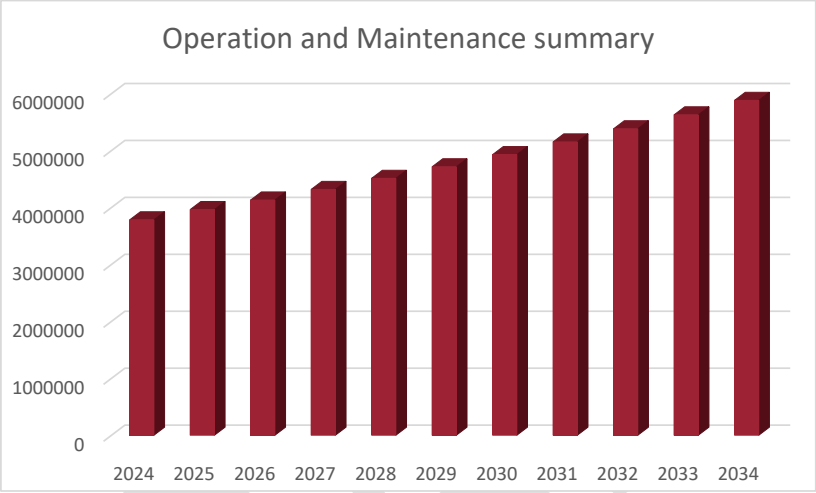


Figure 7: Projected Operation and Maintenance Expenditure and LTFP Outlays

The consequences of deferred maintenance, i.e. works that are identified for maintenance and unable to be funded are to be included in the risk assessment and analysis in the infrastructure risk management plan.

5.3 Renewal/Replacement Plan

Renewal and replacement expenditure is major work which does not increase the asset's design capacity but restores, rehabilitates, replaces or renews an existing asset to its original or lesser required service potential. Work over and above restoring an asset to original service potential is upgrade/expansion or new works expenditure.

5.3.1 Renewal and Replacement Strategies

We will plan capital renewal and replacement projects to meet level of service objectives and minimise infrastructure service risks by:

- Planning and scheduling renewal projects to deliver the defined level of service in the most efficient manner
- Undertaking project scoping for all capital renewal and replacement projects to identify
    - the service delivery 'deficiency', present risk and optimum time for renewal/replacement
    - the project objectives to rectify the deficiency
    - the range of options, estimated capital and life cycle costs for each options that could address the service deficiency
    - and evaluate the options against evaluation criteria adopted by Council, and
    - select the best option to be included in capital renewal programs,
- Using *optimal* renewal methods (cost of renewal is less than replacement) wherever possible

- Maintain a current infrastructure risk register for assets and service risks associated with providing services from infrastructure assets and report Very High and High risks and Residual risks after treatment to management, Audit Committee and Council
- Review current and required skills base and implement workforce training and development to meet required construction and renewal needs
- Maintain a current hierarchy of critical assets and capital renewal treatments and timings required
- Review management of capital renewal and replacement activities to ensure we are obtaining best value for resources used.

Renewal ranking criteria

Asset renewal and replacement is typically undertaken to either:

- Ensure the reliability of the existing infrastructure to deliver the service it was constructed to facilitate (e.g. replace a bridge that has a 5t load limit), or
- To ensure the infrastructure is of sufficient quality to meet the service requirements (e.g. roughness of a road).

Capital renewal and replacement priorities are indicated by identifying assets or asset groups that:

- Have a high consequence of failure
- Have exponential cost increases relating to subsequent associate asset failure caused by initial asset failure
- Have a high utilisation and loss of service would have a significant impact on users
- Have the highest average age relative to their expected lives
- Are identified in the AM Plan as key cost factors
- Have high operational or maintenance costs, and
- Where replacement with modern equivalent assets would yield material savings.

The ranking criteria used to determine priority of identified renewal and replacement proposals is detailed in the respective asset management plans.

5.3.2 Summary of future renewal and replacement expenditure

Projected future renewal and replacement expenditures are forecast to increase over time as the asset stock ages. The forecast expenditures have been accommodated in the organisation's long-term financial plan as shown in Fig 8. Note that all amounts are shown in real values.

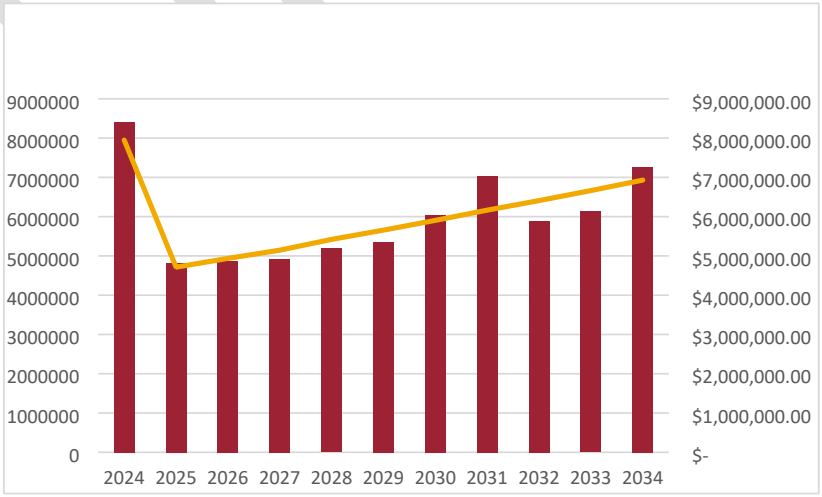


Fig 8: Projected Capital Renewal and Replacement Expenditure and LTFP Outlays

Where renewal projections are based on estimates of asset useful lives, the useful lives are documented in the relevant asset management plan(s). Projected capital renewal and replacement programs are shown in Appendix C.

The projected renewal and replacement program includes anticipated grants to fund high priority items in years 1 and 8. Low priority renewal and replacement projects unable to be accommodated within the 10 year long-term financial plan have been deferred for following years (see Figure 4) to allow further consideration in updates of the AM and financial plans.

5.4 Creation/Acquisition/Upgrade Plan

New works are those works that create a new asset that did not previously exist, or works which upgrade or improve an existing asset beyond its existing capacity. They may result from growth, social or environmental needs. Assets may also be acquired at no cost to the organisation from land development. These assets from growth are discussed in Section 4.5.

5.4.1 Selection criteria

New assets and upgrade/expansion of existing assets are identified from various sources such as councillor or community requests, proposals identified by strategic plans or partnerships with other organisations. Candidate proposals are inspected to verify need and to develop a preliminary renewal estimate. Verified proposals are ranked by priority and available funds and scheduled in future works programmes. The priority ranking criteria is detailed in the respective asset management plans.

5.4.2 Capital Investment Strategies

We will plan capital upgrade and new projects to meet level of service objectives by:

- Planning and scheduling capital upgrade and new projects to deliver the defined level of service in the most efficient manner
- Undertake project scoping for all Renewal projects to identify
    - the service delivery 'deficiency', present risk and required timeline for delivery of the upgrade/new asset
    - the project objectives to rectify the deficiency including value management for major projects
    - the range of options, estimated capital and life cycle costs for each option that could address the service deficiency
    - management of risks associated with alternative options
    - and evaluate the options against evaluation criteria adopted by Council, and
    - select the best option to be included in renewal programs
- Review current and required skills base and implement training and development to meet required construction and project management needs
- Review management of capital project management activities to ensure we are obtaining best value for resources used.

Standards and specifications for maintenance of existing assets and construction of new assets and upgrade/expansion of existing assets are detailed in relevant asset management plans.

5.4.3 Summary of future upgrade/new assets expenditure

Projected upgrade/new asset expenditures and estimated long-term financial plan outlays are summarised in Fig 9. The forecast expenditures have been accommodated in the organisation's long-term financial plan through the anticipated success in grant funding. The projected upgrade/new capital works program is shown in Appendix D. All amounts are shown in real values.

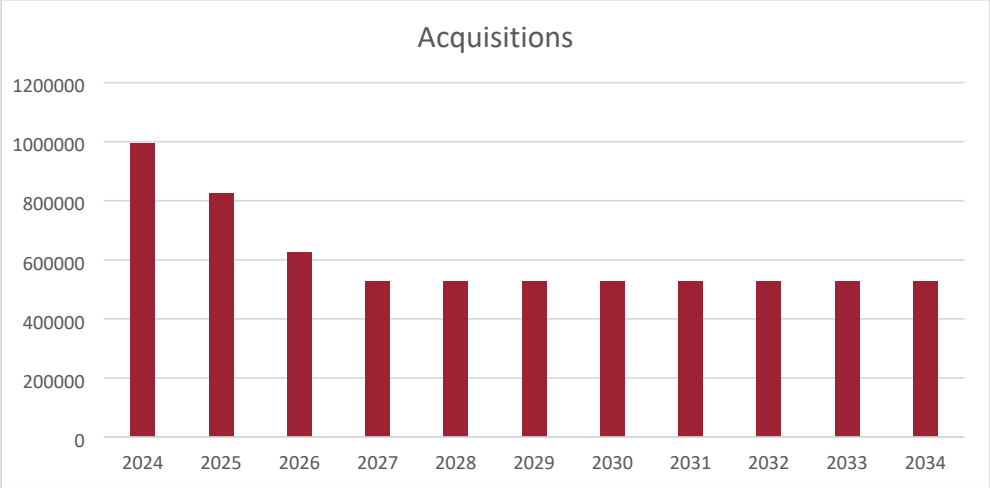


Fig 9: Renewal Asset Expenditure and Budget

The projected upgrade and new assets program includes actual and projected grants to fund high priority items in all years of the planning period. Low priority renewal and replacement projects unable to be accommodated within the 10 year long-term financial plan have been deferred for following years (see Figure 4) to allow further consideration of service performance, risks and cost in updates of the AM and financial plans.

5.5 Disposal Plan

Disposal includes any activity associated with disposal of a decommissioned asset including sale, demolition or relocation. Assets identified for possible decommissioning and disposal are shown in the respective asset management plans summarised in this strategic asset management plan.

5.6 Service Consequences and Risks

The organisation has prioritised decisions made in adopting the asset management plans summarised in this strategic asset management plan to obtain the optimum benefits from its available resources.

The asset management plans are based on balancing service performance, cost and risk to provide an agreed level of service from available resources in our long-term financial plan.

5.6.1 Deferred initiatives and projects

There are some operation and maintenance initiatives and capital projects that have been deferred for the next 10 years. These are shown in Appendix E. The major initiatives and projects include:

- Renewal of the swinging wire bridge over the Prosser River likely to be excluded altogether
- 2024 Wielangta Road Bridge renewals until grant funding is approved
- Other bridges throughout the program period requiring grant funds
- Significant building upgrades unless grant or provision funded

5.6.2 Service consequences

Operation and maintenance initiatives and capital projects that have been deferred will maintain or create service consequences for users. The major service consequences include:

- Load limits on bridges
- Potential detours for overmass transports
- Upgrades to secondary detour roads
- Alternate flood response for Brockley Road residents
- Building user group accommodation considerations

5.6.3 Risk consequences

The operation and maintenance initiatives and capital projects that cannot be undertaken may maintain or create risk consequences for the organisation. The major service risks include:

- Community frustration
- Additional costs to industry transporting high-mass goods
- Unable to project resolution time frames
- Helicopter evacuation worst case options

These risks have been included with the Infrastructure risk management plan summarised in the relevant asset management plan and risk management plans actions and expenditures included within projected expenditures.

6. RISK MANAGEMENT PLANNING

The purpose of infrastructure risk management is to document the findings and recommendations resulting from the periodic identification, assessment and treatment of risks associated with providing services from infrastructure, using the fundamentals of International Standard ISO 31000:2009 Risk management – Principles and guidelines.
Risk Management is defined in ISO 31000:2009 as: 'coordinated activities to direct and control with regard to risk'[10].
An assessment of risks[11] associated with service delivery will identify critical risks that will result in loss or reduction in service from infrastructure assets or a 'financial shock'. The risk assessment process identifies credible risks, the likelihood of the risk event occurring, and the consequences should the event occur. The risk assessment should also include the development of a risk rating, evaluate the risks and develop a risk treatment plan for those risks that are deemed to be non-acceptable.

6.1 Critical Assets

Critical assets are defined as those which have a high consequence of failure causing significant loss or reduction of service. Similarly, critical failure modes are those which have the highest consequences.
Examples if failure mode could include:

- Physical failure, collapse
- Essential service interruption

Critical assets have been identified and their typical failure mode and the impact on service delivery are summarized in Table 6.1:

Table 6.1 Critical Assets

Critical Asset(s)	Failure Mode	Impact
Wielangta Road Bridges	Physical failure - collapse	Significant detour potential
		Loss of secondary route in event of primary route failure
Stormwater systems	Increased incidence of system overload	Private property flooding

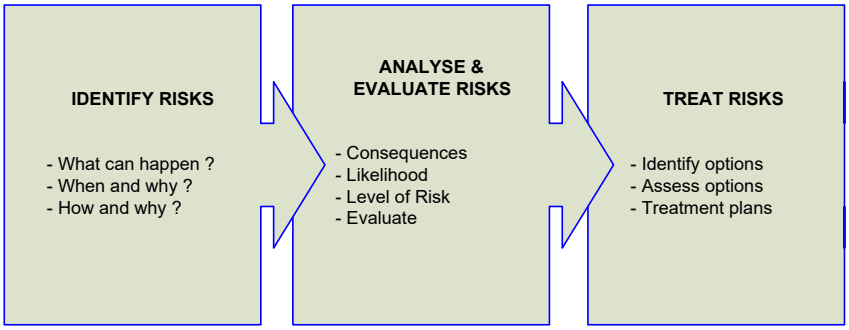
By identifying critical assets and failure modes an organization can ensure that investigative activities, condition inspection programs, maintenance and capital expenditure plans are targeted at critical assets.

6.2 Risk Assessment

The risk management process used in this project is shown in Figure 6.2 below.
It is an analysis and problem solving technique designed to provide a logical process for the selection of treatment plans and management actions to protect the community against unacceptable risks.
The process is based on the fundamentals of the ISO risk assessment standard ISO 31000:2009.

Figure 6.2 Risk Management Process – Abridged

[10] ISO 31000:2009, p 2
[11] Corporate Risk Management Plan



The risk assessment process identifies credible risks, the likelihood of the risk event occurring, the consequences should the event occur, develops a risk rating, evaluates the risk and develops a risk treatment plan for non-acceptable risks.
An assessment of risks[12] associated with service delivery from infrastructure assets will identify the critical risks that will result in significant loss, 'financial shock' or a reduction in service.
Critical risks are those assessed with 'Very High' (requiring immediate corrective action) and 'High' (requiring corrective action) risk ratings identified in the Infrastructure Risk Management Plan. The residual risk and treatment costs of implementing the selected treatment plan is shown in Table 6.2. It is essential that these critical risks and costs are reported to management and Council.

Table 6.2: Critical Risks and Treatment Plans

Service or Asset at Risk	What can Happen	Risk Rating (VH, H)	Risk Treatment Plan	Residual Risk *	Treatment Costs
Wielangta Road Bridges	Bridge service reduction	H	Implement detour / reapply for grant / supplementary road works	L	$10,000
Wielangta Road Bridges	Bridge Failure	M	Engage State Growth / Federal Government funding partners	M	$500k - $1.5M
Stormwater services	Private property flooding	M	Gradual upgrade of systems within budget constraints	M	$2M over 10 years

Note * The residual risk is the risk remaining after the selected risk treatment plan is implemented.

6.3 Infrastructure Resilience Approach

The resilience of our critical infrastructure is vital to the ongoing provision of services to customers. To adapt to changing conditions we need to understand our capacity to "withstand and given level of stress or demand"[i] and to respond to possible disruptions to ensure continuity of service.

Resilience is built on aspects such as robustness, response and recover planning, financial capacity and crisis leadership.

Our current measure of resilience is shown in Table 6.4 which includes the types of threats and hazards, resilience and assessment and identified improvements and/or interventions.

[12] Corporate Risk Management Plan
[i] IPWEA, 20015, IIMM, Sec 3, p9.

Table 6.4: Resilience

Threat/Hazard	Resilience Actions	Improvements/Interventions
Bridge loss	Proactive grant applications	Ministerial approach by Mayor
Bridge service downgrade	Proactive Grant applications / detour	State Growth engagement
Flooding – stormwater inundation	Pro-active clearing of known trouble spots – checking of network during storms during day	Progressive improvements through new capital allocations and subdivisions

6.4 Service and Risk Trade-Offs

The decisions made in adopting this AM Plan are based on the objective to achieve the optimum benefits from the available resources.

6.4.1 What we cannot do

There are some operation and maintenance activities and capital projects that are unable to be undertaken within the next 10 years. These include:

- New projects without accompanying external funding resources
- Medium and large Bridge replacements without accompanying grant funds
- Upgrades to stormwater networks

6.4.2 Service trade-off

If there is forecast work (Operation, maintenance, capital renewal, upgrade / new) that cannot be undertaken due to available resources, then this will result in service consequences for users. These include:

- Adjusted mowing schedules – implemented – can't be reversed
- Detour for heavy vehicles Wielangta Road
- Stormwater services flood more frequently

6.4.3 Risk trade-off

The operation and maintenance activities and capital projects that cannot be undertaken may maintain or create risk consequences. These include:

- Elevated flood risks
- Increased transport costs in localised area
- Compromised secondary transport route

These actions and expenditures are considered and included in the forecast costs, and where developed, the Risk Management Plan.

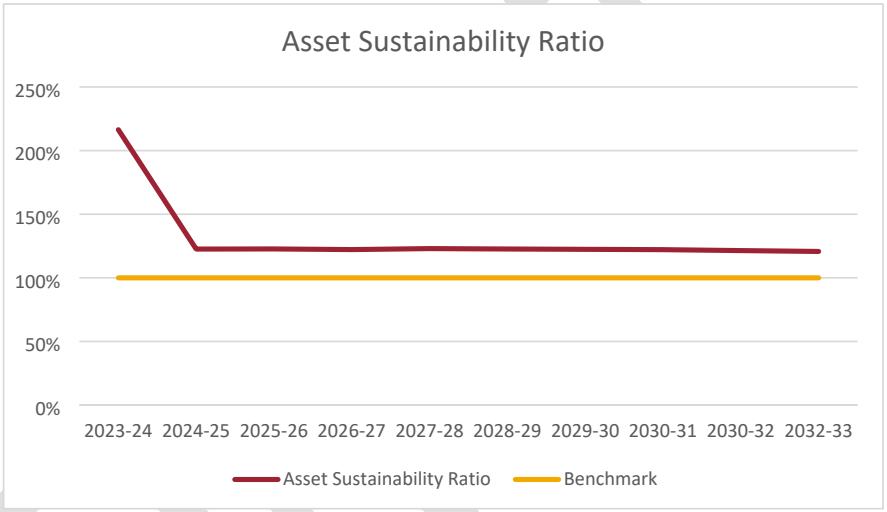
7. FINANCIAL SUMMARY

This section contains the financial requirements resulting from all the information presented in the previous sections of this strategic asset management plan. The financial projections will be improved as further information becomes available on desired levels of service and current and projected future asset performance.

7.1 Financial Indicators and Projections

Asset Renewal Funding Ratio Figure 10

The Asset Renewal Funding Ratio indicates whether projected capital renewal and replacement expenditure (which relies on grant funding in bridge, marine and stormwater asset classes, are able to be financed in the long-term financial plan. It is calculated by dividing the projected capital renewal expenditure shown in the AM Plans by the estimated capital renewal budget provided in the long-term financial plan. Over the next 10 years, we are forecasting that we will have 130% of the funds required for the depreciation based renewal. The rate at higher than 100% of depreciation reflects the level of asset renewal required given the depleted state of assets and general asset age.



7.2 Funding Strategy

The funding strategy to provide the services covered by this strategic asset management plan and supporting asset management plans is contained within the organisation's 10 year long term financial plan.

The funding strategy was developed in conjunction with the AM Plans and long-term financial plan. We recognise that we are unable to meet all service demand, have reviewed all service needs and demands and agreed on a trade-off of projects and initiatives to balance service performance, risk and costs. The funding strategy includes required grants in the order of $5 – 8 million to finance critical and high priority capital renewal/replacement and upgrade/new projects and initiatives spread across all years of the plan.

7.3 Valuation Forecasts

Asset values are forecast to increase by $0.61M per year (as additional assets are added to the asset stock from construction and acquisition by the organisation and from assets constructed by land developers and others and donated to the organisation.

Projected Depreciated Replacement Cost

Increased capital renewal allowances are negating an increase in the projected depreciated replacement cost (carrying value) of infrastructure assets and indicates that the organisation is maintaining its infrastructure capital in aggregate. The renewal ratio indicates that we are maintaining our infrastructure capital over the 10 year period.

7.4 Key Assumptions made in Financial Forecasts

This section details the key assumptions made in presenting the information contained in this strategic asset management plan and in preparing forecasts of required operating and capital expenditure and asset values, depreciation expense and carrying amount estimates. It is presented to enable readers to gain an understanding of the levels of confidence in the data behind the financial forecasts.

Key assumptions made in this asset management plan and risks that these may change are shown in Table 6.4.

Table 6.4: Key Assumptions made in Strategic Asset Management Plan and Risks of Change

Key Assumptions	Risks of Change to Assumptions
Critical grant applications will be successful	There is a Moderate risk of delays in some asset classes e.g .bridges which may be offset by increased grant success in other asset classes.
Proposed Marina Development Plans can be negotiated through the partnerships and precincts program and incorporate private funding streams.	Moderate to low risk – unsuccessful private developer investment will stall the project.

7.5 Forecast Reliability and Confidence

The expenditure and valuations projections in this strategic asset management plan are based on best available data. Currency and accuracy of data is critical to effective asset and financial management.

The estimated confidence level for and reliability of data used in this strategic asset management plan is shown in Table 6.5.

Table 6.5: Data Confidence Assessment for AM Plans summarised in Strategic AM Plan

AM Plan	Confidence Assessment	Comment
Roads	Moderate	Condition assessments only partial (didn't include seal condition)
Bridges	High	Expert external consultant provided
Marine Infrastructure	Moderate	Condition assessment needs updating
Buildings	Moderate	Maintenance program not well supported by financial records or maintenance program
Hydraulic Infrastructure	Moderate	Minimal condition assessments and accessibility
Public Open Space	Moderate	Limited quality condition assessments

Over all data sources, the data confidence is assessed as Medium confidence level for data used in the preparation of this strategic asset management plan.

Actions to mitigate the adverse effects of data quality are included within Table 7.2 Improvement Plan.

8. PLAN IMPROVEMENT AND MONITORING

8.1 Status of Asset Management Practices

Major changes to asset management practices identified in this plan are:

- Upgrade of finance system to provide more precise recording of costs to asset categories and locations
- Change asset data management system to improve reporting and management capabilities

8.2 Improvement Plan

The asset management improvement tasks identified from an asset management maturity assessment and preparation of this strategic asset management plan are shown in Table 7.2.

Table 7.2: Improvement Plan

Task No	Task	Responsibility	Resources Required	Timeline
1	Complete service level documents for Roads	DWI	Works Team	2024-26
2	Complete service level documents for POS	DWI	Works Team	2024-26
3	Complete service level documents for Buildings	DWI	Infrastructure Team	2024-26
4	Complete service level documents for Stormwater Services	DWI	Works Team	2024-26
5	Complete service level documents for Marine Infrastructure	DWI	Infrastructure Team	2024-26
6	Reconfigure or replace finance system with purpose-built system to align with asset management requirements	GM/DCC/DWI	Financial Allocation / consultant services / staff resources	2025-2028
7	Asset data cleansing operations	DWI	TO/Consultant	ongoing
8	Training for core staff in the range of AM practices	DWI/DCC	AM Committee	ongoing
9	Develop and implement inspection programs across asset classes	WM	Tablets	2024-26
10	Develop tools for data capture in field for inspections to import to internal systems	WM	WM/TO/DCC	2024-26
11	Continually review data sets for completeness	TO	Operational budget	ongoing
12	Update all asset management plans by December 2026	DWI	Financial systems/ Asset Data sets	Dec 2026
13	Review AM Policy	DWI	Council	Dec 2028
14	Review Asset Management Strategy	DWI	LTFP updates / revised AMP's	Dec 2028

8.3 Monitoring and Review Procedures

The strategic asset management plan has a life of 4 years (not necessarily linked with Council election cycle) and is due for complete revision and updating within 6 months of each Long Term Financial Plan review.

8.4 Performance Measures

The effectiveness of the strategic asset management plan can be measured in the following ways:

- The degree to which the required projected expenditures identified in this strategic asset management plan are incorporated into the organisation's long term financial plan

- The degree to which 1-5 year detailed works programs, budgets, business plans and organisational structures take into account the 'global' works program trends provided by the summarised asset management plans
- The degree to which the existing and projected service levels and service consequences (what we cannot do), risks and residual risks are incorporated into the organisation's Strategic Plan and associated plans
- The Asset Renewal Funding Ratio achieving the target of at least 100%.

9. REFERENCES

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Organisation, 'Strategic Plan 2020 – 2029',

Organisation, 'Annual Plan and Budget 2024-25',

Organisation, 'Asset Management Plans,

Organisation, 'Asset Management Maturity Assessment',

10. APPENDICES

Appendix A Projected 10 year Operation and Maintenance Expenditures

Year	Operations	Maintenance	totals
2024	$ 1,278,849.00	$ 2,504,000.00	$ 3,782,849.00
2025	$ 1,345,307.00	$ 2,618,000.00	$ 3,963,307.00
2026	$ 1,393,042.00	$ 2,738,000.00	$ 4,131,042.00
2027	$ 1,454,772.00	$ 2,862,000.00	$ 4,316,772.00
2028	$ 1,517,629.00	$ 2,994,000.00	$ 4,511,629.00
2029	$ 1,584,414.00	$ 3,130,000.00	$ 4,714,414.00
2030	$ 1,655,098.00	$ 3,273,000.00	$ 4,928,098.00
2031	$ 1,728,153.00	$ 3,423,000.00	$ 5,151,153.00
2032	$ 1,802,637.00	$ 3,579,000.00	$ 5,381,637.00
2033	$ 1,882,610.00	$ 3,744,000.00	$ 5,626,610.00
2034	$ 1,966,135.00	$ 3,915,000.00	$ 5,881,135.00

Appendix B Projected 10 year Capital New, Renewal and Replacement Works Program

Forecast Capital Works Program Summary

Glamorgan Spring Bay Council
10 Year Long Term Financial Plan (2025-2035)

	Budget Y0 2024/2025	Estimate Y1 2025/2026	Estimate Y2 2026/2027	Estimate Y3 2027/2028	Estimate Y4 2028/2029	Estimate Y5 2029/2030	Estimate Y6 2030/2031	Estimate Y7 2031/2032	Estimate Y8 2032/2033	Estimate Y9 2033/2034	Estimate Y10 2034/2035
New Capital											
Roads, Footpaths, Kerbs	460,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000
Parks, Reserves, Walking Tracks, Cemeteries	218,400	375,000	175,000	75,000	75,000	75,000	75,000	75,000	75,000	75,000	75,000
Buildings & Facilities	-	50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000
Flood mitigation											
Stormwater, Drainage	135,237	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000	200,000
Plant & Equipment											
Total New Capital	**813,637**	**825,000**	**625,000**	**525,000**	**525,000**	**525,000**	**525,000**	**525,000**	**525,000**	**525,000**	**525,000**
Renewal of Assets											
Roads, Footpaths, Kerbs	1,730,051	1,833,855	1,943,886	2,060,519	2,184,150	2,293,358	2,408,026	2,528,427	2,629,564	2,734,746	2,844,136
Parks, Reserves, Walking Tracks, Cemeteries	1,569,698	414,904	428,250	442,029	456,256	470,944	486,110	501,768	517,936	534,629	551,865
Stormwater, Drainage	352,117	245,850	260,601	276,237	292,811	307,452	322,824	338,966	352,524	366,625	381,290
Buildings & Facilities	2,027,377	814,037	847,646	856,381	893,319	931,296	971,898	1,014,467	1,058,350	1,105,148	1,154,217
Marine Assets	199,123	196,031	203,183	210,692	245,077	252,605	261,298	270,426	279,259	289,322	299,889
Sewerage	15,000	13,384	14,053	14,755	15,493	16,268	17,081	17,935	18,832	19,774	20,762
Bridges, Culverts	620,000	326,280	345,857	366,608	388,605	411,921	436,636	462,834	490,604	520,041	551,243
Plant & Equipment	1,163,000	574,804	577,084	579,433	581,856	584,354	586,929	589,585	592,322	595,144	598,054
IT & Office Equipment	273,000	294,320	316,493	339,553	363,535	388,476	414,415	441,392	469,447	498,625	528,970
Total Renewal Capital	**7,949,367**	**4,713,464**	**4,937,052**	**5,146,207**	**5,421,102**	**5,656,674**	**5,905,218**	**6,165,799**	**6,408,839**	**6,664,055**	**6,930,427**
Total Capital Works	**8,763,004**	**5,538,464**	**5,562,052**	**5,671,207**	**5,946,102**	**6,181,674**	**6,430,218**	**6,690,799**	**6,933,839**	**7,189,055**	**7,455,427**

Glamorgan Spring Bay Council

Council Meetings – Audio/Visual Recording and Live Streaming

Adopted: 23 August 2022
Minute No.: 176/22

Document Control

Council Meetings – Audio/Visual Recording and Live Streaming	
First issued/approved	April 2020
Source of approval/authority	Council
Last reviewed	November 2024
Next review date	As required
Version number	1
Responsible Officer	General Manager
Department responsible for policy development	Governance
Publication of policy	Website

Table of Contents

1 Introduction

1.1 Purpose

This policy provides direction as to the management of the audio and visual recording of all Ordinary and Special Meetings of Council including the Annual General Meeting.

1.2 Scope

This policy applies to the audio and visual recording of all Ordinary and Special Meetings of Council including the Annual General Meeting.

1.3 Statutory Requirements

Local Government (Meeting Procedures) Regulations 2015

> ***33. Audio recording of meetings***
> *(1) A council may determine that an audio recording is to be made of any meeting or part of a meeting.*
> *(2) If the council so determines, the audio recording of a meeting or part of a meeting that is not closed to the public is to be –*
> *(a) retained by the council for at least 6 months; and*
> *(b) made available free of charge for listening on written request by any person.*
> *(3) If after the minutes of a meeting have been confirmed as a true record a discrepancy between the minutes and an audio recording of that meeting or part of that meeting is noticed, the council, at the next appropriate meeting, is to review the audio recording and either confirm that the minutes are a true record or amend the minutes to reflect the audio recording and then confirm the minutes as amended to be a true record.*
> *(4) A council may determine any other procedures relating to the audio recording of meetings it considers appropriate.*

1.4 Reporting

Data related to the number of people clicking through to watch live and view Council meetings will be reported to Council on a quarterly basis as part of the quarterly Information Briefing Document.

1.5 Policy Review and Update Cycle

This policy is to be reviewed every four years or as required.

2 Policy

In accordance with Regulation 33 of the Local Government (Meeting Procedures) Regulations 2015, audio recordings will be made of all Council meeting proceedings. Special meetings may be recorded at councils discretion.

2.1 Recordings of Open Council Meetings

2.1.1 All Open session Council meetings shall be recorded in accordance with regulation 33 of the *Local Government (Meeting Procedures) Regulations 2015*.

2.1.2 At the commencement of each meeting, the Mayor or Chairperson shall notify those present, including members of the public, that the meeting is being live streamed on YouTube, and a recording of the Open meeting from commencement to conclusion will be captured unless terminated in accordance with this policy.

2.1.3 The Mayor or Chairperson has the discretion and authority at any time to direct the termination of the digital recording of the open session meeting. Such direction however shall only be given in exceptional circumstances (e.g. if a person's safety may be placed at risk by the continuation of the recording).

2.1.4 A Council Officer will be responsible for the operation of the digital recording equipment including the commencement and termination of the recording in accordance with meeting procedures or as directed by the Mayor or Chairperson.

2.2 Recordings of Closed Council Meetings

2.2.1 All Closed session Council meetings will be recorded in audio-visual format to facilitate accurate minute taking.

2.2.2 To facilitate effective security and management of the digital recordings, the Open and Closed Sessions of meetings will be recorded separately.

2.2.3 In accordance with the *Local Government (Meeting Procedures) Regulations 2015*, r15 (9), the recordings of Closed Session Council meetings are to remain confidential and not be released to the public unless Council resolves to do so. The recordings will be kept in a secure location on Council's record management system where access is strictly limited to the General Manager and the minute taker.

2.2.4 Council may determine by simple majority to terminate the digital recording of a meeting that is in Closed Session at any time.

2.3 Retention and Use of Digital Recording of Open Session

2.3.1 Council is required to keep accurate minutes of Council meetings. The Regulations expressly provide that the minutes of a Council meeting, once confirmed, prevail over the recording of the meeting unless Council has reviewed and amended its confirmed minutes at a subsequent meeting.

2.3.2 The digital recording of all open session meetings will be made available on Council's YouTube channel and Council's website for a minimum period of six months.

2.3.3 There may be situations where due to technical difficulties, digital recordings will not be available. If such circumstances are known, at the commencement of a meeting, the Mayor or Chairperson will advise those present that the recording is not available. If a digital recording file becomes corrupt and is therefore not available in Council's archives, this information will be displayed on the website.

2.3.4 The recording may be used by staff to assist with the preparation of the minutes, particularly in relation to Public Question Time.

2.3.5 Unlike Parliament, Council meetings are not subject to parliamentary privilege and both Council and the individual may be liable for comments that may be regarded as offensive, derogatory and/or defamatory.

2.4 Retention and Use of Digital Recording of Closed Session

2.4.1 In accordance with the *Local Government (Meeting Procedures) Regulations 2015,* s15 (9), the recordings of Closed Meetings are to remain confidential and will not be released to the public unless Council resolves by absolute majority to do so.

2.4.2 Recordings of Closed session meetings will be kept until the draft minutes are reviewed.

2.4.3 Upon confirmation of the draft minutes, the recording will be securely deleted immediately, ensuring that no unauthorized copies are retained or circulated.

2.4.4 During the retention period, access to the audio visual recording will be restricted to the General Manager and the minute taker.

2.4.5 The General Manager may access the recordings of Closed Council meetings for any purpose deemed necessary in the performance of their duties, except where the General Manager was excluded from the Closed meeting under r15, 6(b) of the Local Government (Meeting Procedures) Regulations 2015 or was absent due to a declared interest. This exception also applies to Council Officers.

Commented [JK1]: @Peter Porch Hi Pete, this section refers to the recording being kept until draft minutes are confirmed by the GM. Is this what we are changing? :)

Commented [2R1]: Yes Jaz. We take off "and confirmed by the Genaral Manager."

3 Implementation

Implementation of this Policy rests with the General Manager.

Hobart community suggested alternatives – Noise Assessment

Recommended action 4: Move the Runway 30 Required Navigation Performance Authorisation Required (RNP-AR) arrival flight path 2 to 3km to the east

Noise assessment

Airservices Australia has assessed the community suggestion to move the shorter approach path into the southern runway end at Hobart Airport. Details of this suggested change can be viewed here.

As part of our assessment of this suggestion, we have modelled the areas expected to be subject to noise levels at or above 60 and 70 decibels. **Figure 1** (below) presents the outcomes of this assessment, showing the current 60 and 70 decibel contour area in yellow and the suggested change contour area in green.

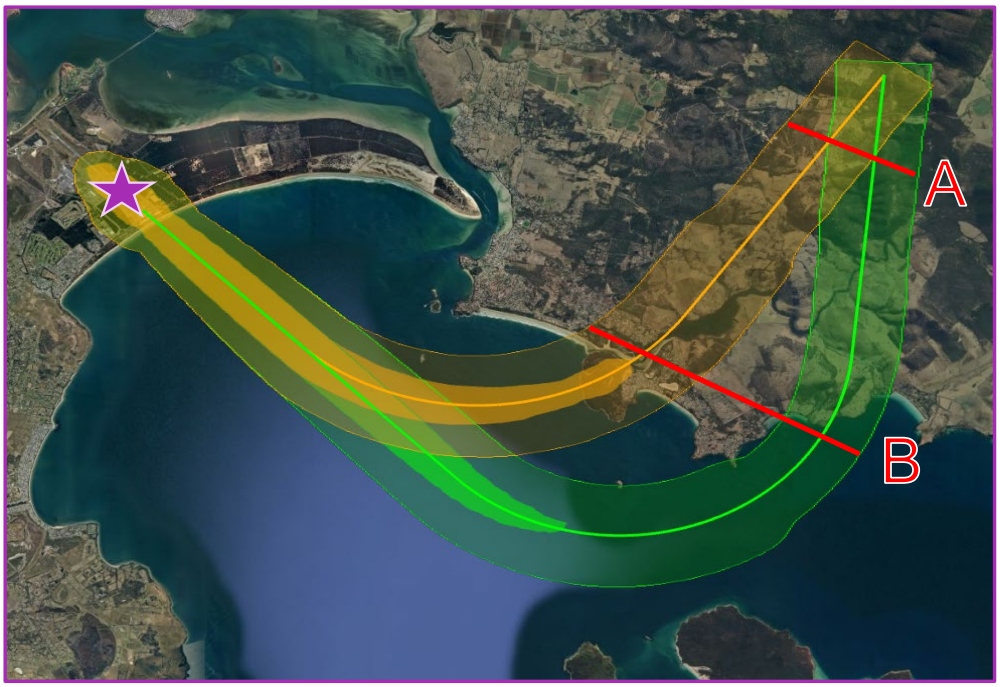


Figure 1: Single event, maximum noise level (LAMax) contours shown for the most commonly flown aircraft (B737-800) on the current Runway 30 RNP-AR arrival flight path in **orange** and suggested flight path change in **green**

For further information, go to https://engage.airservicesaustralia.com/hobart-community

The modelled noise contours are based on the most common aircraft that use this flight path (a Boeing 737-800).

The darker inner shaded area represents locations subject to noise levels at or above 70 decibels (dBA) and the outer shading indicates locations subject to noise levels at or above 60 decibels.

Marker points A and B in **Figure 1** (on previous page) have been included to identify expected noise levels in these locations.

	Marker A	Marker B
Current (orange)	62 – 65dBA	68 – 70dBA
Suggested change (green)	59 – 61dBA	63 – 65dBA

Decibels in everyday terms

- 50 decibels is a similar level of noise to a refrigerator hum
- 60 decibels is similar to a conversation in a busy office
- 70 decibels is similar to a vacuum cleaner

The survey to have your say on this proposal is available now via: here.

For more information

For more information, to provide feedback or subscribe for email updates, scan this QR code or visit:

engage.airservicesaustralia.com/hobart-community

communityengagement@airservicesaustralia.com

PO Box 1093 Tullamarine VIC 3043

To learn more about aircraft noise: airservicesaustralia.com/community/environment/aircraft-noise

Questions or complaints about aircraft operations, contact our Noise Complaints and Information Services (NCIS) at: airservicesaustralia.com/community/environment/aircraft-noise/about-making-a-complaint

Hobart community suggested alternatives

Recommended action 6: Move the Runway 30 arrival paths to the east coast (over water)

The Hobart Post Implementation Review (PIR) resulted in recommendations for Airservices Australia to investigate community suggested flight path changes. Recommendation 6 was that *Airservices would undertake further investigation of a community suggested flight path change to move Runway 30 arrivals to the east coast (over water) to determine an appropriate Standard Instrument Arrival (STAR) starting waypoint and validate the track miles assessment.*

Current flight paths

Aircraft arriving at Hobart Airport use Runway 30 (southern runway end) to land when the wind is blowing from the north. This is because aircraft operate safest when flying into the wind.

There are two flight paths that aircraft can use when flying to this runway – a shorter Required Navigation Performance Authorisation Required (RNP-AR) path that tracks over the communities of Carlton, Carlton River and Primrose Sands and a longer Area Navigation (RNAV) path that tracks over the area between Connellys Marsh and Dunalley.

The shorter path can only be flown by aircraft with the appropriate navigation equipment and certified crews.

The longer path can be used by all aircraft operating into Hobart Airport.

Figure 1 (right) shows actual aircraft tracking on these flight paths between 1 June 2022 and 1 June 2023.

The review noted that an east coast route option suggested by the community had been assessed in 2018 and found not to be feasible.

Due to ongoing community interest in this option, it was agreed further investigation should be completed.

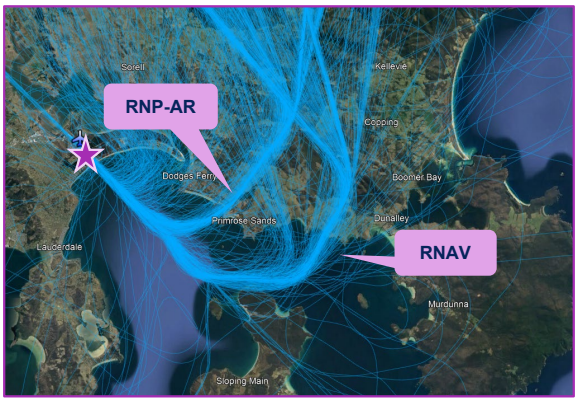


Figure 1: Actual aircraft tracking to Runway 30 from 1 June 2022 to 1 June 2023. Hobart Airport is indicated by a **purple star**

Suggested east coast route

The 2018 proposed east coast route was found not to be feasible, as the starting point was outside controlled airspace. A feasible starting point has been identified within controlled airspace which could enable operations off the coast.

Figure 2 (below) shows the proposed starting point and flight path route overlaid against the existing arrival paths to the southern end of the runway.

The existing flight paths are shown in lighter orange and the suggested change in yellow.

The final sections of the two approach flight paths, shown in dark orange, remain unchanged. Hobart Airport is identified by a purple star and Hobart's controlled airspace is shown in aqua blue.

This new flight path option would be used by aircraft travelling from Brisbane, Gold Coast, Sydney and Canberra. It is expected that around 17 per cent of all arrivals to the southern end of the runway would use this suggested flight path.

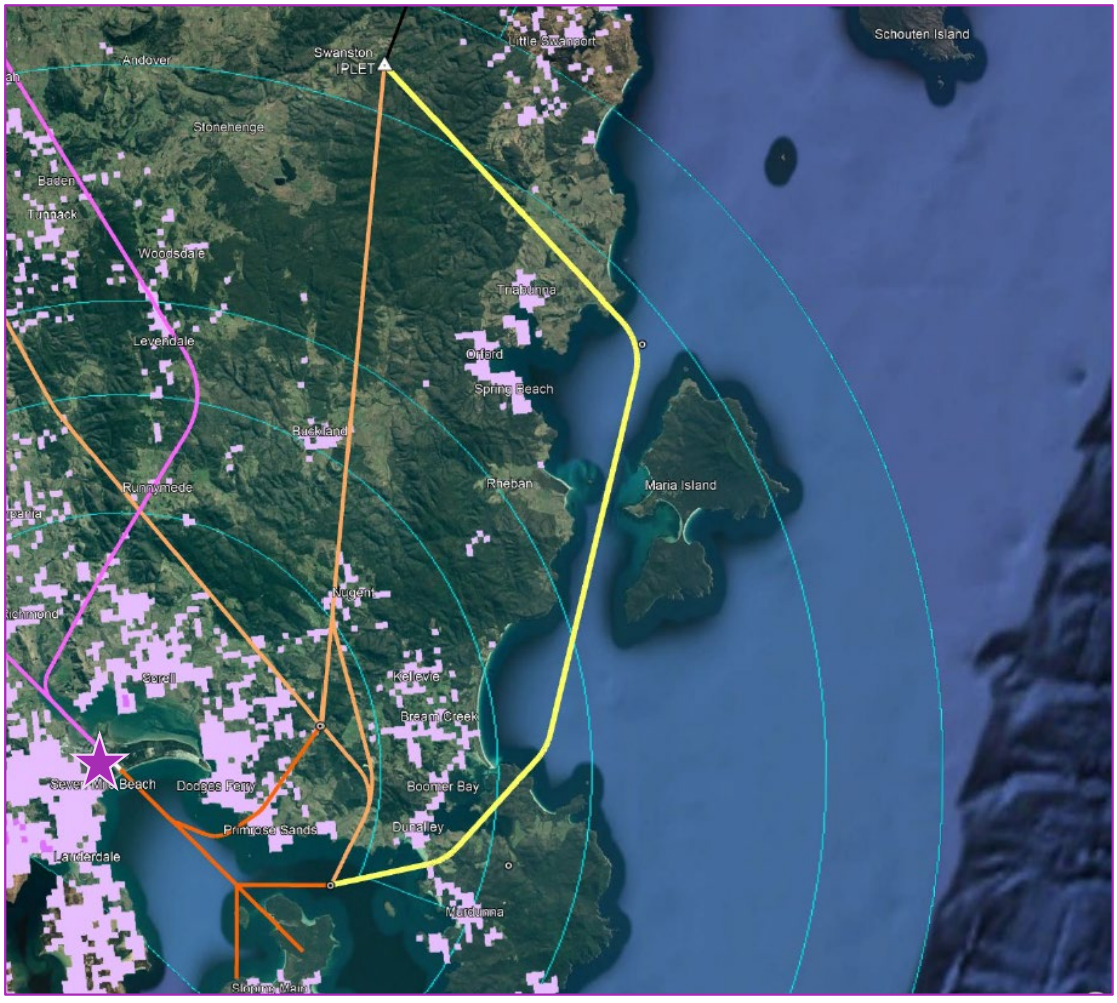


Figure 2: Current arrival path to Runway 30 in **orange** and suggested over-water arrival path option in **yellow**. The final approach procedures are shown in **dark orange** and the departure path that would be used when this arrival is in use is shown in **purple**. The **pink** areas indicate population density.

Assessment of suggested east coast route

This option has been assessed against Airservices' Flight Path Design Principles. The assessment found:

- the suggested starting point and tracking over the east coast is safe and in compliance with all requirements
- communities located under the current arrival path, shown in light orange in **Figure 2**, would experience fewer aircraft movements and noise events, but some other locations including Triabunna, Orford, Spring Beach, Boomer Bay, Dunalley and Murdunna may hear and see aircraft in the area
- the additional track miles, in the order of 11 nautical miles per flight, would produce an additional 208kg of CO_2 emissions per flight, based on a medium sized jet aircraft
- this change could be implemented without broader airspace and flight path redesign.

A more detailed assessment can be viewed here.

It is important to note that the shorter approach (RNP-AR) cannot use this longer over water route and cannot be removed from operation. As such, we recognise that this option may not achieve the desired outcomes of all communities.

The shorter approach is required to be retained at Hobart Airport to cater for the aircraft that are equipped to fly it. We are currently engaging with the community on options to address the operation of the existing shorter approach path.

Next steps

We are seeking community and industry feedback on the suggested option. We are open to feedback from the community and industry on our assessment and also to confirm if the option developed addresses the concerns of the community.

Airservices has not made any decision in relation to this alternative arrival path starting point.

Provide feedback

Airservices Australia invites feedback online via the *Engage Airservices Hobart Community and Industry suggested alternatives* project page Hobart Community and Industry Suggested Alternatives | Engage Airservices.

The survey to have your say on this proposal is available now via: here

For more information

For more information, to provide feedback or subscribe for email updates, scan this QR code or visit:

engage.airservicesaustralia.com/hobart-community

communityengagement@airservicesaustralia.com

PO Box 1093 Tullamarine VIC 3043

To learn more about aircraft noise: airservicesaustralia.com/community/environment/aircraft-noise

Questions or complaints about aircraft operations, contact our Noise Complaints and Information Services (NCIS) at: airservicesaustralia.com/community/environment/aircraft-noise/about-making-a-complaint

Assessment methodology and definitions

Further information on the assessment methodology and assumptions used in modelling noise levels, altitude and other information presented in this document can be found here.

Glamorgan Spring Bay Council Audit Panel
Annual Report 2023-2024

Introduction

The Audit Panel is established under Section 85(1) of the Local Government Act 1993 and as directed under Local Government (Audit Panels) Order 2014 and the Local Government (Audit Panels) Amendment Order 2015.

Membership
Audit Panel Members during the 2023-2024 year:

- Heather Salisbury — Independent Chair
- Ric De Santi — Independent Member
- Dep Mayor Clr Michael Symons — Councillor Member
- Clr Rob Churchill — Councillor Member

Meetings
The Audit Panel met formally on four occasions during the reporting period:

- 23 August 2023
- 28 November 2023
- 27 February 2024
- 4 June 2024

Meetings were conducted at Council Offices at Triabunna and on-line via Microsoft Teams as required. Attendance by Members of the Audit Panel Meetings during the reporting period:

Attendee	Position	Aug 2023	Nov 2023	Feb 2024	June 2024
Heather Salisbury	Independent Chair	□	□	□	□
Ric De Santi	Independent Panel Member	□	□	□	□
Clr Michael Symons	Councillor	□	□	□	A
Clr Rob Churchill	Councillor	□	□	□	□

□ Attended A Absent / Apology

Executive Management and other staff of Council attended meetings as required. Administrative support was provided to the Panel by Council staff.

Audit Panel Charter
The Charter used by the Audit Panel to guide its activities was originally adopted by Council in November 2014. The Audit Panel reviews the Charter periodically, as and when appropriate, and makes recommendations to Council for any resultant changes for the effective operation of the Audit Panel.

During 2023/24, the Panel undertook a major review of the Charter, bringing it into line with the Model Charter developed by the Office of Local Government. A revised Charter was approved by the Council in May 2024

The Audit Panel annual report to Council is based upon the Panel's compliance with its responsibilities in its Charter. The Audit Panel does this by:

- Ensuring the Annual Financial Statements of Council accurately represent the state of affairs of the Council.
- Confirming the Strategic Plan; Annual Plan; Long-Term Financial Management and Strategic Plans; Long-Term Strategic Asset Management Plan; Asset Management Strategic Plan; and Asset Management Policy are integrated and the processes and assumptions under which those plans were prepared are documented.
- Reviewing accounting procedures, internal controls, anti-fraud, anticorruption and risk management systems, controls and policies that are in place which safeguard Council's long-term financial position.
- Reviewing compliance with all provisions of the Local Government Act 1993 and any other relevant legislation.
- Reviewing the effectiveness of previous recommendations made by the Panel.

The Audit Panel has undertaken the following activities as part of its work plan:

Annual Financial Statements

- Met with Tasmanian Audit Office (TAO) representatives and reviewed the Audit Strategy;
- Reviewed draft financial statements and provided comment on content; and
- Received and considered recommendations of the Auditor General resulting from the External Audit process. The report of findings was somewhat delayed in coming from TAO but it was pleasing that GSB Council had no prior period issues outstanding and only one new low risk finding for the year.

Strategic Plan, Annual Plan, Long Term Strategic Asset Management Plans

- Reviewed and considered plans and policies as well as their processes for development;
- Received regular reports from Executive Management to understand operations of Council
- The Panel particularly acknowledges the major review of the Council's 10 Year Strategic Plan during the period.

Accounting, Internal Controls, Anti-Fraud, Anti-Corruption and Risk Management Policies, Systems and Controls

- Reviewed the draft budget, including its alignment with the Long-Term Financial Management Plan and gained an understanding of the process of development. The Panel noted the comprehensive information provided to Councillors as part of the preparation of the 2023/24 budget. This included detailed modelling on rates outcomes in the light of significant changes in some property valuations flowing from the Valuer-General's revaluation;
- Reviewed regular financial management reports, including capital works progress, and made enquiries;
- Discussed and made recommendations regarding corporate risk;
- Reviewed long term-debts and draft debt management policy, subsequently developed as a Guideline.

Compliance with the provision of the Act and any other relevant legislation

- Received information in respect of legislative compliance;
- Received updates from management in respect of external reviews and reforms, specifically the Local Government Review process; and
- Provided guidance to management in implementation of legislative compliance.

Other matters

- In his annual report to Parliament, the Auditor-General made two recommendations regarding the local government sector generally. These related to Councils using their best endeavours to achieve their capital programs and the process for establishing useful lives of assets. The Panel considered these recommendations and was satisfied that GSB Council does use its best endeavours to complete its capital program, in an environment where securing contractors is very difficult. It is also satisfied that process and rigour underpins the Councils condition assessment of assets and informs its decisions about remaining lives;
- The Auditor-General also undertook a review of private works conducted by Councils. GSB was one of the few to have a policy in place and the administration is working on compliance with the procedures relating to that policy.

Key activities for the forthcoming year include:

- Work has commenced on a review of the Council's risk management framework, potentially leading into development of an internal audit process in the future. Internal audit is a critical tool for the Audit panel in carrying out its responsibilities;
- Ongoing consideration of cash reserves, specifically uncommitted cash and funding for asset management backlog;
- Review of the Council's new arrangements for management of medical services following engagement of Co Health in October 2023.

Reporting to Council

- A copy of the minutes of Audit Panel meetings is provided to the Council, for consideration at Council meetings, to advise Council of the matters discussed, including any recommendations to Council.
- A special report was provided to Council on the draft 2024/25 budget.
- The Audit Panel Annual Report to Council outlines the activities of the Panel annually.

Referrals

- No matters were formally referred to and considered by the Audit Panel during the 2023-2024 year.

Conclusion

In undertaking the abovementioned activities, the Audit Panel has followed the work plan, having regard to its objectives, role and function within the Charter, and aims to provide an independent view of Council activities in the specified areas, thereby adding value to management and Council.

As outlined above, over the course of the year, the Audit Panel has reviewed a number of Council's key documents, processes and activities. It commends the Council and the work of the General Manager and his administrative team on its continuous improvement journey. In particular, the Panel notes the Council's work over recent years to reduce underlying deficits and move towards a surplus position. The Panel encourages the Council to continue

this work, building a small reserve of uncommitted / available cash to deal with unforeseen events and future asset liability, acknowledging the need for the Council to balance this with the community's capacity to pay.

It encourages the Council to continue to strive to provide sufficient funding for appropriate maintenance and renewal of its asset portfolio, recognising that this is an ongoing challenge for local government generally.

The panel also commends the Council for its thorough review of its 10 year Strategic Plan.

Finally, the Panel acknowledges with thanks the support provided by the Council administration towards the effective functioning of the Panel during year.

GLAMORGAN SPRING BAY COUNCIL

9 Melbourne Street (PO Box 6)
Triabunna TAS 7190
K 03 6256 4777
F 03 6256 4774
X admin@freycinet.tas.gov.au
B www.gsbc.tas.gov.au

COMMUNITY SMALL GRANTS PROGRAM

GUIDELINES FOR APPLICATIONS

The Glamorgan Spring Bay Council's Community Small Grants Program provides small grants to community organisations and groups to assist them to undertake programs and activities within the Glamorgan Spring Bay municipal area.

Council receives requests for more funding than is available and consequently funds under the programs are limited. The majority of grants will be restricted to no more than $1,000, however, in certain circumstances, Council may consider increasing the allocation.

There is no specific funding period. Applications for funding assistance shall be considered throughout the year until such time as the available funds have been exhausted.

Eligibility

Applications must be from not-for-profit organisations as defined as follows:

- Its main operating purpose is other than to provide goods and services for profit.
- Other than in the case of winding up, no member/owner has the right to surpluses of the entity.
- That entity does not have the right to transfer ownership to members/owners.
- Any resident of the Glamorgan Spring Bay municipal area who has been selected on merit to participate or compete in any event or project of state, national or international significance may seek funding assistance.

Projects should aim to:

- Address relevant community issues of significance.
- Be initiated within the community and actively involve local people.
- Improve access and encourage wider use of facilities.

Council Process Requirements:

Application:

- Complete the Community Small Grants Application form.
- Provide a plan or sketch of the proposed project (if applicable).
- Provide a copy of the project budget and evidence of basis of costs (Quotation).

Successful applicants after project completion:

- Complete the Community Small Grants Acquittal form.
- Provide a brief written report of the success or otherwise of the project prior to the conclusion of the financial year, together with a photo (if applicable).
- Provide most recent financial statement or evidence of expenditure.

For further information, please contact the Community & Communications Officer
Phone: (03) 6256 4777
Email: community@freycinet.tas.gov.au
PO Box 6, Triabunna 7190

APPLICANT DETAILS			
Organisation / Group	Freycinet Volunteer Marine Rescue Association Inc		
Is your organisation an incorporated body?	Yes	**Incorporated Number**	IA11033
Is your organisation a registered not-for-profit	Yes	**Registration Number**	ABN: 24 359 379 647
Contact Person	Col (Colin)	**Surname**	Barney (Unit Commander)
Contact Number	[redacted]		
Postal Address	PO Box 152, Swansea TAS 7190		
Email	freycinetvmr@fastmail.com.au		

PROJECT TITLE AND BRIEF DESCRIPTION (If insufficient space, please attach additional sheet)

BOAT CATCH – Simple and Safe

Freycinet VMR has been operating from Swansea since 2001. The Association is in the process of purchasing a long-term replacement rescue vessel. Cost of the new, Tasmanian-built, vessel is in excess of $200,000.

A BoatCatch is a two-piece mechanical device that allows a vessel to be quickly and safely released from, and loaded on to, a boat trailer. The boat & trailer combination being purchased is currently fitted with a conventional manual winch posing a number of hazards.

Fitting the BoatCatch requires modification of the vessel to fit a custom bow eye and addition of a custom- fit automatic catch device to the boat trailer. A 'supply and fit' quote is $2,139 ex GST.

Use of the boat catch allows the vessel to be fully prepared for launching, with the winch cable and safety chain removed, before reversing down the boat ramp. The boat is safely secured to the trailer by a single, large-diameter, pin. When ready, the skipper can release the vessel from the trailer by simply pulling a cord that activates retraction of the pin. On retrieval, the skipper can simply drive the vessel on to the trailer until the spring-loaded pin 'catches' the boat and secures it while the trailer is driven off the ramp.

OUTLINE INTENDED OUTCOMES OF THE PROJECT

Elimination of significant risks: volunteers are not required to stand between the vehicle and trailer, volunteers do not need to stand at the water's edge on a potentially slippery boat ramp and the physical risks of hand-winching the rescue vessel back on to it's trailer are eliminated.

The time on the boat ramp to launch or recover is significantly reduced without compromising safety.

On a steep ramp the vessel can begin to roll off the trailer as soon as the winch brake is released – while hands are close to the winch, winch hook and the cable. In the worst case the winch cable can run out entirely while still attached to the vessel. In that case a volunteer needs to climb down the trailer frame to release the winch hook while the vessel is being buffeted by waves.

On retrieval, there is no need for a volunteer to climb down the trailer frame to attach the winch hook.

The average age of marine rescue volunteers is reflected in the age demographic of the municipality. Fitting a BoatCatch will significantly improve safety and efficiency for marine rescue volunteers.

FUNDING REQUEST

Funding sought from council	**$ 1,000**
Funding to be contributed by you or your organisation	**$ 839** (up to $1139 subject to other org contribution)
Funding to be contributed from other organisations	**$ 300** (to be confirmed)
Total Project Expenses	**$ 2,139**

Signed	Colin W Barney
Name	Colin W Barney
Date	16 October 2024

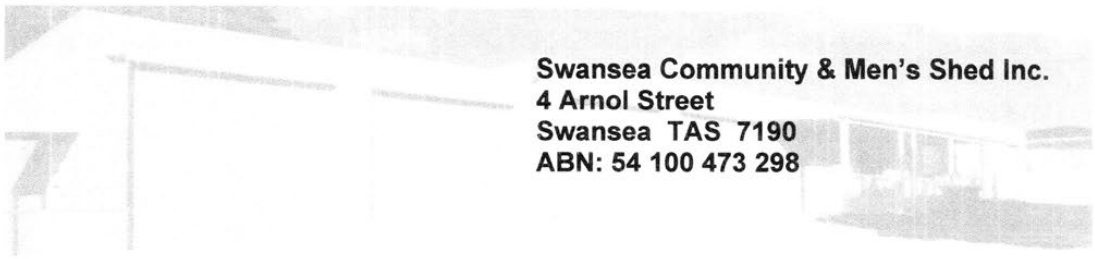
ACQUITTAL FORM (To be filled out by successful recipient of Grant Funds)	
Name of successful applicant	
Postal Address	
Contact person	
Role	
Email Address	
Postal Address	
Email	
Is your organisation an incorporated body?	☐ YES ☐ NO

Project title and brief description of how the project achieved the outcomes intended.

Income	
Funds received from Council	$
Funding from your organisation	$
Funding from other organisations	$
TOTAL funding received	$

Expenditure (List the expenditure receipts)	
TOTAL Expenditure	

FUNDING REQUEST	
Signed by recipient	
Date signed	



Swansea Community & Men's Shed Inc.
4 Arnol Street
Swansea TAS 7190
ABN: 54 100 473 298

10 October 2024

Small Community Grants Program
Glamorgan Spring Bay Council
9 Melbourne Street
Triabaunna TAS 7190

Attn: Eliza Hazelwood

This is to confirm that the Swansea Community & Men's Shed Inc. has offered to support an application for a small community grant from the Swansea Chamber of Commerce/Swansea Local Events Committee.

We understand the primary use of the grant will be to cover public liability insurance costs for a 12-month period.

Please contact me if you require any further clarification or details.

Kind regards,

Colin Stevenson
President
Swansea Community & Men's Shed Inc.

GLAMORGAN SPRING BAY COUNCIL

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There is no specific funding period. Applications for funding assistance shall be considered throughout the year until such time as the available funds have been exhausted.

Eligibility

Applications must be from not-for-profit organisations as defined as follows:

- Its main operating purpose is other than to provide goods and services for profit.
- Other than in the case of winding up, no member/owner has the right to surpluses of the entity.
- That entity does not have the right to transfer ownership to members/owners.
- Any resident of the Glamorgan Spring Bay municipal area who has been selected on merit to participate or compete in any event or project of state, national or international significance may seek funding assistance.

Projects should aim to:

- Address relevant community issues of significance.
- Be initiated within the community and actively involve local people.
- Improve access and encourage wider use of facilities.

Council Process Requirements:

Application:

- Complete the Community Small Grants Application form.
- Provide a plan or sketch of the proposed project (if applicable).
- Provide a copy of the project budget and evidence of basis of costs (Quotation).

Successful applicants after project completion:

- Complete the Community Small Grants Acquittal form.
- Provide a brief written report of the success or otherwise of the project prior to the conclusion of the financial year, together with a photo (if applicable).
- Provide most recent financial statement or evidence of expenditure.

For further information, please contact the Community & Communications Officer
Phone: (03) 6256 4777
Email: community@freycinet.tas.gov.au
PO Box 6, Triabunna 7190

APPLICANT DETAILS			
Organisation / Group	Swansea Community & Men's Shed Inc., and Swansea Local Events Committee		
Is your organisation an incorporated body?	No	Incorporated Number	
Is your organisation a registered not-for-profit	No	Registration Number	
Contact Person	Jo Raspin	Surname	
Contact Number	[redacted]		
Postal Address			
Email			

PROJECT TITLE AND BRIEF DESCRIPTION (If insufficient space, please attach additional sheet)

Swansea Car, Bike & Truck Show.
Family entertainment on Easter Saturday.
Children's activities, raffles, food

OUTLINE INTENDED OUTCOMES OF THE PROJECT

Boosting custom for local business, food & accommodation outlets. Providing a day of fun for the community. Showcasing our beautiful town as a great venue for this event.

FUNDING REQUEST

Funding sought from council	$ 1000.00
Funding to be contributed by you or your organisation	$ Balance
Funding to be contributed from other organisations	$ 500.00
Total Project Expenses	$

Signed	Draft for Jo Raspin
Name	Jo Raspin
Date	

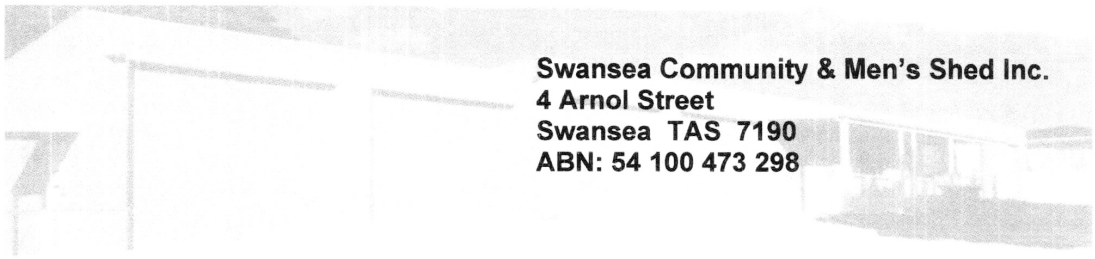
ACQUITTAL FORM (To be filled out by successful recipient of Grant Funds)	
Name of successful applicant	
Postal Address	
Contact person	
Role	
Email Address	
Postal Address	
Email	
Is your organisation an incorporated body?	☐ YES ☐ NO

Project title and brief description of how the project achieved the outcomes intended.

Income	
Funds received from Council	$
Funding from your organisation	$
Funding from other organisations	$
TOTAL funding received	$

Expenditure (List the expenditure receipts)	
TOTAL Expenditure	

FUNDING REQUEST	
Signed by recipient	
Date signed	



Swansea Community & Men's Shed Inc.
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ABN: 54 100 473 298

10 October 2024

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Glamorgan Spring Bay Council
9 Melbourne Street
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Attn: Eliza Hazelwood

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We understand the primary use of the grant will be to cover public liability insurance costs for a 12-month period.

Please contact me if you require any further clarification or details.

Kind regards,

Colin Stevenson
President
Swansea Community & Men's Shed Inc.

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For further information, please contact the Community & Communications Officer
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Email: community@freycinet.tas.gov.au
PO Box 6, Triabunna 7190

APPLICANT DETAILS			
Organisation / Group	Swansea Community & Men's Shed Inc., and Swansea Local Events Committee		
Is your organisation an incorporated body?	No	**Incorporated Number**	
Is your organisation a registered not-for-profit	No	**Registration Number**	
Contact Person	Jo Raspin	**Surname**	
Contact Number	0419 949 371		
Postal Address	9 Freycinet Court, Swansea		
Email	jo.raspin@yahoo.com		

PROJECT TITLE AND BRIEF DESCRIPTION (If insufficient space, please attach additional sheet)

Swansea Car, Bike & Truck Show.
Family entertainment on Easter Saturday.
Children's activities, raffles, food

OUTLINE INTENDED OUTCOMES OF THE PROJECT

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Funding to be contributed by you or your organisation	$ Balance
Funding to be contributed from other organisations	$ 500.00
Total Project Expenses	$
Signed	Draft for Jo Raspin
Name	Jo Raspin
Date	

ACQUITTAL FORM (To be filled out by successful recipient of Grant Funds)	
Name of successful applicant	
Postal Address	
Contact person	
Role	
Email Address	
Postal Address	
Email	
Is your organisation an incorporated body?	☐ YES ☐ NO

Project title and brief description of how the project achieved the outcomes intended.

Income	
Funds received from Council	$
Funding from your organisation	$
Funding from other organisations	$
TOTAL funding received	$

Expenditure (List the expenditure receipts)	
TOTAL Expenditure	

FUNDING REQUEST	
Signed by recipient	
Date signed	

RECEIVED
10 OCT 2024
BY:

APPLICANT DETAILS			
Organisation / Group	Friends of Buckland Church Inc		
Is your organisation an incorporated body?	Yes, in Tasmania	**Incorporated Number**	IAI 2550
Is your organisation a registered not-for-profit	Yes, with ACNC	**Registration Number**	registered 10.04.2023
Contact Person	John	**Surname**	BURKE
Contact Number	[redacted]		
Postal Address	[redacted]		
Email	friends.buckland.church@gmail.com		

PROJECT TITLE AND BRIEF DESCRIPTION (If insufficient space, please attach additional sheet)

Christmas Carols Event

refer attachment

OUTLINE INTENDED OUTCOMES OF THE PROJECT

FUNDING REQUEST	
Funding sought from council	$700
Funding to be contributed by you or your organisation	$in kind
Funding to be contributed from other organisations	$
Total Project Expenses	$700
Signed	J Burke
Name	JOHN BURKE
Date	09.10.2024

Friends of Buckland Church Inc. – Attachment to Community Small Grants Application

Friends of Buckland Church Inc. (FOBC) is a community group which was formed to purchase the Buckland Church to save it from being sold into private hands.

The aim of FOBC is to retain the historic church in its original state for future generations and to make it the community hub.

FOBC holds a number of fundraising events throughout the year to help with ongoing expenses and maintenance costs. It also holds free events for the community when grant funding has been available. These events have been hugely successful and attended by people from throughout the municipal area.

FOBC wishes to hold a Christmas Carols event in December at the church for the community.

FOBC is seeking $700 to cover the cost of bringing a children's choir (Young Voices of Hobart) to the event, together with the purchase of lollies for Santa to give out and free soft drinks for the children.

The cost of the choir is $400 which is used to cover the choir's transport expenses and the balance of $300 will be used to purchase lollies, lucky door prizes and some decorations.

FOBC volunteers will provide in-kind support.

The intended outcome is to provide a safe and fun event to bring our communities and families together at what is a magical time of the year. It will provide an opportunity for locals to catch-up and make new friends in a friendly and happy environment.

Event Support Grant Application

Please make sure you answer all Sections of this form.

APPLICANTS DETAILS	
Contact Person Name:	AMANDA WILSON
Position in organisation:	SECRETARY
Postal Address:	[redacted]
Phone:	
Email:	triabunnachristmascrew@outlook.com

ORGANISATION DETAILS	
Name of group or organisation running the event:	TRIABUNNA CHRISTMAS CREW INC,
Address:	13 MEREDITH STREET TRIABUNNA TAS 7190
Website:	
ABN:	51 900 403 878
Incorporation number:	IA13121

Legal Status (Please tick which one applies to your group):

- [X] Not-for-profit or incorporated association.
- [ ] Registered business hosting a fundraising event where proceeds are donated to charity.
- [ ] Registered business hosting a profited event.

EVENT DETAILS			
Event name:	TRIABUNNA CHRISTMAS PARADE & CELEBRATIONS		
Event description:	PARADE, SAUSAGE SIZZLE, CHRISTMAS CAROLS, CHILDRENS ENTERTAINMENT		
Event date(s):	13/12/2024	Time(s):	5PM - 8.30 PM
Set up date(s):	13/12/2024	Close down date(s):	13/12/2024
Event held previously:	[X] Yes [ ] No	Total no. of people expected to attend at any one time:	200 PLUS
Entry costs:	Free entry: [X]	Voluntary donation: [ ]	Admission fees: $

EVENT VENUE	
Venue Name:	TRIABUNNA RECREATION GROUNDS
Venue Address:	CHARLES STREET TRIABUNNA TAS 7190
Has permission been obtained from the venue:	Yes [X] No [ ] Owner / Manager / Committee of Management
Permission to use venue:	[X] Yes [ ] No
Will the event be held on Council or private land?	[X] Council Land [ ] Private Land

Event description:
(Please provide dot points including what you are going to do, the need for the event and why it is of value, any event partners, any further details about location etc.)

IN 2024, WE WISH TO EXTEND THE SPIRIT OF CHRISTMAS TO ORFORD BY PLACING OUR HAND-MADE CHRISTMAS CHARACTERS IN KEY LOCATIONS.

- CHRISTMAS PARADE STARTING AT 5PM TRAVELLING THE LOCAL STREETS AS LAST YEAR (MAP ATTACHED)
- THIS BRINGS OUR COMMUNITY TOGETHER TO SHARE IN THE SPIRIT OF CHRISTMAS, GREAT FOR THE WELLBEING OF OUR COMMUNITY & FOR ALL ITS MEMBERS & TOURISTS VISITING GLAMORGAN SPRING BAY.
- CHRISTMAS CELEBRATIONS TO FOLLOW, FREE ENTRY TO ALL COMMUNITY & VISITORS.
- SAUSAGE SIZZLE, COFFEE AND ICE CREAM AVAILABLE AT COST.
- CHRISTMAS CAROLS - MARIA COAST VOICES & BUCKLAND BOOT SCOOTERS DEMO
- FREE CHILDRENS ENTERTAINMENT, TEACUP RIDE, FACE PAINTER, BALLOON ARTIST & SANTA

INSURANCE	
Do you hold insurance for this event?	[X] Yes [ ] No
Please outline the insurance type and value involved: *(Attach Certificate of Currency with your application)*	
PUBLIC LIABILITY, PRODUCT LIABILITY, VOLUNTEER LIABILITY, & ASSOCIATION LIABILITY. 10 MILLION WE ARE CURRENTLY IN THE PROCESS OF RENEWING THIS INSURANCE.	

TEMPORARY ROAD CLOSURES *(if applicable)*	
Will the event require road closure? *(Attach Traffic Management Plan)*	[X] Yes [ ] No
Which road(s) will be closed for the event?	TRIABUNNA RECREATION GROUND CHARLES STREET TO CORNER OF VICTORIA ST, ALONG TO MELBOURNE STREET, DOWN TO VICARY, ALONG VICARY TO CHARLES STREET AND BACK TO THE RECREATION GROUND.
Time of road closures:	4.45PM - 5.45PM

BENEFITS OF THE EVENT TO GLAMORGAN SPRING BAY

Please tick or highlight any of the following areas that are relevant to your event:

[X] Community Participation	[ ] Environment	[ ] Sport & Recreation
[ ] Community Education	[X] Tourism & Events	[ ] Heritage & History
[ ] Health & Safety	[ ] Multi-Cultural	[ ] Arts & Culture

What will Glamorgan Spring Bay residents gain from this event?

THE RESIDENTS OF GLAMORGAN SPRING BAY WILL ENJOY THE SPIRIT OF CHRISTMAS AS A COMMUNITY, WITH INCLUSION FOR ALL, LOCALS AND TOURISTS. THEY CAN SPEND TIME WITH THEIR FAMILIES AND FRIENDS.
THIS IS A FREE EVENT WITH FREE DRINKS, LOLLIES, RIDES AND ENTERTAINMENT FOR ALL AGES, AS WELL AS A SPECIAL GIFT FROM SANTA.

AN EVENING WHERE IT ISNT GOING TO BE EXPENSIVE FOR FAMILIES AND INDIVIDUALS TO ATTEND AND ENJOY THE COMPANY OF OTHERS.

What will Glamorgan Spring Bay businesses gain from this event?

HOPEFULLY WITH THE MORE PEOPLE THAT COME ALONG TO SEE THE PARADE & JOIN THE CELEBRATIONS, THIS WILL BRING MORE MONEY INTO OUR COMMUNITY.

Briefly explain how you plan to acknowledge Council's contribution / assistance to the event.

ALL DONATIONS ARE ACKNOWLEDGED VIA FACEBOOK AND WE ARE ALSO PRINTING OUT A CERTIFICATE OF THANKS.

REQUEST FOR FUNDING

Please confirm the dollar amount you are applying for from Council (per year).	$2500.00

Please outline the amount of funds, if any, you are requesting from Council, and the purpose to which the funds will be applied: *Please provide quotations with your application*

WE HAVE INSURANCE TO PAY AN APPROXIMATE COST OF $2300.00 - $2500.00, WE ARE WAITING ON OUR RENEWAL.

THE TEACUP RIDE IS COSTING $1440.00

FACE PAINTER $420.00 & BALLOON ARTIST $412.50

LOLLIES FOR SANTA TO HAND OUT 5 BOXES CADBURYS MIXED LOLLIES $58.50 PER BOX.

Are you prepared to accept partial funding? *(Council's grants are highly competitive and Council may offer less than the amount you request.)*	[X] Yes [ ] No

IN-KIND SUPPORT *In-kind support (Council contribution) is where Council waives or reduces our fees including permit fees, Council venue or site hire, and bin hire.*		
Are you requesting in-kind support from Council?		[x] Yes [ ] No
What in-kind support would you like?		
[x] Wheelie bin hire	[ ] Venue/Site hire waiver	
[ ] Permit fees waiver	[ ] Power	
Other: TRAFFIC MANAGEMENT, EMPTY WHEELIE BINS BEFORE AND AFTER EVENT.		

CERTIFICATION / DECLARATION

This declaration must be signed by a person authorised to sign on behalf of the organisation.

- I certify to the best of my knowledge that the information given on this form is complete and correct.
- I understand that approval of the grant is subject to mutual agreement between Glamorgan Spring Bay Council and the applicant.
- I understand that if Glamorgan Spring Bay Council approves a grant, I will be required to accept the conditions of the grant in accordance with Glamorgan Spring Bay Council requirements.
- I understand that Glamorgan Spring Bay Council does not accept any liability or responsibility for the proposal in this application and that it is the responsibility of the applicant or their sponsor to provide the appropriate insurance cover and abide by all relevant health and safety standards.
- I agree that if funded, funds will be used only for the event described on this application.
- I consent to the release of event information in this application for promotional and evaluation purposes relevant to Glamorgan Spring Bay Council.
- I will seek permission from the group before submitting photographs for use by Glamorgan Spring Bay Council.

The above organisation has authorised me to submit this application on their behalf. The information contained herein is, to the best of my knowledge, true and correct.

Name:	AMANDA WILSON
Signature:	[redacted]
Position in organisation:	TRIABUNNA CHRISTMAS CREW INC.

Please return this application to: community@freycinet.tas.gov.au

Please Note: All successful applicants are required to submit evidence of expenditure in a final report. Included in reporting will be formal receipts, photographs and providing the opportunity for Community Services staff to attend the funded event.

FINAL CHECK LIST	
Action	**Completed**
Completed all sections of the application form	☒ Yes ☐ No
Signed the application form	☒ Yes ☐ No
Attached copies of any required documentation	☒ Yes ☐ No
Attached copies of supporting quotes	☒ Yes ☐ No