



Weddin Shire Council

Capital Review and Business feasibility Study

Weddin Regional
Medical Centre
December 2014

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Executive Summary

Weddin Shire Councils like many rural councils are required to ensure basic infrastructure is in place to facilitate social and economic health. The Weddin regional The Centre (The Centre) seeks to provide critical infrastructure to ensure long-term viability of the Shire and the central town of Grenfell.

The centre came about following extensive community consultation on the 10-year delivery plan, emerging as the top priority for the community. The Council has resolved to build The Centre with reserves and loans totalling \$1.2mil (including \$200,000 as an allowance for basic fit out) and seek federal government funding of \$950,000 through the National Stronger Regions Fund.

The council has some \$600,000 in reserves and is debt free allowing it to borrow another \$600,000 towards total building cost of \$1.95 mil and basic fit out of \$200,000 (not subject to funding contribution).

There are three recognised models for management of an integrated facility described by NSW health. The proposed business model is the shopping centre model where the medical professionals maintain their independence but collaborate in the operation of the physical building by way of maintenance and operating service.

The facility is provided at a discounted rate negotiated so as to attract the general practitioners and other staff.

Introduction

A 2012 report by the Australian medical Association contests that "there is a strong preference amongst much of the current medical workforce to live and work in major cities - with particular preference for the inner suburbs. Given the educational background and the demographics of the current medical workforce..." It goes on to say that general practitioners average age in the rural sector is 55 years and specialist 60. There is a preference for younger doctors to work in the cities¹. Yet the bulk of the future wealth and national income over the next 20 years is predicted by the secretary of treasury 2012 to come from agriculture and mining in rural areas². For major developments the advent of "fly in Fly out" work forces has seen services provided by itinerants, however this model is according the Australian Centre of Excellence for Local Government failing rural economies³ and referencing the Australian Government increasing health risks⁴ among many employees.

¹ <https://ama.com.au/position-statement/regionalrural-workforce-initiatives-2012>

² <http://www.treasury.gov.au/PublicationsAndMedia/Speeches/2012/Challenges-and-opportunities-for-the-Aust-economy>

³ www.acelg.org.au/file/1582/download?token...BU4q-LqU

⁴ <https://www3.aifs.gov.au/cfca/publications/fly-fly-out-workforce-practices-australia-effects/introduction>

In order to meet the future needs of Grenfell and make better use of the existing health workforce an integrated model of care is desirable.

The project is the construction of a regional The Centre at Grenfell in the Weddin Shire to house doctors and ancillary services. The objective of the project is to provide sustainable primary health care to the regional population of some 3,800 people. It is proposed that the general practice component of the centre would be a “walk-in, walk out” model that will continue to attract and retain GPs, dentists and para-medical staff.

In this sense the changing role of the practice nurse has also necessitated additional consulting room space.

The building will be constructed on a site that once housed a garage and dilapidated shops as well as integrating an historic façade as identified in the heritage study into the overall development.

The project has full development consent with conditions that are deliverable.

Outline of proposed project

The project is for the building of The Centre to provide interdisciplinary healthcare services to the residents of the Weddin Shire.

It is proposed that the facility will also include links with University Medical and Health Science Faculties training and education programmes. Community expectations target a high standard health care centre with appropriate services to drive superior health care and attract high level skills.

It is planned that The Centre will provide the opportunity to bring together general and specialist medical practitioners, dentist, nurses, physiotherapist, visiting medical specialists and other health care professionals to deliver integrated health care tailored to the needs of the local community.

During the formative stages of the development process Council has consulted extensively with a number of industry specialists with the requisite experience in project management, design and construction and health facility planning. In addition, Council has consulted with Grenfell’s existing health practitioners and several prospective practitioners. There is an agreed lease document between the Council and the practitioners that can be finalized when the building is complete.

Justification

Demonstration of a clear relationship between the proposal and Council’s community strategic plan, delivery program and operational plan

The Weddin Shire Community Strategic Plan 2013-2023 was developed in collaboration with the community and prepared under the prescribed integrated planning and reporting framework. The Community Strategic Plan is based on community wants and aspirations that were identified through community survey, forums and other engagement.

The consultation undertaken by Council in the development of Integrated Planning and Reporting documentation identified the overarching objective as:

“To grow our total resident population to in excess of 4,700 people by 2023.”

The Community Strategic Plan has six strategic objectives:

1. Strong, diverse and resilient local economy.
2. Healthy, safe and educated community.
3. Democratic and engaged community.
4. Culturally rich, vibrant and inclusive community.
5. Cared for natural, agricultural and built environments.
6. Well-maintained and improving Shire assets and services.

The project is consistent with these strategic objectives as contained within the Community Strategic Plan feeds into the Delivery Program and Operational Plan as outlined in the following table:

Community Strategic Plan		
Strategic Objective	Strategy	Consistency of Proposal
Strong, Diverse & Resilient Local Economy	1.3 Provide Infrastructure & services to support business activity	Provision of medical services in town stops residents travelling out of town for medical appointments and in doing so support economic activity in town as well as increases spend in the shire
Strong, Diverse & Resilient Local Economy	1.7 Support expanded aged care facilities & services	Provides the opportunity to expand & improve accessibility to medical services provided to aged residents
Healthy, Safe and Educated Community	2.1 Encourage the provision of quality medical facilities	Provides the opportunity expand and improve medical services accessible to residents
Healthy, Safe and Educated Community	2.4 Support provision of adequate aged care service	Directly support medical services used by aged residents
Healthy, Safe and Educated Community	2.6 Provide lifelong learning opportunities	Proposed links with university medical training faculties supports lifelong learning opportunities
Cared for natural, Agricultural & Built Environments	5.6 Preserve the heritage of built areas	Council has consulted with a Heritage Adviser to ensure the design of the The Centre is in keeping with the heritage of the area.
Well Maintained & Improving Shire Assets & Services	6.1 Ensure Council operations meet reasonable community expectations	Community has clearly expressed a desire for a The Centre

In addition to the alignment of the project with the strategic objectives of the Community Strategic Plan as outlined above the “Big Ideas” put forward by the community were

prioritised as part of the Delivery Program. As a result of this ranking The Centre emerged as the number one priority of the Weddin Shire Community.

Analysis of community needs and expectations based on community consultation, addressing specific community needs and issues of public access and equity

- Risk of losing Medical Service whilst town was without a Dr.
 - Supports ongoing provision of Medical Service to the Weddin Shire
 - Increases access to medical services for the disadvantaged in the community as travel is not required
 - Interdisciplinary healthcare services
 - Ageing population?
- a) An outline of the projected costs in Council's long term financial plan and asset management plans

The building of a The Centre was incorporated into the Asset management Plan and then modelled in the Long Term Financial Plan.

The most recent cost estimate for The Centre structure proposal is \$1.95 million with an allowance of a basic fit out of \$200,000

Capacity of Council

Council's project capacity

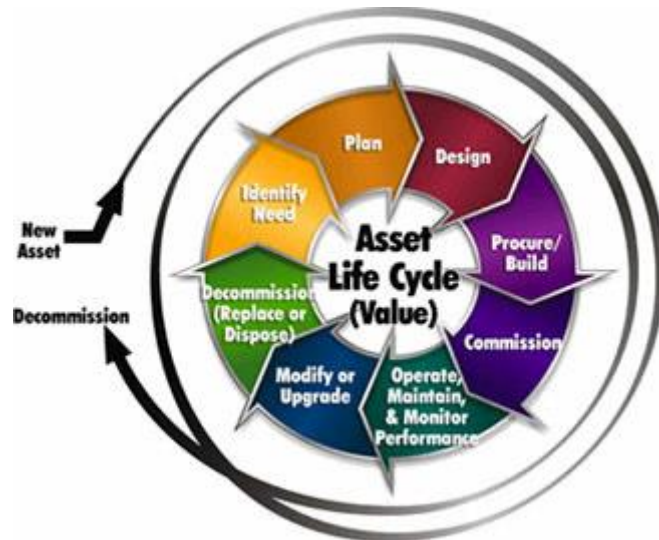
In the last decade Council has previously managed several large capital projects including the construction of a new Council service depot and the construction of the community hub building housing the town library, Art Gallery, CTC Conference/Cinema Room.

Staff will lead the contracting on a fixed contract basis given that the facility has a DAS and meets standard square mtr construction rates in a rural area. The project will be undertaken within the parameters of Council's policies, delegations of authority and internal controls and is subject to the oversight of Councils senior management executive team. Consultants have been used throughout the planning and design process and will continue to be used throughout the process where it is deemed prudent.

Whilst council has a comprehensive internal skill base a project manager will be engaged to actively manage the delivery of this project through the construction phase.

Council project role

The following lifecycle model forms the basis of the business case assessment:



The responsibilities of Council to the project vary depending on the phase the asset is in during its life cycle. It is also dependent on the operating business model. The business plan has two fundamental elements as set out in the cycle. Council has determined to provide a building to a consortium of individual doctors by way of an attractive lease arrangement who then have their own operation business model this is known as the ‘shopping centre model’ by NSW Health.

‘The responsibilities and financial implications associated with the various phases are summarised below:

Identify Need, Plan and Design

The need has been driven by an ongoing challenge in attracting and retaining medical professionals to service the region. This is part of an international challenge for rural communities. The Australian Medical Association (ASMA), the rural doctors network (RDN) as well as a number of studies in the USA have identified that the provision of quality building are critical to attracting and retaining professionals. Service need to be provided in purpose built facilities that have an interdisciplinary focus. Negotiations with practitioners who have indicated agreement to lease such facilities in Grenfell evidence this need.

Procure/Build and Commission

Weddin Council has resolved to proceed with the construction of The Centre responding to the community expectation and to the express interest of the medical profession with a view to continuing to attract and then retain practitioners. The Council procured a site that is being made ready for construction of The Centre. The Centre has development consent and plans have been prepared. The project is shovel ready.

Operate, Maintain and Monitor Performance

Upon completion and commissioning of The Centre, the project moves into the service stage of its life cycle process. There are a variety of models promulgated by Medicare Local:

Separate Practice; Shopping Mall and One stop Shop

They are practical challenges to the preferred model of a one stop shop so to ensure initial success the “Shopping Mall” model is preferred. It may be that once trust is built a one stop model can emerge.

Potential operating models:

•	• “Separate Practice” Model	• “Shopping Mall” Model	• “One Stop Shop” Model
• Key Features	<ul style="list-style-type: none"> • Multiple service providers in multiple locations • Separate practices (GP, Allied Health, Dental) • Separate medical records <ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Multiple service providers under the same roof • Separate practices (GP, Allied Health, Dental) • Separate medical records • Shared overheads (rent, power and water) 	<ul style="list-style-type: none"> • Multiple service providers under the same roof • Central practice management • Single medical record per patient • Central practice nursing • Shared overheads (rent, power and water)
• Advantages/ Disadvantages	<ul style="list-style-type: none"> • <i>Disadvantages</i> <ul style="list-style-type: none"> • • Higher overhead costs • Inconvenience for patients <ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • <i>Advantages</i> <ul style="list-style-type: none"> • • Cost savings on overheads • Convenience for patients <ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • <i>Advantages</i> <ul style="list-style-type: none"> • • Additional cost savings on overheads • Convenience for patients • Holistic model of care • Accommodates transient medical staff and suitable for GP’s (Gen Y) who just want to deal with patients.
• Comments	<ul style="list-style-type: none"> • Current model in Grenfell. • • 	<ul style="list-style-type: none"> • Easiest model for Council to implement but the benefits to the patients are limited. Very little improvement to what’s currently being offered to the community. 	<ul style="list-style-type: none"> • Provides a long term holistic approach to primary health care. This model would require central management of the practice, this could be undertaken by Council or by a third party provider. WML has the capacity to provide this management function.

Risk assessment of the project including governance and management structures in place to minimise project risks

A risk register/matrix was developed which identified the major risks associated with this project.

The risks were grouped in accordance with the Capital Expenditure Guideline headings of:

- Completion/Construction Risk.
- Compliance Risk.
- Demand/Market Risk.
- Design Risk.
- Environmental Risk.
- Investment/Planning Risk.
- Management/Operations Risk.
- Other.
- Reputation Risk.
- Workplace Health and Safety Risk.

These risks and their corresponding risk treatments are detailed below:

Task or Activity Type	List of hazards associated with the activity (Risk Source)	What could actually happen/ (Event)	What is the risk treatment if the level of residual risk is between high and extreme?
Completion / Construction	Weather and seasonal implications	Construction delay due to unfavourable weather conditions	This is within Council's Risk Appetite and is a latent condition of contract.
Demand / Market Risk	Insufficient funds	Insufficient funds to complete the program to community expectations	This will be monitored throughout the project with regular community updates used to manage community expectations.
Construction / Design Risk	Site stability issues	Maintenance issues &/or Premature asset failure due to in appropriate design / construction technique given site attributes	Geotechnical Investigations will be undertaken prior to the Tender for Construction so that site constraints can be considered as part of the construction design.
Design Risk	Appropriateness of specifications.	A lack of understanding of specifications or scope.	Effective consultation at all phases to ensure appropriate specifications. This is within Council's Risk Appetite
Design Risk	Project Scope	Scope of Project not well defined and communicated. Scope of work does not meet stakeholder's expectations.	Effective Consultation at all phases to manage expectations. This is within Council's Risk Appetite
Investment /	Cost control	Prices exceed	Contingencies to deal

Planning Risk		allocated budget	with increased project cost could include reduced scale & facilities, a staged construction process and increased borrowing. A Project manager is to be engaged to Actively manage the construction budget.
Investment / Planning Risk	Insufficient funds.	Insufficient funds to complete the project to community expectations	Effective Consultation at all phases to manage expectations. This is within Council's Risk Appetite
Investment / Planning Risk	Bankruptcy during construction	Contractor involved on project becomes bankrupt	This is within Council's Risk Appetite. Contingency measures Such as possible insurance may be required to be considered to minimise project delays should this eventuality occur.
Management / Operations Risks	Program delay.	Critical Milestones not met on time.	This will be monitored throughout the project with regular community updates. A project manager is to be engaged to actively oversee the construction process.
Other Risks	Political	Other competing projects may be deemed more important for the community and to be done in priority	Effective communication between community and Councillors at all phases to manage expectations and determine priorities.

Assessment of compliance requirements (e.g. Local Govt Act, EP& A Act, Heritage Act etc)

Capital Expenditure Guidelines – December 2010

The Centre project has an estimated capital cost of approximately \$2.2 million (inc a fit out allowance and contingency). This document provides the required notification to the Department of Premier and Cabinet, Division of Local Government in accordance with the Capital Expenditure Guidelines issued in December 2010.

Local Government Act

Charter obligations – Council will fulfil its Charter obligations as detailed in Section 8 of the Local Government Act 1993.

Environmental Planning and Assessment Act

The Centre project will be undertaken under the State Environmental Planning Policy (Infrastructure) 2007 policy and thus it does not require the preparation and lodgement of a development application (DA) and construction certificate (CC).

Consideration of the Appointment of a Steering Committee

Council has appointed the Director Environmental Services as the manager of The Centre project.

Whilst Council have taken the decision to invest responsibility for the control of the project with the Director Environmental Services it has also in conjunction with senior staff engaged in the project as an informal steering committee.

In conjunction with the Director Environmental Services the project has been managed through the design and planning stage by the steering committee with input from Council's management executive (including the General manager and Directors), councillors, consultants and community stakeholders/interest groups where required.

Designating a Project Manager

Council has placed the Medical centre redevelopment project under the control of the Director Environmental Services however it has undertaken to engage a Project Manager who has the specialist skills to actively and effectively manage the delivery of the construction stage of the project

Priorities

Assessment of the impact of the project on Council's ability to fund future capital works and services in accordance with Council's long term **financial plan**

Reviewing the community strategic plan, delivery program and operational plan to ensure the proposal is aligned to Council's objectives

Council's Community Strategic Plan and Delivery Program to The Centre project objectives.

Not proceeding with the project is considered not to meet with community expectations.

Assessment of asset management plans to ensure that other assets do not require funding as a higher priority

Bill to provide an answer here as controller of the Asset management Plan

Alternatives

Appraisal of preferred and alternative options

There are a number of options which Council can and has considered. These are:

1. Do nothing, ignore the situation completely and disregard the identified health needs and aspirations of our residents; or

2. Play a passive role and simply continue to advocate other levels of government to provide such services and facilities; or
3. Upgrade the existing Doctors surgeries owned by council and rely on them to support health services provision
4. Build a new purpose built The Centre to support the provision of necessary & potentially expanded health services and to meet with community expectations.

The following points were considered in determining which alternative provides the best outcome for the residents of Grenfell and the Weddin Shire.

Do nothing

As previously outlined the community has expressed its desire for council to build a The Centre to support the ongoing provision of health services to the Weddin Shire. A do nothing approach would mean the disregarding of these community expectations with the potential effect being a reduction in the accessibility of health services as existing health services are reduced or closed.

A do nothing option is therefore not considered appropriate.

Play a passive role and simply continue to advocate other levels of government

Past history has demonstrated other levels of Government have been either unwilling or unable to respond to our community's health needs and aspirations and as a result, our community suffered. In the current environment of fiscal tightening it is unlikely this situation will change.

As Weddin Shire has a relatively small population the political pressure it is able to exert when undertaking an advocacy role is minimal and consequently this alternative offers little traction and is not considered appropriate as it will not satisfy with our community's expectations.

Upgrade existing Doctor's surgeries

Due to the current site constraints the upgrade of the existing Doctors surgeries does not allow scope for expanded health services.

Due to the shortage of health practitioners able and prepared to operate in rural and regional areas competition for such services is high. To ensure we are able to compete with other areas in attracting these services it is imperative the facilities we are able to offer are up to date and able to accommodate the demands of modern health service delivery models. Upgrading the existing Doctors Surgeries is not considered to fulfil this requirement and is seen to leave the Weddin Shire at a disadvantage in attracting and retaining health services. Thus whilst in the short term it is important to maintain and indeed upgrade the current facilities (where required) in order to retain existing services the upgrade of the existing surgeries is not seen as a viable long term option towards satisfying the community's expectations of council in relation to the provision of health care services in the Weddin Shire.

Build a new purpose built Medical Centre

The Weddin Shire Community's strategic priorities include the building of a purpose built The Centre to support, maintain and indeed improve the provision of healthcare services. The building of a new purpose built Medical Centre further enhances capacity to attract and retain health service providers. The negotiated inclusion of links with education institutions is

designed to further enhance the ability of the Weddin Shire to continue to attract and retain medical practitioners to the area as health service students are exposed to the Weddin community.

The Centre also offers the opportunity to move towards a best practice, holistic approach to the provision of Primary Health Care services as recommended by Western NSW Medicare Local.

The building of the new Medical Centre offers considerable advantages over other options and is the option that satisfies community expectations and as such it is councils preferred option.

Appraisal of alternative service delivery methods

The following procurement strategy is intended to cover the full range of options and the relative advantages of each option should be considered in respect of The Centre development and the best option selected by the Council against evidence based criteria. Criteria used in the procurement strategy analysis include;

- Affordability - the extent to which alternative methods of procurement make the project more affordable.
- Risk Transfer - how risk allocation varies according to the method of procurement.
- Service Delivery – does the procurement model satisfy the service delivery objectives
- Efficiency - how can the procurement be structured to maximise benefits of efficiency and innovation.

Appraisal of alternative service delivery methods needs to consider two elements:

1. Getting the asset constructed, and
2. Operating the asset

Getting the asset constructed:

Alternative forms of procurement for the construction of the Grenfell Aquatic Centre considered the following options:

- Construct Only
- Design & Construct
- Design, Construct & Maintain
- Construction Management
- Full Privatisation

Construct only.

Under this form of contract Council has responsibility for completing a detailed design of the facility. Council then separately procures a contractor to deliver the construction component of the project. The design documentation forms part of the tender specification for this procurement process. The contractor tenders a price for the works subject to any adjustments, such as variations, provided for in the contract. Irrespective of the actual cost of the works, the contractor is entitled to be paid the contract sum as agreed between the parties prior to commencing the works. In practice, the construct-only contract may exceed the original

contract sum if the project is not properly planned and managed by Council. Council also retains the design risk.

It is not considered that Council has the resources to deliver a detailed design for what is a specialised construction project. Consequently this procurement method is not considered a viable option.

Design and Construct (D&C).

For a design and construct contract, council develops a design brief outlining the functional specifications and key user requirements. This is less fully developed than the design documentation required for a construct-only contract. Council then tenders out the design and construct as a package to a contractor, who is required to provide a detailed design and the subsequent construction of the works described in the design brief. Council passes design risk to the contractor and this method also provides scope for the private sector to offer alternative designs. This may help offer innovative solutions which deliver efficiencies around costs or improved service delivery. Council is less directly involved but can mitigate the loss of control through oversight and consultation. As Weddin Shire Council is a smaller council it has no surplus resources with which to actively manage a large construction contract. Whilst a D&C contract is considered an appropriate procurement method there is a risk that the investment of resources required to actively manage the project delivery may detract from Councils other service delivery activities.

Design, Construct and Maintain (DCM).

Council adds the requirement to maintain The Centre as an additional part of the design and construct package. In this model, as the contractor has ongoing maintenance obligations some of the asset lifecycle risk is transferred to the contractor. This encourages design efficiency and quality construction to reduce long-term costs. The objective is to fix maintenance costs for a defined period of for example, 10 years. The extra risk being borne by the contractor may result in a risk premium being included in any tenders but Council's longer term interests may be protected by the cost certainty.

Council considers it has some internal maintenance capability and additionally that the construction contract would also provide a level of protection from maintenance issues resulting from poor quality construction. Thus the additional risk premium that would be built into any tender for a DCM contract is not warranted and expected to result in a relatively more expensive service delivery.

Construction Management.

In the construction management approach, Council engages a construction manager (contractor or consultant) to manage the construction works on its behalf. Council manages the project scoping and engages the designer directly. Council also engages the construction contractors directly, although these contracts may also be entered into by the construction manager as Council's agent. The construction manager performs a managerial and coordination role (without delivery risk) and is generally paid a fee based on a percentage of the value of the works.

As Weddin Shire Council is a smaller council it has no surplus resources with which to actively manage a large construction contract. Given these constraints Council have successfully used this procurement method in the past and favour this approach on The Centre.

Full Privatisation.

The development rights to The Centre together with all existing assets and land would be transferred to the private sector. The sale agreement would be specific about the obligations on the private sector.

The private sector would need to determine how it could make the business profitable including being able to service loans or, failing which, some form of agreement for an ongoing subsidy would be negotiated. It is likely any ongoing subsidy would need to be significant in order to attract a suitable private investor.

Given public interest considerations and scant private provider interest in fully funding and construct a Medical Centre, Council is of the view that they must construct the facility and negotiate an agreement that attracts ongoing Medical service provision with The Centre a primary incentive.

Preferred Procurement Option

After consideration of the various options Council has determined the preferred method is the Construction Management method. This method has been assessed as offering the most efficient service delivery.

Operating the Asset:

Previous reference is made to Western NSW Medicare Local report “Issues paper for the Planning of The Centre”. As outlined in this report the options open to Council for the management of The Centre are:

1. Lease of premises only with Health Service Providers to organise their own practice management (“Shopping Mall” Model)
2. Lease of the premises with Central Practice Management (“One Stop Shop” Model)
Note: Central Practice management can be undertaken by Council or a third party provider such as Western NSW Medicare Local.

The advantages and disadvantages of the management options are summarised below:

Lease of Premises Only (“Shopping Mall” Model)	
Advantages	Disadvantages
Easiest model for council to implement	Very little improvement to what is currently being offered to the community. Limited benefits to patients.
There are cost savings on overheads for the health service providers when compared to multiple service providers operating from multiple locations	Does not easily accommodate transient health service practitioners or practitioners who just want to deal with patients
Convenience for patients with multiple service providers under the same roof	

Lease of premises with Central Practice Management (“One Stop Shop” Model)	
Advantages	Disadvantages
Additional cost savings on overheads achieved	More complicated for Council to implement
Convenience for patients	Grenfell’s existing practitioners may not want to adopt this model
Holistic model of care	There will be additional costs incurred if difficulties are experienced in attracting health service practitioners and the centre is not

	operating at capacity
Accommodates transient health service practitioners and practitioners that just want to deal with patients.	

In addition to the improved primary health care outcomes the “One Stop Shop” model is considered to offer Council the best opportunity to attract Health Service Practitioners.

Given the specialised nature of the Central Practice Management role Council plans to leverage the experience and expertise of a third party provider to undertake this role.

Accordingly the preferred management option is the “One Stop Shop” model with Central Practice management to be provided by a third party such as Western NSW Medicare Local.

Assessment of alternative methods of acquisition

Consideration of the purchase of an existing building was undertaken however there are no suitable premises available for purchase.

Given the specialised nature of the services The Council is to provide tailored planning and design of a purpose built facility offering the benefit of a design customised to local industry and customer specific service delivery requirements. An off the shelf design (if available) was determined to potentially compromise service delivery outcomes and accordingly was not appropriate.

Assessment of the consequences of not proceeding with the proposal

The community has clearly indicated their expectation/desire for council to build The Centre. Should the project not proceed then community expectation will not be met and the community will be forced to travel great distances to access Practitioner services, leading to inappropriate use of hospital services and impacting the hospital service delivery at a much high aggregate price. Since the doctors at the practice would also service the hospital it is critical that ongoing practitioner attraction and retention is prioritised.

If The Centre project does not proceed it is highly probable that ongoing difficulties will be experienced in attracting Health Service Practitioners. In such a situation there is the potential the Grenfell Hospital could face closure which would have a hugely detrimental effect on not only the access to health services but also on the wider social and economic well-being of the State of NSW. Not proceeding with the project would also see anticipated improvements in health service delivery and potential economic development flow on benefits would be stymied.

As previously suggested a do nothing approach leading to not proceeding with The Centre is not an option.

Financial Implications

Since whole of life service provision is the responsibility of the practitioners working in The Centre and the premises is provided at a discounted price it is anticipated that The Centre operations are sustainable.

Funding sources are identified as national and local council with \$950,000 coming from the Federal Government with the remainder from reserves (600,000) and Loans the residual. The Council is debt free with capacity to service the loan.

Assessment of the whole of life cost of the project to within 5% accuracy

Capital Cost

Capital cost of the project has been estimated as \$2 million.

This estimate was derived using the Cordell Construction Cost Indicator per metre for a 550m² commercial premises in rural NSW.

Annual Operating Cost

With regard to whole of life operating costs, is not possible to assess operational revenue and expenditure with the same degree of accuracy as capital cost estimation as it can be greatly influenced by market forces and other external factors.

The operational expenditure forecasts were estimated predominantly using the costs associated with Councils existing Administration building as a base given this building is comparable to the proposed medical centre:

Medical Centre - Operational Budget

INCOME	Total Per Annum (Ex GST)
Rents Received	20,500
User Charges	10,000
TOTAL INCOME	30,500

EXPENSES	
Cleaning	20,000
Depreciation	40,000
Electricity	10,000
Insurance	11,000
Rates	1,850
Repairs & Maintenance	10,000
Water Rates	2,000
TOTAL EXPENSES	94,850

NET OPERATING RESULT

-64,350

As shown above it is anticipated that the Medical Centre will require an operational subsidy of around \$64,360 (including depreciation) per year.

Identification of funding sources

As identified in above the capital cost of the project is \$2 million.

Council proposes to utilise the following funding sources to deliver this project:

\$1 million - internally restricted reserves – Grenfell Medical Centre Reserve.

\$1 million - grant funds#

Council has a current grant application for \$1 million. If the grant application is unsuccessful Council proposes to use additional internal reserves, or asset sales, or an external funded loan, or asset sales to compensate. Council is also applying for a Special Rate Variation (SRV) of 4% above the rate peg limit for 4 years commencing in the 2015-16 year. This SRV will assist to meet any external loan servicing costs arising from the grant funding shortfall.

Identification of any potential increase in Council's actual or prospective expenditures, whether in terms of one-off capital amounts or recurrent expenditures. This includes consequential recurrent costs such as maintenance, debt servicing, staffing etc.

One off Capital Amounts

The construction cost of the new Medical Centre is estimated to be \$2 million. The Medical Centre is a new asset to Council and as such represents one off increase in Councils capital expenditure.

The new Medical Centre will replace two existing Doctors Surgery's and it is planned to sell

Recurrent Costs

An operational budget has been completed as per above and results in the requirement for an operational subsidy of \$64,350 each year (including depreciation).

The new Medical Centre will replace the existing Main Street Surgery which in 2013/14 financial year required an operational subsidy of \$21,704. Council plans to sell the Main St surgery and as such there will be operational saving of \$21,704.

Once the reduction in net operational expenditure is factored in the forecast increase in Councils recurrent costs is \$42,646.

Identification of systems in place to monitor and control increases in project costs

A comprehensive risk matrix has been developed which identifies a number of activities which can lead to project cost escalation. Appropriate controls have been identified and will be implemented to mitigate this risk.

Additionally, the reporting structure will ensure that regular reporting occurs and any cost increases are identified early and a decision made as to the most appropriate course of action prior to proceeding. In most cases, this will be elevated to a decision of the Council at a public meeting.

Identification of any potential loss in the value of Council's assets or a potential loss in actual or prospective revenue

The construction cost of the Medical Centre totalling \$2 million is anticipated to equal its fair value. As the Medical Centre is a new asset to Council there is an improvement in the value of Council's assets base of this amount.

The construction of the Medical Centre will result in the sale of the existing Main Street Medical Centre which currently has a fair value of \$390,000. Even allowing for this asset sale it is clear there will be an improvement in the value of Council's asset base estimated to be \$1.6 million.

With regard to revenue, the new Medical Centre will replace two existing Dr's surgery's operated by Council. One of the existing Medical Centre's has an attached Dr's residence and as such it is planned to retain this asset. It is planned the other stand-alone doctors surgery will be sold resulting in the saving of the operational subsidy totalling \$21,704 (2013/14 Year) currently required to operate this facility. The new facility is budgeted to require an operational subsidy of \$64,350 each year. The net result being an increase in Council's recurrent costs totalling \$42,646.

It must be noted however that Council has adopted a conservative approach in forecasting revenue associated with the New Medical Centre. The new Medical Centre is expected to assist in attracting visiting specialists and additional primary health care services which may result in additional rental income. Given it is not possible to assess the additional operational revenue that may result with any degree of accuracy it has been excluded from the operational budget forecasts.

Consideration of the inability of Council to fulfil its Charter obligations to provide adequate, equitable and appropriate services and facilities for the community

Council's Charter obligations, amongst others, include:

To engage in long-term strategic planning on behalf of the local community

Open space and recreation are major contributors to quality of lifestyle and the health and well being of the community. Open space enhances the character and function of a place, and recreation and sport facilities are essential for people's physical and social health.

It is important to note that the Exercise, Recreation & Sport Survey (ERASS) undertaken by the Australian Sports Commission reveals that the top three physical activities by participation are walking, aerobics / fitness and swimming. The surveys, which commenced in 2001, reveal these activities have been the top three in participation for the 10 consecutive years that the ERASS has been conducted. Exposure to farm dams, backyard pools and creeks further highlights the importance of Ausswim and the need to meet the ongoing demand for active physical participation.

Therefore, it is very clear that catering for the recreational uses of swimming and aerobics / fitness as proposed by the Grenfell Aquatic Centre proposal is good long-term strategic planning, addressing known community demands.

To bear in mind that it is the custodian and trustee of public assets and to effectively plan for, account for and manage the assets for which it is responsible

As detailed throughout this review, the process undertaken by the Council in relation to the Grenfell Pool, which is nearing the end of its useful life, has been to effectively plan for the current and future needs of the community. The Grenfell Pool is at the decommissioning phase in its asset lifecycle as shown in Fig 1. At this stage in an asset's life, a decision needs to be made as to whether to modify / upgrade or decommission (replace or dispose) of the asset. There is no alternative access options with the nearest facilities 60 kms away.

The studies undertaken by Council represent effective planning and management of a critical asset for which Council is custodian, and which provides a valued service to the community.

To promote and to provide and plan for the needs of children

The community exhibition and engagement process highlighted the significant importance of the Medical Centre the long-term attractiveness of the Shire to Younger families. Access to high quality medical facilities are an essential element in meeting this family need

To promote and to provide and to plan for the needs of an aging and isolated community

The community profile is shows an aging population that needs access to medical facilities. There is some evidence that retiring farmers are constructing homes in Grenfell and the villages to utilise their assets in the new 'long term " family home and to facilitate access the pension. Medical facilities for this part of the community are critical as the disposable assets and capacity to fund travel are reduced.

Analysis of the impact on Council's cash flow

A projected cash flow has been developed in which Council has taken a conservative approach with the assumptions used in the development of this cash flow.

The major assumptions are:

- Council will continue to operate within the current framework with a view to sustaining income and population.
- The project capital cost is expected to be funded by internal reserves

Calculation of net present value and cost/benefit (where benefits can be quantified)

As the forecast benefits for the current proposal are largely non-quantifiable, a cost-effectiveness appraisal has been undertaken.

Social benefits

The proposed centre will generate substantial community and personal benefits – including enhanced medical services, enhanced access and equity, improved health & consequently community productivity and positive economic impacts – as summarised below:

Increased Accessibility to Health Care Services	<ul style="list-style-type: none"> • Provision of enhanced Primary Health Care Facilities in Grenfell will play an important role in combating health problems • In this way, the centre will contribute significantly enhancing the vitality and productivity of the Weddin Shire's population and reducing potential costs associated with primary and acute care in the public health care system • The ability for small allied health businesses and social services to rent consultation space at a realistic price is critical to ensuring community access to these services in a rural area
Access and equity	<ul style="list-style-type: none"> • Provision of enhanced Medical services year-round already enjoyed by most non rural remote LGA's
Social Capital	<ul style="list-style-type: none"> • The proposed facility - through providing high quality Medical Services and consequently delivering the associated health benefits will contribute to generating social cohesion and community-building opportunities
Economic Development	<ul style="list-style-type: none"> • The upgraded facility will generate jobs – both short term in the construction phase and on-going for the operations • It will likely increase the value of adjacent commercial properties which benefits not just the owners, but also the community because the added value is capitalized in land values for the purpose of rating • It is anticipated there will be positive flow-on economic benefits to other business within the township of Grenfell

Economic Impact Costs

The proposed Medical Facility may attract visits away from existing facilities in neighbouring Local Government Area's (LGA's). This may result in a possible loss of income for owners of these existing facilities. However anecdotal evidence is that demand for health services in surrounding LGA's currently exceeds supply (evidenced by wait time to get medical appointments & closed patient book's).

Given this it is likely that any impact on surrounding medical services is likely to be minimal. Nevertheless the potential costs or dis-benefits that may be experienced by some surrounding medical service providers is a legitimate issue for Council to consider – particularly with respect to competitive neutrality requirements. However, if there is not a facility in place and provides adequate access and service capability by the time one is constructed the impact on community skills and resident retention is negatively and irreparably impacted.

Annual Service (Life Cycle) Costs

The proposed facility is forecast to require an operational subsidy totalling \$42,646 taking into account an operational saving achieved via the discontinuation of a current facility.

Conclusions

The social benefits of the proposed Medical Centre and the enhanced health service provision to the community are substantial as outlined above.

While these benefits are substantial, many are difficult or impossible to quantify in

dollar terms. However, just the community health benefits alone have the potential to substantially offset the costs associated. The other benefits, generated via the numerous visits over the life of the facility, are likely to offset the costs many times over.

Public Consultation

There has been extensive consultation leading to the Medical Centre being given the highest community priority. (see attached community survey results)

Attachment One

Final

WEDDIN COMMUNITY SURVEY ANALYSIS

DECEMBER 2014 – RATE VARIATION

Introduction

Weddin Shire Council (Council) has undertaken a survey on service delivery and major capital expenditure. The survey sought to determine levels of community satisfaction on services measured against the importance of the service. Where levels of satisfaction and importance match then the service levels are seen as appropriate; where mismatches are evident then Council can review levels of service. This impacts asset maintenance and depreciation as well as recurrent expenditure.

The survey also sought to clarify community expectations in respect of service delivery against cost. A special emphasis was placed on the key capital programs including the replacement of the Weddin swimming pool with a modern regional aquatic centre. An emphasis was also placed on the provision of a regional medical centre in Grenfell, a need that was identified in community consultations seeking to improve health services.

Finally, new and improved services come at a cost and it was important to determine community preparedness to pay for new facilities and to service ongoing loans.

The key findings are that the Council is meeting community expectations on service delivery. However, there is a need to improve rural roads, address the swimming pool issues, as well as develop the medical facility as the specific question on these showed strong community support. There is community preparedness to pay an increase in rates of approximately \$3.50 to \$4.50 per week extra for these services.

The survey is one tool available to Council to collect data on community needs. The Council has already undertaken expensive community consultation and will use the survey results to gain further community feedback. The survey sample size of over 350 from a population of 2800 of over 18 year olds is statistically significant with a margin of error of +/-5%.

Survey Report

Methodology

The survey was conducted using Survey Monkey. This is a reliable low-cost tool that provided sound data. The survey was piloted and the questions adjusted following respondent feedback to ensure a sound survey design.

The survey was marketed on the Council's website, the Grenfell tourism website (<http://www.weddin.nsw.gov.au/tourism-weddin/grenfell-weddin>), the local newspaper (*Grenfell Record*) as a stand-alone article on the front page and the Council news section, and during the “what’s on” segment on the local radio (Monday 1st December 2014).

Additionally, approximately 1500 surveys were distributed and marketed through:

- Mail out to letterboxes through Greenethorpe Post Office, Quandialla Post Office and Grenfell Post Office (targeting roadside mailboxes, households and PO Boxes)
- Direct email and social media contact to Councillors and local contacts as a reminder
- Direct marketing was undertaken at collection points with notices to encourage people to complete their survey i.e. the Council front counter, Grenfell Library, Technology centre, Quandialla / Greenethorpe, Caragabal Villages, post offices and the Caragabal Hotel

There were 208 physical surveys handed back and 157 submitted online, making the total response rate 365.

Following the presentation of the Preliminary survey to the Council two open days were conducted. The first was on 21 December 2014 to allow community members to come and discuss the outcomes and the impact of a rate variation on their community. 3 people and 3 councillors came through on the day and were provided with a one on one briefing. They were invited to submit further comments and asked for further comments on the day. There were no comments that were not already addressed. The report was made available to the community and the open day was advertised in the local press. The community was also advised then that a second open day would be held on 5 February 2015.

At the second open day 3 people attended and one raised some concern over the impact of the increase where they held more than one assessment. The only

other matter that was raised was the need to develop an events strategy for the Shire and also acknowledge and support natural heritage within the Shire.

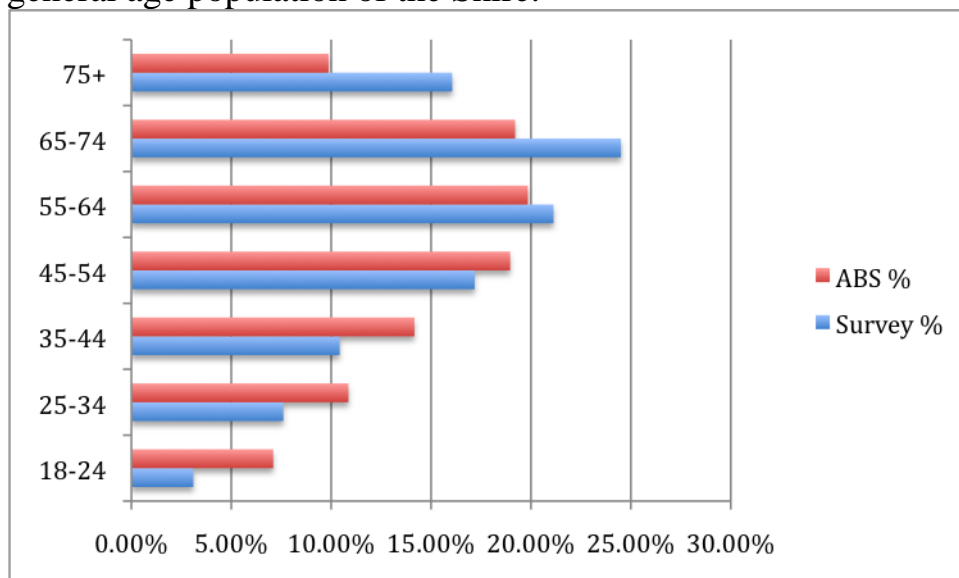
Results

Sample

- A sample size of n=365 from a population base of 2,817 represents a +/- 5% error rate at the 95% confidence interval
- This result is well within standard statistical margins
- Analysis by age is statistically significant in the range groupings of 18-54 years and 55+ years⁵

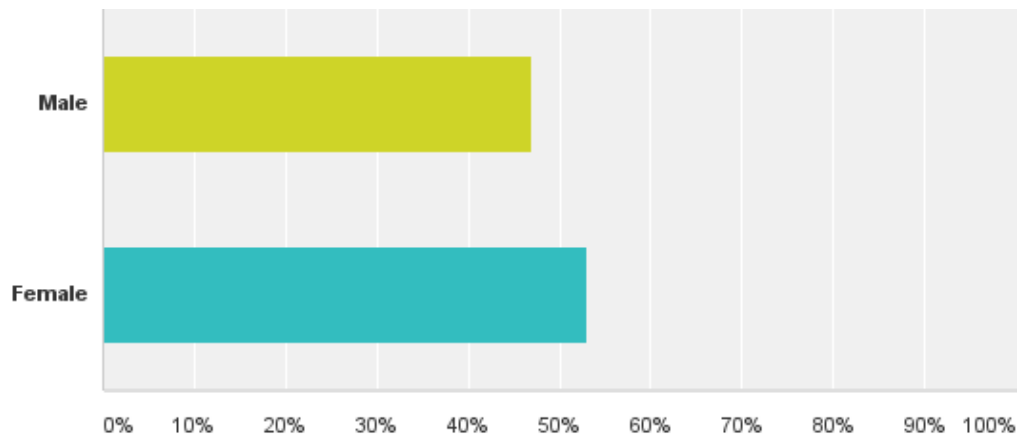
Respondent profile

The age distribution for the 365 responses was statistically consistent with the general age population of the Shire.



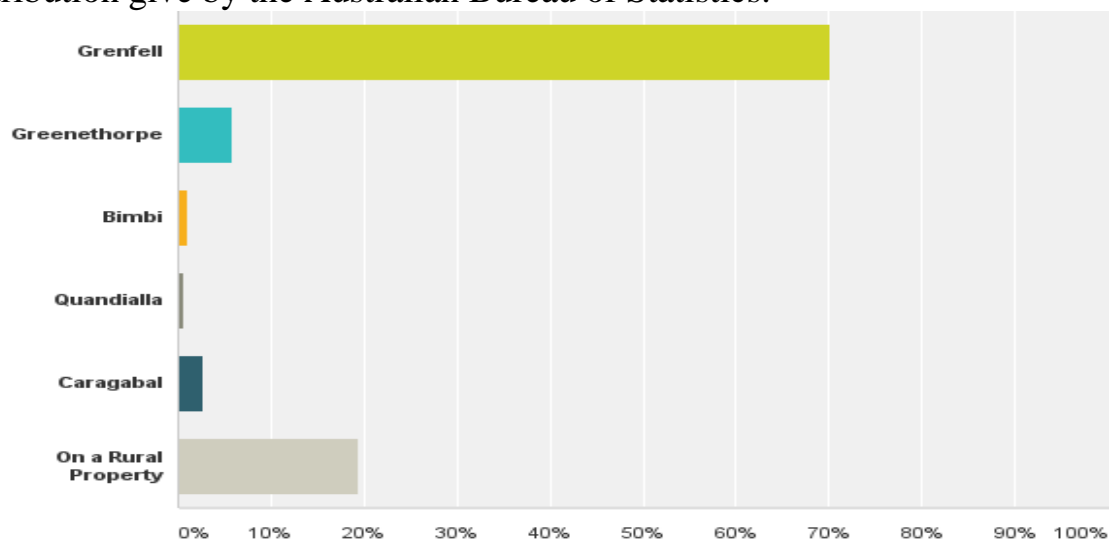
The male (47%) to female (52%) distribution was similar although there were more younger female than younger male respondents and more older male respondents than female.

⁵ Reviewed by Matthew Daniel B Sc Psych, Post Grad marketing, Research consultant.



Distribution profile

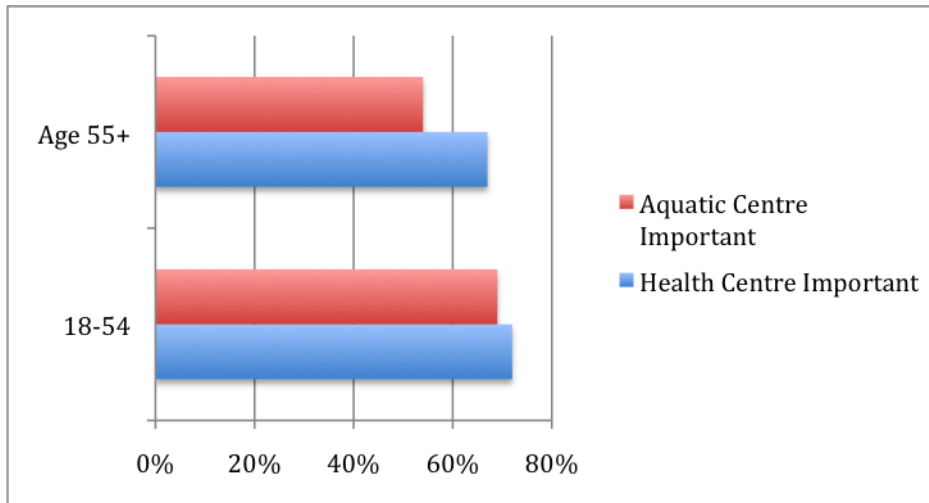
The spread of responses across the Shire is representative of the population distribution give by the Australian Bureau of Statistics.



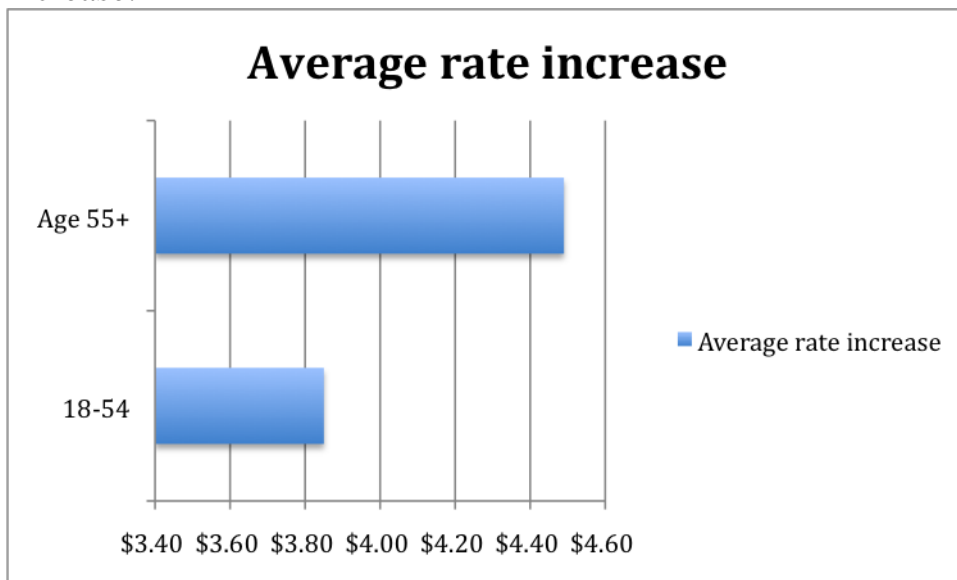
Service delivery

Ensuring community preparedness to pay for new services is important to developing a capital plan to service the ongoing needs of the community. During the development of the Community Plan in 2012-13, the broad community consultation identified a medical centre and the reconstruction of the Grenfell pool as an Aquatic Centre as in the top three community needs. The survey asked the community to rate the importance of each of these. Overall, there was strong support for the development of both facilities with some small variation according to age. Those under 55s strongly supported both facilities with the health centre most important at 72%, with over 55s at 67%.

As for the aquatic centre, the support from under 55s was 60%, with over 55s at 54%.



Asked to respond on a scale of \$0-\$5 per week, “how much you would be prepared to pay in increased rent or rates to provide these (medical and aquatic facilities) [over and above existing rates]”, the respondents indicated an split between the two age groups with under 55s prepared to pay on average \$3.85 more and over 55s prepared to pay \$4.50 more per week. Interestingly, while being marginally less inclined to support the facilities, the older age group had a higher preparedness to pay. Only 3.65% would not be prepared to pay any increase.



Satisfaction and Importance

Critical to the Council's future decision-making is an understanding of how the community ranks the importance of services as well as their satisfaction with their delivery. The following graph shows where the primary services and how they rate.

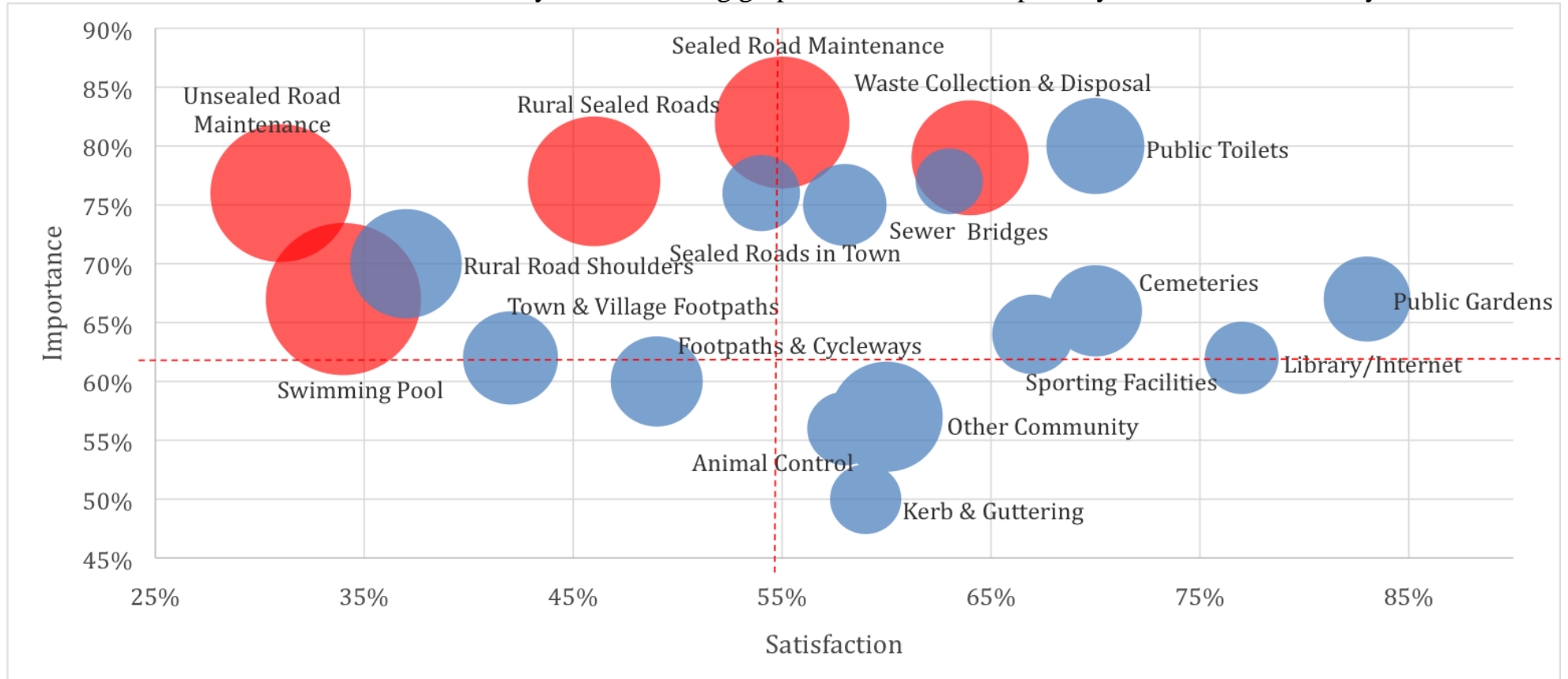


Figure 1: Importance versus satisfaction with priority overlay

Q7: Please rate your satisfaction level with each of the Council's current services. Base: All respondents (n=358) | Q8: Please rate the importance of each of the Council's current services. Base: All respondents (n=353) | Q9: Which of the following services would you wish to be given more priority? Please choose the top three. Base: All respondents (n=352)

Note: Bubble size indicates the % of respondents who wish the service was given greater priority. Red bubbles are the top service priorities for respondents.

Importantly, the swimming pool is identified as a facility that needs to be addressed⁶.

Table 1: Summary of Importance versus Satisfaction

<p>Exceeding Expectations (Lower Importance & Higher Satisfaction)</p> <ul style="list-style-type: none"> • Footpaths and Cycleways 	<p>Meeting Priorities (Higher Importance & Higher Satisfaction)</p> <ul style="list-style-type: none"> • Public Gardens • Library and Internet • Public Toilets • Cemeteries • Rural Sealed Roads • Sealed Roads in Towns and Villages • Sealed Road Maintenance • Sewer • Bridges • Waste Collection and Disposal • Sporting Facilities
<p>Less Important (Lower Importance & Lower Satisfaction)</p> <ul style="list-style-type: none"> • Other Community • Animal Control • Kerb & Guttering 	<p>Areas of Concern (Higher Importance & Lower Satisfaction)</p> <ul style="list-style-type: none"> • Unsealed Road Maintenance • Swimming Pool • Rural Road Shoulders • Town and Village Footpaths

⁶ As Council does not currently provide health services the medical centre is not included.

Conclusion

The survey has provided valuable information for the Council's future decision-making. This preliminary report was prepared to elicit community consultation and now awaits comment at open days, following which a final report will be prepared. During this phase, written comments to the survey will be subject to community input and discussion.

In summary, the Council is meeting most community expectations on service delivery. However, there is a need to improve rural roads, address the swimming pool issues, as well as develop the medical facility as the specific question on these showed strong community support. There is community preparedness to pay an increase in rates of approximately \$3.50 to \$4.50 per week extra for these services.

The results will then be used to assess a rate variation application, in further development of the Asset Plan, and to support applications for various funding streams to support capital infrastructure consistent with community expectations.

Weddin Shire Council
Survey Results Analysis – Free comments summary – for public use.
November 2014

1) Age group 25-34 (1.x⁷)

- Less support for medical centre than older age groups (6, 7, 9, 10)⁸
- Less willingness for rate rises (7, 10, 12) to pay for the aquatic centre and medical centre. An exception is 9: ‘Weddin Shire is cheap compared to other Councils.’

2) Age group 35-44 (2.x)

- Two commendations of the parks (4, 8)
- Strong negative opinion on road maintenance (7, 8, 12)
- Strong support for the aquatic centre (11, 13)

3) Age group 45-54 (3.x)

- Many emphasised the need for Council to make internal cost savings (5, 6, 8, 9, 20)
- Several noted that the medical centre is not required because of existing medical professionals and their consulting rooms (5, 9). Others against (13). For (14, 15, 16, 22)
- There is mixed support for the aquatic centre. For (14, 15). Against (2).
- Emphasised the need for encourage business (23, 24, 25, 30)
- There is some sentiment that Grenfell is being given disproportionate attention (21, 25)

4) Age group 55-64 (4.x)

- Several requested kerbside clean-up collection (3, 11, 19)
- Several noted the importance of good signage and information to promote tourism (5, 11, 29)
- Many commented on the need for animal control (12, 13, 14, 38, 42)
- Several brought up the improper use of Council cars (6, 15)
- Several respondents noted the dust from unsealed roads (12, 25). General calls for sealed roads: 35, 36. Added to this, 44 says that kerbs and guttering should also be attended to.
- There is a general call for Council to be efficient with funds and staffing (8, 27, 33, 39).

⁷ The number is the age range key the X refers to the number of the response on the base data – for verification purposes.

⁸ Numbers are link to free comments in the age groups in the base data – due to privacy reasons the comments are not publicly provided.

5) Age group 65-74 (5.x)

- The medical centre is clearly a high priority (3, 4, 9, 30, 38, 39, 41). However, those opposed include 8, 16, 27
- There are several that believe that rates must rise to maintain / improve services (13, 15)
- There is strong support for an aquatic centre but one that suits the needs of older people e.g. heated / indoors / accessible (17, 19, 23, 24, 31, 40)
- Several calls for a tourist information centre (4, 11, 31)
- Many are dissatisfied with road maintenance and its efficiency (18, 28, 37, 45, 48)
- This age group has given more commendations to the Council than any other (11, 21, 24, 26, 29, 36).

6) Age group 75+ (6.x)

- There is an increased concern for beautification and the preservation of trees (2, 6, 7)
- Several oppose amalgamation (9, 14, 17).
- Various suggestions on environmental sustainability are given including wind turbines (15) and the promotion of environmentally sustainable businesses (17).
- Support for aquatic centre: 19, 25, 28.

Across all ages

- Roads / footpaths
 - There is no positive feedback on the roads (2.12, 3.8). The 'patch truck' is singled out many times as not doing a good job e.g. leaving stones on the road, making only short-term repairs, damaging cars (1.8, 3.12, 4.25, 5.45).
 - Many question the efficiency of the road crews (2.7, 5.28).
 - Some suggest contracting out work (2.8, 4.39, 5.30, 5.32).
 - Suggestions to repair / upgrade the footpaths on the main street (3.4, 3.13, 5.11, 5.37). Other footpaths: 6.25.
 - Sealing roads to prevent dust (4.12, 4.25, 5.37).
- Medical centre
 - Where respondents do not support a medical centre, the current existence of two doctors is noted several times (1.9, 3.5, 4.31) and the duplication of facilities (5.26, 5.43).
 - There is some opinion that other levels of government should be paying (2.11, 5.29).
 - Health includes mental health (3.26).
- Tourism
 - All age groups believe that tourism is important to the future of the community.
 - The development of the main street is called for several times (2.2, 3.8, 3.29).
 - There is praise for the CWA in providing information but there is support for paid staff (4.29, 5.11).
- Toilets. There is a universal call for more public toilets (1.5, 2.1, 4.41, 5.29, 5.31, 6.10) and for them to be kept clean (5.5). This has been noted in Greenthorpe (1.1). Signage is required to point out these toilets (1.5).

- Several suggestions to remove pigeons from the main street (5.11, 5.45). Pigeons generally: 6.25.
- There is universal condemnation of cutting down trees (3.13, 4.4, 4.16, 4.18, 5.20, 6.7), particularly on Forbes Street.
- Council. All respondents underscore the need for the operational efficiency of the Council. Predictably, opinion is mixed on whether the Council is succeeding on this front or not.
 - Many respondents noted that Council cars should only be used for work-related activities (2.6, 4.6, 4.15).
 - There is the odd comment that rates should be increased to keep up with other Councils (5.13, 5.15).
- Garbage / recycling
 - Residents are generally unsatisfied with recycling, and prefer collection from the kerb rather than going to the tip (1.3, 1.12, 2.5, 4.29, 5.31)
 - There has been more praise for the upgrade of the tip (3.14, 3.16, 5.29) than otherwise. Some gave feedback that more information is needed for residents to know what can be recycled (4.3, 4.42, 6.4). Suggestions on adjusted opening hours (3.16, 4.29).
 - Request for more bins (1.12).
 - Request to be able to buy more recycled materials (3.14).
 - Several called for council clean-ups (4.3, 5.34).
- All age groups emphasised the need for animal and weed control (1.5, 2.4, 3.24). Commendation for weed control: 4.30.
- Aquatic centre
 - Most residents are in favour of the new aquatic centre. Dissenting opinions include 1.5, 3.2.
 - Support for the aquatic centre even if the respondents do not regularly use (2.13, 5.29).
 - Should be heated for older users (4.29, 5.19, 6.19).
 - Several note that the current town pool is leaking (4.42, 5.43).
 - Should have disable access (5.17).
 - Reconsidering open hours (5.24).
- The vast majority of respondents congratulate the Council on the new caravan / trailer park (1.5, 3.3, 3.6, 4.20, 5.11).
- The state of the parks is commended many times (2.4, 2.10, 3.16, 5.26, 6.23).
- Amalgamation:
 - Opinion is mixed on amalgamation. For (2.7). Against (3.7, 4.37, 4.40, 5.15).
 - Opinion is mixed on whether the prospect of amalgamation means that Council should spend money now or wait. Those who say that it should spend money *before* amalgamation include 3.24, 4.26. Others say that expenditure should wait till *after* amalgamation including 4.29.
 - More cooperation with other councils (6.22).
- There is some sentiment that major centres like Grenfell are given disproportionate attention (3.21, 3.25, 4.2, 4.3, 5.1, 5.42)
- Business
 - Slightly more people want businesses to pay higher rates (3.28, 4.22). Those opposed include 2.11.
 - Suggestion for favourable rent to fill up vacant shops (3.23).
- Community involvement
 - Local gardeners doing work in parks (2.7).

- Raffles, dances, guided tours (3.7).
 - Beautification (4.21).
- Council-community communication
 - Several respondents would like to hear more from the Council e.g. via email (3.14).
 - Call for more local news (5.11).