

## Priority Community Infrastructure Program

<b>Opening date:</b>	<b>8 February 2023</b>
<b>Closing date and time:</b>	<b>5:00pm AEDT on 30 November 2023</b>
<b>Commonwealth policy entity:</b>	<b>Department of Infrastructure, Transport, Regional Development, Communications and the Arts</b>
<b>Enquiries:</b>	<b>If you have any questions, contact:</b> <b>Email: <a href="mailto:PCIP@infrastructure.gov.au">PCIP@infrastructure.gov.au</a></b> <b>Phone: 1800 044 938</b>
<b>Date guidelines released:</b>	<b>8 February 2023</b>
<b>Type of grant opportunity:</b>	<b>Closed non-competitive</b>

During the 2022 election campaign the Australian Government committed funding to communities across Australia, to improve social and economic viability and improve social amenity and increased health and wellbeing.

The Government is committed to delivering funding programs that are transparent and based on clearly defined eligibility criteria and assessment processes. The **Priority Community Infrastructure Program** has been developed to deliver important community and social infrastructure that represent value with relevant money and identified by communities to improve social and economic viability in local areas.

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# 1 Priority Community Infrastructure Program processes

## The Priority Community Infrastructure Program is designed to achieve Australian Government objectives

This grant program contributes to the Department of Infrastructure, Transport, Regional Development, Communication and the Arts' Outcome 3. The Department works with stakeholders to plan and design the grant program according to the [Commonwealth Grants Rules and Guidelines \(CGRGs\)](#).

## The grant opportunity opens

We publish the grant guidelines on [GrantConnect](#)



## We invite you to submit an application

We invite you via email to submit an application for funding for a project identified by the Australian Government. Only those organisations nominated by the Australian Government as part of the election commitment process can be considered.



## You complete and submit a grant application

You complete the application form and address all of the eligibility and assessment criteria to be considered for a grant.



## We assess all grant applications

We assess the applications against eligibility criteria and notify you if you are not eligible, if applicable. We assess your eligible application against the assessment criteria including the overall consideration of value with relevant money.



## We make grant recommendations

We provide advice to the decision maker on the value for money assessment of each application.



## Grant decisions are made

The decision maker decides which applications are successful.



## We notify you of the outcome

We advise you of the outcome of your application.



## We enter into a grant agreement

If you are successful we will enter into a grant agreement with you. The type of grant agreement is determined by us and based on the nature of the grant and is proportionate to the risks involved.



## Delivery of grant

You undertake the grant activity as set out in your grant agreement. We manage the grant by working with you, monitoring progress and making payments when program requirements are met.



**Evaluation of the Priority Community Infrastructure Program**

We evaluate your specific grant activity and the Priority Community Infrastructure Program as a whole. We base this on information you provide to us and that we collect from various sources.

Released under the FOI Act 1982 by the Department of Infrastructure, Transport, Regional Development, Communications, Sport and the Arts

## 1. Introduction

These guidelines contain information for the Priority Community Infrastructure Program (program).

This program delivers the Government's 2022 election commitments for community infrastructure and eligible Community Development Grants Programme commitments announced by the former Government during the 2022 Pre-Election Fiscal and Economic Outlook with funding of over \$5 million, and selected commitments under \$5 million.

Only projects identified by the Australian Government will be considered under the program.

As this is a non-competitive grants program, if your project has been identified to receive grant funding you will be contacted by the Australian Government.

You should not assume that a commitment of funding and an invitation to apply means that funding approval is guaranteed. Your application will be subject to a rigorous value with relevant money assessment. Any expenditure you incur on your project prior to the execution of a grant agreement is at your own risk.

You must read these guidelines before filling out an application.

This document sets out:

- the purpose, intended outcomes and objectives of the grant program;
- the application process;
- the eligibility criteria and assessment criteria;
- how grant applications are considered and selected;
- the governance arrangements (including roles and responsibilities);
- how grantees are notified and receive grant payments;
- how grantees will be monitored and evaluated; and
- responsibilities and expectations in relation to the program.

This grant opportunity will be administered by the Department of Infrastructure, Transport, Regional Development, Communication and the Arts (the Department).

### 1.1 About the Priority Community Infrastructure Program

The program will run over five financial years from 2022-2023 to 2026-2027. The program was announced as part of the 2022-2023 October Budget.

The purpose of this program is to support community and sporting infrastructure, open space improvements and other community priorities. Funded projects are intended to assist communities to build their strengths and improve liveability.

The objectives of the program are to:

- build resilient communities through the provision of social and community facilities;
- improve community amenity, accessibility and liveability through investment in community infrastructure; and
- drive economic growth in communities and the broader region.

The intended outcomes of the program are to:

- enhance community infrastructure;
- improve equity outcomes and social inclusion; and
- encourage communities to thrive, economically and socially.

We administer the program according to the [Commonwealth Grants Rules and Guidelines \(CGRGs\)](#)<sup>1</sup>.

## 2 Grant amount and grant period

### 2.1 Grants available

The Australian Government has announced a total of \$1 billion of administered funding over five years for the program.

The Australian Government has committed funding to 2026-2027 for the program.

There is no minimum grant amount. Grants cannot exceed the amount identified for your project in the invitation to apply for the program.

Requests for additional funding from the Australian Government will not be considered in this program. If your project is solely for the development of a business case, feasibility study, masterplan or similar, no additional funding is available for the construction phase of the project under this program.

Organisations with projects identified by the Australian Government will be invited to submit an application form to the Department.

### 2.2 Grant period

Funding will be available for Australian Government identified projects that are scheduled for completion with final payment made before 30 June 2027.

An evaluation of the grant program will commence in 2026 to inform future, similar programs.

## 3 Eligibility criteria

We cannot consider your application if you do not satisfy all the eligibility criteria. If you are deemed ineligible you will be advised in writing.

### 3.1 Who is eligible to apply for a grant?

To be eligible you must be the organisation with overall responsibility to deliver the project, be invited to deliver a project identified by the Australian Government and:

- have an Australian Business Number (ABN);
- be registered for the purposes of GST and remain registered for the duration of the grant;
- have an account with an Australian financial institution and be one of the following entity types:
  - an incorporated association;
  - a registered charity or not-for-profit organisation;
  - an Australian local government body;
  - an Australian state or territory government body;
  - an incorporated trustee on behalf of a trust;
  - a university; and

<sup>1</sup> <https://www.finance.gov.au/sites/default/files/2019-11/commonwealth-grants-rules-and-guidelines.pdf>

- an Aboriginal and/or Torres Strait Islander Corporation registered under the [Corporations \(Aboriginal and /or Torres Strait Islander\) Act 2006](#)

For the purposes of the program we also consider the following organisations to be an Australian local government agency or local governing body:

- Anangu Pitjantjatjara, Maralinga, Gerard, Nepabunna and Yalata governing bodies in South Australia;
- Cocos Keeling Islands Shire Council;
- Lord Howe Island Board;
- Norfolk Island Regional Council;
- The Outback Communities Authority;
- The Shire of Christmas Island;
- The Silverton and Tibooburra villages in New South Wales; and
- The Trust Account in the Northern Territory.

If your organisation has been invited to apply for the program but is not an eligible entity or there are concerns about your organisation's capacity to deliver the project, you may wish to consider approaching an eligible organisation to act as sponsor for the project. If you require further information on project sponsors, please contact the Department on 1800 044 938.

The project sponsor must be authorised to enter into a grant agreement and will be responsible for any obligations under the agreement with the Commonwealth, including all reporting requirements and completion of the project. This arrangement must be approved by the relevant Assistant Secretary in the Department of Infrastructure, Transport, Regional Development, Communications and the Arts. Any requests of this nature must be made to [PCIP@infrastructure.gov.au](mailto:PCIP@infrastructure.gov.au) before your application is submitted.

### 3.2 Additional Eligibility requirements for funding over \$5 million.

In order to be eligible, where the grant funding exceeds \$5 million, you must also provide:

- an Accountant Declaration that confirms you can:
  - a) fund any project cost overruns, and
  - b) if applicable, provide evidence of ability to fund your share of the total project cost.

The form is available on [GrantConnect](#).

### 3.3 Who is not eligible to apply for a grant?

You are not eligible to apply if you are:

- not identified by the Australian Government to receive funding under the Priority Community Infrastructure program or are a sponsor organisation approved to deliver the nominated project by the Department;
- an organisation, or your project partner is an organisation, included on the National Redress Scheme's website on the list of 'Institutions that have not joined or signified their intent to join the Scheme' ([www.nationalredress.gov.au](http://www.nationalredress.gov.au));
- an employer of 100 or more employees that has [not complied](#) with [Workplace Gender Equality Act \(2012\)](#);
- an individual;
- are an unincorporated association;

- a for-profit organisation;
- an individual partnership or trust (however, an incorporated trustee may apply on behalf of a not-for-profit trust organisation);
- an overseas resident/organisation;
- a technical college, school or hospital;
- an unincorporated Parents and Citizens Association;
- any organisation not included in section 3.1;
- a Regional Development Australia (RDA) Committee; and
- a resort management board.

## 4 What the grant money can be used for

### 4.1 Eligible grant activities

To be eligible your project must:

- be consistent with the intent of the announced commitment;
- have as a primary outcome the construction, upgrade or extension of infrastructure that provides economic and social benefits to the community;
- comprise at least one of the following activities:
  - constructing new infrastructure;
  - upgrading existing infrastructure;
  - extending existing infrastructure;
  - replacing infrastructure where there is a significant increase in benefit;
  - fit out alterations and/or extensions to existing premises;
  - purchase of fixed equipment / assets that are related to your community infrastructure project;
  - development of business case, feasibility study, master plan or similar; and
- not be located on privately owned land where you do not have a formal arrangement, such as a lease, for use of the land.

If your project will be located on school or similar closed grounds the project must demonstrate how it will deliver social benefits to the broader community and provide written approval of the relevant authorities prior to a funding agreement being executed.

If the grant activity is part of a larger project you should provide evidence to show how the grant activity can be delivered in isolation and the outcomes to be achieved as a result of the grant.

The Program Delegate makes the final decision on what are eligible grant activities and may also approve other activities.

### 4.2 Eligible expenditure

You can only spend the grant on eligible expenditure you have incurred undertaking eligible grant activities or agreed project activities.

Eligible expenditure items will be confirmed by us in the agreement.

As part of your application we may ask you to verify project costs. You may need to provide evidence such as recent quotes for major costs.

Not all expenditure on your project may be eligible for grant funding. The Program Delegate makes the final decision on what is eligible expenditure.

To be eligible, expenditure must:

- be a direct cost of the project;
- not be listed as an ineligible expenditure item; and
- be incurred by you for required project audit or approved signage activities.

For guidance on eligible expenditure, see **Appendix A**.

### 4.3 What the grant money cannot be used for

You cannot use the grant for the following activities:

- purchase of land or buildings;
- costs associated with existing staff of your organisation including wages, unless approved prior to entering into an agreement;
- employee on-costs such as superannuation, holiday loading, overheads, and consumables such as paper, printer cartridges, office supplies, brochures and other marketing materials, kitchen supplies or food and beverages or catering unless an exemption is sought and approved in the case of very remote locations;
- costs incurred in the preparation of the grant application or related documentation e.g. business case;
- subsidy of general ongoing administration of an organisation such as electricity, phone and rent;
- temporary relocation costs;
- ongoing upgrades, updates and maintenance of existing ICT systems; the cost of ongoing subscription-based software; and IT support memberships and warranties for purchases;
- domestic or overseas travel;
- funding to develop or deliver ongoing training or educational courses;
- funding for the development of private or commercial ventures;
- funding to purchase items that will not remain the property of the organisation including items to be given away; and
- funding for associated project activities that have received other Commonwealth funding.

For guidance on ineligible expenditure, see **Appendix B**.

Expenditure incurred prior to the execution of the grant agreement may be approved at the discretion of the Program Delegate. It must be an eligible activity as listed above, and be consistent with the original intent of the commitment.

You may apply for a partial or full exemption for an item listed as ineligible if you can demonstrate with evidence that you it is more efficient and cost effective to do so. Your exemption request will be reviewed and the Program Delegate will make the final decision on what are ineligible grant activities.

## 5 The assessment criteria

You must address all of the following assessment criteria in your application. We will assess your application based on the weighting given to each criterion. Assessment Criteria One, Two, Three

and Four will be assessed against set benchmarks relative to the size and complexity of the project and the grant amount requested.

We will only consider funding applications that score at least 60 per cent against each assessment criterion. Applications that do not meet this benchmark for the criteria overall will not be considered value with relevant money and will not be awarded funding. Where we identify that more information is required to determine whether the proposal is value with relevant money we will work with you to obtain that information.

The amount of detail and supporting evidence you provide in your application should be relative to the size and complexity of your proposed project and the grant amount requested. You should provide evidence to support your claims against the assessment criteria.

The Assessment Criteria for the Priority Community Infrastructure Program are:

1. Economic benefits of your proposed project to the Community
2. Social benefits of your proposed project to the Community
3. Project Viability and Sustainability
4. Grantee Capacity, Capability and Resources to carry out the proposed project.

## Assessment criterion 1

### Economic benefits of your proposed project to the community (15 points)

You should demonstrate this by identifying:

- a. The extent to which your proposed project is a community priority, and meets community needs from an economic perspective.
- b. The broader economic benefits your proposed project will deliver for the community and the region during and beyond the term of funding.

Examples of how your proposed project could deliver economic benefits may include but is not limited to:

- increasing the number or value of jobs, new businesses or the production of goods and services in the community (this includes direct and indirect opportunities created through the project);
- increasing Indigenous economic participation, including Indigenous employment and supplier-use outcomes;
- the use of local suppliers and goods, especially those that employ the use of sustainable work practices/goods; and
- increasing efficiency of service delivery.

Where your proposed project is the development of a business case, feasibility study, master plan or similar this may also include:

- economic development plans for the local government area or the broader region; and
- the potential of the infrastructure project to attract further economic investment to the local government area or broader region.

In your application, you must include the total employment numbers you expect to create during and following your project. You will need to identify how many of these employees will be Indigenous. You must substantiate any employment numbers with evidence. For information about determining employment numbers for your application, see **Appendix C**.

## Assessment criterion 2

### Social benefits of your project for the community (15 points)

You should demonstrate this by identifying:

- a. The extent to which your proposed project is a community priority and meets the social needs of the community.
- b. The broader social benefits that your proposed project will deliver for the region and community during and beyond the term of funding.

Social benefits for a region may cover improvements in community amenities, improving community connections and inclusion and providing opportunities for learning and knowledge creation. Examples of how your project could deliver social benefits may include but is not limited to:

- how your project may benefit the wider community not just your organisation/operation, such as supporting upskilling, capability development, improving outcomes for women, 'closing the gap' for First Nations people or contributing to a healthy lifestyle;
- reducing or mitigating the impact of carbon emissions;
- addressing disadvantage within the community;
- the degree to which the project fills a 'gap' within the community, or increasing community volunteering;
- improving community connections and social inclusion;
- supporting or protecting local heritage and culture; and
- making a region a more attractive place to live.

Where your proposed project is a business case, feasibility study, master plan or similar this may also include:

- the inclusion of the proposed project in a masterplan for the organisation, local government area or broader region
- the identification and consolidation of a number of small-scale community projects in a major project plan
- demographic studies and/or growth forecasts for the local government area and/or broader region demonstrating that existing infrastructure will not or can no longer support future growth and new infrastructure is required.

## Assessment criterion 3

### Project viability and sustainability (15 points)

You should demonstrate this through identifying:

- a. How grant funding will impact the proposed project including:
  - whether the proposed project will proceed without funding; and

- the scope and timing of the proposed project.
- b. Sound project planning to manage and monitor the proposed project, which addresses scope, implementation methodology, timeframes, budget, community consultation and risk management, commensurate to the size and nature of the project.

Where your proposed project is primarily an infrastructure project:

- c. Your readiness to commence the proposed project. You should describe the steps you have taken to ensure your project is investment ready, commensurate to the size and complexity of the project, including:
  - regulatory and/or development approvals are required or in place;
  - project designs and costings are underway or finalised;
  - authority from the land or infrastructure owner to undertake the project at the nominated site(s);
  - funding contributions from all sources; and
  - whether community consultation has taken place.

Where your proposed project is a business case, feasibility study, master plan or similar this may include your readiness to commence the proposed project, including:

- any preliminary work/studies that have been completed or are underway in relation to the proposed project;
- tenders for or engagement of consultants for the proposed project is underway; and
- whether initial community consultation for the infrastructure project has taken place.

## Assessment criterion 4

### Your capacity, capability and resources to carry out the project (15 points)

You should demonstrate this through identifying:

- a. Your track record with similar projects and access to personnel with the right skills and experience; any support or investment that will be leveraged to progress your project.
- b. The legal and financial status of the applicant including:
  - your ability to pay debts when they fall due, and whether assets cover liabilities;
  - your financial capacity to progress the project. This is particularly relevant where payments of funding are made in arrears; and
  - the nature of financial policies and procedures, and the governance structure of your organisation.

Where your proposed project is primarily an infrastructure project:

- c. Your ability to maintain the project for the duration of the operational period.

## 6 How to apply

**Before applying, you must read and understand these guidelines, the sample application form and the sample grant agreements, which are available on [GrantConnect](#).**

Any alterations and addenda<sup>2</sup> will be published on GrantConnect and by registering on this website, you will be automatically notified of any changes. GrantConnect is the authoritative source for grants information.

We will write to grantees of identified projects outlining the process for progressing an application. This correspondence will include web links for the:

- Priority Community Infrastructure Program guidelines; and
- application form.

To apply you must:

- complete the application form provided with your invitation and submit via email to [PCIP@infrastructure.gov.au](mailto:PCIP@infrastructure.gov.au);
- provide all the information requested;
- address **all** eligibility criteria and assessment criteria;
- include all necessary attachments. Further information on attachments can be found at **Appendix D**; and
- submit your application within six (6) months of receiving the invitation to submit an application for funding, or by 30 November 2023 whichever is earliest, to ensure communities benefit from the program in a timely manner

Only projects identified by the Australian Government and invited to apply will be considered.

You are responsible for ensuring that your application is complete and accurate. Giving false or misleading information is a serious offence under the [Criminal Code 1995](#) and we will investigate any false or misleading information and may exclude your application from further consideration.

If you need further guidance around the application process, or if you are unable to submit an application by email, you can contact us by phone on 1800 044 938 or email, at [PCIP@infrastructure.gov.au](mailto:PCIP@infrastructure.gov.au).

If you find an error in your application after submitting it, you should advise us immediately by emailing [PCIP@infrastructure.gov.au](mailto:PCIP@infrastructure.gov.au). If we find an error or information that is missing or we require clarification or additional information from you that will not change the nature of your application, we may contact you. Whilst we will make reasonable attempts to resolve any questions, the ultimate responsibility for providing sufficient information to enable us to assess your application rests with you.

You should keep a copy of your application and any supporting documents.

We will acknowledge that we have received your application within three (3) working days. This date initiates the proposed timeline referred to at 6.2.

Projects are expected to be 'investment ready' at the time the application form is submitted:

- 'investment ready' means a project has been scoped, costed and planned sufficiently that the Australian Government is satisfied that it will proceed to the next planning stage.

**Requests for additional funding from the Australian Government will not be considered in this program**

<sup>2</sup> Alterations and addenda include but are not limited to: corrections to currently published documents, changes to close times for applications, Questions and Answers (Q&A) documents and Frequently Asked Questions (FAQ) documents

We can only accept applications using the Priority Community Infrastructure application form and all requirements of this form must be addressed.

Further:

- extensions to submit your application will only be considered in exceptional circumstances and is at the discretion of the Program Delegate. Any requests to extend the application submission date must be made in writing, stating the reasons and any revised timeframes prior to the submission due date;
- requests for minor changes of scope must be provided to us in writing, clearly stating the reasons, prior to the submission due date; and
- we will make a recommendation to the decision maker as to whether a change of scope should be considered, or that the funding commitment should be withdrawn.

Applications must be submitted by email to [PCIP@infrastructure.gov.au](mailto:PCIP@infrastructure.gov.au). This will be provided in your invitation to submit an application for funding.

### 6.1 Timing of grant program processes

You **must** submit your application within six (6) months of receiving the invitation to submit an application for funding, or by 30 November 2023 whichever is earliest, to ensure communities benefit from the program in a timely manner. We will not consider applications submitted outside this period unless you have previously obtained approval for this.

Once we receive your completed application form and supporting documentation, we will undertake a value with relevant money assessment of the project proposal against the factors listed in these guidelines.

Once the assessment of the project has been completed, a recommendation on funding will be provided to the decision maker.

The decision maker will consider whether the proposal will make proper use of Commonwealth resources, as required by Commonwealth legislation, and whether any specific requirements will be imposed as a condition of funding, should funding be approved.

If the project is approved, you will be notified in writing and will be required to negotiate and enter into a grant agreement with the Australian Government within ten (10) weeks of the notification. If you do not enter into a grant agreement within this period and have not received approval from us to extend the time period, the offer may be withdrawn. Expenditure incurred prior to the execution of the grant agreement is at the grantee's risk however may be considered as eligible expenditure at the discretion of the Program Delegate.

Timelines for approval and notification will be dependent upon you providing sufficient project information for an assessment to be completed and a grant agreement executed.

Table 1: Expected timing for this grant program

Activity	Timeframe
Application submitted	Within six (6) months of receiving the invitation to submit an application for funding, or by 30 November 2023 whichever is earliest
Assessment of applications	Four (4) weeks from all necessary information being provided

Activity	Timeframe
Approval of outcomes of selection process	Four (4) weeks
Notification to unsuccessful applicants	Within three (3) weeks of funding decision being made.
Notification to successful applicants	Within three (3) weeks of funding decision being made.
Negotiations and award of grant agreements	Ten (10) weeks from notification of approval of funding. If the Grant Agreement is unable to be finalised within four (4) weeks of offer the approval may be withdrawn.
Earliest start date of project	To be negotiated through the grant agreement.
End date of grant activity or agreement	To be negotiated through the grant agreement. All projects should be complete by 31 December 2026.

## 6.2 Questions during the application process

If you have any questions during the application period, contact us phone on 1800 044 938 or by email at [PCIP@infrastructure.gov.au](mailto:PCIP@infrastructure.gov.au).

# 7 The grant selection process

## 7.1 Assessment of grant applications

We first review your application against the eligibility criteria. If eligible, we will then assess it against the assessment criteria. Only eligible applications will proceed to the assessment stage.

We consider your application on:

- how well it meets the criteria; and
- whether it represents value with relevant money.<sup>3</sup>

When assessing the extent to which the application represents value with relevant money, we will have regard to:

- the overall objective/s to be achieved in providing the grant;
- the relative value of the grant sought;
- the extent to which the evidence in the application demonstrates that it will contribute to meeting the outcomes/objectives;
- whether the project has a risk profile that is acceptable to the Australian Government, with any identified risk able to be efficiently and effectively managed; and
- the extent to which the evidence provided confirms the project matches the stated commitment of funding.

<sup>3</sup> See glossary for an explanation of 'value with relevant money'.

The threshold level of the project will then determine the type of agreement.

The threshold levels and risk considerations are shown in the table below.

Table 2: Project Threshold Levels

Threshold Level	Type of Agreement	Factors considered
<p>Threshold One</p> <p>&gt;\$100,000 and ≤ \$2,000,000 grant value</p>	Simple Grant Agreement	<p>Grantee's grant management history with Commonwealth, state and local governments.</p> <p>Grantee and project viability risks identified.</p>
<p>Threshold two – All Other Projects</p> <p>&gt; \$2,000,000 grant value</p> <p>Higher risk Threshold Two or Two Projects</p>	Standard Grant Agreement	All grants that don't meet the requirements of Thresholds One are automatically Threshold Two grants.

## 7.2 Who will assess applications?

We (the Department) will assess each eligible application against the assessment criteria.

The Department recommends to the Decision Maker which applications to approve for a grant.

We may request advice on applications from local, state and territory governments, Australian Government agencies, independent experts and other external parties.

Advice may be requested on but not limited to, the history of the applicant in delivering projects, the viability of the project and the applicant, the extent to which the project aligns with or delivers priorities in state and territory plans, confirmation of funding contributions and the impact of the project on the region.

Where we believe an independent professional confirmation of our assessment of an application is required, an Independent Viability Assessment may be undertaken.

- The independent viability assessment will be undertaken by an appropriately qualified external consultant engaged by us and the findings of the independent viability assessment will be included in the project assessment.
- All information provided in and with the application form may be subject to an independent viability assessment.
- You will be notified by us if we intend to undertake an independent viability assessment on your application.
- Any expert/advisor, who is not a Commonwealth Official, will be required/expected to perform their duties in accordance with the CGRGs.

The Department recommends to the Decision Maker which applications to approve for a grant.

### 7.3 Who will approve grants?

The Minister for Infrastructure, Transport, Regional Development and Local Government is the Decision Maker and decides which grants to approve considering the recommendations of the Department and the availability of grant funds for the purposes of the grant program.

The decision is final in all matters, including:

- the approval of the grant; and
- the grant funding amount to be awarded.

We cannot review decisions about the outcome of your application.

## 8 Notification of application outcomes

We will advise you of the outcome of your application in writing. If you are successful, we will advise you of any specific conditions attached to the grant.

If you are unsuccessful, we will give you an opportunity to discuss the outcome.

### 8.1 Feedback on your application

If you are unsuccessful, you may ask for feedback within three (3) months of being advised of the outcome. This request must be sought in writing by email at [PCIP@infrastructure.gov.au](mailto:PCIP@infrastructure.gov.au). We will give written feedback within one month of your request.

## 9 Successful grant applications

### 9.1 The grant agreement

You must enter into a legally binding grant agreement with the Commonwealth.

We use two types of grant agreements in this program. The type of grant agreement selected for use will depend on a number of factors, including, but not limited to, the size and complexity of your project. We may also use a bespoke agreement where it is required by the nature of the project.

Each grant agreement has general terms and conditions that cannot be changed. Sample grant agreements are available at [GrantConnect](#) and on our website at <http://www.infrastructure.gov.au>. The grant agreement outlines the grant requirements. There may be specific conditions attached to the funding approval as a result of the assessment or further consideration by the Program Delegate. These will be identified in the offer of funding or during the grant agreement negotiations. If alternative delivery arrangements for a project is agreed by the Program Delegate, to address complex and sensitive program delivery requirements, this will be reflected in the grant agreement.

We **must** execute a grant agreement with you before we can make any payments. We are not responsible for any of your expenditure until a grant agreement is executed by both parties.

The Commonwealth may recover grant funds if there is a breach of the grant agreement.

#### 9.1.1 Simple Grant Agreement and Standard Grant Agreement

We will use either a simple grant agreement or standard grant agreement for this program. The type of grant agreement to be used will be determined by the Department. See Table 2 at Section 7.1 for details.

Where you have been invited to apply for funding for more than one project under this program, we **may** use a single grant agreement for multiple projects where it is effective and efficient to do so.

You will have four (4) weeks from the date of a written offer to sign the grant agreement with the Commonwealth. During this time, we will work with you to finalise details.

The offer may lapse if both parties do not sign the grant agreement within this time. Under certain circumstances, we **may** extend this period.

You may request changes to the project details in the grant agreement. However, we will review any required changes to these details to ensure they do not impact the grant as approved by the Decision Maker.

Your grant agreement will include the requirement that you operate and maintain your project for the purpose of the project for a minimum period as specified in the agreement after project completion.

## 9.2 Specific legislation, policies and industry standards

Whilst you are required to be compliant with all relevant laws, regulations and Australian Government sanctions, you may be requested to demonstrate compliance with certain legislation/policies/industry standards:

In particular, you will be required to demonstrate compliance with:

- certain building and construction requirements, including the *Work Health and Safety Act 2011* (Cth) and applicable state- or territory-based work health and safety legislation;
- all legislation in relation to Australian Government sanction regimes; and
- all legislation in relation to working with children, where applicable.

It is a condition of the grant funding that you meet these requirements. These requirements will be included in your grant agreement. If you do not adhere to the conditions of the grant agreement, the agreement may be terminated.

### 9.2.1 Building and construction requirements

Wherever the government funds building and construction activities, the following special regulatory requirement may apply.

- Australian Government Building and Construction WHS Accreditation Scheme<sup>4</sup> ([WHS Scheme](#))

The WHS Scheme is administered by the [Office of the Federal Safety Commissioner](#).<sup>5</sup>

The Scheme applies to projects that are indirectly funded by the Australian Government where the head contracts for building work are greater than \$4 million (GST inclusive) and:

- the value of the Australian Government contribution to the project is at least \$6 million and represents at least 50 per cent of the total construction project value; or
- regardless of the proportion of Australian Government funding, where the Australian Government contribution to a project is \$10 million or more.

<sup>4</sup> <https://www.fsc.gov.au/scheme-accreditation>

<sup>5</sup> <https://www.fsc.gov.au/>

### 9.2.2 Child Safe Requirements

You must comply with all relevant legislation relating to the employment or engagement of anyone working on the project who may interact with children, including all necessary Working with Children checks.

You must implement the [National Principles for Child Safe Organisations](#)<sup>6</sup> endorsed by the Commonwealth.

You will need to complete a risk assessment to identify the level of responsibility for children and the level of risk of harm or abuse and put appropriate strategies in place to manage those risks. You must update this risk assessment at least annually. You will also need to establish a training and compliance regime to ensure personnel are aware of, and comply with, the risk assessment requirements, relevant legislation, including mandatory reporting requirements and the National Principles for Child Safe Organisations.

You will be required to provide an annual statement of compliance with these requirements in relation to working with children.

### 9.3 How we pay the grant

Grant funding is not provided in a lump sum or in advance. It will generally be paid by instalments in arrears on the achievement by you of agreed milestones as set out in the grant agreement.

The grant agreement will state the:

- description of the project to be delivered including the identified grant activities;
- maximum grant amount to be paid;
- any financial contributions you must make (if applicable);
- any financial contribution provided by a third party (if applicable); and
- milestone requirements, timing and any associated payments.

A payment schedule will be negotiated with you. Grant funding will be paid generally in arrears:

- as you achieve agreed milestones; and
- on approval of satisfactory progress reports, which will include evidence of achievements.

We set aside at least 10 per cent of the total grant for the final payment. We will pay this when we approve a satisfactory project completion report submitted by you that demonstrates you have completed all outstanding obligations for the project.

The Program Delegate may approve alternative arrangements on a discretionary basis.

We will not exceed the maximum grant amount under any circumstances. There is no ability to increase funding under this program. If you incur extra costs, you must meet them yourself.

### 9.4 Grants payments and GST

Eligible applicants are required to be registered for the Goods and Services Tax (GST). Where applicable, we will add GST to your grant payment and may issue a recipient created tax invoice or request a tax invoice for the grant payment. You are required to notify us if you intend to change

<sup>6</sup> <https://childsafefhumanrights.gov.au/national-principles>

your GST registration status changes during the project period. GST does not apply to grant payments to government related entities<sup>7</sup>.

Grants are assessable income for taxation purposes, unless exempted by a taxation law. We recommend you seek independent professional advice on your taxation obligations or seek assistance from the [Australian Taxation Office](#).<sup>8</sup> We do not provide advice on your particular taxation circumstances.

## 10 Announcement of grants

If successful, your grant will be listed on the GrantConnect website within 21 calendar days from the date of effect, as required by Section 5.3 of the [CGRGs](#). We will publish non-sensitive details of successful projects on GrantConnect.

## 11 How we monitor your grant activity

### 11.1 Keeping us informed

You **must** let us know as soon as you become aware of anything likely to affect your project or organisation. This includes any anticipated changes to the project outcomes.

We need to know of any key changes to your organisation or its business activities, particularly if they affect your ability to complete your project, carry on business and pay debts due.

You must also inform us of any changes to your:

- name;
- addresses;
- nominated contact details;
- bank account details; and
- GST status.

If you become aware of a breach of terms and conditions under the grant agreement, you must contact us immediately. You must notify us of any activities regarding the project such as instances of allegations of fraud or illegal activity.

You **must** notify us of events or publicity relating to your grant and provide an opportunity for the Minister or their representative to attend. The requirements relating to events are identified in the agreement.

### 11.2 Reporting

You must submit reports in line with the grant agreement. We will provide templates for these reports. We will remind you of your reporting obligations before a report is due. We will expect you to report on at least:

- progress against agreed project milestones;
- contributions of participants directly related to the project (if applicable);
- expenditure of the grant;

<sup>7</sup> See Australian Taxation Office ruling GSTR 2012/2 available at [ato.gov.au](#)

<sup>8</sup> <https://www.ato.gov.au/>

- achievement of any specific conditions; and
- the outcomes delivered by the project.

We will work with you so that you can provide the necessary information that we need to assess your progress. The level of information required will be relative to the complexity of the project and grant amount.

We will monitor progress by assessing the reports you submit and may conduct site visits or request records to confirm details of your reports if necessary. We may need to re-examine claims, seek further information or request an independent audit of claims and payments.

### 11.2.1 Progress reports

Progress reports must:

- include evidence of your progress towards completion of agreed activities and outcomes;
- show the total eligible expenditure incurred to date, including evidence of expenditure; and
- be submitted by the report due date (you can submit reports ahead of time if you have completed relevant activities).

We will only make grant payments when we receive satisfactory progress reports. We **may** also require that all previous grants payments have been expended or committed prior to making a payment.

You must discuss any reporting delays with us as soon as you become aware of them.

### 11.2.2 Ad-hoc reports

We may ask you for ad-hoc reports on your grant. We will only do this where it is necessary to obtain an update on progress, or identify any significant delays or difficulties in completing the project.

### 11.2.3 Completion report

When you complete the project, you must submit a completion report.

Completion reports must:

- identify how outcomes have been achieved;
- include the agreed evidence as specified in the grant agreement;
- identify the total eligible expenditure incurred;
- note any factors affecting the project and outcomes; and
- be submitted within the time specified in the grant agreement and in the format provided in the grant agreement.

## 11.3 Financial declaration / Audited financial acquittal report

We will ask you to provide a declaration that the grant money was spent in accordance with the grant agreement and to report on any underspends of the grant money.

In addition, we may ask you to provide an independently audited financial acquittal report. A financial acquittal report will verify that you spent the grant in accordance with the grant agreement. The financial acquittal report template is provided with the Completion Report.

Your grant agreement will clearly outline your reporting requirements.

## 11.4 Grant agreement variations

We recognise that unexpected events may affect your progress. You should be proactive in informing us of these events. In these circumstances, you can request a variation to your grant agreement. You can request a variation by completing a Request for Variation Form to be supplied by us.

We cannot increase the amount of funding you receive, regardless of the reason. We will only consider variations to the length of your project up to the end of the program period. You should not assume that a variation request will be agreed. We will consider your request based on provisions in the grant agreement and the likely impact on achieving outcomes.

## 11.5 Compliance visits

We may visit you during or at the completion of your project to review your compliance with the grant agreement. We will provide you with reasonable notice of any compliance visit.

## 11.6 Record keeping

We may also request or inspect the records you are required to keep under the grant agreement.

## 11.7 Evaluation

We will evaluate the grant program to measure how well the outcomes and objectives have been achieved. We may use information from your application and reports for this purpose. We may also interview you, or ask you for more information to help us understand the impact of your Priority Community Infrastructure Program grant and to evaluate how effective the program was in achieving its outcomes.

We may contact you for up to 5 years after you finish your project for more information to assist with this evaluation.

## 11.8 Acknowledgement

Successful grantees will be required to comply with a range of branding and recognition requirements which may include holding an official opening event. These requirements are identified in the agreement and guidance is provided on our website.

You must also notify us of any other events relating to your project where there may be opportunities for the relevant Minister or Government representative to attend. These requirements are also identified in the agreement.

All signage, publicity and public statements must acknowledge the Australian Government funding using words and branding that are approved by us.

# 12 Probity

The Australian Government will make sure that the grant opportunity process is fair, according to the published guidelines, incorporates appropriate safeguards against fraud, unlawful activities and other inappropriate conduct, and is consistent with the CGRGs.

These guidelines may be changed from time-to-time by the Department. When this happens, the revised guidelines will be published on GrantConnect.

## 12.1 Enquiries and feedback

The Department's Complaints Management procedures apply to complaints about this grant program. All complaints about a grant process must be provided in writing.

Any questions you have about grant decisions for this grant opportunity should be sent to [PCIP@infrastructure.gov.au](mailto:PCIP@infrastructure.gov.au)

The Department welcomes your feedback about the policy, programs or service provided by us. Any feedback should be submitted to us in writing via:

Email: [clientservice@infrastructure.gov.au](mailto:clientservice@infrastructure.gov.au) or

Mail: Director, Governance Section  
Department of Infrastructure, Transport, Regional Development, Communications and the Arts  
GPO Box 594  
CANBERRA ACT 2601

If you do not agree with the way the Department has handled your complaint, you may complain to the Commonwealth Ombudsman. The Ombudsman will not usually look into a complaint unless the matter has first been raised directly with the Department. There is no fee for making a complaint, and the Ombudsman may conduct an independent investigation.

The Commonwealth Ombudsman can be contacted on:

Phone (Toll free): 1300 362 072  
Email: [ombudsman@ombudsman.gov.au](mailto:ombudsman@ombudsman.gov.au)  
Website: [www.ombudsman.gov.au](http://www.ombudsman.gov.au)

## 12.2 Conflicts of interest

Any conflicts of interest could affect the performance of the grant program. There may be a conflict of interest, or perceived conflict of interest, if the Department's staff or advisor and/or you or any of your personnel:

- has a professional, commercial or personal relationship with a party who is able to influence the application selection process, such as an Australian Government officer;
- has a relationship with, or interest in, an organisation which is likely to interfere with or restrict the applicants from carrying out the proposed activities fairly and independently; or
- has a relationship with, or interest in, an organisation from which they will receive personal gain because the organisation receives a grant under the grant program.

You will be asked to declare, as part of your application, any perceived or existing conflicts of interests or that, to the best of your knowledge, there is no conflict of interest.

If you later identify an actual, apparent, or perceived conflict of interest, you **must** inform the Department in writing immediately.

Conflicts of interest for Australian Government staff will be handled as set out in the Australian [Public Service Code of Conduct \(Section 13\(7\)\)](#) of the [Public Service Act 1999 \(Cth\)](#). Other officials including the decision maker must also declare any conflicts of interest.

### 12.3 Disclosure of Commonwealth, State or Territory financial penalties

You must disclose whether any of your board members, management or persons of authority have been subject to any pecuniary penalty, whether civil, criminal or administrative, imposed by a Commonwealth, State, or Territory court or a Commonwealth, State, or Territory entity. If this is the case, you must provide advice to the department regarding the matter for consideration.

### 12.4 Privacy

We treat your personal information according to the [Privacy Act 1988 \(Cth\)](#) and the [Australian Privacy Principles](#). This includes letting you know:

- what personal information we collect;
- why we collect your personal information; and
- who we give your personal information to.

Your personal information can only be disclosed to someone else for the primary purpose for which it was collected, unless an exemption applies.

The Australian Government may also use and disclose information about grant applicants and grant recipients under this grant program in any other Australian Government business or function. This includes disclosing grant information on GrantConnect as required for reporting purposes and giving information to the Australian Taxation Office for compliance purposes.

We may share the information you give us with other Commonwealth entities for purposes including government administration, research or service delivery, according to Australian laws.

As part of your application, you declare your ability to comply with the *Privacy Act 1988* and the Australian Privacy Principles and impose the same privacy obligations on officers, employees, agents and subcontractors that you engage to assist with the activity, in respect of personal information you collect, use, store, or disclose in connection with the activity. Accordingly, you must not do anything, which if done by the Department would breach an Australian Privacy Principle as defined in the [Privacy Act 1988 \(Cth\)](#).

For further information about our privacy obligations (including in relation to how to access or correct personal information or make a complaint) and our contact details for privacy matters, please see our [Privacy Policy](#).

### 12.5 Confidential Information

Other than information available in the public domain, you agree not to disclose to any person, other than us, any confidential information relating to the grant application and/or grant agreement, without our prior written approval. The obligation will not be breached where you are required by law, Parliament or a stock exchange to disclose the relevant information or where the relevant information is publicly available (other than through breach of a confidentiality or non-disclosure obligation).

We may at any time, require you to arrange for you, or your employees, agents or subcontractors, to give a written undertaking relating to nondisclosure of our confidential information in a form we consider acceptable.

We will keep any information in connection with the grant agreement confidential to the extent that it meets all of the three conditions below:

1. you clearly identify the information as confidential and explain why we should treat it as confidential;

2. the information is commercially sensitive; and
3. revealing the information would cause unreasonable harm to you or someone else.

We will not be in breach of any confidentiality agreement if the information is disclosed to:

- other Commonwealth employees and contractors to help us manage the program effectively;
- employees and contractors of our department so we can research, assess, monitor and analyse our programs and activities;
- employees and contractors of other Commonwealth agencies for any purposes, including government administration, research or service delivery;
- other Commonwealth, State, Territory or local government agencies in program reports and consultations;
- the Auditor-General, Ombudsman or Privacy Commissioner;
- the responsible Minister or Assistant Minister, and
- a House or a Committee of the Australian Parliament.

The grant agreement may also include any specific requirements about special categories of information collected, created or held under the grant agreement.

## 12.6 Freedom of information

All documents in the possession of the Australian Government, including those about this grant program, are subject to the [Freedom of Information Act 1982 \(Cth\)](#) (FOI Act).

The purpose of the FOI Act is to give members of the public rights of access to information held by the Australian Government and its entities. Under the FOI Act, members of the public can seek access to documents held by the Australian Government. This right of access is limited only by the exceptions and exemptions necessary to protect essential public interests and private and business affairs of persons in respect of whom the information relates.

All Freedom of Information requests must be referred to the Freedom of Information Coordinator in writing.

By mail:           Freedom of Information Coordinator  
                           Department of Infrastructure, Transport, Regional Development, Communications  
                           and the Arts  
                           GPO Box 2154  
                           CANBERRA ACT 2601

By email:         [FOI@infrastructure.gov.au](mailto:FOI@infrastructure.gov.au)

## 13 Glossary

Term	Definition
accountable authority	see subsection 12(2) of the <a href="#">Public Governance, Performance and Accountability Act 2013</a>
application process	refers to the steps that must be followed by potential grantees to be considered for a grant. It includes the forms and written documentation which contain eligibility and any assessment criteria to be satisfied.
assessment criteria	are the specified principles or standards, against which applications will be judged.
commencement date	the expected start date for the grant activity.
<a href="#">Commonwealth Grants Rules and Guidelines (CGRGs)</a>	establish the overarching Commonwealth grants policy framework and articulate the expectations for all non-corporate Commonwealth entities in relation to grants administration. Under this overarching framework non-corporate Commonwealth entities undertake grants administration based on the mandatory requirements and key principles of grants administration.
completion date	the expected date that the project must be completed and the grant spent by.
date of effect	can be the date on which a grant agreement is signed or a specified starting date.
Decision maker	the person who makes a decision to award a grant. The decision maker for the Priority Community Infrastructure Program is the Minister for Infrastructure, Transport and Regional Development.
eligibility criteria	refer to the mandatory criteria which must be met to qualify for a grant. Assessment criteria may apply in addition to eligibility criteria.
Commonwealth entity	a Department of State, or a Parliamentary Department, or a listed entity or a body corporate established by a law of the Commonwealth. See subsections 10(1) and (2) of the PGPA Act

Term	Definition
grant	<p>for the purposes of the CGRGs, a 'grant' is an arrangement for the provision of financial assistance by the Commonwealth or on behalf of the Commonwealth:</p> <ol style="list-style-type: none"> <li>a. under which relevant money<sup>9</sup> or other <a href="#">Consolidated Revenue Fund</a> (CRF) money<sup>10</sup> is to be paid to a grantee other than the Commonwealth and</li> <li>b. which is intended to help address one or more of the Australian Government's policy outcomes while assisting the grantee to achieve its objectives.</li> </ol>
grant activity/activities	refers to the project that the grantee is required to undertake.
grant agreement	a legally binding contract that sets out the relationship between the parties to the agreement, and specifies the details of the grant.
executed grant agreement	a grant agreement that has been signed by both parties and becomes legally binding from the date of final signature
<a href="#">GrantConnect</a>	is the Australian Government's whole-of-government grants information system, which centralises the publication and reporting of Commonwealth grants in accordance with the CGRGs.
grant opportunity	refers to the specific grant round or process where a Commonwealth grant is made available to potential grantees. Grant opportunities may be open or targeted, and will reflect the relevant grant selection process.
grantee	the organisation which has been selected to receive a grant.
grant program	a 'program' carries its natural meaning and is intended to cover a potentially wide range of related activities aimed at achieving government policy outcomes. A grant program is a group of one or more grant opportunities under a single Department Portfolio Budget Statement Program.
Program Delegate	Is the Assistant Secretary of the Department of Infrastructure, Transport, Regional Development, Communication and the Arts who has been authorised by the Minister, or is otherwise duly authorised to carry out the relevant functions in respect of the Program (and all initiatives under the Program).

<sup>9</sup> Relevant money is defined in the PGPA Act. See section 8, Dictionary.

<sup>10</sup> Other CRF money is defined in the PGPA Act. See section 105, Rules in relation to other CRF money.

Term	Definition
operational period	the period for which the project must be kept operational as specified in the grant agreement. This will be a minimum of 1 year and up to 5 years after the project has been acquitted, depending on the level of grant funding.
selection process	the method used to select potential grantees. This process involves the assessment of applications against the eligibility criteria and the assessment criteria.
value with relevant money	<p>'value with relevant money' is a judgement based on the grant proposal representing an efficient, effective, economical and ethical use of public resources and determined from a variety of considerations.</p> <p>When administering a grant opportunity, an official should consider the relevant financial and non-financial costs and benefits of each proposal including, but not limited to:</p> <ul style="list-style-type: none"> <li>• the quality of the project proposal and activities</li> <li>• fitness for purpose of the proposal in contributing to government objectives</li> <li>• that the absence of a grant is likely to prevent the grantee and government's outcomes being achieved and</li> <li>• the potential grantee's relevant experience and performance history.</li> </ul>

## Appendix A. Eligible expenditure

This section provides guidance on the eligibility of expenditure for investment ready projects. We may update this guidance from time to time, so you should make sure you have the current version from the website before preparing your application.

The Program Delegate makes the final decision on what is eligible expenditure in accordance with the guidelines and may give additional guidance on eligible expenditure if required.

To be eligible, expenditure must:

- be incurred by you within the project period;
- be a direct cost of the project and / or;
- be incurred by you to undertake required project audit or signage activities; and
- meet the eligible expenditure guidelines.

You can only use Priority Community Infrastructure Program funding for eligible expenditure.

In-kind contributions are not eligible expenditure.

### A.1 How we verify eligible expenditure

We will ask you to verify the project budget you provide in your application and when we negotiate your grant agreement. You may need to provide evidence such as quotes for major costs.

The grant agreement will include details of the evidence you may need to provide when you achieve certain milestones in your project. This may include evidence related to eligible expenditure.

Expenditure incurred prior to the execution of the grant agreement is at your own risk. You may request this be considered as eligible expenditure however the decision is at the discretion of the Program Delegate.

If requested, you will need to provide the agreed evidence along with your progress reports.

You must keep payment records of all eligible expenditure, and be able to provide evidence for how the costs relate to the agreed project activities. At any time, we may ask you to provide records of the expenditure you have paid. If you do not provide these records when requested, the expense may not qualify as eligible expenditure.

At the end of the project, you may be required to provide an independent financial audit of all eligible expenditure from the project.

### A.2 Materials for construction

We consider costs of acquiring materials for the construction of infrastructure as eligible expenditure. Where possible and suitable for your project, you should use locally procured and sustainable, recycled or repurposed building materials. For example applications of sustainable, recycled or repurposed building materials and to find potential suppliers see the [sustainable and recycled products](#) page on the Department of Climate Change, Energy, the Environment and Water's website.

You must list material costs as a separate item within your project budget in the application form where applicable.

Examples of eligible material costs can include:

- building materials;

- ICT cabling;
- fit out of the infrastructure, such as window dressings;
- fixed furniture (e.g. kitchen fit outs as part of the construction of a building); and
- landscaping.

You may show expenditure on materials by providing evidence of:

- purchase price;
- payments (e.g. tax invoices and receipts from suppliers confirming payment);
- commitment to pay for the materials (e.g. supplier contract, purchase order or executed lease agreement);
- receipt of materials (e.g. supplier or freight documents); and
- associated costs such as freight and installation (e.g. supplier documents).

If you claim expenditure for materials, we limit this to:

- the costs of materials; and
- freight costs.

### A.3 Hired/leased plant

You may lease plant and equipment to support your project and, where possible, you should use local suppliers.

You must calculate eligible expenditure for hired, rented, or leased plant by the number of payment periods where you use the plant for the project multiplied by the period hiring fee. If you purchase plant under a hire purchase agreement, or you use a lease to finance the purchase of the plant, the cost of the item of plant, excluding interest, is capitalised, and then depreciated.

Running costs for hired or leased plant are eligible expenditure but you must be able to verify them. They may include items such as rent, light and power, and repairs and maintenance.

### A.4 Contract expenditure

Eligible contract expenditure is the cost of work undertaken on any agreed eligible project activities that you contract others to do. This can include contracting:

- another organisation; and
- an individual who is not currently an employee, but engaged under a separate contract.

It can also include contracting others on the core elements of the project related to construction.

This may include:

- architect services;
- design services;
- project management;
- quantity surveying; and
- building services.

Costs for pre-construction activities including architect services, design, surveying, planning, environmental or other regulatory approvals, are limited to 20 per cent of the total amount of eligible project expenditure claimed.

For business cases, feasibility studies, master plans or similar this may also include contracting consultants to undertake the activity.

Where possible, you should engage local labour and services.

This must not include existing employees that you pay a salary or a wage.

All contractors must have a written contract prior to starting any project work—for example, a formal agreement, letter or purchase order which specifies:

- the nature of the work they perform; and
- the applicable fees, charges and other costs payable.

Invoices from contractors must contain:

- a detailed description of the nature of the work;
- the hours and hourly rates involved; and
- any specific plant expenses paid.

Invoices must directly relate to the agreed project, and the work must qualify as an eligible expense. The costs must also be reasonable and appropriate for the activities performed.

We will require evidence of contractor expenditure that may include:

- an exchange of letters (including email) setting out the terms and conditions of the proposed contract work;
- purchase orders;
- supply agreements; and
- invoices and payment documents.

You must ensure all project contractors keep a record of the costs of their work on the project. We may require you to provide a contractor's records of their costs of doing project work. If you cannot provide these records, the relevant contract expense may not qualify as eligible expenditure.

## A.5 Other eligible expenditure

Other eligible expenditure for the project may include:

- financial auditing of project expenditure;
- costs you incur in order to obtain planning, environmental or other regulatory approvals during the project period; and
- agreed Priority Community Infrastructure Program signage if applicable as outlined in 10.8 of these guidelines.

Other specific expenditures may be eligible as determined by the Program Delegate in accordance with the CGRGs and Government practice.

Evidence can include but is not limited to supplier contracts, purchase orders, invoices and supplier confirmation of payments.

## Appendix B. Ineligible expenditure

This section provides guidance on what we consider ineligible expenditure. We may update this guidance from time to time, so you should make sure you have the current version from the website before preparing your application.

The Program Delegate may impose limitations or exclude expenditure, or further include some ineligible expenditure listed in these guidelines in a grant agreement or otherwise by notice to you.

Examples of ineligible expenditure include:

- purchase of land or existing infrastructure, including the costs associated with sub-division of land;
- repair or replacement of existing infrastructure where there is no demonstrated significant increase in benefit;
- ongoing operating costs, including utilities;
- payment of salaries for the applicant's existing employees. Exemptions may be sought, for example, in the case of remote locations. A request for exemption needs to be supported by evidence that demonstrates that it is more efficient and cost effective to use existing staff;
- project overhead items including office equipment, vehicles or the grantee's mobile capital equipment. Exemptions may be sought for the use of capital equipment such as trucks and earth moving equipment. A request for exemption needs to be supported by evidence that demonstrates that it is more efficient and cost effective to use your existing plant and equipment;
- costs related to registered training organisation training activities;
- routine operational expenses, including communications, accommodation, printing and stationery, postage, legal and accounting fees and bank charges;
- writing the application and reporting on the grant; and
- making donations, gifts and sponsorships.

Additional examples of ineligible expenditure specific to investment ready projects include:

- ICT equipment, including software or hardware that is not an integral part of the funded infrastructure project.

This list is not exhaustive and applies only to the expenditure on the agreed project. Other costs may be ineligible where the Program Delegate determines they do not directly support the achievement of the planned outcomes for the project or they are contrary to the objectives of the program. You must ensure you have adequate funds to meet the costs of any ineligible expenditure associated with the project.

## Appendix C. Employment Numbers

When addressing employment outcomes, you must estimate the number of jobs your project will create.

- *Direct* jobs are the employment impacts of the project itself. For example, new administrative or construction jobs generated during the process of creating, improving or extending community infrastructure or a community service and maintaining that infrastructure or service for ongoing use.
- *Indirect* jobs are the employment impacts generated in the community or in organisations because they are affected by, benefit from or support or service the funded project. For example, new transport, trades, retail or food services jobs generated as a result of the project.

Job numbers are expressed in terms of fulltime equivalent (FTE) jobs. An FTE job is not a head count. It refers to the number of hours of work undertaken compared to that typically undertaken by a full-time employee. For example, if a full-time worker works 40 hours per week, a person working 20 hours per week is 0.5 FTE for that week.

You should only report the employment impacts for new/additional jobs created by the project.

You must not report as additional (or 'net') job numbers any jobs that are filled by shifting existing employees onto the project. This applies to staff that are working in your organisation and in other organisations that are benefitting from, or are affected by the project. This is because there is no overall employment gain being generated.

The combination of direct and indirect additional job impacts gives the total 'net' employment impact of the project in the area affected.

Information about employment impacts should include some estimation of the expected duration of the employment. For example, 'we expect to generate 5 direct FTE jobs for a period of 6 months during the project period' or 'we will generate 3 FTE indirect ongoing jobs following the project period'.

For infrastructure or community investment projects direct jobs are typically created during the active construction or development phase, and so should be reported as time-specific (e.g. for 6 months).

Indirect jobs generated by the project may not be time constrained (e.g. ongoing additional retail or food services jobs generated by the ongoing presence and community use of the new funded infrastructure or community amenity).

You will be required to provide evidence to support job impact claims, for example a statement substantiating the basis of your job estimates.

## Appendix D. Attachments to the application

You must attach supporting documentation to the application form in line with the instructions provided within the form. You should only attach requested documents listed in the application form. We may not consider information in attachments that we do not request.

Applicant type	Document
<b>Mandatory Documents</b> (must be submitted for your application to be eligible)	
Not for profit organisations	<p>Evidence of your current not for profit status</p> <ul style="list-style-type: none"> <li>▪ Current Australian Charities and Not for Profits Commission (ACNC) registration; or</li> <li>▪ Incorporated association certificate; or</li> <li>▪ Constitutional documents and/or Articles of Association that demonstrate the not for profit character of the organisation.</li> </ul>
For incorporated trustees applying on behalf of a trust	Trust documents showing the relationship of the incorporated trustee to the trust.
For grants >\$5 million	Accountant Declaration
All applicants	<p>If additional contributions are confirmed, letters evidencing the cash or in-kind contribution confirmed from each contributing organisation or individual. They must:</p> <ul style="list-style-type: none"> <li>▪ be on the organisation's letterhead,</li> <li>▪ be signed and dated by an authorised person, and</li> <li>▪ set out the value and timing of contributions and any conditions attached.</li> </ul> <p>If additional contributions are not yet confirmed (i.e. sought), applicants must provide advice as to when confirmation is expected.</p>
All applicants	Project Budget
<b>Supporting Documents</b> (evidence to support claims made against the criteria for assessment)	
All applicants	<p>Evidence supporting how the project will benefit the community. This could include, but is not limited to:</p> <ul style="list-style-type: none"> <li>▪ Community Needs Assessment</li> <li>▪ Letters of support from community stakeholders</li> <li>▪ Economic modelling</li> <li>▪ Market research</li> <li>▪ Demographic studies</li> </ul> <p>Audited financial statements or similar for the last two (2) years for projects with grant funding over \$100,000</p> <p>Business Plan and/or Feasibility Study</p> <p>Evidence of third-party leasing arrangements (if applicable)</p>

Applicant type	Document
	Designs Cost estimates or contracted costs Quotes
Grants > \$1 million	Project Management Plans, commensurate with stage of development of the project, which should include: <ul style="list-style-type: none"><li>▪ Scope</li><li>▪ Proposed Implementation methodology</li><li>▪ Timeframes</li><li>▪ Budget/Cost Estimates</li><li>▪ Details of Regulatory Approvals</li><li>▪ Procurement Plan</li><li>▪ Risk Management Plan</li></ul>



Australian Government

Department of Infrastructure, Transport,  
Regional Development, Communications and the Arts

## Priority Community Infrastructure Program - Application Form

### ABOUT THE PRIORITY COMMUNITY INFRASTRUCTURE PROGRAM

The Priority Community Infrastructure Program (PCIP) delivers the Government's 2022 election commitments for community infrastructure and eligible Community Development Grants Programme commitments announced by the former Government during the 2022 Pre-Election Fiscal and Economic Outlook with funding over \$5 million, and selected commitments under \$5 million.

The program is a one-off, closed, non-competitive grants program. Your project has been identified to receive grant funding. An application is required for this program as funding cannot be provided to ineligible entities or for ineligible activities.

The PCIP program will run over 5 financial years from 2022-23 to 2026-27 and has been designed to achieve the following outcomes:

- Enhance community infrastructure;
- improve equity outcomes and social inclusion; and
- encourage communities to thrive, economically and socially.

Whilst the Australian Government has made a commitment of funding to your project, funds are public monies and relevant legislation applies. As such, the department has an obligation for funding to be assessed against value for money principles, prior to funding decisions being made.

### Completing this form

You must read the [Grant Opportunity Guidelines](#) prior to submitting your application.

We recommend you keep the guidelines open as you are completing your application so you can refer to them when providing your responses.

**Your application must be received no later than six (6) months from the date you receive the invitation to apply.**

You will need to submit this Application Form with all required supporting documentation to:  
[PCIP@infrastructure.gov.au](mailto:PCIP@infrastructure.gov.au)

If your response is likely to include large documents, please email the department to make arrangements to transfer these documents electronically.

You must complete all sections of the application. If a section is not applicable to your

application, please indicate as N/A.

Please note the response sections in this form are character restricted. If additional space is required for your answers, include them as an attachment.

### **Disclosure of Information**

The Commonwealth's use and disclosure of your information, provided in your application or otherwise, is set out in the program guidelines.

### **Getting Help**

If you require assistance completing this form please contact us by email at [PCIP@infrastructure.gov.au](mailto:PCIP@infrastructure.gov.au) or on 1800 044 938.

## ELIGIBILITY

We cannot consider your application if you do not satisfy all of the eligibility criteria. If you are deemed ineligible you will be advised in writing.

Has your organisation been invited to apply for this program by the Australian Government or are you a sponsor organisation that has been approved to deliver the project by the department?

- Yes  
 No

Has the department agreed that your organisation can act as a sponsor organisation for the project?

- Yes  
 No

Do you have an Australian Business Number (ABN)?

- Yes  
 No

Are you one of the following eligible entities?

- an incorporated association  
 a registered charity or not-for-profit organisation  
 an Australian local government body  
 an Australian state or territory government body  
 an incorporated trustee on behalf of a trust  
 an Aboriginal and/or Torres Strait Islander Corporation registered under the [Corporations \(Aboriginal and /or Torres Strait Islander\) Act 2006](#)  
 a University  
 None of the above **(if selected, please specify)**

Are you registered for the purposes of GST?

- Yes  
 No

Do you have an account with an Australian financial institution?

- Yes  
 No

Is your organisation, or your project partner, an organisation included on the National Redress Scheme's website on the list of 'Institutions that have not joined or signified their intent to join the Scheme ([www.nationalredress.gov.au](http://www.nationalredress.gov.au))?

- Yes  
 No

Are you an employer of 100 or more employees that has not complied with [Workplace Gender Equality Act \(2012\)](#)?

- Yes  
 No

Does your project include the construction, upgrade or extension of infrastructure that provides economic and social benefits to the community?

*Refer to section 4 of the grant opportunity guidelines for further information on eligible and ineligible activities.*

- Yes  
 No

Does your project involve the development of a business case, feasibility study, master plan or similar?

*If your proposed project is solely the development of one of these options, no additional funding will be available for the construction phase of the project under this program.*

- Yes  
 No

Do you own the land and infrastructure for the project?

- Yes  
 No

*If you answered no, you must answer yes to the following question.*

If your project is situated on private land, do you have a formal arrangement, such as a lease, for the use of the land? *Not applicable.*

- Yes  
 No

## ENTITY DETAILS

Organisation Name	Neerim Health
ABN	77 228 450 675

## Your Organisation's Physical (registered) Address

Street Address Line 1	29-39 Main Neerim Road
Street Address Line 2	
Suburb/Town	Neerim South
State/Territory	VIC
Postcode	3831
Organisation Email	<a href="mailto:info@neerimhealth.org.au">info@neerimhealth.org.au</a>
Organisation Website	neerimhealth.org.au

## Your Organisation's Postal Address

Postal Address Line 1	29-39 Main Neerim Road
Postal Address Line 2	
Suburb/Town	Neerim South
State/Territory	VIC
Postcode	3831

## Authorised Person Details

*An authorised person is nominated by the entity to act on behalf of the organisation and to enter into a funding agreement on behalf of the organisation.*

Title (e.g. Mr/Mrs/Ms/Dr)	s 47
First Name	s 47F
Surname	s 47F
Position	Board Chair
Telephone	s 47F   s 47F
Email Address	s 47F .com.au

## PROJECT DETAILS

In this section you must provide detailed information about your proposed project.

*If your application is successful, we are required to publish some details on GrantConnect and other government publications. Published details include:*

- *name of the grant recipient*
- *a project title*
- *a brief project description and its intended outcome*
- *amount of grant funding awarded.*

### Project Title

Use the title from the confirmation of the funding commitment. If proposing an alternative project title, provide reasons why.

*We may adjust this title for administrative purposes.*

**Neerim Community Health Hub – Improving local health, wellbeing and social inclusion.**

### Project manager contact details

Title (e.g. Mr/Mrs/Ms/Dr)	s
First Name	s 47F
Surname	s 47F
Position	Building Designer
Telephone	s 47F (f)
Email Address	s 47F
Other details relevant to the project e.g. qualifications, experience, and professional memberships (if applicable)	Advanced Diploma of Building Design and Project Administration Diploma of Building Surveying Registered Building Practitioner DP-AD 31418

### Project location

You must provide the address where your project will be undertaken. If you have multiple sites you must provide the address of each site.

If a street number is not known, please provide the Lot number.

*A project site must be a street address. Do not provide a postal address, institution or building name.*

*If the project is at more than one location, please provide details of all locations as an attachment.*

*Note if your project will be located on school or similar closed grounds, the project must demonstrate how it will deliver social benefits to the broader community.*

Street Address Line 1	29-39 Main Neerim Road
Street Address Line 2	
Suburb/Town	Neerim South
State/Territory	VIC
Postcode	3831
What is the name of the Traditional	Traditional owners have not been formally recognized for

Custodians of the land in which the project address is located?	the area (refer <a href="https://achris.vic.gov.au/weave/wca.html">https://achris.vic.gov.au/weave/wca.html</a> )
What is the project geolocation (latitude and longitude)?	<p><b>Decimal</b></p> <p>Latitude                    -38.01658820</p> <p>Longitude                    145.95462270</p> <p><b>Degrees, Minutes &amp; Seconds</b></p> <p>Latitude                    38° 0' 59.72"S</p> <p>Longitude                    145° 57' 16.64"E</p>

### Detailed Project Description

This information will be included in your grant agreement if your application is successful.

<p><u>Background</u></p> <p>Community owned, Neerim Health has provided health and aged care services to the local district and wider Baw Baw community for nearly a century. The organisation's longevity is largely attributable to its ability to reshape services to meet evolving community needs. We recognise that healthcare and support for the elderly, young families and the disabled are again undergoing major transformation, with new technologies and changing expectations reshaping services and how they are delivered, including providing local access to a greater and more diverse range of services. Following consultation with both the community and broader health and welfare services network in the region, Neerim Health proposes to redevelop its existing facilities to achieve human-centred design to support more effective services driven by current and emerging community needs.</p> <p><u>The Challenge</u></p> <p>Neerim Health's facility has a large footprint which is ageing; is increasingly inefficient to maintain; and not fit for purpose in today's healthcare and community services environment.</p> <p><u>The Opportunity</u></p> <p>Neerim Health will use the PCIP grant to reconfigure the facility to:</p> <ul style="list-style-type: none"> <li>• Create multi-use spaces for primary care and clinical therapies;</li> <li>• Broaden service delivery to include social, health and wellbeing groups;</li> <li>• Improve amenity and standards to facilitate integrated place-based care;</li> <li>• Introduce multifunction spaces for consulting/training of groups and individuals.</li> </ul> <p>New services being reviewed for local elderly, young families and disabled clients include:</p> <ul style="list-style-type: none"> <li>• Simple day procedures centre to significantly reduce travel time for clinical reviews or treatment.</li> <li>• Specialist and allied health services consulting such as occupational therapy, physiotherapy, etc.</li> <li>• Aged care day support, Short Term Restorative Care and disability support services, as well as providing integrated 'hospital at home' for the elderly and chronically ill.</li> <li>• Tele-medicine facility to allow remote diagnosis and evaluations, video consultations with specialists and link to mobile health applications.</li> <li>• Rehabilitation centre with exercise physiology facilities to improve health and wellbeing during recovery, chronic illness or physical disability or support healthy ageing.</li> <li>• Young family care centre to support parents with child health/day care.</li> <li>• Urgent Care Centre – capable of treating moderate injuries, including burns and smoke inhalation during bushfire season.</li> <li>• In-house catering and home-based meal delivery service for the elderly and incapacitated.</li> </ul>
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Provide a detailed description of your project including the project scope and key activities.

The project aims to:

- Optimise and improve the existing infrastructure to ensure medium to long-term viability of upgraded spaces and facilitate introduction of new support systems.
- Provide flexible spaces which support cost-effective delivery of a range of new healthcare services by accommodating relevant technologies and equipment.
- Maximise space for access, manoeuvrability and comfort of diverse clients, medical and allied health staff and visitors.
- Comply with all relevant building laws and requirements, hospital/aged care/disability facilities etc.
- Create new/safer emergency egress facilities will allow occupants with a disability or impaired mobility the capacity to evacuate the building safely, independently and with dignity.

#### Project Scope

Diagram of existing facility



In the above layout, there are five defined areas.

1. White area on left-hand side: Operating theatre and associated rooms – these areas will not change.
2. Green space and the main focus of the redesign: Identified as the primary client access, community health care consulting suites, services delivery hub and possible urgent care centre.
3. Beige space: Which could be incorporated as part of the green space redesign or a focus of administrative support office zone.
4. Blue space: Currently part of residential aged care but to be redeveloped for overnight care [including upgrade of support systems in the rooms including digital, automated and/or medical gases systems].
5. White space on the right-hand side: Currently designated residential aged care but to be repurposed for aged day-care and child day-care, kitchen, rehabilitation services zone, specialist consulting suites, secondary office spaces, training rooms, etc.

**Key Activities**

1. Design Phase: Finalise plans, construction documents, permit process, competitive bidding, and appointment of builder.
2. Project Team Appointment: Assemble, agree on timelines, logistics, budget/variation monitoring, and communication strategy.
3. Construction Phase: Staged demolition and construction, regular meetings, progress monitoring.
4. New Services Focus: Call for expressions of interest from health service providers, community etc, service planning and budgeting, redeploy/retrain existing staff to new services, and employment of new staff as appropriate.
5. Closeout Phase: Provisioning of new facilities and Department of Health etc approvals, final paperwork, occupancy permits etc.
6. New Service Provision: Introduction of new services, policies & procedures, awareness campaign. Ongoing monitoring.

If the PCIP funded project is part of a larger project, please provide details below (i.e. PCIP is funding one stage of a multi-stage project).

*If the grant activity is part of a larger project you should provide evidence to show how the grant activity can be delivered in isolation and the outcomes to be achieved as a result of the grant.*

Not applicable.

**Project outcomes**

*This information will be included in your grant agreement if your application is successful.*

Provide a summary of the expected project outcomes.

At the macro level, this project will target internal facility remodeling to improve the value and efficacy derived from a public asset. It will increase the capacity to extend service delivery, and minimise wasted productivity and cost associated with inadequate rooms and layout. Group programs can be delivered with greater safety and confidence (staff and clients) because it is delivered in an environment that is functional, easier to clean and poses less risk of adverse events. It also involves the incorporation of new systems and technologies.

Utilising the existing footprint, internal space will be optimised and remodelled to:

- Create functionally accessible multi-use rooms that are simple and well proportioned.
- Telehealth enabled consult/interview/treatment rooms with adjacent waiting areas.
- Upgrading building accessibility for the elderly, people with a disability and those incapacitated.
- Central reception and suitable waiting areas, with new easier pathways to services.
- Outdoor space inclusive of garden therapy designed for gait training and sensory programs.
- Installation of multiple unisex ambulant toilets and additional unisex accessibility toilet.
- Strategically placed kitchen facility adjacent to multi-use rooms and outdoor space.
- Additional storage for portable therapy equipment to reduce clutter and risk of adverse events.

Safety of occupants has been considered to ensure zones can be operated independently and securely outside normal business hours. Improved ventilation will reduce the risk of spread of infection(s).

**Eligible activities**

Select the eligible activities that your project will include

- the construction of new infrastructure
- the upgrade to existing infrastructure
- the extension of existing infrastructure
- the replacement of infrastructure where there is a significant increase in benefit
- development of a business case, feasibility study, master plan or similar.

*Where your activities involve the replacement of infrastructure, you will need to demonstrate the significant increase in benefit in criterion 1.*

*You may select more than one option.*

Has your project commenced construction?

- Yes (if selected, please detail when)
- No

*To be eligible, your project must not have commenced construction.*

**Regional Development Australia Committee**

Has your project been endorsed by the local Regional Development Australia (RDA) Committee. Are your project priorities included in the RDA's Regional Plan?

- Yes
- No

[Regional Development Australia \(RDA\)](#) is an Australian Government initiative that brings together all levels of government to enhance the development of Australia's regions. A national network of RDA committees has been established to achieve this objective

## PROJECT BUDGET

### Budget summary

You must provide a summary of your eligible project costs over the life of the project in a table as shown below.

We only provide grant funding based on eligible expenditure. Refer to the guidelines for guidance on eligible expenditure.

*It is highly recommended you attach a detailed project budget as part of your supporting documentation.*

*\*Refer to attached AD Building Design Opinion of Probable Cost – A Job No G23-081*

s 47G



### Grant funding committed

Enter the amount of grant funding committed under the 2022/23 election commitment or PEFO announcement. This amount is detailed in your invitation to apply.

\$5,000,000

### Source of funding

If the total project value in the budget above is more than the grant funding committed, you must provide details of how you will fund the difference.

*The total of all sources of funding plus your grant, should be equal to your total project expenditure.*

For all other sources of funding, you will need to provide the dollar value, name and type of contributor.

*Contributors are divided into the following types:*

- *your contribution*
- *other Commonwealth government grants*
- *other non-Commonwealth government grants*
- *other non-government contributions*

*your own contribution to the project is also considered a ‘source of funding’ and must be provided. Do not include in-kind or non-cash contributions.*

*You may need to provide details around whether your contribution is sourced from bank loans, equity or cash flow etc. If the co-funding is not yet confirmed, please indicate when you expect to receive confirmation.*

Contributor	Amount (\$)	Status (sought/confirmed)	Details of contribution
<i>Not applicable</i>			

*You will need to attach evidence of all contributions.*

*Where you are receiving other government funding you will need to provide details. Any other government funding must be confirmed.*

**Funding contingencies**

Provide details of how any cost overruns will be funded and managed for the length of the project.

*We cannot increase the amount of funding you receive regardless of the reason. You must manage any contingencies and/or overruns. Inability to cover these costs can result in the withdrawal of grant funding.*

Neerim Health will stay within the total grant amount by:

- Budgeting to allow for unseen project variations, and an allowance for construction material cost increases over the life of the project.

Potential costs overruns will be managed by:

- ensuring the original plan is well developed – minimising the need for future variations; the scope is costed appropriately; and ensuring materials specified and finishes selected are within budget;
- competitive tendering;
- staging the redevelopment and infrastructure upgrade, ensuring priority areas are redeveloped first;
- review of all building claims and supplier invoices against budget/quotes, and regular reporting against budget;
- regular project management meetings to ensure the project is on time, on budget and as scoped.

Released under the FOI Act 1982 by the Department of Infrastructure, Transport, Regional Development, Communications, Sport and the Arts

## ASSESSMENT CRITERIA

We will assess your application based on the weighting given to each criterion and against the indicators listed beneath each criterion. We will only consider funding applications that score at least 60 per cent against each criterion as these represent best value for money.

The amount of detail and relevant supporting evidence you provide should be commensurate with the project size, complexity and grant amount committed. You should define, quantify and provide evidence to support your answers.

To support your responses, you must include mandatory attachments to the application.

### Assessment Criterion One

#### Economic benefits of your project to the Community (15 points)

You should demonstrate this by identifying:

- a. the extent to which your proposed project is a community priority, and meets community needs from an economic perspective,
- b. the broader economic benefits your proposed project will deliver for the community and the region during and beyond the term of funding.

The proposed project is a community priority, both from the perspective of filling the existing services gap locally for the elderly, young families, and disabled residents, as well as contributing to the local economy. Not only will the establishment of the Community Health Hub enhance healthcare accessibility, but it has the potential to attract investment, generate employment opportunities, and stimulate economic growth.

The construction and ongoing operation of the Community Health Hub will create new local jobs and support the growth of ancillary businesses, suppliers, and tradespeople, bringing economic benefits to the region. Furthermore, the availability of enhanced healthcare services locally will reduce the need for residents to travel long distances for specialized care, directing healthcare expenditure and economic activity back into the local area.

We are well aware of local economic and employment impacts in recent years as a result of the transitions in native timber logging, traditional energy jobs and the declining dairy industry. By supporting development of this new Community Health Hub, the government is investing in the economic well-being of the Neerim District and facilitating a sustainable and prosperous future for its residents.

The hub's presence will not only generate jobs in the healthcare sector but will also contribute to the growth of ancillary businesses, such as suppliers, service providers, and retail outlets, which will further boost the local economy.

The resulting economic benefits will extend beyond the direct employment opportunities, spurring economic growth and supporting the sustainability of the Neerim South community.

Examples of how your proposed project could deliver economic benefits may include but is not limited to:

- increasing the number of value jobs, new businesses or the production of goods and services in the community (this includes direct and indirect opportunities created through the project);
- increasing indigenous economic participation, including indigenous employment and supplier-use outcomes;

- the use of local suppliers and goods, especially those that employ the use of sustainable work practices/good; and
- increasing efficiency of service delivery.

Where your proposed project is the development of a business case, feasibility study, master plan or similar, this may also include:

- economic development plans for the local government area or the broader region; and
- the potential of the consequent infrastructure project to attract further economic investment to the local government area or broader region.

You may wish to attach letters of support from stakeholders, user groups or community members to substantiate your response.

**Letters of support attached:**

1. Baw Baw Shire Council
2. Neerim District Progress Association
3. Regional Development Australia Gippsland (RDA Gippsland)
4. Committee for Gippsland Inc

**Employment numbers**

Please indicate how your proposed project will create or support employment (if applicable)

*You must provide numerical values. Job numbers are expressed in terms of fulltime equivalent (FTE) jobs.*

An FTE job is not a head count. It refers to the number of hours of work undertaken compared to that typically undertaken by a full-time employee. For example, if a full-time worker works 40 hours per week, a person working 20 hours per week is 0.5 FTE for that week.

Job numbers should only include additional jobs created by the project, and not any jobs that involve shifting existing employees onto the project.

During Project Delivery	FTE	After Project Completion	FTE
Direct Jobs <sup>1</sup>	8-20	Direct Jobs	3-5
Indirect Jobs <sup>2</sup>	4-7	Indirect Jobs	5-8
Indigenous Jobs	1	Indigenous Jobs	1

<sup>1</sup> Direct jobs created as employment impacts of the job itself

<sup>2</sup> Indirect jobs created as employment that is expected to be generated in the community or organisations because they are affected by, benefit from or support or service the funded project.

## Assessment Criterion Two

### Social benefits of your project for the community (15 points)

You should demonstrate this by identifying:

- a. the extent to which your proposed project is a community priority and meets the social needs of the community; and
- b. the broader social benefits that your proposed project will deliver for the region and community during and beyond the term of funding.

Social benefits for a region may cover improvements in community amenities, improving community connections and inclusion and providing opportunities for learning and knowledge creation.

Examples of how your project could deliver social benefits may include but is not limited to:

- how your project may benefit the wider community not just your organisation/operation, such as supporting upskilling, capability development, improving outcomes for women, 'closing the gap' for First Nations people or contributing to a healthy lifestyle';
- reducing or mitigating the impact of carbon emissions;
- addressing disadvantage within the community;
- the degree to which the project fills a 'gap' within the community, or increasing community volunteering;
- improving community connections and social inclusion;
- supporting or protecting local heritage and culture; and
- making a region a more attractive place to live.

Where your proposed project is a business case, feasibility study, master plan or similar this may also include:

- the inclusion of the proposed project in a masterplan for the organisation, local government area or broader region;
- the identification and consolidation of a number of small-scale community projects in a major project plan;

- demographic studies and/or growth forecasts for the local government area and/or broader region, demonstrating that existing infrastructure will not support future growth.

As the biggest single employer, major economic influence and longest standing iconic institution in the district, Neerim Health is already a focal point for the community. However, its service offering has narrowed over the years as the region's demographics and the healthcare system changed. Now, there is not only an opportunity but a need to grow and broaden the services again to offer diversity and create an inclusive health and wellbeing hub which links the wider community, including long established locals and the new wave of young families and retirees who have moved to the region post-covid.

The new Community Health Hub will allow services which will support high level jobs in the district, and facilitate upskilling, capability development and improved career and lifestyle outcomes for employees, the majority of whom are women. Bringing a broader range of care and support services into the community will also benefit those who are disadvantaged socio-economically or have limited physical capacity and currently have to travel long distances to get support. Filling the healthcare and supportive services gap also will make the region a more attractive place to live for those who are disadvantaged and currently discouraged to move to the area because of the gap in essential services. As a result of these changes, Neerim Health also will be able to extend its student training placements to other disciplines.

### **Assessment Criterion Three**

#### **Project viability and sustainability (15 points)**

You should demonstrate this through identifying:

- a. How grant funding will impact the proposed project including:
  - whether the proposed project will proceed without funding; and
  - the scope and timing of the proposed project.
- b. Sound project planning to manage and monitor the proposed project, which addresses scope, implementation methodology, timeframes, budget, community consultation and risk management, commensurate to the size and nature of the project.

Where your proposed project is primarily an infrastructure project:

- c. You should describe the steps you have taken to ensure your project is ready to start and commensurate to the size and complexity of the project, including:
  - regulatory and/or development approvals are required or in place;
  - project designs and costing are underway or finalised;
  - authority from the land or infrastructure owner to undertake the project at the nominated site(s);
  - funding contributions from all sources; and

- whether community consultation has taken place.

As a not for profit, community owned organisation, Neerim Health cannot and would not proceed with this project without external funding. The PCIP grant funding will facilitate the project and the project management team – a principal of the local building design consultancy and the Neerim Health CEO with Board oversight - will ensure that it is tightly managed, costs and expenditure are monitored and deadlines/milestones are met. In initial consultations to test support for the proposal to upgrade and re-purpose the facility, the community, associated organisations and the responsible local planning and building authority [Baw Baw Shire Council] have all given enthusiastic in principle support for the project.

It is anticipated that the Design Phase will be completed by the end of June 2024, and the Project Management team will be finalised once a builder is appointed. Construction phase to commence July 2024.

Where your proposed project is a business case, feasibility study, master plan or similar:

- d. your readiness to commence the proposed project including:
- any preliminary work/studies that have been completed or are underway in relation to the proposed project;
  - tenders for or engagement of consultants for the proposed project is underway; and
  - whether initial community consultation for the infrastructure project has taken place.

#### **Project duration**

*Your project must be completed by **31 December 2026**.*

Estimated project start date 1/02/2024

Estimated project end date 31/12/2026

#### **Project milestones**

The department pays in arrears on the successful completion of milestones.

‘Project milestones’ refers to a specific point within your project timeline that signifies the successful completion of a major event or task. Examples may include plans approved by council, excavation or site, construction of buildings, completion of fit-out, etc.

You must break down your project into milestones. You should include the key activities occurring at each milestone. The start date of milestone 1 is the expected project start date. The end date of your last milestone activity will be the project end date. You can add up to 6 milestones. Milestones will be included in a funding agreement and negotiated with you.

**Preliminary Project Milestones – subject to review on completion of design phase and competitive tendering.**

Milestone name	Description	Estimated start date	Estimated end date
Plan Approval	Council Approved Plans & Builder Appointed	1/05/2024	1/07/2024
Stage 1 Upgrade	South Section Redeveloped	1/07/2024	20/12/2024
Stage 2 Upgrade	Mid-section Redeveloped	20/01/2025	30/05/2025
Stage 3 Upgrade	Car park redevelopment	2/06/2025	30/06/2025
Occupancy	All necessary permits received to occupy and commence services.	1/07/2025	15/08/2025

**Project Management**

Describe how the project will be managed from commencement to completion. Include the following information (where applicable):

- Approvals in place or being sought
- How will goods and services be procured?
- How will you ensure the project is delivered on time, on budget and to the required standards? For example, will you have a dedicated project manager?

A project management team will be appointed including the Building Designer, CEO, Clinical Services Director and other key staff. The Building Designer will be the lead project manager ensuring the build is as per the plans and approved quote.

The project team will meet regularly during the design phase, and weekly during the build. Minutes of meeting to be recorded and action items, variation approvals, etc included. The project timeline will be agreed, and progress monitored against the timeline.

As per Neerim Health's Instrument of Delegation Policy, the project will be subject to a competitive tendering process. Where possible and suitable for the project, we will use locally procured and sustainable, recycled, or repurposed building materials. An appropriate builder will be appointed based on quotes and ability to meet project deadlines, including grant funding deadlines.

## Risk Management

Identify risks to the project and how you intend to mitigate the risks. If there are multiple risks to identify, please include these in your supporting documentation.

*Examples of possible risks and mitigation strategies are included in the PCIP factsheet/Frequently Asked Questions.*

<b>Risk (title)</b>	<b>Budgetary constraints</b>
<b>Description</b>	The cost of redevelopment and infrastructure upgrade could exceed the allocated budget.
<b>Likelihood</b>	<b>Possible</b>
<b>Consequence</b>	<b>Major</b>
<b>Risk Management Strategy</b>	Conducting a thorough cost analysis and engaging in effective budget management throughout the project. We will continuously monitor and control expenses to ensure they remain within the budgetary limits.

<b>Risk (title)</b>	<b>Delays in project timelines</b>
<b>Description</b>	Unforeseen circumstances or challenges could cause delays in the project, resulting in increased costs and disruption to healthcare services.
<b>Likelihood</b>	<b>Possible</b>
<b>Consequence</b>	<b>Major</b>
<b>Risk Management Strategy</b>	We will develop a detailed project plan with clear milestones and timelines. We will regularly monitor progress, identify potential risks, and implement contingency plans to minimize delays.

<b>Risk (title)</b>	<b>Regulatory and compliance issues</b>
<b>Description</b>	Non-compliance with relevant health and safety regulations, building codes, and zoning laws could lead to setbacks and legal consequences.
<b>Likelihood</b>	<b>Unlikely</b>
<b>Consequence</b>	<b>Major</b>
<b>Risk Management Strategy</b>	We are already engaging with the regulatory authorities [including getting the support of Baw Baw Shire Council] to understand requirements and ensure compliance. We will obtain all necessary permits and approvals before commencing construction.

<b>Risk (title)</b>	<b>Disruption to healthcare services</b>
<b>Description</b>	The redevelopment and infrastructure upgrade could disrupt provision of healthcare services, impacting patient care and revenue generation.
<b>Likelihood</b>	<b>Unlikely</b>
<b>Consequence</b>	<b>Moderate</b>
<b>Risk Management Strategy</b>	We are developing a comprehensive relocation and phasing plan to minimise disruptions to services. We will communicate with stakeholders well in advance, providing regular updates and alternative arrangements.

<b>Risk (title)</b>	<b>Stakeholder resistance</b>
<b>Description</b>	Members of the local community, aged care residents and families, health staff and carer support may resist the changes associated with the redevelopment, causing friction and potential delays.
<b>Likelihood</b>	<b>Possible</b>
<b>Consequence</b>	<b>Minor</b>
<b>Risk Management Strategy</b>	We are involving stakeholders in the decision-making process early on to address their concerns through effective communication and engagement. We will provide clear explanations of the benefits and potential improvements resulting from the project.

<b>Risk (title)</b>	<b>Environmental impact</b>
<b>Description</b>	Construction activities during redevelopment and infrastructure upgrade may have adverse environmental effects, such as noise, pollution, and disruption to neighbours.
<b>Likelihood</b>	<b>Possible</b>
<b>Consequence</b>	<b>Minor</b>
<b>Risk Management Strategy</b>	We will implement sustainable construction practices to minimise environmental impact, such as using eco-friendly materials, reducing energy consumption, managing waste responsibly and only undertaking noisy activities in daylight hours.

<b>Risk (title)</b>	<b>Technological challenges</b>
<b>Description</b>	Upgrading the infrastructure involves incorporating new technologies and systems, which may encounter technical difficulties or compatibility issues.
<b>Likelihood</b>	<b>Unlikely</b>
<b>Consequence</b>	<b>Minor</b>
<b>Risk Management Strategy</b>	We will conduct thorough feasibility studies and engage with experienced technology partners. We will test and validate new systems before deployment to identify and address any potential issues.

By addressing these risks with appropriate mitigation strategies, the redevelopment and infrastructure upgrade of Neerim Health to create the community health hub facility can be carried out efficiently, ensuring minimal disruptions to services and achieving the desired objectives.

## Assessment Criterion Four

### Your capacity, capability and resources to carry out the project (15 points)

You should demonstrate this through identifying:

- a. your record with similar projects and access to personnel with the right skills and experience; any support or investment that will be leveraged to progress your project.
- b. The legal and financial status of the applicant including:
  - Your ability to pay debts when they fall due, and whether assets cover liabilities;
  - Your financial capacity to progress the project. This is particularly relevant where payments of funding are made in arrears; and
  - The nature of financial policies and procedures, and the governance structure of your organisation.

Where your project is primarily an infrastructure project:

- c. Your ability to maintain the project for the duration of the operational period, as defined in the subclauses.

Indicate the current stage of development of your proposal. (i.e. concept or preliminary designs, final designs, independent cost estimates, ready to commence tender/procurement process or preferred contractor selected and contracted for the project.) If your project requires an Australian Industry Participation Plan of compliance with WHS or ABCC legislation please note your progress towards obtaining these.

Provide any supporting documents if available.

In initial consultations to test support for the proposal to upgrade and re-purpose the facility, the community, associated organisations and the responsible local planning and building authority (Baw Baw Shire Council) have all given enthusiastic in principle support for the project. An experienced local commercial building designer has been engaged and they have developed concept plans in line with the services review and strategic planning exercises undertaken in 2023, with the assistance of a Business Improvement Funding grant from the federal Department of Aged Care. Those concepts are being reviewed and refined internally and externally by relevant health staff, allied specialists and community services personnel for assessment and feedback on flexibility and practicality for purpose, before going to final design.

To ensure financial capacity to progress the project, Neerim Health has put in place a new facility with the Commonwealth Bank.

### Maintaining project benefits

Where your proposed project is primarily an infrastructure project, you will be required to maintain the project benefits for the length of the operational period, which could be up to five years. Please detail below how you will achieve this. You should outline the operational needs of the project into the future and a strategy to maintain the viability of the completed project.

We anticipate that the project will result in an upgraded facility with an expected operational life span of 8+ years before requiring reassessment and potential major refurbishment to maintain standards. The infrastructure is being designed to have flexibility for further upgrades and inclusion of new technologies and equipment.

**Record of Previous Funding**

Include your grant history below (if applicable).

*Please avoid the use of acronyms when detailing your grant history to prevent any confusion. If you or your organisation encountered any difficulties in the delivery of these project/s, please provide further information.*

Jurisdiction and managing Department name	Project name	Funding amount	Date of completion
Commonwealth Department of Aged Care	Tarago Views Refurbishment	\$173,000	April 2019
Commonwealth Department of Aged Care	Business Improvement Fund	\$52,865	August 2023
Commonwealth Department of Aged Care	Structural Adjustment Fund	\$95,000	June 2024

**Financial Status – Attached**

You should provide a detailed financial summary as an attachment. The below table provides a basic guide of what information should be included. This summary will assist you with providing clear evidence that you can easily manage payment in arrears and possible cost overruns.

Table: Financial Statement Summary			
Item	Year to date Period ending: Select date	FY 2021-2022	FY 2020-2021
Operating income			
Total Expenses			
Net Income (profit/loss)			
Cash at Bank (all accounts)			
Statement of Financial Position (Balance Sheet)			
Current Assets (cash, accounts receivable, inventory etc.)			
Fixed Assets (property and land, vehicles, equipment etc.)			
Current Liabilities			

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(accounts payable, interest payable, accrued wages etc.)			
Long Term Liabilities (loans, equipment finance etc.)			
Net Assets			

## APPLICATION FINALISATION

You must answer the following questions and note any supporting documentation to be included in your application.

### Indigenous organisation

Is your organisation Indigenous owned?

*An organisation is considered Indigenous owned where at least 51% of the organisation's board or management committee is Indigenous.*

Yes

No

### Conflict of interest

Do you have any perceived or existing conflicts of interest to declare?

Yes

No

*Refer to sections 12.2 and 12.3 of the grant opportunity guidelines for further information on your conflict of interest responsibilities.*

*You will be required to sign a declaration at the end of the application form.*

Within the last five (5) years, has your Organisation been subject to an event such as a Government investigation, liquidation, litigation or significant change of financial position?

s 47G

If **yes**, please note which event(s) occurred and provide details below.

Significant change in financial position could also include the effects of COVID-19 or other natural disasters.

s 47G

## SUPPORTING DOCUMENTATION

You must attach supporting documentation to your application in line with the instructions provided within this form. You should only attach requested documents listed in the form. We may not consider information in attachments that we do not request.

Applicant type	Document
<b>Mandatory Documents</b> (must be submitted for our application to be eligible)	
Not for profit organisations	Evidence of your current not for profit status <ul style="list-style-type: none"> <li>• Current Australian Charities and Not for Profits Commission (ACNC) registration (<i>attached</i>); or</li> <li>• Incorporated association certificate; or</li> <li>• Constitutional documents and/or Articles of Association that demonstrate the not for profit character of the organisation.</li> </ul>
For incorporated trustees applying on behalf of a trust	Trust documents showing the relationship of the incorporated trustee to the trust. <i>Not Applicable</i> .
For grants >\$5 million	Accountant Declaration – this must confirm you can fund any project cost overruns, and if applicable, provide evidence of ability to fund your share of the total project cost. <i>Not Applicable</i> .
All applicants	If additional contributions are confirmed, letters evidencing the cash or in-kind contribution confirmed from each contributing organisation or individual. They must: <ul style="list-style-type: none"> <li>• Be on the organisation’s letterhead,</li> <li>• Be signed and dated by an authorised person, and</li> <li>• Set out the value and timing of contributions and any conditions attached.</li> </ul> If additional contributions are not yet confirmed (i.e. sought), applicants must provide advice as to when confirmation is expected. <i>Not Applicable</i>
All applicants	Project budget – <i>summary included above. Final subject to design finalisation.</i>
<b>Supporting Documents</b> (evidence to support claims made against the criteria for assessment)	
All applicants	Evidence supporting how the project will benefit the community. This could include, but is not limited to: <ul style="list-style-type: none"> <li>• Community Needs Assessment</li> <li>• Letters of support from community stakeholders</li> <li>• Economic modelling</li> </ul>

	<ul style="list-style-type: none"> <li>• Market research</li> <li>• Demographic studies</li> </ul> <p><i>Neerim Health Service Plan Aug 2023 attached.</i></p> <p>Audited financial statements or similar for the last two (2) years for projects with grant funding over \$100,000 – <i>attached.</i></p> <p>Business Plan and/or Feasibility Study – <i>refer to Neerim Health Service Plan Aug 2023.</i></p> <p>Evidence of third-party leasing arrangements (if applicable) – <i>not applicable</i></p> <p>Designs – <i>concept attached.</i></p> <p>Cost estimated or contracted costs – <i>as above. To be refined post design stage.</i></p> <p>Quotes – <i>To be obtained post design stage.</i></p>
Grants >\$1 million	<p>Project Management Plans, commensurate with stage of development of the project, which should include:</p> <ul style="list-style-type: none"> <li>• Scope</li> <li>• Proposed Implementation Methodology</li> <li>• Timeframes</li> <li>• Budget/Cost Estimates</li> <li>• Details of Regulatory Approvals</li> <li>• Procurement Plan</li> <li>• Risk Management Plan</li> </ul> <p><i>Detailed plan pending finalization of design.</i></p>

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## Legal Authorisation

I	<u>s 47F</u>	<full name of Authorised Officer>
as	<u>Board Chair</u>	<position/title>
of	<u>Neerim Health</u>	<organisation name>
	<u>29-39 Main Neerim Road</u>	<postal address>
	<u>Neerim South VIC 3831</u>	

confirm that:

- I am a person authorised to make this declaration on behalf of my organisation and all relevant persons have made a full disclosure of information.
- The information provided in this form and all appended documents is complete and correct. I understand that information provided in this Application will form the basis of the funding agreement and that giving false or misleading information is a serious offence.
- The Department of Infrastructure, Transport, Regional Development, Communications and the Arts (the department) is authorised to undertake the necessary steps to assess the proposal from my organisation by checking the information provided in this proposal, or by obtaining additional information from:
  - Departmental databases and records, including information related to previous funding provided to my organisation;
  - Other Australian Government agencies such as the Australian Taxation Office and the Australian Securities and Investments Commission;
  - State, Territory or Local Government agencies;
  - Law enforcement agencies;
  - Credit reference agencies;
  - Courts or Tribunals; and
  - Any other appropriate organisation, information source or person as reasonably required to perform background checks.
- I agree that the department may arrange for an Independent Viability Assessment (IVA) of my project by an external adviser or consultant to the department. Where applicable, the department may request a yearly breakdown of costs for on-going operational and maintenance of the complete project for a minimum of five (5) years.
- To the best of my knowledge, I have disclosed (Part A Declaration of Conflict of Interest) all actual, apparent or potential conflicts of interest that would prevent my organisation from proceeding with the proposal outlined in this Application or from entering into a Funding Agreement with the Australian Government to deliver a project which relates to this *Application*.

s 47F

28 September 2023

(date)

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Declaration of Conflict of Interest

Please complete either Part I or Part II of the Declaration of Conflict of Interest

Part I – No Known Conflict

I confirm that at the time of signing, to the best of my knowledge I am unaware of any actual, apparent or potential conflicts of interest that would prevent my organisation from proceeding with the proposal outlined in this Application or from entering into a Funding Agreement with the Australian Government to deliver a project which relates to this Application.

I undertake that if at any time I become aware that I, or any other employees or persons associated with the Neerim Health have an actual, apparent or potential conflict of interest, then I will:

- a) immediately notify the Department of Infrastructure, Transport, Regional Development, Communications and the Arts in writing of that Conflict and of the steps the Neerim Health propose to take to resolve or otherwise deal with the Conflict;
b) make full disclosure to the Department of Infrastructure, Transport, Regional Development, Communications and the Arts of all relevant information relating to the Conflict; and
c) take such steps as the Department of Infrastructure, Transport, Regional Development, Communications and the Arts may, if they choose to, reasonably require to resolve or otherwise deal with that Conflict.

I understand that if I fail to notify the department of any actual, apparent or potential conflicts of interest or am unable or unwilling to resolve or deal with the Conflict as required by the terms noted above, the Department of Infrastructure, Transport, Regional Development, Communications and the Arts may seek to terminate any Funding Agreement established in relation to a project which relates to this Application.

s 47F [Redacted Signature]
(signature)

s 47F [Redacted]

28 September 2023

(signature of witness)
s 47F [Redacted Signature]

28 September 2023

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Part II - Disclosure of Interests

I disclose the following interests:

No disclosures

I undertake that if at any time I have an actual, apparent or potential conflict of interest, then I will:

- a) immediately notify the Department of Infrastructure, Transport, Regional Development, Communications and the Arts in writing of that Conflict and of the steps the Neerim Health propose to take to resolve or otherwise deal with the Conflict;
b) make full disclosure to the Department Infrastructure, Transport, Regional Development, Communications and the Arts of all relevant information relating to the Conflict; and
c) take such steps as the Department of Infrastructure, Transport, Regional Development, Communications and the Arts may, if they choose to, reasonably require to resolve or otherwise deal with that Conflict.

I understand that if I fail to notify the Department of Infrastructure, Transport, Regional Development, Communications and the Arts of any actual, apparent or potential conflicts of interest or am unable or unwilling to resolve or deal with the Conflict as required by the terms noted above, the Department of Infrastructure, Transport, Regional Development, Communications and the Arts may seek to terminate any Funding Agreement established in relation to a project which relates to this Application Form.

s 47F [Redacted signature]

s 47F [Redacted name]

(printed name)

28 September 2023

(date) s 47F [Redacted signature]

(signature of witness)

s 47F [Redacted name]

(printed name of witness)

28 September 2023

(date)

Any information disclosed in this form will only be used by the Australian Government for the purposes of assessing PCIP proposals and will be maintained in accordance with the Privacy Act 1988.

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## STATEMENT OF COMPLIANCE

I, <sup>s 47F</sup> [REDACTED] **Board Chair, Neerim Health**, make the following statement for the benefit of the Department of Infrastructure, Transport, Regional Development, Communications and the Arts:

Having made diligent inquiries, I have reasonable grounds to believe the organisation itself, and staff working with children on behalf of my organisation in relation to the Department of Infrastructure, Transport, Regional Development, Communications and the Arts, grant activity:

- comply with relevant legislation relating to requirements for working with children in the jurisdiction in which they work; and
- have complied with relevant legislation in their jurisdictions relating to mandatory reporting or suspected child abuse and neglect as required or otherwise defined by state or territory legislation.

I undertake to ensure that all staff will continue to comply for the duration of any grant agreement **Neerim Health** hold with the Department of Infrastructure, Transport, Regional Development, Communications and the Arts.

s 47F [REDACTED]

28 September 2023

(Date)

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### Application declaration

In order to submit your application, you will be required to agree to the following declaration.

#### Privacy and confidentiality provisions

I acknowledge that this is an Australian Government program and that the Department of Infrastructure, Transport, Regional Development, Communications and the Arts (the department) will use the information I provide in accordance with the following:

- [Australian Government Public Data Policy Statement](#)
- [Commonwealth Grants Rules and Guidelines](#)
- [Priority Community Infrastructure Program Grant Opportunity Guidelines](#)
- applicable Australian laws

Accordingly, I understand that the department may share my personal information provided in this application within this department and other government agencies:

- a. for purposes directly related to administering the program, including governance, research and the distribution of funds to successful applicants
- b. to facilitate research, assessment, monitoring and analysis of other programs and activities unless otherwise prohibited by law.

I understand that where I am successful in obtaining a grant, the financial information that I provide for the purposes of payment will be accessible to departmental staff to enable payments to be made through the department's accounts payable software system.

I understand that information that is deemed 'confidential' in accordance with the Grant opportunity Guidelines may also be shared for a relevant Commonwealth purpose.

The department will publish information on individual grants in the public domain, including on the department's website, unless otherwise prohibited by law.

#### Applicant declaration

I declare that I have read and understood the Priority Community Infrastructure Program Grant Opportunity Guidelines, including the privacy, confidentiality and disclosure provisions.

I declare that the proposed project outlined in this application and any associated expenditure has been endorsed by the applicant's board/ management committee or person with authority to commit the applicant to this project.

I declare that the applicant will comply with, and require that its subcontractors and independent contractors comply with, all applicable laws.

I declare that the information contained in this application together with any statement provided is, to the best of my knowledge, accurate, complete and not misleading and that I understand that giving of false or misleading information is a serious offence under the *Criminal Code Act 1995* (Cth).

I acknowledge that I may be requested to provide further clarification or documentation to verify the information supplied in this form and that the department may, during the application process, consult with other government agencies, including state and territory government agencies, about the applicant's claims and may also engage external technical or financial advisors to advise on

information provided in the application.

I agree to participate in the periodic evaluation of the services undertaken by the department.

I approve the information in this application being communicated to the department in electronic form.

I acknowledge that if the department is satisfied that any statement made in an application is incorrect, incomplete, false or misleading the department may, at its absolute discretion, take appropriate action. I note such action may include excluding an application from further consideration; withdrawing an offer of funding; using the information contained in the application for a fraud investigation that would be consistent with the Australian Government's Investigations Standards and Commonwealth Fraud Control Framework and/or for a grant under management, terminating a grant agreement between the Commonwealth and the grantee including recovering funds already paid.

I declare that I am authorised to submit this form on behalf of the applicant and acknowledge that this is the equivalent of signing this application.

s 47F

(Name)

28 September 2023

(Date)

## APPLICATION CHECKLIST

Please tick all points that apply to your application and ensure any attachments you plan to submit are listed below.

- All eligibility questions answered on pages 2 and 3
- All mandatory attachments included for application submission (refer to pages 17 and 18)
- All declarations have been signed and dated on pages 19 to 23

*1 x attachment including: Legal Authorisation, Declaration of Conflict of Interest, Disclosure of Interests, Statement of Compliance & Application Declaration.*

*Accountant Declaration is not applicable.*

**Supporting documents included for application submission:**

- Evidence supporting how the project will benefit the community

Letters of Support x 4

- Audited financial statements or similar for the last two (2) years for projects with grant funding over \$100,000 – *FYE 30 June 2021 and FYE 30 June 2022 attached x 2. Note: FYE 30 June 2023 not currently available. Due end of October 2023.*

- Business Plan and/or Feasibility Study – *NH Services Plan Aug 2023 attached x 1*

- Evidence of third-party leasing arrangements (if applicable) – *not applicable*

- Designs – *concept plan attached x 1*

- Cost estimates or contracted costs – *AD Building Design Opinion of Probable Cost – A Job No G23-081 attached x 1*

- Quotes – *Post design stage.*

- Project Management Plans (if applicable) – *Post design stage.*

- Other – if selected, please list below

*Neerim Health ACNC Listing attached x 1*

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*PCIP Financial Status attached x 1*

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*Total Attachments to Application = 13 (including this checklist)*

**OPINION OF PROBABLE COST - A**

DATE	28.09.2023
FILE DIV NO	A
JOB NO	<b>G23-081</b>

<b>TO</b>	§ 47F <b>Neerim Health</b> 29-39 Main Neerim Rd, Neerim South Vic 3831 M: § 47F § 47F <a href="mailto:§ 47F@neerimhealth.org.au">@neerimhealth.org.au</a>
<b>CC</b>	Chair Neerim Health Board § 47F § 47F <a href="mailto:§ 47F.com.au">.com.au</a>
<b>PROJECT</b>	<b>G23-081 Proposed Community Hub Alterations to Neerim District Soldiers Memorial Hospital “Neerim Health” At 29-39 Neerim Road, Neerim South, Victoria 3831 For Neerim District Soldiers Memorial Hospital “Neerim Health”</b>

We forward herewith the following documents:

Drg/Doc Number	Revision	Quantity	Remarks
G23-081 SK 001	V2	1	G23-081 SK 001 COVER PAGE_V2_27.09.2023
G23-081 SK 002	V2	1	G23-081 SK 002 FLOOR PLAN_V2_27.09.2023

**Comments**

**PREAMBLE**

This opinion of probable cost has been prepared at the request of § 47F, CEO of Neerim Health for the purposes of an application to the Priority Community Infrastructure Program. It directly relates to the proposed Community Hub alterations to the existing Neerim District Soldiers Memorial Hospital “Neerim Health”. It has been prepared using the drawings as listed above prepared by AD Building Design, Warragul

**CONDITIONS OF ENGAGEMENT**

This opinion of probable cost is provided solely for the use of the client named and no responsibility is accepted to other persons.

This cost analysis has been calculated on a comparative cost study for like buildings with materials and finishes estimated using allowances obtained from Rawlinsons Construction Cost Guide 2023.

The following items are hereby noted;

- The building has been estimated for allowance to conform with all NCC BCA requirements and comply with all State Government Guidelines and to provide a high-quality project.
- This opinion of probable cost is to be used for initial feasibility studies only at this stage.
- This opinion of probable cost is based on schematic drawings and is subject to change as more accurate detailed construction drawings are produced.

	s 47G
Preliminaries	
Earthworks	
Stormwater Disposal	
Concrete Slab	
Structural Steel	
Structural Walls	
Windows & Glazing	
Roofing & Scaffolding	
Plasterer	
Fixings	
Carpentry	
Plumbing Fixtures	
Plumber	
Electrical	
Stair & Lift	
Cabinetry	
Floor Coverings	
Painting	
External Items	
Mechanical	
Fire Services	
Kitchen Fit-out	
Cleaning	
Supervisions	
Contingency Sum	
<b>Construction Cost</b>	
<b>Builders Margin</b>	s 47G
<b>Construction Cost including Margin</b>	
<b>Equipment</b>	
Architectural Documentation, Contract Administration & Project Management	
Structural Engineer	
Service Consultants Mechanical, Electrical & Hydraulic	
Service Consultants Fire Engineer	
Consultant Performance Solution	
Section J Energy Assessment	
Architect Landscape	
Architect Interior	
<b>Total Project End Cost</b>	s 47G

If you have any queries related to any items, please do not hesitate to contact the undersigned.

For the purpose of

<input checked="" type="checkbox"/> As requested	<input type="checkbox"/> Pricing	<b>DOCUMENTS</b>
<input checked="" type="checkbox"/> Your information	<input type="checkbox"/> Approved	<input type="checkbox"/> Mailed/Faxed
<input type="checkbox"/> Your approval	<input checked="" type="checkbox"/> Approved as noted	<input checked="" type="checkbox"/> Emailed
<input type="checkbox"/> For construction	<input type="checkbox"/> To Authority	<input type="checkbox"/> By messenger

Kind Regards

s 47F  
Building Designer



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Transport, Regional Development, Communications, Sport and the Arts

**Priority Community Infrastructure Program**

**Attachment**

**Financial Status – Neerim Health**

**ABN 77 228 450 675**

Table: Financial Statement Summary			
Item	FY 2022-2023*	FY 2021-2022	FY 2020-2021
s 47G			
Statement of Financial Position (Balance Sheet)			
s 47G			

\* External audit review pending.

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Committee for Gippsland Inc.  
Morwell Innovation Centre  
1 Monash Way  
Morwell 3840 Victoria

PO Box 3135, Gippsland MC VIC 3841  
(03) 5623 3219  
info@gipps.com.au

25 September 2023

Board of Neerim Health  
Neerim Health  
39 Main Neerim Road  
Neerim South VIC 3831

Dear Directors

**Re: Support for Establishing a Community Health and Well-being Hub in Neerim South**

I write on behalf of the Committee for Gippsland to express our enthusiastic support for the Neerim Health initiative to establish a community health and well-being hub in Neerim South.

Our endorsement of this project stems from its potential to make a significant and positive impact on the health and well-being of the West Gippsland community, as well as its economic benefits and potential for creating new local employment opportunities.

The Committee for Gippsland firmly believes that access to comprehensive and integrated health services is a fundamental pillar of regional development. The proposal to create a new community health hub in Neerim South reflects a forward-looking approach to healthcare, which perfectly resonates with our objectives.

This initiative has the potential to deliver a wide range of health services, programs, and activities that will address the diverse and evolving needs of the West Gippsland community.

Additionally, we see the establishment of a community health and well-being hub in Neerim South as a significant economic driver. It has the potential to attract investment and generate economic activity, benefiting both the local community and the wider Gippsland region.

The construction and ongoing operations of the health hub will create new local employment opportunities, stimulating job growth and contributing to the economic vitality of Neerim South and the surrounding small towns.

The hub's presence will not only generate jobs in the healthcare sector but will also contribute to the growth of ancillary businesses, such as suppliers, service providers, and retail outlets, which will further boost the local economy.

The resulting economic benefits will extend beyond the direct employment opportunities, spurring economic growth and supporting the sustainability of the Neerim South community.

We appreciate that the Neerim Health initiative recognizes the economic opportunities associated with establishing a community health and well-being hub. The Committee for Gippsland fully supports the integration of economic considerations and employment opportunities into the project's planning and implementation phases.

In conclusion, the Committee for Gippsland wholeheartedly supports the neerim health initiative to establish a community health and well-being hub in Neerim South. We are confident that this project will not only improve healthcare accessibility and community well-being but also contribute to the region's economic development.

This project aligns seamlessly with our commitment to regional development, improved healthcare accessibility, enhanced quality of life, and economic growth in Gippsland and we are delighted to support its successful realization.

We look forward to working collaboratively with you to achieve our shared vision of a healthier, economically prosperous, and more prosperous Gippsland.

Yours sincerely

s 47F



s 47F

Board Chair  
Committee for Gippsland

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27 September 2023

To Whom It May Concern,

### **Support for Neerim South Aged Care Facility Upgrade to a Community Health Hub**

On behalf of Baw Baw Shire Council, I write to express our support for the proposed upgrade of Tarago Views Residential Aged Care in Neerim South to a new Community Health Hub.

Our endorsement of this initiative is firmly grounded in our commitment to promote and enhance public health and wellbeing within our community under the *Baw Baw Shire Council Public Health and Wellbeing Plan 2021-2025*.

At Baw Baw Shire Council, we recognise the essential role of accessible and comprehensive healthcare services in fostering a healthy and thriving community. We firmly believe that the establishment of a Community Health Hub in Neerim South will be a significant step toward achieving this goal.

The upgraded facility will not only cater to the specific and evolving healthcare needs of our aging population but will also serve as a valuable resource for individuals of all ages residing in and around Neerim South.

The conversion of the Residential Aged Care Facility into a Community Health Hub aligns perfectly with our strategic objectives and vision for public health and wellbeing in our area.

By providing a wide range of integrated health services and programs, the hub will undoubtedly contribute to enhancing access to high-quality healthcare facilities, promoting preventive care, and supporting the overall wellbeing of our residents.

Furthermore, we believe that this project will foster a sense of community engagement and empowerment, allowing individuals to actively participate in their healthcare decisions, and underpin economic development and employment in the Neerim district.

The Community Health Hub will serve as a central space for health education, health promotion activities, and community-led initiatives, strengthening the connection between healthcare providers and our local residents.

It is essential to note that this upgrade will not only benefit the immediate Neerim South community, but will also have a positive impact for residents in the wider Baw Baw Shire region.

- 2 -

The availability of expanded health services in Neerim South will reduce the need for residents to travel long distances to seek specialised care, thereby improving overall health outcomes and relieving pressure on other existing healthcare facilities.

In conclusion, Baw Baw Shire Council fully supports the proposed transformation of the Residential Aged Care Facility in Neerim South into a Community Health Hub.

We commend the Neerim Health initiative's alignment with the *Baw Baw Shire Council Public Health and Wellbeing Plan 2021-2025* and believe it will make a lasting positive impact on the health and wellbeing of residents in our region.

Neerim Health will be required to apply for and obtain any relevant permits or permissions should the application be successful.

Please do not hesitate to reach out if you require any further information or assistance. I can be contacted via email at [mark.dupe@bawbawshire.vic.gov.au](mailto:mark.dupe@bawbawshire.vic.gov.au)

We are excited about the potential this project holds for our community and look forward to collaborating with Neerim Health to achieve our shared vision of improved public health and wellbeing.

Yours sincerely,

s 47F



Chief Executive Officer  
Baw Baw Shire Council

Baw Baw  
Shire Council

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PO Box 304  
Warragul Victoria  
3820



September 2023

s 47F

Board Chair  
 Neerim Health  
 Main Neerim Road  
 Neerim South VIC 3831

**Letter of Support: Neerim Health's revitalisation of Tarago Views Residential Aged Care as a diverse Community Health Centre**

Dear s 47F

I am pleased to convey on behalf of Regional Development Australia Gippsland (RDA Gippsland) our support for the proposed transition of the Residential Aged Care facility in Neerim District to a Community Health Services Centre. Our endorsement of this initiative is based on the alignment of this project with RDA's regional priorities, including the economic benefits it presents for the Neerim District and the wider community in West Gippsland.

The Gippsland Regional Plan 2020-2025 identifies 'A happy, healthy and inclusive community' as its sixth theme in supporting positive long term economic, social, cultural and environmental outcomes for the community.

Neerim Health's project proposal, the conversion of the Residential Aged Care facility into a Community Health Centre recognizes that access to comprehensive and high-quality healthcare services represents an opportunity to support enhanced wellbeing, community and economic outcomes for the local community.

This initiative by Neerim Health has the potential to deliver a wide range of health services, well-being and inclusion programs, and social engagement activities that will address the diverse and evolving needs of the community.

Not only will the establishment of the Centre enhance healthcare accessibility, but it can also act as an economic driver for the Neerim District. This initiative has the potential to attract investment, generate employment opportunities, and stimulate economic growth. The construction and ongoing operation of the Centre will create new local jobs and support the growth of ancillary businesses, bringing economic benefits to the region.



We believe that this community hub project aligns with our regional priorities, including the economic benefits it presents for the Neerim District. We are excited about the potential impact this initiative will have on the well-being, social inclusion and economic development of your community and are pleased to express our support.

Yours sincerely,

s 47F



s 47F

Deputy Chair  
RDA Gippsland

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---

Neerim District Progress Association

26 September 2023

To: **Priority Community Infrastructure Program - Department of Infrastructure, Transport, Regional Development, Communications and the Arts**

**Support for a Community Health Hub.**

To whom it may concern

I am writing this letter on behalf of the Neerim District Progress Association to express our strong support for the application by Neerim Health for funding for a much-needed community day care health centre.

We believe that this project will significantly enhance the well-being and quality of life for the elderly, young families, and disabled individuals in our area.

The Neerim District Progress Association is a non-profit community organization dedicated to promoting growth, development, and sustainability within our district. Our primary objective is to foster a safe, vibrant, and supportive community that meets the diverse needs of its residents.

We are confident that a community day care health centre aligns perfectly with current community needs. There is an increasing demand for comprehensive care services that cater to the unique requirements of the district's elderly, young families, and disabled individuals, who currently have to travel for more than an hour to get such essential services.

The proposed community day care health centre will serve as a catalyst to address this pressing need by locally offering a range of integrated services, including medical care, therapies, recreational programs, and social support activities. These services will not only promote active and independent living but also foster a stronger sense of community and connection among our residents.

We believe that this project will have numerous beneficial effects. Firstly, the

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PO Box 300, Neerim South Vic 3831

neerimdistrict@gmail.com | neerimdistrict.com.au

**Enhancing the places we live, love, work and play**

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Neerim District Progress Association

community day care health centre will provide vital respite care for families with young children or disabled members, enabling them to maintain employment and pursue personal interests while knowing that their loved ones are receiving appropriate care.

Additionally, the centre will offer a range of health and engagement programs for the elderly, encouraging social interaction and preventing isolation, which is a growing concern in our rural aging population.

Lastly, Neerim Health is the biggest single employer in our district and this project will ensure its sustainability and have direct positive economic implications by providing new employment opportunities for healthcare professionals and support staff, contributing to the local economy through the purchase of goods and services.

We appreciate Neerim Health's vision and commitment demonstrated in addressing the evolving and diverse needs of our community through this project which will undoubtedly have a positive and lasting impact on the well-being of the elderly, young families, and disabled individuals in our district.

Should you require any additional information or further clarification, please do not hesitate to contact me directly. In collaboration with Neerim Health, we look forward to a favourable outcome for our community.

Yours sincerely,

s 47F

s 47F

President  
Neerim District Progress Association Inc

s 47F

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# PROJECT: Proposed Alterations FOR: Neerim District Health Services AT: 29-39 Main Neerim Road Neerim South Victoria

## SCHEMATIC DESIGN



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SCHEMATIC DESIGN

27.09.2023

PROJECT:  
G23-081 - Proposed Alterations

CLIENT:  
Neerim District Health Services



SITE:  
29-39 Main Neerim Road Neerim South Victoria

PROJECT NUMBER:  
G23-081



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DP-AD 31418  
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ISSUE	DESCRIPTION	DATE	SHEET: SK 001 COVER PAGE	DRAWN: RH	SCALE: @ A1	ISSUE: V2

DATE:  
27.09.2023

CONCEPT DRAWINGS  
FOR INFORMATION ONLY  
NOT FOR CONSTRUCTION

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# Neerim District Soldiers Memorial Hospital

✔ Charity is registered.

✔ Charity reporting is up to date.

## Charity details

<b>ABN:</b>	<a href="#">77228450675</a>
<b>Address:</b>	Neerim District Soldiers Memor Neerim South VIC, 3831, Australia
<b>Email:</b>	<a href="mailto:Admin@neerimhealth.org.au">Admin@neerimhealth.org.au</a>
<b>Address For Service email:</b>	<a href="mailto:admin@neerimhealth.org.au">admin@neerimhealth.org.au</a>
<b>Website:</b>	<a href="http://neerimhealth.org.au">neerimhealth.org.au</a>
<b>Phone:</b>	<a href="tel:0356281226">0356281226</a>
<b>Charity Size:</b>	Large
<b>Who the charity helps:</b>	Adults - aged 25 to under 65 Adults - aged 65 and over Females Males People in rural/regional/remote communities People with chronic illness (including terminal illness) People with disabilities Veterans and/or their families
<b>Date established:</b>	31 December 1966
<b>Last reported:</b>	23 November 2022
<b>Next report due:</b>	1 February 2024
<b>Financial year end:</b>	30/06

## Summary of activities

We provided Residential Aged Care Services and Medical Services to the local community.

## Charity programs

Hospital  
Nursing care

Aged Care  
Nursing homes

## Where the charity operates

**States:** Victoria

### Using the information on the Register

Information on the Charity Register has been provided to the ACNC by charities. If information is not shown, this may be because it has not yet been provided. The ACNC may also approve information be withheld from the Charity Register in certain circumstances. [Read more about information on the Charity Register.](#)

## People



















## Responsible people

The role of a 'Responsible Person' is an important one for registered charities. Generally, a charity's Responsible People are its board or committee members, or trustees.

<p><b><u>David Wells</u></b> <b>Role:</b> Board Member</p> <p><a href="#">Associated charities</a> →</p>	<p><b><u>Garry Wilkes</u></b> <b>Role:</b> Board Member</p> <p><a href="#">Associated charities</a> →</p>	<p><b><u>Lyndal Turner Guy</u></b> <b>Role:</b> Board Member</p> <p><a href="#">Associated charities</a> →</p>
<p><b><u>Margaret Darton</u></b> <b>Role:</b> Deputy Chairperson</p> <p><a href="#">Associated charities</a> →</p>	<p><b><u>Sean DIGNUM</u></b> <b>Role:</b> President</p> <p><a href="#">Associated charities</a> →</p>	<p><b><u>Umesh Gupta</u></b> <b>Role:</b> Board Member</p> <p><a href="#">Associated charities</a> →</p>

## Documents

### Annual reporting

Title	Due date	Date received	Download
Annual Information Statement 2024	31 December 2024	Not yet submitted	—
Financial Report 2024	31 December 2024	Pending	—
Annual Information Statement 2023	31 January 2024	Not yet submitted	—
Financial Report 2023	31 January 2024	Pending	—
Annual Information Statement 2022	31 January 2023	23 November 2022	 <a href="#">View AIS</a>
Financial Report 2022	31 January 2023	23 November 2022	 <a href="#">Download</a>
Annual Information Statement 2021	31 January 2022	2 February 2022	 <a href="#">View AIS</a>
Financial Report 2021	31 January 2022	2 February 2022	 <a href="#">Download</a>
Annual Information Statement 2020	31 January 2021	15 December 2020	 <a href="#">View AIS</a>
Financial Report 2020	31 January 2021	15 December 2020	 <a href="#">Download</a>
Annual Information Statement 2019	31 January 2020	29 October 2019	 <a href="#">View AIS</a>
Financial Report 2019	31 January 2020	29 October 2019	 <a href="#">Download</a>
Annual Information Statement 2018	7 April 2019	5 April 2019	 <a href="#">View AIS</a>
Financial Report 2018	7 April 2019	5 April 2019	 <a href="#">Download</a>
Annual Information Statement 2017	31 January 2018	14 March 2018	 <a href="#">View AIS</a>
Financial Report 2017	31 January 2018	14 March 2018	 <a href="#">Download</a>
Annual Information Statement 2016	31 January 2017	16 February 2017	 <a href="#">View AIS</a>
Financial Report 2016	31 January 2017	16 February 2017	 <a href="#">Download</a>
Annual Information Statement 2015	31 January 2016	4 January 2016	 <a href="#">View AIS</a>
Financial Report 2015	31 January 2016	4 January 2016	 <a href="#">Download</a>
Annual Information Statement 2014	31 January 2015	4 January 2016	 <a href="#">View AIS</a>
Financial Report 2014	31 January 2015	4 January 2016	 <a href="#">Download</a>
Annual Information Statement 2013	31 March 2014	3 January 2014	 <a href="#">View AIS</a>
Financial Report 2013	No due date	Not required	—

## Documents

Title	Date	Reporting year	Download
Annual Report	29 October 2019	2019	 <a href="#">Download</a>
Annual Report	14 March 2018	2017	 <a href="#">Download</a>
Governing Document	4 January 2016	2014	 <a href="#">Download</a>

## History

### The charity's subtype history

Purpose	Start date	End date
Public Benevolent Institution (PBI)	1 January 2014	—
2012 Public benevolent institution	3 December 2012	31 December 2013
2012 Another purpose beneficial to the community	3 December 2012	31 December 2013

### Registration status history

Effective date	Status
3 December 2012	Registered

### Enforcement action history

Enforcement action refers to the exercise of powers under the [ACNC Act](#).

# Neerim Health Service Plan August 2023

## **Inherent Limitations**

The services provided in connection with this engagement comprise an advisory engagement, which is not subject to assurance or other standards issued by the Australian Auditing and Assurance Standards Board and, consequently no opinions or conclusions intended to convey assurance have been expressed.

No warranty of completeness, accuracy or reliability is given in relation to the statements and representations made by, and the information and documentation provided by Neerim Health or stakeholders consulted as part of the process.

TAG Health have indicated within this report the sources of the information provided. We have not sought to independently verify those sources unless otherwise noted within the report.

TAG Health is under no obligation in any circumstance to update this report, in either oral or written form, for events occurring after the report has been issued in final form.

The findings in this report have been formed on the above basis.

## **Third Party Reliance**

This report is solely for Neerim Health and has been prepared at the request of Neerim Health in accordance with the terms of TAG Health's engagement.

Other than our responsibility to Neerim Health, TAG Health doesn't undertake responsibility arising in any way from reliance placed by a third party on this report. Any reliance placed is that party's sole responsibility.

## Executive Summary

Neerim Health (NH) is the main provider of health and community services to the Neerim South and surrounding area. Located in the Baw Baw Shire, the health service is vital to the wellbeing and sustainability of the community, working closely with local government, major employers, general practice and other health and welfare service providers.

Stakeholder consultations consistently highlight the importance of the services provided by NH and the preference for residents of the region to receive medical care locally rather than traveling to WGHG or Melbourne. There was a strong desire expressed for these services to be expanded and a prevailing belief that this could propagate growth for the community.

This Service Plan is part of the suite of corporate documents developed to guide the planning and configuration of the organisation in coming years. The purpose of the plan is to provide clear direction for the future configuration and development of health care services provided, including modelling how demand for these services may change over the next decade.

The plan also identifies key challenges and opportunities that will inform the decisions to be made on the future delivery of services. It is the product of research into the Neerim catchment, historical activity at NH and consultation with staff, local health professionals, and community leaders.

### **About Neerim Health**

Neerim Health (NH) provides a wide range of health and community services to residents of the Neerim South and surrounds in West Gippsland, Victoria. Neerim South is a town located in the Shire of Baw Baw, 100 kilometres east of Melbourne and 10 minutes north of Warragul.

This small rural health care provider operates an 8-bed acute care hospital, a 30-bed residential aged care facility and a range of community services including dental, community health and specialist medical outpatient clinics.

NH does not provide Urgent Care Centre (UCC) however it is a key treatment hub in the region bounded by the provincial city of Warragul and Bunyip State Park.

NH also participates in education and health care partnerships with organisations including Monash University, Latrobe Regional Health (LRH) and West Gippsland Healthcare Group (WGHG).

### **Policy and planning context**

The health care sector is undergoing a period of extensive reform influenced, in part, by recommendations flowing from royal commissions into mental health systems and aged care. NH faces additional challenges associated with service delivery in rural Victoria. These include difficulties attracting and retaining a workforce, population growth, and caring for an ageing community living with a higher burden of chronic disease.

The COVID-19 pandemic has also necessitated changes to care delivery including reductions in elective surgery, less face-to-face care, greater focus on infection control, and increased use of telehealth. The long-term impacts on demand and service delivery are not clear.

### **Catchment profile**

Neerim Health provides subacute services, surgical services, aged care services and acute care to a catchment of more than 15,000 people living in the Neerim South and surrounding area. While the region has been growing the Baw Baw Shire is implementing strategies intended to continue the growth from approximately 57,000 people to 76,000 by 2036.

The catchment community is ageing, with a projected proportion of residents aged 70 years or older increasing significantly – and population growth projected in populations aged under 45 years.. This is likely to impact future health care service needs. Demographic analysis of the population also shows the community is tightly connected, which is beneficial for health and wellbeing. There are higher levels of lifestyle risk factors, particularly in relation to poor diet. The overall prevalence of chronic disease falls within an expected range given the age profile of the community.

Socioeconomic disadvantage varies across the community with areas of high disadvantage in Neerim South. Reports of family violence are higher than the Victorian rate.

### **Activity analysis**

The 2021-22 Neerim Health Annual Report reveals significant theatre activity involving ophthalmology, dental, and endoscopy procedures. Funding sources for these procedures varied, encompassing private, self-funded, and public categories. However, due to the unavailability of comparable data from previous years in Annual Reports, direct year-to-year comparisons are not possible. This is also the situation for admitted acute, sub-acute and aged care activity.

### **Future planning**

The forecasting of demand for services at NH is complex, requiring an understanding of population demographics, health service utilisation, and market dynamics. The existing physical capacity (total number of beds) is largely adequate for the admitted patient services and residential aged care. A three-staged (short, medium, and long-term) rationale has been proposed to transition services to better meet health needs and ensure NH plays an effective health system role.

### **Strategic Issues**

Planning for the next decade and beyond requires an awareness of strategic issues in the geographic catchment area and health care sector generally. These include workforce recruitment and retention difficulties, compounded by a shortage of affordable local housing and limited public transport options.

Strengthening regional partnerships can assist with workforce recruitment, training, and staff support networks and, potentially, the challenges of digitisation in health care.

As digital technology becomes more pervasive for organisations, clinicians, and consumers, increased connectivity between systems and robust cyber-security are essential.

The provision of adequate infrastructure to meet the changing needs will be a key issue to resolve.

## **Configuration**

The consultations and analysis that informed this plan identified current and emerging gaps in service provision. Central to this is a continued focus on chronic disease management across the Neerim and surrounding community. This is in response to the ageing profile of the community with associated increase in multimorbidity.

There is a key interrelationship between an effective surgical service and primary and acute based service. This requires an effective surgical service providing a range of low-risk, same day high frequency elective procedures. Neerim Health can provide this for the local community and have a broader regional role.

As noted earlier, growing demand for after-hours services is likely to continue, given the ageing profile of the community. Colocation of GP service and expansion of the facility will be critical to service this demand.

While projected growth in demand for residential aged care may be largely met by the non-government sector, consideration of an expanded role for NH should be given in the context of responding to client groups requiring specialised care or where there are instances of market failure particularly with a focus on cementing a footprint as the preferred in-home aged care service provider.

## **Implementation actions**

The following actions are required to achieve implementation of the Service Plan:

1. Continue capital and infrastructure planning to reduce infrastructure risks and plan for the required service infrastructure.

As a priority:

- Undertake capital planning for the expansion of primary and community consulting rooms.
- Identify space for dedicated palliative care service delivery.
- Apply for a further tranche of commonwealth funding to refurbish the residential aged care rooms.
- Work with a private developer to upgrade the surgical area to meet the requirements of a contemporary day procedure service.

2. Progress partnership development with WGHG and LRH and other healthcare providers to build workforce sustainability and develop clinical pathways that enhance local service provision.
3. Establish sub-contracting arrangements with existing CHSP and aged care package providers in preparation for the transition into the in-home aged care program.
4. Continue development of a chronic disease management model to enhance the health outcomes of the community. This will involve partnerships with Gippsland PHN, general practice, Baw Baw Shire and other organisations.
5. Optimise use of digital systems across NH including:
  - Increasing capacity for video-enabled telehealth
  - Virtual acute bed based care
  - Remote patient monitoring systems for deployment with community-based patients.
6. Review the scope of community services provided and identify key areas of unmet demand.

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# 1 Introduction

The Neerim Health (NH) Service Plan is part of the suite of corporate documents developed to guide the planning and configuration of the organisation in coming years.

The purpose of the Service Plan is to provide clear direction for the future configuration and development of health care services provided by NH, and a plan for how these services will change over the next decade.

This Plan provides an overview of:

- The planning and policy context,
- The current activity profile,
- Forecast demand, and
- Potential issues that impact on the service offering.

It also identifies key challenges and opportunities that will inform the decisions to be made on the future delivery of services for the community. The plan is the product of research into the Neerim South and Baw Baw Shire catchment, historical activity at Neerim Health and consultation with staff, medical professionals, and community leaders.

## 2 About Neerim Health

Neerim Health (NH) provides a wide range of health and community services to residents of the Neerim South and surrounds in West Gippsland, Victoria. Neerim South is a town located in the Shire of Baw Baw, 100 kilometres east of Melbourne and 10 minutes north of Warragul.

This small rural health care provider operates an 8-bed acute care hospital, a 30-bed residential aged care facility and a range of community services including dental, community health and specialist medical outpatient clinics.

NH does not provide Urgent Care Centre (UCC) however it is a key treatment hub in the region bounded by the provincial city of Warragul and Bunyip State Park.

NH also participates in education and health care partnerships with organisations including Monash University, Latrobe Regional Health (LRH) and West Gippsland Healthcare Group (WGHG).

### History of Neerim Health

Neerim Health was originally established as a nursing centre in 1912 to provide medical services. In 1928, after successfully obtaining capital redevelopment funding of 813 pounds a new hospital was built and the entity became known as Neerim District Soldiers' Memorial Hospital. In 1958 the hospital undertook further developments to include an operating theatre and enlarged staff quarters.

It wasn't until 1967 after significant community fundraising and a government grant that a new hospital was built on the current Neerim South site. Continued capital redevelopment between 1982-2002 saw increases to the number of residential aged care beds.

### 2.1 Vision, purpose, and values

Neerim Health's vision is to leverage our technology and be a leading smart rural healthcare provider. Its aim reflects this, stating that by creating a leading, digitally enabled healthcare eco-system, they will change what is possible for their community's health, resulting in enhanced care, optimised outcomes.

NH personnel are central to its high-performance culture and committed to the organisational (collaboration, learning and values) and operational (compassion, accountability, respect and excellence) values.

## 2.2 Strategic objectives

The NH Strategic Plan 2023–2027 lists the following focus areas:

1. **Growing, modernising & leveraging technology:** by increasing access to virtual care through embedded technology.
2. **Moving purposefully into new and collocated services:** by ensuring services delivered and equitable and accessible to the community.
3. **Operational excellence to deliver value for our stakeholders:** by partnering with diverse stakeholders to better serve the community.
4. **Strong organisational foundations to underpin our success:** by strengthening the workforce to ensure care, connection, and compassion for all.

## 2.3 Scope of services

***NH will continue to operate as a Small Rural Health Service and provide health services principally to the local catchment of Neerim South and surrounds.***

As a Small Rural Health Service (SRHS), NH is expected to provide a service mix that best meets **local needs**. The funding model that supports NH provides for flexible application of funds (other than residential aged care) to support this local role. NH provides some services that are typical for an entity of its size, including:

- Low complexity acute and sub acute medical inpatient services, including definitive care for minor injuries and illnesses;
- Low complexity, high frequency surgical services;
- Community and primary care services, including care and support in people's own homes;
- Residential aged care and community care for the aged and people with disabilities and complex conditions; and
- Prevention and management of disease and strategies to support improving health status.

***The current suite of services remains appropriate for NH.***

Neerim Health provides a range of acute, aged care and community services, including:

- Elective surgery in a limited number of specialties
- Acute same day services including infusions, and elective surgery
- Residential aged care services
- Specialist medical and allied health clinics
- Community services, including short-term restorative care, and community health programs
- Medical imaging service.

The Neerim Health –Strategic Plan 2023–27 notes that implementing and expanding home-based services is consistent with delivering person-centred care and increasing patient choices for treatment.

It further notes that establishing a healthcare precinct inclusive of expanded primary and community services would enable essential service delivery, including the possibility of a primary care clinic, for the community whilst better meeting the needs of its acute patients and aged care residents.

## 2.4 Staff profile

Neerim Health has a staff complement of approximately 90 people. The nursing workforce is the largest labour category, comprising approximately half of the overall workforce.

**Table 1: Workforce Data:**

Staff	2019/20	2020/21	2021/22
Total (permanent and casual)	90	80	90

(Source: Neerim Health Annual Reports (2021/22) (2020/21) & (2019/20) – Available from: <https://neerimhealth.org.au/about/annual-reports/>)

*Note: Figures in the table excluding contracted staff (e.g., Agency nurses, Fee-for-Service Visiting Medical Officers) who are not regarded as employees for this purpose.*

## 2.5 Partnerships

The Neerim Health Strategic Plan 2023–27 emphasises that partnerships are fundamental to the delivery of optimal health outcomes. In addition to partnerships with its consumers, NH has partnering arrangements with several health care, educational and community service organisations. These are described below.

### **Gippsland Health Service Partnership**

The Gippsland Service Partnership is a collaboration with LRH, WGHC, and other regional health services to enable cooperative development on common system priority areas including:

- Pandemic response
- Better at Home service model development
- Improving access to elective surgery and emergency care
- Mental health reforms.

LRH is the current lead agency for the area.

### **Other service arrangements**

Neerim Health has partnership arrangements with several health services including:

- Latrobe Regional Health
- West Gippsland Healthcare Group

- Nerrim South Medical Centre.

## Gippsland Primary Health Network

Gippsland PHN works with local health care services, providers, community organisations and individuals to identify priority issues and develop regionwide and localised responses.

It has four key health priority areas:

- **Prevention:** factors affecting health, family violence and healthy and safe environments.
- **Better health services:** access to care that meets peoples needs, health workforce and digital health.
- **Main health issues:** alcohol and other drugs, cancer, chronic disease, mental health and wellbeing including suicide prevention, reproductive and sexual health.
- **Supporting people:** Aboriginal and Torres Strait Islanders health and wellbeing, children and young people (0-25 years), people aged 65 and over, and people living with disability.

## Local government

Baw Baw Shire is a key partner agency in the planning and provision of services to meet the needs of the local communities. The Shire funds community services.

The *Baw Baw Shire Community Health and Wellbeing Plan 2021-2025* combines four priorities for action by partner agencies:

- Active living
- Healthy eating
- Mental wellbeing
- Gender equity and prevention of family violence.

## Community partnerships

Neerim Health partners with a range of not-for-profit organisations to deliver community health and wellbeing support services.

## Education partnerships

Neerim Health partners with a range of education providers including Gippsland TAFE, Federation University and Monash University.

## 3 Policy and planning context

### 3.1 Baw Baw Shire

Baw Baw Shire has been active in consulting with the community and developing a vision for the Shire as it grows towards 2050. The Shire has communicated this vision through the Council Plan and Community Vision.

The Plan represents a four-year roadmap for the Shire to focus on its three key strategic objectives:

- A sustainable Shire
- A healthy Community
- A thriving Community.

The Plan is, inclusive of the health and wellbeing priorities of improving mental health wellbeing; preventing all forms of violence; tackling climate change and its impacts on health; and increasing active living.

These health priorities were developed through extensive community consultation and analysis of local health trends.

### 3.2 Victorian health care system

The Victorian health care system is evolving due to many factors that are changing the role of health services in relation to how they respond to consumer needs, including purchasing models and quality of care imperatives. Additionally, rural health services are confronted with the unique challenges of service delivery in rural and remote areas. Some of these issues are described below.

#### **Partnerships**

The purpose of the Health Partnerships is to support a more regional approach to service planning, delivery and coordination to:

- Improve the safety and quality of care to patients,
- Increase the capacity and accessibility of rural health care and improve regional self-sufficiency, and
- Strengthen sustainability of rural health services and their workforce.

Health Partnerships will provide a platform for initiating, implementing and/or overseeing collaborative efforts across health services in a region and, where appropriate, between regions and metropolitan health services. This will include implementing state-wide policies and priorities, as well as locally led initiatives that respond to local issues or opportunities.

Initial areas of action for the Gippsland partnership have included coordinated planning on elective surgery capacity and capability, with consideration of distribution of activity across

sites. Resulting from this has been a program of sub-contracting of ophthalmology to NH in 2021-22.

### **Mental health reform**

There has been extensive review and reform of mental health services across Australia in the past years. Significant reviews of the systems of care have been undertaken in the past years including the **Productivity Commission** report in 2020 and the **Royal Commission into Victoria's Mental Health System**. These have made recommendations on how to meet the demand for services, including the urgent need to expand the acute capacity in the Gippsland region.

The Productivity Commission provided wide-ranging recommendations including a need for a greater role of digital services in meeting consumer needs; regional cooperative arrangements for planning and oversight through PHNs and LHNs or the establishment of regional commissioning bodies to pool mental health funds from both levels of government and undertake all commissioning. As a response to this and other factors, the Australian government has funded additional services.

The Victorian Government has commenced several reforms in response to the Royal Commission including:

- \$2.3 million to trial two new digital services so rural and regional Victorians can access care from their own homes
- \$11 million for a Rural and Regional Workforce Incentive Scheme aimed at attracting, training, and recruiting more mental health professionals
- Five new Youth Prevention and Recovery Care Units (YPARCs); and additional adult acute beds.

There have not yet been indications of the mechanisms for implementing regional commissioning models recommended by the commissions.

### **Quality and safety**

The **Targeting Zero** report examined whether the Department has adequate systems for safety and quality assurance in place and recommended how they might be improved to achieve contemporary best practice, as seen within other jurisdictions and internationally.

The recommendations were far-reaching and will have implications for the process of ensuring services are at a high quality. These included recommendations to review service provision where there is a defined reduction in clinical outcomes at low volume sites.

## **3.3 Residential aged care**

The residential aged care sector is undergoing significant reform, in recognition of the findings of the **Royal Commission into Aged Care Quality and Safety**. Key recommendations from this commission included:

- The requirement to specify a minimum ratio of staff to residents (NH is already working within these specified ratios)
- Greater oversight on quality of care
- Revision of the imperatives associated with the physical design of facilities, to enable a greater focus on designs to facilitate small household models usually housing eight to 10 people receiving aged care services, and
- A greater focus on the measurement of outcomes.

Other trends having an impact on services to older Australians include:

- Increasing age and complexity on entry to aged care, reflecting improved options for home-based support that enable people to stay independent longer
- Consolidation of aged care providers, with a reduction in the proportion of providers operating from a single site decreasing from 26 per cent of all sites in 2010 to 22 per cent in 2019, and the average number of beds per site increasing from 32 to 78 beds.

### 3.4 Rural health challenges

#### **Demand and supply**

Rural health care providers are continually challenged to provide the optimal mix of services to their communities in the context of complex demand and supply factors such as:

- Relatively higher burden of chronic disease, mental health issues and injury in rural communities when compared to metropolitan areas
- Lower access to specialist medical, nursing, and allied health workforces, including a declining ability to recruit and retain a workforce from other locations
- Greater scrutiny on the quality of services and clinical outcomes by consumers and funders
- Decline in the availability of general practitioners including those that have advanced skills and experience in procedural services, including anaesthetics, obstetrics, and emergency care.

These challenges have resulted in a gradual decline in the availability of procedural and maternity services at many rural communities, in addition to reduced availability of urgent care in some locations.

#### **Out of hospital care**

There are many developments in the role and delivery of health care services in non-hospital settings. These changes in the models offer opportunities to provide services with greater convenience for consumers, and lower costs for providers and funders.

Community and home-based models have existed for many years with Hospital-in-the Home (HITH), Therapy in the Home and community-based palliative care. While these models are now well developed, the expansion of the models into new clinical indications and patient cohorts has been slow.

Opportunities to enhance the availability of coordinated admission-preventative services through chronic disease management programs or pre-admission conditioning are largely underutilised. Uptake of services has been limited by factors including the financing models and clinical risk concerns. Additionally, in rural areas the uptake is limited by inefficiencies in providing a distributed service across a large geographic area.

The major driver for change in the past few years has been the COVID-19 pandemic. The desire to minimise risk of infections to patients, carers and clinicians has seen a sharp increase in use of telemedicine and remote patient monitoring technologies.

Neerim Health now uses telehealth for a range of allied health and outpatient clinics.

A trial of remote patient monitoring technology with elderly patients being cared for in their own homes is imminent, in collaboration with private insurers NH could be a leader in this area.

### **Digital health innovations**

Developments in information and communication technologies provide opportunities for improved coordination and efficiency in service provision and empower consumers with access to information and assistance for self-managing their health.

Improved connectivity, digitisation of records, and improved data sharing could all improve opportunities for collaboration and provide training and development opportunities for staff.

Increasing use of big data and improved analytics capability could provide greater insight into safety and quality and further emphasise the need for organisations to improve their digital connectivity and cyber-security precautions.

Examples of this are occurring in the Barwon region with Western Victoria Primary Health Network who are conducting a trial providing GPs with access to real time data from patients with chronic diseases using digital remote monitoring technology. This type of system, with embedded telehealth tools, may eventually enable case conferencing for care teams across primary and acute settings.

Mobile access to health records is becoming more common, along with the belief health care providers should be able to access safety information when needed, including allergies and medication history. Consumers want the convenience of booking appointments easily, opting into automated reminders and alerts if clinics are running late, and a choice between telehealth or face-to-face appointments.

### **Patient and community experience and outcomes**

Consumers increasingly see themselves as customers, not patients, which impacts their expectations and engagement.

Consumer expectations around the level and type of health services provided are important considerations when planning for future services. There have been considerable changes in Australia over the past decade, including:

- Increased consumer participation in decision making
- Public reporting of provider performance data
- Establishing and measuring standards of clinical care and operational management
- Establishing benchmarks for acceptable infrastructure, and
- Increasing quality and privacy inpatient facilities – incorporating more facilities for families.

There is a need to focus on specific measurable outcomes and performance in the areas of patient outcomes and patient experience. There are many experiential, clinical and operational benefits when management, providers, patients, and families work collaboratively: the quality and safety of health care rises, costs decrease, and provider and patient satisfaction increases.

The evolution of clinical governance accountabilities has increased the responsibilities for Boards, management, and clinicians. The responsibilities have increased for continued vigilance on measuring, reporting, and improving the clinical safety of services and the clinical professional responsibilities.

### **COVID-19 response and management**

The COVID-19 pandemic has created challenges for global health care systems that have not been experienced for more than 100 years. These challenges are multifaceted and include:

- Establishing strategies to rapidly increase hospital capacity in response to a surge in demand
- Reduction of elective and other capacity to focus resources on the management of COVID-19
- Reduction in face-to-face clinical activity to reduce viral transmission among staff and patient groups
- Greater reliance on infection prevention and control activities to reduce viral transmission between patients and with staff
- uncertainty regarding the ongoing care of people that have recovered from COVID-19 illness (i.e., “long COVID”).

Many strategies have already been implemented across hospitals and across other health care settings. While some of these strategies may not be applicable in non-pandemic settings, many have continued application and transferral into routine care in coming years and decades.

These include:

- Widespread use of telehealth applications, especially video conferencing applications for patient-facing interactions and staff coordination. This has reduced the need for patients and staff to be physically present at a hospital site
- A high degree of acceptance by consumers and staff of home-based care. This has increased the convenience for many and has reduced travel time and cost
- Greater requirement for single rooms for patient care to reduce viral transmission
- Lower acceptability for patients to be waiting and congregating in areas
- Scrutiny of supply chains in the procurement of essential materials, medications, and equipment, and

- Greater recognition of the importance of air ventilation systems in reducing viral transmission.

Some of these issues may have applications in the ongoing demands and models of care for NH.

Released under the FOI Act 1982 by the Department of Infrastructure, Transport, Regional Development, Communications, Sport and the Arts

## 4 Catchment profile

The following data represents demographic information related to Neerim South, with comparisons to the Baw Baw Local Government Area, the Monash Commonwealth Electoral Division, the State of Victoria, and Australia as a whole.

### 3.3 Demographics

Table 2: Sex and Usual Place of Residence:

People	Neerim South (Suburb and Locality)	% Neerim South	Baw Baw (Local Government Area)	% Baw Baw	Monash (Commonwealth Electoral Division)	% Monash	Victoria	% Victoria	Australia	% Australia
Male	550	50.7	28,035	48.7	71,468	48.8	3,200,963	49.2	12,545,154	49.3
Female	534	49.3	29,590	51.3	74,883	51.2	3,302,528	50.8	12,877,635	50.7
<b>Total</b>	<b>1084</b>		<b>57,625</b>		<b>146,351</b>		<b>6,503,491</b>		<b>25,422,789</b>	

(Source: Australian Bureau of Statistics 2021 All Person Quick Stats, From <https://www.abs.gov.au/census/find-census-data/search-by-area>)

Table 3: Age Distribution:

Age	Neerim South (Suburb and Locality)	% Neerim South	Baw Baw (Local Government Area)	% Baw Baw	Monash (Commonwealth Electoral Division)	% Monash	Victoria	% Victoria	Australia	% Australia
Median age	44	N/A	41	N/A	46	N/A	38	N/A	38	N/A
0-4 years	62	5.7	3,507	6.1	7,667	5.2	375,900	5.8	1,463,817	5.8
5-9 years	72	6.6	3,618	6.3	8,480	5.8	402,168	6.2	1,586,138	6.2
10-14 years	76	7	3,838	6.7	8,926	6.1	391,388	6	1,588,051	6.2
15-19 years	59	5.4	3,208	5.6	7,650	5.2	363,201	5.6	1,457,812	5.7
20-24 years	54	4.9	2,884	5	6,375	4.4	410,337	6.3	1,579,539	6.2
25-29 years	56	5.1	3,487	6.1	7,452	5.1	475,532	7.3	1,771,676	7
30-34 years	67	6.1	3,647	6.3	8,042	5.5	499,959	7.7	1,853,085	7.3
35-39 years	43	3.9	3,438	6	8,175	5.6	489,927	7.5	1,838,822	7.2
40-44 years	68	6.2	3,126	5.4	7,586	5.2	428,808	6.6	1,648,843	6.5
45-49 years	44	4	3,308	5.7	8,388	5.7	416,524	6.4	1,635,963	6.4
50-54 years	53	4.8	3,616	6.3	9,338	6.4	410,360	6.3	1,610,944	6.3
55-59 years	63	5.8	3,690	6.4	10,186	7	383,916	5.9	1,541,911	6.1
60-64 years	74	6.8	3,886	6.7	11,322	7.7	362,634	5.6	1,468,097	5.8
65-69 years	85	7.8	3,643	6.3	11,220	7.7	320,562	4.9	1,298,460	5.1
70-74 years	81	7.4	3,432	6	10,184	7	285,000	4.4	1,160,768	4.6
75-79 years	55	5	2,373	4.1	6,917	4.7	203,205	3.1	821,920	3.2
80-84 years	41	3.8	1,572	2.7	4,459	3	141,601	2.2	554,598	2.2

85 years and over	40	3.7	1,359	2.4	3,987	2.7	142,475	2.2	542,342	2.1
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(Source: Australian Bureau of Statistics 2021 All Person Quick Stats, From <https://www.abs.gov.au/census/find-census-data/search-by-area>)

Population data offers various insights for strategic planning in a health service environment, particularly in the context of older population and residential/community-based and in-home aged care:

- The age distribution shows the percentage of the population in different age groups. Notably, the median age in Neerim South is higher compared to other geographical areas, indicating an ageing population.
- When comparing Neerim South to Baw Baw, Monash, Victoria, and Australia, it's clear that Neerim South has a distinct demographic profile, especially in terms of age.
- The population aged 65 years and over represents a significant portion in Neerim South (27.7%), with a further increase of 12.6% anticipated in the next 10 years), especially when compared to other geographical areas.
- The age group 85 years and over also constitutes a notable percentage, which might suggest a higher demand for aged care services and facilities.

## Population projections

Nerrim South, located within the Baw Baw Local Government area, faces distinct healthcare needs due to its population dynamics as revealed by the 2021 Census and the 2019 Victoria in the Future population projections.

Table 4: Population Projections

Baw Baw Shire	2016	2021	2026	2031	2036
Total Population	49,300	55,900	62,430	69,320	75,820
	2011-2016	2016-2021	2021-2026	2026-2031	2031-2036
Annual Average Rate of Population Change	2.60%	2.50%	2.20%	2.10%	1.80%
Population by age (Baw Baw Shire)	2016* (actual - from ABS)	2020* (actual from ABS)	2026 (projected)	2036 (projected)	% change 2026-2035
0-14	9670	10961	12,020	13,560	12.79%
15-45	16910	19789	21,400	25,740	20.28%
45-59	9960	14498	10,920	13,520	23.80%
60-74	8830	7078	11,700	13,440	14.83%
75+	3940	5299	6,380	9,550	49.79%
Total	49310	57625	62420	75810	

\*Note - Recorded as 45-64 years in 2020 Census ABS Data, and 64-74 in Census ABS Data

(Source: Department of Transport and Planning, Victoria in the Future 2019, from <https://www.planning.vic.gov.au/guides-and-resources/data-and-insights/victoria-in-future>)

When comparing these historical growth rates with the projected percentage growth rates for the same age groups between 2026 and 2036, we observe that the projected growth rates are

generally consistent with the historical trends. This similarity between historical and projected growth rates suggests a certain level of confidence in the projected changes for the various age groups. It is important to approach projections with caution and awareness of potential variations that can impact population changes across different age groups in the future.

Population projections underscore the importance of strategic healthcare planning to cater to evolving demographics and population shifts. Considerations should include:

- **Ageing Population:** The data portrays an increase in older residents in the Baw Baw Shire. This demographic necessitates specialised healthcare services tailored to age-related conditions, chronic illnesses, and geriatric care.
- **Rising Aged Care Needs:** As the elderly population grows, the demand for both residential and community-based aged care services is expected to surge.
- **Robust Healthcare Infrastructure:** Fostering a robust healthcare infrastructure will be critical, encompassing hospitals, clinics, assisted living facilities, and residential aged care facilities. Such infrastructure is instrumental in addressing the varied healthcare needs of the ageing population.
- **Reform Ready:** Furthermore, with the ongoing reform in in-home aged care services, planning should also extend to meeting the requirements of those who wish to receive care in the comfort of their own homes. Such reform aligns with the changing preferences of Older Australians and the evolving healthcare landscape.

### Indigenous status and cultural diversity

The following data offers insights into the indigenous status and cultural diversity of Neerim South, as well as comparisons to other areas.

Table 5: Indigenous Status

Indigenous status	Neerim South (Suburb and Locality)	% Neerim South	Baw Baw (Local Government Area)	% Baw Baw	Monash (Commonwealth Electoral Division)	% Monash	Victoria	% Victoria	Australia	% Australia
Aboriginal and/or Torres Strait Islander	22	2	724	1.3	1,995	1.4	65,646	1	812,728	3.2
Non-Indigenous	1,003	92.8	53,821	93.4	135,522	92.6	6,148,188	94.5	23,375,949	91.9
Indigenous status not stated	63	5.8	3,082	5.3	8,832	6	289,665	4.5	1,234,112	4.9

(Source: Australian Bureau of Statistics 2021 All Person Quick Stats, From <https://www.abs.gov.au/census/find-census-data/search-by-area>)

Table 6: Ancestry

Ancestry, top responses	Neerim South (Suburb and Locality)	% Neerim South	Baw Baw (Lpcal Government Area)	% Baw Baw	Monash (Commonwealth Electoral Division)	% Monash	Victoria	% Victoria	Australia	% Australia
English	480	44.4	24,859	43.1	62,539	42.7	1,900,089	29.2	8,385,928	33
Australian	467	43.2	24,235	42.1	59,366	40.6	1,770,726	27.2	7,596,753	29.9
Irish	147	13.6	6,637	11.5	17,228	11.8	611,788	9.4	2,410,833	9.5
Scottish	142	13.1	6,636	11.5	17,119	11.7	534,459	8.2	2,176,777	8.6
German	52	4.8	2,441	4.2	6,040	4.1	212,907	3.3	1,026,138	4

(Source: Australian Bureau of Statistics 2021 All Person Quick Stats, From <https://www.abs.gov.au/census/find-census-data/search-by-area>)

Table 7: Country of Birth of Parents

Country of birth of parents	Neerim South (Suburb and Locality)	% Neerim South	Baw Baw (Local Government Area)	% Baw Baw	Monash (Commonwealth Electoral Division)	% Monash	Victoria	% Victoria	Australia	% Australia
Both parents born overseas	158	14.6	9,554	16.6	26,021	17.8	2,684,522	41.3	9,321,603	36.7
Father only born overseas	71	6.6	3,915	6.8	10,057	6.9	410,848	6.3	1,670,476	6.6
Mother only born overseas	64	5.9	2,822	4.9	7,056	4.8	298,977	4.6	1,257,942	4.9
Both parents born in Australia	719	66.4	37,857	65.7	92,980	63.5	2,757,268	42.4	11,663,577	45.9
Not stated	71	6.6	3,475	6	10,239	7	351,877	5.4	1,509,188	5.9

(Source: Australian Bureau of Statistics 2021 All Person Quick Stats, From <https://www.abs.gov.au/census/find-census-data/search-by-area>)

It is important to consider how this diversity might influence healthcare preferences, language needs, and cultural practices.

- The proportion of the indigenous population in Neerim South is relatively low (2%). This indicates a smaller indigenous population compared to the overall population.
- Healthcare planning should consider the needs of different cultural groups, even though the indigenous population is relatively small. Culturally sensitive care, language access, tailored health services, and community engagement are all important aspects of ensuring equitable and effective healthcare for the entire population.
- Ancestral backgrounds such as Irish, Scottish, and German indicate some cultural diversity, but the majority seems to have British and Australian heritage. However, the presence of people with both parents born overseas (14.6%) suggests a diverse community with international roots.

## Employment

Employment data indicates a range of employment statuses and industries in Neerim South with potential implications for the healthcare industry.

**Table 8: Employment Status**

Employment status	Neerim South (Suburb and Locality)	% Neerim South	Baw Baw (Local Government Area)	% Baw Baw	Monash (Commonwealth Electoral Division)	% Monash	Victoria	% Victoria	Australia	% Australia
Worked full-time	257	52.8	15,037	54.4	33,705	51.1	1,871,278	56.2	7,095,103	55.9
Worked part-time	178	36.6	9,528	34.4	24,168	36.6	1,076,741	32.3	3,962,550	31.2
Away from work (a)	36	7.4	2,038	7.4	5,366	8.1	214,876	6.5	991,758	7.8
Unemployed	21	4.3	1,052	3.8	2,747	4.2	167,667	5	646,442	5.1

(Source: Australian Bureau of Statistics 2021 All Person Quick Stats, From <https://www.abs.gov.au/census/find-census-data/search-by-area>)

**Table 9: Employment Status of Couples**

Employment status of couple families	Neerim South (Suburb and Locality)	% Neerim South	Baw Baw (Local Government Area)	% Baw Baw	Monash (Commonwealth Electoral Division)	% Monash	Victoria	% Victoria	Australia	% Australia
Both employed, worked full-time	42	15.5	2,475	18.6	5,288	16	323,693	22.7	1,234,626	22.2
Both employed, worked part-time	21	7.7	676	5.1	1,950	5.9	70,928	5	264,182	4.8
One employed full-time, one part-time	59	21.8	3,211	24.1	7,300	22.1	322,757	22.6	1,155,042	20.8
One employed full-time, other not working	31	11.4	1,519	11.4	3,305	10	189,173	13.2	692,497	12.5
One employed part-time, other not working	24	8.9	822	6.2	2,301	7	90,569	6.3	339,960	6.1
Both not working	78	28.8	3,053	22.9	8,995	27.2	283,160	19.8	1,163,744	21
Other	13	4.8	1,038	7.8	2,548	7.7	97,725	6.8	449,640	8.1
Labour force status not stated	6	2.2	504	3.8	1,392	4.2	49,854	3.5	253,286	4.6

(Source: Australian Bureau of Statistics 2021 All Person Quick Stats, From <https://www.abs.gov.au/census/find-census-data/search-by-area>)

Table 10: Industry of Employment

Industry of employment, top responses	Neerim South (Suburb and Locality)	% Neerim South	Baw Baw (Local Government Area)	% Baw Baw	Monash (Commonwealth Electoral Division)	% Monash	Victoria	% Victoria	Australia	% Australia
Hospitals (except Psychiatric Hospitals)	18	3.9	1,180	4.4	2,884	4.6	146,890	4.6	545,158	4.5
Primary Education	17	3.7	751	2.8	1,905	3	61,560	1.9	265,249	2.2
Secondary Education	15	3.2	702	2.6	1,834	2.9	52,660	1.7	205,360	1.7
Supermarket and Grocery Stores	13	2.8	690	2.6	1,787	2.8	75,275	2.4	299,810	2.5
Site Preparation Services	10	2.2	689	2.6	1,677	2.7	8,914	0.3	40,029	0.3

(Source: Australian Bureau of Statistics 2021 All Person Quick Stats, From <https://www.abs.gov.au/census/find-census-data/search-by-area>)

The data highlights the presence of healthcare-related employment and the diversity of work arrangements, which collectively contribute to the overall healthcare needs and services required in the area.

- The presence of employment in hospitals demonstrates the importance of healthcare services within the community (leading industry employer).
- The percentage of couple families with both partners not working might suggest a demand for health and aged care services, potentially impacting the need for healthcare professionals in the area.

### Income and housing status

The presence of a range of income levels, combined with the potential for "tree change" and the ability to commute to major regional towns, could contribute to the community's appeal to a diverse group of residents in Nerrim South.

Table 11: Household Income

Household income	Neerim South (Suburb and Locality)	% Neerim South	Baw Baw (Local Government Area)	% Baw Baw	Monash (Commonwealth Electoral Division)	% Monash	Victoria	% Victoria	Australia	% Australia
Less than \$650 total household weekly income (a)	N/A	18.9	N/A	18.3	N/A	22.9	N/A	16.4	N/A	16.5

More than \$3,000 total household weekly income (a)	N/A	15.7	N/A	17	N/A	14	N/A	24.2	N/A	24.3
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(Source: Australian Bureau of Statistics 2021 All Person Quick Stats, From <https://www.abs.gov.au/census/find-census-data/search-by-area>)

**Table 12: Occupied Dwelling Type**

<b>Occupied private dwellings</b>	<b>Neerim South</b> (Suburb and Locality)	<b>% Neerim South</b>	<b>Baw Baw</b> (Local Government Area)	<b>% Baw Baw</b>	<b>Monash</b> (Commonwealth Electoral Division)	<b>% Monash</b>	<b>Victoria</b>	<b>% Victoria</b>	<b>Australia</b>	<b>% Australia</b>
Owned outright	179	44.9	8,397	39.2	24,570	42.8	768,730	32.2	2,872,331	31
Owned with a mortgage (a)	158	39.6	8,295	38.7	19,199	33.4	862,658	36.1	3,242,449	35
Rented (b)	49	12.3	4,006	18.7	11,397	19.9	681,419	28.5	2,842,378	30.6
Other tenure type (c)	5	1.3	404	1.9	1,102	1.9	41,752	1.7	181,518	2
Tenure type not stated	8	2	348	1.6	1,134	2	35,676	1.5	136,538	1.5

(Source: Australian Bureau of Statistics 2021 All Person Quick Stats, From <https://www.abs.gov.au/census/find-census-data/search-by-area>)

**Table 13: Rent and Mortgage**

<b>Rent and Mortgage</b>	<b>Neerim South</b> (Suburb and Locality)	<b>% Neerim South</b>	<b>Baw Baw</b> (Local Government Area)	<b>% Baw Baw</b>	<b>Monash</b> (Commonwealth Electoral Division)	<b>% Monash</b>	<b>Victoria</b>	<b>% Victoria</b>	<b>Australia</b>	<b>% Australia</b>
Median weekly rent (a)	313	N/A	310	N/A	275	N/A	330	N/A	300	N/A
Median monthly mortgage repayments	1,367	N/A	1,571	N/A	1,500	N/A	1,600	N/A	1,721	N/A

(Source: Australian Bureau of Statistics 2021 All Person Quick Stats, From <https://www.abs.gov.au/census/find-census-data/search-by-area>)

In Neerim South, the majority of dwellings are either owned outright or with a mortgage, reflecting a mix of homeowners and those still paying off their properties. The percentage of rented dwellings is lower, suggesting that a smaller portion of the population are tenants.

- **Household Income:** The data indicates that a considerable portion of households in Neerim South and the broader Baw Baw Local Government Area (LGA) have a weekly household income of less than \$650. This might suggest that there is a presence of lower-income households in the area. On the other hand, a notable percentage of households have a higher weekly income of more than \$3,000, which could indicate a diverse income distribution in the community.
- **Housing Affordability:** The median weekly rent in Neerim South is \$313, which is lower than the median rent in the Baw Baw LGA, Monash Commonwealth Electoral Division, Victoria,

and Australia. This comparatively lower median rent could attract individuals or families seeking more affordable housing options.

- **Mortgage Repayments:** The median monthly mortgage repayments in Neerim South are \$1,367, which is lower than the median repayments in the Baw Baw LGA, Monash Commonwealth Electoral Division, Victoria, and Australia. This suggests that homeownership might be relatively more affordable in Neerim South compared to these other regions.
- **Tree Change Trend:** The concept of a "tree change" refers to individuals or families moving from urban or suburban areas to rural or semi-rural locations seeking a slower pace of life, natural surroundings, and potential housing affordability. The lower median rent and mortgage repayments in Neerim South could attract individuals considering a tree change. Additionally, the possibility of commuting to major regional towns while residing in Neerim South might make it an appealing option for those who wish to combine a rural lifestyle with accessible urban amenities.

## 4.2 Health status

The following data provides insights into the prevalence of various long-term health conditions that can impact strategic and operational planning. It outlines the prevalence of various long-term health conditions among the population in Neerim South and makes comparisons to other geographical areas.

**Table 14: Long Term Health Conditions:**

Type of long-term health condition*	Neerim South (Suburb and Locality)	% Neerim South	Baw Baw (Local Government Area)	% Baw Baw	Monash (Commonwealth Electoral Division)	% Monash	Victoria	% Victoria	Australia	% Australia
Arthritis	156	14.4	6,449	11.2	18,099	12.4	518,633	8	2,150,396	8.5
Asthma	101	9.3	5,572	9.7	14,178	9.7	543,047	8.4	2,068,020	8.1
Cancer (including remission)	49	4.5	2,056	3.6	5,774	3.9	179,326	2.8	732,152	2.9
Dementia (including Alzheimer's)	7	0.6	473	0.8	1,240	0.8	45,946	0.7	189,162	0.7
Diabetes (excluding gestational diabetes)	67	6.2	2,968	5.2	8,443	5.8	303,371	4.7	1,198,721	4.7
Heart disease (including heart attack or angina)	73	6.8	2,874	5	8,330	5.7	243,130	3.7	999,096	3.9
Kidney disease	13	1.2	621	1.1	1,692	1.2	57,437	0.9	231,777	0.9

Lung condition (including COPD or emphysema)	26	2.4	1,429	2.5	4,087	2.8	97,270	1.5	441,109	1.7
Mental health condition (including depression or anxiety)	118	10.9	6,397	11.1	16,131	11	571,150	8.8	2,231,543	8.8
Stroke	15	1.4	692	1.2	2,022	1.4	59,844	0.9	234,609	0.9
Any other long-term health condition(s)	95	8.8	5,237	9.1	13,349	9.1	519,110	8	2,041,929	8
No long-term health condition(s)	561	51.9	31,247	54.2	76,616	52.4	3,969,506	61	15,292,718	60.2
Not stated	85	7.9	4,840	8.4	13,069	8.9	492,709	7.6	2,066,251	8.1

\* Note: Respondents had the option of reporting multiple long-term health conditions. Therefore, the sum of all long-term health condition responses for an area will not equal the total number of people in the area. Calculated percentages represent a proportion of the number of people in the area (including those who did not answer the long-term health conditions question).

(Source: Australian Bureau of Statistics 2021 All Person Quick Stats, From <https://www.abs.gov.au/census/find-census-data/search-by-area>)

The prevalence of various health conditions highlights the need for a diverse range of healthcare services to address the specific needs of the population. By tailoring services to address the specific health needs of the population, implementing preventive measures, and fostering collaboration, the organisation can enhance the quality of care and improve health outcomes for the community.

- **Dementia and Alzheimer's:** The modest proportion of individuals affected by dementia (0.6%) highlights that organisation's need to be equipped for delivering specialised care to patients and residents with cognitive needs.
- **Mental Health Conditions:** The relatively high prevalence of mental health conditions (10.9%) emphasizes the importance of staff training to address mental health needs in all settings. Similarly, the elevated rates warrant attention to clients' and patients mental health and well-being, potentially necessitating the integration of mental health services.
- **Mobility and Accessibility:** Health conditions like arthritis, heart disease, and lung conditions may impact patients' or residents' mobility. It's vital to ensure appropriate facilities and mobility support to cater to their needs.
- **Arthritis and Chronic Conditions:** The prevalence of arthritis (14.4%) and other chronic conditions underscores the need to focus on pain management, mobility assistance, and preventive measures.
- **Heart Disease and Diabetes:** Given the significant prevalence of heart disease (6.8%) and diabetes (6.2%), conducting preoperative assessments and providing postoperative care for patients with these conditions becomes imperative.
- **Cancer:** Despite its relatively lower prevalence (4.5%), tailored care and support for cancer patients during surgical procedures hold importance.
- **Lung Conditions:** Patients with lung conditions (2.4%) might require careful surgical management due to their respiratory health.

- **Specialised Care Programs:** The organisation could conceive specialised care programs tailored to prevalent health conditions like arthritis, asthma, diabetes, heart disease, and mental health conditions. These programs would encompass prevention, management, treatment, and rehabilitation, delivering comprehensive care to individuals with specific conditions.
- **Multidisciplinary Approach:** Conditions like mental health, diabetes, and heart disease often demand a multidisciplinary approach. Collaborating across medical disciplines ensures holistic care addressing both physical and mental health aspects.
- **Preventive Measures:** The data on conditions such as lung conditions, heart disease, and diabetes underscores the importance of preventive measures to lower the prevalence of these conditions. The organisation can prioritize health education, lifestyle interventions, and screening programs to mitigate risks.
- **Chronic Disease Management:** The prevalence of arthritis and diabetes highlights the significance of robust chronic disease management programs. Monitoring, medication management, and lifestyle interventions should be prioritized for effective disease control.
- **Emergency Preparedness:** For individuals with conditions like stroke or heart disease, the organisation must be well-prepared to manage emergencies and provide suitable care.

**Table 15: Number of Long-Term Health Conditions:**

Count of selected long-term health conditions*	Neerim South (Suburb and Locality)	% Neerim South	Baw Baw (Local Government Area)	% Baw Baw	Monash (Commonwealth Electoral Division)	% Monash	Victoria	% Victoria	Australia	% Australia
None of the selected conditions	596	55.1	33,601	58.3	82,383	56.3	4,228,219	65	16,302,537	64.1
One condition	261	24.1	12,536	21.8	32,453	22.2	1,224,496	18.8	4,791,516	18.8
Two conditions	88	8.1	4,270	7.4	11,664	8	371,819	5.7	1,490,344	5.9
Three or more conditions	50	4.6	2,382	4.1	6,779	4.6	186,237	2.9	772,142	3
Not stated	85	7.9	4,840	8.4	13,069	8.9	492,709	7.6	2,066,251	8.1

\* Note: Selected long-term health conditions include 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. Other long-term health conditions are not included in this count.

(Source: Australian Bureau of Statistics 2021 All Person Quick Stats, From <https://www.abs.gov.au/census/find-census-data/search-by-area>)

The distribution of health conditions has significant implications for healthcare planning, resource allocation, and service delivery within the organisation:

- **Resource Allocation:** The data showcases the prevalence of various health conditions across different categories. A substantial portion of the population reports having no selected conditions (55.1% in Neerim South). This could suggest that a significant proportion of resources might be allocated to preventive and wellness programs to maintain the health of individuals without existing conditions.
- **Service Planning:** Individuals with one or more health conditions (representing 36.8% of the Neerim South) may require specialised healthcare services, interventions, and care

plans. The organisation should develop specific care pathways for individuals with different combinations of health conditions to ensure effective and efficient service delivery.

- **Multidisciplinary Approach:** Individuals with multiple health conditions (about 12.7% of the population) require comprehensive, multidisciplinary care
- **Chronic Disease Management:** The proportion of individuals with one or more health conditions highlights the importance of robust chronic disease management programs.
- **Health Promotion and Prevention:** The sizable percentage of individuals without selected conditions presents an opportunity for the organisation to focus on health promotion and prevention efforts. Programs aimed at maintaining and improving overall health and well-being can benefit this population.
- **Capacity Planning:** Individuals with multiple health conditions may require more frequent healthcare visits and potentially longer stays in healthcare facilities. The organisation should consider the capacity required to accommodate the needs of this population.
- **Patient-Centered Care:** Understanding the distribution of health conditions enables the organisation to provide patient-centered care tailored to individual needs.
- **Understanding the prevalent health conditions, especially those like heart disease, diabetes, and lung conditions, allows the organisation to conduct thorough preoperative assessments. This helps in identifying potential risks and tailoring surgical plans accordingly.**

### **Gippsland PHN local area health data**

The following data from the Gippsland Primary Health Network (2021) outlines a wide range of health indicators for various health issues in different areas of the Gippsland region in Victoria, Australia. Highlights specifically relating to the Baw Baw LGA include:

- Baw Baw has a relatively high percentage of adults seeking professional help for a mental health problem at 19.9%.
- The area has a moderate rate of definite or possible family violence incidents related to alcohol (19.7 incidents per 10,000 population).
- Baw Baw has a higher rate of hospital admissions for alcohol-related issues compared to some other regions.
- The prevalence of chronic conditions like arthritis, diabetes, and asthma is present in Baw Baw, but the rates are not exceptionally high compared to other areas.
- Baw Baw has varying rates of cancer-related statistics, including colorectal cancer, breast cancer, lung cancer, and bowel cancer screening participation.
- The average annual death rate due to dementia is present in Baw Baw, but the rate is comparable to other regions.
- The area experiences a moderate number of accidental falls, and the rate of falls is similar to neighbouring LGAs
- Heart disease and respiratory issues also show varying rates within the region.
- Health behaviours like alcohol consumption and smoking rates are present in Baw Baw, with the rates relatively similar to other areas.

Table 16: Gippsland PHN Local Area Data

Health issue	Indicator	Bass Coast	South Gippsland	Baw Baw	Latrobe	East Gippsland	Wellington	VICTORIA	Currency
Mental health	Adults who sought professional help for a mental health problem in the previous year (age-standardised)	17.7%	17.6%	19.9%	18.7%	15.1%	11.6%	17.6%	2017
Alcohol / other drug	Alcohol - definite or possible family violence incidents per 10,000 population	35.5	16.0	19.7	84.2	82.4	41.8	17.3	2017-18
Alcohol / other drug	Alcohol - use of Directline, rate per 10,000 population	20.7	21.7	34.3	28.5	15.0	26.8	19.0	2019
Alcohol / other drug	Alcohol intoxication ambulance attendances, rate per 100,000 population	606	301	292	674	596	581	463	2019-20
Alcohol / other drug	Alcohol related - ADIS episodes of care, rate per 10,000 population	88.6	42.3	42.1	58.2	54.5	46.8	25.3	2018-19
Alcohol / other drug	Alcohol related death rate per 10,000 population	2.6	1.7	1.4	2.3	2.4	2.3	1.3	2017
Alcohol / other drug	Alcohol related hospital admissions, rate per 10,000 population	60.6	45.3	26.5	50.3	59.6	65.9	56.5	2018-19
Other	Average annual deaths - accidental falls	12	9	9	21	11	12		2015-2019
Cancer	Average annual deaths - breast cancer	9	6	9	13	8	8		2015-2019
Other	Average annual deaths - cerebrovascular disease	19	15	20	42	35	15		2015-2019
Cancer	Average annual deaths - colorectal cancer	12	9	8	23	19	9		2015-2019
Lung issues	Average annual deaths - COPD	16	12	15	43	28	20		2015-2019
Heart issues	Average annual deaths - coronary heart disease	45	33	44	86	54	51		2015-2019
Dementia	Average annual deaths - dementia	29	16	24	47	34	21		2015-2019
Diabetes	Average annual deaths - diabetes	10	9	11	22	11	12		2015-2019
Heart issues	Average annual deaths - Heart failure and complications and ill-defined heart disease	10	7	11	15	13	9		2015-2019
Cancer	Average annual deaths - lung cancer	20	13	19	46	35	25		2015-2019
Cancer	Average annual deaths - prostate cancer	7	7	9	13	15	11		2015-2019
Cancer	Avoidable deaths (0-74 years) - breast cancer - average annual age-standardised rate per 100,000 - highest PHN	20.0	17.9	18.6	17.8	12.9	23.6	15.6	2014-18
Cancer	Avoidable deaths (0-74 years) - cancer - average annual age-standardised rate per 100,000	37.0	33.3	29.4	34.6	36.6	42.3	28.3	2014-18
Other	Avoidable deaths (0-74 years) - cerebrovascular diseases - average	6.2	7.9	5.7	12.0	11.0	7.5	7.7	2014-18

Health issue	Indicator	Bass Coast	South Gippsland	Baw Baw	Latrobe	East Gippsland	Wellington	VICTORIA	Currency
	annual age-standardised rate (per 100,000)								
Lung issues	Avoidable deaths (0-74 years) - chronic obstructive pulmonary disease - average annual age-standardised rate (per 100,000)	9.6	7.0	7.6	20.2	9.4	11.5	8.5	2014-18
Heart issues	Avoidable deaths (0-74 years) - circulatory system diseases - average annual age-standardised rate (per 100,000)	38.3	31.2	28.4	49.5	37.2	40.8	31.7	2014-18
Cancer	Avoidable deaths (0-74 years) - colorectal cancer - average annual age-standardised rate per 100,000	10.7	10.7	7.6	14.0	14.4	11.1	10.4	2014-18
Diabetes	Avoidable deaths (0-74 years) - diabetes - average annual age-standardised rate (per 100,000)	5.4	5.8	2.5	10.4	4.5	4.3	4.7	2014-18
Heart issues	Avoidable deaths (0-74 years) - ischaemic heart disease - average annual age-standardised rate (per 100,000)	26.3	21.7	18.7	31.9	23.1	26.9	20.1	2014-18
Lung issues	Avoidable deaths (0-74 years) - respiratory system diseases - average annual age-standardised rate (per 100,000)	10.2	7.6	8.3	21.3	9.5	11.9	9.1	2014-18
Injuries	Avoidable deaths (0-74 years) - transport accidents - average annual age-standardised rate (per 100,000)	3.3	14.5	9.8	8.7	12.7	10.5	4.3	2014-18
Dental	Avoided or delayed visiting a dental professional due to cost - adults (age-standardised)	44.6%	36.2%	37.9%	35.4%	39.3%	30.1%	33.9%	2017
Diabetes	Blood sugar or diabetes check in past two years - adults (age-standardised)	51.1%	43.6%	48.7%	53.2%	44.2%	51.8%	50.7%	2017
Cancer	Bowel cancer screening participation, female	52.6%	52.4%	50.9%	49.3%	55.4%	50.3%	45.4%	2016 and 2017
Cancer	Bowel cancer screening participation, male	47.5%	47.8%	46.8%	44.3%	50.9%	44.5%	41.0%	2016 and 2017
Cancer	Bowel cancer screening positive screening result, female	7.9%	6.7%	6.6%	8.3%	7.8%	7.1%	7.1%	2016 and 2017
Cancer	Bowel cancer screening positive screening result, male	10.5%	8.3%	10.1%	9.8%	10.0%	10.0%	8.8%	2016 and 2017

Health issue	Indicator	Bass Coast	South Gippsland	Baw Baw	Latrobe	East Gippsland	Wellington	VICTORIA	Currency
Cancer	Bowel cancer screening positive screening result, persons	9.1%	7.5%	8.3%	9.0%	8.9%	8.5%	7.9%	2016 and 2017
Cancer	Breast screening outcomes: cancer, females 50-69 years; Age-standardised rate per 10,000 screened women	30.4	20.8	36.9	28.2	41.4	29.8	33.40	2016 and 2017
Cancer	Cause of death - Prostate cancer (males) rate per 100,000 people (age-standardised)	21.0	30.1	25.6	27.9	34.0	37.4		2015-2019
Cancer	Cause of death - Lung cancer rate per 100,000 people (age-standardised)	31.1	24.7	25.4	44.5	38.4	38.7		2015-2019
Cancer	Cause of death - Colorectal (bowel) cancer rate per 100,000 people (age-standardised)	17.7	18.9	11.5	22.2	22.8	25.0		2015-2019
Cancer	Cause of death - Breast cancer rate per 100,000 people (age-standardised)	30.6	23.8	21.8	23.1	21.3	24.6		2015-2019
Other	Cause of death - Cerebrovascular disease rate per 100,000 people (age-standardised)	25.9	28.1	26.4	37.2	38.0	32.1		2015-2019
Lung issues	Cause of death - COPD rate per 100,000 people (age-standardised)	23.1	23.6	20.2	40.7	29.3	30.2		2015-2019
Heart issues	Cause of death - Coronary heart disease rate per 100,000 people (age-standardised)	64.1	62.1	59.9	79.9	60.5	78.3		2015-2019
Dementia	Cause of death - Dementia rate per 100,000 people (age-standardised)	39.5	30.1	31.1	40.2	34.9	32.2		2015-2019
Diabetes	Cause of death - Diabetes rate per 100,000 people (age-standardised)	14.3	18.4	15.1	20.3	12.4	18.9		2015-2019
Other	Cause of death - Accidental falls rate per 100,000 people (age-standardised)	15.5	16.4	11.6	18.4	11.8	19.1		2015-2019
Mental health	Cause of death - Suicide rate per 100,000 <u>males</u> (crude)	17.9	17.7	15.3	29.3	34.8	18.9		2015-2019
Cancer	Cervical cancer screening outcomes, high grade abnormality, females 50-69 years; age-standardised rate per 1,000 screened women	11.2	11.9	8.9	11.9	13.4	9.1	11.0	2015 and 2016
Cancer	Cervical cancer screening outcomes, low grade	41.6	39.5	44.5	38.2	38.3	34.0	37.6	2015 and 2016

Health issue	Indicator	Bass Coast	South Gippsland	Baw Baw	Latrobe	East Gippsland	Wellington	VICTORIA	Currency
	abnormality, females 50-69 years; age-standardised rate per 1,000 screened women								
Mental health	Children developmentally vulnerable in emotional domain at school entry	8.3%	10.9%	8.3%	15.1%	8.8%	10.3%	8.1%	2018
Reproductive / sexual	Chlamydia notifications - females, per 10,000 population	13.1	10.5	28.1	14.2	13.8	15.4	18.5	2019
Reproductive / sexual	Chlamydia notifications - males, per 10,000 population	8.8	7.7	17.3	10.0	8.0	13.5	16.8	2019
Alcohol / other drug	Consumed alcohol at levels likely to increase lifetime risk of harm (> 2 standard drinks per day - adults) (age-standardised)	73.4%	66.6%	59.2%	63.5%	67.3%	64.8%	59.5%	2017
Alcohol / other drug	Consumed alcohol at levels with increased risk of injury on a single occasion (>4 standard drinks single occasion at least monthly - adults) (age-standardised)	54.5%	46.8%	45.1%	47.8%	55.7%	53.4%	43.0%	2017
Alcohol / other drug	Current smokers - adults (age-standardised)	23.9%	19.9%	23.4%	21.6%	15.3%	18.0%	16.7%	2017
Alcohol / other drug	Daily smokers - adults (age-standardised)	18.2%	14.4%	18.3%	18.7%	13.7%	11.3%	14.7%	2017
Dementia	Dementia prevalence estimate 2021	1,149	805	1,257	1,713	1,499	1,065		2018
Dementia	Dementia prevalence estimate 2058	2,801	1,228	3,774	2,662	1,683	1,635		2018
Other	Estimated number of children aged 2-17 years who were obese (modelled estimates)	10.8%	10.8%	10.7%	10.7%	10.7%	10.8%	8.0%	2017-18
Other	Estimated number of people with arthritis (modelled estimates)	15.9%	16.0%	18.1%	17.7%	16.4%	17.5%	15.6%	2017-18
Lung issues	Estimated number of people with COPD (modelled estimates)	1.7%	1.8%	2.5%	2.6%	2.2%	2.6%	2.1%	2017-18
Mental health	Ever diagnosed with anxiety or depression - adults (age-standardised)	39.1%	35.5%	35.4%	36.0%	33.8%	26.0%	27.4%	2017
Lung issues	Ever diagnosed with asthma - adults	18.8%	21.0%	20.0%	21.1%	17.1%	18.8%	20.0%	2017
Cancer	Ever diagnosed with cancer - adults	12.2%	10.0%	9.8%	7.4%	7.4%	10.2%	8.1%	2017
Diabetes	Ever diagnosed with diabetes type 2 - adults	5.8%	5.0%	5.7%	6.8%	4.6%	7.5%	5.5%	2017
Heart issues	Ever diagnosed with heart disease - adults	8.9%	5.4%	5.3%	6.8%	5.6%	6.8%	6.7%	2017
Reproductive / sexual	Fertility rate, average number of children per woman	2.1	2.2	2.2	2.0	2.2	2.1	2.0	2017
Other	Hepatitis C (unspecified)	20	18	23	87	61	57	35	2017

Health issue	Indicator	Bass Coast	South Gippsland	Baw Baw	Latrobe	East Gippsland	Wellington	VICTORIA	Currency
	notifications per 100,000 population								
Alcohol / other drug	Illicit drug - use of Directline, rate per 10,000 population	14.0	15.0	30.5	28.6	18.6	31.3	16.6	2019
Alcohol / other drug	Illicit drug (any) - ADIS episodes of care, rate per 10,000 population	88.3	36.2	68.8	112.8	59.0	60.4	37.8	2018-19
Alcohol / other drug	Illicit drug (any) - ambulance attendances, rate per 100,000 population	151	74	189	465	207	257	247	2019-20
Alcohol / other drug	Illicit drug (any) - hospital admissions, rate per 10,000 population	27.5	22.3	17.9	39.8	37.6	35.0	23.4	2018-19
Mental health	Life being worthwhile as low or medium - adults (age-standardised)	15.7%	13.7%	17.0%	18.4%	14.0%	13.8%	16.7%	2017
Cancer	People 50 years or older who completed and returned FOBT kit (age-standardised)	57.6%	67.6%	58.3%	67.3%	68.6%	64.8%	60.1%	2017
Cancer	People 50 years or older who had an examination to detect bowel cancer in the previous 5 years (age-standardised)	49.0%	47.3%	46.5%	52.2%	54.4%	49.4%	46.8%	2017
Dementia	People with dementia, estimated per 1,000 people	25.2	13.8	18.5	17.7	24.9	18.9	16.8	2016
Other	Persons ever diagnosed with osteoporosis (adults)	5.5%	5.9%	5.8%	6.0%	8.2%	5.0%	5.7%	2017
Other	Persons reporting arthritis (adults)	25.7%	21.9%	24.4%	28.5%	30.4%	21.8%	20.5%	2017
Other	Persons reporting two or more chronic diseases (adults)	34.6%	31.7%	27.1%	33.5%	29.6%	24.9%	25.5%	2017
Other	Persons who are obese (BMI 30.0 or greater - adults) (age-standardised)	20.3%	24.6%	23.6%	20.4%	20.9%	24.1%	19.3%	2017
Other	Persons who are pre-obese (BMI 25.0-29.9 - adults) (age-standardised)	30.7%	30.6%	32.1%	34.1%	38.9%	33.0%	31.5%	2017
Mental health	Persons with high or very high psychological distress (K10 scale) - adults (age-standardised)	20.1%	21.5%	14.2%	17.5%	11.6%	9.8%	15.4%	2017
Mental health	Persons with low or medium satisfaction with life - adults (age-standardised)	23.3%	19.6%	19.4%	25.2%	17.9%	14.9%	20.5%	2017
Other	Pertussis notifications per 100,000 population	20.0	65.4	20.7	35.3	18.7	64.4	31.2	2018
Alcohol / other drug	Pharmaceutical drug (any) - ADIS episodes of care, rate per 10,000 population	16.1	6.4	1.7	7.6	4.1	3.2	2.7	2018-19
Alcohol / other drug	Pharmaceutical drugs - hospital admissions for	1.4	3.0	2.7	6.3	2.4	3.9	2.5	2018-19

Health issue	Indicator	Bass Coast	South Gippsland	Baw Baw	Latrobe	East Gippsland	Wellington	VICTORIA	Currency
	antidepressants, rate per 10,000 population								
Alcohol / other drug	Pharmaceutical drugs - hospital admissions for benzodiazepines, rate per 10,000 population	2.6	4.1	2.3	7.3	3.6	4.5	3.4	2018-19
Alcohol / other drug	Pharmaceutical drugs - hospital admissions for opioids, rate per 10,000 population	6.8	2.4	3.1	7.3	9.4	6.8	6.6	2018-19
Alcohol / other drug	Pharmaceutical drugs (any) - ambulance attendance, rate per 100,000 population	231	114	221	367	192	261	186	2019-20
Alcohol / other drug	Pharmaceutical drugs (any) - hospital admissions, rate per 10,000 population	13.0	12.2	15.2	29.8	14.7	22.0	17.2	2018-19
Alcohol / other drug	Pharmaceutical drugs (any) - use of Directline, rate per 10,000 population	3.4	3.0	2.3	7.5	4.7	4.8	6.6	2018
Dental	Poor or fair dental health - adults (age-standardised)	31.6%	27.5%	22.6%	23.6%	28.3%	22.6%	24.4%	2017
Immunisation	Proportion of 15 year old boys who were fully immunised against HPV	74.1%	86.8%	65.0%	87.7%	96.1%	73.9%	76.5%	2017
Immunisation	Proportion of 15 year old girls who were fully immunised against HPV	90.4%	85.3%	73.1%	94.3%	91.7%	78.0%	80.0%	2017
Injuries	Proportion of unintentional injuries due to falls	34.9%	37.9%	33.1%	36.1%	35.2%	31.6%	38.7%	2014-15
Reproductive / sexual	Registered births per 1,000 women	17.6	18.3	26.2	21.7	17.9	22.6	22.5	2019
Injuries	Unintentional injuries treated in hospital per 1,000 population	112.6	48.4	102.3	97.7	101	112.2	61	2014-15
Alcohol / other drug	Wholesale alcohol sales - litres of alcohol per person (18 years or older)	15.4	8.3	7.2	14.6	11.9	10.5	8.9	2017-18
Cancer	Women 50 years or older who ever had a mammogram (age-standardised)	88.4%	91.4%	91.3%	85.4%	90.1%	95.2%	88.0%	2017
Cancer	Women 50 years or older who had a mammogram in previous two years (age-standardised)	68.7%	76.4%	72.8%	78.2%	79.4%	75.0%	79.2%	2017

(Source – Gippsland Primary Health Network, 2021 – from <https://gphn.org.au/wp-content/uploads/2021/09/Gippsland-PHN-Population-Health-Planning-Hub-July-2021-website-version.xlsx>)

## 5 Activity analysis

### Gippsland Health Service Partnership

The healthcare sector is currently undergoing significant reforms, with challenges in delivering services to rural areas. Notable policy and planning concerns involve the implementation of the Victorian Government's Elective Surgery Blitz and elective surgery improvement program. Health Service Partnerships (HSPs) play a pivotal role in enacting these reforms.

Simultaneously, there are policy and clinical trends influencing the demand and provision of surgical services, including emerging surgical technologies, scrutiny of unnecessary clinical discrepancies, innovative workforce models, and an increased emphasis on data-driven insights to optimize capacity. Open Advisory has been enlisted by the Gippsland Health Service Partnership to create a Gippsland Health Service Partnership Surgical Service Plan – Situation Analysis. Although the document remains a draft, it has been assessed for the purpose of this report.

Image 1: Gippsland HSP Physical Capacity (May 2023)

Type	Health Service	Location	Acute beds - multiday	Maternity - birth rooms and other	Operating rooms	ED / UCC	Notes
Public hospitals	Latrobe Regional Hospital	Traralgon	104	11	6	23	
	Bairnsdale RHS	Bairnsdale	49	6	2	9	
	Central Gippsland HS	Sale	54	11	4	10	
	West Gippsland HCG	Warragul	48	14	3	17	
	Bass Coast Health	Wonthaggi	32	5	4	8	
	Gippsland Southern HS	Leongatha	12	6	2	5	
		Korumburra	12	-	-	1	
	Yarram and District HS	Yarram	17	-	-	2	
	South Gippsland Hospital	Foster	16	3	1	4	
	Orbost Regional Health	Orbost	12	-	1	4	
	Omeo District Hospital	Omeo	4	-	1	1	
	Kooweerup Regional HS	Kooweerup	7	-	-	-	
	<i>Public subtotal</i>			367	56	24	84
Private hospitals	Maryvale Priv Hosp.	Morwell	46	-	5	-	
	Neerim Health	Neerim	6	-	1	-	
	<i>Private subtotal</i>		52	-	6	-	
<b>Total</b>			<b>419</b>	<b>56</b>	<b>30</b>	<b>84</b>	
<b>Additional planned capacity</b>							
	Latrobe Regional Hospital	Traralgon	126	30	3	1	From 2024
	Bass Coast Health	Wonthaggi	64	-	-	-	TBA - after 2026
	Bass Coast Health	Phillip Island	-	-	2	10	TBA - after 2024
	West Gippsland HCG	Warragul	16	4	1	-	TBA - after 2028
<b>Total</b>			<b>206</b>	<b>34</b>	<b>6</b>	<b>11</b>	
<b>Total - existing and planned</b>			<b>625</b>	<b>90</b>	<b>36</b>	<b>95</b>	

(Source – Draft Gippsland Health Service Partnership Surgical Service Plan – Situation Analysis June 2023 (Open Advisory))

Image 2: Gippsland Region Health risk by prevalence of diagnosis, Gippsland region by LGA 2017 (Victorian Population Health Survey)

		Bass Coast (S)	Baw Baw (S)	East Gippsland (S)	Latrobe (C)	South Gippsland (S)	Wellington (S)	Victoria
Modifiable risk factors <sup>a</sup>	Obese	20	24	21	20	25	24	19
	Overweight	51	56	60	54	55	57	51
	Daily consumer of sugar sweetened soft drinks	8	10	10*	14	17*	14	10
	Take-away food consumed > 1 day/week	10*	12	20	9*	12*	7**	15
	Sedentary (inactive)	1*	1*	1*	4*	2*	2*	3
	Insufficiently physically active	45	45	49	38	39	33	44
	Complied with vegetable consumption guidelines	8*	7	7	4	5	4	5
	Complied with fruit consumption guidelines	43	52	45	37	41	42	43
	Daily smoker	18	18	14	19	14	11	12
	Current (i.e. daily or occasional) smoker	24	23	15	22	20	18	17
	Increased lifetime risk of alcohol-related harm	73	59	67	64	67	65	59
	Increased risk of injury from a single occasion of drinking	54	45	56	48	47	53	43
	Fair or poor self-reported health	25	23	19	24	17	21	20
	Low or medium life satisfaction	23	19	18	25	20	15	20
	High, or very high, levels of psychological distress	20	14	12	18	22	10*	15
Doctor diagnosed hypertension	31	29	24	29	24	29	25	
Doctor diagnosed chronic disease <sup>a</sup>	Anxiety or depression	39	35	34	36	35	26	27
	Arthritis	26	24	30	29	22	22	21
	Asthma (ever diagnosed)	19	20	17	21	21	19	20
	Cancer	12	10	7	7	10	10	8
	Type 2 diabetes	6	6	5	7	5	7	5
	Heart disease	9	5	6	7	5	7	7
	Osteoporosis	5	6	8	6	6	5	6
	Stroke	3	3	2*	5*	3	4*	2
Two, or more, chronic diseases	35	27	30	33	32	25	25	
Screening tests and treatment <sup>a,b</sup>	Had a blood-lipids test in last 2 years <sup>a</sup>	55	50	46	54	44	58	57
	Had a blood-pressure test in last 2 years <sup>a</sup>	86	77	67	87	72	80	80
	Had a blood-glucose test in last 2 years <sup>a</sup>	51	49	44	53	44	52	51
	Had a faecal occult blood test (50+ years of age) <sup>b</sup>	58	58	69	67	68	65	60
	Had a bowel exam to detect cancer (last 5 years) <sup>b</sup>	49	47	54	52	47	49	47
	Had a mammogram to detect cancer in last 2 years <sup>b</sup>	69	73	79	78	76	75	79
	Sought help for a mental health related problem <sup>b</sup>	18	20	15	19	18	12	18

(Source – Draft Gippsland Health Service Partnership Surgical Service Plan – Situation Analysis June 2023 (Open Advisory))

### Gippsland private health insurance date

Image 3: Estimated count of the population with PHI by SA2 area – 2016–2018

Open Advisory sourced the following data from the Australian Taxation Office. The count of individuals with private health insurance across Gippsland increased from 2016 to 2020 by 1,683 individuals (2.8 per cent). Yet there is variation in the rate of change across the region. Both Gippsland South West and Baw Baw has seen an increase of 10.1 percent.

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SA2 area	SA2 area	2016	2017	2018	2019	2020	% growth		CAGR
							Growth	2016-20	
Baw Baw	Drouin	3,366	3,546	3,712	3,854	3,977	611	18.2%	4.3%
	Mount Baw Baw Region	1,476	1,488	1,481	1,483	1,475	1	-0.1%	0.0%
	Trafalgar (Vic.)	1,968	2,034	2,007	1,994	1,954	14	-0.7%	-0.2%
	Warragul	5,106	5,254	5,448	5,544	5,716	610	11.9%	2.9%
<b>Baw Baw Total</b>		<b>11,915</b>	<b>12,321</b>	<b>12,648</b>	<b>12,874</b>	<b>13,121</b>	<b>1,206</b>	<b>10.1%</b>	<b>2.4%</b>
Gippsland - East	Alps - East	1	1	1	1	1	0	-4.2%	-1.1%
	Bairnsdale	2,881	2,883	2,863	2,916	2,865	16	-0.5%	-0.1%
	Bruthen - Omeo	1,466	1,457	1,455	1,412	1,413	53	-3.6%	-0.9%
	Lakes Entrance	1,921	1,881	1,912	1,876	1,952	31	1.6%	0.4%
	Orbost	973	967	981	918	920	54	-5.5%	-1.4%
	Paynesville	1,367	1,367	1,372	1,393	1,402	35	2.5%	0.6%
<b>Gippsland - East Total</b>		<b>8,610</b>	<b>8,554</b>	<b>8,533</b>	<b>8,516</b>	<b>8,553</b>	<b>57</b>	<b>-0.7%</b>	<b>-0.2%</b>
Gippsland - South West	Foster	2,186	2,203	2,208	2,219	2,272	86	4.0%	1.0%
	French Island	32	30	23	20	22	10	-31.3%	-8.9%
	Korumburra	2,068	2,112	2,159	2,165	2,213	145	7.0%	1.7%
	Leongatha	2,876	2,911	2,898	2,804	2,827	49	-1.7%	-0.4%
	Phillip Island	2,909	3,084	3,187	3,215	3,410	500	17.2%	4.0%
	Wilsons Promontory	2	2	2	2	2	0	1.9%	0.5%
Wonthaggi - Inverloch	4,614	4,814	5,046	5,186	5,423	809	17.5%	4.1%	
<b>Gippsland - South West Total</b>		<b>14,687</b>	<b>15,155</b>	<b>15,523</b>	<b>15,611</b>	<b>16,169</b>	<b>1,483</b>	<b>10.1%</b>	<b>2.4%</b>
Latrobe Valley	Churchill	2,374	2,316	2,280	2,215	2,158	216	-9.1%	-2.4%
	Moe - Newborough	3,364	3,339	3,259	3,135	3,109	255	-7.6%	-2.0%
	Morwell	2,514	2,410	2,335	2,271	2,184	330	-13.1%	-3.5%
	Traralgon	7,082	7,042	7,051	7,127	7,106	24	0.3%	0.1%
	Yallourn Nth - Glengarry	1,162	1,137	1,147	1,140	1,121	41	-3.6%	-0.9%
<b>Latrobe Valley Total</b>		<b>16,496</b>	<b>16,245</b>	<b>16,072</b>	<b>15,888</b>	<b>15,678</b>	<b>818</b>	<b>-5.0%</b>	<b>-1.3%</b>
Wellington	Alps - West	4	4	4	4	4	0	-3.9%	-1.0%
	Longford - Loch Sport	797	829	829	864	903	106	13.3%	3.2%
	Maffra	2,929	2,893	2,872	2,879	2,846	83	-2.8%	-0.7%
	Rosedale	947	965	992	975	956	9	0.9%	0.2%
	Sale	3,553	3,468	3,438	3,493	3,451	102	-2.9%	-0.7%
	Yarram	1,069	1,068	1,051	1,015	1,008	60	-5.7%	-1.4%
<b>Wellington Total</b>		<b>9,299</b>	<b>9,228</b>	<b>9,187</b>	<b>9,231</b>	<b>9,169</b>	<b>131</b>	<b>-1.4%</b>	<b>-0.4%</b>
<b>Grand Total</b>		<b>61,007</b>	<b>61,503</b>	<b>61,962</b>	<b>62,119</b>	<b>62,689</b>	<b>1,683</b>	<b>2.8%</b>	<b>0.7%</b>
<b>Greater Melbourne</b>		<b>1,437,444</b>	<b>1,473,807</b>	<b>1,506,114</b>	<b>1,528,833</b>	<b>1,548,453</b>	<b>111,009</b>	<b>7.7%</b>	<b>1.9%</b>
<b>Rural Victoria</b>		<b>382,902</b>	<b>388,116</b>	<b>393,668</b>	<b>395,900</b>	<b>401,677</b>	<b>18,774</b>	<b>4.9%</b>	<b>1.2%</b>
<b>Victoria</b>		<b>1,820,346</b>	<b>1,861,923</b>	<b>1,899,782</b>	<b>1,924,733</b>	<b>1,950,130</b>	<b>129,784</b>	<b>7.1%</b>	<b>1.7%</b>

(Source – Draft Gippsland Health Service Partnership Surgical Service Plan – Situation Analysis June 2023 (Open Advisory))

Table 17: Surgery/ Theatre

Number of Operations by Category	2021/22
Ophthalmology	1909
Dental	182
Endoscopy	278
Number of ophthalmology operations by funding category	2021/22
Private	640
Self Funded	442
Public	827
Number of endoscopy operations by funding category	2021/22
Private	250
Self Funded	25
Public	3
Number of dental operations by funding category	2021/22
Private	82
Self Funded	100
Public	0

(Source: Neerim Health Annual Report 2021/22 – Available from: <https://neerimhealth.org.au/about/annual-reports/>)

Released under the FOI Act 1982 by the Department of Infrastructure, Transport, Regional Development, Communications, Sport and the Arts

The 2021–22 Neerim Health Annual Report reveals significant theatre activity involving ophthalmology, dental, and endoscopy procedures. Funding sources for these procedures varied, encompassing private, self-funded, and public categories. However, due to the unavailability of comparable data from previous years in Annual Reports, direct year-to-year comparisons are not possible.

**Table 18: Acute**

Number of hospital inpatients as per funding category	2021/22
Private	33
DVA	8
LRH	4
WGHG	12
Self Funded	1
<b>Total</b>	<b>58</b>
Medical:	36
Surgical	22

(Source: Neerim Health Annual Report 2021/22 – Available from: <https://neerimhealth.org.au/about/annual-reports/> )

**Table 19: Patient Satisfaction**

Quality of Treatment (patient satisfaction)	2021/22
Very Good	74%
Good	22%
Poor	4%

(Source: Neerim Health Annual Reports 2021/22 – Available from: <https://neerimhealth.org.au/about/annual-reports/> )

**Table 20: Length of stay by patient age – Bed Days**

Patient Type	2022/2023 Bed Days	2022/2023 Average Stay	2022/2023 Day Cases (no.)	2022/2023 Overnight (no.)
10-34 years	179	1	179	0
35-44 years	100	1	100	0
45-54 years	140	1	140	0
55-64 years	545	1.54	349	2
65 +	2726	1.27	2110	17

Patient Type	2021/2022 Bed Days	2020/2021 Average Stay	2020/2021 Day Cases (no.)	2020/2021 Overnight (no.)
10-34 years	147	1	147	0
35-44 years	43	1	43	0
45-54 years	78	1	78	0
55-64 years	278	1	275	25
65 +	2091	1.12	1809	23

Patient Type	2020/2021 Bed Days	2020/2021 Average Stay	2020/2021 Day Cases (no.)	2020/2021 Overnight (no.)
10-34 years	108	1.01	105	1
35-44 years	27	1	27	0
45-54 years	49	1.07	43	1
55-64 years	282	1.61	167	4
65 +	1538	1.13	1338	4

Patient Type	2019/2020 Bed Days	2019/2020 Average Stay	2019/2020 Day Cases (no.)	2019/2020 Overnight (no.)
10-34 years	80	1.01	79	0
35-44 years	17	1.18	16	0
45-54 years	38	1.13	36	0
55-64 years	164	1.16	160	4
65 +	1164	1.39	1106	22

(Source: Neerim Health - GHMonthlyLOSByAge.rpt. Printed 02062023)

Table 21: Bed Occupancy Inpatient:

	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Inpatient Stays	160	85	81	65	62	65	90	29	61	7	2	2
Available	88	163	167	183	178	183	158	219	187	241	246	238
Occupancy %	65%	34%	33%	26%	25%	26%	36%	12%	25%	3%	1%	1%

	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Inpatient Stays	35	15	15	18	5	22	18	26	1	5	38	150
Available	213	233	225	230	235	226	230	198	247	235	210	90
Occupancy %	14%	6%	6%	7%	2%	9%	7%	11%	0%	2%	15%	63%

	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Inpatient Stays	13	17	17	1	7	16	42	12	61	60	33	55
Available	235	231	231	247	233	232	206	212	187	180	215	185
Occupancy %	5%	7%	7%	0%	3%	6%	17%	5%	25%	25%	13%	23%

Source: Neerim Health – Bed Occupancy Reports (MS Excel)

Table 22: Bed Occupancy Aged Care

	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Total
Sum of residents	456	423	444	496	536	570	563	536	564	580	542	550	6260
Sum of respite	130	166	129	136	11	44	12	5	39	101	91	68	932
<b>TOTAL</b>	<b>586</b>	<b>589</b>	<b>573</b>	<b>632</b>	<b>547</b>	<b>614</b>	<b>575</b>	<b>541</b>	<b>603</b>	<b>681</b>	<b>633</b>	<b>618</b>	<b>7192</b>

	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Total
Sum of residents	248	354	358	403	409	385	476	472	514	495	466	456	5036
Sum of respite	119	85	110	111	60	33	27	5	25	14	6	41	636
<b>Total</b>	<b>367</b>	<b>439</b>	<b>468</b>	<b>514</b>	<b>469</b>	<b>418</b>	<b>503</b>	<b>477</b>	<b>539</b>	<b>509</b>	<b>472</b>	<b>497</b>	<b>5672</b>

	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Total
Sum of residents	425	403	369	441	371	326	310	255	248	240	230	225	3843
Sum of respite	22	52	60	18	36	30	3	18	2	35	46	99	421
<b>TOTAL</b>	<b>447</b>	<b>455</b>	<b>429</b>	<b>459</b>	<b>407</b>	<b>356</b>	<b>313</b>	<b>273</b>	<b>250</b>	<b>275</b>	<b>276</b>	<b>324</b>	<b>4264</b>

Source: Neerim Health – Bed Occupancy Reports (MS Excel)

Released under the FOI Act 1982 by the Department of Infrastructure, Transport, Regional Development, Communications, Sport and the Arts

## 6 Future planning

The forecasting of demand for services at NH is complex, requiring an understanding of population demographics, health service utilisation, and market dynamics. The existing physical capacity (total number of beds) is largely adequate for the admitted patient services and residential aged care.

A three-staged (short, medium, and long-term) rationale has been proposed to transition services to better meet health needs and ensure NH plays an effective health system role.

### 6.1 Short term (next 5 years)

**NH System Support Role:** Use the acute beds at NH to fulfil a convalescence / slow-stream rehabilitation role for patients who are recovering from acute surgical and/or medical services provided by West Gippsland Healthcare Group (WGHG) who may require a longer length of stay than can be accommodated by WHCG.

Establish a partnership arrangement with both WGHG and Latrobe Regional Health (LRH) to manage the elective surgery waiting list for the geographic area with a focus on same day, low complexity high throughput procedures.

Establish a partnership with WGHG to provide theatre capacity as required throughout their capital redevelopment program.

**Meeting Local Demand:** NH will provide:

- Residential aged care services for approximately 18-24 months before converting beds to be used for convalescence / slow-stream rehabilitation, transition care, respite, palliative care type services
- Low complexity acute surgical and medical services in the existing acute beds for the community of Neerim and surrounds
- Expansion of primary and community services, including allied health and transition into Commonwealth Home Support Program and aged care packages via partnership in the short-term and establish a comprehensive in-home aged care services post 1 July 2024
- Inclusion of primary care service provision either via transition of existing private medical practice to co-locate on-site or via establishment of a medical practice on-site.

### Implications

- NH's system level role, will see enhanced access to services for the local community and surrounds
- Integrated GP services (or alternative), would be required to support the increased surgical/medical admissions however support could be physical or virtual - eg. Virtual ward rounds
- Increased allied health professionals providing services at and via outreach from NH to assist with convalescent, slow-stream rehabilitation of medical patients - having these

services there to meet needs of acute beds - will also work to meet needs of broader care for the local community

- Short-term investment in things like RIPRN nursing / nurse practitioners – by focusing on and investing in the local workforce to extend their scope of practice and explore career pathways recruitment and retention of staff may improve at NH (this focus and investment in local staff/ people will need to continue into the medium term)
- NH may need to explore patient and community transport services between services (WGHG and NH)
- The ability to continue to extend and embed student placement at NH could occur on a more consistent basis due to the service mix and client profile.

## Rationale

**Providing a System Level Role:** WGHG and LRH are currently experiencing a higher-than-normal demand for acute care services. As with health services across the country, the Gippsland region is home to a substantial acute care backlog as procedures were put on hold and patients deferred care throughout the COVID-19 pandemic and associated restrictions of 2020 – 2022.

In the short term, NH will be servicing an overflow of patients from WGHG and acting as a magnet for patients (willing to travel) by providing low complexity same day surgical services.

Due to the increased system-level role that WGHG will be playing, there are likely to be fewer beds available to provide medical convalescent/ re- enablement care for patients presenting from the immediate region.

Where people are identified as requiring an acute bed for a longer period of time, they can be accommodated at NH when beds at WGHG are full or if best for the patient to be cared for at NH.

**Meeting Local Demand Role:** By meeting the systems-role as described above, a critical-mass of services will be available at NH, awareness will be raised about the facility, meaning that more people will be able to access care closer to home.

The transition out of residential aged care and the use of the beds for slow stream rehabilitation, convalescent and palliative care will be complimented by a transition into in-home aged care services. This transition will require a comprehensive communication strategy to ensure the community understand the benefits and a transition will ensure more community members needs can be met along with alignment to government policy.

In using NH to meet the system level role, it will raise people's awareness about the capacity and capabilities that sit out there, so there may be a natural growth in service use in the short term.

In turn it would be reasonable to expect to see an increase in use of services at NH from the local community as the level of services increases – this is in line with the Government objective of people accessing services as close to home as possible.

Reviews of waiting lists and engagement with medical staff have indicated that it may take up to five years to rebalance acute care and the surgical procedure backlog in the Gippsland region.

Due to recent capital redevelopment announcements, it may take some time to completely understand acute service delivery across LRH and WGHG and the flow on effect for NH. In the short-term it is recommended that NH fulfil an existing need whilst allowing time to effectively understand and plan for acute service delivery now and into the future.

## 6.2 Medium term (5-10 years)

### Recommendation

**NH Systems Support Role:** Continue to use acute beds to fulfil a convalescence / slow-stream rehabilitation role for patients who are recovering from acute surgical / medical services from WGHG.

Continue to work in partnership with WGHG and LRH around elective surgery opportunities whilst establishing a private practice model. A private practice model would see increased surgical capability and capacity at NH. A range of business models would need to be explored to ensure best fit for the infrastructure.

**Meeting Local Demand:** NH would continue to provide low complexity surgical and medical care with a focus on re-enablement for aged patients from Neerim and surrounds. Aiming to keep aged patients out of acute care.

NH would continue to expand its reach in the in-home aged care space and may consider expansion into NDIS service provision.

NH would be established as the preferred primary care provider enabling the community to access its primary and allied health needs in one location. This would include extending the focus of services from the older demographic to including services for families, children and youth.

### Implications

In addition to the short-term implications outlined above the following implications need to be considered in the medium term:

The impacts of Commonwealth's In-home Aged Care Program will begin to be seen, including:

- Increased funding for Neerim residents to access care and services to support them to remain at home
- Increased demand for medical and re-enablement bed-based care to ensure individuals can return home post an acute episode
- Increase demand for respite in the home and bed based services
- Increased demand for in the home and bed based palliative care
- Increased demand to better support carers.

The impacts of the Health Service Partnerships will be evident in relation to role delineation, providing clarity on capability and capacity of health services, along with the completion of capital redevelopment projects. This will provide clarity on the opportunities for NH in the surgical space.

Further extending primary and community health services – enhancing GP services, and allied services will be critically important to support bed-based care and increased community based care expectations.

Increase opportunities for student pathways and career development across NH will require strong relationships and partnership with the University sector.

## Rationale

**Providing a System Level Role:** The geographic area of the Baw Baw Shire has been struggling to get the clinical workforce to be able to meet their regional demands. There is a complicated set of circumstances that impacts this, including challenges like housing availability, education options for families, professional environments, training, and rural placements. The scope of these challenges means that this regional workforce shortage will be unlikely to be resolved within the next ten years.

Given the capacity challenges seen throughout the Baw Baw Shire, it is reasonable to expect that NH will continue to provide a system- level role in catering for overflow of patients from these areas for surgical and medical services. This will therefore require the NH to continue to provide overflow capacity for particularly for those patients from Warragul and surrounds requiring a longer length of stay.

**Meeting Local Demand Role:** Neerim and surrounds are home to an ageing community and high rates of medical complications. Neerim is ageing significantly faster than the broader region. Within the next 10 years, NH will start to see the impacts of its aging population, with higher demand for health services.

Within the next five years the Commonwealth In-home Aged Care Program will only start to be understood including the impact of this initiative and the flow on effects in relation to actively being able to keep people in their homes longer as they age. Through the implementation of this program, with more people staying in their homes longer, along with the ageing population of Neerim and surrounds, we may see an increase in needs for re-enablement post an acute episode, palliative care, respite, and carer support.

## 6.3 Longer Term (10+ years)

### Recommendation

**Neerim Systems Support Role:** Acute beds at NH may continue to be in-demand as an overflow for WGHG this will depend on the successful implementation of the Gippsland Region Clinical Service Plan and its effectiveness at addressing service demand and workforce issues across Gippsland including the Baw Baw Shire geographic area.

**Meeting Local Demand:** NH will continue to provide services in-line with its medium-term role.

### **Implications**

In addition to the medium-term implications outlined above the following implications need to be considered in the long term:

The impacts of capital redevelopment and service decision at WGHG will begin to be seen, including:

- Increased/ decreased capability and capacity penetration into the region for surgical and medical services
- Potential for amalgamation with other health services.

The impacts of the In-home Aged Care Program will be better understood including how bed-based services complement and integrate with home-based care.

### **Rationale**

By this time, NH will have a clear view of the ways in which WGHG has been able to achieve its goals of increasing capacity and capability in meeting the demands of a growing population.

With the aged care reforms implemented, we envisage that bed-based services will be needed to complement all of the community-based services provided through the In-home Aged Care Program.

## 7 Strategic issues

### 7.1 Challenges in rural healthcare

#### **Health needs and burden of disease**

Australians living in rural areas are likely to have higher rates of hospitalisations, deaths and injury, and less access to health care services, than people living in major cities. The *Australia's Health 2020* report states:

- In 2020–21, people living outside major cities had higher rates of arthritis, asthma, and diabetes
- People living in rural areas are more likely to die at a younger age, have higher mortality rates and higher rates of potentially avoidable deaths—deaths under the age of 75 from conditions that are potentially preventable through primary or hospital care—than those living in major cities
- People living in rural areas face barriers to accessing health care, including that they often must travel very long distances to get the care they need due to lack of nearby health services.

The preceding analysis identifies a higher hospital service utilisation in the Neerim South area relating to the older profile of the population, with primary care service utilisation within an average range – suggesting that access to core services is largely adequate.

Given that the forecast population growth is projected to be in the populations aged 65 years or older a continued focus on chronic disease management and the associated higher acuity needs of populations with multiple comorbidities will be required.

This may require greater organisational and technological connections to other acute care sites to enable remote access to specialist advice and support and a greater emphasis on active chronic disease management programs.

#### **Workforce availability**

Staff recruitment and retention are known challenges in rural health care. Clinicians and managers at Neerim Health confirmed this, speaking of long vacancies for advertised positions, competing with hospitals in larger towns when hiring, and the common experience of young staff departing after completing initial training periods or achieving their qualifications. Departure or retirement of a senior clinician can have a compound effect; clinical supervision of students may not be possible until the role is filled so trainee placements may need to be suspended, further diminishing the talent pool.

Recruitment and retention in Neerim are further complicated by a lack of available, affordable housing and limited public transport. These issues are also applicable to the provision of general practice and other specialist medical services.

Rural workforce availability challenges and solutions were explored in a Medical Journal of Australia supplement in July 2021. The Building a Rural Physician Workforce (BRPW) project was conducted by the Royal Australasian College of Physicians (RACP), Australian Government Department of Health, Queensland Country Practice (Queensland Health) and others. It developed eight foundational principles for building a sustainable rural physician workforce:

1. Grow your own 'connected to' place: Enable physicians to practise, learn and make connections in the locations they intend to practise, rather than using urban-centric training models.
2. Select trainees invested in rural practice: Recognise and support doctors with a demonstrated interest or commitment to working in rural areas. (Interestingly, employers pointed to the effectiveness of schemes that detect secondary school graduates interested in working locally, support them through tertiary studies and offer pathways to local employment opportunities.)
3. Ground training in community need: Rural communities need doctors with general medicine skills and skills specific to changing community needs so the flexibility to retrain and update skills is important.
4. Rural immersion, not exposure: Short-term rotations do not foster long-term connections or supportive training
5. Optimise and invest in general medicine: Training in generalist health care is more cost-effective and sustainable than highly specialised training in rural areas.
6. Include service and academic learning components: Providing flexibility to participate in rural teaching and research plays a role in rural medical workforce recruitment.
7. Join up the steps in rural training: Training takes a long time and can involve stakeholders with different agendas so good governance and strong leadership may be required to keep actions aligned.
8. Plan sustainable specialist roles: Rural medical practice requires networks connected across locations so workforce planning, including capacity to supervise trainee specialists and learn skills such as telehealth are important.

While these findings focus on medical workforce, the logic also applies to nursing, allied and community- health personnel. It would appear a united, community-focused health care fraternity is vital if Neerim Health is to train and grow a sustainable health care workforce.

Strengthening strategic partnerships with local government, other health care organisations and academic institutions is also crucial. A lack of workforce planning has the potential to affect quality of life for patients and health care practitioners alike.

### **Workforce planning**

Innovative partnerships with academic institutions such as Federation and Monash University, alongside collaboration with other regional health care providers, appear to be the key for growing and maintaining a rural medical workforce. An example of this is how allied health teams are using telehealth technology to provide remote supervision and mentoring \by senior clinicians from larger regional centres. This model has been described as 'win-win' for clinical supervision, patient care and training.

Encouraging this type of proactive team culture is vital. NH staff spoke of the need to provide ongoing access to skills training to keep team members engaged in learning and provide pathways to career development. The Neerim Health Strategic Plan 2023–27 commits to this, with a stated goal to, “Establish learning and development programs and initiatives that enhance the leadership, managerial, and business performance skills of staff.”

Succession planning is another challenge for workforce retention. NH staff and community members expressed concerns that the retirement of local GPs could have a significant impact on service provision in Neerim, particularly in relation to primary care and acute services.

Working to Neerim Health’s strengths in low risk, high volume procedures could help generate sufficient caseloads for surgeons to build local practices – whether as full-time residents or part-time based practitioners.

Further to this, relationships with universities becomes critical especially in relation to research. Research has been shown to play a big role in workforce attraction and retention, especially in rural and regional areas. Employee and organisational advantages can include:

1. Higher levels of evidence-based practice and policy, and subsequently improved health outcomes for staff, patients, and the broader community
2. Increased opportunities for training and education across the organisation
3. Broader career development opportunities for staff (for example progressing leadership, data analysis, communication, and grant writing skills)
4. A positive organisational culture that welcomes innovation, curiosity, and learning
5. More research evidence applicable to a rural health service context, contributing to future resource planning, allocation, and advocacy.

### **Regional partnerships**

The challenges presented by workforce recruitment and retention, an ageing patient cohort, and limited infrastructure and technology are significant. Limited budgets and rising costs make it difficult for rural health care organisations to tackle these issues alone.

As explained by one stakeholder, “Partnerships are key to our future”.

The development of integrative arrangements within NH, and collaboration with other health and community services in the area is critically important to enhance sustainability and relevance. This is consistent with the *State-wide service, design and infrastructure plan for Victoria’s health system 2017–2037*.

The planning process noted that seamless internal integration between community and bed-based services could be enhanced, which would enable a more holistic approach to patient-centred care, particularly in relation to older patients, by ensuring the appropriate services are being delivered in the most appropriate setting. More reliable access to GPs would also support this approach.

Continued collaboration and strengthening of partnerships with other sub-regional health and community services is fundamental to the sustainability of NH. There are important facets of this

collaboration already in place, including the allocation of Transitional Care beds with LRH, shared care arrangements with WGHCG and undertaking public elective surgical load in key speciality areas.

These need to continue and other collaborative clinical relationships need to be developed, in such areas as specialist palliative care, virtual clinical management, and virtual 'outpatients' that link with specialist services at WGHG and LRH. Further, close relationships with the Primary Health Network is also highly relevant to the future for NH.

***All of NH's future actions will be dependent to a greater or lesser extent on effective collaboration and integration models with other health care providers and funders.***

Strategic partnerships may assist with workforce recruitment and training if, for example, universities support student rotations. Establishing community mentorships, in partnership with the GP practice, may further assist with realising these aims. Clinicians consulted as part of this project said there could be significant advantages flowing to metropolitan hospitals for an increase in generalist experience of their surgical staff through ongoing clinical placements in Neerim.

### **Technology developments**

Metropolitan and rural hospitals, including Neerim Health, have come under cyber-attack in recent years. Investment in robust security and privacy precautions is paramount. Other technology considerations can be viewed through an organisational, clinician and consumer lens.

### **Organisational technology developments**

Even in small hospitals, big data technology is likely to play a growing role in health care management – from predicting spikes in demand for services to issuing alerts for patients at risk of deterioration, thereby enabling earlier intervention. NH's Strategic Plan 2023-27 acknowledges this with the stated goal of becoming a smart rural health service by integrating information sharing to promote continuity of care.

As data formats are standardised, and equipment and software become more user-friendly and interoperable, digital technology should be able to help organisations reduce risks and administration costs and maximise revenue. Software can assist with issues such as:

- Clinical decision support
- Digitisation of patient records
- Compliance with training, medication management, handwashing, and other workflows
- Auto-escalation of time-sensitive tasks
- Optimal bed management and utilisation of appointments, clinics, and theatre space
- Reporting on patient-reported outcomes and patient engagement
- Community-of-care collaboration with primary and other acute health care providers, and residential aged care facilities
- 'Virtual wards' in the community supported by digital monitoring and integrated telehealth

- Billing of clinical events to maximise revenue.

### Technology developments for staff

- Digital technology can play a part in shaping work environments for clinical and non-clinical staff. Task management systems can help balance workloads across teams, reduce phone calls and associated burnout, and provide backup during end-of-shift handovers.
- Remote access for visiting medical officers to patient records, theatre lists, pathology / imaging orders and results, and booking systems creates a 'virtual clinic' they can manage from anywhere. Less time chasing information means more time for patient care.
- Digital and telehealth connectivity from clinical areas can also provide remote access to clinical expertise when required, along with teaching and training benefits.

### Technology developments for consumers

- Consumers now have access to a burgeoning range of real time biometric data from personal digital devices. ECG, oxygen saturation and heart rate are already readily available. Blood glucose, blood alcohol, cortisol, range of joint movement and posture information is likely to be available from wearable devices soon. Responsibility and liability for health care organisations securely accessing and monitoring this information, and payment models for this type of service, will require careful thought.
- Similarly, there may be consumer demand for personalised illness prevention and medication programs, informed by DNA samples, in coming years. These types of health care innovations reinforce the need for interoperability of health records and stringent cyber-security.

## 7.2 Quality and safety

- The provision of health services with a high level of quality and safety is an ongoing driver for regulators, funders and providers. The NH Strategic Plan states, 'We will promote the health and wellbeing of the community by providing accessible integrated high-quality services.'
- The movements towards increasing public reporting of outcomes and paying for performance have been increasing emphasised across the sector. These drivers, in conjunction with the workforce recruitment and retention issues, have increased the complexity of providing acute services.
- Some health services have responded to these challenges by reducing service availability and closing services at some locations. This includes reducing the breadth of surgical services.

## 8 Configuration

The consultations and analysis in previous sections have identified current and emerging service gaps which will guide NH towards a more prosperous future whilst attending to community needs. In particular:

### 8.1 Chronic disease management

A continued emphasis on **chronic disease management** across the **Neerim and surrounding** community will be a key service need. This requires a coordinated response from NH, Baw Baw Shire, general practice, Gippsland PHN and other local health care providers. A prospective and proactive approach to the management of chronic disease requires the following key elements:

- **Self-management support:** Collaboratively helping residents and their families to acquire the skills and confidence to manage long term health care conditions. This includes providing self-management tools, referrals to other resources, and routinely assessing progress.
- **Decision support:** integration of evidence based clinical guidelines into clinical practice, and reminder systems. This will require guidelines to be reinforced by clinical “champions” providing education to other health professionals.
- **Integration of specialist medical, nursing, and allied health advice and participation in the coordinated patient care:** This is facilitated through partnerships with tertiary providers from public and private sectors. Admitted patient care to support the diagnostic, supportive or treatment phase of care should continue to be provided locally with referral to WGHG as required.
- **Community resources:** Linkages with patient education classes or other community-based resources – diet and exercise programs, community connections, self-help groups.
- **Clinical information systems:** Automated reminders for reviews and recalls, and information sharing between approved care team members.

Chronic disease management programs may be appropriate for the community to refine care plans and reduce unnecessary presentations to the WGHG Urgent Care Centre.

### 8.2 Surgical services

A **surgical service** providing a range of low-risk elective, high frequency procedures on low to moderate risk populations is a key ongoing need for NH. This will remain an important service for the local community and can provide an ongoing role in the management of regional surgery demand in conjunction with other health services. An active and highly capable surgery service is also an essential component in the maintenance attraction of future workforce. A range of models can be explored to provide support to the local medical and nursing surgical workforce, including partnership with regional and metropolitan services.

### 8.3 Aged care services

Citizens in an ageing community will experience times when it is difficult to manage day-to-day living activities. Aged care services can include a range of supports including home support programs, respite care, transitional care after hospitalisation or permanent residential aged care options.

A key focus of these services is on active ageing and wellbeing which can be enhanced by a supportive and engaged community. The Neerim and surrounding community has many attributes that support this, including a heritage and history of being a supportive community that helps friends, neighbours and people in need.

In conjunction with other providers, monitoring of local demand should be undertaken to enable providers to plan for the growing and changing needs of the ageing population. Consideration of an expanded role for NH in In-home aged care in the immediate future should be given, in the context of responding to client groups requiring specialised care or in instances of market failure.

### 8.4 Community services

There are a diverse range of community based and non-admitted services provided by NH. These are provided through funded programs from government departments and other organisations. The breadth of the programs requires complex data collection and reporting requirements to meet operational and contractual obligations.

There is currently significant organisational effort being used to improve the recording of operational activity. In time, this will enable a greater understanding of the demands for care and the priority areas for further investment. A detailed study of the scope of services could be undertaken at this time to identify and prioritise local service enhancements.

## 9 Service profile developments

This section brings together the role of NH along with many of the policy and environmental drivers for future service provision that were identified throughout this document. In short, this section outlines the key strategies for the services plan.

The structure of this section provides a discussion of the service trends, key issues and proposed developments/strategies for the main service streams, namely:

- Acute and subacute service streams;
- Residential aged care; and
- Primary health and other community-based services.

### 9.1 Acute services

NH operates eight acute beds. The profile of acute patients is exclusively for general medicine and post-surgical recover, which is typical of small rural health services.

There are four main issues associated with acute care over the next five years, including:

- The level of future demand and acute bed configurations;
- Contemporary models of care for acute care of the elderly;
- Palliative care; and  
Clinical governance.

#### **Acute need**

An important aspect of the service plan is to assess the current and future need for acute care capacity at NH. The demand for acute inpatients has increased over recent years. This is in part due to changing community expectations, changing clinical practice as well as having limited access to medical practitioners locally. A further contributing factor is deferred care due to the pandemic contributing to increased complexity and longer lengths of stay. Despite the increase in bed utilisation it appears that the 8-acute beds is sufficient to meet current and future demand.

#### **Acute care for the elderly**

Virtually all separations and bed-days were for patients aged 65 years and over. This patient profile will continue in the future. The consultation process further reinforced the need for a strong focus on care for older people because they are more likely to have a range of co-morbidities.

There is broad acknowledgement that a major focus over the next decade is to have a more patient-centric (holistic) approach to the care of older people as part of the broader strategic policy of *'Improving Care for Older Persons'* across all care settings. This patient-centred approach is intended to be the platform for service redesign that ensures an *active clinical pathway* for early and comprehensive assessment of the patient's needs when admitted.

Acute care of the elderly is the core business for acute services at NH, and may include:

- Early and comprehensive assessment and, where required, specialist advice (to be provided virtually) within 24 hours of admission;
- Multi-disciplinary assessment and joint planning of the patient's needs;
- The incorporation of information technology that provides clear assessment, clinical plan development, and clinical pathway information for each patient, with connectivity to the main referral services in the community and GPs;
- A performance management system that monitors and manages elderly patient outcomes, and provides feedback from the main referral and discharge points (mainly GPs and community teams);
- Using consultation-liaison with medical and non-medical clinical specialists (at other health services) as required; and
- Using experienced nurses to provide clinical support for transitioning between inpatient and community settings, consistent with a close working relationship with the community care team, particularly for complex care.

It may also be appropriate that all acute admissions can be managed/monitored virtually at some point in the future with the collaboration and partnership with other health services, supported by a local GP.

An active acute care for the elderly program is seen to be a key element to a Positive Ageing strategy for NH and ensuring contemporary acute practice.

### **Palliative care**

The need for palliative care was identified by several stakeholders as a service gap. Whilst there is no data collected on expressed demand for inpatient palliative care in the catchment area, it is estimated that it could be as high as 25 patients per annum based on incidence rates. This is a small but significant number of patients who would otherwise need admission to a hospital that is not close to home.

NH is able to use resources flexibly to address relevant local service needs, including the use of acute beds for palliative care. This is a sensible use of underutilised capacity and potentially new revenue stream.

Nevertheless, a bed-based palliative care service would not, of itself, be appropriate best practice. It is proposed that an *integrative palliative care service* be developed at NH that includes all of the core elements of contemporary palliative practice, including having formal protocols enabling direct access to (medical and nursing) specialist services when required. In this context, it is proposed that:

- Due to the configuration of the acute ward, NH address the local service gap with the conversion of two acute beds into *palliative care suites*. These beds could remain available for general acute patients when not in use for palliative care; along with
- The development of a clinically appropriate *specialist community palliative care team*; and

- Formalised protocols that access sub-regional *specialist palliative care physicians* based at WGHG (or LRH).

### **Clinical governance**

- Effective clinical governance for NH relies on well-developed local procedures and protocols as well as being part of a sub-regional collaborative partnership.
- NH needs to work with sub-regional structures (such as clinical councils and specialist regional positions) to ensure that NH has access to: contemporary advice, clinical governance suitable for a small rural providers; and independent clinical review processes.

## **9.2 Primary care and community-based services**

Australian Health Ministers have described primary health care as ‘the frontline of Australia’s health care system, encompassing a large range of providers and services across public, private and non-government sectors.’ Primary health care is intended to provide equitable, high-quality services that are universally available and offer a first point of contact with the health care system in the community near where people live.

Primary care is also intended to provide, amongst others, health promotion, prevention, and early intervention, together with the treatment of acute conditions and management of chronic and complex conditions.

NH needs to build a significant complement of community-based staff across a wide range of clinical disciplines. NH will need to develop a model that is unique as to attract funding from the Primary Health Network to provide primary and community-based services to a wider catchment than would be typical.

There were nine main issues identified in relation to primary care and community-based service provision.

### **General Practitioners**

As previously noted, reliable access to a GP is a significant and ongoing issue for the Neerim South and surrounding communities. NH needs to find a ‘permanent’ solution to local GP access, including collaborative arrangements with GP practices in the sub-region.

It is important for NH to pursue having GP’s located on-site, ideally providing more than 60 hours of primary medical services per week, plus medical input to acute and residential aged care.

A key consideration is the balance between local recruitment and the relative net cost of a GP. NH would welcome a broader state-wide focus on addressing the issues of primary medical care in smaller rural communities. In particular, such a focus should consider alternative funding arrangements to ensure working in a rural location is sustainable and attractive.

NH also needs to consider 'Plan B', that is, more robust clinical capability for those times when GPs will not be available. NH could:

- Upskill local nurses to RIPERN and Nurse Practitioner qualifications; and
- Develop virtual medical management model of local Neerim patients from other health services in the subregion.

### **Integration and care pathways**

There would appear to be minimal collaboration of care pathways between the bed-based services team, and community team. It is expected that there would be seamless care between the two settings of service delivery.

### **Complex care**

From the limited data that is available, the focus of services that are directly delivered by the NH community team is heavily focused on the primary care end of the spectrum, with less emphasis on more complex clients (some of whom are hospitalised).

It will be important to better address the more complex needs of serious chronic patients, that there is a specific focus on the identification and models of care that address the needs of more complex patients in the community.

### **Understanding the services provided**

The data available of the clients does not provide a sufficient basis to assess the volumes/intensity of support for particular conditions or cohorts of patients. This is problematic for two main reasons;

- Effective internal monitoring and service targeting is compromised; and
- Demonstrated activity and patient outcomes is compromised.

### **Specialist consultations**

One of the most challenging service gaps is the local provision of specialist medical 'outpatient' appointments. There is a very large proportion of the Neerim and surrounding population who are required to travel to various hospitals in the region and Melbourne to attend specialist appointments. These often take an entire day due to travel.

It is proposed that NH examine the potential for virtual specialist clinics that are made available from NH on a periodic basis across the most common specialties.

The development of this initiative should be undertaken in collaboration with other health services in the area to negotiate a rolling series of specialist sessions across a three-month period. The most common specialist appointments are in geriatric medicine, cardiology, endocrinology, mental health, orthopaedics, paediatrics and respiratory.

The use of telehealth services for all purposes is underutilised.

## Mental health

Mental health service provision is seen as a service gap. There are many facets that contribute to an understanding of mental health services. The local experience of high demand for general mental health clinical and non-clinical support services is acknowledged.

There is no identified program or resource that can address local services for clients with lived experience of mental health (and/or AOD use). Therefore, it is proposed that a local solution is required. It is proposed that NH look to attract a mental health/AOD support worker whose role would be to work with WGHG, Ambulance Victoria, community support agencies, Baw Baw Shire, PHN and other community-based support services, to deliver a more targeted and streamlined set of services for local clients with lived experience of mental health.

## NH as a health precinct

The consultations directly or indirectly identified that NH was a key institution in the township of Neerim South. Historically it had been the locus for community groups to meet.

For further exploration is the development of NH as a Health Precinct for the town that consolidates infrastructure to support social, community as well as health services. This may include 'branches' for social and financial services to assist in addressing the social determinants of health. NH could potentially be a site for a one-stop-shop for government and private services.

It is proposed that any future considerations examine the potential for NH to become the main Health Precinct for Neerim and surrounds.

## Other service gaps

There were a range of other identified gaps including:

- Community paediatric, child and family services;
- Patient transport services;
- Women's health services; and
- Aids and equipment.

## 9.3 Aged care services

NH operates a 30-bed residential aged care facility called Tarago Views. NH operates the only residential aged care services in the catchment. The notional Commonwealth planning ratios would suggest that there is currently an under-supply of beds in the catchment, which would increase to a greater under-supply by 2031, due to the ageing population.

## Sustainability

For NH, the analysis indicates overall occupancy has improved substantially over recent years and has become acceptable. However, the scores of residents has begun to indicate a

downward trend (suggesting lower revenues per bed day). It is unclear from the data whether this is the start of a downward trend, or an aberration.

It is proposed that:

- As RACS is the largest part of the NH business, the sustainability of the existing RACS beds needs to be regularly and closely monitored, including average resident scores, and revenues per occupied bed-day and total bed days; and
- NH undertake an analysis of the 'tipping point' at which the sustainability of permanently occupied residential aged care beds is outweighed by a substitution for respite beds, and/or transition care beds.

### **Contemporary service models**

Related to the issues of sustainability, the demand for residential aged care is a function of many factors, including the availability of other RACS beds and the appeal of alternative facilities relative to cost.

The increasingly competitive nature of RACS has required NH to be more market sensitive. It is proposed that NH will need to develop:

- An increased understanding of the market with respect to the relative appeal of the current infrastructure and amenity; and
- The capability to put in place individual resident-centred service models that suit client needs. These measures are proactive initiatives designed to evolve to meet ever-changing needs.

### **In-home aged care**

The Australian Government's 'Aged Care Reforms' are changing the way aged care will be structured, funded and managed into the future. The proposed new In-home Aged Care Program will commence in July 2025 and replace the Commonwealth Home Support Programme (CHSP), Home Care Packages (HCP) Program and the Short-Term Restorative Care (STRC) Programme.

CHSP service providers are generally not-for-profit, purpose driven organisations that deliver various individual and community focused activities to address health and wellbeing. The impact of competitive, consumer-driven funding models in the not-for-profit sector is likely to result in the implementation to what is considered, corporate models of strategy development, risk, and competitive positioning through value propositions, in which NH is well positioned to enact.

In transitioning to alternative models of funding, NH will need to increase client and stakeholder confidence in impact, capability, and efficiency. Strong fiscal management will be critical, to maintain financial stability, especially in transitioning to payment to arrears and/or alternative funding arrangements. The ongoing financial viability of programs and activities will also need to be considered, where organisations are funded through various or multiple State and

Commonwealth government funding streams to deliver their community-care and in-home aged care programs.

This reform presents a unique opportunity for NH to concurrently expand its service mix whilst meeting the communities immediate and future needs. NH can design and develop a business model scratch. NH also could start building its reputation as a service provider of choice by arranging sub-contacting agreements with existing CHSP and aged care package providers in the geographic area looking to conclude service provision.

## 9.4 Enablers

The following enablers reflect changes that are likely to be required to implement the service developments.

### Partnerships

Specific partnerships and collaboration are required to be developed or extended with:

- PHN in relation to the changing priorities and focus of Commonwealth Government funding;
- Relationships with the specialist mental health services in the strengthening of capability to manage a wider range of local mental health services;
- Relationships with the specialist palliative care services in relation to an integrated palliative care model at NH;
- One or more GP practices to provide GP services from NH
- Private clinicians interested in moving their private patient load to NH
- Existing CHSP and aged care funded entities transitioning out of service delivery prior to 1 June 2025
- Sub-regional health services and specialists to support virtual outpatient clinics; and
- Subregional bodies that support stronger clinical governance at NH.

### Workforce

Workforce capability is an essential enabler of the services plan. The October 2016 *Design, service and infrastructure plan for Victoria's rural and regional health system Consultation Report* notes "a sustainable and highly skilled workforce is vital to a well-functioning health care system, with recruitment and retention of a suitably skilled workforce a critical issue in rural and regional areas."

There are several key workforce capability and capacity issues to consider, including:

- **GP services.** It is important for NH to continue to pursue having a GP clinic located on-site, ideally providing more than 60 hours of primary medical services per week, plus medical input to acute and residential aged care. A stable GP presence is also a cornerstone for broadening NH's primary care capability and in developing links with specialists including for virtual outpatient clinics;

- **After hours care capability.** Investing in RIPERN and nurse practitioner models will enable a higher-level clinical capability to deliver urgent care services and fill some of the gaps in GP service provision;
- **Mental health practitioner.** The appointment of a community mental health worker, which may involve a shared appointment with another health service, is an important complement to NH's service model and will be relevant to the needs of the local catchment;
- **Multi-disciplinary care.** The development of multi-disciplinary, team-based models of acute care for the elderly and palliative care is essential for NH's medical, nursing and allied health workforce.
- **Chronic disease management.** Further enhancing the capability of NH's nursing and allied health workforce in primary care management of chronic disease is important to address the high burden of disease in the catchment and to reduce admission rates for ambulatory care sensitive conditions.

## Infrastructure

A principle of the service plan is to enhance local access, where this is safe to do so, and the care provided aligns with the role of NH. Achieving service development initiatives is dependent on having critical infrastructure in place.

- A more flexible use of beds, and the development of the concept of flexible or 'swing' beds to suit changing conditions. This would result in more effective use of the current acute and residential aged care beds. The service developments proposed include palliative care beds, and extended respite beds. Whilst we understand the formally designated nature of residential aged care beds, the alternative uses may be temporary.
- Collocation or contiguous location of GP practice, clinical consulting rooms and allied health rooms
- The integration of all primary health and community-based services; and
- The development of a Neerim South Health Precinct.

The quality of the current building fabric is unlikely to require removal. It is likely that a refurbishment and extensions of existing care/treatment spaces will be required.

## Information and communication technology

Information and communications technology (ICT) is fundamental to the implementation of some initiatives, most notably:

- The provision of virtual specialist outpatient services;
- Virtual clinical management of local acute patients;
- Seamless care for patients transferring between health services, and between inpatient and community-based care within NH;
- The recording and reporting of patient activity, patient outcomes and efficiency data; and
- Enhanced focus on patient self-management supported by clinical pathways.

## Community engagement

The importance of community engagement as an enabler cannot be understated. It is key to ensuring that in the development of the strategic direction for NHs health and community services there is scope for community input and canvassing of diverse perspectives.

Equally, in developing priorities for the future enhancement and integration of services, particularly when they relate to acute beds and GP access, it will be important to engage the community in transparent dialogue around the strategic intention and reasons behind such priorities. This is necessary to ensure that future decisions to assure quality and safety of services are communicated openly and provide opportunities for community discussion/interaction.

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## 10 Implementation actions

The following actions are required to achieve implementation of the Service Plan:

7. Continue capital and infrastructure planning to reduce infrastructure risks and plan for the required service infrastructure.

As a priority:

- Undertake capital planning for the expansion of primary and community consulting rooms.
  - Identify space for dedicated palliative care service delivery.
  - Apply for a further tranche of commonwealth funding to refurbish the residential aged care rooms.
  - Work with a private developer to upgrade the surgical area to meet the requirements of a contemporary day procedure service.
8. Progress partnership development with WGHG and LRH and other healthcare providers to build workforce sustainability and develop clinical pathways that enhance local service provision.
  9. Establish sub-contracting arrangements with existing CHSP and aged care package providers in preparation for the transition into the in-home aged care program.
  10. Continue development of a chronic disease management model to enhance the health outcomes of the community. This will involve partnerships with Gippsland PHN, general practice, Baw Baw Shire and other organisations.
  11. Optimise use of digital systems across NH including:
    - Increasing capacity for video-enabled telehealth
    - Virtual acute bed based care
    - Remote patient monitoring systems for deployment with community-based patients.
  12. Review the scope of community services provided and identify key areas of unmet demand.

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**RE: PCIP0098 - PEFO Commitment - Change of Scope [SEC=OFFICIAL]**


---

**From** Kendall, Katrina <Katrina.Kendall@infrastructure.gov.au>

**Date** Fri 27/10/2023 3:57 PM

**To** s 22 @infrastructure.gov.au

**Cc** s 22 @infrastructure.gov.au

**OFFICIAL**

Thanks s 22

s 22

This is approved.

Cheers

Kat

Assistant Secretary • Major Projects and Governance • Regional Development and Local Government

[katrina.kendall@infrastructure.gov.au](mailto:katrina.kendall@infrastructure.gov.au)

s 22

*I work flexibly and send and respond to emails at a time that suits me, balancing my responsibilities at work and at home. I have no expectation that you will read or respond outside of your working hours.*

**OFFICIAL**

---

**From:** s 22 @infrastructure.gov.au

**Sent:** Friday, 27 October 2023 3:40 PM

**To:** Kendall, Katrina <Katrina.Kendall@infrastructure.gov.au>

**Cc:** s 22 @infrastructure.gov.au

**Subject:** PCIP0098 - PEFO Commitment - Change of Scope [SEC=OFFICIAL]

**OFFICIAL**

Hi Kat

s 22

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**PCIP0098 - Neerim Community Health Hub - Neerim District Health Service**

[Commitment](#)

This project is a PEFO commitment. A [media release](#) by Russell Broadbent MP, Member for Monash, on 21 April 2022 states the \$5 million in funding is for the ‘redevelopment and upgrade of the Neerim District Health Service Aged Care Facility’.

The applicant

The Neerim District Health Service operates a number of services, including a residential aged care facility, hospital, and aged care in the community from the site of the old district hospital. The building is not solely an aged care facility.

The project

-  
Neerim Health will use the PCIP grant to upgrade the existing Tarago Views Residential Aged Care Facility to a new Community Health Hub including:

- A new area for client access, community health care consulting suites, service delivery centre and possible urgent care centre
- Redevelop part of the current residential aged care to overnight care
- Repurpose another area currently designated for residential aged care for aged day care, child care, specialist consulting suites, rehabilitation services and training rooms

The applicant has provide letters of support for the redevelopment from the local Council, Neerim District Progress Association and the local RDA. They have all noted that by being able to deliver a broader range of health services the proposed Hub will address the evolving needs of the community.

\_\_\_\_\_  
s 22

Kind Regards

s 22

ctor • Major Projects and Governance • Regional Development, Local Government and Regional Recovery

s 22

[infrastructure.gov.au](http://infrastructure.gov.au)

s 22

GPO Box 594 Canberra, ACT 2601

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[infrastructure.gov.au](http://infrastructure.gov.au)

*I would like to acknowledge the traditional custodians of this land on which we meet, work and live.  
I recognise and respect their continuing connection to the land, waters and communities.  
I pay my respects to Elders past and present and to all Aboriginal and Torres Strait Islanders.*

**OFFICIAL**

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OFFICIAL

MS23-004834



**Australian Government**

**Department of Infrastructure, Transport,  
Regional Development, Communications and the Arts**

Dispatched to MO

10 NOV 2023

**To: The Hon Catherine King MP, Minister for Infrastructure, Transport and Regional Development and Local Government (for decision))**

**Subject: Priority Community Infrastructure Program – Neerim Community Health Hub - 2022 Election Commitment**

**Critical Date: 30 November 2023**

**Recommendations:**

1. That, for the purposes of section 71 of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), you **agree** with the Department of Infrastructure, Transport, Regional Development, Communications and the Arts' (the department) recommendation in the Summary of the Assessment at **Attachment A** that the expenditure of relevant money as a grant for funding of up to \$5,000,000 (GST exclusive) from the Priority Community Infrastructure Program (PCIP) to Neerim Health for the Neerim Community Health Hub project would be a proper use of relevant money.

**Agreed / Not Agreed**

2. That you **approve** the expenditure of relevant money as a grant for funding of up to \$5,000,000 (GST exclusive) from the PCIP to Neerim Health for the Neerim Community Health Hub project, subject to the department imposing the risk treatments identified at **Attachment A** and any conditions requested by you in writing.

**Approved / Not Approved**

3. That you **sign** the letter at **Attachment B** to Neerim Health for the Neerim Community Health Hub project, advising of your decision.

**Signed / Not Signed**

**The Hon Catherine King MP**

Date: 16 Nov 23

**Comments:**

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## OFFICIAL

MS23-004834

**Key Points:**

1. Date the project was committed and by whom  
The project was announced by the former Government during the 2022 Pre-Election Fiscal and Economic Outlook. A media release by Russell Broadbent MP, Member for Monash, on 21 April 2022 states Neerim Health will receive \$5,000,000 for the redevelopment and upgrade of the Neerim District Health Service Aged Care Facility.

AND

- Official correspondence on 31 March 2023 from the Australian Government, to Neerim Health, confirms the \$5,000,000 commitment towards the Neerim Community Health Hub project.
2. Brief project description  
The project will upgrade the Neerim Health Aged Care Facility to create a Community Health Hub, which includes establishing a new area for client access, community health care consulting suites, service delivery centre and possible urgent care centre; redeveloping part of the current residential aged care to overnight care; and repurposing another area currently designated for residential aged care for aged day care, child care, specialist consulting suites, rehabilitation services and training rooms.

Based on the information provided by Neerim Health the project is consistent with the intent of the funding commitment.

3. Project timeline  
The project is expected to commence in February 2024 and be completed by August 2025.
4. Sensitivities  
Nil
5. Are there any identified risks?  
Yes, as detailed in the Risk Analysis Summary Table at **Attachment A**.
6. Can these risks be managed?  
Yes, through treatments in the Funding Agreement, as detailed in the Risk Analysis Summary Table at **Attachment A**.
7. GST  
The grantee is registered for GST. The project GST inclusive amount is \$5,500,000.

**Stakeholder Implications:**

Following your approval, the Department will commence negotiation of a Funding Agreement with Neerim Health for the Neerim Community Health Hub project.

## OFFICIAL

MS23-004834

Name: Katrina Kendall  
Position: Assistant Secretary  
Branch: Major Projects and Governance  
Division: Regional Development and Local  
Government  
Ph: s 22  
Date: 10 November 2023

Contact Officer: s 22  
Section: Major Projects and Governance  
Ph: s 22

**Instructions for MPS:** Nil

**Responsible Adviser:** s 22

**PDMS Distribution List:** Jim Betts, David Mackay, Clare Chapple, Katrina Kendall, s 22  
s 22

**Attachments:**

- A: Summary of the Assessment
- B: Delegate Approval Letter to the Grantee
- C: Public Governance, Performance and Accountability Act 2013, Commonwealth Grants Rules and Guidelines 2017 requirements.
- D: Project Factsheet

## Attachment A

**ASSESSMENT OF PRIORITY COMMUNITY INFRASTRUCTURE PROGRAM PROJECT**

<b>Project ID:</b>	PCIP0098
<b>Project Title:</b>	Neerim Community Health Hub
<b>Project Description:</b>	The project will upgrade the Neerim Health Aged Care Facility to create a Community Health Hub, which includes establishing a new area for client access, community health care consulting suites, service delivery centre and possible urgent care centre; redeveloping part of the current residential aged care to overnight care; and repurposing another area currently designated for residential aged care for aged day care, child care, specialist consulting suites, rehabilitation services and training rooms.
<b>Applicant/Organisation Name:</b>	Neerim Health
<b>Applicant/Organisation Type:</b>	Incorporated association, registered charity and non-profit organisation.
<b>Project Location:</b>	29-39 Main Neerim Road, Neerim South VIC 3831
<b>Name of the Traditional Custodians of the land in which the project is located:</b>	Traditional owners have not been formally recognised for the area. Refer to: <a href="http://achris.vic.gov.au">Welcome Map (achris.vic.gov.au)</a>

**Project Funding Cash – Total Cash Project Cost**

Name of Partner	Value of Contribution GST Excl. (\$)	Status of Contribution	Cash	% of Total Project Cost
Australian Government (PCIP)	5,000,000	This grant	Cash	100
<b>Total</b>	<b>5,000,000</b>			

**Project Cost Estimates Breakdown**

Item	Cost (\$)	Cash/In-kind
s 47G		
<b>Total</b>	<b>5,000,000</b>	

## Project Assessment <sup>1</sup>

A value for relevant money assessment of the project has been undertaken by the department against the equally weighted criteria set out in the published Grant Opportunity Guidelines:

- economic benefits of the project;
- social benefits of the project;
- project viability and sustainability; and
- applicant capacity, capability and resources to carry out the project.

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<sup>1</sup> An approved project assessment has been filed in Records Workspace and is available if required.

**Recommendation**

Under Section 71 of the *Public Governance, Performance and Accountability Act 2013*, you must not approve the grant without first receiving written advice on the merits of the proposed grant. Based on the assessment undertaken by the Department of Infrastructure, Transport, Regional Development, Communications and the Arts (the department) as outlined above, the department recommends grant funding of up to \$5,000,000 (GST exclusive) be made available on the basis the project, in its current form and after making reasonable enquiries, is not inconsistent with Australian Government policy and represents efficient, effective, economical and ethical use of relevant money.



## The Hon Catherine King MP

Minister for Infrastructure, Transport, Regional Development and Local Government  
Member for Ballarat

Ref: MS23-004834

s 47F

16 NOV 2023

Board Chair  
Neerim Health  
29-39 Main Neerim Road  
NEERIM SOUTH VIC 3831

Via s 47F com.au

s 47F

Dear

I am pleased to advise you that I have approved funding of up to \$5,000,000 (GST exclusive) under the Priority Community Infrastructure Program (PCIP) to Neerim Health for the Neerim Community Health Hub project. This approval delivers on a 2022 election commitment.

Provision of funding is dependent on the preparation and execution by both parties of a Funding Agreement that sets out the terms and conditions under which the funding is provided, and the settling of other details, including confirmation of final cost estimates, confirmation of final designs and confirmation of all relevant approvals.

I would ask that you keep the details of this letter confidential until a Funding Agreement is signed.

You will shortly be contacted by an officer from the Department of Infrastructure, Transport, Regional Development, Communications and the Arts to discuss the Funding Agreement.

Please be aware you must enter into a Funding Agreement within 10 weeks of the project being approved otherwise the offer of funding will be reviewed and may be withdrawn. You may wish to seek guidance from the Australian Taxation Office or your tax adviser on the impact of PCIP funding on your organisation's taxation liabilities.

I wish you every success with the Neerim Community Health Hub project.

Yours sincerely

Catherine King MP

## Attachment C

**REQUIREMENTS OF THE *PUBLIC GOVERNANCE, PERFORMANCE AND ACCOUNTABILITY ACT 2013*, RULES, AND THE COMMONWEALTH GRANTS RULES AND GUIDELINES 2017.**

Any decision by a Delegate to approve expenditure of relevant money must be undertaken in a manner that is consistent with the requirements of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), Rules, and the Commonwealth Grants Rules and Guidelines 2017 (CGRGs).

The PGPA Act, Rules and CGRGs requirements relevant to the approval of funding for this proposed expenditure of relevant money under the Priority Community Infrastructure Program are:

**Requirements under the PGPA Act**

**Section 71(1)** – Approval of proposed expenditure by you requires that you must not approve the proposed expenditure of relevant money unless you are satisfied, after making reasonable enquiries that the expenditure would be a “proper” use of relevant money. “Proper” when used in relation to the use or management of public resources means efficient, effective, economical and ethical use.

**Section 71 (2a)** requires where you agree with the Department’s recommendation to approve or not approve the expenditure of relevant money for this project, that you must record the terms of approval in writing as soon as practicable after giving your approval. This brief and any attachments, including annotations or conditions recorded by you on these documents, satisfies the requirements of Section 71 (2a) of the PGPA Act.

**Section 71 (2b)** requires that if you approve a proposed expenditure of relevant money, that you must comply with any other requirements prescribed by the Rules in relation to the approval.

**Requirements under the CGRGs – Section 4 – Grants specific Processes and Requirements**

The CGRGs contain a mandatory requirement that Entity Staff must provide written advice to you, where you exercise the role of an approver. These requirements are outlined under item 4.6 of the CGRGs and include:

- (a) That the proposed expenditure of relevant money for this project is for purposes of a “grant” as described in item 2.3 of the CGRGs;
- (b) That you are advised of any applicable requirements of the PGPA Act and Rules and the CGRGs relating to any ministerial reporting obligations, including the legal authority of the grant;
- (c) Outlining the application and selection process, including the selection criteria, that were used to select potential grants recipients; and
- (d) The merits of the proposed grant or grants relative to the grant guidelines and the key consideration of achieving value with relevant money.

In addition, item 4.11 of the CGRGs provides that where a Minister approves a proposed grant in his/her own electorate, the Minister must write to the Finance Minister advising of the details. For this purpose, it is sufficient to provide the Finance Minister with a copy of correspondence to the grantee (except where the Minister has approved a grant which the relevant official has recommended be rejected).

These requirements are addressed in the covering brief, where applicable.



Australian Government

Department of Infrastructure, Transport,  
Regional Development, Communications and the Arts

# Project Fact Sheet

<b>Program</b>	Priority Community Infrastructure Program	
<b>Project name</b>	Neerim Community Health Hub	
<b>Funding recipient</b>	Neerim Health	
<b>Project funding</b>	Total: \$5,000,000	Australian Government funding: \$5,000,000
<b>LGA</b>	Baw Baw (S)	
<b>Key dates</b>	Project start: February 2024 Project end: August 2025	
<b>Status as at 8 November 2023</b>	Application submitted: 28 September 2023 Funding approved: TBA Funding Agreement executed: TBA Construction commencement expected: July 2024 Project completion expected: August 2025	
<b>Sensitivities</b>	NIL	

## Project funding breakdown

Funding source	Total \$
Australian Government (PCIP)	5,000,000
<b>Total</b>	<b>5,000,000</b>

### Overview of the Priority Community Infrastructure Program

During the 2022 election campaign the Australian Government committed funding to communities across Australia, to improve social and economic viability and improve social amenity and increased health and wellbeing.

The Priority Community Infrastructure Program has been developed to deliver important community and social infrastructure that represents value with relevant money for communities to improve social and economic viability in local areas. It will deliver the Government's 2022 election commitments for community infrastructure, and eligible Community Development Grants Programme commitments announced by the former Government during the 2022 Pre-Election Fiscal and Economic Outlook, with Australian Government funding over \$5 million and selected commitments under \$5 million.

### Neerim Community Health Hub

The Australian Government is committed to providing new and improved infrastructure to encourage communities to thrive, both economically and socially, and to improve equity outcomes and social inclusion across Australia. As part of this commitment, it is providing \$5 million of funding through the Priority Community Infrastructure Program (PCIP) towards Neerim Community Health Hub for Neerim Health in Neerim South, Victoria.

The project will upgrade the Neerim Health Aged Care Facility to create a Community Health Hub. Works will include the establishment of a new area for client access, community health care consultation suites, service delivery centre and possible urgent care; redeveloping part of the current residential aged care to overnight care; and repurposing a currently designated area for residential aged care to aged day care, child care, specialist consultation suites, rehabilitation services and training rooms.

The redevelopment and extension of the current facility is needed to transition the facility into a Community Health Hub and provide for the integration of primary health and community-based care.

The project will fill a gap in the local health and wellbeing services being provided to the wider community, leading to improved liveability through a more holistic approach to healthcare. The project will also provide long-term health and wellbeing outcomes for the community through the increase in preventative care measures.

The project is expected to create up to 20 direct and seven indirect jobs throughout the construction of the project and up to an additional seven direct and eight indirect jobs on completion.

